

Arkansas Tobacco Settlement Commission



Quarterly Program Report *April, May, & June 2009*



Arkansas Tobacco Settlement Commission

Quarterly Report

April - June 2009

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Commission Overview

The Arkansas Tobacco Settlement Commission (ATSC) was created under the Arkansas Tobacco Settlement Proceeds Act of 2000, along with seven funded programs including the Arkansas Aging Initiative, Arkansas Biosciences Institute, College of Public Health, Delta Area Health Education Center, Department of Health's Tobacco Prevention and Cessation Programs, Department of Human Service's Medicaid Expansion Initiatives, and the Minority Health Initiative. The ATSC is charged with monitoring and evaluating the programs created through the Act. Quarterly reports from each of the programs assist the ATSC in regularly reviewing program activities, short and long-term goals, and program finances.

The following quarterly reports are submitted by each of the funded programs to the ATSC.

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Tobacco Prevention and Cessation Program

PROGRAM OVERVIEW & GOALS

The Arkansas Department of Health's Tobacco Prevention and Cessation Branch support programming funded by the Initiated Act and the Centers for Disease Control and Prevention (CDC) under the name of the Tobacco Prevention and Cessation Program (TPCP). TPCP developed the program according to the program components of what the CDC recommends for statewide tobacco control programs (CDC, 2007). The TPCP program areas include:

- **State and Community Interventions:** multiple societal resources working together to have the greatest long-term population impact.
- **Health Communication Interventions:** media interventions to prevent tobacco use initiation, to promote cessation, and to shape social norms.
- **Cessation Interventions:** coordinating and supporting treatment that is accessible to all Arkansans in the most cost-effective manner possible.
- **Surveillance and Evaluation:** monitoring process and outcomes that are science-based and that demonstrate effectiveness.
- **Administration and Management:** assuring that the TPCP's complex, integrated programs have staff with the necessary experience, training, and oversight to provide appropriate fiscal management, accountability, and coordination.

TPCP maintains the goals set forth by the CDC Best Practices for Statewide Tobacco Control Programs (1999, 2007) 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 exposure to secondhand smoke;
- Identifying and eliminating the disparities related to tobacco use and its effects on population groups.

PROGRAM PROGRESS

Administration and Management

Several central staffing changes occurred during the Q4:

Patricia Edwards, RN, BS, COHN-S

Associate Director

Jessica Smith-Ellis

Section Chief – Health Communications

Brenda Russell

Section Chief – Financial Administration and Management

Miriam Karanja

Health Program Specialist – Smokeless & substance Abuse

Geray Pickle

Financial Administration Specialist

State and Community Interventions:

- **Community Programs:** In FY 2009, TPCP funded 22 community coalitions throughout the state of Arkansas. They report their activities to TPCP and are monitored on a quarterly basis. As reported previously, a new Community-based Tobacco Prevention and Education Program Request for Applications (RFA) for FY 2010 was issued during Q2, and 34 letters of intent were received. During Q3, 26 applications were submitted to the TPCP Office and reviewed by the RFA Review Committee. Nineteen were approved for funding covering 30 counties in Arkansas. TPCP has initiated special meetings with the appropriate school and community leaders from each region with the objective of determining how we may facilitate successful grant initiation, resultant funding, and eventual sustainability.
- A few highlights from the Coordinated School Health for the quarter from the regions include:

SE Region:

The Lee County Family Resource Center Tobacco Coalition launched a Stamp Out Smoking Poster Contest for Middle & High School Students in Lee and Monroe County with 4 Schools invited to participate. 20 Posters were submitted and judged. Three winners were chosen with 1st Place & Winner of \$100, 2nd Place Winner of \$50, and 3rd Place Winner of \$25. All winners were students of Monroe County from Brinkley Middle School East Lab. The students were so motivated by their teacher that 30 of the Students joined the State acclaimed Y.E.S. Team (Youth Extinguishing Smoking).

SW Region:

The Coordinated School Health Coordinator networked with TOUCH (Tremendous Opportunities for Union County Health) Healthy Behaviors Committee to coordinate the wrap up 5-K race/walk and awards ceremony for Stepping Out to TOUCH Union County an 8-week fitness program that involved the community, schools and the Mayhaw Festival. Youth volunteers also held an educational booth for PRIDE teaching the dangers of tobacco and other drugs. Four "Lunch and Learn" education pieces were held during the 8-week fitness program: "Nutrition and Exercise" Keith Wall and Health Works; "Portion Control"; AHEC "Eating Disorders"; South Arkansas Regional Health "Stress and Obesity" South Arkansas Regional Health.

NE Region:

5th and 6th grade classes at Christ the King School and the local headstart classes decorated 3 body bags with the help of Stephen's boys and girls club along with a youth group from Christ the King School and kids at the local youth hangout U-R Space. The body bags were moved to 3 different local locations in the community. At these locations, individuals could register to win prizes from Go Ye employment agency, Arkansas Health Department and Central Mall Shopping Center. Go Ye employment agency did a total of 68 paycheck stuffers to their employees about the hazard of chew tobacco. A plastic cup sign was formed with an anti-tobacco message and was displayed in the local headstart program playground fence. 500 placemats were created and given to Papa John's pizza. They were placed on every box of pizza that was sold and distributed throughout the

community. Coalition members went to the boys and girls club to celebrate by giving away goody bags and taking 15 pizzas and flying kites with the youth to celebrate their tobacco free programs and general healthy lifestyle choices that the boys and girls club provide. The day was a huge success. Thanks to Coalition members, volunteers, sponsors and youth involved that helped to make this event possible. Channel 5 news aired coverage of the event on evening news.

NW Region:

The Cooperative Extension Services provided the Body Walk to Jasper School in Newton County. The Body Walk is a unique Arkansas educational program designed to involve kindergarten through fourth grade students in learning the skills and choices for a healthy lifestyle through entertaining experiential activities.

Coalition for a Tobacco Free Arkansas

During an educational meeting held in Huntsville, AR on April 20, 2009, members of the Madison County Tobacco Free Coalition learned about Act 13 and tobacco related bills introduced for legislation in Q3 Arkansas Legislative Session. During the meeting the Mayor of Huntsville presented a signed resolution, making the Huntsville Town Square a smoke-free zone. The Town Square is the “social glue” for the city. This town square hosts the local farmer’s market each Saturday; the holiday celebrations, including the Christmas celebration. This measure will help to renormalize smoking and local people will not be adversely impacted by exposure to secondhand smoke.

The Coalition for Tobacco Free Arkansas (CTFA) attended a series of regional meetings to support local coalition’s efforts to educate the community on SHS and Act 13. The meetings and other activities included:

- April 17, 2009 the coalition participated in the Tobacco Prevention and Education Banquet in Mississippi County in collaboration with the Mississippi County Coalition. The CTFA educated about Act 13 to about 300 individuals including the Chief of the Blytheville Police Department who was recognized for his efforts to enforce and promote Act 13 (law prohibiting smoking in a car with children). He also showed support to expand the law to include all children under 18 instead of just those 6 years of age.
- The coalition participated in the YES TEAM Conference and Mini Coordinator Camp. During the camp the Coalition updated to 20 members attending the camp on the tobacco related bills introduced and those that got passed during the 2009 Legislative Session.
- The CTFA was able to leverage over \$50 000 of earned media to promote Act 13:
- The CTFA was interviewed on radio KHTE FM 96.5 on May 18, KHLR FM 94.9 on May 19; KABF FM 88.3 on May 19; KJBN AM 1050 on May 27; KPZK AM 1250 on May 28; KOKY FM 92.3 on May 28; KARN AMFM on June 1, 09. The estimated reach out by these radio interviews was 19 000 households.
- Television and newspaper were also used to promote Act 13. The CTFA was interviewed by KARK-NBC channel 4 for an early morning show on May 19, 2009; KATV ABC Channel 7 on May 30, 09; and Interviewed by the quarterly newspaper, STAND. The estimated reach out by TV is of 70 000 households.

- The Coalition also researched and provided needed information on smoke-free bars to the leadership of El Dorado Coalition that is advocating for a comprehensive smoke-free law that would include bars and restaurants.
- On January 16th, the Coalition for a Tobacco Free Arkansas held a press conference at the State Capitol to recognize a prestigious award bestowed on Elroy Brown by the American Legacy Foundation for his work in tobacco control in Mississippi County. While Mr. Brown did not receive the 2009 Legacy Tobacco Control Advocate of the Year award; he did receive, the first ever, Honorable Mention Award by this foundation for his outstanding work in his home county. The nomination was submitted by Katherine Donald of the CTFA.

THE ARKANSAS CANCER COALITION (ARCC)

The Arkansas Cancer Coalition continued to disseminate the Arkansas Cancer Plan and seek broad participation from numerous cancer control entities throughout the state. A multiple panel accordion folded paper brochure was created to provide a leave-behind for individual and organizations interested in general information about the Arkansas Cancer Plan. The Arkansas Cancer Coalition collaborated with multiple existing chronic disease, cancer control and health promotion programs to support education and dissemination of TPCP faxback referrals and healthcare professional dosing cards.

ARCC Quarterly Meeting - March 5, 2009

There was a great turnout at the 3/09 Quarterly Meeting. Attendees received a Legislative recap of the 87th General Assembly by Jason L. Brady (American Cancer Society). Then Jane Evans and Dr. Neal Wyatt (Arkansas State Hospice and Palliative Care Association) reported on UAMS' development with an accredited palliative medicine fellowship, followed by Marian Evans of the Minority Initiative Sub-Recipient Grant Office who discussed mini-grant opportunities issued by MISRGO and finally Donna Rayford (Health Initiatives - ACS) shared about The Cancer Action Network- a nonpartisan, nonprofit organization specifically for advocating issues in cancer control.

Arkansas Chronic Illness Collaborative

The Arkansas Cancer Coalition in partnership with the Comprehensive Cancer Control Section in the Chronic Disease Branch of the Arkansas Department of Health provides 1/3 of the funding to support The Arkansas Chronic Illness Collaborative's (ACIC) partnership with healthcare professionals in order to improve the management of chronic disease. The Collaborative provides a forum for clinic health care teams in the delivery of care to their patients using the National Health Disparities Collaborative Planned Care Model for people with diabetes mellitus (DM) and/or cardiovascular disease (CVD) and certain forms of cancer.

Health Communication Interventions

The "Big Pitch" competition was performed with a record number of schools submitting 30 second TV commercials. These were evaluated by an independent team with awards going to first, second and third place winners. In addition, there was an opportunity for the general public to evaluate these submissions and vote on-line and this winner was awarded the "People's Choice" award.

Several impressive new brochures highlighting the Arkansas Tobacco Quitline, *Pregnancy: smoking for two*, and *Know the Risks* were produced and are hot off the presses (copies have been placed in your packet). Thirty-inch black and white SOS inserts ran in 109 bi-weekly and weekly newspapers statewide during the weeks of April 6 and May 4. The general market media schedule and American Legacy Media: "Become An Ex" media buy continued, as well as an African-American Radio Buy. TPCP and CJRW began the creation of a full Diabetes Campaign raising the awareness of the dangerous link between smoking and diabetes. Very creative and compelling presentations are soon to be released. Mother's Day and Father's Day news releases promoting the Arkansas Quitline were drafted and distributed statewide to coincide with these special occasions. "The Oxygen Project" media plan, designed to motivate college aged students not to smoke has been drafted. A Web site video, news releases, and customized town specific media promotions announcing the "The Big Pitch" Drama Contest winners were edited and produced in the 4th quarter.

Cessation Interventions

Arkansas Tobacco Quitline: Services include the Arkansas Tobacco Quitline(ATQ) and Fax-back Referral Program, provided by Free & Clear®, Inc. The national toll-free quitline number, 1-800-QUIT-NOW, and the state quitline number, 1-866-NOW-QUIT, are both operational. The national toll-free number (1-800-QUIT-NOW) is promoted on all new materials, which include 7 new brochures that cover various topics such as cardiovascular disease, stroke, asthma, etc. Due to the tobacco tax increase (state March 1 and federal April 1), the quitline program was only able to provide one-call program with nicotine patch. However, as of early May, the ATQ is again providing the preferred 5-call program with nicotine replacement patches. The nicotine replace lozenge will again be offered beginning in early September 2009. The number of calls to the quitline has returned to Q2 levels of between 350-400/week. As advertisements are re-started, it is expected that this number can be titrated upwards. The first evaluation of the quitline was delivered and demonstrated a quit rate measured at 4 months of 34% (30-day point prevalence) for those who enrolled in the 5-call program and received nicotine replacement therapy. There has been overwhelming appreciation of the program and quality of its services.

Disparities - Blues on the River Sponsorship

In an effort to reach African American communities, it is often necessary to "meet them where they are". In keeping with this idea, the tobacco prevention and cessation program sponsored the annual Blues on the River Festival. This sponsorship gave us an opportunity to reach a target audience that is oftentimes overlooked and underserved. Within the African American community a considerable amount of people who smoke attend blues festivals. This opportunity enabled us to make our quit line information available, both before and during the event. Signage throughout the event included the quit line number and our branded SOS logo.

- On April - Blues on the River Mentioned in100 (:60 sec.) promotional announcements on KOKY & KIPR
- Mentioned in100 (:15 sec.) Live shared promotional announcements on KOKY & KIPR
- Was featured on the tickets to the show

- Signage on location at the event and on all printed materials
- 4 stage announcements during the event
- Logo on information page on the stations website and Back of Tickets
- Booth at event

Miscellaneous

THE CLEAN AIR ON CAMPUS ACT OF 2009 was passed during this year's legislative period. HB 2007, proposed by Representative Hyde, sought to protect students, employees, and visitors at state-supported institutions of higher education from secondhand smoke on campus. One of the goals of the Oxygen Project was to encourage campus around the state to adopt comprehensive tobacco policies. This bill made it happen. The only caveat to the bill was that it does not extend to private institutions and trade schools, however, we still celebrate its success!

State Funded and now smoke free as a result of HB 2007

Arkansas Northeastern College - Blytheville
 ASU - Jonesboro
 ASU - Newport
 Arkansas Tech University - Russellville
 Black River Technical College - Pocahontas
 Cossatot Community College - De Queen
 Crowley's Ridge Technical Institute - Forrest City
 East Arkansas Community College - Forrest City
 Henderson State University - Arkadelphia
 Mid-South Community College - West Memphis
 Northwest Arkansas Community College - Bentonville
 Northwest Technical Institute - Springdale
 Ouachita Technical College - Malvern
 Rich Mountain Community College - Mena
 University of Central Arkansas - Conway

NOT State Funded

Blue Cliff College - Fayetteville
 ITT Technical Institute - Little Rock
 Hendrix College - Conway
 Lyon College - Batesville
 Ouachita Baptist University - Arkadelphia
 Philander Smith College - Little Rock
 Pulaski Technical College - North Little Rock
 Southeast Arkansas College - Pine Bluff
 Southern Arkansas University - Magnolia
 University of Arkansas Community College - Hope
 University of Arkansas Community College - Batesville
 University of the Ozarks - Clarksville

Surveillance and Evaluation:

The 2008 Adult Tobacco Survey is being analyzed and should be available in mid-late August 2009. Early analysis of the adult smoking prevalence demonstrated a 20.7% rate – which is extremely exciting as it is a 21% decline from the 2002 ATS rate. A press release with significant press coverage occurred to announce this exciting result.

RAND RECOMMENDATIONS

The Rand Corporation met with TPCP to obtain routine follow up of the status of the program on May 13, 2009. New recommendations for the new five-year reporting cycle remain to be developed. For the past recommendations, TPCP would recommend (or report) as follows:

Funding levels for the nine components for a comprehensive statewide tobacco control strategy should be raised to the minimums recommended by the CDC for Arkansas.

Recommend that this be changed, as the CDC has shortened the list of components to five. However, it would be a reasonable goal to be fully funded at the CDC recommended level.

Funded programs that are not within the scope of tobacco prevention and cessation programming, as defined by the CDC guidelines, should be re-evaluated for their value in contributing to reduction of smoking and tobacco-related disease.

Recommend that this be amended, as in the past several years, the report for RAND has been that these currently funded programs are legislated, therefore not within the purview of TPCP to ‘un-fund’. A revised recommendation might suggest that the MSA funds for TPCP be maximized for tobacco control activities supervised by TPCP.

The process TPCP must use to budget its funds should be changed to be in line with the other Tobacco Settlement programs.

Recommend that this be dropped, as the mechanism is not likely to be changed by the legislature.

Evaluation technical assistance is needed.

Recommend: Although a contract and partnership has developed with Battelle and other ADH programs, this remains an on-going effort. Evaluation training for the central TPCP program is planned for mid-August.

The statewide media campaign needs to be evaluated in the next year both in terms of output (PSAs and Community Events) and focus given there is a statewide workplace smoking ban that will go into effect in July 2006.

Recommend: This one needs to be revised, as the Clean Indoor Air Act went into effect in 2006, and much has transpired since. It is still appropriate that the media campaign continue to be evaluated for effectiveness, and this is an on-going annual process.

Adopt a formal quality management process and committee within TPCP, accompanied by reporting of results to the Advisory Committee.

TPCP continues to develop its capacity with evaluation and quality improvement. The Surveillance and Evaluation Section continues to develop its expertise through educational programs, whose learnings are then shared with other staff members. Currently, every program that is funded by TPCP requires an evaluation. Soon, each program will similarly have a quality assessment of the work being accomplished, particularly as it relates to the pertinent workplan and budget. The RFP for a web-based grantee reporting system has been reviewed and a new vendor should be determined shortly with initiation to occur as soon as possible.

Strengthen communication between TPCP staff and the TPCP Advisory Committee.

Strengthening the communication is an on-going process with efforts by both the TPCP staff and the Advisory Committee. With the upcoming strategy planning meetings, it will be assured that the Advisory Committee is an involved as they are able to commit.

Fay W. Boozman College of Public Health

PROGRAM OVERVIEW & GOALS

The mission of the Fay W. Boozman College of Public Health (COPH) at UAMS is to improve health and promote well-being of individuals, families, and communities in Arkansas through **education, research, and service**. The COPH has elected to address this mandate through a community-based health education model. The COPH will improve health and well-being of Arkansans by:

- Training and re-training a professional public health workforce capable of further disseminating effective community and other public health programs;
- Training healthcare and public health practitioners in prevention methods through offering continuing education programs and through partnerships in the delivery of model programs;
- Contributing to the development of linkages among graduating students, state agencies, local organizations, healthcare practitioners, and communities to help align, coordinate, and implement effective prevention programs; and
- Conducting community-based and other public health research that is Arkansas focused and based on Arkansas needs.

PROGRAM PROGRESS

Student Expansion:

238 students are actively pursuing degrees in the COPH this spring semester; 24 of these students are enrolled in a doctoral program – 15 of the doctoral students are in the DrPH program and 9 doctoral students are currently in the PhD programs (8 seeking a PhD in

Health Systems Research and 1 seeking a PhD in Health Promotion and Prevention Research). Demographics of current enrollees are as follows: 175 (74%) of the students are female; 107 (45%) are part-time students; 60 (25%) are African-American; 12 (5%) are Asian; 162 (68%) are Caucasian; 3 (1%) are Hispanic; and 1 (1%) is Native American. Student age range is wide: 36% are 20 – 29 years of age; 26% are 30 – 39 years of age; 22% are 40 – 49 years of age; 13% are 50 – 59 years of age; and 3% are 60 or above. Geographic origin of these students is also broad: 39% (93) are from the Central AHEC region, 4% (9) are from the Northwest AHEC region, 4% (9) are from the Northeast AHEC region, 2% (4) are from the Southwest AHEC region, 2% (5) are from the South AHEC region, 3% (8) are from the Delta AHEC region, 15% (35) are from the South Central AHEC region, and 8% (19) are from the North Central AHEC region. Although all of these students were residing in Arkansas at the time of their admission, 17% (42) of the students are from out of state and 6% (14) are from foreign countries. A total of 28 of the students (12%) are Arkansas Department of Health (ADH) employees.

Faculty Development:

As of March 31, 2009, the COPH had 55 full-time and part-time, salary-supported faculty; 42 of these faculty members are 100% supported by the college.

Program Development:

The COPH offered 39 courses this Spring Semester with 24% of the courses offered through distance accessible learning format, including courses using WebCT, weekend (executive) formats or directed study. In addition, 32 students enrolled in the MPH preceptorship or the doctoral practicum/project or capstone seminar.

Degree Programs include:

- Post-Baccalaureate Certificate
- MPH (generalist and specialist in each of the five departments)
- MS in Occupational and Environmental Health
- Master of Health Services Administration (MHSA)
- 4 combined degrees: MD/MPH; JD/MPH; PharmD/MPH; MPS/MPH
- Doctor of Public Health in Public Health Leadership (DrPH)
- PhD in Health Systems Research
- PhD in Health Promotion and Prevention Research

A combined BA/MPH program, in collaboration with Hendrix College, continues its start-up during this reporting period. In this program, Hendrix students, with the approval of Hendrix program faculty, can apply for provisional admission to the MPH program typically during their sophomore year. If admitted, they can begin taking MPH courses which Hendrix has agreed to accept toward students' undergraduate degrees. The five courses that Hendrix has agreed to accept for credit will allow students to complete 15 credit hours toward their MPH degrees, allowing students to complete the 42 credit hours for their MPH degrees typically in one additional year. Similar programs are also in development with Arkansas' three Historically Black Colleges and Universities (Arkansas Baptist College, Philander Smith College, and the University of Arkansas at Pine Bluff).

Community Outreach:

Monthly magazine column: No column was provided by COPH faculty to the Arkansas Municipal League magazine "City and Town" this quarter due to a decision made by the Office of Communications and Marketing to spread these articles around among other

UAMS colleges. The monthly COPH columns offer useful advice on how municipal officials and administrators can promote better health.

The Health Policy/Prevention Conference is held Tuesdays from 4:00 pm – 5:00 pm (except during the months of July and August and when other activities conflict). The Arkansas Department of Health (ADH) is a conference co-sponsor of these conferences. COPH faculty/guests provide relevant information related to public health policy and prevention. Conference announcements are distributed to UAMS and ADH employees and interested parties outside of UAMS.

Public Health Grand Rounds are held each Thursday from 8:00 am – 9:00 am in the ADH auditorium. The COPH participates as a co-sponsor of these grand rounds.

Federal and Philanthropic Funding: During this quarter, the COPH faculty submitted eight proposals seeking approximately \$4,133,139 in funding; one of the submitted proposals has been funded (\$34,966), and eight are still pending at the current time. One proposal previously submitted to NIH by a COPH doctoral student was funded in the amount of \$29,696. The total, active extramural funding in the COPH at the end of March 2009 amounted to almost \$30 million.

Research Relevant to Arkansans: Conducting research relevant to Arkansans and community-based in nature is one of the four primary ways in which the COPH seeks to improve the health and well-being of Arkansans. Coronary heart disease (CHD), cancer, and stroke are the three leading sources of mortality and morbidity among all gender and race/ethnicity groups nationally and in Arkansas. Through strategic planning, the COPH has focused on research relevant to smoking and obesity prevention and control and has established Interdisciplinary Centers in Tobacco and Obesity to ensure that a focus will be maintained on developing research programs for these two leading risk factors for CHD, cancer, and stroke. Two nationally recognized leaders are directors of the college's Interdisciplinary Tobacco Center and Interdisciplinary Obesity Center: Drs. Warren Bickel and Delia Smith West, respectively. Many ethnic and racial minority groups, including our state's African-American and rapidly growing Latino populations, experience a disproportionate disease burden. The COPH has also identified eliminating these racial and ethnic health disparities as an additional research focus relevant to the health issues within Arkansas, and funding from the NIH has recently allowed the College to establish the Arkansas Center for Health Disparities (ARCHD).

Tobacco Research – No new project has been submitted for funding relative to tobacco research during this reporting period. The funding decision relative to the tobacco research project submitted during the last quarter by Dr. Sheffer is still pending. A description of the two on-going research projects that will provide significant information that will impact tobacco treatment follows.

- **Dr. Warren Bickel** is the Principal Investigator for an NIH funded study on “Delay Discounting as a Predictor of Relapse among Tobacco Smokers”. Relapse poses significant challenges to the treatment of a broad array of behavioral disorders, especially for addictions such as cigarette smoking. Relapse can be considered a reversal in preference from the delayed benefits of some behavior that is

incompatible with a disorder (e.g., improved health from smoking). The behavioral phenomena that contribute to, underlie, or predict relapse are generally not well understood. The identification of such behavioral phenomena is an important research agenda that may suggest new targets for molecular study and perhaps lead to new therapeutic approaches.

- In September 2007, the COPH received funding to establish an Exploratory National Center for Minority Health Disparity Research Center of Excellence in Arkansas. **Dean Jim Raczynski** is the Principal Investigator for what is now being called the Arkansas Center for Health Disparities (ARCHD). This five-year project funded by the National Institute of Health (NIH) places Arkansas in a leadership role to develop research to improve access to quality prevention and healthcare programs for racial and ethnic minorities. **One** of the funded pilot projects in the Center has a tobacco focus. This project examines barriers to utilization of no-cost tobacco cessation programs in the Arkansas Delta Region, a region with high proportions of African Americans and low rates of enrollment in smoking cessation programs. Formative research is being conducted by collecting qualitative data to inform understanding of the underutilization of no-cost tobacco cessation programs in the Arkansas Delta and to develop plans for intervention to increase tobacco cessation program utilization by African Americans. (**Dr. Christine Sheffer - PI**)

Obesity Research - No new projects were funded relative to Obesity research during this reporting period; however, one new project was submitted to NIH for funding. If funded, this project will explore the impact of obesity among elderly on the delivery of long-term care. Four substantial grants have been awarded to faculty addressing obesity: the web-based Weight Loss Grant and the Translation of Obesity and Cognition Research in a Rural State via Senior Centers, both having **Dr. Delia Smith West** serving as principal investigator; the Robert Wood Johnson Foundation funded project to continue the Evaluation of Act 1220 with **Dean Raczynski** serving as principal investigator; and the full research project for ARCHD with **Dr. Elaine Prewitt** serving as principal investigator.

- The Web-based Weight Loss Grant is designed to determine the benefit of a web-based counseling approach to weight loss versus delivery through group, in-person methods. If web-based approaches are found to be effective for helping people lose weight and maintain losses, then a highly cost-effective approach to weight loss and maintenance will be added to what can be done in Arkansas to counteract the obesity epidemic. Dr. West and the investigators are planning a subsequent grant that will follow up on the findings and will seek to extend the reach of behavioral lifestyle obesity programs in rural settings, like Arkansas.
- Dr. West's three-year CDC study will examine the impact of a lifestyle weight management program for older adults and a cognition training program to improve memory and reduce risk of Alzheimer's disease and other dementias. Participants are being enrolled in senior centers across Arkansas, and lay health educators are trained to deliver the programs. The study is a collaborative effort that includes the UAMS College of Public Health, the UAMS Donald W. Reynolds Institute on Aging, the Arkansas Department of Health, the Arkansas Division of Aging and Adult Services, and the Arkansas Area Agency on Aging.

- The five additional years of funding for the evaluating of Act 1220 of 2003, comprehensive legislation to reduce childhood obesity, will extend this evaluation a total of nine years overall. This project provides information for legislators, those involved in implementing the Act and those in other states who are trying to combat childhood obesity about how the components of the Act have been implemented and how they are working. Five years of data have already been collected. The most recent renewal of this Robert Wood Johnson Foundation (RWJF) funded project will enable the College of Public Health to expand its evaluation of the 2003 childhood obesity law to include more intensive evaluation of selected schools. The college will use the information to help determine the most effective strategies for reducing childhood obesity. With the renewed funding from the foundation, the College has also been asked to serve as a technical consultant to other states which are implementing policies to reduce childhood obesity. States receiving technical assistance now include West Virginia, Delaware, Mississippi, New York and Texas. With RWJF funding, the COPH is supported to provide technical assistance to any other states that are pursuing legislation similar to Act 1220. COPH faculty/staff have spoken to people in a few other states.
- **Dr. Elaine Prewitt's** recently funded, five-year project as part of ARCHD will involve translating the highly successful weight loss, lifestyle intervention used for the Diabetes Prevention Project into real-world settings to improve quality care. The efficacy and cost-effectiveness of Community Health Workers in delivering the intervention on weight loss will be examined among overweight residents in rural, low-income Arkansas Delta communities with high proportions of African Americans. If proven effective, this project may provide Arkansas public health practitioners with proven, cost-effective methods for reducing obesity among rural Arkansans and reducing their risk for associated diseases.

Minority Health Disparity Research - No new projects were funded relative to Minority Health Disparity research during this reporting period. However, the COPH faculty continues several ongoing grants/contracts which focus on minority health disparities. Nationally recognized research confirms the need for health care providers and institutions to respond forcefully to the grave and growing problem of racial and ethnic healthcare disparities. Examples of current projects include:

- **Dr. Kate Stewart** obtained funding from the Corporation for National and Community Service (CNCS) Learn and Serve America Higher Education Program administered by the Community-Campus Partnerships for Health to implement the "**Arkansas Health Disparities Service Learning Initiative** (start date was March 1, 2008; end date is February 28, 2009). Dr. Stewart and Dr. Creshelle Nash have co-developed and co-taught a health disparities service learning course and have developed a proposal to create a certificate program for health disparities. Additionally, both Co-Principal Investigators supervise the organization of the Martin Luther King Jr. Day of Service activities.
- The Arkansas Center for Health Disparities (ARCHD) focuses on chronic disease disparities with an initial emphasis on cardiovascular disease (CVD), cancer, and their risk factors, including obesity, diabetes, tobacco use, physical inactivity, and sexual risk factors for chronic disease. The projects in the Center include one full research project,

an initial six pilot research projects (with more pilot projects to be funded in 2009), and three cores that will support the Center. The Education/Training Core is promoting minority student recruitment into careers in health disparities research through a combined BA/MPH degree program in concert with Arkansas' three Historically Black Colleges and Universities (University of Arkansas at Pine Bluff, Philander Smith College, & Arkansas Baptist College).

Resource to Public Officials/State agencies & community: The COPH acts as a resource to the General Assembly, the Governor, state agencies, and communities. The COPH has been actively involved in what is considered to be a phenomenal session for public health by health advocates. (The 87th AR General Assembly recessed April 13, 2009.). Due to the strong leadership role of Governor Beebe and the strong collaborative efforts of numerous health-related organizations and associations, Act 180 (HB 1240) passed early on in the session. Act 180 increased the tax on cigarettes (56 cents) and smokeless tobacco. Numerous public health initiatives were funded through this Act, including: a trauma system for Arkansas, ARKids expansion to 250% FPL, Community Health Centers support, prevention and treatment for a wide range of diseases that include stroke, breast, cervical and other cancers, influenza immunizations for Arkansans, an adult dental program, substance abuse treatment for children and pregnant women, Coordinated School Health, and UAMS NW Medical School. Other significant public health legislation includes Act 308 - primary seat belt law; Act 394 - graduated driver's license, and Act 496 - automated external defibrillators in schools. Faculty and staff assisted with information gathering, briefing legislators, and strategic planning

During this quarter, Dr. Carol Cornell, COPH MPH graduate Rebekah Craig, and Willa Black Sanders worked closely with Senator Percy Malone and Mrs. Malone. In 2007, Senator Malone was the lead sponsor for Act 763 which included the COPH in working with child abuse efforts in the State. After various discussions, the COPH was tasked with conducting nation-wide research to determine if effective child abuse and prevention initiatives existed and either developing or determining if an effective web-based child abuse prevention curriculum for students and teachers existed. The Research data were provided to Senator Malone in February 2009 and a recommendation was made regarding the web-based curriculum for teachers and students. Efforts are now underway to implement the recommendation.

During this reporting period, the College of Public Health also participated in the following:

- March 17, 2009 - hosted the AR Legislative Black Caucus for a legislative briefing and dinner at the COPH building. Thirteen Caucus members attended.
- COPH faculty and staff continue to serve in a leadership capacity and are visible partners with the AR Cancer Coalition, AR Minority Health Commission, AR Department of Health, the American Cancer Society, and the Central Arkansas Heart Association.
- COPH students have over 35 agency/organization choices for their integration projects and preceptorships.
- Three COPH faculty/staff serve on an Advisory Committee of the Philander Smith College Kendall Health Science Institute. Collaboration, research, and increasing the

number of minorities in health related jobs are the primary foci of the Advisory Committee. However, no meeting was held this quarter.

- COPH faculty/staff are ongoing participants in the Clinton School of Public Service educational activities.

Collaboration and Cooperation:

Collaboration and cooperation is one of the four primary ways the COPH seeks to improve the health of all Arkansans. For the purpose of this section, information lists the collaborations made, attempted to be made, and possible collaborations between COPH and the other programs funded through tobacco settlement funds.

Delta AHEC

- Preceptorship/Integration Project forms have been provided to Delta AHEC administration to begin the process of finding a student to select a project with the Delta AHEC site.
- The COPH received funding of approximately \$1 million per year for 5 years from the Center for Disease Control and Prevention (CDC) to establish and Arkansas Prevention Research Center (ARPRC) in the Delta. Ms. Mellie Watson, Director, Delta AHEC South, will serve as Co-Director of the Pilot Research Project in the grant. (Dean Raczynski, Principal Investigator).
- Dean Raczynski and other COPH faculty are working with the Director of Delta AHEC, Becky Hall, EdD, and Mark Mengel, MD, MPH, Director of the AHEC system to develop and submit a collaborative program(s) seeking federal stimulus funding.

Arkansas Minority Health Commission (AMHC)

- Dr. Creshelle Nash, Medical Director of the AMHC is an Assistant Professor at the COPH and serves as the AMHC representative in the Education component of the NIH-funded ARCHD. Dr. Nash also serves as the PI for one of the ARCHD pilot research projects.
- Willa Black Sanders, Assistant Dean, Governmental Relations and Special Projects, is a Senate President Pro Tem- appointed Commissioner to the AMHC. The COPH has allowed Willa to provide additional hours to the work of the Commission in light of the resignation of the Executive Director in January.

Area Aging Initiative (AAI-UAMS)

- Dr. Glen Mays and Dr. John Wayne developed, submitted, and have been funded to do an evaluation of the AAI initiatives.
- Dean Raczynski and other COPH faculty are working with the Director of the Aging Initiative, Claudia Beverly, PhD to develop and submit a collaborative program(s) seeking federal stimulus funding.

Arkansas Biosciences Institute (UAMS)

- The following COPH faculties have obtained past funding from the Arkansas Biosciences Institute: Fred Kadlubar, PhD; Warren Bickel, PhD; and Alesia Ferguson, PhD.
- COPH faculty Gunner Boysen, PhD, and Fred Kadlubar, PhD, are presently receiving funding from the Biosciences Institute.

- Dean Raczynski and other COPH faculty are working with the Director of the Biosciences Institute, Robert McGee, PhD, to develop and submit a collaboration program(s) seeking federal stimulus funding.

AR Department of Health (ADH)

- Dr. Paul Halverson, ADH Director, is “on loan” from the COPH to the ADH and continues to serve as Professor in the COPH’s Department of Health Policy and Management.
- Dr. Joe Bates, Deputy Director at the ADH, is also appointed in the COPH as Associate Dean for Public Health Practice and as Professor in the COPH’s Department of Epidemiology. A number of other ADH staff also have faculty appointments in the COPH.
- ADH and the COPH jointly sponsor the Tuesday Health, Policy Research Conferences held at the COPH from 4:00 to 5:00 pm of each week. The COPH also jointly sponsors the Thursday Grand Rounds held at ADH from 8:00 to 9:00 am.
- A monthly meeting is held with the ADH Director and the Deputy Director, and Dean Raczynski and Associate Dean Katharine Stewart on possible collaborations between the agencies.
- Dean Raczynski and other COPH faculty are working with ADH staff to develop and submit a collaborative program(s) seeking federal stimulus funding.

Additional Possible Collaborations based on COPH’s primary purposes

- Although COPH Masters and Doctoral students select their Integration Project and Preceptorship sites, opportunities at targeted needs program sites could be prominently highlighted among the opportunities available to students;
- Although examples exist when COPH faculty have partnered with Targeted Needs Program Sites to develop research programs, more systematic efforts to promote collaborative research could be developed;
- COPH faculty who have expertise in evaluation are assisting Targeted Need Programs with program evaluation planning, assistance could also be offered to other programs;
- COPH co-sponsors Tuesday Conferences and Public Health Grand Rounds to provide relevant information related to public health policy and prevention, but Targeted Needs Program partners could participate in these presentations as a way of identifying other opportunities for collaboration.

Barriers to Collaborations

- Students select preceptorship and integration sites, and opportunities at Targeted Needs Programs could not be prescribed. In addition, a significant number of COPH students are non-traditional students (approximately 70 - 75% at present) and work full-time while seeking an advanced degree. Distance, finances, and job responsibilities significantly affect students’ site selections.
- The COPH research faculty have limited time for additional projects. A significant proportion of faculty members derive over 60% of their salaries from existing grants/contracts, with some as high as 90%. On top of extramurally funded research responsibilities, they must teach, serve on committees (various student committees as well as those for the COPH and UAMS as well as some national committees), and often provide service both within Arkansas and at the national

level. In addition, to maintain their research programs and generate additional revenue for the COPH, they routinely must develop, write and submit extramural funding applications.

RAND RECOMMENDATIONS - 2004

RAND Recommendation 1: The COPH should maintain the discount for ADH employees

It was agreed that the COPH had no direct control over this recommendation. This decision must be supported by the UA Board of Trustees, the President of the UA System, and the Chancellor of UAMS. The 70% discount was discontinued in 2005; however, over 15% of the COPH student body continues to come from the ADH employees. Also, legislative approval for the ADH using their resources to increase scholarship support for health department staff provides ADH employees with enhanced opportunities for educational financial assistance. Finally, under contract from the ADH, the COPH faculty and staff under the leadership of Dr. Katharine Stewart, COPH Associate Dean for Academic Affairs, conducts the Arkansas Public Health Institute, offering year-long educational programs for ADH employees.

Rand Recommendation 2: Provide evaluation expertise to the COPH community partners to assess the impact of the work they are doing in the community

COPH Response: The COPH's Office of Community-Based Public Health (OCBPH) is involved in many different activities which address this need. The OCBPH has four formally recognized community partners: (1) Boys, Girls, Adults Community Development Center in Marvel, (2) Walnut Street Works in Helena/West Helena, (3) We Care in Pulaski County, (4) La Casa in Pulaski County, and (5) Mid-Delta Community Consortium (MDCC). Dr. Kate Stewart, Director of the OCBPH is working with other staff and faculty to assist the Tri-County Rural Health Network, which includes Walnut Street Works, in evaluating their Community Connector Program. Dr. Martha Phillips, Vice Chair of the Department of Epidemiology, is overseeing the analysis of data from a community tobacco usage survey conducted by We Care as part of their tobacco prevention grant program and working with ADH Hometown Health Improvement Coalitions to help them develop basic evaluation skills. Federal funding for the USDA Delta Nutrition Intervention Research Initiative (NIRI) has ended; however, the OCBPH is continuing to work to assist the NIRI in providing training to their Arkansas community partners in community-based participatory research. This project has directly benefited the Boys, Girls, Adults Community Development Center (BGACDC) in Marvel, and lessons learned will also subsequently be shared with the other three formally recognized COPH community partners. Students in Dr. Stewart's Community-Based Program Design and Evaluation course have provided technical assistance to MDCC and Black Community Developers, another strong community partner, with designing evaluation plans for their programs.

In addition, the new CDC funding for the Arkansas Prevention Research Center (ARPRC) will provide support for evaluating communities' needs and desired competencies for the development of community workshops throughout the 19-

county southeastern Delta area served by the Mid-Delta Community Consortium (MDCC). This effort is likely to identify evaluation needs along with other areas of expertise desired by community partners.

Rand Recommendation 3: Continue to hire more faculty; particularly diverse faculty (2004 - 2005)

COPH Response: The COPH remains committed to maintaining a diverse faculty. As of March 31, 2009, 7 of the 42 (17%) COPH full-time faculty members are from racial and/or ethnic minority groups; 5 of the 7 are from the underrepresented minority classification.

RAND Recommendation 4: The COPH should provide scholarships and discounts for distance learning students; and

RAND Recommendation 5: The COPH should provide scholarships to students to help support the cost of obtaining a degree

COPH Response: Even though the COPH has no direct control over appropriations and cannot guarantee allocation of additional funds to the COPH for scholarships and assistantships, it should be noted that a large percentage of the overall COPH student body are non-traditional students who are working at a full-time job as they pursue their degrees. Nonetheless, a number of students are being supported as research assistants with extramural funding, in essence providing them with financial assistance while at the same time providing valuable experience. A system has also been established in the Office of Student Services to compile student funding opportunities from outside the College and distribute this information to students.

In addition, efforts are being made to develop scholarship endowments within the COPH. For instance, the Department of Environmental and Occupational Health has been able to secure contributions from corporate sponsors to establish a tuition scholarship for students pursuing specialized MPH degrees in the department. Additionally, in consultation with the family of the late Dr. Fay Boozman, the College has also established the Fay W. Boozman Public Health and Community Service Scholarship fund to help support a deserving MPH student(s) each year. Sufficient funds have now accumulated so that a Scholarship Award of approximately \$1,000 was made at Convocation in May 2008 to a student applicant and will be made at all future convocations. Additional donations may be sent to the *UAMS Foundation, Fay W. Boozman Public Health and Community Service Scholarship, 4301 W. Markham, Slot 716, Little Rock, AR 72205*. Finally, funds were donated by the previous Governor's cabinet (Governor Mike Huckabee), with matching funds from the UAMS Chancellors Office, to establish the Boozman Textbook Fund award at the COPH. A small award of \$100 is to be given annually to a deserving student (standardized criteria have been established) to help defray the cost of textbooks.

Efforts to obtain federal support for students are beginning to pay off. For instance, the funding of the Center for Health Disparities (ARCHD) contains some funding for student scholarships at the three historically Black Colleges in Arkansas. In

another recent success, Ms. Brooke Montgomery, PhD candidate in the Health Promotion and Prevention Research program was recently awarded a very prestigious Ruth L. Kirschstein National Research Service Award Individual Fellowship in response to an application that she submitted with the assistance of COPH faculty members.

RAND RECOMMENDATIONS - 2005

RAND Recommendation 1: Increase grant funding and leverage funding from other sources

COPH Response: As of December 31, 2008, the COPH had approximately 37 active grants/contracts amounting to slightly less than \$30 million in total active funding. Total extramural awards since the COPH was founded in 2001 amount to almost \$45 million. The COPH has significantly increased grant funding in a very short period of time and has now been awarded extramural funding that approximately doubles the tobacco funding received across all years.

RAND Recommendation 2: Develop Curricula for the new doctoral programs

RAND Recommendation 3: Develop two new doctoral programs that are required to maintain accreditation: recruit new students for them

COPH Response: Recommendation accomplished.

RAND RECOMMENDATIONS - 2006

RAND Recommendation: The COPH should continue its efforts to meet the new accreditation requirements by December 2007, to expand full-time faculty for doctoral and masters programs and recruit students for the new doctoral programs, and to obtain funding to support the additional salaries

COPH Response: In June 2007, the COPH was fully accredited for a 7-year period by the Council on Education for Public Health (CEPH) with no requirements for interim reports. It was noted in the previous report that the COPH needed an additional health economist faculty member to support the PhD program in Health Systems Research and that an additional faculty member is required to support the new PhD program in Health Promotion and Prevention Research. To date, Dr. Rebecca Krukowski, has been hired to help support the PhD program in Health Promotion and Prevention Research. An offer has also been made to Dr. Mark Tilford, a health economist.

RAND RECOMMENDATIONS - 2007

RAND Recommendation 1: Continue to think about innovative and sustainable ways to increase contributions to the College for faculty recruitment.

COPH Response: The COPH is committed to recruiting dedicated, knowledgeable, and diverse faculty. The College's administration has made faculty recruitment a focus of our strategic planning. However, average extramural support levels of faculty are approximately 60% at present for research faculty, and a significant proportion of faculty derive over 60% of salary from extramural sources, with some as high as 90%. Resources are thus already highly leveraged by extramural funding and existing tobacco and other state funding must be used to cover faculty effort devoted to teaching, service and new grant/contract development. Thus, options

for developing strategies to generate sustainable resources for new faculty are limited.

RAND Recommendation 2: Conduct strategic planning to develop areas of expertise in which COPH can excel (*solidify current areas of expertise, including health behavior and health education, health policy and management and epidemiology. Continue to develop and foster existing foundation in content areas including health disparities, tobacco use and obesity. Public Health Law Center builds on this recommendation*)

RAND Recommendation 3: Continue to develop and support research, specifically grants and contracts. (*Think about cost-effective ways to implement some of the goals related to development & support of faculty research trajectories. Better understand what faculty and administrative staff need to develop research capacity. Develop trainings for faculty on grant submission, and consider and incentive structure*)

COPH Response: As mentioned above, center funding has been identified as a priority for developing and supporting faculty development in research. Faculty mentoring programs have been developed to support junior faculty, and an incentive program which emphasizes grant/contract productivity was implemented in 2004.

RAND Recommendation 4: Measure the impact of their community partnerships. (*Develop a process to measure the impact of community collaborations - a long term strategy that includes systematic documentation of the impact of COPH efforts and relationships developed with partners*)

COPH Response: The Office of Community-Based Public Health is working on the development of a process to best measure the impact of community collaborations.

Delta Area Health Education Center

PROGRAM OVERVIEW & GOALS

Program Overview: The Delta Area Health Education Center (Delta AHEC) was established by the Tobacco Settlement Proceeds Act (July 1, 2001). It is the intent of the Act that "the University of Arkansas for Medical Sciences (UAMS) establish a new Delta Area Health Education Center to serve the following counties: Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis. The new Delta AHEC shall be operated in the same fashion as other facilities in the UAMS-AHEC program including training students in the fields of medicine, nursing, pharmacy, and various allied health professions, and offering medical residents specializing in family practice. The training shall emphasize primary care, covering general health education and basic medical care for the whole family. The program shall be headquartered in Helena with offices in Lake Village and West Memphis."

Primary Goals: (1) To serve Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis counties by increasing access to quality healthcare through the composition, distribution, and appropriate preparation of a culturally competent health professional

workforce; and, (2) to further serve the citizens by increasing the capacity of participation in culturally sensitive health promotion and health education programs.

PROGRAM PROGRESS

Since its inception the Delta AHEC has worked in three primary areas: (1) provide services to communities and clients throughout the Delta region; (2) educate health care professionals, and (3) increase access to health care. In 2001, three process indicators were selected to track the overall progress of their efforts to fulfill the mandates in the Act. Participation in each area during April, May, and June 2009 is summarized in the tables below.

1. Services Provided to Communities/Clients

Delta AHEC South received \$25,000 of new fitness equipment from Innovative Grant funds to support a new Men's Health Initiative.

O2 Improves U, a 4-week program of instruction for better breathing and lung disease prevention challenged participants to learn to breathe deeper to improve energy levels and calm themselves. Helena Regional Medical Center Respiratory Therapy Department provided incentives; fitness instructors, health educators, and smoking cessation counselors provided instruction and enthusiasm. Overall the class showed a 25% improvement in lung function. Many were able to decrease medications and gain better control of exacerbations.

The Phillips County Adolescent Health Coalition, a part of the Delta AHEC, was awarded a \$150,000 second continuation grant to further its efforts to increase the health of the citizens in Phillips County through education and advocacy. The focus of the grant is reducing the number of motor vehicle crashes each year in the county that end in injury or death.

More than 100 women of Chicot County attended a luncheon on May 12th to learn more about heart disease and hear a talk from Eliz Green. Eliz (also known as the American heart Association's "Red Dress Lady") who suffered a heart attack at age 35 and now educates women about heart disease.

Delta AHEC South was also in full force at the DeWitt Hospital Spring Fling where more than 150 people were screened with the new mobile unit. The vehicle has been remodeled and decaled to proudly show a partnership with six Southeast Arkansas hospitals and three AHECs (Delta AHEC, AHEC-Pine Bluff, and AHEC South).

The *YES 4-H Group* - 33 youth and 10 adult volunteers - traveled to Petit Jean Mountain State Park for their annual leadership retreat at the Lutheran Church Camp where campers engaged in activities that included hiking, camp fires, swimming, team-building exercises, and a low-ropes course. Keynote speaker Lawson Pilgrim, a two-time all American athlete and motivational specialist, did an outstanding job of instilling the need to set goals, write them down, and keep them on their person as a constant reminder. Mr. Dale Gray and Ms. Kimberly Enoch, project program specialists with the UAMS Winthrop

P. Rockefeller Cancer Institute, served as chaperones and health educators for the retreat along with Delta AHEC health educators, Ms. Tomisha Gant and Ms. Errin McRae. Community volunteers/chaperones were Mrs. Notoria Zimmerman, Ms. Willie M. Scruggs and Mr. David Baylark and Mr. Daniel Sims, who also provided two presentations on leadership. Program assistant Verna Boyd and Director Ollie White provided educational activities, planning and supervision for the event.

Elaine Dupree provided *Zumba* exercise classes at the Neighborhood Center in West Memphis during their summer day camp in June. This generated 155 encounters with youth from 8 - 16 years of age during the month of June and will continue throughout July. She was trained in Zumba in February and is a certified instructor.

The Delta AHEC is offering *Safe Sitter*® classes this summer to adolescents eleven years of age and older. *Safe Sitter*® is a medically accurate program that teaches young adolescents to handle emergencies when caring for children. This class teaches safe and nurturing childcare techniques, behavior management skills, and appropriate responses to medical emergencies.

The Delta AHEC hosted a *Quitline* drive at Mount of Olives Baptist Church in Brinkley, and *Cessation to College*, a college-wide workshop to promote quitting among faculty and students who attend PCCUA-Dewitt.

The *Mike Conley B-ball Camp* at the Boys and Girls Club, co-sponsored by the Delta AHEC, featured Memphis Grizzlies point guard Mike Conley, 8-time Gold Medalist Micheal Conley, University of Kansas at Lawrence Coach Stanley Redwine and area coaches who spoke about the importance of being healthy and staying away from all forms of tobacco. The 58 participants made a pledge to never use tobacco.

In June, the Tobacco Cessation Interventionist met with Helena-West Helena police Department to remind Officers to enforce *Act 13* no smoking in cars law and to prosecute tobacco retailers for sales to minors, as well as with local tobacco retailers, including the Discount Tobacco Superstore, to educate and discuss reducing youth access/sells, cessation referrals, and pro-tobacco advertising/displays. The Interventionist provided new signage to each retailers and information on cessation classes held at the Delta AHEC.

<i>To increase the capacity of participation in culturally sensitive health promotion and health education programs:</i>	
154	CPR/First Aid for Consumers
493	Health Education for Adolescents
961	Health Education for Adults
1,129	Health Education for Children
1,020	Health Fairs/Screenings
264	How Healthy is your Faculty/Industry/Church?
420	AR Kids Outreach
962	Kids for Health
443	Prescription Assistance (\$354,635 savings)

221	Seniors CLASSICS
0	Geriatrics (Group)
4	Grief Counseling (Remembering Angels)
432	Tobacco Cessation
351	Tobacco Prevention
0	Sexually Transmitted Infections
<i>To improve health behaviors related to chronic health problems:</i>	
13	Asthma
6	Diabetes (1-on-1 and Group)
256	Diabetes Clinic
161	Diabetes Hospital
107	Diabetes Outreach
91	Diabetes Self-Management
131	Diabetes Support Group
310	Sickle Cell Screenings (17 tested positive for trait)
334	Consumers provided with library services
<i>To improve health behaviors in regards to physical activity and nutrition:</i>	
13,804	Fitness Center Encounters
524	Tai Chi
3,158	Other Exercise Programs
93	Nutrition (Group, includes Lunch and Learn)
128	Nutrition (1-on-1 Counseling)
531	Nutrition (1-on-1 Counseling and Group)
<i>To improve health behaviors related to pregnancy, teen prevention, and parenting skills:</i>	
412	Pregnancy/Parenting
1,003	Teen Pregnancy Program

2. Education Provided to Healthcare Professionals

<i>To provide educational activities for area health professionals and health professions students:</i>	
191	Continuing education (82 programs; includes compressed video)
42	CPR for Health professionals
152	Health professionals provided with library services
46	Health professions students/residents provided library services
51	Public education programs for health professionals (no CME credit)
<i>To provide support services for health professionals and their patients:</i>	
0	Tele-medicine patient follow-up visits with UAMS cardiologist

3. Activities to Increase Access to Health Care

Delta AHEC was awarded a Veterans Administration contract to open a *Helena Community Based Outpatient Clinic for Veterans* in September. The clinic will be located only a few miles away from at Dr. Scott Hall's office, and will feature ample spacious patient check-in, check-out, waiting room, handicapped accessible parking and entryways, and ample parking spaces. Veterans will receive primary, preventative, and basic mental

health care in addition to diagnostic services, such as laboratory and x-ray. Dr. Becky Hall is project director and will be hiring a VA Clinic manager and liaison.

The Delta AHEC hosted its 15th year of *M*A*S*H* (Medical Application of Science for Health) in June. With the expansion of the Delta AHEC satellite offices, the Delta AHEC now hosts *M*A*S*H* programs in Helena, Lake Village, West Memphis and Forrest City. This year 45 total students participated in all four programs. All students became certified in Basic First Aid and CPR, participated in hands-on science experiments, labs, lectures, and shadowed healthcare professionals in their workplace, including pharmacy, nursing, radiology, speech therapy, laboratory and many other disciplines. Program highlights included visits to LeBohner Children’s Medical Center, Arkansas Children’s Hospital Injury Prevention Center, ExCEL Ropes Course, and UAMS Medical Center where they visited with representatives from the 5 different colleges.

With special emphasis on rural youth, *M*A*S*H* allows teenagers to experience the real world of healthcare in hopes that they will be inspired to pursue a health career. Since 1993, > 80% of Helena *M*A*S*H* students have pursued a degree in the healthcare field. *M*A*S*H* is a statewide program sponsored by Arkansas Farm Bureau, University of Arkansas for Medical Sciences, AHEC Regional Programs, Blue Cross/Blue Shield of Arkansas, Arkansas Medical Mentor Partnership.

<i>To increase the number of health professionals practicing in underserved areas in the Delta:</i>	
4	RNs preparing for BSN
0	BSNs preparing for MNSc
2	MNSc preparing for administration
2	Nurse Practitioners
0	Medical students mentored for admittance to UAMS COM
0	Pharmacy student mentored for admittance to UAMS COP
0	Nursing students doing clinical rotations
0	UAMS medical students doing preceptorship
0	UAMS senior medical students doing selective rotation
n/a	Students preparing to be Certified Nursing Assistants
<i>To acquaint minority and/or disadvantaged youth with health careers:</i>	
45	Health Careers
0	Students mentored/shadowing professionals

Leadership/Advisory Board Activities

Dr. Becky Hall was one of 42 nationally selected participants for a 2 week health care executive program at the prestigious *UCLA John E Anderson Graduate School of Management*, sponsored by Johnson and Johnson and HRSA. The Health Care Executive Program is a management development program exclusively for executive directors and leaders of community-based health care organizations, so all participants were senior executives in community health centers, AHECs, and HRSA sponsored HIV/AIDS clinics. For two intensive weeks at The Anderson School at UCLA, the directors engaged in a curriculum that provided tools, techniques, and approaches to confront mounting challenges in community health care.

Healthcare Professionals/Students

Asthetic Education training was completed in June for 14 healthcare professionals who took a 20-hour workshop designed for Delta AHEC staff, Crittenden Regional Hospital staff, and Home Health nurses who were motivated to transform themselves to teach and motivate clients and help them to participate in changing behavior.

Nurse educator Angie Whatley, RN, and Parent Educator, Elaine Dupree completed 80 hours of training and received certification to train 7 lay women in our community to be doulas (trained labor support persons) who provide comfort measures in labor, encouragement, and support and offer information. Whatley and Kyleigh Glass, RD also completed a comprehensive Geriatric Training Program through Arkansas Geriatric Education Center. Terri Williams, RN, and Angela Whatley, RN, Debbie Bolden and Dodie Danehower completed training in Chronic Disease Self Management Program from Stanford University in May. This week-long facilitator training course provided education on chronic disease to clients and caregivers in our communities to help them make the behavior changes and better choices to live healthier and reduce hospitalizations with their disease process.

In May, the *Girlz Just Wanna Run* program visited the Helena Regional Medical Center on Nurses' Day. The girls made and distributed more than 50 thank you cards and beaded bracelets.

There is currently no Early Head Start (EHS) provider in Crittenden County, but the Delta AHEC has agreed to provide parent education if a local childcare provider receives EHS funding. Elaine Dupree will attend the *Special Needs in the Early Years Conference* in July in preparation for working with Early Head Start.

Collaboration & Cooperation

Use of the Delta AHEC facility has continued to increase. In the past quarter, 547 individuals attended events that were hosted in the building by collaborative partners at no charge to the entity.

The Arkansas Minority Commission hosted a health fair on June 11 at the Delta AHEC. Numerous screenings were provided including: HIV, Syphilis, Sickle Cell, blood pressure, blood glucose, cholesterol and prostate. Along with the screenings, health information was provided and the American Red Cross conducted a blood drive. Over 60 people turned out for this all day health fair. That night more than 200 citizens attended the Minority Health Commission Forum on minority health issues. Many state and local health agencies told the audience about services, including the Delta AHEC.

The Delta AHEC, Helena Health Foundation and Arkansas Children's Hospitals Injury Prevention Center are co-sponsoring monthly baby showers for *Expectant Mothers*. Each participant who registers will receive a free home safety item and car seat. Events will occur on the 4th Thursday of each month. 25 participants attended the first event.

Healthy Kids Day Camp was sponsored by UAMS Delta AHEC-North, Crittenden Regional Hospital, and East Arkansas Family Health Center during the week of June 15-19. This week-long half-day event was a day camp in which 40 elementary aged children participated in various activities such as Kid Muscle Works, Kid Yoga, Nutrition board games, nutrition lessons, other physical activities, and healthy food demonstrations. Kyleigh Glass, registered dietitian with UAMS Delta AHEC-North and Debby Allison, organized many of the activities and facilitated the week long festivities.

Kyleigh Glass, registered dietitian with UAMS Delta AHEC-North, participated in several collaborative activities this quarter. She, Lea O'Hara, dietitian, and Charlotte Gray, employee health nurse, led the employee diabetes support group at Crittenden Regional Hospital(CRH). Meetings are held once a month and attendance continues to grow, now averaging 8 employees. In collaboration with VeEtta Simmons, UofA Cooperative Extension Agent, an 3-hour diabetes education seminar, *The Right Bite Cooking School*, was provided to14 people. Finally, she and Tammie Coleman, RN with UAMS Delta AHEC-North participated in a research-based project in which they provide education to people diagnosed with diabetes who are also in day treatment for schizophrenia. The research is aimed to discover whether education helps improve lab values in this population.

Delta AHEC South will be responsible for implementing the pilot project for the new grant of childhood obesity in Southeast Arkansas. Mellie Watson, Delta AHEC South Director, attended the UAMS College of Public Health's presentation for the new Prevention Center.

Media & Public Relations

A new outdoor walking track at the Delta Area Health Education Center (AHEC) in Helena-West Helena was officially opened on April 5th and named for U.S. Sen. Blanche Lincoln. The Senator Blanche Lambert Lincoln Walking Track cost \$211,000 and was built with funds from several sources, including \$141,000 from the Helena Health Foundation and a \$45,000 grant from the Arkansas Department of Health that was facilitated by Senator Jack Crumbly. The naming was kept secret from Lincoln until the sign bearing her name was unveiled at Sunday's ceremony. Becky Hall, director of the Delta AHEC, said the idea for an outdoor walking track received strong support during community focus group meetings. "People told us they wanted a place to go that was safe for walking and for children to play," Hall said. "This has been at the top of our to-do list for a long time."

To accommodate the community's wishes, the 8-foot-wide walking track is surrounded by a decorative security fence, and it includes a playground. A one-time \$5 fee gives users security card access from dawn to dusk. Weeks before Sunday's official opening, the track, which includes two quarter-mile sections, was already in demand by the community. The new track was the impetus for a running club made up of 50 elementary-school-age girls, called Girls Just Gotta Run, which comes to the track twice a week. The track also is being used by the local KIPP (Knowledge Is Power Program) charter school for physical education. "It's beautiful," Hall said. "I can see the playground from my office window, and I can see kids swinging and hear them laughing and playing. It's wonderful."

Lincoln and the Helena Health Foundation were instrumental in securing the money for the \$4 million facility that now houses the Delta AHEC and Dr. Vasudevan Wellness Center, which opened in 2006. "Senator Lincoln's assistance was invaluable once the decision was made by the Helena Health Foundation to seek a federal loan guarantee to help pay for the new AHEC building," Hall said. Donna Rice, executive assistant for the Helena Health Foundation, also said that Lincoln is a native of Helena-West Helena and has assisted the community with other projects. "We wanted to honor Sen. Lincoln for her support of Helena, and we think that naming the walking trail for her is a natural fit," Rice said.

In addition to a playground, the seven-acre track complex includes a pavilion with picnic tables and five fitness stations around the track. Future plans include a small water feature in the middle. The nonprofit Helena Health Foundation was organized in March of 2002 to support and improve the public well-being and quality of life in Phillips County, especially in health care matters. The foundation provides leadership in identifying and addressing community health problems. Since 2006, its primary focus has been its grants program, which recommends grants to address community needs in health care.

Continuous Quality/Program Improvement

Delta AHEC staff continues to work on continuous quality improvement. This Quarter the "Circle of Excellence" team, which focuses on employee satisfaction held an employee Easter Egg Hunt. Delta AHEC staff participated in the 1st year celebration of the UAMS Circle of Excellence Program.

RAND RECOMMENDATIONS

Below are three recommendations that come out of our most recent evaluation process. One recommendation is a continuation of a recommendation in the previous evaluation report.

RAND Recommendation 1: Increase efforts to recruit health students.

Recruiting health professionals to the region is a challenge that should be high on the radar for all tobacco programs. We recognize the Delta AHEC administration's challenges to recruiting health professionals to the region and wish to encourage them in their efforts to pursue students interested in the health professions. We commend that the Delta AHEC hire staff to focus on this important work as well as their focus on increasing the number of potential health professionals through programs for students early in their careers.

Program Response: The statewide AHEC program is receiving a portion of the increased Arkansas tax on Tobacco. We will be using a part of our funding to hire the Delta Recruiter. However, UAMS has a 90 day soft hiring freeze so it will be at least 90 days before we can begin the hiring process.

RAND Recommendation 2: Continue to increase resources to conduct program evaluation activities.

Delta AHEC has responded to past recommendations by building evaluation into most of its services and programs. Delta AHEC wrote up a "Service Profit Chain"

documenting the link between employee satisfaction and client satisfaction. This document also has a list of indicators that can be collected to assist in program evaluation. These evaluation components include process and outcome indicators collected by multiple data sources that have been institutionalized into the everyday workings of the program. Data sources include scannable participant surveys, automated participant data (i.e., scannable identification cards that feed into a participant database), and program-based outcomes that support evaluation of their programs (e.g., weight, blood pressure, etc.). Delta AHEC has a useful data system that is utilized by each site to track participant numbers consistently. They have also instituted quality management processes that demonstrate the understanding that consistency is something that must be planned (e.g., development of protocol manuals for each program). Preparing for potential staff changes by creating a series of manuals that holds all of the necessary information needed to run each program is a wonderful model that has been shared with AAI and MHI. We recommend that Delta AHEC continue on its current path towards building its evaluation capacity.

Program Response: The Delta AHEC continues to refine its database system to better meet employee and funders needs. The database will be used as a model to develop a statewide AHEC Outreach database. We are working with Dr. Dana Gondolas to further refine the outcome data and database.

RAND Recommendation 3: Conduct a survey of knowledge gained in training sessions as part of its evaluation efforts.

We recommend that Delta AHEC conduct knowledge surveys as part of their training sessions to track the response to the education opportunities and incorporate the information into their continuous quality improvement efforts. Surveys do not have to be a part of every training session given by each site. However, a strategic sampling of training sessions geared towards various groups of professionals would provide information that could help Delta AHEC better gauge their effectiveness.

Program Response: A knowledge survey is a part of educational opportunities and training sessions. Numbers, demographics and outcomes are being documented in the on-line Delta AHEC database. In this quarter, client satisfaction surveys were obtained and data are being analyzed.

Arkansas Aging Initiative

AAI PROGRAM OVERVIEW & GOALS

The AAI is an infrastructure of eight satellite Centers on Aging located across the state. This program is designed to address one of the most pressing policy issues facing this country: how to care for the burgeoning number of older adults in rural community settings. The vision of the AAI is to improve the quality of life for older adults and their families and is fulfilled 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 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.

AAI PROGRAM PROGRESS

- **Progress toward outcomes, significant changes, and accomplishments this quarter**
 - June 23rd was a day of celebration as the Baxter County Regional Center On Aging was renamed the Mruk Family Center on Aging. The Mruk Family has donated an undisclosed 7 figure gift to endow the COA in Mountain Home. A luncheon for over 200 individuals was held in honor of the Mruk Family with many dignitaries attending.
 - The AAI was awarded a 3 year, \$3 million grant from the Donald W. Reynolds Foundation for the replication of the Schmieding Caregiving Training Program in 4 AAI COA sites; Jonesboro, Pine Bluff, Texarkana, and West Memphis. This grant will begin July 1, 2009.
 - The AAI had its annual 2-day retreat in June with all sites participating. It was held at the University of Arkansas Winthrop Rockefeller Institute at Petit Jean State Park. The primary goal this year was to develop a 3-5 year plan for integrating education and clinical care with a one year detailed work plan. Amy L. Rossi, LCSW served as the facilitator for this 2-day retreat. Every COA site director was present and Drs. Wei and Riggs represented the DWR IOA. The AAI will implement Wagner's Chronic Care Model over the next 3-5 years through all the COAs including an evaluation component.
 - Twenty-five individuals, AAI-COA education directors and volunteers from all around the state, attended a 5-day workshop conducted by a team of experts trained in the Stanford Chronic Disease Self-Management Model. Education directors will begin classes this fall with resource support from an AoA grant- in partnership with the AR Department of Health.
 - In April, Dr. Larry Wright, Director of the Schmieding Center for Health and Education, accompanied Senator Blanche Lincoln at the Jones Center in

Springdale as she addressed a group of about 200 as part of her "Call to Action--Taking the Pulse of Rural Health Care" tour.

- The AGECE (AR Geriatric Education Center) was active this quarter with the Centers, highlights included distribution of DVDs to all of the COAs on End of Life Issues; Wound Prevention & Management; GI Motility; and, Breast and Prostate Cancer in Older Adults. A complete video library was also provided to the newest COA - Oaklawn Senior Health Care Center.
- **Community Advisory Committees**
 - During this Quarter the Regional Advisory Committees spent much of their time planning for next year. Several set new goals while others decided to continue and expand projects and activities they worked on this Year.
 - All committees are planning to increase their involvement with state legislators in an effort to secure additional funding and affect legislation and policies impacting the Arkansas Aging Initiative.
- **Leveraging Activity**
 - Oaklawn Senior Health Care Center and the South Central Center on Aging received \$61,029 from the Administration on Aging grant through the Arkansas Department of Health. They produced a workplan and budget for the Chronic Disease Self Management Program and Matter of Balance training. The collaboration provided training for 25 AAI staff and partners in Chronic Disease Self Management and two staff to be Master Trainers in Matter of Balance.
 - A Donation of over \$1M from the Mruk Family endowed the Mruk Center on Aging in Mt. Home
- The Total leveraged dollars for this quarter: \$ 272,367.

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Oaklawn
\$10,900	\$4,046	\$17,665	\$38,589	\$5,864	\$4,400	\$115,762	\$75,141

- **Clinical Services** Senior Health Clinic visits for March, April and May, 2009 was 10,953.

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista
1,332*	588	1,928	1,024	950	985	2,263	1,883

*estimate

- **Geriatric education** Total Education Encounters for this quarter was 20,722 of those 23.7% to minorities.

AAI Site	Health Professionals	In-services	Para Professionals	Community	Exercise	Students	Totals
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SACOA		150		838	577		1565
Minorities		103		105	78		286
DCOA	53	48		173	2005	108	2387
Minorities	22	45		116	1745	92	2020
DCOA-Helena	2		692	345	653	11	1703
Minorities	0		644	222	208	6	1080
COA-NE	502	17		1075	969	61	2624
Minorities	6	13		59	9	6	93
TRCOA				718	382	3	1103
Minorities				230	20	0	250
Schmieding	40		177	508	10		735
Minorities	2		45	39	0		86
SCSHE-Bella Vista		38		547			585
Minorities		10		20			30
SCSHE-Mtn. Home	29	66	93	690	827	34	1739
Minorities	1	2	2	0	0	5	10
SCSHE-Harrison		1477	119		1648	52	3296
Minorities		0	1		1	0	2
SCCOA	150	1		2066	356	9	2582
Minorities	42	1		678	41	5	767
WCCOA	261	34		1186	147		1628
Minorities	19	19		151	2		191
Oaklawn	23	105		593	54		775
Minorities	1	70		22	2		95
Total Ed Encounters	1060	1936	1081	8739	7628	278	20,722

RAND RECOMMENDATIONS

RAND Recommendation 1: Ensure that each COA establishes and maintains a formal quality improvement process to monitor, assess, and improve performance, and establish a strategic plan for evaluation in which AAI's central administration assesses COA performance on a periodic basis.

Program Response:

- A formal quality improvement process was developed and implemented Spring/Summer 2007 and is updated each year. This process includes:
 - Annual onsite evaluation visits are scheduled this fall with each COA by the AAI core leadership. During that visit, each site will report on activities accomplished based on FY 2009 strategic plan. Successes, challenges and lessons learned will be addressed by each site. Follow-up written correspondence was made after each individual visit.
 - Annual strategic planning and budget meetings were held with each site and the AAI core leadership this spring. The strategic plans and

budgets for FY 2010 were developed by each COA and reviewed in detail while keeping in mind the overall AAI strategic plan. All visits were completed this quarter with new strategic plans and budgets for FY 2010.

RAND Recommendation 2: Set more specific fundraising goals for each COA including identifying a short list of funding opportunities through the state and federal governments, foundation, and the private sector for each site and setting financial goals for each year.

Program Response:

- All Centers on Aging have community advisory committees in place and are operational. All committees meet on a quarterly basis with the option of a special meeting if needed. The committees are beginning to develop structures and activities more in common with each other yet they retain enough originality to be unique. All committees have active chairs and responsive membership. While the committees still emphasize marketing, public relations and advocacy within the community, most are beginning to explore the possibilities of fund raising and legislative involvement.
- Ongoing Grants
 - The Evidence-based exercise program with AR State Health Department and the AoA grant is still ongoing and we have partnered further with the Department of Health to obtain CDSM training this spring as well as Matter of Balance Training. Oaklawn Senior Health Care Center and the South Central Center on Aging received \$61,029 from the Administration on Aging grant through the Arkansas Department of Health this quarter for Stanford Chronic Disease Self Management Program and Matter of Balance training.
 - \$30,000 King Foundation Tia Chi Training Grant is ongoing
 - SCCOA \$5000 grant through the Mid Delta Community Consortium for a blood pressure checking pilot project in 3 African American barber shops in Pine Bluff is ongoing
 - \$14,000 cumulative total per quarter is received for AAI sites to participate in the Advancing Excellence in America's Nursing Home Campaign.
 - Donald W. Reynolds grant to replicated the Schmieding Caregiving Training program was awarded in May, 2009 and will start July, 2009.

RAND Recommendation 3: Continue to push forward with collaborative efforts partnering with the other tobacco funded programs.

Program Response:

- All COA sites have continued to partner with multiple entities, some examples are below:
 - The AAI is partnering with the COPH on an evaluation outcome study for the AAI, a final project has been submitted, refined and accepted after a presentation to the COA Directors and Education Directors in January. Work on this project began this quarter.

- A collaboration meeting was held in April by the Tobacco Commission and all tobacco funded programs attended.
- Active programs for older adults continue to be presented on a weekly basis with the DCOA and the Delta AHEC.
- The AAI did a review of partnerships from each COA, there were at least 267 major partnerships where many programs and activities were accomplished together and over 545 overall partnerships where the COAs and others worked together.
- Additional partnerships with national, state, regional and local entities continue to flourish at all 8 COAs, some examples are discussed below:
 - Many COAs participate in the Arkansas Geriatric Society and went to the first meeting of 2009 (April).
 - All Centers continue to participate in the National Advancing Excellence in America's Nursing Home Campaign. This collaboration includes the Nursing Home Collaborative, Office of Long Term Care, AIPP, AFMC, Arkansas Health Care Association, and others. During this quarter, many Center on Aging Education Directors and outreach coordinators attended a 2-day workshop "Partners in Caregiving" a "train-the-trainer" program designed to improve relationships in the nursing homes between staff, patients, and families. They are planning on taking this training out to regional nursing home staff this fall and following up to see what impact was made.

RAND Recommendation 4: Build on AAI's strategic plan to present a set of outcome measures that are representative of its work given its funding levels

Program Response:

- Dr. Ruth Allen is currently serving the AAI as an evaluator on a short term basis (until around August 1, 2009 when we expect to have a full time evaluator in place). She has a study approved by the IRB to conduct a survey in all 8 COAs regarding the satisfaction of the recipients of care from our partnered Senior Health Clinics.
- The AAI is partnering with the COPH on an evaluation outcomes study for the AAI, a final project was accepted and work has begun.
- Data is being collected from the ALED sites monitoring for participation levels and compliance. The data are entered by site into a master data base and reports will be generated as needed. The commitment of participants has been noteworthy in that many have completed the mandatory program and continue to participate over an extended period of time.
- Data has been collected from each COA on their *Falls* educational program. This data has been analyzed and an abstract developed to present at the national Gerontological Society Meeting this fall.
- Data that has been previously collected on the educational programs "Healthy Changes" (diabetes self management) & Arthritis Self Help has also been collected and analyzed.

PROGRAM OVERVIEW & GOALS

Initiated Act 1, of 2001 mandated that the Arkansas Minority Health Commission establish and administer the Arkansas Minority Health Initiative for screening, monitoring, and treating hypertension, strokes and other disorders disproportionately critical to minority groups in Arkansas.

The Act specifically stressed that programs developed to accomplish this mandate should be designed to:

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

PROGRAM PROGRESS

In an effort to develop intervention strategies to address diseases that critically impact the minority population, AMHC selected seven community based organizations through a competitive review process to address HIV/AIDS which is an AMHC primary focus area due to its devastating impact on the minority population. A summary of the intervention programs follows as well as other intervention activities.

Intervention Activities:

HIV/AIDS Initiative

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

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

The following seven (7) projects began April 2009 with the following outcomes for the quarter:

Program April-June	Future Builders	Alliance on Community Health	BROTHAS & SISTAS	JCCSI	Black Community Developers	Arkansas Human Developmental Corporation	Tri-County
Participants targeted	600	400	2500	48	60	400	1000
Participants being served	58	248	3000	pending	30	60	pending
Number screened	58	100	6	pending	NA	60	pending

The grantees are in the beginning phase of their program so the outcomes are limited this reporting period. However, over the course of a 2 month period each program has held activities such as counseling sessions, testing events, and attended capacity building workshops, Diffusion of Effective Behavioral Interventions (DEBI) program training, and initiated recruitment of participants as well as additional supporting staff. During some of the counseling sessions one group had identified a large database and incorporated the internet to broaden their outreach. Majority of the challenges have been recruitment but adjustments are being made. Several organizations have completed an organizational needs assessment to expand their outreach to other venues in order to recruit their targeted participants. Another program has seen the need to add an additional component that will train workers to be interpreters which expands their outreach in the Hispanic community.

UAMS Regional Programs Medical Interpreter Training Program

The AMHC funded the UAMS Regional Programs to establish their Medical Interpreter Training Program (MITP) in health care facilities that are serving the fast growing Spanish speaking populations in Calhoun, Union, Bradley, Ouachita, Hot Springs, Lafayette, Hempstead, and Desha counties in Arkansas. The distribution and quality of trained medical and non-medical interpreters (NMI) will improve qualified local health care facilities such as hospitals, community health centers, clinics, local county health departments, migrant health centers, and social service agencies.

The goal is to train 15 medical interpreter candidates through the UAMS *"Beyond Communication Limits"* program. This program is a 48-hour curriculum, which will evaluate the proficiency, and medical terminology knowledge each candidate acquired through this training. Twenty (20) non-medical interpreter (NMI) candidates who are bilingual staff members will be trained in a 16-hour curriculum through UAMS *"Bridging the Gap & UAMS Practical Skills Course."*

In May 2009, additional components added to the MITP/NMI program including enhancement of public relations and recruitment efforts for the medical administrators and other potential constituents. The program will also incorporate a component for bilingual lay-health workers in the community; develop webcam interactive use and an evaluation component.

A two-hour seminar was held in June 2009 for medical providers and administrators who were located in Union, Calhoun, Bradley, Desha, and Ouachita counties. Seven (7) candidates for the MITP/NMI program were given a language skills test and passed. The language skills test was conducted in preparation for upcoming training sessions in July and August 2009.

UAMS Prostate Cancer Patient Education, Screening and Navigation

The UAMS Winthrop P. Rockefeller Cancer Institutes' Cancer Control Prostate Cancer Patient Education, Screening and Navigation Program provided African American men in Jefferson and Phillips County with accurate and up-to-date screening information about prostate cancer early detection and treatment for all stages of the disease. Guest speakers, health professionals and prostate cancer survivors attended recruitment meetings and screening events. Men were educated and assessed on their knowledge of prostate cancer prevention and screenings. The patient navigation staff collaborated with community partners to recruit and screen 160 candidates by pre-registering men at four local churches in each county. A patient navigator followed-up with each individual patient for further treatment options when needed.

Activity/Event	Location	Date	Number in Attendance	Number Screened	Number Abnormal PSA	Number Abnormal DRE	Number Referred
Altheimer Elementary	Jefferson	4/25/2009	23	9	0	0	0
Mt. Harmony MBC	Jefferson	5/2/2009	56	17	0	0	0
New Hope MBC	Phillips	6/27/2009	33	3	0	0	0

UAMS Breast Cancer Patient Education and Navigation Program

The UAMS Winthrop P. Rockefeller Cancer Institutes' Cancer Control Breast Cancer Education and Navigation Program provided African American women with accurate and up-to-date screening information about breast cancer including early detection and the treatment available for all stages of the disease.

Activity/Event	Location	Date	Number in Attendance	CBEs Provided	Number Referred	Abnormal Results
Rison Cancer Expo 2009	Rison	4/9/09	54	0	9	3
Remington Arms Health Fair 2009	Lonoke	4/16/09	343	0	32	14
1 st Annual Jefferson County Cancer Expo	Altheimer	4/25/09	23	0	12	5
An Ounce of Prevention - Mt. Harmony Baptist Church	Pine Bluff	5/2/09	56	14	8	2
Union Pacific Railroad - 2009	North Little Rock	5/6/09	146	0	3	0
Embrace Your Heart Luncheon	Lake Village	5/6/09	50	0	5	2
6 th Annual Omega	North	6/9/09	77	19	16	4

Psi Phi Health Fair	Little Rock					
New Hope Missionary Baptist Church	Helena	6/27/09	33	0	7	2
	TOTAL		782	33	92	32
There are currently two patients going through breast cancer treatment. Abnormal results are still in follow-up. CCOC will continue patient navigation						

The program was implemented in counties without certified mammography facilities in order to increase the number of screenings provided for BreastCare eligible women and ensure appropriate follow up for diagnostic evaluation and treatment is provided in a timely fashion. The patient navigation staff collaborated and identified primary care clinics, educated and navigated women at local/statewide health fairs, expos and participating provider’s clinics. During this process, clinical breast exams are provided to all eligible women. Follow-up with each individual patient for further treatment options was based on specific results of the clinical breast exams.

Marianna Examination Survey on Hypertension (MESH)

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

Currently, AMHC along with committee members representing the College of Public Health, Office of Public Health, and Arkansas Department of Health are designing multiple factsheets to show the impact of hypertension and diabetes among the minority population along with the socio-environmental factors that potentially influence health. The committee will work closely with key leaders of the community to determine the most desirable data for feedback. The Commission is also engaging the community in the development of interventions that will bring about behavior modification to decrease the rate of hypertension and other cardiovascular risk factors.

A College of Public Health student has utilized this data in a capstone project. The research focused on the sections that measure reactions to race, depression, stress, and the effect race has on those relationships. The committee is also continuing to analyze the survey data for use in the community and establishing guidelines for additional data requests, publication of community findings and ongoing training of community members in working with community based researches for ongoing community health improvement.

Community Outreach/Partnerships:

Media

The Arkansas Minority Health Commission (AMHC) utilizes various forms of media to inform the public about: diseases that disproportionately impact the minority population; assist in the understanding of these diseases; increase knowledge of available resources;

and encouraging them to seek medical attention. In April, May and June ads were placed in the statewide minority newspaper called "The Stand" relative to the following health concerns and AMHC activities: advertisement of executive director position, HIV/AIDS Prevention Workshop, and Ovarian Cancer. Company brochures were revised and distributed in the month of June. Promotional efforts for this time period included press releases, public service announcements, print advertisements and website advertisement. AMHC is working with Advantage Communications, Inc. to develop a communications strategic plan to allow the agency to be more visible in the communities throughout the state.

"Southern Ain't Fried Sundays"

"Southern Ain't Fried Sundays" (SAFS) is a project uniquely designed to educate African American churches and organizations about healthier alternatives to preparing and cooking southern-style foods. It is also a creative mechanism for partnering with these groups in an effort to educate their members about the signs and symptoms of stroke, diabetes and heart attacks.

SAFS is now being offered year-round to give organizations an opportunity to participate as often as possible. There are a total of 43 organizations participating in the SAFS program and 29 have requested more information on the American Heart Association's Search Your Heart (SYH) program. The Search Your Heart program is offered as an optional component to the "Southern Ain't Fried Sundays" program. The Search Your Heart program offers a 9-week curriculum that will focus on physical activity, nutrition, and health education. Based on performance in the Search Your Heart program, participants will have an opportunity to win scholarships to continue their wellness program.

During this quarter, AMHC has been working closely with The Design Group, a marketing and design company, to develop a comprehensive plan for SAFS as well as developing a Spanish version of the program.

HIV/AIDS Minority Task Force

An AMHC representative is an appointed member of the HIV Task Force and the task force receives financial assistance from AMHC to hold forums around the state to determine community needs regarding HIV/AIDS and to ultimately make policy recommendations to the Arkansas General Assembly. The task force submitted a report to the Governor and the Arkansas General Assembly in November 2008 but continues to meet with staff assistance from the AMHC. The task force will focus its effort on presenting a progress report in November 2009 for the Arkansas General Assembly that will cover HIV funding via Arkansas Minority Health Commission and Arkansas Department of Health.

HIV/AIDS Prevention Coalition

Since the last reporting period, the Coalition has been actively involved in promoting collaboration among various groups. In partnership with the Arkansas Minority Health Commission and the Arkansas Department of Health the members of the Coalition were

instrumental in assisting with planning of the capacity building workshop, “*Building Communities for HIV Prevention*”.

The workshop was held on June 16, 2009 at the Ramada Plaza in Pine Bluff, Arkansas. Over 40 participants from various community based organizations, AIDS service organizations and faith-based organizations in Arkansas attended. Each participant had the option of selecting between the following workshops:

- **HIV 101 and Community Needs Assessment:** These workshops were conducted by a representative with the **Border Health Foundation**. HIV 101 focused on increasing the basic knowledge of HIV/AIDS and other associated problems. Participant also received information about analyzing basic information, core messages, values and practices related to HIV/AIDS prevention and education and the importance of cultivating a caring and supportive attitude toward individuals living with HIV/AIDS. In the community needs assessment workshop participants learned the process of obtaining and analyzing findings using multiple data collection methods.
- **Program Planning and Evaluation:** These workshops were conducted by a representative with the **Dallas Prevention Training Center**. The program planning workshop discussed the process and importance of program planning. Participants were able to identify the benefits of using the logic model and its components as it relates to program planning. In the evaluation workshop participants learned the importance of developing an evaluation tool for programs and the relationship between program planning and evaluation.

The workshop concluded with an overview given by the Dallas Prevention Training Center. This overview discussed the *Diffusion of Effective Behavioral Interventions* (DEBI) which are science-based interventions that are strongly recommended by Centers for Disease Control and Prevention (CDC) as effective HIV prevention programs.

Black Aids Institute

In an effort to address HIV/AIDS across the State, the Arkansas Minority Health Commission formed an affiliation with the Black AIDS Institute as a participant in their African American HIV University (AAHU) in 2008. AAHU is the comprehensive training and capacity building fellowship program by the Black AIDS Institute aimed at strengthening Black organization and individual capacity to address the HIV/AIDS epidemic in minority communities.

In addition to submitting an abstract to the United States AIDS Conference which is scheduled to take place in San Francisco in October 2009 the Fellow will be joining a group of peers to present at the National HIV Prevention Conference in Atlanta in August 2009. The group is made up of peers from the Community Mobilization College which will promote collaboration with various community-based organizations, AIDS service organization and faith based organizations across the states. The Fellow recently received an invitation to participate in a supplemental Community Mobilization College training with the Black AIDS Institute. This program is designed to promote the following outcomes:

- The development of a network of Grassroots Mobilization Coordinators
- In-depth evaluation and identification of existing mobilization campaigns among ASO's, CBO's and TBI's
- How to influence mobilization through strategic alliances and participation
- Case studies from experienced national and local mobilizes
- Driving local work with national policies
- Knowing what you and your organization really have to offer

Through this collaboration we will strengthen our abilities to engage various organizations, promote health polices as it relates to HIV/AIDS and broaden our database of available resources.

Community Health Fairs/Screenings:

AMHC Health Fairs

The Arkansas Minority Health Commission held two community health fairs during this quarter. The health fairs were held in Magnolia, Columbia County on April 30, 2009 and Helena-West Helena, Phillips County on June 11, 2009. Below is the screening information from the health fairs.

	Blood Pressure	Cholesterol	Glucose	HIV	PSA	Blood Donation	Total Attended
Magnolia	46	57	58	8	0	0	68
Helena-W. Helena	60	60	60	1	6	14	77
Total	106	117	118	9	6	14	145

Collaboration:

The Arkansas Minority Health Commission has collaborated with several entities to educate minorities across the state. Following are examples of active collaborations with organizations and associations during this quarter.

Arkansas Minority Health Consortium

The Minority Health Consortium is a collaboration of different agencies comprised of professional representatives united to increase awareness of minority health issues and to advocate for resources in the state of Arkansas. The primary goal of the consortium is to make an impact on health policy by researching and developing legislation for health policy concerns that will benefit all Arkansans.

The Consortium is in the process of completing their vetting tool information database which is a tool designed to capture information from each participating organization. This information is needed to build strong collaborations and the data will allow the consortium to have a broader network. The consortium has been engaged in trying to understand the relationship between the services that they offer constituents and the connection with the legislative process. The Consortium provided input to the legislation so the decision that they were making would more positively affect constituents. As a

consortium, they can help with the implementation of the laws passed by the legislative body.

The Minority Health Consortium continues to support the legislative policy priorities for the 2009 Arkansas Legislative Session.

Health Disparities Service Learning Course

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

AMHC's medical director has participated in this collaboration by developing and implementing this elective course with 2 other co-course directors. In the first year, there were 5 students and 5 community-based partners. Currently, the course is being evaluated and a lay version is being developed for community use. A paper is also being produced for dissemination.

ADH/AMHC HIV Testing and Awareness Campaign

AMHC has partnered with the Arkansas Department of Health in the "Know Your Status" campaign. This campaign is a statewide effort to increase awareness of the continued epidemic of HIV/AIDS in minority communities and to encourage screening. We have developed initial media messages and statewide screening dates in conjunction with national HIV/AIDS observances.

Arkansas Cancer Coalition's Ovarian Cancer Task Force

In its efforts to educate minority women across the state of Arkansas about the signs and symptoms of ovarian cancer, Arkansas Minority Health Commission worked with Valassis Sales & Marketing to distribute symptom cards to the minority communities in the Pulaski and Jefferson County areas. In response to the symptom cards, AMHC received thirty-seven (37) requests for additional information in regards to ovarian cancer.

Sickle Cell Support Services

The Arkansas Minority Health Commission funded *Sickle Cell Support Services* in their efforts to enhance the well-being of sickle cell patients and families in the state of Arkansas. Educational materials on sickle cell are being distributed to health fairs and blood drives to educate the public on sickle cell disease and the sickle cell trait. Radio blasts will be hosted at each blood drive. Sickle Cell workshops are hosted to educate health care providers, sickle cell patients, and their families. Health care providers will also speak on topics such as the importance of genetic counseling, insurance and developing healthy relationships with primary health care providers. *Sickle Cell Support Services* will also host a camp with 15-20 children with sickle cell disease. The camp will provide educational and support services.

Needs Assessment Activities:

Arkansas Racial and Ethnic Health Disparity Survey

This project continues AMHC's effort to increase awareness about health disparities and diseases that affect Arkansas minorities. This work is a continuation of the collaboration and work with the UALR Survey Center and the Pulaski County Racial Attitudes Survey focusing on Health and Health Care in Pulaski County. The survey is a statewide survey that examines multiple health and health care issues in the community. Some areas examined include health beliefs, health literacy, access to health care, quality health care, cultural competency and medical mistakes. It is a 50 question survey that was started in February 2009. The survey was fielded in English and Spanish. There were 2,384 surveys completed. The data has been collected and is currently being analyzed.

Policy Initiatives:

Arkansas Colorectal Cancer Prevention, Early Detection and Treatment Program

The intent of this legislation was to create a program analogous to the BreastCare program. It is a state funded program to provide screenings for underinsured and uninsured low-income Arkansans. A diverse group of advocates worked on this legislation including but not limited to UAMS Winthrop P. Rockefeller Cancer Institute, UAMS college of Public health, Arkansas Department of Health, Department of Health and Human Services, American Cancer Society and Arkansas Minority Health Commission. AMHC participated in the bill creation and mark up sessions prior to introduction at the Arkansas General Assembly. This bill sponsored by Senator Joyce Elliot, was passed and received appropriation in the Arkansas 2009 General Assembly.

Acute Stroke Task Force

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

The Stroke Care Task Force is charged with coordinating statewide efforts to combat the debilitating effects of strokes on Arkansans, to improve health care for stroke victims.

The AMHC Medical Director meets with the Acute Stroke Task Force once a month. The Medical Director brings both a public health and minority health perspective to the group. The medical director is currently chairing the subcommittee on policy and standards. The Task Force has met since January 2007 and has completed the following tasks:

1. Reviewed of the stroke burden in Arkansas
2. Reviewed existing model programs for acute stroke care

3. Developed a conceptual framework for a model stroke program in the state, including prevention as well as acute care, rehabilitation care, and follow-up care
4. Initiated discussions of the status of the current systems of stroke care in the state, including gaps in and barriers to making changes in the system
5. Reviewed existing sources of information about stroke care in the state, and began the process of identifying missing data elements
6. Developed a telemedicine stroke treatment program
7. Conducted a Hospital Survey
8. Supported the legislation that created the State Trauma Registry

External Funding:

No external funding obtained this quarter.

RAND RECOMMENDATIONS - 2008

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

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

The five year strategic plan has been completed with goals and objectives defined. This document will be continually reviewed and updated as needed. By the end of the fourth quarter, historical information on the Minority Health Commission will be added to the strategic plan to make it a more comprehensive document.

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

The Commission focused its health concerns on HIV/AIDS and a Request for Proposal (RFP) was developed and processed the first quarter of 2009. In addition, the Commissioners voted to adopt “Navigation” as another focus area to improve health disparities and requested staff to conduct research to determine how other states implement navigation systems. Sickle Cell will also be a focus of the AMHC.

RAND Recommendation 3: Examine the professional contract process and outcomes

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

RAND Recommendation 4: Diversify the AMHC Board

Since RAND made this recommendation, the Governor appointed a Hispanic male. Yet, more diversity is still needed. The AMHC administration has requested that the Governor consider future appointments to ensure more diversity.

RAND Recommendation 5: Expand the Afterschool Children Nutrition Education & Exercise Program (ACNEEP)

The program has been discontinued until a thorough review and evaluation can be completed.

RAND Recommendation 6: Improve program monitoring and evaluation.

AMHC has developed and continues to develop contracts with experts to train staff in this area. In June, staff attended a Skills Building Workshop which focused on program evaluation, logic model and grant writing.

RAND Recommendation 7: Seek supplemental funding for programs and services

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

RAND Recommendation 8: Strategically fund pilot and demonstration programs

AMHC funded seven (7) HIV/ AIDS pilot programs which are currently ongoing.

RAND Recommendation 9: Collaborate with other tobacco settlement programs

The following Tobacco Settlement partners have appeared in at least one segment of the *Minority Health Today* television program: UAMS/Delta Area Health Education Center, Arkansas Department of Health/Tobacco Prevention & Cessation Program, and Arkansas Bioscience Institute. We are continuing to work with the Delta AHEC and the Aging Initiative to develop intervention programs in a collaborative manner and expect to develop a joint initiative in the near future.

AMHC is also continuing to work with the UAMS College of Public Health through teaching and research activities focused on racial and ethnic disparities.

Arkansas Bioscience Institute

PROGRAM OVERVIEW & GOALS

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.

PROGRAM PROGRESS

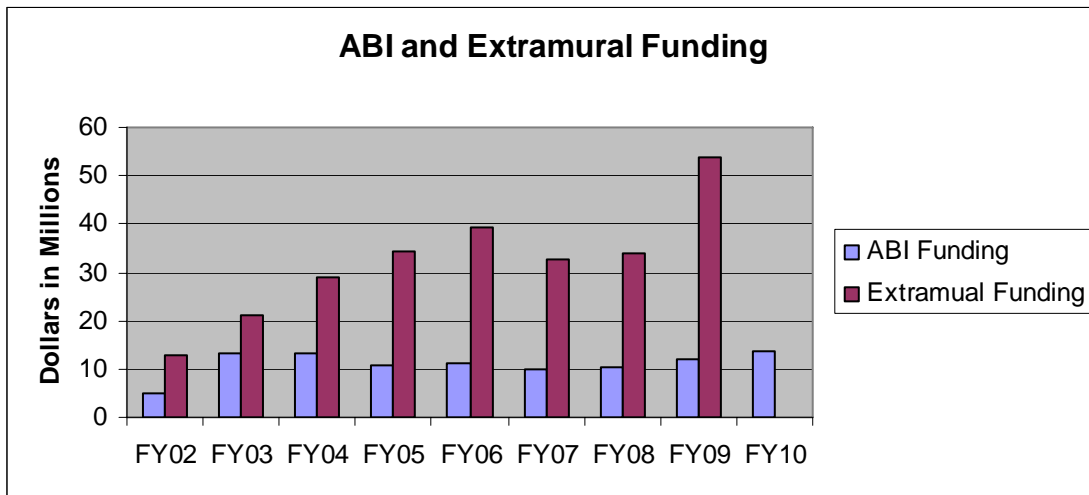
ABI Funding Funding projections for FY2010 were provided in the second quarter. Including unspent funds from other tobacco funded programs that have been redistributed, ABI member institutions will receive \$13,466,500 in funding. The funding allocations for the five member institutions for the coming fiscal year are:

Arkansas State University	\$ 3,883,604
Arkansas Children’s Hospital Research Inst.	\$ 1,812,624
University of Arkansas – Division of Agri.	\$ 2,072,532
University of Arkansas, Fayetteville	\$ 2,072,532
University of Arkansas for Medical Sciences	\$ 3,625,247
TOTAL	\$13,466,539

Leveraged Funding

The five member institutions use their ABI funding to attract extramural dollars to Arkansas. Preliminary extramural funding was reported in the second quarter for FY09, totaling approximately \$53.7 million. This represents \$4.50 in federal and foundation funding for every \$1 in ABI funding for FY09.

The chart below shows ABI funding and extramural funding for each fiscal year since inception:



Pending extramural funding from the second quarter includes:

- ASU – *Enhanced protein structure prediction algorithms with biological validation systems.* NIH; \$1,319,585 (total).
- ASU – *A pathogenic role for CD8+ T cells in thyroid epithelial cell hyperplasia and fibrosis.* NIH; \$1,557,341 (total).

New extramural funding recently announced includes:

- UAMS – *Translational training in addition.* NIH; \$176,236 (annual).

- UAMS – *In vivo* molecular laser detection and treatment of circulating cancer stem cells. NIH; \$173,342 (annual).

Research Updates

- New research scientists recruited to Arkansas include:
 - Dr. Todd Nick, Director of Biostatistics, UAMS/ACHRI;
 - Dr. Justin Hunt, Assistant Professor in the Department of Psychiatry, UAMS;
 - Dr. Roy Morello, Assistant Professor in the Department of Physiology and Biophysics, UAMS;
 - Dr. Jon Blevins, Assistant Professor in the Department of Microbiology and Immunology, UAMS; and
 - Dr. Daniel Voth, Assistant Professor in the Department of Microbiology and Immunology, UAMS.

RAND RECOMMENDATIONS

RAND Recommendation 1: Maintain at least the current level of total grant funding.

Program Response: ABI member institutions continue to leverage their ABI funding to help develop proposals for and secure extramural funding from federal agencies and foundations. Preliminary extramural funding for FY09 totals \$53.7 million from sources such as the Komen Foundation, the US Department of Agriculture, the National Science Foundation, and the National Institutes of Health. After a low in FY07 (\$9.9 million), ABI funding has been increasing, allowing more researchers to receive research support from ABI.

RAND Recommendation 2: Increase applied research that will have community impacts and increase collaboration with local businesses.

Program Response: ABI-related patent activity is a good indicator of moving research from the laboratory to the workplace. Patent filings and patent awards to ABI-funded researchers are tracked annually: Eleven patent filings or awards in FY08 and thirteen in FY07. Patent information for FY09 will be available in August.

ABI researchers are beginning to translate their research into practice. Federal agencies can fund R&D projects through two highly competitive programs: The Small Business Innovation Research Program (SBIR) and the Small Business Technology Transfer Program (STTR). For FY08, ABI member institutions received four SBIR/STTR grants:

- *Plant-based Bioproduction of IL-12 Adjuvant for Bird Flu Vaccines*
- *Point Source Ozonation to Minimize Antibiotic Resistance*
- *Dipstick Assay for Detection of Acetaminophen Protein Adducts*
- *Magnetic Nanoparticle Microfluidics for High Efficient Caption, Separation and Concentration of Foodborne Pathogens*

RAND Recommendation 3: Bring ABI scientific and research capabilities to pilot or community-based programs.

Program Response: Outreach activities are the bridge between ABI-supported research and the communities. While the purpose of ABI is to conduct research in

the five areas listed above, ABI-supported investigators are presenting seminars on their work and giving many elementary students, secondary students, and community organizations an opportunity to learn about ABI-supported research through both didactic and hands-on experiences. As an example, Arkansas Children’s Hospital Research Institute developed SPORT (School Partnership for Obesity Research and PrevenTion), a walking program developed by ACHRI’s Dr. Judith Weber. Dr. Weber and her research team have implemented this school-based intervention program with third- and fourth-grade students at Martin Luther King Jr. Elementary School, neighboring the ACH campus. SPORT provides pedometers to allow the students to track the number of steps they walk each day. The students were encouraged to walk at least 10,000 steps daily, and they turned in their weekly walking logs. SPORT is also working with the school to replace non-healthy food awards with healthy food alternatives and non-food awards and to conduct fundraising programs that do not involve non-healthy foods.

Medicaid Expansion Program

PROGRAM OVERVIEW & GOALS

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 populations as established by Initiated Act 1 of 2000.

PROGRAM PROGRESS

Pregnant Women Expansion

- Increased the income eligibility limit from 133% to 200% of the federal poverty level
- Program implemented November 1, 2001
- Hospital Benefit Coverage
- Increased the number of benefit days from 20 to 24 and decreased the co-pay on the first day of hospitalization from 22% to 10%.
- Program implemented November 1, 2001

Cumulative number of program participants -

April	14,368
May	14,564
June	14,752 (3,924 minorities)

65 and Over Expansion (AR Senior)

- Incrementally increase coverage to the 65 and over population
- Implemented November 1, 2002 at 75% of QMB Level
- Increased to 80% of QMB Level effective January 1, 2003

Current program participants -

April	4,545
May	4,524
June	4,478 (1,352 minorities)

Age 19 to 64 Expansion (ARHealthNetWorks)

- This population will be covered through a federal waiver program which provides eligible small employers with health coverage for employees.
- The ARHealthNetWorks Program was implemented in January 2007.

Program Description:

Every 12 months ARHealthNetWorks will cover the following:

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

Deductible and Co-Insurance for ARHealthNetWorks

- *\$100 annual deductible (does not apply to office visits & Rx)*
- *After deductible, 15% co-insurance will be required*
- *\$1,000 maximum out of pocket annually, including deductible*
- *NovaSys Health providers must be used for benefits to be paid (including ER)*
- *Ongoing discounts apply after benefits are exhausted*

Pharmacy Benefits for ARHealthNetWorks

- *Two Monthly Prescriptions*
- *Subject to Co-pay (but not deductible)*
- *\$5 Generic*
- *\$10 Brand Formulary*
- *\$30 Brand Non Formulary*
- *Program administered by Express Scripts*
- *Wide choice of pharmacies (no mail order)*

Current program participants -

April	5,732
May	6,034
June	6,404

Expenditures for April 1, 2009 through June 30, 2009 & Proportion of Leveraged Medicaid Dollars:

	Total	Tobacco	Federal
Pregnant Women	\$1,560,051	\$ 325,426	\$1,234,625
In-Patient Hospital	\$2,233,963	\$ 466,005	\$1,767,958
ARSeniors	\$1,885,735	\$ 393,364	\$1,492,371
ARHealthNetWorks	<u>\$2,791,577</u>	<u>\$ 605,688</u>	<u>\$2,185,889</u>
Sub-Total Program	\$8,471,326	\$1,790,483	\$6,680,843
Administration	<u>\$ 219,466</u>	<u>\$ 109,733</u>	<u>\$ 109,733</u>
Total	\$8,690,792	\$1,900,216	\$6,790,576

RAND RECOMMENDATIONS

RAND Recommendation 1: Develop new programmatic goals and revisit the process indicators that track progress toward the goals.

Program Response: The Department is developing new program goals for each of the Medicaid Expansion initiatives to more accurately reflect post-implementation outcomes. DHS is working with RAND to redefine the program baselines and process indicators to allow for more accurate tracking of progress toward the new goals.

RAND Recommendation 2: Initiate an outreach campaign to inform both potential enrollees and providers about the availability of the Medicaid Expansion Programs.

Program Response: Once the new program goals have been established, the Department will design an outreach campaign to targeted populations to support fuller utilization of eligible MEP services.

RAND Recommendation 3: Allocate funds to educate newly enrolled and current enrollees in the Pregnant Women’s Expansion program and the AR-Seniors program regarding the services they are eligible to receive under their respective programs.

Program Response: The Department will develop information packages to be sent to program enrollees to advise them of the full range of services available under their respective programs. This will be accomplished through direct mailings to the enrollees and targeted service providers.

RAND Recommendation 4: Develop partnerships with some of the other tobacco settlement programs or other state or local organizations to educate and conduct outreach in communities.

Program Response: DHS agrees with the RAND recommendation to develop partnerships with other tobacco settlement programs and organizations to more effectively promote the Medicaid Expansion Initiatives. The agency continues to participate in the collaborative meetings sponsored by the ATSC to identify potential opportunities for “partnering” with other entities. The Department will be looking for opportunities to more fully utilize websites and links to promote the Medicaid Expansion programs.

ATSC Program Funding Summary

The following financial summary is prepared by the Arkansas Bureau of Legislative Research on a regular basis. The summary includes total income to each program for the month, year to date, and the life of the Act. The summary also includes the current program fund balances and current year to date expenses for each program.

Additional information on each of the programs and the activities of the Commission can be obtained by referring to the Arkansas Tobacco Settlement Commission's website at www.atsc.arkansas.gov.

Arkansas Tobacco Settlement Commission

101 East Capitol Avenue, Suite 460

Little Rock, Arkansas 72201

501-683-0074 (p) or 501-683-0078 (f)

www.atsc.arkansas.gov or atsc@arkansas.gov

INCOME

Month To Date - June 09	Initial Balance	MSA Deposits	Investment Income	Ending Balance
Arkansas Healthy Century Trust Fund	\$ 126,775,535	\$ -	\$ 2,932	\$ 126,778,466
Tobacco Program Pool	\$ 118,722,539	\$ -	\$ 15,237	\$ 118,737,776
Tobacco Debt Service Fund	\$ -	\$ -	\$ -	\$ -
Total	\$ 245,498,074	\$ -	\$ 18,168	\$ 245,516,242

Fiscal Year To Date - FY '09				
Arkansas Healthy Century Trust Fund	\$ 124,088,231	\$ -	\$ 2,690,235	\$ 126,778,466
Tobacco Program Pool	\$ 99,253,422	\$ 57,730,427	\$ 1,134,141	\$ 158,117,989
Tobacco Debt Service Fund	\$ -	\$ 5,000,000	\$ -	\$ 5,000,000
Total	\$ 223,341,653	\$ 62,730,427	\$ 3,824,376	\$ 289,896,455

Life - 1/11/01 - 6/30/09				
Arkansas Healthy Century Trust Fund	\$ -	\$ 100,000,000	\$ 26,778,466	\$ 126,778,466
Tobacco Program Pool	\$ -	\$ 429,002,130	\$ 13,329,924	\$ 442,332,054
Tobacco Debt Service Fund	\$ -	\$ 40,000,000	\$ -	\$ 40,000,000
Total	\$ -	\$ 569,002,130	\$ 40,108,390	\$ 609,110,520

FUND BALANCES

06/30/09	
TSA Healthy Century Trust Fund	\$ 126,778,446
TSC Tobacco Settlement Commission	\$ 6,758,505
TSD Prevention & Cessation Program Fund	\$ 11,746,608
TSE Targeted State Needs Fund	\$ 989,246

TSF Biosciences Institute Fund		\$ -
TSG Medicaid Expansion Fund		\$ 48,728,731
Total		\$ 235,623,288
EXPENSES		
The following expenses cover the twelve months (July 2008-June 2009) of spending for each program for the 2009 fiscal year.		
As of 6/30/09	Fiscal Year 2009	TOTAL
TSB0000 Tobacco Settlement Program Fund	\$ -	\$ -
TSC0200 Tobacco Settlement Commission	\$ 1,153,383	\$ 1,153,383
TSD0100 Prevention & Cessation	\$ 12,046,511	\$ 12,046,511
TSD0200 Prevention & Cessation Minority Comm.	\$ 1,501,201	\$ 1,501,201
TSE0100 Minority Health Initiative	\$ 1,422,447	\$ 1,422,447
TSE0201 Donald W. Reynolds Center on Aging	\$ 2,119,389	\$ 2,119,389
TSE0202 Arkansas School of Public Health	\$ 3,018,394	\$ 3,018,394
TSE0203 Area Health Education Center	\$ 1,816,531	\$ 1,816,531
TSF0100 Biosciences ASU Jonesboro	\$ 3,504,197	\$ 3,504,197
TSF0200 Biosciences U of A 318	\$ 2,127,887	\$ 2,127,887
TSF0202 Biosciences U of A 321 Agriculture	\$ 1,881,613	\$ 1,881,613
TSF0300 Biosciences UAMS 365	\$ 3,978,149	\$ 3,978,149
TSG0100 Medicaid Expansion *	\$ 9,548,785	\$ 9,548,785
Total	\$ 44,118,489	\$ 44,118,489