ARKANSAS TOBACCO SETTLEMENT COMMISSION
EXECUTIVE SUMMARY HIGHLIGHTS
APRIL – JUNE, 2012
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ARKANSAS BIOSCIENCES INSTITUTE (ABI)
- In this quarter
  - Eleven (11) New Research Investigators Recruited to Arkansas
  - Fifty Seven (57) Collaborative Research Projects within the Five Member Institutions
  - Three (3) Sponsored Investigator Conferences

DELTA AREA HEALTH EDUCATION CENTER (AHEC)
- In this quarter
  - Education Provided to 846 Health Professionals
  - Over 800 K-12 Students Acquainted with Health Careers
  - Over 40,000 Clients Participated in Health Promotion and Health Education Programs

ARKANSAS AGING INITIATIVE (AAI)
– In this quarter
  - Nine Thousand Six Hundred Eighty Eight (9688) Visits By Senior Health Clinic Staff
  - Total Health Education Program Encounters – 16,945 with 26% of those being Minorities
  - Media : 22 Newsletters, 20 News Articles/Releases; 54 Radio/TV Spots, 2 Journal Articles, 1 National Presentation, and 3 mailings

TOBACCO PREVENTION AND CESSATION PROGRAM (TPCP)
– In this quarter
  - The Quitline received 1329 Calls from Young Adult Tobacco Users (ages 18-30)
  - Smokeless Tobacco Quitline Calls increased this quarter from 146 to 192
  - Four (4) Press Releases Encouraging Quitting during Mother's and Father's Day

MEDICAID EXPANSION PROGRAM (MEP)
– In this quarter
  - AR Health Network – Over 90% Continue to Seek Coverage after First Full Year of Coverage
  - Hospital Benefits Coverage for Extended Stay – 5565 Recipients
  - Pregnant Women Expansion Program – Cumulative Program Participants – 20,482

FAYE BOOZMAN COLLEGE OF PUBLIC HEALTH (COPH)
– In this quarter
  - 36 Students Graduated in May 2012 – 95% of Whom are Employed in a Public Health-Related Field
  - Submitted 11 Grants/Contracts for a Total of $4,161,925. Two are funded for $52,999. Eight are Pending
  - Faculty have Presented at 9 Conferences at COPH – Approximately 62 People Attended

ARKANSAS MINORITY HEALTH COMMISSION (MHI)
– In this quarter
  - Outreach Activities Touched over 6,000 Arkansas Citizens
  - To Commemorate Natl. Minority Health Month, Collaborated with Ark. Cancer Coalition in April on Health Education Initiatives Held in Little Rock, Springdale, Fayetteville, Huntsville, and Batesville
  - Media Educational outreach included 5 Newspaper Articles, 28 Print Advertisements, 440 Radio Spots, 8 Television Spots, and 10 Facebook Postings

Arkansas Aging Initiative

Reporting Period: April - June, 2012

Total Fiscal Year Budget: $1,547,079

PROGRAM OVERVIEW

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

Mission

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

Goals

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

Abbreviations for AAI Regional Centers

SACOA- South Arkansas Center on Aging (ElDorado)
DCOA – Delta Center on Aging (West Memphis plus a Helena/West Helena Satellite)
COA-NE – Center on Aging-Northeast (Jonesboro)
SCCOA- South Central Center on Aging (Pine Bluff)
WCCOA – West Central Center on Aging (Fort Smith)
OCOA – Oaklawn Center on Aging (Hot Springs)
TRCOA - Texarkana Regional Center on Aging – Texarkana
Schmieding – Springdale
    Schmieding Bella Vista – Schmieding Satellite in Bella Vista
    Schmieding Harrison – Schmieding Satellite in Harrison
    Murk Family Center on Aging – Schmieding Satellite in Mt. Home
SHC – Senior Health Clinic

Activity Area: Clinical Services –
Activity Area Fiscal Year Budget: $773 (0.05%)

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

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

Outcomes: Total visits by SHC staff were 9,688. Table 1 below provides the details of the type of visits per site.

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

Outcomes: Full time equivalents for medical doctors and advanced practice nurses (FTE's for MD's and APN) working in the clinical settings are collected annually. The data for FY 2011 are presented in the table below. Data are reported during the first quarter annually for the previous FY.

Update on creation of new SHCs:

Outcomes: 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. The Fairlamb family donated money to establish the Senior Health Clinic which is part of the Baxter Regional Medical Center. The education component: the Murak Family Education Center has been fully established and operational for many years and is doing very well. These two components together form the new Baxter Regional Center on Aging. 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.

Update on partnership with Arkansas Nursing Homes:

Outcomes: All COAs continue to provided educational activities for many nursing homes related to evidence-based practices (refer to Table 3 under in-services and paraprofessional educational encounters). The number of standards of care used in nursing homes associated with COA's are reported annually. The data for FY 11 are presented in the Data for Clinical Services table below. Data are reported during the first quarter annually for the previous FY.

Update on evidence-based guidelines in SHC

Outcomes: The number of SHC's supported with materials to implement evidence-based guidelines are reported annually. The data for FY 11 are presented in Table 2.

Table 1: Per COA clinical visit details

	SACOA	**DCOA**	**COA -NE**	**SCCOA**	**WCCOA**	**TRCOA**	**Schmieding**	**Schmieding Bella Vista**
SHC	544	458	1492	921	773	1743	1566	584

NH	63	117		176	74		512	
Inpatient				293			104	4
Home	1	86		53	1		123	

Table 2: Data for Clinical Services FY 2011

	SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista	OCOA
APN FTE's	1	0	1	1	1	1.4	3	1	NA
MD FTE's	1	1	3	1	1	1.9	5	1	NA
# of nursing homes assisted to improve quality of care as indicated by the Advancing Excellence Campaign	2	3	2	2	2	2	2	2	NA
COAs with nursing home practice: Has it implemented at least one standard of care for nursing home residents? (Yes/No)	No	Yes	Yes	Yes	Yes	No	Yes	Yes	NA
# of evidence-based guidelines in use at SHC's	0	6	4	4	1	1	1	2	NA

Activity Area: Education –
Activity Area Fiscal Year Budget: $1,090,691 (70.5%)

Update on educational encounters for each target population group:

Outcomes: Data presenting educational encounters for each target group are collected each quarter. A summary of the data is in Table 2 and details are in Table 3. Total encounters for 16,945, and of those, 26.2% were to minorities.

Table 3: Summary of Education Encounters

Target Audience	Encounters
Community (includes community members & exercise)	13,767
Health care professionals	1,157
Health and social service students	432
Paraprofessional (includes in-services)	1,589

Table 4: • Total Education Encounters for this quarter was 16,945 of those 26.2% to minorities.

AAI Site	Health Professionals	In-services	Para Professionals	Community	Exercise	Students	Totals
SACOA	101	92		1433	420		2046
Minorities	44	71		338	85		538
DCOA	10	262		192	1171		1635
Minorities	9	221		136	829		1195
DCOA-Helena		495		257	457		1209
Minorities		467		201	121		789
COA-NE	491		12	1418		179	2100
Minorities	2		0	109		10	121
TRCOA	50		55	223	326		654
Minorities	20		43	53	28		144
Schmieding	146	17	445	583	215		1406
Minorities	20	2	97	179	2		300
SCSHE-Bella Vista		26		656	34		716
Minorities		1		1	0		2
SCSHE-Mtn. Home	47	20		624	1141		1832
Minorities	0	0		7	0		7
SCSHE-Harrison			8	66		61	135
Minorities			0	0		2	2
SCCOA	40	68		1954	7	192	2261
Minorities	15	20		876	2	162	1075
WCCOA	145	45		428	179		797
Minorities	32	3		61	4		100
Oaklawn	127	44		1983			2154
Minorities	7	16		136			159
Total Ed Encounters	1157	1069	520	9817	3950	432	16945

Total Minority Encounters	149	801	140	2097	1071	174	4432

Activity Area: Promotion –
Activity Area Fiscal Year Budget: $146,973 (9.5%)

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

Outcomes: The Centers on Aging were involved in the following during April, May and June, 2012: 22 newsletters, 20 newspaper articles or press releases, 3 radio spots, 51 TV spots, 2 journal articles, 1 national presentation and 3 mailings.

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

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

Outcomes: After committee members worked with legislators last quarter to request funds, then they discovered that the January 2012 Session of the Legislature was a Fiscal Session and General Bills could not be introduced. Two committees will continue to work on this during this calendar year and aim for the 2013 Session of the General Assembly. West Central Center on Aging is planning a fall meeting with all of the legislators from their counties. Two other committees have plans to submit proposals.

Activity Area: Sustainability – (Leveraged Funds)
Activity Area Fiscal Year Budget: $154,708 (10%)

Update: (revenue from sources other than tobacco funds)

Outcomes: The total funding obtained to support operating expenses (from all sources) is reported quarterly. The total for all sites during this quarter (April, May and June) was **$141,150.** Dollars per site are detailed below in table 5. Advisory Committees are also working on local fund-raising activities to raise private monies to augment the COA operating budgets that were reduced due to declining tobacco revenues. Individual committee members continue to increase the advocacy role of the Centers on Aging by participating in more civic and community activities while at the same time including community leaders in the activities of the Center.

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

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	OCOA	Schmieding Bella Vista
$11,036	$16,754	$4,906	$3,668	$33,600	$700	$33,476	$17,472	$19,538

Activity Area: Research & Evaluation – ***Activity Area Fiscal Year Budget: $92,051 (5.95%)***
Update: Regarding outcome and evaluation research • **Outcomes**: Evaluation activities continued to focus on educational programs from April through June, 2012. Proposal for evaluation of the educational program on osteoporosis was submitted to Institutional Review Board (IRB) for approval. Evaluation will include pre and post test, and six months follow-up telephone calls to participants of the program. Analysis of data from an Arthritis Exercise class in Fort Smith and six surrounding counties was completed. Participants showed a statistically significant increase in confidence that they can improve quality of their life by regular exercise. They reported less pain, stiffness, and fatigue and an increase in mobility and ninety percent reported that their condition improved. The UAMS College of Public completed an outcomes study for the AAI which examined the impact of the AAI on access to inpatient care and quality of inpatient care for Arkansas seniors by (1) Comparing access and quality for seniors served by AAI centers vs. other sources of care; and (2) Comparing access and quality for seniors before vs. after implementation of AAI centers. A major finding was that by comparing AAI Physicians to other physicians in the service area, before and after implementation of the AAI Center, the AAI physician's patients had lower preventable hospital admission rates than patients treated by other physicians in several categories.

Program Specific Recommendations: The following recommendations were provided by the Independent Evaluator.
Rec (1): Develop and implement an assessment of the optimal mix of professionals needed to maximize encounters in the most cost effective manner to maintain high quality care for seniors. UPDATE: Data for professional mix is collected on an annual basis; FY 11 numbers are included in this report, Table 2.
Rec (2): Continue to make progress in training COAs in use of evidence-based guidelines and developing partnerships with nursing homes. UPDATE: As part of the Chronic Disease Model implementation, evidence-based guidelines are continually encouraged for use in the SHCs. At this time, 4 SHCs are involved with Medicare Pay-4-Performance activities. All COAs continue to provide education and in-service activities for many nursing homes related to evidence-based practices.
Rec (3): Maintain work with strong Regional Community Advisory Committees and promotion efforts through media outlets and professional publications, focusing on involvement in policy and clinical services.

UPDATE: Each Regional Advisory Committee has adopted a mission statement to guide the direction of the Centers on Aging. Committees are maturing in their experiences and are now able to concentrate on meeting their short-term goals and objectives while developing a master plan for the future. Programs and activities included in the master plan reflect more attention to sustainability issues and program expansion than to day-to-day topics. Committee members are instrumental in assisting COA staff in identifying and recruiting individuals and facilities in surrounding counties to facilitate the expansion of outreach services to all seniors. This will become easier and more effective as more communities are connected to the internet. The Regional Advisory Committee members were busy during the quarter completing projects and planning for next year. One committee submitted two proposals for funding from private foundations within the region. Another committee finished its master plan to guide it in private fund raising, legislative relations and community development.
During this quarter several individual state legislators visited Regional Centers to learn more about the mission and to invite proposals and suggestions for legislative appropriations for special projects. The advisory committee members whose Centers did not have an operational Schmieding Caregiver Project assisted the Center's professional staff in developing proposals to submit to the Donald W. Reynolds Foundation for funds to replication the Schmieding Caregiver project at their Center.

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

UPDATE: Regional Advisory Committee Members continue to meet with their area legislators on policy matters affecting the importance of continuing the Tobacco Settlement Funds as outlined in the original Initiated Act. Legislators were invited to visit the Centers on Aging for briefings and updates on the matter were sent to the Legislators.

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

UPDATE: The AAI continues to seek contracts, grants, and gifts from a variety of sources. See leveraging data, Table 5, for the outcome of these efforts for April, May, and June, 2012.

Arkansas Biosciences Institute

Reporting Period: April - June, 2012

Total Fiscal Year Budget: $ 10,147,701

Mission Statement/Program Overview

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

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

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

ABI's program goals are to:

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

Activity Area: Encouragement and conduct of research through the five member institutions	
Activity Area Fiscal Year Budget:	***$ 10,147,701 (100%)***
UPDATE for **ABI Funded Projects**	
OUTCOMES: The five ABI member institutions use their ABI funding to support research projects in the five areas outlined in the Act. For FY2011, ABI funding supported 82 research projects, with continuing support for another 87 on-going projects, for a total of 169 research projects. For FY2012, member institutions have funded 103 agricultural and biomedical research projects, with continuing support for another 98 on-going projects, for a total of 201 research projects.	

Research updates for April - June, 2012, include a list of all new investigators recruited to Arkansas in FY2012:

- Dr. Jamie Baum, UA-Division of Agriculture
- Dr. Christopher Cifarelli, UAMS
- Dr. Andrew Alverson, UAF
- Dr. Jeff Wolchok, UAF
- Dr. Matthew Ganio, UAF
- Dr. Tyrone Washington, UAF
- Dr. Sudeepa Bhattacharyya, ACHRI
- Dr. Tony Goudie, ACHRI
- Dr. Heather Rouse, ACHRI
- Dr. Ravi Baribote, UAF
- Dr. Woodrow Shew, UAF
- Dr. Aime Franco, UAMS
- Dr. Robert Eoff, UAMS
- Dr. Richard Frye, ACHRI
- Dr. Zach Stowe, ACHRI/UAMS

UPDATE for **Collaborative Projects**

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

For FY2011, there were 43 collaborative research projects, representing almost 25 percent of all ABI projects for FY2011. For FY2012, there are 57 collaborative research projects.

UPDATE for **External Grants**

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

For FY2011, approximately 73 percent of research projects had external funding, totaling $42.8 million from outside sources. For FY2012, preliminary information shows that external funding totaled $43.4 million.

UPDATE for **Peer-Reviewed Papers Accepted for Publication**

OUTCOMES:
ABI-supported investigators reported authoring or co-authoring 409 papers in FY2011. In addition to papers, ABI-supported investigators authored 54 book chapters and books in FY11. Data for FY2012 will be available in September.

Table 1. Amount of funding/ number of projects awarded for ABI research (FY2011)						
	ABI Total	ACHRI	ASU	UA-Ag	UAMS	UAF
Number of ABI funded projects	169	26	57	19	35	32
Number of external grants/contacts	194	72	45	21	33	23
ABI Funding	$10,147,701	1,365,744	2,926,597	1,561,731	2,731,898	1,561,731
Extramural Funding	$42,805,491	13,954,143	9,018,655	2,446,550	13,562,236	3,823,907
Total Funding (ABI + Extramural)	$52,953,192	15,319,887	11,945,252	4,008,281	16,294,134	5,385,638
Ratio (Extramural funding:ABI)	4:1	10:1	3:1	1.6:1	5:1	2.5:1

Table 2. Portions of funding being used for collaborative research projects (FY2011)						
	ACHRI	ASU	UA-Ag	UAMS	UAF	% total funding
ABI Funds	$480,000	110,407	1,094,563	40,000	575,408	24.4%
Extramural funds	$13,080,286	170,291	2,149,724	77,645	1,370,078	39.4%

Table 3. Number of collaborative research projects (FY2011)

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

Table 4. Jobs created by ABI and extramural funding (FY2011)						
	ACHRI	ASU	UA-Ag	UAMS	UAF	Total
ABI Funded FTE employment	4.8	39.2	16.4	9.9	14.3	84.6
Extramurally funded FTE employment	92.7	29.6	19.6	71.7	41.5	255.1

Table 5. Peer Reviewed Papers and Books/Book Chapters (FY2011)	
	ABI Total
Peer Reviewed Papers	409
Books/Book Chapters	54

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

UPDATE for **Service and Promotional Activities**:

OUTCOMES: ABI member institutions have continued to increase their service and promotional activities to disseminate research findings. For FY2011, activities included:

294 National and international lectures or seminars

75 Media contacts (print, television, radio)

72 Press releases

UPDATE for **Entrepreneurial Activities:**

OUTCOMES: ABI-supported investigators often see their research move from the laboratory into the work place, transferring their research into practice. Each year ABI investigators report any entrepreneurial activity such as patent filings, patent awards, and start-up companies that may be related (even in a small part) to their past ABI funding. For FY2011, investigators reported eight patent filings and three patent awards.

Patents Received:

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

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

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

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

OUTCOMES: Arkansas high school, college, and graduate school students work in ABI laboratories on special projects, research projects, and internships throughout the year. This provides for many students their first experience with a fully equipped working laboratory. For FY2011, there were 197 Arkansas students from 35 counties working in ABI laboratories. Data is listed in Table 8.

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

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

Table 7. ABI Entrepreneurial Activities (FY2011)	
	ABI Total
Patents Received	3
Patents Filed	8

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

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

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

UPDATE: For FY2012, ABI Administration sponsors conferences and speakers that bring together ABI investigators, concentrating on more specific research areas:
-ABI Fall Research Symposium – September 2011
-BioVentures Private Equity Roundtable Meeting in Little Rock – October 2011
-BioNanoTox International Research Conference at UALR – November 2011
-Central Arkansas Brain Bee – February 2012
-Arkansas Stem Cell Coalition and Conference – April 2012
-American Council for Medicinally Active Plants Conference at ASU – May 2012

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

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

For FY2011, approximately 73 percent of ABI research projects had extramural funding for the year. Extramural funding totaled $42.8 million for FY2011 for an overall 4:1 leverage factor.

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

UPDATE: ABI-supported investigators rely on external funding to expand their agricultural and biomedical research. Since inception, ABI investigators have received more than $350 million in external funding from agencies such as the National Institutes of Health, the National Science Foundation, US Department of Agriculture, and the Centers for Disease Control and Prevention and from foundations such as the American Heart Association and the American Cancer Society.

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

Medicaid Expansion Program

Reporting Period: April 1, 2012 – June 30, 2012

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

Total Fiscal Year Administrative Budget: $3,006,408 *(4.3% of budget)*

Mission Statement/Program Overview

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

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

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

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

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

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

Activity Area Fiscal Year Program Budget:	***$ 5,903,796 (8%)***
Tobacco Settlement Proceeds	***$1,719,185***
Leveraged Federal Funds	***$4,184,611***

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

OUTCOMES:

- Cumulative Program Participants –

April	20,213
May	20,357
June	20,482

- Proportion of Minority Participants - 27%

Activity Area: Hospital Benefit Coverage. This program offers expanded inpatient hospital reimbursements and benefits to adults age 19-64 by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. The program was implemented November 1, 2001.

Activity Area Fiscal Year Program Budget:	***$ 8,927,809 (13%)***
Tobacco Settlement Proceeds	***$2,599,778***
Leveraged Federal Funds	***$6,328,031***

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

OUTCOMES:

▪ Number of recipients benefiting from 4 extra days-	April	1,758
	May	2,127
	June	1,680

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

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

Activity Area Fiscal Year Program Budget:	***$7,911,382 (11%)***
Tobacco Settlement Proceeds	***$2,303,794***
Leveraged Federal Funds	***$5,607,588***

UPDATE for 65 and Over Expansion: 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 –	April	4,857
	May	4,819
	June	4,819
Proportion of Minority participants -	32%	

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

Every 12 months ARHealthNetworks covers:

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

Activity Area Fiscal Year Program Budget:	**$47,566,756 (68%)**
Tobacco Settlement Proceeds	**$14,227,343**
Leveraged Federal Funds	**$33,339,413**

Marketing and Outreach (ARHealthNetworks)

Marketing and face to face outreach efforts continued during the first portion of this report period, and then began to taper down towards the end of the quarter.

NovaSys Health severed its direct employment relationship with four agents who were primarily involved in enrolling new ARHealthNetworks members. Each of the four agents has plans to continue to represent ARHealthNetworks as part of their continuing independent insurance businesses.

Renewals have continued to go smoothly to date with well over 90% of the groups continuing to seek coverage after their first full year of coverage.

Trainings Held (ARHealthNetworks)

NovaSys Health continues to work with agent producers who represent the ARHealthNetworks product statewide.

Next Quarter Plans

NovaSys Health does not have promotional activities planned during the third quarter of July through September 2012.

OUTCOMES:

Quarter ending enrollment:	17,171	
Gross New Members Per Month compared to Goal of 400:	April	731
	May	773
	June	814

Expenditures for April 1, 2012 through June 30, 2012 and Proportion of Leveraged Federal Dollars

	Total	Tobacco	Federal
Pregnant Women	$ 1,328,023	$ 388,978	$ 939,045
In-Patient Hospital	$ 2,426,310	$ 710,666	$ 1,715,644
ARSeniors	$ 2,101,073	$ 1,191,360	$ 909,713
ARHealthNetworks	$12,152,090	$ 3,505,782	$ 8,646,308
Sub-Total Program	$18,007,496	$ 5,796,786	$12,210,710
Administration	$ 560,042	$ 280,021	$ 280,021
Total	**$18,567,538**	**$ 6,076,807**	**$12,490,731**

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

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

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

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

UPDATE: As documented in previous status reports, the Department is confident in the saturation rate for the Pregnant Women's Expansion since more than two-thirds of births in Arkansas are paid by Medicaid. The agency met with representatives from Battelle and discussed some potential utilization measures for these initiatives.

Rec (3): **Improve the enrollment process**

UPDATE: DHS continues to make significant progress in our efforts to modernize and streamline the application process for the core public assistance programs (Medicaid, Supplemental Nutrition Assistance and Transitional Employment Assistance). Modernization efforts include conversion to electronic case records to support a shift to universal caseloads, web-based applications and the construction of a high-volume processing center in Batesville. The Processing Center is now open and fully functional.

DHS now has 8 Mobile Enrollment Units travelling to community events throughout the state to enroll Arkansans in health and nutrition programs. The Department is also in the process of developing a new eligibility and enrollment system designed to simplify and automate the customer's application experience. These enhancements will increase program access and create greater efficiencies in the administration of the program.
Rec (4): **Increase capacity for conducting education and outreach to increase service utilization and enrollment for the programs**
UPDATE: In addition to the outreach activities reported for the ARHealthNetworks Program, the Department has been promoting the new Access Arkansas website for on-line applications as part of the promotion of the new DHS Mobile Enrollment Units.
Rec (5): **Develop partnerships with other tobacco settlement programs or other state or local organizations to educate and conduct outreach in communities (continuation of recommendation from prior evaluation report).**
UPDATE: The improvements in the enrollment processes described above create an environment that is conducive to enhanced collaboration opportunities. The ability to apply for health and nutrition assistance through the new Access Arkansas website allows "partners" to provide this enrollment service at any event with on-site computer access. Our full-time DHS Outreach Coordinator has been hired and will be working with other Tobacco Settlement Programs to develop joint outreach opportunities.

Medicaid Expansion Program

Reporting Period: April 1, 2012 – June 30, 2012

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

Total Fiscal Year Administrative Budget: $3,006,408 *(4.3% of budget)*

Mission Statement/Program Overview

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

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

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

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

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

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

Activity Area Fiscal Year Program Budget:	***$ 5,903,796 (8%)***
Tobacco Settlement Proceeds	***$1,719,185***
Leveraged Federal Funds	***$4,184,611***

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

OUTCOMES:

- Cumulative Program Participants –

April	20,213
May	20,357
June	20,482

- Proportion of Minority Participants - 27%

Activity Area: Hospital Benefit Coverage. This program offers expanded inpatient hospital reimbursements and benefits to adults age 19-64 by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. The program was implemented November 1, 2001.

Activity Area Fiscal Year Program Budget:	***$ 8,927,809 (13%)***
Tobacco Settlement Proceeds	***$2,599,778***
Leveraged Federal Funds	***$6,328,031***

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

OUTCOMES:

▪ Number of recipients benefiting from 4 extra days-	April	1,758
	May	2,127
	June	1,680

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

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

Activity Area Fiscal Year Program Budget:	***$7,911,382 (11%)***
Tobacco Settlement Proceeds	***$2,303,794***
Leveraged Federal Funds	***$5,607,588***

UPDATE for 65 and Over Expansion: 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 –	April	4,857
	May	4,819
	June	4,819
Proportion of Minority participants -	32%	

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

Every 12 months ARHealthNetworks covers:

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

Activity Area Fiscal Year Program Budget:	**$47,566,756 (68%)**
Tobacco Settlement Proceeds	**$14,227,343**
Leveraged Federal Funds	**$33,339,413**

Marketing and Outreach (ARHealthNetworks)

Marketing and face to face outreach efforts continued during the first portion of this report period, and then began to taper down towards the end of the quarter.

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Renewals have continued to go smoothly to date with well over 90% of the groups continuing to seek coverage after their first full year of coverage.

Trainings Held (ARHealthNetworks)

NovaSys Health continues to work with agent producers who represent the ARHealthNetworks product statewide.

Next Quarter Plans

NovaSys Health does not have promotional activities planned during the third quarter of July through September 2012.

OUTCOMES:

Quarter ending enrollment:	17,171	
Gross New Members Per Month compared to Goal of 400:	April	731
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Sub-Total Program	$18,007,496	$ 5,796,786	$12,210,710
Administration	$ 560,042	$ 280,021	$ 280,021
Total	**$18,567,538**	**$ 6,076,807**	**$12,490,731**

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

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

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

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

UPDATE: As documented in previous status reports, the Department is confident in the saturation rate for the Pregnant Women's Expansion since more than two-thirds of births in Arkansas are paid by Medicaid. The agency met with representatives from Battelle and discussed some potential utilization measures for these initiatives.

Rec (3): **Improve the enrollment process**

UPDATE: DHS continues to make significant progress in our efforts to modernize and streamline the application process for the core public assistance programs (Medicaid, Supplemental Nutrition Assistance and Transitional Employment Assistance). Modernization efforts include conversion to electronic case records to support a shift to universal caseloads, web-based applications and the construction of a high-volume processing center in Batesville. The Processing Center is now open and fully functional.

DHS now has 8 Mobile Enrollment Units travelling to community events throughout the state to enroll Arkansans in health and nutrition programs. The Department is also in the process of developing a new eligibility and enrollment system designed to simplify and automate the customer's application experience. These enhancements will increase program access and create greater efficiencies in the administration of the program.
Rec (4): **Increase capacity for conducting education and outreach to increase service utilization and enrollment for the programs**
UPDATE: In addition to the outreach activities reported for the ARHealthNetworks Program, the Department has been promoting the new Access Arkansas website for on-line applications as part of the promotion of the new DHS Mobile Enrollment Units.
Rec (5): **Develop partnerships with other tobacco settlement programs or other state or local organizations to educate and conduct outreach in communities (continuation of recommendation from prior evaluation report).**
UPDATE: The improvements in the enrollment processes described above create an environment that is conducive to enhanced collaboration opportunities. The ability to apply for health and nutrition assistance through the new Access Arkansas website allows "partners" to provide this enrollment service at any event with on-site computer access. Our full-time DHS Outreach Coordinator has been hired and will be working with other Tobacco Settlement Programs to develop joint outreach opportunities.

Fay W. Boozman College of Public Health
Reporting Period: April – June 2012

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

Mission Statement/Program Overview

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

COPH's goals are to:

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

Activity Area: Education

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

Activity Area Fiscal Year Budget: ***$ ___,___ (___%)***

UPDATE FOR ENROLLMENT Spring 2011 - 2012

(GEOGRAPHICAL REPRESENTATION)

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

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

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

UPDATE for **Graduate employment in public health field: Spring 2011-2012**

# of Graduates by Degree		**Work Status**	**% of known employed in a public health related field**
MPH	22	12 known	95% of those whose employment is known works in a public health related field
MHSA	9	7 known	
DrPH	3	1 known	
Certificate	2	2 known	

OUTCOMES: **Number of graduates; Percentage Employed in Public Health Related Field: 36** students graduated in May 2012. Employment status is known for 22 of the graduates. 95% of the 22 graduates whose 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 Spring Semester (April – June 2012 reporting period).

OUTCOMES:

AR Minority Population (2010 Census Data)	**Black - 15%**	**Hispanic - 6%**	**American Indian - 1%**	**Asian - 1 %**

The percentage of African American enrollment and Asian American enrollment continues to greatly exceed the percentage of the African American and Asian populations in Arkansas. According to the 2010 Census, Hispanic's comprise 6% of the Arkansas population. In the Spring 2011-2012 class, 4 (2%) of COPH students are Hispanic. 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 year and the Office of Public Health Informatics collaborated with UAMS' Information Technology (IT) Department to create online self-assessments. The self-assessments of graduates will be administered once final adjustments to the surveys have been completed by It.

OUTCOMES: Online 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. The assessments that IT will help us implement in the academic year beginning now will help us provide additional corroboration of these qualitative data.

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

OUTCOMES: With the exception of three preceptorship projects and four Integration projects that are county specific, the student preceptorship projects, Integration projects, and capstone projects undertaken this Spring semester will provide valuable insight that can be utilized by all Arkansas counties.

Table 1

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

Table 2
Spring 2011-2012

PRECEPTORSHIP PROJECTS			INTEGRATION PROJECTS			CAPSTONE PROJECTS		
Number of projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served
16	10	13 Statewide 3 County Specific	23	13	9 Statewide 4 county specific	4	2	4 Statewide

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

Activity Area Fiscal Year Budget: ***$ ___,___ (___%)***

UPDATE for **New Grant and Contract Funds Received**: In this reporting period (April - June 2012), the COPH faculty submitted 11 grants/contracts for funding (total of $4,161,925). Two (2) of the 11 grants were funded (total of $52,999) in this quarter and eight (8) are still pending. One was not funded. Four (4) previously submitted grants were funded (total of $5,327,602) in this quarter bringing the total funding for this quarter to $5,380,601. 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 $31 million.

UPDATE for **FTEs Created by Research Funding:**

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

UPDATE for **Publications:**

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

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

OUTCOMES: The RAND assessment has not been provided.

UPDATE for **Faculty PIs or Co-PIs**: As of June 30, 2012, the COPH has 51 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 filed. 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 Epidemiology and the Department of Health Policy and Management.

UPDATE for **Ongoing Research Projects:** As of June 30, 2012, the COPH has 48 active grants and contracts (41 active **research** grants) totaling approximately $32 million. See **Table 3** below.

OUTCOMES: The total number of faculty PI's on active grants and contracts this quarter is 21. 9 of the 21 are PI's on more than one grant/contract.

Table 3

COPH Faculty Grants and Projects April – June 2012

Number of Grants Submitted:	11 ($4, 161,925)
Number of Grants Funded:	6 ($5,380,601) *(4 previously submitted)*
Total Ongoing Research Projects:	41
Number of FTE's supported by Research:	63

Activity Area: Service

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

Activity Area Fiscal Year Budget: ***$ ___,___ (___%)***

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

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

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

OUTCOMES: During this April-June reporting period, faculty/visiting faculty have presented at 9 conferences hosted at the COPH. Approximately 62 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 is being developed and is anticipated to be available to students by 2013. In the Spring 2011/2012 semester, the COPH offered 14 courses by way of WebCT, weekend format, and /or directed study courses. UAMS Chancellor Rahn has pledged campus support to enhance distance educational technology technical assistance for COPH courses.

Recommendation 2: Continue to build COPH's major programs, especially epidemiology and biostatistics.
UPDATE: Two new faculty in epidemiology began during this reporting period, and one faculty member moved her appointment from the UAMS Department of Psychiatry to the COPH's Department of Epidemiology. In addition, the following faculty were hired during this reporting period to begin during the next 6 months: 1 faculty member in the Department of Health Policy and Management; and 1 faculty member in the Department of Environmental and Occupational Health.

Recommendation 3: Develop a student tracking system that provides more current and accurate information about student enrollment.
UPDATE: UAMS had planned to purchase a University-wide student information tracking system, but budget concerns have resulted in delays in the purchase of a system. A university-wide system is currently planned for purchase in the near future, and available systems are being reviewed to determine which one best meets our needs. Because of the COPH's anticipation of this university-wide system, the College continues to utilize its current system and has not invested scarce resources in an alternative advanced tracking system which might not be compatible with a new, university-wide system.

Delta Area Health Education Center (Delta AHEC)

Reporting Period: April-June 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. Outcomes: Encounter numbers are below.
CPR for Health Professionals: American Red Cross/American Heart Association training. Outcomes: Encounter numbers below.
Library Services for Health Professionals: Teaching models, videos, brochures, DynaMed

provided to physicians and nurses. 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: Encounter numbers below.
EDUCATION TO HEALTHCARE PROFESSIONALS ENROLLMENT AND ATTENDANCE DATA TABLE
Programs to provide educational activities for area health professionals and health professions students:

644	Employees participated in Care Learning for Health Professionals (4781 courses accessed)
123	Continuing Education for Health Professional (11 CME approved programs)
23	CPR for Health Professionals
18	Library Services for Health Professionals
38	Library Services for Health Professions Students/Residents
Programs to provide support services for health professionals and their patients:	
n/a	Telemedicine Consults

Activity Area: ACCESS TO HEALTH CARE: These programs contribute to Delta AHEC's goals to recruit and retain health care professionals. Outcomes for this activity area are the number of students enrolled in particular programs at various academic levels. (See the Access to Health Care Enrollment and Attendance Table as well as outcomes below). ***Activity Area Fiscal Year Budget: $ 25,787 (5.9%)***
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.
Health Professional Recruitment Programs: Activities to stimulate and reinforce interest in health careers during K-12th grades. 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.
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: All master's level students have completed their programs. One RN-to-BSN student has been accepted into the FNP Program at UAMS.

ACCESS TO HEALTH CARE ENROLLMENT AND ATTENDANCE DATA TABLE	
Programs to increase the number of health professionals practicing in underserved areas in the Delta:	
4	RNs preparing for BSN
1	BSNs preparing for MNSc –has been accepted into FNP at UAMS
n/a	MNSc preparing for administration (Family Nurse Practitioner)

n/a	Nursing students doing clinical rotations at the Delta AHEC
1	UAMS College of Medicine medical students
2	COPH Internship
3	UAMS Family Medicine Residents -1 month OB/GYN rotations in Helena
Programs to acquaint K-12 youth with health careers:	
16	Community Health Action in Medical Public Service (CHAMPS)
751	Health Professional Recruitment Programs (K-12th grade)
42	Medical Application of Science in Health (MASH)

Activity Area: SERVICES TO COMMUNITIES AND CLIENTS THROUGHOUT THE DELTA REGION: These programs contribute to Delta AHEC's foci to increase the capacity of participation in culturally sensitive health promotion and health education programs, to improve health behaviors related to chronic health problems, and to improve health behaviors in regards to physical activity and nutrition. Outcomes for this activity area are typically attendance/participation numbers supplemented by program specific outcomes reflecting the objective of the service. (See Services to Communities and Clients Participation Data Table as well as outcomes below).
Activity Area Fiscal Year Budget: $ $ 426,685 (97%)

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

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

Breast Health/Prevention: Arkansas Affiliate of Susan G. Komen for the Cure provides free mammograms, diagnostics, and ultrasounds for underinsured and uninsured women through Access Project Pink.
Outcomes: Encounter numbers in health screening data table.

Child Passenger Safety: Monthly home and child passenger safety education in a fun setting. Expectant mothers receive shower gifts of home safety items, a convertible car seat, and one-on-one education about installation.
Outcomes: ***84 car seats distributed and checked.*** Encounter numbers below.

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

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

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

Marvell. Exercise programs outside the fitness center are important to area residents who cannot drive to Helena to attend classes. Outcomes:
Health Education for Adults: Delta AHEC North Nurse Educators educated residents at Ingram Court and Ecumenical Villages senior housing centers on hypertension and the importance of low salt diets. The seniors asked about herbs and how to use them to replace the salt, and the following month, the educators demonstrated growing herbs from seeds and showed the residents how to arrange the in a window box to use all year long. A window box container with planted herbs was given away as a door prize. Each participant was also given a handout from USDA website that instructed on herbs for culinary use; what herbs go with which foods & dishes; also how to dry and store herbs for use. Outcomes: Encounter numbers below.
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Library Services for Consumers include journals, books, DVDs; training in library use/internet services; literature searches on request. Outcomes: Encounter numbers below.
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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.
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Abnormal Results	228	111	2	47	2	128	518
Total Screenings			41		4		1519

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

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6315	Teen Pregnancy Prevention
1060	Service Projects including use of Delta AHEC Building

Activity Area: OTHER ACTIVITIES THIS QUARTER:

Leadership/Advisory Board Activities:

Dr. Lorraine Frazier, new Dean of UAMS College of Nursing, visited Delta AHEC staff, the Director of Nursing from Helena Regional Medical Center, and faculty from the Phillips Community College of Nursing.

Delta AHEC supervisors have all been trained in HIPAA, Human Resources Law, and on the new UAMS evaluation system.

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Dr. Hall has been meeting quarterly with the AHEC Outreach Directors to inform them on statewide programs and to create a state wide database. The Outreach Program was modeled after the Delta AHEC programs.

Collaboration & Cooperation:

The Southeast Arkansas Community Foundation, an affiliate office of the Arkansas Community Foundation, awarded Chicot Memorial Medical Center and UAMS Delta AHEC South funds to augment their CPR Plus program. New adult and infant manikins with the latest technology to ensure proper life saving techniques during CPR training were purchased. These manikins assess the rate and depth of compression and assure students to practice correct CPR technique. The CPR Plus program includes Basic Life Support and Neonatal Resuscitation for Healthcare Providers, Heart Saver CPR and First Aid for schools, businesses and day care centers, and Family CPR.

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MASH camp was held in June with 16 students participating from Phillips, Monroe and Lee Counties. Helena students took several field trips including the MASH Crash in Pine Bluff, the ROPES Course at EACC and a tour of UAMS and Helena Regional Medical Center. They learned suturing, casting, dissecting, and other health related experiments to help them more fully understand the human anatomy. Students will also participate in job shadowing in the community with local health professionals such as pharmacists, veterinarians, and physical therapists.

Media & Public Relations:

The 2nd Annual Ladies' Health Luncheon was held on May 18th in Dumas in observance of National Women's Health Week. Delta AHEC South partnered with the Desha Hometown Health Coalition to provide health screenings and educational materials to all attendees. Judge Mark McElroy welcomed everyone to the event followed by presentations on a variety of women's health topics by Dr. Lisa Holiday, Michelle Crouse, Pharm D, and Heather Day.

Two Funology Science Camps were held for students in grades 3rd – 6th. During these half-day camps, the30 students made fun science experiments such as flubber, edible play dough, crystal trees, and toothpaste putty. They were taught fitness and nutrition as well.

Continuous Quality/Program Improvement:

Newly added childbirth classes were very well attended at the Delta AHEC. Women had been asking for more information and want other classes to attend. The first class in June had over 20 people present. Since post-partum is a time when at least 85% of women go through an emotional low the class ended with making journals for the pregnant women so they can write out their feelings. Participant evaluations for the new class were good. One woman remarked, "I never knew breast feeding was that important, I am going to try it." Another said, "I have really learned a lot I didn't know."

The Helena Outpatient Veterans Clinic surpassed a goal of 800 enrolled Veterans in May, and in June three Post Traumatic Stress Disorder Mental Health group sessions and one Mood Disorder Mental Health group session were held. Additionally, the need for diabetes education was identified and it is now being provided by the Delta AHEC Diabetes educator and nutritionist.

Delta Area Health Education Center (Delta AHEC)

Reporting Period: April-June 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. Outcomes: Encounter numbers are below.
CPR for Health Professionals: American Red Cross/American Heart Association training. Outcomes: Encounter numbers below.
Library Services for Health Professionals: Teaching models, videos, brochures, DynaMed

provided to physicians and nurses. 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: Encounter numbers below.
EDUCATION TO HEALTHCARE PROFESSIONALS ENROLLMENT AND ATTENDANCE DATA TABLE
Programs to provide educational activities for area health professionals and health professions students:

644	Employees participated in Care Learning for Health Professionals (4781 courses accessed)
123	Continuing Education for Health Professional (11 CME approved programs)
23	CPR for Health Professionals
18	Library Services for Health Professionals
38	Library Services for Health Professions Students/Residents

Programs to provide support services for health professionals and their patients:

n/a	Telemedicine Consults

Activity Area: ACCESS TO HEALTH CARE: These programs contribute to Delta AHEC's goals to recruit and retain health care professionals. Outcomes for this activity area are the number of students enrolled in particular programs at various academic levels. (See the Access to Health Care Enrollment and Attendance Table as well as outcomes below). ***Activity Area Fiscal Year Budget: $ 25,787 (5.9%)***
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.
Health Professional Recruitment Programs: Activities to stimulate and reinforce interest in health careers during K-12th grades. 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.
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: All master's level students have completed their programs. One RN-to-BSN student has been accepted into the FNP Program at UAMS.

ACCESS TO HEALTH CARE ENROLLMENT AND ATTENDANCE DATA TABLE	
Programs to increase the number of health professionals practicing in underserved areas in the Delta:	
4	RNs preparing for BSN
1	BSNs preparing for MNSc –has been accepted into FNP at UAMS
n/a	MNSc preparing for administration (Family Nurse Practitioner)

n/a	Nursing students doing clinical rotations at the Delta AHEC
1	UAMS College of Medicine medical students
2	COPH Internship
3	UAMS Family Medicine Residents -1 month OB/GYN rotations in Helena
Programs to acquaint K-12 youth with health careers:	
16	Community Health Action in Medical Public Service (CHAMPS)
751	Health Professional Recruitment Programs (K-12th grade)
42	Medical Application of Science in Health (MASH)

Activity Area: SERVICES TO COMMUNITIES AND CLIENTS THROUGHOUT THE DELTA REGION: These programs contribute to Delta AHEC's foci to increase the capacity of participation in culturally sensitive health promotion and health education programs, to improve health behaviors related to chronic health problems, and to improve health behaviors in regards to physical activity and nutrition. Outcomes for this activity area are typically attendance/participation numbers supplemented by program specific outcomes reflecting the objective of the service. (See Services to Communities and Clients Participation Data Table as well as outcomes below).
Activity Area Fiscal Year Budget: $ $ 426,685 (97%)

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

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

Breast Health/Prevention: Arkansas Affiliate of Susan G. Komen for the Cure provides free mammograms, diagnostics, and ultrasounds for underinsured and uninsured women through Access Project Pink.
Outcomes: Encounter numbers in health screening data table.

Child Passenger Safety: Monthly home and child passenger safety education in a fun setting. Expectant mothers receive shower gifts of home safety items, a convertible car seat, and one-on-one education about installation.
Outcomes: ***84 car seats distributed and checked.*** Encounter numbers below.

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

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

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

Newly added childbirth classes were very well attended at the Delta AHEC. Women had been asking for more information and want other classes to attend. The first class in June had over 20 people present. Since post-partum is a time when at least 85% of women go through an emotional low the class ended with making journals for the pregnant women so they can write out their feelings. Participant evaluations for the new class were good. One woman remarked, "I never knew breast feeding was that important, I am going to try it." Another said, "I have really learned a lot I didn't know."

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Medicaid Expansion Program

Reporting Period: April 1, 2012 – June 30, 2012

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

Total Fiscal Year Administrative Budget: $3,006,408 *(4.3% of budget)*

Mission Statement/Program Overview

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

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

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

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

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

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

Activity Area Fiscal Year Program Budget:	***$ 5,903,796 (8%)***
Tobacco Settlement Proceeds	***$1,719,185***
Leveraged Federal Funds	***$4,184,611***

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

OUTCOMES:

- Cumulative Program Participants –

April	20,213
May	20,357
June	20,482

- Proportion of Minority Participants - 27%

Activity Area: Hospital Benefit Coverage. This program offers expanded inpatient hospital reimbursements and benefits to adults age 19-64 by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. The program was implemented November 1, 2001.

Activity Area Fiscal Year Program Budget:	***$ 8,927,809 (13%)***
Tobacco Settlement Proceeds	***$2,599,778***
Leveraged Federal Funds	***$6,328,031***

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

OUTCOMES:

▪ Number of recipients benefiting from 4 extra days-	April	1,758
	May	2,127
	June	1,680

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

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

Activity Area Fiscal Year Program Budget:	***$7,911,382 (11%)***
Tobacco Settlement Proceeds	***$2,303,794***
Leveraged Federal Funds	***$5,607,588***

UPDATE for 65 and Over Expansion: 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 –	April	4,857
	May	4,819
	June	4,819
Proportion of Minority participants -	32%	

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

Every 12 months ARHealthNetworks covers:

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

Activity Area Fiscal Year Program Budget:	**$47,566,756 (68%)**
Tobacco Settlement Proceeds	**$14,227,343**
Leveraged Federal Funds	**$33,339,413**

Marketing and Outreach (ARHealthNetworks)

Marketing and face to face outreach efforts continued during the first portion of this report period, and then began to taper down towards the end of the quarter.

NovaSys Health severed its direct employment relationship with four agents who were primarily involved in enrolling new ARHealthNetworks members. Each of the four agents has plans to continue to represent ARHealthNetworks as part of their continuing independent insurance businesses.

Renewals have continued to go smoothly to date with well over 90% of the groups continuing to seek coverage after their first full year of coverage.

Trainings Held (ARHealthNetworks)

NovaSys Health continues to work with agent producers who represent the ARHealthNetworks product statewide.

Next Quarter Plans

NovaSys Health does not have promotional activities planned during the third quarter of July through September 2012.

OUTCOMES:

Quarter ending enrollment:	17,171	
Gross New Members Per Month compared to Goal of 400:	April	731
	May	773
	June	814

Expenditures for April 1, 2012 through June 30, 2012 and Proportion of Leveraged Federal Dollars

	Total	Tobacco	Federal
Pregnant Women	$ 1,328,023	$ 388,978	$ 939,045
In-Patient Hospital	$ 2,426,310	$ 710,666	$ 1,715,644
ARSeniors	$ 2,101,073	$ 1,191,360	$ 909,713
ARHealthNetworks	$12,152,090	$ 3,505,782	$ 8,646,308
Sub-Total Program	$18,007,496	$ 5,796,786	$12,210,710
Administration	$ 560,042	$ 280,021	$ 280,021
Total	**$18,567,538**	**$ 6,076,807**	**$12,490,731**

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

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

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

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

UPDATE: As documented in previous status reports, the Department is confident in the saturation rate for the Pregnant Women's Expansion since more than two-thirds of births in Arkansas are paid by Medicaid. The agency met with representatives from Battelle and discussed some potential utilization measures for these initiatives.

Rec (3): **Improve the enrollment process**

UPDATE: DHS continues to make significant progress in our efforts to modernize and streamline the application process for the core public assistance programs (Medicaid, Supplemental Nutrition Assistance and Transitional Employment Assistance). Modernization efforts include conversion to electronic case records to support a shift to universal caseloads, web-based applications and the construction of a high-volume processing center in Batesville. The Processing Center is now open and fully functional.

DHS now has 8 Mobile Enrollment Units travelling to community events throughout the state to enroll Arkansans in health and nutrition programs. The Department is also in the process of developing a new eligibility and enrollment system designed to simplify and automate the customer's application experience. These enhancements will increase program access and create greater efficiencies in the administration of the program.
Rec (4): **Increase capacity for conducting education and outreach to increase service utilization and enrollment for the programs**
UPDATE: In addition to the outreach activities reported for the ARHealthNetworks Program, the Department has been promoting the new Access Arkansas website for on-line applications as part of the promotion of the new DHS Mobile Enrollment Units.
Rec (5): **Develop partnerships with other tobacco settlement programs or other state or local organizations to educate and conduct outreach in communities (continuation of recommendation from prior evaluation report).**
UPDATE: The improvements in the enrollment processes described above create an environment that is conducive to enhanced collaboration opportunities. The ability to apply for health and nutrition assistance through the new Access Arkansas website allows "partners" to provide this enrollment service at any event with on-site computer access. Our full-time DHS Outreach Coordinator has been hired and will be working with other Tobacco Settlement Programs to develop joint outreach opportunities.

Arkansas Minority Health Commission (MHI)

Quarterly Report

Reporting Period: 4th Quarter – FY2012 (April – June 2012)

Total Fiscal Year Budget: $1,871,463.72

4th Quarter Budget Spending: $416,730.45

PROGRAM OVERVIEW

Arkansas Minority Health Commission (AMHC) was established to:

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

AMHI KEY FOCI FOR 2010-2012

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

AMHI GOALS FOR 2010 -2012

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

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

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

AMHC Quarterly Health Fair/Events/Collateral Request: Arkansas Minority Health Commission participated in over twenty five initiatives during the quarter. The events were held in the following 12 counties: Arkansas, Washington, Pulaski, Jefferson, Lonoke, Faulkner, Independence, Saline, Yell, Union, White, and St. Francis. Citizen Encounters/Attendance totaled **5,338.** The total screenings for health fairs/events/collateral was **1,347**. Screenings for the Quarterly Health Fair totaled **902**.
(See Public Education/Outreach Data Table)

Collaborative Community Health Fairs: On Thursday, June 28th, AMHC partnered with the Partners In Health for their Annual Grand Prairie Health Fair & Wellness Expo in Stuttgart, Arkansas. This event took place at the Grand Prairie Conference Center. As a presenting partner, the AMHC played a vital role in the planning and overall coordination of this event. Over 545 (adults and children) attended. This event offered 20 free medical screenings by area medical professionals. **(See AMHC Quarterly Health Fair *Table below).*** There were 12 inside & outside classes, workshops and demonstrations including: Kids Cooking School, It's A Teeth Day Party, ATV Safety, Impaired Driving Course, Bike Safety, Heart Truth For Women, CSI: Cigarette Smoking Investigation, Car Seat Safety, The Dangers of Distracted Driving, Container Garden and Stage Exercise Demonstrations were offered. We received overwhelming support from the Stuttgart community and surrounding areas which resulted in over 61 registered vendors / exhibitors who provided health education, screenings, demonstrations and community health services information. A healthy lunch was provided at the Food Court and the proceeds supported a local Single Mother's Organization. There were 70 registered churches and 74 registered volunteers.

Minority Health Month: This year, to commemorate April as National Minority Health Month, AMHC collaborated with the Arkansas Cancer Coalition to fund initiatives with a focus on health education, prevention and detection. The initiatives covered cardiovascular disease, diabetes, cancer, HIV/AIDS, sickle cell anemia and physical fitness and nutrition. The events were held in Little Rock, Springdale, Fayetteville, Huntsville and Batesville. The Arkansas Minority Health Month Proclamation was presented by Governor Mike Beebe at the 2nd Biennial Arkansas Minority Health Summit 2012 at Philander Smith College April 20th. The following organizations were funded by AMHC:

- Delta Community Based Services, Inc
- Independence County Wellness Coalition
- Women's Council on African American Affairs, Inc
- St. Francis House NWA, Inc
- University of Arkansas, Fayetteville

Equipment Loan Program: Volunteer nursing staff who provided services during Camp iRock June 3-9th utilized 4 Blood Pressure Monitors & Cuffs, 2 Glucometers and 4 Thermometers.

PUBLIC EDUCATION/OUTREACH DATA TABLE
APRIL – JUNE 2012

ACTIVITY	Blood Pressure	Dental	BMI	Cholesterol	Glucose	HIV	Sickle Cell	Breast Exams	Prostate Cancer	Total Screening
Health Fair/Events Collateral	285	35		125	372	294			69	1,180
Minority Health Month	50		29	50				38		167
Total Screenings	335	35	29	175	372	294		38	69	**1,347**

DATE	EVENT/ORGANIZATION	COUNTY IMPACTED	CITIZEN ENCOUNTERS/ ATTENDANCE
4/7/12	MHM Event - Healthy Jaguar Day	Washington	602
4/10-13/12	NAPWA Healthy Living Summit	Dallas, Texas	300
4/14/12	MHM Event - 2nd Annual "At-Promise" Girls Empowerment Conference	Pulaski, Jefferson, Lonoke, Faulkner	191
4/14/12	MHM Event - Community Garden Plot and Event for Hispanic Immigrants	Independence	62
4/20/12	MHM Event - 2012 Arkansas Health Disparities Conference	Washington	87
4/20/12	2nd Biennial Arkansas Minority Health Summit	Statewide	340
04/25/2012	Annual Health Fair/Arkansas Human Development Corporation	Pulaski, Saline, Lonoke, Faulkner	300
4/26-27/12	Women & HIV/AIDS: Strategies for Treatment and Prevention	Pulaski	47
4/28/12	MHM Event - Pampered Ladies Luncheon and Wellness Expo	Pulaski, Jefferson, Lonoke	95
4/28/12	Pine Bluff School District Health Fair	Jefferson	70
5/4/12	2012 HIV Awareness Summit	Pulaski	37
5/5/12	May Day Fun Day	Pulaski	150
5/5/12	Alpha Kappa Alpha Community Health Fair (collateral only)	Pulaski	75
5/12/12	Sister Friends United Women of Excellence	Pulaski	225
5/19/12	Valentine/Dick Jeter 8th Annual Day	Pulaski, Lonoke, Saline	250
5/19/12	Community COGIC Women's Conference	Union	75

5/20/12	St. Augustine Health Fair (collateral only)	Yell	300
5/26-27/12	Davis Family Reunion (collateral only)	Jefferson	250
5/30/12	True Holiness Annual Health Fair (collateral only)	Faulkner	75
6/3-9/12	Camp iRock 2012	Statewide	240
6/8-10/12	Bibleway Pentecostal Women Conference (collateral only)	Pulaski	75
6/7-9/12	AMDPA 119th Annual Scientific Session	Pulaski, Jefferson, White	60
6/9/12	Stan Free Health and Wellness Fair	Union	85
6/19/12	Future Builders/AMHC Sickle Cell Symposium for Providers	Pulaski	60
6/20-22/12	Community Health Centers Annual Conference	Pulaski	200
6/23/12	JCCSI National HIV Testing Day	Pulaski	500
6/27/12	National HIV Testing Day Event	St. Francis	42
6/28/12	Grand Prairie Health Fair and Wellness	Arkansas	545
Total Citizen Encounters			**5,338**

AMHC QUARTERLY HEALTH FAIR TABLE

SCREENINGS	TOTAL
Blood Pressure	223
Body Mass Index (BMI)	69
Complete Blood Count*	16
Cholesterol	75
Complete Metabolic Panel*	16
Diabetic Podiatry Care	15
Glucose	74
Hemoglobin	74
HIV	39
Lipid Profile – Blood Analysis*	16
% Body Fat	62
PSA (Men only)*	6
Tetanus Vaccine (Tdap Immune)	50
Thyroid Stimulating Hormone – TSH* (Women only)	10
Triage: Blood Pressure, Height, Weight, Pulse, Temperature	157
TOTAL	**902**

HIV/AIDS OUTREACH INITIATIVES FOCUS AREA:

HIV Request for Proposals (RFP) FY2013: The RFP was released on March 1st and closed on April 13th. A three member panel reviewed and scored the four applications submitted in May. Of the four,

ARcare and Northeast Arkansas Regional AIDS Network were recommended for second review and subsequently approved. Each is scheduled for the August 2012 ALC review. AMHC anticipates a total of $62,890 in HIV grant funding to be distributed during FY2013.

Arkansas HIV/AIDS Minority Taskforce (Act 842; Amended by Act 1230 of 2011): The taskforce met in April, May, and June at Philander Smith College. Two public health forums were held in Congressional Districts 2 and 4 during this reporting period. Taskforce members agreed to reduce the number of public forums from eight to five and simultaneously conduct focus groups, to include the voices of HIV consumers, in select locations.

Women & HIV/AIDS Conference: AMHC partnered with the Community Health Centers of Arkansas (CHCA) for the Women & HIV/AIDS Conference held on April 26th & 27th. The conference focused on HIV treatment and prevention and the latest on the National HIV/AIDS Strategy, best practices, referral sources and education resources. The Conference, hosted by the CHCA and the Arkansas Primary Care Association, was planned jointly in cooperation with – AMHC, JCCSI, East Arkansas Family Health Center, ARcare, ADH HIV/AIDS Section and OMHHD, and Philander Smith College.

NAPWA Healthy Living Summit: AMHC was invited to present at the National Association of People with AIDS 2012 Skills Building Institute which took place at the Healthy Living Summit in Dallas, Texas April 10-13. AMHCs presentation consisted of an overview of HIV incidence and prevalence in Arkansas, AMHC's past and present prevention strategies and outreach initiatives. More than 300 from around the country were in attendance.

2012 HIV Awareness Summit: AMHC and the Delta AIDS Education and Training Centers collaborated to host the *2012 HIV Awareness Summit: Addressing Barriers that Influence HIV Disparities among Hispanics* on Friday May 4th. This conference was designed to provide basic HIV education for clinicians, advanced clinical knowledge related to HIV testing; and contribute to a reduction of stigma related to this disease. Organizational and individual cultural competency data was collected from attendees during the conference. 37 people were in attendance.

National HIV Testing Day: AMHC partnered with Jefferson Comprehensive Care System, Inc (JCCSI) to host a National HIV Testing Day event at the Covenant Faith Praise and Worship Center in Sherwood, AR on Saturday June 23rd. 170 people were tested. One person tested positive. Arrangements were made for this individual to take a confirmatory test at JCCSI's College Station clinic. AMHC also partnered with Connie Roebuck of Forrest City to commemorate National HIV Testing Day on Wednesday June 27th. The event was held outdoors and provided free food, HIV literature and testing for attendees. 42 people were in attendance. 35 attendees were tested and received AMHC t-shirts promoting knowing your HIV status. ***(See Public Education/Outreach Data Table)***

SICKLE CELL OUTREACH INITIATIVES FOCUS AREA:

FY2012 Sickle Cell Grantees: - Future Builders, Inc. - Future Builders goal is to increase sickle cell awareness and education to the minority communities in Pulaski and Jefferson counties. The following grant activities took place during the 4th Quarter. **(a) Print Media**: During this quarter, two posters highlighting local individuals affected by Sickle Cell Disease were produced and distributed. Posters have been placed in the schools, community based organizations, and Historically Black Colleges and Universities (HBCUs) in both Pulaski and Jefferson counties. **(b) Target physicians and medical personnel by conducting a webinar and conference/symposium to address Sickle Cell Disease**. Future Builders, Inc. collaborated with the Little Rock Black Nurses Association of Arkansas to plan a

symposium for World Sickle Cell Day. Over 60 health professionals attended the symposium on June 19th at St. Vincent Hospital.

FY2013 Sickle Cell Outreach Initiative Request for Proposals (RFP): The Sickle Cell RFP was released on March 1st and closed on April 13th. Three non-profit entities submitted applications for review. A three member panel reviewed each on May17th. Based on scores received from the review panel AMHC will not fund any of the applicants. AMHC will provide a capacity building/grant writing workshop for potential grantees during FY2013.

NUTRITION & PHYSICAL FITNESS FOCUS AREA:

Camp iRock: ***(See Activity Area: Pilot Projects section)***

Shape Up Arkansas Radio Challenge: Shape Up Arkansas challengers met for the final weigh in on April 12th. The winners of the challenge were Team Fit for Life with a total of 137 pounds lost over three months. Three teams consisting of three members per team lost a combined total of 342 pounds during the three month challenge. Each winner received a $500.00 gift card from Cumulus Media.

MEDIA/COMMUNICATIONS:

Ask the Doctor: Radio show on KIPR Power 92 featuring AMHC Medical Consultant, airs the third Tuesday of each month (7am to 9am). Power 92 listeners (70,000+) call in or email questions. Important AMHC news and events are highlighted. Listeners have the ability to listen to past shows on www.power92.com .
Speakers during this quarter were:

April - Guests: Shape Up Arkansas contestants and trainers, Summit and Camp iRock promotion
May - Guest: Jannie Cotton, Mental Health Month

The Minority Report: The newsletter is a bi-monthly publication. The April/May issue was disseminated via email this quarter to public health and grassroots community participants on AMHC listserv. http://www.arminorityhealth.com/pdf/Minority%20Report%20April_May%202012.pdf

Bridge Magazine: During this reporting period the annual magazine Bridge was published. The magazine was shipped across the state to more than 800 health organizations. The magazine was also disseminated at the Arkansas Minority Health Summit to more than 340 registrants. http://www.arminorityhealth.com/documents/Bridge%20spg%202012-Final.pdf

Facebook: updated regularly to inform the community of AMHC news, events, as well as recent news coverage. (www.facebook.com/arminorityhealth)AMHC has 942 fans. This is an increase of 39 fans from last quarter. AMHC's goal is 5000 fans. Strategies are being employed to increase our fan base.

Arkansas Minority Health Summit: The Arkansas Minority Health Summit was held April 20, 2012. Approximately 340 Arkansans attended. Radio advertising for this event was reported in the January-March ATSC report.

MEDIA DATA TABLE

Activity	Quantity	Counties Reached
Newspaper Coverage (including articles in AA, Hispanic, Asian American newspapers/magazines	5	Pulaski, Saline, Faulkner, Benton, Washington, Sevier, Pope, Yell, Arkansas
# print advertisements/e-blasts/online papers summit, HIV public forum, sponsorships, newsletter	28	Statewide
Radio spots (Cumulus, Joynet, East Arkansas Broadcasters)	440	Arkansas County, Pulaski
Television Coverage, Spots and Online (Camp iRock and Arkansas Minority Health Summit	8	KARK Channel 4 and KATV channel 7, Channel 11 (statewide online)
Facebook postings	10	Statewide

MINORITY HEALTH NAVIGATION PROJECT:

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

During this period, the Commission reviewed a proposal to expand PHACS to a 'mobile' website for smart phone users. AMHC continues to assist citizens in finding, connecting and obtaining resource services via telephone referral and walk-in requests. For example;

- AMHC provided an Osceola citizen with assistance in obtaining HIV care by providing information about organizations in the area that offer HIV services, literature on living with HIV and contact information of HIV advocates.

- AMHC provided North Little Rock and Pine Bluff citizens with assistance in locating free/low-cost HIV testing within central Arkansas.

- A citizen of Magnolia who attended the HIV Taskforce's Public Health Forum requested assistance locating resources to investigate health and economic impact of oil wells being placed within close proximity of residential areas.

- AMHC provided information about potential resources and connected the citizen with representatives of organizations that may be able to provide further assistance.

- AMHC connected a NW Arkansas man to resources and contact persons at DHS related to concerns of racial discrimination when applying for services at a local unit.

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

Arkansas Racial and Ethnic Health Disparity Survey: An expanded analysis of the Hispanic data from the AREHDS II was due on March 30th. An extension date of June 30th was requested and granted in April 2012. As the contract associated with this deliverable ended on June 30th, a request has been made to the contractor to submit this deliverable as soon as possible. AMHC is awaiting an anticipated completion date.

Trends in Minority Health in Arkansas: In partnership with the UAMS College of Public Health's Department of Epidemiology, AMHC produced a ten year report that provided a review of trends in health disparities in Arkansas. This research data was presented to the Joint PHWL committee on April 19th. A copy of the report is available upon request.

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).

AMHC has been actively involved this quarter with meetings and research associated with policy initiatives related to a) the Arkansas Minority Health Consortium, b) Acts 790 and 798 of 2011, c) HB2100 of 2011 Routine HIV Screening Interim Study, d) Act 1162 of 2011 Cultural Competency Interim Stud, e) AMHC Public Health Leaders Roundtable and f) the Affordable Care Act planning and implementation in Arkansas.

a) **Arkansas Minority Health Consortium:** The Consortium, facilitated by the Commission, met on June 26, 2012 to deliberate on legislative policy initiatives in preparation for the 2013 legislative session, plan for the publication of the 2012/2013 Consortium Directory, and discuss a pubic relations/communications campaign to educate minority communities of provisions currently available under the Affordable Care Act.

b) **Acts 790 & 798 of 2011 – An Act to Define Red Counties; An Act to Request Collaborative Initiatives and Report on Collaborative Initiatives Established:** As a result of this 2011 law, AMHC and ADH OMHHD have facilitated 4 meetings of the "Red County Action Planning Committee" (RCAPC) on February 24, April 13th, May 18th and June 22nd. As required by the bills, a reporting template has been created for all designated agencies to provide uniformed reporting to the legislature and the 15+ agencies that have representation on the RCAPC is now deliberating and planning collaborative initiatives in the red counties. AMHC has partnered with UAMS Department of Epidemiology in assisting with providing a report to the legislature on or before October 1, 2012.

c) **HB2100 of 2011 Routine HIV Screening Interim Study:** On April 19th, HB2100 of 2011 (HIV routine screening) was adopted by the Joint PHWL Committee. AMHC attended the meeting.

On June 6th, 18th and 29th, the AMHC and AR HIV Minority Taskforce, along with partners, met to begin the process of researching and developing the interim study. On June 24th, the Arkansas Public Policy Panel Citizen's First Congress adopted a resolution in support of HB2100. On June 26th, the Arkansas Minority Health Consortium accepted HB2100 as a legislative priority. The study is projected to be presented before the Joint PHWL in November 2012.

d) **Act 1162 of 2011 – An Act to Create a Cultural Competency Interim Study** – During this quarter, AMHC began reviewing the provisions of this bill. A planning committee will be established to assist with the development of this legislative study.

e) **AMHC Public Health Leaders Roundtable** - The Roundtable is an action-driven entity of state public health leaders created to more broadly focus state resources on health equity in Arkansas. The Roundtable initiative is currently focused on healthcare workforce diversity. This two year old collaborative held its fifth meeting on April 20th during the 2nd Biennial Arkansas Minority Health Summit and was moderated by Arkansas Surgeon General, Dr. Joe Thompson. The Roundtable was attended by state and national public health leaders, including special guests: Dr. Louis Sullivan, former U.S. Secretary of Health & Human Services and Dr. Joycelyn Elders, former U.S. Surgeon General. The Roundtable was attended by 40+ public health leaders, educators, legislators, and Governor's office staff. A planning committee has been established and met on June 19th to narrow a main action initiative directed towards health care workforce diversity based on the recommendations of the previous five roundtable discussions. Subsequent meetings are planned for the first quarter of FY2013 to further the goals of the roundtable.

f) **Health Care Reform**: The implementation of the Affordable Care Act (ACA) is an important step in Arkansas's progress towards health improvement in underserved communities. The Arkansas Minority Health Commission has been actively involved in the planning and implementation of health care reform in Arkansas. AMHC has attended and participated in numerous meetings during this quarter of the following ACA committees in Arkansas:

i. Federally Facilitated Benefits Exchange Committee
    - Consumer Advisory Sub-committee
ii. Payment Improvement Initiative
iii. Health Information Technology Board
iv. Health Information Technology Consumer Advisory Committee
v. Medicaid Advisory Committee

During this period, AMHC has supported the work of the Arkansas State Health Equity Collaborative (ASHEC) established through a technical grant from the National Association for State Health Policy. Activities have included:

- April - Presentation at NWA Hometown Health Improvement Coalition, Fayetteville, AR
- May – Presented work and lessons learned from the collaborative in Washington, DC
- Formed partnership with AARP to conduct focus groups and community conversations about health care system changes in Arkansas in minority and urban areas
- Working with Partners to develop a train the trainer tool to educate minority and underserved populations about health care system transformation and build advocacy skills
- Research and Recommendations for tool kit complete
- Collaborating with Partners to hear the voices of the underserved as we implement Health Care Reform in Arkansas

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: Camp iRock was held June 3rd-9th at the Ferncliff Camp/Conference Center. 40 girls were selected, representing all four congressional districts in Arkansas, to participate in the week - long physical fitness and nutrition camp. The opening session consisted of orientation, behavioral assessments conducted by UAMS, College of Public Health, Epidemiology Department and weight, height and Body Mass Index conducted by Arkansas Children's Hospital. The camp was equipped with nurses who administered medication throughout the week and provided basic medical care. Over the counter medical supplies were donated by USA Drugs. Daily activities consisted of pledge, meditation, form of exercises (zumba, yoga, line dancing, rock wall climbing, strength training, jump rope and hula hoop). Break-out sessions during the camp addressed the following areas: personal hygiene, self-defense, peer pressures, self esteem, etiquette, preventive health and body image building. Donations for Camp iRock were provided by the following: Arkansas Beverage – bottled water; Arkansas Hunger Alliance – healthy snacks; Tawana Miniss – books; Avon and Mary Kay representatives provided makeovers; Arkansas National Guard – rock wall. Arkansas Blue and You Foundation, Girl Scouts- Diamonds of Arkansas, Oklahoma and Texas, Arkansas Children's Hospital, St. Edward Mercy Medical Hospital Fitness Center-Forth Smith, KARK CH 4-Z 42, On The Border and Debra Carradine. The closing ceremony was held on Saturday, June 9th. Special guest included First Lady Ginger Beebe and Dominique Dawes, four- time Olympic Gymnast. More than 100 volunteers, chaperones, counselors, presenters and sponsors supported the effort throughout the week. A total of 140 family, friends and girls were in attendance at the closing ceremony. Approximately 240 citizen encounters are recorded as direct impact with the project.

Southeast Targeted Area Resources for Health (STAR.Health): **AMHC provided funding to Arkansas Department of Health (ADH) for three years for the Star.Health Initiative.** The primary purpose of STAR Health is to pilot a Community Health Workers' (CHW) initiative in three Arkansas Delta counties (Chicot, Desha and Lincoln) in an effort to improve community health outcomes in counties with large African American populations. Arkansas Minority Health Commission provided $300,000.00 over a three year period. The final report reveals that 4,532 individuals received services during that time period. ADH has provided a final report regarding outcomes of this initiative.

Data Period Beginning 2009 thru April 2012

CHWs Individual Contacts from 2009 – April, 2012 was 4,532. Race: Black – 2,725, White - 1,212, Hispanic – 104, Other – 4 and 487 – did not indicate race. **Sex:** Male – 735, Female -3483, Missing - (sex wasn't marked) – 314. **Insurance Status (Reported) 3,644:** Medicaid – 1831, Medicare – 299, Other – 216, None -779, and Missing/unknown–519.

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

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

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

Rec (3): Use the Outreach Initiative Grants as well as other opportunities to partner with other Tobacco programs to reach program goals. AMHC collaborated with the Arkansas Cancer Coalition (ACC), a recipient of **ADH TPCP** funds, during Minority Health Awareness Month in April. The ACC funded 3 health related initiatives; AMHC has collaborations in progress with the **UAMS College of Public Health**. See *Minority Health Navigation System* and *Trends in Minority Health Disparities in Arkansas* above; AMHC is collaborating with the **UAMS Delta AHEC and UAMS COPH** Department of Epidemiology on the Act 790 & 798 of 2011 Red Counties Action Planning Committee meetings; AMHC is collaborating with **DHS** in participating in the Payment Improvement Initiatives meetings related to the Affordable Care Act; Discussions began this quarter with **ADH TPCP** related to a partnership to reduce tobacco usage among African Americans.

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.
UAMS COPH Dept. of Epidemiology with Camp iRock evaluations; grantee evaluation process and Trends in Minority Health Disparities report. Dr. Shawn Bediako (AR Native and University of Maryland Professor/Researcher) provided expertise to summit workshop on sickle cell disease as a proctor/facilitator. In addition, he assisted as a grant reviewer for the AMHC FY2013 Sickle Cell RFP. AMHC has forged collaborations with UAMS and Harvard Legal Clinic related to research on HB2100 Routine HIV screening interim study.

Rec (5): Take the next step with outreach grantees to ensure proper reporting, evaluation and monitoring. Organizations that are interested in applying for grant funds are now required to attend a mandatory training to discuss grant requirements prior to submission of application. Applications are reviewed by an outside review panel and applicants must meet a minimum score established by the AMHC. Applicants who meet the first phase of the review process are required to complete detailed work plans outlining how they plan to reach goals and objectives. Technical assistance and a work plan template are provided to all grantees. All Grantees must complete an evaluation component for their work plans. Grantees are required to submit monthly progress reports with all invoices. Invoices are reviewed by project manager to determine if expense is allowable based on grant application prior to submission to accountant for payment.

AMHC attended court hearings related to a former HIV grantee, Alliance on Community Health in El Dorado, AR since March 2011 and was able to recoup **$2,957.11** in stolen funds to the state of Arkansas as a result of fortified monitoring of outreach initiatives grantees. In addition, AMHC has received all

Rec (6): Seek supplemental funding for programs and services. AMHC received supplemental funding for the 2nd Biennial Arkansas Minority Health Summit and Camp iRock. The total revenue deposit for FY2012 is **$43,136.04.**

TOBACCO PREVENTION AND CESSATION PROGRAM

Arkansas Department of Health

FY2012 – Quarter 4 (April – June 2012)

Total Budget: $17,052,017.00

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

Program Component Description: Administrative Program Support

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

The administrative section provides financial budgetary and audit support for all aspects of the Tobacco Prevention and Cessation Program (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 vacant positions: Administrative Analyst Current vacant position: Cessation Health Program Specialist I Administrative Health Program Specialist

Program Component Description: State and Community Programs

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

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

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

Measurable Objectives & Progress: State and Community Program grants

1	**Objective:** By end of the 2013 legislative session, all exemptions in Act 8 will be removed, resulting in a comprehensive 100 percent smoke-free workplace law. (Act 8 exemptions – ACA §§ 20-27-1801 et seq.) Outcomes: TBD end of 2013 legislative

2	**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: 14 businesses implemented a smoke-free or tobacco free campus policy. TPCP worked with **CertainTeed Gypsum** in Nashville, AR, to provide assistance in implementing their tobacco-free policy which also includes e-cigarettes. A presentation was made on May 14, 2012 in Nashville, AR. CertainTeed policy implementation will begin July, 2012. CertainTeed is an international company employing over 40,000 and has multiple plants in Arkansas. TPCP also worked with **Tokusen USA Inc.**, Conway, AR, in developing their campus-wide tobacco-free policy. TPCP provided presentations and materials on secondhand smoke, employee wellness, and accessing the Arkansas Tobacco Quitline for all of Tokusen's 330 employees.
3	**Objective:** By December 31, 2012, two communities will pass smoke-free local ordinances stronger than Act 8. (No communities in 2009 – Arkansas Department of Health TPCP) Outcomes: • 1 community adopted a smoke-free event at Veterans of Foreign Wars (VFW) Halls in Polk County • 2 city park directors agreed to implement a smoke-free park policy. • Hot Springs, AR adopted a tobacco-free parks policy in June 2012 which will impact 7 city parks effective in August 2012.
4	**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) Outcome: 2010 NATS: The report was submitted and approved by ADH Scientific Review and is now on the ADH Website. • 389 pledges were signed by adults and students committing to smoke-free/tobacco-free lifestyles • 650 individuals signed a petition advocating that ACT 811 information be included in electronic and printed driver manuals
5	**Objective:** By June 30, 2013, reduce by 1% the number of pregnant women who use tobacco. (14.8%--2009 AR Birth Certificate Data) Outcome: There was an average enrollment of two per month, with eight currently enrolled. There were three full-term healthy deliveries this quarter of those enrolled in the program. 30% of individuals offered the Changing2Lives Pregnancy Incentive Program during this quarter enrolled.
6	**Objective:** By June 30, 2014, the number of school districts implementing comprehensive evidence-based interventions recommended by the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, including policies and curriculum, will increase to 10 percent of all school districts. (6 percent in 2009-10) Outcome: • 1 support network program for tobacco cessation was implemented at Nettleton School District • Cabot School District agreed to implement the ASPIRE program in FY13 • Project X, a student focused tobacco cessation/prevention project, was provided to at risk students

	in both Fayetteville and Springdale Schools • 18 schools implemented HealthTeacher.com
7	**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) Outcome: Nothing new to report this quarter
8	**Objective:** By June 30, 2014 decrease the smoking prevalence of youth from 23.5% to 20.4. (Data Source YTS) Outcome: 2010 AYS 23.5%; ANNUAL reporting Operation Storefront had 121 surveys completed for a total of 538 for FY12. • Outcome: Garland County CARES Coalition Grantee updated TPCP staff about progress implementing policy to make Hot Springs' City Parks Tobacco Free. The Hot Springs City Council has approved a new policy to make all of the 17 Hot Springs City Parks Tobacco Free. Tobacco Free Park signs will be posted stating the policy and fines for policy violation by August 1, 2012. Policy violators will be given warnings instead of fines. However, after December 21, 2012 there will be no tolerance for violators and fines will be issued for all policy violations. • 10 retailers agreed to display counter marketing materials for tobacco control • 2 retailers agreed to remove tobacco advertising at childrens' eye level • 10 youth wrote letters to legislators about the dangers of Point of Purchase advertising
9	**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) Outcome: TPCP has begun collaborative efforts with the HIV/AIDS section, Office of Minority Health and Health Disparities, and LGBT organizations working in the community. In addition, TPCP has developed a working relationship with the Oklahoma State Dept. of Health Disparities Coordinator to learn more about the intervention strategies currently being used by their grantees.
10	**15% Minority Initiative $1,804,072 to:** Minority Initiative Sub-recipient Grant Office (MISRGO) **Objective:** By June 30, 2014, decrease the smoking prevalence of African American males in Arkansas from 29.3% to 27.3% (2008 Arkansas Adult Tobacco Survey: 29.3%) Outcome: The report was submitted and approved by ADH Scientific Review and is now on the ADH website.
11	**Objective:** By June 30, 2014, decrease the smoking prevalence of Hispanic males in Arkansas from 24.3% to 23.3% (2008 Arkansas Adult Tobacco Survey: 24.3%) Outcome: 2010 NATS: The report was submitted and approved by ADH Scientific Review and is now on the ADH website.
12	**Objective:** Lower the white adult male **smokeless** prevalence rate from 14.4% to 13.4% by December 2013. (2010 BRFSS: 14.4%) Outcome: Final analysis of 2011 BRFSS data is expected by Summer 2012. Booths were hosted at the

	Arkansas Mission of Mercy (ARMOM), the AR State Dental Association and the Pampered Ladies Luncheon Expo. At the Mission of Mercy, a total of 38 people signed up to receive help using the fax back referral form. Many more were given the SOS red ATQ cards with the 1-800-QUIT-NOW number as they were triaged through the medical section. 2400 people were seen in the two days of AR MOM, with a substantial number of them being users of smokeless tobacco. Over 10 former and current smokeless users took part in in-depth interviews to determine the reason behind their addiction to smokeless tobacco products. Through the interviews, we were able to probe more for the factors that influenced them to start using, challenges in quitting, the impact of tobacco industry advertising, the effectiveness of current smokeless educational materials, reasons for relapsing and effective messaging strategies to encourage smokeless users to quit. A partnership was developed with the Arkansas Dental Hygenists' Association to determine the best way to reach their membership. They requested a catalogue of smokeless tobacco materials, as well as information on the Arkansas Tobacco Quitline which was sent out to over 200 members. Our relationship with the Arkansas State Dental Association resulted in a free booth and a short presentation during their conference.
13	**Objective**: Decrease high school male **smokeless** prevalence rate from 24.8% to 23.8% by December 2013. (Baseline data: BRFSS 2010 = 24.8%) Outcome: Data will be obtained annually.
14	**Other:** • First Baptist Church (FBC) of England, AR is discussing the possibility of implementing a tobacco-free policy for their church campus. Regional Reporting: Collectively, the five ADH Public Health Regions reported the following Tobacco Control efforts: • Conducted 134 tobacco presentations impacting 8,753 people • Conducted 19 presentations impacting 1,627 people on new and emerging tobacco products • Distributed approximately 887 tobacco education brochures and Act 811 fact cards

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

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

Goal: Promoting quitting among young people and adults

Measurable Objectives & Progress:	***CESSATION***
1	**Objective:** By 2012, providers in 50 percent of public and private healthcare systems will document tobacco use as a vital sign and will deliver the US Public Health Service AAR (ask, advise, refer) intervention to tobacco users at every patient visit. (TPCP HCP report 2010: 39% 'document'; 7% 'always refer') Outcome: The System Training Outreach Program (STOP) has been implemented across the northeast and central public health regions to increase the number of calls to the ATQ by health care providers in the two

	regions. During Q3, 2064 fax referrals were sent in.
2	**Objective:** By June 30, 2014, the reach of the Arkansas Tobacco Quitline (ATQ) will increase to a minimum of 5 percent of all people who smoke. (ATQ reports: 4.2% in FY2009; 4.1% in FY2010; 3.2% in FY2011, 2.5% in FY2011 Q2) Outcome: ATQ is reaching 2.49% of all people who smoke. Efforts will be underway to promote use of the ATQ to increase the reach to at least 4% in FY13.
3	**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, Q3 FY2012, 1977) Outcome: During this quarter, 2182 patient fax referrals were made to the ATQ.
4	**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: ___FY2010; _____ callers in FY2011,) ___ callers Q3 FY2012 Outcome: During this quarter, 1329 calls were made from young adult tobacco users aged 18 – 30.
5	University of Arkansas at Pine Bluff - Addiction Studies Program Outcome: UAPB Addictions Studies Program report 83 individuals have graduated from the Addictions Studies Program since its inception. There have been 6 graduates during the academic year of FY11- FY12. Seven (7) new online courses were developed and are awaiting two internal signatures plans are to offer courses Spring 2013. Two new online courses have been developed and must undergo the internal and external processes.
6	**Objective:** Increase the number of ATQ calls from **smokeless** users from 1.5% to 4% by December 2013. (ATQ reports: 1.5% FY2011) Outcome: Smokeless calls have grown from 146 calls last quarter to 192 calls this quarter. Overall, 3.5% of callers were smokeless users this quarter.

Program Component Description: **Health Communications**

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

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

1	CJRW $1,300,000 **CDC Media Campaign** – A national campaign titled "Tips From Former Smokers" continued to air during April, May and June. The TPCP management team continued to meet weekly to monitor calls to the Arkansas Tobacco Quitline (ATQ) and to strategize on the campaign. Our coalitions leveraged the campaign

	through an interview on Univision and a newsletter article. On July 9, the Tips campaign was extensively featured in a program on Channel 11. TPCP plans to include some ads from the "Tips" campaign on our upcoming media buy. **Outcomes:** Averaged 502 weekly calls against a target of 450
2	**Clear the Air Media and Educational Campaign –** On June 28, we introduced the relaunch of the "Let's Clear the Air" campaign to coalitions and grantees through a workshop and a statewide videoconference. The campaign, set to begin July 9, will educate Arkansans about the dangerous health effects of secondhand smoke on workers and the benefits of comprehensive smoke-free policies. Television and radio ads will feature Arkansans who actually work or have worked in smoking environments, such as restaurants and bars. You can see their stories at www.cleartheairarkansas.com. Outcomes: 55 people participated in the videoconference.
3	**Print and Electronic Media:** **Development of new print materials:** Print materials were developed in order to reach more diverse audiences including tobacco users suffering from mental health and substance abuse disorders (MI/SA), pregnant women, and the general public. We developed a new logo for the Changing 2 Lives program, new fliers and a brochure for the MI/SA population, a pledge form encouraging parents not to smoke with kids in cars and new signage to promote the Arkansas Tobacco Quitline. **Monthly e-newletters:** Information was distributed to TPCP stakeholders through the following channels: ADH website, Facebook and Twitter, SOS e-newsletter, Facebook and website, and Dr. Halverson's Friday Letter. The ADH TPCP website was updated to include web pages focused on media and training resources. Outcomes: Over 5000 ADH employees and partners received information about TPCP at least once/month.
4	**Television Appearances:** Outcomes: None during the quarter.
5	**Earned media:** Four (4) press releases were distributed during the quarter to announce the winners of the Big Pitch Film Festival, to celebrate National Public Health Week, and to encourage quitting during Mother's Day and Father's Day. Outcomes: Value leveraged for all media: $19,320; Broadcast coverage: $7,220; total earned media: $26,540
7	**15% Minority Initiative Media** **Goal:** To support the Tobacco Prevention and Cessation Media/Marketing campaign by using evidence-based strategies to reduce tobacco use in Arkansas' minority communities. **Paid Media:** During the quarter the "I Can't Imagine" and "For Real" media campaigns continued to air on radio and broadcast and cable television. These campaigns appeal primarily to young African American males. For the Hispanic audience, the "My Mommy" Radio spots and print ads targeted to Hispanics were also placed in the media. **Earned Media:** Free radio interviews were leveraged in exchange for paid media on radio in Central Arkansas, Texarkana, El Dorado and Helena-West Helena. These focused on various messages such as quitting smoking, and promoting the MISRGO conference and the Addiction Studies program. **Community-based Sponsorships:** Strategic sponsorships were made at events where there was a high attendance of African American and Hispanic males, specifically targeting those aged between 15-54 years during basketball and soccer games, and family-based events such as Cinco de Mayo. Outcomes: Approximately 150,000 African Americans KIPR radio listeners were reached through free and paid radio media. Over 5000 African American and Hispanic males received information on the Quitline. 11 fax back referral forms were filled out during the games.

Program Component Description: Surveillance and Evaluation

Budget: {CDC recommendation-9%}	$1,437,848 (9%)

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

Goal:	***Surveillance and Evaluation***

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

Measurable Objectives & Progress:	***Specific Component Name***
1	**Arkansas Tobacco Control** : ($700,000 for FY2012) 7% non-compliance from compliance checks • Conducted 3,432 Compliance Checks with 281 Violations (8.63% Violation Rate) • The Arkansas Tobacco Control Conducted 58 Retailer Specific Trainings with 1,286 Attendees • 4 Sales to Minors Complaints Received Through the 1-877-IDTEENS Hotline • Received 59 Sales to Minors Complaints, Only 57 were worked within 30 Days (two are pending and will be reported in FY 13 first quarters report – none are past due at this time.)
2	The 2010 YTS report was completed and posted on ADH website: www.healthy.arkansas.gov