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Quarterly Program Report – July through September, 2010

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

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

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

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

www.atsc.arkansas.gov

Arkansas Aging Initiative

Reporting Period: July – September, 2010

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

PROGRAM OVERVIEW

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

Mission

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

Goals

- Clinical Services: Older Arkansans will receive evidence-/consensus-based health care by an interdisciplinary team of geriatric providers;
- Education: The AAI will be a primary provider of quality education for 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.

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

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

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

Outcomes: Clinical visits for were 9,839 for this July, August, and September, 2010. The table 1 below provides the details of the visits per site.

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

Outcomes: Full time equivalents for medical doctors and advanced practice nurses

(FTE's for MD's and APN) working in the clinical settings are collected annually. The data for FY 2010 are presented in the table below. Data will be reported during the first quarter annually for the previous FY.

Update on creation of new SHCs:

Outcomes: Discussions are still occurring at the local levels in Hot Springs for the Oaklawn Senior Healthcare Center and at Mt. Home for the Baxter County Regional Medical Center SHC. Delay in opening of these Clinics is related to the economy in the state and country according to our partnering hospitals in these regions.

Update on partnership with Arkansas Nursing Homes:

Outcomes: All COAs continue to provide education and in-service activities for many nursing homes related to evidence-based practices (refer to table x under in-services and paraprofessional educational encounters). During July, August and September, 2010, COAs have enlisted the 17 nursing homes that they will be helping to implement *Partners In Caregiving* which is an evidence-based program related to culture change. The number of standards of care used in nursing homes associated with COA's are reported annually. The data for FY 2010 are presented in the Data for Clinical Services table below. Data will be reported during the first quarter annually for the previous FY.

Update on evidence-based guidelines in SHC

Outcomes: The number of SHC's supported with materials to implement evidence-based guidelines are reported annually. The data for FY 2010 are presented in table 2 below.

Table 1: Per COA clinical visit details

| | SACOA | Delta | COA-NE | SCCOA | WCCOA | TRCOA | Schmieding | Schmieding Bella Vista |
|-----------|-------|-------|--------|-------|-------|-------|------------|------------------------|
| SHC | 382 | 108 | 1780 | 421 | 649 | 934 | 1919 | 1009 |
| NH | 18 | 100 | | 93 | 97 | | 1263 | 483 |
| Inpatient | 123 | 14 | | 151 | | | 229 | |
| Home | 2 | 44 | | 20 | | | | |

Table 2: Data for Clinical Services

| | SACOA | Delta | COA-NE | SCCOA | WCCOA | TRCOA | Schmieding | Schmieding Bella Vista | Oaklawn |
|-----------|-------|-------|--------|-------|-------|-------|------------|------------------------|---------|
| APN FTE's | 0 | 0 | 1 | 0 | 1 | 0.5 | 4 | 1 | 0 |
| MD FTE's | 1 | 1 | 3 | 1 | 1 | 0.9 | 4 | 1 | 0 |

| | | | | | | | | | |
|--|----|-----|-----|-----|-----|----|-----|-----|-----|
| # of nursing homes assisted to improve quality of care as indicated by the Advancing Excellence Campaign | 2 | 2 | 2 | 2 | 2 | 2 | 0 | 3 | 2 |
| COAs with nursing home practice: Has it implemented at least one standard of care for nursing home residents? (Yes/No) | no | Yes | Yes | Yes | Yes | no | yes | yes | n/a |
| # of evidence-based guidelines in use at SHC's | 0 | 2 | 4 | 4 | 1 | 1 | 2 | 2 | 0 |

Activity Area: Education –
Activity Area Fiscal Year Budget: \$ 1,162,188 (70.5%)

Update on educational encounters for each target population group:

Outcomes: Data presenting encounters for educational encounters for each target group are collected each quarter. A summary of the data is in Table 2 and details are in Table 3. Total encounters for July, August and September, 2010 was 16,576 of those 22.0 % were to minorities.

Table 3: Summary of Education Encounters

| Target Audience | Encounters |
|---|------------|
| Community (includes community members & exercise) | 13,623 |
| Health care professionals | 1,701 |
| Health and social service students | 228 |
| Paraprofessional (includes in-services) | 2,090 |

Table 4: Education Encounters

| AAI Site | Health | | Para | | Community | Exercise | Students | Totals |
|-------------------|---------------|-------------|---------------|--|-----------|----------|----------|--------|
| | Professionals | In-services | Professionals | | | | | |
| SACOA | 40 | 93 | | | 989 | 524 | | 1646 |
| <i>Minorities</i> | 31 | 69 | | | 325 | 153 | | 578 |
| DCOA | 13 | 29 | 20 | | 64 | 1391 | 12 | 1529 |
| <i>Minorities</i> | 7 | 22 | 19 | | 54 | 1233 | 4 | 1339 |
| DCOA-Helena | 7 | | | | 315 | 523 | | 845 |
| <i>Minorities</i> | 4 | | | | 228 | 147 | | 379 |
| COA-NE | 342 | | | | 642 | 138 | 90 | 1212 |
| <i>Minorities</i> | 4 | | | | 19 | | 11 | 34 |
| TRCOA | 747 | 12 | | | 411 | 231 | 2 | 1403 |
| <i>Minorities</i> | 175 | 5 | | | 80 | 48 | | 308 |

Table 4: Education Encounters (cont'd)

| AAI Site | Health | In-services | Para | Community | Exercise | Students | Totals |
|----------------------------------|---------------|-------------|---------------|-----------|----------|----------|--------|
| | Professionals | | Professionals | | | | |
| Schmieding | 241 | | 550 | 685 | | | 1476 |
| <i>Minorities</i> | 6 | | 63 | 22 | | | 91 |
| SCSHE-Bella Vista | | 49 | | 665 | | | 714 |
| <i>Minorities</i> | | 6 | | 7 | | | 13 |
| SCSHE-Mtn. Home | 94 | 44 | 24 | 541 | 787 | | 1490 |
| <i>Minorities</i> | | | | 1 | | | 1 |
| SCSHE-Harrison | | | 41 | 983 | 1155 | 55 | 2234 |
| <i>Minorities</i> | | | 1 | | | | 1 |
| SCCOA | 75 | 32 | | 1329 | 42 | 69 | 1547 |
| <i>Minorities</i> | 20 | 3 | | 621 | 8 | 22 | 674 |
| WCCOA | 116 | | | 730 | 299 | | 1145 |
| <i>Minorities</i> | 18 | | | 17 | 4 | | 39 |
| Oaklawn | 26 | 130 | | 1170 | 9 | | 1335 |
| <i>Minorities</i> | 8 | 75 | | 101 | | | 184 |
| Total Ed Encounters | 1701 | 389 | 635 | 8524 | 5099 | 228 | 16576 |
| Total Minority Encounters | 273 | 180 | 83 | 1475 | 1593 | 37 | 3641 |

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

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

Outcomes: The Centers on Aging were involved in the following during July, August, and September: 18 newsletters, 99 newspaper articles or press releases, 14 radio spots, 24 TV spots, 5 articles in magazines or journals, and 45 mailings.

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

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

Outcomes: The Arkansas Aging Initiative was host of an information sharing event about the newly passed Elder Justice Law at the national level as a part of health care reform. Senator Blanche Lincoln's Office sponsored the event as she was a key sponsor for this piece of legislation. The table below provides the host sites and dates this event was held.

Arkansas Aging Initiative, Elder Justice Act Events, August 23 – 27, 2010

| Center on Aging | Program Location | Program Date | Contact Information |
|-------------------|------------------|---------------------|---------------------------------------|
| Schmieding Center | Schmieding | 8/23/10; 11:00 a.m. | Paige Mahoney 479-751-3043 X - 227 |

| | | | |
|---|--|--------------------|-----------------------------------|
| West Central Center on Aging (WCCOA) | WCCOA | 8/23/10;3:00 p.m. | Sandi Klein 479-478-8636 |
| South Central Center on Aging (SCCOA) | SCCOA | 8/24/10;10:00 a.m. | Theresa Horton 870-879-1440 |
| South Arkansas Center on Aging (SACOA) | Champagnolle Landing Senior Center, El Dorado | 8/24/10;2:00 p.m. | Vickie de Yampert 870-881-8969 |
| Oaklawn Senior Health Care Center (OSHCC) | OSHCC | 8/25/10;1:00 p.m. | Kathy Packard 501-623-0020 |
| Delta Center on Aging (DCOA) | Crittenden Regional Hospital Schoettle Medical Education Center | 8/26/10;12:30 p.m. | Terri Williams 870-733-3867 |
| Center on Aging – Northeast (COA-NE) | COA-NE | 8/27/10;10:30 a.m. | Beverly Parker 870-336-5088 |

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

Update: (revenue from sources other than tobacco funds)

Outcomes: The total funding obtained to support operating expenses (from all sources) are reported quarterly. The total for all sites during this quarter (July, August and September) was **\$418,393**. Dollars per site are detailed below in table 5

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

| SACOA | Delta | COA-NE | SCCOA | WCCOA | TRCOA | Schmieding | Oaklawn |
|----------|----------|----------|---------|----------|-----------|------------|----------|
| \$18,180 | \$14,071 | \$12,058 | \$6,700 | \$10,498 | \$297,000 | \$46,682 | \$13,204 |

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

Update: Regarding outcome and evaluation research

Outcomes: Dr. Jasna Vuk (AAI evaluator) working on educational program outcomes with arthritis self help programs and healthy cooking, currently in the IRB phase. Data collection continues with two other evidence-based programs, Chronic Disease Self Management and Matter of Balance, where AAI staff collects and submits the data to national data banks to be analyzed. Currently, a Tia Chi research study is being conducted in partnership with the College of Nursing studying the before and after effects with a cadre of older adults. The COPH is expected to have results of a study examining health outcomes of selected clinic patients by January 1, 2011.

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

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

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

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

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

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

UPDATE: The Regional Advisory Committees are actively involved in programs that enhance their advocacy responsibility in support of the Regional Centers on Aging. The programs range from open houses during the holiday season to health fairs. Three Advisory Committees are assisting the Centers on Aging to prepare for and/or operate Care Giver projects made available through the Schmieding Care Giver Replication Grant. Two Committees are making plans to increase fund raising for the Centers on Aging. Also, over 200 different media contacts were made this quarter focusing on community and professional programs, events, and educational endeavors.

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

UPDATE: Most COA advisory committees are planning to meet with their local State Senators and Representatives prior to and during the next Session of the General Assembly. The primary contact with legislators this quarter was with Senator Blanche Lincoln's staff and the education initiative about the newly passed Elder Justice Law referenced earlier in the document.

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

UPDATE: See leveraging data chart for July, August and September dollars.

Arkansas Biosciences Institute

Reporting Period: July – September, 2010

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

Mission Statement/Program Overview

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

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

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

ABI's program goals are to:

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

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

Activity Area Fiscal Year Budget: \$ 13,162,537 (100%)

UPDATE for ABI Funded Projects

OUTCOMES: The five ABI member institutions use their ABI funding to support research projects in the five areas outlined in the Act. For FY2010, ABI funding supported 101 research projects, with continuing support for another 98 on-going projects, for a total of 199 research projects.

UPDATE for Collaborative Projects

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

For FY2010, approximately 25 percent of ABI research projects were collaborations with other ABI

member institutions; an additional 9 percent of projects were collaborations with other institutions. In addition, there are four on-going collaborative research projects that were funded from a collaborative research pool of \$250,000.

UPDATE for External Grants

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

For FY2010, approximately 77 percent of research projects had external funding, totaling \$49.9 million from outside sources.

UPDATE for Peer-Reviewed Papers Accepted for Publication

OUTCOMES:

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

Table 1. Amount of funding/ number of projects awarded for ABI research (FY2010)

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

Table 2. Portions of funding being used for collaborative research projects (FY2010)

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

Table 3. Number of collaborative research projects (FY2010)

| | ACHRI | ASU | UA-Ag | UAMS | UAF | Other |
|-------|-------|-----|-------|------|-----|-------|
| ACHRI | | 1 | | 15 | 2 | 12 |

| | | | | | | |
|-------|---|---|---|---|---|---|
| ASU | | | 1 | 3 | 6 | 3 |
| UA-Ag | 1 | 3 | | 6 | 7 | 7 |
| UAMS | | 1 | | | 1 | 4 |
| UAF | | | 2 | 6 | | 2 |

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

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

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

| | ABI Total | ACHRI | ASU | UA-Ag | UAMS | UAF |
|----------------------|-----------|-------|-----|-------|------|-----|
| Peer Reviewed Papers | 365 | | | | | |
| Books/Book Chapters | 49 | | | | | |

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

UPDATE for **Service and Promotional Activities:**

OUTCOMES: Data available 1/11

UPDATE for **Entrepreneurial Activities:**

OUTCOMES: Data available 1/11

UPDATE for **Students Working on ABI Projects:**

OUTCOMES: Data available 1/11

Table 6. Service and Promotional Activities by institution (FY2010) Data available 1/11

| | ACHRI | ASU | UA-Ag | UAMS | UAF | ABI total |
|--------------------------|-------|-----|-------|------|-----|-----------|
| Research Publications | | | | | | |
| Lectures and seminars | | | | | | |
| In-Person media contacts | | | | | | |
| Press releases | | | | | | |

Table 7. ABI Entrepreneurial Activities (FY2010)

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

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

| | |
|-------|---------------------|
| Total | Data available 1/11 |
|-------|---------------------|

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

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

UPDATE: For FY2010, the five member institutions supported 48 collaborative research projects with other member institutions and an additional 18 collaborative research projects with other (not ABI) institutions. Additionally, there are four on-going collaborative research projects that were funded from a collaborative research pool of \$250,000.

ABI-supported researchers attended the ABI Fall Research Symposium, bringing together approximately 130 researchers, technicians, and students for updates on 45 ABI-supported projects.

For FY2010, ABI Administration sponsored conferences and speakers that brought together ABI investigators, concentrating on more specific research areas:

- BioNanoTox International Research Conference at UALR – October, 2009
- 17th Annual Southeastern Regional Yeast Meeting in Little Rock – March, 2010
- 7th Annual Conference of the MidSouth Computational Biology and Bioinformatics Society at ASU – February, 2010
- Central Arkansas Brain Bee (Travel Award to National Conference) – March, 2010
- 2010 Brain Awareness Day at the Museum of Discovery in Little Rock – March, 2010
- BioVentures Private Equity Roundtable Meeting in Little Rock – May, 2010
- ABI-NCTR Stem Cell Workshop at UAMS – April, 2010
- SBIR/STTR Phase 1 Proposal Writing Workshop at UALR – April, 2010

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

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

For FY2010, approximately 77 percent of ABI investigators had extramural funding for the year. Extramural funding totaled \$49.9 million for FY2010 for an overall 3:1 leverage factor. The annual extramural funding average has been \$42.4 million over the past five years.

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

UPDATE: ABI-supported investigators rely on external funding to expand their agricultural and biomedical research. Since inception, ABI investigators have received more than \$308 million in external funding from agencies such as the National Institutes of Health, the National Science Foundation, US Department of Agriculture, and the Centers for Disease Control and Prevention and from foundations such as the American Heart Association and the American Cancer Society.

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

College of Public Health

Reporting Period: July - September 2010

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

Mission Statement/Program Overview

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

COPH's goals are to:

- Maintain the number of Arkansas counties in which citizens receive public health training.
- Maintain a high level of graduates entering the public health field.
- Maintain minority enrollment in the degree programs at or above that of 2006-2007
- Ensure that by the time they graduate, COPH students report that they have achieved 80% or more of the learning objectives associated with their selected degree programs.
- Ensure that during their tenure at the COPH, students provide service and consultation to public health-related agencies and community organizations throughout Arkansas.
- Increase extramural grant and contract funding for research by 20% above that achieved in 2004-2005.
- Provide research findings, policy-relevant information, and technical assistance to relevant government and community organizations.

Activity Area: Education

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

Activity Area Fiscal Year Budget:

\$ __, __ (__%)

UPDATE for Enrollment (Geographic Representation): Fall 2010-2011; 220 students:

| <u>AHEC Region</u> | <u>Number of Students</u> | <u>Percentage</u> | <u>AHEC Region</u> | <u>Number of Students</u> | <u>Percentage</u> |
|--------------------|---------------------------|-------------------|----------------------------------|---------------------------|-------------------|
| Central | 81 | 37% | Delta | 7 | 3% |
| Northwest AR | 5 | 2% | South Central | 35 | 16% |
| Northeast AR | 15 | 7% | North Central | 15 | 7% |
| Southwest AR | 5 | 2% | Out of State/ reside in AR | 48 | 22% |
| South AR | 4 | 2% | Foreign Country/ reside in AR | 5 | 2% |

Students enrolled originated from 38 of the 75 counties (51%).

| <p>OUTCOMES: Student enrollment by region is maintaining. In comparison to the Fall 2009/10 semester, total student enrollment was 218 with students enrolled originating from 38 of the 75 counties (51%).</p> | | | | | | | | | | | | | | |
|--|----------------------------|---|----------------------------|--|------------------------|----------------------------|--------------------------------------|----------------------------|--|----------|----|---|---|--------|
| <p>UPDATE for Graduate employment in public health field:</p> <table border="1"> <thead> <tr> <th><u>Graduation Date</u></th> <th><u>Number of Graduates</u></th> <th><u>Number of Graduates by degree</u></th> <th><u>Work Status Unknown</u></th> <th><u>Number/percentage employed in public health</u></th> </tr> </thead> <tbody> <tr> <td>May 2010</td> <td>25</td> <td>DrPH – 1 MPH – 14 MHSA-7 Certificate - 3</td> <td>9</td> <td>15/94%</td> </tr> </tbody> </table> <p><i>100% of the 15 remain in Arkansas.</i></p> | | | | | <u>Graduation Date</u> | <u>Number of Graduates</u> | <u>Number of Graduates by degree</u> | <u>Work Status Unknown</u> | <u>Number/percentage employed in public health</u> | May 2010 | 25 | DrPH – 1 MPH – 14 MHSA-7 Certificate - 3 | 9 | 15/94% |
| <u>Graduation Date</u> | <u>Number of Graduates</u> | <u>Number of Graduates by degree</u> | <u>Work Status Unknown</u> | <u>Number/percentage employed in public health</u> | | | | | | | | | | |
| May 2010 | 25 | DrPH – 1 MPH – 14 MHSA-7 Certificate - 3 | 9 | 15/94% | | | | | | | | | | |
| <p>OUTCOMES: Number of graduates; Percentage Employed in Public Health -Related Field The COPH is maintaining a high level of graduates employed in a public health related field. A total of 214 students have graduated from the COPH as of May 2010 and over 90% of graduates were employed in a public health related field at the time of graduation.</p> | | | | | | | | | | | | | | |
| <p>UPDATE for Enrollment (Minority Representation): See Table 1 below providing minority enrollment numbers and percentages for this Fall Semester (July – September reporting period).</p> | | | | | | | | | | | | | | |
| <p>OUTCOMES: The percentage of African American enrollment and Asian American enrollment continues to greatly exceed the percentage of the African American and Asian population in Arkansas. The Latino population makes up 5% of the Arkansas population and, in the Fall 2010-2011 class, 5 (2%) of COPH students are representative of this population. COPH research programs focused on this population and COPH student recruitment efforts are part of our planning efforts to increase Latino enrollment.</p> | | | | | | | | | | | | | | |
| <p>UPDATE for Student Competency: A tool to obtain this information is being developed and will be provided in the 2nd quarter 2011 report. Exit interview questions are being tweaked and properly positioned to capture information needed and to best ensure students complete the survey in a deliberate and thorough manner. The exit interviews will be given to all graduates upon completion of their degree program and the information will be compiled annually.</p> | | | | | | | | | | | | | | |
| <p>OUTCOMES: Percentage of learning objectives, across all degree programs, for which students rate themselves as “competent” or “very competent” in COPH exit interviews: . Data will be available in a table in the 2nd quarter 2011 report.</p> | | | | | | | | | | | | | | |
| <p>UPDATE for Service and consultation provided by Students: Student preceptorships and integration projects (including organizations/agencies served and region of AR affected) completed by students per semester provides this information. See table 2 below for the number, agency, and location of student preceptorships and integration projects completed during the Spring semester (January – May 2010). Service and Consultation provided by faculty is gathered annually and this information will be provided in the January – June 2011 RAND report.</p> | | | | | | | | | | | | | | |
| <p>OUTCOMES: The majority of projects completed impacted all Arkansas counties as the information obtained will benefit statewide agencies and organizations to serve all Arkansans better. Two preceptorship projects were county specific – providing valuable insight to agencies in Grant County and Pulaski County.</p> | | | | | | | | | | | | | | |

COPH Enrollment, Academic Semester (Fall 2010-2011) – Table 1

| % of Enrolled Students by Race | White | Black | Asian, Other | Latino | Native American, two or more, did not answer. | Total |
|--------------------------------|-------|-------|--------------|--------|---|-------|
| | | | | | | |

| | | | | | | |
|--|-----------|----------|---------|--------|--------|------------|
| | 146 (66%) | 54 (25%) | 11 (5%) | 5 (2%) | 4 (2%) | 220 (100%) |
| Total number of enrolled students: 220 | | | | | | |
| Number of counties represented by enrolled students: 38 (51%) | | | | | | |
| Number of out of State students: 48 (22%) (6 pay out of state tuition) | | | | | | |
| Number of out of Country students: 5 (2%) (2 pay out of state tuition) | | | | | | |

| Table 2 | | | | | | | | |
|------------------------|-----------------|----------------------------------|----------------------|-----------------|-----------------|--------------------|-----------------|-----------------|
| Preceptorship Projects | | | Integration Projects | | | Capstone Projects | | |
| Number Of projects | Number of Sites | Counties Served | Number of Projects | Number of Sites | Counties Served | Number of Projects | Number of Sites | Counties Served |
| 8 | 6 | 6 Statewide 2 County Specific | 15 | 7 | ALL Statewide | 3 | 2 | ALL Statewide |

Activity Area: Research

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

Activity Area Fiscal Year Budget:

\$ __, __ (__%)

UPDATE for New Grant and Contract Funds Received: During January through September 2010, the COPH faculty obtained grant and contract funding totaling \$4,424,103.

OUTCOMES: Number of grants submitted for funding by COPH faculty; number and amount of grant funds awarded for all COPH faculties are provided quarterly. RAND has set a goal for the COPH to increase new grant and contract funding by 20% above that achieved in FY 2004-2005 (\$9,540,802). The COPH is on schedule to exceed this goal in the 2009-2010 fiscal years. In 2009, COPH obtained a total of \$6,248,203 for a combined total of \$10,672,306 as of September 30, 2010.

UPDATE for FTEs Created by Research Funding:

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

UPDATE for Publications:

OUTCOMES: Number of peer-reviewed papers accepted for publication is reported annually. These data will be updated in the January 2011 RAND report. In FY 2009, COPH faculty published 86 papers which equates to 1.9 per FTE. This number exceeded the 67 publications in FY 2008 which equated to .70 per FTE.

UPDATE for Publications in Ranked Journals:

RAND provides this assessment annually based on a formula they utilize. Information will be provided to RAND to provide the FY 2010 assessment in the January 2011 RAND report.

OUTCOMES: In the last Arkansas Tobacco Settlement Commission (TSC) report, RAND indicated that the number of COPH faculty publications in ranked journals increased substantially in 2009; with a statistically significant increase in the number of publications in the top ten journals.

UPDATE for Faculty PIs or Co-PIs: As of September 30, 2010, the COPH has 49 full-time and part-time faculty; 30 of whom are research faculty.

OUTCOMES: Number of PI or Co-PI of submitted grant; Projects per total research faculty are tabulated by RAND annually in the TSC annual report. The total number of faculty PI's on active grants and contracts this quarter is 17. 11 of the 17 are PI's on more than one grant/contract.

UPDATE for **Ongoing Research Projects**: As of September 30, 2010, the COPH has 50 active grants and contracts totaling approximately \$35 million. See Tables 1 and 2 below.

OUTCOMES: Number of ongoing research projects conducted by all faculty Number of PI or Co-PI of submitted grant; Projects per total research faculty are reported quarterly. See tables 1 & 2 below.

| COPH Faculty Grants and Projects July – September 2010 | | | | | Table 1 | |
|--|----------------------------|------------------|---------------------|----------------|---------------------------------|---------------------------------------|
| | | Grants Submitted | Grants Funded | Grants Pending | Total Ongoing Research Projects | Number of FTE's supported by Research |
| Period Covered: | Number | 7 | 15 (1 this quarter) | 6 | | |
| Jul–Sept. 2010 | Per total research faculty | | | | | |
| Period Covered: | Number | 14 | 5 (1 this quarter) | 13 | 50 | 63 |
| Jan – June 2010 | Per total research faculty | | | | | |

| Amounts of New and Active COPH Grants and Contracts | | | Table 2 |
|---|-----------------------------------|------------------------------------|---------|
| Year | Total of New Grants and Contracts | Active Grants and Contracts | |
| July – Sept 2010 | \$4,107,600 | \$34,742,739 – 50 grants/contracts | |

Activity Area: Service

Initiated Act 1 specifically sites that the COPH should serve as a resource for the General Assembly, the Governor, state agencies, and communities. Services should include, but not limited to the following: consultation and analysis, developing and disseminating programs; 19-12-114 (c) (2)

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

UPDATE for **Talks, Lectures, Special Projects**: In 2009, COPH faculty and staff gave 100 talks and lectures and participated in over 50 special projects

OUTCOMES: Number of talks, lectures, and special projects are reported annually. These data will be updated in the January 2011 RAND report. See COPH Faculty Service Activities table below.

UPDATE for **Faculty Presentations, Conferences**: In 2009, COPH faculty and staff gave 121 presentations as various conferences and events.

OUTCOMES: Number of faculty research presentations and conferences are reported annually. These data will be updated in the January 2011 RAND report. See COPH Faculty Service Activities table below.

UPDATE for Influence on State Policy: The next scheduled legislative session begins January 2011. Presently, faculty and staff are discussing policy that could improve the health of Arkansans and are working with other organizations/agencies in support of their legislative agenda that meets these same criteria.

OUTCOMES: Outcomes will be reported at the end of the legislative session.

COPH Faculty Service Activities

| Year | Talks and Lectures | Special Projects | Legislative Briefings | State policies influenced by COPH |
|------|--------------------|------------------|-----------------------|--|
| 2009 | 121 | 57 | 8 | Act 180, Act 308, Act 394, Act 947, Act 1489, Act 1191, Act 574, |

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

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

UPDATE: The COPH will continue to promote and encourage faculty research, educational awareness, and provide convenient classes through distance-accessible formats (webCT, weekend (executive) formats, directed study, etc.) to maintain the growth trajectory of student enrollment from across the state. UAMS Chancellor Rahn has pledged campus support to enhance distance educational technology technical assistance for COPH courses.

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

UPDATE: Faculty are being interviewed for the biostatistics position. Ads are being posted in the appropriated venues for the Environmental & Occupational Health position. The Chancellor is supportive of using a search firm for the Epidemiology position, as this is the most challenging position to fill due to competition among public health schools.

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

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

Delta Area Health Education Center (Delta AHEC)

Reporting Period: July –September 2010

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

PROGRAM OVERVIEW

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

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

Goals:

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

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

Foci:

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

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

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

Continuing education: A total of 27 Rural Hospital programs were held. Health professionals in the Delta AHEC South area are able to take advantage of a web-based continuing education program, free of charge to them. Encounter numbers are presented below in the enrollment and attendance table.

CPR for Health professionals: American Red Cross/American Heart Association training. Encounter numbers are presented below.

Health professionals provided with library services: Teaching models, videos and brochures provided. DynaMed provided to 15 health professionals. Encounter numbers are below.

Health professions students/residents provided library services. Phillips College nursing students were trained in research methods and assisted in obtaining accurate information for research papers. Encounter numbers are below.

Telemedicine Consults: There were no tele-medicine patient follow-up visits with UAMS physicians this quarter.

| EDUCATION TO HEALTHCARE PROFESSIONALS ENROLLMENT AND ATTENDANCE DATA TABLE | |
|--|---|
| <i>Programs to provide educational activities for area health professionals and health professions students:</i> | |
| 264 | Care Learning for Health Professionals (web-based modules for hospital employees) |
| 134 | Continuing education |
| 27 | CPR for health professionals |
| 259 | Health professionals provided with library services |
| 186 | Health professions students/residents provided library services |

| | |
|---|-----------------------|
| <i>Programs to provide support services for health professionals and their patients:</i> | |
| 0 | Telemedicine consults |
| Activity Area: ACCESS TO HEALTH CARE: These programs contribute to Delta AHEC's goals to recruit and retain health care professionals. Outcomes for this activity area are the number of students enrolled in particular programs at various academic levels. (See the Access to Health Care Enrollment and Attendance Table as well as outcomes below). Activity Area Fiscal Year Budget: \$ 25,787 (5.9%) | |
| K - 12 Program: Presentations to teachers on health careers and how we can help their students. Presentations to CHAMPS attendees on various health careers. Presentations at College Career Fairs. MASH and CHAMPS camps held. "Day in the Life of a Nurse" Encounter numbers are below | |
| College Programs: Presentations to ARK ACRO, consisting of high school guidance counselors and registrars from state colleges. Presentations at College Career Fairs. Encounter numbers are below. | |
| Medical School Programs: We will be starting one month Ob-Gyn rotations for family medicine residents from UAMS in Spring of 2011 | |
| Nursing Programs (by academic year): clinical preceptoring is done at the Delta AHEC | |

| ACCESS TO HEALTH CARE ENROLLMENT AND ATTENDANCE DATA TABLE | |
|--|---|
| <i>Programs to increase the number of health professionals practicing in underserved areas in the Delta:</i> | |
| 4 | College Programs: Mentoring/Shadowing |
| 259 | College Health Career Programs |
| 3 | RNs preparing for BSN |
| 2 | BSNs preparing for MNsc |
| | MNsc preparing for administration |
| 1 | Nursing students doing clinical rotations at the Delta AHEC |
| N/A | UAMS medical students doing preceptorship |
| | UAMS senior medical students doing selective rotation |
| | Graduate medical education/Residency Rotations |
| <i>Programs to acquaint K-12 youth with health careers:</i> | |
| 2685 | Health Careers |
| 2 | Students mentored/shadowing professionals |
| 43 | Medical Application of Science in Health (MASH) |
| 10 | Community Health Action in Medical Public Service (CHAMPS) |

| | |
|---|--|
| Activity Area: SERVICES TO COMMUNITIES AND CLIENTS THROUGHOUT THE DELTA REGION: | |
| These programs contribute to Delta AHEC's foci to increase the capacity of participation in culturally sensitive health promotion and health education programs, to improve health behaviors related to chronic health problems, and to improve health behaviors in regards to physical activity and nutrition. Outcomes for this activity area are typically attendance/participation numbers supplemented by program specific outcomes reflecting the objective of the service. (See Services to Communities and Clients Participation Data Table as well as outcomes below). | |
| Activity Area Fiscal Year Budget: \$ \$ 426,685 (97%) | |
| AR Kids Outreach: Provide information and increase knowledge of health insurance available through AR Kids Insurance program. Encounter numbers are below. | |
| Asthma: Education and support for parents, teachers and children with asthma. Information given on care at home and triggers. Encounter numbers are below. | |
| Breast Health/Prevention: Access Project Pink aims to reach women through local billboards in their communities (funded by Arkansas Affiliate, Susan G. Komen Foundation) Mammogram vouchers are distributed at health fairs and other community events. Women can also call in to receive a voucher. Breast self exam is taught to women and high school girls. . Number of vouchers given and redeemed are below. | |
| Car Seat Baby Showers: Participants instructed on how to correctly install a car seat, received additional safety information and all received a car seat for each child in family. Encounter numbers are below. | |
| Library Services for consumers include journals, books, DVDs; training in library/internet services; literature searches on request. Encounter numbers are below. | |
| CPR/First Aid for Consumers: Encounter numbers are below. | |
| Formal Diabetes Education: consists of 1-1 diabetes education, group education, support groups, counseling in hospitals. Education is provided by certified diabetes educators and the diabetes clinic is an American Diabetes Association affiliate. A1c testing is conducted every 6 months. The number of tests given and the number of people who have lowered their A1c will be reported every six months. Classes are held at | |

| |
|--|
| <p>the Delta AHEC ADA clinic, West Memphis, Daughters of Charity, VA CBOC in Helena, Encounter numbers are presented below.</p> |
| <p>Diabetes Screening (results of screening and description of where): Screenings held at Wal-Mart, Mid-Delta Senior Citizen Center, and in Wellness Center. All were referred to their PCP and the Diabetes clinic. Encounter numbers, screening, and abnormal screening numbers are presented below.</p> |
| <p>Fitness Center: Member services include free inside and outside walking trail, exercise equipment, exercise classes and personal training. Encounter numbers are presented below.</p> |
| <p>Other Exercise Programs (Helena)-These classes consist of tai chi, silver sneakers, yoga and Zumba. Encounter numbers are presented below.</p> |
| <p>Other Exercise Programs (Not Helena) Classes held in Lake Village and Marvell. Encounter numbers are below.</p> |
| <p>Grief Counseling (Remembering Angels)-information on dealing with the loss of a child was provided to parents. Encounters numbers are below.</p> |
| <p>Health Education for Adolescents: Youth Leadership Institute, 6-hour workshop sponsored by Arkansas Federation of Families Statewide Family Network for representatives of Youth Empowered to Succeed- 4H (Y.E.S.4H), Freedom for Youth's (FFY) Youth Leadership Academy, Delta Area Health Education Center's Coalition 4 Prevention (C4P) and Delta Youth Entrepreneurship programs, was held this quarter. Safe sitter courses were held, "Making Healthy choices was taught in schools, Campaigners club at the Boys and Girls Club, Youth-works, cooking classes, first aid, food poisoning, diet, exercise. Encounter numbers are below.</p> |
| <p>Health Education for Adults: Classes on stroke, GERD, hypertension nutrition, diabetes risk factors, strategies to lower cholesterol, heart healthy activities, exercise, healthy lifestyles, blood borne pathogens, walkability survey, food poisoning. Encounter numbers are below.</p> |
| <p>Health Education for Children: Summer camp for children, presentations to head start on germs, fitness and exercise. Developmentally appropriate movement activities during PE. Received training on First Aid/CPR in "To the Rescue" course Encounter numbers are below.</p> |
| <p>Community Health Screenings : Screenings were held in Lake Village, Dermott, Dumas, Phillips County industry/churches/schools are in the table below. All with abnormal readings were counseled and referred to their PCP and or the Delta AHEC.</p> |
| <p>Worksite Wellness : Lunch and learn classes, on site CPR, exercise classes, strategies for healthy lifestyles</p> |
| <p>Health Fairs-information on a variety of health related topics was distributed. Encounter numbers are below</p> |
| <p>Kids for Health: 30 minutes weekly of health education provided to K-6th graders; standardized health curriculum taught by Delta AHEC health facilitators; pre/post-test results. Post test scores more than doubled at all schools(Some tripled) from pre to post test after curriculum was taught. Encounter numbers are presented below</p> |
| <p>Nutrition Counseling-(1-1 & Group) fats in diet, making favorite foods more healthy, importance of rest in dieting. Encounter numbers are presented below.</p> |
| <p>Veterans' Community Based Outpatient Clinic: Preventative, primary and mental health care for Veterans in the community; all enrolled Veterans receive free membership to Delta AHEC Fitness Center. Encounter numbers presented below.</p> |
| <p>Pregnancy/Parenting/prenatal: classes on fetal alcohol syndrome, oral care, care of the newborn, birth options, labor, child safety, spanking, SIDS, depression, temper tantrums, breast feeding. Encounter numbers are presented below.</p> |
| <p>Prescription Assistance: Clients assisted with applications for free medicine. Outcomes: \$378,483 in savings</p> |
| <p>Seniors CLASSICS: Senior citizens increased knowledge on stress prevention, use of DEET, adult immunizations, problems of digestion, DASH diet, Walk away the Pounds exercise strategy. Encounter numbers are presented below.</p> |
| <p>Sexually Transmitted Infections: Testing for HIV/AIDS, educational materials distributed.</p> |
| <p>Sickle Cell: Delta AHEC provided educational information and screening for sickle cell during this quarter. Counts for encounters, screening, and number for which the trait was detected are presented below.</p> |
| <p>Teen Pregnancy Program: Classes in schools on Making Healthy Choices, Encounter numbers are presented below.</p> |
| <p>Tobacco Cessation: Classes taught on cessation aides, how smoking affects the body and those around the</p> |

smoker

Tobacco/Substance Abuse Prevention: High school students received information on the dangers of smoking. The Prevention Coalition held a mock drug court presentation in Helena. They also provided 3 advertisements to the local paper on the danger of drinking and driving. AHEC staff conducted an educational presentation on the practice of advertisers getting kids hooked on alcohol type drinks that taste and smell like soda or juice.

| COMMUNITY HEALTH SCREENING DATA TABLE | | | | | | | | | |
|---------------------------------------|-------------|------|-----|------------------------------|------------|-------------|--------------------|----------|-------|
| | Blood Press | Chol | HIV | Diabetes Screening (glucose) | BMI Weight | Sickle Cell | Mammogram vouchers | | Total |
| | | | | | | | Given | Redeemed | |
| Abnormal Screenings | 162 | 55 | 0 | 95 | 90 | 85 | 96** | 46** | 487 |
| Total Screenings | * | * | 422 | * | * | 1134 | NA | NA | 3037 |

*Total number for blood pressure, cholesterol and BMI are included in the total number screened

** These numbers are not included in the total since they are not screenings. We do not have access to the results of the mammograms redeemed.

| SERVICES TO COMMUNITIES AND CLIENTS PARTICIPATION/ENCOUNTER DATA TABLE | |
|--|---|
| <i>Programs and services to increase the capacity of participation in culturally sensitive health promotion and health education programs:</i> | |
| 167 | CPR/First Aid for Consumers |
| 963 | Health Education for Adolescents |
| 928 | Health Education for Adults |
| 3287 | Health Education for Children |
| 894 | Health Fairs |
| 214 | Worksite Wellness (How Healthy is Your Industry/Faculty?) |
| 917 | AR Kids Outreach |
| 12,177 | Kids for Health |
| 409 | Prescription Assistance/emergency med (\$378,483 in savings) |
| 134 | Seniors CLASSICS |
| 47 | Tobacco Cessation |
| 114 | Tobacco/Substance Abuse Prevention |
| 400 | Veterans' Community-Based Outpatient Clinic (total enrollees) |
| 674 | Veterans' Community-Based Outpatient Clinic (patient visits) |
| <i>Programs and services to improve health behaviors related to chronic health problems:</i> | |
| 36 | Asthma |
| 358 | Diabetes Formal Education |
| 216 | Diabetes screening/outreach |
| 21 | Flu Prevention/Care |
| 1,390 | Sickle Cell Education |
| 38 | Hypertension/Cardiovascular Health/congestive heart failure education classes |
| 726 | Consumers provided with library services |
| <i>Programs and services to improve health behaviors in regards to physical activity and nutrition:</i> | |
| 9,253 | Fitness Center Encounters |
| 1735 | Other exercise programs (Helena) |
| 2583 | Other Exercise Programs (not Helena) |
| 152 | Nutrition (includes Group sessions and 1-on-1 counseling) |
| <i>Programs and services to improve health behaviors related to pregnancy, teen prevention, and parenting skills:</i> | |

| | |
|-----|----------------------------------|
| 20 | Babysitting |
| 301 | Prenatal Care/Healthy Parenting, |
| 110 | Car Seat Baby Shower |

Activity Area: OTHER ACTIVITIES THIS QUARTER:

Leadership/Advisory Board Activities: Delta AHEC South Director, Mellie Watson completed a year-long leadership development program with Delta Regional Authority. Dr. Mark Mengel, director of the Statewide AHEC program, conducted the yearly program review with Delta AHEC staff.

Collaboration & Cooperation: Delta AHEC and Minority Health Initiative continue to work on a plan for a One-Stop Shop. The registered dietitian with UAMS Delta AHEC North, is working in collaboration with the Delta Center on Aging (DCOA) to lead the Healthy Lifestyle Challenge. The Healthy Lifestyle Challenge is a free program designed for older adults that have been diagnosed with diabetes, hypertension, hyperlipidemia, or obesity. The program consists of setting individualized nutrition and exercise goals, weekly support group, and follow-ups over the phone. The Healthy Lifestyle Challenge is funded by the Arkansas Minority Health Commission.

Angie Whatley, RN of Delta AHEC North, attended the National AHEC Organization Conference in Las Vegas. Whatley was selected to present 2 poster presentations. Oral Infant Care – Start At Birth is a program in collaboration with Crittenden Regional Hospital and the University of Tennessee Residency Pediatric Dentistry Program. The second presentation was on supporting the Prenatal Experience with A Doula and our Community Based Doula Program through the AHEC in West Memphis at Crittenden Regional Hospital.

Delta AHEC continues to refer patients to the ADH Quitline for smoking cessation.

Delta AHEC worked with Cooperative Extension Service to present lunch and learns, cooking classes, and the Farmers Market. Others working on the Farmer's Market included the City of Helena and Helena Public Schools.

The Delta AHEC hosted a one day Walkability Assessment as part of the Growing Healthy Communities Initiative. This assessment identified areas that potentially would be hazardous for walking or riding bikes. 55 community members participated. Assessment results were compiled and results given to the Growing Healthy Team in Little Rock.

Delta AHEC participated in the Forrest City Divine Nine Family Fun Day and Community Health Fair. Over three hundred and thirty participants received free health screenings such as HIV, total cholesterol, and blood glucose. Participants were informed about other services available in the St. Francis County area.

UAMS Delta AHEC South and Chicot Memorial Medical Center hosted the 2nd annual Susan G. Komen Race for the Cure, in Lake Village. During the rally, people received free screenings for blood pressure, BMI, HIV and blood glucose. Educational material on breast health and awareness was also issued.

The Phillips County Coalition 4 Prevention (C4P) coalition, which is made up of non-profits, law enforcement, local government, health practitioners, youth and local citizens, spent the summer focusing on education and training. Activities included partnering with a local church ministry and radio station to hold an encouragement/recognition banquet for our law enforcement, fire department, emergency medical workers and our sanitation and maintenance workers. Additionally, the coalition collaborated with the Helena-West Helena police department on August 3rd to help sponsor their second National Night Out and partnered with Counseling Services of Eastern Arkansas's Action for Kids Program, The Arkansas Federation for Families for Children's Mental Health and Freedom for Youth to hold a three day Youth Diversion Workshop.

Media & Public Relations: Ads on teens and drunk driving were placed in the Daily World in Helena. Articles on the Car Seat Baby Shower, the VA CBOC, MASH, and CHAMPS were also submitted to local newspapers. The quarterly newsletter was sent to more than 500 people. A Delta AHEC Face book page has been created and has frequent postings. The Delta AHEC website is being updated to mirror UAMS Regional Programs webpage.

Continuous Quality/Program Improvement: Staff submits monthly goals to the Director and progress towards completion of the goals is monitored. A staff productivity chart was compiled by the director and discussed with supervisors. The Statewide AHEC trend report was compiled. Delta AHEC continues to increase services and encounter numbers despite a large reduction in funding and the loss of several staff. Dr. Becky Hall has been working with UAMS Regional Programs to integrate the Delta AHEC database with the UAMS state-wide activities database. The new Delta AHEC database will be based on the new quarterly report form.

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

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

UPDATE: Work this quarter consisted of revising the quarterly report. Programmatic capacity determination will begin next quarter.

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

UPDATE: To be completed after program capacity is determined.

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

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

Rec (4) Monitor professionals' educational needs.

UPDATE: A survey was sent to area health professionals on their needs for continuing education. Results are being tallied.

Medicaid Expansion Program

Reporting Period: July 1, 2010 – September 30, 2010

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

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

Mission Statement/Program Overview

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

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

Population 2: To expand non-institutional coverage and benefits to Medicare beneficiaries age 65 and over.

Population 3: To offer expanded inpatient and outpatient hospital reimbursements and benefits to adults age 19-64.

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

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

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

UPDATE for Pregnant Women Expansion: DHS has been reassessing this MEP initiative to identify more appropriate goals for the program. Under consideration is conversion to a goal that compares the receipt of pre-natal screening for HIV, blood count, blood type, VDRL and Chlamydia for the MEP population to the regular Medicaid PW population.

OUTCOMES:

- Cumulative Program Participants–

| | |
|-----------|--------|
| July | 16,901 |
| August | 17,081 |
| September | 17,250 |
- Service Comparison – Baseline data not yet available

Activity Area: Hospital Benefit Coverage. This program offers expanded inpatient hospital reimbursements and benefits to adults age 21-64 by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. The program was implemented November 1, 2001.

| | |
|--|---------------------------|
| Activity Area Fiscal Year Program Budget: | \$ 8,659,980 (17%) |
|--|---------------------------|

| | |
|------------------------------------|--------------------|
| Tobacco Settlement Proceeds | \$2,055,013 |
| Leveraged Medicaid Funds | \$6,604,967 |

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

OUTCOMES:

| | | |
|--|-----------|-------|
| ▪ Number of recipients benefiting from 4 extra days- | July | 3,183 |
| | August | 2,679 |
| | September | 3,290 |

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

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

UPDATE for 65 and Over Expansion: The ARSeniors Program should experience an increase due to a new tape match with SSA from the Part D Low-Income Subsidy. Letters are being sent to individuals to inform them of the QMB Program. QMB recipients below 80% of the FPL qualify automatically for ARSeniors coverage. To date, response to the letters has been very low.

| | | |
|--|-----------|-------|
| OUTCOMES: Current program participants – | July | 4,469 |
| | August | 4,486 |
| | September | 4,500 |

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

Every 12 months ARHealthNetworks covers:

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

| | |
|--|---------------------------|
| Activity Area Fiscal Year Program Budget: | \$31,906,932 (61%) |
| Tobacco Settlement Proceeds | \$ 7,098,240 |
| Leveraged Medicaid Funds | \$24,808,692 |

UPDATE for ARHealthNetworks: NovaSys Health met in conference with 7 key agents (large group producers) from around the state for continuing education

training regarding this product. NovaSys continues to sponsor booths at conferences to disseminate information. This time period was less busy for this type of outreach than the previous quarter; the trade shows are varied and appeal to a wide array of small business groups ranging from gas station owners to disability providers.

NovaSys Health continued to sponsor a statewide radio advertising program which appeared to generate immediate interest. The television commercial that was produced is also generating interest each time that it is aired. Most advertising efforts were aimed at following up on plans that were made during the previous quarter. Billboard advertising that has begun has proven to be effective, based on feedback received from inbound callers. Based on this, billboard advertising was doubled for this fiscal year, beginning with this quarter.

NovaSys Health launched a revised website that is easier to operate and more pleasing to the eye. As part of this website, there are video links where satisfied employers, members, and agents speak to the merits of the ARHealthNetworks program.

OUTCOMES:

Quarter ending enrollment: 12,921

| | | |
|--|-----------|-----|
| Gross New Members Per Month compared to Goal of 400: | July | 757 |
| | August | 850 |
| | September | 805 |

Expenditures for July 1, 2010 through September 30, 2010 and Proportion of Leveraged Medicaid Dollars

| | Total | Tobacco | Federal |
|---------------------|----------------------|--------------------|--------------------|
| Pregnant Women | \$ 1,488,567 | \$ 280,148 | \$1,208,418 |
| In-Patient Hospital | \$ 2,249,848 | \$ 423,422 | \$1,826,427 |
| ARSeniors | \$ 1,354,057 | \$ 405,914 | \$ 948,142 |
| ARHealthNetworks | <u>\$ 6,709,055</u> | <u>\$1,544,990</u> | <u>\$5,164,065</u> |
| Sub-Total Program | \$11,801,527 | \$2,654,474 | \$9,147,052 |
| Administration | <u>\$ 268,089</u> | <u>\$ 134,044</u> | <u>\$ 134,044</u> |
| Total | \$ 12,069,616 | \$2,788,518 | \$9,281,096 |

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

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

UPDATE: The Department has developed new program goals for each of the Medicaid

Expansion initiatives to more accurately reflect post-implementation outcomes. DHS is continuing to work with RAND to establish the evaluation baselines and process indicators to allow for more accurate tracking of progress toward the new goals.

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

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

Rec (3): Improve the enrollment process

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

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

UPDATE: The Department has suspended the design and/or implementation of new MEP outreach efforts pending the development of a strategy to "Bend the Arkansas Medicaid Cost Curve" to operate within future funding projections. Changes at the national level to increase enrollment in the QMB Program will increase participation in the ARSeniors Program for those with incomes below 80% of the Federal Poverty Level. Arkansas has started receiving a monthly tape from SSA with the names of individuals who were found eligible for the Medicare Part D Low Income Subsidy. Letters are being sent to these individuals to inquire as to their interest in applying for the QMB Program. The letter will advise applicants of the expanded service package under the ARSeniors Program.

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

UPDATE: 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 through relationships with community partners and stakeholders.

Arkansas Minority Health Initiative

Reporting Period: July 2010 – September 2010

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

PROGRAM OVERVIEW

Arkansas Minority Health Commission (AMHC) was established to:

- Increase awareness and provide access to screening for disorders disproportionately critical to minorities but will also provide this service to any citizen within the state regardless of racial/ethnic group;
- Develop intervention strategies for these illnesses; and
- Develop and maintain a database that will include; biographical data, screening data, costs, and outcomes.

AMHI KEY FOCI FOR 2010-2012

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

AMHI GOALS FOR 2010 -2012

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

- Increase the number of minority Arkansans that obtain recommended health screenings;
- Increase education and awareness regarding disparities and equity in health and health care services by partnering with appropriate organizations;
- Establish a comprehensive system among agencies of coordination and collaboration surrounding minority health disparities and
- Influence public policy towards an equitable health care system for all Arkansans

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

Activity Area Fiscal Year Budget: \$707,235

AMHC Qtlly Health Fairs & Forums: 1 Qtlly health fair and 1 Qtlly public forum, in conjunction with the AR Senate Subcomm on Minority Health, was held this period in Monticello, AR (Drew Cty).

OUTCOMES: Number of attendees and screenings (See Outreach Data Table) In addition to the data presented in the table below: **Vision:** 19; **Hearing:** 1; and **BMI:** 45

Fifty (50) Monticello residents completed a survey. 52% had no insurance or prescription coverage. Of that 52%, six percent were African American, two percent were Hispanic and two percent were White.

Collaborative Community Health Fairs: AMHC participated in 18 community health fairs in 9 counties (Clark, Garland, Hot Spring, Jefferson, Lonoke, Pulaski, Saline, Sevier, and Union).

OUTCOMES: Number of attendees and screenings (See Outreach Data Table).

Equipment Loan Program: AMHC provided blood pressure, glucose and cholesterol equipment and supplies to 7 organizations that provided services in 6 counties (Bradley, Cleveland, Drew, Jefferson, Union and Pulaski counties).

OUTCOMES: Number of attendees and screenings (See Outreach Data Table).

FY2009 HIV/AIDS Outreach Grants Program: FY2009 (April 2009-April 2010) grant activities were completed during this reporting period. AMHC completed the final report that captures the successes, challenges and outcomes for each of the FY2009 7 grantees in addition to process evaluation for quality improvement of the outreach initiative overall. Overall recommendations include (a) Strengthen Internal Financial Process and Oversight; (b) Maintain commitment to upfront funds with organizations that truly reach high risk communities with appropriate oversight and accounting procedures; (c) Provide staff with formal program management training and subcontract to supplement with individual technical assistance throughout the grant year; (d) Provide Program manager and or staff training on program evaluation

fundamentals; (e) Budget for capacity building activities for community based organizations in minority communities across the state. Consider collaboration with Arkansas Coalition for Excellence and Arkansas Department of Health and others outside providers to maintain year long opportunities; and (f) Throughout the program period build in time for monitoring and oversight activities that respond to the individual grantee needs.

OUTCOMES: 1077 The final report indicated high-risk participants received free HIV screening during the FY2009 grant cycle. Over **10,000** received HIV education materials.

FY2010 HIV Prevention (Grants) Project: This program is a MHI/ ADH joint partnership that has funded 12 community- and faith-based organizations (2010 grantees) to promote HIV/AIDS awareness among African Americans and Hispanics in **41 Arkansas** counties. MHI oversees **5** of the 12 grantees.

OUTCOMES: During this reporting period a total of **180** participants in high-risk communities received free HIV testing and **455** participated in educational sessions/events discussing abstinence and safe sex measures. **3 mandatory capacity building trainings** were held with all 12 grantees (community assessment, financial management, HIV & Tobacco)

Sickle Cell Outreach Initiatives: AMHC partnered with UAMS Partners for Inclusive Communities, SC Support Services, Inc. and the AR Legislative Taskforce on SC to do a month long public service campaign entitled "**Face Sickle Cell**" in Sept. (Ntl SC Awareness Month). Educational commercials/advertisement ran on tv, radio and in print to create greater awareness of SC in Arkansas. AMHC and its partners hosted a **SC Roundtable** at Philander Smith College on Sept 30. A Request for Proposals (RFP) was announced in Sept. AMHC executive director and co-chair are members of the **AR Legislative Taskforce on SC**.

OUTCOMES: More than **30 SC public health advocates** convened to discuss strategies in public policy towards improved health for SC consumers. AMHC received **8 letters of intent; 3 applications; with 2 organizations** (AR Nurses Assoc and Lee County Cooperative Clinic) subsequently **awarded** grant funds to promote SC consumer care and provider education as a result of the RFP announcement. The AR Legislative Taskforce on SC finalized its recommendations to the legislature during this reporting period.

Media/Communications: AMHC ran **60-second radio spots** on KIPR Power 92.3, KOKY 102.1 and KPZK Praise 102.5 providing general information about AMHC, health information during health awareness months and informing the public of AMHC events. **Ask the Doctor** radio show on KIPR Power 92 features AMHC Medical Director, Dr. Creshelle Nash airs the third Tuesday of each month (7am to 9am). Power 92 listeners call in questions or email questions. Dr. Nash also highlights important AMHC news and events. During this period the topics of the shows ranged from diabetes, obesity, sickle cell disease and health care reform, HIV/AIDS and policy, to general medical questions. In addition, **AMHC Executive Director** has appeared on KARN, KIPR, KHLR and other radio stations in the state to give **commentary** on Sickle Cell, HIV, and AMHC outreach events. **The Minority Report**, a monthly newsletter, is disseminated via email monthly. The AMHC also has a **Facebook** page that is updated regularly to inform the community of AMHC news, events, as well as recent news coverage. (www.facebook.com/arminorityhealth)

OUTCOMES: See Media Data Table. AMHC Facebook page has almost 700 fans that check in on a regular basis.

HIV Prevention Coalition: The Coalition has worked to plan a Pastoral Luncheon to occur in October. The Luncheon's aim is to increase involvement of the faith based community in HIV/AIDS prevention. In addition, plans were underway during this period for World AIDS Day 2010 to be held Dec. 1, 2010.

OUTCOMES: To be provided next quarter

Minority Health Navigation System: AMHC has contracted with DIS for systems upgrade during this reporting period to expand in-house navigation capabilities. Collaborative between UAMS and MHI in discussion for comprehensive, non-duplicative navigation system.

| | Blood Pressure | Cholesterol | Glucose | HIV | Sickle Cell | Prostate | Total Attendees |
|---|----------------|-------------|---------|-----|-------------|----------|-----------------|
| AMHC Quarterly Health Fair & Public Forum | 47 | 59 | 59 | 13 | 23 | 21 | 220 |
| Community Health Fairs | 118 | 63 | 45 | 18 | 22 | | 2,562 |

| | | | | | | | |
|------------------------|-----|-----|-----|-----|----|----|------|
| Equipment Loan Program | 87 | 48 | 56 | 15 | 0 | | 325 |
| OTHER events | | | | 180 | | | 451 |
| Total | 252 | 170 | 160 | 226 | 45 | 21 | 3558 |

| MEDIA DATA TABLE | |
|--|-----|
| Newspaper Total (articles in AA, Hispanic, Asian American news papers) | 17 |
| # of health information articles | 2 |
| # of careers announcements | 2 |
| # of event announcements | 15 |
| Radio spots | 446 |
| Television spots | 687 |
| Web | 4 |
| Other: Facebook health postings | 16 |

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

Arkansas Racial and Ethnic Health Disparity Survey: Released January 2010. This study is ongoing and has been cited statewide, regionally and nationally.

OUTCOMES: No publications this period.

Marianna Examination Survey on Hypertension (MESH): First report completed this quarter. First longitudinal, population-based examination in the nation to study a predominantly rural, African American population. It is the first population-based examination performed in Arkansas. Estimates the prevalence of diagnosed/undiagnosed hypertension, controlled/uncontrolled hypertension, diagnosed and undiagnosed diabetes, stroke and kidney diseases and their risk factors within the adult population of Marianna.

OUTCOMES: This quarter: **2 publications** (Fast Facts Sheet & MESH Report 2010). Presented findings in a press conference with Lee County community partners in Marianna; Presented findings at the Mid-South Delta LISC Conference Sept 14th in Greenville, MS.

ACTIVITY AREA: PUBLIC POLICY - MHI's public policy activities support its mandate to increase awareness and provide access to screening for disorders disproportionately critical to minorities but will also provide this service to any citizen within the state regardless of racial/ethnic group. Make specific recommendations relating to public policy issues and its goal to influence public policy towards an equitable health care system for all Arkansans. Outcomes for this activity area measure MHI's impact on policy through number of **meetings held/ attended**: and other potential means of impacting policy (e.g., contacts with policy makers, meeting attendance, and changes to policies related to minority health issues).

Health Care Reform: During the period, we have monitored health care reform on a daily/weekly basis and released policy statements to inform minority communities and other stake holders. In addition, AMHC representatives have attended and presented at state, regional and national conferences on the implications of health care reform.

OUTCOMES: **4 health care reform updates** were posted on AMHC's 'policy' page, Facebook page, and distributed to database during this period. (*Health Insurance for Minorities, Affects on Children & Seniors, New Insurance Options for Minorities, Health Reform Factoids*) **3 policy conferences** were attended by AMHC reps. MD & Executive Director presented at the Arkansas Black Caucus Policy Conference in Sept in Hot Springs. Medical Director participated and presented at Congressional Black Caucus Leadership Policy

| |
|--|
| Conference in August. Hispanic Congressional Caucus meeting on health care reform in Sept. |
| Arkansas Minority Health Consortium: A collaboration of 30 various agencies comprised of grassroots, governmental, NPOs, CBOs, and FBO representatives is united in a primary goal of increasing awareness of minority health issues and to advocate for resources in the state of Arkansas. |
| OUTCOMES: 3 monthly meetings during this period; 3 consortium directory workgroup meetings resulting in progress towards completion of the AR Minority Health Consortium Directory; legislative priorities established; numerous visits with legislators by consortium partners leading up to 88 th General Assembly. |
| HIV/AIDS Minority Taskforce & Public Forum: AMHC sits on this taskforce and provide administrative support per Act 842. AMHC organized each public forum in conjunction with local community leaders. |
| OUTCOMES: 4 public forums (El Dorado, Forrest City, Conway, Springdale) in each congressional district presenting findings of SHARP Report (State Health Access Report Project) focused on HIV/AIDS. Approximately 250 attendees . Visited with legislators on supporting taskforce recommendations. |
| Arkansas Legislative Taskforce on Sickle Cell & Roundtable: 2 AMHC representatives sit on this taskforce. AMHC spearheaded a SC Roundtable in partnership with the taskforce during this period. |
| OUTCOMES: More than 30 SC public health advocates convened to discuss strategies in public policy towards improved health for SC consumers. Met with public health committee to present SC Taskforce Recommendations. |
| Health Care Workforce Diversity: Act 1489 ; Minority Recruitment and Retention - requires state agencies, boards and commissions that license health professionals to procure and report demographic data to AMHC, ADH & ACHI. |
| OUTCOMES: AMHC led collaborative with ACHI and ADH to send joint letter to all health licensing boards in August encouraging submission of data required under Act 1489. As the law as created in 2009 legislature data set in August 2010 were the first to be received. During reporting, all data sets had not been received. Future use of this data is anticipated to be utilized by researchers, public health practioners and the legislature. |

| |
|--|
| ACTIVITY AREA: PILOT PROJECTS - These projects are established to test new strategies, materials, and theories related to the health of minorities in the state using evidence-based programs and materials. Thus pilot projects activities support MHI's mandate to develop intervention strategies, make specific recommendations relating to public policy issue, and develop pilot projects for decreasing disparities. Outcomes for this area are project specific. However, all outcomes data will be reported quarterly to the MHI staff providing program oversight and to the independent evaluator semi annually for the final report. |
| The Jones Center for Families, Inc. Gaps in Services- Northwest Arkansas: The Gaps in Services Task Force to the Marshallese and sub-committee have completed the translation of the acculturation booklet to the Marshallese language at the end of June 2010. 1,225 copies have been printed and distributed along with the DVD through the Republic of the Marshall Islands Springdale, AR Consulate to new and current Marshallese natives. During this period, electronic versions (English and Marshallese) have been launched through the Arkansas Minority Health Commission's (AMHC) website, the Jones Center's website and the Marshallese website, www.yowke.com . Tracking the number of hits of on-line downloadable version of the handbook through the Jones Center for Families, Inc. and the Hawaiian Yakowe.net websites started in August 2010. Through the assistance of the AMHC, the Task Force received additional funding (\$3,000) from the U.S. Department of Health and Human Services – Region VI (AR, LA, NM, OK &TX) to print an additional 560 acculturation booklets in Marshallese. |
| OUTCOMES: 1225 copies distributed to predominantly Marshallese recipients. To date the # of downloadable versions accessed (English – 100 and Marshallese – 96). City of Springdale to place on their website. Other national funders are taking notice of this unique program and offering assistance to expand. The US Department of Health and Human Services have provided an additional \$3,000 for expansion. |
| Arkansas Aging Institute-Delta Center on Aging, Healthy Lifestyles Challenge: The Healthy Lifestyles Challenge program initially was to be an in-house “piloted” program; subsequently the “piloted program” has also become a research-based program. The “piloted” program/study that will allow for COA/AAI to continue participation recruitment, write journal articles and to disseminate the program to other COA/AAI around the state. IRB approval was granted on October 12, 2010. During quarter 1: 10 participants were recruited with |

only 3 completing the 12 week program. The challenges were that the participants did not realize that the program would entail as much dedication to be successful. Some of the participants thought the program would help with medication purchases, some had family emergencies and one had an injury not related to the any of the program activities.

OUTCOMES: All 3 participants lowered and improved their blood pressure, lipid levels, A1C levels, and increased their exercise levels.

University of Arkansas for Medical Sciences Delta Area Health Education Center (AHEC) Navigation Project: The original end date for this project was May 2010. Due to additional time needed by the Community Facilitator/Liaison and the UAMS CPH preceptor student to summarize and analyze the findings from the focus groups and the key-informant interviews, a no-cost extension has been approved between the AMHC and Delta AHEC for this project on August 2010. The end date of the program is October 30, 2010. Final report from the Community Facilitator/Liaison to be submitted on November 15, 2010.

The Community Facilitator/Liaison conducted 5 focus groups and several interviews in the community this quarter to determine why minority residents do not utilize existing health and human service resources. The Community Facilitator/Liaison and the UAMS CPH preceptor student will establish a plan for implementing a possible "Mobile 1-Stop" based on the findings from the focus groups and interviews conducted.

OUTCOMES: Outcomes are pending final report and will be reported on in next quarterly report.

Southeast Targeted Area Resources for Health (STAR.Health): 6 Community Health Workers (CHWs) are employed and work as follows: 3 FT in Desha, 1 FT and 1 half time in Chicot and 1 half time CHW in Lincoln. They continue to make home visits and to recruit persons needing assistance in obtaining health and/or human services. In addition to CHWs, STAR.Health benefited from the services of 6 AmeriCorp Volunteers in FY 10. Although not financially supported by AHMC their efforts are contributing greatly to the success of the program. Unfortunately only 3 Americorp Volunteers were available in FY 11.

OUTCOMES: This reporting period, **1361 people** provided services through STAR.Health program. Since the beginning of the program in June 2009—**6129 persons** have been served.

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

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

UPDATE: Predominant activities during this reporting period have focused on this recommendation.

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

UPDATE: AMHC is committed to the success of its current pilot projects and will utilize data/findings/outcomes from these to guide future pilot and demonstration projects.

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

UPDATE: During this period, MHI and ADH TPCP collaborated in a mandatory capacity building workshop with HIV grantees related to the increased negative impact of tobacco on HIV consumers. AMHC continues its projects with Delta AHEC and Arkansas Aging. MHI and ADH HIV Joint RFP continue to fund 12 grants this period.

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

UPDATE: Professional services contract with expert in program monitoring and evaluation secured during this period. Additional staff and agency support in fiscal and programmatic auditing being established.

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

UPDATE: ED requested and received support from DFA Internal Auditing to evaluate fiscal reporting of all grantees during this period. Agency fiscal accountant search underway during this period (hired October

20th with in-depth background in grant auditing and financial management for a governmental entity). Professional services contract with expert in program monitoring and evaluation secured during this period. In addition, staff program management workshops being developed with external experts during this period. AMHC has successfully hired a Fiscal Accountant II with in-depth background in grant auditing and financial management for a governmental entity. Since coming aboard the accountant and assistant have fortified internal controls to ensure proper safeguarding of all AMHC state and tobacco settlement funds.

Controls were strengthened towards ensuring appropriate separation of duty between the functions of authorization, custody, record keeping, and reconciliation. Expenditures must be tracked and reconciled with supporting documentation when submitting for reimbursements. Also, all grantees are required to submit a cost allocation plan with their reimbursements. Cost allocation plans will assist us to prevent commingling of funds. Commingling of funds on either a program-by-program basis or project-by-project basis is prohibited.

During this period, as a result of AMHC's increased oversight and monitoring of grant funding, AMHC discovered fraudulent activity of one of its grantees, Alliance on Community Health. The matter was immediately investigated. Subsequently, Dept. of Finance & Administration, Division of Legislative Audit and the Arkansas State Police is now investigating further.

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

UPDATE: AMHC Board of Commissioners, during its July quarterly meeting, voted to allow Executive Director latitude in determining effective means of securing grant funds through multiple sources. AMHC secured approximately \$2,500 from consortium partners in support of the Consortium Directory publication. AMHC was instrumental in assisting the Jones Center (Marshallese project) in securing DHHS regional funds (\$3,000) to expand its project in September. A current staff member is receiving training to become a grant writer for the agency. During our Monticello quarterly health fair and public forum AMHC obtained beverage donations from Pepsi Co.

TOBACCO PREVENTION AND CESSATION PROGRAM

Reporting Period: July-September, 2010

Total Fiscal Year Budget: \$14,986,306 FY 2011

Mission Statement/Program Overview

The Arkansas Department of Health, Tobacco Prevention and Cessation Program (TPCP) works to reduce morbidity and mortality, and alleviate the social and economic burden cause by tobacco use and exposure to secondhand smoke in Arkansas.

TPCP is organized to align with the Centers for Disease Control and Prevention Best Practice components for a comprehensive tobacco control program. These four components are:

- Administration and Management
- State and Community Interventions
- Health Communication Interventions (includes Cessation Interventions)
- Surveillance and Evaluation

The goal for the Centers for Disease Control and Prevention, National Tobacco Control Program is to reduce tobacco-related disease, disability, and death. This overarching goal is subdivided into four goal areas. They are:

- Preventing the initiation of tobacco use among young people
- Promoting quitting among young people and adults
- Eliminating exposure to second hand smoke
- Identifying and eliminating the disparities related to tobacco use and its effects on populations groups

The goals for TPCP are :

- To reduce the youth tobacco use to 17.5% by 2014
- To reduce adult tobacco use to 17.5% by 2014
- To reduce employee exposure to secondhand smoke in workplaces to 2 % by 2014
- To have statewide comprehensive clean indoor air legislation by 2014
- To reduce tobacco use by pregnant women to 12.5% by 2014

Activity Area: Administration and Management

Effective tobacco prevention and control programs require substantial funding to implement, thus making critical the need for sound fiscal management. Internal capacity within a state health department is essential for program sustainability, efficacy, and efficiency. Sufficient capacity enables programs to plan their strategic efforts, provided strong leadership, and foster collaboration between the state and local tobacco control communities. An adequate number of skilled staff is also necessary to provide or facilitate program oversight, technical assistance, and training.

Activity Area Fiscal Year Budget: **\$ 854,262 (4%)**

There was no change in MSA funded TPCP employees.

Activity Area: State and Community Interventions

State and Community Interventions unite a wide range of integrated activities, including local and statewide policies and programs, chronic disease and tobacco-related disparity elimination and interventions aimed at influencing youth, implement evidence based programs and policies to influence societal organizations, systems and networks that encourage and support individuals to make behavior choices consistent with tobacco free norms.

Activity Area Fiscal Year Budget: **\$ 9,102,144 (47%)**

UPDATE

Community Programs:

- TPCP funded 19 Community-based coalitions representing 34 Arkansas Counties
- Community grantees reported # of Community Changes and # of Community Actions
- # of Operation Storefronts observations were completed
- Regional activities
- TPCP released the 2011-2012 Request for Application for Community-based Programs

Tobacco Related Chronic Disease Prevention Programs:

Diabetes Prevention Collaborative-TPCP collaborates with and provides program representation at ACIC and the Chronic Disease Collaborative meetings and events. The programs collaborate on educational materials and strategic planning processes

Trails for Life Program- TPCP reports the number of miles of trails built from TPCP funding annually. Governor's Council on Fitness.

State-wide Programs:

- TPCP funded 2 state-wide programs for FY2011, the Youth Leadership Initiative-the Y.E.S. Team and The Arkansas Cancer Coalition. TPCP does not have a statewide tobacco control coalition. {A RFA had been issued in FY2010 and no appropriate applications were received.}
- TPCP funds the Youth Leadership Initiative to conduct state-wide youth interventions that work to reduce youth initiation, reduce exposure to secondhand smoke, and promote tobacco cessation among young people. The Youth Leadership Initiative recruited ___members to the Y.E.S. Team during the 1st quarter
- TPCP funds the Arkansas Cancer Coalition to conduct state-wide advocacy interventions, targeted media campaigns, ensure inclusion of tobacco control measures into the state-wide cancer plan, and coordinate with TPCP to strengthen tobacco control in Arkansas. The Lung Cancer workgroup successfully submitted paperwork to the Arkansas Governor's Office to have November be declared Lung Cancer Month by Governor Mike Beebe.

Youth and School Programs:

- TPCP funded 20 school-based programs representing 20 Arkansas School Districts
- # of presentations promoting awareness of Act 13 were provided
- TPCP released the 2011-2012 Request for Application for School-based Programs

Minority Initiatives-Community Programs:

- MISRGO funded 18 community programs representing 38 Arkansas Counties

- MISRGO grantees reported # of Community Changes and # of Community Actions
- # of presentations were provided

Nutrition and Physical Activity-Act 1220:

Breast Cancer Control Fund:

TPCP reports the number of eligible women using the BreastCare Program annually. They also report BreastCare program activities such as number of mammograms, number of pap tests, and number of women diagnosed/treated for breast or cervical cancer.

American Recovery Reinvestment Act (ARRA-Communities Putting Prevention to Work-Component I Comprehensive Clean Indoor Air Policy Initiative

- Educational Micro site launched to provide information and resources to state-wide and local coalitions. For more information visit <http://www.cleartheairarkansas.com/>

OUTCOMES:

- 12 Central Arkansas churches implemented a comprehensive tobacco-free campus policy
- 10 Arkansas school districts implemented a comprehensive tobacco control policy
- Governor Mike Beebe officially proclaimed November as Lung Cancer Awareness Month in Arkansas

Activity Area: Cessation Interventions

Interventions to increase cessation encompass a broad array of policy, system, and population-based measures.

- Policy-based initiatives create social changes within employment settings and provide guidelines for provision and coverage of cessation benefits
- System-based initiatives ensure that all patients seen in the health care system are screened for tobacco use, receive interventions to help them quit and are offered counseling services along with FDA-approved cessation medications
- Population-based initiatives include quitline services to all tobacco users willing to access the services and is a treatment service for healthcare providers

Activity Area Fiscal Year Budget:

\$ 6,137,951 (32%)

UPDATE

Policy-based Initiatives:

- ARRA-Component II Update

System-based Initiatives:

- Continued development of the healthcare provider educational program, including development of charter and expectations for expert review panel; website and on-line educational training
- Pregnancy Incentive Program-TPCP is conducting an incentive pilot program at the local health units in Jonesboro and Blytheville. Pregnant smokers are offered monetary incentives to quit smoking with biochemical verification at intervals for compliance. Currently there are 2

participants in Jonesboro and 2 in Blytheville

- Tobacco Treatment Specialist Training and Certification-During Q1, TPCP continued to build capacity for the number of substance abuse counselors that are trained and certified to become tobacco treatment specialists (TTS).
- Juvenile Drug Court/Substance Abuse

Population-based Initiatives:

- Quitline (Free and Clear)- The Arkansas Tobacco Quitline (ATQ) offers Quit Coaching to callers 13 years and older. Only participants 18 years and older may receive 2 weeks of nicotine patches or gum. Nicotine replacement therapy for uninsured was decreased from 8 weeks to 2 weeks and lozenges were discontinued.
- Masters of Addiction Studies Program- TPCP tracks the number of applicants, number accepted and enrolled, total enrolled during the academic year, and the number of graduates from the Addiction Studies Program; the number of full-time faculty, number of adjunct faculty, number of in-person courses, and number of online courses; as well as the percentage of graduates who obtained an addiction-related job, and the number of graduates who obtained certification or licensure. Results are reported annually (in accordance with the academic calendar).

OUTCOMES:

- The Arkansas Tobacco Quitline (ATQ) reached approximately 4% of adult tobacco users, which are approximately 19,862 registered callers **SUSAN – review – there were 16,492 in FY2010 – how can there be so many for 3 months?**. Since July 1, 2009 through June 30, 2010, approximately **18,590** Arkansans have registered for Quitline services, almost 50% of callers report some form of media as 'their how heard about' the ATQ.
- TPCP evaluates its Quitline program by tracking the 30-day abstinence rate for both the single-call and multiple-call programs through follow-up surveys of program enrollees at four months, seven and thirteen months. This data is only obtained biannually.
- TPCP tracks the number of substance abuse counselors that are trained to become certified tobacco treatment specialists. **XXX (Miriam/antoinne)** people were trained – most of whom are employees and contractors of the Department of Community Correction (DCC).

Activity Area: Health Communication Interventions

Health communication interventions and counter-marketing strategies employ a wide range of efforts, including paid television, radio, billboard, print and web-based advertising at the state and local levels, media advocacy through public relations efforts, such as press releases, local events, media literacy, health promotion activities, and promotion of cessation through quitlines

Activity Area Fiscal Year Budget:

\$ 1,729,516 (9%)

UPDATE

- Media Contract-CJRW-S.O.S. STAMP OUT SMOKING
- Other media marketing
- Office of Oral Health-Travelers and Naturals Sponsorships
- Sponsorships
- Minority media
- Legacy Foundation

OUTCOMES:

Activity Area: Surveillance and Evaluation

TPCP Surveillance and Evaluation section monitors tobacco-related attitudes, behaviors, and health outcomes at regular intervals; conducts program evaluation, measures impact over time and demonstrates accountability. Collecting baseline data related to goals and objectives and selecting performance indicators is critical in ensuring that program related effects can be measured. For this reason, surveillance and evaluation systems MUST have first priority in the planning process

Activity Area Fiscal Year Budget:

\$ 1,420,003 (7%)

UPDATE

Surveys:

- The Oxygen Project
- 2010 Environmental Tobacco Smoke Survey
- Hotel/Motel Managers/Owners' Survey
- Local Health Unit CIAA Compliance Perception Survey

Mosaic/GEMS:

- Quality management reports

BATTELLE:

- Outcome indicators – I'd drop – we don't have and when will we have?? Something to put here??? IF you have something Sherry – comment!

Minority Initiative Evaluation:

-

UAMS/COPH (Cancer Registry Scientist):

The Arkansas Tobacco Control Board: (\$872,000)

- TPCP funds the Arkansas Tobacco Control Board to conduct compliance checks, ensure enforcement and provide merchant training sessions regarding sales of tobacco products to minors. The Arkansas Tobacco Control Board conducted 1354 compliance checks from July 1st through September 30th, 2010. 108 Violations were reported resulting in a 7% non-compliance rate for ??? time period??. Full report at <http://www.arkansas.gov/tcbsl/tcbsl>

OUTCOMES:

- The 2010 Tobacco Deck is available at www.healthy.arkansas.gov
- List other survey that are also available there from Q1