

Arkansas Biosciences Institute

Reporting Period: October - December, 2012

Total Fiscal Year Budget: \$ 10,369,870

Mission Statement/Program Overview

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

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

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

ABI's program goals are to:

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

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

Activity Area Fiscal Year Budget:

\$ 10,369,870 (100%)

UPDATE for ABI Funded Projects

OUTCOMES: The five ABI member institutions use their ABI funding to support research projects in the five areas outlined in the Act. For FY2012, member institutions have funded 103 agricultural and biomedical research projects, with continuing support for another 96 on-going projects, for a total of 199 research projects. For FY2013 Q2, there are 83 funded research projects.

For FY2013 Q2, the annual research symposium included progress reports on five ABI-supported research projects:

- Epigenetics Technological Breakthrough
- Hydroxyproline-O-Glycosylated Biopolymer Carriers for a Competitive Plant Cell Bioproduction Platform
- Translational Studies in Acetaminophen Toxicity: Development of a Diagnostic Assay
- Biomedical Research Opportunities in the Chicken Model
- Genome-level Improvements that Simplify Bioseparation

Research updates during the symposium poster session included:

- Biomarkers of Brain Injury in Neonates with Congenital Heart Disease
- Developmental Play and Sensitivity to Nicotine
- Accuracy of Needle Biopsy to Predict Histology in Patients with Non-small Cell Lung Cancer
- Loss of Insulin Signaling in Osteoprogenitor Cells Impairs Structural Strength of Bone
- High Performance Near-infrared and Mid-infrared Optoelectronic Devices for Bioscience Applications

UPDATE for Collaborative Projects

OUTCOMES: For FY2012, there were 54 collaborative research projects, representing about 26% of all ABI projects for the year. ABI encourages and fosters collaborative research among the five member institutions. Collaborative research brings together investigators from various disciplines and institutions for team-science approach to research. Collaborative research is especially critical for institutions with less research infrastructure.

UPDATE for External Grants

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

For FY2012, external funding totaled \$43.4 million. Approximately 73% of all ABI research projects include external funding from agencies such as the National Institutes of Health, USDA, National Science Foundation, and from organizations such as the Komen Foundation and the American Heart Association.

External grant totals for FY2013 will be available August, 2013.

UPDATE for Peer-Reviewed Papers Accepted for Publication

OUTCOMES:

ABI-supported investigators reported authoring or co-authoring 461 papers in FY2012. In addition to papers, ABI-supported investigators authored 59 book chapters and books in FY12.

	ABI Total	ACHRI	ASU	UA-Ag	UAMS	UAF
Number of ABI funded projects	199	29	48	21	58	43
Number of external grants/contacts	234	80	36	24	66	28
ABI Funding	\$10,147,623	1,368,914	2,926,575	1,561,719	2,728,696	1,561,719
Extramural Funding	\$43,414,868	15,481,443	2,805,701	3,061,895	17,691,540	4,374,288
Total Funding (ABI + Extramural)	\$53,562,491	16,850,357	5,732,276	4,623,614	20,420,236	5,936,007
Ratio (Extramural funding:ABI)	4.2:1	11:1	1:1	2:1	6.5:1	2.8:1

	ACHRI	ASU	UA-Ag	UAMS	UAF	% total funding
ABI Funds	\$449,709	0	1,051,077	65,000	376,788	19.1%
Extramural funds	\$15,132,112	465,682	2,660,501	79,973	1,322,792	45.3%

Table 3. Number of collaborative research projects (FY2012)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Other
ACHRI		1	1	17	1	
ASU				4	2	2
UA-Ag	2			6	15	8
UAMS					2	
UAF			5	8		3

Table 4. Jobs created by ABI and extramural funding (FY2012)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Total
ABI Funded FTE employment	9.0	32.6	12.8	20.7	18.5	93.6
Extramurally funded FTE employment	139.4	21.3	13.8	90.4	43.0	307.9

Table 5. Peer Reviewed Papers and Books/Book Chapters (FY2012)

	ABI Total
Peer Reviewed Papers	461
Books/Book Chapters	59

Table 7. ABI Entrepreneurial Activities (FY2012)

	ABI Total
Patents Received	1
Patents Filed	9

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

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

UPDATE: ABI Administration sponsors conferences and speakers that bring together ABI investigators, concentrating on more specific research areas; FY2013 research collaborations have included:

- ABI Fall Research Symposium at the University of Arkansas, Fayetteville
- Institute for Animal Care and Use Regional Training Meeting in Little Rock – September 2012
- Nanotechnology for Healthcare Conference – November 2012
- Central Arkansas Brain Bee – February 2013

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

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

For FY2012, approximately 73 percent of ABI research projects had extramural funding for the year. Extramural funding totaled \$43.4 million for FY2012 for an overall 4:1 leverage factor.

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

UPDATE: ABI-supported investigators rely on external funding to expand their agricultural and biomedical research. Since inception, ABI investigators have received more than \$395 million in external funding from agencies such as the National Institutes of Health, the National Science Foundation, US Department of Agriculture, and the Centers for Disease Control and Prevention and from foundations such as the American Heart Association and the American Cancer Society.

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

**Fay W. Boozman College of Public Health
Reporting Period: October – December 2012**

Total Fiscal Year Budget 2013: \$2,371,426

Mission Statement/Program Overview

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

COPH's goals are to:

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

Activity Area Fiscal Year Budget:

1/6

UPDATE FOR ENROLLMENT Fall 2012 - 2013

(GEOGRAPHICAL REPRESENTATION)

AHEC REGION	# OF STUDENTS	Percentage
Central	80	35%
Northwest	6	3%
Northeast	12	5%
Southwest	5	2%
South	4	2%
Delta	8	3%
South Central	22	10%
North Central	8	3%
Out of State	61	27%
Foreign Country	24	10%
Total	230	100%

Students enrolled originated from 38 of the 75 counties (51%). Most of the out of State Students now reside in AR

OUTCOMES: During the Fall 2012 semester, total student enrollment was 230 with students enrolled originating from 38 of the 75 counties (51%). During the Fall 2011 semester, the COPH had 227 students originating from 38 of the 75 counties. The COPH is working diligently to increase enrollment from around the state and has plans to offer the post baccalaureate certificate on-line by Fall 2013.

UPDATE for Graduate employment in public health field: December 2012-2013

# of Graduates by Degree	Work Status	% of known employed in a public health related field
MPH 15	11 known, 4 unknown	100%
MHSA 0		
DrPH 0		
Certificate 2	2 known	100%

OUTCOMES: Number of graduates; Percentage Employed in Public Health Related Field: 17 students graduated in December 2012. Employment status is known for 13 of the graduates. 100% of those graduates whose place of employment is known work in a public health related field.

UPDATE for Enrollment (Minority Representation): See **Table 1** below providing minority enrollment numbers and percentages for this Fall Semester (Oct. – Dec. 2012 reporting period).

OUTCOMES:

AR Minority Population (2010 Census Data)	Black - 15%	Hispanic - 6%	American Indian - 1%	Asian - 1%
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The percentage of African American enrollment and Asian American enrollment continues to greatly exceed the percentage of the African American and Asian populations in Arkansas. According to the 2010 Census, Hispanic's comprise 6% of the Arkansas population. In the Fall 2012-2013 class, 6 (3%) of COPH students are Hispanic. We predict that the proportion of Hispanic students will increase as more Hispanic students pursue higher education degrees. In addition to our standard recruitment strategies, the COPH takes advantage of research programs focused on this community to increase Latino awareness of available educational programs; and, the COPH administrators are working closely with the Assistant Dean for Minority Affairs, Dr. Eddie Ochoa, a respected and community engaged Hispanic Physician, to develop a strategy to improve Latino enrollment.

UPDATE for Student Competency: The faculty revised and updated the competencies for all programs during the 2011-2012 academic years and the Office of Public Health Informatics has created an online self-assessment system. The self-assessments of graduates were administered early fall 2012 to spring 2012 and summer 2012 graduates with fall 2012 graduates being surveyed in December 2012.

OUTCOMES: Focused discussions with graduating students (students in the integration seminar) have resulted in qualitative data that show the vast majority of students feel the curriculum has covered the ASPH competencies for MPH students very completely. Most students express a high level of competence in all of the core areas and state that they would like additional training in working with community partners. During the fall of 2012, twenty-three graduates were surveyed and asked to rate their level of competence relative to the 67 MPH Core Competencies. 91% of graduates rated themselves as 'Competent' or "Expert" on 61 of the 67 competencies. Faculty will begin reviewing these data in Spring 2013 to determine the need for curriculum changes in an effort to improve coursework so that graduates self-evaluate as being at least "Competent" for all competencies.

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

OUTCOMES: The vast majority of the Preceptorship, Integration, and Capstone projects have statewide impact. This semester, one preceptorship project was county specific and one integration project was conducted out of state; findings from the remaining 35 projects might be utilized statewide.

Table 1

Race/Ethnicity	Black	Asian	Chose two or more	Hispanic	Native American	Chose not to Answer
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Number & Percent Enrolled	75	33%	17	7%	4	2%	6	3%	1	<1%	13	6%
Total Number of Enrolled Students Fall 2012/2013: 230												

Table 2
Fall 2012-2013

PRECEPTORSHIP PROJECTS			INTEGRATION PROJECTS			CAPSTONE PROJECTS		
Number of projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served
18	13	17 Statewide 1 County Specific	16	5	15 Statewide 1 out of state	1	1	Statewide

Activity Area: Research
 The tobacco settlement proceeds Act of 2007 requires that the COPH spend a portion of the proceeds on philanthropic grants, scholarships, and other scholarly activities to support and improve the health and well-being of the citizens of Arkansas. (2012) 114, 9 (4) (2)

Activity Area: Fiscal Year Budget

UPDATE for New Grant and Contract Funds Received: In this reporting period (Oct. – Dec. 2012), the COPH faculty submitted 25 grants/contracts for funding (total of \$3,134,941). Five (5) of the twenty-five (25) submitted were funded (\$1,289,205).

During this quarter, we were notified that two previously submitted grants (\$471,711) were not funded. See summary in **Table 3** below.

OUTCOMES: RAND set a goal for the COPH to increase extramural grant and contract funding for research by 20% above that achieved in 2004-2005. The new grant and contract funding in FY 2004-2005 totaled \$9,540,802 which brought the active research grant and contract total to \$20,190,725. The total active research grant and contract total as of this reporting period is approximately \$39 million.

UPDATE for FTEs Created by Research Funding:

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

UPDATE for Publications:

OUTCOMES: Number of peer-reviewed papers accepted for publication is reported annually. Information is now being compiled for 2012 and will be provided in the Jan-March quarterly report.

UPDATE for Publications in Ranked Journals:

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

OUTCOMES: RAND is no longer the evaluator. This assessment is no longer relevant.

Delta Area Health Education Center (Delta AHEC)

Reporting Period: October-December 2012

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

PROGRAM OVERVIEW

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

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

Goals:

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

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

Foci:

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

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

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

Care Learning for Health Professionals: Web-based training modules for hospital employees (e.g., hand hygiene, blood borne pathogens, abuse, and neglect).
Outcomes: Encounter numbers are below.

Continuing Education: Programs for health professionals are provided via Rural Hospital distance education. The Gerald Glass Continuing Education Program for Pharmacists and other health professionals was held in October. We also hosted the Immortal Life of Henrietta Lock film

Outcomes: Encounter numbers are below.

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

This included neonatal resuscitation and BLS for Health Care Professionals in Chicot County
 Outcomes: Encounter numbers below.

Library Services for Health Professionals: The library has acquired several new health models for use as visual teaching aides for teaching about health topics in the community. These models help relay the message of the consequences of tobacco, obesity, diabetes, and many other health topics.
 Outcomes: Encounter numbers are below.

Library Services for Health Professions Students/Residents: Training in research methods and assistance in obtaining information provided for Phillips College nursing and medical terminology students.
 Outcomes: Encounter numbers below.

Telemedicine: Consult or patient follow-up visits with UAMS physicians without travel.
 Outcomes: The Angels program is seeing high risk OB patients monthly at the Delta AHEC. Dr. Fahdi, who was seeing cardiac pacemaker patients, has moved to Florida.

EDUCATION TO HEALTHCARE PROFESSIONALS ENROLLMENT AND ATTENDANCE DATA TABLE

Programs to provide educational activities for area health professionals and health professions students:

46 employees 215 courses	Employees participated in Care Learning for Health Professionals and courses accessed at Chicot Memorial and McGehee Hospital
22	Continuing Education for Health Professional (CME approved programs)
54	CPR for Health Professionals (12 class completions)
42	Library Services for Health Professionals
110	Library Services for Health Professions Students/Residents
2	Telemedicine

Activity Area: ACCESS TO HEALTH CARE: These programs contribute to Delta AHEC's goals to recruit and retain health care professionals. Outcomes for this activity area are the number of students enrolled in particular programs at various academic levels. (See the Access to Health Care Enrollment and Attendance Table as well as outcomes below). **Activity Area Fiscal Year Budget: \$ 25,787 (5.9%)**

Community Health Applied in Medical Public Service (CHAMPS): 1-week summer recruitment program for junior high school students in rural south Arkansas communities.
 Outcomes: Encounters below. (summer only)

Health Professional Recruitment Programs: Activities to stimulate and reinforce interest in health careers during K-12th grades. These include "Day in the Life", "AIM", "Club Scrub" Fairs, group advising, presentations.
 Outcomes: Encounter numbers below.

Medical Application of Science for Health Program (M*A*S*H): Teens experience the real world of health careers during 2-week summer program provided in rural communities.
 Outcomes: Encounters below.-Summer Only

UAMS College of Medicine Programs/Health Professions Internships: Host preceptorships and for senior medical students, interns, and residents. Outcomes: Encounters below

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

ACCESS TO HEALTH CARE ENROLLMENT AND ATTENDANCE DATA TABLE

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

3	RNs preparing for BSN
1	BSNs preparing for MNSc
2	Nursing students doing clinical rotations at the Delta AHEC
1	UAMS College of Medicine medical students
0	COPH Internship
1	Health Education internship
	UAMS Family Medicine Residents- Discontinued by HRMC
<i>Programs to acquaint K-12 youth with health careers:</i>	
N/A	Community Health Action in Medical Public Service (CHAMPS) --summer only
2321	Health Professional Recruitment Programs (K-12 th grade)
N/A	Medical Application of Science in Health (MASH)-Summer Only

Activity Area: SERVICES TO COMMUNITIES AND CLIENTS THROUGHOUT THE DELTA REGION: These programs contribute to Delta AHEC's foci to increase the capacity of participation in culturally sensitive health promotion and health education programs, to improve health behaviors related to chronic health problems, and to improve health behaviors in regards to physical activity and nutrition. Outcomes for this activity area are typically attendance/participation numbers supplemented by program specific outcomes reflecting the objective of the service. (See Services to Communities and Clients Participation Data Table as well as outcomes below).

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

Asthma: Education for parents, teachers and children with asthma, using the Arkansas Respiratory Health Association curriculum.

Outcomes: Encounter numbers below.

Child Passenger Safety: Monthly home and child passenger safety education in a fun setting. Expectant mothers receive shower gifts of home safety items, a convertible car seat, and one-on-one education about installation. Encounter numbers below.

CLASSICS: Weekly education program for senior citizens with exercise, using Richard Simmons's video, and presentations on different topics.

Outcomes: Encounter numbers below.

CPR/First Aid for Consumers: Participants certify in adult, child and infant CPR and Choking. Material is presented on heart disease and stroke including warning signs, risk factors and AR Saves information is given in support with the program at Helena Regional Medical Center and UAMS.

Outcomes: Encounter numbers are below.

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

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

Fitness/Exercise Programs: Fitness Center member services include inside and outside walking trails, exercise equipment, exercise classes, and personal training. Tai Chi, Silver Sneakers, yoga, Zumba, Spinning, Pilates are also offered. Outcomes: Encounter numbers below

Exercise programs outside the fitness center are important to area residents who cannot drive to Helena to attend classes. Classes include water aerobics in the summer, yoga, and other exercise classes. Outcomes: Encounter numbers below

Health Education for Adults: Health education programs, including exercise programs, are provided as needed to targeted audiences in community-based organizations, school, churches, and other locations.

Outcomes: Encounter numbers below.
Health Education for Adolescents/Children: Health education programs, including exercise programs, are provided as needed to targeted audiences in community-based organizations, school, churches, and other locations.
Health Fairs: Health fairs held in conjunction with various events to engage the community and distribute information on health related topics. Outcomes: number of people provided with health education materials
Health Screenings: Health Screenings are conducted for high blood pressure, cholesterol, glucose, HIV, BMI, A1C. These can be held in community based organizations, churches, worksites (“How Healthy is Your Industry”) churches, schools (“How Healthy is Your Faculty”) or any other site that is requested. We also conduct screenings at the Delta AHEC. Individuals with abnormal results are counseled and referred to PCP and/or Diabetes Clinic. Encounter numbers below and outcomes are recorded in health screening data table.
Kids for Health: Health education program for K-6 th graders taught by 6 Delta AHEC Outreach Health Facilitators using standardized video-based health curriculum. Currently the 10-week program is being taught in 8 schools in Phillips, Lee, Monroe and St. Francis Counties. Outcomes: Encounter numbers below.
Library Services for Consumers include journals, books, DVDs; training in library use/internet services; literature searches on request. Outcomes: Encounter numbers below.
Nutrition Counseling: Individual and group instruction on fats, making favorite foods healthier, importance of rest when dieting. Outcomes: Encounter numbers below.
Parenting/Pregnancy/Prenatal Care: Classes on parenting/child safety topics. Outcomes: Encounter numbers below.
Prescription Assistance/Emergency Medicine: This program supplies low-cost maintenance prescription drugs at no cost to the uninsured and underinsured. Emergency meds involves a onetime voucher, provided by the Helena Health Foundation that allows qualifying clients to get needed meds immediately instead of having to wait until paperwork is processed. Outcomes \$632,424 savings to clients on prescription drugs and \$3030.00 in emergency medicines this quarter. Encounter numbers below.
Substance Abuse: Counseling and educational classes. Outcomes: Encounter numbers below.
Tobacco Cessation/Prevention: Counseling and educational classes on cessation aides, how smoking affects the body and those around the smoker. Outcomes: Prescription assistance used for cessation aides. Encounter numbers below.
Veterans’ Community Based Outpatient Clinic: Outcomes: Enrollment and patient encounters (patient visits) below.

	Blood Press	Cholesterol	HIV	Diabetes Screening (glucose)	A1C	BMI Weight	Total
Abnormal Results	178	171	0	36	2	81	468
Total Screenings	771	580	25	691	7	409	2483

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

SERVICES TO COMMUNITIES AND CLIENTS PARTICIPATION/ENCOUNTER DATA TABLE	
<i>Programs and services to increase the capacity of participation in culturally sensitive health promotion and health education programs:</i>	
17,679	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)
1727	Health Education for Adults (a total of all education programs for adults, including CLASSICS)
30 adults 172 children	CPR/First Aid for Consumers
125	Health Fairs
167	Health Screenings, including /How Healthy is your school/industry/church
8444	Kids for Health
0	Bullying programs
678	Prescription Assistance (money saved--\$632,424- # of scripts-1329)
9	Emergency Medicines (money saved--\$3,030-number of scripts-30)
816 Youth-prevention 53 adults-prevention 126 cessation	Tobacco Cessation/Prevention
116	Classics
1105	Veterans' Community-Based Outpatient Clinic (patient visits)
923	
<i>Programs and services to improve health behaviors related to chronic health problems:</i>	
40 adults 3 children	Asthma
335	Diabetes Formal Education
65	Chronic Disease self management
278	Hypertension/Heart Disease
0	HIV Awareness
52	Obesity
76	Substance Abuse-Red Ribbon Week
780	Library services for consumers
<i>Programs and services to improve health behaviors in regards to physical activity and nutrition:</i>	
8183	Fitness Center Encounters
5830	Other Fitness Classes (adult)

2813	Fitness Classes (K-12)
375	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
74	Baby Safety showers
47	Car Seat Check
164	Prenatal Care/Healthy Parenting (includes childbirth education, doula, centering pregnancy, breast feeding education)
100	Teen Pregnancy Prevention
796	Service Projects including use of Delta AHEC Building

Activity Area: OTHER ACTIVITIES THIS QUARTER:	
Leadership/Advisory Board Activities:	
<ul style="list-style-type: none"> • Delta AHEC hosted a forum on Medicaid Reform presented by UAMS Chancellor Rahn with 20 people present. • During an employee fundraising campaign for the Delta AHEC, 11 employees contributed \$795 to the foundation for use in Delta AHEC programs • State Representative Clark Hall donated \$4950 in General Improvement Funds to the Delta AHEC to be used for an electronic sign to advertise programs and activities. 	
Collaboration & Cooperation:	
<ul style="list-style-type: none"> • Delta AHEC staff participated in the Boars Head Industry Employee Health and Wellness Expo in Forrest City, Arkansas on October 17th. Free cholesterol tests were given to over 100 employees at the event. • The Delta AHEC provided 53 University of Arkansas system employee health screenings. Screenings included height, weight, total cholesterol, blood pressure and blood sugar. Employees were encouraged to take advantage of the screenings and participate in the new employee wellness program. As a result of the screenings for employees at the U of A in Marianna, we have now been contacted to provide follow up information on both prevention and maintenance of health conditions and have held one lunch and learn session for employees. • The Delta AHEC hosted a 40 hour Internship for a University of Arkansas at Little Rock Health Education student, Tyler Jones. Tyler worked with Outreach staff providing education at health fairs, schools and in the community at various outreach events such as Healthy Helena Expo. • Outreach staff provided 50 parents of children in grades K-6th at Barton Lexa School District with free DVD's and health education information concerning good nutritional habits for children. • "Promoting Breastfeeding in the Community" lunch and learn was held to enlist support health professionals, organizations and community members with promoting and supporting breastfeeding in the Helena area. Arkansas has very low breastfeeding rates and Phillips county rates are even lower than state rates. The 9 attendees were from Helena Regional Medical Center, Phillips County Health Unit and Arkansas Birth-wait. Angie Whatley, Nurse Educator from Delta AHCE West Memphis was the guest speaker. 	

Breastfeeding brochures, posters and pamphlets were distributed.

- Delta AHEC continues to hold monthly Safety Baby Showers for women in Phillips County to teach about home safety, sleep safety and car seat safety. During the shower, pre and post tests are given to assess current safety behaviors, intentions regarding newborn care and beliefs about certain safety practices. One of the main safety topics covered is the importance of sleeping an infant on its back. On the pre test, 76% of moms said they would sleep their baby on their backs. After the shower, 88% said they would now sleep their infants on their backs. Another safety issue addressed is the suffocation risk of the use of soft items (pillows, bumper pads) in the crib. Before the shower, 67% thought these items to be a risk and after the shower 81% did. Also, overall 98% of moms who attended the shower would recommend or strongly recommend other moms to attend the Safety Baby Shower to prepare for their new baby.
- A student from PCC/UA medical terminology class participated in our Fitness Test. After having his tests performed he was interested in weight loss and made a decision to join the AHEC Fitness Center. He has been coming regularly to work out and has lost 40 lbs since joining.
- The library assisted 40 nursing students from PCCUA in obtaining articles for a writing assignment. Instruction was provided to the students on the criteria on writing a paper in APA format.

Media & Public Relations:

- An advertisement for Delta AHEC's prescription assistance is running on the local Cable TV station
- Dr. Becky Hall was a guest on the K-LOVE radio program where she was interviewed by the host and told about programs and services at the Delta AHEC.
- The Delta AHEC quarterly newsletter was mailed to stakeholders and public officials.
- Correspondence was sent to 52 students who had either attended MASH or seniors who had attended Day in the Life, to attend our new club AIM. AIM stands for Advancement into Medicine

Continuous Quality/Program Improvement:

- Delta AHEC staff has continued using strategies learned in the FISH training. They had secret pals during Christmas and have had 2 soup luncheons for additional staff training.
- Delta AHEC supervisors have been trained in the on-line employee evaluation system that will be used by UAMS. This form of evaluation will begin in July.
- We have increased participation numbers for students at the "Day in the Life of a Nurse " from 50 to 88 students.
- 117 new members joined the Fitness Center this quarter.

Arkansas Aging Initiative

Reporting Period: Oct - Dec, 2012

Total Fiscal Year Budget: \$1,580,950

PROGRAM OVERVIEW

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

Mission

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

Goals

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

Abbreviations for AAI Regional Centers

SACOA- South Arkansas Center on Aging (Eldorado)

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

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

SCCOA- South Central Center on Aging (Pine Bluff)

WCCOA – West Central Center on Aging (Fort Smith)

OCOA – Oaklawn Center on Aging (Hot Springs)

TRCOA - Texarkana Regional Center on Aging – Texarkana

Schmieding – Springdale

Schmieding Bella Vista – Schmieding Satellite in Bella Vista

Schmieding Harrison – Schmieding Satellite in Harrison

Baxter Regional Center on Aging (BRCOA)

SHC – Senior Health Clinic

<p>Activity Area: Clinical Services – Activity Area Fiscal Year Budget: \$790 (0.05%)</p> <p>KEY INFORMATION: Our hospital partners own and operate the clinics.</p> <p>Update for Clinical encounters and SHC's: The clinics were operated as usual, this quarter. Outcomes: Total visits by SHC staff were 8,322. Table 1 below provides the details of the type of visits per site.</p> <p>Update for provider FTE's (MD's and APN - advanced practice nurses): Outcomes: Full time equivalents for medical doctors and advanced practice nurses (FTE's for MD's and APN) working in the clinical settings are collected annually. The data for FY 2012 are presented in the table below. Data are reported during the first quarter annually for the previous FY.</p> <p>Update on creation of new SHCs: Outcomes: Baxter Regional Medical Center officially established the Baxter Regional Center on Aging and had the grand opening of the Fairlamb Senior Health Clinic May 8, 2012. Discussions are still occurring at the local levels in Hot Springs for the Oaklawn Center on Aging to partner with a local hospital to establish a Senior Health Clinic, but we do not expect any significant movement until after the sale of Mercy St. Joseph has been completed.</p> <p>Update on partnership with Arkansas Nursing Homes: Outcomes: All COAs continue to provide educational activities for many nursing homes related to evidence-based practices (refer to Table 3 under in-services and paraprofessional educational encounters). The number of standards of care used in nursing homes associated with COA's are reported annually. The data for FY 12 are presented in the Data for Clinical Services table below. Data are reported during the first quarter annually for the previous FY.</p> <p>Update on evidence-based guidelines in SHC Outcomes: The number of SHC's supported with materials to implement evidence-based guidelines are reported annually. The data for FY 12 are presented in Table 2.</p>
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Table 1: Per COA clinical visit details

	SACOA	DCOA	COA -NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista
SHC	912	538	1567	969	506	1243	902	Unable to
NH	96	202		163	107		376	Get from
Inpatient				240	141		111	Clinic
Home	6	78		37			128	

Table 2: 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.

Activity Area: Education –
Activity Area Fiscal Year Budget: \$1,114,570 (70.5%)
Update on educational encounters for each target population group:
Outcomes: Data presenting educational encounters for each target group are collected each quarter. A summary of the data is in Table 3 and Table 4 holds the details. Total encounters were 12,393, and of those, 24.1% were to minorities.

Table 3: Summary of Education Encounters

Target Audience	Encounters
Community (includes community members & exercise)	9102
Health care professionals	1371
Health and social service students	272
Paraprofessional (includes in-services)	1648

Table 4 • Total Education Encounters for this quarter was 12,393 of those 24.1% to minorities.

AAI Site	Health Professionals	In-services	Para Professionals	Community	Exercise	Students	Totals
SACOA	85	76	0	546	314	0	1021
<i>Minorities</i>	35	63	0	141	56	0	295
DCOA	5	187	0	230	338	0	760
<i>Minorities</i>	5	166	0	164	83	0	418
DCOA-Helena	8	713	0	348	352	0	1421
<i>Minorities</i>	5	682	0	253	110	0	1050
COA-NE	596	0	0	513	0	174	1283
<i>Minorities</i>	17	0	0	41	0	6	64
TRCOA	162	104	7	283	209	0	765
<i>Minorities</i>	106	96	5	106	0	0	313
Schmieding	439	85	345	426	179	3	1477
<i>Minorities</i>	38	6	70	7	0	0	121
SCSHE-Bella Vista	0	62	0	364	0	0	426
<i>Minorities</i>	0	2	0	0	0	0	2
SCSHE-Mtn. Home	1	0	0	740	976	0	1717
<i>Minorities</i>	0	0	0	0	0	0	0
SCSHE-Harrison	0	0	0	0	0	0	0
<i>Minorities</i>	0	0	0	0	0	0	0
SCCOA	21	42	0	1331	25	95	1514
<i>Minorities</i>	6	29	0	543	4	41	623
WCCOA	34	18	0	278	68	0	398
<i>Minorities</i>	10	1	0	20	0	0	31
Oaklawn	20	9	0	1536	46	0	1611
<i>Minorities</i>	0	1	0	70	0	0	71
Total Ed Encounters	1371	1296	352	6595	2507	272	12393
Total Minority Encounters	222	1046	75	1345	253	47	2988

Activity Area: Promotion –
Activity Area Fiscal Year Budget: \$150,190 (9.5%)

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

Outcomes: The Centers on Aging were involved in the following during October, November, and December, 2012: 11 newsletters, 11 newspaper articles or press releases, 2 radio spots, 6 TV spots, 1 journal article, 41 mailings, 2 national presentations, and 21 health fairs staffed where 5,577 contacts were made and 1,501 personal interactions .

Activity Area: Policy –
Activity Area Fiscal Year Budget: \$63,238 (4%)

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

Outcomes: Regional advisory committee members have scheduled meetings with regional delegations to discuss the mission and goals of the AAI and to discuss state and local policies that are important to older Arkansans.

Activity Area: Sustainability – (Leveraged Funds)
Activity Area Fiscal Year Budget: \$158,095 (10%)

Update: (revenue from sources other than tobacco funds)

Outcomes: The total funding obtained to support operating expenses (from all sources) is reported quarterly. The total reported for all sites during this quarter (October, November, and December) was **\$2,815,187***. Dollars per site are detailed below in table 5. Advisory Committees are also working on local fund-raising activities to raise private monies to augment the COA operating budgets that were reduced due to declining tobacco revenues. Individual committee members continue to increase the advocacy role of the Centers on Aging by participating in more civic and community activities while at the same time including community leaders in the activities of the Center.

Table 5: Leveraging: Revenue from sources other than tobacco funds that supported the COAs during this quarter: Note: "Central" was added this quarter to have account for the leveraging the AAI Central Leadership has obtained for additional programs or Centers (which include the grants from for the Schmieding Home Caregiver Training & the Oklahoma Healthy Aging Initiative, Oaklawn Center on Aging and Schmieding general operations). *This quarter numbers includes funds for quarters one and two.

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	OCOA	Central*
\$18,935	\$11,060	\$7,840	\$8,300	\$171	\$2,550	\$1,904,787	\$11,944	\$1,861,544

Activity Area: Research & Evaluation –
Activity Area Fiscal Year Budget: \$94,067 (5.95%)

Update: Regarding outcome and evaluation research

Outcomes: Evaluation activities continued to focus on educational programs from October through December, 2012. Dr. Vuk presented the results of a study completed at the WCCOA from 2011 at the 2012 National Geriatric Society of America Annual meeting in November entitled *Evaluation of Arthritis Exercise Program for Elderly in Rural Arkansas: What are the Benefits of the Program?* Drs. Beverly and McAtee are working with Dr. Wayne from the College of Public Health to develop a manuscript for publication regarding the readmission study involving the Centers on Aging.

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

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

UPDATE: Data for professional mix is collected on an annual basis; FY 12 numbers are included in this report, Table 2.

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

UPDATE: As part of the Chronic Disease Model implementation, evidence-based guidelines are continually encouraged for use in the SHCs. At this time, 4 SHCs are involved with Medicare Pay-4-Performance activities. All COAs continue to provide education and in-service activities for many nursing homes related to evidence-based practices. The Centers are now also starting to graduate individuals from the Schmieding Home Caregiving Program that take the CNA exam and then work in nursing homes and for Home Health Agencies

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

UPDATE: The Regional Advisory Committees are actively working with local legislators to educate them about the needs of the aging population and their Centers on Aging. The most pressing need for the Centers is for funds to supplement the Operating Budget.

Advisory committee members continue to increase their involvement and guidance in the activities of the Regional Centers on Aging as additional funding is obtained to replicate successful programs and to demonstrate the feasibility of others.

As more sites become capable of participating in UAMS's telehealth system, the Regional Advisory Committee Members will broaden their advocacy role to encourage rural residents that do not have local access to form a larger group around a Center that does so that educational programs can be delivered to a larger and more diverse clientele.

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

UPDATE: This quarter will bring many changes in the composition of the membership of the Arkansas legislature. For the first time since Reconstruction, Republicans gained control of both the Senate and the House of Representatives.

Regional Advisory Committee members are already engaging new members of both parties to ensure that they understand the structure and funding mechanism of the Arkansas Aging Initiative. Regional advisory committee members have also scheduled meetings with regional delegations to discuss the mission and goals of the AAI and to discuss state and local policies that are important to older Arkansans.

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

UPDATE: The AAI continues to seek contracts, grants, and gifts from a variety of sources. See leveraging data, Table 5, for the outcome of these efforts for October, November, and December. Two large grants to the AAI were awarded during this FY so far. One from the Donald W. Reynolds foundation for over \$7.7 million to expand the Schmieding Home Caregiving Program to include an additional 4 COAs and maintain operations in the original 4 sites, and one from the Centers for Medicare and Medicaid (CMS) Innovations center for over 3.6 Million to create a 40 hour additional course module to the established Schmieding Home Caregiver Training curriculum and to convert the entire curriculum to distance education formats. Additionally, the project will include training in the Schmieding Method at centers in California, Hawaii and Texas. This training will be bolstered by the establishment of local Micro-Credit loan funds accessible to trainees at very low interest rates at each of these sites, including the Schmieding Center.

TOBACCO PREVENTION AND CESSATION PROGRAM

Arkansas Department of Health

FY2013 – Quarter 2 (October - December 2012)

Total Budget:

\$17,802,528.00

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

Program Component Description:

Administrative Program Support

Budget: {CDC recommendation – 4%}

\$639,132 (4%)

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

Goal:

Administrative

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

Quarterly Progress:

1	Recently filled positions: Smokeless Health Program Specialist Interim Medical Director – Effective November 1, 2012	Recently vacated positions: Medical Director -October 31, 2012
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Program Component Description:

State and Community Programs

Budget: {CDC recommendation –42%}

\$7,853,030 (44%)

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

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

Measurable Objectives & Progress:

State and Community Program grants

Objective: By end of the 2013, local grantees and coalitions will work with community members to promote comprehensive 100% smoke-free workplace laws.

Outcomes:

1
The Women’s Council on African American Affairs (WCAA) Tobacco –Free Coalition was the lead sponsoring organization to host a Legislative Forum on Oct 9, 2012 at the Arkansas State Chamber of Commerce. Over 50 attendees were educated on current tobacco laws. Ten legislators/candidates for office attended. The event was covered by Today’s THV Channel 11.

Objective: By December 31, 2012, 10 businesses (restaurants and bars) who currently fall under Act 8 of 2006 exemptions, will voluntarily adopt a smoke-free work place policy. (Baseline data to be developed)

Outcome: TPCP has exceeded this objective. During this quarter alone, 14 business sites implemented a campus-wide tobacco-free policy. Sites include:

2
Birchtree Communities, Inc. Mental Health Center announced that they will be implementing a campus-wide tobacco-free policy at all of the 13 sites effective January 1, 2013. Birchtree currently has over 400 employees.

The **Arlington Resort Hotel and Spa** in Hot Springs National Park, Arkansas have implemented a facility-wide tobacco-free/smoke-free policy on December 12, 2012. This policy applies to all hotel guests, employees, visitors, and vendors. All public spaces, as well as, all guest/lodging rooms are now tobacco-free/smoke free. The 137-year-old Arlington Hotel has 560 guest rooms, has over 300 employees, and serves more than 10,000 guests per year.

Baptist Health Medical Center, which employs thousands of Arkansans, announced that it will be implementing a tobacco-free hiring policy effective January 1, 2013. Baptist Health will only hire tobacco and nicotine-free employees. They will begin

	<p>screening applicants for the presence of nicotine when an offer of employment is made. Applicants who admit to tobacco use or screen positive for nicotine will be considered ineligible for hire.</p> <p>Columbia Forest Products, Truman, Arkansas, announced they will be implementing a tobacco-free campus policy effective January 1, 2012. This campus has 165 employees. Employees, vendors and visitors will no longer be allowed to smoke on their property and employees will not be able to smoke during paid breaks. Columbia Forest Products headquartered in North Carolina has more than 2,000 employees and operates plants throughout the United States and Canada.</p> <p>Objective: By December 31, 2012, two communities will pass smoke-free local ordinances stronger than Act 8. (No communities in 2009 – Arkansas Department of Health TPCCP)</p> <p>Outcome:</p> <p>Qtr 2: No voluntary policies were enacted.</p>
3	<p>Objective: By June 30, 2013, 90 percent of homes and cars will be smoke-free. (83 percent of homes and 77 percent of cars in 2008 – Arkansas Adult Tobacco Survey)</p> <p>Outcome: 2010 NATS: 75.7% of adults do not allow smoking in their homes. 483 smoke-free home/car pledges were signed.</p> <p>Objective: By June 30, 2013, reduce by 1% the number of pregnant women who use tobacco. (14.8%--2009 AR Birth Certificate Data)</p> <p>Outcome:</p>
4	<p>TPCP participates in a regional program supported by the federal Department of Health & Human Services entitled Collaborative Improvement and Innovative Network (COIIN) project. The project working group includes 13 states covering Regions IV & VI and has a goal of reducing the smoking prevalence of pregnant women in the region by 3%. As part of the comprehensive strategic plan, TPCP will engage key stakeholders and community members, promote the use of the Ask, Advise, and Refer (2A's and R) model in healthcare practices, and increase public awareness to address this population.</p> <p>Objective: By June 30, 2014, the number of school districts implementing comprehensive evidence-based interventions recommended by the CDC's <i>Guidelines for School Health Programs to Prevent Tobacco Use and Addiction</i>, including policies and curriculum, will increase to 10 percent of all school districts. (6 percent in 2009-10)</p> <p>Outcome:</p>
5	<p>Qtr 2: Cabot School District implemented an in lieu of suspension program using ASPIRE, an online bilingual multimedia program developed by the University of Texas MD Anderson Cancer Center. This program is targeted towards a culturally diverse population of high school students. This activity was not reported in Quarter 1.</p> <p>Harrison School District: One student completed the ASPIRE tobacco prevention education program this quarter. Five (5)</p>
6	

	<p>junior high and 5 high school students participated in an SOS focus group for upcoming campaigns.</p> <p>Nettleton School district: During the second quarter, a nicotine intervention group for students at Nettleton High School was initiated. To increase participation in the project, the intervention group has moved to In-School Suspension discussion group and has become known as "Tobacco Tuesdays". Using a bookmark from The Bureau for At Risk Youth entitled "The Top 10 Reasons that It's No Joke to Smoke" as a conversation starter, the groups began. Topics included adding up the cost of tobacco purchases and suggesting other things that could be purchased with the money, developing refusal skills, saying no without offending a friend and acting these situations out as skits, understanding what an addiction is and how it can control us, identifying the reasons why people use tobacco, and the dangers of second-hand smoke.</p> <p>18 teachers implemented the tobacco education component of HealthTeacher.com. HealthTeacher.com is an online resource of health education tools including lessons, interactive presentations and additional resources to integrate health into any classroom.</p>
7	<p>Objective: By June 30, 2013, 15 CSH schools (currently funded by TPCP) will report having a comprehensive tobacco school policy. (Baseline data 12 comprehensive policies in FY 11, TPCP)</p> <p>Outcome:</p> <p>TPCP began meeting with the Arkansas School Boards Association (ASBA) to update their policy manual to include comprehensive tobacco school policies. This will ultimately impact all schools across the state of Arkansas. TPCP is updating the Oxygen Project Tool Kit for private schools and colleges to use if they want to implement a comprehensive tobacco policy for their campuses. No new comprehensive policy has been reported in this quarter.</p>
8	<p>Objective: By June 30, 2014 decrease the smoking prevalence of youth from 23.5% to 20.4. (Data Source YTS)</p> <p>Outcome:</p> <p>Qtr. 2: Community grantees are implementing Operation Storefront to gauge point-of-sale use of tobacco products in convenience stores. This quarter, 96 surveys were conducted. Forty-five (45) scantron surveys and 51 SurveyMonkey surveys were entered for Operation Storefront.</p>
9	<p>Objective: By June 30, 2014, decrease the smoking prevalence of the LGBT population in Arkansas by 1% (Baseline data to be developed by June 30 2013)</p> <p>Outcome:</p> <p>TPCP will hold an LGBT Coalition Workshop for Feb. 12, 2013 and will partner with Gustavo Torrez, Program Manager for the Network for LGBT Health Equity. As a national advocate for Lesbian, Gay, Bisexual and Transgender health equity, Mr. Torrez will focus specifically on addressing the smoking prevalence in the LGBT community, identifying stakeholders and prospective</p>

	coalition members, and assisting TPcP staff in outlining the structure of programming and the coalition.
10	<p>15% Minority Initiative \$1,804,072 to: Minority Initiative Sub-recipient Grant Office (MISRGO)</p> <p>Objective: By June 30, 2014, decrease the smoking prevalence of African American males in Arkansas from 29.3% to 27.3% (2008 Arkansas Adult Tobacco Survey: 29.3%)</p> <p>Outcome:</p> <p>40 Days to Freedom Tobacco Cessation curriculum was presented to 10 church pastors. Two pastors will implement the program during the 3rd Qtr. Evergreen Ministries and Salvation Army Church, in El Dorado will implement program during the 3rd Qtr. FY 13</p>
11	<p>Objective: By June 30, 2014, decrease the smoking prevalence of Hispanic males in Arkansas from 24.3% to 23.3% (2008 Arkansas Adult Tobacco Survey: 24.3%)</p> <p>Outcome:</p> <p>MISRGO continues to follow-up with individuals who participated in the Latino Leadership Networking Reception during the Striking Out Tobacco conference. MISRGO will develop a Request for Proposal to address tobacco use in the Hispanic community. A MISRGO sub-grantee is working on translating the 40 Days to Freedom Tobacco Cessation Curriculum into Spanish.</p>
12	<p>Objective: Lower the white adult male smokeless prevalence rate from 14.4% to 13.4% by December 2013. (2010 BRFSS: 14.4%)</p> <p>Outcome: 2011 BRFSS data - 15.1%. 2011 BRFSS data cannot be compared to data from the previous year since the methodology includes cellphone use. This objective will need to be adjusted.</p> <p>In December 2012, the smokeless tobacco position was filled. This employee is currently working to implement activities to reduce smokeless tobacco use. Activities will include participation in the Oral Health Coalition, health communication and youth-related outreach events, participation in the Arkansas Mission of Mercy, and referring dental healthcare providers to the TPcP Systems Training Outreach Program (STOP).</p>
13	<p>Objective: Decrease high school male smokeless prevalence rate from 24.8% to 23.8% by December 2013. (Baseline data: BRFSS 2010 = 24.8%)</p> <p>Outcome: 2011 BRFSS data- 20.3%. 2011 BRFSS data cannot be compared to data from the previous year since the methodology includes cellphone use. This objective will need to be adjusted.</p> <p>In December 2012, the smokeless tobacco position was filled. This employee is currently working to implement activities to reduce smokeless tobacco use. Activities will include participation in the Oral Health Coalition, health communication and youth-related outreach events, participation in the Arkansas Mission of Mercy, and referring dental healthcare providers to the TPcP Systems Training Outreach Program (STOP).</p>
14	<p>Other: Genine Perez, Program Director of the Tobacco Control Youth Board and a statewide grantee, received the "Champion</p>

Award” from the American Legacy Foundation. The Champion Award was awarded to local tobacco control program coordinators for their outstanding commitment to advancing youth leadership in tobacco control.

Program Component Description:

CESSATION

Budget: {CDC recommendation – 31%}

\$5,122,340 (29%)

Cessation of tobacco use is a key aspect of a strong tobacco control program that drives changes in behavior, health outcomes and social norms changes.

Goal: Promoting quitting among young people and adults

Measurable Objectives & Progress:

CESSATION

1	<p>Objective: By 2012, providers in 50 percent of public and private healthcare systems will document tobacco use as a vital sign and will deliver the US Public Health Service AAR (ask, advise, refer) intervention to tobacco users during the patient visit. (TPCP HCP report 2010: 39% ‘document’; 7% ‘always refer’):</p> <p>Outcome: STOP Outreach Specialist trained - FY13 Q2 52 healthcare providers have received Brief Tobacco Intervention (BTI), LHU – FY2013 Q2- 12 Health Care Providers Completed online BTI training. The System Training Outreach Program (STOP) currently has five (5) Outreach Specialists to provide face-to-face BTI training to healthcare providers. During the past quarter, two new specialists were hired. One outreach specialist is in each of the five local health unit regions, which covers all 75 counties in the state. TPCP has partnered with the Local Health Units (LHU) to provide BTI training and implement the 2A’s & R as a routine practice in the healthcare settings. In FY12, 433 LHU healthcare providers were trained on BTI.</p>
2	<p>Objective: By June 30, 2014, the reach of the Arkansas Tobacco Quitline (ATQ) will increase to a minimum of 5 percent of all people who smoke. (ATQ reports: 4.2% in FY2009; 4.1% in FY2010; 3.2% in FY2011, FY12 3.72%), FY13 Q1 .82%</p> <p>Outcome: FY13 Q2 1.49%</p>
3	<p>Objective: By June 30, 2014, the number of healthcare providers making patient fax referrals to the Arkansas Tobacco Quitline will increase by 10 percent annually. FY2011: 6444, FY2012: 6333, FY2013: Q1: 2052</p> <p>Outcome: FY2013 Q2: 1999</p>
4	<p>Objective: By June 30, 2014, Arkansas Tobacco Quitline calls from young adult tobacco users aged 18-30 years old will increase by 20 percent. (ATQ reports: 5,156 FY2010; 3,876 callers in FY2011, 3925 callers in FY12), FY2013 Q1: 756</p> <p>Outcome: FY2013 Q2: 775</p>

5	<p>University of Arkansas at Pine Bluff - Addiction Studies Program</p> <p>Outcome:</p> <p>1) UAPB will pilot two new online courses during the Spring 2013 semester. The two courses will be Pharmacology and Addictions, and Human Development and Addictions.</p> <p>2) Ms. Arriel Green, extra-help Research Assistant for Addiction Studies, represented the Addiction Studies Program in Jonesboro, AR by displaying at the Arkansas State University "Graduate/Professional Expo" in October, 2012. Dr. Therthenia Lewis, as a member of the DBHS Block Grant Workgroup, participated on November 9, 2012 and November 17, 2012 in Little Rock, AR, at meetings to discuss substance abuse and mental issues to be addressed in the Block grant proposal.</p> <p>3) Administrative Support for Research / Scholarly Activities: In November, 2012, Dr. Bonnie Hatchett began analyzing and writing the results of data collected from her study on attitudes held by members of the African American clergy about alcohol use. In October, the Robert Wood Johnson Foundation (RWJF) informed Dr. Cynthia Troutman that her New Connections: Increasing Diversity of RWJF Programming - Midcareer proposal was not funded. Dr Troutman began working with members of the Jefferson County Drug Court in December on ideas for a NIDA proposal. In November, 2012 Dr. Therthenia Lewis received an evaluation of her "Suicide Prevention" proposal, which had been rejected earlier by the Morehouse School of Medicine "Suicide Prevention Grant Program". She requested of them a written evaluation, after the original proposal had been rejected. The evaluation included positive comments about the proposal and suggestions for how to improve future proposals. She was encouraged to re-apply in 2013.</p> <p>4). Scholarship Awards – UAPB Addictions Studies plans to award up to 10 scholarship awards up to \$3,000.00 per semester to students meeting the criteria. Students selected had to meet a criteria which included number of hours enrolled, academic performance, enrollment status, and other requirements.</p> <p>5). UAPB Addictions Studies completed a survey of graduate students enrolled in the program to evaluate the program and update their professional/educational accomplishments.</p> <p>6). Plans are being developed to have two external evaluators review the Addictions Studies Program by March 2013. The initial date was not met due to modifications in the requirements.</p>
6	<p>Objective: Increase the number of ATQ calls from smokeless users from 1.5% to 4% by December 2013. (ATQ reports: 1.5% FY2011)</p> <p>Outcome: Smokeless calls registered at 116 calls this quarter compared to 146 calls last quarter. Overall, 3.8% of callers were smokeless users this quarter.</p>
7	<p>Cessation Other: TPCP is working with University of Arkansas at Little Rock Institute of Government (UALR/IOG) Research Survey Center on the Mental Health Provider Survey. A total of 572 surveys were sent out between Octobers -November. There were 167 respondents to the survey. TPCP plans to use information obtained to offer training, resources, and support for provider and encourage implementing tobacco cessation services within their treatment settings or make referrals to ATQ.</p>

8	<p>The University of Arkansas at Little Rock – Institute of Government (UALR/IOG) Survey Research Center attended the 2012 Mental Health Consumer Advocate Conference on November 27, 2012 to gain a better understanding of the logistics of surveying this unique population. UALR/IOG will conduct consumer surveys for three mental health facilities by June 30, 2013.</p>
9	<p>TPCP cessation staff has assisted there substance abuse facilities in implementing tobacco cessation treatment to their participants. Two of the facilities offer cessation services to pregnant women.</p>
10	<p>TPCP cessation has partnered with the Department of Community Corrections (DCC) to implement tobacco education training during each orientation for residents entering the center. TPCP assisted in implementing tobacco cessation counseling in one community corrections center where residents are able to enroll and receive quit coach counseling.</p>
11	<p>Cessation assisted three mental health facilities in implementing peer- to-peer counseling into their day treatment program. One of the facilities offers three peer-to- peer support groups in three different locations.</p>
12	<p>TPCP launched the Strike2Quit game on November 26, 2012. Strike2Quit is an interactive, virtual smoking cessation bowling game that helps to educate Arkansans about the dangers of tobacco use. The game is available on Facebook, Arkansas State University Virtual World Site, and an application is available in the Apple Store which can be downloaded to any Smartphone device. The game is available at www.strike2quit.com. During the first few weeks following the soft launch of Strike2Quit, it averaged 169 downloads. The game is accessible in all 50 states of the United States and is being promoted in other countries across the globe and since its launch it has been downloaded in 39 other countries to date.</p>
13	<p>TPCP has partnered with the Department of Community Corrections to provide the Tobacco Treatment Specialist (TTS) training in Pine Bluff on November 15- 16h. ADH-TPCP staff help to inform mental health and substance abuse facilities and 24 participants attended the training. Efforts are ongoing and TPCP collects lists of interested mental health and substance abuse providers interested in taking the two-day training. Dr. Julie Kissack of Harding Pharmacy School has continued to provide training for Nicotine Replacement Therapy (NRT) and non-nicotine medications.</p>
14	<p>During this quarter, TPCP Cessation staff:</p> <ul style="list-style-type: none"> - Partnered with Mid-South Addictions Trainings Network (MSATN) and will offer four training sessions on Tobacco Treatment into Recovery Programs. The training will be provided by Dr. Julie C. Kissack, Pharm D., and BCPP of the College of Pharmacy at Harding University. This workshop will identify key reasons why tobacco use must be addressed in clients suffering with mental illness and/or substance abuse. The trainings will occur February 6 – Pine Bluff, March 13 – Fort Smith, April 10- Little Rock, and May 15- Jonesboro. There is usually a \$30 fee to take courses offered through MSATN but they have agreed to offer this session free. - Worked with Dr. Gabriella Douglass, Pharm.D. Assistant Professor of Harding University, College of Pharmacy, who will present 6- hour training during the Arkansas Substance Abuse Certification Board Spring Workshop to be held at the

Austin Hotel in Hot Springs Arkansas on April 13, 2013. The workshop will identify key reasons why tobacco use must be addressed in clients suffering with mental illness and/or substance abuse. It will review barriers to treat and offer options to break down these barriers. It will evaluate various assessment tools for tobacco intake. It will list the disease states that are causally related to tobacco intake, and match treatment options to clients for optimal outcomes in tobacco cessation.

- Partnered with Mid-South Summer School (MSSS) to bring Bruce Christensen, PhD, of the University of Wisconsin School of Medicine and Public Health to present during the MSSS in 2013. He will present on "Co-occurring Nature of Tobacco Use and Other Substances" and "How to Treat Tobacco Dependence" in a mental health/ substance abuse setting.

- Scheduled Dr. Christensen to speak at ADH Grand Rounds in June 2013. He will focus on and define "tobacco disparate populations" and using that definition to identify what he calls the "big eight": the poor and poorly educated; those with mental illness and/or other addictions; Native Americans; African Americans; Hispanics; LGBT; pregnant women; and youth. TPCP will host a Meet and Greet session for Dr. Christensen following Grand Rounds.

Program Component Description:

Health Communications

Budget: {CDC recommendation - 14%}

\$2,459,167 (14%)

This component provides critical health communications and media outreach that supports the TPCP and its statewide and community programs. Areas include encouraging tobacco users to call the quitline, discouraging youth from using tobacco, and reaching out to assist pregnant women and smokeless tobacco users. Materials are distributed throughout the state to provide educational support for initiatives such as educating health care professionals on evidence-based methods to help patients stop smoking. Community outreach support and educational materials are also provided at community events, coalition activities and public health forums.

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

Measurable Objectives & Progress:

Health Communications

CJRW \$1,300,000

1	<p>Promotion of the Arkansas Tobacco Quitline: We continued to promote tobacco cessation via Quitline ads on broadcast and cable television through the Stamp Out Smoking (SOS) media campaign. The campaign airs from July 7 to the end of June 2013. On September 3rd we revised our media schedule in response to a media ad recall</p>
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	<p>survey which showed that ads from the CDC's "Tips" campaign had a very high recall rate. SOS purchased two spots from the CDC's "Tips from Former Smokers" media campaign. <i>Terrie's Tips</i> and <i>Roosevelt's Story</i> were placed in rotation on September 3rd. The same ads were also placed in rotation by our minority media partners.</p> <p>Outcomes: The Quitline received 2903 calls compared to 3581 last quarter.</p>	
2	<p>Clear the Air Media and Educational Campaign – On December 31, TPCP wrapped up the "Let's Clear the Air" media and educational campaign which had been launched to raise awareness about the impact that secondhand smoke has on those who work in smoking environments, and to let the public know that going smoke-free does not hurt sales in bars and restaurants. TPCP, community grantees, ADH local health units and general public health partners all worked together to educate communities on the benefits of smoke-free environments.</p> <p>Outcomes: Almost 50 partners came together to promote the campaign on TV, radio, print, media, magazines and online. Over \$24,000 of free media value was generated.</p>	
3	<p>Television Appearances: Outcomes: ADH staff, TPCP staff and coalition members received interview opportunities on AETN, KTHV, the Texarkana Gazette, Power 92 Jams, KARK, KATV, and the Lincoln County News. Topics included smoking cessation among those with mental health issues, the Great American Smokeout and promotion of the Arkansas Tobacco Quitline.</p> <p>Outcomes: 7 interviews were given for television, radio and print media</p>	
4	<p>SOS Essay Contest: The 2012 "My Reason to Write" Essay Contest wrapped up on October 26.</p> <p>Outcomes: Over 1760 youth in 124 schools and 24 counties responded and submitted essays. Nine winners were selected. Participation for the contest grew by 26% compared to 2011 because TPCP worked extensively with partners to promote the contest.</p>	
5	<p>Medicaid/ConnectCare Print Campaign: During the quarter, TPCP developed flyers that will be used for a direct mail print campaign to the Medicaid population through a partnership with ConnectCare, an ADH program.</p> <p>Outcomes: The development of three fliers was completed. Distribution will start in January 2013 to 12,500 recipients.</p>	
4	<p>Earned media: Four (4) press releases were distributed during the quarter to promote the Strike2Quit program, to announce the release of two TPCP RFPs and to announce winners of the SOS Essay Contest. Grantees were provided with press release to promote the Great American Smoke Out, and to remind people to quit during Veteran's Day.</p> <p>Outcomes: Print coverage of all earned media: \$5,109; Broadcast coverage: \$26,920; total earned media: \$32,029.</p>	
5	<p>Print and Electronic Media: Two (2) e-blasts were distributed to support the launch of the Essay contest and to promote the Great American Smokeout. Information was distributed to TPCP stakeholders through the following</p>	

	<p>channels: ADH website, Facebook and Twitter, SOS e-newsletter, Facebook and website, and Dr. Halverson's Friday Letter. The ADH TPPCP and SOS websites was updated to reflect important information such as information on the Great American Smokeout.</p> <p>Development of new print materials: Print and display materials were developed to support TPPCP programs including Operation Storefront, Mental Health/Substance,</p> <p>Outcomes: Over 5000 ADH employees and partners received information about TPPCP at least once a month, and sufficient print materials are now available through ADH's Central Supply warehouse.</p>	
6	<p>Research: This quarter we coordinated focus groups in Harrison, Mena and Jonesboro in order to solicit feedback from youth on the SOS youth prevention programs.</p> <p>Outcomes: Over 40 youth attended the focus groups and provided feedback on how we could improve our programs. The feedback will be implemented in the third quarter.</p>	
7	<p>15% Minority Initiative Media</p> <p>Goal: To support the Tobacco Prevention and Cessation Media/Marketing campaign by using evidence-based strategies to reduce tobacco use in Arkansas' minority communities.</p> <p>Paid Media: During the quarter, MISRGO supported TPPCP's Clear the Air campaign and placed the CDC's Tips ad on minority media. Media placement was also done on Univision to promote the Quitline.</p> <p>Community-based Sponsorships: MISRGO sponsored events where there was high participation by African American and Hispanics, particularly males. They were present at health fairs, sports events and diversity conferences.</p> <p>Outcomes: During the quarter, 512 African Americans requested an intervention from the Quitline. This accounted for 18% of the total Quitline callers. 52 Hispanics called the Quitline or 1.8% of callers.</p>	

Program Component Description:

Surveillance and Evaluation

Budget: {CDC recommendation-9%}

\$1,728,860 (10%)

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

Goal:

Surveillance and Evaluation

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

Measurable Objectives & Progress:

Specific Component Name

	Measurable Objectives & Progress:	Specific Component Name
1	<p>Arkansas Tobacco Control : (\$969,107 for FY2013) 7% non-compliance from compliance checks</p> <ul style="list-style-type: none">• Conducted 846 compliance checks with 79 violations• Held 12 retailer trainings	

Medicaid Expansion Program

Reporting Period: October 1, 2012 – December 31, 2012

Total Fiscal Year Program Budget: \$65,533,008

Total Fiscal Year Administrative Budget: \$2,949,388 (4.5% of budget)

Mission Statement/Program Overview

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

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

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

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

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

Update for Pregnant Women Expansion: This expansion initiative is averaging approximately 1,100 active cases per month with 158 of those being new cases added each month.

UPDATE for Pregnant Women Expansion: This expansion initiative is averaging approximately 1,100 active cases per month with 158 of those being new cases added each month.

OUTCOMES:

- Cumulative Program Participants –

October	21,137
November	21,296
December	21,453

- Proportion of Minority Participants - 26%

Activity Area: Hospital Benefit Coverage. This program includes extended hospital coverage for beneficiaries and family members who are hospitalized for more than 90 days from 2010-2011 and of chronic illness for a period of 90 days or more. The program was implemented in October 2010.

Activity Area: AR Seniors. This program provides non-institutional coverage and benefits to Medicare beneficiaries age 65 and over. The program was implemented in October 2010 at 15% of QMB and was increased to 16% of QMB effective January 1, 2011.

Activity Area: AR Seniors. This program provides non-institutional coverage and benefits to Medicare beneficiaries age 65 and over. The program was implemented in October 2010 at 15% of QMB and was increased to 16% of QMB effective January 1, 2011.

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

OUTCOMES:

<ul style="list-style-type: none"> Number of recipients benefiting from 4 extra days- 	October	2,430
	November	2,158
	December	2,817

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

Activity Area: AR Seniors. This program provides non-institutional coverage and benefits to Medicare beneficiaries age 65 and over. The program was implemented in October 2010 at 15% of QMB and was increased to 16% of QMB effective January 1, 2011.

Activity Area: AR Seniors. This program provides non-institutional coverage and benefits to Medicare beneficiaries age 65 and over. The program was implemented in October 2010 at 15% of QMB and was increased to 16% of QMB effective January 1, 2011.

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

OUTCOMES:

Current program participants –	October	4,841
	November	4,872
	December	4,848
Proportion of Minority participants -	32%	

NOTE: Also included under the Medicaid Expansion Category for Seniors is the new A+ Program administered by the DHS Division of Aging and Adult Services. The overall goal is to facilitate the transition of low-care Medicaid enrollees from nursing home facilities to home and community-based services. Dedicated transitioning efforts began in April 2012.



	Total	Tobacco	Federal
Pregnant Women	\$ 1,037,057	\$ 309,354	\$ 727,703
In-Patient Hospital	\$ 1,995,093	\$ 595,136	\$ 1,399,957
ARSeniors	\$ 2,144,861	\$ 1,216,970	\$ 927,891
ARHealthNetworks	<u>\$11,663,213</u>	<u>\$ 3,781,443</u>	<u>\$ 7,881,770</u>
Sub-Total Program	\$16,840,224	\$ 5,902,903	\$10,937,321
Administration	<u>\$ 577,557</u>	<u>\$ 288,779</u>	<u>\$ 288,778</u>
Total	\$17,417,781	\$ 6,191,682	\$11,226,099

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

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

UPDATE: The data reflects the steady growth in enrollment in the ARHealthNetworks initiative and consistent utilization of Pregnant Women, ARSeniors and In-Patient Hospital services. The most significant issue facing these initiatives is the ACA – Medicaid Expansion Option.

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

UPDATE: As documented in previous status reports, the Department is confident in the saturation rate for the Pregnant Women's Expansion since more than two-thirds of births in Arkansas are paid by Medicaid. The agency met with representatives from Battelle and discussed some potential utilization measures for these initiatives. Activities associated with the new A+ senior initiative will decrease spending for more expensive long term care. The Team processed 244 referrals for options counseling in December.

Rec (3): Improve the enrollment process

UPDATE: DHS continues to make significant progress in our efforts to modernize and streamline the application process for the core public assistance programs (Medicaid, Supplemental Nutrition Assistance and Transitional Employment Assistance). Modernization efforts include conversion to electronic case records to support a shift to universal caseloads, web-based applications and the construction of a high-volume processing center in Batesville. The Processing Center is now open and fully functional. DHS now has 8 Mobile Enrollment Units travelling to community events throughout the state to enroll Arkansans in health and nutrition programs. The Department is also in the process of developing a new eligibility and enrollment system designed to simplify and automate the customer's application experience and to utilize new data verification hubs. These computer enhancements will increase program access and create greater efficiencies in the administration of the program through new computer matching techniques.

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

UPDATE: The Department has been promoting the new Access Arkansas website for on-line applications as part of the promotion of the new DHS Mobile Enrollment Units. It is anticipated that the Tobacco Settlement expansion programs will benefit from the increased focus on health insurance enrollment through Navigators and In-Person Assistors promoting the ACA this summer.

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

UPDATE: The improvements in the enrollment processes described above create an environment that is conducive to enhanced collaboration opportunities. The ability to apply for health and nutrition assistance through the new Access Arkansas website allows "partners" to provide this enrollment service at any event with on-site computer access. Our full-time DHS Outreach Coordinator has been hired and has been working with other Tobacco Settlement Programs to develop joint outreach opportunities. Recent partnerships include promotion of Minority Health issues and the "Stamp Out Smoking" messages through the DHS mobile units.

**Fay W. Boozman College of Public Health
Reporting Period: October – December 2012
Total Fiscal Year Budget 2013: \$2,371,426**

Mission Statement/Program Overview

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

COPH's goals are to:

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

UPDATE FOR ENROLLMENT Fall 2012 - 2013

(GEOGRAPHICAL REPRESENTATION)

AHEC REGION	# OF STUDENTS	Percentage
Central	80	35%
Northwest	6	3%
Northeast	12	5%
Southwest	5	2%
South	4	2%
Delta	8	3%
South Central	22	10%
North Central	8	3%
Out of State	61	27%
Foreign Country	24	10%
Total	230	100%

Students enrolled originated from 38 of the 75 counties (51%). Most of the out of State Students now reside in AR

OUTCOMES: During the Fall 2012 semester, total student enrollment was 230 with students enrolled originating from 38 of the 75 counties (51%). During the Fall 2011 semester, the COPH had 227 students originating from 38 of the 75 counties. The COPH is working diligently to increase enrollment from around the state and has plans to offer the post baccalaureate certificate on-line by Fall 2013.

UPDATE for Graduate employment in public health field: December 2012-2013

# of Graduates by Degree	Work Status	% of known employed in a public health related field
MPH 15	11 known, 4 unknown	100%
MHSA 0		
DrPH 0		
Certificate 2	2 known	100%

OUTCOMES: Number of graduates; Percentage Employed in Public Health Related Field: 17 students graduated in December 2012. Employment status is known for 13 of the graduates. 100% of those graduates whose place of employment is known work in a public health related field.

UPDATE for Enrollment (Minority Representation): See **Table 1** below providing minority enrollment numbers and percentages for this Fall Semester (Oct. – Dec. 2012 reporting period).

OUTCOMES:

AR Minority Population (2010 Census Data)	Black - 15%	Hispanic - 6%	American Indian - 1%	Asian - 1%
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The percentage of African American enrollment and Asian American enrollment continues to greatly exceed the percentage of the African American and Asian populations in Arkansas. According to the 2010 Census, Hispanic's comprise 6% of the Arkansas population. In the Fall 2012-2013 class, 6 (3%) of COPH students are Hispanic. We predict that the proportion of Hispanic students will increase as more Hispanic students pursue higher education degrees. In addition to our standard recruitment strategies, the COPH takes advantage of research programs focused on this community to increase Latino awareness of available educational programs; and, the COPH administrators are working closely with the Assistant Dean for Minority Affairs, Dr. Eddie Ochoa, a respected and community engaged Hispanic Physician, to develop a strategy to improve Latino enrollment.

UPDATE for Student Competency: The faculty revised and updated the competencies for all programs during the 2011-2012 academic years and the Office of Public Health Informatics has created an online self-assessment system. The self-assessments of graduates were administered early fall 2012 to spring 2012 and summer 2012 graduates with fall 2012 graduates being surveyed in December 2012.

OUTCOMES: Focused discussions with graduating students (students in the integration seminar) have resulted in qualitative data that show the vast majority of students feel the curriculum has covered the ASPH competencies for MPH students very completely. Most students express a high level of competence in all of the core areas and state that they would like additional training in working with community partners. During the fall of 2012, twenty-three graduates were surveyed and asked to rate their level of competence relative to the 67 MPH Core Competencies. 91% of graduates rated themselves as "Competent" or "Expert" on 61 of the 67 competencies. Faculty will begin reviewing these data in Spring 2013 to determine the need for curriculum changes in an effort to improve coursework so that graduates self-evaluate as being at least "Competent" for all competencies.

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

OUTCOMES: The vast majority of the Preceptorship, Integration, and Capstone projects have statewide impact. This semester, one preceptorship project was county specific and one integration project was conducted out of state; findings from the remaining 35 projects might be utilized statewide.

Table 1

Race/Ethnicity	Black	Asian	Chose two or more	Hispanic	Native American	Chose not to Answer
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Number & Percent Enrolled	75	33%	17	7%	4	2%	6	3%	1	<1%	13	6%
Total Number of Enrolled Students Fall 2012/2013:		230										

Table 2
Fall 2012-2013

PRECEPTORSHIP PROJECTS			INTEGRATION PROJECTS			CAPSTONE PROJECTS		
Number of projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served
18	13	17 Statewide 1 County Specific	16	5	15 Statewide 1 out of state	1	1	Statewide

ANNUAL AREA RESEARCH
 The objective of the Annual Research Report of 2009, developed by the COPH faculty, is to provide a comprehensive overview of the research activities of the COPH faculty and to provide information on the research activities of the COPH faculty. The report is intended to provide information on the research activities of the COPH faculty and to provide information on the research activities of the COPH faculty. The report is intended to provide information on the research activities of the COPH faculty and to provide information on the research activities of the COPH faculty.

ANNUAL AREA RESEARCH

UPDATE for New Grant and Contract Funds Received: In this reporting period (Oct. – Dec. 2012), the COPH faculty submitted 25 grants/contracts for funding (total of \$3,134,941). Five (5) of the twenty-five (25) submitted were funded (\$1,289,205).

During this quarter, we were notified that two previously submitted grants (\$471,711) were not funded. See summary in **Table 3** below.

OUTCOMES: RAND set a goal for the COPH to increase extramural grant and contract funding for research by 20% above that achieved in 2004-2005. The new grant and contract funding in FY 2004-2005 totaled \$9,540,802 which brought the active research grant and contract total to \$20,190,725. The total active research grant and contract total as of this reporting period is approximately \$39 million.

UPDATE for FTEs Created by Research Funding:

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

UPDATE for Publications:

OUTCOMES: Number of peer-reviewed papers accepted for publication is reported annually. Information is now being compiled for 2012 and will be provided in the Jan-March quarterly report.

UPDATE for Publications in Ranked Journals:
RAND provides this assessment annually based on a formula they utilize.

OUTCOMES: RAND is no longer the evaluator. This assessment is no longer relevant.

UPDATE for Faculty PIs or Co-PIs: As of December 30, 2012, the COPH has 53 full-time and part-time faculty; 37 of whom are research faculty.

OUTCOMES: The COPH faculty is doing an outstanding job teaching and providing research. Four of the Five Department Chair positions have been filled and a national search is nearing completion for the Chair of the Department of Health Policy and Management. New faculties have also been recruited in the Department of Environmental & Occupational Health, the department of Health Policy and Management, and the Department of Epidemiology.

UPDATE for Ongoing Research Projects: As of December 30, 2012, the COPH has 50 active grants and contracts (46 active **research** grants) totaling approximately \$39 million. See **Table 3** below.

OUTCOMES: The total number of faculty PI's on active grants and contracts this quarter is 25. 14 of the 25 are PI's on more than one grant/contract.

Table 3
COPH Faculty Grants and Projects October –December 2012

Number of Grants/Contracts Submitted:	25 (\$3,134,941)
Number of Grants Funded:	5 (\$1,289,205)
Total Ongoing <u>Research</u> Projects:	46
Number of FTE's supported by Research:	63

Activity Area: Service

Initiated Act 1 specifically states that the COPH should serve as a resource for the General Assembly, the governor, state agencies, and communities. Services should include, but not limited to the following: consultation and analysis, development and dissemination programs. (9-12-114 (c)(3))

Activity Area: Fiscal Year Budget

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

OUTCOMES: This information is reported annually. 2012 Information is presently being compiled and will be provided in the January-March quarterly report.

UPDATE for Faculty Presentations, Conferences: In addition to the faculty presentations, faculty talks and lectures provided by COPH faculty outside of UAMS and ADH (information provided annually), COPH sponsors a Tuesday conference weekly in partnership with the AR Department of Health (ADH) in the 2nd floor conference room of the COPH building. The ADH sponsors a Thursday conference weekly at the ADH and the COPH is a sponsoring partner. In addition, faculty provides presentations for various conferences and other UAMS colleges.

OUTCOMES: During this October - December 2012 reporting period, faculty/visiting faculty hosted 9 Tuesday conferences at the COPH. Approximately 185 people attended these presentations.

UPDATE for Influence on State Policy: The COPH faculty and staff are active in both State and Federal Policy. The 89th General Assembly will convene the 2nd week of January 2013. The COPH faculty and staff are presently working with various agencies and organizations on public health policies that will be introduced in the upcoming 90th General Assembly (January 2013).

OUTCOMES: During the 2011 88th General Assembly the COPH assisted in advocating for several public health initiatives: Act 89 - dental hygienist perform hygiene procedures in public settings; Act 90 - Authorize trained physicians & nurses to apply a fluoride varnish to children's teeth; Act 197- Requires community water systems serving more than 5,000 people to fluoridate the water system; Act 909 -Creates an Adult Center for Sickle Cell Anemia at UAMS.

Table 4

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

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

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

UPDATE: The COPH will continue to promote and encourage faculty research, and educational programs, and provide convenient classes through distance-accessible formats (WebCT, weekend executive formats, directed study, etc.) to maintain the growth trajectory of student enrollment from across the State. A distance accessible Post-Baccalaureate Certificate and MPH in Rural Public Health are being developed and anticipated to be available to students by Fall 2013. In the Fall 2012/2013 semester, the COPH offered 9 courses by way of WebCT, weekend format, and /or directed study courses. UAMS Chancellor Rahn has pledged campus support to enhance distance educational technology technical assistance for COPH courses.

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

UPDATE: In addition to six primary, full-time faculty in the COPH's Department of Epidemiology, one additional search for a seventh primary full-time faculty member in the department continued during this reporting period. In addition, searches continues for the Chair of the Department of Health Policy and two faculty members for the Department of Health Behavior and Health Education. During this reporting period, a search was also initiated for a faculty member in the Department of Environmental and Occupational Health. Finally, it should be noted that faculty in the Department of Epidemiology developed a proposal for a PhD program in epidemiology which will be submitted for approval with an anticipated starting date of Fall 2013 to enroll students.

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

UPDATE: UAMS had planned to purchase a University-wide student information tracking system, but budget concerns have resulted in delays in the purchase of a system. A university-wide system is currently planned for purchase in the near future, and an RFA to solicit proposals for this system was released during this reporting period. Because the COPH anticipate this university-wide system, the College continues to utilize its current system and has not invested scarce resources in an alternative advanced tracking system which might not be compatible with a new, university-wide system.

Arkansas Minority Health Commission (MHI) Quarterly Report

Budget for FY2013

\$1,885,691

Total Expenditures for 2nd Quarter

\$444,034

Total Expenditures 1st & 2nd Quarter Combined

\$792,229

Reporting Period: 2nd Quarter – FY2013 (October - December 2012)

PROGRAM OVERVIEW

Arkansas Minority Health Commission (AMHC) was established to:

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

AMHI KEY FOCI FOR 2010-2013

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

AMHI GOALS FOR 2010 -2013

AMHI's goals for 2010 through 2013 include, but are not limited to;

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

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

AMHC Sponsorships: Arkansas Minority Health Commission sponsored **3** initiatives during the quarter. The events covered the following **8** counties: Pulaski, Washington, Faulkner, Benton, Jefferson Saline, Garland and Dallas. Citizen Encounters/Attendance at sponsored events totaled **1,080**. The total number of screenings was **28**.

AMHC Quarterly Events: AMHC partnered with community partners on **3** events in Union County. October 5 - 6, 2012, AMHC partnered with the City of El Dorado for 2012 Music Fest. Health literature was distributed to attendees. Attendance at the event was estimated at **5,000**.

On Sunday, October 7, 2012 and October 28, 2012, the AMHC in partnership with the South Arkansas African American Historical Society presented a Health Awareness Event and Gospel Concerts at Douglas Chapel MBC in El Dorado, Arkansas. The events provided the following:

- Educational information on nutrition and healthy eating
- Exercise and wellness information and demonstrations
- Presentations on HIV/AIDS, Diabetes, HTN and Cancer
- Blood pressure, pulse, glucose, breast exams and HIV screenings were offered throughout the entire concert.

Citizen Encounters at the October 7th & 28th events totaled **352**. The total number of screenings was **210**.

AMHC Partnerships/Collaborations/Meetings: AMHC partnered with community organizations on **26** health awareness events in the following counties: Benton, Craighead, Crittenden, Garland, Jefferson, Lee, Pulaski, St. Francis, Union and Washington. Six of the initiatives were statewide. Citizen Encounters at the events totaled **10,752 (includes quarterly events)**.

Collateral Events: Arkansas Minority Health Commission distributed over **3,474 pieces** of literature to **16** organizations to raise health awareness for HIV/AIDS, Sickle Cell, Cancer, Cardiovascular, Tobacco, Physical Fitness and Nutrition and Women's Health in Pulaski (10), Craighead, Mississippi, Jefferson, Union and Pope.

During the Second Quarter, AMHC provided 4,972 health screenings and documented 12,387 citizen encounters from participating activities throughout the state. Individuals who received abnormal test results were advised to receive follow up care with health care provider. (See Second Quarter Screenings, Additional Sponsorship Screenings & Public Education/Outreach Data Tables below.)

**SECOND QUARTER SCREENINGS
OCTOBER – DECEMBER 2012**

ACTIVITY	Blood Pressure	Dental	Pulse	BMI	Cholesterol	Glucose	HIV	Sickle Cell	Total Screening
Sponsorships	16					12			28
Partnerships	598		202	66	361	555	510	33	2,325
Quarterly Event	67		52			62	29		210
Total	681		254	66	361	629	539	33	2,563
Abnormal Screenings	95		7	20		17	0	2	141

**ADDITIONAL SCREENINGS
SPONSORSHIP/QUARTERLY EVENTS/PARTNERSHIPS**

ACTIVITY	NUMBER SCREENED	Abnormal
Bone Marrow Swab	5	0
Temperature	150	0
BMI	39	
Hearing	23	7
Clinical Breast Exams//Consult	49	1
Colon/Rectal	9	1
Mammograms	17	0
Prostate	10	0
Flu Vaccine	1,008	0
Flu Vaccine	1,099	0
Total Screenings	2,409	9

SPONSORSHIP PUBLIC EDUCATION/OUTREACH DATA TABLE

DATE	ORGANIZATION/EVENT	COUNTY IMPACTED	CITIZEN ENCOUNTERS	FUNDING	COST PER ATTENDEE
10/20/12	Know How Unlimited	Pulaski, Washington, Faulkner, Benton and Jefferson	75	\$500.00	\$6.66
11/3/12	Asian Pacific Resource Center	Pulaski, Saline, Faulkner and Garland	950	\$1,000.00	\$1.05
12/2/12	Dallas County Alliance Supporting Health/Community Rally	Dallas	55	\$543.51	\$9.88
Total Citizen Encounters			1,080	\$2,043.51	\$1.90

Public Education/Outreach Collaborations/Partnerships and Meetings

DATE	Collaboration/Partnership	County Impacted	Focus	Citizen Encounters	Expenditure	Cost Per Attendee
10/04/12	Arkansas Minority Health Consortium & AARP – El Dorado	Union	Affordable Care Act – Public Forum	74	\$1,154.86	\$15.60
10/5/12	Music Fest/El Dorado	Union	Health Information Outreach	5,000	\$4,999.00	\$1.00
10/7/12	2 nd Quarter Health Fair & Gospel Fest – El Dorado	Union	HIV, Sickle Cell, Diabetes, HTN	167	\$3,975.56	\$23.80
10/08/12	AR HIV/AIDS Minority Task Force	Statewide	HIV	12	\$24.19	\$2.02
10/1-13/12	Bi-national Health Week	Pulaski	Health Awareness/Screenings	333	0	0
10/9 & 11/12	Community Clinic: St. Francis House NWA/Women Wellness	Washington & Benton	Breast Cancer & HIV	23	696.46	\$30.28
10/13/12	First Health Fair - Fiesta de Las Américas and the NLAAD	Pulaski	Health Awareness/HIV	450	0	0
10/23/12	Arkansas Minority Health Consortium Monthly Meeting	Statewide	Legislative Policy & Affordable Care Act Policy	15	\$272.22	\$18.15
10/13/12	Camp iRock Follow-up Meeting	Statewide	Physical Fitness & Nutrition	60	\$1,054.57	\$17.57
10/25/12	East Arkansas Community Health Fair & Public Forum Forrest City	St. Francis, Crittenden	Health Fair	285	0	0
10/25/12	Arkansas Minority Health Consortium & AARP/Forrest City	St. Francis	Affordable Care Act – Public Forum	109	\$1,525.00	\$13.90
10/26/12	Public Health Leaders Roundtable Planning Committee Meeting	Pulaski County	Health Care Workforce Diversity	8	0	0
10/28/12	2 nd Quarter Health Awareness Gospel Concert – El Dorado	Union	HIV Diabetes Sickle Cell	185	\$8,561.76	\$46.27
10/30/12	Arkansas Department of Health Mass Flu Clinic – Pulaski County Central Health Unit	Pulaski	Flu Clinic	1,008	\$600.00	.60

11/2/12	Arkansas Department of Health Mass Flu Clinic - Jefferson County Local Health	Jefferson	Flu Clinic	742	0	0
11/5/12	AR HIV/AIDS Minority Task Force	Statewide	HIV	10	\$24.19	\$2.42
11/10/12	AIDS Foundation HIV Walk	Pulaski	HIV	350	0	0
11/10/12	Project E3 Health & Wellness Initiative	Jefferson, Pulaski, Garland & Union	Health Fair, Diabetes & Wellness Expo	300	\$3,500.00	\$11.67
11/25/12	Big Dam Bridge Foundation/ Full Moon Walk	Pulaski	Health Awareness Walk	750	\$4,000.00	\$5.33
11/27/12	Arkansas Minority Health Consortium Monthly Meeting	Statewide	Legislative Policy & Affordable Care Act Policy	20	\$220.00	\$11.00
11/28/12	World AIDS Day- ASU Jonesboro	Craighead	HIV	37	\$600.00	\$16.21
11/29/12	World AIDS Day/AMHC	Pulaski	HIV	270	\$27,777.76	\$102.88
11/29/12	World AIDS Day/NARAN	St. Francis, Lee	HIV	77	\$902.93	\$11.73
11/30/12-12/1/12	World AIDS Day/NARAN	Craighead	HIV	132	\$1,456.61	\$11.03
11/28/12-12/1/12	6 th Annual National Health Disparities Conference	Statewide	Health Disparities	325	\$10,000.00	\$30.77
12/10/12	AR HIV/AIDS Minority Task Force	Statewide	HIV	10	\$24.19	\$2.41
Total Citizen Encounters				10,752	\$71,369.30	\$6.64

HIV/AIDS OUTREACH INITIATIVES FOCUS AREA:

HIV/AIDS Grantee Report FY2013: AMHC funded HIV/AIDS initiatives with Northeast Arkansas Regional AIDS Network (NARAN) and ARcare for FY2013.

NARAN has made progress in reaching goals and objectives outlined in the grant for this quarter. They screened **189** individuals for HIV, hosted **2** events for World AIDS Day (in St. Francis and Craighead counties) and **9** presentations. The grantee is in the process of scheduling more events and presentations. Additionally, they have conducted several meetings with the objective of increasing the number of healthcare professionals providing services to HIV positive persons. To date, there has been one physician identified to begin providing services to HIV positive persons in the Jonesboro area. A list will be created to document the physician gaps in the Northeast area. Geographical gaps related to HIV providers have been identified.

ARcare – The grantee did not have any grant funded events for this quarter. ARcare is in the process of scheduling testing events for college campuses, homeless shelters, women’s shelters, and churches. Challenges have occurred with conducting testing on site due to financial or privacy issues. AMHC project manager provided technical assistance advising on ways to connect with college campuses. Also, the grantee was advised to partner with organizations on college campuses as a strategy to overcome financial issues regarding room reservation fees and submit a written request to AMHC for approval to change location of events (specifically for women’s shelters) while still targeting the same population to overcome privacy issues related to hosting events on site.

National Latino AIDS Awareness Day: AMHC partnered with Community Health Clinic: St. Francis House NWA and the Arkansas Department of Health Washington County Unit to provide screenings and education to Hispanic women at Women Wellness Day events. Free mammograms, rapid HIV screening, and literature were available to all participants. Seventeen women received mammograms and six received a rapid HIV test. AMHC partnered with the Mexican Consulate for the annual Mexican Consulate Day which consists of a health fair. AMHC was also invited to take part in the First Health Fair - Fiesta de Las Américas and the National Latino AIDS Awareness Day. Seventy two (72) people were tested for HIV and 100 people received a flu shot.

AIDS Foundation HIV Walk 2012: The event held on Saturday November 10th, 2012 at Murray Park consisted of educational booths, poster contest, Zumba warm-up for walkers, vendors, door prizes, and free food. Three hundred and fifty (350) people participated in the walk. AMHC was a cosponsor of this event.

World AIDS Day 2012: AMHC sponsored a film screening of *deepsouth*, a docu-narrative on issues relating to HIV in the South on November 28th at ASU – Jonesboro and November 29th at the Mosaic Templars in Little Rock for World AIDS Day 2012. The film explores multiple issues related to HIV in the southern region of the United States-disparities, stigma, and poverty. Lisa Biogioti, Director of *deepsouth* and Kathie Hiers, CEO of AIDS Alabama were on ASU campus November 28th for the screening and participated in a question and answer session with the 37 attendees. The event on November 29th consisted of a reception, docu-narrative, panel discussion and question and answer session facilitated by Senator Linda Chesterfield, District 30. Citizen encounters at the sponsored event totaled 270. Of those in attendance, 77 completed the event evaluation form. Overall results regarding the event were positive indicating increased knowledge, inspiration to take protective measures, decreased stereotyping, need for similar events and increased funding for HIV and AIDS.

NUTRITION & PHYSICAL FITNESS FOCUS AREA:

Camp iRock: See *ACTIVITY AREA: PILOT PROJECTS* section

MINORITY HEALTH NAVIGATION PROJECT:

- 1) Referred constituent to Pulaski County Central Health Unit for clinical breast exam and mammogram. Appointment was scheduled by Pulaski County Central Health Unit for constituent.
- 2) Provided list of agencies to Pulaski County Special School District for health event.
- 3) Referred constituents to Arkansas Insurance Commission and Affordable Care Act (ACA) Forums held in their communities.

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

This quarter, AMHC commissioned the study of the *Health Status of Latinos in Arkansas*. This report presents data on demographic and socioeconomic characteristics, health status, morbidity and mortality, maternal and child health, health protecting and behavioral risk factors, and access to health care among Latino Arkansans in comparison with White, non-Hispanic Arkansans. Key findings include;

- ❖ The Latino population in Arkansas is growing rapidly, having increased from 3.2% of the state's total population in 2000 to 6.4% in 2010. Latinos in Arkansas are overall much younger (median age, 23.5 years) than their white counterparts (median age, 40.4 years). The median income was also lower among Latinos (\$29,073) compared to that of Whites (\$42,334).
- ❖ Latinos in Arkansas are more likely to be uninsured, compared to Whites. This may be related to age and occupation or income.
- ❖ Latinos appear generally to experience a lesser burden of chronic disease. Fully 98% of Latinos reported no days in which they were prevented from engaging in usual activities because of poor health, compared to 90.5% of whites. In addition, smaller percentages of Latinos report having asthma, diabetes, and high blood pressure, and mortality rates for cancer (including breast, colorectal, and lung cancer), heart disease and stroke, suicide, and motor vehicle accidents are lower than among Whites.
- ❖ The leading cause of death among Latinos in Arkansas is unintentional injury, followed by cancer, heart disease, perinatal death, and homicide. This is likely due in part to the younger age of the Latino population overall.
- ❖ The teenage birth rate among Latinas (113.6 per 1,000 teenagers) was more than twice the rate among Whites (51.9 per 1,000 teenagers). Pregnant Latinas were less likely to obtain adequate prenatal care than their white counterparts. However, a much lower proportion of Latina mothers reported smoking during pregnancy.
- ❖ Latinos in Arkansas were less likely than Whites to meet recommendations for physical activity or fruit and vegetable intake, and they were much less likely to obtain preventative care, such as cholesterol checks and colorectal screenings. However, smaller proportions of Latinos use tobacco products, compared to Whites.

The full report may be accessed on the AMHC website.

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

- a) **Arkansas Minority Health Consortium:** The Arkansas Minority Health Consortium met on October 23, 2012 & November 27, 2012 to discuss the 2013 Legislative Session, Affordable Care Act (ACA) Public Forums, and 2013-2014 Directory. The Consortium reviewed, made edits and approved the cover sample for the 2013-2014 Directory. The Consortium discussed submitted legislative initiatives and priorities for the upcoming 2013 legislative session. The Consortium was informed on the attendance and substantive discussion at the El Dorado ACA Public Forum on October 4, 2012 and Forrest City ACA Public Forum on October 25, 2012. The Consortium members began reserving dates to host legislative breakfasts at the State Capitol to be held each Tuesday at 7:00a – 8:00a beginning January 29, 2013 through the end of the session.
- b) **Health Care Reform-ACA Public Forums:** The final three ACA Public Forums for 2012 were held in El Dorado, Arkansas on October 4, 2012 and Forrest City, Arkansas on October 25, 2012, one during the day for senior citizens and one at night for working and school age citizens. Amongst the three forums were over **468** citizen encounters. Both forums were interactive with detailed, quality question and answer sessions between the audience and presenters. Elected officials and candidates vying for election from the state legislature and local governments attended both forums.

On Thursday, October 25, 2012, the AMHC partnered with Senator Jack Crumbly, East Arkansas Area agency on Aging, Boar's Head Provisions, East Arkansas Enterprise Community and the City of Forrest City for a health fair. The event was designed to educate senior citizens on preventive health choices, available health services and provide information on the Affordable Care Act. Lunch was also provided for each attendee.

- c) **Acts 790 & 798 of 2011 – An Act to Define Red Counties; An Act to Request Collaborative Initiatives and Report on Collaborative Initiatives Established:** The “Red Counties Action Planning Committee” (RCAPC) was formed in February 2012 as a direct result of Act 790 & 798 of 2011. The group met on November 2, 2012 during this quarter. Act 790 requires that each designated entity submit a report that “describes the services, programs, research or any combination of services, programs, or research provided in Arkansas’s red counties during the previous fiscal year.” All organizations were required to submit reports by August 30th. The final report was presented to the Public Health Welfare and Labor Committee on December 19, 2012. The RCAPC is meeting to develop a collaborative partnership in red counties as required under Act 798. Presentations are anticipated over several months. **Twenty-seven (27)** citizen encounters were recorded from the RCAPC meetings.
- d) **HB2100 of 2011 Routine HIV Screening Interim Study:** Surveys were collected between September 4th and October 22. A total of **851** patient surveys were received and **120** physician surveys. Data from the HB2100 consumer and provider surveys have been entered and analyzed. A report draft is under review and will be presented to the PHWL Committee in April 2013. In addition to HB2100, AMHC spearheaded an initiative in conjunction with The AIDS Institute to get Arkansas’s HIV partners to sign a letter in support of the draft recommendation by the United State Preventive Services Task Force strongly supporting “routine HIV testing for all adolescents and adults 15 through 64, pregnant women, and others at increased risk for HIV younger than 15 and older than 65 by assigning it a Grade “A”.” It is currently a Grade C.

- e) **Arkansas HIV/AIDS Minority Taskforce (Act 842; Amended by Act 1230 of 2011):**
Advantage Communications presented the findings from the focus groups conducted in August. The findings revealed a need for more HIV 101 education and included a list of recommendations for implementing education and awareness activities. Currently, Task Force members are recruiting applicants for two vacant membership slots. To date, the Governor's office has received one application.

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

Camp iRock: The first follow-up meeting from the June 2012 Camp was held on October 13, 2012. Twenty-five of the fifty girls representing Jefferson, Pulaski, Lee, Phillips, Ouachita, Union, Miller, Garland, and Conway Counties attended the meeting. Attendees were assessed to evaluate progress and participated in group activities to encourage physical activity and healthy eating.

The second follow-up meeting scheduled for January 5, 2013 will consist of assessments of attendees and participation in a Shopping Matters Tour in partnership with the Arkansas Hunger Relief Alliance that brings youth and adults directly to the store for a dynamic learning experience that enables them to make real changes to their food shopping habits. During the tour, participants are expected to:

Shopping Matters Tour Objectives:

- Identify *at least three* economical ways of purchasing fruits and vegetables
- Practice comparing unit prices, food labels and identifying food grains.

Arkansas Minority Health Commission Objectives:

Understand how to read food labels and identify unhealthy ingredients in "healthy food"

- Purchase healthy foods on a limited budget

Four tour facilitators representing the University of Arkansas Clinton School of Public Service, Arkansas Children's Hospital, Girls Scouts- Diamonds of Arkansas, Oklahoma and Texas and the Arkansas Minority Health Commission have completed the Shopping Matters Facilitator Guide training that was coordinated by Arkansas Hunger Relief Alliance.

Arkansas Black Hall of Fame Grantees: Initiative funded through partnership with the Arkansas Minority Health Commission. Grantees were able to provide services in the following counties: Arkansas, Ashley, Bradley, Clay Cleveland, Chicot, Craighead, Drew, Desha, Grant, Greene, Jefferson, Lincoln, Pulaski, Union and St. Francis. Citizen Encounters totaled 555.

1. **Arkansas Foodbank** - The Arkansas Foodbank provided a 6 week Cooking Matters for Families course. The course targeted low-income and minority families, particularly those that qualify for SNAP benefits. With the help of a team of volunteers that included a chef, registered dieticians and nutritionist families were taught how to plan, purchase and prepare healthy low cost meals. Ten families initially enrolled in the class however only four families were able to complete the six week course.
2. **Argenta Community Development Corporation** - The Argenta Community Development Corporation presented a Farm Field Day with preschoolers from Boone Park Elementary

School where they picked root vegetables, named them and decorated coloring sheets. The Corporation also began implementation of the nationally recognized Life Lab Curriculum that will be used by 3rd -5th grade Boone Park students as a part of the farm activities. Two hundred students participated in the project.

3. **Ashley County Medical Center** - Ashley County Medical Center hosted a safety baby shower for 12 newly delivered or pregnant mothers. Mothers were educated on infant safety, including general home safety, poison control, fire prevention, safe sleep, shaken baby syndrome prevention, and car seat safety. Pre- and Post-tests were taken by participants and results reflected a positive impact on mother's perceptions of appropriate safety practices.
4. **Daughters of Charity Services of Arkansas** - Diabetes Education classes were held in Dumas, Star City and DeWitt on a weekly basis for a month. Over 77 participants attended the classes and received a diabetes-friendly meal to encourage healthy eating.
5. **Feed The Kids** - Five hundred snack bags were provided over an eight-week period during the summer to 50 Boys and Girls Club members. The bags contained food items for youth who might not have enough to eat for the weekend. Bags were also provided for younger siblings who were not school age.
6. **Sickle Cell Support Services** - The first Sickle Cell support group was facilitated by Professional Counseling Associates at the Arkansas 4-H Center. Twenty-six (26) youth and (five) 5 adults attended the camp. Attendees were educated on the following: disease management, anger management, self-esteem awareness, goal setting and life skills. The campers also learned geocaching, canoeing, archery and wilderness survival skills.
7. **LifeHouse Ministries, Inc.** - Implemented a shopping plan using the internet to teach 125 pregnant teens how to shop on a budget. Each teen was given a budget of \$20 to shop with and see who could purchase the most nutritious food. Participants' also utilized coupons and store circulars with purchase.
8. **Area Agency on Aging of Southeast Arkansas, Inc.** - The agency purchased educational handbooks, pedometer, stress balls, blood pressure monitors and logs, heart healthy cookbook and pill splitters to make 50 cardiovascular/stroke kits.

AMHC Public Health Leaders Roundtable: The Public Health Leaders Roundtable Planning Committee met with Julie Hall, Central Little Rock Promise Neighborhood (CLRPN) and with UA Partners for Inclusive Communities (Partners), in October to discuss a partnership with CLRPN & Partners that will allow the Roundtable under its Pilot Project proposal to adopt the middle school and high school within the Promise Neighborhood area. The meeting was mutually beneficial to the Roundtable and CLRPN. The partnership will afford both entities the opportunity to work towards their goals to provide resources to underserved schools by improving academic, social and health measures along the pipeline and improving student's opportunities and quality of life. The Roundtable and CLRPN will move forward by developing measurable indicators that Roundtable participants can elect to utilize under the pilot project for the 2013-2014 Little Rock School District school year.

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

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

Rec (2): Continue to strategically fund pilot and demonstration programs. *See Activity Area Pilot Project.*

Rec (3): Use the Outreach Initiative Grants as well as other opportunities to partner with other Tobacco programs to reach program goals. AMHC has collaborations in progress with the UAMS College of Public Health Department of Epidemiology. AMHC is collaborating with the UAMS Delta AHEC on the *Act 790 & 798 of 2011* Red Counties Action Planning Committee meetings; AMHC is collaborating with DHS Medicaid with the Payment Improvement Initiatives meetings related to the Affordable Care Act. The Medicaid Mobile van partnership enrolls minority Arkansans in public services offered through DHS continues this quarter; Discussions with ADH TPCP - partnership to reduce tobacco usage among African Americans in progress.

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

Arkansas Children's Hospital, UAMS COPH Department of Epidemiology provided data analysis/epidemiology and evaluation services for several AMHC projects programs.

Rec (5): Take the next step with outreach grantees to ensure proper reporting, evaluation and monitoring. A grantees training was held on October 29, 2012 with Northeast Arkansas Regional AIDS Network (NARAN) and ARcare. The following topics were discussed: invoice submission, review of sample invoice, budget expenditure report, time sheets, mileage form, narrative file, documentation, and reporting. During the month of December, a pre-site visit was conducted for both grantees. During the pre-site visits the HIV Project Manager discussed and reviewed documentation of past and upcoming events and activities as well as provided technical assistance.

Rec (6): Seek supplemental funding for programs and services. AMHC received \$500.00 grant from Share our Strength to conduct a Shopping Matters tour with Camp iRock participants and their families. *See Activity Area Pilot Project, Camp iRock.*

AMHC received \$2,000.00 from AARP to defray the cost of the Affordable Care Act Forums. *See Activity Area, Public Policy*