

# **Independent Evaluation of the Arkansas Tobacco Settlement Commission Funded Programs**

## **Quarterly Reports**

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## TABLE OF CONTENTS

I. Introduction .....	1
II. Structure for Reporting .....	1
III. Matching Each Program’s Short and Long Term Goals and Objectives with Roles and Responsibilities as Specified in the Act .....	2
IV. Next Steps .....	3
Executive Summary .....	4
<i>Arkansas Aging Initiative</i> .....	5
<i>Arkansas Biosciences Institute</i> .....	7
<i>Tobacco Prevention and Cessation Program</i> .....	9
<i>Fay W. Boozman College of Public Health</i> .....	11
<i>University of Arkansas for Medical Sciences</i> .....	11
<i>Medicaid Expansion Program</i> .....	14
<i>Arkansas Minority Health Commission</i> .....	16
<i>UAMS East (Delta AHEC)</i> .....	18
Detailed Quarterly Report Materials for Programs .....	20
<i>Arkansas Aging Initiative</i> .....	22
1.A. Goals and Objectives for Arkansas Aging Initiative .....	24
1.B. Activities for Arkansas Aging Initiative .....	29
1.C. Cost Data for Arkansas Aging Initiative .....	30
1.D. Additional Tables for Arkansas Aging Initiative.....	31
Table 1: AAI Education Encounters – 4 <sup>th</sup> Quarter FY 2013.....	31
Table 2: AAI Clinic Encounters - 4th Quarter FY 2013.....	33
Table 3: Data for Clinical Services FY 2012 .....	34
<i>Arkansas Biosciences Institute</i> .....	36
2.A. Goals and Objectives for Arkansas Biosciences Institute.....	38
2.B. Activities for Arkansas Biosciences Institute.....	47
2.C. Cost Data for Arkansas Biosciences Institute.....	71
<i>Tobacco Prevention and Cessation Program (TCP)</i> .....	74
3.A. Goals and Objectives for Arkansas Tobacco Prevention and Cessation Program ....	76
3.B. Activities for Arkansas Tobacco Prevention and Cessation Program .....	83
3.C. Cost Data for Arkansas Tobacco Prevention and Cessation Program .....	88
<i>Fay W. Boozman College of Public Health</i> .....	90
4.A. Goals and Objectives for Fay W. Boozman College of Public Health.....	93
4.B. Activities for Fay W. Boozman College of Public Health .....	99

4.C. Cost Data for Fay W. Boozman College e of Public Health .....	100
4.D. Additional Tables for Fay W. Boozman College e of Public Health .....	101
<i>Medicaid Expansion Program</i> .....	123
<i>Arkansas Minority Health Commission</i> .....	126
6.A. Goals and Objectives for Minority Health Initiative .....	128
6.B. Activities for Minority Health Initiative .....	136
6.C. Cost Data for Minority Health Initiative .....	161
<i>UAMS East (Delta AHEC)</i> .....	163
7.A. Goals and Objectives for UAMS East (Delta AHEC) .....	165
7.B. Activities for UAMS East (Delta AHEC) .....	173
7.C. Cost Data for Minority Health Initiative .....	174
7.D. Additional Tables for Minority Health Initiative.....	175

# Arkansas Tobacco Settlement Commission (ATSC)

## New Quarterly Reporting Format April to June 2013

### I. Introduction

Battelle Memorial Institute (Battelle) in working with the leadership of the Arkansas Tobacco Settlement Commission (ATSC) has developed a new quarterly reporting format that is now being used by the Commission's seven programs. As the Commission's independent evaluator, Battelle considered and reviewed several resources in designing the content and look of this new format.

Resources Battelle accessed and incorporated into the revised reporting format included: a) A careful review of Past Quarterly Reports that had been written by programs; b) Discussions with leadership of the Commission to gain an understanding of what would be most helpful in briefing the full Commission and the Legislature regarding updates on programs; c) Multiple discussions with each of the Program Managers for each of the seven programs as Battelle walked them through the process over the past a three-month period; and d) Reviewing and being strident in applying the language of the Tobacco Settlement Proceeds Act that characterizes the role and activities of each of the seven programs to what the report would be addressing. The product you are reviewing is the result of these activities.

### II. Structure for Reporting

There are two main components to the Quarterly Report for each program. The first component is the **Summary** two-page narrative that captures the following information for each program:

- **Program Description**
- **Progress and Highlights**
- **Key Accomplishments this Past Quarter**
- **Challenges and Opportunities**
- **Plans for Next Quarter**

The two-page format also includes one Call-Out box where the program can highlight the most noteworthy accomplishments over this past quarter.

This summary will be a quick read for anyone (Legislator) who wants and/or needs to understand a program's purpose and what they have most recently accomplished. The

summary was also intended to be a useful resource for Faye Shepherd to brief the legislature, where her time is constrained and she has seven programs to review.

The second component is the more detailed **Spreadsheet** for each program. There are several excel worksheets that serve as a reference point for each program. The **Spreadsheet** includes the following information captured by each Program Manager in response to the following categories:

- **Overall Program Goal**
- **Short Term Goal**
- **Objectives for Short Term Goal**
- **Long Term Goal**
- **Objectives for Long Term Goal**
- **Program Activities to Accomplish Goals**
- **Details of Program Costs**

As you review these Spreadsheets you will see the abundance of detailed information that is available in these pages that supports the work of a program to meet its goals by working to address its objectives. This detailed information is provided for those who want or need to take a deeper dive into the workings and accomplishments of a program that complements what is capitulated into each two-page Summary document.

The information in the Spreadsheet can also serve as a ready resource for Faye Shepherd or another Commissioner to handle more probing questions about the specifics of a particular program. While there is a lot of information presented in these Spreadsheets, the format is easy to follow and repeats itself in a consistent manner, for example, for each Short and Long Term Goal, there are responses for listing/describing Objectives, Indicators, Baseline, Source, and Timing of Data Collection, and the Population Sample being targeted. The Activities page provides the accountability of all that is ongoing with the programs that when rolled-up addresses the Objectives and Goals. The Cost page provides separated information on the program's Sources of Funding, Leverage Funds, Programmatic, and Administrative Budgets.

We have designed the Quarterly Report so the two-page narrative is always to be accompanied by the more detailed Spreadsheet for each program.

### **III. Matching Each Program's Short and Long Term Goals and Objectives with Roles and Responsibilities as Specified in the Act**

An essential consideration in designing this new reporting format was to develop an evaluation approach that enables the Commission to monitor programmatic activities and assess progress towards achieving the goals specified in the Tobacco Settlement Proceeds Act. Given the language in the Act was written about a decade ago and programs have evolved since initially funded, there is in some cases less than an optimum fit in what the Act prescribes and what programs are doing. Battelle worked closely with each of the seven programs to be able to stay true to the Overall Goal, Short and Long Term Goals as specified in the Act for each program.

Often what had been described as objectives by programs were agreed to belong more in the listing of Activities and were placed on that page of the Spreadsheet. Some objectives were also deleted, while others were added to better address a program goal. This process was accomplished with a great deal of care and consideration for the original language of the Act, the current status of program accomplishments, and how to ameliorate differences between the two. This worked well for all programs; however we are still working with the Medicaid Expansion Program to sort this out. Given the impact of the Affordable Care Act (ACA) on healthcare coverage, this statewide program is currently being re-designed to fit with new directions and messaging coming from the ACA. Quarterly report information on this program will be provided to the Commission as soon as possible and this will complete the draft of the Quarterly Report for all seven programs.

#### **IV. Next Steps**

We encourage the full Commission Board to review each 2-page overview and accompanying detailed information in the Spreadsheets on programs that have completed this process.

We look forward to getting feedback on this new reporting format and to meeting with the Commission to fine tune this document over the summer. We are working to create a report that the Commission will find useful in monitoring progress of programs, and be able to be confident having up to date information that aligns with the intent of the Act in their presentation to the legislature.

We hope you agree this version of the new quarterly report is the right step in that direction.

## Executive Summary

**(This Section Contains 2-Page Summaries of Each Program)**

## Arkansas Aging Initiative

**Program Description:** The Arkansas Aging Initiative (AAI) is an infrastructure of nine regional Centers focused on improving the health of older adults living throughout the state. This program is designed to address one of the most pressing policy issues facing this country: how to care for the burgeoning number of older adults in rural community settings. The vision of the AAI is to improve the quality of life for older adults and their families and is fulfilled through two primary missions: 1) an infrastructure that provides quality interdisciplinary clinical care and innovative education programs; and 2) to influence health policy at the state and national levels with emphasis on care of rural older adults.

**Progress and Highlights:** Over the past decade, the AAI has been able to make health care and education more accessible for rural Arkansans. Only one decade ago, specialized geriatric care was only available to older adults in central and northwest Arkansas. Now with the network of Centers and the AAI partnerships with local/regional hospitals, eight additional senior health clinics provide this critical healthcare all across Arkansas. Today, more than 90% of older Arkansans have access to specialized geriatric health care within a 60 mile radius of their home. The educational component the Centers address has been critical in meeting the overall goals of the AAI. An initial community needs assessment was completed in each region which provided valuable information regarding perceived healthcare needs of older adults and their families and the health care professionals that care for them. Programs and interventions to meet these needs were developed and have been ongoing now for almost 12 years. Based on data from 2013, there were almost 33,000 visits to AAI partnered hospitals' senior health clinics and the education program had over 62,000 encounters; both of these numbers have stabilized over the past few years with the clinic visits maxing out their numbers due to staffing limitations and educational encounters maxing out due to reductions in AAI funding.

### Key Accomplishments This Quarter

- The legislature passed House Bill 1410 which requires a minimum of 40 hours of training for caregivers working in the home
- Opened the 6<sup>th</sup> site of the Schmieding Home Caregiver Training replication from the Donald W. Reynolds Grant.
- AAI hosted the first annual APN Pharmacology Update Conference in April

**Key Accomplishments this Past Quarter:** The AAI hosted the first annual Advanced Practice Nurse (APN) Pharmacology Update Conference in April. There were 75 registered attendees. Thirty-five attended the live presentation in Little Rock and the remainder attended via telehealth broadcasted to the 9 other regional centers. The AAI continues to utilize their telehealth equipment with a new educational service to the rural community's health care professionals via telehealth. Quarterly broadcast originate from one of the Centers on Aging which is then sent through-out the state. The program this past quarter focused on *Prevention of Urinary Tract Infections* presented by Dr. Angie Norman. The AAI annual retreat was held in June at the Winthrop Rockefeller Institute, University of Arkansas System at Petit Jean Mountain. Six members from the Oklahoma Healthy Aging Initiative (the replication of the AAI to OK, funded by the Donald W. Reynolds Foundation) participated in the retreat

this year and shared their start-up progress. The emphasis this year was on the new mandates from CMS related to healthcare reform with a special presentation from UAMS professionals who have led the Health Home initiative at UAMS. AAI leadership also completed the annual strategic planning and budget meetings for all Centers. These meetings were done via phone conferences and specific strategic plans and budgets for each site were reviewed individually with each Center's Director and Education Director. The UAMS Donald W. Reynolds Institute on Aging in Little Rock successfully opened the 6<sup>th</sup> Schmieding Caregiving Training Center, the second of the Donald W. Reynolds Foundation's Schmieding Caregiving Replication Project, Phase II grant. The legislature passed House Bill 1410 which requires a minimum of 40 hours of training for caregivers working in the home which could greatly impact the number of students in the Schmieding Caregiving Training Centers in the next 2-5 years; lowering these numbers. This Bill goes into effect April 2014.

**Challenges and Opportunities:** Developing realistic regional and statewide strategic plans and operational budgets with unknown and perhaps reduced funds, is an ongoing challenge. However, staff members at the various regions are resourceful and have been successful in identifying funding sources including small grants, contracts, and donations to ease the financial burden. We are continually seeking ways to work smarter and use our dollars more wisely. It remains a challenge and an opportunity to maintain and grow the advisory committees in each region; however, these groups are critical to the growth and maintenance of the regional centers and continue to meet on a quarterly basis. Keeping new and returning legislators informed about the activities and needs of the regional centers is always a challenge, and also an opportunity to inform them about what AAI is doing in their regions and note the successes of our Centers.

**Plans for Next Quarter:** AAI sites will continue to provide educational programs as scheduled in each region and the Senior Health Clinics will continue to see patients. The 8<sup>th</sup> affiliated Senior Health clinic in the second partnered hospital in Texarkana have planned their open house for July 31 and will begin seeing patients August 1<sup>st</sup>. The 1<sup>st</sup> quarter of FY 14 will be busy with the opening of the 7<sup>th</sup> and 8<sup>th</sup> Schmieding Caregiving Training Center, the third and fourth of the Donald W. Reynolds Foundation's Phase II grant – located in Hot Springs (Grand Opening August 2) and Eldorado (Grand Opening September 30), Arkansas. The AAI leadership team will also start the annual evaluation site visits to each site this quarter.

## Arkansas Biosciences Institute

**Program Description:** 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. ABI supports long-term agricultural and biomedical research at its five member institutions and focuses on fostering collaborative research that connects investigators from various disciplines across institutions. ABI uses this operational approach to directly address the goals as outlined in the Tobacco Settlement Proceeds Act, which is to conduct: 1-**Agricultural research** with medical implications; 2-**Bioengineering research** that expands genetic knowledge and creates new potential applications in the agricultural-medical fields; 3-**Tobacco-related research** that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas; 4- **Nutritional and other research** that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions; and 5-**Other areas of developing research** that are related to complimentary to primary ABI-supported programs.

**Progress and Highlights:** Preliminary reporting for FY13 started in Q4, showing a growth in patent activity over the previous year. While FY13 reporting is still ongoing, recent patent awards include:

--Plant-based expression of avian interleukin-12 and methods of producing and using same; US patent 8,431,774.

--Near-infrared responsive carbon nanostructures; US patent 8,313,773.

--Fusion proteins of collagen-binding domain and parathyroid hormone; US patent 8,450,273.

--In vivo system to monitor tissue responses in birds; US patent 8,216,551.

--Capillary-column-based bioseparator/bioreactor with an optical/electrochemical detector for detection of microbial pathogens; US patent 8,211,657.

**Key Accomplishments this Past Quarter:** Two ABI-funded investigators with the University of Arkansas have received Early Career Awards from the National Science Foundation. Drs. Colin Heyes and Nan Zheng, assistant professors in the Department of Chemistry and Biochemistry, both received NSF's Faculty Early Career Development Program award to further advance their research programs. Dr. Heyes' award is to support his research of colloidal quantum dots. Dr. Zheng's award is to further his

### Key Accomplishments This Quarter

- NSF CAREER awards go to two assistant professors at the University of Arkansas's Department of Chemistry and Biochemistry
- Preliminary reporting for FY13 shows increased patent activities, especially in the number of US patents awarded to ABI supported investigators

research in chemical reactions sparked by visible light. The NSF's CAREER award is a five year grant and is considered one of the highest honors given by NSF to junior faculty members.

The University of Arkansas for Medical Sciences announced that Larry Suva, an investigator in the Department of Orthopedic Surgery, received a new five year grant from the National Cancer Institute to research breast cancer bone metastasis. The long-term goal of Dr. Suva's research is to identify the circulating biomarkers in breast cancer patients that predict the development of bone metastasis. Currently, the diagnosis of bone metastasis usually involves a PET or bone scan, which cannot detect a metastasis until it is ~7mm. As such, the studies Dr. Suva proposes will identify the tumor-derived IL-8 signaling pathways that directly regulate osteoclastogenesis and have the potential to provide a more sensitive and specific test for the detection of breast cancer bone metastasis.

Dr. Vladimir Zharov, a laser and nanomedicine researcher at the UAMS Winthrop P. Rockefeller Cancer Institute, was recently awarded the Josephine T. McGill Chair in Head and Neck Cancer Research. Dr. Zharov, who has received ABI support since 2003, specializes in research to identify circulating tumor cells in the blood vessels of cancer patients. Dr. Zharov has recently spearheaded a recent joint industry-university research partnership with Cytowave Technologies to refine a laser-based system to detect circulating cancer cell. The device is in Phase 1 testing and shows great promise in cancer detection.

**Challenges and Opportunities:** Serious challenges to extramural funding are currently ongoing and are expected to continue for the next few years. ABI investigators rely on outside funding to continue research efforts. Sequestration and inflation adjusted funding has resulted in what effectively have become budget cuts for many federal agencies including NIH, NSF and USDA. Preliminary reporting for FY13 shows that ABI-related extramural funding decreased 14%, falling from \$43 million to \$37 million.

**Plans for Next Quarter:** Research funding for FY14 will be awarded in the next quarter. ABI investigators will submit their annual research updates highlighting their publications, grants, clinical trials, patents, and entrepreneurial activities for FY13. ABI will implement its New and Established Investigator Research Awards program, to be included in the Fall Research Symposium on October 15.

## Tobacco Prevention and Cessation Program

**Program Description:** The Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program (TCP) includes community prevention programs, school education and prevention programs, enforcement of youth tobacco control laws, tobacco cessation programs, health communications and awareness campaigns. The TCP also sponsors statewide tobacco control programs that involve youth to increase local coalition activities, tobacco-related disease prevention programs, minority initiatives and monitoring and evaluation. The TCP follows the Centers for Disease Control and Prevention (CDC) *Best Practices for Tobacco Control* as a guide for program development. Outcomes achieved by Arkansas's TCP includes a reduction in disease, disability and death related to tobacco use by preventing initial use of tobacco by young people, promoting quitting, eliminating exposure to secondhand smoke, and educating Arkansans about the deleterious health effects of tobacco use.

**Progress and Highlights:** In collaboration with the Department of Human Services, Division of Behavioral Health Services (DBHS) and as a result of the Arkansas Leadership Academy for Wellness and Smoking Cessation facilitated by Dr. Steven Schroeder in the spring of 2012, a pilot project was launched to increase the number of individuals in mental health and substance abuse settings who quit tobacco. Ten sites (six substance abuse and four mental health facilities) were selected to participate. Sites were required to have staff participate in training, implement a smoke-free facility policy, develop systems to identify and refer tobacco users to the Arkansas Tobacco Quitline, and participate in an evaluation of the project. As a result of the pilot project, all sites currently provide tobacco cessation services to clients and final results of the evaluation will be available in the next quarter.

The Grant Evaluation Management System (GEMS) is in its final stages of re-tooling to systematically collect and report specific data on community action/community change projects from TCP and UABP/MIRGO staff and sub-grantees. The new GEMS will be implemented for all funded FY14 programs.

Arkansas Mission of Mercy (ArMOM) annual free dental clinic held this year in Arkadelphia served 1560 underserved patients. TCP provided 2 A's & R outreach to patients and secured 61 fax referrals. Next year ArMOM will be held in Springdale, AR.

Dr. Bruce Christiansen, University of Wisconsin, was a guest lecturer presenting to 819 social workers, counselors and other related behavioral healthcare providers during this year's National MidSOUTH Summer School. This conference is held annually at the University of Arkansas at Little Rock. Dr. Christiansen discussed the importance of providing tobacco cessation treatment to consumers with mental health and substance abuse issues. In addition, Dr. Christiansen presented during ADH Grand Rounds.

### Key Accomplishments This Quarter

- Finalized specifications for the Grant Evaluation Management System (GEMS)
- Implemented statewide smoke-free movie campaign
- Launched Substance Abuse/Mental Health providers' pilot program
- Received notification abstracts on Emerging Smokeless Products and Engaging Youth in Grassroots Programs were accepted for two national conferences.

TPCP staff presented at the 20th Annual Arkansas Foundation for Medical Care (AFMC) Quality Conference. An overview of the Arkansas Tobacco Quitline and the Systems Training and Outreach Program (STOP) was presented. In addition to the presentation, TPCP staff facilitated a 20 member panel discussion. There were approximately 200 attendees.

Dr. Wheeler, TPCP Medical Director, facilitated a national webinar on *Smokescreens and the Silver Screen: Smoking in the Media*. This webinar focused on the influence of smoking imagery in the movies on children and the relationship that documents these imagines have on youth tobacco initiation.

TPCP launched a statewide six week movie theater campaign to increase awareness of the Arkansas Tobacco Quitline (ATQ) and the risks of continued tobacco use. During this campaign two spots *Tips Anthem* and *Suzy's Tips* from the CDC Tips 2 campaign were selected along with two Big Pitch Film Festival spots *Don't be Another Statistic* and *See the Facts*. These spots ran prior to the films being shown.

The Big Pitch Film Festival Award Ceremony celebrating student developed, produced and directed 27-second TV commercial was held April 26, 2013; this year's theme was *Silence Big Tobacco*. There was a 37% increase in the total number of videos submitted from last year (n=108) with 648 students participating. Winning submissions are eligible for inclusion in the statewide broadcast and cable media buys.

**Key Accomplishments this Past Quarter:** Because of the alliances established with DHS Division of Behavioral Health Services during the Leadership Academy, all substance abuse providers will need to be tobacco-free by June 1, 2014. Plans are being made to integrate tobacco cessation treatment in all 27 DBHS-funded substance abuse treatment programs.

An abstract by TPCP staff was accepted for the 7<sup>th</sup> National Summit on Smokeless and Spit Tobacco Conference. The poster highlights use of TPCP's smokeless product display by community grantees. In addition, another TPCP staff abstract was accepted by the National Public Health Information Coalition focusing on TPCP's youth engagement in grassroots programs.

**Challenges and Opportunities:** TPCP has continued to focus efforts to increase utilization of the ATQ Fax Referral program. While there is a gradual increase in referrals received by the ATQ, the actual enrollment rate remains lower than desired. We will continue to work toward increase enrollment of all those referred.

**Plans for Next Quarter:** The Annual Sub-grantee Technical Assistance Workshop will be held on August 7 – 9, 2013 to increase competency in addressing and moving forward tobacco control efforts and changing social norms at the local level. During the training, TPCP will show a documentary film entitled *Addiction Incorporated*, and will convene a panel discussion featuring Myron Levin, veteran investigative journalist. TPCP will also begin site visits to sub-grantees and plans will be developed to conduct quarterly training sessions for sub-grantees to enhance their skills.

TPCP will continue to identify key goals and objectives focusing on the four tobacco control goal areas and finalizing a strategic plan.

## Fay W. Boozman College of Public Health University of Arkansas for Medical Sciences

**Program Description:** The Fay W. Boozman College of Public Health (COPH) educates a public health workforce and advances the health of the public by investigating the causes, treatments and prevention of human health problems. Preventing chronic disease and promoting positive health behavior is the most effective way to improve the health of all people. Our mission of improving the health of all Arkansans is realized through teaching and research, as well as service to elected officials, agencies, organizations and communities. Examples of the complex health issues addressed include improving the multiple dimensions of access to health care; reducing the preventable causes of chronic disease; controlling infectious diseases; reducing environmental hazards, violence, substance abuse, and injury; and promoting preparedness for health issues resulting from terrorist acts, natural disasters, and newly emerging infectious diseases. A long-term goal for the COPH, as noted in the Tobacco Settlement Proceeds Act, is to elevate the overall ranking of the health status of Arkansans. The COPH is working towards this goal through an array of education, research and service programs, while realizing that a multipronged, collaborative approach is required. Thus, the COPH is committed to partnerships and collaborations with health organizations, health care providers and public health practitioners throughout Arkansas.

### **Progress and Highlights:**

*Short-term goal: Obtain federal and philanthropic funding.* The COPH has established an advisory board to direct its development efforts to assist in raising philanthropic funding to supplement current philanthropic funding that comes from foundations.

In 2012, the COPH recruited eight new faculty members, most of whom were not able to bring extramural funding with them; nonetheless, faculty have leveraged COPH's ATSC funding at a 2.7-to-1 ratio and maintained annual extramural research funding at levels consistent with the previous three years. In 2013, the COPH lost several key administrative and academic leaders, including the Associate Dean of Academic Affairs and the Director of the Center for the Study of Obesity (both professors in the Department of Health Behavior/Health Education), and the Assistant Dean for Finance and Administration (has been filled). So far in 2013, eight new faculty members have been recruited, including a new director for the Master in Health Services Administration program. Interviews recently were conducted for the Associate Dean of Academic Affairs and the Director of the Center for the Study of Tobacco.

### **Key Accomplishments This Quarter**

- COPH Advisory Board founded.
- All-time high student enrollment; maintenance of high level of minority students.
- Eight new faculty recruited.
- Largest graduating class in the history of COPH.
- New director for the MHSA program.
- Academic program development progresses.

*Long-term goal: Elevate the overall ranking of the health status of Arkansas*

This goal requires a focus of the COPH and its partners over decades of effort. Earlier this year, UAMS, led by Chancellor Rahn, provided critical leadership in the passage of legislation to expand private health insurance to 250,000 poor and uninsured. Arkansans subsequently, the COPH lent its expertise to assist with the statewide health plan enrollment efforts by partnering with the Arkansas Insurance Department in a cultural competency review of training materials for workers who will be educating and enrolling the public in health care plans. In addition, a COPH faculty member is leading a team in evaluating the Health Information Exchange for the Arkansas Office of Health Information Technology (OHIT).

The 2013 COPH graduating class (includes August and December 2012 as well as spring 2013 graduates) was the largest to date and reflected the growing diversity of COPH academic offerings: One Doctor of Public Health degree, 35 Masters of Public Health degrees, five Master of Health Services Administration degrees, and four Post Baccalaureate Certificates in Public Health were awarded. Also recognized were two Doctor of Philosophy graduates (in public health; these degrees are awarded through the Graduate School), as well as 12 graduates of the Graduate Certificate in Regulatory Science program.

Academic program development continues. The coming academic year will be one of transition for the Regulatory Science program as it moves towards being fully online in 2014. Established in 2012, the program is a collaborative effort with the COPH Department of Environmental and Occupational Health, College of Pharmacy, and UAMS Research Support Center. The MPH in Rural Public Health Practice degree will be offered on-line starting in fall 2013. COPH and U. of A. Fayetteville faculty have also begun preliminary discussions about an undergraduate public health major at U. of A. and a combined 4+1 program through which qualified undergraduates may enter the MPH program and take courses that count toward both the MPH and their undergraduate degrees. The 4+1 program is already in place at Arkansas' three historically black colleges and universities (University of Arkansas at Pine Bluff, Arkansas Baptist College, and Philander Smith College) and Hendrix College. Development of the new doctoral program in epidemiology continues.

The new content focus in Health Behavior/Health Education is under development that will enable education of students to meet the increased demand for health educators in clinical settings as a result of forces being created by the Affordable Care Act. Recruitment for two new faculty positions for that program is underway.

COPH faculty, students and alumni continue to make significant contributions that directly impact the health and wellbeing of Arkansans. Fifteen of 19 student preceptorships in the summer semester and 35 of 42 current faculty research projects have the health and wellbeing of Arkansans as a focus.

**Key Accomplishments this Past Quarter:** Accomplishments include establishment of the COPH Advisory Board; progress filling key administrative and faculty positions; a large and diverse graduating class and student body; continuing progress in the development of academic programs.

**Challenges and Opportunities:** The COPH continues to be competitive nationally in recruitment of highly qualified academic and administrative personnel, despite the limited pool of senior faculty candidates. To address the demand for a diverse public health workforce, the COPH continues

development of programs (e.g., the 4+1 Program and the web-based Rural Public Health Practice MPH Program) that serve students from a wider geographic area and in the long term will increase the impact of public health expertise on population health across Arkansas communities.

**Plans for Next Quarter:** Plans include continuing recruitment efforts for faculty, minority faculty, minority post-doctoral fellows and doctoral students; continuing development of a self-study for re-accreditation by the Council on Education for Public Health with the site visit planned for June 2014; continuing development of new educational programs; and planning for securing philanthropic funding for endowed faculty chairs/professorships and student scholarships.

## Medicaid Expansion Program

**Program Description:** The Medicaid Expansion Program creates 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: Expands Medicaid coverage and benefits to pregnant women with incomes ranging from 133 – 200% of the Federal Poverty Level*

*Population 2: Expands inpatient and outpatient hospital reimbursements and benefits to adults age 19-64*

*Population 3: Expands Non-Institutional coverage and benefits to seniors age 65 and over*

*Population 4: Expands to provide a limited benefits package to low-income employed adults age 19-64*

The Tobacco Settlement funds are used to pay the state share required to leverage approximately 70% federal Medicaid matching funds.

**Progress and Highlights:** Program activity this quarter is best described as stable in the Pregnant Women, ARSeniors and Hospital Benefit Coverage initiatives. Enrollment in the ARHealthNetworks Program has grown to 18,094 averaging 577 new members per month. Total claims paid for the MEP populations this quarter were just under \$17.1 Million.

The Department has discontinued all marketing and outreach activities for ARHealthNetworks in preparation for conversion of the program as part of the national health care reform changes. These adults will be eligible to apply for health care coverage through the Federally Facilitated Marketplace as part of the Affordable Care Act (ACA) passed by Congress and the Arkansas Health Care Independence Act passed by the 89<sup>th</sup> General Assembly.

**Key Accomplishments this Past Quarter:** The most significant accomplishment this quarter was the passage of historic legislation that opens the eligibility doorway for 250,000 low-income adults to have access to health care through the Arkansas Health Care Independence Act of 2013, also referred to as the Medicaid Private Option. Since the Tobacco Settlement – Medicaid Expansion Program (TS-MEP) initiatives also serve low-income adults, it is no surprise that the passage of the ACA and the state’s Medicaid Private Option will have a significant impact on these TS-MEP populations. In fact, these adults will become a sub-set of a larger group to be covered by the health care reform efforts at the state and national levels.

**Challenges and Opportunities:** The future of the program is filled with both opportunities and challenges as we build new information systems and re-engineer our eligibility manuals, operating procedures and business workflows in time for open enrollment on 10/1/13. At the same time, we must be educating our clients and applicants about how to utilize the new web-based marketplace access

### Key Accomplishments This Quarter

- Leveraged \$11.2 Million in Federal Medicaid matching funds.
- ARHealthNetworks enrollment reaches 18,094
- ARSeniors Program provides expanded Medicaid coverage to 4,880 seniors
- Pregnant Women’s Expansion provides prenatal care to an average of 1,100 women per month

portals and how to select the best insurance carrier to meet their health care needs. More specific to the TS-MEP, the agency needs to re-think the performance measurements for this program. Up until now, performance has been measured by growth in the number of eligible and paid claims. As we move forward, individuals should transition out of the TS-MEP to the new coverage groups. Instead of measuring performance against a baseline, it may be more meaningful to track the progress of our systems development, eligibility group transition plans and actual migration from TS-MEP to federally subsidized or Medicaid funded health insurance through the state and federal marketplaces.

**Plans for Next Quarter:** Activities for the April 2013 - June 2013 Quarter will focus on developing the architectural design for the computer systems to support the eligibility and enrollment processes for the ACA at the state and federal levels. Since the vast majority of persons served through the Tobacco Settlement funded MEP initiatives will convert to coverage under the ACA and Arkansas Private Option models, it is imperative that the computer systems that support these exchanges or “marketplaces” be developed and fully functional by the time open enrollment begins on 10/1/13. The agency will also be developing a plan to transition current Medicaid eligibles to their new coverage categories or instruct them in how to enroll for coverage through the Federally Facilitated Marketplace. Both the transition plan and educational activities will require the development of new client notices and the promulgation of revised Medicaid policies.

## Arkansas Minority Health Commission

**Program Description:** The Arkansas Minority Health Commission (AMHC) was established through ACT 912 of 1991. The goal of AMHC is to ensure all minority Arkansans access to health care is equal to the care provided to other citizens of the state, and seek ways to provide education, address issues, and prevent diseases and conditions that are prevalent among minority populations. To achieve this goal, the Commission's focus is on addressing existing disparities in minority communities, educating these communities on healthier lifestyles, promoting awareness of services and accessibility within our current health care system, and collaborating with community partners, public health leaders and key policy decision-makers towards reaching shared goals.

**Progress and Highlights:** AMHC collaborated with community partners in identifying critical deficiencies that negatively impact the health of the minority populations with a focus on assessment, prevention, education and screenings. During the 4th quarter of FY2013, AMHC provided 996 health screenings and documented 3,899 citizen encounters from activities held in 21 counties including Crittenden, Cross, St. Francis, Lee, Woodruff, Phillips, Jefferson, Pulaski, Craighead, Grant, Saline, Hot Spring, Jackson, White, Prairie, Mississippi, Arkansas, Monroe, Lonoke, Huntsville and Madison. This represents three out of the four congressional districts. The Commission held its 3rd annual fitness and nutrition camp, Camp iRock, at the University of Arkansas at Pine Bluff (UAPB). During the week of June 16th thru June 22nd, forty girls and five mentors representing Bradley, Pulaski, Howard, Conway, Clark, Jefferson, Saline, Chicot, Lee, Lonoke and St. Francis counties participated in a variety of physical fitness workouts, physical activities and hands on nutritional education. Fitness workouts facilitated by volunteer fitness experts included yoga, total body, cardio strength and core. Physical activities led by volunteer UAPB students majoring in Health, Physical Education and Recreation included basketball, volleyball, tennis, kick ball, racquetball and soccer. The hands on nutritional education component was coordinated by individuals from Jefferson County Cooperative Extension and UAPB Didactic Program in Dietetics, the participants were taught how to select healthy food choices. They were also given the opportunity to create healthy snacks and sample a variety of healthy foods. Daily workshops provided the participants with information on topics such as self-esteem, bullying, fashion, nutrition, hygiene and etiquettes. The week ended with a closing ceremony in which the girls were honored for their commitment to physical activity and nutrition. First Lady Ginger Beebe attended the ceremony and discussed her commitment to childhood obesity and praised the participants who completed the camp. In addition, more than 150 parents and family members made a pledge to assist their daughters with healthier lifestyle changes as a family unit over the next year. AMHC awarded prevention grants to NARAN and ARCare to increase education /screening activities in counties with high

### Key Accomplishments This Quarter

- Camp iRock - 3<sup>rd</sup> Annual Fitness and Nutrition Camp for adolescent girls held at UAPB.
- Participated in over 50 initiatives with faith-based, state, and community organizations
- 996 health screenings provided
- 3,899 citizen encounters
- Awarded \$448,274 in grant funds from Arkansas Insurance Department
- Appropriations for UAMS Sickle Cell Clinic

HIV/AIDS incidence rates. During the 4th quarter, sixteen (16) prevention activities were held in Jonesboro, Forrest City, Hughes, Helena, and Little Rock. One hundred and eight attendees (108) at the events were screened with one (1) positive reported.

**Key Accomplishments this Past Quarter:** During the 88th Arkansas General Assembly, ACT 909 was signed into law and created a comprehensive adult sickle cell clinic at the University of Arkansas for Medical Sciences (UAMS). Because sickle cell is one of the Commission's key focus areas the AMHC Board of Commissioners approved \$300,000 to support the new clinic with the understanding that additional funds would be obtained by UAMS to operate the clinic. During the 89th Arkansas General Assembly, \$300,000 was appropriated for the UAMS Sickle Cell Clinic by the legislature. AMHC played an important role in collaborating with UAMS, consortium partners and key legislators in encouraging additional funding and work towards the full implementation of the clinic. AMHC through collaboration with the Arkansas Department of Human Services, Arkansas Children's Hospital and Arkansas Insurance Department began educating Arkansans on The Affordable Care Act (ACA) in July 2012. The Commission applied for two (2) grants from the Arkansas Insurance Department to continue education /outreach and enrollment. AMHC was awarded \$84,500 to continue outreach initiatives and \$363,774 to hire ten (10) In-Person Assisters for enrollment. Medicaid expansion passed by a 77-23 vote on April 16, 2013, and it is now Act 1496 signed on April 23, 2013 by Governor Mike Beebe. With Medicaid expansion, Arkansas will enroll as many as 250,000 people in the private health insurance exchange. This is significant for thousands of people living without health insurance, which includes many minorities. Expanding Medicaid will lead to widespread gains in coverage, access to care and most importantly improved health and reduced mortality. AMHC played a significant role with the Minority Health Consortium partners in advocating and educating legislators about the importance of this legislation for underserved communities.

**Challenges and Opportunities:** To increase awareness for hypertension, cholesterol and glucose AMHC is reviewing baseline data from The Red County Report. Based on results one of the 19 counties will be selected for outreach and education. AMHC is also evaluating expenditures associated with Affordable Care Act public forums to determine the most effective method to reach the community.

**Plans for Next Quarter:** AMHC will launch Southern Ain't Fried Sundays (SAFS) – a program uniquely designed to educate African American and Hispanic churches, communities and organizations about healthier alternatives to preparing and cooking traditional meals. It is also a creative mechanism to help in the reduction of heart disease, stroke, diabetes and obesity. A new component of the SAFS program is the 21-Day Plan. The plan is designed to gradually introduce African American and Hispanic populations to healthier food alternatives and physical activity. Pilot Project - Central Little Rock Promise Neighborhood (CLRPN) - proposes to adopt middle and high schools within the Promise Neighborhood area and through community involvement work to provide resources to underserved schools. The two schools identified for this initiative was Forest Heights Middle and Hall High. Roundtable meetings are scheduled in July and August with the leadership team from both schools.

## UAMS East (Delta AHEC)

**Program Description:** University of Arkansas Medical Sciences East (UAMS East) provides health care outreach services to seven counties including St. Francis, Lee, Phillips, Chicot, Desha, Monroe, and Crittenden counties. UAMS East, formerly known as the Delta Area Health Education Center (AHEC) started in 1990 with the purpose of providing health education to underserved populations in the Arkansas Delta region. Recently, the Delta AHEC's name was changed to UAMS East, in part, to demonstrate the strength of the bond between the AHEC and UAMS. The counties and populations served by UAMS East are some of the unhealthiest in the state with limited access to health care services being one of the challenges. As a result of limited access and health challenges, UAMS East has become a full service health education center, focusing on wellness and prevention for this region. The program has steadily shown an increase in encounters with the resident population and positive outcomes of impact of the programs offered. Programs to address local health needs of residents are being implemented in partnership with more than 100 different agencies. The overall mission is to improve the health of the Delta's population. Goals include increasing the number of communities and clients served and increasing access to a primary care provider in underserved counties.

**Progress and Highlights:** UAMS East has continued its efforts to increase access to primary care providers.

- UAMS East has started its work with Dr. Peter Goulden, a UAMS Endocrinologist, on a Diabetes Education Research Study. Dr. Goulden will be available via ITV to provide education and consults to patients.
- The Veteran's Affairs Community Based Outpatient Clinic current enrollment is 859 vested members. Our Per Member Per Month rate has increased from \$38.44 to \$41.79. We have hired a new Advanced Practice Nurse and an additional LPN.
- UAMS East was instrumental in helping Phillips County secure a Federally Qualified Health Clinic (FQHC) in collaboration with East Arkansas Family Health Center in West Memphis

Based on high prevalence of obesity rates in the seven county areas, UAMS East has made an extensive effort to provide weight reduction and exercise opportunities. This includes operating the UAMS Fitness Center in Phillips County, among many other things. A recent report (Arkansas Community Foundation report, 2012) showed that the county served by UAMS East exercise programs now has the lowest rate of obesity in the Delta region. Additional efforts focused on obesity prevention included hosting a 6 week "Kids Bootcamp". All participants increased endurance and strength on posttest fitness evaluations.

### **Key Accomplishments this Past Quarter:**

UAMS East provided a variety of learning opportunities for community members and healthcare providers. This included learning programs at Chicot Memorial and McGehee hospital and Continuing Medical Education programs for healthcare professionals. UAMS East hosted "Cooking Matters" classes in Helena, West Memphis, and Lake Village. These classes focused on how to prepare tasty, healthy, and low cost foods and make changes in eating, cooking and shopping habits. UAMS East staff continued to provide Diabetes Education/Self-Management and tobacco cessation programs to residents.

Fitness Center enrollment has continued to increase, and the percentage of paying members has increased 23.8%. This has resulted in increased revenue from \$15,271 to \$27,774.

**Challenges and Opportunities:**

Delta AHEC's name has been changed to UAMS East to comply with new branding for all the AHECs, and it has required extensive effort to update materials and inform the community. UAMS is a name that is recognized across the state and has a stellar reputation of providing healthcare, so this is not a long term concern. There have also been some challenges in recruiting qualified staff for some key positions, including an APN and LPN for the VA CBOC and 2 health educators for UAMS East. As always, funding is a challenge and reductions in state funds can affect the number and types of programs provided.

UAMS East Diabetes education staff are currently collaborating with a new OB/GYN physician in Helena to provide patients with an educational program for Gestational Diabetes. This physician has also agreed to refer patients to UAMS East for additional services such as Baby Safety Showers and Childbirth Education. Diabetes education staff, in collaboration with Helena Family Health Center's Nurse Practitioner, will be providing outreach events within the community.

**Plans for Next Quarter:**

1. Host a Teacher Appreciation Reception for local school staff. This will allow staff members the opportunity to make contacts within the schools. UAMS East will also provide staff development programs for school staff.
2. Co-Sponsor the 3rd Annual Health Awareness Update. This year's program will focus on hypertension and other chronic disease education.
3. Co-Sponsor Safe to Sleep Baby Showers promoting safe infant sleep awareness.
4. Continue to conduct the diabetes education research pilot project, and evaluate the feasibility of continuing the program in the Delta region. This project provides both education and ITV access to an endocrinologist.
5. An Innovative Readiness Training with the Air Force, Army and Navy Reserve will be held July 15-26, providing free medical, dental, optometry and veterinarian care. Those with abnormal readings will be referred to the diabetes education clinic, chronic disease management classes, fitness center, and prescription assistance program.

## Detailed Quarterly Report Materials for Programs

**(This Section Contains 2-Page Summaries and Reference/Back-Up Materials)**

## Arkansas Aging Initiative

## Arkansas Aging Initiative

**Program Description:** The Arkansas Aging Initiative (AAI) is an infrastructure of nine regional Centers focused on improving the health of older adults living throughout the state. This program is designed to address one of the most pressing policy issues facing this country: how to care for the burgeoning number of older adults in rural community settings. The vision of the AAI is to improve the quality of life for older adults and their families and is fulfilled through two primary missions: 1) an infrastructure that provides quality interdisciplinary clinical care and innovative education programs; and 2) to influence health policy at the state and national levels with emphasis on care of rural older adults.

**Progress and Highlights:** Over the past decade, the AAI has been able to make health care and education more accessible for rural Arkansans. Only one decade ago, specialized geriatric care was only available to older adults in central and northwest Arkansas. Now with the network of Centers and the AAI partnerships with local/regional hospitals, eight additional senior health clinics provide this critical healthcare all across Arkansas. Today, more than 90% of older Arkansans have access to specialized geriatric health care within a 60 mile radius of their home. The educational component the Centers address has been critical in meeting the overall goals of the AAI. An initial community needs assessment was completed in each region which provided valuable information regarding perceived healthcare needs of older adults and their families and the health care professionals that care for them. Programs and interventions to meet these needs were developed and have been ongoing now for almost 12 years. Based on data from 2013, there were almost 33,000 visits to AAI partnered hospitals' senior health clinics and the education program had over 62,000 encounters; both of these numbers have stabilized over the past few years with the clinic visits maxing out their numbers due to staffing limitations and educational encounters maxing out due to reductions in AAI funding.

### Key Accomplishments This Quarter

- The legislature passed House Bill 1410 which requires a minimum of 40 hours of training for caregivers working in the home
- Opened the 6<sup>th</sup> site of the Schmieding Home Caregiver Training replication from the Donald W. Reynolds Grant.
- AAI hosted the first annual APN Pharmacology Update Conference in April

**Key Accomplishments this Past Quarter:** The AAI hosted the first annual Advanced Practice Nurse (APN) Pharmacology Update Conference in April. There were 75 registered attendees. Thirty-five attended the live presentation in Little Rock and the remainder attended via telehealth broadcasted to the 9 other regional centers. The AAI continues to utilize their telehealth equipment with a new educational service to the rural community's health care professionals via telehealth. Quarterly broadcast originate from one of the Centers on Aging which is then sent through-out the state. The program this past quarter focused on *Prevention of Urinary Tract Infections* presented by Dr. Angie Norman. The AAI annual retreat was held in June at the Winthrop Rockefeller Institute, University of Arkansas System at Petit Jean Mountain. Six members from the Oklahoma Healthy Aging Initiative (the replication of the AAI to OK, funded by the Donald W. Reynolds Foundation) participated in the retreat

this year and shared their start-up progress. The emphasis this year was on the new mandates from CMS related to healthcare reform with a special presentation from UAMS professionals who have led the Health Home initiative at UAMS. AAI leadership also completed the annual strategic planning and budget meetings for all Centers. These meetings were done via phone conferences and specific strategic plans and budgets for each site were reviewed individually with each Center's Director and Education Director. The UAMS Donald W. Reynolds Institute on Aging in Little Rock successfully opened the 6<sup>th</sup> Schmieding Caregiving Training Center, the second of the Donald W. Reynolds Foundation's Schmieding Caregiving Replication Project, Phase II grant. The legislature passed House Bill 1410 which requires a minimum of 40 hours of training for caregivers working in the home which could greatly impact the number of students in the Schmieding Caregiving Training Centers in the next 2-5 years; lowering these numbers. This Bill goes into effect April 2014.

**Challenges and Opportunities:** Developing realistic regional and statewide strategic plans and operational budgets with unknown and perhaps reduced funds, is an ongoing challenge. However, staff members at the various regions are resourceful and have been successful in identifying funding sources including small grants, contracts, and donations to ease the financial burden. We are continually seeking ways to work smarter and use our dollars more wisely. It remains a challenge and an opportunity to maintain and grow the advisory committees in each region; however, these groups are critical to the growth and maintenance of the regional centers and continue to meet on a quarterly basis. Keeping new and returning legislators informed about the activities and needs of the regional centers is always a challenge, and also an opportunity to inform them about what AAI is doing in their regions and note the successes of our Centers.

**Plans for Next Quarter:** AAI sites will continue to provide educational programs as scheduled in each region and the Senior Health Clinics will continue to see patients. The 8<sup>th</sup> affiliated Senior Health clinic in the second partnered hospital in Texarkana have planned their open house for July 31 and will begin seeing patients August 1<sup>st</sup>. The 1<sup>st</sup> quarter of FY 14 will be busy with the opening of the 7<sup>th</sup> and 8<sup>th</sup> Schmieding Caregiving Training Center, the third and fourth of the Donald W. Reynolds Foundation's Phase II grant – located in Hot Springs (Grand Opening August 2) and Eldorado (Grand Opening September 30), Arkansas. The AAI leadership team will also start the annual evaluation site visits to each site this quarter.

**1.A. Goals and Objectives for Arkansas Aging Initiative**

<b>ATSC Independent Evaluation Quarterly Report</b>	
<b>Arkansas Aging Initiative</b>	
<i>Overall Program Goal:</i>	<i>To improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs, and to influence health policy affecting older adults.</i>
<b>Short-term Goal:</b>	Prioritize the list of health problems and planned intervention for elderly Arkansans and increase the number of Arkansans participating in health improvement programs
Objective:	Objective 1: Assist partner hospitals in maintaining the maximum number SHC encounters through a continued positive relationship.
Specify Quarter/Year:	4th Quarter FY 13
Partners:	NorthWest Medical Center; Baxter Regional Medical Center; St Bernards Regional Medical Center; Crittenden Memorial Hospital; Jefferson Regional Medical Center; Medical Center of South Arkansas; CHRISTIS St. Michaels Health System, Sparks Regional Medical Center
Quarterly Status Update:	AAI See Table 2
Indicators:	Number of clinical encounters by site
Baseline Data:	2012
Source of Data:	AAI, COA clinical visits - see attached Table 2
Timing of Data Collection:	Quarterly
Population/Sample:	All clinic encounters per partnered hospitals' senior health clinics
How data will be described and analyzed:	Counts tracked over time, broken out by type of visit
Objective:	Objective 2: Partnered hospitals will maintain a minimum of three provider FTEs for SHCs that includes a geriatrician, advanced practice nurse and a social worker*
Specify Quarter/Year:	4th Quarter FY 13
Partners:	NorthWest Medical Center; Baxter Regional Medical Center; St Bernards Regional Medical Center; Crittenden Memorial Hospital; Jefferson Regional Medical Center; Medical Center of South Arkansas; CHRISTIS St. Michaels Health System, Sparks Regional Medical Center
Quarterly Status Update:	See AAI Clinical Visit Table 3

ATSC Independent Evaluation Quarterly Report	
Arkansas Aging Initiative	
Indicators:	Number of provider FTE's (MD's and APN -advanced practice nurses) working in clinical settings, identified by type of practitioner
Baseline Data:	2012
Source of Data:	Partnered Clinics
Timing of Data Collection:	Annually
Population/Sample:	Partnered Clinics
How data will be described and analyzed:	Counts tracked over time, broken out by type practitioner
Objective:	Objective 3: Provide educational programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.
Specify Quarter/Year:	4th Quarter FY 13
Partners:	Local/regional universities and colleges, hospitals, nursing homes, clinics, professional organizations, and other employers of healthcare professionals and the healthcare professionals themselves and the Arkansas Geriatric Education Center
Quarterly Status Update:	Table 1 Education Encounter Data
Indicators:	Number of encounters to healthcare practitioners and students tracked over time
Baseline Data:	2012
Source of Data:	AAI Database input from each regional COA
Timing of Data Collection:	Quarterly
Population/Sample:	Healthcare Professionals and students
How data will be described and analyzed:	Counts tracked over time, broken out by type of practitioner
Objective:	Objective 4: Provide educational activities through partnerships with Arkansas Nursing Homes in each region annually
Specify Quarter/Year:	4th Quarter FY 13
Partners:	Local/regional nursing homes
Quarterly Status Update:	Table 1 Education Encounter Data
Indicators:	Number of educational activities through partnerships with Arkansas Nursing Homes
Baseline Data:	2012

ATSC Independent Evaluation Quarterly Report	
Arkansas Aging Initiative	
Source of Data:	AAI Database input from each regional COA
Timing of Data Collection:	Quarterly
Population/Sample:	Healthcare Professionals and Paraprofessionals working in nursing homes
How data will be described and analyzed:	Counts tracked over time, broken out by type practitioner
Objective:	Objective 5: Provide educational opportunities for each target population annually
Specify Quarter/Year:	4th Quarter FY 13
Partners:	Older adults and their families, students of the health and social disciplines, community members at large, Local/regional universities and colleges, hospitals, nursing homes, clinics, professional organizations, and other employers of healthcare professionals and the healthcare professionals themselves and the Arkansas Geriatric Education Center
Quarterly Status Update:	AAI Education Encounters - Table 1
Indicators:	Number of educational encounters, by site, target audience, and minorities
Baseline Data:	FY 2012
Source of Data:	AAI Database input from each regional COA
Timing of Data Collection:	Quarterly
Population/Sample:	Older adults and their families, students of the health and social disciplines, community members at large
How data will be described and analyzed:	Counts tracked over time, broken out by type of participant
<b>Long-term Goal:</b>	Improve health status and decrease death rates of elderly Arkansans, as well as obtaining federal and philanthropic grant funding
Objective:	Objective 6: Provide multiple exercise activities to maximize the number of exercise encounters for older adults throughout the state.
Specify Quarter/Year:	4th Quarter FY 13
Partners:	Local/regional health units, local churches, AAAs, local private and public activity centers, community groups, hospitals, clinics, and various other local groups. We have counted over 700 local, state, regional and national partners
Quarterly Status Update:	AAI Education Encounters - Table 1

ATSC Independent Evaluation Quarterly Report	
Arkansas Aging Initiative	
Indicators:	Number of encounters for exercise
Baseline Data:	FY 2012
Source of Data:	AAI Database input from each regional COA & administrator AAI
Timing of Data Collection:	Quarterly
Population/Sample:	Older Adults
How data will be described and analyzed:	Counts tracked over time, broken out by type of participant
Objective:	Objective 7: Implement at least two educational offerings for evidence-based disease management programs state-wide
Specify Quarter/Year:	4th Quarter FY 13
Partners:	Local/regional health units, local churches, AAAs, local private and public activity centers, community groups, hospitals, clinics, and various other local groups. We have counted over 700 local, state, regional and national partners
Quarterly Status Update:	Exercise EBP was completed this quarter with 5 community events and 1 professional continuing education event completed per site for a total of 45 related community events. The professional event was conducted via telehealth and broadcasted live to all 9 COA sites.
Indicators:	Number of encounters for evidence-based disease management programs
Baseline Data:	FY 2012
Source of Data:	Data not collected individually for these events, will collect during Fall for FY 2014
Timing of Data Collection:	Bi-Annually
Population/Sample:	Older Adults, healthcare professionals, and students of the healthcare disciplines
How data will be described and analyzed:	Counts tracked bi-annual during programming
Objective:	Objective 8: The amount of external funding (leveraging) to support AAI programs will be increased by 2% by end of FY 2015.
Specify Quarter/Year:	4th Quarter FY 13
Partners:	Various
Quarterly Status Update:	See Cost and Leveraging Spreadsheet Attached
Indicators:	Leveraged dollars to support AAI programs



**1.B. Activities for Arkansas Aging Initiative**

**Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for elderly Arkansans and increase the number of Arkansans participating in health improvement programs**

Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)
Centers of Aging	AAI	Centers of Aging provide educational programs, resources and healthcare services to older adults and their families to help them address aging issues	Improve access and quality of care available to seniors.	Improve the health status of older Arkansans	Yes

**Activities Related to Long-term Goal: Improve health status and decrease death rates of elderly Arkansans, as well as obtaining federal and philanthropic grant funding**

Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)
Research	AAI	Obtain grant funding to support the mission of AAI	Leverage funds to make AAI program sustainable.	Obtain funding from outside (non-ATSC) sources	

**\* Please include in listing ALL initiatives funded by the program, including those implemented by grantees and other external organizations**

**1.C. Cost Data for Arkansas Aging Initiative**

Sources of Funding	Amount	Other Funding Source Specified	Leveraged Funds (Y/N)	Programmatic Budget:	Administrative Budget:
ATSC:	\$395,237.59	NA	No	\$395,237.59	\$76,186.59
Other: Grants	\$654,382.50	Schmieding Home Caregiver Grant	Yes	\$654,382.50	
Other: Grants	\$37,418.00	Oklahoma Healthy Aging Initiative sub award	Yes	\$37,418.00	
Other: Grants	\$75,000.00	C.A.R.E.S. Grant	Yes	\$75,000.00	
Other: Grants	\$365,558.50	CMI Microloan Grant	Yes	\$365,558.50	
Other: Foundations	\$265,272.08	Community Foundations (Operational funding for Oaklawn COA, Schmieding Center)	Yes	\$265,272.08	
Other: Donations	\$315,748.00	Hospital and Community Partners	Yes		
Other: Volunteer Hours	\$12,722.00	Local Volunteers	Yes		
<b>Total Budget</b>	<b>\$2,121,338.67</b>			<b>\$1,792,868.67</b>	<b>\$76,186.59</b>

**1.D. Additional Tables for Arkansas Aging Initiative**

**Table 1: AAI Education Encounters – 4<sup>th</sup> Quarter FY 2013**

4TH QTR FY 13							
AAI Site	Health Professionals	In-Services	Para Professionals	Community	Exercise	Students	Totals
Central	0	0	0	278	0	0	278
Minorities	0	0	0	174	0	0	174
SACOA	62	65	0	1563	279	0	1969
Minorities	4	63	0	422	99	0	588
DCOA	3	101	0	119	224	0	447
Minorities	3	94	0	75	105	0	277
DCOA-Helena	0	0	0	502	456	0	958
Minorities	0	0	0	273	127	0	400
COA-NE	623	30	99	1115	0	181	2048
Minorities	5	2	26	67	0	18	118
TRCOA	54	150	70	666	49	21	1010
Minorities	12	150	40	160	0	10	372
Schmieding	153	78	290	454	162	7	1144
Minorities	23	7	98	27	5	0	160
SCSHE-Bella Vista	0	56	0	399	0	0	455
Minorities	0	5	0	0	0	0	5
SCSHE-Mtn. Home	12	58	0	4226	1491	0	5787
Minorities	0	13	0	2	0	0	15

<b>4TH QTR FY 13</b>							
<b>AAI Site</b>	<b>Health Professionals</b>	<b>In-Services</b>	<b>Para Professionals</b>	<b>Community</b>	<b>Exercise</b>	<b>Students</b>	<b>Totals</b>
SCCOA	9	0	250	4356	0	65	4680
Minorities	0	0	181	2349	0	25	2555
WCCOA	24	0	0	740	440	0	1204
Minorities	7	0	0	46	13	0	66
Oaklawn	8	90	0	1726	149	0	1973
Minorities	0	25	0	252	0	0	277
Total Ed Encounters	948	628	709	16144	3250	274	21953
Total Minority Encounters	54	359	345	3847	349	53	5007
Total Minority Encounters	0.228078167						

**Table 2: AAI Clinic Encounters - 4th Quarter FY 2013**

	<b>Northeast</b>	<b>Delta</b>	<b>South Arkansas</b>	<b>South Central</b>	<b>West Central</b>	<b>Texarkana</b>	<b>Schmieding</b>	<b>Bella Vista</b>	<b>TOTAL</b>
Senior Health Clinic	1,566	422	1,023	716	481	1,590	976	230	7,004
Nursing Home		128	144	254	87		640		1,253
Inpatient				58	196				254
Home		55	12	42			48		157
Clinic Visits TOTALS:	1,566	605	1,179	1,070	764	1,590	1,664	230	8,668

**Table 3: Data for Clinical Services FY 2012**

	SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista	OCOA	Baxter County Fairlamb Clinic Opened 5-2012
APN FTE's	1.1	0	1	1	1	1.4	2	1	NA	1
MD FTE's	0.3	1	2.8	1	1	1.8	3.5	1	NA	0.1
# of nursing homes assisted to improve quality of care	4	3	1	2	2	2	2	2	NA	NA
COAs with nursing home practice: Has it implemented at least one standard of care for nursing home residents? (Yes/No)	yes	Yes	Yes	Yes	Yes	No	Yes	Yes	NA	NA
# of evidence-based guidelines in use at SHC's	2	6	*	4	1	1	1	2	NA	NA

\*Clinicians use a subscription to a clinical decision making too entitled "Up-to-Date" for verifying evidence-based clinical decision making.

Arkansas Biosciences Institute

## Arkansas Biosciences Institute

**Program Description:** 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. ABI supports long-term agricultural and biomedical research at its five member institutions and focuses on fostering collaborative research that connects investigators from various disciplines across institutions. ABI uses this operational approach to directly address the goals as outlined in the Tobacco Settlement Proceeds Act, which is to conduct: 1-**Agricultural research** with medical implications; 2-**Bioengineering research** that expands genetic knowledge and creates new potential applications in the agricultural-medical fields; 3-**Tobacco-related research** that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas; 4- **Nutritional and other research** that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions; and 5-**Other areas of developing research** that are related to complimentary to primary ABI-supported programs.

**Progress and Highlights:** Preliminary reporting for FY13 started in Q4, showing a growth in patent activity over the previous year. While FY13 reporting is still ongoing, recent patent awards include:

--Plant-based expression of avian interleukin-12 and methods of producing and using same; US patent 8,431,774.

--Near-infrared responsive carbon nanostructures; US patent 8,313,773.

--Fusion proteins of collagen-binding domain and parathyroid hormone; US patent 8,450,273.

--In vivo system to monitor tissue responses in birds; US patent 8,216,551.

--Capillary-column-based bioseparator/bioreactor with an optical/electrochemical detector for detection of microbial pathogens; US patent 8,211,657.

### **Key Accomplishments this Past Quarter:**

Two ABI-funded investigators with the University of Arkansas have received Early Career Awards from the National Science Foundation. Drs. Colin Heyes and Nan Zheng, assistant professors in the Department of Chemistry and Biochemistry, both received NSF's Faculty Early Career Development Program award to further advance their research programs. Dr. Heyes' award is to support his research of colloidal quantum dots. Dr. Zheng's award is to further his research in chemical reactions sparked by visible light. The NSF's CAREER award is a five year grant and is considered one of the highest honors given by NSF to junior faculty members.

### **Key Accomplishments This Quarter**

- NSF CAREER awards go to two assistant professors at the University of Arkansas's Department of Chemistry and Biochemistry
- Preliminary reporting for FY13 shows increased patent activities, especially in the number of US patents awarded to ABI supported investigators

The University of Arkansas for Medical Sciences announced that Larry Suva, an investigator in the Department of Orthopedic Surgery, received a new five year grant from the National Cancer Institute to research breast cancer bone metastasis. The long-term goal of Dr. Suva's research is to identify the circulating biomarkers in breast cancer patients that predict the development of bone metastasis. Currently, the diagnosis of bone metastasis usually involves a PET or bone scan, which cannot detect a metastasis until it is ~7mm. As such, the studies Dr. Suva proposes will identify the tumor-derived IL-8 signaling pathways that directly regulate osteoclastogenesis and have the potential to provide a more sensitive and specific test for the detection of breast cancer bone metastasis.

Dr. Vladimir Zharov, a laser and nanomedicine researcher at the UAMS Winthrop P. Rockefeller Cancer Institute, was recently awarded the Josephine T. McGill Chair in Head and Neck Cancer Research. Dr. Zharov, who has received ABI support since 2003, specializes in research to identify circulating tumor cells in the blood vessels of cancer patients. Dr. Zharov has recently spearheaded a recent joint industry-university research partnership with Cytowave Technologies to refine a laser-based system to detect circulating cancer cell. The device is in Phase 1 testing and shows great promise in cancer detection.

**Challenges and Opportunities:** Serious challenges to extramural funding are currently ongoing and are expected to continue for the next few years. ABI investigators rely on outside funding to continue research efforts. Sequestration and inflation adjusted funding has resulted in what effectively have become budget cuts for many federal agencies including NIH, NSF and USDA. Preliminary reporting for FY13 shows that ABI-related extramural funding decreased 14%, falling from \$43 million to \$37 million.

**Plans for Next Quarter:** Research funding for FY14 will be awarded in the next quarter. ABI investigators will submit their annual research updates highlighting their publications, grants, clinical trials, patents, and entrepreneurial activities for FY13. ABI will implement its New and Established Investigator Research Awards program, to be included in the Fall Research Symposium on October 15.

**2.A. Goals and Objectives for Arkansas Biosciences Institute**

ATSC Independent Evaluation Quarterly Report	
Arkansas Biosciences Institute	
<i>Overall Program Goal:</i>	<i>To develop new tobacco-related medical and agricultural research initiatives to improve the access to new technologies, improve the health of Arkansans, and stabilize the economic security of Arkansas.</i>
<b>Short-term Goal:</b>	The Arkansas Biosciences Institute shall initiate new research programs for the purpose of conducting, as specified in § 19-12-115, agricultural research with medical implications, bioengineering research, tobacco-related research, nutritional research focusing on cancer prevention or treatment, and other research approved by the board.
Objective:	Objective 1: Conduct Innovative Research: ABI will allocate funding to its five member institutes for the conduct of research aligned with the purposes set forth in § 19-12-115, ensuring that funded research activities are conducted on time, within scope, and with no overruns.
Specify Quarter/Year:	FY2013, Q4
Partners:	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
Quarterly Status Update:	All research projects for FY2012 are listed in <b>Table 1</b> . There are 199 new and ongoing research projects covering the five research areas.
Indicators:	Number of research projects by year, by ABI institution, by research area (agricultural research with medical implications, bioengineering research, tobacco-related research, nutritional research focusing on cancer prevention or treatment, and other board approved research)
Baseline Data:	2005
Source of Data:	ABI
Timing of Data Collection:	Data is collected at the close of the fiscal year
Population/Sample:	All ABI funded projects

ATSC Independent Evaluation Quarterly Report	
Arkansas Biosciences Institute	
How data will be described and analyzed:	<b>Table 1</b> lists the number of projects and funding amount by ABI institution and research category
Indicators:	Amount of ABI and related extramural funding by ABI institution and by research area
Baseline Data:	2005
Source of Data:	ABI
Timing of Data Collection:	Data is collected at the close of the fiscal year
Population/Sample:	All ABI funded projects
How data will be described and analyzed:	<b>Table 1</b> lists the funding amounts for all new and ongoing research projects for FY2012
Objective:	Objective 2: Leverage Funding: The five member institutions will continue to rely on funding from extramural sources with the goal of increasing leverage funding from a baseline (2005) of \$3.15 dollars for every one dollar in ABI funding.
Specify Quarter/Year:	FY2013, Q4
Partners:	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
Quarterly Status Update:	<b>Table 2</b> lists the leveraged funding by ABI institution, by year. Overall leveraged funding for FY12 was \$4.28 in extramural funding for every ABI dollar received.
Indicators:	Amount of Related Extramural (non-ABI) funded research received by institution
Baseline Data:	2005
Source of Data:	ABI
Timing of Data Collection:	Data is collected at the close of the fiscal year.
Population/Sample:	All ABI funded projects
How data will be described and analyzed:	Leveraged funding is calculated as the ratio of ABI funding to related extramural funding, by ABI institution and by year. <b>Table 2</b> lists annual funding received by ABI institutions since 2005.
Objective:	Objective 3: Employment: Employment supported by ABI and extramural funding will increase from a baseline (2005) of 303 FTE.

ATSC Independent Evaluation Quarterly Report	
Arkansas Biosciences Institute	
Specify Quarter/Year:	FY2013, Q4
Partners:	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
Quarterly Status Update:	The number of full-time equivalent (FTE) jobs for FY2012 was 93.6 FTE jobs supported by ABI funds and 308 FTE jobs supported by extramural funding. This is 33% above the 2005 baseline.
Indicators:	Number of FTE jobs supported by ABI and related extramural research funding
Baseline Data:	2005
Source of Data:	ABI
Timing of Data Collection:	Data is collected at the close of the fiscal year.
Population/Sample:	All ABI funded projects
How data will be described and analyzed:	<b>Table 3-A</b> lists the number of FTE jobs supported by ABI funding and by related extramural funding for the ABI institutions, by year
Indicators:	Number of new scientist recruited to Arkansas to perform work on ABI and extramural research
Baseline Data:	2005
Source of Data:	ABI
Timing of Data Collection:	Data is collected at the close of the fiscal year.
Population/Sample:	All ABI institutions
How data will be described and analyzed:	<b>Table 3-B</b> lists the number of research scientists recruited to Arkansas with ABI funding support, by ABI institution and by year
Objective:	Objective 4: Collaboration: ABI will facilitate and increase research collaboration amongst member institutes, as measured by both ABI and extramural funding of research projects that involve researchers at more than one member institute.
Specify Quarter/Year:	FY2013, Q4

ATSC Independent Evaluation Quarterly Report	
Arkansas Biosciences Institute	
Partners:	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
Quarterly Status Update:	For FY2012, 20.5% of ABI funding and 46.3% of extramural funding supported collaborative research projects. When compared to 2005 baseline, ABI collaborative funding is mostly unchanged, but extramural funding for collaborative projects increased from 13.7%.
Indicators:	Funding of collaborative projects by research area (agricultural research with medical implications, bioengineering research, tobacco-related research, nutritional research focusing on cancer prevention or treatment, and other board approved research)
Baseline Data:	2005
Source of Data:	ABI
Timing of Data Collection:	Data is collected at the close of the fiscal year.
Population/Sample:	All ABI funded projects
How data will be described and analyzed:	<b>Table 4</b> lists all collaborative research projects and their funding levels by institution. Collaborative funding is compared to total funding to assess overall level of collaborative research
<b>Long-term Goal:</b>	The institute's research results should translate into commercial, alternate technological, and other applications wherever appropriate in order that the research results may be applied to the planning, implementation and evaluation of any health related programs in the state. The institute is also to obtain federal and philanthropic grant funding. (Increase dissemination of research findings, policy-relevant information, and technical assistance to relevant government and community organizations)
Objective:	Objective 5: Dissemination of Knowledge and Understanding: ABI and its member institutions will systematically disseminate research results, and ensure that at least 290 publications and 370 presentations are delivered each year. This includes presentations and publications of results, curricula and interventions developed using the grant funding, symposia held by investigators, and the creation of new research tools and methodologies that will advance science in the future.

ATSC Independent Evaluation Quarterly Report	
Arkansas Biosciences Institute	
Specify Quarter/Year:	FY2013, Q4
Partners:	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
Quarterly Status Update:	For FY12, the number of scientific presentations increased just over 5% when compared to FY11; the number of publications increased by 15.7% from FY11 to FY12. However, the number of information transfer events (press releases, news conferences, etc.) decreased from 147 in FY11 to 122 in FY12.
Indicators:	Number of information transfer events for the public, by year, by type
Source of Data:	ABI
Timing of Data Collection:	Data is collected at the close of the fiscal year.
Population/Sample:	All ABI-supported researchers
How data will be described and analyzed:	<b>Table 5-A</b> lists the number of newspaper articles, news conferences, press releases, and television/radio events featuring ABI researchers; data is by ABI institution and by year. Television and radio events were added in FY09.
Indicators:	Number of technical presentations at conferences or other venues aimed at scientists and health providers, by year
Baseline Data:	2005
Source of Data:	ABI
Timing of Data Collection:	Data is collected at the close of the fiscal year.
Population/Sample:	All ABI-supported researchers
How data will be described and analyzed:	<b>Table 5-B</b> lists the number of scientific presentations (abstracts or presentations at scientific conferences and seminars or workshops) by ABI researchers; information is by ABI institution and by year
Indicators:	Number of peer-reviewed publications, books, book chapters, and articles by ABI institution
Baseline Data:	2005
Source of Data:	ABI

ATSC Independent Evaluation Quarterly Report	
Arkansas Biosciences Institute	
Timing of Data Collection:	Data is collected at the close of the fiscal year.
Population/Sample:	All ABI-supported researchers
How data will be described and analyzed:	<b>Table 5-C</b> lists the number of all publications by ABI institution and by year; publications include peer-reviewed journal articles, books, book chapters, and other articles.
Indicators:	Number of staff or grantee testimonies and briefings to decision makers, by year
Baseline Data:	2013
Source of Data:	ABI
Timing of Data Collection:	This will be a new information request and will be collected on the annual report
Population/Sample:	All ABI-supported researchers
How data will be described and analyzed:	
Indicators:	Number of technical reports and 'grey literature' publications by year, by grant type and funding source, as contained in the National Technical Information Service report database ( <a href="http://www.ntis.gov">www.ntis.gov</a> )
Baseline Data:	2013
Source of Data:	ABI
Timing of Data Collection:	This will be a new information request and will be collected on the annual report
Population/Sample:	All ABI-supported researchers
How data will be described and analyzed:	
Indicators:	Number and type of new or improved methods and tools developed by investigators, by year
Baseline Data:	2013
Source of Data:	ABI
Timing of Data Collection:	This will be a new information request and will be collected on the annual report
Population/Sample:	All ABI-supported researchers
How data will be described and analyzed:	
Objective:	Objective 6: Replication and New Research: Research findings from ABI-funded studies are utilized toward the compilation of evidence to advance science and healthcare, as measured by the citation of ABI-funded research in the literature.

ATSC Independent Evaluation Quarterly Report	
Arkansas Biosciences Institute	
Specify Quarter/Year:	FY2013, Q4
Partners:	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
Quarterly Status Update:	New objective and indicators for ABI; will begin collecting in the current fiscal year.
Indicators:	Number of clinical guidelines published that cite ABI-funded research, by year
Baseline Data:	2013
Source of Data:	ABI
Timing of Data Collection:	This will be a new information request and will be collected on the annual report
Population/Sample:	All ABI-supported researchers
How data will be described and analyzed:	
Indicators:	Number of recommendations published by professional societies that cite ABI-funded research, by year
Baseline Data:	2013
Source of Data:	ABI
Timing of Data Collection:	This will be a new information request and will be collected on the annual report
Population/Sample:	All ABI-supported researchers
How data will be described and analyzed:	
Objective:	Objective 7: ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.
Specify Quarter/Year:	FY2013, Q4
Partners:	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
Quarterly Status Update:	For FY12, there were nine patent filings and one patent received; this was down 9% when compared to the previous year.
Indicators:	Number of patents filed and received

ATSC Independent Evaluation Quarterly Report	
Arkansas Biosciences Institute	
Baseline Data:	2005
Source of Data:	ABI
Timing of Data Collection:	Data is collected at the close of the fiscal year.
Population/Sample:	All ABI-supported researchers
How data will be described and analyzed:	<b>Table 7</b> lists the number of patents filed and received by ABI researchers, by ABI institution and by year
Objective:	Objective 8: ABI-funded research will result in new technologies that generate business opportunities, as measured by the number of start-up enterprises and public-private partnerships with ABI and member institutions to conduct research.
Specify Quarter/Year:	FY2013, Q4
Partners:	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
Quarterly Status Update:	There were no new start-up enterprises in FY11 or FY12; new data on the number of private-public partnerships formed will be collected starting with FY13.
Indicators:	Number of start-up enterprises resulting from ABI-funded research
Baseline Data:	2010
Source of Data:	ABI
Timing of Data Collection:	Data is collected at the close of the fiscal year.
Population/Sample:	All ABI-supported researchers
How data will be described and analyzed:	<b>Table 8</b> lists the number of new start-up enterprises since FY10; beginning with FY13 will include the number of private-public partnerships formed.
Indicators:	Number of private-public partnerships formed (i.e. ABI member institutes partnerships with private industry, CRADAs etc.)
Baseline Data:	2013
Source of Data:	ABI
Timing of Data Collection:	This will be a new information request and will be collected on the annual report

<b>ATSC Independent Evaluation Quarterly Report</b>	
<b>Arkansas Biosciences Institute</b>	
Population/Sample:	
How data will be described and analyzed:	
Reporting Period:	4 <sup>th</sup> Quarter FY 13
Form Completed by (Name, Role):	Leslie Humphries and Robert McGehee
<b>Battelle Comments and Recommendations:</b>	

**2.B. Activities for Arkansas Biosciences Institute**

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
<b>AR Children's Hospital Research Institute</b>									
1. Effects of Polymorphisms within Folate Metabolism Enzymes on Risk of Limb Reduction Defects; Genes, Micronutrients and Homeobox Related Malformations	C. Hobbs, S. Erickson	\$125,000	1.70	\$1,008,923	13.24	CDC	4,5	UAMS	
				\$1,789,073	41.78	NIH/NICHD			
				\$656,162	8.03	State of AR			
				\$2,406,854	18.28	NIH/NHLBI			
				\$809,580	5.42	NIH/NICHD			
2. Screening Disinfection By-products for their Ability to Promote Autoimmunity	K. Gilbert	\$124,757	2.00	\$378,345	2.40	NIH/NIEHS	5,1	UAF, UAMS, ASU	
				\$201,875	0.55	TCE Settlement			
3. Community Intervention and Case Management Strategies Targeted at High-risk Asthmatic Children; Regulating Airway Contractility and Response to Therapeutic Agents Using Viral Vector Delivery; Role of Environmental Allergens and Conditions in Pediatric with Asthma; Role of Dendritic Cells in Immunoregulation in Atopic Disease	S. Jones, A. Scurlock, T. Perry	\$50,000	0.90	\$477,304	4.03	NIH/NIAID	5,3	UAMS	
				\$2,776	0.05	NIH			
				\$148,327	0.56	NIH/NHLBI			
				\$600,363	0.50	NIH/NHLBI			
				\$4,457	0.30	NIH/NIAID			
				\$86,974	0.30	National Peanut Fdt			
				\$179,495	0.25	Mt. Sinai			

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
				\$939		Duke			
				\$56,187	0.36	Food Allergy Network			
				\$70,515		INC			
4. The Physiology of IGFBP Degrading Proteinases in Bone	J. Fowlkes	\$124,753	1.25	\$39,468	1.30	NIH/NIDDK	5		
				\$89,105		NIH/NIDDK			
5. Program Expansion within the Center for Birth Defects Research and Prevention	J. James, R. Frye	\$50,000		\$229,511	1.78	NIH/NHLBI	4,5	UAMS	
				\$132,086	0.83	DOD			
				\$72,914	0.33	DHHS/MCHB			
				\$48,215	0.35	HRSA			
				\$354,868	3.22	ACH Fdt.			
				\$136,280	0.15	ACH Fdt.			
				\$6,739	0.02	Autism Speaks			
				\$1,200	0.01	U of Louisville			
				\$96,038	0.10	ACH Fdt.			
				\$17,055		BioMarin			
				\$52,127		Forest Labs			
6. Mechanisms of Postnatal Development of Carotid Body Oxygen Sensing	J. Carroll, G. Com			\$222,216	1.45	NHLBI	5	UAMS	
				\$229,639	0.65	NIH/NHLBI			
				\$101,160	1.00	Cystic Fibrosis			
7. Immune Response to Chlamydial Genital and Ocular Infections	R. Rank			\$112,008	1.05	NIH/NHLBI	1	UAMS	
				\$245,330	3.10	NIH/NHLBI			



Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
11. Regulation of Steroid Hormone-Responsive Tissues in Development and Disease	R. Simmen	\$49,952	0.35				5	UAMS	
12. Community Based Projects Concerning the Prevention of Obesity	J. Weber			\$675,336	1.49	USDA	4,5	UA-Agri	
				\$495,624	10.69	USDA			
				\$1,900		AR Community			
				\$24,304		AmeriCorps			
13. Metabolic Research	N. Deutz			\$123,335	0.36	NIH/NHLBI	4,5	UAMS	
				\$281,360	1.54	NIH/NHLBI			
14. Validity and Power for Detecting Heterogeneous Effects with Quantitative Traits	T. Nick			\$39,953	0.43	Dept of Ed	5	UAMS	
15. Pediatric Hypertension	K. Redwine			\$8,664		Merck	5	UAMS	
				\$30,382		Novartis			
				\$19,740		Takeda			
				\$2,559		Welch Allyn			
16. Smoking, Genetic Polymorphisms in Tobacco Metabolism and the Risk of Congenital Heart Disease	S. Malik			\$149,419	0.78	NIH/NHLBI	3	UAMS	
				\$719		MCW			
17. Inflammatory Diseases and Neonatal Immunity	S. Nagarajan			\$328,116	1.53	NIH	5	UAMS	
18. National Survey on Children with Special Health Care Needs; Family Centered Care	D. Kuo			\$936		HRSA	5	UAMS	
				\$286,403	1.53	HRSA			

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
				\$116,829	0.10	HRSA			
				\$8,150	0.05	Blue and You			
19. The Fetal Basis of Toxicant-Induced Autoimmunity	S. Blossom			\$135,684	1.17	NIH/NHLBI			
20. Quantitative Neuroimaging in Developmental Disabilities	B. Schaefer			\$126,469	1.45	HRSA	5	UAMS	
21. Evaluation of Passive Smoke Exposure and the Effect on Lung Development	M. Heulitt			\$29,233	0.25	Impact	3		
				\$31,929	0.28	Impact			
				\$14,662		Astellas			
22. Improving Capacity for Evidence-Based Practice through E-learning	A. Green			\$9,250	0.35	Children's Healthcare of Atlanta			
23. Bioinformatics analysis of genomics and metabolomics data	S. Bhattacharyya	\$50,000							
24. Lysine Supplementation and Glucose Metabolism	R. Coker	\$50,000	0.35						
25. Obesity and Risk of Mammary Tumors in Developing Rats and start up of a research lab at ACHRI to facilitate the research	R. Hakkak	\$50,000	0.50						
26. Translating Magnetic Brain Stimulation to Tinnitus Treatment	M. Mennemeier	\$49,986	1.00						
27. Health and Education Research	H. Rouse	\$15,314	0.15						

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Research Areas*	Partners	Partners
28. Transgenerational Impact of Perinatal Exposures: Neurodevelopmental and Neurobehavioral Outcomes	Z. Stowe	\$50,000							
29. Clinical Prototype for in vivo detection of Circulating Tumor Cells	V. Zharov	\$50,000	0.5						
<b>Totals for ACHRI</b>		<b>\$889,762</b>	<b>9.03</b>	<b>\$15,481,443</b>	<b>139.42</b>				
<b>Arkansas State University</b>									
1. Outreach Program	M. Dolan; R. Harris	\$2,735					1,2,3,4,5		
2. Developing Plant-based Therapeutic Proteins for Improved Fish Health in Aquaculture	M. Dolan	\$64,763	1.30				1,3		
3. ASU Virtual STEM Academy	M. Dolan; A. Gill	\$4,100					5		
4. Species Identification of Grouper in Commerce Utilizing Real Time PCR	M. Dolan			\$23,076	0.25	Applied Food Technologies	1,5		
5. Biotech-in-a-Box; Electrophoresis	R. Harris			\$24,500	0.05	ASTA	5		
6. ASSET II Ar EPSCoR Plant Bioproduction	C. Cramer			\$569,180	0.70	ASTA	1,2,4		
7. Arkansas ASSET Initiative (Bioproduction)	C. Cramer			\$50,000		ASTA	1,2,4		
8. Summer Internship in Plant-Based Bioproduction	C. Cramer			\$5,000	0.15	BioStrategies LC	1,2,4		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
9. SURF: Mammalian Cell-Based Assessment of Enzyme Therapeutics	C. Cramer			\$2,750		ASTA	5		
10. Computational and Biological Do-design: Cracking UGT Structure-function Relationships	X. Huang			\$121,445	1.32	NIH INBRE	5	UAMS	
11. UGT Relationships	X. Huang			\$24,444	0.25	NIH INBRE	5	UAMS	
12. Preserving Groundwater Quality and Availability for Agriculture	A. Sustich			\$100,000	2.00	USDA	5		
13. Support of the Revised Universal Soil Loss Equation, Version 2 (RUSLE2)	A. Sustich			\$66,200	1.00	USDA	5		
14. A Broadly Reactive, Universal Adjuvant for Seasonal and Pandemic Influenza Vaccine	G. Medrano	\$49,547					1,5		
15. Mechanisms Leading to Enhanced Tolerance to Oxidative Stress and Increased Lifespan in Arabidopsis: Role of Mitochondrial, ER, and Chloroplastic Enzymes Involved in Ascorbate Biosynthesis	A. Lorence			\$123,297	1.67	NIH-INBRE	1,4	UAMS	
16. SURF: Interplay Between Ascorbic Acid and Abscisic Acid	A. Lorence			\$2,750		ASTA	1		
17. Genetic Engineering of the Phosphoinositol Pathway	A. Lorence	\$3,000		\$7,000		ASGC	1		
18. Stream Computing for Research and Education in Science and Engineering	M.Srivatsan			\$10,000		NSF	3		UALR

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Research Areas*	Partners	Partners
19. Characterization of CBH-I Purity and Activity	G. Phillips			\$10,000	0.12	Infinite Enzymes	2		
20. SURF: Production of Stilbenoids	F. Medina-Bolivar			\$2,125		ADHE	2		
21. Germplasm Conservation in Scutellaria	F. Medina-Bolivar			\$33,406	0.25	USDA	2		Fort Valley State University
22. Establishment of Hairy Root Cultures of Veratrum Californicum	F. Medina-Bolivar			\$215,695	2.30	Infiniti Pharmaceuticals	2		
23. New Faculty Startup Package: Natural Anticancer Molecules	G. Sivakumar	\$45,345	0.15				2		
24. Numerical Investigation for Enhanced Algal Biofuel Process	K. Jeong, G. Sivakumar			\$5,560		Judd Hill Foundation	5		
25. MRI: Differential Scanning Calorimetry System for R&D at Center for Efficient and Sustainable Use of Resources of Arkansas State University	K. Jeong			\$138,288	0.25	NSF	5		
26. MidSouth Bioenergy Consortium	J. Xu			\$83,333	2.25	DOE	5	UAF	
27. Rapid Synthesis of Complex Therapeutic Proteins with Cell-Free System	J. Xu			\$29,829	0.15	NIH-INBRE	2	UAMS	
28. Investigating the Immune Cells	S. Yu	\$20,658					1,5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
29. Efficiency of Integrated Flea Control Program Using Lufenuron	T. Mckay			\$15,010		Novartis Animal Health US Inc.	5		
30. Integrated Pest Management Programs to Reduce Reliance on Methyl Bromide	T. Mckay			\$450,502	3.25	USDA	5		
31. University Center for Economic Development	A. McVey			\$112,850		Dept of Commerce	5		
32. EPA Fellowship (Amy Whistle)	T. Risch			\$9,508		EPA	5		
33. SURF: Biochemical and Biomechanical Effects of Geomyces Protease Activity on Chiropteran Integument (Cheyenne Gerdes)	T. Risch			\$2,750		ADHE	5		
34. Inventory and Monitoring of Indiana Bats	T. Risch			\$106,575	0.40	AGFC	5		
35. EnvironMentors	J. Farris			\$8,073		NSF	5		
36. Contaminant Removal by Edge-of-Field Wetlands	J. Farris			\$35,000	0.50	USDA	5		
37. MidSouth Bioenergy Consortium	B. Savary			\$83,334	1.75	DOE	5	UAF	
38. Development of an Enzyme Technology for Sugar Beet Processing	B. Savary			\$2,500		Beet Sugar Development Foundation	5		
39. Asian Rice in East Africa	E. Gilbert			\$3,500		Asia Rice Foundation	5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
40. Mechanisms and impacts of Chinese privet invasion in the Southeast United States	T. Marsico			\$5,560		Judd Hill Foundation	5		
41. Identification of Biological Methods for Evaluating Wetland Water Quality Conditions in Arkansas	T. Marsico			\$317,661	2.70	EPA	1,5		
42. R&R of Mammalian CAP	G. Zhou	\$43,931	0.15				5		
43. Partnerships for Biomedical Research in Arkansas	G. Zhou			\$5,000		UAMS	5		
44. Animal Care Core	ABI Faculty	\$17,846	0.50				1,3,5		
45. Administrative Support	ABI	\$412,694	5.66				5		
46. Research Technical Support	ABI	\$1,377,677	21.80				5		
47. Occupancy and Custodial	ABI	\$524,050	3.00				5		
48. General Supplies, Service Contracts, and Equipment	ABI	\$384,407					5		
<b>Totals for Arkansas State University</b>		<b>\$2,950,753</b>	<b>32.56</b>	<b>\$2,805,701</b>	<b>21.31</b>				
<b>University of Arkansas - Division of Agriculture</b>									
1. Discovery and Characterization of Molecular Mechanisms underlying Mycotoxigenesis	B. Bluhm			\$170,106	1.37	NSF	1,2,4,5	UAF	Iowa State, Southern



Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
7. Rice Bran Phenolics as Potential Antioxidants to Ameliorate Oxidative Stress and Inflammation in Atherosclerosis and Allergy	N. Hettiarachchy	\$55,438	0.26				1,4,5	UAF	
8. Value Added Gastrointestinal Environment Resistant Bioactivepeptides Against Diabetics, Obesity and Alzheimer's Disease from Rice Bran	N. Hettiarachchy	\$45,190	0.30				1,5	UAMS	
9. Improved Stabilization and Anti-obesity Properties of Blueberry and Aronia Anthocyanins by Microencapsulation	L. Howard	\$121,562	1.18	\$2,346		Blue Diamond Growers	1,4	ACH, UAF	
10. Extraction and Purification of the Radioprotective Comound Gamma Tocotrienol from Rice Bran Oil Deodorizer Distillate	L. Howard, A. Proctor	\$95,090	0.98				1,5	UAF, UAMS	
11. Multi-color and Multi-Functional Gold Nano-Agents for Multiplex Cancer Detection and Therapy	J-W Kim	\$151,568	1.29	\$201,850	0.10	National Science Foundation	1,2	UAMS, UAF	
12. Whole Genome Sequencing for Genetically Seleted Chicken Lines	B-W Kong, G. Erf	\$75,780	0.33				1,2		
13. Identification of Stress Receptor Blockers in an Avian Giomedical Model of Stress	W. Kuenzel	\$90,774	0.58	\$145,955	0.40	National Science Foundation	1,2,5	UAMS, UAF	
				\$12,500		USDA-NIFA (Animal Health)	1,2,5	UAF	
14. Anti-Colon Cancer Effect of Soy Saponin Fractions in Soybean	S. Lee			\$25,000	0.11	Arkansas Corn & Grain Sorghum Board	1,2,4,5	UAF	

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
				\$35,000	0.13	Arkansas Soybean Promotion Board	1,2,5	UAF	
15. Microelectrode-based Impedence ELISA for Detection of Avian Influenza Virus	Y. Li	\$86,736	0.77	\$30,000		AIBIT Biotech	1,2		
16. Aptamer SPR Biosensor for Rapid Detection of Avian Influenza Virus	Y. Li	\$86,736	0.64	\$52,500	0.47	Nazarabayev University, Kazakhstan	1,2		
17. Interventions for Obesity Prevention Targeting Young Children in At-Risk Environments	R. Nayga	\$64,478	0.30	\$978,885	2.10	USDA-NIFA	1,2	UAMS, ACH	
				\$37,000		Ministry of Science and Innovation, SPAIN	5		CREDA-UPC-IRTA
				\$34,990		USDA-ERS (RIDGE)	5		University of Nebraska-Lincoln
18. Isolation of CLA Rich Triacylglyceride Fractions and Fatty Acids from High CLA Soy Oil for Nutrition Studies	A. Proctor	\$71,786	0.47	\$78,800	1.25	Arkansas Soybean Promotion Board	1,4	UAMS	
				\$900		Feed Energy	5		
19. Influence of Adaptive Tolerance Response and Quorum Sensing on Virulence and Pathogenicity of Human and Poultry Isolates of <i>Campylobacter jejuni</i>	M. Slavik, Y-M. Kwon	\$86,814	0.56	\$47,645		NIH (Prime)	1,2,5	UAF	Univ of Tennessee

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Research Areas*	Partners	Partners
20. A Novel Gene Suppression System for Agricultural and Medical Applications	V. Srivastava	\$174,857	2.70	\$234,246	0.50	USDA-NIFA	1,4		
				\$84,648	0.90	USDA-NIFA (sub)	1,4		UAPB
21. DNA Resource Ctr/General Support	All PIs	\$99,483	1.00						
<b>Totals for UA-Division of Agriculture</b>		<b>\$1,574,670</b>	<b>12.81</b>	<b>\$3,061,895</b>	<b>13.84</b>				
<b>University of Arkansas, Fayetteville</b>									
1. Characterization of Cdc42 on a Membrane and Regulation of its Oncogenic Activity	P. Adams	\$19,008	0.50	\$146,325	1.50	NIH	4,5		
2. Production of Therapeutics Based on Collagen Binding Domain (CBD) Fusions.	R. Beitle			\$84,545	1.00	NSF	2,5		
3. Engineering Photosensitizer-gold Nanostructure Conjugates for Combination Treatment of Cancer	J. Chen	\$41,560	1.00				2,5		
4. Molecular Mechanisms of Bax Activation	Y.-C. Du			\$140,840	2.00	NIH	4,5	UAMS	
5. Terahertz Imaging for the Assessment of Breast Tumor Margins	M. El-Shenawee	\$25,056	0.50	\$1,000	0.00	Komen Foundation	4,5	UAMS	
6. Fine-tuning Microfluidic Control for "body-on-a-chip" Research	I. Fritsch	\$35,856	0.50				2,5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
7. Uninterrupted Power Supply (UPS) for Shared Capital Equipment	R. Gawley	\$9,300					5		
8. Applications of Dynamic Resolutions to Asymmetric Synthesis	R. Gawley	\$43,632	1.00	\$121,000	1.50	NSF	4,5		
9. Detection of Cancer Clusters in Arkansas	J. Han	\$24,440	0.50				4		
10. Maintenance of FPLC-based Purification Capabilities	R. Henry			\$165,000	2.50	DOE	5		
11. Microchannel Electrophoresis Analysis of Amyloid Aggregation State for Alzheimer's Disease Drug Design	C. Hestekin	\$32,896	0.50	\$99,119	1.00	Biohabitats	2,5		
12. Antimicrobial Products from Wild Algae: Effects of Nutrient Changes on Properties	J. Hestekin	\$34,416	0.50	\$40,000	0.50	N American Membrane Society	2,5		
13. Immobilizing Angiogenic Proteins for Single Molecule Fluorescence Imaging of Slow Dynamics	C. Heyes	\$12,960					2,4,5		
14. Ultra-sensitive, Low Cost Nanorod Sensors to Detect Blood Serum microRNA Biomarkers	T. Ji	\$38,736	0.50				2,5	UA Agri	
15. Functional Role of Wnt Signaling and Cytoskeletal Proteins for Induced Pluripotent Stem Cell Expansion in Defined Medium	S. Jin	\$40,076	0.50	\$14,000		NSF	2,4,5		
16. Bio-Medical Research	R. Koeppe	\$303,754	1.50	\$1,188,770	9.00	NIH	5		
				\$48,025	0.50	NSF	5		UC - San Diego

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
17. High-Performance Digital NMR Spectrometer	R. Koeppel			\$273,554	2.50	UAMS	5	UAMS	Oxford Univ
18. Characterization of Novel Antifungal Peptides	T.K.S. Kumar	\$28,800	0.50				2,5		
19. Equipment for Mass Spectrometry Core Facility	J. Lay	\$110,000		\$190,000		NSF	5	UAMS, UA Agri	
20. A Genetic Model for NMDA Receptor Function in Programmed Cell Death	M. Lehmann	\$27,296	0.50	\$124,235	1.50	NSF	4,5		
21. Understanding the Zinc Mediated Molecular Switch in Response to Stress	D. Lessner	\$51,840	1.00	\$70,000	1.00	NSF	2,5		
22. Probing Single Molecule DNA Sequence by Measuring Electrical and Fluorescence Signal Simultaneously	J. Li	\$58,056	1.00				2,4,5		
23. Fundamental Study of Hormone-Functionalized Hydroxyapatite Nanoparticles for Bone Growth Stimulation in Osteoporosis etc	A. Malshe			\$150,507	1.50	Cameron	2,5	UAMS	
24. Practical, Translational Methods for Scalable Heterocycle Synthesis for Pharmaceutical Targets	M. McIntosh	\$35,856	0.50				4,5	UAMS	
25. The Role of Histone H4 in Centromere Function and Chromosome Segregation	I. Pinto	\$33,840	0.50				4,5		
26. Methods for Fast and Accurate Modeling of Enzyme and Protein Reactions	P. Pulay	\$25,920	0.50	\$132,211	1.50	NIH	5		
27. Site License for JMP Genomics for University of Arkansas	D. Rhoads	\$5,460					4,5	UA Agri	

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Research Areas*	Partners	Partners
28. Detecting Biomarkers for Treating Disease using Plasmons	K. Roper			\$152,000	1.50	NSF	2,5		
29. Angiogenesis Promoting Wound Dressing for the Treatment of Buerger Disease	J. Sakon	\$45,792	1.00				4,5		
30. Peptoids: A Therapeutic Agent for Alzheimer's Disease	S. Servoss	\$22,896	0.50				2,5		
31. Genome Dynamics of Anaerobic Parasites: Sequencing the Mitochondrial Genome of the Gut Parasite, <i>Opaline</i>	J. Silberman	\$16,632	0.50				5		
32. Enhancing the Statistical Analysis of Single Molecule FRET Data to Study the Dynamics of Structured and Intrinsically Disordered Proteins Involved in Disease	J. J. Song	\$22,896	0.50	\$77,800	1.00	AR State Police	2,5		
33. Updating the State of the Art Light Microscopy Facility in the Department of Biological Sciences	F. Spiegel	\$32,500					5	UA Agri	
34. Real-time in vivo Collection of Adipokines Related to Dietary Regulation of Breast Cancer	J.A. Stenken			\$485,200	4.50	NIH	4,5	UAMS	
35. Investigation of Binding of Human IgE Specific to Galactose-a-1.3-galactose to Proteins in the Saliva of <i>Amblyomma americanum</i> , the Lone Star Tick	W. Stites	\$34,372					2,5		
36. Nucleation of Proteins on the Surface of Nano-Functionalized Titanium Oxides for Biomedical Applications	J. Tchakhalian			\$85,282	0.50	NSF	2,5		



Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Research Areas*	Partners	Partners
1. Proteomics and Gene Expression	A. Tackett			\$370,916	2.21	NIH	4,5		
				\$101,500	1.08	NIH			
2. Tobacco and Drug Dependence	C. Stanger			\$200,083	1.57	NIH	3		
3. Cancer Susceptibility Project	K.D. McKelvey, S. Kadlubar	\$102,325	1.96				3		
4. Complement Systems in the Eye	N. Bora			\$113,636	0.55	Thome Fndn.	5		
				\$344,520	1.90	NIH			
				\$344,520	1.31	NIH			
5. Lung Cancer Research	T. Bartter	\$62,500	0.50				3,4		
6. Pathophysiology of Thrombosis	J. Ware			\$358,875	2.97	NIH	3		
				\$198,563	0.59	NIH			
7. Second Hand Smoke and Allelic Variances on Codon 98 as Risk Factors for Cervical Cancer	A. Stewart, N. Capps	\$31,665	0.30				3,4		
8. Medical Informatics	B. Hogan	\$100,000		\$213,246	0.11	NIH	5		
9. Morrison Recruitment Package	C. Forrest	\$101,000					5		
10. Serotonin Transport	F. Kilic			\$356,643	3.86	NIH	5		
11. Immune System Response to <i>Plasmodium</i>	J. Stumhofer	\$123,000					5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
12. Brain Imaging in Addictions	C. Kilts	\$66,000	0.23	\$36,049	0.09	NIH	2,5		
13. Wei Recruitment Package	J. Wei	\$100,000	1.30				5		
14. Mitochondrial Mutations and Cancer	M. Higuchi			\$232,802	2.50	NIH	3		
15. Eoff Recruitment Package	J.D. Day, J. Greenfield			\$56,000	0.12	NIH	5		
16. Staphylococcal Capsule Virulence and Regulation	C. Lee			\$284,299	3.66	NIH	4,5		
17. Microbiology and Immunology	R. Morrison	\$60,000	3.42				5		
18. Novel Therapies for the Treatment of Primary and Metastatic Brain Tumors	C. Cifarelli	\$119,888					4		
19. Microbiology and Immunology - Coxiella burnetti Pathogenesis	D. Voth			\$70,000	0.60	AHA	5		
20. Tumor Development and Resistance to Genotoxic Therapies	R. Eoff	\$101,929	1.06				4		
21. Microbiology and Immunology - E. coli Cell Division	K. Young			\$303,259	3.40	US Dept of Army	5		
22. Thyroid Cancer Research	A. Franco	\$50,000					4		
23. Vesicle Trafficking in Neuroendocrine Cells	G. Baldini			\$301,194	2.81	NIH	5		
24. Antiviral Immunology	M. Nakagawa			\$639,225	1.42	NIH	5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Research Areas*	Partners	Partners
25. Raf-dependent Signal Transduction Pathways in Human Cancer	A. MacNicol			\$250,111	1.51	NIH	4		
26. Pulmonary Effects of Smoking	L. Johnson			\$20,250		Actelion	3		
27. Sclerophytins as Anti-tumor Agents	T. Chambers	\$10,500		\$227,207	2.53	NIH	4		
28. Role of Novel Sec34 Protein Complex in Intracellular Membrane Trafficking	V. Lupashin			\$357,980	2.25	NIH	5		
				\$99,225		NIH			
29. DNA Damage in Lung Cells	K. Das			\$395,965		NIH	3,4		
30. Transgenic Mouse Facility	S. Manolagas	\$75,000	0.27	\$1,562,136	1.25	NIH	5		
31. Cyclin-dependnt Kinases in Cisplatin-induced Nephrotoxicity	G. Nowak			\$277,910	2.12	NIH	5		
				\$277,910		NIH			
32. Cesium Irradiator	M. Hauer-Jensen			\$252,723	1.36	NIH	4,5		
				\$275,798	1.57	NIH			
33. Early Detection of Cisplatin Nephrotoxicity	G. Kaushal			\$207,068	2.56	NIH	5		
34. Photothermal Therapy and Nicotine	V. Zharov			\$275,908	1.49	NIH	3		
				\$310,455	1.53	NIH			
				\$153,703		NSF			

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
35. Biocore Facility	T. Kieber-Emmons			\$268,396		NIH	4,5		
36. Calcium Channels and Vascular Disease	N. Rusch			\$358,875	1.97	NIH	5		
				\$356,190	2.46	NIH			
37. Microbiology and Immunology - E. Coli Cell Division	J. Blevins			\$353,529	3.55	NIH	5		
38. New Models for Bone Metastasis	S. Yaccoby			\$257,868	1.99	NIH	4,5		
39. Arkansas Cancer Community Network	R. Henry-Tillman			\$24,255		NIH	4		
				\$5,000		AR Cancer Coalition			
				\$488,847	2.36	NIH			
40. Lung Cancer Research	T. Bartter	\$35,250	0.12				3,5		
41. Genetic Diversity and Cancer Susceptibility	G. Boysen			\$220,563	1.47	NIH	4,5		
				\$105,518	0.19	EPA			
42. DNA Damage Core Facility	A. Basnakian			\$284,229	2.15	NIH	5		
43. Evaluation of the Effect of Smoking on Biotin Status in Women	D. Mock			\$292,758	2.11	NIH	3		
44. Total Internal Reflection Fluorescence Microscopy	S. Rhee			\$358,875	1.84	NIH	5		
45. Microarray Study of Adrenal Tumors	P. Zimniak			\$245,796	2.82	NIH	4,5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Research Areas*	Partners	Partners
46. Radiofrequency Ablation and Anti-cancer Immunity	V. Todorova			\$74,026	0.50	AR Breast Cancer Res. Program	4,5		
47. Ascorbate and Osteoporosis	R. Morello	\$65,000	0.88				4		
48. Diabetes Outcomes in Older Adults	T. Borders			\$308,028	3.39	NIH	5		
49. Mental Health Care and Returning Veterans	J. Hunt	\$100,000	0.66	\$183,141	0.68	NIH	5		
				\$365,749	1.03	US Dept of Army			
50. Drug Discovery by Fragment-based Identification of Ligands Using Hydrogen-Deuterium Exchange Mass Spectrometry	K. Raney, P. Crooks	\$86,525					5		
51. PLEKHM1 and Osteoclast Function	H. Zhao	\$50,000	0.20	\$327,972	1.74	NIH	5		
52. Proteomics Mass Spectrometry Facility	K. Raney			\$448,134	3.06	NIH	3,4,5	UAF	
				\$8,201		NIH			
53. Vasotacin Regulation of Stress Responses	M. Mikhailova	\$65,000	0.93	\$79,973	0.18	NSF	5	UAF	
54. Illumina System Core Support	S. Kadlubar	\$380,463	2.91	\$86,533	0.01	NIH	5		
		\$273,168	1.70	\$528,113	2.30	NIH			
		\$156,398	2.50	\$64,634	0.74	AR Breast Cancer Res. Program			

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
55. Gene Transfer in Cancer Cells	M. Borrelli			\$189,225	1.23	NIH	4		
56. Research in Surgical Oncology	M. Steliga	\$88,407	0.92	\$3,550		NIH	4		
57. New Therapies in the Treatment of Non-small Cell Lung Cancer	K. Arnaoutakis	\$32,438	0.13	\$81,589		Immatics Biotechnologies	3,4		
				\$242,535		GlaxoSmithKline			
				\$1,095,435		Pfizer, Inc.			
				\$5,000		Astra Zeneca			
58. Cancer Therapy Induced Bone Marrow Injury	D. Zhou	\$50,000	0.71	\$166,667	1.06	AR Research Alliance	4		
		\$10,000		\$342,657	2.69	NIH			
<b>Totals for UAMS</b>		<b>\$2,496,456</b>	<b>20.70</b>	<b>\$17,691,540</b>	<b>90.44</b>				
<b>All Institutions</b>		<b>\$9,473,371</b>	<b>93.60</b>	<b>\$43,414,868</b>	<b>308.01</b>				

**2.C. Cost Data for Arkansas Biosciences Institute**

<b>ATSC Independent Evaluation Quarterly Report</b>				
<b>Arkansas Biosciences Institute</b>				
<b>Sources of Funding FY12</b>	<b>Amount</b>	<b>Leveraged Funds (Y/N)</b>	<b>Programmatic Budget:</b>	<b>Administrative Budget:</b>
ACHRI Funding from ABI:	\$1,315,769.00	---	\$1,282,119.00	\$33,650.00
NIH:	\$9,878,328.00	Y	\$9,878,328.00	\$0.00
NSF:	\$0.00		\$0.00	\$0.00
USDA:	\$1,170,960.00	Y	\$1,170,960.00	\$0.00
Other:	\$4,432,074.00	Y	\$4,432,074.00	\$0.00
<b>Total Budget</b>	<b>\$16,797,131.00</b>		<b>\$16,763,481.00</b>	<b>\$33,650.00</b>
ASU Funding from ABI:	\$2,950,753.00	---	\$2,878,653.00	\$72,100.00
NIH:	\$299,015.00	Y	\$299,015.00	\$0.00
NSF:	\$156,361.00	Y	\$156,361.00	\$0.00
USDA:	\$685,108.00	Y	\$685,108.00	\$0.00
Other:	\$1,665,217.00	Y	\$1,665,217.00	\$0.00
<b>Total Budget</b>	<b>\$5,756,454.00</b>		<b>\$5,684,354.00</b>	<b>\$72,100.00</b>
UA - Agri Funding from ABI:	\$1,574,670.00	---	\$1,536,195.00	\$38,475.00
NIH:	\$47,645.00	Y	\$47,645.00	\$0.00
NSF:	\$644,225.00	Y	\$644,225.00	\$0.00
USDA:	\$1,710,352.00	Y	\$1,710,352.00	\$0.00
Other:	\$659,674.00	Y	\$659,674.00	\$0.00
<b>Total Budget</b>	<b>\$4,636,566.00</b>		<b>\$4,598,091.00</b>	<b>\$38,475.00</b>
UAF Funding from ABI:	\$1,574,670.00	---	\$1,536,195.00	\$38,475.00
NIH:	\$2,093,346.00	Y	\$2,093,346.00	\$0.00
NSF:	\$1,272,687.00	Y	\$1,272,687.00	\$0.00
USDA:	\$0.00		\$0.00	\$0.00

<b>ATSC Independent Evaluation Quarterly Report</b>				
<b>Arkansas Biosciences Institute</b>				
<b>Sources of Funding FY12</b>	<b>Amount</b>	<b>Leveraged Funds (Y/N)</b>	<b>Programmatic Budget:</b>	<b>Administrative Budget:</b>
Other:	\$1,008,255.00	Y	\$1,008,255.00	\$0.00
<b>Total Budget</b>	<b>\$5,948,958.00</b>		<b>\$5,910,483.00</b>	<b>\$38,475.00</b>
UAMS Funding from ABI:	\$2,731,761.00	---	\$2,664,461.00	\$67,300.00
NIH:	\$14,744,566.00	Y	\$14,744,566.00	\$0.00
NSF:	\$233,676.00	Y	\$233,676.00	\$0.00
USDA:	\$0.00		\$0.00	\$0.00
Other:	\$2,713,379.00	Y	\$2,713,379.00	\$0.00
<b>Total Budget</b>	<b>\$20,423,382.00</b>		<b>\$20,356,082.00</b>	<b>\$67,300.00</b>
All Funding from ABI:	\$10,147,623.00	---	\$9,897,623.00	\$250,000.00
NIH:	\$27,062,900.00	Y	\$27,062,900.00	\$0.00
NSF:	\$2,306,949.00	Y	\$2,306,949.00	\$0.00
USDA:	\$3,566,420.00	Y	\$3,566,420.00	\$0.00
Other:	\$10,478,599.00	Y	\$10,478,599.00	\$0.00
<b>Total Budget</b>	<b>\$53,562,491.00</b>		<b>\$53,312,491.00</b>	<b>\$250,000.00</b>

## Arkansas Tobacco Prevention and Cessation Program

## Tobacco Prevention and Cessation Program (TPCP)

**Program Description:** The Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program (TPCP) includes community prevention programs, school education and prevention programs, enforcement of youth tobacco control laws, tobacco cessation programs, health communications and awareness campaigns. The TPCP also sponsors statewide tobacco control programs that involve youth to increase local coalition activities, tobacco-related disease prevention programs, minority initiatives and monitoring and evaluation. The TPCP follows the Centers for Disease Control and Prevention (CDC) *Best Practices for Tobacco Control* as a guide for program development. Outcomes achieved by Arkansas's TPCP includes a reduction in disease, disability and death related to tobacco use by preventing initial use of tobacco by young people, promoting quitting, eliminating exposure to secondhand smoke, and educating Arkansans about the deleterious health effects of tobacco use.

**Progress and Highlights:** In collaboration with the Department of Human Services, Division of Behavioral Health Services (DBHS) and as a result of the Arkansas Leadership Academy for Wellness and Smoking Cessation facilitated by Dr. Steven Schroeder in the spring of 2012, a pilot project was launched to increase the number of individuals in mental health and substance abuse settings who quit tobacco. Ten sites (six substance abuse and four mental health facilities) were selected to participate. Sites were required to have staff participate in training, implement a smoke-free facility policy, develop systems to identify and refer tobacco users to the Arkansas Tobacco Quitline, and participate in an evaluation of the project. As a result of the pilot project, all sites currently provide tobacco cessation services to clients and final results of the evaluation will be available in the next quarter.

The Grant Evaluation Management System (GEMS) is in its final stages of re-tooling to systematically collect and report specific data on community action/community change projects from TPCP and UABP/MIRGO staff and sub-grantees. The new GEMS will be implemented for all funded FY14 programs.

Arkansas Mission of Mercy (ArMOM) annual free dental clinic held this year in Arkadelphia served 1560 underserved patients. TPCP provided 2 A's & R outreach to patients and secured 61 fax referrals. Next year ArMOM will be held in Springdale, AR.

Dr. Bruce Christiansen, University of Wisconsin, was a guest lecturer presenting to 819 social workers, counselors and other related behavioral healthcare providers during this year's National MidSOUTH Summer School. This conference is held annually at the University of Arkansas at Little Rock. Dr. Christiansen discussed the importance of providing tobacco cessation treatment to consumers with mental health and substance abuse issues. In addition, Dr. Christiansen presented during ADH Grand Rounds.

### Key Accomplishments This Quarter

- Finalized specifications for the Grant Evaluation Management System (GEMS)
- Implemented statewide smoke-free movie campaign
- Launched Substance Abuse/Mental Health providers' pilot program
- Received notification abstracts on Emerging Smokeless Products and Engaging Youth in Grassroots Programs were accepted for two national conferences.

TPCP staff presented at the 20th Annual Arkansas Foundation for Medical Care (AFMC) Quality Conference. An overview of the Arkansas Tobacco Quitline and the Systems Training and Outreach Program (STOP) was presented. In addition to the presentation, TPCP staff facilitated a 20 member panel discussion. There were approximately 200 attendees.

Dr. Wheeler, TPCP Medical Director, facilitated a national webinar on *Smokescreens and the Silver Screen: Smoking in the Media*. This webinar focused on the influence of smoking imagery in the movies on children and the relationship that documents these imagines have on youth tobacco initiation.

TPCP launched a statewide six week movie theater campaign to increase awareness of the Arkansas Tobacco Quitline (ATQ) and the risks of continued tobacco use. During this campaign two spots *Tips Anthem* and *Suzy's Tips* from the CDC Tips 2 campaign were selected along with two Big Pitch Film Festival spots *Don't be Another Statistic* and *See the Facts*. These spots ran prior to the films being shown.

The Big Pitch Film Festival Award Ceremony celebrating student developed, produced and directed 27-second TV commercial was held April 26, 2013; this year's theme was *Silence Big Tobacco*. There was a 37% increase in the total number of videos submitted from last year (n=108) with 648 students participating. Winning submissions are eligible for inclusion in the statewide broadcast and cable media buys.

**Key Accomplishments this Past Quarter:** Because of the alliances established with DHS Division of Behavioral Health Services during the Leadership Academy, all substance abuse providers will need to be tobacco-free by June 1, 2014. Plans are being made to integrate tobacco cessation treatment in all 27 DBHS-funded substance abuse treatment programs.

An abstract by TPCP staff was accepted for the 7<sup>th</sup> National Summit on Smokeless and Spit Tobacco Conference. The poster highlights use of TPCP's smokeless product display by community grantees. In addition, another TPCP staff abstract was accepted by the National Public Health Information Coalition focusing on TPCP's youth engagement in grassroots programs.

**Challenges and Opportunities:** TPCP has continued to focus efforts to increase utilization of the ATQ Fax Referral program. While there is a gradual increase in referrals received by the ATQ, the actual enrollment rate remains lower than desired. We will continue to work toward increase enrollment of all those referred.

**Plans for Next Quarter:** The Annual Sub-grantee Technical Assistance Workshop will be held on August 7 – 9, 2013 to increase competency in addressing and moving forward tobacco control efforts and changing social norms at the local level. During the training, TPCP will show a documentary film entitled *Addiction Incorporated*, and will convene a panel discussion featuring Myron Levin, veteran investigative journalist. TPCP will also begin site visits to sub-grantees and plans will be developed to conduct quarterly training sessions for sub-grantees to enhance their skills.

TPCP will continue to identify key goals and objectives focusing on the four tobacco control goal areas and finalizing a strategic plan.

**3.A. Goals and Objectives for Arkansas Tobacco Prevention and Cessation Program**

<b>ATSC Independent Evaluation Quarterly Report</b>	
<b>Tobacco Prevention and Cessation Program</b>	
<i>Overall Program Goal:</i>	<i>To reduce the initiation of tobacco use and the resulting negative health and economic impact.</i>
<b>Short-term Goal:</b>	Communities shall establish local tobacco prevention initiatives.
Objective:	Objective 1: By June 30, 2014, 10 businesses (restaurants and bars) who currently fall under Act 8 of 2006 exemptions, will voluntarily adopt a smoke free workplace policy.
Partners:	TPCP Sub-grantees
Quarterly Status Update:	No new information to provide this quarter (April -June 2013)
Indicators/Outcome Measures:	Number of Act 8 exempt businesses that voluntarily adopt a smoke free work place policy.
Baseline Data:	FY12 = 15 BirchTree Communities (13 sites); Tokensun Industries, Arlington Hotel
Source of Data:	TPCP Policy Tracking
Timing of Data Collection:	Quarterly
Population/Sample:	Statewide
How data will be described and analyzed:	Review and analysis of new policies going into effect by date
Objective:	Objective 2: By June 30, 2014, two communities will pass smoke free local ordinances more restrictive than Act 8.
Partners:	TPCP Sub-grantees, statewide coalitions
Quarterly Status Update:	No new information to provide this quarter (April -June 2013)
Indicators/Outcome Measures:	Number of communities that pass smoke free ordinances more restrictive than Act 8
Baseline Data:	4 (El Dorado, Highfill, Pine Bluff, Fairfield Bay)
Source of Data:	TPCP GEMS and TPCP Policy Tracking Form
Timing of Data Collection:	Quarterly
Population/Sample:	Statewide
How data will be described and analyzed:	Count and name of communities

ATSC Independent Evaluation Quarterly Report	
Tobacco Prevention and Cessation Program	
Objective:	Objective 3: By June 30, 2014, the number of school districts implementing comprehensive evidence-based interventions (EBIs) recommended by the CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, including policies and curriculum, will increase to 10 percent of all school districts.
Partners:	Coordinated School Health, CHP, CHNs
Quarterly Status Update:	No new information to provide this quarter (April -June 2013)
Indicators/Outcome Measures:	Percentage of public school districts in Arkansas implementing CDC recommended EBIs to prevent tobacco use and addiction
Baseline Data:	FY12 = 8
Source of Data:	TPCP GEMS and TPCP Policy Tracking Form
Timing of Data Collection:	Quarterly
Population/Sample:	Statewide
How data will be described and analyzed:	Number of districts implementing policies (i.e., in lieu of suspension), Yes! Teams, and curriculum
Objective:	Objective 4: By June 30, 2014, 15 CSH schools (currently funded by TPCP) will report having a comprehensive school tobacco policy.
Partners:	Coordinated School Health, CHP, CHNs, Arkansas School Board Association
Quarterly Status Update:	Cabot and Cedar Ridge School Districts adopted the recommended comprehensive policy effect 2013-2014 School year. School districts statewide will begin enforcing at the start of the 2013-2014 school year new legislation banning the use of e-cigarettes by any individual on school campus or at any school sanctioned event. Act 1099 passed 4/11/13.
Indicators/Outcome Measures:	Number of CSH schools with a comprehensive school tobacco policy
Baseline Data:	FY11 = 13 * See list of funded school sites attached.
Source of Data:	TPCP GEMS and TPCP Policy Tracking Form
Timing of Data Collection:	Quarterly
Population/Sample:	Statewide
How data will be described and analyzed:	Number and Name of School District
Objective:	Objective 5: By June 2014, all remaining private colleges and universities will have adopted a 100% tobacco free policy.

ATSC Independent Evaluation Quarterly Report	
Tobacco Prevention and Cessation Program	
Partners:	Sub-grantees, colleges and universities, statewide coalitions
Quarterly Status Update:	No new information to provide this quarter (April -June 2013)
Indicators/Outcome Measures:	Percentage and number of private colleges/universities that have adopted a 100% tobacco free policy.
Baseline Data:	7 colleges have implemented - Central Baptist College, Crowley Ridge College, Harding University, John Brown University, Ouachita Baptist University, Philander Smith College, Williams Baptist College
Source of Data:	TPCP GEMS and TPCP Policy Tracking Form
Timing of Data Collection:	Quarterly
Population/Sample:	Statewide
How data will be described and analyzed:	Number and name of colleges and universities
Objective:	Objective 6: By 2014, 10% of the private and charter schools will implement comprehensive evidence-based interventions recommended by the <i>CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction</i> , including policies and curriculum. (Data source: TBD)
Partners:	Sub-grantees, private and charter school administrators, statewide coalitions, PTA
Quarterly Status Update:	No new information to provide this quarter (April -June 2013)
Indicators/Outcome Measures:	Percentage of private/charter schools in Arkansas implementing CDC recommended EBIs to prevent tobacco use and addiction
Baseline Data:	174 Private Schools/40 Charter Schools Statewide (2012)
Source of Data:	TPCP GEMS and TPCP Policy Tracking Form
Timing of Data Collection:	Quarterly
Population/Sample:	Statewide
How data will be described and analyzed:	Number, name, and type of school
Objective:	Objective 7: By June 2014, six employers representative of large and medium sized businesses (excluding hospitals and medical clinics) will adopt a tobacco free worksite policy. (Data Source: TPCP Policy Tracking Form)
Partners:	TPCP Sub-grantees, statewide coalitions, TPCP State and Communities Staff

ATSC Independent Evaluation Quarterly Report	
Tobacco Prevention and Cessation Program	
Quarterly Status Update:	No new information to provide this quarter (April -June 2013)
Indicators/Outcome Measures:	Percentage of large and medium sized businesses adopting tobacco free worksite policies
Baseline Data:	FY12 = 2; Tokensen Industries (2 plants), CertainTeed Gypsum, Inc. (3 plants)
Source of Data:	TPCP Policy Tracking Form, TPCP GEMS
Timing of Data Collection:	Quarterly
Population/Sample:	Statewide
How data will be described and analyzed:	Number, name, type of business, number of employees
<b>Long-term Goal:</b>	Survey data will demonstrate a reduction in numbers of Arkansans who smoke and/or use tobacco.
Objective:	Objective 1: By June 30, 2014, 90 percent of homes and cars will be smoke-free.
Partners:	TPCP Subgrantees, coalitions, CHPs/CHNs
Quarterly Status Update:	Next update will be provided 2014.
Indicators:	Percentage of homes and cars in Arkansas that are smoke-free.
Baseline Data:	(76 percent of homes and 77 percent of cars in 2008 – Arkansas Adult Tobacco Survey); NATS
Source of Data:	2008 Arkansas Tobacco Survey, 2010 National Adult Tobacco Survey
Timing of Data Collection:	Every 2 Years on Average
Population/Sample:	Statewide; Random Sampling
How data will be described and analyzed:	Demographics, consumption by tobacco type, quit attempts
Objective:	Objective 2: By June 30, 2014, decrease the smoking prevalence of youth from 18.2% to 17%.
Partners:	TPCP sub-grantees, coalitions, Coordinated School Health, CHP, CHN
Quarterly Status Update:	Next update will be provided in December 2013.
Indicators:	Percentage of youth in high school who smoke
Baseline Data:	18.2% (2011)
Source of Data:	YRBSS
Timing of Data Collection:	Every 2 Years
Population/Sample:	Youth Statewide
How data will be described and analyzed:	Tobacco use, cigarette use, smokeless products use, cigar use, quit attempts,

ATSC Independent Evaluation Quarterly Report	
Tobacco Prevention and Cessation Program	
Objective:	Objective 3: By June 30, 2014 decrease the smoking prevalence of adults to 26%
Partners:	TPCP sub-grantees, coalitions
Quarterly Status Update:	Next update will be provided 2013.
Indicators:	Smoking prevalence
Baseline Data:	27%
Source of Data:	BRFSS (2011)
Timing of Data Collection:	Yearly
Population/Sample:	Statewide
How data will be described and analyzed:	Age, gender, and race/ethnicity, education attainment, marital status, property ownership, and telephone ownership
Objective:	Objective 4: By June 30, 2014, reduce the smoking prevalence of racial/ethnic minorities from 25.1% to 24%.
Partners:	TPCP sub-grantees, coalitions
Quarterly Status Update:	Next update will be provided June 2013.
Indicators:	Smoking prevalence
Baseline Data:	25.1%; Hispanics and other combined is 21.4%; Black, NH was 27.3%
Source of Data:	BRFSS (2011)
Timing of Data Collection:	Yearly
Population/Sample:	Statewide
How data will be described and analyzed:	race/ethnicity
Objective:	Objective 5: By June 30, 2014, reduce the adult male smokeless prevalence rate from 7.1% to 6.1% by June 2014.
Partners:	TPCP Sub-grantees, coalitions, Alere Wellbeing, Inc., ADH Systems Training Outreach Program Outreach Specialists, Public and private health care providers
Quarterly Status Update:	176 specific smokeless users called the ATQ this past quarter which is an increase of 10.7 % from the previous quarter.
Indicators/Outcome Measures:	Smokeless prevalence among adults

ATSC Independent Evaluation Quarterly Report	
Tobacco Prevention and Cessation Program	
Source of Data:	BRFSS (2011)
Timing of Data Collection:	Yearly
Population/Sample:	Statewide
How data will be described and analyzed:	Age, gender, and race/ethnicity, education attainment, marital status, property ownership, and telephone ownership
Objective:	Objective 6: Decrease high school male smokeless prevalence rate from 11.6% to 10.6% by June 2014.
Partners:	TPCP Sub-grantees, coalitions
Quarterly Status Update:	Next update will be provided December 2013.
Indicators/Outcome Measures:	Smokeless prevalence among adults
Baseline Data:	11.60%
Source of Data:	YRBSS (2011)
Timing of Data Collection:	Yearly
Population/Sample:	Statewide
How data will be described and analyzed:	Age, gender, and race/ethnicity, education attainment, marital status, property ownership, and telephone ownership
Objective:	Objective 6: June 30, 2014, reduce the number of pregnant women who report tobacco use on the birth certificate from 13.7% in 2010 to 11.7% in 2014.
Partners:	TPCP Sub-grantees, coalitions
Quarterly Status Update:	Next update is anticipated in December 2013.
Indicators/Outcome Measures:	Smoking prevalence among pregnant women
Baseline Data:	33% of AR mothers smoked 3 months before becoming pregnant, 19% smoked during the last 3 months of pregnancy and 25% of the women smoked after their delivery; 45% of women who quit smoking returned to smoking after delivery
Source of Data:	PRAMS 2010; Birth Certificates
Timing of Data Collection:	Every 2 years
Population/Sample:	Statewide
How data will be described and analyzed:	Percentage of mothers who report smoking (age, race)

<b>ATSC Independent Evaluation Quarterly Report</b>	
<b>Tobacco Prevention and Cessation Program</b>	
Reporting Period (Specify Quarter/Year):	4th Quarter FY 13
Form Completed by (Name, Role):	Namvar Zohoori, MD, PhD., MPH - Interim Branch Chief, Tobacco Prevention & Cessation Program
<b>Battelle Comments and Recommendations:</b>	

Other notable successes	Arkansas passed other legislative items which include....
	<ul style="list-style-type: none"> <li>◆ Prohibiting the transfer of e-cigarettes and other nicotine products to minors and to prohibit minors for possessing or buying e-cigarettes. Act 1451 passed 4/22/13.</li> <li>◆ Language to strengthen current Act 134 of 2005 now Act 975 passed 4/8/13, where by an exemption was removed regarding psychiatric hospitals. Now smoking tobacco is prohibited on all medical grounds.</li> <li>◆ Prohibit the distribution of alternative nicotine products to minors. Act 1188 passed 4/12/13</li> </ul>

**3.B. Activities for Arkansas Tobacco Prevention and Cessation Program**

PROGRAM ACTIVITIES					
Activities Related to Short-term Goal: The Tobacco Prevention and Cessation Program (TPCP) communities shall establish local tobacco prevention initiatives.					
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)
<b>CESSATION</b>					
Quitline	TPCP, Health Care Providers, Alere Wellbeing, Inc. , TPCP Subgrantees and Coalitions	Statewide telephone cessation Quitline, provide counseling and nicotine replacement therapy, fax referrals, Systems Training and Outreach Program (STOP); online and face-to-face trainings	Provide cessation counseling/referral	Increase Quit attempts/Cessation	Y
Substance Abuse and Mental Health Care Providers	TPCP, Department of Human Services Division of Behavioral Health	Documentation of tobacco use; referral to Arkansas Tobacco Quitline, Peer-to-Peer Counseling	Provide cessation counseling/referral and support	Identify and refer tobacco users; Increase Quit attempts/Cessation	Y
Oral Health Providers	TPCP, ADH Office of Oral Health, Oral Health Coalition	Identify smokeless tobacco users and refer to Arkansas Tobacco Quitline	Implement 2 A's and R; provide cessation counseling and referral; increase quit attempts	Identify and refer tobacco users; increase quit attempts	Y
<b>HEALTH COMMUNICATIONS</b>					

PROGRAM ACTIVITIES					
Youth-related SOS Activities	TPCP, TPCP Subgrantees, Schools, CJRW	TPCP youth-related activities and health communications promotions through media such as Essay contest, Banners in Schools Educational Program, Big Pitch Film Festival	Provide learning opportunity to prevent youth initiation	Prevent youth initiation of tobacco	Y
Comprehensive public awareness and health promotion	TPCP, Advantage Communications, Cranford, Johnson, Robinson and Woods (CJRW); TPCP Subgrantees and coalitions	Media and earned media buys, social media	Promotion of all TPCP SOS activities; increase learning opportunities for youth to prevent tobacco use; Promote cessation	Prevent youth and adult initiation of tobacco, eliminate exposure to secondhand smoke; promote quitting	Y
<b>STATE AND COMMUNITIES</b>					
Community and Youth Prevention Programs	TPCP, TPCP Subgrantees, Coordinated School Health, Schools, CHPN, CHN	Engage community partners, youth and adults to conduct presentations and other educational activities to prevent initiation and promote quitting	Community engagement and advocacy	Prevent youth and adult initiation of tobacco, eliminate exposure to secondhand smoke; promote quitting	Y
Enforcement	TPCP, Arkansas Tobacco Control	Illegal sales to youth	Track illegal tobacco sales	Prevent youth initiation of tobacco	Y

PROGRAM ACTIVITIES					
Tobacco/Diabetes	TPCP/Diabetes	Collaboration project between TPCP and Diabetes Program	Address tobacco use in diabetic pop.	Reduce tobacco use in diabetic pop.	Y
Governor's Council on Fitness	Governor's Council on Fitness, ADH Chronic Disease Branch	Collaborative project between TPCP and Governor's Council on Fitness	Promote physical activity	Increase physical activity	Y
Statewide Coalitions	TPCP coalition	Statewide coalitions that promote youth engagement, elimination of secondhand smoke, initiation of tobacco use among adults and youth, address disparities	Promote education and advocacy efforts on statewide level	Reduce tobacco use	Y
<b>SET-ASIDE FUNDS FOR MINORITY ACTIVITIES</b>					
* Need list of those they fund. Minority Initiative Sub Recipient Grant Office	TPCP, University of Arkansas at Pine Bluff, community grantees, Advantage Communications, Inc.	Community outreach and grants to address disparate communities	Provide technical assistance and education to support grassroots efforts to address disparate communities	Reduce tobacco use in racial/ethnic minority communities and other disparate groups	Y

PROGRAM ACTIVITIES					
Master Program in Addiction Studies	TPCP, University of Arkansas at Pine Bluff, Advantage Communications, Inc.	Develop graduate level coursework/trainings in the field of addictions that includes the use of tobacco, abuse of alcohol, and psychoactive substances.	Build capacity in the state to address the prevention, intervention and treatment of individuals that use tobacco and abuse of other substances	Prepare students for careers and leadership positions in the field of addiction studies	Y
Activities Related to Long-term Goal: The TPCP survey data will demonstrate a reduction in numbers of Arkansans who smoke and/or use tobacco.					
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)
Arkansas Tobacco Use Survey (ATUS)	TPCP	Statewide survey of adult tobacco use and related attitudes/behaviors	Track trends in adult tobacco use/KAB	Reduced tobacco use in adults	Y
BRFSS	ADH (Health Stats)	Statewide survey of tobacco use and related attitudes/behaviors	Track trends in tobacco use	Reduced tobacco use	Y
Other Activities NOT Related to Goals outlined in the ACT					
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)

PROGRAM ACTIVITIES					
BreastCare/Comprehensive Cancer	TPCP/ADH Comprehensive Cancer Program	Collaboration between TPCP and Comprehensive Cancer/BreastCare Program	Address tobacco use in women presenting for breast exams	Reduce cancer-related diseases	Y
Nutrition and Physical Activity (Act 1220)	Department of Education/ADH	Establish the Child Health Advisory Committee	Promote wellness activities in schools and community	Reduce chronic diseases	Y
Trails for Life	TPCP/Department of Parks and Tourism	Collaboration project between TPCP and Department of Parks and Tourism	Establish smoke-free/tobacco free trails and parks; Promote community wellness	Reduce tobacco use on trails and in parks	Y

**\* Please include in listing ALL initiatives funded by the program, including those implemented by grantees and other external organizations**

**3.C. Cost Data for Arkansas Tobacco Prevention and Cessation Program**

ATSC Independent Evaluation Quarterly Report					
Arkansas Tobacco Prevention and Cessation Program					
Sources of Funding	Amount	Other Funding Source Specified	Leveraged Funds (Y/N)	Programmatic Budget:	Administrative Budget:
MSA	\$17,802,527.00	NA		\$17,119,813.00	\$682,714.00
CDC:	\$1,122,598.00			\$1,122,598.00	
CDC/PPHF	\$264,440.00			\$264,440.00	
Medicaid Reimbursement	\$228,697.00			\$228,697.00	
Total Budget	\$19,418,262.00			\$18,735,548.00	\$682,714.00

Fay W. Boozman College of Public Health

# Fay W. Boozman College of Public Health University of Arkansas for Medical Sciences

## Program Description

The Fay W. Boozman College of Public Health (COPH) educates a public health workforce and advances the health of the public by investigating the causes, treatments and prevention of human health problems. Preventing chronic disease and promoting positive health behavior is the most effective way to improve the health of all people. Our mission of improving the health of all Arkansans is realized through teaching and research, as well as service to elected officials, agencies, organizations and communities. Examples of the complex health issues addressed include improving the multiple dimensions of access to health care; reducing the preventable causes of chronic disease; controlling infectious diseases; reducing environmental hazards, violence, substance abuse, and injury; and promoting preparedness for health issues resulting from terrorist acts, natural disasters, and newly emerging infectious diseases. A long-term goal for the COPH, as noted in the Tobacco Settlement Proceeds Act, is to elevate the overall ranking of the health status of Arkansans. The COPH is working towards this goal through an array of education, research and service programs, while realizing that a multipronged, collaborative approach is required. Thus, the COPH is committed to partnerships and collaborations with health organizations, health care providers and public health practitioners throughout Arkansas.

## Progress and Highlights

### *Short-term goal: Obtain federal and philanthropic funding*

The COPH has established an advisory board to direct its development efforts to assist in raising philanthropic funding to supplement current philanthropic funding that comes from foundations.

In 2012, the COPH recruited eight new faculty members, most of whom were not able to bring extramural funding with them; nonetheless, faculty have leveraged COPH's ATSC funding at a 2.7-to-1 ratio and maintained annual extramural research funding at levels consistent with the previous three years. In 2013, the COPH lost several key administrative and academic leaders, including the Associate Dean of Academic Affairs and the Director of the Center for the Study of Obesity (both professors in the Department of Health Behavior/Health Education), and the Assistant Dean for Finance and Administration (has been filled). So far in 2013, eight new faculty members have been recruited, including a new director for the Master in Health Services Administration program. Interviews recently were conducted for the Associate Dean of Academic Affairs and the Director of the Center for the Study of Tobacco.

### Key Accomplishments This Quarter

- COPH Advisory Board founded.
- All-time high student enrollment; maintenance of high level of minority students.
- Eight new faculty recruited.
- Largest graduating class in the history of COPH.
- New director for the MHSA program.
- Academic program development progresses.

*Long-term goal: Elevate the overall ranking of the health status of Arkansas*

This goal requires a focus of the COPH and its partners over decades of effort. Earlier this year, UAMS, led by Chancellor Rahn, provided critical leadership in the passage of legislation to expand private health insurance to 250,000 poor, uninsured Arkansans. Subsequently, the COPH lent its expertise to assist with the statewide health plan enrollment efforts by partnering with the Arkansas Insurance Department in a cultural competency review of training materials for workers who will be educating and enrolling the public in health care plans. In addition, a COPH faculty member is leading a team in evaluating the Health Information Exchange for the Arkansas Office of Health Information Technology (OHIT).

The 2013 COPH graduating class (includes August and December 2012 as well as spring 2013 graduates) was the largest to date and reflected the growing diversity of COPH academic offerings: One Doctor of Public Health degree, 35 Masters of Public Health degrees, five Master of Health Services Administration degrees, and four Post Baccalaureate Certificates in Public Health were awarded. Also recognized were two Doctor of Philosophy graduates (in public health; these degrees are awarded through the Graduate School), as well as 12 graduates of the Graduate Certificate in Regulatory Science program.

Academic program development continues. The coming academic year will be one of transition for the Regulatory Science program as it moves towards being fully online in 2014. Established in 2012, the program is a collaborative effort with the COPH Department of Environmental and Occupational Health, College of Pharmacy, and UAMS Research Support Center. The MPH in Rural Public Health Practice degree will be offered on-line starting in fall 2013. COPH and U. of A. Fayetteville faculty have also begun preliminary discussions about an undergraduate public health major at U. of A. and a combined 4+1 program through which qualified undergraduates may enter the MPH program and take courses that count toward both the MPH and their undergraduate degrees. The 4+1 program is already in place at Arkansas' three historically black colleges and universities (University of Arkansas at Pine Bluff, Arkansas Baptist College, and Philander Smith College) and Hendrix College. Development of the new doctoral program in epidemiology continues.

The new content focus in Health Behavior/Health Education is under development that will enable education of students to meet the increased demand for health educators in clinical settings as a result of forces being created by the Affordable Care Act. Recruitment for two new faculty positions for that program is underway.

COPH faculty, students and alumni continue to make significant contributions that directly impact the health and wellbeing of Arkansans. Fifteen of 19 student preceptorships in the summer semester and 35 of 42 current faculty research projects have the health and wellbeing of Arkansans as a focus.

**Key Accomplishments this Past Quarter:** Accomplishments include establishment of the COPH Advisory Board; progress filling key administrative and faculty positions; a large and diverse graduating class and student body; continuing progress in the development of academic programs.

**Challenges and Opportunities:** The COPH continues to be competitive nationally in recruitment of highly qualified academic and administrative personnel, despite the limited pool of senior faculty candidates. To address the demand for a diverse public health workforce, the COPH continues development of programs (e.g., the 4+1 Program and the web-based Rural Public Health Practice MPH

Program) that serve students from a wider geographic area and in the long term will increase the impact of public health expertise on population health across Arkansas communities.

**Plans for Next Quarter:** Plans include continuing recruitment efforts for faculty, minority faculty, minority post-doctoral fellows and doctoral students; continuing development of a self-study for re-accreditation by the Council on Education for Public Health with the site visit planned for June 2014; continuing development of new educational programs; and planning for securing philanthropic funding for endowed faculty chairs/professorships and student scholarships.

**4.A. Goals and Objectives for Fay W. Boozman College of Public Health**

<b>ATSC Independent Evaluation Quarterly Report</b>	
<b>College of Public Health</b>	
<b>Overall Program Goal:</b>	<i>To improve the health and promote the well-being of individuals, families and communities in Arkansas through education, research and service</i>
<b>Short-term Goal:</b>	Obtain federal and philanthropic grant funding. (based on 19-12-118 (A)-Monitoring and evaluation of programs)
<b>Objective:</b>	Objective 1: Maintain annual extramural research funding in FY2013 and 2014 consistent with funding levels in the past three years (3-year average).
<b>Partners:</b>	Community partners, ADH, UAMS, community organizations, local colleges and universities
<b>Quarterly status update:</b>	October, January, April, July
<b>Indicators/outcome measures:</b>	Extramural research funding - gross expended by grants and contracts
<b>Baseline data:</b>	FY 10: \$7,895,912; FY 11:\$8,618,156; FY 12: \$7,353,048 3-yr. average: \$7,955,705
<b>Source of data:</b>	COPH Administration
<b>Timing of data collection:</b>	By fiscal year
<b>Population/sample:</b>	Funded grants/contracts
<b>How data will be described and analyzed:</b>	Descriptive data
<b>Objective:</b>	Objective 2: Leveraged funding: The ratio of gross extramural research funding to Tobacco Settlement Fund monies will be maintained at least at 2.7:1 in FY2013 and FY2014.
<b>Partners:</b>	Grant/contract partners
<b>Quarterly status update:</b>	Fiscal year
<b>Indicators/outcome measures:</b>	Amount of extramural funded research (non-TSF) monies received by COPH and ATS funds
<b>Baseline data:</b>	FY 2012. Extramural funding (direct grants/contracts and indirects) \$7,353,048 / TSF \$2,339,864 = 3.14
<b>Source of data:</b>	COPH Administration
<b>Timing of data collection:</b>	By fiscal year

ATSC Independent Evaluation Quarterly Report	
College of Public Health	
Population/sample:	Grants/contracts/indirect funds
How data will be described and analyzed:	Descriptive data
Objective:	Objective 3: Maintain a 2:1 ratio of number of publications in peer-reviewed journals annually to faculty FTEs
Partners:	COPH full-time and part-time faculty
Quarterly Status Update:	Updated annually at the end of the calendar year
Indicators/outcome measures:	Number of publications per faculty FTEs annually
Baseline data:	In 2012: 101 publications/44 faculty FTEs = 2.3 publications/per faculty FTE. List is attached.
Source of data:	COPH faculty annual publications survey / annual faculty count
Timing of data collection:	Publications survey: end of each calendar year. Faculty count: each fall semester
Population/sample:	COPH faculty
How data will be described and analyzed:	Numbers listed and description provided
Objective:	Objective 4: (Objective on ranked publications has been deleted.)
Partners:	
Quarterly status update:	
Indicators/outcome measures:	
Baseline data:	
Source of data:	
Timing of data collection:	
Population/sample:	
How data will be described and analyzed:	
<b>Long-term Goal:</b>	Elevate the overall ranking of the health status of Arkansas
Objective:	Objective 5: Serve as an educational resource on policy initiatives to improve the health and well-being of Arkansas
Partners:	Health-related agencies and organizations; community; executive branch; legislative branch
Quarterly status update:	General session every 2 years

ATSC Independent Evaluation Quarterly Report	
College of Public Health	
Indicators:	Health policies for which COPH was available as a resource / policies enacted
Baseline data:	List of initiatives will be provided.
Source of data:	Coalition of health-related agencies and organizations
Timing of data collection:	At end of each bi-annual general session
Population/sample:	Coalition of health-related agencies and organizations
How data will be described and analyzed:	Not relevant
Process measure:	Not relevant
Instrument:	Not relevant
Who will collect the data:	Not relevant
Timing of data collection:	Not relevant
Population/sample:	Not relevant
How data will be described and analyzed:	Not relevant
Objective:	Objective 6: Provide public health training to students throughout the state.
Partners:	Linkages through statewide recruitment, AHECs, and HBCU partners in 4+1 program
Quarterly status update:	Enrollment data collected each semester
Indicators/outcome measures:	Student % by AHEC region; # of distance-accessible (either weekend-executive format or courses for which the majority of instruction is on line) courses offered
Baseline data:	<b>Spring 2013:</b> 35% Central; 2% NW; 6% NE; 3% SW; 1% S; 4% Delta; 8% South Central; 11 distance-accessible education courses offered. <b>SUMMER 2013:</b> 35% Central; 3% NW; 6% NE; 3% SW; 1% S; 4% Delta; 8% South Central; 4 distance-accessible education courses offered.
Source of data:	Registrar - Office of Student Services (OSS)
Timing of data collection:	Each semester
Population/sample:	Students enrolled in the College of Public Health
How data will be described and analyzed:	Demographic analysis of student population by AHEC region from OSS
Process measure:	Not relevant
Instrument:	Not relevant

ATSC Independent Evaluation Quarterly Report	
College of Public Health	
Who will collect the data:	Not relevant
Timing of data collection:	Not relevant
Population/sample:	Not relevant
How data will be described and analyzed:	Not relevant
Objective:	Objective 7: Increase workforce diversity in public health, particularly under-represented minorities, so that they mirror population demographics
Partners:	Center for Diversity Affairs, 4+1 college partners, research partners, collaborative partners
Quarterly status update:	Information updated by semester enrollment and graduation data
Indicators/outcome measures:	Percentage of minority graduates whose post-graduation plans are in a public health-related field in AR
Baseline data:	<b>Spring 2013:</b> Graduates = 39: 19 Master of Public Health, 5 Master of Health Services Administration, 2 Post-baccalaureate Certificate in Public Health; 12 Graduate Certificate in Regulatory Science/OEH, and 1 PhD (formally awarded through the UAMS Graduate School). Total # minority graduates = 26. <b>Total with post-graduation plans to work in public health in Arkansas for all graduating students awarded post-bac. certificate, MPH, MHSA, or DrPH at 2013 convocation (August &amp; December 2012 graduates + May 2013 graduates): 28 of 45 (62%)</b>
Source of data:	Registrar - Office of Student Affairs
Timing of data collection:	By semester
Population/sample:	COPH minority graduates per semester
How data will be described and analyzed:	Description provided with numbers and percentages
Process measure:	Numbers and percentages of minority students enrolled; numbers and percentages of minority graduates by degree - Certificate, MPH, MHSA, DrPH, PhD, MS, OEH certification
Instrument:	Office of Student Affairs enrollment data
Who will collect the data:	OSS
Timing of data collection:	Each semester (see attachment)
Population/sample:	Minority enrolled students and graduates

ATSC Independent Evaluation Quarterly Report	
College of Public Health	
How data will be described and analyzed:	Description provided with numbers and percentages
Objective:	Objective 8: Pursue Arkansas-based research focused on improving the health of Arkansas: 1) Ensure that no fewer than 50% of faculty are involved in research activities that focus on the improvement of the health and wellbeing of Arkansans; 2) ensure that no fewer than 75% of the MPH student preceptorships and integration projects have as their focus the improvement of the health and wellbeing of Arkansans.
Partners:	AR Center for Health Disparities (ARCHD)
Quarterly status update:	October; January; April; July
Indicators/outcome measures:	1) Percentage of faculty involved in research activities that focus on the improvement of the health and wellbeing of Arkansans; 2) percentage of the MPH student preceptorships and integration projects that have as their focus the improvement of the health and wellbeing of Arkansans.
Baseline data:	<b>Summer 2013:</b> 1) 83% (35 of 42) faculty projects meet criteria: 79% (15 of 19) student projects meet criteria
Source of data:	Faculty survey; Office of Student Services
Timing of data collection:	Quarterly and by calendar year
Population/sample:	All faculty research activities conducted within the calendar year; all student preceptorships and integration projects completed in the calendar year
How data will be described and analyzed:	Description provided with numbers and percentages
Process measure:	Not relevant
Instrument:	Not relevant
Who will collect the data:	Not relevant
Timing of data collection:	Not relevant
Population/sample:	Not relevant
How data will be described and analyzed:	Not relevant
Reporting period (specify quarter/year):	4th Quarter FY 13
Form completed by (name,role):	Nancy Dockter, asst. dean/ATSC liaison

ATSC Independent Evaluation Quarterly Report

College of Public Health

**Battelle Comments and Recommendations:**

**4.B. Activities for Fay W. Boozman College of Public Health**

PROGRAM ACTIVITIES					
Activities Related to Short-term Goal: Obtain federal and philanthropic grant funding.					
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)
		See attachment: Program grants and contracts, FY2012.			
		See attachment: Extramural funding by source of funds and programmatic area, FY2012.			
Activities Related to Long-term Goal: Elevate the overall ranking of the health status of Arkansas.					
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)
		See attachment: List of faculty publications, calendar year 2012.			
Other Activities NOT Related to Goals outlined in the ACT					
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)
		Not relevant.			

**\* Please include in listing ALL initiatives funded by the program, including those implemented by grantees and other external organizations**

**4.C. Cost Data for Fay W. Boozman College of Public Health**

ATSC Independent Evaluation Quarterly Report					
College of Public Health					
Sources of Funding	Amount	Other Funding Source Specified	Leveraged Funds (Y/N)	Programmatic Budget:	Administrative Budget:
ATSC	\$2,339,864.00	NA	NA	NA	\$2,339,864.00
Grants/contracts direct costs	\$5,876,208.00	NA	NA	NA	\$5,876,207.00
Grants/contracts indirects	\$1,476,840.00	NA	NA	NA	\$443,053.00
Tuition and fees	\$831,381.00	NA	NA	NA	\$249,414.00
Investment revenue	\$19,429.00	NA	NA	NA	\$19,429.00
Expendable gifts	\$57,191.00	NA	NA	NA	\$57,191.00
<b>Other UAMS state funding</b>	<b>\$2,810,484.00</b>				<b>\$2,810,484.00</b>
<b>TOTAL</b>	<b>\$13,411,397.00</b>				<b>\$11,795,642.00</b>
Column B = Gross expended funds					
Column F = Amount allocated to the COPH					

Grants and contracts indirects and tuition and fees are subject to a 70% university tax, which is used for administrative support and other costs. A portion of indirect costs - typically 30% - is returned to the COPH. The reduced amounts for grants & contracts indirects and tuition & fees are shown in Column F.

**4.D. Additional Tables for Fay W. Boozman College of Public Health**

**Fay W. Boozman College of Public Health  
 Faculty Research Projects January-March 2013**

Principal Investigator	Grant Title	Start Date	End Date	Project Synopsis	Improving the Health & Wellbeing of Arkansans is a Research Focus of the Project
Borders, Ty	Rural and urban African American cocaine users perceived need for care (NIH)	7/1/10	6/30/13	The overall objective of this study is to further understand rural vs. urban differences in Arkansas of black cocaine users' perceived need for drug abuse & HIV testing.	Yes
Boysen, Gunnar	A novel approach for quantitation of N-terminal valine adducts (NIH)	7/1/11	07/31/14	Humans are constantly exposed to various mixtures, such as tobacco smoke, auto exhaust, and other environmental and occupational pollutants, containing several thousand compounds, including many known carcinogens. The causal link between exposure and the development of adverse health effects is believed to be covalent modification of DNA and proteins, and formation of stable adducts. Technical limitations, however, have prevented the assessment of a board range of different adducts simultaneously. Therefore, we propose to develop a method to make it possible to determine the presence and number of several adducts simultaneously in order to obtain accurate information needed to assess the risks to human health posed by exposures to mixtures.	No
Boysen, Gunnar	TRI Pilot	01/1/13	03/31/14	The project will establish a prediction model that will make it possible to distinguish lung cancer patients with adenocarcinoma from lung cancer patients with squamous carcinoma. The long-term goal is to use metabolite biomarkers profiles to improve patient care by personalizing treatment based on a better understanding of tumor biology. Successful completion of these aims will provide a novel diagnostic tool that could complement and refine current histopathologic	Yes

Principal Investigator	Grant Title	Start Date	End Date	Project Synopsis	Improving the Health & Wellbeing of Arkansans is a Research Focus of the Project
				diagnoses and potentially help define other characteristics of individual lung tumor types.	
Eudy, Ruth	AR women's health demonstration waiver evaluation (DHHS)	07/01/07	06/30/14	This independent evaluation of the AR Women's Health Waiver 1115(a) Medicaid Demonstration is conducted to determine the outcome for the AR Medicaid support and promotion of the following Title XIX objectives: 1) Increasing access to and use of Medicaid paid family planning services for women of childbearing age; 2) Decreasing inadequately spaced pregnancies among women in the target population; 3) Decreasing the number of Medicaid paid deliveries; and 4) Improving the availability of family planning services for the Demonstration population.	Yes
Felix, Holly	Identifying root causes for a 3-day hospital readmission (CCTR)	10/1/11	03/31/14	This community-engaged pilot study will use UAMS electronic health records and existing patient survey response data to identify clinical, socio-demographic, and community root causes for hospital readmission for heart attack and heart failure and other conditions among Medicare patients. The Identification of root causes will inform the design of a care transition intervention, which will be tested in a subsequent study.	Yes
Ferguson, Alesia	HIPPY for Healthy Homes Program (HHHP): curriculum development and capacity building for managing indoor air quality in homes (EPA)	10/01/12	09/30/13	A collaborative effort between the UAMS College of Public Health and the children, community and outreach organization, Home School Instruction for Parents of Pre-School Youngsters to build capacity in the State for education and health protection from lead, mold and carbon monoxide hazards in the home. The project will involve curriculum development for parents and training of HIPPY coordinators and home-based outreach educators in 6 regions of the State.	Yes

Principal Investigator	Grant Title	Start Date	End Date	Project Synopsis	Improving the Health & Wellbeing of Arkansans is a Research Focus of the Project
Ferguson, Alesia	Environmental Education Regional Grants (EPA)	03/11/13	03/10/15	COPH researchers will partner with two other Arkansas public universities and the Clinton School of Public Service in an environmental education project focused on pest management practices and chemical use reduction to promote a healthier home and a reduction in adverse health outcomes. The program will apply a communication model with potential to promote listening, build relationships, encourage open communication, prompt critical thinking, and generate ownership and stewardship for sustainable outcomes. This project addresses EPA educational and environmental priorities. The target groups include a large proportion of African-Americans, 8 school districts, 140-160 science teachers, 280-400 students and 300 to 400 parents, as well as the Latino community.	Yes
Greene, Paul	Witness – cancer implementation plan (ADH)	1/1/10	6/30/14	The goal of the Witness Project is to promote and increase the appropriate utilization of high-quality breast cancer screening and follow-up services.	Yes
Greene, Paul	Esperanza y Vida (ADH)	7/1/08	6/30/13	This is a service project funded through ADH Breast Care Program. Educational outreach is conducted and women are enrolled in Breast Care if eligible, and assisted in getting services.	Yes
Greene, Paul	Witness Project (ADH)	7/1/08	6/30/13	This project will provide educational and navigational services to African American women on breast and cervical cancer.	Yes
Greene, Paul/ Raczynski, Jim	Esperanza y Vida/Ventanilla de Salud (Komen Foundation)	06/01/12	05/31/13	Objectives include to: 1) provide culturally appropriate information to 500 Latino women and men about breast cancer risk factors and screening importance in 3 settings (4 groups interventions in community settings convenient for Latinos, daily brief individual interventions at the Consulate,	Yes

Principal Investigator	Grant Title	Start Date	End Date	Project Synopsis	Improving the Health & Wellbeing of Arkansans is a Research Focus of the Project
				and brief individual interventions at 10 Mobile Consulate events annually); and 2) refer 200 eligible women for screening mammography, providing navigation services and follow up with diagnostic evaluation and treatment completion as needed. Follow-up phone calls will be completed with all women referred to determine screening status and to promote follow through with recommended screening, diagnosis and treatment recommendations.	
Johnson, Eric	Case cohort study of cancers in excess in poultry workers. (CDC/NIOSH)	1/16/12	8/31/17	To determine whether exposure to poultry-borne viruses is the probable cause of why poultry workers are dying at an excessive rate from several cancers as observed from previous epidemiologic studies; to determine if these viruses cause cancer in humans.	Yes
Kavouras, Ilias	Fine particle sources and their impacts of respiratory and cardiovascular health in southern New Mexico	7/5/12	6/30/13	Assessment of the characteristics of an air quality monitoring network and associated respiratory health effects in the state of New Mexico. UAMS will contribute to three components of this project: distribution of chronic and infectious diseases; determination of the causes/sources of air quality contamination; correlation of human health conditions with air quality	No
Montgomery, Brooke	HIV prevention trials network (HPTN) scholars: interventions to reduce HIV infection in communities at disproportionate risk for HIV acquisition in the US (HPTN)	06/01/12	07/31/13	Interventions to reduce HIV infection in communities at disproportionate risk for HIV acquisition in the United States	Yes
Montgomery, Brooke	KL2 Scholar Award (TRI)	08/01/12	07/31/14	Use a community-engaged version of the ADAPT-ITT Model in collaboration with community stakeholders to adapt an evidence-based behavioral intervention to the SRR needs of women who have experienced SV and test its feasibility and acceptability in a small-scale	Yes

Principal Investigator	Grant Title	Start Date	End Date	Project Synopsis	Improving the Health & Wellbeing of Arkansans is a Research Focus of the Project
Morris, Mike	Budget cuts and health outcomes: Examining a natural experiment	12/1/11	05/01/13	<p>randomized trial.</p> <p>The proposed study addresses knowledge gaps in public health practice, research, and policy making by leveraging the economic crisis as a unique “natural experiment” to examine the variation in local health department services and expenditures in relation to local “needs” and to determine the initial effects of the recession-induced changes in LHD resources and services on population health at the county level. Our study will use longitudinal LHD expenditure data for categories of service expenditures (i.e. Maternal/Child Health, Environmental Health, Communicable Disease Control) in 305 LHDs from 4 states over 6 years (2005-2010). This study is a component of the Public Health Activities, Services and Tracking (PHAST) Program (a collaborative effort of the University of Washington College of Public Health, the UAMS College of Public Health, the University of Washington’s Center for Studies in Demography and Ecology (CSDE) and Public Health PBRNs in 12 states. The unique research partnership underlies the promising and innovative geospatial and statistical approach we will use to examine a poorly understood area of Public Health Systems and Services Research (PHSSR). Understanding these relationships is vital to developing an evidence base for public health planning and decision making.</p>	No
Morris, Mike	Consolidation in Ohio Local Public Health: Differences in Expenditures	1/1/13	3/31/13	A collaborative effort of the Ohio Public Health PBRN (the Association of Ohio Health Commissioners, Kent State University and Case Western University) and UAMS. The	No

Principal Investigator	Grant Title	Start Date	End Date	Project Synopsis	Improving the Health & Wellbeing of Arkansans is a Research Focus of the Project
				central objectives are to develop evidence regarding the effect of consolidation on the expenditures of, workforce and services provided by local health departments in Ohio and to deliver actionable and timely findings to inform the state's consolidation policy decisions within the state.	
Penney, Rosalind	The relationship between BMI, cancer incidence, and residence in an agricultural county in Arkansas	04/01/13	03/30/14	The primary goal of this study is to explore the roles of BMI and county of residence (pesticide exposure) in cancer incidence utilizing the UAMS Data Warehouse for diagnosis codes, BMI and zip codes. Other resources will be used to assess average pesticide use within a county. The secondary goal is to further explore this relationship between variables by performing analyses on specific diagnoses within a cancer diagnosis. We hypothesize that if a person has colon, breast or prostate cancer in Arkansas, there is a higher likelihood that they have a higher BMI and live in a county with a higher agricultural impact.	Yes
Phillips, Martha (Evaluation)	Oral Health Evaluation (ADH)	07/01/12	06/30/13		Yes
Phillips, Martha (Evaluation)	Arkansas Minority Health Commission	10/01/12	06/30/14		Yes
Phillips, Martha (Evaluation)	ACP Implementation-Priorities for Change	7/1/12	6/30/14	Provide evaluation of the projects supported by Arkansas Cancer Plan (ACP) Implementation funding to assess their progress toward achieving program objectives.	Yes
Phillips, Martha (Evaluation)	Boys Girls Adults Community Development Center Marvel AR	07/01/12	12/31/13	No summary available	Yes
Phillips, Martha (Evaluation)	OHIT	04/01/13	06/01/14	The OHIT evaluation is a contract with the Office of Health Information Technology to evaluate the implementation and utilization of SHARE – the statewide health information system. The system allows providers (including physicians,	Yes

Principal Investigator	Grant Title	Start Date	End Date	Project Synopsis	Improving the Health & Wellbeing of Arkansans is a Research Focus of the Project
				pharmacies, hospitals, laboratories, radiology facilities, and other inpatient and outpatient care facilities) to share patient information in a secure environment. The evaluation is examining the processes used to establish the system, to get users signed up for the system, user satisfaction with the system, and the degree to which the system's various components are being utilized.	
Pradhan, Rohit	Private equity acquisition of nursing homes – Implications for quality and financial performance	01/01/13	07/30/13	No summary available	Unknown
Prewitt, T. Elaine	Identifying Retail Pricing Options to Encourage Healthy Food Purchases by African American Caregivers with Low Incomes	01/01/13	05/31/13	The objective is to determine why the prices (particularly the temporary price reductions) are what they are and if they are or could be systematically determined in any way that relates to the healthfulness of foods.	Yes
Pulley, LeaVonne	REGARDS subcontract	4/1/08	11/30/17	Subcontract with national study continuing follow-up of individuals recruited in 2003-2007 for a prospective, longitudinal study of stroke, with inclusion of Arkansas sample for second round of telephone surveys and in-person examinations.	Yes
Pulley, LeaVonne	REGARDS-NIOSH supplement (CDC/NIOSH)	09/13/10	09/30/13	Subcontract with national study continuing follow-up of individuals recruited in 2003-2007 for a prospective, longitudinal study of stroke, with inclusion of Arkansas sample for second round of telephone surveys and in-person examinations.	Yes
Pulley, LeaVonne	Childhood SES factors: impact on age-related cognitive and vascular health (NIH/UAB)	9/1/11	8/31/16	Dr. Pulley will assist in the development, testing, and implementation of survey modules and other data collection instrument for the collection of study data from REGARDS participants. She will engage in the iterative process of review/editing and testing of	Yes

Principal Investigator	Grant Title	Start Date	End Date	Project Synopsis	Improving the Health & Wellbeing of Arkansans is a Research Focus of the Project
				a draft instruments, identify training needs associated with the implementation of the new survey, assist in planning/developing/implementing interviewer training materials, participate in conference calls and face-to-face meetings as needed, assist in the interpretation of pilot survey results, serve on the External Advisory Committee, and participate in manuscript development.	
Raczynski, Jim	Health Windows - Mexican Consulate	01/01/12	12/31/13	Through a partnership with the Mexican government, this program, situated at the Mexican Consulate in Little Rock, will increase awareness and use of available health services among the Latino population and provide education about disease prevention.	Yes
Raczynski, Jim	School policy to combat childhood obesity evaluation of Act 1220 (RWJ)	08/15/07	08/14/13	A component of a comprehensive program to combat childhood obesity in Arkansas	Yes
Raczynski, Jim	Establishing an exploratory NCMHD research Center of Excellence in AR (NIH)	09/30/07	05/31/13	To develop research that improves access to quality prevention and healthcare programs for racial and ethnic minorities with a goal of eliminating health disparities. ARCHD will continue to focus on chronic disease disparities with an emphasis on significant epidemic chronic disease risk factors and the management of other chronic disease risk factors that lead to excess morbidity, mortality and costs through institutional placements.	Yes
Raczynski, Jim	Establishment of the AR Prevention Research Center (CDC)	9/30/09	9/29/14	The overall goal of the ARPRC is to develop community-based prevention research and educational programs (for academicians, practitioners, and community partners/members) that reduce risks for chronic diseases among Arkansas' racial and ethnic minorities in an effort to eliminate chronic	Yes

Principal Investigator	Grant Title	Start Date	End Date	Project Synopsis	Improving the Health & Wellbeing of Arkansans is a Research Focus of the Project
				disease health disparities. Three pilot projects are being conducted in Ashley and Desha Counties.	
Robinson, Diane	Behavioral Economics, Courts, and Child Welfare (RWJF)	05/1/13	04/30/14	The proposed study which focuses on decision making involving the child welfare system will investigate court processes, compliance with statutory time frames and other court performance measures and the impacts on child wellbeing such as time spent in foster care and educational outcomes. This will be the first use for research of a new database for juvenile courts in Arkansas.	Yes
Stewart, Katharine E	Reducing sexual risk behaviors among rural African-American cocaine users (NIH)	9/30/07	08/31/13	This intervention 1) utilizes an existing sexual risk reduction program with proven efficacy among active urban substance users; and 2) adapts the program to address the needs of rural African-Americans who use cocaine or use cocaine and other stimulants, and 3) test its efficacy using a randomized controlled trial design.	Yes
Stewart, Katharine	Inter-temporal trade-offs in risky decisions of cocaine addicts. Subcontract with Virginia Tech.	4/1/12	3/31/15	Cocaine use and its associated risky sexual behaviors (e.g., sex with multiple partners, inconsistent condom use, trading sex for drugs or money) represent a significant contributor to the ongoing spread of HIV. The study objective is to increase understanding of the behavioral processes of cocaine addiction that influence decisions about high-risk sexual behavior and the underlying neural processes (through magnetic resonance imaging (MRI), which will be applied to new treatment approaches.	Yes
Stewart, M.K.	Arkansas Delta Rural Health Development Network (HRSA)	09/01/07	08/31/13		Yes
Stewart, M.K.	A community-engaged study of social networks and long-term care (CCTR). This project is supported by an award	4/1/11	6/30/13	This pilot study was a community based participatory research project focused on studying the social networks of	Yes

Principal Investigator	Grant Title	Start Date	End Date	Project Synopsis	Improving the Health & Wellbeing of Arkansans is a Research Focus of the Project
	(1UL1RR029884) from the NIH.			Community Connectors who are lay persons hired to serve their communities to link those in need of home and community-based services to long-term care to understand how to increase referrals of community members in need of services could be improved.	
Stewart, M.K.	Expanding community-linked infrastructure to support disparities research	7/6/10	6/30/13	To develop a community-based infrastructure to support minority participation in research (both as partners and as participants) to reduce racial health disparities.	Yes
Tilford, Mick	Remote food photography subcontract (NIH/LSU)	4/1/11	3/31/13	Organize a micro-costing survey to estimate the cost of the two interventions (Remote Food Photography Method and pen-and-paper food recall methods) and conduct an incremental cost-effectiveness analysis of improved predictive accuracy.	No
West, Delia	Behavioral consultant to Look Ahead Weight Loss Subcommittee	9/1/03	7/31/13	Not available	No
West, Delia	Internet assisted obesity treatment: enhanced by motivational interviewing IREACH2 (NIH/U-Vermont)	5/1/10	4/30/15	This web-based weight loss project is designed to determine the benefit of a web-based counseling approach to weight loss versus delivery through group, in-person methods. If web-based approaches are found to be effective for helping people lose weight and maintain losses, then a highly cost-effective approach to weight loss and maintenance will be added to what can be done in AR to counteract the obesity epidemic. IREACH 2-Enhanced by Motivational interviewing.	Yes
Yeary, Karen	Faith Academic Initiative for Transforming Health in the Delta	1/1/13	12/31/15	To reduce racial health disparities in Arkansas, with particular focus on the Delta, the Community Engagement Component of the UAMS Clinical and Translational Science Award (CTSA), called the <u>Translational Research Institute (TRI)</u> , brings together community-engaged academics from across UAMS and community members in the Delta to collaborate on	Yes

Principal Investigator	Grant Title	Start Date	End Date	Project Synopsis	Improving the Health & Wellbeing of Arkansans is a Research Focus of the Project
				innovative approaches, including dissemination of community-academic “best practices” across Delta counties. The focus will be in the lower Mississippi Delta region of Arkansas – specifically Phillips and Jefferson counties. <u>Faith communities</u> in these counties will be essential partners in health research , which will include sharing of the “best practice” of faith network development created by the Faith Task Force in Phillips County with clergy and congregations in Jefferson County; a health assessment; identification of a key issue as a focus; and develop and pilot and of an intervention.	
<b>TOTAL # PROJECTS: 42      TOTAL # WHICH HAVE AS FOCUS IMPROVING THE HEALTH &amp; WELLBEING OF ARKANSANS: 35/42=83.3%</b>					

**COPH Graduates 2013 by Race/Ethnicity and Certificate or Degree Earned**

Race/Ethnicity of Graduating Student	Certificate or Degree Earned											
	Public Health Certificate		Regulatory Science Certificate		Master's in Public Health (MPH) or Joint MPH		Master's in Health Services Administration (MHSA)		Doctor of Public Health in PH Leadership (DrPH)		Doctor of Philosophy (PhD)	
	Sum/Fall 2012	Spring 2013	Sum/Fall 2012	Spring 2013	Sum/Fall 2012	Spring 2013	Sum/Fall 2012	Spring 2013	Sum/Fall 2012	Spring 2013	Sum/Fall 2012	Spring 2013
American Indian	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	9	1	3	0	1	0	0	0	0
Black	0	0	0	1	2	12	0	0	0	0	0	0
Hispanic/Latino of any race	0	0	0	0	0	0	0	0	0	0	0	0
White (non-Hispanic)	1	2	0	1	10	4	0	3	1	0	1	1
Native Hawaiian	0	0	0	0	0	0	0	0	0	0	0	0
Two or more R/E reported	0	0	0	0	3	0	0	0	0	0	0	0
No R/E reported	1	0	0	1	0	0	0	1	0	0	0	0
Sub-totals	2	2	0	12	16	19	0	5	1	0	1	1
<b>TOTALS</b>	<b>4</b>		<b>12</b>		<b>35</b>		<b>5</b>		<b>1</b>		<b>2</b>	

**COPH Graduates 2013 (SUM/FALL 2012 & SPRING 2013) – Post-Graduation Plans (Data not available for PhD, Reg. Science Certificate Graduates)**

Race/Ethnicity of Graduating Student	Public Health Certificate (N=4)			Master's in Public Health (MPH) or Joint MPH (N=35)				Master's in Health Services Administration (MHSA) (N=5)				Doctor of Public Health in PH Leadership (DrPH) (N=1)		
	WORK IN PUBLIC HEALTH IN AR	PURSUED ANOTHER DEGREE	DID NOT REPORT PLAN	WORK IN PH IN AR	PURSUED ANOTHER DEGREE	DID NOT REPORT PLAN	OTHER	WORK IN PUBLIC HEALTH IN AR	PURSUED ANOTHER DEGREE	DID NOT REPORT PLAN	OTHER	WORK IN PH IN AR	PURSUED ANOTHER DEGREE	DID NOT REPORT PLAN
American Indian														
Asian				3		1								
Black	1			7	3	4					1			
Hispanic/Latino of any race														
White (non-Hispanic)	2		1	8	2	3	1	3				1		
Native Hawaiian														
Two or more R/E reported				3										
No R/E reported										1				
<b>Total</b>	<b>3</b>		<b>1</b>	<b>21</b>	<b>5</b>	<b>8</b>	<b>1</b>	<b>3</b>		<b>1</b>	<b>1</b>	<b>1</b>		

**Fay W. Boozman College of Public Health  
 University of Arkansas for Medical Sciences**

**SPRING 2013 STUDENT DEMOGRAPHICS BY PROGRAM**

Program	Number	Percentage
Post-baccalaureate certificate	34	16
DrPH	14	7
MHSA	21	10
MPH	81	39
JD/MPH	4	2
MD/MPH	14	7
MPH/MPS	5	2
Pharm.D/MPH	5	2
BA/MPH	4	2
BS/MPH	4	2
PhD	11	5
None	10	5
<b>TOTAL</b>	<b>208</b>	<b>100</b>

**SUMMER 2013 STUDENT DEMOGRAPHICS BY PROGRAM**

Program	Number	Percentage
Post-baccalaureate certificate	22	11
DrPH	14	7
MHSA	16	8
MPH	77	40
JD/MPH	17	9
MD/MPH	16	8
MPH/MPS	4	2
Pharm.D/MPH	4	2
BA/MPH	3	2
BS/MPH	3	2
PhD	12	6
None	17	9
<b>TOTAL</b>	<b>193</b>	<b>100</b>

**SPRING 2013 STUDENT DEMOGRAPHICS BY RACE/ETHNICITY**

<b>Race/ethnicity</b>	<b>Number</b>	<b>Percentage</b>
Hispanic of any race	5	2
American Indian or Alaskan Native	1	> 1
Asian	14	7
Black or African-American	64	31
Native American or other Pacific Islander	0	0
White	107	51
Reported two or more	3	1
Reported none	14	7
<b>TOTAL</b>	<b>208</b>	<b>100</b>

**SUMMER 2013 STUDENT DEMOGRAPHICS BY RACE/ETHNICITY**

<b>Race/ethnicity</b>	<b>Number</b>	<b>Percentage</b>
Hispanic of any race	5	3
American Indian or Alaskan Native	1	1
Asian	11	6
Black or African-American	55	28
Native American or other Pacific Islander	0	0
White	104	54
Reported two or more	3	2
Reported none	13	7
<b>TOTAL</b>	<b>193</b>	<b>100</b>

**SPRING 2013 STUDENT DEMOGRAPHICS BY GENDER**

<b>Gender</b>	<b>Number</b>	<b>Percentage</b>
Female	143	69
Male	65	31
<b>TOTAL</b>	<b>208</b>	<b>100</b>

**SUMMER 2013 STUDENT DEMOGRAPHICS BY GENDER**

<b>Gender</b>	<b>Number</b>	<b>Percentage</b>
Female	128	66
Male	65	34
<b>TOTAL</b>	<b>193</b>	<b>100</b>

**MPH PRECEPTORSHIPS**

<b>Project Name</b>	<b>Project Site</b>	<b>Project Synopsis</b>	<b>Focus on Improving Health &amp; Wellbeing of Arkansans</b>
Disaster preparedness among families of children with special needs	Arkansas Children’s Hospital – Medical Home Clinic, Little Rock, AR	To assess the level of disaster preparedness and raise awareness among families with children with special needs.	Yes
Implementing a secondary sex education course: Concepts of sex health and you	New Beginnings Pregnancy Center, Ash Flat, AR	To implement a comprehensive human sexuality education program for 9 <sup>th</sup> -graders, to lower rates of unintended pregnancy and sexually transmitted infections.	Yes
Sisters United	Office of Minority Health and Health Disparities, Arkansas Dept. of Health, Little Rock, AR	To serve as an intern with a community-based initiative that is a collaboration with African-American sororities to decrease infant mortality in Arkansas (through screenings, education, data collection and analysis and related research activities)	Yes
Implementing HIV testing tour evaluation & HIV voluntary counseling and testing	Arkansas Dept. of Health, Little Rock, AR; Conway, West Memphis and McGhee, AR	To conduct education, testing and community-based planning activities related HIV prevention and treatment.	Yes
Parents of transgender adolescents: experiences in health care support for the issues surrounding transitioning and/or hormone therapy for adolescent children	Dept. of Health Policy & Management, UAMS COPH	To identify resources that are available to parents of transgender adolescents who are seeking assistance with transiting and/or hormone therapy for their adolescent children, including examining parents’ experiences in accessing healthcare for these specific needs of their children.	Yes
Dengue Fever reduction: public health awareness education	Manchester Health Dept., Mandeville, Jamaica	To assist in the planning and development of an educational/awareness campaign for the residents of the Southern	No

Project Name	Project Site	Project Synopsis	Focus on Improving Health & Wellbeing of Arkansans
		Region of Jamaica. The purpose is to equip people with the knowledge and skills to help protect their families and communities from Dengue fever; identify community stakeholders to ameliorate environmental hazards contributing to Dengue fever.	
Evaluation of the current state of nursing home evacuation preparedness	Arkansas Dept. of Health, Little Rock, AR	To evaluate the overall state of Arkansas nursing homes' plans and procedures with respect to evaluation, thus to ensure that nursing homes are prepared for public health emergencies and disasters.	Yes
Preparedness and emergency response targeted to 17 "Red Counties" of Arkansas	Office of Minority Health and Health Disparities, Arkansas Dept. of Health, Little Rock, AR	To assist an health department administrator on a public health emergency preparedness grant with public health coalition capacity building in 17 counties in Arkansas where life expectancy is 6-10 years lower than that of the county with the highest life expectancy.	Yes
National Healthcare Safety network reporting of <i>Clostridium Difficile</i> and <i>MRSA</i> from acute care hospital settings during Jan-Mar 2013	Applied Epidemiology Branch, Arkansas Dept. of Health, Little Rock, AR	To assist the health department in meeting reporting requirements for a new CMS health care quality initiative by contacting hospitals, monitoring reporting results, maintaining the database and evaluating data.	Yes
Hepatitis C internship	HIV/STD/Hepatitis C Branch, Arkansas Dept. of Health, Little Rock, AR	To improve HIV/STD/Hepatitis C surveillance activities of established public health networks and incorporate raw data into a national surveillance database; for the purpose of improved tracking of underrepresented populations and for guidance in use of public health resources.	Yes

Project Name	Project Site	Project Synopsis	Focus on Improving Health & Wellbeing of Arkansans
Supporting the Ventanilla de Salud's health education programs	Ventanilla de Salud program at the Mexican Consulate, Little Rock, AR	To develop survey tools to assist the Ventanilla de Salud program in evaluating the effectiveness of their health education programs.	Yes
Epigenetic effects of exposure to low doses of ionizing radiation in lung	Dept. of Environmental & Occupational Health, UAMS COPH, Little Rock, AR	To assist Dr. Igor Koturbash in elucidating the epigenetic mechanisms that underlie the development of radiation-induced lung cancer through literature reviews, lab analyses, and writing.	No
The relationship between BMI, cancer incidence, and residence in an agricultural county in Arkansas	Dept. of Biostatistics, UAMS COPH, Little Rock, AR	To provide data input, maintenance, and analysis assistance to a faculty member on a grant focused on BMI and residence in an agricultural county as cancer risk factors	Yes
Evaluation of "Reducing the Risk" program at KIPP-Delta Schools	KIPP-Delta Schools, Helena-West Helena, AR	To assist with the evaluation of a sexual risk reduction and healthy relationship program, through interviews and survey of students, administrators and teachers in order to plan for next year's program	Yes
The incorporation of public health and pharmacy in the Four Corners Area	Northern Navajo Medical Center, Indian Health Service, NM	To aid in understanding and decreasing health disparities among American Indians, as a public health and pharmacy student working at a pharmacy ambulatory care setting.	No
A Preceptorship to Assist the Arkansas Department of Health Nurse Family Partnership	AR Nurse Family Partnership Home Visiting Program, Arkansas Department of Health, Little Rock, AR	Assist the state health department Nurse Family Partnership in implementation of continuous policy improvement to meet federal benchmarks, review and improve client survey and implementation protocols, and update policy manual	
Sources of variation of <i>Helicobacter pylori</i> treatment success in adults in	Dept. of Epidemiology, UAMS COPH, Little Rock, AR	To assist faculty in a meta-analysis of literature pertaining to the topic and learn meta-analysis software and techniques.	No

<b>Project Name</b>	<b>Project Site</b>	<b>Project Synopsis</b>	<b>Focus on Improving Health &amp; Wellbeing of Arkansans</b>
developing countries: a meta-analysis			
Addressing the social determinants of health of low-income, uninsured patients	Harmony Health Clinic, Little Rock, AR	To help clinic patients better address socio-economic conditions of their lives that negatively affect their health and wellbeing through the launch of a social services database and the development of procedures for patient referrals and follow-up, as well as the evaluation of the referral program	Yes
Pest management practices and chemical use reduction in homes	Dept. of Environmental and Occupational Health, UAMS COPH	To assist faculty on project grant and planning activities for the purpose of developing educational activities designed to educate about and reduce exposures to potential chemical and biological hazards in indoor environments.	Yes
<p>TOTAL PROJECTS: 19</p> <p>TOTAL PROJECTS FOR WHICH IMPROVING THE HEALTH &amp; WELLBEING OF ARKANSANS IS THE FOCUS: 15;</p> <p>PERCENTAGE OF TOTAL: 79%</p>			

**Grants and Contracts**

<u>PI</u>	<u>Title</u>	<u>Start Date</u>	<u>End Date</u>
Bauer, Angela	HSA-Graduate Student Stipends	N/A	N/A
Goodell, Melanie	DHHS Contract#: 4600019246	7/1/2011	6/30/2013
Boysen, Gunnar	A novel approach for quantitation of N-terminal valine adducts	7/1/2011	7/31/2014
Boysen, Gunnar	TRI Pilot	4/1/2013	3/31/2014
Bursac, Zoran	AFMC Contract	N/A	N/A
Chalbot, Marie-Cecile	French Contract	7/1/2012	1/31/2013
Cranmer, Morris	ADH-Pine Bluff Chemical Stockpile	10/1/2004	9/30/2013
Eudy, R.	Arkansas Women's Health Demonstration Waiver Evaluation	7/1/2007	6/30/2014
Felix, Holly	Identifying Root Causes for 3-day Hospital Readmission (CCTR)	10/1/2011	3/31/2014
Ferguson, Alesia	HIPPY for Healthy Homes Program (HHHP): Curriculum Development and Capacity Building for Managing Indoor Air Quality in Homes	10/1/2012	9/30/2013
Ferguson, Alesia	APPLE Training	N/A	N/A
Ferguson, Alesia	Environmental Education Regional Grants -- Solicitation Notice for 2012	3/11/2013	3/10/2015
Fuhrman, Barbara	Mammographic Density and Breast Cancer Risk: a feasibility study using the Enterprise Data Warehouse to create a Retrospective Case-Cohort Study	5/9/2013	3/31/2014
Golden, William	DHS/DMS - Quality Measurement Coordinator	3/25/2013	6/30/2014
Greene, Paul	The Witness Project:Arkansas Cancer Plan Implementation	1/1/2010	6/30/2014
Greene, Paul	Esperanza y Vida	7/1/2008	6/30/2014
Greene, Paul	Witness Project	7/1/2008	6/30/2013
Greene, Paul	Esperanza/Ventanilla	7/1/2012	8/31/2013
Halverson, Paul	ADH Contract #: 4600012494	7/1/2011	6/30/2013
Johnson, Eric	Case-Cohort Study of Cancers in Excess in Poultry Workers	1/16/2012	8/31/2016
Kavouras, Ilias	French Contract	2/1/2012	1/31/2013
Koturbash, Igor	ABI Recruitment Package	7/1/2012	6/30/2015

Koturbash, Igor	TRI Start-up Funds	9/1/2012	8/31/2013
Montgomery, Brooke	KL2 Scholar Award	8/1/2012	7/31/2014
Montgomery, Brooke	HIV Prevention Trials Network (HPTN) Scholars: Interventions to Reduce HIV Infection in Communities at Disproportionate Risk for HIV Acquisition in the United States	6/1/2012	7/30/2013
Morris, Mike	Budget cuts and health outcomes: Examining a natural experiment	12/1/2011	11/30/2013
Nash, Creshelle	Medical Director-Ark. Minority Health Commission	7/1/2011	6/30/2013
Ounpraseuth, Song	IPA	9/1/2012	8/30/2014
Penney, Rosalind	The relationship between BMI, cancer incidence, and residence in an agricultural county in Arkansas	4/1/2013	3/30/2014
<b>Phillips, Martha-Evaluation Unit:</b>			
Phillips, Martha	ACP Implementation-Priorities for Change	7/1/2012	6/30/2013
Phillips, Martha	ADH Technical Services	8/1/2012	7/30/2013
Phillips, Martha	ADH Technical Services	8/1/2012	7/30/2013
Phillips, Martha	AMHC	10/1/2012	6/30/2013
Phillips, Martha	BAGACDC	7/1/2012	6/30/2013
Pradhan, Rohit	Private equity acquisition of nursing homes – Implications for quality and financial performance	8/1/2012	7/30/2013
Pulley, LeaVonne	REGARDS subcontract	4/1/2008	11/30/2017
Pulley, LeaVonne	Childhood SES Factors: impact on age-related cognitive and vascular health	9/1/2011	8/31/2016
Pulley, LeaVonne	NIOSH supplement to REGARDS	9/13/2010	9/30/2013
Raczynski, James	CPH ADH Contract-Tobacco	7/1/2011	6/30/2014
Raczynski, James	Chancellor funds-ARPRC	N/A	N/A
Raczynski, James	School Policies to Combat Childhood Obesity – Evaluation	8/15/2007	8/14/2013
Raczynski, James	Establishing an Exploratory NCMHD Research Center of Excellence in Arkansas	9/30/2007	2/28/2017
Raczynski, James	Establishment of the Arkansas Prevention Research Center	9/30/2009	9/29/2014

Raczynski, James	Health Windows - Mexican Consulate		12/31/2013
Raczynski, James	PCS with Ark. Division of Health- Various projects	7/1/2003	6/30/2013
Robinson, Diane	Behavioral Economics, Courts, and Child Welfare	5/1/2013	4/30/2014
Stewart, K. E./McDonald	AA Fees and Services	N/A	N/A
Stewart, K. E.	Reducing Sexual Risk Behaviors among Rural African-American Cocaine Users	9/30/2007	8/31/2013
Stewart, K. E.	Inter-Temporal Trade-offs in risky decisions of cocaine addicts	4/1/2011	3/31/2015
Stewart, M. Kate	Arkansas Delta Rural Development Network	9/1/2007	8/31/2013
Stewart, M. Kate	AID Contract	6/1/2013	8/31/2013
Stewart, M. Kate	Expanding Community Linked Infrastructure to Support Disparities Research	7/6/2010	9/30/2013
Tilford, Mick	Technical Services	7/1/2009	6/30/2014
Tilford, Mick	Remote Food Photography-subcontract	4/1/2011	3/31/2014
West, Delia Smith	Behavioral consultant to Look Ahead Weight Loss subcommittee	9/1/2003	7/31/2013
West, Delia Smith	Internet Assisted Obesity Treatment: Enhanced by Motivational Interviewing?	5/1/2010	4/30/2015
Yeary, Karen	Faith Academic Initiative for Transforming Health in the Delta	1/1/2013	12/31/2015

## Medicaid Expansion Program

## Medicaid Expansion Program

**Program Description:** The Medicaid Expansion Program creates 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: Expands Medicaid coverage and benefits to pregnant women with incomes ranging from 133 – 200% of the Federal Poverty Level*

*Population 2: Expands inpatient and outpatient hospital reimbursements and benefits to adults age 19-64*

*Population 3: Expands Non-Institutional coverage and benefits to seniors age 65 and over*

*Population 4: Expands to provide a limited benefits package to low-income employed adults age 19-64*

The Tobacco Settlement funds are used to pay the state share required to leverage approximately 70% federal Medicaid matching funds

**Progress and Highlights:** Program activity this quarter is best described as stable in the Pregnant Women, ARSeniors and Hospital Benefit Coverage initiatives. Enrollment in the ARHealthNetworks Program has grown to 18,094 averaging 577 new members per month. Total claims paid for the MEP populations this quarter were just under \$17.1 Million.

The Department has discontinued all marketing and outreach activities for ARHealthNetworks in preparation for conversion of the program as part of the national health care reform changes. These adults will be eligible to apply for health care coverage through the Federally Facilitated Marketplace as part of the Affordable Care Act (ACA) passed by Congress and the Arkansas Health Care Independence Act passed by the 89<sup>th</sup> General Assembly.

**Key Accomplishments this Past Quarter:** The most significant accomplishment this quarter was the passage of historic legislation that opens the eligibility doorway for 250,000 low-income adults to have access to health care through the Arkansas Health Care Independence Act of 2013, also referred to as the Medicaid Private Option. Since the Tobacco Settlement – Medicaid Expansion Program (TS-MEP) initiatives also serve low-income adults, it is no surprise that the passage of the ACA and the state’s Medicaid Private Option will have a significant impact on these TS-MEP populations. In fact, these adults will become a sub-set of a larger group to be covered by the health care reform efforts at the state and national levels.

**Challenges and Opportunities:** The future of the program is filled with both opportunities and challenges as we build new information systems and re-engineer our eligibility manuals, operating procedures and business workflows in time for open enrollment on 10/1/13. At the same time, we must be educating our clients and applicants about how to utilize the new web-based marketplace access

### Key Accomplishments This Quarter

- Leveraged \$11.2 Million in Federal Medicaid matching funds.
- ARHealthNetworks enrollment reaches 18,094
- ARSeniors Program provides expanded Medicaid coverage to 4,880 seniors
- Pregnant Women’s Expansion provides prenatal care to an average of 1,100 women per month

portals and how to select the best insurance carrier to meet their health care needs. More specific to the TS-MEP, the agency needs to re-think the performance measurements for this program. Up until now, performance has been measured by growth in the number of eligibles and paid claims. As we move forward, individuals should transition out of the TS-MEP to the new coverage groups. Instead of measuring performance against a baseline, it may be more meaningful to track the progress of our systems development, eligibility group transition plans and actual migration from TS-MEP to federally subsidized or Medicaid funded health insurance through the state and federal marketplaces.

**Plans for Next Quarter:** Activities for the April 2013 - June 2013 Quarter will focus on developing the architectural design for the computer systems to support the eligibility and enrollment processes for the ACA at the state and federal levels. Since the vast majority of persons served through the Tobacco Settlement funded MEP initiatives will convert to coverage under the ACA and Arkansas Private Option models, it is imperative that the computer systems that support these exchanges or “marketplaces” be developed and fully functional by the time open enrollment begins on 10/1/13. The agency will also be developing a plan to transition current Medicaid eligibles to their new coverage categories or instruct them in how to enroll for coverage through the Federally Facilitated Marketplace. Both the transition plan and educational activities will require the development of new client notices and the promulgation of revised Medicaid policies.

## Minority Health Initiative

## Arkansas Minority Health Commission

**Program Description:** The Arkansas Minority Health Commission (AMHC) was established through ACT 912 of 1991. The goal of AMHC is to ensure all minority Arkansans access to health care is equal to the care provided to other citizens of the state, and seek ways to provide education, address issues, and prevent diseases and conditions that are prevalent among minority populations. To achieve this goal, the Commission's focus is on addressing existing disparities in minority communities, educating these communities on healthier lifestyles, promoting awareness of services and accessibility within our current health care system, and collaborating with community partners, public health leaders and key policy decision-makers towards reaching shared goals.

**Progress and Highlights:** AMHC collaborated with community partners in identifying critical deficiencies that negatively impact the health of the minority populations with a focus on assessment, prevention, education and screenings. During the 4th quarter of FY2013, AMHC provided 996 health screenings and documented 3,899 citizen encounters from activities held in 21 counties including Crittenden, Cross, St. Francis, Lee, Woodruff, Phillips, Jefferson, Pulaski, Craighead, Grant, Saline, Hot Spring, Jackson, White, Prairie, Mississippi, Arkansas, Monroe, Lonoke, Huntsville and Madison. This represents three out of the four congressional districts. The Commission held its 3rd annual fitness and nutrition camp, Camp iRock, at the University of Arkansas at Pine Bluff (UAPB). During the week of June 16th thru June 22nd, forty girls and five mentors representing Bradley, Pulaski, Howard, Conway, Clark, Jefferson, Saline, Chicot, Lee, Lonoke and St. Francis counties participated in a variety of physical fitness workouts, physical activities and hands on nutritional education. Fitness workouts facilitated by volunteer fitness experts included yoga, total body, cardio strength and core. Physical activities led by volunteer UAPB students majoring in Health, Physical Education and Recreation included basketball, volleyball, tennis, kick ball, racquetball and soccer. The hands on nutritional education component was coordinated by individuals from Jefferson County Cooperative Extension and UAPB Didactic Program in Dietetics, the participants were taught how to select healthy food choices. They were also given the opportunity to create healthy snacks and sample a variety of healthy foods. Daily workshops provided the participants with information on topics such as self-esteem, bullying, fashion, nutrition, hygiene and etiquettes. The week ended with a closing ceremony in which the girls were honored for their commitment to physical activity and nutrition. First Lady Ginger Beebe attended the ceremony and discussed her commitment to childhood obesity and praised the participants who completed the camp. In addition, more than 150 parents and family members made a pledge to assist their daughters with healthier lifestyle changes as a family unit over the next year.. AMHC awarded prevention grants to NARAN and ARCare to increase education /screening activities in counties with high

### Key Accomplishments This Quarter

- Camp iRock - 3<sup>rd</sup> Annual Fitness and Nutrition Camp for adolescent girls held at UAPB.
- Participated in over 50 initiatives with faith-based, state, and community organizations
- 996 health screenings provided
- 3,899 citizen encounters
- Awarded \$448,274 in grant funds from Arkansas Insurance Department
- Appropriations for UAMS Sickle Cell Clinic

HIV/AIDS incidence rates. During the 4th quarter, sixteen (16) prevention activities were held in Jonesboro, Forrest City, Hughes, Helena, and Little Rock. One hundred and eight attendees (108) at the events were screened with one (1) positive reported.

**Key Accomplishments this Past Quarter:** During the 88th Arkansas General Assembly, ACT 909 was signed into law and created a comprehensive adult sickle cell clinic at the University of Arkansas for Medical Sciences (UAMS). Because sickle cell is one of the Commission's key focus areas the AMHC Board of Commissioners approved \$300,000 to support the new clinic with the understanding that additional funds would be obtained by UAMS to operate the clinic. During the 89th Arkansas General Assembly, \$300,000 was appropriated for the UAMS Sickle Cell Clinic by the legislature. AMHC played an important role in collaborating with UAMS, consortium partners and key legislators in encouraging additional funding and work towards the full implementation of the clinic. AMHC through collaboration with the Arkansas Department of Human Services, Arkansas Children's Hospital and Arkansas Insurance Department began educating Arkansans on The Affordable Care Act (ACA) in July 2012. The Commission applied for two (2) grants from the Arkansas Insurance Department to continue education /outreach and enrollment. AMHC was awarded \$84,500 to continue outreach initiatives and \$363,774 to hire ten (10) In-Person Assisters for enrollment. Medicaid expansion passed by a 77-23 vote on April 16, 2013, and it is now Act 1496 signed on April 23, 2013 by Governor Mike Beebe. With Medicaid expansion, Arkansas will enroll as many as 250,000 people in the private health insurance exchange. This is significant for thousands of people living without health insurance, which includes many minorities. Expanding Medicaid will lead to widespread gains in coverage, access to care and most importantly improved health and reduced mortality. AMHC played a significant role with the Minority Health Consortium partners in advocating and educating legislators about the importance of this legislation for underserved communities.

**Challenges and Opportunities:** To increase awareness for hypertension, cholesterol and glucose AMHC is reviewing baseline data from The Red County Report. Based on results one of the 19 counties will be selected for outreach and education. AMHC is also evaluating expenditures associated with Affordable Care Act public forums to determine the most effective method to reach the community.

**Plans for Next Quarter:** AMHC will launch Southern Ain't Fried Sundays (SAFS) – a program uniquely designed to educate African American and Hispanic churches, communities and organizations about healthier alternatives to preparing and cooking traditional meals. It is also a creative mechanism to help in the reduction of heart disease, stroke, diabetes and obesity. A new component of the SAFS program is the 21-Day Plan. The plan is designed to gradually introduce African American and Hispanic populations to healthier food alternatives and physical activity. Pilot Project - Central Little Rock Promise Neighborhood (CLRPN) - proposes to adopt middle and high schools within the Promise Neighborhood area and through community involvement work to provide resources to underserved schools. The two schools identified for this initiative was Forest Heights Middle and Hall High. Roundtable meetings are scheduled in July and August with the leadership team from both schools.

**6.A. Goals and Objectives for Minority Health Initiative**

<b>ATSC Independent Evaluation Quarterly Report</b>	
<b>Arkansas Minority Health Initiative</b>	
<i>Overall Program Goal:</i>	<i>The goal is to improve the healthcare systems in Arkansas and the access to healthcare delivery systems, thereby resolving critical deficiencies that negatively impact the health of the citizens of the state</i>
<b>Short-term Goal:</b>	Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco, chronic, and lifestyle related illnesses.
Objective:	Objective 1: MHI will conduct ongoing needs assessment to determine most critical minority health needs to target, including implementation of a comprehensive survey of racial and ethnic minority disparities in health and health care every 5 years. (Definition: Assembling, analyzing, and/or interpreting data and information to determine the most critical minority health-related needs to target in the state.)
Specify Quarter/Year:	4th Quarter/ FY2014
Partners:	University of Arkansas Medical Science, College of Public Health and Arkansas Department of Health
Quarterly Status Update:	The Arkansas Racial and Ethnic Health Disparity Study will be conducted every 5 years and the results of this study will be published. FY 2014, RFP will be released with the anticipation of the report being finalized by June, 2014
Indicators:	# minority population sampled, # of counties, # of telephone interviews, # in age group, # employed/unemployed, race, mortality rate, access to care and education
Baseline Data:	2004, and 2009 reports, Next report is due in 2014.
Source of Data:	Statewide Telephone Survey
Timing of Data Collection:	FY2014
Population/Sample:	Stratified random sample of Arkansans, with oversampling of AA and Hispanics
How data will be described and analyzed:	Frequency, cross tabbed based on racial/ethnic identity
Indicators:	mortality rate , diseases, race, age, uninsured/insured
Baseline Data:	ATSC Quarterly Reports, Research Data - Status of African -American, Trends of , Health Status of African-Americans in Arkansas, Health Status of Latino Health Status Report,

ATSC Independent Evaluation Quarterly Report	
Arkansas Minority Health Initiative	
Source of Data:	Arkansas Department of Health
Timing of Data Collection:	Last report was FY2012
Population/Sample:	Minority Population in the state of Arkansas.
How data will be described and analyzed:	Data was collected and analyzed by UAMS Epidemiology and AMHC resulted in the above report.
Objective:	Objective 2: MHI will 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.
Specify Quarter/Year:	4th Quarter ( April - June 2013)
Partners:	Arkansas Chapter National Association of Social Work, Arkansas First Jurisdiction Church of God in Christ, Arkansas Public Health Association, Greater Second Baptist Church, Madison County Health Coalition, True Holiness Saints Center, Women's Council on African American Affairs, Mexican Consulate, Arkansas Council for Women in Higher Education, Greater Archview Baptist Church, Victory Community Center, Coleman Automotive, First Baptist Church, Turning Point Ministry and AR Martin Luther King Jr. Commission.
Quarterly Status Update:	During the 4th quarter AMHC sponsored/partnered with 18 community organizations to provide health education/screenings. The events targeted individuals who reside in Pulaski, Boone, Union, Crittenden, Lee, St .Francis, Phillips, Cross, Craighead, Grant, Saline, Hot Spring, Jackson, White, Prairie, Mississippi, Arkansas, Monroe, Huntsville, Madison, and Lonoke County. This represents three out of the four congressional districts.
Process Measure:	# screened , # of screenings , # of abnormal, and # of attendees.
Instrument:	Screenings
Who will collect the data:	Non-profit, faith-based, community, and state agencies
Timing of Data Collection:	Sponsorship data collection is obtained prior to each event via Pre-event forms, collateral request and sponsorship application. Data collection after an event has occurred is obtained through Post-Event form.
Population/Sample:	# of attendees at the overall event.

ATSC Independent Evaluation Quarterly Report	
Arkansas Minority Health Initiative	
How data will be described and analyzed:	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
Indicators:	# of screenings, abnormal and attendees
Baseline Data:	screenings obtained during events.
Source of Data:	Sponsorship Applications, Pre-event , & Post-event forms
Process Measure:	# of attendees obtaining screenings (450) and # of abnormal screenings ( 83)
Instrument:	Blood Pressure Screenings
Who will collect the data:	Non-profit, faith-based, community, and state agencies
Timing of Data Collection:	Sponsorship data collection is obtained prior to each event via Pre-event forms and the sponsorship application. Data collection after an event has occurred is obtained through Post-Event form.
Population/Sample:	# of attendees at the overall events (3,899)
How data will be described and analyzed:	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
Process Measure:	# of attendees obtaining screening (123) # of abnormal (36)
Instrument:	Cholesterol Screenings
Who will collect the data:	Non-profit, faith-based, community, and state agencies
Timing of Data Collection:	Sponsorship data collection is obtained prior to each event via Pre-event forms and the sponsorship application. Data collection after an event has occurred is obtained through Post-Event form.
Population/Sample:	# of attendees at the overall events (3,899)
How data will be described and analyzed:	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
Process Measure:	# of attendees obtaining screening (287) # of abnormal (31)
Instrument:	Glucose Screenings
Who will collect the data:	Non-profit, faith-based, community, and state agencies

ATSC Independent Evaluation Quarterly Report	
Arkansas Minority Health Initiative	
Timing of Data Collection:	Sponsorship data collection is obtained prior to each event via Pre-event forms and the sponsorship application. Data collection after an event has taken place is obtained by a Post-Event form.
Population/Sample:	# of attendees at the overall events (3,899)
How data will be described and analyzed:	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
Process Measure:	# of attendees obtaining screening (123) # of abnormal (7)
Instrument:	HIV Test
Who will collect the data:	HIV Test results were compiled by AMHC HIV/AIDS Grantees
Timing of Data Collection:	Within 20 minutes after taking the test. Program Evaluation and Monitoring System (PEMS) are used to collected data.
Population/Sample:	# of attendees at events who were screened.
How data will be described and analyzed:	Forms are submitted to Arkansas Department of Health for state reporting requirement
Process Measure:	# attendees received clinical breast exam (9), # attendees referred for mammogram (9)
Instrument:	Clinical Breast Exam
Who will collect the data:	Clinical Breast Exam Data was recorded by partnering agency as listed above.
Timing of Data Collection:	Within 30 days of the event partnering organization will submit a post event form.
Population/Sample:	African-American females 40 and older who attended the event and were screened.
How data will be described and analyzed:	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
Process Measure:	# of attendees obtaining screening (4) # of abnormal (0)
Instrument:	Prostate-specific Antigen
Who will collect the data:	Prostate Screenings were recorded by partnering agencies as listed above.
Timing of Data Collection:	Within 30 days of the event the partnering organization will submit a Post- Event Form to AMH
Population/Sample:	African-American males 35 and older who attended the event and were screened.

ATSC Independent Evaluation Quarterly Report	
Arkansas Minority Health Initiative	
How data will be described and analyzed:	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
Objective:	Objective 3: MHI will develop and implement at least 1 pilot project by 6/30/13 to identify effective strategies to reduce health disparities amongst Arkansans.
Specify Quarter/Year:	4th Quarter ( April-June 2013)
Partners:	University of Arkansas for Medical Science, Arkansas Children's Hospital, University of Arkansas at Pine Bluff, Girl Scouts Diamond of Arkansas, Oklahoma and Texas.
Quarterly Status Update:	AMHC held its final follow up meeting for 2012 Camp iRock participants on April 13, 2013 at Arkansas Children's Hospital . During the final follow-up meeting, 13 campers representing Jefferson, Pulaski, Clark, Union, Miller, Garland and Saline Counties were in attendance. In addition to the 13 campers, 5 mentors representing Lonoke, Pulaski, Ouachita and Desha Counties were also in attendance. Assessments were conducted by Children's Hospital and University of Arkansas for Medical Science. The Arkansas Minority Health Commission (AMHC) held its 3rd annual fitness and nutrition Camp, Camp iRock, at the University of Arkansas at Pine Bluff (UAPB). During the week of June 16th thru June 22nd, forty girls and five mentors representing Bradley, Pulaski, Howard, Conway, Clark, Jefferson, Saline, Chicot, Lee, Lonoke and St. Francis counties were exposed to a variety of physical fitness workouts, physical activities and hands on nutritional education.
Process Measure:	# of pilot projects funded, # served by project, # participate in follow-up,
Instrument:	Camp iRock application, behavioral assessments, agenda
Who will collect the data:	AMHC and Partners listed above
Timing of Data Collection:	FY 2012 and FY 2013/ FY 2013 and FY 2014
Population/Sample:	2012 Campers and Mentors /2013 Campers and Mentors
How data will be described and analyzed:	Data collected and analyzed by UAMS
Indicators:	# of Improved BMI
Baseline Data:	Highest obesity rate among minority females in Arkansas.
Source of Data:	Arkansas Center for Health Improvement, Assessment of Childhood and Adolescent Obesity

ATSC Independent Evaluation Quarterly Report	
Arkansas Minority Health Initiative	
Timing of Data Collection:	Camp - start and end date. Follow-up - 3 month, 6- month and 12 month.
Population/Sample:	2013 Campers and Mentors
How data will be described and analyzed:	Data collected and analyzed by Evaluator
<b>Long-term Goal:</b>	Reduce death/disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans.
Objective:	To increase stroke awareness by 1% annually among Minority Arkansans as measured by previous comparison beginning in FY2014
Specify Quarter/Year:	1st Quarter/2014
Partners:	community, health and faith based organizations.
Quarterly Status Update:	Comparison will begin in 1st Quarter of FY2014. No update
Indicators:	# of citizen encounters, # report increase in awareness, # red counties reached
Baseline Data:	FY2013 Quarterly Report/ 2012 19 County Chronic Disease Survey
Source of Data:	AMHC Post Event Form
Timing of Data Collection:	Quarterly
Population/Sample:	Minority Population in Identified Red Counties
How data will be described and analyzed:	Data will be collected and analyzed by AMHC
Objective:	To increase hypertension awareness by 1 % annually among Minority Arkansans as measured by previous comparison beginning in FY2014 .
Specify Quarter/Year:	1st Quarter/2014
Partners:	community, health and faith based organizations.
Quarterly Status Update:	Comparison will begin in 1st Quarter of FY2014. No update

ATSC Independent Evaluation Quarterly Report	
Arkansas Minority Health Initiative	
Indicators:	# of citizen encounters, # report increase in awareness, # red counties reached
Baseline Data:	FY2013 Quarterly Report/ 2012 19 County Chronic Disease Survey
Source of Data:	AMHC Post Event Form
Timing of Data Collection:	Monthly, Quarterly& Annually
Population/Sample:	Minority Population in Identified Red Counties
How data will be described and analyzed:	Data will be collected and analyzed by UAMS, Epidemiology and AMHC
Objective:	To increase heart disease awareness by 1 % annually among Minority Arkansans as measured by previous comparison beginning in FY2014.
Specify Quarter/Year:	1st Quarter/2014
Partners:	community, health and faith based organizations.
Quarterly Status Update:	Comparison will begin in 1st Quarter of FY2014. No update
Indicators:	# of citizen encounters, # report increase in awareness, # red counties reached
Baseline Data:	FY2013 Quarterly Report/ 2012 19 County Chronic Disease Survey
Source of Data:	AMHC Post Event Form
Timing of Data Collection:	Monthly, Quarterly& Annually
Population/Sample:	Minority Population in Identified Red Counties
How data will be described and analyzed:	Data will be collected and analyzed by UAMS, Epidemiology and AMHC
Objective:	To increase diabetes awareness by 1% annually among Minority Arkansans as measured by previous comparison beginning in FY2014.
Specify Quarter/Year:	1st Quarter/2014
Partners:	community, health and faith based organizations.
Quarterly Status Update:	Comparison will begin in 1st Quarter of FY2014. No update
Indicators:	# of citizen encounters, # report increase in awareness, # red counties reached

ATSC Independent Evaluation Quarterly Report	
Arkansas Minority Health Initiative	
Baseline Data:	FY2013 Quarterly Report/ 2012 19 County Chronic Disease Survey
Source of Data:	AMHC Post Event Form
Timing of Data Collection:	Monthly, Quarterly& Annually
Population/Sample:	Minority Population in Identified Red Counties
How data will be described and analyzed:	Data will be collected and analyzed by UAMS, Epidemiology and AMHC
Reporting Period:	4th Quarter of FY2014
Form Completed by (Name, Role):	Louise Scott, Grant Coordinator
<b>Battelle Comments and Recommendations:</b>	

**6.B. Activities for Minority Health Initiative**

PROGRAM ACTIVITIES					
Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses					
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)
Staying Relevant with an ever changing shoreline	National Association of Social Workers (NASW)	Social Work conference that provided workshops on HIV/AIDS, traumatic brain injury, grief and mental health, etc. Preventive screening provided was blood pressure.	Educate attendees on preventive health screenings and enhance the effective functioning and well-being of individuals, family and community through advocacy.	Equip attendees with health education information on hypertension.	Yes
Ventanilla de Salud Mexican Consulate Health Fair - Springdale	Ventanilla de Salud Mexican Consulate, AMHC, UAMS, etc.	The Mexican Consulate provided the Northwest Arkansas Hispanic community a local venue to receive picture ID's, Pass Ports, Documentations, Health Information and Screenings.	The purpose of this event is to educate the very large Hispanic community in NW Arkansas regarding legal issues, health and wellness.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
State of Minority Health & Public Health Leaders Roundtable	Public Health Leaders Roundtable	Panel discussion covering health priorities under the Affordable Care Act that impact the minority community. The primary focus was Affordable Health Care.	Educate attendees on Affordable Health Care.	Equip attendees with information on Affordable Health Care	Yes

PROGRAM ACTIVITIES					
ACWHE Annual Conference	Arkansas Council for Women in Higher Education	Conference organizers distributed health education information to attendees. (Collateral Request)	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
Annual Health Fair	True Holiness Saints Center	Health initiative collaboration between the faith community and Conway Regional Medical.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
Faith-based Workshop	Greater Archview Baptist Church	This event provided health education information to attendees.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
Health & Wellness Fair	Victory Community Center	Health education outreach initiative.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes

PROGRAM ACTIVITIES					
May Day Fun Day Block Party	Coleman Automotive	Annual Community event that incorporates health and wellness.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
Arkansas Public Health Association 65th Annual Convention	Arkansas Public Health Association	The Arkansas Public Health Association (APHA) is committed to protecting the health of Arkansas. Through partnerships, collaborations and memberships, APHA serves as the voice for public health in Arkansas. APHA offers an opportunity to promote and support public health from all levels.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
4th Annual Linking the Community to Health Services	First Baptist Church	An annual health event in the North Little Rock Community to raise awareness through education, screening, physical activity and healthy eating.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
Women's Council on African American Affairs Workshop	WCAAA, Inc.	The WCAAA has provided community services in Pulaski, Saline, Prairie, Jefferson, Lonoke, Faulkner, Garland, and Clarke counties for over 10 years. While the WCAAA serves all populations, its major focus is minority and despaired populations.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes

PROGRAM ACTIVITIES					
Health & Prosperity Walk	Turning Point Ministry	Faith based initiative to encourage physical activity among its members.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
Annual Health Fair at the True Holiness Saints Center	True Holiness Saints Center	Health awareness event that included health education and screenings.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
Health Fair	Mt. Zion Baptist Church	This event was a health fair to promote health education to underserved minority populations.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
Patrick-Johnson Family Reunion	Patrick-Johnson Family	Opportunity to raise health awareness through educational material.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
Auxiliaries in Ministry Convention	AR First Jurisdiction Church of God in Christ	Presentation and distribution of information to conference attendees on Affordable Care Act..	Educate attendees on Affordable Care Act	Equip attendees with health education information on the Affordable Care Act.	

PROGRAM ACTIVITIES					
1st Annual Union District Baptist Association Health and Wellness Conference	Greater Second Baptist Church	This was a health and wellness ministry fair where participants can come and receive health information from various organized sponsors and vendors.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol and heart disease.	Yes
Butterball Health Screening and Educational Event	Madison County Health Coalition	Health Fair focused on health awareness and disease prevention in the Hispanic community. The health fair is a community partnership between the coalition and community organizations.	Educate attendees on preventive health screenings and maintenance.	Equip attendees with health education information on WIC, mental health, nutrition, cholesterol, and family planning. Attendees were also screened for blood pressure, breast care, blood sugar, and dental	Yes
Ask the Doctor - April 2013 National Minority Health Month and Alcohol Awareness Month	Arkansas Minority Health Commission	The April 2013 Ask the Doctor (ATD) show focused on National Minority Health Month and Alcohol Awareness Month – Binge Drinking and the Risks to Women's Health. The guest doctor was Pam K Christie, Executive Director Mental Health Council of Arkansas. The Affordable Care Act forums, the new Public insurance Options and Camp iRock was also discussed. ATD is a radio show on KIPR Power 92 that features	The purpose of this show is to provide community health services with a focus on health education.	Increase awareness of health issues that specifically target minorities and provide a forum for discussing those issues with a medical professional.	Yes

PROGRAM ACTIVITIES					
		AMHC Medical Consultant, Dr. Creshelle Nash. The show airs the third Tuesday of each month from 7am to 9am. Power 92 listeners call-in, text, email, or post questions on Facebook (not anonymous). Important AMHC news and events are highlighted. Listeners have the ability to listen to past shows on <a href="http://www.power92.com">www.power92.com</a> . Currently Power 92 has an audience size of 70,000 across the state of Arkansas. The show receives an average of 40 downloads, emails and calls per month within the week prior to and following the show. The show is gaining exposure now that a link to download it has been posted on the home page of <a href="http://www.power92.com">www.power92.com</a>			
Ask the Doctor - May 2013 National Mental Health Month	Arkansas Minority Health Commission	The May 2013 Ask the Doctor (ATD) show focused on National Mental Health Month, and examined how to recognize the signs of “just feel down” and when you really should seek professional help. The guest doctor was psychologist, Dr. Krameelah Banks and Janie Cotton with Professional Counseling Associates. The	The purpose of this show is to provide community health services with a focus on health education.	Increase awareness of health issues that specifically target minorities and provide a forum for discussing those issues with a medical professional.	Yes

PROGRAM ACTIVITIES					
		Affordable Care Act forums, the new Public insurance Options and the role of In-Person Assistors was also discussed.			
Ask the Doctor - June 2013 National HIV Testing Day	Arkansas Minority Health Commission	The June 2013 Ask the Doctor (ATD) show focused on National HIV Testing Day. Topic of discussion was HIV/AIDS awareness, outreach and testing in Arkansas. Appearing with AMHC executive director, Idonia L. Trotter, JD, MPS was Dr. Manuel Kelley (family medicine) and Mr. Derrick Newby, both with the Jefferson Comprehensive Care Center. The Affordable Care Act forums, the new Public insurance Options and the need for In-Patient Assistors was also discussed.	The purpose of this show is to provide community health services with a focus on health education.	Increase awareness of health issues that specifically target minorities and provide a forum for discussing those issues with a medical professional.	Yes
AMDPA 120th Scientific Session	Arkansas Medical, Dental & Pharmaceutical Association	The 120th Scientific Session provided participants with exposure and access to delegates who have the capacity to influence the selection of products and services within their organization. AMDPA provided organizations with the opportunity to demonstrate support and commitment to eliminating health care	The purpose of this Session was to advance the art and science of medicine for people of African Descent through education, advocacy, and health disparities and promotion of optimal health.	Increase awareness of health issues that specifically target minorities and provide a forum for discussing those issues with a medical professional.	Yes

PROGRAM ACTIVITIES					
		disparities in Arkansas.			
Activities Related to Long-term Goal: Reduce death/disability due to tobacco-related illnesses of Arkansans					
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)
Camp iRock	Arkansas Minority Health Commission	Arkansas Minority Health Commission held its 3rd and final follow-up meeting for 2012 Camp iRock participants on April 13, 2013 at Arkansas Children's Hospital. During this final follow-up meeting, 13 campers representing Jefferson, Pulaski, Clark, Union, Miller, Garland and Saline Counties were in attendance. In addition to the 13 campers, 5 mentors representing Lonoke, Pulaski, Ouachita and Desha Counties were also in attendance. The follow-up meeting consisted of assessments taken on the campers, mentors and parents, focus groups that were divided	Camp iRock is a fitness and nutrition camp for girls age 11-14 aimed at promoting physical activity, nutritious eating, healthy lifestyles, character and self-esteem building.	Equip adolescent girls with the skills and knowledge to be able to engage in various types of physical activities, make healthy meal selections and develop positive character and positive self-esteem all while leading up to a healthier lifestyle.	Yes

PROGRAM ACTIVITIES					
		into two groups: campers and mentor and parents and a circuit training exercise for all in attendance. A guest speaker addressed the girls and spoke on two key areas: Being the Best You and Finish Strong.			
Camp iRock	Arkansas Minority Health Commission	June 16th thru June 22nd, The Arkansas Minority Health Commission (AMHC) held its 3rd annual fitness and nutrition Camp, Camp iRock, at the University of Arkansas at Pine Bluff (UAPB). During the week of June 16th thru June 22nd, forty girls and five mentors representing Bradley, Pulaski, Howard, Conway, Clark, Jefferson, Saline, Chicot, Lee, Lonoke and St. Francis counties were exposed to a variety of physical fitness workouts, physical activities and hands on nutritional education. Physical fitness workouts lead by volunteer physical fitness experts included yoga, total body, cardio strength and core. Physical activities leady by volunteer	Camp iRock is a fitness and nutrition camp for girls age 11-14 aimed at promoting physical activity, nutritious eating, healthy lifestyles, character building and self-esteem building.	Equip adolescent girls with the skills and knowledge to be able to engage in various types of physical activities, make healthy meal selections and develop positive character and positive self-esteem all while leading up to a healthier lifestyle.	Yes

PROGRAM ACTIVITIES					
		<p>UAPB students majoring in Health, Physical Education and Recreation included basketball, volleyball, tennis, kick ball, racquetball and soccer. During the hands on nutritional education component lead by individuals from Jefferson County Cooperative Extension and UAPB Didactic Program in Dietetics, the participants were taught how to select healthy food choices. They were also given the opportunity to make healthy snacks and sample a variety of healthy foods. The participants were also exposed to a variety of presenters who touched on topics such as self-esteem, bullying, fashion, nutrition, hygiene and etiquettes. The week ended with a closing ceremony in which the girls were honored for their commitment to physical activity and nutrition and they received remarks for their accomplishments from First Lady Ginger Beebe.</p>			
Red Counties Action Planning Committee	Arkansas Minority Health Commission	The Planning Committee consists of representatives from state agencies whose primary focus is the reduction of health disparity within the red counties.	State agencies working towards decreasing the prevalence of health disparities that disproportionately affect	Increasing awareness among individuals living within those red counties	No

PROGRAM ACTIVITIES					
			minorities		
Classroom Presentation on HIV/AIDS Testing	Northeast Arkansas Regional AIDS Network (NARAN)	KIPP High School - HIV/AIDS awareness presentation to high school students.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Health Screening	Northeast Arkansas Regional AIDS Network (NARAN)	HIV/AIDS awareness/screening event.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care .	Yes

PROGRAM ACTIVITIES					
Classroom Presentation on HIV/AIDS Testing	Northeast Arkansas Regional AIDS Network (NARAN)	KIPP High School - HIV/AIDS awareness presentation to high school students.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Lee County Cooperative Clinic	Northeast Arkansas Regional AIDS Network (NARAN)	Conducted an HIV Presentation, gave out brochures, and answered questions. This event was used as a resource to educate participants on HIV.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Making Proud Choices Finale	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a first period health class. Administered a HIV quiz and out of 80 questions answered there was a documented improvement of 27 on the post education quiz.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes

PROGRAM ACTIVITIES					
			through presentations and distribution of literature.		
Making Proud Choices Finale	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a second period health class. Administered a HIV quiz and out of 180 questions answered there was a documented improvement of 51 on the post education quiz.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Making Proud Choices Finale	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a third period health class. Administered a HIV quiz and out of 220 questions answered there was a documented improvement of 51 on the post education quiz.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes

PROGRAM ACTIVITIES					
Making Proud Choices Finale	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a fourth period health class. Administered a HIV quiz and out of 220 questions answered there was a documented improvement of 72 on the post education quiz.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Making Proud Choices Finale	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a fifth period health class. Administered a HIV quiz and out of 440 questions answered there was a documented improvement of 177 on the post education quiz.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Making Proud Choices Finale	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a sixth period health class. Administered a HIV quiz and out of 100 questions answered there was a documented improvement of 45 on the post education quiz.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes

PROGRAM ACTIVITIES					
			through presentations and distribution of literature.		
Classroom Presentation on HIV/AIDS Testing	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a first period health class. Administered a HIV quiz and out of 320 questions answered there was a documented improved increase of 147 on the post education quiz.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Classroom Presentation on HIV/AIDS Testing	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a second period health class. Administered a HIV quiz and out of 527 questions answered there was a documented improved increase of 231 on the post education quiz.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes

PROGRAM ACTIVITIES					
Classroom Presentation on HIV/AIDS Testing	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a third period health class. Administered a HIV quiz and out of 269 questions answered there was a documented improved increase of 122 on the post education quiz.	Educate students on preventative health screenings and maintenance as it relates to HIV.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Classroom Presentation on HIV/AIDS Testing	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a fourth period health class. Administered a HIV quiz and out of 480 questions answered there was a documented improved increase of 261 on the post education quiz.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Classroom Presentation on HIV/AIDS Testing	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a fifth period health class. Administered a HIV quiz and out of 180 questions answered there was a documented improved increase of 84 on the post education quiz.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes

PROGRAM ACTIVITIES					
Classroom Presentation on HIV/AIDS Testing	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students during a sixth period health class. Administered a HIV quiz and out of 280 questions answered there was a documented improved increase of 158 on the post education quiz.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
State Conference Workshop	Northeast Arkansas Regional AIDS Network (NARAN)	NASW Conference - Conducted a three hour workshop on HIV/AIDS. PowerPoint presentation on HIV, testimony from 2 HIV positive volunteers. Provided information on prevention, substance abuse, mental health treatment, housing, and HIV treatment to attendees.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Crime Lab Investigation	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to 38 students. Administered a 740 question HIV quiz. There were 416 correct answers on the pre-education quiz and 725 correct answers on the post-education quiz which represented a 42% increase.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes

PROGRAM ACTIVITIES					
			through presentations and distribution of literature.		
Health Awareness Day	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to students on Health Awareness Day. Administered a HIV quiz with a total of 2,540 questions. There were 1,576 correct answers on the pre-education quiz and 2,512 answers correct on the post-education quiz for a total of 99% increase.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	
Classroom Presentation on HIV/AIDS Testing	Naran	Presented HIV/AIDS information to 92 students at Marvell High School. Administered an HIV quiz with a total of 1,800 questions. There were a total of 1,003 correct answers on the pre-education quiz and 1,740 correct answers on the post education quiz for a total of a 41% increase.	Educate students on preventative health screenings and maintenance as it relates to HIV.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes

PROGRAM ACTIVITIES					
Education and Testing	Northeast Arkansas Regional AIDS Network (NARAN)	Conducted a presentation and administered HIV quiz to neighborhood residents. Administered an HIV quiz with a total of 200 questions. There were a total 123 correct on the pre-education quiz and 197 correct on the post education for a total of 99% increase.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Testing at the Carwash	Northeast Arkansas Regional AIDS Network (NARAN)	Administered 16 HIV tests at a local car wash in Crittenden County. There were 11 males and 5 females that received testing. Eight of the 16 had never received testing. No positives were reported..	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Information Fair at Summer Sign-up	Northeast Arkansas Regional AIDS Network (NARAN)	Set up HIV booth with brochures and snacks. Answered questions concerning HIV and Prevention. Brochures included "Talking to your Teen about HIV" AND "Talking to your Child" about HIV. Also displayed an educational article entitled "12 reasons to get tested".	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes

PROGRAM ACTIVITIES					
			through presentations and distribution of literature.		
Soldiers for Christ Youth Day	Northeast Arkansas Regional AIDS Network (NARAN)	HIV/AIDS presentation to 150 attendees at St. John's Full Gospel Baptist Church. There were 8 African American males and 5 African American females that received testing.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
Health Fair	Northeast Arkansas Regional AIDS Network (NARAN)	Presented HIV/AIDS information to 20 attendees at Second Baptist Church. There were 2 African American males, 8 African American females and 1 White female that were tested.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes

PROGRAM ACTIVITIES					
Prevention with Positives	Northeast Arkansas Regional AIDS Network (NARAN)	Naran employee handed out sex kits to 24 attendees at St. John's Full Gospel Baptist Church.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
A Kick -off of Better Things to Come	Northeast Arkansas Regional AIDS Network (NARAN)	Set up HIV booth with brochures and small give aways. Distributed personal leaflet, red ribbons and brochures to over 50 people.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention through presentations and distribution of literature.	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes
BCD Empowerment Testing Event	ARCare	ARCare provided HIV education and testing during the opening of the Better Community Development Empowerment center to attendees.	The purpose of the grant is to increase the number of HIV tests in three cities counties (Little Rock, Texarkana, and West Memphis) and to increase awareness and understanding of disease process and prevention	Equip attendees with the knowledge of how to prevent HIV, access to free rapid HIV testing, and if necessary referral to the appropriate facilities to access care	Yes

PROGRAM ACTIVITIES					
			through presentations and distribution of literature.		
Affordable Care Act Public Forum - Hot Springs	AMHC, AR Minority Health Consortium, AARP, the AR Insurance Dept. and DHS	Affordable Care Act Public Forum - Hot Springs, Arkansas. Thursday, March 28th from 5:30pm to 7:30pm at Union Missionary Baptist Church located at 217 Gulpha in Hot Springs, Arkansas. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	To educate the community on Affordable Health Care.	To successfully educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes
Affordable Care Act Public Forum - Springdale	AMHC, AR Minority Health Consortium, AARP, the AR Insurance Dept. and DHS	Affordable Care Act Public Forum - Springdale, Arkansas. Thursday, April 18, 2013 from 5:30pm to 7:30pm at The Jones Center located at 922 E. Emma Avenue in Springdale, Arkansas. The Arkansas Insurance Department, Arkansas Department of Human	To educate the community on Affordable Health Care.	To successfully educate the community on how the ACA works, resources available and complete understanding of the guidelines for	Yes

PROGRAM ACTIVITIES					
		Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.		successful enrollment in October.	
Affordable Care Act Public Forum - Monticello	AMHC, AR Minority Health Consortium, AARP, the AR Insurance Dept. and DHS	Affordable Care Act Public Forum - Monticello, Arkansas. The Arkansas Minority Health Commission, the Arkansas Minority Health Consortium and AARP Arkansas hosted a Public Forum on Tuesday, May 16, 2013 from 5:30pm to 7:30pm at Holmes Chapel Presbyterian Church located at 527 E. McCloy Street in Monticello. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	The purpose of the public forum is to educate the community (especially minorities) to understand what the ACA is. How it affects Arkansans. And the information and guidelines for successful enrollment in October.	To successfully educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes

PROGRAM ACTIVITIES					
Affordable Care Act Public Forum - Pine Bluff -COGIC	AMHC, AR Minority Health Consortium, AARP, the AR Insurance Dept. and DHS	Affordable Care Act Public Forum - Pine Bluff. The Arkansas Minority Health Commission, the Arkansas Minority Health Consortium and AARP Arkansas hosted a Public Forum on Wednesday, June 12, 2013 from 1:30pm to 3:30pm at the Arkansas 1st Jurisdiction AIM COGIC Convention. This event was held at the Ramada Plaza in Pine Bluff, Arkansas. The Arkansas Insurance Department and Arkansas Department of Human Services discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	To educate the community on Affordable Health Care.	To successfully educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes
Affordable Care Act Public Forum - Arkadelphia	AMHC, AR Minority Health Consortium, AARP, the AR Insurance Dept. and DHS	Affordable Care Act Public Forum - Arkadelphia. Wednesday, June 18, 2013 from 5:30pm to 7:30pm at Greater Pleasant Hill Missionary Baptist Church located at 16th & Caddo Streets in Arkadelphia. The Arkansas Minority Health Commission and the Arkansas Department of Human Services discussed the new health benefits exchange, preventive care provisions in the	To educate the community on Affordable Health Care.	To successfully educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes

PROGRAM ACTIVITIES					
		law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.			

**\* Please include in listing ALL initiatives funded by the program, including those implemented by grantees and other external organizations**

**6.C. Cost Data for Minority Health Initiative**

Sources of Funding	Amount	Other Funding Source Specified	Leveraged Funds (Y/N)	Programmatic Budget:	Administrative Budget:
ATSC:	\$584,934.62	NA		\$323,291.89	\$261,642.73
Other:					
Other:					
Other:					
<b>Total Budget</b>	<b>\$584,934.62</b>			<b>\$323,291.89</b>	<b>\$261,642.73</b>

UAMS East (Delta AHEC)

## UAMS East (Delta AHEC)

**Program Description:** University of Arkansas Medical Sciences East (UAMS East) provides health care outreach services to seven counties including St. Francis, Lee, Phillips, Chicot, Desha, Monroe, and Crittenden counties. UAMS East, formerly known as the Delta Area Health Education Center (AHEC) started in 1990 with the purpose of providing health education to underserved populations in the Arkansas Delta region. Recently, the Delta AHEC's name was changed to UAMS East, in part, to demonstrate the strength of the bond between the AHEC and UAMS. The counties and populations served by UAMS East are some of the unhealthiest in the state with limited access to health care services being one of the challenges. As a result of limited access and health challenges, UAMS East has become a full service health education center, focusing on wellness and prevention for this region. The program has steadily shown an increase in encounters with the resident population and positive outcomes of impact of the programs offered. Programs to address local health needs of residents are being implemented in partnership with more than 100 different agencies. The overall mission is to improve the health of the Delta's population. Goals include increasing the number of communities and clients served and increasing access to a primary care provider in underserved counties.

### **Progress and Highlights:**

UAMS East has continued its efforts to increase access to primary care providers.

- UAMS East has started its work with Dr. Peter Goulden, a UAMS Endocrinologist, on a Diabetes Education Research Study. Dr. Goulden will be available via ITV to provide education and consults to patients.
- The Veteran's Affairs Community Based Outpatient Clinic current enrollment is 859 vested members. Our Per Member Per Month rate has increased from \$38.44 to \$41.79. We have hired a new Advanced Practice Nurse and an additional LPN.
- UAMS East was instrumental in helping Phillips County secure a Federally Qualified Health Clinic (FQHC) in collaboration with East Arkansas Family Health Center in West Memphis

Based on high prevalence of obesity rates in the seven county areas, UAMS East has made an extensive effort to provide weight reduction and exercise opportunities. This includes operating the UAMS Fitness Center in Phillips County, among many other things. A recent report (Arkansas Community Foundation report, 2012) showed that the county served by UAMS East exercise programs now has the lowest rate of obesity in the Delta region. Additional efforts focused on obesity prevention included hosting a 6 week "Kids Bootcamp". All participants increased endurance and strength on posttest fitness evaluations.

### **Key Accomplishments this Past Quarter:**

UAMS East provided a variety of learning opportunities for community members and healthcare providers. This included learning programs at Chicot Memorial and McGehee hospital and Continuing Medical Education programs for healthcare professionals. UAMS East hosted "Cooking Matters" classes in Helena, West Memphis, and Lake Village. These classes focused on how to prepare tasty, healthy, and low cost foods and make changes in eating, cooking and shopping habits. UAMS East staff

continued to provide Diabetes Education/Self-Management and tobacco cessation programs to residents.

Fitness Center enrollment has continued to increase, and the percentage of paying members has increased 23.8%. This has resulted in increased revenue from \$15,271 to \$27,774.

**Challenges and Opportunities:**

Delta AHEC's name has been changed to UAMS East to comply with new branding for all the AHECs, and it has required extensive effort to update materials and inform the community. UAMS is a name that is recognized across the state and has a stellar reputation of providing healthcare, so this is not a long term concern. There have also been some challenges in recruiting qualified staff for some key positions, including an APN and LPN for the VA CBOC and 2 health educators for UAMS East. As always, funding is a challenge and reductions in state funds can affect the number and types of programs provided.

UAMS East Diabetes education staff are currently collaborating with a new OB/GYN physician in Helena to provide patients with an educational program for Gestational Diabetes. This physician has also agreed to refer patients to UAMS East for additional services such as Baby Safety Showers and Childbirth Education. Diabetes education staff, in collaboration with Helena Family Health Center's Nurse Practitioner, will be providing outreach events within the community.

**Plans for Next Quarter:**

1. Host a Teacher Appreciation Reception for local school staff. This will allow staff members the opportunity to make contacts within the schools. UAMS East will also provide staff development programs for school staff.
2. Co-Sponsor the 3<sup>rd</sup> Annual Health Awareness Update. This year's program will focus on hypertension and other chronic disease education.
3. Co-Sponsor Safe to Sleep Baby Showers promoting safe infant sleep awareness.
4. Continue to conduct the diabetes education research pilot project, and evaluate the feasibility of continuing the program in the Delta region. This project provides both education and ITV access to an endocrinologist.
5. An Innovative Readiness Training with the Air Force, Army and Navy Reserve will be held July 15-26, providing free medical, dental, optometry and veterinarian care. Those with abnormal readings will be referred to the diabetes education clinic, chronic disease management classes, fitness center, and prescription assistance program.

**7.A. Goals and Objectives for UAMS East (Delta AHEC)**

<b>ATSC Independent Evaluation Quarterly Report</b>	
<b>UAMS East (Delta Area Health Education Center)</b>	
<i>Overall Program Goal:</i>	<i>To recruit and retain health care professionals and to provide community based health care and education to improve the health of the Delta's people</i>
<b>Short-term Goal:</b>	Increase the number of communities and clients served through the expanded AHEC/DHEC offices
Objective:	Maintain the number of clients served by Delta AHEC programs and services
Specify Quarter/Year:	January 1, 2013-March 31,2013 April 1, 2013-June 30, 2013
Partners:	Helena Regional Medical Center, Arkansas Department of Health, Phillips Community College of the University of Arkansas, Crittenden Regional Hospital, Desha County Hospital, McGehee Hospital, Chicot Memorial Hospital, University of Arkansas Department of Agriculture, Public and private schools, local churches, city and county government
Quarterly Status Update:	We increased the number of encounters from 37,599 in the 4th quarter of 2012 to 37,881 for this quarter. Encounters for this quarter increased from 37, 881 to 38, 405.
Process Measure:	Number of participants by program
Instrument:	<b>SERVICES TO COMMUNITIES AND CLIENTS PARTICIPATION/ENCOUNTER DATA TABLE (same table as current quarterly report)</b>
Who will collect the data:	Delta AHEC-UAMS East
Timing of Data Collection:	Quarterly
Population/Sample:	All persons encountered through activities included in encounter data table
How data will be described and analyzed:	Counts trended over time
<b>Long-term Goal:</b>	Increase access to a primary care provider in underserved communities.
Objective:	Increase the percentage of veterans in Phillips County who have a regular health care provider by June 2014
Specify Quarter/Year:	January 1, 2013-March 31, 2013-April 1, 2013-June 30, 2013

ATSC Independent Evaluation Quarterly Report	
UAMS East (Delta Area Health Education Center)	
Partners:	Helena Regional Medical Center, Mid-South Community Health Systems, Memphis Veterans Hospital
Quarterly Status Update:	1. VA CBOC has increased the number of patients to 892-Current vested members are 859
Indicators:	Percentage of veterans receiving care at the VA COC
Baseline Data:	2010
Source of Data:	UAMS East Database
Timing of Data Collection:	Quarterly
Population/Sample:	All persons encountered through activities included in encounter data table
How data will be described and analyzed:	Counts trended over time
Objective:	Increase/maintain the number of clients in Chicot and Phillips Counties receiving Prescription Assistance.
Specify Quarter/Year:	January 1, 2013-March 31,2013-April 1, 2013-June 30, 2013
Partners:	Chicot Memorial Hospital , pharm. Companies, local pharmacies and physicians.
Quarterly Status Update:	656 of clients assisted with Prescription assistance for a saving of 514,545 . -Prescription Assistance was provided for 767 clients this quarter for a total savings of \$ 58, 740.
Indicators:	Number of clients receiving PAP and amount of money saved.
Baseline Data:	2004
Source of Data:	UAMS East Database
Timing of Data Collection:	Quarterly
Population/Sample:	Phillips and Chicot Co
How data will be described and analyzed:	Counts trended over time
Objective:	Increase/maintain the number of clients in receiving health screenings, referrals to PCP, and education on chronic disease prevention and management.
Specify Quarter/Year:	January 1, 2013-March 31,2013-April 1, 2013-June 30, 2013
Partners:	Helena Regional Medical Center, Crittenden Regional Hospital, Chicot Memorial Hospital, Desha County Hospital, McGehee Hospital, Arkansas Department of Health, area schools, churches, business and industry

ATSC Independent Evaluation Quarterly Report

UAMS East (Delta Area Health Education Center)

Quarterly Status Update:

1. Wellness screening conducted for 53 area University of Arkansas employees to obtain baseline health indicators for employee wellness program . More than 35 had abnormal results and referred. 2. conducted wellness screenings in public schools and referred those with abnormal results to their primary health care provider. 3. in collaboration with the University Of Arkansas Division Of Agriculture co-sponsored its 3rd Annual "Go Red" Event. This year's event was a day to highlight women's health. A health fair was held on site offering free health screenings including: blood pressure, total cholesterol and blood sugar screenings. a lunch and learn and live cooking demo was lead by our Extension Agent, Keith Cleek. The ladies enjoyed learning about heart health and also participating in making a heart healthy dish. Participants received information on Heart Disease, Stroke, Nutrition, and the importance of Exercising for a healthy heart. Over 30 women attended the program. 4. UAMS East in West Memphis is working with the City of West Memphis and BASF to implement a wellness program. At BASF, a fasting glucose and lipid profile were provided on site for 56 employees. The company is utilizing StayWell's health risk assessment. UAMS staff will provide onsite coaching for nutrition, hypertension, and diabetes, in addition, to the online and telephonic coaching provided by StayWell. UAMS staff provided diabetes, hypertension, and prenatal education to 56 City employees at a recent health fair. 1. UAMS East conducted health and wellness screenings for a total of 1155 encounters this past quarter. Health and Wellness Screenings were held at local businesses and industries, churches, community based organizations throughout the 7 county service area. UAMS East staff provided free health screenings as well as counseling and referrals for other UAMS East services. Health and Wellness screenings were held at many locations this past quarter. Those include: Dermott Health Festival, Black Aids Testing Day in West Memphis, National Women's Health Week Event in Clarendon, Southern Hardware in Helena, Desha Annual Health and Safety Fair and many other various locations. 2. Prostate Cancer Screenings were held in both Desha and Chicot Counties for 64 Men and was a collaborative partnership between APCF, UAMS East-Lake Village and Chicot and Desha Hometown Health Improvement Coalitions 3. UAMS East staff participated in numerous other health events and provided education on many Chronic Diseases. 4. UAMS East held a "Strike out Stroke" event in Lake Village for 114 encounters. Also, provided Stroke education and prevention information during our "Beards to Beauty" for 20 stylists. 5. How Healthy is your Faculty was conducted for 152 school employees. This program, held twice a year, on site offers school employees access to free health screenings. Many of these employees

ATSC Independent Evaluation Quarterly Report	
UAMS East (Delta Area Health Education Center)	
	do not have insurance.
Indicators:	Number of abnormal screenings, number referred to PCP, number of participants in programs
Baseline Data:	2002
Source of Data:	UAMS East Database
Timing of Data Collection:	Quarterly
Population/Sample:	participants who receive services in all seven counties
How data will be described and analyzed:	Counts trended over time
Objective:	Continue to provide assistance to health professions students, interns and residents including RN to BSN Students and BSN to MSN , medical students and residents, health education students
Specify Quarter/Year:	January 1, 2013-March 31,2013-April 1, 2013-June 30, 2013
Partners:	Area hospitals, College of Nursing, College of Medicine, other universities, area physicians and Advanced Practice Nurses, Phillips College of the University of Arkansas
Quarterly Status Update:	We did not assist any nursing students this quarter due to the loss of our CON faculty member, Caityn Howe, Health Education Student, presented a workshop on the value of exercise on mental health. 1. UAMS East has replaced our CON Faculty member. Mrs. Josephine Jackson is currently

ATSC Independent Evaluation Quarterly Report	
UAMS East (Delta Area Health Education Center)	
	<p>serving as advisor of 4 RN to BSN nursing students and is serving as preceptor for 2 MSN students.                      2. Assistance was provided to 60 health professions students through our Medical Library at UAMS East.</p>
Indicators:	Number of students, etc
Baseline Data:	2002
Source of Data:	UAMS East Database
Timing of Data Collection:	January 1, 2013-March 31,2013 April 1, 2013-June 30, 2013
Population/Sample:	Phillips, St. Francis, Crittenden and Chicot Co
How data will be described and analyzed:	Counts trended over time
Objective:	Increase the number of patients in the ADA diabetes clinic. By the end of 6 months education, lower A1c to below 7.
Specify Quarter/Year:	January 1, 2013-March 31,2013-April 1, 2013-June 30, 2013
Partners:	Local physicians, American Diabetes Association, Crittenden Regional Hospital
Quarterly Status Update:	No ADA clinic held due to staffing issues. UAMS East hired a new APN in April to lead our Diabetes Education Clinic. She has been working hard to get our clinic up and functioning again. This quarter she has had 14 encounters.
Indicators:	Encounters and A1c results
Baseline Data:	baseline A1c
Source of Data:	BRFSS (how does this show increase numbers for us- we do have numbers in our database)UAMS Database and ADA Database
Timing of Data Collection:	January 1, 2013-March 31,2013-April 1, 2013-June 30, 2013
Population/Sample:	Those with diabetes in Phillips, Crittenden and Chicot counties
How data will be described and analyzed:	Counts trended over time
Objective:	Decrease the % of adults and children who are obese by X by the end of June 2014
Specify Quarter/Year:	January 1, 2013-March 31,2013-April 1, 2013-June 30, 2013
Partners:	University of Arkansas Division of Agriculture, schools, Boys and Girls Club, physicians, Helena Health Foundation, City of Lake Village, industry, HRMC

ATSC Independent Evaluation Quarterly Report	
UAMS East (Delta Area Health Education Center)	
Quarterly Status Update:	9087 adults participated in exercise programs, consisting of Boot camp, Silver Sneakers, Yoga (both conventional and Chair) Peppi, Walking, Zumba, Tai Chi, and exercise in Senior Centers. 5,994 of the encounters were in the Fitness Center and walking track. 2,440 youth participated in exercise programs involving physical education classes in schools in Chicot County, Bootcamp in Marianna and Take Ten after school classes in Helena. A Cooking Matters class was held in conjunction with Arkansas Hunger Alliance. 34 participants completed the 6 week course. Nutrition and fitness education was provided to 249 children in Lee County. Fitness pre- tests were conducted on 24 College students. UAMS East in West Memphis is teaming up with Crittenden County Boys and Girls Club to implement Cooking Matters for Kids every Tuesday afternoon for the next 6 weeks-This quarter 19,072 adults and 2050 youth participated in exercise programs including Yoga, Peppi, Walking, Zumba, Tai-Chi and Water Aerobics. Fitness Center encounters increased this quarter to 9, 064. A 6 week Kids Bootcamp was held for 39 youth. Activities included teaching the "My Plate" guidelines for eating, exercise sessions were incorporated daily with different types of exercise being demonstrated . We had a total of 19 pounds lost during the camp and all youth increased endurance and strength on post-test fitness evaluations. UAMS East also held its 1st 5K/Kids Fun Run/Zumbathon for 80 adults and children. UAMS East also collaborated with 2 local schools to help organize May Day/Field Day activities for 550 elementary students. These events focused on getting students active by allowing students to participate in fun types of exercise.
Indicators:	Encounters and weight loss
Baseline Data:	
Source of Data:	UAMS East Database
Timing of Data Collection:	January 1, 2013-March 31,2013
Population/Sample:	
How data will be described and analyzed:	Counts trended over time
Objective:	Maintain the number of students participating in UAMS East Pre health professions recruitment activities by the end of June 2014.
Specify Quarter/Year:	January 1, 2013-March 31,2013-April 1, 2013-June 30, 2013
Partners:	physicians, schools, colleges, hospitals, area health professionals.

ATSC Independent Evaluation Quarterly Report	
UAMS East (Delta Area Health Education Center)	
Quarterly Status Update:	Aim mentoring program participants volunteered during the 5K event. Day in the Life was held for 41 high school students. Club Scrub was held at 2 schools for 50 students. Chicot Memorial Medical Center held a CHAMPS program for fifteen middle schools , held March 19-21. Hands on activities included conducting various pharmacy experiments and exploring various health career websites. They also were instructed in a Family and Friends CPR class. This quarter UAMS East held CHAMPS for 33 junior high school students in Helena. MASH, was held for 36 high school students in Lake Village, West Memphis and Helena. During MASH, students participated in activities such as suturing, dissection and casting. Funology, a science experiment camp was held for 52 students in Helena and Marianna. Club Scrub, a program designed to introduce middle school and junior high school student to various careers was held for 87 students. Additionally, UAMS East Pre-Professions recruiter held Day in the Life for 49 students.
Indicators:	Number attending, number matriculating into health careers.
Baseline Data:	2002
Source of Data:	UAMS East Database
Timing of Data Collection:	January 1, 2013-March 31,2013-April 1, 2013-June 30, 2013
Population/Sample:	students interested in health careers
How data will be described and analyzed:	Counts trended over time
Objective:	Maintain a robust health education promotion and prevention program for area youth
Specify Quarter/Year:	January 1, 2013-March 31,2013-April 1, 2013-June 30, 2013
Partners:	Schools, boys and girls club, community based organizations

ATSC Independent Evaluation Quarterly Report	
UAMS East (Delta Area Health Education Center)	
Quarterly Status Update:	Health education classes for 15,520, Kids for Health for 7,385 students, UAMS East provided local elementary children in Phillips and St. Francis Counties with a dental hygiene education program as part of the national "Give Kids a Smile" campaign from the American Dental Association. Outreach staff provided much needed education to school children. This education included simple oral health information such as: proper brushing techniques, information on flossing and foods for a healthy smile. Educators also highlighted the importance of visiting a dentist. Each child received a free dental hygiene kit to take home. This quarter 10,227 youth received health education through prevention and promotion programs. Kids for Health was near completion this quarter and finished with 497 students. 114 Central high school students were provided education on goal setting and in decision making skills. Cooking Matters for youth was held in West Memphis Boys and Girls Club for 20 youth. Making a Difference and Making Proud Choices curriculum was provided to 760 encounters at Marvell High school. Both of these curriculums are CDC evidence based curricula. Reducing the Risk curriculum was provided to 527 encounters attending the KIPP school.
Reporting Period:	4th Quarter FY 13
Form Completed by (Name, Role):	Dr. Becky Hall Stephanie Loveless, MPH, Associate Director UAMS East
<b>Battelle Comments and Recommendations:</b>	

**7.B. Activities for UAMS East (Delta AHEC)**

PROGRAM ACTIVITIES					
Activities Related to Short-term Goal: Increase the number of communities and clients served through the expanded AHEC/DHEC offices					
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)
Fitness Center	Delta AHEC	Fitness Center in Chicot county offers free/low cost access to exercise classes and fitness equipment.	Increase access to fitness facility/physical activity opportunities.	Increase physical activity, decrease risk for obesity and obesity-related diseases.	Yes
Activities Related to Long-term Goal: Increase access to a primary care provider in underserved communities					
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)
UAMS College of Medicine Programs/Health Professions Internships	UAMS	UAMS medical interns serving Delta region	Attract and recruit healthcare professionals to the Delta region	Increase qualified healthcare providers in the Delta region to improve healthcare access	Yes

**\* Please include in listing ALL initiatives funded by the program, including those implemented by grantees and other external organizations**

**7.C. Cost Data for UAMS East (Delta AHEC)**

ATSC Independent Evaluation Quarterly Report					
Delta Area Health Education Center					
Sources of Funding	Amount	Other Funding Source Specified	Leveraged Funds (Y/N)	Programmatic Budget:	Administrative Budget:
ATSC:	\$1,567,079.00	NA	y	\$892,971.00	\$674,408.00
State Funds	\$668,553.00		y	\$295,579.00	\$372,974.00
Fitness Center Revenue	\$109,741.00		y	\$11,377.00	\$98,364.00
VA Clinic Revenue	\$354,201.00		y	\$83,678.00	\$270,523.00
Total Budget	\$2,699,574.00			\$1,283,605.00	\$1,416,269.00

**7.D. Additional Tables for UAMS East (Delta AHEC)**

UAMS East

Encounter/Data Table  
 April 1, 2013-June 30, 2013

EDUCATION TO HEALTHCARE PROFESSIONALS ENROLLMENT AND ATTENDANCE DATA TABLE	
<i>Programs to provide educational activities for area health professionals and health professions students:</i>	
362	Employees participated in Care Learning for Health Professionals and courses accessed at Chicot Memorial and McGehee Hospital
67	Continuing Education for Health Professional ( CME approved programs)
36	CPR for Health Professionals
41	Library Services for Health Professionals
60	Library Services for Health Professions Students/Residents
2	Telemedicine
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	RNs preparing for BSN
2	BSNs preparing for MNSc
0	Nursing students doing clinical rotations at the Delta AHEC
0	UAMS College of Medicine medical students
0	COPH Internship
0	Health Education internship
	UAMS Family Medicine Residents- Discontinued by HRMC
<i>Programs to acquaint K-12 youth with health careers:</i>	
33	Community Health Action in Medical Public Service (CHAMPS) –summer only
1372	Health Professional Recruitment Programs (K-12 <sup>th</sup> grade)
36	Medical Application of Science in Health (MASH)-Summer Only
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>	
9534	Health Education for Youth (a total of all programs for youth/children. Some of these numbers are also represented in other categories, including Kids for Health)
2049	Health Education for Adults (a total of all education programs for adults, including CLASSICS)
85 adults 89 children	CPR
20 adults 78 children	First Aid for Consumers
1140	Health Fairs
1155	Health Screenings, including /How Healthy is your school/industry/church

497	Kids for Health
0	Bullying programs
767	Prescription Assistance (money saved \$ 58, 740.00
77	Emergency Medicines (money saved--\$4187.51-number of scripts-77)
60 Youth- prevention 92 adults- prevention 100 cessation	Tobacco Cessation/Prevention
66	Classics
758	Veterans' Community-Based Outpatient Clinic (patient visits)
859	Veterans enrolled in the VA CBOC
<i>Programs and services to improve health behaviors related to chronic health problems:</i>	
19adults 32 youth	Asthma
124	Diabetes Formal Education
0	Chronic Disease self management
541	Hypertension/Heart Disease
0	HIV Awareness
54	Obesity
0	Substance Abuse
1074	Library services for consumers
<i>Programs and services to improve health behaviors in regards to physical activity and nutrition:</i>	
9064	Fitness Center Encounters
19072	Other Fitness Classes (adult)
2050	Fitness Classes (K-12_
481	Nutrition (includes Group sessions and 1-on-1 counseling)
<i>Programs and services to improve health behaviors related to pregnancy, teen prevention, and parenting skills:</i>	
0	Babysitting Classes
33	Baby Safety showers
33	Car Seat Check
75	Prenatal Care/Healthy Parenting (includes childbirth education, doula, centering pregnancy, breast feeding education)
2172	Teen Pregnancy Prevention
699	Service Projects including use of Delta AHEC Building