

Arkansas Tobacco Settlement Commission



Quarterly Program Report
January, February, & March 2010



Arkansas Tobacco Settlement Commission

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Quarterly Program Report

January-March 2010

The Arkansas Tobacco Settlement Commission (ATSC) was created under the Arkansas Tobacco Settlement Proceeds Act of 2000, along with seven funded programs including the Department of Health's Tobacco Prevention and Cessation Programs, the UAMS Fay W. Boozman College of Public Health, the UAMS Delta Area Health Education Center, the UAMS Arkansas Aging Initiative, the Minority Health Initiative, the Arkansas Biosciences Institute, and the Department of Human Service's Medicaid Expansion Programs. The ATSC is charged with monitoring and evaluating the programs created through the Act. Quarterly reports from each of the programs assist the ATSC in regularly reviewing current program activities and progress, the programs' short and long-term goals, and program finances.

The following quarterly reports are submitted regularly by each of the funded programs to the ATSC.

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TOBACCO PREVENTION & CESSATION PROGRAM

PROGRAM OVERVIEW & GOALS

The Tobacco Prevention and Cessation Program (TPCP) continues to drive tobacco control forward in Arkansas in many directions at the same time. TPCP is currently subdivided into 4 sections: Administration and Management; State and Community Interventions; Health Communication Interventions (includes Cessation Interventions); & Surveillance and Evaluation.

The Minority Initiatives are funded at 15% of the allocated funds to TPCP and they fund the Minority Initiative Sub-Grant Recipient Office, the Addiction Studies program at UAPB and a health communications contract funded to address minority tobacco use. Substantial funding from the TPCP budget is allocated to non-tobacco control related activities and as they are not under TPCP supervision, they will not be reported within this quarterly report.

Governor's Council on Fitness	\$ 50,000
Trails for Life	\$250,000
Act 1220	\$868,748
Breast Cancer Control Fund	\$500,000
Juvenile and Adult Drug Courts	\$2.0M

The TPCP follows the four goal areas of the Centers for Disease Control and Prevention:

- Preventing the initiation of tobacco use among young people
- Promoting quitting among young people and adults
- Eliminating exposure to second hand smoke
- Identifying and eliminating the disparities related to tobacco use and its effects on populations groups

In order to integrate these goals with the TPCP program, the following 5 goals have been adopted from the strategic plan (completed in Q2 of FY2010):

5-year strategic goals (2010-2014)

- Goal 1: To reduce the youth tobacco use to 17.5% by 2014
Goal 2: To reduce adult tobacco use to 17.5% by 2014
Goal 3: To reduce tobacco use by pregnant women to 12.5% by 2014
Goal 4: To reduce employee exposure to secondhand smoke in workplaces to 2 % by 2014
Goal 5: To have statewide comprehensive clean indoor air legislation by 2014

PROGRAM PROGRESS

Administration and Management

Section Chief - Brenda Russell

Budget & Personnel Coordinator - Kim Goh Walker

Accountant - Geray Pickle

Field Audit Specialist - Sheila Garrett

Fiscal support Specialist - Evelyn Northop

Administrative Specialist - Michelle Woods

Through a competitive bid process, a contract was awarded to Free & Clear, Incorporated to provide support in designing and developing a statewide comprehensive training and outreach program to assist health care providers and organizations in Arkansas successfully intervene with their patients and clients who use tobacco. Program assistance will include designing, developing, and delivering in-person and online trainings and creating comprehensive outreach programs for health care providers. The contract began on March 1, 2010.

TPCP received a 2 year American Recovery and Reinvestment Act (ARRA) funded grant (Tobacco Cessation Through Quitlines and Media) in the amount of \$664,204 to enhance and expand the tobacco cessation quitline to significantly increase the number of smokers who quit each year to reduce mortality and morbidity from tobacco use, and associated health care costs.

TPCP awarded three “mini” grants in January 2010 to local organizations to promote tobacco free environments through tobacco control projects in local communities. The awards were made to the Cedar Ridge School District, Mills School District, and Flippin School District in the amount of \$9,500 each. The projects are aimed at the community as whole or specific target areas such as a city park, recreational area, or school grounds.

The TPCP Field Audit Specialist conducted a performance audit of the Arkansas Tobacco Control Board. A final report of the audit is pending approval. TPCP funds the Arkansas Tobacco Control Board through a Memorandum of Agreement for the enforcement of youth tobacco laws.

Vacant Positions - Data Manager position, vacated by Trena Mitchell on February 19, responsible for providing statistical guidance in the identification of data sources; for conducting analysis and interpretation of the data collected, and developing cross tabulation; for developing and utilizing survey methods and tools to assist in program monitoring and evaluation; and serving on the Quality Management Team.

Associate Director position, vacated by Patricia Edwards on March 5, responsible for overseeing the implementation of program projects and activities, coordinating with other agencies and organizations, conducting meetings, and ensuring required reports are submitted by deadlines.

State and Community Interventions:

Section Chief-Hilda Douglas

Grantee Technical Support-Beccy Secrest

Youth and Schools Health Program Specialist-Marisha DiCarlo

Disparity Interventions Health Program Specialist-Toney Bailey

Secondhand Smoke and Policy Health Program Specialist-Rosa Pippin

The State and Community Interventions section includes policies, practices, and types of programs that promote public health by supporting systems change and discouraging tobacco exposure and use. The category is organized to provide the skills, resources, and information needed for the coordinated strategic implementation of effective programs.

Linking state and community interventions creates synergistic effects, greatly increasing the effects of each of the program's individual components. Policy discussions, youth programs, health communication interventions and cessation interventions all serve to reinforce one another. Evidence indicates that implementing policies that promote a change in social norms appear to be the most effective approach for sustained behavior change.

Best practices dictate allocating funds for establishing and sustaining internal capacity with experienced staff and developing an infrastructure with partner organizations and other programs to oversee and implement evidence-based programs.

The Tobacco Prevention and Cessation Program (TPCP) currently provides 1.3 million dollars in funding to 19 community coalitions and 1.5 million dollars in funding to 20 coordinated school health programs throughout the State of Arkansas. The coalitions and schools utilize funding to implement community-based interventions that reduce the burden of tobacco use and shape tobacco-free norms so that tobacco becomes less desirable, acceptable and assessable. Coalitions and schools use The Centers for Disease Control and Prevention *Best Practices for Comprehensive Tobacco Control Programs and Best Practices User Guide* as the foundation for building quality programs. TPCP funds 4 state-wide programs. Supported grantees report all activities to TPCP on a web-based system and are monitored on a quarterly basis. TPCP provides technical support, media guidance, skills training through in-person and webinar trainings, and act as a resource to all funded programs including the University of Arkansas at Pine Bluff Minority Initiative Sub-grant Recipient Program (MISGRO).

TPCP Updates and Progress in State and Community Programs- Q3 FY2010

- **American Recovery Reinvestment Act (ARRA) –Communities Putting Prevention to Work Update:**
 - ARRA Positions have not been filled for Component I and III but the approvals have been completed and are in the process of being released.
 - Timelines for project completion dates have been revised to reflect the vacancies in positions. The revisions have been approved by the Centers for Disease Control.
 - Activities are reported to the Governor's Office on a bi-weekly schedule and face to face progress report meetings are held monthly. The next scheduled meeting is May 27, 2010.
 - Work is in process to streamline the 2010 Adult Tobacco Survey to capture second-hand smoke exposure data for use in policy education.
 - CJRW is the process of filming local bartender, waitress/waiter and musician testimonials for use in the second-hand smoke campaign which will air in Fayetteville this month and state-wide later in the year.
 - The City of Fayetteville is hosting a city Forum on May 13th to release the newest findings from the University of Arkansas at Fayetteville's Clean Indoor Air Economic Impact Study and results of the Register's Voter Survey.

- TPCP conducted 4 sub-grantee technical assistance webinars. This quarter's webinars were designed to assist in workplan development, smart objectives and completion of continuation grant awards.
- **ADH Social Media Policy**
The Arkansas Department of Health recently released their social media policy. The ability to host face book pages, blogs and live feeds impacts not only ADH websites but contractor websites, such as the Stamp Out Smoking website.
- **Asthma Coalition New Member**
Marisha DiCarlo joined the Asthma Coalition as a new member and representative of TPCP. Current efforts of the group include work on a surveillance report regarding Arkansas hospital morbidity and mortality data and work on the Arkansas Chronic Disease Forum.
- **IMPACT Conference**
March 19 and 20, 2010, TPCP participated in the 10th annual IMPACT conference held in Little Rock. The conference was an opportunity for college-age youth leaders from across the country to gather for a weekend of empowerment and learning about ways they can make a difference on their college campuses. TPCP's theme was "Inspire Change". The message was shared through a booth in the vendor area as well as communicated through a break-out session in which Hilda Douglas, Carolyn Dresler, MD and Rosa Pippin spoke about how students can help advocated for a tobacco-free campus policy. Over 525 students and campus administrators attended the conference; TPCP's session and both were very well attended.
- **MISRGO-Grant Review Committee**
Toney Bailey served as a grant reviewer for the UAPB MISRGO grant award process. Toney was one of seven committee members who reviewed 26 applications for grants from MISRGO.
- **10K Black Men Summit**
African-American men gathered together to address the disparities facing the African American male. The goal was to reinforce the importance of health, ethics, family values and a responsibility to reverse the cycles of crime, violence and premature mortality. With a theme of "Change from Within" these men stressed the importance of making a positive change within each individual, each home, and community. This was the first annual event with over 50 African American Men from across Arkansas & Mississippi attending. The event was attended by Toney Bailey as a means to facilitate partnerships with faith based organizations.
- **Arkansas Voucher-Based Incentive Program for pregnant women**
March 2010-Began planning Arkansas Voucher-Based incentive program for pregnant women. This is a pilot program based on the concept from Vermont of incentivizing pregnant women to stop smoking during pregnancy and will be

implemented in health settings serving low resourced pregnant women who smoke. Currently, planned locations are in Blytheville and Jonesboro. Partners include Dr. Warren Bickel UAMS, Stephanie Williams (Hometown Health), Aurian Zoldessy (Patient Services), and Randy Lee (Center for Local Public Health).

- **Arkansas Conference on Tobacco Control and Health**

March, 2010- Planning has begun for the upcoming first annual Arkansas Conference on Tobacco Control and Health. The goal is for the conference to be an annual event hosted by TPCP with a rotating theme. This year's theme is "Inspire Change" - building on the success from the IMPACT conference. Current planning includes formation of a committee representing cross-cutting partners, planning on location, topics, speakers, and awards luncheon. TPCP is going to focus on plenary sessions this year for all attendees but will have a youth component with some special breakouts specifically designed for youth. TPCP is very excited to offer this educational opportunity!

- **Act 13 Media Campaign**

State and Community Interventions provided direction and program evaluation to the Health Communication Section and CJRW, the TPCP media contractor, in development of an Act 13 Awareness Campaign from January to April 2010. Act 13 prohibits smoking in a car when a child under 6 and under 60 pound are present. The campaign included activities in partnership with restaurants, law enforcement agencies, and the Head Start Program. Billboards were placed strategically through Arkansas' streets and avenues. Most of the materials were translated to target the Spanish speaking population.

- **Partnership Formed with Arkansas Enforcement Agencies to Promote Act 13 During Media Events**

A partnership was formed between TPCP and Arkansas enforcement agencies; the Arkansas Sheriffs Association, the Arkansas State Police and the Little Rock and North Little Rock City Police, to participate in media events planned for May 6, 2010 to increase awareness of Act 13. A meeting was held on February 18, 2010 to discuss their collaboration. At this meeting enforcement agencies representatives agreed to participate and support promotion of Act 13. Among others things, they recommended the increase of fines up to \$250 to make the law more effective and enforceable. They also recommended increasing the age of children covered by this law. Representatives from these enforcement agencies will be participating at the three planned media events scheduled in the cities of Little Rock, Fayetteville, and Jonesboro.

- **List of Frequently Asked Statute Number (Enforcement Agencies Cheat-Sheet)**

In an effort to encourage enforcement of Act 13 (prohibition of smoking in cars with children law), TPCP developed and printed 5000 copies of a 'cheat-sheet' containing a list of frequently used statute numbers used by enforcement agencies when writing a ticket. This document will include the statute number corresponding to

the violation of the Act 13. Copies of the document will be distributed among enforcement agencies to encourage enforcement of the act.

- **Press Conferences to increase awareness of Act 13.**

The Arkansas Department of Health, Tobacco Prevention and Cessation Program is planning three simultaneous Act 13 Media Events in the cities of Fayetteville, Jonesboro and Little Rock on May 6, 2010. The three events will take place at 10:00 AM. The purpose of these events is to increase awareness of Act 13, (prohibition of smoking in cars with children law), and the health hazard exposure to SHS.

At these events the air quality and dangerous pollution levels inside a car when a person smokes one single cigarette will be demonstrated. Connected to computers, Air Monitor devices will be placed at the front and back seats of a car to capture the air pollution levels. LCD Monitors connected to computers will display in a color graph the rapid increasing levels of air pollution. Dr. Klepeis, Environmental Scientist from Stanford University, will be providing training for participant teams that will operate the equipment at each of the event.

State Interventions-FY2010

Coalition for a Tobacco Free Arkansas

- Gained cooperation from Saint Mary's Hospital and Conway Regional Medical Center to add the smoke-free cars law (Act 13 of 2006) facts to its maternity and general patient discharged information---ensuring that parents and other adults will be made aware of the smoke-free cars law prior to taking an infant home from the hospital.
- Influenced the Riverfest organization to adhere to the City of Little Rock's recently adopted smoke-free parks policy. In doing so, Riverfest 2010 should be a smoke-free event. The non-smoking policy is on the Riverfest website. www.riverfestarkansas.com
- Trained police officers representing Sherwood, Cabot police departments, Arkansas State Trooper-Pine Bluff Troop and the Arkansas Sheriff association on Act 13 of 2006. The officers trained will educate other officers in their department, resulting in hundreds of officers becoming aware of the law and its associated statute number. We are hopeful more informed officers will act to enforce the law.
- Gained the support and commitment of Bob Mathis, a former legislator, to work to increase the age limit of Act 13 of 2006 from six years of age up to seventeen years of age

The Arkansas Cancer Coalition

- Arkansas Cancer Summit XI.
The Arkansas Cancer Summit XI, arranged by the Arkansas Cancer Coalition, was "A Collaboration Celebration" to highlight model programs and best practices, offer networking opportunities, and most importantly, start a discussion on the importance of collaboration and the impact building strong partnerships can have on addressing the burden of cancer in

Arkansas. From the Laurel & Hardy antics of the world class facilitators/comedy duo of Joy Rockenbach and Tina Gill, to the moving--and feisty--comments by Dr. Rosetta Wilkins, Arkansas Cancer Summit XI provided humor, emotion and even some "Aha!" moments. The Summit brought together 209 cancer stakeholders from across the state - a record number. Of the 89 surveys that were completed, 57.3% had never been to a Summit before and ACC added 89 people to the membership roster. From the speakers and dignitaries, including Governor Mike Beebe, ADH Director Dr. Paul Halverson, Dr. Margaret Barton-Burke from the University of Missouri at St Louis and Fox 16 Anchor Donna Terrell, it truly was a great Summit.

- **Healthy Lungs Program-Dr. Bob Burns**
The goal of the Healthy Lungs program is to train K-6 teachers in a healthy lung, health science and science literacy curriculum for the purpose of increasing the trainee's knowledge and understanding of the pulmonary component of the cardiopulmonary system and two of its major diseases, lung cancer and emphysema. Trainees are provided a resource kit of materials and supplies for their own teaching use in the classroom which includes an illustrated syllabus, plastic model of the human lung, a working lung/diaphragm apparatus and a "sponge lung" experimental smoking apparatus. 348 participants were trained in the past six months.

Family Service Agency-The Youth Leadership Initiative-The Y.E.S. Team

- March 24, 2010 was Tobacco Free-Kids Day at the Capitol! TPCP participated in the Tobacco Control Youth Board event as 308 kids led a silent march with 14 black coffins to the steps of the capitol. The 14 coffins represented the 14 Arkansans who die every day of tobacco-related causes. The silent march was followed by a press conference in the capitol rotunda at which Dr. Paul Halverson and Carolyn Dresler, MD joined legislators and other advocates to speak out about the importance of comprehensive tobacco policies for our state's youth.
- The third quarter quality management review of Family Service Agency indicated that all FY2010 objectives have been met and/or exceeded!

The Arkansas Tobacco Control Board

- The Arkansas Tobacco Control Board performed 1332 Compliance Checks from January 1st through March 31st, 2010. 87 Violations were reported (compared to 95 Violations reported in Quarter 2) resulting in a 6% non-compliance rate. 10 of the 87 reported violations involved activities not related to the sale of tobacco products to minors. Please see the full text report available at <http://www.arkansas.gov/tcbsl/tcbsl>

Community and School Interventions -FY2010

- St. Francis House-NWA Tobacco Free Coalition (Washington County)
The NWA Tobacco Free Coalition has partnered with the University of

Arkansas at Fayetteville to co-teach a Tobacco Education class to undergraduates on Tuesdays and Thursdays for 8 weeks.

- Rogers Development Foundation (Drug Free Rogers-Lowell) The Tobacco Prevention Coordinator for Drug Free Rogers Lowell coordinated with Mandy Miller of the Arkansas Tobacco Control Board to present a Tobacco Merchant Education Course on February 23, 2010. Thirteen Benton County stores were represented with 43 individual attendees from those stores. Several of the participants stated that the information was excellent and will help them to more effectively do their jobs. One participant also commented that she did not know that she had a right to refuse sale and feels more confident that she will be able to prevent sales to minors.
- Paragould School District's Coordinated School Health Program in conjunction with the Arkansas Department of Health provided educational presentations by nationally known speaker, Rick Bender. Mr. Bender's program on "Spit Tobacco" was presented to 5th through 12th grade students during 3 assembles on March 8th. 1554 students were in attendance at Mr. Bender's presentations. The presentations had outreaching effects as information pertaining to the programs was aired on KAIT-TV 8 television station in Jonesboro, (the station's viewing area is Northeast Arkansas and Southeast Missouri) and the interview was aired 4 times. Mr. Bender's presentation was also presented at Nettleton and Newport Schools.
- TPCP Community Tobacco Grantee in collaboration with the El Dorado Safe Streets Committee hosted a "Conversation Café" where citizens of Union County were invited to participate. Suze Rutherford with International Training Associates facilitated the event to focus on efforts to reduce youth initiation of tobacco use as a gateway drug to other illegal drug abuse and misuse of legal drugs. Approximately 45 citizens attended the event. Over \$600 of resources was generated to host the event. A chili dinner was prepared and donated by volunteers to those in attendance. Participants signed petitions in support of smoke-free parks.
- Gurdon School District - The Gurdon City Baseball Park and the Gurdon City Park were declared to be tobacco free. Previously, the baseball park had been declared smokefree but this commitment took it to the next level by declaring that no tobacco products will be used within the baseball or city parks.
- 100 Signatures for the "Tobacco-Free Parks" Ordinance were collected at Family Encouragement Night at Lee High School in Marianna, AR.
- The Lee County Tobacco Free Coalition & Lee County Tobacco-Free Parks Coalition Members presented the 1000 signatures required to get the Marianna City Wide Ordinance passed to have "Smoke-Free Parks & Recreational Facilities" effective immediately! The City Ordinance passed on

March 5th and was publicized in the Marianna Newspaper on March 18th, 2010.

- Community Service, Inc (Conway County ATOD Coalition) was "Spotlighted" on KVOM morning show. The program coordinator described to the public what happens during an Operation Storefront Survey which focuses on placement of tobacco advertisements and tobacco (such as, products by the candy, advertisement below 3 feet, etc.) surveyed 58 tobacco merchants in Conway County on tobacco advertisement and product placement behind the counter with results submitted to the County resulting in an increased knowledge by the community at large on the procedures used by the tobacco industry to influence initiation of youth tobacco use.
- Asian Pacific Resource & Cultural Center educational efforts pay off as the City of Conway passed an ordinance in March 2010 that bans smoking in public parks. The coalition's youth team met in Conway on October 24, 2009 at Laurel Park to pick up cigarette litter from the park grounds. They then proceeded to talk to the City Director and the Mayor. After persuading the Mayor he agreed with the campaign to have smokefree parks and recommended the Coalition to meet and bring the campaign to the City Council. The result was the City Council voted in March 2010 to create a smokefree atmosphere for all who visit the public parks in Conway.

Health Communications (including Cessation)

The Tobacco Prevention and Cessation Program's (TPCP) statewide tobacco counter-marketing campaign, conducted by the advertising firm Cranford Johnson Robinson Woods (CJRW), is known as *Stamp Out Smoking* (SOS).

- TPCP continued to use the additional funding to increase media presence statewide. During the third quarter, SOS ran an outdoor advertising campaign beginning in January and ending in March with billboard promoting Act 13.
- Further partnerships were solicited for Head Start programs and fast food establishments across Arkansas for Act 13 education. These organizations were asked to distribute stickers, posters, activity books and window clings, all promoting the Act 13 message. In addition, an Act 13 plan to reach the Hispanic target market was also developed by partnering with Hispanic organizations - restaurants, publications and churches throughout the state - by providing the same materials in Spanish.
- "The Big Pitch" drama contest, open to middle, junior and high school students in the state of Arkansas was implemented during the third quarter. The materials targeted students with the theme "Fame, Glory and iTunes." SOS received 45 entries from students who produced and acted in a television commercial aimed at sharing tobacco-free and quitting tobacco messages. The winning entries were determined in the third quarter and prizes will be awarded accordingly in the fourth quarter of fiscal year 2010.
- Beginning in the spring of 2010, the coloring contest was operated through Arkansas elementary schools (previous years this contest was performed with local newspapers). A letter to school principals, a sheet with contest guidelines and

posters to hang in schools was utilized. Students, grades K-5 were asked to color artwork that features the "Clean Air Avengers" superheroes. This fiscal year's contest received more than **28,000 entries** from schools statewide from more than 100 different schools -the highest participation in the history of the program. The students' artwork underwent scoring by a panel of judges and the winners will be awarded with prizes in the fourth quarter of fiscal year 2010.

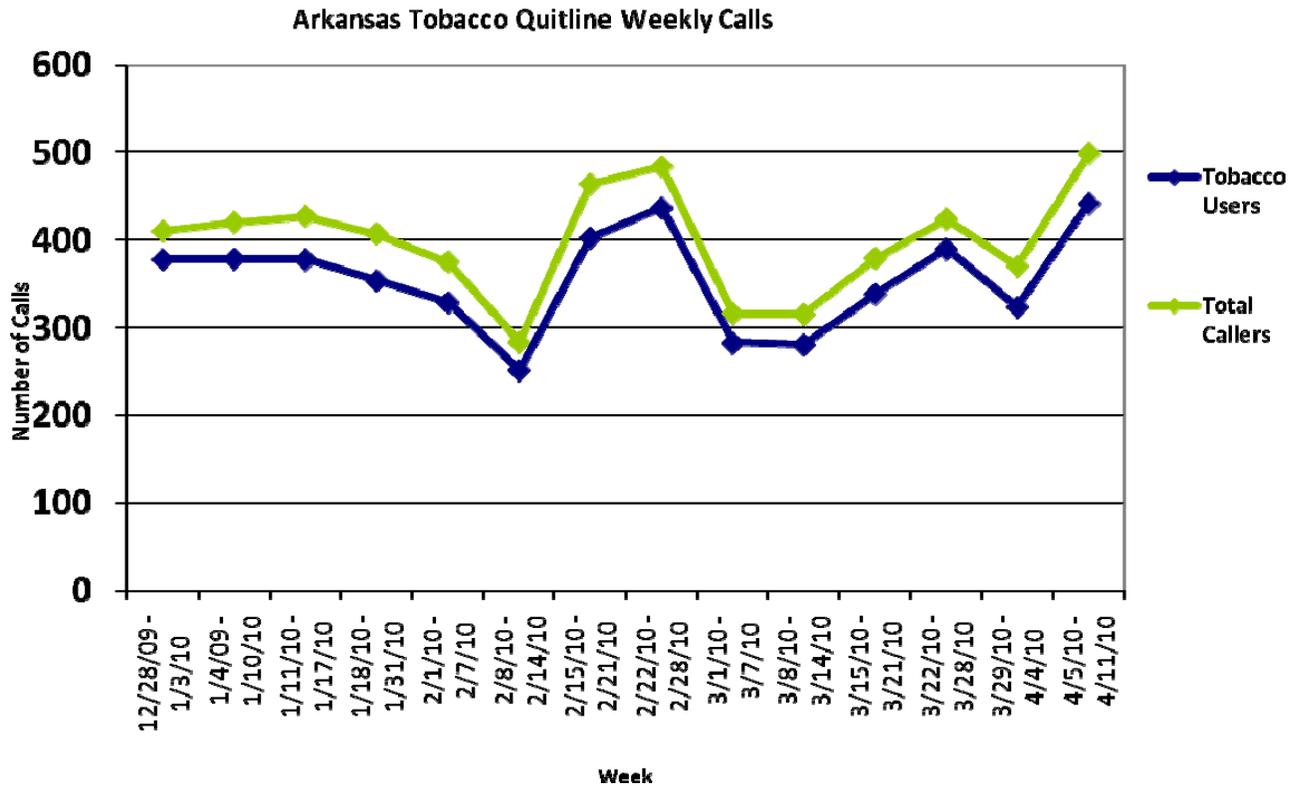
- A coloring book that will include previous year's copy were developed and will be shared with statewide coalitions and health units to spread a tobacco prevention message.
- SOS sponsored the following across Arkansas to deliver a tobacco prevention and cessation message:
 - IMPACT Conference
 - University of Arkansas 2010 Baseball Season
 - McCallie Rodeo
 - One Day At A Time (substance abuse newspaper)
 - Arkansas Cancer Coalition Summit
- A radio spot was produced motivating smokers to decide to make this their New Year's resolution. To provide support to those who made their New Year's resolution, two additional spots were used that encouraged smokers to "Quit for The Ones You Love" and "Quit for Yourself" and ran in the third quarter.
- A three-month pregnancy campaign that would develop partnerships with county health care units and reach out to statewide coalitions and tobacco control advocates was developed. This outreach is called "Smoke-Free for My Baby and Me" and is targeted toward mothers to remain smoke-free while pregnant and thereafter. CJRW coordinated delivery of 133 kits across the state to local health units, grants administrators, statewide and community coalitions and coordinated school health programs.
- For fiscal year 2010, TPCP is coordinating creation of a cohesive campaign for the SOS smokeless tobacco materials that can be used to combat the myths of using tobacco and encourage youth to never start. Developed were educational posters, fact sheets, a PowerPoint, stickers and pledge forms that help deliver the smokeless message. The program will reach out to teachers and directors of programs, such as Hooked On Fishing Not On Drugs, who help educate youth. New smokeless ads were created for the sponsorship of the University of Arkansas 2010 baseball season targeting father-and-son relationships in a baseball audience to share how smokeless tobacco use can be generational. In addition, radio spots and live-reads were developed to play throughout the baseball games.

Cessation Interventions

Arkansas Tobacco Quitline

The Arkansas Tobacco Quitline will begin offering Quit Coaching to youth, 13 years and older on May 5th 2010. Only participants 18 years and older may receive patches or lozenges. During the last week of February, an eight week supply of patches or lozenges were provided to uninsured tobacco users enrolled in the multiple call program. The 8 week shipment is split into two shipments of 4 weeks of NRT.

Free & Clear, Inc. and TPCP has amended contract for next year to include gum, patches, or lozenges. In regards to take rates, it is estimated that 75% of tobacco users will use patches, 13% will use lozenges, and the other 12% will use gum. The Arkansas Tobacco Quitline should reach 4% of adult tobacco users, which are approximately 21,242 registered callers. Since July 1, 2010 through March approximately 14,500 Arkansans have registered for Quitline services, almost 50% of callers report some form of media as their how heard about.



UALR Survey Research Center

UALR and TPCP has amended contract for next fiscal year to include more questions asked during the 4, 7, and 13 month interview. In addition to more questions, the maximum interviewees have increased from 300 to a whopping 800.

Media Cost-effectiveness Report

TPCP continues to analyze media efforts and what prompts tobacco users to call the Quitline. In an effort to increase calls, TPCP must gauge the effectiveness by media type. TPCP monitors media on a weekly basis, by evaluating the reported “How did you hear about the Quitline?” report. Below are cumulative findings from July 2009 through March 2010. The Health Communication and Cessation Interventions Section will utilize this information to choose the best media buy and media placement for FY2011.

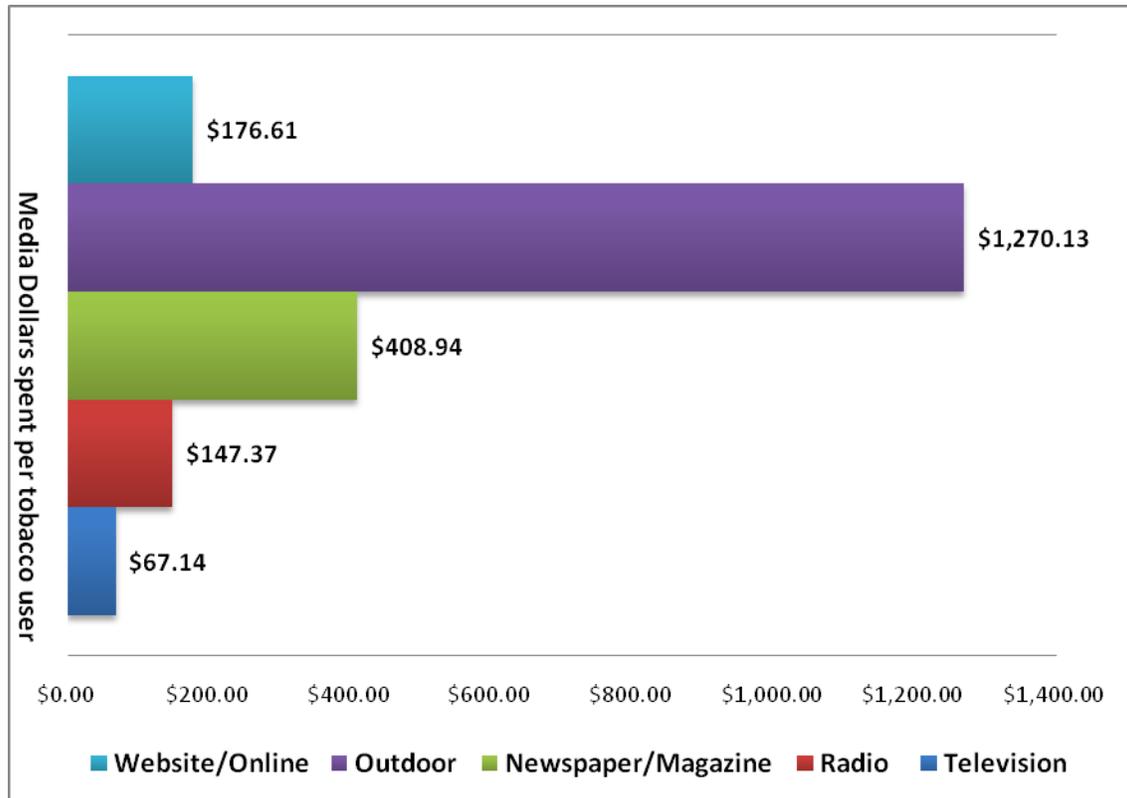
Enrollment by Media Type

Enrolled Tobacco Users by Television (4,125)
 Enrolled Tobacco Users by Outdoor (90)
 Enrolled Tobacco Users by Online/Website (296)

Media dollars spent per tobacco user

\$67.14
 \$1,270.13
 \$176.61

Enrolled Tobacco Users by Radio (1,350)	\$147.37
Enrolled Tobacco Users by Newspaper/Magazine (237)	\$408.94



American Recovery and Reinvestment Act (ARRA Funding)

Free & Clear and UALR Survey Research Center will support TPCP with ARRA reporting requirements. These reports may include but are not limited to demographic and call utilization of those registered during the two year funding period and jobs created/sustained as a result of funding. TPCP is required to report ARRA activities on a biweekly and monthly basis.

***Substance Abuse and Smokeless Tobacco
Tobacco Treatment Specialist Training and Certification***

During the quarter, TPCP continued to build capacity for the number of substance abuse counselors that are trained and certified to become tobacco treatment specialists (TTS). Thirty-five people were trained – most of whom are employees and contractors of the Department of Community Correction (DCC). These participants undertook an exam on March 5, and are now working on their certification by accumulating tobacco treatment hours. This now brings the total of trained counselors to 112. As at the end of March, 1170 DCC clients have participated in Tobacco Use Treatment (TUT) groups that have been implemented by the newly-trained counselors. These include drug court and regular probation and parole clients.

Train the Trainer Module

Second quarter, DCC requested additional training for counselors that had already attended the initial TTS training. During 3Q, the Train the Trainer module was developed

and delivered by staff from University of Massachusetts Medical School's Center for Tobacco Treatment Research and Training (UMASS).

Using the 20 core counselors, DCC now plans to integrate tobacco treatment specialist training within its internal training systems. The 20 counselors will serve as trainers for the rest of the substance abuse counselors, and a training program is expected to be launched in May 2010.

Evaluation of the Integrated Project

In partnership with University of Arkansas for Medical Sciences (UAMS), TPCP has completed the development of an external evaluation that will measure the effectiveness of the integrated program. We are now working with DCC to develop a Memorandum of Understanding (MOU) that will govern the workings of the evaluation. We expect to have an MOU in place before April 30 so that the evaluation can commence on August 1, 2010.

Benton County Drug Court Visit

On March 30, 2010 Carolyn Dresler, MD and Miriam Karanja visited the Saline County Drug Court in Benton. This visit was an educational opportunity that helped us understand how the substance abuse counselors we have trained are implementing tobacco treatment within the drug court system. During the visit, we witnessed one young man who had worked with a counselor to stop smoking; unfortunately, he had taken up the use of smokeless tobacco instead. He is currently working with the counselor to reduce and eventually stop his use of smokeless tobacco.

Smokeless Tobacco

Hooked on Fishing Not on Drugs (NOFNOD) Program

During the quarter, we completed the development of all marketing materials for the HOFNOD project including the following: posters, stickers, fact sheets, pledge cards and PowerPoint presentations. These were disseminated to Dawn Cook, HOFNOD's Program Coordinator. The implementation of the HOFNOD program will officially start in August 2010 when schools open for the fall semester. A program evaluation for the HOFNOD program will be used to gauge the effectiveness of the marketing materials mentioned above.

Arkansas Oral Health Coalition, Inc.

During the quarter, Miriam Karanja attended two meetings of the Oral Health Coalition. The meetings have been the key to helping TPCP obtain booth space at the upcoming ARMOM and Governor's Oral Health Summit events, as well as opportunities to cross-market TPCP's programs and services during the upcoming Spit Tobacco Days.

Training and Education: Marketing Trends in Smokeless Tobacco

During the quarter, training was provided via video conference to the following ADH offices. The featured presentation was the "Marketing Trends in Smokeless Tobacco".

1. January 26 - Arkadelphia, Fayetteville, Mena, Mountain Home, Booneville, Camden, Batesville, Russellville, Little Rock - UAMS
2. March 5th - Monticello Office - Southeast region

3. March 12th – Arkadelphia Office – Southwest region

TPCP Surveillance and Evaluation

The Surveillance and Evaluation section (S&E) is charged with monitoring tobacco-related attitudes, behaviors, and health outcomes at regular interval times and utilizing specific systems to collect evaluation data from our grantees.

- The Arkansas 2010 Youth Tobacco Survey (YTS). This survey is conducted during the months of February through May 2010 under CDC guidance. Due to bad weather during the first part of the year, the survey was extended until May instead of April. In the best interest of the students, most students waited until after major tests were completed before the students completed the survey. The CDC randomly selected 69 middle schools and 69 high schools to participate in this survey. Schools are contacted to participate but not all schools accept the invitation. To make the survey valid, it is estimated that at least 50 schools and at least 90% of students will need to participate. The data collected from the surveys will allow the program and other interested parties to understand the attitudes and habits associated with tobacco use among the youth in Arkansas. A final report will be prepared once all surveys are administered, returned, and processed by the CDC.
- The 2010 Arkansas Health Care Provider Survey (HCPS). TPCP is in the process of administering the HCPS. The goal is to assess Arkansas healthcare providers' knowledge and implementation of tobacco cessation treatment. A total of 4,133 surveys were mailed to various medical professionals across Arkansas. Approximately 1,189 surveys have been returned. Once all the data has been tabulated, results will be made to TPCP partners.
- The Tobacco Data Deck (TDD). The TDD is in the process of being updated and should be final by mid July 2010. Due to various data being released in the 3Q, it is best to update the TDD in the summer.
- Cigarette Stamps and Tobacco Tax Revenue Chart. Charts show the cigarette stamps sold and tax revenue generated from July 2008 – March 2010 and are available for review by contacting the S&E section of TPCP. They demonstrate that tax revenues are substantially increased from previous years, whereas the number of stamps sold are down (as would be expected). Similarly, tax revenue from 'other tobacco products' are increased over previous years.
- Quality Management Evaluation Tool. TPCP Quality Management Team (QMT) revised the process for evaluating quarterly reports by providing more feedback to the grantees concerning their objectives and activities. Whereas their objectives have been reviewed for being SMART, the activities that pertained to the objectives were not always evaluated for proper relationship to the objective. The QMT now provides better communication to the grantees regarding their objectives and activities. This remains a learning process, but provides valuable feedback to all grantees.
- Mosaic (GEMS). The TPCP staff and several staff members from other organizations worked to implement a new on-line reporting system called "GEMS". Test pilots were conducted with the grantees and TPCP staff to eliminate or reduce inconsistencies associated with implementation of new system. This reporting

system will become live during the 4th quarter of FY 2010 and will be operational by the beginning of the 2011 fiscal year.

- 2010 Supplemental ATS. Since the CDC is conducting a National Adult Tobacco Survey (NATS), TPCP will not conduct a regular 2010 ATS. However, TPCP is looking at the possibility of conducting a special survey aimed at evaluating, among other things, the attitudes and beliefs about second hand smoke and a comprehensive clean indoor act.

Minority Initiative Sub-grant Recipient Office (MISRGO)

The MISRGO office continues to support the community grantees that it funds to provide prevention and cessation community actions and changes in minority communities. During the 3rd quarter MISRGO, released the request for proposals for FY 2011. There were 49 Letters of intent received and 26 applications. During the 3rd quarter MISRGO's campaign to drive African-American and Hispanic men to the Arkansas Tobacco Quitline began. Three prominent television commercials were developed for the targeted audience. Commercial #1-features a local hip hop artist and is geared towards African-American males ages 18-24, Commercial #2-features famed boxer Jermaine Taylor and is target towards African-American males ages 18-54 and Commercial #3 is targeted to Hispanic males ages 18-50 and features prominent Hispanic men and women. Also during the 3rd quarter, plans were formalized to secure sponsorships targeting the previously mentioned groups. All sponsorships include booth space and an opportunity to share the tobacco prevention message with those in attendance at each respective event. Sponsorship venues include: 2010 Mid-South Summit Black Expo, 10K Black Men Summit, Real Deal in the Rock basketball tournament and Cinco De Mayo events in Little Rock and Springdale, AR. In an effort to continually bring awareness to the local community MISRGO partnered with the Jefferson County Hometown Health Improvement Coalition to begin working on tobacco-free parks in Jefferson County. The Parks Commission is scheduled to meet during the fourth quarter.

Addiction Studies program

The Addictions Studies program is continuing to look for an additional faculty member for their program as they develop more courses for their program.

RAND RECOMMENDATIONS

RAND Recommendation 1: Develop new strategic goals in each program area, revisit the process indicators that track progress toward the goals, and integrate the tracking of process indicators into the Web-based reporting system.

TPCP completed its strategic planning in 2Q and has implemented the plan.

TPCP will need to understand and work with RAND what is meant by integrating the process indicators in which web-based reporting system.

RAND Recommendation 2: Strengthen the quality management process within TPCP and the communication of results to the advisory committee.

TPCP has significantly strengthened its QM process and has had an outside national vendor comment on the rapidity and strength of the program. Results will be communicated with the TPCP Advisory Committee.

RAND Recommendation 3: Raise funding for the nine components of a comprehensive statewide tobacco control strategy to the level recommended for Arkansas by the CDC through either additional funds over and above those provided by the MSA or

reallocation of existing TPCP funds from non-tobacco programs (continuation of a recommendation in the previous evaluation report).

Although TPCP desires this recommendation, it is not within the purview of TPCP to accomplish it.

RAND Recommendation 4: Reevaluate funded programs that are not within the scope of tobacco prevention and cessation programming, as defined by the CDC guidelines, for their value in contributing to reduction of smoking and tobacco-related disease (continuation of a recommendation in the previous evaluation report).

As above, this recommendation is not within TPCP's purview.

RAND Recommendation 5: Change the process TPCP must use to budget its funds to be in line with the other tobacco settlement programs (continuation of a recommendation in the previous evaluation report).

This recommendation is not within TPCP's purview to change.

RAND Recommendation 6: Strengthen communication between TPCP staff and the TPCP advisory committee (continuation of a recommendation in the previous evaluation report).

TPCP will participate with the first TPCP Advisory Committee retreat to review strategies and opportunities for closer collaboration in the 4Q.

FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH PROGRAM OVERVIEW & GOALS

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

The COPH has elected to address this mandate through a community-based health education model. The COPH will improve health and well-being of Arkansans by:

- Training and re-training a professional public health workforce capable of further disseminating effective community and other public health programs;
- Training healthcare and public health practitioners in prevention methods through offering continuing education programs and through partnerships in the delivery of model programs;
- Contributing to the development of linkages among graduating students, state agencies, local organizations, healthcare practitioners, and communities to help align, coordinate, and implement effective prevention programs; and
- Conducting community-based and other public health research that is Arkansas focused and based on Arkansas needs.

PROGRAM PROGRESS: Jan 1–March 31, 2010

Student Expansion:

222 students are actively pursuing degrees in the COPH this fall semester; 28 of these students are enrolled in a doctoral program – 17 of the doctoral students are in the DrPH program and 11 doctoral students are currently in the PhD programs (8 seeking a PhD in Health Systems Research and 3 seeking a PhD in Health Promotion and Prevention

Research). Demographics of current enrollees are as follows: 158 (71%) of the students are female; 98 (44%) are part-time students; 52 (23%) are African-American; 1 (<1%) is American Indian or Alaska Native; 11 (5%) are Asian; 153 (69%) are Caucasian; 3 (1%) is Hispanic, 1 (<1%) chose two or more races, and 1 (<1%) chose not to designate their race. Student age range is wide: 43% are 20 – 29 years of age; 23% are 30 – 39 years of age; 18% are 40 – 49 years of age; 14% are 50 – 59 years of age; and 2% are 60 or above. Geographic origin of these students is also broad: 41% (91) are from the Central AHEC region, 3% (6) are from the Northwest AHEC region; 5% (12) are from the Northeast AHEC region; 3% (7) are from the Southwest AHEC region, 2% (4) are from the South AHEC region; 3% (6) are from the Delta AHEC region; 15% (34) are from the South Central AHEC region; and 9% (19) are from the North Central AHEC region. The College has 6 (2%) out-of-state students (paying out-of-state tuition), the remaining 33 students identified as out-of-state students were residing in Arkansas at the time of their admission, and 2% (4) are from foreign countries (2 paying out-of-state tuition). A total of 32 of the students (14%) are Arkansas Department of Health (ADH) employees.

Faculty Development:

As of March 31, 2010, the COPH had 49 full-time and part-time, salary-supported faculty; 37 of these faculty members are 100% supported by the college.

Program Development:

The COPH offered 32 courses this Spring semester with 5% of the courses offered through distance-accessible learning format, including courses using WebCT, weekend (executive) formats or directed study. In addition, 17 students enrolled in the MPH preceptorship or the doctoral practicum/project or capstone seminar.

Degree Programs include:

- Post-Baccalaureate Certificate
- MPH (generalist and specialist in each of the five departments)
- MS in Occupational and Environmental Health
- Post-Baccalaureate Certificate in Occupational and Environmental Health
- Master of Health Services Administration (MHSA)
- 4 combined degrees programs: MD/MPH; JD/MPH; PharmD/MPH; MPS/MPH
- Combined BA or BS MPH with four collaborating Arkansas undergraduate Institutions:
 - Arkansas Baptist College
 - Hendrix College
 - Philander Smith College
 - University of Arkansas at Pine Bluff
- Doctor of Public Health in Public Health Leadership (DrPH)
- PhD in Health Systems Research
- PhD in Health Promotion and Prevention Research

Students participating in the combined BA(BS)/MPH programs in collaboration with Arkansas undergraduate institutions can apply for provisional admission to the MPH program typically during their sophomore year. If admitted, they can begin taking MPH courses which each college has agreed to accept toward students' undergraduate degrees.

The five or more courses that each college has agreed to accept for credit will allow students to complete at least 15 credit hours toward their MPH degrees, allowing students to complete the 42 credit hours for their MPH degrees typically in one additional year after graduating with their BA or BS degree.

Community Outreach:

Monthly magazine column: One column was provided by COPH faculty to the Arkansas Municipal League magazine "City and Town" during this quarter. **Dr. Alesia Ferguson, PhD, Assistant Professor, Department of Environmental and Occupational Health** provided an article on the *New Lead Safe Rule and Certification Process*. The monthly COPH columns provide useful information and/or useful advice on how municipal officials and administrators can promote better health.

The Health Policy/Prevention Conference is held Tuesdays from 4:00 pm - 5:00 pm (except during the months of July and August and when other activities conflict). The Arkansas Department of Health (ADH) is a conference co-sponsor of these conferences. COPH faculty/guests provide relevant information related to public health policy and prevention. Conference announcements are distributed to UAMS and ADH employees and interested parties outside of UAMS.

Public Health Grand Rounds are held each Thursday from 8:00 am - 9:00 am in the ADH auditorium. The COPH participates as a co-sponsor of these grand rounds.

Federal and Philanthropic Funding:

During this quarter, the COPH faculty submitted 7 grant proposals seeking approximately \$3.7 million; one of the submitted proposals has been funded (\$71,875) and six are still pending at the current time. Three grants and contracts previously submitted were funded (\$211,554) during this period. The total, active extramural funding in the COPH at the end of March 2010 is about \$32 million.

Research Relevant to Arkansans:

Conducting research relevant to Arkansans and community-based in nature is one of the four primary ways in which the COPH seeks to realize its mission and improve the health and well-being of Arkansans. Coronary heart disease (CHD), cancer, and stroke are the three leading causes of mortality and morbidity among all gender and race/ethnicity groups nationally and in Arkansas. Through strategic planning, the COPH has focused on research relevant to smoking and obesity prevention and control and has established Interdisciplinary Centers in Tobacco and Obesity to ensure that a focus will be maintained on developing research programs for these two leading risk factors for CHD, cancer, and stroke. Two nationally recognized leaders are directors of the college's Interdisciplinary Tobacco Center and Interdisciplinary Obesity Center: Drs. Warren Bickel and Delia Smith West, respectively. Many ethnic and racial minority groups, including our state's African-American and rapidly growing Latino populations, experience a disproportionate disease burden. The COPH has also identified eliminating these racial and ethnic health disparities as an additional research focus relevant to the health issues within Arkansas.

Tobacco Research - One new project was funded relative to tobacco research during this reporting period. **Dr. Christine Sheffer** is the Principal Investigator for an NIH funded project which will assess the treatment modality and socioeconomic status in treating tobacco dependence. The information to be gained from the analysis of this treatment program will help understand, address, and eventually eliminate disparities in tobacco use and in the outcomes of tobacco dependence treatment.

Ongoing projects described in past reports include: “Provider Education Program for Treating Tobacco Dependence”- **Dr. Christine Sheffer, PI**; “Changing thought and action in tobacco dependence with Transcranial Magnetic Stimulation”- **Dr. Christine Sheffer, PI**; and, “The Delay Discounting as a Predictor of Relapse among Tobacco Smokers” - **Dr. Warren Bickel, PI**.

Obesity Research - No new project was submitted or funded relative to Obesity research during this reporting period. Ongoing projects described in past reports include the CDC funded Arkansas Prevention Research Center’s (APRC) core pilot project which will “examine methods to address childhood obesity by developing and evaluating tools and methods to change the home environment” -**Dr. Martha Phillips,PI**; “the web-based Weight Loss Grant” and “the Translation of Obesity and Cognition Research in a Rural State via Senior Centers”, both having **Dr. Delia Smith West, PI**; the Robert Wood Johnson Foundation funded project to continue the “Evaluation of Act 1220”, **Dean Raczyński, PI**; and, the full research project for “ARCHD” with **Dr. Elaine Prewitt, PI**.

Minority Health Disparity Research - No new project was submitted or funded relative to Minority Health Disparity research during this reporting period. Ongoing projects described in past reports include the “CDC funded Prevention Research Center (PRC)”, **Dean Jim Raczyński, PI**; “The Arkansas Center for Health Disparities (ARCHD)”, **Dean Jim Raczyński, PI**; and, the “Arkansas Health Disparities Service Learning Initiative”, **Dr. Kate Stewart, MD, PI**. Dr. Creshelle Nash, MD, Assistant Professor, Department of Health Policy and Management, remains under contract to serve as Medical Director for the AR Minority Health Commission.

Resource to Public Officials/State agencies & community:

The COPH acts as a resource to the General Assembly, the Governor, state agencies, and communities. During this reporting period, the College of Public Health faculty/staff engaged in various activities with legislators and state agencies:

- Dr. Glen Mays was an active participant with the UAMS group and the Department of Human Services regarding Medicaid cuts.
- Dr. Glen Mays has been selected to work with experts in Washington DC on implementation strategies for the Health Care Reform legislation that includes significant public health research program implications.
- Carla Sparks and Willa Black Sanders worked closely with the AMHC in the planning and execution of the first Minority Health Summit. Three former Surgeons General will be in attendance (Dr. Richard Carmona, Dr. Novella, Dr. Elders) and the Governor will be a sponsor and program participants. UAMS Chancellor Dan Rahn, and Dean Raczyński will be participating in a closed session with the three former Surgeon Generals to discuss public health issues in Arkansas and strategies to effectuate change. Others who have agreed to participate include the AR Surgeon General, Public Health, Welfare and Labor Committee Chairs, Director of DHS and ADH as well as other legislators and stakeholders.
- Dean Raczyński and Willa Black Sanders continued working with the Leadership Team for the planning of the 2010 American Heart Association’s annual Heart Walk. The Heart Walk will be held on Saturday April 17th.
- Willa Black Sanders and Dr. Creshelle Nash assisted in coordinating the Senate Subcommittee meeting on Minority Health Disparities in Little Rock, AR at the State Capitol on February 25, 2010. A public hearing was held and approximately 11 legislators were in attendance.
- Dr. Kate Stewart and Willa Black Sanders worked with the AR Department of Health and several other health related organizations to celebrate Public Health month. The press conference was held at AR Baptist College.

- COPH faculty and staff continue to serve in a leadership capacity and are visible partners with the AR Cancer Coalition, AR Minority Health Commission, AR Department of Health, the American Cancer Society, and the Central Arkansas Heart Association.
- COPH students have over 35 agency/organization choices for their integration projects and preceptorships.
- Three COPH faculty/staff serve on an Advisory Committee of the Philander Smith College Kendall Health Science Institute. Collaboration, research, and increasing the number of minorities in health related jobs are the primary foci of the Advisory Committee.
- COPH faculty/staff are ongoing participants in the Clinton School of Public Service educational activities.

Collaboration and Cooperation:

Collaboration and cooperation is one of the four primary ways the COPH seeks to improve the health of all Arkansans. For the purpose of this section, information lists the collaborations made, attempted to be made, and possible collaborations between COPH and the other programs funded through tobacco settlement funds.

Delta AHEC

- Preceptorship/Integration Project forms have been provided to Delta AHEC administration to begin the process of publicizing opportunities at the AHEC for students to conduct projects.
- Ms. Mellie Watson, Director, Delta AHEC South, began serving as Co-Principal Investigator of the Pilot Research Project and Steering Committee member in the CDC-funded Prevention Research Center grant begun on October 1, 2009. (Dean Raczynski, Principal Investigator for the ARPRC)
- Strategic planning is ongoing within UAMS on better ways to coordinate and collaborate with all Area Health Education Centers.

Arkansas Minority Health Commission (AMHC)

- Dr. Creshelle Nash, Medical Director of the AMHC is an Assistant Professor at the COPH and serves as the AMHC representative in the Education component of the NIH-funded ARCHD. Dr. Nash also serves as the PI for one of the ARCHD pilot research projects.
- Willa Black Sanders, Assistant Dean, Governmental Relations and Special Projects, is a Senate President Pro Tem- appointed Commissioner to the AMHC.
- The COPH is a collaborator with the AMHC sponsored “ Arkansas Minority Health Summit” to be held at Philander Smith College April 15 & 16th , 2010. Three former Surgeon Generals have confirmed their attendance.
- The COPH is a co-host of a reception and informational event entitled “The State of Minority Health in Arkansas”. The event was held March 1, 2010.

Area Aging Initiative (AAI-UAMS)

- Dr. Glen Mays and Dr. John Wayne developed, submitted, and have been funded to do an evaluation of the AAI initiatives.

Arkansas Biosciences Institute (UAMS)

- The following COPH faculty members have obtained past funding from the Arkansas Biosciences Institute: Warren Bickel, PhD; JianJun Zhang, MD, PhD, Dr. Gunner Boysen, PhD, and Alesia Ferguson, PhD.
- COPH faculty members Gunner Boysen, PhD is presently receiving funding from the Biosciences Institute.

AR Department of Health (ADH)

- Dr. Paul Halverson, ADH Director, is a Professor in the COPH's Department of Health Policy and Management.
- Dr. Joe Bates, Deputy Director at the ADH, is also appointed in the COPH as Associate Dean for Public Health Practice and as Professor in the COPH's Department of Epidemiology. A number of other ADH staff also has faculty appointments in the COPH.
- ADH and the COPH jointly sponsor the Tuesday Health, Policy Research Conferences held at the COPH from 4:00 to 5:00 pm of each week. The COPH also jointly sponsors the Thursday Grand Rounds held at ADH from 8:00 to 9:00 am.
- A monthly meeting is held with the ADH Director, ADH Deputy Director, Dean Raczynski and Associate Dean Katharine Stewart on possible collaborations between the agencies. Several ADH staff have faculty appointments in the COPH, including: Drs. Appathural Balamurugan, Joseph Bates, Jennifer Dillaha, Jeffery Moran, Leonard Ntaate Mukasa, Gordon Reeve, John Senner, and Namvar Zohoori, as well as Ms. Chris Patterson, Ms. Shirley Louie, and Ms. Cheryl Ledoux.

Additional Possible Collaborations based on COPH's primary purposes

- Although COPH Masters and Doctoral students select their Integration Project and Preceptorship sites, opportunities at targeted needs program sites could be more prominently highlighted among the opportunities available to students;
- Although examples exist when COPH faculty have partnered with Targeted Needs Program Sites to develop research programs, more systematic efforts to promote collaborative research could be developed;
- COPH faculty who have expertise in evaluation are currently assisting or have provided past assistance/consultation with planning for Targeted Need Programs evaluation planning. Assistance could also be offered to other programs; and
- COPH co-sponsors Tuesday Conferences and Public Health Grand Rounds to provide relevant information related to public health policy and prevention, but Targeted Needs Program partners could participate in these presentations as a way of identifying other opportunities for collaboration. Aaron Black, Director of the Tobacco Settlement Commission has spoken at this Tuesday Conference as well as Dr. Joe Bates with the AR Department of Health. Dr. Creshelle Nash is scheduled to speak in April 2010.

RAND RECOMMENDATIONS – 2007

RAND Recommendation 1: Continue to think about innovative and sustainable ways to increase contributions to the College for faculty recruitment.

COPH Response: The College's administration has made faculty recruitment a focus of our strategic planning. However, average extramural support levels of faculty are approximately 60% at present for research faculty, and a significant proportion of faculty derive over 60% of their salaries from extramural sources, with some as high as 90%. Resources are thus already highly leveraged by extramural funding and existing tobacco and other state funding must be used to cover faculty effort devoted to teaching, service and education as well as core staff support. The COPH is committed to recruiting dedicated, knowledgeable, and diverse faculty and will continue to strategize about innovative and sustainable ways to increase contributions to the COPH for faculty

recruitment. It should also be noted that the Governor called for budget cuts twice from all state agencies, and higher education institutions. The COPH is trying to maintain the complement of faculty and programs to maintain accreditation in the face of these budget cuts.

These issues have been the focus of on-going conversations for the past several years with our now retired, former Chancellor, and our new Chancellor, Dr. Dan Rahn. Both Chancellors have acknowledged our needs, and Dr. Rahn has authorized us to proceed with searches for faculty in the Departments of Biostatistics, Epidemiology, and Environmental and Occupational Health, the three areas of most critical need with a commitment to working with us to meet the financial requirements for these key positions.

RAND Recommendation 2: Conduct strategic planning to develop areas of expertise in which COPH can excel *(solidify current areas of expertise, including health behavior and health education, health policy and management and epidemiology. Continue to develop and foster existing foundation in content areas including health disparities, tobacco use and obesity. Public Health Law Center builds on this recommendation)*

COPH Response: COPH has scheduled a college-wide strategic planning retreat to be held in May 2010, building off of planning which has been underway by departments and other key college units since last fall. This process will involve a thorough review of COPH research, education and service activities and will address priority areas for expertise with the College. We presently have nationally recognized faculty conducting research in a variety of areas, including obesity, tobacco, health systems (health policy and management), health disparities, and prevention research programs, respectively. As examples of the manner in which expansion of programmatic areas is continuing, we point to recent center funding received from both NIH and CDC to support development of health disparities and prevention research programs, respectively. This core, center funding, has enabled us to provide a broad base level of support for faculty and enable us to develop programs to meet mission-driven priorities. .

RAND Recommendation 3: Continue to develop and support research, specifically grants and contracts. *(Think about cost-effective ways to implement some of the goals related to development & support of faculty research trajectories. Better understand what faculty and administrative staff need to develop research capacity. Develop trainings for faculty on grant submission, and consider and incentive structure)*

COPH Response: As mentioned above, center funding has been identified as a priority for developing and supporting faculty development in research. As previously noted, important for faculty development are the pilot research funds provided by ARCHD. ARPRC funding from CDC also provides access to Special Interest Projects (SIP's) for which junior faculty are often competitive and which often provide faculty with pilot data for seeking additional funding. It is also important to note that faculty mentoring programs have been developed to support junior faculty, and an incentive program which emphasizes grant/contract productivity was implemented in 2004.

RAND Recommendation 4: Measure the impact of their community partnerships. *(Develop a process to measure the impact of community collaborations - a long term strategy that includes systematic documentation of the of the impact of COPH efforts and relationships developed with partners)*

COPH Response: The Office of Community-Based Public Health (OCBPH) has developed a report regarding measuring the impact of Community/COPH Partnerships. The OCBPH conducted interviews with the leadership of each of the four main established

community-based organizations/partners during the months of October and November 2008. Partner responses were summarized and provided in this report. Currently the OCBPH is working to develop a process to assess short-term impact of the COPH on CBO partners on an annual basis. It will provide a means of assessing incremental development, growth and success of the CBO partnership with the COPH. Additionally, this process will allow the OCBPH to track the development of new relationships with other CBO's that demonstrate mutual compatibility for collaborative work with the COPH.

RAND RECOMMENDATIONS - 2006

RAND Recommendation: The COPH should continue its efforts to meet the new accreditation requirements by December 2007, to expand full-time faculty for doctoral and masters programs and recruit students for the new doctoral programs, and to obtain funding to support the additional salaries

In June 2007, the COPH was fully accredited for a 7-year period by the Council on Education for Public Health (CEPH) with no requirements for interim reports. The Chair of the Epidemiology Department stepped down effective January 1, 2010. Only 2 FTE of faculty remain in this department and 5 are required by CEPH. In addition, one faculty member left the department of Biostatistics last summer, and one faculty member left the Department of Environmental and Occupational Health last January, leaving both of these departments below what is required by CEPH by 1 faculty FTE for each of these departments. Filling these positions are an extremely high priority for the COPH, and active searches are in progress in each of these areas.

RAND RECOMMENDATIONS - 2005

RAND Recommendation 1: Increase grant funding and leverage funding from other sources

COPH Response: As of March 31, 2010, the COPH has approximately 31 active research grants/contracts amounting to about \$32 million in total active funding. The COPH has significantly increased grant funding in a very short period of time and has now been awarded extramural funding that approximately doubles the tobacco funding received across all years.

RAND Recommendation 2: Develop Curricula for the new doctoral programs

RAND Recommendation 3: Develop two new doctoral programs that are required to maintain accreditation: recruit new students for them

COPH Response: Recommendation accomplished. Two new doctoral programs were developed in August 2005; one in Health Systems Research (HSR) and the other in Health Promotion and Prevention Research (HPPR). The curricula for these new programs have been fully developed, although the curriculum for each will likely be refined in ensuing years. Eight students are presently enrolled in the HSR program and three students are enrolled in the HPPR program. The Doctor of Public Health in Public Health Leadership (DrPH) was established in 2002. The DrPH degree has been conferred to four students to date.

RAND RECOMMENDATIONS - 2004

RAND Recommendation 1: The COPH should maintain the discount for ADH employees

It was agreed that the COPH had no direct control over this recommendation. This decision must be supported by the UA Board of Trustees, the President of the UA System, and the Chancellor of UAMS. The 70% discount was discontinued in 2005; however, over 15% of the COPH student body continues to come from the ADH employees. Also, legislative approval for the ADH using their resources to increase scholarship support for health department staff provides ADH employees with enhanced opportunities for educational financial assistance. Finally, under

contract from the ADH, the COPH faculty and staff under the leadership of Dr. Katharine Stewart, COPH Associate Dean for Academic Affairs, conducts the Arkansas Public Health Institute, offering year-long educational programs for ADH employees.

Rand Recommendation 2: Provide evaluation expertise to the COPH community partners to assess the impact of the work they are doing in the community

COPH Response: The COPH's Office of Community-Based Public Health (OCBPH) is involved in many different activities which address this need. The OCBPH has four formally recognized community partners: (1) Boys, Girls, Adults Community Development Center in Marvel, (2) Walnut Street Works in Helena/West Helena, (3) We Care in Pulaski County, and (4) La Casa in Pulaski County. Dr. Kate Stewart, Director of the OCBPH is working with other staff and faculty to assist the Tri-County Rural Health Network, which includes Walnut Street Works, in evaluating their Community Connector Program. Dr. Martha Phillips, Assistant Professor of Epidemiology, is overseeing the analysis of data from a community tobacco usage survey conducted by We Care as part of their tobacco prevention grant program and working with ADH Hometown Health Improvement Coalitions to help them develop basic evaluation skills. Federal funding for the USDA Delta Nutrition Intervention Research Initiative (NIRI) has ended; however, the OCBPH is continuing to work to assist the NIRI in providing training to their Arkansas community partners in community-based participatory research. This project has directly benefited the Boys, Girls, Adults Community Development Center (BGACDC) in Marvel, and lessons learned will also subsequently be shared with the other three formally recognized COPH community partners. Finally, it should be mentioned that ARPRC will build on earlier efforts to provide training to community organizations throughout the 19-county Delta target area.

Rand Recommendation 3: Continue to hire more faculty; particularly diverse faculty (2004 - 2005)

COPH Response: The COPH remains committed to maintaining a diverse faculty. As of March 31, 2009, 7 of the 37 (19%) COPH full-time faculty members are from racial and/or ethnic minority groups; 5 of the 7(14% overall) are from the underrepresented minority classification.

RAND Recommendation 4: The COPH should provide scholarships and discounts for distance learning students; and

RAND Recommendation 5: The COPH should provide scholarships to students to help support the cost of obtaining a degree

COPH Response: Even though the COPH has no direct control over appropriations and cannot guarantee allocation of additional funds to the COPH for scholarships and assistantships, it should be noted that approximately 75-80% of the overall COPH student body are non-traditional students who are working at a full-time job as they pursue their degrees. Nonetheless, a number of students are being supported as research assistants with extramural funding, in essence providing them with financial assistance while at the same time giving valuable experience. A system has also been established in the Office of Student Services to compile student funding opportunities from outside the College and distribute this information to students.

In addition, efforts are on-going to develop scholarship endowments within the COPH. Examples of successes include the Department of Environmental and Occupational Health which has secured contributions from corporate sponsors to establish tuition scholarships for students pursuing specialized MPH degrees in the department. Another example is the establishment of the Fay Boozman Public Health and Community Service Scholarship fund to help support a deserving MPH student(s) each year in consultation with the family of the late Dr. Fay W. Boozman. The first Scholarship Award of approximately \$1,000 was made at Convocation in May 2007.

Finally, efforts to obtain federal support for students are beginning to pay off. The funding of the National Center for Minority Health Disparities contains some funding for student support. Dr. Katharine Stewart has also obtained HRSA money to support students annually and ARRA stimulus funds will add another \$20,000 of scholarship money to these original HRSA funds in each of the next two years.

DELTA AREA HEALTH EDUCATION CENTER

PROGRAM OVERVIEW & GOALS

The Delta Area Health Education Center (Delta AHEC) was established by the Tobacco Settlement Proceeds Act (July 1, 2001). It is the intent of the Act that "the University of Arkansas for Medical Sciences (UAMS) establish a new Delta Area Health Education Center to serve the following counties: Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis. The new Delta AHEC shall be operated in the same fashion as other facilities in the UAMS-AHEC program including training students in the fields of medicine, nursing, pharmacy, and various allied health professions, and offering medical residents specializing in family practice. The training shall emphasize primary care, covering general health education and basic medical care for the whole family. The program shall be headquartered in Helena with offices in Lake Village and West Memphis."

Primary Goals: (1) To serve Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis counties by increasing access to quality healthcare through the composition, distribution, and appropriate preparation of a culturally competent health professional workforce; and, (2) to further serve the citizens by increasing the capacity of participation in culturally sensitive health promotion and health education programs.

PROGRAM PROGRESS

Since its inception the Delta AHEC has worked in three primary areas: (1) provide services to communities and clients throughout the Delta region; (2) educate health care professionals, and (3) increase access to health care. In 2001, three process indicators were selected to track the overall progress of their efforts to fulfill the mandates in the Act. Participation in each area during January, February, and March 2010 is summarized in the tables below.

1. Services Provided to Communities/Clients

The following stories, as recently reported by Delta AHEC staff, illustrate the impact our programs have on the daily lives of area residents. To help make grocery shopping easier for area residents, as well as saving money and making healthier choices, Delta AHEC now offers a weekly menu with healthy recipes that are based on sale items in the Food Giant grocery stores (located in both Phillips County and Lee County). These menus can be accessed on the Delta AHEC website and printed off as a shopping list. This menu is updated each Wednesday in conjunction with the week's sale items available at Edwards' Food Giant. By shopping the sale items and preparing the posted recipes, residents can save lots of money and make hearty meals as a healthy alternative to eating out.

Dr. Mark Mengel charged Dr. Becky Hall, Dr. Dennis Moore, and Karan Cox, FNP-BC, CDE with the task of implementing American Diabetes Association recognized education programs in all of the UAMS AHECs. The Delta AHEC Diabetes Education Clinic has been a recognized education site of the American Diabetes Association since 2003. Last October, the AHEC SA Diabetes Center in El Dorado became a satellite of the Delta AHEC Diabetes Education Clinic. The AHEC North Central, serving Batesville and Mountain Home, has applied for ADA Recognition. The remaining 5 AHEC diabetes education clinics will be added.

The Delta AHEC South in Lake Village provided diabetes screenings for students in the Dumas School District. With a signed permission slip and after a finger stick, students in grades 2-12 received a UAMS AHEC pencil and t-shirt. Of 500 students screened, 5 had abnormal glucose levels and were sent for follow-up testing with their primary care physicians. These students are also being monitored daily by the school nurse.

The Phillips County Coalition 4 Prevention (C4P), sponsored two-day workshops for coalition members, non-profit agencies, and community leaders to enhance their ability to collect, analyze and evaluate data as a means to increase their knowledge on the importance of data. A total of 50 participants learned to develop surveys, analyze data, and report results. C4P is a community coalition that focuses on healthcare prevention education, especially issues relating to alcohol, tobacco and other drugs.

The Arkansas Federation of Families Statewide Family Network sponsored Phillips County participants for a six-hour youth development workshop entitled "Youth Guided Leadership Institute." Representatives of Youth Empowered to Succeed- 4H (Y.E.S.4H), Freedom for Youth's (FFY) Youth Leadership Academy, Delta Area Health Education Center's Coalition 4 Prevention (C4P) and the Delta Youth Entrepreneurship Program participated. A total of 17 teens and 4 chaperones traveled to Little Rock for the workshop to learn skills to become effective community leaders.

More than 50 people joined a new weight-loss program in Marvell to gain tools to help them lose weight. Information about calories, exercise and healthy eating has been provided, but the focus of the program is to increase their physical activity. Participants meet two nights a week participants meet to exercise using DVDs that were made from NBC's "The Biggest Loser." Program participants are encouraged to watch the television show for added motivation, tips, and encouragement. The program will continue through April.

Delta AHEC educators have been teaching new program, "What to Do When Your Child Gets Sick," for Mid-Delta Headstart parents. The "What to do for Health" series for training parents is written at a 3rd to 5th grade level and provides parents and families with practical information for the entire family to live a healthy lifestyle. Trainings were offered at 6 Mid-Delta locations for more than 30 parents. Participants received a first aid kit and reference booklet; a recent study demonstrated that giving parents a copy of a book and training them to use book for child's minor ailments reduced hospital ER visits by more than 50%.

A “Love your Body” Health Fair was held at Lee County High School in Marianna this February. Featuring a Valentine’s theme, many vendors provided a variety of health information for 9th to 12th graders. Delta AHEC staff checked blood pressures and distributed information about nutrition, sex education, and health careers.

Free Lunch & Learn seminars are provided monthly to Chicot County residents by the Delta AHEC South. Every 3rd Wednesday, residents enjoy a healthy lunch, a program on a health related topic, and free health screenings. Topics discussed this quarter were stress management, heart health, and being a caregiver for the elderly.

Attendance at public education programs this quarter was as follows:

<i>To increase the capacity of participation in culturally sensitive health promotion and health education programs:</i>	
105	CPR/First Aid for Consumers
984	Health Education for Adolescents
1,317	Health Education for Adults
721	Health Education for Children
244	Health Fairs/Screenings
488	How Healthy is your Faculty/Industry/Church?
671	AR Kids Outreach
12,192	Kids for Health
417	Prescription Assistance (\$301,329.50 savings)
212	Seniors CLASSICS
0	Geriatrics (Group)
1	Grief Counseling (Remembering Angels)
11	Tobacco Cessation
179	Tobacco/Substance Abuse Prevention
0	Sexually Transmitted Infections
<i>To improve health behaviors related to chronic health problems:</i>	
260	Asthma
2	Diabetes (1-on-1 and Group)
177	Diabetes Clinic
2	Diabetes Education
117	Diabetes Hospital
66	Diabetes Outreach
32	Diabetes Self-Management
47	Diabetes Support Group
508	Sickle Cell Screenings
234	Consumers provided with library services
<i>To improve health behaviors in regards to physical activity and nutrition:</i>	
13,086	Fitness Center Encounters
273	Tai Chi
3,836	Other Exercise Programs
33	Nutrition (Group, includes Lunch and Learn)
78	Nutrition (1-on-1 Counseling)

<i>To improve health behaviors related to pregnancy, teen prevention, and parenting skills:</i>	
329	Pregnancy/Parenting
17	Teen Pregnancy Program

2. Education Provided to Healthcare Professionals

Attendance at programs for health professionals this quarter was as follows:

<i>To provide educational activities for area health professionals and health professions students:</i>	
476	Continuing education (95 programs; includes compressed video)
30	CPR for Health professionals
52	Health professionals provided with library services
134	Health professions students/residents provided library services
<i>To provide support services for health professionals and their patients:</i>	
0	Tele-medicine patient follow-up visits with UAMS cardiologist

3. Activities to Increase Access to Health Care

Delta AHEC North welcomed a new RD, Megan Jones.

The Greater Delta Alliance for Health, a 6-hospital network, received non-profit status with the assistance of UAMS Delta AHEC South, who acts as its project management team. The Alliance will pursue outreach programs, physician recruitment, and health information technology projects.

Total enrollment in the Helena Veterans' Community Based Outpatient Clinic has increased to 256. Full-time clinic employees were hired effective March 15, 2010: Josephine Jackson, APN, Bobbie Ford, LPN, Tameka Lofton, Lab Assistant, and Jill Richmond, Administrative Assistant. During their first few weeks of employment, the new staff completed UAMS and VA orientation processes.

Nursing student enrollment and attendance at recruitment programs this quarter was as follows:

<i>To increase the number of health professionals practicing in underserved areas in the Delta:</i>	
3	RNs preparing for BSN
1	BSNs preparing for MNSc
2	MNSc preparing for administration
0	Nurse Practitioner students
0	Medical students mentored for admittance to UAMS COM
0	Pharmacy student mentored for admittance to UAMS COP
0	Nursing students doing clinical rotations at the Delta AHEC
0	UAMS medical students doing preceptorship
0	UAMS senior medical students doing selective rotation
<i>To acquaint minority and/or disadvantaged youth with health careers:</i>	
2,103	Health Careers
8	Students mentored/shadowing professionals
203	Veterans' Community Based Outpatient Clinic patient encounters

Leadership/Advisory Board Activities

High school seniors, interested in health careers from Phillips and Lee Counties participated in a business etiquette luncheon at the Pillow Thompson House in Helena. The 80 students learned about the importance of manners and proper etiquette during a luncheon with a potential company or boss. After lunch, Mrs. Ligon gave the students tips on interview skills and resume writing. The seniors from Marvell Academy were pleased to have Rep. Clark Hall attend the luncheon with them.

The Delta AHEC Advisory Board met on January 27th at the Delta AHEC. New board members and new employees were introduced by board chair, Dr. P. Vasudevan. The Board heard about the ARSAVES program from Rick Washam, educator for the program. Dr. Becky Hall gave the group an update on the Mardi Gras GALA to be held in February. Bethany Carr informed the group of the Growing Healthy Communities Grant that the AHEC has received. Dr. Hall then updated the board on the State of the Delta AHEC, based on the report prepared for the Public Health and Welfare committee.

Delta AHEC Director, Dr. Becky Hall has been asked to serve on the Helena Regional Hospital Advisory Board. Dr. Hall has also been asked to chair the Outreach Directors Team for the state-wide AHEC Programs and will be holding monthly outreach director meetings to help guide the program. All of the AHECs will be doing the following programs, (1) Kids for Health (2) Prescription Assistance (3) Diabetes Education Clinics (4) Prescription Assistance. A statewide data base is being developed to track aggregate outcome data.

Healthcare Professionals/Students

Students at Phillips Community College of the University of Arkansas (PCCUA) rely on the Delta AHEC for resources and information, and PCCUA instructor Carolyn Harper's Medical Terminology I students worked on several class projects with Delta AHEC staff this quarter. Librarian Kathy Privett visited Harper's class and provided students with credible websites for researching medical information. Stephanie Loveless conducted a "Get Fit in 2010" workshop for the class when they studied the musculoskeletal, cardiovascular, and respiratory systems. The class toured the Delta AHEC, heard a lecture on the "fit lifestyle," and participated in free health screenings for blood sugar, cholesterol, and blood pressure. Future activities include a workshop on CPR and a presentation on diabetes and its prevention. "The AHEC has been great in partnering with me and providing resources for my medical terminology students," Harper said, "and our students are excited about our upcoming projects."

"Hitting Home Plate" was the theme for KIPP Delta College Preparatory School students when Janet Ligon, our Pre-Health Career Recruiter, taught class of 20 students in grades 5th - 8th grades a lesson in nutrition and a career as a dietitian. Mrs. Ligon has also taught about 60 KIPP 8th grade students about health careers this quarter.

Collaboration & Cooperation

Because obesity contributes to numerous health conditions, including heart disease, stroke, diabetes, and other chronic illnesses, this is a major health concern for the Delta. To combat this deadly trend, the Arkansas Coalition for Obesity Prevention (ArCOP),

Arkansas Department of Education, Arkansas Department of Health, University of Arkansas for Medical Sciences College of Public Health, and Winthrop Rockefeller Institute collaborated to provide immersion training for a “Growing Healthy Communities” Project. The training took place March 2-5, 2010 at the Winthrop Rockefeller Institute on Petit Jean Mountain near Morrilton. Delta AHEC took five influential representatives from the community to learn from experts in the field and to brainstorm changes that could to be made in Helena-West Helena.

Delta AHEC also received \$10,000 to implement projects and programs that will influence physical activity and access to healthy foods. An additional award of up to \$6,000 is available for Helena-West Helena to conduct a regional summit to increase awareness on healthy living and physical activity. With input from community partners, Helena-West Helena will apply policy and environmental changes to increase physical activity and nutritional options that will lead to healthier lifestyles. Funding for the Growing Healthy Communities project is provided by the Blue and You Foundation for a Healthier Arkansas.

The Delta AHEC-North in West Memphis has targeted heart failure. In addition to implementing a self-management education series, a Heart Failure Team has been created at Crittenden Regional Hospital with Delta AHEC staff, Tammie Coleman, RN (Team Leader) and Megan Jones, RD Delta Center on Aging Education Director, Terri Williams, RN; and hospital staff including the social worker, quality manager, in-patient quality nurse and homecare quality nurse.

During spring break, UAMS Delta AHEC South co-sponsored a Church Crusade in Dermott to bring a guest speaker from Little Rock to talk to youth about gang related violence and prevention. The speaker originally started a gang in Little Rock that grew rapidly. Now he is a motivational speaker speaking out against the harmful effects of gangs and was able to reach 83 youth in Chicot County.

The planning committee for the Innovative Readiness Training operation to be conducted by the military in 2011, met on February 16 with representatives from all of the towns that will serve as sites. Two week primary care clinics will be provided for the uninsured and underinsured in Wynne, Marianna, Helena, McGehee, and Eudora. The Delta AHEC will serve as the administrative center for this training.

Dr. Becky Hall presented a workshop on the State-wide AHEC program’s new Outreach Initiative at the Farm Bureau Women’s Conference in March. More than 100 attended her workshop. Several former participants in the MASH program were in the audience and testified to the benefits of the MASH Program.

Delta AHEC, Helena Health Foundation and Arkansas Children’s Hospital are holding quarterly Safety Baby Showers. Arkansas has one of the highest child injury rates in the nation and many injuries are preventable through education. During the safety baby showers, education is provided for expectant mothers and their support systems, on home and child passenger safety. Shower gifts include home safety items and a child safety seat (car seat). The showers are followed up with one-on-one education and installation of

child safety seat. These showers are fun for expectant mothers and include refreshments, networking, bingo, and prizes. Pregnant women are referred to the program by their healthcare providers and Delta AHEC staff send reminders and make follow-up phone calls. From June 2009 – February 2010, women in Phillips County experienced a total of 247 births (Arkansas Department of Health). During those same months, 113 pregnant women attended Safety Baby Showers, representing 45% of the pregnant women attending

Media & Public Relations

The Susan G. Komen Arkansas Affiliate awarded the Greater Delta Alliance for Health and UAMS Delta AHEC South \$67,210.00 to provide free mammograms and ultrasounds for underinsured and uninsured women in 9 counties that make up Southeast Arkansas. The program, Access Project Pink, will reach women through local billboards in their communities.

The Delta AHEC Mardi Gras GALA was held on February 2 with more than 100 people in attendance. Guests enjoyed Mardi Gras decorations and New Orleans cuisine and danced to the music of the “Shortcuts”. More than \$1000 was raised for the Delta AHEC Foundation.

Continuous Quality/Program Improvement

The Crittenden Regional Hospital new Heart Failure Team’s mission is to address the frequent repeat hospitalizations of heart failure patients. They identified patients with frequent hospital admissions and contacted them for permission to participate in their project. Participating patients will be contacted weekly by telephone and asked to complete a questionnaire regarding their health status. The questionnaire is intended to identify problems early for intervention in order to prevent patients from having to be hospitalized. Weekly phone assessments also assure the patients that the caller is interested in their health. The patients receive digital scales and automatic blood pressure cuffs as part of this project, and the team is available to provide prescription assistance as well as other concerns the patient may have.

In West Memphis, Terri Williams, RN, and Angie Whatley, RN, are training to be facilitators for the Chronic Disease Self-Management Program developed by Stanford University and provided by a grant from the Administration on Aging administered through the Arkansas Department of Health. The CDSMP is a 6-week series designed to help individuals living with a chronic disease or their support persons learn ways to become better managers of their symptoms in order to improve their quality of life.

RAND RECOMMENDATIONS

RAND Recommendation 1: Increase efforts to recruit health students.

Recruiting health professionals to the region is a challenge that should be high on the radar for all tobacco programs. We recognize the Delta AHEC administration’s challenges to recruiting health professionals to the region and wish to encourage them in their efforts to pursue students interested in the health professions. We commend that the Delta AHEC

hire staff to focus on this important work as well as their focus on increasing the number of potential health professionals through programs for students early in their careers.

Program Response: All eight of the statewide AHEC's have hired a pre professions recruiter. This position is funded by the increase in tobacco tax. The recruiter's job description is based on previous work done by the Delta AHEC. A state wide data base is being developed that will assist the Pre Professionals Recruiter in tracking health professions students. This database will be operational by next quarter. A new health careers website has been developed.

RAND Recommendation 2: Continue to increase resources to conduct program evaluation activities.

Delta AHEC has responded to past recommendations by building evaluation into most of its services and programs. Delta AHEC wrote up a "Service Profit Chain" documenting the link between employee satisfaction and client satisfaction. This document also has a list of indicators that can be collected to assist in program evaluation. These evaluation components include process and outcome indicators collected by multiple data sources that have been institutionalized into the everyday workings of the program. Data sources include scannable participant surveys, automated participant data (i.e., scannable identification cards that feed into a participant database), and program-based outcomes that support evaluation of their programs (e.g., weight, blood pressure, etc.). Delta AHEC has a useful data system that is utilized by each site to track participant numbers consistently. They have also instituted quality management processes that demonstrate the understanding that consistency is something that must be planned (e.g., development of protocol manuals for each program). Preparing for potential staff changes by creating a series of manuals that holds all of the necessary information needed to run each program is a wonderful model that has been shared with AAI and MHI. We recommend that Delta AHEC continue on its current path towards building its evaluation capacity.

Program Response: We are continuing our development of a standard set of outcomes for the entire AHEC system.

RAND Recommendation 3: Conduct a survey of knowledge gained in training sessions as part of its evaluation efforts.

We recommend that Delta AHEC conduct knowledge surveys as part of their training sessions to track the response to the education opportunities and incorporate the information into their continuous quality improvement efforts. Surveys do not have to be a part of every training session given by each site. However, a strategic sampling of training sessions geared towards various groups of professionals would provide information that could help Delta AHEC better gauge their effectiveness.

Program Response: Knowledge and satisfaction surveys are being administered when appropriate.

ARKANSAS AGING INITIATIVE PROGRAM OVERVIEW & GOALS

The AAI is an infrastructure of eight satellite Centers on Aging located across 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 components: an infrastructure that partners to provide quality interdisciplinary clinical care and innovative education programs for older adults and their families, professionals and students of the health and social services disciplines, and the general public.

Mission

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

Goals

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

AAI PROGRAM PROGRESS

- **Progress toward outcomes, significant changes, and accomplishments this quarter**
 - Beverly Parker, education director , Center on Aging-Northeast, gave a presentation on the Center and the Schmieding Home Caregiver Training to the AR. State Legislature and guests in March.
 - The Regional Centers on Aging participated in 10 Health Fairs this quarter with over 1600 contacts and personal interactions with more than 500 individuals.
 - All telemedicine equipment has been delivered to the Texarkana Regional Center on Aging. Howard Memorial Hospital has identified location, staff, and procedure protocols for the first geriatric telemedicine in the State of Arkansas. Currently, the project is finalizing training dates for identified staff and providers working in both locations. Mock patients will be created to finalize all procedures before going live on the date of June 30, 2010.
 - The Advisory Committees continue to be active. The Ft Smith Advisory Committee is busy planning an Open House for the Center on Aging's new Education Offices. The committee will have a new Chair this month and she has several new projects for the Committee. The Eldorado Advisory Committee is meeting regularly again with the addition of a new Director. The structure of the Jonesboro Advisory Committee is being reevaluated in an attempt to find the best way to involve as many local citizens and get as

much input as possible. Springdale has a good, compatible committee and Schmieding Center personnel are involving them in all aspects of the Center on Aging. Pine Bluff is still working on a fund-raising plan along with a public relation effort to help get the Center on Aging more involved in the community.

- o Great progress continues with the Donald W. Reynolds Schmieding Caregiving Replication Grant. The final staff training for Jonesboro will be completed in April and the grand opening is scheduled for April 6, 2010. First Elderpal class will begin on April 13th. Final negotiations for space in Pine Bluff and Texarkana are on-going.
- o The South Arkansas Center on Aging is pleased to welcome Dr. Albert Garcia as the new Center Director. Dr. Garcia Graduated received his medical degree from University of Texas medical School at Houston and completed his residency at University of Miami School of Medicine/Jackson Memorial Hospital. He comes to South Arkansas from the University of Miami miller School Of Medicine.

- **Leveraging Activity**

The Total leveraged dollars for this quarter: **\$989,524**

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Oaklawn
17,827	15,964	15,564	41,734	11,764	7,944	866,063	12,664

- **Clinical Services** Senior Health Clinic visits for December, January and February, 2010 was 9,152.

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista
623	670	2,215	927	887	864	1,735	1,231

- **Geriatric education** Total Education Encounters for this quarter was 17,539 of those 20% to minorities.

AAI Site	Health Professionals	In-services	Para Professionals	Community	Exercise	Students	Totals
SACOA	57	259		801	617		1734
<i>Minorities</i>	13	178		69	134		394
DCOA	41	358	58	150	1550		2157
<i>Minorities</i>	20	314	52	99	1446		1931
DCOA-Helena	7	264		126	264		661
<i>Minorities</i>	4	256		102	22		384
COA-NE	582	7		1363	502	119	2573
<i>Minorities</i>	5	2		13		2	22
TRCOA	38	13		755	409	5	1220

<i>Minorities</i>	10	1		150	25	3	189
Schmieding	65		377	630		16	1088
<i>Minorities</i>	2		59	42		1	104
SCSHE- Bella Vista		44		342			386
<i>Minorities</i>		6		3			9
SCSHE- Mtn. Home	29	37	13	526	1030		1635
<i>Minorities</i>							0
SCSHE- Harrison			81	1400	1649	43	3173
<i>Minorities</i>			1				1
SCCOA	183	9		966	106	41	1305
<i>Minorities</i>	68	2		269	4	29	372
WCCOA	54			885	642		1581
<i>Minorities</i>	13			17	8		38
Oaklawn	211	40		860	94		1205
<i>Minorities</i>	53	3		42	1		99
Total Ed Encounters	1,267	1,031	529	8,804	6,863	224	18,718

RAND RECOMMENDATIONS

RAND Recommendation 1: Ensure that each COA establishes and maintains a formal quality improvement process to monitor, assess, and improve performance, and establish a strategic plan for evaluation in which AAI's central administration assesses COA performance on a periodic basis.

Program Response:

- A formal quality improvement process was developed and implemented Spring/Summer 2007 and is updated each year. This process includes:
 - Annual onsite evaluation visits are scheduled every fall with each COA by the AAI core leadership. By mid December, 2009 all the annual visits were completed. Each Center reported on activities accomplished based on their FY 2009 strategic plan. Successes, challenges and lessons learned were addressed by each site. Follow-up written correspondence has been completed after each individual visit detailing their strengths and recommendations.
 - Annual strategic planning and budget meetings are held with each site and the AAI core leadership during early spring. The strategic plans and budgets meetings for FY 2011 were all held during this quarter. Each center developed a strategic plan based off the AAI

strategic plan and submitted preliminary budgets. These meetings were all held via webcams.

RAND Recommendation 2: Set more specific fundraising goals for each COA including identifying a short list of funding opportunities through the state and federal governments, foundation, and the private sector for each site and setting financial goals for each year.

Program Response:

- All Centers on Aging have community advisory committees in place and are operational. All committees meet on a quarterly basis with the option of a special meeting if needed. The committees are beginning to develop structures and activities more in common with each other yet they retain enough originality to be unique. All committees have active chairs and responsive membership.
- Ongoing Grants
 - We continue to be partnered with the AR State Health Department and the AoA grant. The carryforward money was award this spring and each COA did additional CDSMP classes.
 - \$14,000 cumulative total per quarter is received for AAI sites to participate in the Advancing Excellence in America's Nursing Home Campaign.
 - Donald W. Reynolds grant to replicate the Schmieding Caregiving Training program was awarded in May, 2009 and planning started July 1, 2009. Planning and preparation for the first site, Jonesboro, officially began October 1, 2009 and Pine Bluff will start planning in April, 2010 and open in October, 2010.

RAND Recommendation 3: Continue to push forward with collaborative efforts partnering with the other tobacco funded programs.

Program Response:

- All COA sites have continued to partner with multiple entities, some examples are below:
 - The AAI is partnering with the COPH on an evaluation outcome study for the AAI, a final report is expected in the summer of 2010.
 - Active programs for older adults continue to be presented on a weekly basis with the DCOA and the Delta AHEC.
 - DCOA and the Minority Health Initiative entered into an agreement to improve the lifestyle of 40 patients of the Delta Center of Aging's Seniors Health Clinic helping patient demonstrate improvement in at least one of the areas of weight, blood pressure, lipid levels, glucose levels or physical activity.
 - Each Center continues to partner with several local and regional entities (AAAs, churches, civic clubs, chambers, barber shops, community colleges, universities, wellness centers etc...)
 - Additional partnerships with national, state, regional and local entities continue to flourish at all 8 COAs.

- All Centers continue to participate in the National Advancing Excellence in America’s Nursing Home Campaign. This collaboration includes the Nursing Home Collaborative, Office of Long Term Care, AIPP, AFMC, Arkansas Health Care Association, and others.

RAND Recommendation 4: Build on AAI’s strategic plan to present a set of outcome measures that are representative of its work given its funding levels

Program Response:

- The evidence-based programs that we are conducting this FY, Matter of Balance and Chronic Disease Self Management, are both being evaluated and results will be available summer 2010.
- The AAI is partnering with the COPH on an evaluation project to study the impact the AAI has on quality of care for seniors using secondary data. A final project was accepted and work has begun.
- Data regarding encounters, program offerings, county penetration, clinic visits, and many other statistics are entered by each center into a central database and reports are generated as needed.

ARKANSAS MINORITY HEALTH INITIATIVE PROGRAM OVERVIEW & GOALS

The mission of the Arkansas Minority Health Commission (AMHC) is to ensure all minority Arkansans access to health care that is equal to the care provided to other citizens of the state and to seek ways to provide education and to address, treat and prevent diseases that are prevalent among minority populations.

AMHC LEGISLATIVE MANDATES

Established through the enactment of Act 912 of 1991, the Arkansas Minority Health Commission (AMHC) is charged to;

- Study issues relating to the delivery and access of health services;
- Identify gaps in health delivery systems;
- Make recommendations to relevant agencies and the General Assembly for improving health delivery; and
- Study and make recommendations as to whether services are adequate and available.

In 2001, the Arkansas General Assembly passed **Initiated Act 1**, commonly known as the **Tobacco Settlement Proceeds Act**. The Minority Health Initiative, administered by the AMHC, is one of four *Targeted State Needs* programs identified. *Initiated Act 1* mandates that the AMHC establish and administer the Arkansas Minority Health Initiative for screening, monitoring, and treating hypertension, strokes and other disorders disproportionately critical to minority groups in Arkansas. The program is established to:

- Increase awareness of hypertension, strokes, and other disorders disproportionately critical to minorities by utilizing different approaches that include but are not

limited to the following; advertisements, distribution of educational materials and providing medications for high-risk minority populations;

- Provide screening or access to screening for hypertension, strokes and other disorders disproportionately critical to minorities but will also provide this service to any citizen within the state regardless of racial/ethnic group;
- Develop intervention strategies to decrease hypertension, strokes and other disorders noted above, as well as associated complications, including: educational programs, modification of risk factors by smoking cessation programs, weight loss, promoting healthy lifestyles, and treatment of hypertension with cost-effective, well-tolerated medications, as well as case management for patients in these programs; and
- Develop and maintain a database that will include; biographical data, screening data, costs, and outcomes.

Act 574 of 2009 modified, clarified and expanded the AMHC's duties with regards to disparities in health and health care to;

- Gather and analyze information regarding disparities in health and health care access
- Perform statewide educational programming regarding disparities in health/health care and health care equity
- Make specific recommendations relating to public policy issues
- Promote public awareness and public education encouraging Arkansans to live healthy lifestyles
- Develop, implement, maintain and disseminate a comprehensive survey and
- Publish evidence-based data, define state goals and objectives and develop pilot projects for decreasing disparities

Act 358 of 2009 specifies that the AMHC;

- Develop, implement, maintain, and disseminate a comprehensive survey on racial and ethnic minority disparities in health and health care
- Repeat the study every five years; including disparities in geographic location and economic conditions
- Publish evidence-based data, define state goals and objectives and develop pilot projects for decreasing disparities

AMHC GOALS FOR 2010 -2012

The AMHC goals for 2010 through 2012 include, but are not limited to;

- Increase the number of minority Arkansans that obtain recommended health screenings (HIV/AIDS, sickle cell, cholesterol, hypertension/blood pressure, immunizations, vision, glucose, dental checks ...etc.);
- Increase education and awareness regarding disparities and equity in health and health care services by partnering with appropriate organizations;
- Establish a comprehensive system among agencies of coordination and collaboration surrounding minority health disparities and
- Influence public policy towards an equitable health care system for all Arkansans

AMHC KEY FOCI FOR 2010-2012

The AMHC key foci for 2010 through 2012 include two disease states (as recommended by RAND) and two organizational capacity building areas;

- **HIV/AIDS Outreach Initiative** - education, awareness, advocacy, and capacity building among grassroots organizations throughout the state related to the disproportionate disparities in this disease state among minority Arkansans
- **Sickle Outreach Initiative** - statewide education, awareness, advocacy and capacity building among grassroots organizations throughout the state related to the disproportionate disparities in this disease state among minority Arkansans
- **Health Care Workforce Diversity** - establish a collaborative network of stakeholders to address health care equity and health workforce diversity issues; support programs aimed at increasing minority participation at higher levels of public health care and policy
- **Minority Health Navigation System** - establish a system of supported online navigation and resource guide designed to provide the public free and easy access to all relevant sources on minority health care in Arkansas through one convenient, user-friendly website and guide

To achieve its mission, legislative mandates, goals and key foci, the AMHC commits itself progressively to evidence-based activities in five key areas:

- Outreach
- Research
- Public Policy
- Coordination/Collaboration
- Pilot/Demonstration Projects

PROGRAM PROGRESS

Outreach is accomplished through *AMHC Official Quarterly Health Fairs, Public Forums*, numerous collaborative *Community Health Fair Participations* on a weekly/monthly basis, as well as, *Sponsorships* specifically identified as events that engender opportunities for AMHC to maximize its mission and goals within focal minority communities throughout the state. In addition, AMHC has narrowed the Minority Health Initiative (MHI) focus for the next three to five years to two disproportionate health disparities disease states; *HIV/AIDS Outreach Initiative* and *Sickle Cell Outreach Initiative*.



AMHC Official Quarterly Health Fairs/Legislative Meetings

On January 14, 2010, the Arkansas Minority Health Commission (AMHC) held a Community Health Fair and Legislative Meeting in Forrest City, Arkansas to benefit the residents in St. Francis County and surrounding areas. The AMHC partnered with the Arkansas Department of Health to host the Health Fair. Attendees were offered free health screenings and health information at the event. Lunch was provided free of charge. The AMHC, along with the Senate Subcommittee on Minority Health of the Arkansas

General Assembly, hosted a Legislative Meeting following the Health Fair. Local representatives, senators, county judges and mayors were in attendance and attendees were able to discuss access to health services in St. Francis County, ask questions regarding public health issues and receive dinner at no cost.

Attendees at the Community Health Fair and Legislative Meeting were asked to complete evaluations of the events. Attendees also provided demographic information. The Health Fair evaluation was completed by 106 attendees, while 115 attendees provided demographic information, there were 151 attendees signed-in. The Legislative Meeting evaluation was completed by 79 attendees, 85 attendees signed in. Attendees at the events reported being residents of St. Francis, Lee and Phillips County. Additionally, vendors present at both events were asked to complete evaluations. There were eight vendors present at the Legislative Meeting and 24 present for the Health Fair. AMHC staff was available at both events to provide assistance with completing the forms.

AMHC Health Fair Vendors included:

- Arkansas Department of Health
- ARORA
- Christopher Homes of Arkansas
- Arkansas Diabetic Soppo
- Counseling Services of Eastern Arkansas
- Department of Human Services – Division of Aging and Adult Services
- Arkansas Department of Health – Connect Care
- East Arkansas Enterprise Community
- The Witness Project
- East Arkansas Area Agency on Aging – St. Francis County
- Arkansas Insurance Department Senior Health Insurance
- Arkansas Cooperative Extension Services
- Arkansas Forestry Commission
- UAMS Cancer Control
- Arkansas Game and Fish Commission
- UAMS College of Pharmacy Arkansas Poison Center
- East Arkansas Family Health Center
- St. Francis County Health Unit
- Delta AHEC
- United States Census
- Delta Center on Aging
- Tri-County Rural Health Network
- Living Well With Sickle Cell
- Arkansas Minority Health Commission

In addition to all of the vendors listed above, local community volunteers were on hand to provide support and live entertainment for the crowd. The local radio station provided a live-remote and assisted in encouraging the community to come out to receive free screenings and health information that was provided.

Volunteers from the local health unit and surrounding areas provided screenings for blood pressure, glucose, cholesterol, and HIV. Delta Center on Aging, Tri-County Rural Health Network and Delta AHEC grantees of the AMHC Pilot with Partners Programs and AMHC’s Medical Director and Registered Nurse also assisted with screenings. The University of Arkansas Medical Science, represented by two divisions, Living Well with Sickle Cell, and Spit for the Cure, was also on hand to provide free screenings for Sickle Cell Anemia and to share and collect data on breast care.

Below is the total number of screenings completed at the quarterly health fair in Forrest City.

	Blood Pressure	Cholesterol	Glucose	HIV	Sickle Cell	BMI	Total Attended
Forrest City	54	68	64	25	22	30	151

Attendees at the Legislative meeting were asked to complete an event evaluation form. Seventy-nine (79) attendees completed the evaluation that provided feedback on the event. Racial, age, income and educational statistics captured as a part of this process was as follows:

- 83% of the people attending the event reported that they were African American
- 31% of attendees reporting their race as White
- Event attendees were more likely to be 55 years of age and older
- 24% of the attendees reported an income between \$10,000 – 19,999
- 22% reporting an income of less than \$10,000
- 34% reported completing high school or obtaining a GED

An evaluation of the attendees overall opinion was also completed regarding the Legislative Meeting. Attendees were asked if they understood the information that was discussed at the Legislative Meeting. Over 87% of attendees reported understanding all of the information, while 10% reported understanding some of the information and 3% reported understanding very little of the information. When asked if they were able to discuss health concerns that they felt were important to them and their families, over 91% of respondents reported that they were able to discuss important health concerns. Overall the evaluation was positive with the majority (80%) of attendees reporting that the event was very helpful.

Vendors were also asked to complete an evaluation and rate several aspects of the Legislative Meeting as excellent, fair or poor. The vendors rated the following aspects of the Legislative Meeting as excellent 100% of the time: Attendance; Facilities; Location of Booth; and Booth Space. Approximately 88% of vendors rated “Publicity” and “Pre-planning” as excellent also.

AMHC Legislative Meeting Vendors included:

- Arkansas Department of Health
- Tri-County Rural Health Network
- Delta Center on Aging

- UAMS College of Pharmacy Arkansas Poison Center
- Arkansas Game and Fish Commission
- Arkansas Insurance Department Senior Health Insurance
- St. Francis County Health Unit
- Department of Human Services – Division of Aging and Adult Services

On February 25, 2010, the Arkansas Minority Health Commission (AMHC) held a Community Health Fair and Legislative Meeting in Little Rock, Arkansas at the State Capitol. The Arkansas State Legislators, State Representatives and other state elected officials as well as any visitors and employees at the Capitol were able to participate in the event. The AMHC partnered with the following local agencies (20) to offer free health screenings, health information and education.

AMHC Health Fair Vendors included:

- AMHC
- The Village Project Inc
- AARP Arkansas
- Arkansas Department of Environmental Quality
- Arkansas Department of Health- Hometown Health Initiative
- UALR William H. Bowen School of Law Black Law Students Association Health Initiative
- Arkansas Forestry Commission
- Arkansas Prostate Cancer Foundation
- Asian Pacific Coalition
- Connect Care- Arkansas Dept of Health
- DHS- Division of Aging-Medicare Savings Programs
- DHS- Division of Aging-Choices in Living Resources Center
- Senior Health Insurance Information Program
- Susan G. Komen for the Cure
- The Witness Project
- UAMS-Esperanza y Vida and Mexican Consulate
- Arkansas State Hospice and Palliative Care Association
- UAMS Living Well Sickle Cell
- Jefferson Comprehensive Care (JCCSI) Information and HIV Testing
- UAMS Spit For the Cure
- Pulaski Central Health Unit Flu

Below is the total number of screenings completed at the quarterly health fair in Little Rock.

	Blood Pressure	Cholesterol	Glucose	HIV	Sickle Cell	Flu	Total Attended
Little Rock	18	17	17	1	5	9	48

The Senate Subcommittee on Minority Health of the Arkansas General Assembly Legislative Meeting was held at the State Capitol in room 151 at 6:00 p.m. that evening. There were 40 attendees listed on the sign-in sheet and five vendors were present. The five vendors were the Arkansas Department of Environmental Quality; Arkansas Department of Health- Hometown Health Initiative; Arkansas State Hospice and Palliative Care Association; Arkansas Forestry Commission and the Asian Pacific Resource and Cultural Center.

The meeting was conducted by Senator Jack Crumbly, Chair of the Minority Health Subcommittee of the Senate Public Health, Welfare and Labor Committee and a dinner was served. Health concerns and issues were raised and discussed by all present. Many of the questions and comments raised at the meeting were based on advocacy, mental illness, health statistics, environmental health issues, and hospice care. An advocate for mental health stated that 65 percent of minorities do not know anything about mental illness and recommended AMHC should advocate for mental illness education. Representatives Nancy Blount, David Rainey, Darrell Williams, Senator Shane Broadway and other legislatures were present at the meeting to discuss differences in life expectancies in counties across the state. Many comments were related to the causes of disparities and the resources available to communities with lower life expectancies.

AMHC Collaborative Community Health Fair Participation

AMHC continues to expand its outreach efforts with numerous organizations across the state to provide health information/resources and free screenings. During this quarter, AMHC participated in 12 community health fairs and health events in 12 counties (Union, Columbia, Calhoun, Bradley, Pulaski, Phillips, Dallas, Jefferson, Ouachita, Ashley, Monroe, and St. Francis) across the state with over 2,082 attendees. There were a total of 1225 screenings including 207 blood pressure, 358 cholesterol, 281 blood sugar, 4 HIV, 106 prostate cancer, 28 hearing, 86 bone density, and 155 dental screenings.

AMHC Equipment Loan Program

During this reporting period AMHC participated and/or sponsored several health fair events that included health screenings across the state. As a collaborative effort AMHC often provides screening equipment and supplies to organizations across the state. This enables them to offer free blood pressure, cholesterol or glucose screening to the local community. In return, these organizations are asked to report total number screened. To ensure follow up care is provided each organization must provide a follow-up plan for addressing all abnormal screenings. Equipment Loan Program Data is as follows:

	Blood Pressure	Cholesterol	Glucose	Total
January	51	26	59	136
February	0	0	0	0
March	0	0	0	0

The following table demonstrates a summary of screenings for January, February and March. There were 1691 screenings performed during this reporting period.

	Blood Pressure	Cholesterol	Glucose	HIV	BMI	Sickle Cell	Flu	Prostate Cancer	Hearing	Bone Density	Dental	Total
AMHC Quarterly Health Fairs	72	85	81	26	30	27	9	0	0	0	0	330
Community Health Fairs	207	358	281	4	0	0	0	106	28	86	155	1225
Equipment Loan Program	51	26	59	0	0	0	0	0	0	0	0	136
Total	330	469	421	30	30	27	9	106	28	86	155	1691

AMHC Sponsorships

AMHC sponsored several events during this quarter. The events included the South Arkansas Symphony Orchestra Martin Luther King Jr. Tribute (Union), JCCSI - 4th Regional HIV/AIDS Conference (Pulaski), Positive People Promotion - Teen Summit (Pulaski), Dallas County Alliance Supporting Health Community Health Fair (Dallas), and Korean Health Fair sponsored by the Disciples Church of Arkansas. More than 1940 citizen encounters were captured from these events. AMHC was able to provide health education at all events and screenings were also offered at several of the events (numbers captured in the collaborative community health fair participation section above).

“Southern Ain’t Fried Sundays” Faith Based Outreach Program

“Southern Ain’t Fried Sundays” (SAFS) is a project uniquely designed to educate African American churches and organizations about healthier alternatives to preparing and cooking southern-style foods. It is also a creative mechanism for partnering with these groups in an effort to educate their members about the signs and symptoms of stroke, diabetes, and heart attacks. It is estimated that more than 10,000 Arkansans have been exposed to the SAFS program through this faith-based outreach initiative.

The program is being revamped to expand its reach to the Hispanic communities and individual participants. The program manager continues to obtain appropriate recipes for the new SAFS cookbooks. A registered dietician is currently reviewing the recipes to make sure the content is healthy and provide recommendations for changes to recipes.

HIV/AIDS Outreach Initiatives

The Arkansas Minority Health Commission’s (AMHC) Outreach Initiative Grants Program is designed to fund and support organizations that improve minority health in Arkansas through multiple socio-environmental contexts using innovative methods or activities.

The health focus for the 2009 grants is human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) within racial and ethnic minority communities in Arkansas. This health focus was selected because minority Arkansans suffer from a disproportionately high rate of this life threatening disease, and HIV/AIDS has been inadequately addressed within minority communities.

The seven funded organizations began their projects April 1, 2009 and will be closing out their programs April 1, 2010. To date the following has been achieved:

Program April-June	Future Builders	Alliance on Community Health	*BROTHAS& SISTAS	JCCSI	Black Community Developers	Arkansas Human Developmental Corporation	*Tri-County Rural Health Network
Participants targeted	600	400	300/2700	48	60	400	1000
Participants served (Qtly)	71	108	152/85	326	150	36	228/5188
Number screened (Qtly)	71	44	NA	326	NA	36	32

**Face to face contact and internet contact or brochures distributed.*

The grantees have all done remarkable work in reaching out to their various target populations. To date, a total of 814 have received free HIV screening with 2 positives noted and over 7000 individuals have received HIV education.

The Medical Director and Project Manager for the HIV Outreach Initiative presented to a group of 26 participants during the 4th Regional HIV Conference held at the Peabody in Little Rock, AR on March 4, 2010. The presentation, "The Effectiveness of DEBIs (Diffusion of Effective Behavioral Interventions) in the South", showcased our current grantees for 2009 implementing a DEBI as their prevention project.

The audience was given an overview of the impact of HIV/AIDS in Arkansas and how that information was used to drive the selection of the 2009 grantees.

Finally, the grantee's various target populations were identified and effectiveness of each program was briefly discussed. The discussion included the challenges, successes, and outcome measures of each program. It also focused on how the grantees were able to overcome various obstacles faced such as recruitment and community support.

HIV Prevention Project

In preparation for the 2010 grant year, The Arkansas Minority Health Commission and the Arkansas Department of Health held an orientation on February 5, 2010. All grantees were invited and required to attend this orientation. During the orientation session the grantees were provided with various documents such as a bimonthly report template, a budget report template and a calendar for capacity building trainings.

The HIV Prevention Project Committee which is comprised of representatives from both the Arkansas Department of Health and the Arkansas Minority Health Committee were introduced and each was identified to the organization to which they will serve as Program Officer.

There were two trainings which occurred during this reporting period HIV 101, and the Program Evaluation Monitoring System (PEMS) training. Each grantee was required to attend both trainings. They were presented with basic information about HIV and the current trends. The PEMS training, which is required by the CDC, providing information on how to track all prevention work completed by community based organizations, faith based organizations and other organizations doing prevention work. Each funding entity will easily be able to track all completed HIV prevention work across the state.

HIV/AIDS Prevention Coalition

No further activities have occurred during this reporting period except one meeting. The Coalition will be examining housing issues for the HIV positive community and developing strategies to address this issue.

Sickle Cell Outreach Initiatives

The AMHC continues to research the development of a strong and wide reaching Sickle Cell Outreach Initiative.

AMHC has partnered with **Sickle Cell Support Services (SCSS)**, a non-profit community based organization, in their efforts to enhance the well-being of sickle cell patients and families in the state of Arkansas through outreach, education and awareness. Although there was no activity with SCSS during this quarter, educational materials on sickle cell were distributed at AMHC sponsored health fairs as well as other community events.

AMHC has collaborated with a Master of Public Health and Master of Public Service (MPH/MPS) graduate student from the Clinton School of Public Service, to do research and help develop Sickle Cell activities. AMHC continues to participate in the **Arkansas Legislative Taskforce on Sickle Cell** and work towards other collaborative efforts with organizations across the state.

Media/Communications Outreach

A broad array of the Arkansas minority citizens were exposed to AMHC through media outreach surrounding advocacy, awareness and education from January to April 2010.

January: The El Dorado News Times, servicing Union County and surrounding areas in South Arkansas, published three articles on January 7, 11 and 12 regarding the **13th Annual South Arkansas Symphony Orchestra Martin Luther King Jr. Tribute and Health Fair** held in El Dorado, Arkansas on January 11, 2010.

The El Dorado News Times also published an article that included a bio of the AMHC Executive Director, as well as her participation in a meeting with the El Dorado Rotary Club.

Mid January, the Times-Herald in Forrest City, Arkansas, servicing St. Francis County and surrounding areas in East Central Arkansas, published an article highlighting the **Quarterly Health Fair**, January 14. Advertisements also ran in the Times-Herald January 8 and 11 to promote the **Quarterly Health Fair and Legislative meeting**.

Also, in January, the follow-up study to the 2004 Arkansas Racial and Ethnic Health Disparities was released, **Arkansas Racial and Ethnic Health Disparities II**. A press conference was held January 19 at the State Capitol in Little Rock.

Articles were published on Today's THV Channel 11; Arkansas News Bureau; Arkansas Business; KUAR, UALR public radio; KATV Channel 7; and KFSM-Fort Smith web sites. The Arkansas Democrat Gazette also published an article, January 20, "Inequality cited in health poll Hispanics, blacks note discrimination at doctor office." In the February 5 issue, *Hola! Arkansas* published an article titled "Health disparities among Hispanics in Arkansas." Stand News published an article February 20 titled "Minority Health Commission releases second study on disparities."

February: AMHC hosted a **Community Health Fair and Legislative Meeting**, February 25, in Little Rock at the State Capitol. Press releases were distributed to all daily and weekly newspapers, radio stations announcing the event. Advertisements were placed in local newspapers including Stand News, Arkansas Times, Enlace Latino and *Hola! Arkansas*.

March: The State of Minority Health in Arkansas event was held March 1 on the UAMS campus in the Jack Stephens Spine Institute. Press releases were distributed to all daily and weekly newspapers, radio stations announcing the event. Advertisements were placed in all local newspapers including the Arkansas Democrat Gazette, Arkansas Times, Enlace Latino and *Hola! Arkansas*. E-blasts were also disseminated to legislators, representatives and the general public by AMHC and Stand News.

An article was published titled, "Minority Health Commission to Host State of Minority Health Event," in Ink Magazine, a monthly web-based magazine that targets the African American community. An article was also published in *Hola! Arkansas* titled, "State of Minority Health in Arkansas: Disparities do exist." Through paid and unpaid promotions more than 150 attendees were present to hear from Arkansas' health care leaders regarding minority health status in Arkansas.

The AIDS Healthcare Foundation (AHF) **Magic Johnson 'Testing America' Tour** came to Little Rock, March 21 and 22. As part of the HIV/AIDS outreach initiative, AMHC participated in this free HIV/AIDS testing event with the local chapter of Beta Pi Omega Chapter of Alpha Kappa Alpha Sorority, Inc., National Association of Black Officials, Little Rock Chapter of Top Ladies of Distinction, Inc., The Women's Council of African American Affairs and Jefferson Comprehensive Care System, Inc. Press releases were distributed to all television, radio and print media outlets. An e-blast was also disseminated.

AMHC's HIV Outreach Manager was featured in the blog freehivtest.net and interviewed by Today's THV.

Ask the Doctor, featuring AMHC's Medical Director, aired on March 16th on KIPR Power 92.3. This AMHC sponsored segment airs every third Tuesday of the month from 7am to 9am. Listeners submit their questions via email on Power 92's web site or call in.

April: The first edition of **The Minority Report** was disseminated via email the second week of April. This is a monthly newsletter that will highlight the events of the prior month and make note of future events.

The first edition of the "**Bridge**" was published the last week of April. The publication features 26 pages of information about the work of the Commission as well as a profile about Commission founder, and 15th Surgeon General of the United States, Joycelyn Elders, M.D.

Also in April, AMHC, with presenting sponsor AARP, hosted the **Arkansas Minority Health Summit**, April 15 on the Philander Smith College campus in Little Rock. The Summit featured the former Surgeons General Drs. Richard Carmona, Joycelyn Elders and Antonia Novello. Press releases were distributed to all daily and weekly newspapers, radio stations and college campuses in Arkansas announcing the event.

Other communications pieces associated with AMHC sponsorships leveraged visibility for the event; the JCCSI HIV/AIDS conference program booklet, April 4 and 5; Student National Medical Association program booklet for their annual gala on April 10; and the Black Student Law Association program booklet.

Two articles were published in En Lace Latino on March 25 promoting the Summit event. Articles were also published in Stand and Hola! Arkansas.

To promote the summit, AMHC staff, commissioners and collaborators conducted several television and radio interviews on KARK Channel 4, KIPR Power 92.3, KOKY 102.1, KATV Channel 7, KCLT-Helena/West Helena, KMLK-El Dorado, and KZRB-Texarkana.

Arkansas's own and featured panelist at the Minority Health Summit, Joycelyn Elders, was asked to appear on KARN's Morning Show for an interview prior to the event.

Advertisements were placed in newspapers statewide from Northwest and Northeast Arkansas to South Arkansas. As a result of paid and unpaid promotion the event was a huge success and the venue exceeded capacity with more than 350 attendees.

Following the event, post-coverage appeared on Today's THV Channel 11 with interviews from AMHC Medical Director, and Summit Event Facilitator from UAMS College of Public Health. The Arkansas Democrat Gazette published an article titled, "Aiding health of poor is key, 3 say." The Arkansas News Bureau also published an article titled, "Science must guide public health former surgeons general say."

PILOT PROJECTS

Pilot Projects undertaken by the AMHC are established to test new strategies, materials, hypothesis and theories related to the health of minorities in the state. These pilot projects are designed to utilize evidence-based data, programs and materials in determining what strategies may be appropriate for use by and dissemination among minority populations with an eye towards reducing and, ultimately, eliminating health disparities in Arkansas.

The following are programs currently undertaken this reporting period by AMHC as strategic pilot projects to address the aforementioned;

The Jones Center for Families, Inc. Gaps in Services- Northwest Arkansas

The Gaps in Services to Marshallese Task Force, Springdale, AR, requested funding from the Arkansas Minority Health Commission to develop a handbook to help with the acculturation process for people moving from the Republic of the Marshall Islands to Arkansas. The handbook will be available in print and on the Internet in both English and Marshallese. The agencies represented on the Gaps in Services collaboration will be invited to have a link to the handbook on their websites are the Marshallese Task Force members, the Jones Center for Families, Inc., and the Arkansas Minority Health Commission.

Northwest Arkansas has the largest number of people from the Republic of the Marshall Islands living in the continental United States. The estimated population of Marshallese in Northwest Arkansas ranges from 6,000 – 10,000.

The goal of this project is to provide to people from the Republic of the Marshall Islands migrating to Arkansas access to quality health care through healthier lifestyles, awareness of services, and accessibility within Arkansas' health care system. Helpful information covering housing, finances, driving and education will be included to help with the transition.

The “unveiling” of the English version of the handbook, “Living in Arkansas” was revealed in November 2009 during a press conference at the Jones Center for Families in Springdale, Arkansas to (35) thirty-five attendees from various health/human services agencies.

In January 2010, two (2) Marshallese prominent community members began the first translation of the handbook to Marshallese in preparation for production by the graphic designer.

The United States Department of Interior Office of Insular Affairs offered assistance by helping the Gaps in Services sub-committee to locate someone to review the Marshallese translation prior to printing. Subsequently, corrections were made to the first translation to Marshallese handbook by the United States Department of Interior Office of Insular Affairs. The final revisions were made to the handbook in late March 2010. Currently, the handbook is being formatted in preparation for printing. Target date for release is schedule for May, 2010.

Electronic copies of both English and Marshallese of the “Living in Arkansas” handbook will be available to various websites for downloading. The Arkansas Minority Health Commission, the Jones Center for Families, and the Marshallese website called Yokwe Online, will have the handbook available on their website upon the final approval from the Gaps in Services Taskforce.

The Gaps in Services to Marshallese Task Force has contracted with Ms. Christina Stege of the Republic of the Marshall Islands to develop materials to help Marshallese who are thinking about moving to the United States. There will be three components to this project; a brochure which is small enough to fit into the passport; more detailed information that is state specific; and a short video for watching at the airport before getting on the plane to the United States.

AMHC continues to provide technical support to the Gaps in Services to Marshallese Task Force and the Gaps in Service sub-committee as the program progresses to meet the goals outlined in the contract established by AMHC and Gaps in Services Task Force.

Arkansas Aging Institute-Delta Center on Aging, Healthy Lifestyles Challenge

The goal of this project is to improve the lifestyle of patients of the Delta Center on Aging's Senior Health Clinic by helping each patient demonstrate improvement in at least one of the areas of weight, blood pressure, lipid levels, glucose level or physical activity. The program is a nutritional, physical activity and disease self-management program that focuses on the elderly population under physician supervision. This intervention will be piloted to determine effectiveness and feasibility of dissemination of program to additional Centers on Aging in minority areas.

The Delta Center on Aging's Senior Health Clinic's goal is to improve the life style of 40 patients by achieving a healthy weight, improving blood pressure control, improve lipids levels, lower A1C levels, and increase exercise through the Healthy Lifestyles Challenge Program. This program will utilize evidence-based medicine: nutrition, exercise, education, group support, and accountability. This program is unique in that it involves exclusively older adults in a program under physician supervision. Furthermore, this program is individualized for each participant and allows monitoring of health benefits besides just weight with the focus on developing a healthy lifestyle. Last, but certainly not least, unlike most structured programs, there will be no cost to the participants.

January 2010, transfer of funds had been received for the Healthy Lifestyles Challenge Program to start ordering supplies and materials for 40 seniors for this program. Recruitment of patients started approximately three (3) weeks after the supplies and materials were received. However, due to staff changes, the registered dietitian resigned in mid-January 2010 which postponed implementation and start of the program. Additional, Arkansas Aging Initiative had requested the Healthy Lifestyles Challenge Program delay implementation until UAMS Internal Review Board (IRB) approval. The approval from UAMS IRB is pending.

Arkansas Aging Initiative and the Healthy Lifestyles Challenge Program began interviewing for a new registered dietitian in February 2010 and hired the registered dietitian in March 2010. A few patients have been recruited for the program, however due to pending approval by UAMS IRB, the program cannot be implemented.

Upon approval from UAMS IRB, the Arkansas Aging Initiative and the Healthy Lifestyles Challenge Program, AMHC and Arkansas Aging Initiative will hold a Press Conference at

the Crittenden Regional Hospital in West Memphis announcing the program and its unique features to help seniors develop a healthier lifestyle.

AMHC continues to provide technical support to the Healthy Lifestyles Challenge Program in order to meet the goals outlined in the contract established by AMHC and Arkansas Aging Institute -Delta Center on Aging.

University of Arkansas for Medical Sciences Delta Area Health Education Center (AHEC) Navigation Project

Arkansas Minority Health Commission funded The Delta Area Health Education Center (Delta AHEC) to examine and address health disparities in the seven (7) county service area of the Delta AHEC region. The seven (7) counties are Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis. Multiple public forums and data gathered from the community have been determined and found a common problem of the lack of utilization of existing services has been identified. The Delta AHEC will seek to improve health through increased utilization of health services by minority community members.

The Delta AHEC plans to establish goals to increase the utilization of services by forming focus groups and interviews in the community to determine why minority residents do not utilize existing health and human service resources. Develop a plan for a mobile "1-stop-shop" of resources that can move to different community locations within the seven (7) county areas. The "1-stop-shop" will be piloted and evaluated in May 2010.

Several community resources will be identified in order to work in partnership to determine what established existing services are and to foster an increase utilization of health and human service resources for the minority community.

A Community Facilitator/Liaison and an UAMS COPH preceptor student for the project has been identified and hired at the end of December 2009. The project started January 2010.

The Community Facilitator/Liaison will coordinate the planning of meetings/forums between existing health and human service resources to determine how to increase utilization of the services by the minority community.

The preceptor Masters in Public Health (MPH) student from the COPH/UAMS Student Services, will collect and analyze data from the meetings/forums and from the pilot of this "1-stop-shop" concept.

The Community Facilitator/Liaison will participate in local community meetings in the seven (7) counties in the Delta region. During the month of February 2010, the Community Facilitator/Liaison attended Home Town Health meetings in Phillips and Monroe counties. Other meetings attended were in Phillips County Emerging Communities and Delta Bridge Project/Health Goal Team and Home Instruction for Parents of Pre-School Youngsters meetings. The make-up of these three (3) groups were administrative, direct service providers and parents. Three (3) focus groups attending were;

- Home Town Health/Monroe County, Brinkley, AR, March 23, 2010, 1:00 p.m.
- H.I.P.P.Y. (Home Instruction for Parents of Pre-School Youngsters), Helena/West Helena, AR, March 31, 2010, 3:00 p.m.
- Home Town Health/Phillips County, Helena/-West Helena, AR, April 12, 2010, 11:30 a.m.

Results of the focus groups held on March 23 and March 31, 2010 are pending analyses by the preceptor Masters in Public Health (MPH) student from the COPH/UAMS. There were ten (10) participants at the Home Town Health/Monroe County and twenty-two (22) participants at the H.I.P.P.Y./Phillips County focus groups.

AMHC continues to provide technical support to the project as the program progresses to meet the goals outlined in the contract established by AMHC and Delta AHEC.

Other “Pilot Projects”

The **HIV/AIDS Outreach Initiatives** and **Sickle Cell Outreach Initiatives**, although they are significant Outreach and community awareness, education programs at AMHC, are also pilot projects established to test new strategies, materials, hypothesis and theories. See pages 8 to 10 to review.

STAR Health

Southeast Targeted Area Resources for Health is a pilot program, in Southeast Arkansas covering Chicot, Desha, and Lincoln counties that is showing a new way for delivering local public health programs and services in local communities. One in which the health agency works in specially-defined partnerships with other state agencies (Human Services, Education, Economic Development, UA Cooperative Extension), as well as with local citizens, hospitals, doctors, schools, churches, businesses and civic groups. In this pilot project, the ADH recruits and trains Community Health Workers (CHW) from and for three counties with very high minority population ratios. All lie in Southeast Arkansas where there are also low levels of traditional health providers/resources.

The primary purpose is to establish a pilot CHW initiative (community ‘connectors’ program) in an effort to improve health outcomes in three counties with large African-American populations.

This pilot project operates under the theory that the key to expanding local capacity without access to lots of additional funds is two-fold;

1. An expanded, active, and diverse hometown health coalition and
2. The addition of new ‘helping hands’ for outreach and community-based services through use of volunteers and paraprofessional health workers

The CHW’s have made personal contact with more than 3000 individuals through focus groups, community networking, telephone calls or home visits. Approximately 62% of those contacts were African American and 31% were female. CHW’s reported seeing a lot of chronic disease issues. In response, CHW’s have been making lots of referrals to DHS,

Cancer Society, Prescription Assistance programs; assisting with making appointments; helping find transportation, assisting with completion of applications as needed...etc.

AMHC in conjunction with ADH are assessing the qualitative and quantitative data provided by this pilot on an on-going basis. The steering committee met April 27, 2010. AmeriCorps volunteers and CHWs continue to provide health education and awareness throughout the targeted counties.

COLLABORATION/COORDINATION

Collaboration/coordination is clearly defined in Act 574 of 2009 as a primary role of the AMHC. "The Arkansas Minority Health Commission shall.....coordinate events regarding disparities in health and health care and access to health and health care services; actively seek out and develop partnerships and collaboration with other appropriate organizations to advance the understanding of and access to programs to remediate disparities in health and health care and access to health and health care services in this state."

In addition, Initiated ACT I require the AMHC to "develop intervention strategies that actively seek out and develop partnerships and collaboration with appropriate organizations to advance the understanding of and access to programs".

To that end, the Commission seeks to create active collaborations and partnerships with organizations and agencies throughout the state to assure that resources and expertise are used to maximum advantage. ALL AMHC activities are seen as occurring in the context of partnerships and collaborations with agencies, organizations, institutions, communities and individuals for the purpose of improving knowledge and awareness; increased access to health care; more frequent health promotion behavior (screening/healthier lifestyles) and increased agency activity addressing disparities required under the Initiated Act I Minority Health Initiative.

During this reporting period, the following collaborations/coordinated efforts have been aggressively pursued;

- **All of the above and below** collaborative partnerships mentioned throughout this quarterly report document.
- The "**State of Minority Health in Arkansas**" event was a huge success with more than 150 people in attendance. A broad community of grassroots citizens, legislators and public health advocates came together on Monday, March 1 at the UAMS Jackson T. Stephens Spine and Neurosciences Institute auditorium.

Included were representatives of the Arkansas Department of Health; Arkansas Center for Health Improvement; Department of Human Services; UAMS Delta AHEC; Arkansas State Hospital; Arkansas Cancer Society; Arkansas Advocates for Children & Families; Little Rock Black Nurses Association; Arkansas Foundation for Medical Care; Arkansas Heart Hospital; and UAMS College of Public Health, to name a few. Also in attendance, were State Representatives Robbie Wills, David Rainey and Clark Hall.

The event was presented by the Arkansas Minority Health Commission (AMHC), the Arkansas Legislative Black Caucus and the Arkansas Medical, Dental and Pharmaceutical Association (AMDPA). With partnering co-hosts, the AMHC lead a panel discussion among principal state minority health organizations to provide broad awareness about their roles and efforts toward addressing minority health in Arkansas.

Panelists were Senator Tracy Steele, Arkansas Legislative Black Caucus; Senator Jack Crumbly, Senate Subcommittee on Minority Health; Creshelle Nash, M.D., AMHC; Billy Thomas, M.D., AMDPA; Elaine Prewitt, DrPh, UAMS College of Public Health; Christine Patterson, M.S.W., Arkansas Department of Health; and Eddie Ochoa, M.D., UAMS College of Medicine, Department of Pediatrics.

- **Health Disparities Service Learning Course:**

The Arkansas Health Disparities Service-Learning Collaborative (ARHDSLCL) is collaboration between UAMS College of Public Health Office of Community Based Public Health and Arkansas Minority Health Commission and University of Arkansas at Little Rock, Department of Sociology. The purpose of this collaboration was to develop a service learning course that focuses on the problem, theory, and solutions to racial and ethnic health disparities. This effort uses service learning and community campus partnerships to eliminate those disparities.

This quarter the course entitled “Racial and Ethnic Health Disparities: Theory, Experience and Elimination was modified based on student and community based partner evaluations and developed a community based workshop. We did not teach the course in this quarter, however we developed a new community based partner, Village Commons, a nonprofit grassroots organization raising awareness through education and programs on sustainable living. Village Commons programs include promoting healthy homes, youth programs, mentoring green organizations and urban gardening. With this partner we organized and participated in the Martin Luther King Day of Service garden cleanup project on January 18th 2010 and piloted the community based workshop entitled “Health Disparities and Root Causes: Community Partnerships for Healthy Environments” on January 26th 2010.

- **AMHC’s Minority Health Summit 2010** – Scheduled April 15, 2010 at Philander Smith College. The theme was “Healthy People 2020: Health Equity for ALL Arkansans”. There were over 300 attendees. The Summit focused on progress toward achievement of CDC Healthy People 2010 goals and aspirations for 2020. Specifically addressed were the health status of minority Arkansans through presentations, discussion, and workshops dealing with subject matter ranging from the social determinants of health to the healthcare workforce pipeline. This collaborative effort brought in a broad range of stakeholders in Arkansas’ public health community, including the minority health consortium and many more. In addition, central Arkansas minority health disparity entities are collaborated with a contingency from Northwest Arkansas to establish this venue as the premier,

biennial state minority health summit for years to come. Included in this collaboration were the AMHC, Office of Governor Mike Beebe, Philander Smith College, University of Arkansas for Medical Sciences (UAMS): Fay W. Boozman College of Public Health and Center for Diversity Affairs, AR Department of Health (ADH) - Office of Minority Health, University of Arkansas Fayetteville - College of Education & Health Promotion and Arkansas Migrant Education Program, Boston Mountain Education Cooperative, AARP, Arkansas Foundation for Medical Care, Medco Health Solutions, Inc., Arkansas Cancer Coalition, Asian Pacific Coalition for A Smoke Free Arkansas, AHEC Northwest, Senior Health Insurance Information Program, Arkansas Advocates for Children & Families, Arkansas Relay Service, DHS/Division of Aging & Adult Services, Spit for the Cure, Baptist Health, UAMS Library, Arkansas State Lottery, ICAN, University of Arkansas, Say It Loud! Readers & Writers, K L & Associates, Arkansas Association for the Deaf, Lilly, Inc., Friends of Blanche Lincoln's Office, and ADH-STD section.

- **AMHC & ADH Tobacco Prevention & Cessation Program** - Incorporation of disproportionate disparities and drastic mortality statistics associated with persons with HIV/AIDS who are also smokers. Education, awareness campaign among 2009 & 2010 HIV Outreach Initiative grantees. ADH, TPCP & AMHC began initial discussions and preliminary training concepts.
- **UAMS College of Nursing** - Endowed Scholarship program to enhance minority doctoral level student's chances of graduating. Increases health care workforce diversity.

RESEARCH

Arkansas Racial and Ethnic Health Disparity Survey

This project continues AMHC's effort to increase awareness about health disparities and diseases that affect Arkansas minorities. This work is a continuation of the collaboration and work with the UALR Survey Center and the Pulaski County Racial Attitudes Survey focusing on Health and Health Care in Pulaski County. The survey is a statewide survey that examines multiple health and health care issues in the community. Some areas examined include health beliefs, health literacy, access to health care, quality health care, cultural competency and medical mistakes. The first descriptive report was released from this survey with a press conference held on January 19, 2010 at the State Capitol. Additional dissemination efforts in this quarter have included providing the report to public health leaders in Arkansas, and Grand Rounds presentations at the Arkansas Department of Health, and the Northwest Arkansas meeting on Child Health Disparities with Arkansas Advocates for Children and Families. Further analysis and dissemination activities are being planned to inform and influence policy decisions with respect to racial and ethnic health disparities in Arkansas.

Marianna Examination Survey on Hypertension (MESH)

The Marianna Examination Survey on Hypertension is a population-based representative household examination survey of blood pressure and cardiovascular disease risk factors in adults in Marianna, AR. It was initiated in June 2005 and completed May 2007 with a total

of 473 participants completing the survey and 262 completing labs. MESH originated as an effort to assess the rate of hypertension of those at risk for cardiovascular disease, diabetes and stroke in the city population of Marianna focusing on diagnosed as well as undiagnosed cases.

Currently, AMHC along with committee members representing the College of Public Health, Office of Public Health, and Arkansas Department of Health are designing multiple factsheets to show the impact of hypertension and diabetes among the minority population along with the socio-environmental factors that potentially influence health. During this quarter, we have continued to make progress towards the goals of the project. Specifically we have 1) completed the fact sheet 2) completed a project report that will be released next quarter and 3) held community meeting with Lee County Revitalization Project on March 31, 2010 to begin to identify ways to utilize the community information. Finally, the committee members continue to develop and publish academic products for dissemination that include a methodology paper and papers focusing on stress and depression and hypertension.

Export Pilot

This project is in collaboration with the UAMS College of Public Health Center for Health Disparities Research. Physician practice based methods to enhance adherence to practice guidelines and improve overall quality of care have been examined in a variety of prevention and treatment arenas, however there is little research in using these methods to reduce health disparities by improving overall quality of care. Therefore, formative research is critical to understand how best to approach practices to engage them in promoting appropriate care for diabetes and CVD among minority patients and how best to facilitate enhanced adherence to established practice guidelines so that health disparities are reduced. In this reporting period, we have had initial meetings with Arkansas Foundation for Medical Care (AFMC), the quality improvement organization in the state and are undergoing continuing review by the UAMS Institutional Review Board.

PUBLIC POLICY

Arkansas Colorectal Cancer Prevention, Early Detection and Treatment Program

The intent of this legislation was to create a program analogous to the BreastCare program. It is a state funded program to provide screenings for underinsured and uninsured low-income Arkansans. A diverse group of advocates worked on this legislation including but not limited to UAMS Winthrop P. Rockefeller Cancer Institute, UAMS college of Public health, Arkansas Department of Health, Department of Health and Human Services, American Cancer Society and Arkansas Minority Health Commission. AMHC participated in the bill creation and mark up sessions prior to introduction at the Arkansas General Assembly. This bill sponsored by Senator Joyce Elliot, was passed and received appropriation in the Arkansas 2009 General Assembly. There has been no additional activity this quarter.

Acute Stroke Task Force

The Arkansas Acute Stroke Care Task Force was established through Act 663 during the regular session of the 85th General Assembly. Act 663 designates twelve members to be appointed by the Director of the Arkansas Department of Health to the Task Force

representing the following organizations and constituencies : Department of Health, American Heart Association, Arkansas Minority Health Commission, The Arkansas Hospital Association, Arkansas Foundation for Medical Care, University of Arkansas for Medical Sciences' Fay W. Boozman College of Public Health, Division of Medical Services of the Department of Human Services, emergency medical services, Arkansas Medical Society, medical insurance industry, community at large, and the Arkansas Medical, Dental and Pharmacy Association.

The Stroke Care Task Force is charged with coordinating statewide efforts to combat the debilitating effects of strokes on Arkansans, to improve health care for stroke victims. This quarter the task force has received a state appropriation to develop a state stroke registry and approval to conduct an Interim Study on Stroke in Arkansas.

Health Care Reform

The national debate about health care reform is critical to health improvement efforts in Arkansas. During debate, the Arkansas Minority Health Commission saw that minority health issues were not represented in the discussions. Minority communities did not have a voice in the process and had concerns about its meaning. During this process, AMHC developed guiding principles and addressed myths and concerns of our community. During the period, we have monitored health care reform on a daily basis and released policy statements to inform minority communities and other stake holders with a goal of eliminating racial and ethnic health disparities.

Arkansas Minority Health Consortium

The AMHC Consortium continues to make an impact on health policy by researching and developing legislation for health policy concerns that benefits all Arkansans. The Consortium, which is a collaboration of various agencies comprised of professional representatives, is united in their primary goal which is to increase awareness of minority health issues and to advocate for resources in the state of Arkansas. The AMHC Consortium has been very successful in utilizing the information from the member profile database from each participating organization to build strong collaborations and to expand their networks. By engaging in stronger relationship with their constituents, they have been able to bridge the gap between the services that they offer and decisions made in the legislative process. Due to the unity and membership increase, the Consortium was able to help with implementation of the laws passed by the legislative body. The AMHC Consortium continues to support the legislative policy priorities for the 2009 Arkansas Legislative Session. With the assistance of the Directory Work Group Committee, the AMHC Consortium is in the process of completing the Minority Health Directory to create an informative guide for regions that deal with minority health care in Arkansas. The purpose of the directory is to highlight key grassroots partners in minority health in Arkansas and be a resource to the public. The funding for the directory will be a collaborative effort of sponsorships between Consortium members.

EXTERNAL FUNDING

The Arkansas Minority Health Commission prepared an application for funding from the National AIDS Fund entitled "Southern REACH & Gulf Coast HIV/AIDS Relief Fund". This proposal supported the organizational work with the Outreach Initiative Grantees.

The proposal was in collaboration with the Arkansas Public Policy Panel. The goal of the proposal was to build the advocacy capacity of these and other HIV/AIDS health service organizations. Specifically, we wanted to help these organizations to: a) understand social determinants of health (e.g., race, gender, age, poverty, locale, citizenship), examine power structures and avenues for change; and recognize the need for health advocacy, especially among minority populations; b) learn advocacy skills and integrate HIV/AIDS advocacy into their organization's strategic plans and constituents' activities; c) join and develop regional and statewide health advocacy networks that particularly will address HIV/AIDS; and d) identify specific HIV/AIDS policy changes needed and to organize an advocacy campaign.

Unfortunately, we were not chosen for funding. However, we are continuing to work with the partners to address HIV/AIDS policy in Arkansas and are looking for additional sources of funding.

RAND RECOMMENDATIONS - 2008

The Arkansas Minority Health Commission has adhered to the recommendations as suggested by RAND. The site visit which occurred in April, 2008 rendered the following recommendations. The Recommendations are listed with the Commission's response underneath:

- **RAND Recommendation 1: Finalize strategic plan for FY 2008-FY 2011**
The five year strategic plan has been completed with goals and objectives defined. This document will be continually reviewed and updated as needed. By the end of the fourth quarter, historical information on the Minority Health Commission will be added to the strategic plan to make it a more comprehensive document. The Commission is currently developing system-wide work plans and evaluative systems. Originally, AMHC established a deadline of December 11, 2009 to finalize its work plans and internal evaluative systems but this has been extended to June 2010.

- **RAND Recommendation 2: Narrow its focus on one or two health concerns**
The Commission voted to follow RAND recommendations and focus its health concerns on two critical health disparities disease states; HIV/AIDS Outreach Initiative and Sickle Cell Outreach Initiative. In addition, the Commissioners voted to adopt two additional focus areas; Health Care Workforce Diversity and a Navigation Resource Directory (online and paperback).

- **RAND Recommendation 3: Examine the professional contract process and outcomes**
AMHC has examined the professional service contract and elected to utilize the RFP process as a better mechanism to fund pilot projects in line with AMHC focus areas. AMHC has not eliminated the professional contract process and will continue to use it as a tool to identify existing programs that AMHC may pilot to meet its mission and goals.

- **RAND Recommendation 4: Diversify the AMHC Board**
 Since RAND made this recommendation, the Governor appointed a Hispanic female and a Caucasian female. In addition, the House of Representative House Leader appointed a Hispanic male. Yet, more diversity is still needed. The Commission is currently comprised of eight African Americans, three Hispanics and one Caucasian. The AMHC administration has requested that the Governor, Senate Pro Tempore and Speaker of the House consider more diversity for future appointments.
- **RAND Recommendation 5: Expand the Afterschool Children Nutrition Education & Exercise Program (ACNEEP)**
 The program has been discontinued until a thorough review and evaluation can be completed.
- **RAND Recommendation 6: Improve program monitoring and evaluation.**
 AMHC ensures that each and every programmatic area and internal systems have established appropriate systemic evaluative processes. AMHC is currently addressing evaluative and monitoring in its strategic planning processes as to institutionalize these critical areas of the Commission's work.
- **RAND Recommendation 7: Seek supplemental funding for programs and services**
 Supplemental funding to date has come through collaborative work with the college of public health (see health disparities learning course). AMHC has committed to continue these collaborative efforts and develop the capacity and process for the agency to seek external funding.
- **RAND Recommendation 8: Strategically fund pilot and demonstration programs**
 In FY08 and FY09, AMHC funded seven (7) HIV/AIDS pilot programs which are currently ongoing. They were strategically selected within the framework of a competitive RFA process. In FY10, the Commission funded five (5) HIV/AIDS pilot programs. In addition to the HIV/AIDS programs, the Commission has also funded thirteen (13) pilot projects in FY10.
- **RAND Recommendation 9: Collaborate with other tobacco settlement programs**
 AMHC has forged a "one-stop shop" concept with the Delta AHEC to improve health in seven Delta counties through increased utilization of health services by minority community members. In addition, AMHC is collaborating with the Arkansas Aging Initiative to develop intervention programs for senior residents of the Delta Center on Aging Senior Health Clinic with a nutritional, physical activity and disease self-management program that focuses on the elderly population under physician supervision. AMHC is also continuing to work with the UAMS College of Public Health through teaching and research activities focused on racial and ethnic disparities. AMHC is developing a new collaborative relationship with TPCP in bringing about heightened awareness among those infected with

HIV/AIDS of the increased risks associated with the combination of HIV and Smoking.

AMHC and ADH Minority Initiative Sub-recipient Grants Office (MISRGO) collaborated in support of the AMHC Arkansas Minority Health Summit and the UAPB MISRGO Clearing the Air in Communities of Color. Each organization shared information about the others event to their network of partners and grassroots constituency.

ARKANSAS BIOSCIENCES INSTITUTE

PROGRAM OVERVIEW & GOALS

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

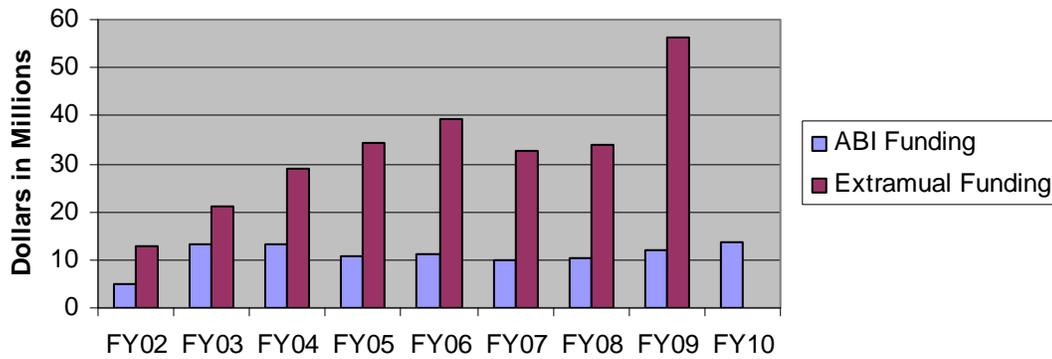
- **Agricultural research** with medical implications;
- **Bioengineering research** that expands genetic knowledge and creates new potential applications in the agricultural-medical fields;
- **Tobacco-related research** that identifies and applies behavioral, diagnostic, and therapeutic knowledge to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

PROGRAM PROGRESS

Leveraged Funding: ABI-supported investigators use their funding to conduct pilot experiments, purchase laboratory equipment and supplies, or support laboratory technicians or other technical personnel. These activities generate preliminary data to support large extramural funding proposals. Some of the federal agencies and foundations that ABI-supported investigators receive extramural funding from include the National Science Foundation, the US Department of Agriculture, the National Institutes of Health, and the American Heart Association.

The chart below shows ABI funding and leveraged extramural funding since FY02. Extramural funding for FY10 will be available in August. Extramural funding for this year is expected to include extra funding available under the American Recovery and Reinvestment Act of 2009.

Figure 1: ABI and Extramural Funding



Research Updates The ABI Board of Directors approved set-aside funding of \$250,000 in FY2009 to develop four collaborative research projects, bringing together researchers from the five member institutions. The overall goal of the collaborative research projects is to provide funds for new or existing collaborative teams of inter-institutional investigators to help develop the preliminary data needed to strengthen applications for extramural funding.

Project updates for year one were submitted in January. The progress of the collaborative projects includes external funding proposal preparation and submissions, research presentations at national meetings, FDA applications, and journal articles. ABI research funding for the second year will allow the four teams to complete their preliminary work, with the goal of securing federal funding for continued research. Final collaborative project reports are due December 31, 2010.

The four collaborative research projects include:

- Maternal Smoking and Neuroimmune Modulation Involving Altered Expression of Nicotine Sensitive Acetylcholine Receptors in the Developing Brain and Immune System
Dr. Sarah Blossom, Arkansas Children’s Hospital Research Institute
Dr. Roger Buchanan, Arkansas State University
Dr. Maureen Dolan, Arkansas State University
- Microbubble-mediated Sonophoresis and Sonoporation for Targeting Drug and Nanotherapeutic Delivery to Tumors
Dr. Michael Borrelli, University of Arkansas for Medical Sciences
Dr. Greg Salamo, University of Arkansas, Fayetteville
Dr. Alex Biris, University of Arkansas at Little Rock
Dr. Steven Tung, University of Arkansas, Fayetteville
- Novel Treatment for Smoking Dependence and Relapse
Dr. Roger Buchanan, Arkansas State University
Dr. Abdallah Hayar, University of Arkansas for Medical Sciences
- Efficacy of PTH-CBD to Increase Bone Mineral Density and Bone Micro-architecture in an Osteoporosis Restoration Model
Dr. Joshua Sakon, University of Arkansas, Fayetteville
Dr. Latha Devareddy, University of Arkansas – Division of Agriculture

Upcoming Events

- Healthy Arkansas conference planning meeting – June 3, Little Rock
- ABI Quarterly Board Meeting – July 8, Little Rock
- ABI Annual Presentation to ATSC – September 21, Little Rock
- ABI Fall Research Symposium – September 29, Little Rock

RAND RECOMMENDATIONS

RAND Recommendation 1: Maintain at least the current level of total grant funding.

Program Response: ABI member institutions continue to leverage their ABI funding to help develop proposals for and secure extramural funding from federal agencies and foundations. Extramural funding for FY09 totaled \$56.3 million from sources such as the US Department of Agriculture, the National Science Foundation, and the National Institutes of Health. After a low in FY07 (\$9.9 million), ABI funding has been increasing, allowing more researchers to receive research support from ABI. Extramural funding in FY2010 (available in August) is expected to increase over FY2009 with the addition of funds from the recent American Recovery and Reinvestment Act.

RAND Recommendation 2: Increase applied research that will have community impacts and increase collaboration with local businesses.

Program Response: ABI-related patent activity is a good indicator of moving research from the laboratory to the workplace. Patent filings and patent awards to ABI-supported investigators are tracked annually: Eleven patent filings or awards in FY08 and thirteen in FY07. Patent information for FY09 shows that ABI-supported investigators received three patents awards and submitted for eight additional patents; patent information for FY10 will be available in August.

RAND Recommendation 3: Bring ABI scientific and research capabilities to pilot or community-based programs.

Program Response: Outreach activities are the bridge between ABI-supported research and the communities. While the purpose of ABI is to conduct research in the five areas listed above, ABI-supported investigators are presenting seminars on their work and giving many elementary students, secondary students, and community organizations an opportunity to learn about ABI-supported research through both didactic and hands-on experiences.

MEDICAID EXPANSION PROGRAM PROGRAM OVERVIEW & GOALS

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

PROGRAM PROGRESS

Pregnant Women Expansion

- Increased the income eligibility limit from 133% to 200% of the federal poverty level
- Program implemented November 1, 2001
- Cumulative number of eligibles -

January	15,905
February	16,033
March	16,205 (42.80% minorities)

Hospital Benefit Coverage

- Increased the number of benefit days from 20 to 24 and decreased the co-pay on the first day of hospitalization from 22% to 10%.
- Program implemented November 1, 2001

65 and Over Expansion (AR Senior)

- Incrementally increase coverage to the 65 and over population
- Implemented November 1, 2002 at 75% of QMB Level
- Increased to 80% of QMB Level effective January 1, 2003

- Current program participants -

January	4,323
February	4,354
March	4,353 (30.70% minorities)

Age 19 to 64 Expansion (ARHealthNetworks)

- This population will be covered through a federal waiver program which provides eligible small employers and sole proprietors with health coverage.
- The ARHealthNetworks Program was implemented in January 2007.

Program Description:

Every 12 months ARHealthNetworks will cover the following:

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

Deductible and Co-Insurance for ARHealthNetworks

- *\$100 annual deductible (does not apply to office visits & Rx)*
- *After deductible, 15% co-insurance will be required*
- *\$1,000 maximum out of pocket annually, including deductible*
- *NovaSys Health providers must be used for benefits to be paid (including ER)*
- *Ongoing discounts apply after benefits are exhausted*

Pharmacy Benefits for ARHealthNetworks

- *Two Monthly Prescriptions*
- *Subject to Co-pay (but not deductible)*
- *\$5 Generic*
- *\$10 Brand Formulary*
- *\$30 Brand Non Formulary*
- *Program administered by Express Scripts*
- *Wide choice of pharmacies (no mail order)*

Current program enrollees -	January	8,989
	February	9,202
	March	9,620

Expenditures for January 1, 2010 through March 31, 2010 and Proportion of Leveraged Medicaid Dollars:

	Total	Tobacco	Federal
Pregnant Women	\$1,318,056	\$ 248,058	\$1,069,998
In-Patient Hospital	\$2,214,570	\$ 416,782	\$1,797,788
ARSeniors	\$1,392,386	\$ 619,922	\$ 772,464
ARHealthNetworks	<u>\$3,425,200</u>	<u>\$ 723,580</u>	<u>\$2,701,620</u>
Sub-Total Program	\$8,350,212	\$2,008,342	\$6,341,870
Administration	<u>\$ 248,028</u>	<u>\$ 124,014</u>	<u>\$ 124,014</u>
Total	\$8,598,240	\$2,132,356	\$6,465,884

RAND RECOMMENDATIONS

RAND Recommendation 1: Develop new programmatic goals and revisit the process indicators that track progress toward the goals.

Program Response: The Department has developed new program goals for each of the Medicaid Expansion initiatives to more accurately reflect post-implementation outcomes. DHS is continuing to work with RAND to establish the evaluation baselines and process indicators to allow for more accurate tracking of progress toward the new goals.

RAND Recommendation 2: Initiate an outreach campaign to inform both potential enrollees and providers about the availability of the Medicaid Expansion Programs.

Program Response: The Department has suspended the design and/or implementation of new MEP outreach efforts pending the development of a strategy to “Bend the Arkansas Medicaid Cost Curve” to operate within future funding projections.

RAND Recommendation 3: Allocate funds to educate newly enrolled and current enrollees in the Pregnant Women’s Expansion program and the AR-Seniors program regarding the services they are eligible to receive under their respective programs.

Program Response: Changes at the national level to increase enrollment in the QMB Program will increase participation in the ARSeniors Program for those with incomes below 80% of the Federal Poverty Level. Arkansas has started receiving a monthly tape from SSA with the names of individuals who were found eligible for the Medicare Part D Low Income Subsidy. Letters are being sent to these individuals to inquire as to their interest in applying for the QMB Program. The letter will advise applicants of the expanded service package under the ARSeniors Program. To date, response to the letter has been very low.

RAND Recommendation 4: Develop partnerships with some of the other tobacco settlement programs or other state or local organizations to educate and conduct outreach in communities.

Program Response: DHS agrees with the RAND recommendation to develop partnerships with other tobacco settlement programs and organizations to more effectively promote the Medicaid Expansion Initiatives. The agency continues to participate in the collaborative meetings sponsored by the ATSC to identify potential opportunities for “partnering” with other entities. The Department will be looking for opportunities to more fully utilize websites and links to promote the Medicaid Expansion programs.

ATSC PROGRAM FUNDING SUMMARY

The following financial summary is prepared by the Arkansas Bureau of Legislative Research on a regular basis and reported to the General Assembly. The following financial report covers through the period of this quarterly program report.

Tobacco Settlement Summary of Income, Expenses and Balances

INCOME

<u>Month To Date - March 2010</u>	Initial Balance	MSA Deposits	Investment Income	Ending Balance
Arkansas Healthy Century Trust Fund	\$ 128,257,635	\$ -	\$ 244	\$ 128,257,879
Tobacco Program Pool	\$ 83,405,422	\$ -	\$ 896	\$ 83,406,318
Tobacco Debt Service Fund	\$ -	\$ -	\$ -	\$ -
Total	\$ 211,663,057	\$ -	\$ 1,140	\$ 211,664,197

Fiscal Year To Date - FY '10

Arkansas Healthy Century Trust Fund	\$ 126,778,466	\$ -	\$ 838,133	\$ 127,616,599
Tobacco Program Pool	\$ 110,674,623	\$ -	\$ 56,118	\$ 110,730,741
Tobacco Debt Service Fund	\$ -	\$ -	\$ -	\$ -
Total	\$ 237,453,089	\$ -	\$ 894,251	\$ 238,347,340

Life - 1/11/01 - 3/31/10

Arkansas Healthy Century Trust Fund	\$ -	\$ 100,000,000	\$ 27,616,599	\$ 127,616,599
Tobacco Program Pool	\$ -	\$ 429,002,130	\$ 13,386,042	\$ 442,388,172
Tobacco Debt Service Fund	\$ -	\$ 40,000,000	\$ -	\$ 40,000,000
Total	\$ -	\$ 569,002,130	\$ 41,002,641	\$ 610,004,771

FUND BALANCES

03/31/10

TSA Healthy Century Trust Fund	\$ 128,256,523
TSB Tobacco Settlement Program Fund	\$ 44,102
TSC Tobacco Settlement Commission	\$ 6,923,416
TSD Prevention & Cessation Program Fund	\$ 7,588,334
TSE Targeted State Needs Fund	\$ 3,439,645
TSF Biosciences Institute Fund	\$ 5,359,247
TSG Medicaid Expansion Fund	\$ 58,883,306
Total	\$ 210,494,572

Tobacco Settlement Summary of Income, Expenses and Balances

EXPENSES

<u>As of 3/31/10</u>	2002	2003	2004	2005	2006	2007	2008	2009	2010	TOTAL
TSB0000 Tobacco Settlement Program Fund	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TSC0200 Tobacco Settlement Commission	\$ 3,149	\$ 670,891	\$ 768,502	\$ 654,272	\$ 453,531	\$ 806,779	\$ 975,671	\$ 1,153,383	\$ 974,881	\$ 6,461,059
TSD0100 Prevention & Cessation	\$ 2,274,755	\$ 13,624,294	\$ 12,895,637	\$ 11,610,903	\$ 9,744,413	\$ 12,077,561	\$ 10,507,063	\$ 12,046,511	\$ 8,828,652	\$ 93,609,788
TSD0200 Prevention & Cessation Minority Comm.	\$ 214,893	\$ 1,666,806	\$ 3,278,812	\$ 2,263,488	\$ 1,980,051	\$ 1,237,809	\$ 1,891,107	\$ 1,501,201	\$ 1,341,200	\$ 15,375,368
TSE0100 Minority Health Initiative	\$ 258,257	\$ 999,633	\$ 1,496,313	\$ 2,223,837	\$ 1,562,528	\$ 1,389,453	\$ 1,205,182	\$ 1,422,447	\$ 901,805	\$ 11,459,454
TSE0201 Donald W. Reynolds Center on Aging	\$ 575,812	\$ 2,179,428	\$ 1,563,298	\$ 2,128,476	\$ 1,535,195	\$ 1,643,114	\$ 1,306,293	\$ 2,119,389	\$ 1,536,165	\$ 14,587,171
TSE0202 Arkansas School of Public Health	\$ 913,012	\$ 3,219,800	\$ 2,737,543	\$ 2,799,128	\$ 2,401,305	\$ 2,364,746	\$ 2,119,073	\$ 3,018,394	\$ 2,133,624	\$ 21,706,625
TSE0203 Area Health Education Center	\$ 674,137	\$ 2,081,028	\$ 1,723,245	\$ 1,968,627	\$ 1,362,900	\$ 1,815,820	\$ 1,608,736	\$ 1,816,531	\$ 1,385,570	\$ 14,436,595
TSF0100 Biosciences ASU Jonesboro	\$ 343,688	\$ 4,749,099	\$ 2,947,823	\$ 4,039,154	\$ 2,291,379	\$ 3,726,834	\$ 2,978,941	\$ 3,504,197	\$ 1,815,198	\$ 26,396,313
TSF0200 Biosciences U of A 318	\$ 424,637	\$ 2,268,091	\$ 1,085,922	\$ 2,644,296	\$ 927,038	\$ 2,284,392	\$ 1,331,424	\$ 2,127,887	\$ 1,142,333	\$ 14,236,019
TSF0202 Biosciences U of A 321 Agri	\$ 700,426	\$ 2,050,587	\$ 2,040,819	\$ 1,717,326	\$ 1,686,786	\$ 1,523,739	\$ 1,578,277	\$ 1,881,613	\$ 1,264,111	\$ 14,443,684
TSF0300 Biosciences UAMS 365	\$ 1,366,936	\$ 5,930,979	\$ 5,252,128	\$ 4,528,243	\$ 3,983,235	\$ 4,439,805	\$ 2,091,252	\$ 3,978,149	\$ 2,071,012	\$ 33,641,739
TSG0100 Medicaid Expansion *	\$ 1,293,882	\$ 20,631,803	\$ 3,718,707	\$ 6,226,545	\$ 4,720,724	\$ 7,031,730	\$ 9,004,381	\$ 9,548,785	\$ 7,447,392	\$ 69,623,949
Total	\$ 9,043,582	\$ 60,072,439	\$ 39,508,747	\$ 42,804,295	\$ 32,649,086	\$ 40,341,784	\$ 36,597,400	\$ 44,118,489	\$ 30,841,942	\$ 335,977,763

* TSC0100 Medicaid Expansion updated 10/7/2005 to reflect dollars transferred for Medicaid Expansion Expenses