ARKANSAS TOBACCO SETTLEMENT COMMISSION
EXECUTIVE SUMMARY HIGHLIGHTS
JULY - SEPTEMBER, 2012
FAYE SHEPHERD, EXECUTIVE DIRECTOR (faye.shepherd@arkansas.gov)

ARKANSAS BIOSCIENCES INSTITUTE (ABI)
- In this quarter
  - Fifty-Two (52) Peer Reviewed Papers and Books/Book Chapters
  - Twelve (12) Collaborative Research Projects within the Five Member Institutions
  - Institute for Animal Care and Use Regional Training in September 2012 in Little Rock

DELTA AREA HEALTH EDUCATION CENTER (AHEC)
- In this quarter
  - Education was Provided to 479 Health Professionals
  - Over 1,426 K-12 Students were Acquainted with Health Careers
  - Total of 2,535 Screenings for BP, Cholesterol, HIV, Diabetes, and BMI (of which there were 223 abnormal)

ARKANSAS AGING INITIATIVE (AAI)
– In this quarter
  - Seven Thousand Six Hundred Eighty Four (7,684) Visits By Senior Health Clinic Staff
  - Total Health Education Program Encounters – 12,521 with 22.8% of those being Minorities
  - A grant for over $7.7million to expand Schmieding Program and one for over $3.6 million to create a 40 hr. additional course module to Home Caregiver Training curriculum & expand entire curriculum to distance learning

TOBACCO PREVENTION AND CESSATION PROGRAM (TPCP)
– In this quarter
  - The Quitline received 921 calls from 18-30 year old Tobacco Users
  - Received 11 Bronze Quill Awards and 4 National Public Health Information Coalition Awards
  - Over 2000 Healthcare Provider Fax Referrals were Made to the Quitline

MEDICAID EXPANSION PROGRAM (MEP)
– In this quarter
  - 65 & Over Expansion: Number of Participants for the Quarter – 14,417 (32% minorities)
  - Hospital Benefits Coverage for Extended Stay – 6241 Recipients
  - Pregnant Women Expansion Program – Quarter Cumulative Program Participants – 20,993 (27% minorities)

FAYE BOOZMAN COLLEGE OF PUBLIC HEALTH (COPH)
– In this quarter
  - 230 Students Enrolled from 38/75 Arkansas Counties
  - 100% of the Summer graduates work in a Public Health-Related Field
  - Number of Grants/Contracts Submitted this Quarter: 16 - Number Grants Funded: 13

ARKANSAS MINORITY HEALTH COMMISSION (MHI)
– In this quarter
  - Sponsored 10 initiatives covering 15 counties - provided 1,687 Health Screenings
  - In partnership with COPH, released a report w/several indicators of health of AA Arkansans
  - Conducted 5 Public Health Forums to address Implications of the Affordable Health Care Act

Arkansas Biosciences Institute

Reporting Period: July – September, 2012

Total Fiscal Year Budget: $ 10,369,870

Mission Statement/Program Overview

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

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

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

ABI's program goals are to:

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

Activity Area: Encouragement and conduct of research through the five member institutions	
Activity Area Fiscal Year Budget:	***$ 10,369,870 (100%)***
UPDATE for **ABI Funded Projects**	
OUTCOMES: The five ABI member institutions use their ABI funding to support research projects in the five areas outlined in the Act. For FY2012, member institutions have funded 103 agricultural and biomedical research projects, with continuing support for another 96 on-going projects, for a total of 199 research projects. For FY2013 Q1, member institutions are distributing current year funding to approved projects.	

UPDATE for **Collaborative Projects**

OUTCOMES: For FY2012, there were 52 collaborative research projects, representing about 26% of all ABI projects for the year. ABI encourages and fosters collaborative research among the five member institutions. Collaborative research brings together investigators from various disciplines and institutions for team-science approach to research. Collaborative research is especially critical for institutions with less research infrastructure.

UPDATE for **External Grants**

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

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

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

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

Table 1. Amount of funding/ number of projects awarded for ABI research (FY2012)

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

Table 2. Portions of funding being used for collaborative research projects (FY2012)						
	ACHRI	ASU	UA-Ag	UAMS	UAF	% total funding
ABI Funds	$449,709	0	1,051,077	65,000	376,788	19.1%
Extramural funds	$15,132,112	465,682	2,660,501	79,973	1,322,792	45.3%

Table 3. Number of collaborative research projects (FY2012)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Other
ACHRI		1	1	17	1	
ASU				4	2	
UA-Ag	2			6	14	6
UAMS					1	
UAF	1		5	8		1

Table 4. Jobs created by ABI and extramural funding (FY2012)						
	ACHRI	ASU	UA-Ag	UAMS	UAF	Total
ABI Funded FTE employment	9.0	32.6	12.8	20.7	18.5	93.6
Extramurally funded FTE employment	139.4	21.3	13.8	90.4	43.0	307.9

Table 5. Peer Reviewed Papers and Books/Book Chapters (FY2012)	
	ABI Total
Peer Reviewed Papers	461
Books/Book Chapters	59

Table 7. ABI Entrepreneurial Activities (FY2012)	
	ABI Total
Patents Received	2
Patents Filed	9

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

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

UPDATE: ABI Administration sponsors conferences and speakers that bring together ABI investigators, concentrating on more specific research areas; recent research collaborations have included:
-ABI Fall Research Symposium at the University of Arkansas, Fayetteville
-Institute for Animal Care and Use Regional Training Meeting in Little Rock – September 2012
-Nanotechnology for Healthcare Conference – November 2012
-Central Arkansas Brain Bee – February 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 FY2012, approximately 73 percent of ABI research projects had extramural funding for the year. Extramural funding totaled $43.4 million for FY2012 for an overall 4:1 leverage factor.

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

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

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

Delta Area Health Education Center (Delta AHEC)

Reporting Period: July-September 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: The library has acquired several new health models

for use as visual teaching aides for teaching about health topics in the community. These models help relay the message of the consequences of tobacco, obesity, diabetes, and many other health topics.
Outcomes: Encounter numbers are below.

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

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

EDUCATION TO HEALTHCARE PROFESSIONALS ENROLLMENT AND ATTENDANCE DATA TABLE

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

114	Employees participated in Care Learning for Health Professionals (courses accessed)
65	Continuing Education for Health Professional (CME approved programs)
62	CPR for Health Professionals (12 class completions)
80	Library Services for Health Professionals
155	Library Services for Health Professions Students/Residents
3	Telemedicine

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

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

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. A COPH student completed a 4 week internship. He developed a World AIDS Day program for high school students and presented a program on nutrition to CHAMPS. The medical residency program with HRMC has been discontinued because they no longer have an OB/GYN.
Outcomes: Encounters below

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

ACCESS TO HEALTH CARE ENROLLMENT AND ATTENDANCE DATA TABLE

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

3	RNs preparing for BSN
3	BSNs preparing for MNSc
2	Nursing students doing clinical rotations at the Delta AHEC
1	UAMS College of Medicine medical students
1	COPH Internship
N/A	UAMS Family Medicine Residents- Discontinued by HRMC
Programs to acquaint K-12 youth with health careers:	
21	Community Health Action in Medical Public Service (CHAMPS)
1395	Health Professional Recruitment Programs (K-12th grade)
10	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%)

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

Child Passenger Safety: Monthly home and child passenger safety education in a fun setting. Expectant mothers receive shower gifts of home safety items, a convertible car seat, and one-on-one education about installation. On September 20th a car seat check was held at the Phillips County Health Unit. Community members with children under age 10 were encouraged to attend. Certified Child Passenger Safety Technicians checked their child safety seats and, when indicated, new seats were provided by the Helena Health Foundation.
Outcomes: 93% of seats were installed incorrectly; 28 seat positions were checked; 20 seats were given away.

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

CPR/First Aid for Consumers: Participants certify in adult, child and infant CPR and Choking. Material is presented on heart disease and stroke including warning signs, risk factors and AR Saves information is given in support with the program at Helena Regional Medical Center and UAMS.
Outcomes: 170 adults; 52 youth: 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 are also offered. This quarter, one client said "This place has changed my life. "I feel 20 years younger." In fact, he has lost 82 pounds, lowered his cholesterol from 260 to 190 (thereby avoiding medication), and is training for a triathlon in the spring.

Exercise programs outside the fitness center are important to area residents who cannot drive to Helena to attend classes. A water aerobics class was held in Marvell at 8:30 am 5 days a week. This summer, a lady who had back surgery 6 weeks earlier asked to do some exercises to help her back at 7:00 am, then more and more people wanted to join an earlier class because of their job responsibilities. As a result, 8 – 10 participated in the early class and 10 – 15 in the later class, Evaluations were very positive. The lady who had back surgery was able to walk all over with no problem, a participant who had surgery on both knees is able to mow her yard and care for her garden, and another participant reported that she had tightened up her skin and developed muscles after a large weight loss. Several of these participants drove 20 to 30 miles for the class. As a result of participating in the water aerobics class, 8 members are now doing yoga.
Outcomes:

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

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

Health Fairs: Health fairs held in conjunction with various events to engage the community and distribute information on health related topics. Outcomes: number of people provided with health education materials

Health Screenings: Health Screenings are conducted for high blood pressure, cholesterol, glucose, HIV, BMI, A1C. These can be held in community based organizations, churches, worksites ("How Healthy is Your Industry") churches, schools ("How Health is Your Faculty") or any other site that is requested. We also conduct screenings at the Delta AHEC. Individuals with abnormal results are counseled and referred to PCP and/or Diabetes Clinic. Encounter numbers below and outcomes are recorded in health screening data table.

Kids for Health: Health education program for K-6th graders taught by 6 Delta AHEC Outreach Health Facilitators using standardized video-based health curriculum. Currently the 10-week program is being taught in 8 schools in Phillips, Lee, Monroe and St. Francis Counties.
Outcomes: Encounter numbers below.

Library Services for Consumers include journals, books, DVDs; training in library use/internet services; literature searches on request.
Outcomes: Encounter numbers below.

Nutrition Counseling: Individual and group instruction on fats, making favorite foods healthier, importance of rest when dieting.
Outcomes: Encounter numbers below.

Parenting/Pregnancy/Prenatal Care: Classes on parenting/child safety topics. One attendee reported that the class helped prepare her for the premature birth of her second child. Without having learned preterm labor signs to look for, she is not sure things would have turned out as well as they did (she and her son are both doing well).
Outcomes: Encounter numbers below.

Prescription Assistance/Emergency Medicine: This program supplies low-cost maintenance prescription drugs at no cost to the uninsured and underinsured. Emergency meds involves a onetime voucher, provided by the Helena Health Foundation, that allows qualifying clients to get needed meds immediately instead of having to wait until paperwork is processed.
Outcomes: ($602,207.22 savings to clients on prescription drugs and emergency medicines this

quarter. Encounter numbers below.
Substance Abuse: Counseling and educational classes. Outcomes: Encounter numbers below.
Tobacco Cessation/Prevention: Counseling and educational classes on cessation aides, how smoking affects the body and those around the smoker. Outcomes: Prescription assistance used for cessation aides. Encounter numbers below.
Veterans' Community Based Outpatient Clinic: Outcomes: Enrollment and patient encounters (patient visits) below.

	Blood Press	Cholesterol	HIV	Diabetes Screening (glucose)	A1C	BMI Weight	Total
Abnormal Results	108	60	0	27	2	15	223
Total Screenings	568	235	13	323	4	88	2538

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

SERVICES TO COMMUNITIES AND CLIENTS PARTICIPATION/ENCOUNTER DATA TABLE	
Programs and services to increase the capacity of participation in culturally sensitive health promotion and health education programs:	
8,021	Health Education for Youth (a total of all programs for youth/children. Some of these numbers are also represented in other categories, including Kids for Health)
2,398	Health Education for Adults (a total of all education programs for adults, including CLASSICS)
170	CPR/First Aid for Consumers
310	Health Fairs
617	Health Screenings, including /How Healthy is your school/industry/church
2934	Kids for Health
90	Bullying programs
686	Prescription Assistance (money saved-$598,306- # of scripts-1307)
11	Emergency Medicines (money saved--$3,901-number of scripts-34)
282	Tobacco Cessation/Prevention
110	Classics
1181	Veterans' Community-Based Outpatient Clinic (patient visits)
841	Veterans' Community-Based Outpatient Clinic (enrolled)
Programs and services to improve health behaviors related to chronic health problems:	
99	Asthma
247	Diabetes Formal Education
199	Hypertension/Heart Disease
0	HIV Awareness
32	Substance Abuse
287	Library services for consumers

Programs and services to improve health behaviors in regards to physical activity and nutrition:	
9086	Fitness Center Encounters (3,243 pounds lost)
8839	Other Fitness Classes (adult)
1884	Fitness Classes (K-12_
345	Nutrition (includes Group sessions and 1-on-1 counseling)
Programs and services to improve health behaviors related to pregnancy, teen prevention, and parenting skills:	
20	Babysitting Classes
75	Baby Safety showers
90	Car Seat Check
444	Prenatal Care/Healthy Parenting (includes childbirth education, doula, centering pregnancy, breast feeding education)
45	Teen Pregnancy Prevention
900	Service Projects including use of Delta AHEC Building

Activity Area: OTHER ACTIVITIES THIS QUARTER:

Leadership/Advisory Board Activities:

Collaboration & Cooperation:

Delta AHEC has received a $5000 grant from the Arkansas Hunger Alliance to implement "Cooking Matters", a cooking school for low income families. Classes will be held in Helena and in West Memphis. Representatives from the Cooperative Extension Service will lead the classes. Delta AHEC staff will coordinate and facilitate the activities.

Dr. Becky Hall has been participating in the Red Counties meetings in Little Rock. The state legislature has charged this group to develop a plan to help alleviate the poor health statistics in the Red Counties. Current services have been accessed and plans are being made for future activities and programs.

As of October 2012, the UAMS College of Nursing has a Doctorate of Nursing Practice (DNP) Program. Applicants to the program must have a Master's degree in nursing from an approved accredited institution. The applicant must have worked 3years or have 3,000 hours of employment as an advanced practice nurse or nursing administrator prior to application. The DNP concentrates on direct care, specifically research utilization, for improved delivery of care, patient outcomes and clinical systems management. Several of the advanced practice nurses in the Delta AHEC counties have anticipated the implementation of this program for over a year. The graduates of the DNP program will have a positive impact on the health of the citizens of the Delta. The Delta AHEC will play a vital role in the delivery and facilitation of the program for these nurses.

The Arkansas Women Veterans' Summit was held August 25 in Little Rock to give women Veterans an opportunity to connect with each other and learn about the benefits they have earned as a result of their honorable service. All women who have ever served in the military here were invited and about 300 attended including an Army Nurse who had served in World War II.

Arkansas has very low breastfeeding rates and Phillips county rates are even lower than state rates. A "Promoting Breastfeeding in our Community" lunch and learn brought together health professionals and organizations to promote and support breastfeeding in the Helena area.

Attendees represented the Helena Regional Medical Center, Phillips County Health Unit, and Birth-Wait.

Delta AHEC and the Phillips Family cosponsored the 2nd Annual Health Awareness Program in Memory of Fredrick Sebastian Phillips, MD, on September 20th with 47 people attending. Dr. Phillips is the late son of Leon, Jr. and Virgie Phillips of Lake View and Mrs. Phillips is a member of the Delta AHEC fitness center who regularly attends exercise and health education programs regularly. She approached the Delta AHEC about co-hosting this event in support of its the mission to provide health educational programs to the community. The program included presentations on Sleep Apnea, Lupus and Breast Care Awareness. Free health screenings were offered and the Arkansas Department of Health provided information on the free flu shot clinics to be held.

Media & Public Relations:

Delta AHEC held a Teacher Appreciation Reception for all Phillips County school teachers on Wednesday, August 15th to honor our local teachers and offer a "thank you" for their service. During the event, Delta AHEC staff provided information on the variety of programs and services that could be provided to local schools. Also, the Delta AHEC library provided free educational materials and displays were set up to demonstrate the variety of useful materials that the AHEC has for schools to borrow. About 25 teachers attended.

September 20th was the date of the 4th Annual Susan G. Komen Race for the Cure Rally in Lake Village. Hosted by Chicot Memorial Medical Center, the rally encouraged all women in Chicot County to join the local team for the October Race for the Cure in Little Rock. As part of the rally's efforts, Delta AHEC South provided free cholesterol, blood pressure, and glucose screenings. Other rally activities included breast cancer awareness, a silent auction, face painting, bake sale and live music. This year's rally drew the most attendance and raised the greatest donations, helping the team reach its donation goal for the race.

The State Agencies committee of the Arkansas State Legislature met at the Delta AHEC on September 26-27. Members of the Public Health and Welfare Committee were also in attendance. Becky Hall shared information on the Delta AHEC and legislators were given a tour of the building. The film "Crossroads in Health", was shown and discussion was held.

Continuous Quality/Program Improvement:

With the completion of the Safe Sitter Instruction certification course, Leigh Anthony and Laura Potter are now implementing the Safe Sitter programs in Chicot and Desha counties. This course is a medically accurate babysitting preparation program designed for 11 to 13 year olds. The competency-based, interactive curriculum was written by a pediatrician and teaches safe and nurturing child care techniques. The program also includes infant and child CPR.

Delta AHEC staff have completed a strategic planning session. They discussed the viability of programs and the need for additional programs. The result of the SOARS analysis was new goals for 2013. Dr Becky Hall led the group in a staff development session based on the FISH strategy. The staff formed 4 groups, "Play", "Be There", "Make their Day" and "Choose Your Attitude". Each group is to develop plans to help staff become fully engaged in these strategies.

Arkansas Aging Initiative

Reporting Period: July - Sept, 2012

Total Fiscal Year Budget: $1,580,950

PROGRAM OVERVIEW

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

Mission

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

Goals

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

Abbreviations for AAI Regional Centers

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

Activity Area: Clinical Services –
Activity Area Fiscal Year Budget: $790 (0.05%)

KEY INFORMATION: Our hospital partners own and operate the clinics. The work with Mercy Regional Medical Center 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 were7,684. 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 2012 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. 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 12 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 12 are presented in Table 2.

Table 1: Per COA clinical visit details

	SACOA	**DCOA**	**COA -NE**	**SCCOA**	**WCCOA**	**TRCOA**	**Schmieding**	**Schmieding Bella Vista**
SHC	191	366	1388	851	658	1530	1196	230
NH		116		156			295	
Inpatient				257			102	
Home	42	49		38	139		80	

Table 2: Data for Clinical Services FY 2012

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

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

Activity Area: Education –
Activity Area Fiscal Year Budget: $1,114,570 (70.5%)

Update on educational encounters for each target population group:

Outcomes: Data presenting educational encounters for each target group are collected each quarter. A summary of the data is in Table 2 and details are in Table 3. Total encounters for 12,521, and of those, 22.8% were to minorities.

Table 3: Summary of Education Encounters

Target Audience	Encounters
Community (includes community members & exercise)	10,236
Health care professionals	848
Health and social service students	389
Paraprofessional (includes in-services)	1,048

Table 4 • Total Education Encounters for this quarter was 12,521 of those 22.8% to minorities.

AAI Site	Health Professionals	In-services	Para Professionals	Community	Exercise	Students	Totals
SACOA	50	76	0	780	342	0	1248
Minorities	30	56	0	173	17	0	276
DCOA	23	194	0	273	570	0	1060
Minorities	19	182	0	195	266	0	662
DCOA-Helena	0	132	0	186	464	0	782
Minorities	0	129	0	143	125	0	397
COA-NE	309	0	12	532	0	274	1127
Minorities	14	0	0	58	0	18	90
TRCOA	104	0	50	138	170	0	462
Minorities	51	0	32	46	0	0	129
Schmieding	132	30	281	707	220	1	1371
Minorities	0	0	67	22	0	0	89
SCSHE-Bella Vista	0	31	0	505	8	0	544
Minorities	0	4	0	2	0	0	6
SCSHE-Mtn. Home	26	6	0	420	1288	0	1740
Minorities	0	0	0	0	0	0	0
SCSHE-Harrison							0
Minorities							0
SCCOA	179		86	1856	32	114	2267
Minorities	107		57	895	16	71	1146
WCCOA	14	47	0	93	108	0	262
Minorities	3	5	0	0	0	0	8
Oaklawn	11	103	0	1540	4	0	1658
Minorities	0	22	0	34	0	0	56
Total Ed Encounters	848	619	429	7030	3206	389	12521
Total Minority Encounters	224	398	156	1568	424	89	2859

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

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

Outcomes: The Centers on Aging were involved in the following during July, August and September, 2012: 5 newsletters, 16 newspaper articles or press releases, 1 radio spot, 11 TV spots, 2 journal articles, 31 mailings and 19 health fairs staffed where 10,335 contacts were made and 4512 personal interactions .

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

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

Outcomes: After committee members worked with legislators last quarter to request funds, 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: $158,095 (10%)

Update: (revenue from sources other than tobacco funds)

Outcomes: The total funding obtained to support operating expenses (from all sources) is reported quarterly. The total for all sites during this quarter (July, August, and September) was **$100,038** (not counting the 2 large grants, will calculate that prior to the end of the FY). 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
$19,695	$11,854	$3,156	$3,100	$2,764	$1,300	$21,328	$14,750	$22,091

Activity Area: Research & Evaluation – ***Activity Area Fiscal Year Budget: $94,067 (5.95%)***
Update: Regarding outcome and evaluation research • **Outcomes**: Evaluation activities continued to focus on educational programs from July through September, 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.

Program Specific Recommendations: The following recommendations were provided by the Independent Evaluator.
Rec (1): Develop and implement an assessment of the optimal mix of professionals needed to maximize encounters in the most cost effective manner to maintain high quality care for seniors. UPDATE: Data for professional mix is collected on an annual basis; FY 12 numbers are included in this report, Table 2.
Rec (2): Continue to make progress in training COAs in use of evidence-based guidelines and developing partnerships with nursing homes. UPDATE: As part of the Chronic Disease Model implementation, evidence-based guidelines are continually encouraged for use in the SHCs. At this time, 4 SHCs are involved with Medicare Pay-4-Performance activities. All COAs continue to provide education and in-service activities for many nursing homes related to evidence-based practices. The Centers are now also starting to graduate individuals from the Schmieding Home Caregiving Program that take the CNA exam and then work in nursing homes and for Home Health Agencies
Rec (3): Maintain work with strong Regional Community Advisory Committees and promotion efforts through media outlets and professional publications, focusing on involvement in policy and clinical services. UPDATE: The Regional Advisory Committees are actively working with local legislators to educate them about the needs of the aging population and their Centers on Aging. The most pressing need for the Centers is for funds to supplement the Operating Budget. Legislators are sensitive to the needs and most have requested written proposals to share with their colleagues. Efforts to raise private funds have increased and contacts have been made with possible donors at three of the regional sites. With the employment of a new Director of Development at the Reynolds Institute on Aging, regional personnel look forward to receiving guidance and assistance with local fund raising. Regional advisory committee members have increased their advocacy role in their effort to extend the services of the Centers on Aging to more seniors, particularly those residing in more rural areas. This will be easier as the Regional Centers on

Aging have access to telehealth and telemedicine which are being made available to each site through the statewide grant.
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: Education of the legislators remains a high priority of the COA staff and members of the Advisory Committees. Since many legislators are new, it is essential that they know that the Arkansas Aging Initiative is totally dependent on revenues from the Arkansas Tobacco Settlement Funds and it is important that they resist any attempts to redirect those funds. Legislators have agreed and been scheduled to visit three of the Regional Centers to learn more about the needs and mission of the programs. In addition to legislators visiting the Centers, advisory committee members have been invited to attend regional legislative group meetings and legislative caucuses at the State Capitol.
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 July, August and September. Two huge grants to the AAI were awarded during this quarter. One from the Donald W. Reynolds foundation for over $7.7 million to expand the Schmieding Home Caregiving Program to include an additional 4 COAs and maintain operations in the original 4 sites, and one from the Centers for Medicare and Medicaid (CMS) Innovations center for over 3.6 Million to create a 40 hour additional course module to the established Schmieding Home Caregiver Training curriculum and to convert the entire curriculum to distance education formats. Additionally, the project will include training in the Schmieding Method at centers in California, Hawaii and Texas. This training will be bolstered by the establishment of local Micro-Credit loan funds accessible to trainees at very low interest rates at each of these sites, including the Schmieding Center.

TOBACCO PREVENTION AND CESSATION PROGRAM

Arkansas Department of Health

FY2013 – Quarter 1 (July – September 2012)

otal Budget: **$17,802,528.0**

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

Program Component Description:	Administrative Program Support
Budget: {CDC recommendation – 4%}	***$639,132 (4%)***

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

Goal:	***Administrative***

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

Quarterly Progress:

1	Recently filled vacant positions: Cessation Health Program Specialist Policy & Law Health Program Specialist
2	New Funding: $264,440 Source: Centers for Disease Control and Prevention financed by 2012 Prevention and Public Health Funds (PPHF-2012) Purpose: Expansion of the Systems Training and Outreach Program (STOP)

ogram Component Description:	State and Community Program
udget: {CDC recommendation –42%}	***$7,853,030 (44%***

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

decrease the number of youth who take up tobacco (smoking or smokeless). The average age of initiation of tobacco us around 12-13 years of age and approximately 90% of smokers have started before the age of 18.

e Surgeon General has determined that there is no safe level of secondhand smoke. TPCP will work to eliminate all posure to secondhand smoke.

easurable Objectives & Progress:	***State and Community Program grant***
1	**Objective:** By end of the 2013, local grantees and coalitions will work with community members to promote

	comprehensive 100% smoke-free workplace laws. Outcomes: In collaboration with a TPCP funded community grantee, we assisted Tokusen USA Inc., (a manufacturing plant for tire components) in Conway, AR. in developing their campus-wide tobacco-free policy. TPCP provided presentations and materials on second-hand smoke, employee wellness, and accessing the Arkansas Tobacco Quitline for all of Tokusen's 330 employees. Policy implementation date is July 1, 2012. On July 3, 2012, TPCP provided Tobacco-Free Facility signs for CertainTeed Roofing Plant locations in Glenwood and Little Rock in support of their tobacco-free campus wide policy. The Union County Fair Board and the El Dorado Main Street Board adopted policies making the Union County Fair and El Dorado's Musicfest smoke-free. August 1, 2012, TPCP developed and began using the State and Community Intervention Tobacco/Smoke Free Policy Database. This database includes statewide Tobacco/Smoking Policy information from businesses, schools, colleges, churches, parks, mental health facilities, hospitals, medical offices, and multi-unit housing complexes. To date, there are 36 policies being tracked. TPCP provided support at the Coalition for a Tobacco Free *Arkansas' 10th Anniversary Striking out Tobacco in Arkansas Conference* on September 13. Several nationally and internally-recognized leaders in tobacco control were invited to speak and included Stan Glantz, Director of the Center for Global Tobacco Control; Jeannette Noltenius, National Director for the National Latino Tobacco Control Network, Indiana Latino Institute; Gregory N. Connolly, Director for the Center for Global Tobacco Control, Harvard School of Public Health; and Bruce Christiansen, University of Wisconsin-Madison. This conference helped to stimulate attendees resolve to meet the challenges to reduce tobacco use in Arkansas. Attendees also had an opportunity to meet state legislators and discuss statewide workplace policy. Over 110 individuals throughout the state attended.
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: Qtr 1 - no voluntary policies have been enacted.
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) Outcome: July 19, 2012, 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 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. Fines will be issued for all policy violations.
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: 75.7% of adults do not allow smoking in their homes
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: 25% of individuals offered Changing 2 Lives Pregnancy Incentive Program during this quarter enrollec

	There was an average enrollment of one per month, with five currently enrolled. This quarter, there were two full-term healthy deliveries. Five enrollees completed the program through 12 weeks postpartum.
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: Qtr 1 - no voluntary policies have been enacted.
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: No new comprehensive policies as of this qtr.
8	**Objective:** By June 30, 2014 decrease the smoking prevalence of youth from 23.5% to 20.4. (Data Source YTS) Outcome: Qtr 1: Operation Storefront – 91 Surveys
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 continues to collaborate with the ADH's HIV/AIDS section, Office of Minority Health and Health Disparities and LGBT organizations working in the community. This quarter focused on increasing cultural competency and establishing and deepening relationships within the LGBT community. TPCP has attended LGB cultural awareness training hosted by ADH/UAMS and Arkansas State Hospital. TPCP is also a planning committee member and a presenter at the HIV/Tobacco Symposium scheduled on November 27, 2012.
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: Outcomes: 2010 NATS 30.7% Promoting and training faith-based organizations on the 40 Days to Freedom Tobacco Cessation curriculum. Collectively, eight of the TPCP & MISRGRO grantees have this curriculum included as part of their workplan. TPCP is also collaborating with the InterFaith Alliance to promote and implement the curriculum into member organizations.
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: TPCP participated in the Latino Leadership Networking Reception hosted by MISRGO. The Guest Speaker was Dr. Jeannette Noltenius, MA. PhD, National Director of the National Latino Tobacco Control Network (NLTCN). The purpose of this meeting was to develop relationships with leaders of the Latino community to address the smoking prevalence in this population. Progress continues to be made in finding individuals who are interested in tobacco control within the Latino Community.
12	**Objective:** Lower the white adult male **smokeless** prevalence rate from 14.4% to 13.4% by December 2013. (2010 BRFSS: 14.4%) Outcome: 2011 BRFSS data - 15.1%. 2011 BRFSS data cannot be compared to data from the previous year since the methodology includes cellphone use. This objective will need to be adjusted.
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: 2011 BRFSS data- 20.3%. 2011 BRFSS data cannot be compared to data from the previous year since the methodology includes cellphone use. This objective will need to be adjusted.

rogram Component Description:	CESSATIO
udget:{CDC recommendation – 31%}	$5,122,340 (29%

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

oal: *Promoting quitting among young people and adults*

easurable Objectives & Progress:	*CESSATIO*
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. The STOP program will have coverage in all five regions and will cover all 75 counties in Arkansas by December 2012. During this quarter there were 520 fax referrals from organizations located in the central and northeast regions where outreach specialists provided services as compared to 132 the same time period in 2011.
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, FY12 3.72%) Outcome: ATQ is reaching 3.43% of all people who smoke. Efforts are 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, FY2012: 7262) Outcome: During this quarter, 2052 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:5,156 FY2010; 3,876 callers in FY2011,3925 callers in FY12) Outcome: During this quarter, 921 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 reported 83 individuals who have graduated from the Addictions Studies Program since its inception. There have been 6 graduates during the academic year of FY11- FY12. There are currently 20 students enrolled in the Addictions Studies graduate program; seven of the students were accepted into the program during the Fall 2012 semester. Seven (7) new online courses were developed and awaiting final approval. Plans are to offer these courses in Spring 2013. Two new online courses were approved to be offered during the Spring 2013 semester specific courses to be determined later in November 2012. UAPB – Addictions Studies Program offered 13 scholarships ranging from $900 - $2,700. Students selected had to meet a criteria which included number of hour's enrolled academic performance, enrollment status, and some other requirements. Dr. Therthenia Lewis attended eight different trainings and Dr. Cynthia Troutman has attended one training this quarter. Dr. Bonnie Hatchett is planning to submit a proposal for a grant due December 1, 2012 for Special Programs for Substance Abuse and Related Violence. Dr. Cynthia Troutman and Dr. Therthenia Lewis applied for two grants; however, they were not approved. UAPB Addictions Studies filled the administrative assistant position for the MISRGO Research Center. Janice Butler-McGowen was hired June 18, 2012 and has been assisting the Vice Chancellor's office efforts of locating permanent director for the Research Center and setting up the office. A proposal has been made to develop an

	18-hour online certificate program within the UAPB Addictions Studies Program. Efforts are being made to develop the program curriculum so that those who complete the program requirements will be able to use the credits toward a graduate degree in the Addictions Studies Program also.
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 were 143 this quarter. Overall, 3.8% of callers were smokeless users this quarter.

rogram Component Description: **Health Communications**

udget: {CDC recommendation - 14%} ***$2,459,167 (14%)***

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

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

Measurable Objectives & Progress:	***Health Communications***
	CJRW $1,300,000
1	**Promotion of the Arkansas Tobacco Quitline:** To promote tobacco cessation, we promoted the Quitline on broadcast and cable television through the Stamp Out Smoking (SOS) media campaign. The campaign airs from July 7 to the end of June 2013. On September 3rd we revised our media schedule in response to an media ad recall survey which showed that ads from the CDC's "Tips" campaign had a very high recall rate. SOS purchased two spots from the CDC's "Tips from Former Smokers" media campaign. *Terrie's Tips* and *Roosevelt's Story* were placed in rotation on September 3rd. **Outcomes: Averaged 313 calls against target 288.**
2	**Clear the Air Media and Educational Campaign** – On July 9, the "Let's Clear the Air" media and educational campaign was launched to raise awareness about the impact that secondhand smoke has on those who work in smoking environments, and to let the public know that going smoke-free does not hurt sales in bars and restaurants. The launch generated considerable interest in media, including segments throughout the day on KHTV with interviews of tobacco control coalition leaders, doctors, and on-the-street interviews of people who smoke. The campaign aired on broadcast and cable television, on radio, in print and online between July and September 2012. TPCP, MISRGO and all their grantees joined efforts to place media statewide. **Outcomes: Almost 50 TPCP and MISRGO grantees have been involved in supporting this campaign across the state. $24,020 of free broadcast value was earned from the SOS and Clear the Air campaigns.**
3	**Print and Electronic Media:** Four (4) e-blasts were distributed to support the launch of the Let's Clear the Air campaign, to promote the 10th Annual Striking Out Tobacco in Arkansas Conference, and to promote the Essay contest. 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 and SOS websites was updated to reflect important information such as information on the Great American Smokeout. **Development of new print materials:** Eight (8) TPCP brochures were updated and printed.

	Outcomes: Over 5000 ADH employees and partners received information about TPCP at least once a month, and sufficient print materials are now available through ADH's Central Supply warehouse.
4	**Television Appearances:** Outcomes: ADH staff, TPCP staff and coalition members were interviewed for television, radio and print media. Issues discussed included the RAND report, the 10th Annual Striking Out Tobacco in Arkansas Conference, TPCP's comprehensive tobacco control strategy and the Let's Clear the Air campaign. Outcomes: 11 interviews were given on KTHV, Channel 16, and AETN (TV), and on KARN, KNWA, KUAR (radio)
5	**Earned media:** Four (4) press releases were distributed during the quarter that announced the Let's Clear the Air, the SOS Essay Contest, National Recovery Month, and to encourage quitting during the Back to School period. A Letter to the Editor was distributed as part of the Let's Clear the Air campaign. **Outcomes: Print coverage of all earned media: $13,355; Broadcast coverage: $24, 020; total earned media: $37,375**
6	**Awards for Excellence in Health Communications:** During the quarter, the SOS media and educational campaign was awarded 11 Bronze Quill awards and four National Public Health Information Coalition Awards (NPHIC)
7	**Research:** In August, the TPCP media ad recall survey was completed. The survey presented critical information that we are implementing so as to strengthen our media presence as follows: The survey revealed that close to 80% of tobacco users surveyed could not correctly state the ATQ number. In response, we retagged all our ads to emphasize the Quitline number twice at the end of each spot. And as mentioned above, we changed the SOS media buy to include the CDC's 'Tips from Former Smokers' educational campaign. We also obtained reactions about the current SOS ads and the level of recall associated with them. With this ranking, we decided to place the spots with the highest recall in a revised media buy.
	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, MISRGO supported TPCP's 'Clear the Air' campaign by developing and airing a Hispanic radio spot around the same theme. MISRGO grantees also obtained and shared existing 'Clear the Air' ads with their grantees. The "My Mommy" 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 rotation. **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. These included the Ronnie Brewer Foundation Weekend Celebration, the Back to School Kids Fair, the Delta Classics for Literacy Concert, and the MISRGO Online Ticket Giveway promotion. Outcomes: African Americans and Hispanics were reached through television and radio resulting in 624 African Americans and 76 Hispanics calling the Quitline. During one grassroots event, 20 fax back referral forms were filled out and 21 called the Arkansas Tobacco Quitline on the scene of the event.

ogram Component Description: **Surveillance and Evaluatio**

dget: {CDC recommendation-9%} ***$1,728,860 (10%***

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

al: ***Surveillance and Evaluatio***

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

leasurable Objectives & Progress:	***Specific Component Nam***
1	**Arkansas Tobacco Control** : ($969,107 for FY2013) 7% non-compliance from compliance checks • Conducted 1,133 compliance checks with 116 violations • Held 9 retailer trainings with 305 attendees
2	Arkansas Tobacco Users Survey (ATUS) is first of its kind in Arkansas is in the initial stages of implementation to explore the social norms and individual behaviors associated with those who smoke. The information obtained from this nationally recognized survey tool will assist us in developing strategies for future programming aimed at addressing the specific needs identified through this survey tool.

Medicaid Expansion Program

Reporting Period: July 1, 2012 – September 30, 2012

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

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

Mission Statement/Program Overview

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

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

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

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

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

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

Activity Area Fiscal Year Program Budget:	[illegible]
Tobacco Settlement Proceeds:	[illegible]
Leveraged Federal Funds:	[illegible]

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 –

July	20,659
August	20,820
September	20,993

- Proportion of Minority Participants - 27%

Activity Area: Hospital Benefit Coverage: This program offers expanded inpatient hospital reimbursements and benefits for adults age 19-64 by increasing the number of benefit days from 20 to 24 and lowering 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:	$[illegible] (13%)
Tobacco Settlement Proceeds	$[illegible]
Leveraged Federal Funds	$[illegible]

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

OUTCOMES:

- Number of recipients benefiting from 4 extra days-

July	1,584
August	2,607
September	2,050

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 [illegible], 2006.

Activity Area Fiscal Year Program Budget:	$[illegible] (13%)
Tobacco Settlement Proceeds	$[illegible]
Leveraged Federal Funds	$[illegible]

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 –

July	4,808
August	4,792
September	4,817

Proportion of Minority participants - 32%

NOTE: Also included under the Medicaid Expansion Category for Seniors is the new A+ Program administered by the DHS Division of Aging and Adult Services. The overall goal is to facilitate the transition of low-care Medicaid enrollees from nursing home facilities to home and community-based services. Dedicated transitioning efforts began in April 2012. To date A+ employees responded to 762 Options Counseling referrals of new nursing home admissions; of these, A+ conducted face-to-face visits with 104 individuals.

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:	**$49,138,572 (66%)**
Tobacco Settlement Proceeds	$18,807,842
Leveraged Federal Funds	$30,330,730

Marketing and Outreach (ARHealthNetworks)

No marketing or outreach activities were conducted for this reporting period.

Next Quarter Plans

NovaSys Health does not have promotional activities planned for the next quarter.

NOTE: The ARHealthNetworks Program has been identified for possible discontinuation on a Proposed Medicaid Reduction List prepared by DHS due to funding shortfalls.

OUTCOMES:

Quarter ending enrollment:	17,437	
Gross New Members Per Month compared to Goal of 400:	July	786
	August	746
	September	766

[redacted]

	Total	Tobacco	Federal
Pregnant Women	$ 1,034,675	$ 303,056	$ 731,619
In-Patient Hospital	$ 1,946,402	$ 570,101	$ 1,376,301
ARSeniors	$ 2,143,649	$ 1,198,261	$ 945,388
ARHealthNetworks	$ 8,880,927	$ 2,559,473	$ 6,321,454
Sub-Total Program	$14,005,653	$ 4,630,891	$ 9,374,762
Administration	$ 466,380	$ 233,190	$ 233,190
Total	**$14,472,033**	**$ 4,864,081**	**$ 9,607,952**

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

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

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

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

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

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

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

Rec (4): **Increase capacity for conducting education and outreach to increase**

service utilization and enrollment for the programs
UPDATE: The Department has been promoting the new Access Arkansas website for on-line applications as part of the promotion of the new DHS Mobile Enrollment Units.
Rec (5): **Develop partnerships with other tobacco settlement programs or other state or local organizations to educate and conduct outreach in communities (continuation of recommendation from prior evaluation report).**
UPDATE: The improvements in the enrollment processes described above create an environment that is conducive to enhanced collaboration opportunities. The ability to apply for health and nutrition assistance through the new Access Arkansas website allows "partners" to provide this enrollment service at any event with on-site computer access. Our full-time DHS Outreach Coordinator has been hired and has been working with other Tobacco Settlement Programs to develop joint outreach opportunities. Recent partnerships include promotion of Minority Health issues and the "Stamp Out Smoking" messages through the DHS mobile units.

Fay W. Boozman College of Public Health
Reporting Period: July – September 2012

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

Mission Statement/Program Overview

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

COPH's goals are to:

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

UPDATE FOR ENROLLMENT Fall 2012 - 2013

(GEOGRAPHICAL REPRESENTATION)

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

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

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

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

# of Graduates by Degree		**Work Status**	**% of known employed in a public health related field**
MPH	1	known	Both graduates work in a public health related field
MHSA	0		
DrPH	1	known	
Certificate	0		

OUTCOMES: **Number of graduates; Percentage Employed in Public Health Related Field: 2** students graduated in August 2012. Employment status is known for both of the graduates. 100% of the Summer graduates work in a public health related field.

UPDATE **for Enrollment (Minority Representation):** See **Table 1** below providing minority enrollment numbers and percentages for this Fall Semester (July – Sept. 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 Fall 2012-2013 class, 6 (3%) of COPH students are Hispanic. We predict that the proportion of Hispanic students will increase as more Hispanic students pursue higher education degrees. In addition to our standard recruitment strategies, the COPH takes advantage of research programs focused on this community to increase Latino awareness of available educational programs; and, the COPH administrators are working closely with the Assistant Dean for Minority Affairs, Dr. Eddie Ochoa, a respected and community engaged Hispanic Physician, to develop a strategy to improve Latino enrollment.

UPDATE for **Student Competency:** The faculty revised and updated the competencies for all programs during the 2011-2012 academic year and the Office of Public Health Informatics has created an online self-assessment system. The self-assessments of graduates will be administered during fall 2012 once final adjustments to the surveys have been fully tested.

OUTCOMES: Focused discussions with graduating students (students in the integration seminar) have resulted in qualitative data that show the vast majority of students feel the curriculum has covered the ASPH competencies for MPH students very completely. Most students express a high level of competence in all of the core areas and state that they would like additional training in working with community partners. The competency self assessments to be implemented in fall 2012 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 projects done.

OUTCOMES: With the exception of two preceptorship projects and one Integration project that is county specific, the student preceptorship projects, Integration projects, and capstone projects undertaken this Fall 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	**75 33%**	**17 7%**	**4 2%**	**6 3%**	**1 <1%**	**13 6%**
Total Number of Enrolled Students Fall 2012/2013: 230						

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
18	13	13 Statewide 2 County Specific	16	5	9 Statewide 1 county specific; 1 out of state	1	1	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. 10-12-114.9 (c) (2)

Activity Area Fiscal Year Budget ____ (___%)

UPDATE for **New Grant and Contract Funds Received**: In this reporting period (July - September 2012), the COPH faculty submitted 16 grants/contracts for funding (total of $2,040,475). Thirteen (13) of the sixteen (16) submitted were funded ($555,011).

During this quarter, we were notified that three previously submitted grants ($907,392) were not funded. See summary in **Table 3** below.

OUTCOMES: RAND set a goal for the COPH to increase extramural grant and contract funding for research by 20% above that achieved in 2004-2005.The new grant and contract funding in FY 2004-2005 totaled $9,540,802 which brought the active research grant and contract total to $20,190,725. The total active research grant and contract total as of this reporting period is approximately $32 million.

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

OUTCOMES: Number of FTE's supported by Research is reported bi-annually. As of September 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 September 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 filled and a national search is nearing completion for the Chair of the Department of Health Policy and Management. New faculty have also been recruited in the Department of Environmental & Occupational Health, the department of Health Policy and Management, and the Department of Epidemiology.

UPDATE for **Ongoing Research Projects:** As of September 30, 2012, the COPH has 52 active grants and contracts (46 active **research** grants) totaling approximately $31 million. See **Table 3** below.

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

Table 3

COPH Faculty Grants and Projects July – September 2012

Number of Grants/Contracts Submitted:	16 ($2,040, 475)
Number of Grants Funded:	13 ($555,011)
Total Ongoing Research Projects:	46
Number of FTE's supported by Research:	63

Activity Area: Service

Initiated Act 1 specifically states that the COPH should "serve as a resource for the General Assembly, the Governor, state agencies, and communities." Services should include, but not limited to the following: consultation and analysis, 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: No Tuesday conferences are held during the summer months. During this July - September reporting period, faculty/visiting faculty 3 conferences hosted at the COPH in September 2012. Approximately 64 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 9 courses by way of WebCT, weekend format, and /or directed study courses. UAMS Chancellor Rahn has pledged campus support to enhance distance educational technology technical assistance for COPH courses.

Recommendation 2: Continue to build COPH's major programs, especially epidemiology and biostatistics.
UPDATE: Three 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 putting the primary, full-time faculty in the department to seven. In addition, one faculty member has been hired during this reporting period in each of the Department of Health Policy and Management and 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.

Arkansas Minority Health Commission (MHI) Quarterly Report

Reporting Period: 1st Quarter – FY2013 (July – September 30 2012)

Budget for FY2013

$1,885,691.00

Total Expenditures for 1st Quarter

$271,006.65

PROGRAM OVERVIEW

Arkansas Minority Health Commission (AMHC) was established to:

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

AMHI KEY FOCI FOR 2010-2013

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

AMHI GOALS FOR 2010 -2013

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

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

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

AMHC Sponsorships: Arkansas Minority Health Commission sponsored **10 initiatives** during the quarter. The events covered the following **15 counties**: Chicot, Cleveland, Dallas, Desha, Faulkner, Grant, Jefferson, Lee, Lincoln, Lonoke, Pulaski, Saline, Washington, White and Woodruff. Citizen Encounters/Attendance at these 10 sponsored events totaled **2,324.** The total screenings for health fairs/events was **1,687**. There were **213** abnormal screenings. Attendees who received abnormal test results were counseled by on site physicians and or nurses and provided with follow-up directives. ***See First Quarter Screenings, Additional Sponsorship Screenings & AMHC Sponsorship Data Tables below.***

Collateral Events: Arkansas Minority Health Commission distributed over **3,000 pieces** of literature to **13** organizations to raise health awareness for HIV/AIDS, Sickle Cell, Cancer, Cardiovascular, Tobacco, Physical Fitness and Nutrition and Women's Health.

Public Education/Outreach, Collaborations/Partnerships and Meetings: Arkansas Minority Health Commission collaborated with community partners on **13** initiatives. Citizen Encounters/Attendance at these events totaled **1,887.** ***See table on page 4.***

FIRST QUARTER SCREENINGS
JULY – SEPTEMBER 30, 2012

ACTIVITY	Blood Pressure	Dental	BMI	Cholesterol	Glucose	HIV	Sickle Cell	Total Screening
Sponsorships	458	226	133	166	367	74	31	**1,455**
Abnormal Screenings	97	36		27	53			**213**

ADDITIONAL SPONSORSHIP SCREENINGS
JULY – SEPTEMBER 30, 2012

ACTIVITY	NUMBER SCREENED
Bone Density	55
Spit For the Cure	19
Basal Metabolic Rate	44
Pulse	26
Physicals	62
Pulse	26
Total Screenings	**232**

AMHC SPONSORSHIPS DATA TABLE
JULY – SEPTEMBER 30 2012

DATE	ORGANIZATION/EVENT	COUNTY IMPACTED	CITIZEN ENCOUNTERS	FUNDING	COST PER ATTENDEE
8/2/12	Jefferson County Extension Homemakers Council Health Fair	Cleveland, Desha, Faulkner, Grant, Jefferson, Lee, Lincoln, Pulaski, Saline	161	$600.00	$3.73
8/4/12	Grace Temple Church	Pulaski	250	$500.00	$2.00
8/7/12	Community Health Centers of AR, Inc.	Chicot	332	$1,286.49	$3.87
8/8/12	St. Francis House, NWA, Inc./celebration of Health & Diversity	Washington	227	$1,433.27	$6.31
8/18/12	Rose City Community Church – Community Back to School Bash	Pulaski	900	$250.00	.28
8/19/12	DASH	Dallas	62	$860.27	$13.88
8/24/-25/2012	St. Luke Baptist Church	Lonoke and Pulaski	150	$250.00	$1.67
9/25/12	Harding University College of Pharmacy Wellness Screenings – Complete Physicals for 27 people	White and Woodruff	27	$1,500.00	$55.56
9/26/12	Pulaski Technical College West Health Fair	Pulaski County	161	496.80	$3.09
9/29/12	Moody Chapel AME Church	Pulaski County	54	$430.00	$7.96
Total Citizen Encounters			2,324	$7,606.83	$3.27 Average

PUBLIC EDUCATION/OUTREACH COLLABORATIONS/PARTNERSHIPS & MEETINGS DATA TABLE

DATE	Collaboration/Partnership	County Impacted	Focus	Citizen Encounters	Funding	Cost Per Attendee
July-Sept	HIV/AIDS Task Force Meetings	Statewide	HIV	39	$271.97	$6.97
July-Sept	HB2100 Interim Study	Statewide	HIV	851 *number of surveys completed	$192.05	.22
July-Sept	Arkansas Minority Health Consortium Monthly Meetings	Statewide	Public Policy & Affordable Care Act Educational Campaign	81	$816.32	$10.08
7/27/12	1st Quarter Public Forum - Stuttgart	Arkansas	Affordable Care Act	60	$2,973.34	$49.55
8/ 4 & 16, 2012	HIV Task Force Focus Groups	St. Francis, Jefferson	HIV	24	$4,481.01	$186.71
8/18/12	Project E3 Health & Wellness Initiative – Crusin' For A Cause	Jefferson, Pulaski	Sickle Cell Awareness	140	$500.00	$3.57
9/21/12	Public Health Leaders Roundtable Meeting	Statewide	Health Care Workforce Diversity	10	$137.97	$13.80
9/08/12	HIV Task Force Public Forum & AIDS Walk	Washington, Benton	HIV	82	$223.41	$2.72
9/08/12	NAACP Arkansas State Convention - Little Rock	Statewide	Affordable Care Act - Workshop	60	$500.00	$8.33
9/11/12	Arkansas Minority Health Consortium & AARP – Stuttgart	Arkansas	Affordable Care Act – Public Forum	150	$1,152.00	$7.68
9/13/12	Coalition For Tobacco Free Arkansas	75 Counties	Conference	160	$4,999.00	$31.24
9/18/12	Arkansas Minority Health Consortium & AARP – Pine Bluff	Jefferson	Affordable Care Act – Public Forum	100	$960.00	$9.60
9/25/12	Arkansas Minority Health Consortium & AARP – West Memphis	Crittenden	Affordable Care Act – Public Forum	130	$1,183.25	$9.10
Total Citizen Encounters				**1,887**	**$18,390.52**	**$9.75 Average Cost Per Attendee**

HIV/AIDS OUTREACH INITIATIVES FOCUS AREA:

HIV/AIDS Grantee Report FY2013: ARCare and Northeast Arkansas Regional AIDS Network (NARAN) were selected to receive AMHC's HIV Outreach Initiative grants for FY2013.

- **ARCare's Prevention Testing Program** seeks to decrease the number of minorities that contract the HIV virus and the number of newly infected HIV diagnosis by utilizing secondary prevention. This program will expand HIV testing to Pulaski, Miller and Crittenden counties. This program began in September 2012 after final required submissions and DFA approvals.
- **NARAN's Prevention Program** aims to accomplish the following goals: (1) increase the number of individuals who have received HIV testing and counseling; (2) linkages of those who are HIV positive to care; (3) knowledge of HIV; and (4) decrease reluctance for HIV screening. This program will provide HIV education, testing, and prevention services in Craighead, Crittenden, Cross, Lee, Mississippi, Monroe, Phillips, and St. Francis Counties. This program began in August 2012 after final required submissions, DFA and ALC legislative approvals.

Arkansas HIV/AIDS Minority Taskforce (Act 842; Amended by Act 1230 of 2011): The Taskforce met in July, August and September at Philander Smith College in Little Rock. It is currently focused on the HB2100 of 2011 Interim Study. ***See ACTIVITY AREA: PUBLIC POLICY section, Page 9.***

SICKLE CELL OUTREACH INITIATIVES FOCUS AREA:

September is National Sickle Cell Awareness Month. ***See MEDIA/COMMUNICATIONS section, Page 6.***

The **AR Legislative Taskforce on Sickle Cell** met in July, August & September. AMHC Executive Director sits on this taskforce. Establishment of officers, taskforce priorities, Sickle Cell Awareness campaign partnership and continued efforts toward funding of Act 909 of 2011 were key discussion areas.

Sickle Cell Awareness

AMHC partnered with Project E3 Health & Wellness Initiative, Inc. for the "Crusin' For A Cause". The goal of this event was to bring awareness to Sickle Cell Anemia. Printed educational and supportive services information was shared with attendees. Through this initiative a contribution was made to Sickle Cell Support Services to assist with funding of their summer camp for Arkansas children stricken with sickle cell disease. **140** were in attendance.

NUTRITION & PHYSICAL FITNESS FOCUS AREA:

Camp iRock: ***See ACTIVITY AREA: PILOT PROJECTS section on Page 10.***

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/citizen encounters (29,400+)** 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. Ask the Doctor did not air during the summer months of June-August 2012. The show resumed September 18, 2012. The host is Dr. Creshelle Nash, AMHC Medical Consultant, and guest speaker was Sandra Cook, Consumer Assistance Coordinator, Arkansas Insurance Department who discussed the Affordable Care Act and what it means for Arkansans.

The Minority Report: During this quarter two newsletters were disseminated. The June/July issue highlights the agency's annual Nutrition & Physical Fitness camp—Camp iRock. The August/September issue highlights the work of the Minority Health Consortium related to the Affordable Care Act public forums and media campaign.

Medical Director Job Announcement: During this quarter the agency advertised a medical director's position. The job announcement was placed in the August print edition of the following national medical journals: The Journal of American Medical Association, The New England Medical Journal and The Arkansas Medical Society Journal. In addition, each journal listed the position on their online job centers. The position was also placed in the statewide newspaper, the Arkansas Democrat Gazette. As of September 10, 2012, one application has been received. Continued advertisement is needed.

Sickle Cell Television Campaign: The Arkansas Minority Health Commission, for a third year, seeks to increase the awareness of Sickle Cell Disease. The Face Sickle Cell television campaign aired September 1-30 in commemoration of National Sickle Cell Awareness Month. This awareness campaign is in partnership with Partners for Inclusive Communities, Sickle Cell Support Services and the Arkansas Legislative Task Force on Sickle Disease. For more information visit www.arminorityhealth.com.

MEDIA DATA TABLE

Activity	Quantity	Counties Reached
Newspaper Coverage print and online (including articles in AA, Hispanic, Asian American newspapers/magazines	7	*Statewide (75 counties)
# print advertisements/e-blasts/online papers (Stuttgart, PB Forum, Springdale HIV Taskforce Forum and General ads)	15	Arkansas, Jefferson, Benton, Washington
Radio spots (Joynet, East Arkansas Broadcasters)	300	Arkansas, Prairie, Jefferson, Lincoln, Drew, Desha, Monroe, Cleveland, Bradley, Pulaski, Grant
Television Coverage, Spots and Online (Sickle Cell-KARK, KTHV, Fox, KATV, Comcast)	328	Statewide (75 counties)

MINORITY HEALTH NAVIGATION PROJECT: AMHC continues to partner with the UAMS College of Public Health's PHACS (Public Health in Arkansas' Communities) system. 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 in providing coordinated resource information.

During this period, the Commission approved the continuation of the PHACS partnership with UAMS COPH for FY2013. AMHC is committed to assisting citizens in finding, connecting and obtaining resource services via telephone referral and walk-in requests. For example;

1. Constituent inquired about breast cancer research swab. They were given the contact information for UAMS Spit for the Cure. Constituent was also provided information on ACA Forum that will be held in Jefferson County.
2. Constituent inquired regarding specific component of affordable care act for well women check-up. She was referred to the Arkansas Insurance Department and informed of upcoming ACA public forums.
3. Constituent requested information on free and low cost clinics and was given a list of Community Health Centers and provided a link to State Insurance Plan.
4. A Leukemia & Lymphoma Society representative was referred to the Arkansas Cancer Coalition for assistance with Arkansas resident seeking cancer treatment and housing.
5. Constituent was referred to JCCSI for research project that looks at HIV data. Constituent had contacted the Arkansas Department of Health.
6. Constituent was provided assistance in coordinating health component for conference. Constituent was given contact information for Arkansas Ovarian Cancer Coalition, Arkansas Department of Health Chronic Disease and Arkansas Cooperative Extension.
7. Constituent was provided assistance on obesity in the state of Arkansas. She was referred to the Arkansas Department of Health – Arkansas Coalition for Obesity Prevention, Arkansas Center for Health Improvement and Healthy American Report on the internet.

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.

Health Status of African Americans in Arkansas: In partnership with the UAMS College of Public Health, this report was released in September 2012. It presents data on demographic and socioeconomic characteristics, health status, morbidity and mortality, maternal and child health, health protecting and behavioral risk factors, and access to health care among African American/Black Arkansans in comparison with White, non-Hispanic Arkansans. News coverage on this report occurred on radio stations KARN, KUAR and KIPR, in central Arkansas. Click here to obtain a copy of the report: http://www.arminorityhealth.com/pdf/African%20American%20Health%20Report,%202012.pdf

Key Findings of the report:

- **Education** – Approximately 21.5% of African Americans 25 years of age and over had less than a high school education, compared to 14.2% of Whites; rates were similar between the two races for high school graduation.
- **Income** – The median income of households in Arkansas was significantly lower for African Americans ($23,839) than for Whites ($41,343). In addition, 34.3% of all African Americans were in poverty, compared to 14.4% of Whites.
- **Morbidity** – Over the past several years, African Americans were told they had asthma, diabetes, and hypertension at higher rates than Whites; conversely, Whites were told they had angina/heart disease and heart attack at higher rates.
- **Mortality** – Mortality rates of African Americans were significantly higher than those of Whites for most cancers, HIV, and homicide, but lower for motor vehicle crashes and suicide.
- **Maternal and Child Health** – HIV testing during pregnancy or delivery was higher for African Americans (64.7%) than for White women (55.6%), and a lower proportion of

African American mothers reported smoking during pregnancy (12.5%) than did white mothers (29.7%). However, rates of unintended pregnancy, inadequate prenatal care, low birth weight, and infant mortality were higher for Africans Americans than for Whites.

- **Behavioral Risk Factors** – A higher proportion of African Americans were overweight or obese (82.7%) compared to Whites (66%).
- **Access to Care** – While Whites made up 63% of Medicaid enrollees, non-elderly African Americans were more likely (26%) to have Medicaid coverage than were Whites (16%)

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

a) **Arkansas Minority Health Consortium:** The Arkansas Minority Health Consortium (Consortium) met in July, August and September to discuss messaging for the Affordable Care Act (ACA), upcoming public forums and the 2012-2013 Consortium Directory. The Consortium reviewed ACA radio & television ads produced by AMHC & Advantage Communications Inc (ACI). Consortium partners provided feedback on benefits available through the ACA and literacy levels of the radio & television scripts. In addition, the Consortium Directory Subcommittee met on August 23rd and reported at the August Consortium meeting the budget & distribution plans for the 2012-2013 Consortium Directory. The Consortium has started meeting monthly, every 4th Tuesday, beginning June 2012 in preparation for the 2013 legislative session. Each partner submited definitive legislative priorities by the September 25th meeting. Eighty-one **(81) citizen encounters** were recorded from the July, August, and September Consortium meetings.

b) **Health Care Reform-ACA Public Forums: Moderator- AMHC Executive Director Idonia L. Trotter; Presenters include Dr. Eddie Ochoa – UAMS, Ms. Sandra Cook – Arkansas Insurance Department, David Deere – UA Partners for Inclusive Communities and Steve Jones – Arkansas Department of Human Services.**
   1) On Friday, July 27th, the AMHC presented a public forum at the Grand Prairie Center in Stuttgart, Arkansas. The theme of the forum was "Affordable Care Act – What Does It Mean For You?" The forum was attended by **60** people.
   2) On Friday, September 8th, the Arkansas State Chapter of the NAACP held their annual conference at the Holiday Inn Presidential in Little Rock, AR. The AMHC presented a workshop on the "Affordable Care Act – What Does It Mean For You?" This workshop was attended by **60** conference attendees.
   3) On Tuesday, September 11th, Affordable Care Act – What Does It Mean For You?" was held in Stuttgart at Allen Temple MBC. Over **150** people were in attendance.
   4) On Tuesday, September 18th, the "Affordable Care Act – What Does it Mean For You?" Public Forum was held in Pine Bluff, Arkansas at Bethany Chapel MBC. Over **100** people were in attendance.
   5) On Tuesday, September 25th, the "Affordable Care Act – What Does it Mean For You?" Public Forum was held in West Memphis, Arkansas at Old St. Paul MBC. Over **130** people were in attendance.

c) **Acts 790 & 798 of 2011 – An Act to Define Red Counties; An Act to Request Collaborative Initiatives and Report on Collaborative Initiatives Established:** The "Red Counties Action Planning Committee" (RCAPC) was formed in February 2012 as a direct result of Act 790 & 798 of 2011. The group met on August 17th and September 21st during this quarter. Act 790 requires that each designated entity submit a report that "describes the services, programs, research or any combination of services, programs, or research provided in Arkansas's red counties during the previous fiscal year." All organizations were required to submit reports by August 30th. UAMS COPH is currently developing the final report to present to the Public Health Welfare and Labor Committee in November 2012. The RCAPC is meeting to develop a collaborative partnership in red counties as required under Act 798. Presentations are anticipated over several months. Twenty-seven **(27)** citizen encounters were recorded from the RCAPC meetings.

d) **HB2100 of 2011 Routine HIV Screening Interim Study:** HB2100 Interim Study will use information collected from the following sources to create a report to be presented at the December 2012 Public Health, Welfare and Labor Committee (PHWL): public forums, focus groups, patient surveys, and provider surveys. Two focus groups, for a total of twenty-four **(24)** participants, were held in Congressional Districts 1 and 4 during this quarter. The focus groups assessed participants' perceptions and attitudes related to routine HIV screening. Partnerships were established with Community Health Centers of Arkansas and the Arkansas Department of Health to administer the patient surveys throughout the state. Surveys were administered during the months of August/September. **851 surveys** were collected in total. Aggregate results of the focus groups and surveys will be included in the interim study. **Thirty-nine (39)** citizen encounters were recorded from the July and August HB2100 Interim Study planning meetings.

e) **The AR HIV/AIDS Minority Taskforce** conducts public forums on a biennium basis in each of the 4 congressional districts to connect with the community to hear their concerns and raise awareness of HIV issues in Arkansas, such as HB2100 of 2011. The final public health forum of the year took place in Congressional District 3 in Springdale on September 8th. The Taskforce partnered with *HIV Arkansas* to host the forum in conjunction with their annual HIV Walk. Forty-five **(45)** participants were in attendance for the Walk while thirty-sever **(37)** people were in attendance for the forum. Aggregate results of the public forums will be included in the interim study before the PHWL in December.

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: Partners include Arkansas Children's Hospital (ACH), Girl Scouts Diamond, UAMS Dept of Epidemiology and AMHC. Follow-up newsletters developed in partnership with ACH Nutrition Department were sent in July and September to 2012 participants. The Camp iRock planning committee met September 7th and established October 13th as the first follow-up meeting for 2012 participants. Discussions occurred related to location of the 2013 camp, expanding partnerships, selection of mentors, outcomes/results and cost sharing/containment. The committee set monthly meeting dates through 2012 for October 3, November 7 and December 5. Remaining quarterly follow-up meetings were established for January 5, 2013 and April 6, 2013. During this quarter and End of Camp Report was developed and can be accessed at www.arminorityhealth.com

AMHC Public Health Leaders Roundtable: The Roundtable has now focused state collaborators and resources through a pilot program in the Little Rock Promise Neighborhood area by adopting a minimum of three schools (elementary, junior high and high school) purposed on meeting national health goals with particular attention to addressing minority health needs, ***health care workplace diversity*** and eradicating health disparities in Arkansas. The Roundtable Planning Committee met with the Arkansas Leadership Education in Neuro-Developmental Disabilities (LEND) project and the LR Promise Neighborhood. The Arkansas LEND program is one of 43 programs in the country. Utilizing a multidisciplinary collaboration of professionals, the Arkansas LEND programs' priorities include wellness and prevention, screening and diagnosis, treatment and intervention, training and education, service access, public policy /advocacy, research and evaluation. LEND has received grant funding to provide stipends and assistance to graduate students at several universities in Arkansas to attract and train diverse healthcare professionals in the state. LEND has now partnered with the AMHC Public Health Leaders Roundtable to potentially assist with some funding and assistance from the graduate students with coordinating the pilot program.

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

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

Rec (2): Continue to strategically fund pilot and demonstration programs. *See ACTIVITY AREA: PILOT PROJECTS section on Page 10.*

Rec (3): Use the Outreach Initiative Grants as well as other opportunities to partner with other Tobacco programs to reach program goals. AMHC has collaborations in progress with the **UAMS** College of Public Health Department of Epidemiology. See *Minority Health Navigation System*, *Health Status of African Americans in Arkansas, Acts 790 & 798 of 2011 Legislative Report, and Camp iRock* above; AMHC is collaborating with the UAMS Delta AHEC on the *Act 790 & 798 of 2011* Red Counties Action Planning Committee meetings; AMHC is collaborating with DHS Medicaid with the Payment Improvement Initiatives meetings related to the Affordable Care Act. The Medicaid Mobile van partnership enrolls minority Arkansans in public services offered through DHS was established this quarter; Discussions with ADH TPCP - 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, Department of Epidemiology provided data analysis/epidemiology and evaluation services.

Rec (5): Take the next step with outreach grantees to ensure proper reporting, evaluation and monitoring. Grantees are required to submit a monthly, quarterly and end of the year report to document progress and challenges in meeting goals and objectives outlined in the grant. AMHC Project Managers are responsible for providing technical assistance, monitoring grantees progress, assisting grantees with corrective action plan and review of invoices/documentation for reimbursement.

Rec (6): Seek supplemental funding for programs and services. ***No activity this quarter.***