

Independent Evaluation of the Arkansas Tobacco Settlement Commission Funded Programs

Quarterly Reports

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Arkansas Tobacco Settlement Commission (ATSC)

New Quarterly Reporting Format September to December 2013

I. Introduction

During FY 2012-2013, Battelle Memorial Institute (Battelle) in working with the leadership of the Arkansas Tobacco Settlement Commission (ATSC) developed a new quarterly reporting format that is now being used by the Commission's seven programs. Battelle considered and reviewed several resources in designing the content and look of this new format. This included:

- A careful review of the content and style of Past Quarterly Reports that had been written by programs
- Discussions with leadership of the Commission to gain an understanding of what would be most helpful in briefing the full Commission and the Legislature regarding updates on programs
- Multiple discussions with each of the Program Managers for each of the seven programs
- Reviewing and being strident in applying the language of the Tobacco Settlement Proceeds Act that characterizes the role and activities of each of the seven programs to what the report would be addressing

II. Structure for Reporting

The product of Battelle's review resulted in recommending that there be two main components to the Quarterly Report for each program. The first component being a **Summary** two-page narrative that captures the following information for each program:

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

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

This summary will be a quick read for anyone (Legislator) who wants and/or needs to understand a program's purpose and what they have most recently accomplished. The summary was also intended to be a useful resource for Faye Shepherd to brief the legislature, where her time is constrained and she has seven programs to review.

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

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

Battelle recognizes that the information in these detailed spreadsheets, for goals and many of the objectives will not likely change over a period of 3 months. Therefore, Battelle in discussing this likelihood with the Executive Director of the Commission decided that these detailed spreadsheets will only be included in the quarterly report submissions biannually, with Quarter 2 and Quarter 4 reports. This will save time and resources from program staff in not having to generate all of these very detailed reports when not much change has occurred. These reports do include an abundance of detailed information that supports the work of a program to meet its goals by working to address its objectives. Battelle, if needed, will provide the latest version of these detailed reports for Quarters 1 and 3 to anyone that needs to examine the workings and accomplishments of any of the programs during these interim reporting periods. The 2-page program summaries that are prepared and provided for each program for each quarterly report will capture the major accomplishments of that program. The detailed spreadsheet reports complement what is presented in each two-page Summary document. Should there be any questions about this change in quarterly reporting, Battelle will gladly provide more details on making this recommendation for this change.

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

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

As a reminder, often what had been described as objectives by programs were agreed to belong more in the listing of Activities and were placed on that page of the Spreadsheet. Some objectives were also deleted, while others were added to better address a program goal. This

process was accomplished with a great deal of care and consideration for the original language of the Act, the current status of program accomplishments, and how to ameliorate differences between the two. This worked well for all programs; however we are still working with the Medicaid Expansion Program to sort this out. Given the impact of the Affordable Care Act (ACA) on healthcare coverage, this statewide program is currently being re-designed to fit with new directions and messaging coming from the ACA.

IV. Next Steps and New Reporting Feature

We encourage the full Commission Board to review the report, and we look forward to getting feedback on this quarterly report. We are continuing to work to create a report the Commission will find useful in monitoring progress of programs, and be able to be confident having up to date information that aligns with the intent of the Act in their presentation to the legislature.

We also are providing a reporting feature in the quarterly report called “Our Research Tells a Story.” For each quarter we will look for and prepare a one-page highlight of special contributions that comes from one of the seven grantees. Our feature report this quarter comes from some very noteworthy research contributions from the Arkansas Department of Health’s Tobacco Prevention and Cessation Program (TPCP). Congratulations to TPCP on this work and for being featured in our report.

Executive Summary

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

Arkansas Aging Initiative

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

Progress and Highlights: Over the past decade, the AAI has been able to make health care and education more accessible for rural Arkansans. Only one decade ago, specialized geriatric care was only available to older adults in central and northwest Arkansas. Now with the network of Centers and the AAI partnerships with local/regional hospitals, eight additional senior health clinics provide this critical healthcare all across Arkansas. Today, more than 96% of older Arkansans have access to specialized geriatric health care within a 60 mile radius of their home. The educational component the Centers address has been critical in meeting the overall goals of the AAI. An initial community needs assessment was completed in each region which provided valuable information regarding perceived healthcare needs of older adults and their families and the health care professionals that care for them. Programs and interventions to meet these needs were developed and have been ongoing now for more than 12 years. Based on data from FY 2013, there were almost 33,000 visits to AAI partnered hospitals' senior health clinics and the education program had over 62,000 encounters; both of these numbers have stabilized over the past few years with the clinic visits maxing out their numbers due to staffing limitations and educational encounters maxing out due to reductions in AAI funding.

Key Accomplishments This Quarter

- The AAI leadership team completed their annual evaluation site visits to each site.
- Community Advisory Committee was honored for their contribution and leadership in community development during the 1st annual UAMS Translational Research Institute Community Partner Celebration in October.

Key Accomplishments this Past Quarter: The AAI leadership team completed their annual evaluation site visits to each site this quarter. The central leadership staff visited all nine sites this fall and we found that the Centers are doing outstanding work reaching their communities and have successfully met and exceeded their goals. The Delta Central Center on Aging had their 10 year celebration event in October where a short presentation and reception celebrating their past decade of progress and accomplishments took place. The University of Arkansas for Medical Sciences Translational Research Institute held its first Community Partner Celebration October 15, 2013, and honored 120 individuals and community groups for their contribution and leadership in community development. The Arkansas Aging Initiative's West Central Center on Aging Community Advisory Committee was chosen for the award in the category of Advisory Boards and Committees. The AAI continues to utilize their tele-health

equipment with educational services to the rural community's health care professionals via tele-health and have been partnering with the Arkansas Geriatric Education Center to broadcast quarterly professional teleconferences. The program this past quarter focused Alzheimer's disease. The Center directors met for their quarterly meeting in October where they discussed community outreach, the Chronic Care Model, AAI financials and sustainability. The replication of the AAI in Oklahoma, the Oklahoma Healthy Aging Initiative (OHAI) continues with two sites open and a third in the planning stages. Three personnel from OHAI meet with Dr. Robin McAtee and Sherry White in November to plan their replication of the Schmieding Home Caregiving Training. Training for the AR DWR Schmieding staff to incorporate the new In-Home Assistant training was completed in December, 2013.

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

Plans for Next Quarter: AAI sites will continue to provide educational programs as scheduled in each regional Center and the Senior Health Clinics will continue to see patients. Our spring statewide evidence-based program, "Doing it Right" will begin in February and continue through April. At least 45 community and 9 professional programs will be disseminated across the state. This program is being done in partnership with the Arkansas Foundation for Medical Care (AFMC). The AAI leadership team begins the spring semi-annual site visits which will be done via tele-health, to review strategic plans and budgets for FY 15. The winter retreat will also be held on February 7 via tele-health and will focus on new codes for the clinic and how these could help with revenue streams and how the Education Centers might become involved in the education aspect. The Schmieding Home Caregiving program in Springdale and the 8 replication sites will begin teaching the new In-Home Assistant (IHA) curriculum during the next quarter. AAI will host their second annual APN Pharmacology Update Conference on April 11th and plans are ongoing.

Arkansas Biosciences Institute

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

Progress and Highlights: Arkansas Biosciences Institute awarded its inaugural Investigator Research Award at the ABI Fall Research Symposium in October. The awards were established to honor a new and an established ABI research investigator each year, choosing ABI-supported research that strongly impacts the field. New investigators were ABI-supported researchers with four or fewer years of ABI support; the established investigator category was for those with five or more years of ABI support for their research. There were twenty submissions for consideration, with research covering areas such as adolescent nutrition, brain injury and congenital heart disease, and changes in vitamins in rice varieties.

Key Accomplishments This Quarter

- ABI’s New Investigator Award for 2013 was given to Dr. Richard Frye, Arkansas Children’s Hospital, for his novel, safe treatment for a subset of children with autism spectrum disorders (ASD).
- The ABI Established Investigator Award was given to Dr. Malathi Srivatsan, Arkansas State University, for her research on plant extracts and reducing oxidative stress.

Dr. Richard Frye, with Arkansas Children’s Hospital Research Institute and Associate Professor in the UAMS Department of Pediatrics, was chosen for the 2013 ABI New Investigator of the Year Award for his novel, safe treatment for a subset of children with autism spectrum disorders (ASD). Dr. Frye and his colleagues reported that they can successfully treat some children with ASD with folic acid, a special type of folic acid.

Dr. Malathi Srivatsan, Professor of Biological Sciences at Arkansas State University, was giving the Established Investigator of the Year Award for her work on oxidative stress and its connection to neurodegenerative diseases like Parkinson’s disease. Dr. Srivatsan and her research team at ASU have found that antioxidants isolated from plants can exhibit a neuroprotective effect that may be useful in fighting neurodegenerative diseases. Both of these ABI research investigators will have their research highlighted in ABI’s annual report.

The ABI Fall Research Symposium, held October 15 in Little Rock, brought together over 115 ABI research investigators for a day-long conference highlighting collaborative research projects at the five institutions. Oral presentations included research updates on asthma research, pancreatic cancer research, and infectious diseases; thirty-five poster presentations covered on-going ABI-supported research in areas such as breast cancer research, obesity prevention, liver injury, and detection of food borne bacteria. The next symposium will be held at Arkansas State University in October.

Key Accomplishments this Past Quarter:

ABI institutions recently announced newly recruited research scientists supported with ABI funding:

- Dr. Barbara Fuhrman, UAMS Department of Epidemiology and College of Public Health with a focus on cancer epidemiology.
- Dr. Jun Zhu, Co-Director for the Center for Agricultural and Rural Sustainability for the University of Arkansas-Division of Agriculture.-- Dr. Elizabeth Borsheim at Arkansas Children’s Hospital Research Institute directs the new Energy Expenditure and Metabolism Program and the Physical Activity Core Laboratory.
- Dr. Griffiths Atungulu, Grain Process Engineer with the UA-Division of Agriculture in the Department of Food Science.
- Dr. Joshua Kennedy at Arkansas Children’s Hospital Research Institute will focus on the mechanisms whereby respiratory infections exacerbate asthma.
- Dr. Sami Dridi, an avian endocrinologist, will work at the Tyson Center for Excellence in Poultry Science.
- Dr. Ainong Shi will focus on vegetable breeding and genetics with the UA-Division of Agriculture in the Department of Horticulture.

Challenges and Opportunities: Federal funding cuts have continued to shrink the amount of research funding for ABI-supported research investigators. Related extramural funding fell from \$43.4 million in FY2012 to \$37.4 million in FY2013. Similarly, the number of jobs supported by this funding fell from 308 FTE jobs in FY2013 to 225 jobs in FY2012.

Plans for Next Quarter: In March, all ABI-supported research investigators for FY2014 will be invited to submit research highlights for the 2014 ABI New and Established Investigator of the Year Award. Awards will be made in October at the ABI Fall Research Symposium to be held at Arkansas State University. In January, the ABI Board of Directors’ quarterly meeting will include three new directors: Dr. Tim Atkinson, President of Arkansas Science and Technology Authority; Ms. Marcy Doderer, President of Arkansas Children’s Hospital; and Dr. Beverly Lyn-Cook, senior scientist at the National Center for Toxicological Research.

Tobacco Prevention and Cessation Program (TPCP)

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

Progress and Highlights: Benton County Judge Bob Clinard issued a memo about the tobacco policy change: "To protect and enhance our air quality and to contribute to the health and well-being of all employees, Benton County buildings and facilities shall be entirely tobacco free effective October 10, 2013. As of this date the use of all tobacco products, including chewing tobacco, is banned from the county workplace.

The 4th Annual Lung Cancer Symposium was held at the University of Arkansas for Medical Science. This event targeted healthcare providers with 81 in attendance. Specific tobacco topics including e-cigarettes and disease burden were presented.

TPCP worked diligently to communicate tobacco-free and counter marketing messages by coordinating media placement, supporting events and activities, developing and posting social media messages, securing TV spots for the cessation media buy and measuring and documenting Quitline efforts and success. Campaigns include spots aired during the Razorback game and radio spots featuring James Capps discussing his smokeless tobacco habit and how he overcome the need to use tobacco.

In response to the release of *Rush*, a film containing prevalent tobacco product placement and use, TPCP placed ads in movie theaters that delivered tobacco prevention and cessation messages to audiences as counter marketing strategy.

TPCP expanded its collaboration with Division of Behavioral Health Services (DBHS) to address tobacco use in mental health and substance abuse organizations. This expansion created an opportunity to

Key Accomplishments This Quarter

- AFMC has a tobacco-free campus and a no hire tobacco user policy
- Fort Smith and Rogers Public Libraries developed and implemented a policy prohibiting Electronic Nicotine Delivery Systems (ENDS)
- Abstract submitted for the 20th Annual Society for Research on Nicotine and Tobacco Conference on Data Quality Management Tool and accepted.
- The counter marketing "Pack of Lies" campaign ran through October.
- There were 3,269 registered tobacco users who called the quitline during the SFYQ2. An increase of about seven percent over last year's second quarter (3,055).

increase the number of providers who could address tobacco use within their organizations. There are twelve substance abuse providers and six mental health providers participating. As a result of the partnership with DBHS, all twenty-six (26) contracted substance providers are required to address tobacco use while consumers are enrolled in their programs. These same substance abuse contractors will be required to be tobacco free by June 2014.

Continued partnership with Arkansas Community Corrections (ACC) have resulted in staff being trained using the Dimensions training. Since staff was trained in August 2013 ACC has adopted the curriculum and have trained 88 staff. In November ACC implemented the Dimensions training in all programs within ACC Field Services which include the Substance Abuse Treatment Programs (education and treatment), drug courts and day reporting. During the month of November there were 3,500 consumers that received tobacco education and treatment

Key Accomplishments this Past Quarter: Through collaboration with grassroots efforts, Arkansas had several policy successes this quarter, including (1) prohibition of ENDS in public libraries in both Sebastian and Washington Counties; (2) Benton County Judge prohibited use of tobacco products by employees in all public owned or leased properties; (3) Arkansas Foundation for Medical Care has implemented a tobacco-free campus and no longer hires tobacco users; and (4) Sharp County implemented a smoke-free festival policy.

Every year, Arkansas students in second through ninth grade, participate in the Stamp Out Smoking Essay and Art Contests. The theme of this year's Essay Contest, "My Journal Entry: How Tobacco Affects Me," was developed by members of the Arkansas Kids with the Tobacco Control Youth Board and the Youth Extinguishing Smoking (YES) Team. The Art Contest, "Natural State vs. Tobacco State", is intended to generate a dialogue about tobacco use and the harmful side effects it has on the human body and the environment. This year, TPCP chose to implement a new statewide Stamp Out Smoking Sketch Contest for students in grades four through eight. Contest guidelines stipulate that students illustrate a clean, healthy, tobacco-free future or one that is polluted, unhealthy and tobacco-filled.

TPCP partnered with Arkansas Department of Corrections (ADC) and the University of Colorado to provide evidenced based treatment curriculum for the ADC staff working in substance abuse treatment programs. The goal is for forty ADC staff to receive training.

Challenges and Opportunities: The Affordable Care Act's rollout presents an opportunity to talk to prospective new beneficiaries about tobacco cessation, smoke-free homes/cars. ENDS remains one of TPCP's biggest challenges as it is an unregulated product that is exuberantly advertised with focus on renormalizing indoor smoking and flavoring that is appealing to youth.

Plans for Next Quarter: Develop comprehensive follow-up training plan with ANR for 2014 program. Capitalize on the Surgeon General Report anniversary by increasing awareness of tobacco problems in the State. Approve and launch TPCP's Strategic Plan for 2014-2019. Develop comprehensive marketing plan for FY2015. Conduct and report on the evaluation of the Tobacco Treatment Pilot Project in collaboration with DBHS.

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

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

Progress and Highlights: *Short-term goal: Obtain federal and philanthropic funding.* Last year, the COPH established an advisory board to direct its development efforts to assist in raising philanthropic funds to supplement current philanthropic funding that comes from foundations. A donor has committed to a \$20,000 gift to go toward two student scholarships if match funds can be secured.

COPH revenues in 2013 declined due to reductions in federal funding, which affected all of UAMS significantly, as well as the departures of several faculty who were heavily funded researchers.

The College continues according to its timeline for completing its self-study as a part of the re-accreditation process with the Council on Education for Public Health (CEPH). The initial draft of the self-study document was submitted to CEPH in December. In addition, planning began for activities in the areas of alumni affairs as well as career services for current students, both of which needed to be established to meet accreditation requirements.

Long-term goal: Elevate the overall ranking of the health status of Arkansas. This requires efforts by the COPH and its partners over decades. A focus in Health Behavior/Health Education under development will educate students to meet the increased demand for health educators in clinical settings as a result

Key Accomplishments This Quarter

- Submission of self-study draft to the Council on Education for Public Health, as part of the re-accreditation process.
- Successful faculty hire by the Health Behavior/Health Education Department.
- Continuing discussions with UA Fayetteville about collaborative program development.
- Commitment of \$20,000 donation for student scholarships.
- Planning began for alumni affairs and career services activities.

of the Affordable Care Act. Recruitment for two new faculty positions for that program resulted in one successful hire in December. Recruitment is also underway for an additional MHSA faculty member.

Discussions continue with UA Fayetteville about offering health administration courses with the Sam M. Walton College of Business' Executive MBA program, as well as developing a number of new combined-degree programs: a combined MPH program with the Walton School's MBA, a combined MHSA with the Walton School's MBA degree program, and a 4+1 combined MPH/BS degree program with the Department of Health, Human Performance and Recreation (which would expand the number of Arkansas colleges and universities participating in the COPH 4+1 program to five).

Faculty, students and alumni continue to make contributions that directly impact the health and well-being of Arkansans. In fall 2013, 29 of 35 (80%) student preceptorship and culminating experience projects and 41 of 51 (80%) faculty research projects focused on Arkansans' health and well-being.

As part of the COPH's commitment to informing policy-makers about public health issues, funding was obtained by a faculty member through a contract from the Arkansas Insurance Department to evaluate the Arkansas Insurance Exchange, and, the COPH continues to be represented on task forces and committees with organizations and state agencies addressing public health issues.

Key Accomplishments this Past Quarter: Accomplishments include the submission of the self-study draft to CEPH, as part of the COPH's re-accreditation process; a successful faculty hire by the Health Behavior/Health Education Department; continuing discussions with UA Fayetteville about collaborative program development; planning for alumni affairs and career services activities; and commitment of a \$20,000 donation for student scholarships.

Challenges and Opportunities: The COPH continues to be competitive nationally in recruitment of highly qualified academic and administrative personnel, despite the limited pool of senior faculty candidates. To address the demand for a diverse public health workforce, the COPH continues the development of programs that serve students from a wider geographic area and in the long term will increase the impact of public health expertise on population health across Arkansas communities. Limited student scholarships and financial aid are an additional challenge.

Plans for Next Quarter: Planned activities include continuing recruitment efforts for faculty, minority faculty, minority post-doctoral fellows and doctoral students; continuing development of a self-study for re-accreditation by the CEPH with the site visit planned for June 2014; continuing development of new educational programs; and philanthropic fundraising for endowed faculty chairs/professorships and student scholarships. In addition, alumni affairs efforts will be initiated with a poll of all alumni about their interest in types of alumni activities to be coordinated by the COPH. Efforts are underway to provide, for current students, services that will assist them with career planning and their professional development. Career workshops are planned for this semester. New features for the COPH web site to assist with career decisions and job searches include public health career and employment resources as well as alumni profiles.

Arkansas Minority Health Initiative

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

Progress and Highlights: MHI collaborated with community partners in identifying critical deficiencies that negatively impact the health of the minority populations with a focus on assessment, prevention, education and screenings. During the 1ST and 2nd quarter of FY2014, MHI provided 8,258 health screenings and documented 25,542 citizen encounters from activities held in 24 counties representing all four congressional districts. Diabetes and Asthma are two of the Commission’s key focus areas. Arkansas Minority Health Initiative partnered with UAMS COPH, Department of Epidemiology to research and prepare a report on the state of diabetes and asthma in Arkansas. The executive summary of both reports are highlighted. **Diabetes: Mortality** - In

2010, diabetes was the 7th leading cause of death among Whites and the 4th among African Americans and Latinos. African Americans saw higher mortality rates due to diabetes compared to Whites and Latinos each year from 2008 – 2012, and lost more potential years of life to the disease. Generally speaking, death rates due to diabetes were higher among people living in the eastern portion of the state, with Mississippi County having the highest death rate (89.8 deaths per 100,000 people).

Morbidity – Since 2001 a pattern has emerged in which African Americans show the highest rates of diabetes prevalence each year, while Latinos show the lowest rates and Whites fall in between. In 2010, the majority of counties in Arkansas reported prevalence rates between 5 and 10%. Clay County, in the northeast, reported the highest prevalence at 20.1%. Risk Factors – Arkansans generally show high prevalence rates of common risk factors for diabetes, such as obesity, tobacco use, lack of physical activity, high cholesterol, and hypertension. Compared to Whites, African Americans showed higher rates of tobacco use, Latinos and African Americans showed greater rates of obesity, and Latinos reported lower rates of cholesterol checks. **Financial Burden** – In 2011, more than 5,900 hospital discharges with a primary diagnosis of diabetes with complications resulted in over \$135 million in aggregate hospital charges in Arkansas. These discharges were the 10th most costly type among African Americans, the 18th among Whites, and the 20th among Latinos. **Asthma:** In Arkansas, 13% of adults had asthma in 2012. Generally, rates are highest among African American adults and lowest among Latinos. **From 2011 – 2012**, asthma rates were approximately twice as high among African American

Key Accomplishments This Quarter

- Participated in over 60 initiatives with faith-based, state, and community organizations.
- 8,258 health screenings
- 25,542 citizen encounters
- 431 citizens enrolled in Affordable Healthcare.
- Launch of New and Improved Southern Ain't Fried Sunday.

children as they were among White and Latino children. **In Arkansas in 2010**, asthma was more prevalent among females. It was also more prevalent among those who were obese, people at lower income levels, and smokers. **Mortality** rates have been higher among African Americans than among Whites since 2002. In addition, years of potential life lost measures suggest that African Americans who die of asthma may do so at earlier ages than Whites. **Chronic obstructive pulmonary disease (COPD)**, a condition consisting of emphysema and chronic bronchitis which is related to asthma, was more common among Whites in Arkansas in both 2011 and 2012. The mortality rate for this disease was also higher among Whites than among African Americans.

Key Accomplishments this Past Quarter: Affordable Care Act – MHI through a grant from the Arkansas Insurance Department will assist with outreach education and enrollment into Affordable Health Care in 10 counties. To date, Assister Guides covering St. Francis, Lee, Crittenden, Phillips, Ouachita, Chicot, Sevier, Union, Desha, and Pulaski counties have assisted 431 minority Arkansans with enrollment to receive healthcare through the Affordable Care Act. **Southern Ain't Fried Sunday (SAFS)** – The MHI launched the New and Improved Southern Ain't Fried Sundays Signature Event in November 2013. As of November 20, 2013, 133 individuals and 25 groups completed the registration and pre-survey. MHI continues to receive registration forms. **Camp iRock** – Camp iRock 2013 held the 1st follow up meeting in October with campers and mentors who attended the June 2013 Camp. Twenty-three campers and 3 mentors participated in the meeting. The follow up meeting began with assessments (height, weight and blood pressure) of campers and mentors. Arkansas Children's Hospital discussed nutrition education with campers and parents. Tina Glass from Results by Tina led the group in physical activity.

Public Health Leaders Roundtable H.O.P.E. Club – This project focuses on two schools within the Central Little Rock Promise Neighborhood area and through community involvement work to provide resources to these underserved schools by improving students' interest, exposure and motivation in health related careers and STEM education along the educational pipeline. MHI hosted a HOPE Club meeting at Hall High School on November 14 with 15 students attending the inaugural meeting. A HOPE Club meeting was held at Forest Heights Middle School in November with 60 students in attendance. Hall High School Career Day was held November 22 with over 80 professionals including STEM and Health related professionals, providing presentations. Approximately 350 students attended.

Challenges and Opportunities: MHI will continue to provide health education and preventive screenings however a long term goal of reduce death/disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans does not appear to be a reachable goal with a disease that is the number one cause of death among men and women.

Plans for Next Quarter:

1. Diabetes Awareness Media Campaign – Television, Radio and Print Media
2. Announcement of 2014 Sponsorship Process/Application for Minority Health Awareness Month.
3. Planning sessions for 2014 Minority Health Summit
4. Release of 2014 Camp iRock Application

UAMS East (Delta AHEC)

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

Progress and Highlights: UAMS East continues to strive to meet or exceed its short term goal of maintaining/increasing the number of communities and clients served throughout the seven county areas. This quarter there were 41,375 encounters 41, 375, an increase of more than 5000 compared to the previous quarter.

UAMS East continuously works towards its long term goal of increasing access to primary care through our VA-CBOC Clinic, Diabetes Education Clinic and continued collaboration with the Federally Qualified Health Clinics in the service area. UAMS East continues to provide prescription assistance to clients as well as emergency medicine.

- The Veterans Affairs Community Based Outpatient Clinic current enrollment is 839 vested members. Total encounters for this quarter are 1042.
- Prescription assistance was provided to 557 encounters this quarter. UAMS East's total savings are \$ 66,680 which includes emergency meds. UAMS East provided diabetes education to 338 total encounters.

UAMS East continues to address the obesity epidemic by providing weight reduction, nutrition education and exercise programs for both adults and children. Fitness Center encounters totaled 8653. 13, 882 adults and 3837 youth participated in various exercise programs throughout our seven counties.

UAMS East continued its concentrated efforts towards providing health screenings and education on chronic disease prevention and management. Programs included worksite wellness events for employees of Clearwater Paper Mill, SAF Holland, and McGhee Elementary Schools.

Key Accomplishments This Quarter

- Tobacco Prevention /Cessation Programs were held for 897 adults and youth. Substance Abuse Prevention programs were held for 789 youth.
- Health Screenings were held for 962 encounters.

Key Accomplishments this Past Quarter: UAMS East began its Healthy Lifestyle/Weight Management program this quarter. This weekly program provides participants with nutrition education, group support and weekly supervised weigh-ins to monitor progress. UAMS East in West Memphis provided diabetes, hypertension, cardiovascular nutrition and smoking cessation to 666 individuals. UAMS East hosted a free diabetes educational program which included free health screenings and A1C testing.

UAMS East hosted a Cooking Matters for Kids, in a collaborative partnership with University of Arkansas-Division of Agriculture and Phillips County Boys and Girls Club. UAMS East also hosted Foodology for 4-H members in Desha County. This cooking club was established to involve youth in a healthy activity, to encourage teamwork, and to promote healthy eating.

UAMS East provided health career programs and presentations to 2270 youth. “Day in the Life” mentoring programs were held in both Helena and Stuttgart. UAMS East Library provided literature searches and health related materials to 182 health professions’ students. UAMS Medical Library also provided services to 45 nurses and 936 consumers.

Challenges and Opportunities: There is a possibility that UAMS East’s state funding of \$600,000 will be cut. If this happens, we will be forced to cut 9 or more staff positions, resulting in a tremendous loss in services for our clients. We are working with our legislators to prevent this cut.

The existing Partnership with the Injury Prevention Center at Arkansas Children’s Hospital has been expanded and additional funds have been made available that will be used provide timely education for safe infant sleep as well as additional awareness events. UAMS East will be working with a consultant to access the feasibility of beginning a 1-2 Rural Residency Training Track for the UAMS East service area. UAMS East received \$75,000 in General Improvement Funds, and this money will be used to re-instate the Sickle Cell Program and to support the Healthy Lifestyles program.

Plans for Next Quarter:

1. UAMS East will partner with West Memphis Senior Center and East Arkansas Area Agency on Aging to provide a 6 week Chronic Disease Self-Management Course.
2. Provide Tobacco Cessation Program for community members, including one-on-one counselling and group cessation classes.
3. Work with the SANE (Sexual Abuse Network) to begin a Rape Crisis Center in Helena. SANE has contracted with us to provide oversight for this program. We have hired a Director who will begin training and program implementation.
4. UAMS East in West Memphis will offer a series of parenting education programs using the *Right from Birth, Parents Who Care, and Strengthening Multi-Ethnic Families* curriculum.
5. *Making Proud Choices and Reducing the Risk* curriculum will be implemented at Marvell High School.

Medicaid Expansion Program

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

Population 1: Expands Medicaid coverage and benefits to pregnant women with incomes ranging from 133 – 200% of the Federal Poverty Level

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

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

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

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

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

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

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

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

Key Accomplishments This Quarter

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

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

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

Detailed Quarterly Report Materials for Programs
(This Section Contains 2-Page Summaries and Reference/Back-Up Materials)

Arkansas Aging Initiative

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

Progress and Highlights: Over the past decade, the AAI has been able to make health care and education more accessible for rural Arkansans. Only one decade ago, specialized geriatric care was only available to older adults in central and northwest Arkansas. Now with the network of Centers and the AAI partnerships with local/regional hospitals, eight additional senior health clinics provide this critical healthcare all across Arkansas. Today, more than 96% of older Arkansans have access to specialized geriatric health care within a 60 mile radius of their home. The educational component the Centers address has been critical in meeting the overall goals of the AAI. An initial community needs assessment was completed in each region which provided valuable information regarding perceived healthcare needs of older adults and their families and the health care professionals that care for them. Programs and interventions to meet these needs were developed and have been ongoing now for more than 12 years. Based on data from FY 2013, there were almost 33,000 visits to AAI partnered hospitals' senior health clinics and the education program had over 62,000 encounters; both of these numbers have stabilized over the past few years with the clinic visits maxing out their numbers due to staffing limitations and educational encounters maxing out due to reductions in AAI funding.

Key Accomplishments This Quarter

- The AAI leadership team completed their annual evaluation site visits to each site.
- Community Advisory Committee was honored for their contribution and leadership in community development during the 1st annual UAMS Translational Research Institute Community Partner Celebration in October.

Key Accomplishments this Past Quarter: The AAI leadership team completed their annual evaluation site visits to each site this quarter. The central leadership staff visited all nine sites this fall and we found that the Centers are doing outstanding work reaching their communities and have successfully met and exceeded their goals. The Delta Central Center on Aging had their 10 year celebration event in October where a short presentation and reception celebrating their past decade of progress and accomplishments took place. The University of Arkansas for Medical Sciences Translational Research Institute held its first Community Partner Celebration October 15, 2013, and honored 120 individuals and community groups for their contribution and leadership in community development. The Arkansas Aging Initiative's West Central Center on Aging Community Advisory Committee was chosen for the award in the category of Advisory Boards and Committees. The AAI continues to utilize their tele-health

equipment with educational services to the rural community's health care professionals via tele-health and have been partnering with the Arkansas Geriatric Education Center to broadcast quarterly professional teleconferences. The program this past quarter focused Alzheimer's disease. The Center directors met for their quarterly meeting in October where they discussed community outreach, the Chronic Care Model, AAI financials and sustainability. The replication of the AAI in Oklahoma, the Oklahoma Healthy Aging Initiative (OHA) continues with two sites open and a third in the planning stages. Three personnel from OHA meet with Dr. Robin McAtee and Sherry White in November to plan their replication of the Schmieding Home Caregiving Training. Training for the AR DWR Schmieding staff to incorporate the new In-Home Assistant training was completed in December, 2013.

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

Plans for Next Quarter: AAI sites will continue to provide educational programs as scheduled in each regional Center and the Senior Health Clinics will continue to see patients. Our spring statewide evidence-based program, "Doing it Right" will begin in February and continue through April. At least 45 community and 9 professional programs will be disseminated across the state. This program is being done in partnership with the Arkansas Foundation for Medical Care (AFMC). The AAI leadership team begins the spring semi-annual site visits which will be done via tele-health, to review strategic plans and budgets for FY 15. The winter retreat will also be held on February 7 via tele-health and will focus on new codes for the clinic and how these could help with revenue streams and how the Education Centers might become involved in the education aspect. The Schmieding Home Caregiving program in Springdale and the 8 replication sites will begin teaching the new In-Home Assistant (IHA) curriculum during the next quarter. AAI will host their second annual APN Pharmacology Update Conference on April 11th and plans are ongoing.

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

ATSC Independent Evaluation Quarterly Report – Arkansas Aging Initiative	
Overall Program Goal:	<i>To improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs, and to influence health policy affecting older adults.</i>
Short-term Goal:	Prioritize the list of health problems and planned intervention for elderly Arkansans and increase the number of Arkansans participating in health improvement programs
Objective:	Objective 1: Assist partner hospitals in maintaining the maximum number SHC encounters through a continued positive relationship.
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	NorthWest Medical Center; Baxter Regional Medical Center; St Bernard’s Regional Medical Center; Crittenden Memorial Hospital; Jefferson Regional Medical Center; Medical Center of South Arkansas; CHRISTIS St. Michaels Health System, Sparks Regional Medical Center
<i>Quarterly Status Update:</i>	AAI See Table 2
<i>Indicators:</i>	Number of clinical encounters by site
<i>Baseline Data:</i>	2012
<i>Source of Data:</i>	AAI, COA clinical visits - see attached Table 2
<i>Timing of Data Collection:</i>	Quarterly
<i>Population/Sample:</i>	All clinic encounters per partnered hospitals' senior health clinics
<i>How data will be described and analyzed:</i>	Counts tracked over time, broken out by type of visit
Objective:	Objective 2: Partnered hospitals will maintain a minimum of three provider FTEs for SHCs that includes a geriatrician, advanced practice nurse and a social worker*
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	NorthWest Medical Center; Baxter Regional Medical Center; St Bernards Regional Medical Center; Crittenden Memorial Hospital; Jefferson Regional Medical Center; Medical Center of South Arkansas; CHRISTIS St. Michaels Health System, Sparks Regional Medical Center
<i>Quarterly Status Update:</i>	See AAI Clinical Visit Table 3
<i>Indicators:</i>	Number of provider FTE's (MD's and APN -advanced practice nurses) working in clinical settings, identified by type of practitioner
<i>Baseline Data:</i>	2012

ATSC Independent Evaluation Quarterly Report – Arkansas Aging Initiative	
<i>Source of Data:</i>	Partnered Clinics
<i>Timing of Data Collection:</i>	Annually at the end of each fiscal year
<i>Population/Sample:</i>	Partnered Clinics
<i>How data will be described and analyzed:</i>	Counts tracked over time, broken out by type practitioner
Objective:	Objective 3: Provide educational programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	Local/regional universities and colleges, hospitals, nursing homes, clinics, professional organizations, and other employers of healthcare professionals and the healthcare professionals themselves and the Arkansas Geriatric Education Center
<i>Quarterly Status Update:</i>	Table 1 Education Encounter Data
<i>Indicators:</i>	Number of encounters to healthcare practitioners and students tracked over time
<i>Baseline Data:</i>	2012
<i>Source of Data:</i>	AAI Database input from each regional COA
<i>Timing of Data Collection:</i>	Quarterly
<i>Population/Sample:</i>	Healthcare Professionals and students
<i>How data will be described and analyzed:</i>	Counts tracked over time, broken out by type of practitioner
Objective:	Objective 4: Provide educational activities through partnerships with Arkansas Nursing Homes in each region annually
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	Local/regional nursing homes
<i>Quarterly Status Update:</i>	Table 1 Education Encounter Data
<i>Indicators:</i>	Number of educational activities through partnerships with Arkansas Nursing Homes
<i>Baseline Data:</i>	2012
<i>Source of Data:</i>	AAI Database input from each regional COA
<i>Timing of Data Collection:</i>	Quarterly
<i>Population/Sample:</i>	Healthcare Professionals and Paraprofessionals working in nursing homes
<i>How data will be described and analyzed:</i>	Counts tracked over time, broken out by type practitioner

ATSC Independent Evaluation Quarterly Report – Arkansas Aging Initiative	
Objective:	Objective 5: Provide educational opportunities for each target population annually
Specify Quarter/Year:	FY2014, Q1
Partners:	Older adults and their families, students of the health and social disciplines, community members at large, Local/regional universities and colleges, hospitals, nursing homes, clinics, professional organizations, and other employers of healthcare professionals and the healthcare professionals themselves and the Arkansas Geriatric Education Center
Quarterly Status Update:	AAI Education Encounters – Table 1
Indicators:	Number of educational encounters, by site, target audience, and minorities
Baseline Data:	FY 2012
Source of Data:	AAI Database input from each regional COA
Timing of Data Collection:	Quarterly
Population/Sample:	Older adults and their families, students of the health and social disciplines, community members at large
How data will be described and analyzed:	Counts tracked over time, broken out by type of participant
Long-term Goal:	Improve health status and decrease death rates of elderly Arkansans, as well as obtaining federal and philanthropic grant funding
Objective:	Objective 6: Provide multiple exercise activities to maximize the number of exercise encounters for older adults throughout the state.
Specify Quarter/Year:	FY2014, Q2
Partners:	Local/regional health units, local churches, AAAs, local private and public activity centers, community groups, hospitals, clinics, and various other local groups. We have counted over 700 local, state, regional and national partners
Quarterly Status Update:	AAI Education Encounters – Table 1
Indicators:	Number of encounters for exercise
Baseline Data:	2012
Source of Data:	AAI Database input from each regional COA & administrator AAI
Timing of Data Collection:	Quarterly
Population/Sample:	Older Adults
How data will be described and analyzed:	T Counts tracked over time, broken out by type of participant

ATSC Independent Evaluation Quarterly Report – Arkansas Aging Initiative	
Objective:	Objective 7: Implement at least two educational offerings for evidence-based disease management programs state-wide
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	Local/regional health units, local churches, AAAs, local private and public activity centers, community groups, hospitals, clinics, and various other local groups. We have counted over 700 local, state, regional and national partners
<i>Quarterly Status Update:</i>	Planning for the dementia program was evident this quarter, programs will start in October
<i>Indicators:</i>	Number of encounters for evidence-based disease management programs
<i>Baseline Data:</i>	FY2012
<i>Source of Data:</i>	Data not collected individually for these events, will collect during Fall for FY 2014
<i>Timing of Data Collection:</i>	Bi-Annually
<i>Population/Sample:</i>	Older Adults, healthcare professionals, and students of the healthcare disciplines
<i>How data will be described and analyzed:</i>	Counts tracked bi-annual during programming
Objective:	Objective 8: The amount of external funding (leveraging) to support AAI programs will be increased by 2% by end of FY 2015.
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	Various
<i>Quarterly Status Update:</i>	See Cost and Leveraging Spreadsheet Attached
<i>Indicators:</i>	Leveraged dollars to support AAI programs
<i>Baseline Data:</i>	FY2012
<i>Source of Data:</i>	AAI Accounts and Database
<i>Timing of Data Collection:</i>	Quarterly
<i>Population/Sample:</i>	AAI COAs
<i>How data will be described and analyzed:</i>	Per COA per Source of Funding
<i>Reporting Period:</i>	FY2014, Q2
<i>Form Completed by (Name, Role):</i>	Robin McAtee, RN, PHD Associate Director AAI

ATSC Independent Evaluation Quarterly Report – Arkansas Aging Initiative

Battelle Comments and Recommendations:

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Table 1.B. Activities for Arkansas Aging Initiative

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for elderly Arkansans and increase the number of Arkansans participating in health improvement programs									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Centers of Aging	AAI	Centers of Aging provide educational programs, resources and healthcare services to older adults and their families to help them address aging issues	Improve access and quality of care available to seniors.	Improve the health status of older Arkansans	Yes				
Activities Related to Long-term Goal: Improve health status and decrease death rates of elderly Arkansans, as well as obtaining federal and philanthropic grant funding									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Research	AAI	Obtain grant funding to support the mission of AAI	Leverage funds to make AAI program sustainable.	Obtain funding from outside (non-ATSC) sources					

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

Table 1.C: Cost Data for Arkansas Aging Initiative

Sources of Funding	Amount	Other Funding Source Specified	Leveraged Funds (Y/N)	Programmatic Budget	Administrative Budget
ATSC:	\$415,070.93	NA	No	\$415,070.93	\$60,435.64
Other: Grants	\$678,601.93	Schmieding Home Caregiver Grant	Yes	\$678,601.93	
Other: Grants	\$24,135.75	Oklahoma Healthy Aging Initiative subaward	Yes	\$24,135.75	
Other: Grants	\$62,500.00	C.A.R.E.S. Grant	Yes	\$62,500.00	
Other: Grants	\$320,043.00	CMI Microloan Grant	Yes	\$320,043.00	
Other: Grants	\$5,678.05	Telemedicine Equipment/Service Grant	Yes	\$5,678.05	
Other: Foundations	\$194,016.55	Community Foundations (Operational funding for Oaklawn COA, Schmieding Center)	Yes	\$194,016.55	
Other: Donations	\$280,135.00	Hospital and Community Partners	Yes		
Other: Volunteer Hours	\$18,432.00	Local Volunteers	Yes		
Total Budget	\$1,998,613.21			\$1,700,046.21	\$60,435.64

Additional Tables for Arkansas Aging Initiative

Table 1.D. AAI – Education Encounter Data, FY14 Q2

AAI Site 2 nd Qtr FY14	Health Professionals	In- services	Para Professionals	Community	Exercise	Students	Totals
Central				213			213
<i>Minorities</i>				69			69
SACOA	114			973	146		1233
<i>Minorities</i>	32			331	27		390
DCOA	88			83	202	9	382
<i>Minorities</i>	58			74	94	8	234
DCOA-Helena		108		37	189		334
<i>Minorities</i>		88		16	73		177
COA-NE	367			667		97	1131
<i>Minorities</i>	10			40		16	66
TRCOA	90	100	31	444			665
<i>Minorities</i>	75	90	15	83			263
Schmieding	177	27	193	308	129	54	888
<i>Minorities</i>	14	0	28	11	0	40	93
SCSHE-Bella Vista	6	82		606			694
<i>Minorities</i>	4	0		5			9
SCSHE-Mtn. Home	6			594	1141		1741
<i>Minorities</i>	0			0	0		0
SCCOA	107	207	112	1111	10	49	1596
<i>Minorities</i>	51	92	91	671	10	27	942
WCCOA	134	18		1041	344	115	1652
<i>Minorities</i>	19	0		75	15	47	156
Oaklawn	30	40		1563	92		1725
<i>Minorities</i>	2	8		86	0		96
Total Education Encounters	1119	582	336	7640	2253	324	12254
Total Minority Encounters	265	278	134	1461	219	138	2495
Total Minority Encounters	0.203606985						

Table 1.E. AAI – Clinical Data, FY14 Q2

	NE- COA	OCOA	DCOA	SACOA	SCCOA	WCCOA	TRCOA	Schmieding	Bella Vista	TOTAL
Sr. Health Clinic	1,703			1,421	818	651	1,334	534	303	6,764
Nursing Home				45	245	127		121	54	592
Inpt						214				214
Home				10	32			42		84
TOTALS	1,703	0	*	1,476	1,095	992	1,334	697	357	7,654

*Numbers not reported at this time

Table 1.F. AAI – FTEs for Clinical Services, FY14 Q2

	SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista	OCOA	Baxter County Fairlamb Clinic Opened 5-2012
APN FTE's	.2	0	2	1	1	1.4	1	1	NA	1
MD FTE's	2.3	1	2.5	1	1	1.8	3.5	1.5	NA	0.1
# of nursing homes assisted to improve quality of care	6	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	No	No	NA	NA
# of evidence-based guidelines in use at SHC's	4	6	*	4	1	1	1	2	NA	NA

*Clinicians use a subscription to a clinical decision making tool entitled “Up-to-Date” for verifying evidence-based clinical decision making.

Updated Annually – last update September, 2013

Arkansas Biosciences Institute

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

Progress and Highlights: Arkansas Biosciences Institute awarded its inaugural Investigator Research Award at the ABI Fall Research Symposium in October. The awards were established to honor a new and an established ABI research investigator each year, choosing ABI-supported research that strongly impacts the field. New investigators were ABI-supported researchers with four or fewer years of ABI support; the established investigator category was for those with five or more years of ABI support for their research. There were twenty submissions for consideration, with research covering areas such as adolescent nutrition, brain injury and congenital heart disease, and changes in vitamins in rice varieties.

Key Accomplishments This Quarter

- ABI’s New Investigator Award for 2013 was given to Dr. Richard Frye, Arkansas Children’s Hospital, for his novel, safe treatment for a subset of children with autism spectrum disorders (ASD).
- The ABI Established Investigator Award was given to Dr. Malathi Srivatsan, Arkansas State University, for her research on plant extracts and reducing oxidative stress.

Dr. Richard Frye, with Arkansas Children’s Hospital Research Institute and Associate Professor in the UAMS Department of Pediatrics, was chosen for the 2013 ABI New Investigator of the Year Award for his novel, safe treatment for a subset of children with autism spectrum disorders (ASD). Dr. Frye and his colleagues reported that they can successfully treat some children with ASD with folic acid, a special type of folic acid.

Dr. Malathi Srivatsan, Professor of Biological Sciences at Arkansas State University, was giving the Established Investigator of the Year Award for her work on oxidative stress and its connection to neurodegenerative diseases like Parkinson’s disease. Dr. Srivatsan and her research team at ASU have found that antioxidants isolated from plants can exhibit a neuroprotective effect that may be useful in fighting neurodegenerative diseases. Both of these ABI research investigators will have their research highlighted in ABI’s annual report.

The ABI Fall Research Symposium, held October 15 in Little Rock, brought together over 115 ABI research investigators for a day-long conference highlighting collaborative research projects at the five institutions. Oral presentations included research updates on asthma research, pancreatic cancer research, and infectious diseases; thirty-five poster presentations covered on-going ABI-supported research in areas such as breast cancer research, obesity prevention, liver injury, and detection of food borne bacteria. The next symposium will be held at Arkansas State University in October.

Key Accomplishments this Past Quarter:

ABI institutions recently announced newly recruited research scientists supported with ABI funding:

- Dr. Barbara Fuhrman, UAMS Department of Epidemiology and College of Public Health with a focus on cancer epidemiology.
- Dr. Jun Zhu, Co-Director for the Center for Agricultural and Rural Sustainability for the University of Arkansas-Division of Agriculture.-- Dr. Elizabeth Borsheim at Arkansas Children's Hospital Research Institute directs the new Energy Expenditure and Metabolism Program and the Physical Activity Core Laboratory.
- Dr. Griffiths Atungulu, Grain Process Engineer with the UA-Division of Agriculture in the Department of Food Science.
- Dr. Joshua Kennedy at Arkansas Children's Hospital Research Institute will focus on the mechanisms whereby respiratory infections exacerbate asthma.
- Dr. Sami Dridi, an avian endocrinologist, will work at the Tyson Center for Excellence in Poultry Science.
- Dr. Ainong Shi will focus on vegetable breeding and genetics with the UA-Division of Agriculture in the Department of Horticulture.

Challenges and Opportunities: Federal funding cuts have continued to shrink the amount of research funding for ABI-supported research investigators. Related extramural funding fell from \$43.4 million in FY2012 to \$37.4 million in FY2013. Similarly, the number of jobs supported by this funding fell from 308 FTE jobs in FY2013 to 225 jobs in FY2012.

Plans for Next Quarter: In March, all ABI-supported research investigators for FY2014 will be invited to submit research highlights for the 2014 ABI New and Established Investigator of the Year Award. Awards will be made in October at the ABI Fall Research Symposium to be held at Arkansas State University. In January, the ABI Board of Directors' quarterly meeting will include three new directors: Dr. Tim Atkinson, President of Arkansas Science and Technology Authority; Ms. Marcy Doderer, President of Arkansas Children's Hospital; and Dr. Beverly Lyn-Cook, senior scientist at the National Center for Toxicological Research.

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

ATSC Independent Evaluation Quarterly Report – Arkansas Biosciences Institute	
Overall Program Goal:	<i>To develop new tobacco-related medical and agricultural research initiatives to improve the access to new technologies, improve the health of Arkansans, and stabilize the economic security of Arkansas.</i>
Short-term Goal:	<i>The Arkansas Biosciences Institute shall initiate new research programs for the purpose of conducting, as specified in § 19-12-115, agricultural research with medical implications, bioengineering research, tobacco-related research, nutritional research focusing on cancer prevention or treatment, and other research approved by the board.</i>
Objective:	Objective 1: Conduct Innovative Research: ABI will allocate funding to its five member institutes for the conduct of research aligned with the purposes set forth in § 19-12-115, ensuring that funded research activities are conducted on time, within scope, and with no overruns.
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
<i>Quarterly Status Update:</i>	All research projects for FY2013 are listed in Table 1. There are 186 new and ongoing research projects covering the five research areas.
<i>Indicators:</i>	Number of research projects by year, by ABI institution, by research area (agricultural research with medical implications, bioengineering research, tobacco-related research, nutritional research focusing on cancer prevention or treatment, and other board approved research)
<i>Baseline Data:</i>	2005
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	Data is collected at the close of the fiscal year
<i>Population/Sample:</i>	All ABI funded projects
<i>How data will be described and analyzed:</i>	Table 1 lists the number of projects and funding amount by ABI institution and research category
<i>Indicators:</i>	Amount of ABI and related extramural funding by ABI institution and by research area
<i>Baseline Data:</i>	2005
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	Data is collected at the close of the fiscal year
<i>Population/Sample:</i>	All ABI funded projects
<i>How data will be described and analyzed:</i>	Table 1 lists the funding amounts for all new and ongoing research projects for FY2013

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Objective:	Objective 2: Partnered hospitals will maintain a minimum of three provider FTEs for SHCs that includes a geriatrician, advanced practice nurse and a social worker*
<i>Specify Quarter/Year:</i>	4th Quarter FY 13
<i>Partners:</i>	NorthWest Medical Center; Baxter Regional Medical Center; St Bernards Regional Medical Center; Crittenden Memorial Hospital; Jefferson Regional Medical Center; Medical Center of South Arkansas; CHRISTIS St. Michaels Health System, Sparks Regional Medical Center
<i>Quarterly Status Update:</i>	See AAI Clinical Visit Table 3
<i>Indicators:</i>	Number of provider FTE's (MD's and APN -advanced practice nurses) working in clinical settings, identified by type of practitioner
<i>Baseline Data:</i>	2012
<i>Source of Data:</i>	Partnered Clinics
<i>Timing of Data Collection:</i>	Annually
<i>Population/Sample:</i>	Partnered Clinics
<i>How data will be described and analyzed:</i>	Counts tracked over time, broken out by type practitioner
Objective:	Objective 3: Employment: Employment supported by ABI and extramural funding will increase from a baseline (2005) of 303 FTE.
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
<i>Quarterly Status Update:</i>	The number of full-time equivalent (FTE) jobs for FY2013 was 73 FTE jobs supported by ABI funds and 225 FTE jobs supported by extramural funding. This is slightly below the 2005 baseline.
<i>Indicators:</i>	Number of FTE jobs supported by ABI and related extramural research funding
<i>Baseline Data:</i>	2005
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	Data is collected at the close of the fiscal year.
<i>Population/Sample:</i>	All ABI funded projects
<i>How data will be described and analyzed:</i>	Table 3-A lists the number of FTE jobs supported by ABI funding and by related extramural funding for the ABI institutions, by year
<i>Indicators:</i>	Number of new scientist recruited to Arkansas to perform work on ABI and extramural research

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<i>Baseline Data:</i>	2005
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	Data is collected at the close of the fiscal year.
<i>Population/Sample:</i>	All ABI institutions
<i>How data will be described and analyzed:</i>	Table 3-B lists the number of research scientists recruited to Arkansas with ABI funding support, by ABI institution and by year
Objective:	Objective 4: Collaboration: ABI will facilitate and increase research collaboration amongst member institutes, as measured by both ABI and extramural funding of research projects that involve researchers at more than one member institute.
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
<i>Quarterly Status Update:</i>	For FY2013, 18.2% of ABI funding and 50.8% of extramural funding supported collaborative research projects. When compared to 2005 baseline, ABI collaborative funding is down slightly from 21.1%, but extramural funding for collaborative projects increased from 13.7%.
<i>Indicators:</i>	Funding of collaborative projects by research area (agricultural research with medical implications, bioengineering research, tobacco-related research, nutritional research focusing on cancer prevention or treatment, and other board approved research)
<i>Baseline Data:</i>	2005
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	Data is collected at the close of the fiscal year.
<i>Population/Sample:</i>	All ABI funded projects
<i>How data will be described and analyzed:</i>	Table 4 lists all collaborative research projects and their funding levels by institution. Collaborative funding is compared to total funding to assess overall level of collaborative research
Long-term Goal:	The institute's research results should translate into commercial, alternate technological, and other applications wherever appropriate in order that the research results may be applied to the planning, implementation and evaluation of any health related programs in the state. The institute is also to obtain federal and philanthropic grant funding. (Increase dissemination of research findings, policy-relevant information, and technical assistance to relevant government and community organizations)

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Objective:	Objective 5: Dissemination of Knowledge and Understanding: ABI and its member institutions will systematically disseminate research results, and ensure that at least 290 publications and 370 presentations are delivered each year. This includes presentations and publications of results, curricula and interventions developed using the grant funding, symposia held by investigators, and the creation of new research tools and methodologies that will advance science in the future.
Specify Quarter/Year:	FY2014, Q2
Partners:	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
Quarterly Status Update:	For FY13, the number of scientific presentations decreased slightly from 684 in FY12 to 623 in FY13; the number of publications remained about the same in FY13. However, the number of information transfer events (press releases, news conferences, etc.) fell from 122 in FY12 to 52 in FY13. Table 5-D is new for FY13 and lists the briefings, technical reports, and new or improved methods/tools.
Indicators:	Number of educational encounters, by site, target audience, and minorities
Baseline Data:	FY 2012
Source of Data:	AAI Database input from each regional COA
Timing of Data Collection:	Quarterly
Population/Sample:	Older adults and their families, students of the health and social disciplines, community members at large
How data will be described and analyzed:	Counts tracked over time, broken out by type of participant
Indicators:	Number of technical presentations at conferences or other venues aimed at scientists and health providers, by year
Baseline Data:	2005
Source of Data:	ABI
Timing of Data Collection:	Data is collected at the close of the fiscal year.
Population/Sample:	All ABI-supported researchers
How data will be described and analyzed:	Table 5-B lists the number of scientific presentations (abstracts or presentations at scientific conferences and seminars or workshops) by ABI researchers; information is by ABI institution and by year

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<i>Indicators:</i>	Number of peer-reviewed publications, books, book chapters, and articles by ABI institution
<i>Baseline Data:</i>	2005
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	Data is collected at the close of the fiscal year.
<i>Population/Sample:</i>	All ABI-supported researchers
<i>How data will be described and analyzed:</i>	Table 5-C lists the number of all publications by ABI institution and by year; publications include peer-reviewed journal articles, books, book chapters, and other articles.
<i>Indicators:</i>	Number of staff or grantee testimonies and briefings to decision makers, by year
<i>Baseline Data:</i>	2013
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	This is a new information request and was collected on the FY13 annual report for the first time.
<i>Population/Sample:</i>	All ABI-supported researchers
<i>How data will be described and analyzed:</i>	Table 5-D lists the number of briefings/testimonies by ABI institution and by year, beginning with FY13.
<i>Indicators:</i>	Number of technical reports and ‘grey literature’ publications by year, by grant type and funding source, as contained in the National Technical Information Service report database (www.ntis.gov)
<i>Baseline Data:</i>	2013
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	This is a new information request and was collected on the FY13 annual report for the first time.
<i>Population/Sample:</i>	All ABI-supported researchers
<i>How data will be described and analyzed:</i>	Table 5-D lists the number of technical reports/grey literature by ABI institution and by year, beginning with FY13.
<i>Indicators:</i>	Number and type of new or improved methods and tools developed by investigators, by year
<i>Baseline Data:</i>	2013
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	This is a new information request and was collected on the FY13 annual report for the first time.
<i>Population/Sample:</i>	All ABI-supported researchers
<i>How data will be described and analyzed:</i>	Table 5-D lists the number of new or improved methods/tools by ABI institution and by year, beginning with FY13.

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Objective:	Objective 6: Replication and New Research: Research findings from ABI-funded studies are utilized toward the compilation of evidence to advance science and healthcare, as measured by measured by the citation of ABI-funded research in the literature.
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
<i>Quarterly Status Update:</i>	For FY13, there was one investigator reporting clinical guidelines citing ABI research; there was one investigator reporting professional society recommendations.
<i>Indicators:</i>	Number of clinical guidelines published that cite ABI-funded research, by year
<i>Baseline Data:</i>	2013
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	This is a new information request and was collected on the FY13 annual report for the first time.
<i>Population/Sample:</i>	All ABI-supported researchers
<i>How data will be described and analyzed:</i>	Table 6 lists the number of clinical guidelines citing ABI research by ABI institution and by year, beginning with FY13.
<i>Indicators:</i>	Number of recommendations published by professional societies that cite ABI-funded research, by year
<i>Baseline Data:</i>	2013
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	This is a new information request and was collected on the FY13 annual report for the first time.
<i>Population/Sample:</i>	All ABI-supported researchers
<i>How data will be described and analyzed:</i>	Table 6 lists the number of professional society recommendations citing ABI research by ABI institution and by year, beginning with FY13.

ATSC Independent Evaluation Quarterly Report – Arkansas Biosciences Institute	
Objective:	Objective 7: ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
<i>Quarterly Status Update:</i>	For FY13, there were 15 patent filings, 8 provisional patents awarded, and 8 full US and/or European patents awarded. This is a significant increase over previous years; for past years, patent awards average 2 per year.
<i>Indicators:</i>	Number of patents filed and received
<i>Baseline Data:</i>	2005
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	Data is collected at the close of the fiscal year.
<i>Population/Sample:</i>	All ABI-supported researchers
<i>How data will be described and analyzed:</i>	Table 7 lists the number of patents filed and received by ABI researchers, by ABI institution and by year
Objective:	Objective 8: ABI-funded research will result in new technologies that generate business opportunities, as measured by the number of start-up enterprises and public-private partnerships with ABI and member institutions to conduct research.
<i>Specify Quarter/Year:</i>	FY2014, Q2
<i>Partners:</i>	University of Arkansas, Division of Agriculture, the University of Arkansas for Medical Sciences, University of Arkansas, Fayetteville, Arkansas Children's Hospital and Arkansas State University
<i>Quarterly Status Update:</i>	There were no new start-up enterprises in FY13; new data on the number of private-public partnerships formed was collected starting with FY13.
<i>Indicators:</i>	Number of start-up enterprises resulting from ABI-funded research
<i>Baseline Data:</i>	2010
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	Data is collected at the close of the fiscal year.
<i>Population/Sample:</i>	All ABI-supported researchers
<i>How data will be described and analyzed:</i>	Table 8 lists the number of new start-up enterprises since FY10; beginning with FY13 Table 8 includes the number of private-public partnerships formed.

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<i>Indicators:</i>	Number of private-public partnerships formed (i.e. ABI member institutes partnerships with private industry, CRADAs etc.)
<i>Baseline Data:</i>	2013
<i>Source of Data:</i>	ABI
<i>Timing of Data Collection:</i>	This is a new information request and has been collected on the annual report beginning with FY13.
<i>Population/Sample:</i>	All ABI-supported researchers
<i>How data will be described and analyzed:</i>	Beginning with FY13, Table 8 includes the number of private-public partnerships formed.
<i>Reporting Period:</i>	For October - December, 2013
<i>Form Completed by (Name, Role):</i>	Leslie Humphries, ABI Program Manager
Battelle Comments and Recommendations:	

Table 2.B. Activities for Arkansas Biosciences Institute

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
AR Children's Hospital Research Institute									
1. Effects of Polymorphisms within Folate Metabolism Enzymes on Risk of Limb Reduction Defects; Genes, Micronutrients and Homeobox Related Malformations	C. Hobbs, S. Erickson			\$605,115	12.32	CDC	4,5	UAMS	
				\$4,123,640	17.58	NIH/NICHD			
				\$600,000	6.10	State of AR			
				\$1,819,245	6.53	NIH/NICHD			
				\$184,069	1.75	NIH/NICHD NW			
2. Screening Disinfection By-products for their Ability to Promote Autoimmunity	K. Gilbert	\$125,000	0.20	\$137,287	2.25	NIH/NIEHS	5,1	UAF, UAMS, ASU	
				\$108,372	0.30	NIH			
3. Community Intervention and Case Management Strategies Targeted at High-risk Asthmatic Children; Regulating Airway Contractility and Response to Therapeutic Agents Using Viral Vector Delivery; Role of Environmental Allergens and Conditions in Pediatric with Asthma; Role of Dendritic Cells in Immunoregulation in Atopic Disease	S. Jones, A. Scurlock, T. Perry			\$4,638		NIH/NIAID	5,3	UAMS	
				\$387,159	4.00	NIH/NHLBI			
				\$15,658	0.05	NIH sub Rochester			
				\$132,300	0.36	NIH/NHLBI			
				\$30,000	0.25	NIH sub UAMS			

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
				\$18,145	0.80	National Peanut Fdt			
				\$46,104		Mt. Sinai FAAN			
				\$489,517	3.25	Mt. Sinai			
				\$345,642	0.05	NIH/Immuno Tolerance Ntwk			
				\$149,794		Food Allergy Network			
				\$11,993		INC			
				\$16,842		NIH sub SF			
4. The Physiology of IGF1P Degrading Proteinases in Bone	J. Fowlkes			\$361,644	1.36	NIH/NIDDK	5		
5. Program Expansion within the Center for Birth Defects Research and Prevention	J. James, R. Frye	\$50,000	0.27	\$263,384		Forest Labs	4,5	UAMS	
				\$74,855		ACH Fdt.			
				\$7,439	0.01	HRSA			
				\$82,757		ACH Fdt.			
				\$166,800	2.03	ACH Fdt.			
				\$5,662		Autism Speaks			
				\$1,200		U of Louisville			
				\$196,975	2.34	ACH Fdt.			
				\$197,774	1.34	ACH Fdt.			
				\$34,506		BioMarin			
6. Mechanisms of Postnatal Development of Carotid Body Oxygen Sensing	J. Carroll, G. Com			\$81,971	0.25	Cystic Fibrosis	5	UAMS	
7. Immune Response to Chlamydial Genital and Ocular Infections	R. Rank	\$124,712		\$242,324	1.25	NIH/NHLBI	1	UAMS	

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
8. Family Support and Educational Reintegration for Children with Special Health Care Needs	M. Aitken, A. Goudie			\$70,949	0.20	NIH sub Baylor	5	UAMS	
				\$81,879	0.56	NIH sub Johns Hopkins			
				\$56,872	0.49	AR State Hwy			
				\$979		ACH Fdt.			
				\$2,521		Ohio DDC			
9. Biomarkers of Acetaminophen Toxicity	L. James, D. Roberts			\$356,634	0.55	NIH/NIDDK	5	UAMS	
				\$11,816	0.04	NIH/NHLBI sub			
				\$1,337		J&J			
				\$13,530		Bayer			
				\$5,200		GlaxoSmithKline			
				\$12,553		Quintiles			
				\$36,133		Duke			
				\$362,423	0.80	ATD			
				\$2,386		Bristol Meyers			
				\$9,472		KAI			
				\$2,756		NIH sub Duke			
10. Community Based Projects Concerning the Prevention of Obesity	J. Weber			\$309,580	8.61	USDA	4,5	UA Agri	
				\$270,137	3.11	USDA			
				\$142,877		AmeriCorps			
11. Validity and Power for Detecting Heterogeneous Effects with Quantitative Traits	T. Nick			\$40,956		Dept of Ed	5	UAMS	

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
12. Pediatric Hypertension	K. Redwine			\$7,495		Merck	5	UAMS	
				\$4,200		Novartis			
				\$14,778		Takeda			
				\$7,838		Welch Allyn			
13. Smoking, Genetic Polymorphisms in Tobacco Metabolism and the Risk of Congenital Heart Disease	S. Malik			\$64,935	0.60	NIH/NHLBI	3	UAMS	
				\$119		MCW			
14. National Survey on Children with Special Health Care Needs; Family Centered Care	D. Kuo			\$299,507	1.50	HRSA	5	UAMS	
				\$258,563	0.82	HRSA			
				\$25,241	0.15	Blue and You			
15. The Fetal Basis of Toxicant-Induced Autoimmunity	S. Blossom			\$31,110	0.88	NIH/NHLBI			
				\$108,372	1.44	NIH			
16. Quantitative Neuroimaging in Developmental Disabilities	B. Schaefer			\$593,000	0.85	HRSA	5	UAMS	
17. Evaluation of Passive Smoke Exposure and the Effect on Lung Development	M. Heulitt			\$49,589	0.91	Impact	3		
				\$32,685		Impact			
				\$21,016		Astellas			
18. Center for Investigation of Congenital Aberrancies in Vascular Development	G. Richter			\$20,000		Liams Land			
19. Brain Imaging in Hypoxic - Ischemic Encephalopathy Aloxicity to Predict Outcome	S. Mulkey			\$55,146		NIH sub UAMS		UAMS	

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
20. Program for Bleeding Disorders and Thrombosis in Arkansas	K. Stine	\$124,455	0.22	\$8,241	0.20	Am. Thromb & Hemostasis Ntwk			
				\$17,905	0.05	CDC			
				\$23,842		Bayer			
				\$47,170		Bayer			
				\$11,764		Baxter			
				\$25,420		Green Cross Corp			
				\$87,500		CSL Behring			
				\$10,661		Biogen			
				\$4,427		Bristol Meyers			
				\$24,558	0.15	MCHB			
21. ACHRI Biostatistics Core Equipment Support - High Performance Computing Cluster	C. Swearingen	\$65,656							
22. Novel Drugs for Treating Glioblastoma Multifome	M. Borrelli	\$49,987	0.6					UAMS	
23. Prenatal Neuromagnetic Biomarkers for Neurdevelopmental Disorders	R. Kurten	\$50,000						UAMS	
24. Tele-Transport: Combining Mobile Patient Assessment with Critical Care Outside Tertiary Care Centers	M. Stroud	\$42,785	0.02	\$68,275	0.15	NIH/NICHD		UAMS	
Totals for ACHRI		\$632,595	1.31	\$14,657,158	86.23				

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
Arkansas State University									
1. RTB Mediated Delivery	C. Cramer			\$170,000	1.00	NIH	1,2		
2. ASSET II AR EPSCoR Plant Bioproduction	C. Cramer			\$389,620	1.70	NSF/ASTA	1,2,4	UAF	
3. ASSET II AR EPSCoR Plant Bioproduction-State Match	C. Cramer			\$50,000		NSF/ASTA	1,2,4	UAF	
4. P3 Center Next Gen Sequencing 2013	C. Cramer			\$65,490		NSF/ASTA	1,2,4	UAF	
5. AR P3 Center Strategic Planning Travel Funds	C. Cramer			\$1,500		NSF/ASTA	5		
6. Definitive Molecular Markers: Tuna	M. Dolan			\$56,924	1.25	Applied Food Technologies	1,5		
7. Developing Plant Based Therapeutic Proteins for Improved Fish Health in Aquaculture	M. Dolan	\$72,832	1.30				1,3		
8. Outreach Program	M. Dolan	\$6,289					1,2,3,4,5		
9. UGT Relationships	X. Huang			\$115,351	1.32	NIH-INBRE	5	UAMS	
10. Workshop in Bioinformatics to Foster Collaborative Research	X. Huang			\$99,999	0.75	NSF EpScor	5		
11. Contaminant Removal by Edge of Field Wetlands	J. Farris			\$60,105	0.50	USDA	5		
12. Mechanisms Leading to Enhanced Tolerance to Oxidative Stress and Increased Lifespan in Arabidopsis: Role of Mitochondrial, ER, and Chloroplastic Enzymes Involved in Ascorbate Biosynthesis	A. Lorence			\$103,171	1.67	NIH-INBRE	1,4	UAMS	
13. Vitamin C Content in Genetic Materials	A. Lorence			\$24,200	1.25	USDA/ARS	1,4		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
14. Salt Tolerance in Rice	A. Lorence			\$58,501	0.15	NSF-Plant Genome Program	1,4		University of Nebraska, Lincoln
15. Germplasm Conservation in Scutellaria	F. Medina-Bolivar			\$32,393	0.35	USDA	2		Fort Valley State University
16. A Broadly Reactive, Universal Adjuvant for Seasonal and Pandemic Influenza Vaccine	G. Medrano	\$47,537	0.25				1,3	UAMS	
17. Natural Anticancer Molecules	G. Sivakumar	\$97,754	1.00				2		
18. Thermostable Enzyme Technologies for Reducing Energy Costs in Pulp Processing	B. Savary			\$2,500		Beet Sugar Development Foundation	5		
19. Enzyme Technology for Sugar Beet Processing	B. Savary			\$3,000		Beet Sugar Development Foundation	5		
20. Role of Extracellular Proteases in Geomyces Destructans Pathogenicity and White-nose Syndrome Host/Pathogen Ecology	B. Savary			\$70,133	2.33	AR State Wildlife Grant	5		
21. Determining Influences of Stream Channelization and an Invasive Species on Rate of Canopy Tree Growth in an Urban Park	T. Marsico			\$6,284		Tree Fund	1,5		
22. Deregulation of the Actin-Regulating Protein CAP1 in the Invasiveness of Breast Cancer	G. Zhou			\$75,000	1.25	Arkansas Breast Cancer Research Program	1,4,5	UAMS	

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
23. GSK3 Phosphorylates CAP1 to Promote the Invasiveness of Pancreatic Cancer	G. Zhou			\$25,645	0.25	NIH-INBRE	1,4,5	UAMS	
24. 3R & R of Mammalian CAP	G. Zhou	\$51,225					5		
25. Capacity Building for Bioenergy Research and Outreach in East Arkansas and the Delta Region	E. Hood, G. Phillips			\$92,292	0.10	USDA	5		Phillips Comm. College
26. Investigating the Immune Cells	S. Yu	\$19,759					1,5		
27. Determination of Incorporation of Florida Bass (<i>Micropterus floridanus</i>) Alleles in Largemouth Bass (<i>Micropterus salmoides</i>) Populations of Several Arkansas Reservoirs using Microsatellite Analysis	R Johnson			\$11,000		AGFC	5		
28. Genetic Study of Asian Elephant (<i>Elephas maximus</i>) Herds in Eastern Himalayan Region.	R. Johnson			\$49,997	1.30	US F&WS	5		
29. Animal Care Core	ABI Faculty	\$21,434	0.50				1,3,5		
30. Administrative Support	ABI	\$302,040	4.58				5		
31. Research Technical Support	ABI	\$1,308,027	18.43				1,2,3,4,5		
32. Occupancy and Custodial	ABI	\$558,272	3.00				5		
33. General Supplies, Service Contracts, and Equipment	ABI	\$505,502					5		
Totals for Arkansas State University		\$2,990,671	29.06	\$1,563,105	15.17				
University of Arkansas - Division of Agriculture									
1. Defining the Role of Leucine in Metabolism for Prevention of Obesity and Type 2 Diabetes	J. Baum	\$100,568	0.52	\$40,117	0.07	American Egg Board	1,2,4	UAMS	
				\$18,680		NIH(prime)			

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
2. Heat Shock Proteins, AMPK and Cell Bioenergetics in Muscle, Liver and Fibroblast Cells	W. Bottje	\$97,108	0.29						
3. Monitoring Effects of Thermal Therapies on Immune Cells in Avian Tumor Model	G. Erf	\$94,005	0.35	\$16,000		USDA-NIFA (Animal Health)	1,4	UAMS	
4. Application and Optimization of a Novel Adjuvant for Oral Administration to Induce Robust Mucosal Immunity against Highly Pathogenic Influenza and Related Pathogens	B. Hargis, L. Bielke	\$118,467	0.92	\$737,627	3.73	Arkansas Biosciences LLC	1,2,5		
				\$90,000	0.57	Pacific Vet Group USA			
5. Improved Stabilization and Anti-obesity Properties of Blueberry and Aronia Anthocyanins by Microencapsulation	L. Howard	\$129,666	1.07	\$33,821	0.28	USDA/NIFA	1,4		
6. Extraction and Purification of the Radioprotective Compound Gamma Tocotrienol from Rice Bran Oil Deodorizer Distillate	L. Howard, A. Proctor	\$50,000	0.53					UAMS	
7. Multi-color and Multi-Functional Gold Nano-Agents for Multiplex Cancer Detection and Therapy	J-W Kim	\$921	0.01	\$132,830	0.08	NSF	1,2		
8. Whole Genome Sequencing for Genetically Selected Chicken Lines	B-W Kong, N. Anthony, G. Erf, D. Rhoads	\$97,235	0.43				1,2	UAF	
9. Identification of Stress Receptor Blockers in an Avian Biomedical Model of Stress	W. Kuenzel	\$83,098	0.62	\$145,955	0.48	NSF	1,2,5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
10. Anti-Colon Cancer Effect of Soy Saponin Fractions in Soybean and Anti-Diabetes Efficacy of a Novel Rice Product in Humans	S. Lee			\$25,700		Arkansas Corn & Grain Sorghum Board	1,2,4,5		
				\$36,000	0.11	Arkansas Soybean Promotion Board			
12. Microelectrode-based Impedance ELISA for Detection of Avian Influenza Virus	Y. Li	\$95,637	0.86	\$24,000		China Agricultural University	1,2		
13. Engineered B Cell Biosensor for Detection of Foodborne Pathogens	Y. Li	\$95,637	0.85	\$3,000		Ocean Nanotech LLC	1,2		
14. Effect of Food, Home, and Community Environments on Early Childhood Obesity	R. Nayga	\$195,044	1.28	\$934,536	2.68	USDA-NIFA	1,2	UAMS, ACHRI	
15. Development of Scalable Manufacturing Operations to Enable Commercial Production of Conjugated Linoleic Acid (CLA) Rich Soy Oil	A. Proctor, D.K. Roper	\$121,445	0.45	\$79,000	1.07	Arkansas Soybean Promotion Board	1,4	UAF	
16. Enhanced Treatment of Highly Resistant <i>Staphylococcus aureus</i> through a Novel, Combined Plant Essential Oil-bacteriophage Therapy	S. Ricke, K. Gibson, D.J. Carrier, J. Adams	\$109,224	0.90				1,2,3,4,5	ASU	UA Monticello
17. Influence of Adaptive Tolerance Response and Quorum Sensing on Virulence and Pathogenicity of Human and Poultry Isolates of <i>Campylobacter jejuni</i>	M. Slavik, Y-M Kwon	\$106,373	1.07						
18. DNA Resource Ctr/General Support	All PIs	\$101,495	1.00						
Totals for UA-Division of Agriculture		\$1,595,923	11.15	\$2,317,266	9.07				

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
University of Arkansas, Fayetteville									
1. Exploring Protein Interactions with Biochemical Roles Leading to Inflammatory Disease	P. Adams	\$25,363	0.50				4,5		
2. New Bioinformatics Platform for Comparative Analyses of Bacterial Genomes	R. Barabote	\$23,079	0.50				2,5		
3. Biomedical Applications of OmpL37 and Similar as a Therapeutic Anchor	R. Beitle	\$40,359	0.50				2,5		
4. Engineering Nanoprobes for Detection of Matrix Metalloproteinases	J. Chen	\$23,079	0.50				2,5		
5. Proteomic Studies of the Molecular Mechanisms of Action of Omega-3 Polyunsaturated Fatty Acids	Y. Du	\$31,123	0.50				2,5		
6. Terahertz Imaging for the Assessment of Breast Tumor Margins	M. El-Shenawee			\$400,000		NSF	4,5		
				\$115,288	1.00	NIST			
7. Enhanced Biosensors using Nanowire-microelectrode Composites	I. Fritsch	\$27,277	0.50	\$0			2,5		
8. Effect of Heat Stress on Arterial Compliance in Smokers versus Non-smokers	M. Ganio	\$66,480	1.00	\$144,535	2.00	Coca-Cola	3		
				\$18,846	0.50	Mercy Hosp			
				\$28,529	1.00	Rogers Wellness			
9. Applications of Asymmetric Hydrosilylations with CuPhEt	R. Gawley	\$42,519	1.00				4,5		
10. Acquisition of a Typhoon FLA9500 Biomolecular Imager	R. Henry	\$108,365		\$165,000	2.50	DOE	5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
11. Understanding Amylin Aggregation for Improved Diabetes Treatment	C. Hestekin	\$26,459	0.50	\$97,823	1.50	Alzheimer's Assoc	2,5		
12. Metabolic Flux Analysis of Designer Algae for Advanced Products and Fuel Production	J. Hestekin	\$45,399	1.00	\$55,964	0.50	NSF	2,5		
				\$40,000	0.50	N American Membrane Soc			
13. Immobilizing Angiogenic Proteins for Single Molecule Fluorescence Imaging of Slow Dynamics	C. Heyes	\$12,960	0.20	\$260,000	2.00	NSF	2,4,5		
14. Regulation of Toxin Release by Clostridium Difficile	M. Ivey	\$11,520	0.20				4,5		
15. Functional Role of Wnt Signaling and Cytoskeletal Proteins for Induced Pluripotent Stem Cell Expansion in Defined Medium	S. Jin			\$75,000	1.00	UAMS	2,5	UAMS	
16. High-Performance Digital NMR Spectrometer	R. Koeppe			\$281,480	1.00	UAMS	5	UAMS	
17. Bio-Medical Research	R. Koeppe	\$398,428	2.00	\$1,042,877	5.00	NIH	2,4,5	UAMS	UC-San Diego, Oxford University
18. Equipment for Mass Spectrometry Core Facility	J. Lay	\$124,880		\$550,000	4.00	NSF	5	ASU	UALR
19. A Genetic Model for NMDA Receptor Function in Programmed Cell Death	M. Lehmann	\$29,415	0.50	\$260,530	2.00	NIH	4,5		
20. Understanding the Zinc Mediated Molecular Switch in Response to Stress	D. Lessner	\$51,840	1.00	\$193,164	2.00	NSF	4,5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
21. Probing Single Molecule DNA Sequence by Measuring Electrical and Fluorescence Signal Simultaneously	J. Li			\$122,210	1.00	NIH	5		
22. Bridging Funding of NSF, NIH, and ABCRP Proposals	M. McIntosh	\$57,658	1.00				4,5		
23. Role of the CCAAT-binding Factor in the Candida albicans Oxidative Stress Response	D. McNabb	\$11,520	0.00	\$59,100	0.50	NIH	4,5		
24. An In vivo-self-calibrating Sensor for Brain Oxygen	D. Paul	\$23,286	0.50				5		
25. Methods for Fast and Accurate Modeling of Enzyme and Protein Reactions	P. Pulay			\$320,504	2.50	NSF	5		
26. SNP Chip Mapping of REL Line Samples	D. Rhoads	\$36,691	0.50				5		
27. Peptoids: A Therapeutic Agent for Alzheimer's Disease	S. Servoss	\$23,079	0.50	\$60,000	0.50	Detroit R&D	4,5		
28. A Unified Target for Autism Treatment: Imbalance of Neural Excitation and Inhibition	W. Shew	\$67,875	0.70				2,4		
29. Imaging Mass Spectrometry for Elucidation of Macrophage Polarization State (IMS-MAPS)	J. Stenken	\$41,511	0.50	\$357,687	3.00	NIH	4,5	UAMS	
				\$173,149	2.00	NIH			
				\$115,288	1.00	anonymous			
30. Functional Significance of Isoform-shift of Na+K+Pumps during Adaptions to Osmotic Stress in the Trout Model	C. Tipsmark	\$30,979	0.50				4,5		
31. Effect of Obesity on Mitochondrial Biogenesis during Skeletal Muscle Regeneration	T. Washington	\$36,576	0.50	\$20,000	0.50	UAMS	4	UAMS	

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
32. Purchase of Histology Equipment to Support Biomedical Research	J. Wolchok	\$75,902					2,5		
33. A Nanophotonics Platform for Neuron Stimulation	S-Q Yu			\$104,740		NSF	2		
				\$300,000		DARPA			
34. Overexpression and Purification of Recombinant miL-12 from Pichia Pastoris	D. Zaharoff	\$41,142	0.50	\$168,846	1.50	NIH	2,4,5		
35. Development of Nitrogen Radical Cation Chemistry under Visible Light Photoredox Conditions: Synthesis of Indoles and Indolines	N. Zheng	\$19,440	0.50	\$120,000	1.50	NSF	4		
36. Nanoscale Surface Engineering for Preventing Biofilm Formation on Dental Restorative and Implant Materials	M. Zou	\$41,719	0.70	\$104,322	0.50	NSF	2		
Totals for University of Arkansas, Fayetteville		\$1,595,923	16.80	\$5,754,882	41.00				
University of Arkansas for Medical Sciences									
1. Proteomics and Gene Expression	A. Tackett			\$101,500	1.01	NIH	4,5		
2. Environmental Toxicants	A. Ferguson			\$27,000	0.05	EPA	5		
3. Cancer Susceptibility Project	K.D. McKelvey, S. Kadlubar	\$158,129					3		
4. Complement Systems in the Eye	N. Bora			\$368,750	0.79	NIH	5		
5. ViiA & Real Time PCR System	I. Koturbash	\$42,355					5		
6. Lung Cancer APN Research Support	T. Bartter	\$62,500					3,4		
7. Pathophysiology of Thrombosis	J. Ware			\$165,938	0.17	NIH	3		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
8. IVIS System Support	L. Suva	\$50,000	0.44				3,4,5		
9. Second Hand Smoke and Allelic Variances on Codon 98 as Risk Factors for Cervical Cancer	A. Stewart, N. Capps	\$37,083	0.37				3,4		
10. Medical Informatics	B. Hogan	\$100,000		\$1,567,081	2.95	NIH	5		
				\$636,701	12.47	NIH			
11. Kevin Raney Recruitment Package - Diekman	A. Diekman	\$15,000	0.31				5		
12. Puran Bora Recruitment Package	P. Bora			\$52,952		Omeros Corp.	5		
13. Igor Koturbash Recruitment Package	I. Koturbash	\$80,000	0.65				5		
14. Immune System Response to <i>Plasmodium</i>	J. Stumhofer			\$184,375	0.85	NIH	5		
15. DNA Sequencing	R. Morrison	\$20,233					3,4,5		
16. Brain Imaging in Addictions	C. Kilts			\$36,049	0.18	NIH	2,5		
17. Wei Recruitment Package	J. Wei	\$300,000	2.53				5		
18. TRI KL2 Scholar	B. Montgomery	\$90,000	0.86				5		
19. Jason Farrar Recruitment Package	J. Farrar	\$40,000		\$116,929	0.37	NIH	3		
				\$134,325		NIH			
20. Staphylococcal Capsule Virulence and Regulation	C. Lee	\$80,000	0.25	\$267,176	2.69	NIH	4,5		
21. Antino Allen Recruitment Package	A. Allen	\$305,959					5		
22. Novel Therapies for the Treatment of Primary and Metastatic Brain Tumors	C. Cifarelli	\$80,112		\$46,175		Upsher-Smith Lab.	4		
				\$24,740		Diffusion Pharmaceuticals			

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
23. Microbiology and Immunology - Coxiella burnetti Pathogenesis	D. Voth	\$50,000	0.84	\$385,479	2.57	NIH	5		
				\$201,243	0.21	NIH			
24. Flow Cytometry	R. Morrison	\$60,054	0.52				3,4,5		
25. Tumor Development and Resistance to Genotoxic Therapies	R. Eoff			\$234,636	1.20		4		
				\$75,000	0.96				
26. Kevin Raney Recruitment Package - Tackett	A. Tackett	\$21,000	0.61				5		
27. Microbiology and Immunology - E. coli Cell Division	K. Young			\$137,913	2.05	US Dept of Army	5		
28. Thyroid Cancer Research	A. Franco	\$40,000	0.10	\$28,750	0.50	Amer. Thyroid Assn.	4		
29. Barbara Fuhrman Recruitment Package	B. Fuhrman	\$55,312	0.47				5		
30. Antiviral Immunology	M. Nakagawa			\$116,141	1.67	NIH	5		
31. Kevin Raney Recruitment Package - Zybaylov	B. Zybaylov	\$26,100	0.48				5		
32. Raf-dependent Signal Transduction Pathways in Human Cancer	A. MacNicol			\$66,481	0.49	AR Breast Cancer Res.	4		
33. COBRE Institutional Support	M. Smeltzer			\$1,941,709	6.70	NIH	5		
34. Sclerophytins as Anti-tumor Agents	T. Chambers			\$213,574	2.48	NIH	4		
35. Kevin Raney Recruitment Package - Wahls	W. Wahls	\$50,000	0.75				5		
36. Human UGTs in Cancer	A. Radominska			\$305,887	3.01	US Army Medical Research	5		
37. Addiction Research Support	M. Owens	\$71,200	0.58				3,5		
38. Transgenic Mouse Facility	S. Manolagas	\$75,000	0.45	\$1,477,053	9.13	NIH	5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
39. Eric Johnson Recruitment Package	E. Johnson	\$50,000	0.48				5		
40. Cesium Irradiator	M. Hauer-Jensen	\$34,512		\$247,667		NIH	4,5		
41. Early Detection of Cisplatin Nephrotoxicity	G. Kaushal			\$186,362	2.79	NIH	5		
42. Photothermal Therapy and Nicotine	V. Zharov	\$39,777		\$91,923	0.38	FDA Subaward	3		
				\$262,750	0.99	Cytowave Tech.			
43. Research Ethics Support	M. Hester	\$25,000					5		
44. Cardiovascular Ion Channels	N. Rusch	\$32,000					5		
45. Microbiology and Immunology - E. Coli Cell Division	J. Blevins			\$318,176	0.01	NIH	5		
46. MRI Coil	R. Weinstein	\$8,965					5		
47. Therapeutic Agent	N. Aykin-Burns	\$35,000					5		
48. Kevin Raney Recruitment Package - Equipment	K. Raney	\$59,201					5		
49. Lung Cancer Research	T. Bartter	\$62,500				NIH	3,5		
50. Genetic Diversity and Cancer Susceptibility	G. Boysen			\$184,375	1.24		4,5		
51. Tissue Bank	L. Henning	\$81,438							
52. Cancer Core Lab Ultracentrifuge	P. Emanuel	\$45,504							
53. NSF Vasotocin Support	M. Jennings	\$12,360	0.17				5		
54. Evaluation of the Effect of Smoking on Biotin Status in Women	D. Mock			\$284,568	1.03	NIH	3		
55. Cancer Lab Biosafety Cabinets	P. Emanuel	\$25,000							
56. Total Internal Reflection Fluorescence Microscopy	S. Rhee			\$322,988	2.16	NIH	5		
57. INBRE Study	J. McSweeney	\$6,000	0.06				5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
58. Spit for the Cure Support	S. Kadlubar	\$184,131	0.83				5		
59. Ascorbate and Osteoporesis	R. Morello			\$328,028	1.72	NIH	4		
60. Program Project Commitment	B. Barlogie	\$23,053					5		
61. Skeletal Phenotyping Core Lab	L. Suva	\$36,150	0.29				5		
62. Drug Discovery by Fragment-based Identification of Ligands Using Hydrogen-Deuterium Exchange Mass Spectrometry	K. Raney, P. Crooks	\$46,500	0.83				5		
63. PLEKHM1 and Osteoclast Function	H. Zhao			\$331,875	2.12	NIH	5		
64. AMG Fluorescent Microscope	R. Eoff	\$45,000					5		
65. BD Accuri Flow Cytometer	J. Epstein	\$45,000					5		
66. Odyssey CLx Infrared Imaging System	P. Gottschall	\$45,000					5		
67. Proteomics Mass Spectrometry Facility	K. Raney			\$411,841	2.23	NIH	3,4,5	UAF	
				\$276,110	1.71	NIH			
68. Vasotacin Regulation of Stress Responses	M. Mikhailova	\$4,000	0.07				5	UAF	
69. Digital Microscopy Core Lab	B. Storrie	\$95,327					4,5		
70. Gene Transfer in Cancer Cells	M. Borrelli			\$12,500	0.03	NIH	4		
71. Exp. Pathology Core Lab	S. Post	\$63,990	0.38				3,4,5		
72. New Therapies in the Treatment of Non-small Cell Lung Cancer	K. Arnaoutakis			\$97,563		Boehringer Ingelheim	3,4		
73. B-C Cell Viability Analyzer	M. Jennings	\$41,084					5		
74. Nanomedicine Conference	R. Griffin	\$5,000					2,3,4,5		

Project	Principal	ABI	ABI FTE	Related	Extramural	Extramural	ABI Research	ABI	Other
	Investigator(s)	\$ Allocated	Employment	Extramural \$	FTE Employment	Source	Areas*	Partners	Partners
75. Cancer Therapy Induced Bone Marrow Injury	D. Zhou	\$88,795	1.32	\$200,000	0.98	Edward P. Evans Fndn	4		
				\$342,278	2.39	NIH			
				\$166,667	1.17	AR Research Alliance			
				\$200,000	0.26	Edward P. Evans Fndn			
76. NanoDrop 8000 Spectrophotometer	S. Kadlubar	\$31,167					5		
Totals for UAMS		\$3,181,491	14.64	\$13,179,228	73.71				
All Institutions		\$9,996,603	72.96	\$37,471,639	225.18				

Table 2.C. Cost Data for Arkansas Biosciences Institute

Sources of Funding	Amount	Leveraged Funds (Y/N)	Programmatic Budget	Administrative Budget
<i>ACHRI Funding from ABI:</i>	\$1,398,895.00	---	\$1,365,245.00	\$33,650.00
<i>NIH:</i>	\$8,778,692.00	Y	\$8,778,692.00	\$0.00
<i>NSF:</i>	\$0.00		\$0.00	\$0.00
<i>USDA:</i>	\$579,717.00	Y	\$579,717.00	\$0.00
<i>Other:</i>	\$5,316,749.00	Y	\$5,316,749.00	\$0.00
<i>Total Budget</i>	\$16,074,053.00		\$16,040,403.00	\$33,650.00
<i>ASU Funding from ABI:</i>	\$2,990,671.00	---	\$2,918,571.00	\$72,100.00
<i>NIH:</i>	\$414,167.00	Y	\$414,167.00	\$0.00
<i>NSF:</i>	\$665,110.00	Y	\$665,110.00	\$0.00
<i>USDA:</i>	\$208,990.00	Y	\$208,990.00	\$0.00
<i>Other:</i>	\$274,838.00	Y	\$274,838.00	\$0.00
<i>Total Budget</i>	\$4,553,776.00		\$4,481,676.00	\$72,100.00
<i>UA - Agri Funding from ABI:</i>	\$1,595,923.00	---	\$1,557,448.00	\$38,475.00
<i>NIH:</i>	\$18,680.00	Y	\$18,680.00	\$0.00
<i>NSF:</i>	\$278,785.00	Y	\$278,785.00	\$0.00
<i>USDA:</i>	\$984,357.00	Y	\$984,357.00	\$0.00
<i>Other:</i>	\$1,035,444.00	Y	\$1,035,444.00	\$0.00
<i>Total Budget</i>	\$3,913,189.00		\$3,874,714.00	\$38,475.00

Sources of Funding	Amount	Leveraged Funds (Y/N)	Programmatic Budget	Administrative Budget
<i>UAF Funding from ABI:</i>	\$1,595,923.00	---	\$1,557,448.00	\$38,475.00
<i>NIH:</i>	\$2,184,399.00	Y	\$2,184,399.00	\$0.00
<i>NSF:</i>	\$2,108,694.00	Y	\$2,108,694.00	\$0.00
<i>USDA:</i>	\$0.00		\$0.00	\$0.00
<i>Other:</i>	\$1,461,789.00	Y	\$1,461,789.00	\$0.00
<i>Total Budget</i>	\$7,350,805.00		\$7,312,330.00	\$38,475.00
<i>UAMS Funding from ABI:</i>	\$2,788,458.00	---	\$2,721,158.00	\$67,300.00
<i>NIH:</i>	\$11,160,791.00	Y	\$11,160,791.00	\$0.00
<i>NSF:</i>	\$0.00	Y	\$0.00	\$0.00
<i>USDA:</i>	\$0.00		\$0.00	\$0.00
<i>Other:</i>	\$2,018,437.00	Y	\$2,018,437.00	\$0.00
<i>Total Budget</i>	\$15,967,686.00		\$15,900,386.00	\$67,300.00
<i>All Funding from ABI:</i>	\$10,369,870.00	---	\$10,119,870.00	\$250,000.00
<i>NIH:</i>	\$22,556,729.00	Y	\$22,556,729.00	\$0.00
<i>NSF:</i>	\$3,052,589.00	Y	\$3,052,589.00	\$0.00
<i>USDA:</i>	\$1,773,064.00	Y	\$1,773,064.00	\$0.00
<i>Other:</i>	\$10,107,257.00	Y	\$10,107,257.00	\$0.00
<i>Total Budget</i>	\$47,859,509.00		\$47,609,509.00	\$250,000.00

Additional Tables for Arkansas Biosciences Institute

Table 2.D. ABI Funding is Leveraged to Secure Extramural Funding

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2005						
ABI Funding	\$1,463,517	\$3,135,798	\$1,673,368	\$1,673,368	\$2,927,035	\$10,873,086
Extramural Funding	\$4,273,746	\$270,118	\$2,026,486	\$4,312,885	\$23,390,415	\$34,273,650
Leverage Factor	\$2.92	\$0.09	\$1.21	\$2.58	\$7.99	\$3.15
FY2006						
ABI Funding	\$1,476,164	\$3,162,395	\$1,687,828	\$1,687,828	\$2,952,328	\$10,966,543
Extramural Funding	\$4,761,969	\$4,433,633	\$2,449,052	\$3,009,612	\$24,556,172	\$39,210,438
Leverage Factor	\$3.23	\$1.40	\$1.45	\$1.78	\$8.32	\$3.58
FY2007						
ABI Funding	\$1,332,661	\$2,855,419	\$1,523,749	\$1,523,749	\$2,665,322	\$9,900,900
Extramural Funding	\$5,150,809	\$2,904,347	\$1,390,059	\$2,036,955	\$21,247,631	\$32,729,801
Leverage Factor	\$3.87	\$1.02	\$0.91	\$1.34	\$7.97	\$3.31
FY2008						
ABI Funding	\$1,402,764	\$3,005,626	\$1,603,904	\$1,603,904	\$2,805,529	\$10,421,727
Extramural Funding	\$8,195,319	\$5,776,352	\$2,561,875	\$8,787,516	\$8,724,895	\$34,045,957
Leverage Factor	\$5.84	\$1.92	\$1.60	\$5.48	\$3.11	\$3.27
FY2009						
ABI Funding	\$1,610,075	\$3,434,826	\$1,836,678	\$1,836,678	\$3,208,223	\$11,926,479
Extramural Funding	\$10,548,017	\$13,323,634	\$3,639,525	\$6,971,695	\$21,841,446	\$56,324,317
Leverage Factor	\$6.55	\$3.88	\$1.98	\$3.80	\$6.81	\$4.72
FY2010						
ABI Funding	\$1,812,624	\$3,883,809	\$2,072,532	\$2,072,531	\$3,625,248	\$13,466,744
Extramural Funding	\$10,028,858	\$11,343,136	\$2,998,557	\$6,587,644	\$18,947,864	\$49,906,059
Leverage Factor	\$5.53	\$2.92	\$1.45	\$3.18	\$5.23	\$3.71

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2011						
ABI Funding	\$1,459,742	\$3,114,116	\$1,665,187	\$1,665,187	\$2,908,671	\$10,812,903
Extramural Funding	\$13,954,143	\$9,018,655	\$2,446,550	\$3,823,907	\$13,562,236	\$42,805,491
Leverage Factor	\$9.56	\$2.90	\$1.47	\$2.30	\$4.66	\$3.96
FY2012						
ABI Funding	\$1,315,769	\$2,950,753	\$1,574,670	\$1,574,670	\$2,731,761	\$10,147,623
Extramural Funding	\$15,481,443	\$2,805,701	\$3,061,895	\$4,374,288	\$17,691,540	\$43,414,867
Leverage Factor	\$11.77	\$0.95	\$1.94	\$2.78	\$6.48	\$4.28
FY2013						
ABI Funding	\$1,398,895	\$2,990,671	\$1,595,923	\$1,595,923	\$2,788,458	\$10,369,870
Extramural Funding	\$14,657,158	\$1,563,105	\$2,317,266	\$5,754,882	\$13,179,228	\$37,471,639
Leverage Factor	\$10.48	\$0.52	\$1.45	\$3.61	\$4.73	\$3.61

Table 2.E. ABI Funding Leads to Job Creation in Arkansas

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2005						
ABI Funded FTE	10.0	14.4	23.7	1.5	28.4	78.0
Extramural Funded FTE	30.2	4.4	24.3	3.3	162.7	224.9
Total	40.2	18.8	48.0	4.8	191.1	302.9
FY2006						
ABI Funded FTE	11.8	10.1	19.2	1.0	28.3	70.4
Extramural Funded FTE	25.7	15.8	30.3	1.5	168.6	241.9
Total	37.5	25.9	49.5	2.5	196.9	312.3
FY2007						
ABI Funded FTE	8.9	16.2	17.7	5.6	14.0	62.4
Extramural Funded FTE	30.8	14.0	11.8	26.9	130.4	213.9
Total	39.7	30.2	29.5	32.5	144.4	276.3
FY2008						
ABI Funded FTE	9.1	8.6	16.2	11.9	9.9	55.7
Extramural Funded FTE	70.9	38.0	15.7	81.2	74.8	280.6
Total	80.0	46.6	31.9	93.1	84.7	336.3
FY2009						
ABI Funded FTE	7.1	6.1	19.5	11.2	12.8	56.7
Extramural Funded FTE	65.2	54.3	18.1	63.9	134.1	335.6
Total	72.3	60.4	37.6	75.1	146.9	392.3
FY2010						
ABI Funded FTE	4.9	33.5	21.3	18.5	18.8	97.0
Extramural Funded FTE	65.6	43.1	20.1	56.5	85.7	271.0
Total	70.5	76.6	41.4	75.0	104.5	368.0

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2011						
ABI Funded FTE	4.8	39.2	16.4	14.3	9.9	84.6
Extramural Funded FTE	92.7	29.6	19.6	41.5	71.7	255.1
Total	97.5	68.8	36.0	55.8	81.6	339.7
FY2012						
ABI Funded FTE	9.0	32.6	12.8	18.5	20.7	93.6
Extramural Funded FTE	139.4	21.3	13.8	43.0	90.4	307.9
Total	148.4	53.9	26.6	61.5	111.1	401.5
FY2013						
ABI Funded FTE	1.3	29.1	11.2	16.8	14.6	73.0
Extramural Funded FTE	86.2	15.2	9.1	41.0	73.7	225.2
Total	87.5	44.3	20.3	57.8	88.3	298.2

Table 2.F. ABI Funded Research and its Results are Communicated to the Public

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2005						
Newspaper Articles	16	27	5	3	5	56
News Conferences	4	2	0	0	3	9
Press Releases	7	3	2	3	3	18
Television/Radio	n/a	n/a	n/a	n/a	n/a	n/a
Newspaper Articles	27	32	7	6	11	83
Total	16	27	5	3	5	56
FY2006						
Newspaper Articles	2	41	1	0	4	48
News Conferences	5	12	0	0	4	21
Press Releases	3	4	0	1	10	18
Television/Radio	n/a	n/a	n/a	n/a	n/a	n/a
Newspaper Articles	10	57	1	1	18	87
FY2007						
Newspaper Articles	4	8	2	0	4	18
News Conferences	3	9	0	0	4	16
Press Releases	8	8	0	3	16	35
Television/Radio	n/a	n/a	n/a	n/a	n/a	n/a
Newspaper Articles	15	25	2	3	24	69
FY2008						
Newspaper Articles	5	9	1	0	1	16
News Conferences	9	1	1	1	2	14
Press Releases	0	15	0	1	7	23
Television/Radio	n/a	n/a	n/a	n/a	n/a	n/a
Newspaper Articles	14	25	2	2	10	53

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2009						
Newspaper Articles	20	9	1	7	15	52
News Conferences	0	2	0	0	0	2
Press Releases	3	16	1	1	9	30
Television/Radio	14	2	0	0	13	29
Newspaper Articles	37	29	2	8	37	113
FY2010						
Newspaper Articles	11	22	4	8	6	51
News Conferences	0	0	0	0	2	2
Press Releases	9	41	2	5	8	65
Television/Radio	11	1	0	0	10	22
Newspaper Articles	31	64	6	13	26	140
FY2011						
Newspaper Articles	17	14	2	0	9	42
News Conferences	2	0	0	0	0	2
Press Releases	9	44	0	7	12	72
Television/Radio	13	0	0	5	13	31
Newspaper Articles	41	58	2	12	34	147
FY2012						
Newspaper Articles	0	14	0	0	11	25
News Conferences	1	19	0	0	10	30
Press Releases	5	5	3	5	23	41
Television/Radio	12	0	0	0	14	26
Newspaper Articles	18	38	3	5	58	122

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2013						
Newspaper Articles	4	4	0	1	3	12
News Conferences	0	0	0	0	0	0
Press Releases	3	6	0	13	6	28
Television/Radio	7	1	0	0	4	12
Newspaper Articles	14	11	0	14	13	52

Table 2.G. ABI Funded Research and Findings are Presented to Other Professionals

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2005						
Abstracts/Presentations	86	68	58	52	107	371
Seminars/Workshops	8	8	8	7	30	61
Total	94	76	66	59	137	432
FY2006						
Abstracts/Presentations	69	35	62	38	77	281
Seminars/Workshops	18	22	4	3	29	76
Total	87	57	66	41	106	357
FY2007						
Abstracts/Presentations	73	87	29	49	86	324
Seminars/Workshops	16	31	8	22	41	118
Total	89	118	37	71	127	442
FY2008						
Abstracts/Presentations	117	57	31	104	92	401
Seminars/Workshops	16	16	8	15	38	93
Total	133	73	39	119	130	494
FY2009						
Abstracts/Presentations	101	100	99	108	183	591
Seminars/Workshops	37	31	22	15	69	174
Total	138	131	121	123	252	765
FY2010						
Abstracts/Presentations	87	154	71	128	152	592
Seminars/Workshops	49	74	18	14	102	257
Total	136	228	89	142	254	849

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2011						
Abstracts/Presentations	96	153	79	98	128	554
Seminars/Workshops	49	36	55	41	113	294
Total	145	189	134	139	241	848
FY2012						
Abstracts/Presentations	152	139	87	122	184	684
Seminars/Workshops	47	40	25	23	72	207
Total	199	179	112	145	256	891
FY2013						
Abstracts/Presentations	110	88	74	157	194	623
Seminars/Workshops	45	32	26	23	71	197
Total	155	120	100	180	265	820

Table 2.H. ABI Funded Research Contributes to the Field of Science Through Publications in Peer Reviewed Journals

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2005						
With Other ABI Researchers	26	10	11	4	21	72
Independent or with Others	74	20	26	30	88	238
Total	100	30	37	34	109	310
FY2006						
With Other ABI Researchers	26	3	4	7	13	53
Independent or with Others	66	12	25	30	83	216
Total	92	15	29	37	96	269
FY2007						
With Other ABI Researchers	19	13	3	11	24	70
Independent or with Others	71	30	29	57	110	297
Total	90	43	32	68	134	367
FY2008						
With Other ABI Researchers	29	16	2	22	27	96
Independent or with Others	66	9	41	52	112	280
Total	95	25	43	74	139	376
FY2009						
With Other ABI Researchers	38	14	13	6	40	111
Independent or with Others	69	20	23	49	149	310
Total	107	34	36	55	189	421
FY2010						
With Other ABI Researchers	41	30	19	16	41	147
Independent or with Others	54	23	25	60	169	331
Total	95	53	44	76	210	478

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2011						
With Other ABI Researchers	48	32	23	18	28	149
Independent or with Others	96	40	57	55	150	398
Total	144	72	80	73	178	547
FY2012						
With Other ABI Researchers	63	31	21	20	34	169
Independent or with Others	108	28	68	60	200	464
Total	171	59	89	80	234	633
FY2013						
With Other ABI Researchers	67	23	22	38	63	213
Independent or with Others	124	31	47	55	162	419
Total	191	54	69	93	225	632

Table 2.1. ABI's Research is Utilized to Inform Decision-Making and Improve Processes

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2013						
Briefings/Testimonies	1	1	0	0	1	3
Technical Reports/Grey Literature	0	0	0	0	0	0
New or Improved Methods/Tools	4	2	1	4	4	15
Total	5	3	1	4	5	18

Table 2.J. Citing of ABI-Funded Research by Professional Societies or in Clinical Guidelines

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2013						
Clinical Guidelines Citing ABI Research	1	0	0	0	0	1
Professional Society Recommendations Citing ABI Research	0	0	0	1	0	1
Total	1	0	0	1	0	2

Table 2.K. Patents Filed and Received as a Result of ABI Funded Research

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2005						
Patents Filed	0	2	1	0	2	5
Patents Received	0	0	0	0	1	1
Total	0	2	1	0	3	6
FY2006						
Patents Filed	1	1	1	1	0	4
Patents Received	0	2	0	0	0	2
Total	1	3	1	1	0	6
FY2007						
Patents Filed	1	2	3	1	6	13
Patents Received	0	1	0	0	0	1
Total	1	3	3	1	6	14
FY2008						
Patents Filed	2	7	4	0	3	16
Patents Received	0	0	1	0	0	1
Total	2	7	5	0	3	17
FY2009						
Patents Filed	1	3	2	2	4	12
Patents Received	0	2	0	0	0	2
Total	1	5	2	2	4	14
FY2010						
Patents Filed	1	4	3	1	2	11
Patents Received	0	1	1	0	1	3
Total	1	5	4	1	3	14

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2011						
Patents Filed	0	1	2	2	3	8
Patents Received	0	0	1	0	2	3
Total	0	1	3	2	5	11
FY2012						
Patents Filed	0	0	3	1	5	9
Patents Received	0	0	0	0	1	1
Total	0	0	3	1	6	10
FY2013						
Patents Filed	1	2	2	7	11	23
Patents Received	0	1	3	3	1	8
Total	1	3	5	10	12	31

Table 2.L. Number of Start-up Enterprises and Partnerships formed as a result of ABI Funded Research

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2005						
New Start-up Enterprises	n/a	n/a	n/a	n/a	n/a	0
Partnerships Formed	n/a	n/a	n/a	n/a	n/a	0
Total	0	0	0	0	0	0
FY2006						
New Start-up Enterprises	n/a	n/a	n/a	n/a	n/a	0
Partnerships Formed	n/a	n/a	n/a	n/a	n/a	0
Total	0	0	0	0	0	0
FY2007						
New Start-up Enterprises	n/a	n/a	n/a	n/a	n/a	0
Partnerships Formed	n/a	n/a	n/a	n/a	n/a	0
Total	0	0	0	0	0	0
FY2008						
New Start-up Enterprises	n/a	n/a	n/a	n/a	n/a	0
Partnerships Formed	n/a	n/a	n/a	n/a	n/a	0
Total	0	0	0	0	0	0
FY2009						
New Start-up Enterprises	n/a	n/a	n/a	n/a	n/a	0
Partnerships Formed	n/a	n/a	n/a	n/a	n/a	0
Total	0	0	0	0	0	0
FY2010						
New Start-up Enterprises	2	1	0	1	0	4
Partnerships Formed	n/a	n/a	n/a	n/a	n/a	0
Total	2	1	0	1	0	4

	ACHRI	ASU	UA-Agri	UAF	UAMS	All Institutions
FY2011						
New Start-up Enterprises	0	0	0	0	0	0
Partnerships Formed	n/a	n/a	n/a	n/a	n/a	0
Total	0	0	0	0	0	0
FY2012						
New Start-up Enterprises	0	0	0	0	0	0
Partnerships Formed	n/a	n/a	n/a	n/a	n/a	0
Total	0	0	0	0	0	0
FY2013						
New Start-up Enterprises	0	0	0	0	0	0
Partnerships Formed	1	0	0	2	0	3
Total	1	0	0	2	0	3

Tobacco Prevention and Cessation Program (TPCP)

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

Progress and Highlights: Benton County Judge Bob Clinard issued a memo about the tobacco policy change: "To protect and enhance our air quality and to contribute to the health and well-being of all employees, Benton County buildings and facilities shall be entirely tobacco free effective October 10, 2013. As of this date the use of all tobacco products, including chewing tobacco, is banned from the county workplace.

The 4th Annual Lung Cancer Symposium was held at the University of Arkansas for Medical Science. This event targeted healthcare providers with 81 in attendance. Specific tobacco topics including e-cigarettes and disease burden were presented.

TPCP worked diligently to communicate tobacco-free and counter marketing messages by coordinating media placement, supporting events and activities, developing and posting social media messages, securing TV spots for the cessation media buy and measuring and documenting Quitline efforts and success. Campaigns include spots aired during the Razorback game and radio spots featuring James Capps discussing his smokeless tobacco habit and how he overcome the need to use tobacco.

In response to the release of *Rush*, a film containing prevalent tobacco product placement and use, TPCP placed ads in movie theaters that delivered tobacco prevention and cessation messages to audiences as counter marketing strategy.

TPCP expanded its collaboration with Division of Behavioral Health Services (DBHS) to address tobacco use in mental health and substance abuse organizations. This expansion created an opportunity to

Key Accomplishments This Quarter

- AFMC has a tobacco-free campus and a no hire tobacco user policy
- Fort Smith and Rogers Public Libraries developed and implemented a policy prohibiting Electronic Nicotine Delivery Systems (ENDS)
- Abstract submitted for the 20th Annual Society for Research on Nicotine and Tobacco Conference on Data Quality Management Tool and accepted.
- The counter marketing "Pack of Lies" campaign ran through October.
- There were 3,269 registered tobacco users who called the quitline during the SFYQ2. An increase of about seven percent over last year's second quarter (3,055).

increase the number of providers who could address tobacco use within their organizations. There are twelve substance abuse providers and six mental health providers participating. As a result of the partnership with DBHS, all twenty-six (26) contracted substance providers are required to address tobacco use while consumers are enrolled in their programs. These same substance abuse contractors will be required to be tobacco free by June 2014.

Continued partnership with Arkansas Community Corrections (ACC) have resulted in staff being trained using the Dimensions training. Since staff was trained in August 2013 ACC has adopted the curriculum and have trained 88 staff. In November ACC implemented the Dimensions training in all programs within ACC Field Services which include the Substance Abuse Treatment Programs (education and treatment), drug courts and day reporting. During the month of November there were 3,500 consumers that received tobacco education and treatment

Key Accomplishments this Past Quarter: Through collaboration with grassroots efforts, Arkansas had several policy successes this quarter, including (1) prohibition of ENDS in public libraries in both Sebastian and Washington Counties; (2) Benton County Judge prohibited use of tobacco products by employees in all public owned or leased properties; (3) Arkansas Foundation for Medical Care has implemented a tobacco-free campus and no longer hires tobacco users; and (4) Sharp County implemented a smoke-free festival policy.

Every year, Arkansas students in second through ninth grade, participate in the Stamp Out Smoking Essay and Art Contests. The theme of this year's Essay Contest, "My Journal Entry: How Tobacco Affects Me," was developed by members of the Arkansas Kids with the Tobacco Control Youth Board and the Youth Extinguishing Smoking (YES) Team. The Art Contest, "Natural State vs. Tobacco State", is intended to generate a dialogue about tobacco use and the harmful side effects it has on the human body and the environment. This year, TPCP chose to implement a new statewide Stamp Out Smoking Sketch Contest for students in grades four through eight. Contest guidelines stipulate that students illustrate a clean, healthy, tobacco-free future or one that is polluted, unhealthy and tobacco-filled.

TPCP partnered with Arkansas Department of Corrections (ADC) and the University of Colorado to provide evidenced based treatment curriculum for the ADC staff working in substance abuse treatment programs. The goal is for forty ADC staff to receive training.

Challenges and Opportunities: The Affordable Care Act's rollout presents an opportunity to talk to prospective new beneficiaries about tobacco cessation, smoke-free homes/cars. ENDS remains one of TPCP's biggest challenges as it is an unregulated product that is exuberantly advertised with focus on renormalizing indoor smoking and flavoring that is appealing to youth.

Plans for Next Quarter: Develop comprehensive follow-up training plan with ANR for 2014 program. Capitalize on the Surgeon General Report anniversary by increasing awareness of tobacco problems in the State. Approve and launch TPCP's Strategic Plan for 2014-2019. Develop comprehensive marketing plan for FY2015. Conduct and report on the evaluation of the Tobacco Treatment Pilot Project in collaboration with DBHS.

Table 3.A. Goals and Objectives for Tobacco Prevention and Cessation Program

ATSC Independent Evaluation Quarterly Report – Tobacco Prevention and Cessation Program	
Overall Program Goal:	<i>To reduce the initiation of tobacco use and the resulting negative health and economic impact.</i>
Short-term Goal:	<i>Communities shall establish local tobacco prevention initiatives.</i>
Objective:	Objective 1: By June 30, 2014, 10 businesses (restaurants and bars) who currently fall under Act 8 of 2006 exemptions, will voluntarily adopt a smoke free workplace policy.
<i>Partners:</i>	TPCP Sub-grantees
<i>Quarterly Status Update:</i>	No new information to provide this quarter (Oct-Dec 2013)
<i>Indicators/Outcome Measures:</i>	Number of Act 8 exempt businesses that voluntarily adopt a smoke free work place policy.
<i>Baseline Data:</i>	Working to implement a solution to accurately record baseline data; FY13 1 (Arligton Hotel)
<i>Source of Data:</i>	TPCP Policy Tracking
<i>Timing of Data Collection:</i>	Quarterly
<i>Population/Sample:</i>	Statewide
<i>How data will be described and analyzed:</i>	Review and analysis of new policies going into effect by date
Objective:	Objective 2: By June 30, 2014, all medical facilities including psychiatric hospitals as outlined in Act 975 will ban smoking tobacco.
<i>Partners:</i>	TPCP Sub-grantees
<i>Quarterly Status Update:</i>	Working with Division of Behavioral Health Services on policy language
<i>Indicators/Outcome Measures:</i>	Percentage of psychiatric hospitals that ban smoking tobacco.
<i>Baseline Data:</i>	Arkansas State Hospital, Division of Behavioral Health Services funded substance abuse mental health facilities
<i>Source of Data:</i>	TPCP Policy Tracking
<i>Timing of Data Collection:</i>	Quarterly
<i>Population/Sample:</i>	Statewide
<i>How data will be described and analyzed:</i>	Review and analysis of new policies going into effect by date

ATSC Independent Evaluation Quarterly Report – Tobacco Prevention and Cessation Program	
Objective:	Objective 3: By June 30, 2014, two communities will pass smoke free local ordinances more restrictive than Act 8.
<i>Partners:</i>	TPCP Sub-grantees, statewide coalitions
<i>Quarterly Status Update:</i>	Ash Flat, AR adopted a smoke-free community festival; Hot Springs, AR adopted tobacco-free city parks policy; Benton County Judge adopted tobacco-free campus policies for all county owned and operated buildings and properties
<i>Indicators/Outcome Measures:</i>	Number of communities that pass smoke free ordinances more restrictive than Act 8
<i>Baseline Data:</i>	4 (El Dorado, Highfill, Pine Bluff, Fairfield Bay)
<i>Source of Data:</i>	TPCP GEMS and TPCP Policy Tracking Form
<i>Timing of Data Collection:</i>	Quarterly
<i>Population/Sample:</i>	Statewide
<i>How data will be described and analyzed:</i>	Count and name of communities
Objective:	Objective 4: By June 30, 2014, the number of school districts implementing comprehensive evidence-based interventions (EBIs) recommended by the CDC’s Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, including policies and curriculum, will increase to 10 percent of all school districts.
<i>Specify Quarter/Year:</i>	Coordinated School Health, CHP, CHNs
<i>Partners:</i>	No new information to provide this quarter (Oct-Dec 2013)
<i>Quarterly Status Update:</i>	Percentage of public school districts in Arkansas implementing CDC recommended EBIs to prevent tobacco use and addiction
<i>Indicators/Outcome Measures:</i>	FY12 = 8
<i>Baseline Data:</i>	TPCP GEMS and TPCP Policy Tracking Form
<i>Source of Data:</i>	Quarterly
<i>Timing of Data Collection:</i>	Statewide
<i>Population/Sample:</i>	Number of districts implementing policies (i.e., in lieu of suspension), Yes! Teams, and curriculum
<i>How data will be described and analyzed:</i>	Objective 4: By June 30, 2014, the number of school districts implementing comprehensive evidence-based interventions (EBIs) recommended by the CDC’s Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, including policies and curriculum, will increase to 10 percent of all school districts.

ATSC Independent Evaluation Quarterly Report – Tobacco Prevention and Cessation Program	
Objective:	Objective 5: By June 30, 2014, 15 CSH schools (currently funded by TPCP) will report having a comprehensive school tobacco policy.
Partners:	Coordinated School Health, CHP, CHNs, Arkansas School Board Association
Quarterly Status Update:	Objective successfully achieved. Cabot and Cedar Ridge School Districts adopted the recommended comprehensive policy effect 2013-2014 School year. School districts statewide will begin enforcing at the start of the 2013-2014 school year new legislation banning the use of e-cigarettes by any individual on school campus or at any school sanctioned event. Act 1099 passed 4/11/13. As of August 1, 2013 eleven new school districts are working to implement comprehensive tobacco-free campus policy
Indicators/Outcome Measures:	Number of CSH schools with a comprehensive school tobacco policy
Baseline Data:	FY11 = 13 * See list of funded school sites attached.
Source of Data:	TPCP GEMS and TPCP Policy Tracking Form
Timing of Data Collection:	Quarterly
Population/Sample:	Statewide
How data will be described and analyzed:	Number and Name of School District
Objective:	Objective 6: By June 2014, all remaining private colleges and universities will have adopted a 100% tobacco free policy.
Partners:	Sub-grantees, colleges and universities, statewide coalitions
Quarterly Status Update:	No new information to provide this quarter (Oct-Dec 2013)
Indicators/Outcome Measures:	Percentage and number of private colleges/universities that have adopted a 100% tobacco free policy.
Baseline Data:	7 colleges have implemented - Central Baptist College, Crowley Ridge College, Harding University, John Brown University, Ouachita Baptist University, Philander Smith College, Williams Baptist College
Source of Data:	TPCP GEMS and TPCP Policy Tracking Form
Timing of Data Collection:	Quarterly
Population/Sample:	Statewide
How data will be described and analyzed:	Number and name of colleges and universities

ATSC Independent Evaluation Quarterly Report – Tobacco Prevention and Cessation Program	
Objective:	Objective 7: By 2014, 10% of the private and charter schools will implement comprehensive evidence-based interventions recommended by the <i>CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction</i> , including policies and curriculum. (Data source: TBD)
Partners:	Sub-grantees, private and charter school administrators, statewide coalitions, PTA
Quarterly Status Update:	No new information to provide this quarter (Oct-Dec 2013)
Indicators/Outcome Measures:	Percentage of private/charter schools in Arkansas implementing CDC recommended EBIs to prevent tobacco use and addiction
Baseline Data:	174 Private Schools/40 Charter Schools Statewide (2012)
Source of Data:	TPCP GEMS and TPCP Policy Tracking Form
Timing of Data Collection:	Quarterly
Population/Sample:	Statewide
How data will be described and analyzed:	Number, name, and type of school
Objective:	Objective 8: By June 2014, six employers representative of large and medium sized businesses (excluding hospitals and medical clinics) will adopt a tobacco free worksite policy. (Data Source: TPCP Policy Tracking Form)
Partners:	TPCP Sub-grantees, statewide coalitions, TPCP State and Communities Staff
Quarterly Status Update:	No new information to provide this quarter (Oct-Dec 2013)
Indicators/Outcome Measures:	Percentage of large and medium sized businesses adopting tobacco free worksite policies
Baseline Data:	FY12 = 2; Tokensen Industries (2 plants), CertainTeed Gypsum, Inc. (3 plants)
Source of Data:	TPCP Policy Tracking Form, TPCP GEMS
Timing of Data Collection:	Quarterly
Population/Sample:	Statewide
How data will be described and analyzed:	Number, name, type of business, number of employees
Long-term Goal:	Survey data will demonstrate a reduction in numbers of Arkansans who smoke and/or use tobacco.
Objective:	Objective 1: By June 30, 2014, 90 percent of homes and cars will be smoke-free.
Partners:	TPCP Subgrantees, coalitions, CHPs/CHNs

ATSC Independent Evaluation Quarterly Report – Tobacco Prevention and Cessation Program	
<i>Quarterly Status Update:</i>	Incorporate question into state BRFSS
<i>Indicators/Outcome Measures:</i>	Percentage of homes and cars in Arkansas that are smoke-free.
<i>Baseline Data:</i>	(76 percent of homes and 77 percent of cars in 2008 – Arkansas Adult Tobacco Survey); NATS
<i>Source of Data:</i>	2008 Arkansas Tobacco Survey, 2010 National Adult Tobacco Survey
<i>Timing of Data Collection:</i>	Every 2 Years on Average
<i>Population/Sample:</i>	Statewide; Random Sampling
<i>How data will be described and analyzed:</i>	Demographics, consumption by tobacco type, quit attempts
Objective:	Objective 2: By June 30, 2014, decrease the smoking prevalence of youth from 18.2% to 17%.
<i>Partners:</i>	TPCP sub-grantees, coalitions, Coordinated School Health, CHP, CHN
<i>Quarterly Status Update:</i>	Next update will be provided May 2014
<i>Indicators/Outcome Measures:</i>	Percentage of youth in high school who smoke
<i>Baseline Data:</i>	18.2% (2011)
<i>Source of Data:</i>	YRBSS
<i>Timing of Data Collection:</i>	Every 2 Years
<i>Population/Sample:</i>	Youth Statewide
<i>How data will be described and analyzed:</i>	Tobacco use, cigarette use, smokeless products use, cigar use, quit attempts,
Objective:	Objective 3: By June 30, 2014 decrease the smoking prevalence of adults to 26%
<i>Partners:</i>	TPCP sub-grantees, coalitions
<i>Quarterly Status Update:</i>	BRFSS 2012 findings show the smoking prevalence of adults to 25%
<i>Indicators/Outcome Measures:</i>	Smoking prevalence
<i>Baseline Data:</i>	27%
<i>Source of Data:</i>	BRFSS (2011)
<i>Timing of Data Collection:</i>	Yearly
<i>Population/Sample:</i>	Statewide
<i>How data will be described and analyzed:</i>	Age, gender, and race/ethnicity, education attainment, marital status, property ownership, and telephone ownership

ATSC Independent Evaluation Quarterly Report – Tobacco Prevention and Cessation Program	
Objective:	Objective 4: By June 30, 2014, reduce the smoking prevalence of racial/ethnic minorities from 25.1% to 24%.
<i>Partners:</i>	TPCP sub-grantees, coalitions
<i>Quarterly Status Update:</i>	BRFSS 2012 findings show the smoking prevalence of racial/ethnic minority increased slightly to 26.8% for Hispanics and other combined slightly decrease to 20.3%; Black and Non-Hispanic is higher at 31.0%
<i>Indicators/Outcome Measures:</i>	Smoking prevalence
<i>Baseline Data:</i>	25.1%; Hispanics and other combined is 21.4%; Black, NH was 27.3%
<i>Source of Data:</i>	BRFSS (2011)
<i>Timing of Data Collection:</i>	Yearly
<i>Population/Sample:</i>	Statewide
<i>How data will be described and analyzed:</i>	race/ethnicity
Objective:	Objective 5: By June 30, 2014, reduce the adult male smokeless prevalence rate from 13% to 12% by June 2014.
<i>Partners:</i>	TPCP Sub-grantees, coalitions, Alere Wellbeing, Inc., ADH Systems Training Outreach Program Outreach Specialists, Public and private health care providers
<i>Quarterly Status Update:</i>	BRFSS 2012 findings show smokeless prevalence among adult males has increased slightly although not statistically significant at 13.4%. Total number of smokeless tobacco users increased 4.8% (N=165 out of 3,416 total callers)
<i>Indicators/Outcome Measures:</i>	Smokeless prevalence among adults
<i>Baseline Data:</i>	BRFSS (2011)
<i>Source of Data:</i>	Yearly
<i>Timing of Data Collection:</i>	Statewide
<i>Population/Sample:</i>	Age, gender, and race/ethnicity, education attainment, marital status, property ownership, and telephone ownership
<i>How data will be described and analyzed:</i>	Objective 5: By June 30, 2014, reduce the adult male smokeless prevalence rate from 13% to 12% by June 2014.
Objective:	Objective 6: Decrease high school male smokeless prevalence rate from 11.6% to 10.6% by June 2014.
<i>Partners:</i>	TPCP Sub-grantees, coalitions

ATSC Independent Evaluation Quarterly Report – Tobacco Prevention and Cessation Program	
<i>Quarterly Status Update:</i>	Next update will be provided May 2014
<i>Indicators/Outcome Measures:</i>	Smokeless prevalence among adults
<i>Baseline Data:</i>	11.60%
<i>Source of Data:</i>	YRBSS (2011)
<i>Timing of Data Collection:</i>	Yearly
<i>Population/Sample:</i>	Statewide
<i>How data will be described and analyzed:</i>	Age, gender, and race/ethnicity, education attainment, marital status, property ownership, and telephone ownership
Objective:	Objective 6: June 30, 2014, reduce the number of pregnant women who report tobacco use on the birth certificate from 13.7% in 2010 to 11.7% in 2014.
<i>Partners:</i>	TPCP Sub-grantees, coalitions
<i>Quarterly Status Update:</i>	PRAMS 2011 findings shows a slight increase to 13.8% although not statistically significant
<i>Indicators/Outcome Measures:</i>	Smoking prevalence among pregnant women
<i>Baseline Data:</i>	33% of AR mothers smoked 3 months before becoming pregnant, 19% smoked during the last 3 months of pregnancy and 25% of the women smoked after their delivery; 45% of women who quit smoking returned to smoking after delivery
<i>Source of Data:</i>	PRAMS 2010; Birth Certificates
<i>Timing of Data Collection:</i>	Every 2 years
<i>Population/Sample:</i>	Statewide
<i>How data will be described and analyzed:</i>	Percentage of mothers who report smoking (age, race)
<i>Reporting Period (Specify Quarter/Year):</i>	January – March 2013
<i>Form Completed by (Name, Role):</i>	Michelle Snortland, MBA - Branch Chief, Tobacco Prevention & Cessation Program
Battelle Comments and Recommendations:	

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

Other Activities NOT Related to Goals outlined in the ACT											
Initiative Name*	Organization(s) Responsible for Implementation	Activity Description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures	Justification for using MSA funds for this activity (if applicable)	To be included in Battelle Evaluation (Y/N)
BreastCare/ Comprehensive Cancer	TPCP/ADH Comprehensive Cancer Program	Collaboration between TPCP and Comprehensive Cancer/BreastCare Program	Address tobacco use in women presenting for breast exams	Reduce cancer-related diseases	Y	MSA	\$500,000.00	Survey data/KAB	Cancer prevalence; death rates	Address chronic illnesses that result from tobacco use	Y
Nutrition and Physical Activity (Act 1220)	Department of Education/ADH	Establish the Child Health Advisory Committee	Promote wellness activities in schools and community	Reduce chronic diseases	Y	MSA	\$717,325.00	Survey data/KAB	Reduction in obesity	Promote wellness activities to improve the health of students and the families	Y
Trails for Life	TPCP/Department of Parks and Tourism	Collaboration project between TPCP and Department of Parks and Tourism	Establish smoke-free/tobacco free trails and parks; Promote community wellness	Reduce tobacco use on trails and in parks	Y	MSA	\$140,000.00	Sites funded to develop and maintain trails	Number of Tobacco Free Trails	Promote community wellness activities	Y

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

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

Sources of Funding	Amount	Other Funding Source Specified	Leveraged Funds (Y/N)	Programmatic Budget	Administrative Budget
<i>MSA</i>	\$17,334,898.00	N/A		\$17,119,813.00	\$652,054.00
<i>CDC:</i>	\$1,104,566.00			\$1,104,566.00	
<i>CDC/PPHF</i>	\$195,764.00			\$195,764.00	
<i>Medicaid Reimbursement</i>	\$418,715.00			\$418,715.00	
<i>Total Budget</i>	\$19,053,943.00			\$18,838,858.00	\$652,054.00

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

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

Progress and Highlights: *Short-term goal: Obtain federal and philanthropic funding.* Last year, the COPH established an advisory board to direct its development efforts to assist in raising philanthropic funds to supplement current philanthropic funding that comes from foundations. A donor has committed to a \$20,000 gift to go toward two student scholarships if match funds can be secured.

COPH revenues in 2013 declined due to reductions in federal funding, which affected all of UAMS significantly, as well as the departures of several faculty who were heavily funded researchers.

The College continues according to its timeline for completing its self-study as a part of the re-accreditation process with the Council on Education for Public Health (CEPH). The initial draft of the self-study document was submitted to CEPH in December. In addition, planning began for activities in the areas of alumni affairs as well as career services for current students, both of which needed to be established to meet accreditation requirements.

Long-term goal: Elevate the overall ranking of the health status of Arkansas. This requires efforts by the COPH and its partners over decades. A focus in Health Behavior/Health Education under development will educate students to meet the increased demand for health educators in clinical settings as a result

Key Accomplishments This Quarter

- Submission of self-study draft to the Council on Education for Public Health, as part of the re-accreditation process.
- Successful faculty hire by the Health Behavior/Health Education Department.
- Continuing discussions with UA Fayetteville about collaborative program development.
- Commitment of \$20,000 donation for student scholarships.
- Planning began for alumni affairs and career services activities.

of the Affordable Care Act. Recruitment for two new faculty positions for that program resulted in one successful hire in December. Recruitment is also underway for an additional MHSA faculty member.

Discussions continue with UA Fayetteville about offering health administration courses with the Sam M. Walton College of Business' Executive MBA program, as well as developing a number of new combined-degree programs: a combined MPH program with the Walton School's MBA, a combined MHSA with the Walton School's MBA degree program, and a 4+1 combined MPH/BS degree program with the Department of Health, Human Performance and Recreation (which would expand the number of Arkansas colleges and universities participating in the COPH 4+1 program to five).

Faculty, students and alumni continue to make contributions that directly impact the health and well-being of Arkansans. In fall 2013, 29 of 35 (80%) student preceptorship and culminating experience projects and 41 of 51 (80%) faculty research projects focused on Arkansans' health and well-being.

As part of the COPH's commitment to informing policy-makers about public health issues, funding was obtained by a faculty member through a contract from the Arkansas Insurance Department to evaluate the Arkansas Insurance Exchange, and, the COPH continues to be represented on task forces and committees with organizations and state agencies addressing public health issues.

Key Accomplishments this Past Quarter: Accomplishments include the submission of the self-study draft to CEPH, as part of the COPH's re-accreditation process; a successful faculty hire by the Health Behavior/Health Education Department; continuing discussions with UA Fayetteville about collaborative program development; planning for alumni affairs and career services activities; and commitment of a \$20,000 donation for student scholarships.

Challenges and Opportunities: The COPH continues to be competitive nationally in recruitment of highly qualified academic and administrative personnel, despite the limited pool of senior faculty candidates. To address the demand for a diverse public health workforce, the COPH continues the development of programs that serve students from a wider geographic area and in the long term will increase the impact of public health expertise on population health across Arkansas communities. Limited student scholarships and financial aid are an additional challenge.

Plans for Next Quarter: Planned activities include continuing recruitment efforts for faculty, minority faculty, minority post-doctoral fellows and doctoral students; continuing development of a self-study for re-accreditation by the CEPH with the site visit planned for June 2014; continuing development of new educational programs; and philanthropic fundraising for endowed faculty chairs/professorships and student scholarships. In addition, alumni affairs efforts will be initiated with a poll of all alumni about their interest in types of alumni activities to be coordinated by the COPH. Efforts are underway to provide, for current students, services that will assist them with career planning and their professional development. Career workshops are planned for this semester. New features for the COPH web site to assist with career decisions and job searches include public health career and employment resources as well as alumni profiles.

Table 4.A. Goals and Objectives for College of Public Health

ATSC Independent Evaluation Quarterly Report – College of Public Health	
Overall Program Goal:	To improve the health and promote the well-being of individuals, families and communities in Arkansas through education, research and service
Short-term Goal:	Obtain federal and philanthropic grant funding. (based on 19-12-118 (A)-Monitoring and evaluation of programs)
Objective:	Objective 1: Maintain annual extramural research funding in FY2013 and 2014 consistent with funding levels in the past three years (3-year average).
<i>Partners:</i>	Community partners, ADH, UAMS, community organizations, local colleges and universities
<i>Quarterly Status Update:</i>	October, January, April, July
<i>Indicators:</i>	Extramural research funding - gross expended by grants and contracts
<i>Baseline Data:</i>	FY 11:\$8,618,156; FY 12: \$7,353,048; FY 13: \$6,016,472 3-yr. average: \$7,329,225
<i>Source of Data:</i>	COPH Administration
<i>Timing of Data Collection:</i>	By fiscal year
<i>Population/Sample:</i>	Funded grants/contracts
<i>How data will be described and analyzed:</i>	Descriptive data
Objective:	Objective 2: Leveraged funding: The ratio of gross extramural research funding to Tobacco Settlement Fund monies will be maintained at least at 2.7:1 in FY2013 and FY2014
<i>Partners:</i>	Grant/contract partners
<i>Quarterly Status Update:</i>	Fiscal year
<i>Indicators:</i>	Amount of extramural funded research (non-TSF) monies received by COPH and ATS funds
<i>Baseline Data:</i>	FY 2013. Extramural funding (direct grants/contracts and indirects) \$6,016,472 / TSF \$2,371,926 = 2.53:1
<i>Source of Data:</i>	COPH Administration
<i>Timing of Data Collection:</i>	By fiscal year
<i>Population/Sample:</i>	Grants/contracts/indirect funds
<i>How data will be described and analyzed:</i>	Descriptive data

ATSC Independent Evaluation Quarterly Report – College of Public Health	
Objective:	Objective 3: Maintain a 2:1 ratio of number of publications in peer-reviewed journals annually to faculty FTEs
<i>Partners:</i>	COPH full-time and part-time faculty
<i>Quarterly Status Update:</i>	Updated annually at the end of the calendar year
<i>Indicators:</i>	Number of publications per faculty FTEs annually
<i>Baseline Data:</i>	In 2013: 135 publications/44.3 faculty FTEs = 3.05 publications/per faculty FTE. List is attached.
<i>Source of Data:</i>	COPH faculty annual publications survey / annual faculty count
<i>Timing of Data Collection:</i>	Publications survey: end of each calendar year. Faculty count: each fall semester
<i>Population/Sample:</i>	COPH faculty
<i>How data will be described and analyzed:</i>	Numbers listed and description provided
Objective:	Objective 4: (Objective on ranked publications has been deleted.)
Long-term Goal:	Elevate the overall ranking of the health status of Arkansas
Objective:	Objective 5: Serve as an educational resource on policy initiatives to improve the health and well-being of Arkansas
<i>Partners:</i>	Health-related agencies and organizations; community; executive branch; legislative branch
<i>Quarterly Status Update:</i>	General session every 2 years
<i>Indicators:</i>	Health policies for which COPH was available as a resource / policies enacted
<i>Baseline Data:</i>	List of initiatives will be provided.
<i>Source of Data:</i>	Coalition of health-related agencies and organizations
<i>Timing of Data Collection:</i>	At end of each bi-annual general session
<i>Population/Sample:</i>	Coalition of health-related agencies and organizations
<i>How data will be described and analyzed:</i>	Not relevant

ATSC Independent Evaluation Quarterly Report – College of Public Health	
Objective:	Objective 6: Provide public health training to students throughout the state
<i>Partners:</i>	Linkages through statewide recruitment, AHECs, and HBCU partners in 4+1 program
<i>Quarterly Status Update:</i>	Enrollment data collected each semester
<i>Indicators:</i>	Student % by AHEC region; # of distance-accessible (either weekend-executive format or courses for which the majority of instruction is on line) courses offered
<i>Baseline Data:</i>	Fall 2013: 34% Central; 3% NW; 6% NE; 3% SW; <1% S; 4% Delta; 8% South Central; 3 distance-accessible education courses offered.
<i>Source of Data:</i>	Registrar - Office of StudentAffairs (OSA)
<i>Timing of Data Collection:</i>	Each semester
<i>Population/Sample:</i>	Students enrolled in the College of Public Health
<i>How data will be described and analyzed:</i>	Demographic analysis of student population by AHEC region from OSS
Objective:	Objective 7: Increase workforce diversity in public health, particularly under-represented minorities, so that they mirror population demographics
<i>Partners:</i>	Center for Diversity Affairs, 4+1 college partners, research partners, collaborative partners
<i>Quarterly Status Update:</i>	Information updated by semester enrollment and graduation data
<i>Indicators:</i>	Percentage of minority graduates whose post-graduation plans are in a public health-related field in AR
<i>Baseline Data:</i>	Fall 2013: Graduates = 20: 14 Master of Public Health, 1 Master of Health Services Administration, 3 Post-baccalaureate Certificate in Public Health; and 2 PhD (formally awarded through the UAMS Graduate School). Total # minority graduates = 9. Total with post-graduation plans to work in public health in Arkansas 12 of 20. 7 did not report plans.
<i>Source of Data:</i>	Registrar - Office of Student Affairs
<i>Timing of Data Collection:</i>	By semester
<i>Population/Sample:</i>	COPH minority graduates per semester
<i>How data will be described and analyzed:</i>	Description provided with numbers and percentages
<i>Process measure:</i>	Numbers and percentages of minority students enrolled; numbers and percentages of minority graduates by degree - Certificate, MPH, MHSA, DrPH, PhD, MS, OEH certification
<i>Instrument:</i>	Office of Student Affairs enrollment data
<i>Who will collect the data:</i>	OSA

ATSC Independent Evaluation Quarterly Report – College of Public Health	
<i>Timing of data collection:</i>	Each semester (see attachment)
<i>Population/sample:</i>	Minority enrolled students and graduates
<i>How data will be described and analyzed:</i>	Description provided with numbers and percentages
Objective:	Objective 8: Pursue Arkansas-based research focused on improving the health of Arkansas: 1) Ensure that no fewer than 50% of faculty are involved in research activities that focus on the improvement of the health and wellbeing of Arkansans; 2) ensure that no fewer than 75% of the MPH student preceptorships and integration projects have as their focus the improvement of the health and wellbeing of Arkansans.
<i>Partners:</i>	AR Center for Health Disparities (ARCHD)
<i>Quarterly Status Update:</i>	October; January; April; July
<i>Indicators:</i>	1) Percentage of faculty involved in research activities that focus on the improvement of the health and wellbeing of Arkansans; 2) percentage of the MPH student preceptorships and integration projects that have as their focus the improvement of the health and wellbeing of Arkansans.
<i>Baseline Data:</i>	Fall 2013: 1) 80.4% (41/51) faculty projects meet criteria: 83% (29 of 35) student projects meet criteria
<i>Source of Data:</i>	Faculty survey; Office of Student Affairs
<i>Timing of Data Collection:</i>	Quarterly and by calendar year
<i>Population/Sample:</i>	All faculty research activities conducted within the calendar year; all student preceptorships and integration projects completed in the calendar year
<i>How data will be described and analyzed:</i>	Description provided with numbers and percentages
<i>Reporting Period:</i>	October–December 2013
<i>Form Completed by (Name, Role):</i>	Nancy Dockter, asst. dean/ATSC liaison
Battelle Comments and Recommendations:	

Table 4.B. Activities for College of Public Health

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

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

Table 4.C. Cost Data for College of Public Health

Sources of Funding	Amount	Other Funding Source Specified	Leveraged Funds (Y/N)	Programmatic Budget	Administrative Budget
<i>ATSC</i>	\$2,371,926.00	NA	NA	NA	\$2,371,926.00
<i>Grants/contracts direct costs</i>	\$4,730,099.00	NA	NA	NA	\$4,730,099.00
<i>Grants/contracts indirects</i>	\$1,286,373.00	NA	NA	NA	\$385,912.00
<i>Tuition and fees</i>	\$964,410.00	NA	NA	NA	\$289,323.00
<i>Investment revenue</i>	\$145,816.00	NA	NA	NA	\$145,816.00
<i>Expendable gifts</i>	\$54,856.00	NA	NA	NA	\$54,856.00
<i>Other UAMS state funding</i>	\$2,861,660.00				\$2,861,660.00
<i>Total</i>	\$9,553,480.00				\$7,977,932.00

Column B = Gross expended funds

Column F = Amount allocated to the COPH

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

Additional Tables for College of Public Health

Table 4.D. COPH – Primary Faculty Calendar Year 2013 Publications in Peer-Reviewed Journals

Faculty Name	Total FTE	Publications
Ault, Richard	1	0
Bird, T. Mac	1	<p>Published or E-published ahead of Print</p> <p>Farst K, Ambadwar PB, King AJ, Bird TM, Robbins JM. Trends in Hospitalization Rates and Severity of Injuries From Abuse in Young Children, 1997-2009. <i>Pediatrics</i>, 2013, 131, e1796.</p> <p>Hitt WC, Low G, Bird TM, Ott R. Telemedical cervical cancer screening to bridge Medicaid service care gap for rural women. <i>Telemedicine and e-Health</i>, 2013, 19(5), 403-408.</p> <p>Phillips AM, Large E, Bird TM, Hitt WC, Eastham DG, Pulley L, Hutchins DA. Vulvodynia in Arkansas: a survey of Arkansas gynecologists' practice experience and management of vulvar pain. <i>Journal of the Arkansas Medical Society</i>, 2013, 109(3): 206-208.</p> <p>Casey PH, Lyle RE, Bird TM, Robbins JM, Kuo DZ, Brown C, Lal A, Tanios A, Burns K. A Hospital-Based Comprehensive Care Clinic Can Reduce Health Care Costs for Medically Complex Children. <i>Archives of Pediatric and Adolescent Medicine</i>, 2011, 165(5): 392-398.</p>
Bowman, Stephen	1	<p>Published or E-published ahead of Print</p> <p>Sears JM, Blanar L, Bowman SM. 2013. Predicting work-related disability and medical cost outcomes: A comparison of injury severity scores and scoring methods. <i>Injury</i>. 2013 Epub ahead of print.</p> <p>Sears JM, Graves HM, Blanar L, Bowman SM. Case identification of work-related traumatic brain injury using the Occupational Injury and Illness Classification Systems (OIICS). <i>J Occup Environ Med</i> 2013;55(5):507-13.</p> <p>Sears JM, Bowman SM, Adams D, Silverstein BA. Who pays for work-related traumatic injuries? Payer distribution in Washington State by Ethnicity, Injury Severity, and Year (1998-2008). <i>Am J Ind Med</i> 2013;56(7):742-54.</p> <p>Sears JM, Blanar L, Bowman SM, Adams D, Silverstein BA. Predicting Work-Related Disability and Medical Cost Outcomes: Estimating Injury Severity Scores from Worker's Compensation Data. <i>J Occup Rehabil</i> 2013;23(1):19-31</p> <p>TOTAL: 4</p>

Faculty Name	Total FTE	Publications
Boyle, Kathy	1	0
Boysen, Gunnar	1	<p>Published or E-published ahead of Print</p> <p>Edavana VK, Dhakal IB, Williams S, Penney RB, Boysen G, Yao-Borengasser A, Kadlubar S. Potential role of UGT1A4 promoter SNPs in anastrozole pharmacogenomics. Drug Metab Dispos. 2013 Apr;41(4):870-7.</p> <p>Hartman JH, Boysen G, Miller GP Cooperative effects for CYP2E1 differ between styrene and its metabolites. Xenobiotica. 2013 Sep;43(9):755-64.</p> <p>TOTAL: 2</p>
Bursac, Zoran	1	<p>Published or E-published ahead of Print</p> <p>Myers TL, DeHart RM, Vuk J, Bursac Z. Prior Degree Status of Student Pharmacists: Is there an Association with First-year Pharmacy School Academic Performance? Currents in Pharmacy Teaching and Learning: Epub ahead of print.</p> <p>Felix H, Thostenson J, Bursac Z, Bradway C. (2013). Effect of Weight on Indwelling Catheter Use among Long-Term Care Facility Residents. Urology Nursing, 33(30): 194-200.</p> <p>Ferguson A, Bursac Z, Johnson W. (2013). Combined Analysis of Results on Single and Multiple Contacts: Potting Soil, Sand and Clay Transfers to Cloth for the Estimate of Soil Adherence to Human Skin. Environmental and Natural Resource Research, 3(3): 33-44.</p> <p>Krukowski RA, Bursac Z, McGehee MA, West DS. (2013). Exploring Potential Health Disparities in Excessive Gestational Weight Gain. Journal of Women’s Health, 22(6):494-500.</p> <p>Beck C, Fausett JK, Krukowski RA, Cornell CE, Prewitt TE, Lensing S, Bursac Z, Felix H, Love S, McDougall G, West DS. (2013). A Randomized Trial of a Community-based Cognitive Intervention for Obese Senior Adults. Journal of Health and Aging, 25(1): 97-118.</p> <p>Phillips MM, Raczynski JM, West DS, Pulley L, Bursac Z, Leviton LC. The Evaluation of Arkansas Act 1220 of 2003 to Reduce Childhood Obesity: Conceptualization, Design and Special Challenges. (2013). American Journal of Community Psychology, 51(1-2):289-98.</p> <p>Krukowski RA, Harvey-Berino J, Bursac Z, Ashikaga T, West DS. Patterns of Success: Online Self-Monitoring in a Web-based Behavioral Weight Control Program. (2013). Health Psychology, 32(2): 164-170.</p> <p>TOTAL: 7</p>

Faculty Name	Total FTE	Publications
Cardenas, Victor	1	<p>Submitted</p> <p>Rivera JO, Anaya JP and Cardenas VM: Impairment of Kidney Function among US Hispanics on Tenofovir, J of Pharmacovigilance.</p> <p>Cardenas VM, Roman GC, Perez A, Hauser AW: Why are epilepsy hospital-stays in the US on the rise since 2006?. Epilepsia.</p> <p>TOTAL: 2</p>
Chalbot, Marie-Cecile	1	<p>Published or E-published ahead of Print</p> <p>Gini, M., Lianou, M., Chalbot, M.C.,* Kotronarou, A., Kavouras, I.G., Helmis, C.G. (2013). Quantification of environmental tobacco smoke contribution on outdoor particulate aliphatic and polycyclic aromatic hydrocarbons. <u>Archives of Environmental Contamination and Toxicology</u>, 64, 347-356, doi: 10.1007/s00244-012-9844-6.</p> <p>Lianou, M., Chalbot, M.C., Kotronarou, A., Kavouras, I.G., Hoek, G., Harrison, R.M., Hameri, K. (2013). Quantitative determination of the regional contributions to fine and coarse particle mass in urban receptor sites. <u>Environmental Pollution</u> 176C, 1-9, doi: 10.1016/j.envpol.2013.01.004.</p> <p>Chalbot, M.C.,* Kavouras, I.G, Dubois, D.W. (2013). Assessment of the contribution of wildfires on ozone concentrations in the central US-Mexico border region. <u>Aerosol and Air Quality Research</u>, 13, 838-848, doi: 10.4209/aaqr.2012.08.0232.</p> <p>Chalbot, M.C., McElroy, B., Kavouras, I.G. (2013). Sources, trends and regional impacts of fine particulate matter in southern Mississippi valley: significance of emissions from sources in the Gulf of Mexico coast. <u>Atmospheric Chemistry and Physics</u>, 13, 3721-3732, doi:10.5194/acp-13-3721-2013.</p> <p>Lianou, M., Chalbot, M.C., Vei, I.C., Kotronarou, A., Kavouras, I.G., Hoek, G., Harrison, R.M., Hameri, K. (2013). The impact of wind on particle mass concentrations in four European urban areas. <u>Global NEST Journal</u> 15, 188-194.</p> <p>Chalbot, M.C.,* Lianou, M., Vei, I.C., Kotronarou, A., Kavouras, I.G. (2013). Spatial attribution of sulfate and dust aerosol sources in an urban area. <u>Atmospheric Pollution Research</u> 4, 346-353, doi: 10.5094/APR.2013.039.</p> <p>Chalbot, M.C., Nikolic, G., Etyemezian, V., Dubois, D.W., King, J., Shafer, D., Gamboa da Costa, G., Hinton, J.F., Kavouras I.G. (2013). Soil humic-like organic compounds in prescribed fire emissions using nuclear magnetic resonance spectroscopy. <u>Environmental Pollution</u> 181, 167-171, doi:10.1016/j.envpol.2013.06.008.</p> <p>Chalbot, M.C.,* Gamboa da Costa, G., Kavouras I.G. (2013). NMR analysis of the water soluble fraction of airborne pollen particles. <u>Applied Magnetic Resonance</u> 44, 1347-1358 doi: 10.1007/s00723-013-0492-4.</p> <p>Kavouras, I.G., Chalbot, M.C. (2013). Le rôle de l'exposition à l'ozone sur les symptômes de dépression et les infections virales. <u>ANSES Bulletin de Veille Scientifique</u> 19, 28-31.</p> <p>Chalbot, M.C.* (2013). Association entre exposition périnatale ou maternelle aux</p>

Faculty Name	Total FTE	Publications
		<p>perturbateurs endocriniens et le développement de l'enfant : cas de la cryptorchidie et de l'obésité. <u>ANSES Bulletin de Veille Scientifique</u> 19, 18-22.</p> <p>Kavouras, I.G., Chalbot, M.C. (2013). Étude de l'exposition et des sources de particules fines par mesure satellite de l'épaisseur optique des aérosols, la granulométrie des particules et la radioactivité naturelle au sol. <u>ANSES Bulletin de Veille Scientifique</u> 20, 36-39.</p> <p>Chalbot, M.C.* (2013). Perturbation endocrinienne au niveau de la fonction thyroïdienne suite à l'exposition aux retardateurs de flamme utilisés dans la vie courante. <u>ANSES Bulletin de Veille Scientifique</u> 20, 14-18.</p> <p>TOTAL : 12</p>
Cornell, Carol	1	<p>Published or E-published ahead of Print</p> <p>Montgomery, B.E.E., Stewart, K.E., Yeary, K.H.K., Cornell, C., Pulley, L., Corwyn, R., & Ounpraseuth, S. (in press). Religiosity and Sexual Risk Behaviors among African American Cocaine Users in the South. Accepted November, 2013. <u>Journal of Rural Health</u>.</p> <p>Felix H.C., Adams B., Cornell C.E., Fausett J.K., Krukowski R.A., Love S.J., Prewitt T.E., & West D.S. (2014) Barriers and facilitators to senior centers participating in translational research. <u>Research on Aging</u>. 36(1): 22-39 PMID Pending</p> <p>Rutledge, T., Kenkre, T.S., Bittner, V., Krantz, D.S., Thompson, D.V., Linke, S.E., Eastwood, J., Eteiba, W., Cornell, C.E., Vaccarino, V., Pepine, C.J., Johnson, D., Merz, N.B. (2013) Anxiety Associations with Cardiac Symptoms, Angiographic Disease Severity, & Healthcare Utilization: The NHLBI-Sponsored Women's Ischemia Syndrome Evaluation. <u>International Journal of Cardiology</u>. 2013 Feb 11. Pii: SO167-5273(13)00076-4. doi: 10.1016/j.ijcard.2013.01.036. PMID:PMC3683077</p> <p>Eastwood, JA, Johnson, BD, Rutledge, T, Bittner, V, Whittaker, KS, Krantz, DS, Cornell, CE, Eteiba, W, Handberg, E, Vido,D, and Bairey Merz, CN.(2013) Anginal symptoms, coronary disease and adverse outcomes in black and white women: The NHLBI-Sponsored Women's Ischemia Syndrome Evaluation (WISE) Study. <u>Journal of Women's Health</u>. 22(9):724-732. PMID:23992103</p> <p>Krukowski, R.A., Lensing, S., Love, S., Prewitt, T.E., Adams, B., Cornell, C.E., Felix, H.C. & West, D.S. (2013) Training of lay health educators to implement an evidence-based behavioral weight loss intervention in rural senior centers. <u>The Gerontologist</u>.53(1):162-71. PMID:22936536</p> <p>Beck, C., Kleiner, J., Krukowski, R.A., Cornell, C.E., Prewitt, T.E., Lensing, S., Bursac, Z., Felix, H.C., Love, S., McDougall, G., & West, D.S. (2013) A randomized trial of a community-based, lay health educator delivered cognitive intervention for obese senior adults. <u>Journal of Aging and Health</u>.25(1):97-118. PMID:23248351</p> <p>TOTAL: 6</p>
Cranmer, Morris	.62	0

Faculty Name	Total FTE	Publications
de Messias, Erick	.075	<p>Published or E-published ahead of Print Messias, E; Kaley, S; McKelvey, D: Adult-Onset Psychosis and Clinical Genetics: A Case of Phelan-McDermid Syndrome. In press: The Journal of Neuropsychiatry and Clinical Neurosciences</p> <p>TOTAL: 1</p>
Delongchamp, Robert	1	<p>Published or E-published ahead of Print Balamurugan A, Delongchamp R, Bates J, Mehta JL: The neighborhood where you live is a risk factor for stroke. <i>Circulation: Cardiovascular Quality and Outcomes</i> 2013, (published online, October 2013).</p> <p>TOTAL: 1</p>
Dockter, Nancy	1	0
El Faramawi, Mohammed	1	<p>Published or E-published ahead of Print Faramawi MF, S. Gandhi, J. L Caffrey, M. Felini, S. Bae, K. P. Singh. Trends in waist to thigh ratio among adults in USA. In Chan F, Marinova D and Anderssen RS (eds) MODSIM2013, 21th International Congress on Modeling and Simulation. Society of Australia and New Zealand, Adelaide, Australia, 1–6 December 2013 www.mssanz.org.au/modsim2013</p> <p>Khaleel A,Faramawi MF et al. The role of osteopontin in diagnosis of hepatocellular carcinoma among patients with radiological hepatic focal lesions. <i>Tumori</i>. 2013 Jan-Feb;99(1):100-7. PMID:23549008</p> <p>Lin YS, Caffrey JL, Lin JW, Bayliss D, Faramawi MF, Bateson TF, Sonawane B. Increased risk of cancer mortality associated with cadmium exposures in older Americans with low zinc intake. <i>J Toxicol Environ Health A</i>. 2013;76(1):1-15. doi: 10.1080/15287394.2012.722185. PMID:23151207</p> <p>Gandhi S, Felini MJ, Ndetan H, Cardarelli K, Faramawi MF, Johnson ES. A Pilot Case-Cohort Study of Brain Cancer In Poultry & Control Workers (Nov 2013). <i>Nutrition and Cancer</i>.</p> <p>TOTAL: 4</p>
Eudy, Ruth	1	0
Felix, Holly	1	<p>Published or E-published ahead of Print Stewart MK, Felix HC, Cottoms N, Olson M, Shelby B, Huff A, Colley D, Sparks C, and McKindra F. 2013. Capacity Building for Long-Term Community-Academic Health Partnership Outcomes. <i>International Public Health Journal</i>. 5(1):</p> <p>Beck, CK Fausett, JK, Krukowski RA, Cornell CE, Prewitt TE, Lensing S, Bursac Z, Felix HC, Love SJ, McDougall G, West DS. 2013. Randomized Trial of a Community-based, Lay Health Educator Delivered Cognitive Intervention for Obese Senior Adults. <i>Journal of Aging and Health</i>, 25(1): 97-118.</p> <p>Felix HC, West DS. 2013. Effectiveness of Weight Loss Interventions for Obese Older Adults. <i>American Journal of Health Promotion</i>. 27(3): 191-199.</p>

Faculty Name	Total FTE	Publications
		<p>Krukowski RA, Lensing S, Love SJ, Prewitt TE, Adams B, Cornell C, Felix HC, West DS. 2013. Training of lay health educators to implement an evidence-based behavioral weight loss intervention to obese older adults in rural senior centers. <i>The Gerontologist</i>. 53(1): 162-171.</p> <p>Krukowski RA, Pope RA, Love S, Lensing S, Felix H, Prewitt TE, West DS. 2013. Examination of Costs for a Lay Health Educator-Delivered Translation of the Diabetes Prevention Program in Senior Centers. <i>Preventive Medicine</i>. 57(4): 400-402.</p> <p>Felix HC, Thostenson J, Bursac Z, Bradway C. 2013 Effect of weight on indwelling catheters use among long-term care facility residents. <i>Urologic Nursing</i>. 33(3). Epub ahead of print. doi:10.7257/1053-816X.2013.33.3.</p> <p>Felix HC, <u>Adams B</u>, Cornell C, Fausett JK, Krukowski RA, Love SJ, Prewitt TE, West DS. 2014. Barriers and facilitators to senior center participation in translational research. <i>Research on Aging</i>. 36(10): 22-38. Published online before print November 20, 2012, doi: 10.1177/0164027512466874.</p> <p>TOTAL: 7</p>
Ferguson, Alesia	1	<p>Published or E-published ahead of Print</p> <p>Ferguson, A., Bursac, Z., Johnson, W., Davis, J. "Combined Analysis of Results on Single and Multiple Contacts: Potting Soil, Sand and Clay Transfers to Cloth for the Estimate of Soil Adherence to Human Skin" <i>Environmental and Natural Resource Research</i>, October, 2013, Vol. 3, No 3. Page 33-44 10.5539/enrr.v3n3p33</p> <p>TOTAL: 1</p>
Fischbach, Lori	1	<p>Published or E-published ahead of Print</p> <p>Kramer JR, Fischbach L, Richardson P, Ramsey D, Alsarraj A et al. Waist to Hip Ratio but Not Body Mass Index is Associated with Increased Risk of Barrett's Esophagus in Caucasian Men. <i>Clinical Gastro Hepatol</i>. 11:373-81;2013.</p> <p>Nyssen OP, McNicholl AG, Megraud F, Savarino V, Oderda G, Fallone C, Fischbach L, Bazzoli F, Gisbert JP. Sequential versus proton pump inhibitor triple therapy for <i>Helicobacter pylori</i> eradication [Protocol]. <i>Cochrane Database of Systematic Reviews</i>. 3, 2013.</p> <p>TOTAL: 2</p>
Fuhrman, Barbara	1	<p>Published or E-published ahead of Print</p> <p>Falk RT, Brinton LA, Dorgan JF, Fuhrman BJ, Veenstra TD, Xu X, Gierach GL. Relationship of Serum Estrogens and Estrogen Metabolites to Postmenopausal Breast Cancer Risk: A Nested Case-Control Study. <i>Breast Cancer Research: BCR</i> 2013, 15(2):R34.</p> <p>Fuhrman BJ, Freedman DM, Bhatti P, Doody MM, Fu YP, Chang SC, Linet MS, Sigurdson AJ. Sunlight, polymorphisms of vitamin D-related genes and risk of breast cancer. <i>Anticancer Research</i> 2013, 33(2):543-551.</p>

Faculty Name	Total FTE	Publications
		<p>Fuhrman BJ, Pfeiffer RM, Wu AH, Xu X, Keefer LK, Veenstra TD, Ziegler RG. Green tea is associated with urinary estrogen profiles in Japanese-American women. <i>Nutrition Journal</i> 2013, Feb 15:12:25 do1: 10.1186/1475-2891-12-25/</p> <p>TOTAL: 3</p>
Gandy, Jay	1	0
Golden, William	.2	<p>Published or E-published ahead of Print</p> <p>Golden WE, Henry C, Palmer P. Reducing C Sections in Low Risk Patients. <i>Journal of the Arkansas Medical Association</i>, November, 2013.</p> <p>TOTAL: 1</p>
Greene, Paul	1	<p>Published or E-published ahead of Print</p> <p>Felix, HC, Lee,D, Stewart, MK, Greene, P, Engagement of Community Health Workers in the Research Enterprise. (2013) <i>Journal of Community Engagement and Higher Education</i>. 5(1) http://discovery.indstate.edu/jcehe/index.php/joce</p> <p>TOTAL: 1</p>
Harrill, Alison	1	<p>Published or E-published ahead of Print</p> <p>Keratin-18 and microRNA-122 complement alanine aminotransferase as novel safety biomarkers for drug-induced liver injury in two human cohorts. Thulin, P., Nordahl, G., Gry, M., Yimer, G., Aklillu, E., Makonnen, E., Aderaye, G., Lindquist, L., Mattsson C.M., Ekblom, B., Antoine, D.J., Park, B.K., Linder, S., Harrill, A.H., Watkins, P.B., Glinghammar, B., Schuppe-Koistinen, I. <i>Liver Int.</i> 2013 Sep 11.</p> <p>TOTAL: 1</p>
Johnson, Eric	1	0
Kavouras, Ilias	1	<p>Published or E-published ahead of Print</p> <p>Kavouras IG, DuBois DW, Etyemezian V, Nikolich G. (2013) Spatiotemporal variability of ground-level ozone and influence of smoke in Treasure Valley, Idaho. <i>Atmospheric Research</i> 124, 44-52.</p> <p>Gini M, Lianou M, Chalbot M-C, Kotronarou A, Kavouras IG, Helmis C. (2013) Quantification of environmental tobacco smoke contribution on outdoor particulate aliphatic and polycyclic aromatic hydrocarbons. <i>Archives of Environmental Contamination and Toxicology</i> 64, 347-356.</p> <p>Kavouras IG, Lianou MC, Chalbot M-C, Vei I-C, Kotronarou A, Hoek G, Hameri K, Harrison RM. (2013) Quantitative determination of the regional contributions to fine and coarse particle mass in urban receptor sites. <i>Environmental Pollution</i> 176, 1-9.</p> <p>Kavouras IG, Chalbot M-C. (2013) Étude de l'exposition et des sources de particules fines par mesures satellites de l'épaisseur optique des aérosols, la granulométrie des particules, et la radioactivité naturelle au sol. <i>Bulletin de Veille Scientifique</i>. 20, 36-39.</p> <p>Chalbot M-C, McElroy B, Kavouras IG. (2013) Sources, trends and regional impacts of</p>

Faculty Name	Total FTE	Publications
		<p>fine particulate matter in a Midwestern urban area: significance of emissions from sources in the Gulf of Mexico coast. <i>Atmospheric Chemistry and Physics</i> 13, 3721-3732.</p> <p>Chalbot M-C, DuBois DW, Kavouras IG. (2013) Assessment of the contribution of wildfires on ozone concentrations in the central US-Mexico border region. <i>Aerosol and Air Quality Research</i> 13, 838-848.</p> <p>Kavouras IG (2013) Estimation globale de la relation entre la pollution de l'air et l'espérance de vie et la mortalité à partir d'études de population. <i>Bulletin de Veille Scientifique</i> 21, 55-59.</p> <p>Chalbot M-C, Lianou M, Vei I-C, Kotronarou A, Kavouras IG. (2013) Spatial attribution of sulfate and dust aerosol sources in an urban area. <i>Atmospheric Pollution Research</i> 4, 346-353.</p> <p>Chalbot M-C, Nikolich G, Etyemezian V, DuBois D, King J, Shafer D, da Costa GG, Hinton JF, Kavouras IG. (2013) Soil humic-like organic compounds in prescribed fire emissions by nuclear magnetic resonance spectroscopy. <i>Environmental Pollution</i> 181, 167-171.</p> <p>Lianou M, Chalbot M-C, Vei I-C, Kotronarou A, Kavouras IG, Hoek G, Harrison RM, Hameri K. (2013) The impact of wind on particle mass concentrations in four European urban areas. <i>Global NEST Journal</i> 15, 188-194.</p> <p>Chalbot M-C, da Costa GG, Kavouras IG. (2013) NMR analysis of the water soluble fraction of airborne pollen particles. <i>Applied Magnetic Resonance</i> 44(12), 1347-1358.</p> <p>TOTAL: 11</p>
Koturbash, Igor	1	<p>Published or E-published ahead of Print</p> <p>de Conti A, Tryndyak V, Koturbash I, Heidor R, Kuroiwa-Trzmielina J, Ong TP, Beland FA, Moreno FS, Pogribny IP. (2013) The chemopreventive activity of the butyric acid prodrug tributyrin in experimental rat hepatocarcinogenesis is associated with p53 acetylation and activation of the p53 apoptotic signaling pathway. <i>Carcinogenesis</i> 34:1900-6.</p> <p>TOTAL: 1</p>
Landes, Reid	.1	<p>Published or E-published ahead of Print</p> <p>Landes RD, Lensing SY, Kodell RL, Hauer-Jensen M. Practical Advice on Calculating Confidence Intervals for Radioprotection Effects and Reducing Animal Numbers in Radiation Countermeasure Experiments. <i>Radiat Res.</i> 2013 Dec; 180:567-574. doi: 10.1667/RR13429.1</p> <p>Owen RR, Drummond KL, Viverito KM, Marchant K, Pope SK, Smith JL, Landes RD. Monitoring and managing metabolic effects of antipsychotics: a cluster randomized trial of an intervention combining evidence-based quality improvement and external facilitation. <i>Implement Sci.</i> 2013 Oct 8;8:120. doi: 10.1186/1748-5908-8-120.</p> <p>Matusiewicz AK, Carter AE, Landes RD, Yi R. Statistical equivalence and test-retest</p>

Faculty Name	Total FTE	Publications
		<p>reliability of delay and probability discounting using real and hypothetical rewards. Behav Processes. 2013 Nov;100:116-22. doi: 10.1016/j.beproc.2013.07.019. Epub 2013. Aug 14.</p> <p>Wiggins MN, Landes RD, Bhaleeya SD, Uwaydat SH. Primary care physicians' knowledge of the ophthalmic effects of diabetes. Can J Ophthalmol. 2013 Aug;48(4):265-8. doi: 10.1016/j.jcjo.2013.03.011.</p> <p>Sheffer C, Stitzer M, Landes R, Brackman SL, Munn T. In-person and telephone treatment of tobacco dependence: a comparison of treatment outcomes and participant characteristics. Am J Public Health. 2013 Aug;103(8):e74-82. doi: 10.2105/AJPH.2012.301144. Epub 2013 Jun 13.</p> <p>Sheffer CE, Mennemeier MS, Landes RD, Dornhoffer J, Kimbrell T, Bickel WK, Brackman S, Chelette KC, Brown G, Vuong M. Focal electrical stimulation as an effective sham control for active rTMS and biofeedback treatments. Appl Psychophysiol Biofeedback. 2013 Sep;38(3):171-6. doi: 10.1007/s10484-013-9221-x</p> <p>Sheffer CE, Mennemeier M, Landes RD, Bickel WK, Brackman S, Dornhoffer J, Kimbrell T, Brown G. Neuromodulation of delay discounting, the reflection effect, and cigarette consumption. J Subst Abuse Treat. 2013 Aug;45(2):206-14. doi: 10.1016/j.jsat.2013.01.012. Epub 2013.Mar 18.</p> <p>Mittal D, Li C, Williams JS, Viverito K, Landes RD, Owen RR. Monitoring veterans for metabolic side effects when prescribing antipsychotics. Psychiatr Serv. 2013 Jan;64(1):28-35. PMID: 23117285</p> <p>TOTAL: 8</p>
Malak, Sharp	.2	<p>Published or E-published ahead of Print</p> <p>Erdem E, Samant R, Malak SF, Culp WC, Brown A, Peterson L, Lensing S, Barlogie B. Vertebral Augmentation in the Treatment of Pathologic compression Fractures in 792 Patients with Multiple Myeloma. Leukemia accepted article preview 3 June 2013; doi: 10.1038/leu.2013.162.</p> <p>20. Gadgil P, Korourian S, Malak S, Ochoa D, Lipschitz R, Henry-Tillmas R, Klimberg SV. Surgeon-Performed Touch Preparation of Breast Core Needle Biopsies May Provide Accurate Same-Day Diagnosis and Expedite Treatment Planning. Annals of Surgical Oncology. December 31 2013 [epub ahead of print]: 10.1245/s10434-013-3440-5 [doi]</p> <p>TOTAL: 2</p>
McDonald, Lydia	1	0
Montgomery, Brooke	1	<p>Published or E-published ahead of Print</p> <p>Shoptaw, S., Montgomery, B.E.E., Williams, C., El-Bassel, N., Aramrattana, A., Metsch, L., Strathdee, S. (2013). Not just the needle: the state of HIV-prevention science among substance users and future directions. <i>Journal of Acquired Immune Deficiency Syndromes</i>, 63 (Suppl 2), S174-178. PMID:23764632.</p>

Faculty Name	Total FTE	Publications
		<p>Montgomery, B.E.E., Stewart, K.E., Wright, P.B., McSweeney, J.C., & Booth, B.M. (2012). "We as drug addicts need that program": Insight from rural African American cocaine users on designing a sexual risk reduction intervention for their community. <i>Substance Use and Misuse</i>. 47(1), 44-55. PMID: 22216991.</p> <p>Stewart, K.E., Wright, P.B., Sims, D., Tyner, K.R., & Montgomery, B.E.E. (2012). The "translators": Engaging former drug users as key research staff to design and implement a risk reduction program for rural cocaine users. <i>Substance Use & Misuse</i>. 47(5), 547-554. PMID: 22428822.</p> <p>TOTAL: 3</p>
Moore, Page	1	<p>Published or E-published ahead of Print</p> <p>Lee, Jeannette Y., Moore, Page, Kusek, John, Barry, Michael. <i>Treatment Assignment Guesses by Study Participants in a Double-Blind Dose Escalation 4 Clinical Trial of Saw Palmetto</i>. <i>Journal of Complementary Medicine</i>. [online ahead of print Feb 5, 2013]. Doi:10.1089/acm.2012.0284</p> <p>Wei, Feifei, Moore, Page C., Green, Angela L. <i>Geographic Variability in Human Papillomavirus Vaccination Among U.S. Young Women</i>. <i>American Journal of Preventive Medicine</i>. 2013 Feb; 44(2): 154-157. DOI:10.1016. PMID: 23332332.</p> <p>TOTAL: 2</p>
Morris, Michael	1	<p>Published or E-published ahead of Print</p> <p>Livingood,W., Morris, M., Sorenson, B., Chapman, K., Rivera, L., Beitsch, L., Street, P., Smotherman, C., Wood, D. 2013. "Revenue Sources for Essential Services in Florida: Findings and Implications for organizing and funding public health". <i>Journal of Public Health Management & Practice</i> Jul;19(4):371-8.</p> <p>TOTAL: 1</p>
Muller, Andreas	1	0
Ochoa, Eddie	.15	0

Faculty Name	Total FTE	Publications
Orloff, Mohammed		<p>Published or E-published ahead of Print Zhang L, Orloff M, Reber S, Li S, Zhao Y, Eng C. <i>cgaTOH</i>: Extended Approach for Identifying Tracts of Homozygosity. PLoS One. 2013;8(3): Epub 2013 Mar 1</p> <p>Ngeow J, Heald B, Rybicki LA, Orloff MS, Chen JL, Liu X, Yerian L, Willis J, Lehtonen H, Lehtonen R, Mester JL, Moline J, Burke CA, Church J, Aaltonen LA, Eng C. Prevalence of Germline PTEN, BMPR1A, SMAD4, STK11, and ENG Mutations in Patients with Moderate-Load Colorectal Polyps. Gastroenterology. 2013 Feb 8.</p> <p>Orloff M, He X, Peterson C, Chen F, Chen J, Mester J and Eng C. Germline <i>PIK3CA</i> and <i>AKT1</i> mutations in Cowden and Cowden-like syndromes. Am J Hum Genet. 2013 Jan 10;92(1):76-80</p> <p>TOTAL: 3</p>
Ounpraseuth, Songthip	1	<p>Published or E-published ahead of Print Sandlin AT, Ounpraseuth ST, Spencer HJ, Sick C, Lang P, Magann EF. Amniotic Fluid Volume in Normal Singleton Pregnancies: Modeling with Quantile Regression. Archives of Gynecology and Obstetrics. 2013 Nov 17.</p> <p>Putnam KF, Mueller LA, Magann EF, Thagard A, Johnson AM, Ounpraseuth S, Morrison JC. Evaluating effects of self-reported domestic physical activity on pregnancy and neonatal outcomes in stay at home military wives. Military Medicine. 2013 Aug;178(8);893-8.</p> <p>Sills A, Steigman C, Ounpraseuth S, Odibo I, Sandlin A, Magann EF. Pathologic Examination of the Placenta: Recommended Versus Observed Practice in a University Hospital. Int J Womens Health. June 2013 Volume 2013:5 pp. 309-312 doi:http://dx.doi.org/10.2147/IJWH.S45095.</p> <p>Heo S, Moser DK, Pressler SJ, Dunbar SB, Kim J, Ounpraseuth S, Lennie TA. Dose-Dependent Relationship of Physical and Depressive Symptoms with Health-Related Quality of Life in Patients with Heart Failure. European Journal of Cardiovascular Nursing. 2013 Jan. 2, (12): 454-460. PMID: 23283567.</p> <p>TOTAL: 4</p>
Penney, Rosalind	1	<p>Published or E-published ahead of Print Edavana, V.K., Penney, R.B., Yao-Borengasser, A., Williams, S., Rogers, L., Boysen, G., Dhakal, I., Kadlubar, S. 2013. Fulvestrant upregulates <i>UGT1A4</i> and <i>MRPs</i> through ERα and c-Myb pathways: a possible primary drug disposition mechanism. SpringerPlus. 2:620</p> <p>Penney, R., Roy, D. 2013. Thioredoxin-mediated redox regulation of resistance to endocrine therapy in breast cancer. Biochimica et Biophysica Acta. 1836(1):60-79.</p> <p>Penney, R.B., Lundgreen, A., Wolff, R., Koroth-Edevana, V., Yao-Borengasser, A., Williams, S., Slattery, M., Kadlubar, S. 2013. Lack of correlation between <i>in silico</i> projection of function and qRT-PCR-determined gene expression levels in colon tissue. Pharmacogenomics and Personalized Medicine. 6:99-103.</p>

Faculty Name	Total FTE	Publications
		Koroth-Edevana V., Dhakal, I., Williams, S., Penney, R. , Boyson, G., Yao-Borengasser, A. 2013. Potential role of UGT1A4 promoter SNPs in anastrozole pharmacogenomics. Drug Metabolism and Disposition. 41(4):870-7. TOTAL: 4
Phillips, Martha	1	Published or E-published ahead of Print Phillips MM , Raczynski JM, West DS, Pulley L, Bursac Z, Leviton LC. The evaluation of Arkansas Act of 2003 to reduce childhood obesity: Conceptualization, design, and special challenges. American Journal of Community Psychology, 2013 Mar;51(1-2):289-98. (PMID: 22739790) TOTAL: 1
Pradhan, Rohit	1	0
Prewitt, Elaine	1	Published or E-published ahead of Print Krukowski, R., Lensing, R., Love, S., Prewitt, T. E. , Adams, B., Cornell, C., Felix, H., West, D. Training of Lay health educators to implement an evidence-based behavioral weight loss intervention in rural senior centers. Geront. 53(1):162-171, 2013. Beck, C., Fausett, J., Krukowski, R., Cornell, C., Prewitt, T. E. , Lensing, S., Felix, H.C., Love, S., McDougall, G., West, D. S. A randomized trial of a community-based cognitive intervention for obese senior adults. J. Aging and Health 25(1)97-118, 2013. Cox. T.L., Krukowsk, R., Love, S.J., Eddings, K., DiCarlo, M., Chang, J., Prewitt, T. E. , West, D.S. Stress management –augmented behavioral weight loss intervention for African American women: A pilot, randomized controlled trial. Health Educ. & Behav. 40(1), 78-87, 2013. Krukowski, R., Pope, R., Love, S., Lensing, S., Felix, H., Prewitt, T. E. , West, D. Examination of costs for a lay health educator-delivered translation of the Diabetes Prevention Program in Senior Centers. Prev. Med. 57 (4) , 400-402. October 2013. TOTAL: 4

Faculty Name	Total FTE	Publications
Pulley, LeaVonne	1	<p>Published or E-published ahead of Print</p> <p>Phillips AM, Large E, Bird TM, Hitt WC, Eastham DG, Pulley L, Hutchins, DA. (2013) Vulvodynia in Arkansas: A Survey of Arkansas Gynecologists' Practice Experience and Management of Vulvar Pain in <i>The Journal of the Arkansas Medical Society</i>. 109: 206-208</p> <p>Phillips MM. Raczynski JM. West DS. Pulley L. Bursac Z. Leviton LC. The evaluation of Arkansas Act 1220 of 2003 to reduce childhood obesity: conceptualization, design, and special challenges. <i>American Journal of Community Psychology</i>. 51(1-2):289-98, 2013 Mar.</p> <p>TOTAL: 2</p>
Raczynski, James	1	<p>0 Phillips MM. Raczynski JM. West DS. Pulley L. Bursac Z. Leviton LC. The evaluation of Arkansas Act 1220 of 2003 to reduce childhood obesity: conceptualization, design, and special challenges. <i>American Journal of Community Psychology</i>. 51(1-2):289-98, 2013 Mar.</p> <p>TOTAL: 1</p>
Richter, Jan	.6	0
Roberson, Paula	.5	<p>Published or E-published ahead of Print</p> <p>Welty LJ, Carter RE, Finkelstein DM, Harrell FE Jr, Lindsell CJ, Macaluso M, Mazumdar M, Nietert PJ, Oster RA, Pollock BH, Roberson PK, Ware JH, on behalf of the Biostatistics, Epidemiology, and Research Design Key Function Committee of the Clinical and Translational Science Award Consortium. Strategies for developing biostatistics resources in an academic health center. <i>Acad Med</i>, 2013 Apr; 88(4):454-460. PMID: PMC3610776.</p> <p>Culp WC, Woods SD, Brown AT, Lowery JD, Hennings LH, Skinner RD, Borrelli MJ, Roberson PK. Three variations in rabbit angiographic stroke models. <i>J Neurosci Methods</i>, 2013 Jan30;212(2):322-328. PMID: PMC3563856.</p> <p>Sullivan D, Johnson L, Dennis R, Roberson P, Garner K, Padala P, Padala K, Bopp M. Nutrient Intake, Peripheral Edema, and Weight Change in Elderly Recuperative Care Patients. <i>J Gerontol A Biol Sci Med Sci</i>, 2013 Jun;68(6):712-718.</p> <p>Bartell SM, Han L, Kim HN, Kim SH, Katzenellenbogen JA, Katzenellenbogen BS, Chambliss KL, Shaul PW, Roberson PK, Weinstein RS, Jilka RL, Almeida M, Manolagas SC. Non-nuclear-initiated actions of the estrogen receptor protect cortical mass. <i>Mol Endocrinol</i>, 2013 Apr;27(4):649-56. PMID: PMC3607700.</p> <p>Iyer S, Ambrogini E, Bartell SM, Han L, Roberson PK, DeCabo R, Jilka RL, Weinstein RS, O'Brien CA, Manolagas SC, Almeida M. FoxOs attenuate bone formation by suppressing Wnt signaling. <i>J Clin Invest</i>. 2013 Aug 1;123(8):3409-19. PMID: PMC3726166.</p> <p>Jilka RL, O'Brien CA, Roberson PK, Bonewald LF, Weinstein RS, Manolagas SC.</p>

Faculty Name	Total FTE	Publications
		<p>Dysapoptosis of osteoblasts and osteocytes increases cancellous bone formation but exaggerates bone porosity with age. <i>J Bone Miner Res.</i> doi: [10.1002/jbmr.2007] epub ahead of print.</p> <p>Novak V, Milberg W, Hao Y, Munshi M, Novak P, Galica A, Manor B, Roberson P, Craft S, Abduljalil A. Enhancement of vasoreactivity and cognition by intranasal insulin in type 2 diabetes. <i>Diabetes Care</i>, Published online before print October 7, 2013, doi: 10.2337/dc13-1672.</p> <p>TOTAL: 7</p>
Ryan, Kevin	1	0
Stewart, Katharine E.	.67	0
Stewart, M. Kathryn	1	<p>Published or E-published ahead of Print Stewart MK, Felix HC, Cottoms N, Olson M, Shelby B, Huff A, Colley D, Sparks C, and McKindra F. Capacity Building for Long-Term Community-Academic Health Partnership Outcomes. <i>International Journal of Public Health.</i> 2013; 5(1).</p> <p>Felix HC, Lee D, Stewart MK, and Greene PG. Engagement of Community Health Workers in the Research Enterprise. <i>Journal of Community Engagement and Higher Education.</i> Publication pending, anticipated Summer 2013.</p> <p>TOTAL: 2</p>
Tilford, J. Mick	1	0
Wei, Feifei	1	<p>Published or E-published ahead of Print Rolnick SJ, Parker ED, Nordin JD, Hedblom BD, Wei F, Kerby T, Jackson JM, Crain L, Euler G. Self-report compared to electronic medical record across eight adult vaccines: Do results vary by demographic factors? <i>Vaccine.</i> 2013 Aug 20; 31(37):3928-35. doi: 10.1016/j.vaccine.2013.06.041. Epub 2013 Jun 24. PMID: 23806243.</p> <p>Hester AL, Wei F. Falls in the Community: State of the Science. <i>Clinical Interventions in Aging.</i> 2013;8 675–679.</p> <p>Wei F, Moore PC, Green AL. Geographic variability in human papillomavirus vaccination among U.S. young women. <i>Am J Prev Med.</i> 2013 Feb;44(2):154-7. doi: 10.1016/j.amepre.2012.09.061. PMID: 23332332.</p> <p>TOTAL: 3</p>

Faculty Name	Total FTE	Publications
West, Delia	.67	<p>Published or E-published ahead of Print</p> <p>Carson TL. Eddings KE. Krukowski RA. Love SJ. Harvey-Berino JR. West DS. Examining social influence on participation and outcomes among a network of behavioral weight-loss intervention enrollees. <i>J Obesity</i>. 2013:480630.</p> <p>Felix HC, West DS. 2013. Effectiveness of Weight Loss Interventions for Obese Older Adults. <i>American Journal of Health Promotion</i>. 27(3): 191-199.</p> <p>Krukowski RA. Sparks C. DiCarlo M. McSweeney J. West DS. There's more to food store choice than proximity: a questionnaire development study. <i>BMC Public Health</i>. 13:586, 2013.</p> <p>Espeland MA. Rejeski WJ. West DS. Bray GA. Clark JM. Peters AL. Chen H. Johnson KC. Horton ES. Hazuda HP. Intensive weight loss intervention in older individuals: results from the Action for Health in Diabetes Type 2 diabetes mellitus trial. Action for Health in Diabetes Research Group. <i>Journal of the American Geriatrics Society</i>. 61(6):912-22, 2013 Jun.</p> <p>Krukowski RA. Bursac Z. McGehee MA. West D. Exploring potential health disparities in excessive gestational weight gain. <i>Journal of Women's Health</i>. 22(6):494-500, 2013 Jun.</p> <p>Phillips MM. Raczynski JM. West DS. Pulley L. Bursac Z. Leviton LC. The evaluation of Arkansas Act 1220 of 2003 to reduce childhood obesity: conceptualization, design, and special challenges. <i>American Journal of Community Psychology</i>. 51(1-2):289-98, 2013 Mar.</p> <p>Cox TL. Krukowski R. Love SJ. Eddings K. DiCarlo M. Chang JY. Prewitt TE. West DS. Stress management-augmented behavioral weight loss intervention for African American women: a pilot, randomized controlled trial. <i>Health Education & Behavior</i>. 40(1):78-87, 2013 Feb.</p> <p>Krukowski RA. Harvey-Berino J. Bursac Z. Ashikaga T. West DS. Patterns of success: online self-monitoring in a web-based behavioral weight control program. <i>Health Psychology</i>. 32(2):164-70, 2013 Feb.</p> <p>Krukowski RA. Lensing S. Love S. Prewitt TE. Adams B. Cornell CE. Felix HC. West D. Training of lay health educators to implement an evidence-based behavioral weight loss intervention in rural senior centers. <i>Gerontologist</i>. 53(1):162-71, 2013 Feb.</p> <p>Beck C. Fausett JK. Krukowski RA. Cornell CE. Prewitt TE. Lensing S. Bursac Z. Felix HC. Love S. McDougall G. West DS. A randomized trial of a community-based cognitive intervention for obese senior adults. <i>Journal of Aging & Health</i>. 25(1):97-118, 2013 Feb.</p> <p>Look AHEAD Research Group. Wing RR. Bolin P. Brancati FL. Bray GA. Clark JM. Coday M. Crow RS. Curtis JM. Egan CM. Espeland MA. Evans M. Foreyt JP. Ghazarian S. Gregg EW. Harrison B. Hazuda HP. Hill JO. Horton ES. Hubbard VS. Jakicic JM. Jeffery RW. Johnson KC. Kahn SE. Kitabchi AE. Knowler WC. Lewis CE. Maschak-Carey BJ. Montez MG. Murillo A. Nathan DM. Patricio J. Peters A. Pi-Sunyer X. Pownall H. Reboussin D. Regensteiner JG. Rickman AD. Ryan DH. Safford M. Wadden TA. Wagenknecht LE.</p>

Faculty Name	Total FTE	Publications
		<p>West DS. Williamson DF. Yanovski SZ. Cardiovascular effects of intensive lifestyle intervention in type 2 diabetes. <i>New England Journal of Medicine</i>. 369(2):145-54, 2013 Jul 11.</p> <p>TOTAL: 11</p>
Williams, D. Keith	.5	<p>Published or E-published ahead of Print</p> <p>Fortney JC, Pyne JM, Mouden SB, Mittal D, Hudson TJ, Schroeder GW, Williams DK, Bynum CA, Mattox R, Rost KR. Practice Based Versus Telemedicine Based Collaborative Care for Depression in Rural Federally Qualified Health Centers: A Pragmatic Randomized Comparative Effectiveness Trial, <i>American Journal of Psychiatry</i>. 2013 Apr 1;170(4):414-25. doi: 10.1176/appi.ajp.2012.12050696. PubMed PMID: 23429924;PubMed Central PMCID: PMC3816374.</p> <p>Beck P, Urbano FJ, Williams DK, Garcia-Rill E. Effects of leptin on pedunculo-pontine nucleus (PPN) neurons. <i>J Neural Transm</i>. 2013 Jul;120(7):1027-38. doi: 10.1007/s00702-012-0957-x. Epub 2012 Dec 21. PubMed PMID: 23263542; PubMed Central PMCID: PMC3618992.</p> <p>Mitchell AJ, Yates CC, Williams DK, Chang JY, Hall RW. Does daily kangaroo care provide sustained pain and stress relief in preterm infants? <i>J Neonatal Perinatal Med</i>. 2013 Jan 1;6(1):45-52. doi: 10.3233/NPM-1364212. PubMed PMID:24246458.</p> <p>Mitchell AJ, Yates C, Williams K, Hall RW. Effects of daily kangaroo care on cardiorespiratory parameters in preterm infants. <i>J Neonatal Perinatal Med</i>. 2013 Jan 1;6(3):243-9. doi: 10.3233/NPM-1370513. PubMed PMID: 24246597.</p> <p>Awad S, Williams DK, Berlinski A. LONGITUDINAL EVALUATION OF COMPRESSOR/NEBULIZER PERFORMANCE. <i>Respir Care</i>. 2013 Oct 22. PubMed PMID: 24149670.</p> <p>TOTAL: 5</p>
Yeary, Karen	1	<p>Published or E-published ahead of Print</p> <p>Bryant K, Haynes T, Yeary KH, Greer-Williams N, Hartwig M (2013) A Rural African American Faith Community's Solutions to Depression Disparities. <i>Public Health Nursing</i> doi: 10.1111/phn.12079</p> <p>TOTAL: 2</p>
		<p>TOTAL PUBLICATIONS: 135 TOTAL FACULTY FTEs: 44.3 PUBLICATION/FACULTY FTE RATIO: 3.05</p>

Table 4.E. COPH – Student Preceptorships and Culminating Experience Projects: Percentage with Focus on the Health and Wellbeing of Arkansans

FALL 2013, PRECEPTORSHIPS				
Project Name	Project Site	Project Synopsis	Student Specialty Track	Focus on Improving the Health & Wellbeing of Arkansans: Y/N
Implementing LGBTQ-friendly Safe Zones at UAMS	COPH Office of Community-based Public Health	Collaborate with campus diversity entities to assist with implementation of a program that will help foster a campus supportive of LGBTQ students and employees and serve as an informational resource.	Health Behavior/Health Education	Yes
Hepatitis C Surveillance Systems in the State of Arkansas with Special Attention towards Hepatitis C Cases Reported from State Correctional System and/or Jails	HIV/STD/ Hepatitis Section, Arkansas Department of Health	Assist the ADH in the development of its hepatitis C surveillance system through data entry, case follow-up of incarcerated cases, evaluation of currently used follow-up forms and report on epidemiological trends.	Epidemiology	Yes
Medication Therapy Management in a Community Pharmacy	Don's Pharmacy, Little Rock	Provide medical therapy management (MTM) services; assess patient baseline knowledge of MTM; create informational pamphlet for customers about MTM.	Generalist (PharmD/MPH)	Yes
Implementing a Secondary Sex Education Course: Concepts of Sexual Health: Sex and You	New Beginnings Pregnancy Center, Ash Flat, AR	Assist instructors implementing a human sexuality education program for 9 th -graders through assistance with preparation of class materials, teaching, support to students, and course evaluation.	Health Behavior/Health Education	Yes
Arkansas Survey of Transgender Individuals' Health Care Experiences	COPH Office of Community-based Public Health	Develop an online survey on the health care experiences of the Arkansas transgender and gender non-conforming population, with goals being identification of gaps in services, resources, and education seminar for health care providers.	Health Behavior/Health Education	Yes
Promoting Community Health in the 12 th Street Community through Legal Education	Better Community Development, Little Rock	Develop informational brochures on legal topics of interest to the community; organize three informational events for the community.	Generalist	Yes

FALL 2013, PRECEPTORSHIPS				
Project Name	Project Site	Project Synopsis	Student Specialty Track	Focus on Improving the Health & Wellbeing of Arkansans: Y/N
Implementing the Nutrition and Physical Activity Components of the Children's Defense Fund Freedom School Curriculum	Boy, Girls, Adults Community Development Center, Marvell, AR	Assist with preparation of the learning materials for the program; facilitate nutrition and physical activities; facilitate weekly meetings with participants' parents and guardians about adoption of healthier lifestyle.	Health Behavior/Health Education	Yes
Analysis of Hairstylist Micro-activity Patterns, Phase 2: Right Hand	COPH Department of Environmental and Occupational Health	Assist EOH faculty in her research about activity patterns of hairstylists and how they result in exposures to substances potentially harmful to health – through statistical analysis, data interpretation and management, preparation of oral and written reports on findings.	Biostatistics	Yes
Obesity prevention among the Arkansas People First/United Cerebral Palsy	Arkansas Coalition for Obesity Prevention, Little Rock	Improve the health of the intended population (Arkansas People First/United Cerebral Palsy) by providing skills training in physical activity and healthy eating.	Health Behavior/Health Education	Yes
Banding Together against Cancer	UAMS Winthrop P. Rockefeller Cancer Institute AR	Assist with the development of evaluation tools for community-based outreach programs; assist in the design of planning template.	Health Behavior/Health Education	Yes
Improving Health Outcomes to a Diverse Underserved Population through Interdisciplinary Collaboration at a Free, Student-run Health Clinic	12 th Street Health and Wellness Center, Little Rock	Work with the Center's director to help establish strategies to improve health outcomes of the target population.	Generalist	Yes
Data Analysis and Literature Review of Odors in Public Health Emergency Response	Preparedness and Emergency Response Section, Arkansas Department of Health	Assist with data management and literature review to establish "lessons learned" from the Mayflower Oil Spill about odors that accompany hazardous materials release and help with white paper about community perceptions of odors psychological response.	Environmental and Occupational Health	No

FALL 2013, PRECEPTORSHIPS				
Project Name	Project Site	Project Synopsis	Student Specialty Track	Focus on Improving the Health & Wellbeing of Arkansans: Y/N
Practice of Medicine I Small Group Mentor	UAMS College of Medicine	Serve as small group leader/mentor ; assist with teaching, curriculum development; foster discussions with students on professionalism, interpersonal communication and other topics within context of the healthcare system.	Generalist	No
Health Literacy Program	UAMS Center for Rural Health	Analyze patient education materials in use at a local health clinic for readability; modify language; make recommendations to the clinic on the materials.	Generalist	Yes
Research and Execution of Hospital Compliance	UAMS Hospital Compliance Office	Assist with hospital compliance via reviews of scientific literature and hospital regulations; recommendations for clinical units' processes and practices; preparations for audits.	Healthy Policy and Management	Yes
Health Literacy and Plain Language Editor	UAMS Center for Rural Health	Be trained in the Health Literacy and Plain Language Editing system and apply the skills to editing an educational manual and questionnaire so that they are more appropriate for low literacy patients. The materials will be used at six ADH sites for the Tele-medicine Chronic Kidney Disease Education Program.	Health Behavior/Health Education	Yes
Creating a Pilot Training Program: 40 Days of Freedom Tobacco Cessation Project	Coalition for a Tobacco Free Arkansas, Little Rock	Assist current smokers as they transition to being non-smokers through various supportive activities; gauge the effectiveness of involving churches as candidates for the tobacco cessation program.	Biostatistics	Yes
Excellence in Public Health Law	The Excellence in State Public Health law Project (ESPHL), Little Rock	Serve as a research assistant to a collaborative project of the state legislature, ADH and Arkansas Dept. of Education that is part of a national effort looking at the link between girls' participation in athletics to their health and wellbeing, as well as supporting state policies.	Health Policy and Management	Yes

FALL 2013, PRECEPTORSHIPS				
Project Name	Project Site	Project Synopsis	Student Specialty Track	Focus on Improving the Health & Wellbeing of Arkansans: Y/N
Band Together against Cancer	UAMS Winthrop P. Rockefeller Cancer Institute	Assist in planning and carrying out community outreach and education programs for cancer prevention and cancer screenings in Yell and Pike counties.	Health Behavior/Health Education	Yes
Data Analysis of Pilot Study, "Change in Risk Perception among Parents of ATV Users"	UAMS Center for Applied Research and Evaluation (CARE) and the Pediatrics Biostatistics Program, Dept. of Pediatrics, Arkansas Children's Hospital	Assist researchers investigating effectiveness of ATV crash scenarios in influencing parental risk perception of ATV use, through provision of data management, statistical analyses and technical programming.	Biostatistics	Yes
Decreasing the Financial Impact of Hepatitis C and HIV Co-infected Patients through State-funded Needle Exchange programs	COPH	Using data from the Arkansas Department of Health, analyze the social and economic factors that impact the co-infected population's eligibility for state and federally funded health care and identify ways to decrease hepatitis C transmission rates among IV at-risk populations.	Health Policy and Management	Yes
Development and Implementation of a Comprehensive Education Toolkit for Arkansas	COPH	Work with the Arkansas Department of Health to develop rabies educational resources and evaluation and assessment tools that can be used in a variety of settings; identify knowledge gaps in the healthcare system, law enforcement and community settings and recommend strategies for improvement.	Health Behavior/Health Education	Yes
Low Literacy in Older Adults	Arkansas Department of Health	Provide knowledge and recommend strategies about older adults' low health literacy to state health agency.	Health Behavior/Health Education	Yes
State and Local BMI Assessment and Reporting Programs: Comparisons and Best Practices	COPH	Assess and compare BMI surveillance and reporting systems in place nationally; identify differences and best practices.	Health Policy and Management	Yes

FALL 2013, PRECEPTORSHIPS				
Project Name	Project Site	Project Synopsis	Student Specialty Track	Focus on Improving the Health & Wellbeing of Arkansans: Y/N
Child Health in Arkansas – Where do We Stand on Healthy People 2020 Objectives?	COPH	Assess Arkansas’ standing on HP 2020 objectives for child health, identify priority areas, and explore policy implications.	Epidemiology	Yes
The Relationship between BMI, Cancer Incidence and Residence in an Agricultural County in Arkansas	COPH	In a faculty researcher’s investigation of the relationship between BMI and cancer incidence, assist with data cleaning, management, and analyses.	Biostatistics	Yes
Sexuality Education for Cognitively Impaired Youth	COPH	Produce a technical report about sexuality education for cognitively impaired adolescents. It will include a literature review and discuss challenges and gaps, strategies, best practices, and policy implications.	Health Behavior/Health Education	Yes
Bridging Power Analysis for Logistic Regression between SAS and R	COPH	Explore statistical programming languages to broaden skills that have broad applicability across industry sectors as well as epidemiological research.	Biostatistics	No
Documenting the Prevalence of Pregnancy among Reported Hepatitis C Cases among Women Aged 12-29 in Arkansas	Arkansas Department of Health	Develop a number of products related to the target health problem: patient data collection form to be used by OB-GYN physicians, physician survey about the issue, patient educational brochures; collect data on reported cases and testing; produce report on findings.	Health Behavior/Health Education	Yes
Sources of Variation of <i>Helicobacter pylori</i> Treatment Success in Adults in Developing Countries: a Meta-analysis	COPH	Develop and apply meta-analysis regression and software skills to identify sources of variation in <i>Helicobacter pylori</i> treatment effectiveness in developing countries.	Epidemiology	No
The Impact of Obesity on Transitioning Patients to Post-acute Settings	COPH	Identify challenges facilities face when transitioning obese patients from hospitals to post-acute care – conduct statistical analysis of survey data from hospitals in Arkansas and Pennsylvania, review the scientific literature, examine policy implications and produce a manuscript on findings.	Health Policy & Management	No

FALL 2013, PRECEPTORSHIPS				
Project Name	Project Site	Project Synopsis	Student Specialty Track	Focus on Improving the Health & Wellbeing of Arkansans: Y/N
An Implementation Plan for Provision of Diabetes Self-management Education by Local Health Departments	Arkansas Department of Health	With the Arkansas Department of Health, develop an implementation plan for diabetes self-management education to be provided by staff in local health departments, as part of ongoing ADH efforts to expand services to local communities to support patient-centered medical homes.	Health Policy & Management	Yes
Preparing Arkansas Families with Children with Special Needs for Disasters	Arkansas Children's Hospital	Develop guidelines for disaster preparedness for special needs children for Arkansas Children's Hospital Medical Home Clinic patients and families, which will be based on results on a literature review and results of an assessment.	Health Policy & Management	Yes
How do Obesity and Smoking Jointly Affect Pregnancy Outcomes? Combining Power of SAS and R to Answer the Question	COPH	Conduct a statistical analysis and produce report on findings for study that examines interactions between obesity and smoking during pregnancy and gestational diabetes, birth weight and weight gain of the mother. To more effectively address this public health problem.	Biostatistics	Yes
Disaster Preparedness in Select Arkansas (Red) Counties: Planning Community Engagement and Participation	Community Engagement and Planning, Arkansas Department of Health	With the Arkansas Department of Health, create a presentation and training materials for community disaster preparedness and engagement meetings held in the 17 Red Counties; create engagement activities and recommendations for an organizational survey.	Health Policy and Management	Yes
Review of the 2008-2010 National Hospital Discharge Survey (NHDS) to Access Health Care-associated Infections from Skilled Nursing Facilities	COPH	Analyze data from the NHDS that will provide better understanding of infection risks in skilled nursing facilities; conduct literature review; produce educational materials for patients, families and nursing facility staff to address the problem.	Epidemiology	No

Total projects: 35 Total with focus on improving the health & wellbeing of Arkansans: 29

Percentage with focus on improving the health & wellbeing of Arkansans: 83%

Table 4.F. COPH Graduates Fall 2013 by Race/Ethnicity and Certificate or Degree Earned

Race/Ethnicity of Graduating Student	Certificate or Degree Earned					
	Public Health Certificate	Regulatory Science Certificate	Master's in Public Health (MPH) or Joint MPH	Master's in Health Services Administration (MHSA)	Doctor of Public Health in PH Leadership (DrPH)	Doctor of Philosophy (PhD)
American Indian						
Asian			2			
Black	2		3			2
Hispanic/Latino of any race						
White (non-Hispanic)			6	1		
Native Hawaiian						
Two or more R/E reported			1			
No R/E reported	1		2			
SUB-TOTALS	3		14	1		2
TOTAL	20					

Table 4.G. COPH Graduates 2013 Fall 2013 – Post-Graduation Plans

Race/Ethnicity of Graduating Student	Public Health Certificate (N= 3)			Master’s in Public Health (MPH) or Joint MPH (N= 14)				OTHER	Master’s in Health Services Administration (MHSA) (N= 1)				OTHER	Doctor of Philosophy (PhD) (N= 2)		
	WORK IN PUBLIC HEALTH IN AR	PURSUE ANOTHER DEGREE	DID NOT REPORT PLANS	WORK IN PH IN AR	PURSUE ANOTHER DEGREE	DID NOT REPORT PLANS	WORK IN PUBLIC HEALTH IN AR		PURSUE ANOTHER DEGREE	DID NOT REPORT PLANS	WORK IN PH IN AR	PURSUE ANOTHER DEGREE		DID NOT REPORT PLANS		
American Indian																
Asian				1		1										
Black	2			1		2						2				
Hispanic/Latino of any race																
White (non-Hispanic)				3		3		1								
Native Hawaiian																
Two or more R/E reported					1											
No R/E reported	1			1		1										
Total	3			6	1	7		1				2				

Arkansas Minority Health Initiative

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

Progress and Highlights: MHI collaborated with community partners in identifying critical deficiencies that negatively impact the health of the minority populations with a focus on assessment, prevention, education and screenings. During the 1ST and 2nd quarter of FY2014, MHI provided 8,258 health screenings and documented 25,542 citizen encounters from activities held in 24 counties representing all four congressional districts. Diabetes and Asthma are two of the Commission’s key focus areas. Arkansas Minority Health Initiative partnered with UAMS COPH, Department of Epidemiology to research and prepare a report on the state of diabetes and asthma in Arkansas. The executive summary of both reports are highlighted. **Diabetes: Mortality** - In

2010, diabetes was the 7th leading cause of death among Whites and the 4th among African Americans and Latinos. African Americans saw higher mortality rates due to diabetes compared to Whites and Latinos each year from 2008 – 2012, and lost more potential years of life to the disease. Generally speaking, death rates due to diabetes were higher among people living in the eastern portion of the state, with Mississippi County having the highest death rate (89.8 deaths per 100,000 people).

Morbidity – Since 2001 a pattern has emerged in which African Americans show the highest rates of diabetes prevalence each year, while Latinos show the lowest rates and Whites fall in between. In 2010, the majority of counties in Arkansas reported prevalence rates between 5 and 10%. Clay County, in the northeast, reported the highest prevalence at 20.1%. Risk Factors – Arkansans generally show high prevalence rates of common risk factors for diabetes, such as obesity, tobacco use, lack of physical activity, high cholesterol, and hypertension. Compared to Whites, African Americans showed higher rates of tobacco use, Latinos and African Americans showed greater rates of obesity, and Latinos reported lower rates of cholesterol checks. **Financial Burden** – In 2011, more than 5,900 hospital discharges with a primary diagnosis of diabetes with complications resulted in over \$135 million in aggregate hospital charges in Arkansas. These discharges were the 10th most costly type among African Americans, the 18th among Whites, and the 20th among Latinos. **Asthma:** In Arkansas, 13% of adults had asthma in 2012. Generally, rates are highest among African American adults and lowest among Latinos. **From 2011 – 2012**, asthma rates were approximately twice as high among African American

Key Accomplishments This Quarter

- Participated in over 60 initiatives with faith-based, state, and community organizations.
- 8,258 health screenings
- 25,542 citizen encounters
- 431 citizens enrolled in Affordable Healthcare.
- Launch of New and Improved Southern Ain't Fried Sunday.

children as they were among White and Latino children. **In Arkansas in 2010**, asthma was more prevalent among females. It was also more prevalent among those who were obese, people at lower income levels, and smokers. **Mortality** rates have been higher among African Americans than among Whites since 2002. In addition, years of potential life lost measures suggest that African Americans who die of asthma may do so at earlier ages than Whites. **Chronic obstructive pulmonary disease (COPD)**, a condition consisting of emphysema and chronic bronchitis which is related to asthma, was more common among Whites in Arkansas in both 2011 and 2012. The mortality rate for this disease was also higher among Whites than among African Americans.

Key Accomplishments this Past Quarter: Affordable Care Act – MHI through a grant from the Arkansas Insurance Department will assist with outreach education and enrollment into Affordable Health Care in 10 counties. To date, Assister Guides covering St. Francis, Lee, Crittenden, Phillips, Ouachita, Chicot, Sevier, Union, Desha, and Pulaski counties have assisted 431 minority Arkansans with enrollment to receive healthcare through the Affordable Care Act. **Southern Ain't Fried Sunday (SAFS)** – The MHI launched the New and Improved Southern Ain't Fried Sundays Signature Event in November 2013. As of November 20, 2013, 133 individuals and 25 groups completed the registration and pre-survey. MHI continues to receive registration forms. **Camp iRock** – Camp iRock 2013 held the 1st follow up meeting in October with campers and mentors who attended the June 2013 Camp. Twenty-three campers and 3 mentors participated in the meeting. The follow up meeting began with assessments (height, weight and blood pressure) of campers and mentors. Arkansas Children's Hospital discussed nutrition education with campers and parents. Tina Glass from Results by Tina led the group in physical activity.

Public Health Leaders Roundtable H.O.P.E. Club – This project focuses on two schools within the Central Little Rock Promise Neighborhood area and through community involvement work to provide resources to these underserved schools by improving students' interest, exposure and motivation in health related careers and STEM education along the educational pipeline. MHI hosted a HOPE Club meeting at Hall High School on November 14 with 15 students attending the inaugural meeting. A HOPE Club meeting was held at Forest Heights Middle School in November with 60 students in attendance. Hall High School Career Day was held November 22 with over 80 professionals including STEM and Health related professionals, providing presentations. Approximately 350 students attended.

Challenges and Opportunities: MHI will continue to provide health education and preventive screenings however a long term goal of reduce death/disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans does not appear to be a reachable goal with a disease that is the number one cause of death among men and women.

Plans for Next Quarter:

1. Diabetes Awareness Media Campaign – Television, Radio and Print Media
2. Announcement of 2014 Sponsorship Process/Application for Minority Health Awareness Month.
3. Planning sessions for 2014 Minority Health Summit
4. Release of 2014 Camp iRock Application

Table 5.A. Goals and Objectives for Minority Health Initiative

ATSC Independent Evaluation Quarterly Report – Minority Health Initiative	
Overall Program Goal:	<i>The goal is to improve the healthcare systems in Arkansas and the access to healthcare delivery systems, thereby resolving critical deficiencies that negatively impact the health of the citizens of the state</i>
Short-term Goal:	Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco, chronic, and lifestyle related illnesses.
Objective:	Objective 1: MHI will conduct ongoing needs assessment to determine most critical minority health needs to target, including implementation of a comprehensive survey of racial and ethnic minority disparities in health and health care every 5 years. (Definition: Assembling, analyzing, and/or interpreting data and information to determine the most critical minority health-related needs to target in the state.)
<i>Specify Quarter/Year:</i>	FY2014, Q1, Q2
<i>Partners:</i>	University of Arkansas Medical Science, College of Public Health and Arkansas Department of Health. Diabetes and Asthma Study - University of Arkansas Medical Science, College of Public Health - Department of Epidemiology
<i>Quarterly Status Update:</i>	The 2013 Diabetes and Asthma Report was released. The 2013 Diabetes Snapshot details the state of diabetes in Arkansas. The report focus on 4 key areas - mortality, morbidity, risk factors and financial burden of diabetes. The 2013 State of Asthma in Arkansas details prevalence, prevalence among youth, risk factors, mortality and chronic obstructive pulmonary disease of Arkansans. The Arkansas Racial and Ethnic Health Disparity Study will be conducted to assess the direct medical and indirect cost of racial and ethnic disparities in Arkansas.
<i>Indicators:</i>	# minority population sampled, # of counties, gender, age, race, mortality rate, health insurance status ,education,# employed/unemployed, health status measures, health care expenditures, # deaths, and crude death rates
<i>Baseline Data:</i>	2004 and 2009 reports, Next report is due in 2014.
<i>Source of Data:</i>	2010 Medical Expenditure Panel Survey (MEPS), Behavioral Risk Factor Surveillance System (BRFSS) and National Vital Statistics (NVS), Mortality data
<i>Timing of Data Collection:</i>	FY2014
<i>Population/Sample:</i>	2010 Sample of Arkansans, with oversampling of White-Non-Hispanic, African American, and Hispanics

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<i>How data will be described and analyzed:</i>	Descriptive and Multivariate regression models
Objective:	Objective 2: MHI will increase awareness and provide access to screening for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group.
<i>Specify Quarter/Year:</i>	FY2014, Q1, Q2
<i>Partners:</i>	Arkansas Department of Health, UALR, Mid-South, Coalition for Tobacco Free Arkansas, American Association of Physicians of Indian Origin, 3rd Jurisdiction - Church of God and Christ, Arkansas Gospel Music Heritage, Canaan Missionary Baptist Church, Women's Council on African-American Affairs, National Baptist State Troopers Coalition, Southeast Arkansas College, American Affairs, National Baptist State Troopers Coalition, Southeast Arkansas College, Southwest Saints, ABH Projects, Inc., Central Arkansas Development Council, Lane and Dorham Family Reunion, McAlmont Church of Christ , Rose City Community Church of Christ, Office of Governor Mike Beebe, Arkansas Department of Human Services, Division of Behavioral Health First Missionary Baptist Church, Holy Temple cathedral COGIC, Agape Church, Greater St. Paul, First Baptist Church-El Dorado, St. John Baptist Church, Living waters COGIC , St. Luke Baptist Church, Allen Temple Missionary Baptist Church, Arkansas Community Development Society, Lee County Cooperative Clinic and Connie Roebuck. Murrell Taylor Elementary School, Arkansas Department of Health - Pulaski County Central Health Unit, NAACP El Dorado Union County, Southeast Arkansas College, University of Arkansas Medical Science- College of Nursing, UAPB Human Science Alumni Association, Arkansas Human Development Corporation, Liberty Hill Missionary Baptist Church, Arkansas Advocates for Children and Families and Arkansas Association of Black Psychology Professionals
<i>Quarterly Status Update:</i>	During the 2nd quarter AMHC sponsored/partnered with 60 community and faith based organizations to provide health education/screenings and information on Affordable Health Care. The events targeted individuals who reside in Poinsett, Craighead, Crossett, Sebastian, Drew, Jefferson, Ouachita Pulaski, Benton, Phillips, Crittenden, Ouachita, Washington, Hot Springs, Lee, St. Francis, Union, Jefferson, Monroe, Sevier, Miller, Desha, Dallas, Union, Chicot and Bradley county. This represents the four congressional districts.
<i>Process Measure:</i>	Screenings
<i>Instrument:</i>	Non-profit, faith-based, community, and state agencies
<i>Who will collect the data:</i>	Sponsorship data collection is obtained prior to each event via Pre-event forms, collateral request

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	and sponsorship application. Data collection after an event has occurred is obtained through Post-Event form.
<i>Timing of Data Collection:</i>	25,542 of attendees at the overall event.
<i>Population/Sample:</i>	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
<i>How data will be described and analyzed:</i>	# of screenings, abnormal and attendees
<i>Indicators:</i>	screenings obtained during events.
<i>Baseline Data:</i>	Sponsorship Applications, Pre-event , & Post-event forms
<i>Source of Data:</i>	# of attendees obtaining screenings (2,238) and # of abnormal screenings (459)
<i>Process Measure:</i>	Blood Pressure Screenings
<i>Instrument:</i>	Non-profit, faith-based, community, and state agencies
<i>Who will collect the data:</i>	Sponsorship data collection is obtained prior to each event via Pre-event forms and the sponsorship application. Data collection after an event has occurred is obtained through Post-Event form.
<i>Timing of Data Collection:</i>	# of attendees at the overall events (25,542)
<i>Population/Sample:</i>	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
<i>How data will be described and analyzed:</i>	# of attendees obtaining screening (1,220) # of abnormal (250)
<i>Process Measure:</i>	Cholesterol Screenings
<i>Instrument:</i>	Non-profit, faith-based, community, and state agencies
<i>Who will collect the data:</i>	Sponsorship data collection is obtained prior to each event via Pre-event forms and the sponsorship application. Data collection after an event has occurred is obtained through Post-Event form.
<i>Timing of Data Collection:</i>	# of attendees at the overall events (25,542)
<i>Population/Sample:</i>	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
<i>How data will be described and analyzed:</i>	# of attendees obtaining screening (1,513) # of abnormal (281)
<i>Process Measure:</i>	Glucose Screenings
<i>Instrument:</i>	Non-profit, faith-based, community, and state agencies
<i>Who will collect the data:</i>	Sponsorship data collection is obtained prior to each event via Pre-event forms and the

ATSC Independent Evaluation Quarterly Report – Minority Health Initiative	
	sponsorship application. Data collection after an event has took place is obtained by a Post-Event form.
<i>Timing of Data Collection:</i>	# of attendees at the overall events (25,542)
<i>Population/Sample:</i>	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
<i>How data will be described and analyzed:</i>	# of attendees obtaining screening (310) # of abnormal 0)
<i>Process Measure:</i>	HIV Test
<i>Instrument:</i>	HIV Test results were complied by screening agency.
<i>Who will collect the data:</i>	Within 20 minutes after taking the test. Program Evaluation and Monitoring System (PEMS) are used to collected data.
<i>Timing of Data Collection:</i>	# of attendees at events who were screened.
<i>Population/Sample:</i>	Forms are submitted to Arkansas Department of Health for state reporting requirement.
<i>How data will be described and analyzed:</i>	NO ACTIVITY THIS QUARTER
<i>Process Measure:</i>	Clinical Breast Exam
<i>Instrument:</i>	Clinical Breast Exam Data was recorded by partnering agency as listed above.
<i>Who will collect the data:</i>	Within 30 days of the event partnering organization will submit a post event form.
<i>Timing of Data Collection:</i>	African-American females 40 and older who attended the event and were screened.
<i>Population/Sample:</i>	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
<i>How data will be described and analyzed:</i>	# Obtaining Screenings (968)
<i>Process Measure:</i>	Flu-Vaccine
<i>Instrument:</i>	Arkansas Department of Health, Pulaski County Central Health Unit
<i>Who will collect the data:</i>	Within 30 days of the event the partnering organization will submit a Post- Event Form to AMH
<i>Timing of Data Collection:</i>	Central Arkansas Residents
<i>Population/Sample:</i>	Post event forms are compiled by AMHC. Data from these forms are entered into AMHC Quarterly Report.
<i>How data will be described and analyzed:</i>	Screenings

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Objective:	Objective 3: MHI will develop and implement at least 1 pilot project by 6/30/13 to identify effective strategies to reduce health disparities amongst Arkansans.
<i>Specify Quarter/Year:</i>	FY2014, Q1, Q2
<i>Partners:</i>	Arkansas Children's Hospital, and Clinton school of Public Service Volunteers
<i>Quarterly Status Update:</i>	Camp iRock is a fitness and nutrition camp for girls age 11-14 aimed at promoting physical activity, nutritious eating, healthy lifestyles, character building and self-esteem building. Campers and Parents received 3 e-newsletters with fitness and healthy eating tips.
<i>Indicators:</i>	# served by project (45), # participate in follow-up (26)
<i>Instrument:</i>	Camp iRock application, behavioral assessments, agenda
<i>Who will collect the data:</i>	AMHC and Partners listed above
<i>Timing of Data Collection:</i>	FY 2012 and FY 2013/ FY 2013 and FY 2014
<i>Population/Sample:</i>	2013 Camp iRock Girls and Mentors
<i>How data will be described and analyzed:</i>	Data collected and analyzed by UAMS
<i>Indicators:</i>	# of Improved BMI
<i>Baseline Data:</i>	Highest obesity rate among minority females in Arkansas.
<i>Source of Data:</i>	Arkansas Center for Health Improvement, Assessment of Childhood and Adolescent Obesity
<i>Timing of Data Collection:</i>	Camp - start and end date. Follow-up - 3 month, 6- month and 12 month.
<i>Population/Sample:</i>	Camp iRock girls who attend the follow-up meeting.
<i>How data will be described and analyzed:</i>	Data collected and analyzed by Evaluator
Objective:	Objective 4: MHI will develop and implement at least 1 pilot project by 6/30/13 to identify effective strategies to reduce health disparities amongst Arkansans. Public Health Leaders Roundtable Project - H.O.P.E. Club
<i>Specify Quarter/Year:</i>	FY2014, Q1, Q2
<i>Partners:</i>	Little Rock School District (Forest Heights Middle & Hall High School), Central Little Rock Promise Neighborhood, UA Partners for Inclusive Communities LEND Program and Roundtable Partners.
<i>Quarterly Status Update:</i>	Public Health Leaders Roundtable H.O.P.E. Club - This project will focus on two schools within the CLR Promise Neighborhood area and through community involvement work to provide resources to the underserved schools by improving students' interest, exposure and motivation in health related careers and STEM education along the educational pipeline. The AMHC hosted a HOPE Club meeting at Hall High School on November 14 with 15 students attending the inaugural

ATSC Independent Evaluation Quarterly Report – Minority Health Initiative	
	meeting. A HOPE Club meeting was held at Forest Heights Middle School on November 15 with 60 students in attendance. Hall High School Career Day was held November 22 with over 80 professionals including STEM and Health related professionals, providing presentations. Approximately 350 students attended. The students at both HOPE Club meetings were engaged and excited about the future of the HOPE Club. HOPE Club meetings for the second semester at both schools will begin January 2014.
<i>Process Measure:</i>	# of pilot projects funded, # served by project, # participate in follow-up,
<i>Instrument:</i>	Career interest survey, Event survey
<i>Who will collect the data:</i>	AMHC and Partners listed above
<i>Timing of Data Collection:</i>	FY2014
<i>Population/Sample:</i>	Middle and High School volunteer H.O.P.E. Club participants
<i>How data will be described and analyzed:</i>	Data collected and analyzed by AMHC
<i>Indicators:</i>	# of students participating (425), # of participants interested in health related fields (data to come)
<i>Baseline Data:</i>	Although 17 percent of Americans are Hispanic or Latino, this population only comprises 5.5 percent of physicians. Similarly, only 6.3 percent of physicians are African-American, compared with 13 percent of the population at large.
<i>Source of Data:</i>	The Association of American Medical Colleges, UAMS Office of Diversity of Affairs
<i>Timing of Data Collection:</i>	Data is collected at each H.O.P.E. Club meeting
<i>Population/Sample:</i>	H.O.P.E. Club Middle School and High School members/attendees
<i>How data will be described and analyzed:</i>	Data analyzed and presented during April 2014 Biennial Minority Health Summit
Long-term Goal:	Reduce death/disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans.
Objective:	Objective 5: To increase stroke awareness by 1% annually among Minority Arkansans as measured by previous comparison beginning in FY2014
Specify Quarter/Year:	FY2014, Q2
<i>Partners:</i>	Arkansas Department of Health
<i>Quarterly Status Update:</i>	State Questions were submitted for the 2014 BRFSS Survey. Results will not be available until 2015. The results from the 2014 survey will serve as the baseline data. Comparison of data will begin in 2016 after the 2015 BRFSS survey results are released.

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<i>Indicators:</i>	# minority respondents and response to selected questions
<i>Baseline Data:</i>	2014 BRFSS Survey Results
<i>Source of Data:</i>	BRFSS Survey
<i>Timing of Data Collection:</i>	Annually
<i>Population/Sample:</i>	Random Sample of Minority Population in Arkansas.
<i>How data will be described and analyzed:</i>	Center For Disease Control and Prevention
Objective:	Objective 6: To increase hypertension awareness by 1 % annually among Minority Arkansans as measured by previous comparison beginning in FY2014 .
<i>Specify Quarter/Year:</i>	FY2014
<i>Partners:</i>	Arkansas Department of Health
<i>Quarterly Status Update:</i>	State Questions were submitted for the 2014 BRFSS Survey. Results will not be available until 2015. The results from the 2014 survey will serve as the baseline data. Comparison of data will begin in 2016 after the 2015 BRFSS survey results are released.
<i>Indicators:</i>	# minority respondents and response to selected questions
<i>Baseline Data:</i>	2014 BRFSS Survey Results
<i>Source of Data:</i>	BRFSS Survey
<i>Timing of Data Collection:</i>	Annually
<i>Population/Sample:</i>	Random Sample of Minority Population in Arkansas.
<i>How data will be described and analyzed:</i>	Center For Disease Control and Prevention
Objective:	Objective 7: To increase heart disease awareness by 1 % annually among Minority Arkansans as measured by previous comparison beginning in FY2014.
<i>Specify Quarter/Year:</i>	FY2014
<i>Partners:</i>	Arkansas Department of Health
<i>Quarterly Status Update:</i>	State Questions were submitted for the 2014 BRFSS Survey. Results will not be available until 2015. The results from the 2014 survey will serve as the baseline data. Comparison of data will begin in 2016 after the 2015 BRFSS survey results are released.
<i>Indicators:</i>	# minority respondents and response to selected questions

ATSC Independent Evaluation Quarterly Report – Minority Health Initiative	
<i>Baseline Data:</i>	2014 BRFSS Survey Results
<i>Source of Data:</i>	BRFSS Survey
<i>Timing of Data Collection:</i>	Annually
<i>Population/Sample:</i>	Random Sample of Minority Population in Arkansas.
<i>How data will be described and analyzed:</i>	Center For Disease Control and Prevention
Objective:	Objective 8: To increase diabetes awareness by 1% annually among Minority Arkansans as measured by previous comparison beginning in FY2014.
<i>Specify Quarter/Year:</i>	FY2014
<i>Partners:</i>	community, health and faith based organizations.
<i>Quarterly Status Update:</i>	State Questions were submitted for the 2014 BRFSS Survey. Results will not be available until 2015. The results from the 2014 survey will serve as the baseline data. Comparison of data will begin in 2016 after the 2015 BRFSS survey results are released.
<i>Indicators:</i>	# minority respondents and response to selected questions
<i>Baseline Data:</i>	2014 BRFSS Survey Results
<i>Source of Data:</i>	BRFSS Survey
<i>Timing of Data Collection:</i>	Annually
<i>Population/Sample:</i>	Random Sample of Minority Population in Arkansas.
<i>How data will be described and analyzed:</i>	Center For Disease Control and Prevention
<i>Reporting Period:</i>	2nd Quarter of FY2014
<i>Form Completed by (Name, Role):</i>	Louise Scott, Grant Coordinator
Battelle Comments and Recommendations:	

Table 5.B. Activities for Minority Health Initiative

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Auxiliaries in Ministry/AC A Public Health Forum	Third Jurisdiction Church of God in Christ	A collaboration between the Arkansas Minority Health Commission and the Arkansas Third Jurisdiction Church of God in Christ to provide information on the Affordable Health Care Act and open enrollment. Screenings were also provided.	Educate attendees on Affordable Health Care and open enrollment.	Equip attendees with information on Affordable Health Care as well as health education information.	Yes		\$1,593.00	<ul style="list-style-type: none"> • # of educational material distributed (500) • # of participants (500) • # of counties impacted (10) • # of blood pressure screenings (39) • # of abnormal blood pressure screenings (6) 	Attendees departed with health education information they can utilize and share with others. Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Arkansas Minority Barber & Beauty Shop Health Initiative	Arkansas Department of Health, Office of Minority Health & Health Disparities	The Arkansas Minority Barber & Beauty shop Health Initiative will incorporate Million Hearts which focuses on coordinating and enhancing cardiovascular disease prevention activities across the nation to prevent 1 million heart attacks and strokes by the year 2017. Hair salons and barber shops have a unique audience and provide an excellent forum for awareness, education, screening, and referral activities.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health educational information and knowledge on hypertension and stroke.	Yes		\$2,492.40	<ul style="list-style-type: none"> • # of participants (242) • # of counties impacted (1) • # of blood pressure screenings (242) • # of abnormal blood pressure screenings (97) • # of glucose screenings (242) • # of abnormal glucose screenings (62) • # of cholesterol screenings (242) • # of 	Attendees departed with health education information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
								abnormal cholesterol screenings (55) • # of BMI screenings (242)	
2013 NBSTC Boy's Camp	National Black State Trooper's Coalition	This week-long camp focused on healthy living, physical activity and tobacco prevention. The camp also offered a class during the week on drinking and driving and the importance of wearing a seatbelt.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol, and heart disease.	Yes		\$0.00	• # of participants (35) • Statewide Initiative	Attendees departed with health education information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Innovative Readiness Training Medical Mission	University Arkansas Medical Science, Delta Area Health Education Center	The Delta Regional Authority and the Department of Defense collaborated for the 5th Annual Innovative Readiness Training Medical Mission. Medical care was provided to residents of rural communities that otherwise have little to no access to quality health care. This year, the Department of Health and Human Services, Health Resources & Services Administration has joined the partnership to provide information and resources to patients regarding upcoming opportunities to enroll in health insurance through the Affordable Health Care	Educate attendees on preventative health screenings and maintenance.	Equip attendees with information on Affordable Health Care as well as health education information.	Yes		\$1,300.00	<ul style="list-style-type: none"> • # of participants (836) • # of counties impacted (3) • # of blood pressure screenings (321) • # of abnormal blood pressure screenings (95) • # of glucose screenings (321) • # of abnormal glucose screenings (91) • # of cholesterol screenings (321) • # of 	Attendees departed with health education information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		Act.						abnormal cholesterol screenings (79) • # of dental screenings (316) • # of vision screenings (155) • # of HIV screenings (84) • # of physical exams (321)	
AAPI Arkansas Fall Meeting	American Association of Physicians of Indian Origin	A statewide meeting of Indian American Doctors to discuss the Affordable Care Act and Medicaid Expansion's effects on Arkansans.	Educate attendees on Affordable Health Care and open enrollment.	Equip attendees with information on Affordable Health Care as well as health education information.	Yes		\$500.00	• # of participants (150) • Statewide Initiative	Attendees departed with health education information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
South East Arkansas School of Nursing Health Fair	South East Arkansas College School of Nursing	Community health event in Jefferson County with a focus on health education and screenings.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol, and heart disease.	Yes		\$143.60	<ul style="list-style-type: none"> • # of education materials distributed (320) • # of participants (750) • # of counties impacted (3) • # of blood pressure screenings (200) • # of abnormal blood pressure screenings (50) • # of glucose screenings (200) • # of abnormal glucose screenings (30) 	Attendees departed with health education information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
								<ul style="list-style-type: none"> • # of cholesterol screenings (200) • # of abnormal cholesterol screenings (20) • # of HIV screenings (150) • # of abnormal HIV screenings (0) 	
2013 Arkansas Conference on Child Abuse and Neglect	University of Arkansas Little Rock, Mid-South	Conference with a focus on advocacy, intervention and treatment services.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with information on Affordable Health Care as well as health education information.	Yes		\$379.50	<ul style="list-style-type: none"> • # of education packets distributed (50) • # of participants (366) • # of counties impacted (75) • # of blood pressure screenings 	Attendees departed with health education information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
								(56) • # of abnormal blood pressure screenings (7)	
Mt. Carmel Annual Health Screening	Mt. Carmel Missionary Baptist Church	Faith based initiative in rural community with a focus on health education and screenings.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol, and heart disease.	Yes		\$255.37	<ul style="list-style-type: none"> • # of participants (47) • # of counties impacted (1) • # of blood pressure screenings (27) • # of abnormal blood pressure screenings (6) • # of glucose screenings (10) • # of abnormal glucose screenings (1) • # of 	Attendees departed with health educational information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
								cholesterol screenings (10)	
2013 Low Income Advocates Leadership & Community Development Conference	Central Arkansas Development Council	The 2013 Low Income Advocates Leadership & Development Conference focused on issues that impact low-income Arkansans and coordination of services among non-profit, local and state government agencies.	Educate attendees on issues that impact low-income Arkansans.	Equip attendees with information on Affordable Health Care as well as health education information.	Yes		\$1,179.50	<ul style="list-style-type: none"> • # of participants (335) • Statewide Initiative 	Attendees departed with health educational information they can utilize and share with others.
Be Smart! Be Safe! Be Responsible! Girl Talk Teen Conference	ABH Projects Inc.	The 5th Annual Girl Talk Teen Conference focused on HIV/AIDS awareness, education, and prevention for African American girls. The target population was African American girls who reside in central and eastern Arkansas. The conference speaker was Marvelyn Brown.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with information on HIV/AIDS.	Yes		\$1,679.50	<ul style="list-style-type: none"> • # of education materials distributed (400) • # of participants (168) • # of counties impacted (5) • # of blood pressure screenings 	Attendees departed with health education information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
								(124)	
Southwest Saints Community Health Fair and Family Day	Southwest Saints	Health Awareness event in Southwest Little Rock with a focus on youth. Preventive screenings were provided to attendees.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol, and heart disease.	No		\$0.00	<ul style="list-style-type: none"> • # of participants (114) • # of counties impacted (1) • # of blood pressure screenings (40) • # of glucose screenings (31) • # of HIV Screenings (25) • # of abnormal HIV Screenings (0) • # of BMI Screenings (42) 	Attendees departed with health education information they can utilize and share with others.
Canaan Missionary Baptist Church Back	Canaan Missionary Baptist Church	Faith based Collaboration with 4 churches to provide preventive screenings	Educate attendees on preventative health screenings	Equip attendees with health education	Yes		\$179.50	# of education materials distributed	Attendees departed with health educational information they

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to School/Annual Health Fair		and assist youth with school supplies	and maintenance.	information on asthma, tobacco use, hypertension, diabetes, cholesterol, and heart disease.				(400) • # of participants (200) • # of counties impacted (1) • # of blood pressure screenings (85) • # of abnormal blood pressure screenings (9) • # of glucose screenings (85) • # of abnormal glucose screenings (8) • # of prostate screenings (43)	can utilize and share with others.

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McAlmont Church of Christ Health Fair	McAlmont Church of Christ	Faith based community health event with a focus on prevention.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol, and heart disease.	Yes		\$179.50	<input type="checkbox"/> # of education materials distributed (400) • # of participants (72) • # of counties impacted (1) • # of blood pressure screenings (72) • # of abnormal blood pressure screenings (2)	Attendees departed with health educational information they can utilize and share with others.

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Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
2013 Head of the Class, Back to School Bash	Rose City Community Church of Christ	This event was a collaboration between Arkansas Minority Health, Office of Governor Mike Beebe, North Little Rock Academy, and the Rose City Community Church of Christ. The event provided free school supplies, hair cuts and physicals to youth. Preventive screenings were provided to adults.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol, heart disease and HIV/AIDS.	Yes		\$417.03	# of education materials distributed (400) • # of participants (2,458) • # of counties impacted (3) • # of blood pressure screenings (128) • # of dental screenings (10) • # of physicals (82) • # of HIV Tests (1) # of immunizations (109)	Attendees departed with health educational information they can utilize and share with others.

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Legendary Blues Fest	Delta Force 3 Radio (KCLT, KAKJ, WNEV-FM's)	Attendees were provided educational brochures on Affordable HealthCare with enrollment and contact information for Arkansas Minority Health Commission	Educate attendees on Affordable Health Care and open enrollment.	Equip attendees with information on Affordable Health Care as well as health education information.	Yes		\$1,300.00	<ul style="list-style-type: none"> • # of participants (300) • # of counties impacted (7) 	Attendees departed with health educational information they can utilize and share with others.
Lane and Dorham Family Reunion	Donald Rhodes	The family reunion committee requested health education information to increase awareness of diseases that impact African American families.	Educate attendees on Affordable Health Care and open enrollment.	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes, cholesterol, and heart disease.	Yes		\$179.50	<ul style="list-style-type: none"> • # of educational materials distributed (400) • # of participants (121) • # of counties impacted (1) 	Attendees departed with health educational information they can utilize and share with others.
Cancer Awareness Health Fair	St. Luke Baptist Church	Faith based initiative with a focus of screenings and cancer awareness. Affordable Health Care was also discussed.	Educate attendees on preventative health screenings and colon and breast cancer	Equip attendees with health education information on asthma, tobacco use, hypertension, diabetes,	Yes		\$179.50	<ul style="list-style-type: none"> • # of participants (148) • # of counties impacted (1) • # of blood pressure screenings (148) 	Attendees departed with health education information they can utilize and share with others.

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Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
				cholesterol, and heart disease, and HIV/AIDS education and literature.				<ul style="list-style-type: none"> • # of abnormal blood pressure screenings (10) • # of glucose screenings (98) • # of abnormal glucose screenings (6) • # of cholesterol screenings (50) • # of abnormal cholesterol screenings (3) 	

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
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National Recovery for all Month	Division of Behavioral Services	September is National Recovery Month in which individuals who are recovering from mental illness and substance abuse have the opportunity to share with others and celebrate their success. The objective of the celebration is to raise awareness of recovery and celebrate those citizens who are recovering from behavioral health issues.	State agencies working towards decreasing the prevalence of health disparities that disproportionately affect minorities	Increasing awareness among individuals across the state of Arkansas.	Yes		\$2,079.50	<ul style="list-style-type: none"> • # of educational materials distributed (50) • # of counties impacted (1) • # of participants (157) • # of blood pressure screenings (75) 	Attendees departed with health education information they can utilize and share with others.
Jefferson County 5K Walk/Run	Trudy Redus	5 K walk/run in Jefferson County to encourage physical fitness and nutrition.	Educate attendees on preventative health screenings and maintenance.	Increase health awareness	Yes		\$4,900.00	<ul style="list-style-type: none"> • # of attendees (404) • # of participants (104) • # of blood pressure (22) • # of glucose (22) 	Attendees departed with health education information they can utilize and share with others.

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								• # of cholesterol (22)	
Arkansas Gospel Music Heritage Month All State Event	Arkansas Gospel Music Heritage Month	The United States Congress recognized September as Gospel Music Heritage Month beginning in June 2008. The mission of Arkansas Gospel Music Heritage Month is to "Empower Faith Based Communities to cross racial, ethnic, religious and geographical boundaries in gospel music and emerge as one body. Three events were held during the month of September.	Educate attendees on Affordable Health Care and open enrollment.	Equip attendees with information on Affordable Health Care as well as health education information.	Yes		\$5,000.00	. # of events (3) . # of attendees (1,000)	Attendees departed with health education information they can utilize and share with others.

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Arkansas Gospel Music Heritage Month All State Event	Arkansas Gospel Music Heritage Month	The United States Congress recognized September as Gospel Music Heritage Month beginning in June 2008. The mission of Arkansas Gospel Music Heritage Month is to "Empower Faith Based Communities to cross racial, ethnic, religious and geographical boundaries in gospel music and emerge as one body. Three events were held during the month of September.	Educate attendees on Affordable Health Care and open enrollment.	Equip attendees with information on Affordable Health Care as well as health education information.	Yes		\$5,000.00	. # of events (3) . # of attendees (1,000)	Attendees departed with health education information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
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AR SEC Annual Health Screening	Southeast Arkansas College	Southeast Arkansas College coordinated a community health event in Jefferson County. The event focused on screenings, prevention and health awareness. Arkansas Minority Health Commission (AMHC) provided blood pressure, glucose and cholesterol machines. AMHC also provided test strips for machines.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health education literature on high blood pressure, glucose	Yes		\$537.00	# of educational material distributed (150) # of participants (1,200) # of counties impacted (1) # of blood pressure screenings (39) # of abnormal blood pressure screenings (6) # of glucose screenings (300) # of abnormal glucose screenings (175) # of cholesterol screenings	Attendees departed with health education information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
								(150) # of abnormal cholesterol screenings (89) # of dental screenings (150) # of abnormal dental screenings (123) # of hearing screenings (220) # of abnormal hearing screenings (100) # of vision screenings (200) # of abnormal vision screenings (26)	

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Parental Involvement : Information al Workshop	Murrell Taylor Elementary School	Murrell Taylor Elementary School hosted a community health event with a focus on screenings, prevention and health awareness. The informational workshop at their Fall Festival provided parents with information on diabetes, hypertension, and cholesterol. AMHC also provided Murrell Taylor Elementary with blood pressure machines to test attendees for hypertension.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health educational information and knowledge on hypertension and stroke.	Yes		\$179.00	# of educational material distributed (50) # of participants (250) # of counties impacted (1) # of blood pressure screenings (87) # of abnormal blood pressure screenings (11)	Attendees departed with health education information they can utilize and share with others.
UAMS College of Nursing Health Fair	University of Arkansas Medical Science (UAMS) - College of Nursing	UAMS College of Nursing hosted a health fair with a focus on screenings, prevention and health awareness. Arkansas Minority Health	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health educational information and knowledge on	Yes		\$267.96	# of educational material distributed (?) # of participants (10)	Attendees departed with health education information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		Commission provided blood pressure machines, glucose and cholesterol machines along with strips		hypertension and stroke.				# of counties impacted (1) # of blood pressure screenings (26) # of glucose screenings (8)	
Springdale Health Fair	Arkansas Minority Health Commission	Arkansas Minority Health Commission collaborated with health organizations in Washington and Benton County to host a community health fair with a focus on screenings, prevention and health awareness. Along with the Marshallese Community, AMHC was able to connect with other underserved minority populations to provide screenings and health awareness on diabetes,	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health educational information and knowledge on hypertension and stroke.	Yes		\$267.96	# of participants (110) # of counties impacted (2) # of total screenings provided (385) # of blood pressure screenings (63) # of abnormal blood pressure screenings (43) # of glucose screenings (65)	Attendees departed with health education information they can utilize and share with others.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		hypertension, and cholesterol. AMHC provided blood pressure and glucose machines and testing strips.						# of abnormal glucose screenings (35) # of vision screenings (54) # of abnormal vision screenings (25)	
World AIDS Days 2013/Grassroots HIV ADIS Initiative	Connie Roebuck and Lee County Cooperative Clinic	Lee County Cooperative Clinic hosted Worlds AIDS Day 2013 to educate the communities of Forrest City and surrounding areas on HIV/AIDS. Free HIV/AIDS screenings were provided to attendees. Health education information on diabetes, hypertension and glucose was provided to attendees.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health educational information and knowledge on hypertension, stroke and HIV/AIDS	Yes		\$49.07	# of participants (105) # of counties impacted (2) # of HIV/AIDS Test (50)	Attendees departed with health education information they can utilize and share with others.

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8th Annual Mass Flu Clinic	Pulaski County Central Health Unit	Seasonal Flu is a disease that causes mild to severe illness and is easily spread. The Arkansas Minority Health Commission (AMHC) partnered with the Arkansas Department of Health - Pulaski County Central Health Unit for the 8th Annual Mass Flu Clinic. AMHC has partnered with The Pulaski County Health Unit since 2009. Over 150 volunteers and Arkansas Department of Health staff provided free flu immunizations and blood pressure screenings.	Educate attendees on preventative health screenings and maintenance.	By providing access to preventive health care services to the community, it will decrease the spread of seasonal flu disease.	Yes		\$1,500.00	# of attendees (1375) # of counties impacted (1) # of total screenings (1001) # of blood pressure screenings (33) # of flu immunizations (968)	Attendees departed with health education information they can utilize and share with others.

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Health Fair	Allen Temple Missionary Baptist Church	Faith based initiative. Health education information on diabetes, hypertension and cholesterol was provided to attendees.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health educational information and knowledge on hypertension and stroke.	Yes		\$179.00	# of attendees (50) # of Counties impacted (1) # of educational packets distributed (50)	Attendees departed with health education information they can utilize and share with others.
Department of Human Sciences Alumni Association Annual Homecoming Breakfast	UAPB Human Sciences Alumni Association	Annual event held by the UAPB Alumni Association during homecoming week to raise community awareness. Arkansas Minority Health Commission provided health education packets to attendees.	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health educational information and knowledge on hypertension and stroke.	Yes		\$234.00	# of attendees (60) # of counties impacted (1) # of hand sanitizers distributed (50) # of educational packets (50)	Attendees departed with health education information they can utilize and share with others.
Conference	Arkansas Community Development Society	The Arkansas Community Development Society is an educational non-profit organization whose purpose is to advance community development	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health educational information and knowledge on hypertension	Yes		\$329.80	# of attendees (102) # of counties impacted (3) # of educational packets (50)	Attendees departed with health education information they can utilize and share with others.

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		profession by providing a forum for the exchange of ideas and development of common interest among the members. Arkansas Minority Health Commission provided health education literature on diabetes, hypertension and cholesterol for conference attendees.		and stroke.					
American Association of Physicians of Indian Origin Fall Meeting 2013	American Association of Physicians of Indian Origin	Arkansas Minority Health Commission collaborated with American Association of Physicians of Indian Origin at a conference to provide information on the Affordable Care Act and Medicaid Expansion effects and healthcare workforce. It was a statewide initiative.	Attendees received information on Affordable Care Act.	Equip attendees with information on Affordable Care Act	Yes		\$500.00	# of attendees (150) # Statewide Initiative	Attendees departed with information on the Affordable Care Act.

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NAACP Banquet	NAACP El Dorado Union County Branch	Arkansas Minority Health Commission collaborated with the NAACP El Dorado Union County Branch to provide information on the Affordable Care Act and Medicaid Expansion.	Attendees received information on Affordable Care Act	Equip attendees with information on Affordable Care Act	Yes		\$200.00	# of attendees (250)	Attendees departed with information on the Affordable Care Act.
De Queen Health Fair	Arkansas Minority Health Commission	Arkansas Minority Health Commission collaborated with health organizations in Sevier County to host a community health fair with a focus on screenings, prevention and health awareness. Along with the Hispanic Community, AMHC was able to connect with other underserved minority populations to provide screenings and health awareness on diabetes, hypertension, and	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health educational information and knowledge on hypertension and stroke.	Yes		\$61.41	# of attendees (218) # of blood pressure screenings (75) # of abnormal blood pressure (29) # of glucose screenings (69) # of abnormal glucose screenings (18) # of pulse readings (65) # of abnormal	Attendees departed with health education information they can utilize and share with others

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		cholesterol. AMHC provided blood pressure and glucose machines and testing strips.						pulse readings (4) # of height (58) # of weight (67) # of skin sun damage screenings (30) # of abnormal skin sun damage (1) # of grip strength (9) # of body mechanics screenings (9) # of SpO2 screenings (32)	

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Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Arkansas Advocates for Children and Families	2013 Friends of Children Annual Luncheon	Arkansas Advocates for children and families recognized individuals in the healthcare and juvenile justice field who have worked to impact the lives of children and families in Arkansas.	Educate attendees on accomplishments of programs that impact children and families.	Educate attendees on accomplishments of programs that impact children and families.	Yes		\$600.00	# of attendees (250)	Attendees were made aware of steps made toward improving quality of life for children and families.
Activities Related to Long-term Goal: Reduce death/disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans.									
Southern Ain't Fried Screenings	Arkansas Minority Health Commission	Southern Aint Fried Sunday is a program designed to promote healthy lifestyles for Arkansans. The Arkansas Minority Health Commission provided blood pressure and glucose screenings for	Educate attendees on preventative health screenings and maintenance.	Equip attendees with health educational information and knowledge on hypertension and stroke.	Yes		\$570.04	# of counties impacted (4) # of educational materials distributed (150) # total number of screenings (82)	Attendees departed with health education information they can utilize and share with others

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		attendees. For this event eight nurses from health organizations volunteered to administer screenings.						# total number of blood pressure screenings (41) # total number of glucose screenings (37)	
11th Annual Striking out Tobacco in Arkansas Conference	Coalition for a Tobacco Free Arkansas	A conference to educate grassroots organizations, youth and public health advocates on tobacco prevention and cessation efforts and Affordable Health Care.	Educate attendees on tobacco cessation and Affordable Health Care and open enrollment.	Increasing awareness among individuals across the state of Arkansas.	Yes		\$5,000.00	<ul style="list-style-type: none"> # of participants (150) 	Attendees departed with tobacco education information they can utilize and share with others.
Camp iRock	Arkansas Minority Health Commission	Following the 2013 fitness and nutrition camp, Camp iRock, participants and parents continued to receive monthly E-News Blast to maintain communication related to healthy	Camp iRock is a fitness and nutrition camp for girls age 11-14 aimed at promoting physical activity, nutritious eating, healthy lifestyles, character building	Equip adolescent girls with the skills and knowledge to be able to engage in various types of physical activities, make healthy meal	Yes		\$21.70	<ul style="list-style-type: none"> # of E-News Blast (3) # of E-News Blast recipients (45) # of countries impacted (11) # of follow-up letters 	Recipients of E-News Blast are able to maintain regular communication pertaining to health and the benefits of maintaining a healthy lifestyle.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		lifestyles. The three issues addressed the health benefits of Yoga, the health benefits of cardiovascular training and identifying non-traditional exercises. Notification regarding the first Camp iRock follow-up meeting was mailed to every participant. The follow-up meeting will take place on October 5, 2013 at Arkansas Children's Hospital.	and self-esteem building.	selections and develop positive character and positive self-esteem all while leading up to a healthier lifestyle.				mailed (45)	
Southern' Ain't Fried Sundays	Arkansas Minority Health Commission	In collaboration with The Design Group, The Arkansas Minority Health Commission has worked to unveil the 3rd edition of the Southern' Ain't Fried Sundays Cookbook and the 1st edition of the 21-Day plan. All of the pieces for the	A program uniquely designed to educate African American and Hispanic churches, communities and organizations about healthier alternatives to preparing and	Equip individuals with the skill and knowledge to be able to prepare traditional style meals in a healthier way in order to combat obesity	Yes		\$41,850.00	<ul style="list-style-type: none"> • # of banners (100) • # of 21 Day-plan cards (100) • # of fans (2,000) # of informational brochures(100) 	Attendees will depart with knowledge of healthy cooking alternatives and information on how to incorporate fitness activities into their daily routine

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		African-American Cookbook and 21-Day Plan have been developed and those pieces are: 21-Day Plan, Cookbook, Banner, Certificates, Microsite, T-Shirts, Fans, Membership Cards and Branded boxes to packages the items. Completion of the Hispanic version is underway. November 9, 2013 is the official date to unveil the new and improved SAFS program.	cooking traditional meals. It is also a creative mechanism to help in the reduction of heart disease, stroke, diabetes and obesity. A new component of the SAFS program is the 21-Day Plan. The plan is designed to gradually introduce African American and Hispanic	and other chronic illnesses.				# of tool-kit boxes (100) # of membership cards(250) # of t-shirts (500)	
Affordable Care Act Public Forum - Marked Tree	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum -Mark Tree, Arkansas on July 18, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the	Yes		\$7,882.35	<ul style="list-style-type: none"> • # of educational packets (45) • # of attendees (45) • # of counties impacted (1) # of flyers 	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.		guidelines for successful enrollment in October.				distributed (500) # of advertisement (4) # of print media (1) # of radio advertisement (1)	
Affordable Care Act Public Forum - Blytheville	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum -First Missionary Baptist Church, Blytheville, Arkansas on July 25, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes		\$5,248.33	<ul style="list-style-type: none"> • # of educational packets (160) • # of attendees (160) • # of counties impacted (1) # of flyers distributed (500) # of advertisement (4) # of print media (1) # of radio 	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		Medicaid for 250,000 additional Arkansans.						advertisement (1)	
Affordable Care Act Public Forum - Little Rock	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum -Holy Temple Cathedral COGIC, Little Rock, Arkansas on August 1, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes		\$0.00	<ul style="list-style-type: none"> • # of educational packets (42) • # of attendees (42) • # of counties impacted (1) # of flyers distributed (500) # of advertisement (4) # of print media (1) # of radio advertisement (1) 	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Affordable Care Act Public Forum - North Little Rock	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum Agape Church, North Little Rock, Arkansas on August 3, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes		\$750.00	# of educational packets (32) • # of attendees (32) • # of counties impacted (1)	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Affordable Care Act Public Forum - Crossett	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum Crossett ACA Community Meeting, Crossett Arkansas on August 10, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes		\$2,128.29	<ul style="list-style-type: none"> • # of educational packets (74) • # of attendees (74) • # of counties impacted (1) # of flyers distributed (500) # of advertisement (4) # of print media (1) # of radio advertisement (1) 	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Affordable Care Act Public Forum - Fort Smith	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum St. James Missionary Baptist Church, Fort Smith, Arkansas on August 15, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes		\$6,095.77	<ul style="list-style-type: none"> • # of educational packets (220) • # of attendees (220) • # of counties impacted (1) # of flyers distributed (500) # of advertisement (4) # of print media (1) # of radio advertisement (1) 	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Affordable Care Act Public Forum - Camden	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum Greater St. Paul Baptist Church, Camden, Arkansas on August 22, 2013.. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes		\$2,911.00	<ul style="list-style-type: none"> • # of educational packets (106) • # of attendees (106) • # of counties impacted (1) # of flyers distributed (500) # of advertisement (4) # of print media (1) # of radio advertisement (1) 	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Affordable Care Act Public Forum - El Dorado	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum First Baptist Church, El Dorado, Arkansas on September 5, 2013.. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes		\$3,391.12	<ul style="list-style-type: none"> • # of educational packets (102) • # of attendees (102) • # of counties impacted (1) # of flyers distributed (500) # of advertisement (4) # of print media (1) # of radio advertisement (1) 	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Affordable Care Act Public Forum - Jonesboro	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum New St. John Baptist Church, Jonesboro, Arkansas on September 19, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes		\$2,882.94	<ul style="list-style-type: none"> • # of educational packets (37) • # of attendees (37) • # of counties impacted (1) # of flyers distributed (500) # of advertisement (4) # of print media (1) # of radio advertisement (1) 	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Affordable Care Act Public Forum - Hot Spring	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum Living Waters COGIC, Hot Springs, Arkansas on September 25, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes		\$2,484.21	<ul style="list-style-type: none"> • # of educational packets (86) • # of attendees (86) • # of counties impacted (1) # of flyers distributed (500) # of advertisement (4) # of print media (1) # of radio advertisement (1) 	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.
Red Counties Action Planning Committee	Arkansas Minority Health Commission and Arkansas Department of Health Office of Minority	The Planning Committee consists of representatives from state agencies whose primary focus is the reduction of health disparity within the red counties.	State agencies working towards decreasing the prevalence of health disparities that disproportionately affect minorities	Increasing awareness among individuals living within those red counties. The group discussed	No			<ul style="list-style-type: none"> # of counties (14) • # of counties that were removed from list (3) Lee, Dallas, & Polk 	Collaborative effort put into action to decrease health disparities within those counties.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
	Health and Health Disparities			the submitted reporting templates for the fiscal year. The final red counties report will be presented in December.					
Ask the Doctor - August 2013 - Pediatric Health – Back-to-school Check-Ups and the Affordable Care Act	Arkansas Minority Health Commission	Ask the Doctor is an AMHC- produced radio show on KIPR Power 92 that airs the third Tuesday of each month from 7am to 9am. The August 2013 Ask the Doctor show focused on Pediatric Health – Back-to-school Check-Ups. The guest was Dr. Eduardo Ochoa from the Department of Pediatrics at UAMS. Power 92 listeners call-in, text, email, or post questions on Facebook (not	Media Outreach	Outreach and Education	Yes		\$1,600	<ul style="list-style-type: none"> • # of potential citizen encounters (70,000) • # of callers (2) 	Listening audience received information on Pediatric Health – Back-to-school Check-Ups, the Affordable Care Act the role of for In-Patient Assistors and uncomomg Community Meetings

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		anonymous). Important AMHC news and events are highlighted. Listeners have the ability to listen to past shows on www.power92.com . Currently Power 92 has an audience size of 70,000 across the state of Arkansas. The show receives an average of 40 downloads, emails and calls per month within the week prior to and following the show. The show is gaining exposure now that a link to download it has been posted on the home page of www.power92.com							

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Ask the Doctor - September 2013 - Affordable Care Act and the Health Insurance Marketplace	Arkansas Minority Health Commission	Ask the Doctor is an AMHC- produced radio show on KIPR Power 92 that airs the third Tuesday of each month from 7am to 9am. The September 2013 Ask the Doctor show focused on Affordable Care Act and the Health Insurance Marketplace. The guests were Dr. Derek Lewis, president of the Arkansas Medical, Dental, and Pharmaceutical Association (AMDPA); and Sandra Cook, from the Arkansas Insurance Department’s Health Benefits Exchange Partnership Division. Ask the Doctor is a radio show on KIPR Power 92 that airs the	Media Outreach	Outreach and Education	Yes		\$1,600	<ul style="list-style-type: none"> • # of potential citizen encounters (70,000) • # of callers (9) • # of questions submitted via text or social media but not answered on air (6) 	Listening audience received information on mental health, the Affordable Care Act forums, the Health Insurance Marketplace, the role of for In-Patient Assistors and upcoming ACA Community Meetings

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		<p>third Tuesday of each month from 7am to 9am. Power 92 listeners call-in, text, email, or post questions on Facebook (not anonymous). Important AMHC news and events are highlighted. Listeners have the ability to listen to past shows on www.power92.com. Currently Power 92 has an audience size of 70,000 across the state of Arkansas. The show receives an average of 40 downloads, emails and calls per month within the week prior to and following the show. The show is gaining exposure now that a link to</p>							

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		download it has been posted on the home page of www.power92.com							
Camp iRock	Arkansas Minority Health Commission	Arkansas Minority Health Commission held the 1st follow-up meeting for Camp iRock 2013 on October 5, 2013 at Arkansas Children's Hospital. The follow-up meeting consisted of assessments conducted on 23 campers and 3 mentors representing Pulaski, Saline, Bradley, Jefferson, St. Francis, Clark, Miller, Chicot and Lonoke Counties as well as nutritional education provided by Children's Hospital and a physical activity lead by Tina Glass from Results by Tina which	Camp iRock is a fitness and nutrition camp for girls age 11-14 aimed at promoting physical activity, nutritious eating, healthy lifestyles, character building and self-esteem building.	Equip adolescent girls with the skills and knowledge to be able to engage in various types of physical activities, make healthy meal selections and develop positive character and positive self-esteem all while leading up to a healthier lifestyle.	Yes	Arkansas Minority Health Commission	\$1,009.18	# of Campers (26) # of Attendees (60) # of blood pressure assessments (24) # of counties impacted (9) # of height assessments (24) # of weight assessments (24) # of physical activities (1) # of nutritional activities (1)	Attendees departed with the knowledge on how to make healthier food selections, how to have a beneficial workout without any equipment and how to select the proper footwear.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		included participation from both camp participants and parents. Camp iRock participants and parents continued to receive monthly E-News Blast to maintain communication related to healthy lifestyles. Three issues addressed were proper exercise footwear, circuit training and strength training. Notification regarding the second Camp iRock follow-up meeting was mailed to every participant. The second follow-up meeting will take place on Saturday, January 4, 2014 at Arkansas Children's Hospital							

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Southern Ain't Fried Sundays	Arkansas Minority Health Commission	Arkansas Minority Health Commission launched the New and Improved Southern Ain't Fried Sundays Program during on Saturday, November 9, 2013 at the Embassy Suites Hotel in Little Rock. With a headcount number of 280 people in attendance, the program was comprised of expert medical information presented by Dr. Morris E. Kelly, a dynamic physical activity lead by National Council of Certified Personal Trainers and Executive Director of War on Weight (WOW) Fitness Mrs. Kameelah Harris which demonstrated actives	A program uniquely designed to educate African American and Hispanic churches, communities and organizations about healthier alternatives to preparing and cooking traditional meals. It is also a creative mechanism to help in the reduction of heart disease, stroke, diabetes and obesity. A new component of the SAFS program is the 21-Day Plan. The plan is designed to gradually introduce African	Equip individuals with the skill and knowledge to be able to prepare traditional style meals in a healthier way in order to combat obesity and other chronic illnesses.	Yes	Arkansas Minority Health Commission	\$11,132.84	# of participants (280) # of blood pressure screenings (41) # of glucose screenings (37) # of counties impacted (9) # of E-News Blast (3) # of radio advertisement impressions (812) # of stations for TV Advertisement (16) # of cable stations (12) # of local stations (4)	Attendees departed with knowledge of healthy cooking alternatives, information on how to incorporate fitness activities into their daily routine, blood pressure and glucose numbers and other health related information on topics such as arthritis, lupus, smoking, cancers, poison center and how to access the UAMS library.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		that individuals could do outside of a gym, an exceptional SAFS breakfast smoothie and lunch complements of the New and Improved Southern Ain't Fried Sundays cookbook and prepared by Embassy's chef and powerful musical selections. 43 Participants took advantage of free blood pressure and glucose screenings and educational information was provided by the Arthritis Foundation, UAMS College of Pharmacy Arkansas Poison Center, Women's Council on African American Affairs, Coalition for a Tobacco Free	American and Hispanic						

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		Arkansas, Arkansas Cancer Coalition, Lupus Foundation of America, Arkansas Chapter, UAMS Library, Arkansas Minority Healthy Commission In-Person Assister, American Heart Association and the Arkansas Department of Healthy Chronic Disease and Prevention Branch.							
Red Counties Action Planning Committee	Arkansas Minority Health Commission and Arkansas Department of Health Office of Minority Health and Health Disparities	The Planning Committee consists of representatives from state agencies whose primary focus is the reduction of health disparities within the red counties of Arkansas.	State agencies working towards decreasing the prevalence of health disparities that disproportionately affect minorities.	Increasing awareness among individuals living within those red counties. The Red Counties Action Planning Committee created a annual report to reflect the	No	State General Revenue, Excise Taxes, Master Settlements, Federal Grants		# of red counties in 2011 (17) # of red counties in 2012 (14) # of projects (194) # of final reports (1)	The Red Counties Committee is moving forward with determining a collaborative project that can be utilized in the stated red counties to assist in increasing the overall health of the citizens living in those counties.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
				health status of each of the red counties. The number of red counties decreased from (17) to (14) over the last year. In 2012 there were a reported 194 projects that agencies were operating in the red counties. The primary funding sources included state general revenue, excise taxes, master settlements, and federal grants.					

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Ask the Doctor - October 2013 - National Breast Cancer Awareness Month	Arkansas Minority Health Commission	Ask the Doctor is an AMHC- produced radio show on KIPR Power 92 that airs the third Tuesday of each month from 7am to 9am. The October 2013 Ask the Doctor show focused on National Breast Cancer Awareness Month. The guests were Dr. Rhonda Henry-Tillman and Dr. Rhonda Mattox. Ask the Doctor is a radio show on KIPR Power 92. The show airs the third Tuesday of each month from 7am to 9am. Power 92 listeners call-in, text, email, or post questions on Facebook (not anonymous). Important AMHC news and events are	Media Outreach	Outreach and Education	Yes		\$1,600.00	# of citizen encounters (70,000) # of callers (7) # of # of questions submitted via text or social media but not answered on air (5)	Listening audience received information on Hospice care, the Affordable Care Act forums, the Health Insurance Marketplace, the role of for In-Patient Assistors and upcoming ACA Community Meetings.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		highlighted. Listeners have the ability to listen to past shows on www.power92.com . Currently Power 92 has an audience size of 70,000 across the state of Arkansas. The show receives an average of 40 downloads, emails and calls per month within the week prior to and following the show. The show is gaining exposure now that a link to download it has been posted on the home page of www.power92.com							

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Ask the Doctor - November 2013 - Hospice	Arkansas Minority Health Commission	Ask the Doctor is an AMHC- produced radio show on KIPR Power 92 that airs the third Tuesday of each month from 7am to 9am. The November 2013 Ask the Doctor show focused on Affordable Care Act and the Health Insurance Marketplace. The guests was Dr. Kimberly Curseen, the Director of the Geriatric Palliative Care program at the Reynolds Institute on Aging. Ask the Doctor is a radio show on KIPR Power 92. The show airs the third Tuesday of each month from 7am to 9am. Power 92 listeners call-in, text, email, or post	Media Outreach	Outreach and Education	Yes		\$1,600.00	# of citizen encounters (70,000) # of callers (7) # of # of questions submitted via text or social media but not answered on air (6)	Listening audience received information on Hospice care, the Affordable Care Act forums, the Health Insurance Marketplace, the role of for In-Patient Assistors and upcoming ACA Community Meetings.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		questions on Facebook (not anonymous). Important AMHC news and events are highlighted. Listeners have the ability to listen to past shows on www.power92.com . Currently Power 92 has an audience size of 70,000 across the state of Arkansas. The show receives an average of 40 downloads, emails and calls per month within the week prior to and following the show. The show is gaining exposure now that a link to download it has been posted on the home page of www.power92.com							

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Ask the Doctor - December 2013 - Affordable Care Act and the Health Insurance Marketplace	Arkansas Minority Health Commission	Ask the Doctor is an AMHC- produced radio show on KIPR Power 92 that airs the third Tuesday of each month from 7am to 9am. The December 2013 Ask the Doctor show focused on Affordable Care Act and the Health Insurance Marketplace. The guests were Dr. Derek Lewis, president of the Arkansas Medical, Dental, and Pharmaceutical Association (AMDPA); and Anna Strong with Arkansas Advocates for Children and Families . Ask the Doctor is a radio show on KIPR Power 92. The show airs the third Tuesday of each month from 7am to	Media Outreach	Outreach and Education	Yes		\$1,600.00	# of citizen encounters (70,000) # of callers (5) # of # of questions submitted via text or social media but not answered on air (7)	Listening audience received information on Hospice care, the Affordable Care Act forums, the Health Insurance Marketplace, the role of for In-Patient Assistors and upcoming ACA Community Meetings.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		<p>9am. Power 92 listeners call-in, text, email, or post questions on Facebook (not anonymous). Important AMHC news and events are highlighted. Listeners have the ability to listen to past shows on www.power92.com. Currently Power 92 has an audience size of 70,000 across the state of Arkansas. The show receives an average of 40 downloads, emails and calls per month within the week prior to and following the show. The show is gaining exposure now that a link to download it has been posted on the home</p>							

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		page of www.power92.com.							
Affordable Care Act Public Forum-Clarendon	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum at The Executive Hall, Clarendon, Arkansas on October 17, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans. Newspaper ad was run in Central Delta Argus-Sun. Radio spots ran on KJIW 94 and Cumulus stations	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment in October.	Yes	Arkansas Minority Health Commission Arkansas Minority Health Consortium and AARP Arkansas	\$2,545.21	# of attendees (65) # of counties impacted (1) # of flyers and posters distributed (500) # of print media impressions (1) # of radio impressions (145) # of social media (2)	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		(KIPR, KZPK and KOKY). The event was promoted via social media on ARHealthConnector.org and ARMinorityHealth.com							
Affordable Care Act Public Forum- De Queen	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum Health Fair at St. Barbara Catholic Church, De Queen, Arkansas on November 2, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding	To educate the community on Affordable Health Care and give free health screenings.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment .	Yes	Arkansas Minority Health Commission Arkansas Minority Health Consortium and AARP Arkansas	\$13,687.95	# of attendees (265) # of counties impacted (8) # of flyers and posters distributed (2100) # of print media impressions (9) # of radio impressions (1) # of social media (3)	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		<p>Medicaid for 250,000 additional Arkansans. Newspaper ads were run in AMIGO, Hola Arkansas and the DeQueen Bee, which covered eight counties – Sevier, Miller, Pike, Hempstead, Clark, Union, Garland and Howard. AMIGO and Hola Arkansas newspapers also ran articles prior to the event. Spanish and English flyers and posters were distributed in five counties - Sevier, Miller, Pike, Hempstead, and Howard. Radio spots ran on 1390 A.M (KDQN) and the news director hosted a two-hour live remote from the event. The event was promoted via</p>							

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		social media on ARMinorityHealth.com, amigonews.com, and hola-arkansas.com.							
Affordable Care Act Public Forum- De Queen	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	Affordable Care Act Public Forum at Lewis Temple COGIC, De Queen, Arkansas on November 3, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans. Flyers were distributed to members of Lewis	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment	Yes	Arkansas Minority Health Commission Arkansas Minority Health Consortium and AARP Arkansas	\$4,158.11	# of attendees (65) # of counties impacted (1) # of flyers distributed (100)	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		Temple COGIC.							
Affordable Care Act Public Forum-Springdale	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	ACA Public Health Fair at The Jones Center, Springdale, Arkansas on November 16, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans. Community organizers distributed flyers at Islander stores and ADH-Dr. Joseph Bates Outreach Unit distributed flyers to patients. The event was promoted via	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment	Yes	Arkansas Minority Health Commission Arkansas Minority Health Consortium and AARP Arkansas	\$4,607.28	# of attendees (116) # of counties impacted (1) # of social media (2)	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		social media on ARMinorityHealth.com and the AMHC Facebook page. A news producer with KUAF Public Radio 91.3fm, an NPR affiliate radio station in Fayetteville, produced a post-event news story, "Arkansas Marshallese Seek Affordable Healthcare," which aired on KUAF's "Ozarks at Large" daily news hour on November 20, 2013. http://www.kuaf.com/content/arkansas-marshallese-seek-affordable-healthcare .							

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Affordable Care Act Public Forum-Springdale	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	ACA Public Health Fair at The Jones Center, Springdale, Arkansas on November 16, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans. Community organizers distributed flyers at Islander stores and ADH-Dr. Joseph Bates Outreach Unit distributed flyers to patients. The event was promoted via social media on	To educate the community on Affordable Health Care and free health screenings.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment	Yes	Arkansas Minority Health Commission Arkansas Minority Health Consortium and AARP Arkansas	Total of both Springdale events are shown on Nov. 15th date	# of attendees (110) # of counties impacted (1) # of social media (2)	Attendees received information on the Affordable Care Act, In-Person Assistors and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		ARMinorityHealth.com and the AMHC Facebook page. A news producer with KUAF Public Radio 91.3fm, an NPR affiliate radio station in Fayetteville, produced a post-event news story, "Arkansas Marshallese Seek Affordable Healthcare," which aired on KUAF's "Ozarks at Large" daily news hour on November 20, 2013. http://www.kuaf.com/content/arkansas-marshallese-seek-affordable-healthcare .							
Affordable Care Act Public Forum - Texarkana	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	ACA Public Meeting at Lonoke Baptist Church, Texarkana, Arkansas on November 19, 2013. The Arkansas Insurance	To educate the community on Affordable Health Care and free health screenings.	To educate the community on how the ACA works, resources available and complete	Yes	Arkansas Minority Health Commission Arkansas Minority	\$3,307.42	# of attendees (106) # of counties impacted (1) # of flyers distributed (500)	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans. Newspaper ads ran in the Texarkana Gazette. Radio spots ran on KTOY 94-FM. The event was promoted via social media on ARHealthConnector.org, ARMinorityHealth.com and the AMHC Facebook page.		understanding of the guidelines for successful enrollment		Health Consortium and AARP Arkansas		# of advertisement (4) # of print media (1) # of radio advertisement (4)	Marketplace.
Affordable Care Act Public	AMHC, AR Minority Health	ACA Public Meeting at The Dumas Community Center,	To educate the community on Affordable Health	To educate the community on how the ACA	Yes	Arkansas Minority Health	\$2,459.63	# of attendees (60) # of counties	Attendees received information on the Affordable Care Act,

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Forum-Dumas	Consortium, AARP, AR Insurance Dept. and DHS	Dumas, Arkansas on December 2, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans. Newspaper ads ran in the Dumas Clarion. Radio spots ran on KVSA (1220 AM). The event was promoted via social media on ARMinorityHealth.com. Post event, an article was published in the Dumas Clarion.	Care.	works, resources available and complete understanding of the guidelines for successful enrollment		Commission Arkansas Minority Health Consortium and AARP Arkansas		impacted (1) # of flyers distributed (1,025) # of print media impressions (2) # of radio impressions (97) # of social media (1)	In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Affordable Care Act Public Forum-Fordyce	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	ACA Public Meeting at The Fordyce Civic Center, Fordyce, Arkansas on December 10, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans. Newspaper ad ran in the Fordyce News Advocate. Radio spots ran on KHLR-FM (1220 AM). The event was promoted via social media on ARHealthConnector.or	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment	Yes	Arkansas Minority Health Commission Arkansas Minority Health Consortium and AARP Arkansas	\$1,615.00	# of attendees (28) # of counties impacted (1) # of flyers distributed (1,025) # of print media impressions (1) # of radio impressions (76) # of social media (3)	Attendees received information on the Affordable Care Act, In-Person Assistors and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		g, ARMinorityHealth.com, and salineriverchronicle.blogspot.com.							
Affordable Care Act Public Forum-Warren	AMHC, AR Minority Health Consortium, AARP, AR Insurance Dept. and DHS	ACA Public Meeting at Union Hill Missionary Baptist Church, Warren, Arkansas on December 16, 2013. The Arkansas Insurance Department, Arkansas Department of Human Services and UAMS discussed the new health benefits exchange, preventive care provisions in the law, discounts on prescriptions for seniors and the costs-savings of expanding Medicaid for 250,000 additional Arkansans.	To educate the community on Affordable Health Care.	To educate the community on how the ACA works, resources available and complete understanding of the guidelines for successful enrollment	Yes	Arkansas Minority Health Commission Arkansas Minority Health Consortium and AARP Arkansas	\$1,500.00	# of attendees () # of counties impacted (1) # of flyers distributed (2,025) # of print media impressions (2) # of radio advertisement (90) # of social media (2)	Attendees received information on the Affordable Care Act, In-Person Assisters and how to enroll in plans offered by the Health Insurance Marketplace.

Activities Related to Short-term Goal: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco-related illnesses									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
		Newspaper ad ran in the Eagle Democrat. Radio spots ran on KJIW 94 and Cumulus stations (KIPR, KZPK and KOKY). The event was promoted via social media on ARMinorityHealth.com and the AMHC Facebook page.							

Table 5.C.1. Cost Data for Minority Health Initiative

Sources of Funding	Amount	Other Funding Source Specified	Leveraged Funds (Y/N)	Programmatic Budget	Administrative Budget
<i>ATSC:</i>	\$529,248.82			\$211,294.24	\$317,954.58
<i>AID:</i>	\$83,005.81			\$17,112.01	\$65,893.80
<i>Other:</i>					
<i>Other:</i>					
Total Budget:	\$612,254.63			\$228,406.25	\$383,848.38

Table 5.C.2. Cost Data for Minority Health Initiative

Sources of Funding	Amount	Other Funding Source Specified	Leveraged Funds (Y/N)	Programmatic Budget	Administrative Budget
<i>ATSC:</i>	\$1,660,284.00	NA	y	\$924,317.00	\$735,967.00
<i>State Funds</i>	\$668,553.00		y	\$275,819.00	\$392,734.00
<i>Fitness Center Revenue</i>	\$104,858.00		y	\$8,190.00	\$96,668.00
<i>VA Clinic Revenue</i>	\$345,176.00		y	\$77,548.00	\$267,628.00
Total Budget:	\$2,778,871.00			\$1,285,874.00	\$1,492,997.00

UAMS East (Delta AHEC)

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

Progress and Highlights: UAMS East continues to strive to meet or exceed its short term goal of maintaining/increasing the number of communities and clients served throughout the seven county areas. This quarter there were 41,375 encounters 41, 375, an increase of more than 5000 compared to the previous quarter.

UAMS East continuously works towards its long term goal of increasing access to primary care through our VA-CBOC Clinic, Diabetes Education Clinic and continued collaboration with the Federally Qualified Health Clinics in the service area. UAMS East continues to provide prescription assistance to clients as well as emergency medicine.

- The Veterans Affairs Community Based Outpatient Clinic current enrollment is 839 vested members. Total encounters for this quarter are 1042.
- Prescription assistance was provided to 557 encounters this quarter. UAMS East's total savings are \$ 66,680 which includes emergency meds. UAMS East provided diabetes education to 338 total encounters.

UAMS East continues to address the obesity epidemic by providing weight reduction, nutrition education and exercise programs for both adults and children. Fitness Center encounters totaled 8653. 13, 882 adults and 3837 youth participated in various exercise programs throughout our seven counties.

UAMS East continued its concentrated efforts towards providing health screenings and education on chronic disease prevention and management. Programs included worksite wellness events for employees of Clearwater Paper Mill , SAF Holland, and McGhee Elementary Schools.

Key Accomplishments This Quarter

- Tobacco Prevention /Cessation Programs were held for 897 adults and youth. Substance Abuse Prevention programs were held for 789 youth.
- Health Screenings were held for 962 encounters.

Key Accomplishments this Past Quarter: UAMS East began its Healthy Lifestyle/Weight Management program this quarter. This weekly program provides participants with nutrition education, group support and weekly supervised weigh-ins to monitor progress. UAMS East in West Memphis provided diabetes, hypertension, cardiovascular nutrition and smoking cessation to 666 individuals. UAMS East hosted a free diabetes educational program which included free health screenings and A1C testing.

UAMS East hosted a Cooking Matters for Kids, in a collaborative partnership with University of Arkansas-Division of Agriculture and Phillips County Boys and Girls Club. UAMS East also hosted Foodology for 4-H members in Desha County. This cooking club was established to involve youth in a healthy activity, to encourage teamwork, and to promote healthy eating.

UAMS East provided health career programs and presentations to 2270 youth. “Day in the Life” mentoring programs were held in both Helena and Stuttgart. UAMS East Library provided literature searches and health related materials to 182 health professions’ students. UAMS Medical Library also provided services to 45 nurses and 936 consumers.

Challenges and Opportunities: There is a possibility that UAMS East’s state funding of \$600,000 will be cut. If this happens, we will be forced to cut 9 or more staff positions, resulting in a tremendous loss in services for our clients. We are working with our legislators to prevent this cut.

The existing Partnership with the Injury Prevention Center at Arkansas Children’s Hospital has been expanded and additional funds have been made available that will be used provide timely education for safe infant sleep as well as additional awareness events. UAMS East will be working with a consultant to access the feasibility of beginning a 1-2 Rural Residency Training Track for the UAMS East service area. UAMS East received \$75,000 in General Improvement Funds, and this money will be used to re-instate the Sickle Cell Program and to support the Healthy Lifestyles program.

Plans for Next Quarter:

1. UAMS East will partner with West Memphis Senior Center and East Arkansas Area Agency on Aging to provide a 6 week Chronic Disease Self-Management Course.
2. Provide Tobacco Cessation Program for community members, including one-on-one counselling and group cessation classes.
3. Work with the SANE (Sexual Abuse Network) to begin a Rape Crisis Center in Helena. SANE has contracted with us to provide oversight for this program. We have hired a Director who will begin training and program implementation.
4. UAMS East in West Memphis will offer a series of parenting education programs using the *Right from Birth, Parents Who Care, and Strengthening Multi-Ethnic Families* curriculum.
5. *Making Proud Choices and Reducing the Risk* curriculum will be implemented at Marvell High School.

Table 6.A. Goals and Objectives for UAMS East (Delta AHEC)

ATSC Independent Evaluation Quarterly Report – UAMS East (Delta Area Health Education Center)	
Overall Program Goal:	<i>To recruit and retain health care professionals and to provide community based health care and education to improve the health of the Delta's people</i>
Short-term Goal:	Increase the number of communities and clients served through the expanded AHEC/DHEC offices
Objective:	Objective 1: Maintain the number of clients served by Delta AHEC programs and services
<i>Specify Quarter/Year:</i>	October 1, 2013-December 31, 2013
<i>Partners:</i>	Helena Regional Medical Center, Arkansas Department of Health, Phillips Community College of the University of Arkansas, Crittenden Regional Hospital, Desha County Hospital, McGehee Hospital, Chicot Memorial Hospital, University of Arkansas Department of Agriculture, Public and private schools, local churches, city and county government
<i>Quarterly Status Update:</i>	Total encounters this quarter are 41, 375 which is an increase of 5513 from last quarter.
<i>Process Measure:</i>	Number of participants by program
<i>Instrument:</i>	SERVICES TO COMMUNITIES AND CLIENTS PARTICIPATION/ENCOUNTER DATA TABLE (same table as current quarterly report)
<i>Who will collect the data:</i>	Delta AHEC-UAMS East
<i>Timing of Data Collection:</i>	Quarterly
<i>Population/Sample:</i>	All persons encountered through activities included in encounter data table
<i>How data will be described and analyzed:</i>	Counts trended over time
Long-term Goal:	Increase access to a primary care provider in underserved communities.
Objective:	Objective 2: Increase the percentage of veterans in Phillips County who have a regular health care provider by June 2014
<i>Specify Quarter/Year:</i>	October 1, 2013-December 31, 2013
<i>Partners:</i>	Helena Regional Medical Center, Mid-South Community Health Systems, Memphis Veterans Hospital and Federally Qualified Health Clinics.
<i>Quarterly Status Update:</i>	Current vested members this quarter are 839 and total encounters this quarter are 1042.
<i>Indicators:</i>	Percentage of veterans receiving care at the VA COC

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<i>Baseline Data:</i>	2010
<i>Source of Data:</i>	UAMS East Database
<i>Timing of Data Collection:</i>	Quarterly
<i>Population/Sample:</i>	All persons encountered through activities included in encounter data table
<i>How data will be described and analyzed:</i>	Counts trended over time
Objective:	Objective 3: Increase/maintain the number of clients in Chicot and Phillips Counties receiving Prescription Assistance.
<i>Specify Quarter/Year:</i>	October 1, 2013-December 31, 2013
<i>Partners:</i>	Chicot Memorial Hospital , pharm. Companies, local pharmcies and physicians.
<i>Quarterly Status Update:</i>	Prescription Assistance was provided to 557 encounters this quarter in 3 counties. UAMS East prescription assitance savings were \$66, 680 which included emergency meds.
<i>Indicators:</i>	Number of clients receiving PAP and amount of money saved.
<i>Baseline Data:</i>	2004
<i>Source of Data:</i>	UAMS East Database
<i>Timing of Data Collection:</i>	Quarterly
<i>Population/Sample:</i>	Phillips and Chicot Co and Desha Counties
<i>How data will be described and analyzed:</i>	Counts trended over time
Objective:	Objective 4: Increase/maintain the number of clients in receiving health screenings, referrals to PCP, and education on chronic disease prevention and management.
<i>Specify Quarter/Year:</i>	October 1, 2013-December 31, 2013
<i>Partners:</i>	Helena Regional Medical Center, Crittenden Regional Hospital, Chicot Memorial Hospital, Desha County Hospital, McGehee Hospital, Arkansas Department of Health, area schools, churches, business and industry
<i>Quarterly Status Update:</i>	1. Health Screenings were provided to a total of 962 encournters and those with abnormal screenigns results were referred back to local PCP. Of the total encounters, abnormal results included: 175 abnormal blood pressure readings, 202 abnormal cholesterols, 70 abnormal glucose and 117 abnormal BMI. UAMS East also conducted health and wellness screenings for 39 University of Arkansas employees. How Healthy is your Faculty and How Healthy is your Industry programs were conducted for 347 individuals. 2. UAMS East in West Memphis provided provided diabetes, hypertension, nutrition and smoking cessation to 666 individuals. They also

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	participated in 2 work site flu clinics for 512 encounters. 3. UAMS in Lake Village provided several worksite wellness events. 330 employees of Clearwater Paper Mill in Arkansas City and SAF Holland in Dumas and McGehee School faculty received the free health screenings. 4. UAMS East held a free health screening and education event on site in observance of National Diabetes Day. Over 30 community members received free A1C testing as well as cholesterol and blood pressure checks.
<i>Indicators:</i>	Number of abnormal screenings, number referred to PCP, number of participants in programs
<i>Baseline Data:</i>	2002
<i>Source of Data:</i>	UAMS East Database
<i>Timing of Data Collection:</i>	Quarterly
<i>Population/Sample:</i>	participants who receive services in all seven counties
<i>How data will be described and analyzed:</i>	Counts trended over time
Objective:	Objective 5: Continue to provide assistance to health professions students, interns and residents including RN to BSN Students and BSN to MSN , medical students and residents, health education students
<i>Specify Quarter/Year:</i>	April 1, 2013-June 30, 2013
<i>Partners:</i>	Area hospitals, College of Nursing, College of Medicine, other universities, area physicians and Advanced Practice Nurses, Phillips College of the University of Arkansas
<i>Quarterly Status Update:</i>	1. UAMS East provided one Medical Professions student from Phillips College of University of Arkansas an internship this quarter. 2. UAMS East Library provided literature searches and health related materials to 182 health professions' students in Lee, Phillips, Monroe and St. Francis counties. UAMS East Library also provided assistance to 45 nurses this quarter. 3. Dr. Joesphie Jackson provided guidance and assistance to 5 RN to BSN students.
<i>Indicators:</i>	Number of students, etc
<i>Baseline Data:</i>	2002
<i>Source of Data:</i>	UAMS East Database
<i>Timing of Data Collection:</i>	October 1, 2013-December 31, 2013
<i>Population/Sample:</i>	Phillips, St. Francis, Crittenden and Chicot Co
<i>How data will be described and analyzed:</i>	Counts trended over time

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Objective:	Objective 6: Increase the number of patients in the ADA diabetes clinic. By the end of 6 months education, lower A1c to below 7.
<i>Specify Quarter/Year:</i>	October 1, 2013-December 31, 2013
<i>Partners:</i>	Local physicians, American Diabetes Association, Crittenden Regional Hospital
<i>Quarterly Status Update:</i>	UAMS Diabetes Education clinic had 8 encounters this past quarter. Diabetes Education was provided to 338 encounters in Phillips, Lee, Chicot and Crittenden Counties.
<i>Indicators:</i>	Encounters and A1c results
<i>Baseline Data:</i>	baseline A1c
<i>Source of Data:</i>	UAMS Database and ADA Database
<i>Timing of Data Collection:</i>	October 1, 2013-December 31, 2013
<i>Population/Sample:</i>	Those with diabetes in Phillips, Crittenden and Chicot counties
<i>How data will be described and analyzed:</i>	Counts trended over time
Objective:	Objective 7: Decrease the % of adults and children who are obese by X by the end of June 2014
<i>Specify Quarter/Year:</i>	October 1, 2013-December 31, 2013
<i>Partners:</i>	University of Arkansas Division of Agriculture, schools, Boys and Girls Club, physicians, Helena Health Foundation, City of Lake Village, industry, HRMC
<i>Quarterly Status Update:</i>	<p>1. UAMS East Fitness Center encounters were 8653 this past quarter. Exercise programs were held for both children and adults throughout our service area. 13, 882 adults and 3837 youth participated in exercise programs including Zumba, Tai-Chi, Yoga, Easy Does It and many other programs. 2. UAMS East provided a Cooking Matters for Kids program for 15 youth from the Phillips County Boys and Girls Club. The youth were ages 7-13 years old. They participated in hands on cooking demonstrations as well as were taught nutrition using the My Plate method. UAMS in Lake Village hosted a Foodology program for 4-H members of Desha County. Participants in this cooking club learned teamwork, healthy eating and life skills. 3. UAMS East began its Healthy Lifestyle/Weight Management program for adults. During this past quarter, we had 8 encounters with a total weight loss of 31 pounds lost. 4. UAMS East in West Memphis provided nutrition and diabetes education to 138 encounters. 5. UAMS East in Lake Village provided a variety of sports equipment for the Physical Education Department at Eudora Elementary School to encourage youth to participate in other types of exercise including hula hoops, volleyballs and soccer balls. UAMS East in Lake Village staff will work with PE Coach to</p>

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	help increase student physical activity using new equipment.
<i>Indicators:</i>	Encounters and weight loss
<i>Baseline Data:</i>	
<i>Source of Data:</i>	UAMS East Database
<i>Timing of Data Collection:</i>	October 1, 2013-December 31, 2013
<i>Population/Sample:</i>	
<i>How data will be described and analyzed:</i>	Counts trended over time
Objective:	Objective 8: Maintain the number of students participating in UAMS East Pre health professions recruitment activities by the end of June 2014.
<i>Specify Quarter/Year:</i>	October 1, 2013-December 31, 2013
<i>Partners:</i>	physicians, schools, colleges, hospitals, area health professionals.
<i>Quarterly Status Update:</i>	1. UAMS East held two "Day in the Life" events this quarter for a total of 76 high school students attending schools in four of our counties. 2. Mock Interview Sessions were held for 192 career education classes in Marion. 3. Club Scrub programs were held for 7th and 8th grade students this quarter.
<i>Indicators:</i>	Number attending, number matriculating into health careers.
<i>Baseline Data:</i>	2002
<i>Source of Data:</i>	UAMS East Database
<i>Timing of Data Collection:</i>	October 1, 2013-December 31, 2013
<i>Population/Sample:</i>	students interested in health careers
<i>How data will be described and analyzed:</i>	Counts trended over time
Objective:	Objective 9: Maintain a robust health education promotion and prevention program for area youth
<i>Specify Quarter/Year:</i>	October 1, 2013-December 31, 2013
<i>Partners:</i>	Schools, boys and girls club, community based organizations
<i>Quarterly Status Update:</i>	1. UAMS East held health education programs for 14,463 youth this quarter. Kids for Health programs were held for 6653 youth 9 different schools. 2. UAMS East participated in Phillips

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	<p>County Annual Night Out Event to promote positive activities for youth. Over 100 youth attended this family night. UAMS East also participated in Phillips College of UA Children's Day. Over 125 youth participated in this educational event. 3. UAMS East also held events in observance of National Children's Health Month and National Handwashing Awareness Month. Over 400 youth received educational presentations including local schools and daycares. 4. Tobacco education prevention was provided to local schools as part of Red Ribbon Week for over 300 middle, junior high and high school students. 5. UAMS East staff provided health education programs to youth attending local daycares and preschools. This included nutrition education, hygiene, exercise and bullying.</p>
<i>Reporting Period:</i>	October 1, 2013 – December 31, 2013
<i>Form Completed by (Name, Role):</i>	Dr. Becky Hall Stephanie Loveless, MPH, Associate Director UAMS East
Battelle Comments and Recommendations:	

Table 6.B. Activities for UAMS East (Delta AHEC)

Activities Related to Short-term Goal: Increase the number of communities and clients served through the expanded AHEC/DHEC offices									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
Fitness Center	Delta AHEC	Fitness Center in Chicot county offers free/low cost access to exercise classess and fitness equipment.	Increase access to fitness facility/physical activity oppourtunities.	Increase physical activity, decrease risk for obesity and obesity-related diseases.	Yes			Number of persons enrolled in program, # of persons using the facility 3 or more times/week	Obesity rates of adults/youth in Phillips and Chicot county, physical activity rates of adults/youth in Phillips and Chicot county
Activities Related to Long-term Goal: Increase access to a primary care provider in underserved communities									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures
UAMS College of Medicine Programs/ Health Professions Internships	UAMS	UAMS medical interns serving Delta region	Attract and recruit healthcare professionals to the Delta region	Increase qualified healthcare providers in the Delta region to improve healthcare access	Yes			Number of program participants	Interns (students??) that decide to practice in the Delta region upon graduation.

Other Activities NOT Related to Goals outlined in the ACT									
Initiative Name*	Organization(s) Responsible for Implementation	Activity description	Purpose	Intended Outcome	ATSC funding used for this activity (Y/N)	Please Specify ALL funding source(s) for this activity	Cost of the Initiative	Process Measures	Outcome Measures

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

Table 6.C. Cost Data for UAMS East (Delta AHEC)

Sources of Funding	Amount	Leveraged Funds (Y/N)	Programmatic Budget	Administrative Budget
<i>ATSC:</i>	\$1,567,079.00	NA	Y	\$892,971.00
<i>State Funds</i>	\$668,553.00		Y	\$295,579.00
<i>Fitness Center Revenue</i>	\$109,741.00		Y	\$11,377.00
<i>VA Clinic Revenue</i>	\$354,201.00		Y	\$83,678.00
<i>Total Budget</i>	\$2,699,574.00			\$1,283,605.00

Medicaid Expansion Program

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

Population 1: Expands Medicaid coverage and benefits to pregnant women with incomes ranging from 133 – 200% of the Federal Poverty Level

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

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

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

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

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

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

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

Challenges and Opportunities: The future of the program is filled with both opportunities and challenges as we build new information systems and re-engineer our eligibility manuals, operating procedures and business workflows in time for open enrollment on 10/1/13. At the same time, we must

Key Accomplishments This Quarter

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

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

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

OUR RESEARCH TELLS A STORY

Arkansas Tobacco Prevention and Control Program

Arkansas is properly using its funding given to the state from the tobacco master settlement agreement to fight tobacco and help Arkansans quit smoking. Here is one story that illustrates this success at an individual level. A former smoker, this Arkansan is now running marathons. Who would have thought that was possible with her having such a long-term habit. Here is the story.

“I can honestly tell you that had it not been for the program helping me get through what I got through, after 37 years of addiction, I couldn’t see those medals on my wall,”

“Alberta Faye Hires smoked for 37 years before she quit, using a 12-week cessation program paid for with the proceeds from the 13-year-old agreement resolving a lawsuit by states against tobacco companies. On Oct. 21, 2008, the Maumelle, Ark., resident called the state’s quitting help line. Along with being offered nicotine patches to help replace cigarettes, Hires said, she spoke with counselors and used a computer program designed to motivate people to overcome the addiction. “It helped tremendously, just the support that you get from them. If you have a weak moment, you know you can pick up the phone and call a counselor,” Hires said. “It’s a hard thing to do on your own. I still have their number in my phone. I could call them if I needed to.” Since she quit, Hires, 57, has run two full marathons and 13 half-marathons, and in March she plans to run the Little Rock Marathon.

A report released by a coalition of public-health groups, including the American Cancer Society, the American Heart Association and the American Lung Association, ranked Arkansas seventh in the country for spending on cessation and prevention programs. The report, titled “Broken Promises to Our Children: The 1998 State Tobacco Settlement Fifteen Years Later,” analyzes how states spend the millions of dollars they receive from tobacco companies each year compared with what the federal Centers for Disease Control and Prevention recommends they spend.

Although Arkansas is spending closer to the recommended CDC level than most states, Arkansas health experts say there is still a lot of work to do. About 25 percent of adult Arkansans smoke, down from 30 percent in 2000, according to the report. Nationally, about 18 percent of Americans smoked in 2012, according to the report. As noted by Jason Brady, the American Cancer Society’s Arkansas spokesman. Arkansas has also chosen to focus on keeping children from using tobacco. There has been marked success in this area. According to the Arkansas Department of Health, 18 percent of teenagers smoked in 2011, down from 43.2 percent in 1997.

Brady, with the Cancer Society, said there is only so much headway the state can make with the resources it has. Tobacco companies spend \$6.10 marketing their products in the state for every dollar Arkansas puts toward prevention and cessation, according to the report. Dr. Gary Wheeler, the medical director for the Health Department’s Tobacco Prevention and Cessation Program, said the slow drop in the number of adult smokers doesn’t surprise him. “We’re getting outspent. If this was a political campaign and we were electing candidates, who do you think would win?” he said. Still, the state has learned a lot about what a cessation program needs to do to persuade tobacco users to quit, he said.

“We are making progress, it is slower than we want, and we want to accelerate that,” Wheeler said. “We are now armed with information and knowledge that we didn’t have when we started this, and I think we’re wiser.”

Taken from an Article on December 26, 2013 in the Arkansas Democrat Gazette