

Arkansas Biosciences Institute

Reporting Period: January – March, 2011

Total Fiscal Year Budget: \$ 13,162,537

Mission Statement/Program Overview

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

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

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

ABI’s program goals are to:

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

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

Activity Area Fiscal Year Budget: **\$ 13,162,537 (100%)**

UPDATE for ABI Funded Projects

OUTCOMES: The five ABI member institutions use their ABI funding to support research projects in the five areas outlined in the Act. For FY2010, ABI funding supported 101 research projects, with continuing support for another 98 on-going projects, for a total of 199 research projects.

UPDATE for Collaborative Projects

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

For FY2010, approximately 25 percent of ABI research projects were collaborations with other ABI member institutions; an additional 9 percent of projects were collaborations with other institutions. In addition, there are four on-going collaborative research projects that were funded from a collaborative research pool of \$250,000.

UPDATE for External Grants

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

For FY2010, approximately 77 percent of research projects had external funding, totaling \$49.9 million from outside sources.

UPDATE for Peer-Reviewed Papers Accepted for Publication

OUTCOMES:

In July-September, the ABI-supported investigators reported authoring or co-authoring 365 papers in FY2010. In addition to papers, ABI-supported investigators authored 49 book chapters and books in FY10.

Table 1. Amount of funding/ number of projects awarded for ABI research (FY2010)

	ABI Total	ACHRI	ASU	UA-Ag	UAMS	UAF
Number of ABI funded projects	199	20	54	22	60	43
Number of external grants/contacts	259	63	47	29	81	39
ABI Funding	\$13,162,537	1,776,942	3,790,811	2,027,031	3,540,722	2,027,031
Extramural Funding	\$49,906,059	10,028,858	11,343,136	2,998,557	18,947,864	6,587,644
Total Funding (ABI + Extramural)	\$63,068,596	11,805,800	15,133,947	5,025,588	22,488,586	8,614,675
Ratio (Extramural funding:ABI)	3:1	5:1	3:1	1:1	5:1	3:1

	ACHRI	ASU	UA-Ag	UAMS	UAF	% total funding
ABI Funds	\$690,835	35,000	1,332,640	40,000	653,898	22.7%
Extramural funds	\$9,486,405	541,007	2,261,936	337,304	2,236,773	29.8%

Table 3. Number of collaborative research projects (FY2010)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Other
ACHRI		1		15	2	12
ASU			1	3	6	3
UA-Ag	1	3		6	7	7
UAMS		1			1	4
UAF			2	6		2

Table 4. Jobs created by ABI and extramural funding (FY2010)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Total
ABI Funded FTE employment	4.9	33.5	21.2	18.8	18.5	96.9
Extramurally funded FTE employment	65.5	43.1	20.1	85.7	56.5	270.9

Table 5. Peer Reviewed Papers and Books/Book Chapters (FY2010)

	ABI Total
Peer Reviewed Papers	365
Books/Book Chapters	49

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

UPDATE for Service and Promotional Activities:

OUTCOMES: ABI member institutions have continued to increase their service and promotional activities to disseminate research findings. For FY2010, activities included:

- 257 National and international lectures or seminars
- 75 Media contacts (print, television, radio)
- 65 Press releases

UPDATE for Entrepreneurial Activities:

OUTCOMES: ABI-supported investigators often see their research move from the laboratory into the work place, transferring their research into practice. Each year ABI investigators report any entrepreneurial activity such as patent filings, patent awards, and start-up companies that may be related (even in a small part) to their past ABI funding. For FY2010, investigators reported eight patent filings, three patent awards, and one start-up company:

Patents Received:

<p>Separation system and efficient capture of contaminants using magnetic nanoparticles; Y. Li, M. Varshney, and Z. Ye.</p> <p>Production of stilbenes in plant hairy roots; F. Medina-Bolivar, M. Dolan, S. Bennett, J. Condori, J. Hubstenberger.</p> <p>Genetically altered dendritic cells transduced by adeno-associated virus (AAV); methods of producing genetically altered dendritic cells and uses thereof. P. Hermonant, et al.</p> <p>Start-up Company: BiologicsMD is developing a new prescription osteoporosis drug called OsteoFlor to treat osteoporosis with a single, annual or semi-annual injections. J. Sakon, University of Arkansas.</p>
UPDATE for Students Working on ABI Projects:
<p>OUTCOMES: Arkansas high school, college, and graduate school students work in ABI laboratories on special projects, research projects, and internships throughout the year. This provides for many students their first experience with a fully equipped working laboratory. For FY2010, there were 205 Arkansas students from 38 counties working in ABI laboratories. Data is listed in Table 8.</p>

	ACHRI	ASU	UA-Ag	UAMS	UAF	ABI total
Research Publications	95	53	44	210	76	478
Lectures and seminars	49	74	18	102	14	257
In-Person media contacts	22	23	4	18	8	75
Press releases	9	41	2	8	5	65

	ABI Total
Patents Received	3
Patents Filed	8
Start-Up companies	1

County	Number of Students
Baxter Co.	1
Benton Co.	7
Boone Co.	2
Carroll Co.	2
Clark Co.	1
Cleburne Co.	1
Craighead Co.	35
Crawford Co.	1
Crittenden Co.	3
Desha Co.	2
Faulkner Co.	12
Garland Co.	3
Greene Co.	5
Hot Spring Co.	1
Howard Co.	1
Independence Co.	1
Jackson Co.	3
Jefferson Co.	2

Lawrence Co.	3
Logan Co.	1
Lonoke Co.	4
Miller Co.	1
Mississippi Co.	2
Monroe Co.	1
Ouachita Co.	2
Poinsette Co.	3
Polk Co.	2
Pulaski Co.	58
Randolph Co.	2
St. Francis Co.	2
Saline Co.	3
Sebastian Co.	7
Sevier Co.	1
Sharp Co.	5
Union Co.	2
Washington Co.	20
White Co.	2
Yell Co.	1
TOTAL	205

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

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

UPDATE: For FY2010, the five member institutions supported 48 collaborative research projects with other member institutions and an additional 18 collaborative research projects with other (not ABI) institutions. Additionally, there are four on-going collaborative research projects that were funded from a collaborative research pool of \$250,000.

ABI-supported researchers attended the ABI Fall Research Symposium, bringing together approximately 130 researchers, technicians, and students for updates on 45 ABI-supported projects.

For FY2010, ABI Administration sponsored conferences and speakers that brought together ABI investigators, concentrating on more specific research areas:

- BioNanoTox International Research Conference at UALR – October, 2009
- 17th Annual Southeastern Regional Yeast Meeting in Little Rock – March, 2010
- 7th Annual Conference of the MidSouth Computational Biology and Bioinformatics Society at ASU – February, 2010
- Central Arkansas Brain Bee (Travel Award to National Conference) – March, 2010
- 2010 Brain Awareness Day at the Museum of Discovery in Little Rock – March, 2010
- BioVentures Private Equity Roundtable Meeting in Little Rock – May, 2010
- ABI-NCTR Stem Cell Workshop at UAMS – April, 2010
- SBIR/STTR Phase 1 Proposal Writing Workshop at UALR – April, 2010

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

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

For FY2010, approximately 77 percent of ABI investigators had extramural funding for the year. Extramural funding totaled \$49.9 million for FY2010 for an overall 3:1 leverage factor. The annual extramural funding average has been \$42.4 million over the past five years.

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

UPDATE: ABI-supported investigators rely on external funding to expand their agricultural and biomedical research. Since inception, ABI investigators have received more than \$308 million in external funding from agencies such as the National Institutes of Health, the National Science Foundation, US Department of Agriculture, and the Centers for Disease Control and Prevention and from foundations such as the American Heart Association and the American Cancer Society.

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

Arkansas Aging Initiative

Reporting Period: January – March, 2011

Total Fiscal Year Budget: \$ 1,648,494

PROGRAM OVERVIEW

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

Mission

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

Goals

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

Abbreviations for AAI Regional Centers

SACOA- South Arkansas Center on Aging (EIDorado)

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

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

SCCOA- South Central Center on Aging (Pine Bluff)

WCCOA – West Central Center on Aging (Fort Smith)

OCOA – Oaklawn Center on Aging (Hot Springs)

TRCOA - Texarkana Regional Center on Aging – Texarkana

Schmieding – Springdale

Schmieding Bella Vista – Schmieding Satellite in Bella Vista

Schmieding Harrison – Schmieding Satellite in Harrison

Murk Family Center on Aging – Schmieding Satellite in Mt. Home

SHC – Senior Health Clinic

Activity Area: Clinical Services –
Activity Area Fiscal Year Budget: \$824 (0.05%)

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

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

Outcomes: Clinical visits were 8,741 for Jan, Feb, and Mar 2011. The table 1 below provides the details of the visits per site.

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

Outcomes: Full time equivalents for medical doctors and advanced practice nurses (FTE's for MD's and APN) working in the clinical settings are collected annually. The data for FY 2010 are presented in the table below. Data will be reported during the first quarter annually for the previous FY.

Update on creation of new SHCs:

Outcomes: Discussions are still occurring at the local levels in Hot Springs for the Oaklawn Center on Aging and at Mt. Home for the Baxter County Regional Medical Center. Delay in opening of these Clinics is related to the economy in the state and country according to our partnering hospitals in these regions.

Update on partnership with Arkansas Nursing Homes:

Outcomes: All COAs continue to provide educational activities for many nursing homes related to evidence-based practices (refer to Table 3 under in-services and paraprofessional educational encounters). Training occurred this quarter in 2 nursing homes for 44 staff members for the implementation of *Partners in Caregiving*, a program proven to improve relationships between staff, residents and families. The number of standards of care used in nursing homes associated with COA's are reported annually. The data for FY 10 are presented in the Data for Clinical Services table below. Data will be reported during the first quarter annually for the previous FY.

Update on evidence-based guidelines in SHC

Outcomes: The number of SHC's supported with materials to implement evidence-based guidelines are reported annually. The data for FY 10 are presented in Table 2.

Table 1: Per COA clinical visit details

	SACOA	DCOA	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista
SHC	619	365	1472	1022	736	1653	915	351
NH	3	294		198	119		346	50
Inpatient	179	62					248	
Home		69		40				
Totals	801	790	1472	1260	855	1653	1509	401

Table 2: Data for Clinical Services FY 2010

	SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista	OCOA
APN FTE's	0	0	1	0	1	0.5	4	1	0
MD FTE's	1	1	3	1	1	0.9	4	1	0
# of nursing homes assisted to improve quality of care as indicated by the Advancing Excellence Campaign	2	2	2	2	2	2	0	3	2
COAs with nursing home practice: Has it implemented at least one standard of care for nursing home residents? (Yes/No)	No	Yes	Yes	Yes	Yes	No	Yes	Yes	n/a
# of evidence-based guidelines in use at SHC's	0	2	4	4	1	1	2	2	0

Activity Area: Education –

Activity Area Fiscal Year Budget: \$ 1,162,188 (70.5%)

Update on educational encounters for each target population group:

Outcomes: Data presenting educational encounters for each target group are collected each quarter. A summary of the data is in Table 2 and details are in Table 3. Total encounters for January, February, and March, 2011 was 19,796, and of those, 22.1% were to minorities.

Table 3: Summary of Education Encounters

Target Audience	Encounters
Community (includes community members & exercise)	15,305
Health care professionals	2,665
Health and social service students	505
Paraprofessional (includes in-services)	1,321

Table 4: • Total Education Encounters for this quarter was 19,796 of those 22.1% to minorities.

AAI Site	Health Professionals	In-services	Para Professionals	Community	Exercise	Students	Totals
SACOA	102	34		573	481		1190
Minorities	31	28		86	148		293
DCOA		12		304	1463		1779
Minorities		12		236	1309		1557
DCOA-Helena	6	564		200	443		1213
Minorities	1	536		165	78		780
COA-NE	879		30	1577	48	301	2835
Minorities	13		0	80	0	9	102
TRCOA	1169			458	70		1697
Minorities	271			156	11		438
Schmieding	230	20	436	415	180		1281
Minorities	22	1	98	22	11		154
SCSHE-Bella Vista		40	35	368			443
Minorities		4	10	4			18
SCSHE-Mtn. Home	39		20	435	1214		1708
Minorities	1		2	0	0		3
SCSHE-Harrison			71	1050	1071	27	2219
Minorities			0	0	0	0	0
SCCOA	68			2508	123	175	2874
Minorities	20			858	21	55	954
WCCOA	38	59		622	403		1122
Minorities	9	3		21	0		33
OCOA	134			1295	4	2	1435
Minorities	15			26	0	0	41
Total Ed Encounters	2665	729	592	9805	5500	505	19796
Total Minority Encounters	383	584	110	1654	1578	64	4373

Activity Area: Promotion – Activity Area Fiscal Year Budget: \$ 156,607 (9.5%)
Update on AAI's visibility through media to academic/professionals and lay public: Outcomes: The Centers on Aging were involved in the following during January, February and March: 13 newsletters, 44 newspaper articles or press releases, 7 radio spots, 18 TV spots, 3 articles in magazines or journals, and 50 mailings.

Activity Area: Policy – Activity Area Fiscal Year Budget: \$ 65,116 (4%)
Policy Update: (impact on aging policies at the local, state and national levels) Outcomes: During this quarter, Regional Advisory Committee members met with their area legislators on policy matters affecting the importance of continuing the Tobacco Settlement Funds as outlined in the original Initiated Act. They also worked with their local legislators in seeking financial support for their respective Centers on Aging. We received a House Resolution and a Senate Resolution commending the Arkansas Aging Initiative from the 88 th General Assembly.

Activity Area: Sustainability – (Leveraged Funds) Activity Area Fiscal Year Budget: \$ 164,849 (10%)
Update: (revenue from sources other than tobacco funds) Outcomes: The total funding obtained to support operating expenses (from all sources) are reported quarterly. The total for all sites during this quarter (January, February and March) was \$88,374 Dollars per site are detailed below in table 5.

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

	SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	OCOA
1 st Qtr	\$18,180	\$14,071	\$12,058	\$6,700	\$10,498	\$297,000	\$46,682	\$13,204
2 nd Qtr	\$24,056	\$19,656	\$4,920	\$2,824	\$6,900	\$1,000	\$64,063	\$16,888
3 rd Qtr	\$12,282	\$10,504	\$3,472	\$700	\$5,700	\$7,780	\$28,996	\$18,940
Totals	\$54,518	\$44,231	\$20,450	\$10,224	\$23,098	\$305,780	\$139,741	\$49,032

Activity Area: Research & Evaluation –
Activity Area Fiscal Year Budget: \$ 98,910 (5.95%)

Update: Regarding outcome and evaluation research

Outcomes: IRB modification approvals for evaluation of two Arthritis Foundation Exercise classes in West Central Center on Aging were obtained and program questionnaires were collected from the class participants. Evaluator visited Oaklawn Center on Aging in Hot Springs and discussed the content of the Healthy Cooking Class with the educational director and has developed a questionnaire for participants of the Healthy Cooking classes that have been offered in Oaklawn Center on Aging, Texarkana Regional Center on Aging, and South Arkansas Center on Aging. Evaluation of the classes will start at the end of April, 2011. The Inpatient Physicians Profiles project continues and discussions were held related to development of the project with other members of the team.

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

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

UPDATE: Data for professional mix is collected on an annual basis; FY 10 numbers are included in this report, Table 2.

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

UPDATE: As part of the Chronic Disease Model implementation, evidence-based guidelines are continually encouraged for use in the SHCs. At this time, 4 SHCs are involved with Medicare Pay-4-Performance activities. All COAs continue to provide education and in-service activities for many nursing homes related to evidence-based practices. Extensive training occurred this quarter in 2 nursing homes revolving around the implementation of Partners in Caregiving, a program that has been proven to improve relationships between staff, residents and families.

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

UPDATE: The Regional Advisory Committees are actively involved in programs that enhance their advocacy responsibility in support of the Regional Centers on Aging. As the Centers on Aging add more programs and activities the Advisory Committee Members become more involved. The advisory committee members representing Centers that have added the Schmieding Care Giver Replication Training have become involved in locating space, advocating for the Project and recruiting students. During this quarter, Regional Advisory Committee members have been concentrating on activities involving the 88th General Assembly of Arkansas. Committee members met with their area legislators on policy matters affecting the importance of continuing the Tobacco Settlement Funds as outlined in the original Initiated Act. Regional Advisory Committee members also worked with

their local legislators in seeking financial support for their respective Centers on Aging. Regional Advisory Committees continue to seek private support for the Centers on Aging while generating community support for educational programs and activities.

All Regional Advisory Committees are actively searching for projects and other means to raise funds. Also, over there were over 135 different media activities this quarter focusing on community and professional programs, events, and educational endeavors.

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

UPDATE: During this quarter, Regional Advisory Committee members have been concentrating on activities involving the 88th General Assembly of Arkansas. Committee members met with their area legislators on policy matters affecting the importance of continuing the Tobacco Settlement Funds as outlined in the original Initiated Act. Regional Advisory Committee members also worked with their local legislators in seeking financial support for their respective Centers on Aging.

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

UPDATE: The AAI continues to seek contracts, grants, and gifts from a variety of sources. See leveraging data, Table 5, for the outcome of these efforts for January, February and March, 2011.

College of Public Health

Reporting Period: January - March 2011

Total Fiscal Year Budget 2011: \$2,472,741

Mission Statement/Program Overview

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

COPH’s goals are to:

- Maintain the number of Arkansas counties in which citizens receive public health training.
- Maintain a high level of graduates entering the public health field.
- Maintain minority enrollment in the degree programs at or above that of 2006-2007
- Ensure that by the time they graduate, COPH students report that they have achieved 80% or more of the learning objectives associated with their selected degree programs.
- Ensure that during their tenure at the COPH, students provide service and consultation to public health-related agencies and community organizations throughout Arkansas.
- Increase extramural grant and contract funding for research by 20% above that achieved in 2004-2005.
- Provide research findings, policy-relevant information, and technical assistance to relevant government and community organizations.

Activity Area: Education

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

Activity Area Fiscal Year Budget: \$ ____,__ (__%)

UPDATE for Enrollment (Geographic Representation): Spring 2010-2011; 208 students:

<u>AHEC Region</u>	<u>Number of Students</u>	<u>Percentage</u>	<u>AHEC Region</u>	<u>Number of Students</u>	<u>Percentage</u>
Central	76	37%	Delta	9	4%
Northwest AR	7	4%	South Central	30	14%
Northeast AR	13	6%	North Central	13	6%
Southwest AR	4	2%	Out of State/	46	22%
South AR	2	1%	(Most reside in AR)		
			Foreign Country/		
			(Most reside in AR)	8	4%

Students enrolled originated from 36 of the 75 counties (48%).

5 out of State students paid out of state tuition; 2 foreign students paid out of state tuition.

OUTCOMES: There was a slight decrease in the number of students enrolled from the Northeast (-2), South (-2), South Central (-5), and North Central Regions (-2); however, student FTE is increasing with the enrollment of more traditional students. In the Spring 2009/10 semester, total student enrollment was 222 with students enrolled originating from 41 of the 75 counties (51%). Our goal is to increase student enrollment from all Arkansas counties with an emphasis on those counties outside of the Little Rock area.

UPDATE for **Graduate employment in public health field:**

<u>Graduation Date</u>	<u>Number of Graduates</u>	<u>Number of Graduates by degree</u>	<u>Work Status Unknown</u>	<u>Known employment /percentage employed in public health</u>
Dec 2010	12	DrPH – 1 MPH – 7 MHSA- 2 Certificate - 2	6	6/100%
<i>100% of the 12 remain in Arkansas.</i>				

OUTCOMES: Number of graduates; Percentage Employed in Public Health -Related Field
The COPH is maintaining a high level of graduates employed in a public health related field. A total of 224 students have graduated from the COPH as of December 2010 and over 90% of graduates were employed in a public health related field at the time of graduation.

UPDATE for **Enrollment (Minority Representation):** See Table 1 below providing minority enrollment numbers and percentages for this Spring Semester (Jan – March 2011 reporting period).

OUTCOMES: The percentage of African American enrollment and Asian American enrollment continues to greatly exceed the percentage of the African American and Asian population in Arkansas. The Latino population makes up 4% of the Arkansas population and, in the Spring 2010-2011 class, 4 (2%) of COPH students are representative of this population. Two COPH research programs focus on this population and COPH student recruitment efforts are part of our planning efforts to increase Latino enrollment. Dr. Eddie Ochoa, a Hispanic Physician, and part-time faculty at the COPH is Assistant Dean for Minority Affairs.

UPDATE for **Student Competency:** Competencies are currently being revised in all COPH degree programs, and a tool to assess student competencies is being developed with a goal of having the tool in place in fall 2011 at which time these data can be provided in this report. Exit interview questions are also being revised to better capture information needed and to best ensure students complete the competency survey in a deliberate and thorough manner. The exit interviews will be given to all graduates upon completion of their degree program, and the information will be compiled annually.

OUTCOMES: Percentage of learning objectives, across all degree programs, for which students rate themselves as “competent” or “very competent” in COPH exit interviews. Data will be available in a table in the fall quarterly report.

UPDATE for **Service and consultation provided by Students:** Student preceptorships and integration projects (including organizations/agencies served and region of AR affected) completed by students per semester provides this information. See table 2 below for the number, agency, and location of student preceptorships and integration projects completed during the Spring semester (Jan – March 2011). In 2010, COPH faculty participated in 148 Special Community Projects and 160 talks and lectures. A listing of these projects will be provided upon request.

OUTCOMES: The majority of the student preceptorship and Integration projects completed impacted all Arkansas counties as the information obtained is beneficial to all Arkansans. Four preceptorship projects were county specific – providing valuable insight to agencies in Phillips, Jefferson, Lee and Pulaski Counties. COPH faculty and staff are very active in the community serving on numerous boards and commissions, speaking at various events, and being involved in numerous community projects.

COPH Enrollment, Academic Semester (Spring 2010-2011) – **Table 1**

% of Enrolled Students by Race	White	Black	Asian, Other	Latino	Native American, two or more, did not answer,	Total
	132 (64%)	55 (26%)	12 (6%)	4 (2%)	5 (2%)	208 (100%)
Total number of enrolled students: 208						
Number of counties represented by enrolled students: 36 (48%)						
Number of out of State students: 46 (22%) (5 pay out of state tuition)						
Number of Foreign Country students: 8 (2%) (3 pay out of state tuition)						

Table 2 (Spring 2010-2011)

PRECEPTORSHIP PROJECTS			INTEGRATION PROJECTS			CAPSTONE PROJECTS		
Number Of projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served
13	9	9 Statewide 4 County Specific	10	10	10 Statewide	4	2	4 Statewide

Activity Area: Research

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

Activity Area Fiscal Year Budget: \$ ____, __ (__%)

UPDATE for **New Grant and Contract Funds Received:** In the January through March 2011 reporting period, the COPH faculty submitted 11 grants/contract for funding (\$5,360,138). One grant was funded during this quarter (\$132,785).The remaining submittals are pending.

OUTCOMES: The total *new* grant and contract funding in FY 2004-2005 was \$9,540,802; the total *active* research grant and contract funding was \$20,190,725. The total *new* grant and contract funding in FY 2009-2010 was \$7,240,386; the total *active* research grant and contract funding was \$31,439,656. The total amount of active research grant and contracts in FY 2009/2010 greatly exceeds (56%) the total amount of active research grants and contracts in 2004-2005 even though the total funding amount of *new* grants and contracts for 2009/2010 was not 20% above the new grants and contract funding for research in FY 2004-2005.

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

OUTCOMES: Number of FTE’s supported by Research is reported bi-annually. As of December 2010, the COPH is supporting approximately 63 FTE’s through research funding. See Table 1, COPH Faculty Grants and Projects table below.

UPDATE for Publications:
OUTCOMES: Number of peer-reviewed papers accepted for publication is reported annually. In 2010, COPH faculty published 80 papers. An additional 46 papers had been accepted and was in press as of December 2010 with an additional 61 under review. In FY 2009, COPH faculty published 86 papers which equates to 1.9 per FTE. This number exceeded the 67 publications in FY 2008 which equated to .70 per FTE.
UPDATE for Publications in Ranked Journals: RAND provides this assessment annually based on a formula they utilize.
OUTCOMES: In the last Arkansas Tobacco Settlement Commission (TSC) report, RAND indicated that the number of COPH faculty publications in ranked journals increased substantially in 2009; with a statistically significant increase in the number of publications in the top 10 journals. We fully expect a strong publication record to continue.
UPDATE for Faculty PIs or Co-PIs: As of March 31, 2010, the COPH has 48 full-time and part-time faculty - 30 of whom are research faculty.
OUTCOMES: Existing staff are doing an outstanding job teaching and developing research programs. However, due to our growth and CEPH faculty requirements, additional position(s) are needed in the Department of Epidemiology, Health Policy and Management, Biostatistics, and Environmental & Occupational Health. Recruitment is ongoing
UPDATE for Ongoing Research Projects: As of March 31, 2011, the COPH has 44 active grants and contracts (42 active "research" grants) totaling approximately \$31 million. See Tables 1 and 2 below.
OUTCOMES: The total number of faculty PI's on active grants and contracts this quarter is 18. 10 of the 18 are PI's for more than one grant/contract. As of March 31, 2011, an average of 57% of faculty salaries was covered by extramural funding. See tables 1 & 2 below.

COPH Faculty Grants and Projects January – March 2011					Table 1	
		Grants Submitted	Grants Funded	Grants Pending	Total Ongoing Research Projects	Number of FTE's supported by Research
Period Covered:	Number					
Jan– March 2011	Per total research faculty	11	1	10		
Period Covered:	Number					
Oct– Dec. 2010	Per total research faculty	5	1	4	36	63

Amounts of New and Active COPH Grants and Contracts			Table 2
Year	Total of New Grants and Contracts	Active Grants and Contracts	
Jan – March 2011	\$132,785	\$ 31,439,656– 44 grants/contracts	

Activity Area: Service

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

Activity Area Fiscal Year Budget: \$ __, __ (__%)

UPDATE for **Talks, Lectures, Community Service Projects, Special Projects:** This information is provided annually. In 2010, COPH faculty and staff gave 160 talks and lectures and participated in 148 special community projects in addition to 11 Special Projects.

OUTCOMES: Talks, lectures, and special projects by faculty and staff increased significantly in 2010.

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

OUTCOMES: During this reporting period, faculty/visiting faculty have presented at 10 conferences held at the COPH; in addition, the ADH has hosted 11 conferences during this reporting period.

UPDATE for **Influence on State Policy:** The 88th General Assembly ended its General Legislative Session in April 2011. During this quarterly reporting period, the College of Public Health has participated in ensuring in the passage of a number of public health projects. During this reporting period, several pieces of public health legislation related to oral health was enacted, including: Act 89, which allows dental hygienists to perform hygiene procedures in public settings, like area health centers and public schools, without the direct supervision of a dentist; Act 90, which authorize trained physicians and nurses to apply a fluoride varnish to children’s teeth during regular check-ups; and Act 197, which will ensure that about 87 percent of all Arkansans will have access to fluoridated drinking water by requiring community water systems serving more than 5,000 people to fluoridate the water system. Fluoridated water decreases the risk of tooth decay in both children and adults. Delta Dental of Arkansas graciously offered to pay the start-up costs for water systems to meet this new requirement.

OUTCOMES: Act 89, Act 90, Act 197

COPH Faculty Service Activities				
Year	Talks and Lectures	Community Service Projects	Legislative Briefings	State policies influenced by COPH
2010	160	148	12	Act 180, Act 308, Act 394, Act 947, Act 1489, Act 1191, Act 574,

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

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

UPDATE: The Copenhaguen Public Health (COPH) will continue to promote and encourage faculty research, educational awareness, and provide convenient classes through distance-accessible formats (webCT, weekend executive formats, directed study, etc.) to maintain the growth trajectory of student enrollment from across the state. In the Spring 2010/2011 semester, the COPH offered nine courses by way of WebCT, weekend format, and /or directed study courses. UAMS Chancellor Rahn has pledged campus support to enhance distance educational technology technical assistance for COPH courses.

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

UPDATE: A faculty member has been hired for the biostatistics position and will begin in July 2011. Two positions have been offered and both have accepted in the Department of Environmental & Occupational Health; one position has also been filed in the Department of Health Policy and Management, and recruitment is ongoing for two other positions. Interviews are presently being held for the Epidemiology Chair- Although this is the most challenging position to fill due to competition among public health schools.

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

UPDATE: UAMS had planned to purchase a University-wide student information tracking system, but budget concerns have resulted in delays in the purchase of a system. A university-wide system will ultimately be implemented. Because of the COPH's anticipation of this university-wide system, the College continues to utilize its current system and has not invested scarce funds toward an advanced tracking system which might not be compatible with a new, university-wide system. The COPH strongly believes it would be very helpful to have a more sophisticated tracking system and will continue to tweak our existing system until the university-wide system is implemented.

Delta Area Health Education Center (Delta AHEC)

Reporting Period: January – March 2011

Total Fiscal Year Budget: \$ 439,566 (25% of annual budget)

PROGRAM OVERVIEW

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

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

Goals:

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

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

Foci:

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

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

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

Care Learning for Health Professionals: Web-based modules for hospital employees (e.g., hand hygiene, blood borne pathogens, abuse, neglect).

Outcomes: Encounters numbers below.

Continuing Education: Programs for health professional via Rural Hospital distance education.

Outcomes: Encounters numbers below.

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

Outcomes: 100% participants certified in Healthcare Provider CPR. Encounter numbers below.

Library Services for Health Professionals: Teaching models, videos and brochures provided.

DynaMed provided to health professionals. Outcomes: Encounter numbers below.
Library Services for Health Professions Students/Residents: Training in research methods and assisted in obtaining accurate information. Med-Pro Ed presentation, Medical Terminology presentation at PCCUA Outcomes: Trained Phillips College nursing students and medical terminology students. Encounter numbers below.
Telemedicine: Consult or patient follow-up visits with UAMS physicians without travel. One cardiology consult was held in Helena. Outcomes: Encounter numbers are below

EDUCATION TO HEALTHCARE PROFESSIONALS ENROLLMENT AND ATTENDANCE DATA TABLE	
<i>Programs to provide educational activities for area health professionals and health professions students:</i>	
248	Care Learning for Health Professionals
82	Continuing Education for Health Professional (CME approved)
13	CPR for Health Professionals
56	Library Services for Health Professionals
336	Library Services for Health Professions Students/Residents
248	Public Education for Health Professionals (no CME)
<i>Programs to provide support services for health professionals and their patients:</i>	
1	Telemedicine Consults
Activity Area: ACCESS TO HEALTH CARE: These programs contribute to Delta AHEC’s goals to recruit and retain health care professionals. Outcomes for this activity area are the number of students enrolled in particular programs at various academic levels. (See the Access to Health Care Enrollment and Attendance Table as well as outcomes below). Activity Area Fiscal Year Budget: \$ 25,787 (5.9%)	
Community Health Applied in Medical Public Service (CHAMPS): 1-week summer recruitment program for junior high school students in rural south Arkansas communities. Outcomes: Summer program not offered this quarter.	
Health Professional Recruitment Programs: Stimulate and reinforce interest in health careers during K-12th grades. Programs include “Advance into Medicine,” “Club Scrub,” and “Day in the Life.” College fairs are targeted to identify students interested in health careers. Shadowing /mentoring of health professionals arranged. Social media used to stay in touch and announce events. Outcomes: Students who shadowed ↑ knowledge of working in hospital/clinic setting ≥ 85%. 2 active Club Scrubs ongoing for 45 middle school students. Encounter numbers below.	
Medical Application of Science for Health Program (M*A*S*H): Teens experience the real world of health careers during 2-week summer program provided in rural communities. Outcomes: Summer program not offered this quarter.	
UAM College of Medicine Programs: Host preceptorships and selective rotations for senior medical students and supervised clinical rotations for interns and residents. Outcomes: No activities this quarter.	
Nursing Programs: Clinical precepting and primary advisement is provided at the Delta AHEC. Outcomes: 7 applicants for upcoming RN-to-BSN program. Academic year encounters below.	

ACCESS TO HEALTH CARE ENROLLMENT AND ATTENDANCE DATA TABLE	
<i>Programs to increase the number of health professionals practicing in underserved areas in the Delta:</i>	
5	RNs preparing for BSN
2	BSNs preparing for MNSc
	MNSc preparing for administration
	Nursing students doing clinical rotations at the Delta AHEC
	UAMS College of Medicine medical student/resident programs
<i>Programs to acquaint K-12 youth with health careers:</i>	
N/A-Summer	Community Health Action in Medical Public Service (CHAMPS)
1147	Health Professional Recruitment Programs (K-12 th grade)
N/A-Summer	Medical Application of Science in Health (MASH)

<p>Activity Area: SERVICES TO COMMUNITIES AND CLIENTS THROUGHOUT THE DELTA REGION: These programs contribute to Delta AHEC’s foci to increase the capacity of participation in culturally sensitive health promotion and health education programs, to improve health behaviors related to chronic health problems, and to improve health behaviors in regards to physical activity and nutrition. Outcomes for this activity area are typically attendance/participation numbers supplemented by program specific outcomes reflecting the objective of the service. (See Services to Communities and Clients Participation Data Table as well as outcomes below).</p> <p>Activity Area Fiscal Year Budget: \$ \$ 426,685 (97%)</p>
<p>AR Kids Outreach: Information about health insurance available through AR Kids Insurance. Outcomes: Parents learned about insurance and received applications. Encounter numbers below.</p>
<p>Asthma: Education for parents, teachers and children with asthma, using the Arkansas Respiratory Health Association curriculum. Outcomes: Participants learned about home care and asthma triggers. Encounter numbers below.</p>
<p>Breast Health/Prevention: Arkansas Affiliate of Susan G. Komen for the Cure award (\$76,450) to provide free mammograms, diagnostics, and ultrasounds for underinsured and uninsured women through Access Project Pink. The program will target women in 11 Southeast Arkansas counties. Outcomes: None this quarter.</p>
<p>Child Passenger Safety: Monthly home and child passenger safety education in a fun setting. Expectant mothers receive shower gifts of home safety items, a convertible car seat, and one-on-one education about installation. Outcomes: Full capacity of 25/class. New program in Chicot County. Encounter numbers below.</p>
<p>CLASSICS: Weekly education program for senior citizens. Activities include “Walk Away the Pounds” and education about nutrition, heart health, home safety. Outcomes: Average 8 seniors in Marvell and 10 in Helena. Encounter numbers below.</p>
<p>Community Center Usage: Facility made available for health related community activities. Outcomes: Encounter numbers below.</p>
<p>CPR/First Aid for Consumers: American Red Cross/American Heart Association training. Outcomes: 100% passed written exam and achieved or renewed CPR/First Aid certification. Encounter numbers below.</p>
<p>Diabetes Education: Individual/group education and counseling by Certified Diabetes Educators in Helena and West Memphis. A1c testing every 6 months. Clinic is an American Diabetes Association affiliate. Outcomes: Tests given and number who ↓A1c reported semi-annually. Encounter numbers below.</p>
<p>Fitness Center: Member services include inside and outside walking trails, exercise equipment,</p>

<p>exercise classes, and personal training. Outcomes: Participants increased endurance, strength, and flexibility. Encounter numbers below.</p>
<p>Fitness/Exercise Programs: Tai Chi, Silver Sneakers, yoga, Zumba, and water aerobics. Outcomes: Programs offered in Helena, Lake Village, and Marvell. Encounter numbers below.</p>
<p>Health Education for Adults: Health related information provided about chronic diseases. Activities include “Lunch and Learn” and hospital referrals. Outcomes: 100% clients referred by hospital given educational materials/local resources to manage diabetes, smoking cessation, hypertension. “Lunch and Learn” attendees gained 80% knowledge about portion control. Attendees at event on Stroke Prevention received exercise DVDs and gained 80% knowledge of importance of physical activity. Encounter numbers below</p>
<p>Health Education for Adolescents/Children: Health education programs as needed targeted to audiences in community-based organizations, school, churches, and other locations. Outcomes: “Girls Just Wanna Run” for ages 8-12 combined running/exercise with lesson on nutrition, self esteem, body image, and respect. “Campaigner’s Club” met weekly to encourage fun without engaging in risky behaviors. “Smart Girls” for ages 8-12 met weekly at the Boys & Girls Club for lessons on self-esteem, respect, leadership and confidence.”Why Try” classes required by Teen Court helped students get back on track academically and socially. Encounter numbers below.</p>
<p>Health Fairs/Screenings: Health fairs are a tool to engage community and distribute information on health related topics. Screenings for high blood pressure, cholesterol, glucose, HIV and sickle cell trait as needed. Outcomes: Those with abnormal results are counseled and referred to PCP and/or Diabetes Clinic. Encounter and screening numbers below.</p>
<p>Kids for Health: Health education program for K-6th graders taught by 6 Delta AHEC Outreach Health Facilitators using standardized video-based health curriculum. Outcomes: Pre/post-tests in Lee, Phillips, and Monroe counties demonstrate effectiveness. Encounter numbers below.</p>
<p>Library Services for Consumers include journals, books, DVDs; training in library use/internet services; literature searches on request. Outcomes: Encounter numbers are below.</p>
<p>Nutrition Counseling: Individual and group instruction on fats, making favorite foods more healthy, importance of rest in dieting. Outcomes: Encounter numbers below.</p>
<p>Parenting/Pregnancy/Prenatal Care: Classes on parenting/child safety topics. “Remembering Angels” grief counseling to parents dealing with the loss of a child. Delta AHEC-N counselors visit mothers in the hospital before discharge and later in their homes. Outcomes: ↑of parenting/child safety topics by 85% by pre/post test. Encounters numbers below.</p>
<p>Prescription Assistance: Assist clients with applications for free medicine. Outcomes: \$502,061 savings to clients. Encounter numbers below.</p>
<p>Sickle Cell/HIV Testing: Information and testing provided on weekends or weekday evenings. Outcomes: Numbers screened and positive results below.</p>
<p>Tobacco Cessation/Prevention: Counseling and educational classes on cessation aides, how smoking affects the body and those around the smoker. Outcomes: \$460 in prescription assistance used for cessation aides. Encounter numbers below.</p>
<p>Veterans’ Community Based Outpatient Clinic: Clinic increased to 673 patients and 13 patients were seen by the diabetes educators. Outcomes: Encounters and patient visits shown below</p>
<p>Worksite Wellness: “How Healthy is Your Industry/Faculty” programs are delivered on-site by 2 outreach workers who are trained to provide health education and health assessment.</p>

Outcomes: Participation is voluntary and averaged 28 individuals/site.

COMMUNITY HEALTH SCREENING DATA TABLE									
	Blood Press	Chol	HIV	Diabetes Screening (glucose)	BMI Weight	Sickle Cell	Mammogram vouchers		Total
							Given	Redeemed	
Abnormal Results	108	22	0	35	138	11		**	314
Total Screenings	*	*	65	*	*	222	132	**	1,223

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

** We do not have access to the results of the mammograms redeemed.

SERVICES TO COMMUNITIES AND CLIENTS PARTICIPATION/ENCOUNTER DATA TABLE	
<i>Programs and services to increase the capacity of participation in culturally sensitive health promotion and health education programs:</i>	
87	CPR/First Aid for Consumers
810	Community Center Usage (Lake Village)
867	Health Education for Adolescents
805	Health Education for Adults
8,800	Health Education for Children
705	Health Fair Screening
40	Worksite Wellness (How Healthy is Your Industry/Faculty?)
448	AR Kids Outreach
12,412	Kids for Health
571	Prescription Assistance/emergency medicines
87	CLASSICS/Geriatrics
33	Tobacco Cessation/Prevention
672	Veterans' Community-Based Outpatient Clinic (total enrollees)
704	Veterans' Community-Based Outpatient Clinic (patient visits)
<i>Programs and services to improve health behaviors related to chronic health problems:</i>	
4	Asthma
246	Diabetes Formal Education
12	Diabetes Screening/Outreach
45	Geriatric Education
1,532	Sickle Cell/HIV Testing
145	Hypertension/Cardiovascular Health/congestive heart failure education classes
1,305	Consumers provided with library services
<i>Programs and services to improve health behaviors in regards to physical activity and nutrition:</i>	
13,909	Fitness Center Encounters
11,246	Other Exercise Programs
435	Nutrition (includes Group sessions and 1-on-1 counseling)
<i>Programs and services to improve health behaviors related to pregnancy, teen prevention, and parenting skills:</i>	
N/A-summer	Babysitting

27	Child Passenger Safety
346	Prenatal Care/Healthy Parenting\

<p>Activity Area: OTHER ACTIVITIES THIS QUARTER:</p> <p>Leadership/Advisory Board Activities:</p> <p>Collaboration & Cooperation:</p> <p>Over 930 community people attended meetings at the Delta AHEC. Most were partners of the Delta AHEC and were not charged a rental fee.</p> <p>Delta AHEC and Phillips Community College of the University of Arkansas offered a health education program , “Healthy Habits in 2011,” to 28 Medical Terminology II students. This collaborative program teaches students healthy behaviors including exercise, eating for a healthy heart and positive behavior changes, as well as current health statistics for several chronic diseases. Each student received free pre/post test health indicators including blood pressure, blood sugar, total cholesterol, body fat and BMI. Awards given to students who made positive health choices, lowered risk indicators, kept food/exercise journals, and completed assignments.</p> <p>Members of Phillips County C4P joined 2,800 substance abuse prevention and treatment leaders from across the country for the Community Anti-Drug Coalitions of America’s (CADCA) 21st Annual National Leadership Forum. The 4-day conference was held in the nation’s Capitol in February. Leaders representing community coalitions from around the world connected with their peers and learned new community problem-solving skills. Besides learning the latest strategies to prevent alcohol, tobacco and other drug use, the Phillips County Coalition 4 Prevention (C4P) heard inspiring words from a number of national leaders. Representing Phillips county were the 12th grade honor student who is President of the Delta AHEC’s Youth Empowered to Succeed (Y.E.S.) youth group, the Youth Diversion Coordinator for the Phillips County Teen Court, and Project Director for C4P. The Office of Alcohol and Drug Abuse Prevention (OADAP), part of the Department of Human Services, Division of Behavioral Health Services provided funding for the trip through their Strategic Prevention Framework-State Incentive Grant. This s the nation’s largest training for substance abuse prevention and treatment professionals and researchers.</p> <p>With funding from UAMS Delta AHEC South, the Blue & You Foundation for a Healthier Arkansas and ADRDN, diabetes self-management classes are being taught in Ashley, Chicot and Desha counties by a registered dietician and a registered nurse. Patients learn skills needed to successfully manage diabetes and control blood glucose daily, as well as how to prevent potential complications. All participants are treated to “Diabetes Friendly” lunches and given health related materials.</p> <p>UAMS Delta AHEC South, Desha Hometown Health Improvement Initiative, and Daughters of Charity are facilitating “Health Matters” monthly programs. Healthcare professionals and educators from these entities promote healthy lifestyles by educating residents of Desha County with presentations which include topics on BMI, Heart Disease and Stroke Prevention, and Physical Activity. Healthy snacks are also provided to all participants.</p> <p>Desha Hometown Health Improvement Initiative is one of 5 sites that was chosen for the Growing Healthy Communities project. Each site received \$12,000 as a result of funding from</p>
--

the Blue and You Foundation for a Healthier Arkansas. With input from community partners, Desha County will apply policy and environmental changes to increase physical activity and nutritional options which will lead to healthier lifestyles. One program being implemented in Desha is called “Grow an Extra Row.” Free garden seeds and plants are given to residents who will participate in the local farmers’ market or share their harvest with others. The Arkansas Coalition for Obesity Prevention conducted immersion training for site representatives in March.

The Injury Prevention Center at Arkansas Children’s Hospital is partnering with UAMS Delta AHEC South to provide monthly child passenger safety programs in Chicot County.

Media & Public Relations:

The Delta AHEC sponsored a “Party Hearty” Zumbathon with all proceeds to be donated to American Heart Associations’ National Go Red Campaign to fight Heart Disease in Women. Zumba, is a dynamic aerobic dance fitness program that blends both Latin and International music with exercise. More than 125 women, children, and men joined the Delta AHEC staff and Zumba Instructors for a 2-hour Zumbathon and Health Fair on Saturday, March 12, 2011.

The Delta AHEC South and Arkansas Department of Health sponsored a “Go Red for Women” luncheon on February 15th in Lake Village. More than 100 women dressed in red for the heart disease and stroke prevention presentation. Delta AHEC South provided free health screenings.

The Delta AHEC North and Crittenden Regional Hospital received a March of Dimes grant to implement Centering Pregnancy Model of Care at Mid-South Women’s Clinic in West Memphis.

Continuous Quality/Program Improvement:

We continue monthly supervisor and staff meetings. Program evaluations are conducted bi yearly. Staff satisfaction surveys were conducted. Delta AHEC overall staff satisfaction score was 81.8% or 4.09 out of 5 on the Liker Scale. The primary staff concern was limited opportunities to learn and grow at work. Budget cuts have forced us to curtail out of state trips for workshops and conferences. Another area of concern was the lack of recognition for doing good work. When staff was question as to what kind of recognition they would like to receive, all answered “a raise”. Here, again, budget cuts and state restrictions on raises have greatly limited our ability to give raises.

Program Specific Recommendations: The following recommendations were provided by the Independent Evaluator in an effort to assist Delta AHEC in strengthening its program offering and internal capacity.

Rec (1) Determine programmatic capacity for each program and program area.

UPDATE: This quarter, programmatic capacity was assessed for Community-Based Health Education Programs, the Fitness Center, and the Prescription Assistance Program.

Community Based Health Education Programs: A wide variety of programs are provided by the Delta AHEC, on site and in the communities, by a 6-member outreach team. Team members have varied backgrounds and expertise, and most are members of community advisory groups within the service area. Each team member works a flexible schedule to meet the needs of community

and the Delta AHEC. During the quarter, the team met and developed a capacity report for the 18 programs that are the main focus of outreach staff at the current time. Responsible staff, current capacity, future capacity, cost and budget, and ways to increase participation in each program were identified.

Delta AHEC Fitness Center: The Fitness Center serves > 30,000 clients/year and monthly encounters range from 2,500 to 5,000, exceeding capacity according to the development phase. The center has grown and made changes to meet the needs of the members as reported by satisfaction surveys and focus groups. The center will maintain capacity by increasing participation of our clients as well as developing innovative ways to attract clients to the fitness center during the lower capacity months and times of day.

Prescription Assistance Program: Capacity is infinite as long as the program is managed and monitored by someone who has organizational skills and can follow up as necessary.

Rec (2) Increase/maximize participation in each program based on capacity so that they can meet their potential to reach the most consumers and professional and achieve optimal unit cost for their program offerings.

UPDATE: To be completed after program capacity is determined.

Rec (3) Monitor participants' improvement with evaluations that include participant and comparison groups by using the existing system to monitor and support evidence based member behaviors.

UPDATE: We are in discussion to determine how we can implement this recommendation.

Rec (4) Monitor professionals' educational needs.

UPDATE: We continue to offer CE for health professionals. Delta AHEC South offers CE via the internet and is having good results.

Medicaid Expansion Program

Reporting Period: January 1, 2011 – March 31, 2011

Total Fiscal Year Program Budget: \$52,307,945

Total Fiscal Year Administrative Budget: \$2,846,026 (5.4% of budget)

Mission Statement/Program Overview

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

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

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

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

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

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

Activity Area Fiscal Year Program Budget:	\$ 5,734,934 (11%)
Tobacco Settlement Proceeds	\$1,360,900
Leveraged Federal Funds	\$4,374,034

UPDATE for Pregnant Women Expansion: DHS continues to assess this MEP initiative to identify a more appropriate goal for the program.

OUTCOMES:

- Cumulative Program Participants–

January	17,966
February	18,117
March	18,297
- Service Comparison – Baseline data under development

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

Activity Area Fiscal Year Program Budget:	\$ 8,659,980 (17%)
Tobacco Settlement Proceeds	\$2,055,013
Leveraged Federal Funds	\$6,604,967

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

OUTCOMES:

▪ Number of recipients benefiting from 4 extra days-	January	3,008
	February	2,421
	March	3,624

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

Activity Area Fiscal Year Program Budget:	\$6,006,100 (11%)
Tobacco Settlement Proceeds	\$2,815,377
Leveraged Federal Funds	\$3,190,723

UPDATE for 65 and Over Expansion: The tape matches with SSA for the Part D Low Income Subsidy are currently being worked by the staff in the Access Arkansas Center's temporary site in Cushman Arkansas. This function will transition to the new center in Batesville in mid-June. (Letters are being sent to individuals to inform them of the QMB Program. QMB recipients below 80% of the FPL qualify automatically for ARSeniors coverage.)

OUTCOMES: Current program participants –	January	4,591
	February	4,570
	March	4,586

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

Every 12 months ARHealthNetworks covers:

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

Activity Area Fiscal Year Program Budget:	\$31,906,932 (61%)
<i>Tobacco Settlement Proceeds</i>	\$ 7,098,240
<i>Leveraged Federal Funds</i>	\$24,808,692

Marketing and outreach efforts continued during this report period, primarily with key agent producers and community sponsored Chambers of Commerce events (Osceola, Mena). During the second quarter, there will be increased efforts in marketing both to the Chambers and to hospitals which hope to increase ARHealthNetworks enrollment in order to reduce their poor collections.

NovaSys Health staffed vendor booths at a coalition of convenience store operators and an annual meeting supporting independent gas stations. In addition, booths were staffed at the Arkansas Bed and Breakfast Association and the Home Builder's Association.

Statewide radio advertising resumed in the third month of the quarter. Fresh radio commercials were produced in order to keep the ARHealthNetworks message from growing stale.

NovaSys Health launched revised website "landing pages" which are specific to certain audiences (for example, hospitals support the program for different reasons than the beneficiaries, so the website looks different for them). As part of these landing pages, there are video links where specific messages have been prepared for these targeted users.

NovaSys Health began advertising via social media outlets (Facebook, Google, Yahoo, Bing, texting) in the hopes of creating appeal to younger, technologically savvy prospects. Early reports have shown increasing success as measured by web-clicks.

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

OUTCOMES:

Quarter ending enrollment:	13,512	
Gross New Members Per Month compared to Goal of 400:	January	804
	February	502
	March	572

Expenditures for January 1, 2011 through March 31, 2011 and Proportion of Leveraged Federal Dollars

	Total	Tobacco	Federal
Pregnant Women	\$ 1,475,996	\$ 320,291	\$1,155,705
In-Patient Hospital	\$ 2,168,984	\$ 470,669	\$ 1,698,314
ARSeniors	\$ 1,529,089	\$ 699,783	\$ 829,305
ARHealthNetworks	<u>\$ 7,781,324</u>	<u>\$1,943,120</u>	<u>\$ 5,844,204</u>
Sub-Total Program	\$12,961,393	\$3,433,864	\$ 9,527,528
Administration	<u>\$ 290,444</u>	<u>\$ 145,222</u>	<u>\$ 145,222</u>
Total	\$13,251,837	\$ 3,579,086	\$ 9,672,750

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

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

UPDATE: The 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.

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

UPDATE: As documented in previous status reports, the Department is confident in the saturation rate for the Pregnant Women's Expansion since more than two-thirds of births in Arkansas are paid by Medicaid. Recent efforts to develop new program goals and assessment measures for this initiative have centered on the specific pre-natal services critical to healthy births. The agency is in the process of establishing the baseline data and tracking reports to monitor the type and level of service to women in the regular and expanded programs.

Rec (3): Improve the enrollment process

UPDATE: DHS has made significant progress in our efforts to modernize and streamline the application process for the core public assistance programs (Medicaid, Supplemental Nutrition Assistance and Transitional Employment Assistance). Modernization efforts include conversion to electronic case records to support a shift to universal caseloads, web-based applications and the construction of a high-volume processing center in Batesville scheduled to open in mid-June. These enhancements will increase program access and create greater efficiency in the MEP eligibility and enrollment processes.

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

UPDATE: With the exception of the outreach activities reported for the ARHealthNetworks Program, 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. Even though the MEP outreach activities have been suspended, the initiatives will likely realize some caseload increases as the Department advertises the ability for Arkansans to apply on-line through Access Arkansas for a wide range of health, nutrition and economic assistance programs. The web-site will be included in the press announcements for the grand-opening of the Access Arkansas Center in Batesville.

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

UPDATE: The improvements in the enrollment processes described above will create the perfect environment to support enhanced collaboration opportunities. The ability to apply for health and nutrition assistance through the new Access Arkansas website allows “partners” to provide this enrollment service at any event with on-site computer access. The Department has already been contacted by the AHECs to inquire about the timeframe for Arkansas to begin using the proposed SNAP (Supplemental Nutrition Assistance Program) Mobiles for on-site enrollment. These high-tech vans with satellite link are scheduled to be deployed in October 2011. The agency has initiated the process to hire an outreach coordination specialist. Once hired, this individual will work closely with our MEP and Community Partners to schedule the use of these public assistance enrollment vans.

Arkansas Minority Health Initiative

Reporting Period: **January – March 2011**

Total Fiscal Year Budget: \$1,957,023.00 (100%)

PROGRAM OVERVIEW

Arkansas Minority Health Commission (AMHC) was established to:

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

AMHI KEY FOCI FOR 2010-2012

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

AMHI GOALS FOR 2010 -2012

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

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

ACTIVITY AREA: OUTREACH - MHI's outreach activities increase awareness and provide access to screening for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group. Outcomes for this activity area are typically the number of attendees and screenings (*See Outreach Data Table on Page 2*).

AMHC Quarterly Health Fairs & Forums: AMHC held its quarterly health fair and forum in Pulaski County. The health fair was held, in collaboration with 12 local organizations, at the state capitol. The public forum was held at the North Little Rock Community Center.

OUTCOMES: For # of screenings (*See Outreach Data Table on Page 2*) Over 75 constituents attended the health fair and approximately 20 were screened. Representatives from the Black Nurses Association volunteered to assist with screenings. Other vendors included, but are not limited to; UAMS Spit for the Cure, AARP, UAMS Poison Control, SOS, and the health department. During the public forum the participants were engaged in an enriched discussion about the need to address mental health in minority communities. Local state representatives attended and addressed the crowd.

Collaborative Community Health Fairs: AMHC participated in 6 community health fairs and events in Faulkner, Pulaski and Clark counties. The total number of encounters for this quarter was 4825.

OUTCOMES: (*See Outreach Data Table on Page 2*). In addition to the screenings listed in the outreach data table, the following screenings also occurred; vision (25), BMI (29), STD (89) and screening for glaucoma (4) was also offered. One location also administered flu vaccination (23) during their event.

Equipment Loan Program: During this quarter AMHC provided blood pressure, glucose and cholesterol equipment and supplies to 3 organizations that were able to provide services in Conway, Pulaski, and Washington Counties. The University of Arkansas at Fayetteville used the equipment throughout the month of March and April to allow nursing students to complete community projects.

OUTCOMES: A total of 198 screenings were completed. The total number of encounters noted was 146. (*See Outreach Data Table below*).

OUTREACH DATA TABLE

	Blood Pressure	Cholesterol	Glucose	HIV	Sickle Cell	Total Screenings
AMHC Quarterly Health Fair & Public Forum	16	15	15		NA	46
Community Health Fairs	106	91	94	185	NA	646*
Equipment Loan Program	66	66	66		NA	198
	188	172	175	185		890

*Includes number of screens stated in narrative(170)

FY2010/2011 HIV Prevention (Grants) Project:

This program is a MHI/ ADH partnership that has funded 12 community- and faith-based organizations to promote HIV/AIDS awareness in Arkansas. Of the 12, MHI oversees 5 grantees (*see below*) in which HIV/AIDS awareness is targeted to African Americans, Hispanics, young parents/teenagers, and the homeless.

Arkansas Human Development Corporation (AHDC): The ultimate goal of this proposed project is to educate the Hispanic population in order to increase HIV/AIDS knowledge and increase screening in this population to reduce or eradicate the spread of this pandemic. Program completed in December 2010.

Centers for Youth and Families: The Be Proud! Be Responsible! Project targets young moms and dads to provide HIV prevention programming to high risk pregnant and parenting teenagers in 8 counties in Arkansas. Each site will complete a six-module program tailored to promote comfort in requesting condom use and demonstrate an increase use of condom among high-risk teens.

Jubilee Christian Center: SIHLE (Sistering, Informing, Healing, Living and Empowerment) is a program targeting African American teenage girls ages 14-16. The program is structured to utilize group level, peer-led, social skills training. The intervention is aimed at reducing risky sexual behaviors among African American heterosexual adolescent females. Officially ceased all activities in February 2011. (Reason noted in outcomes below)

Future Builders, Inc: The "It's Your Choice" program for the African American homeless is projected to target 600 African American homeless individuals in Pulaski County. The goal is to reduce risky behaviors associated with the transmission of HIV/AIDS. Program completed in January 2011.

Alliance on Community Health: The SISTA program is to provide a gender relevant and culturally sensitive social skills training intervention to African American and Hispanic females using the evidence-based HIV behavioral intervention. The program is coupled with Real AIDS Prevention Project (RAPP) which is a community mobilization program designed to reduce the risk for HIV and unintended pregnancy by increasing condom use and screening. There were no program activities during this reporting period. All activities officially ceased in September 2010.

OUTCOMES: Overall Grantees are required to submit bi-monthly programmatic reports and monthly budget reports to MHI. Data for each grantee is collected bi-monthly via written report and monthly calls are made to provide technical assistance. During this reporting period, MHI grantees reported a total of 74 participants to receive free HIV testing and 138 participated in educational sessions discussing safe sex measures. These numbers are lower than earlier reporting due to the completion of programs in December and early January. Two organizations completed their programs in December (AHDC) and January (FBI). Jubilee Christian Center (JCC), in February, dissolved their agreement with AMHC due to challenges faced with obtaining participants into the program. After not being able to receive CDC training for the evidence-based SIHLE program, JCC revised their program using the core elements of the SIHLE program. However the challenge with gaining support from the local community impacted their decision to cease all activities. Each organization will submit a final report by next reporting period. (*See HIV Project Table below*)

HIV PROJECT TABLE

HIV Prevention Project	# of events	# of participants	# screened	Target population	Counties Served	# Information distributed
AHDC	NA	NA	NA	Hispanics	Garland, Pulaski, and Sevier	NA
CFYF	5	64	NA	Teen parents	Chicot, Desha, Jefferson, Lincoln, Pole, Pulaski, Searcy, Van Buren	NA
JCC	0	0	0	Female youth	Jefferson	NA
FBI	12	74	74	Homeless population	Pulaski	74
AOCH	NA	NA	NA	Young adult female	Union	NA

AHDC completed program in December. AOCH was cut off from funding in September 2010 due to fraud.

HIV Prevention Coalition: In commemoration of National Black HIV/AIDS Awareness Day recognized annually on February 7th, AMHC collaborated with a local church (Community Church Of God In Christ) in Union County to host a faith leaders' workshop, a health fair (reflected in community health fair data table) and a gospel concert. During the workshop participants learned the importance of the church's role in addressing HIV featuring Dr. Oveta Fuller from the University of Michigan and Pastor Edwin Sanders with the Metropolitan Interdenominational Church of Nashville, TN. The topics included biology of HIV, human sexuality, a model for effective health ministry and the overarching question "what must we do". The aim was to increase the knowledge and understanding of HIV from a scientific perspective opposed to a behavioral point of view.

OUTCOMES: The HIV workshop received high ratings for the information shared; 100% reported they received an increase in their knowledge base about HIV facts and stated they would like to receive further information. One participant reported they would be taking the information back to their church to institute a health ministry as well as expressed an interest in becoming certified to do HIV testing. During the concert, where there were over 500+ attendees, HIV facts and preventive messages were shared by guest speakers and workshop leaders. Two minority females who are infected with HIV shared their personal stories and emphasized the importance of implementing preventive measures. AMHC also provided demonstrations of physical fitness to the crowd and encouraged good nutrition.

Sickle Cell Outreach Initiatives:

Arkansas Legislative Taskforce on Sickle Cell: The taskforce was active during the legislative session with educating and advocating for the passage of Act 909. The taskforce spearheaded a legislative breakfast to educate legislators about the need for an adult clinic. Act 1149 was also passed during the General Assembly to extend the operations of the sickle cell taskforce through October 2013. Taskforce members worked with the sponsor to ensure its inclusion in a shell bill.

Current FY2011 Sickle Cell grantees:

Arkansas Nurses Association had planning committee meetings during this period to develop the online course for the one day seminar to be held on May 11, 2011. ARNA developed a one page advertisement for the association's quarterly journal that appeared in the March 2011 issue. The website course and one day seminar events were announced in the ARNA website.

Lee County Cooperative Clinic (LCCC) In January Lee Co. Coop met with five organizations, UAMS, Lee Co. School District, Nursing Staff from Phillips Co., Fire Dept. from West Helena, Lee Co. School District, to build relationship to execute sickle cell outreach. In January, 244 children were educated on various topics of sickle cell disease and in February, Sickle Cell workshops reached a total of 222 children and adults. Out-reach specialist go out 3 to 4 times a week to schools, churches, and other communities, to educate them on sickle cell, many people in those communities don't have transportation. No numbers were reported for March.

FY2012 Sickle Cell grantees:

In March, a competitive RFA for Sickle Cell Outreach, education and screenings was released for services to be provided in FY 2012 to Minority populations. AMHC received 8 letters of intent. 7 organizations applied by the deadline; while only 4 were approved. Applications were reviewed by an unbiased panel. AMHC will fund 4 organizations beginning July 1, 2011 – June 30, 2012.

Fitness and Nutrition: In June 2011, AMHC (in collaboration with Arkansas Children’s Hospital and Girl Scout-Diamond of Arkansas, Oklahoma and Texas) will host the state’s first ever residential fitness camp. Camp iRock is for girls in 6th, 7th, 8th grades and will be held at Ferncliff Camp and Conference Center in Little Rock. The camp is a week-long program of activities, workshops and exercises aimed at promoting physical activity, healthy lifestyles and building self confidence. The camp is free for 40 girls (10 selected from each Congressional district). AMHC also collaborated with the Arkansas Coalition for Obesity Prevention (ArCOP) and Arkansas Center for Health Improvement (ACHI). We used data provided by ArCOP and ACHI to develop criteria for the girls who would benefit the most from the camp. During this reporting period, AMHC was in the development stages of Camp iRock with research and weekly meetings with our collaborative partners. (See *Camp iRock table below*)

Camp iRock Fitness Activity Chart During This Reporting Period

	Select Schools	Camp iRock Partners	Fitness and Marketing Consultants	Selected Volunteers and Referrals	Other State Agencies	General Public Inquiries
Phone calls made	19	75	130	10	6	5
Phone calls received	10	50	95		5	10
Emails	25	35	215	5		3
Meetings		6	15			
Letters	38					

Minority Health Navigation System: The Commission continues to work with DIS to upgrade our internal system to support the minority health navigation project. During this period we have met with the College of Public Health Center for Health Disparities to discuss collaboration with COPH’s system in addition to local resources as proposed in a National Library of Medicine Grant opportunity.

Media/Communications: AMHC ran 60-second radio spots on KIPR Power 92.3, KOKY 102.1 and KPZK Praise 102.5 providing general information about AMHC, health information during health awareness months and informing the public of AMHC events. **Ask the Doctor** radio show on KIPR Power 92 featuring Dr. Creshelle Nash airs the third Tuesday of each month (7am to 9am). Power 92 listeners (70,000+) call in questions or email questions. Dr. Nash also highlights important AMHC news and events. Listeners have the ability to listen to past shows on www.power92.com.

The Minority Report a monthly newsletter is disseminated via email the third week of each month. The AMHC also has a **Facebook** page that is updated regularly to inform the community of AMHC news, events, as well as recent news coverage. (www.facebook.com/arminorityhealth) AMHC has 780 fans with 160 active users. This is up 16 fans from last quarter. AMHC’s goal is 5000 fans. This quarter a website was created to announce the AMHC April activities that included a Public Health Leaders Roundtable, State of Minority Health in Arkansas and the 20th Anniversary Gala. Go to (<http://www.arminorityhealth.com/20thanniversary/>) to view.

OUTCOMES: See *Media Data Table below*

MEDIA DATA TABLE

	Quantity	Counties Reached
Newspaper Total (including articles in AA, Hispanic, Asian American news papers)	9	Pulaski, Mississippi and Union
# of careers announcements	1	Statewide
# of print announcements/e-blasts	12	Pulaski and Union Statewide (e-blast)
Radio spots (includes National Black AIDS Awareness Day and Power 92 Ask the Doctor guaranteed spots)	500	Pulaski, Saline, Jefferson, Faulkner, Lonoke, Union
Television spots/interviews/coverage	2	Statewide
Web	3	Statewide (with 121,940 impressions)
Other: Facebook health postings	16	Statewide

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

Arkansas Racial and Ethnic Health Disparity Survey: We have begun additional data analysis with the support of the Department of Biostatistics at the College of Public Health to explore the association between perceived provider discrimination, healthcare utilization and health status in racial and ethnic minorities. Additionally, we have identified a Masters of Public Health Student with interest in supporting this effort in an integration project at the UAMS College of Public Health.

OUTCOMES: No publications this period.

Marianna Examination Survey on Hypertension (MESH) During this quarter, the group worked on academic products that include methodology of the study, a study of depression, and policies and procedures for data storage and external data use. We have also continued our efforts in collaborating with the local community by involvement with the Lee County Revitalization Project.

OUTCOMES: No publications this period

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

Minority Health Consortium: A collaboration of 30 various agencies comprised of grassroots, governmental, NPOs, CBOs, and FBO representatives is united in a primary goal of increasing awareness of minority health issues and to advocate for resources in the state of Arkansas.

During this reporting period, the consortium had an active and influential presence at the 88th General Assembly. This was done through weekly legislative breakfasts, weekly newsletter updates a communication system, meetings and legislative testimony that influenced the political process.

OUTCOMES: These activities lead to the passage of 17 consortium legislative priorities and AMHC specific priorities. The AMHC specific priorities that were passed include: **Act 1123** – an Act to Amend the Membership of the Arkansas HIV-AIDS Minority Taskforce was passed in the 88th Arkansas General Assembly. **HB2100** – an Act to Create a Routine HIV Screening Program is now in interim study to be reported on by December 31, 2012, and **Act 1162** – an Act to Create Cultural Competency Interim Study was passed. In addition, **Act 909**, an Act to Improve Access to Treatment for Sickle Cell Anemia in Arkansas and **Act 1149** – an Act to Extend the Operations of the Arkansas Legislative Taskforce on Sickle Cell Disease were also approved during this period. In addition, **Act 790** – an Act to Focus State Agency Attention on Mortality Disparities; To Define Red Counties and to Create Programs to Remedy Mortality Disparities in this State and **Act 798** – an Act to Define Red Counties; To Request Collaborative Initiatives and to Report on Collaborative Initiatives Established were passed in the session

Additionally AMHC activities included 11 legislative breakfasts, attendance at 46 subcommittee meetings and 249 other policy related activities during the session. (See *Policy Activity Spreadsheet Table below*)

POLICY ACTIVITY SPREADSHEET

Issue Areas	Legislative Breakfasts	Activities	Bills Passed	Bills Tracked	Bills Supported	Committee Meetings Attended
Health Care Reform	4	52	4	18	5	9
Health Care Access	3	80	5	7	6	12
Public Health	6	82	6	14	10	17
Social & Health	8	19	2	4	3	5
Workforce Initiatives	1	16	0	3	1	3
TOTALS:	22	249	17	46	25	46

AMHC tracked 46 other bills that would impact minority health disparities social determinants of health in general during this period.

HIV/AIDS Minority Taskforce: The HIV/AIDS Minority Taskforce continues it work to address the issues related to the continued rise of HIV in Arkansas as defined by recommendations of Taskforce report.

OUTCOMES: During this reporting period the Taskforce developed its, legislative agenda, convened a legislative breakfast to discuss HIV in Arkansas and health policy. This lead to sustaining and organizational change within the Taskforce and an interim study on implementation of routine HIV screening in the state of Arkansas. Specifically, Act 1123- an Act to Amend the Membership of the Arkansas HIV/AIDS minority Taskforce that looses the restrictions on membership will promote taskforce membership activity and sustainability. Additionally, HB2100, an act to study and make recommendations on how to implement routine HIV screening in Arkansas was passed.

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

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

OUTCOMES:

- The Gaps in Services to the Marshallese will continue to submit monthly/quarterly updates on the acculturation booklets (English and Marshallese) to AMHC for one year. In February 2011 the first survey was sent electronically to four groups; 1) The Consul General of the Marshall Islands, Springdale, AR, 2) Gaps in Services to Marshallese Task Force, 3) Northwest Arkansas Marshallese Advisory Committee, 4) Department of Interior Office of Insular Affairs. **The data will be compiled by Dr. Grace Donoho and sent to AMHC to report in next quarterly report.**
- On March 2011 representatives of the Government Accountability Office (GAO) met with the sub-committee of the Gaps in Services to Marshallese Task Force. Questions were sent from the GAO in preparation for the meeting. Also an article of the meeting appeared in the Northwest Arkansas Section of the Arkansas Democrat Gazette on both March 27 and April 03.
- A nursing student from the University of Arkansas presented an idea for a compact medical terminology booklet with English language terms phonically spelled alongside Marshallese words to help medical personnel as they work with Marshallese patients. Dr. Donoho and the student met with the Washington County Health Department to discuss the need for such booklet. Dr. Donoho plans to present this concept to AMHC as a continuation of the health care acculturation, needs of the Marshallese community in North West Arkansas. AMHC's Medical Director and Executive Director also met with GAO to provide insight on the project with the Jones Center.

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

The program was created to improve the lifestyle of patients of the Delta Center on Aging' 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 that focuses on the elderly population under physician supervision. 40 participants targeted. 30 actually being served, 13 African/American, 16 Caucasian, 26 women and 4 men.

Diagnosed			
Obese	Hyperlipidemia	Hypertensive	Diabetes
1 st Group: 8 2 nd Group: 8 3 rd Group: 7	1 st Group: 7 2 nd Group: 2 3 rd Group: 5	1 st Group: 10 2 nd Group: 10 3 rd Group: 9	1 st Group: 6 2 nd Group: 8 3 rd Group: 6

OUTCOMES:

Report from January to March 2011 Participants were asked what they like best from the program and their group, they responded as follows:

- Sharing ideas with each other
- Support group and fellowship
- Increased awareness of healthy lifestyle goals
- Working with health care professionals
- Discussing nutrition needs
- Gaining balance
- Learning to cook healthier foods

Cooking Class		Fitness Session	
<i>Location: Delta AHEC</i>		<i>Location: DCOA Wellness Center, 120 W. Tyler</i>	
January 13	6 attended	January 27	5 attended
February 3	5 attended	February 10	cancelled, weather
February 24	6 attended	February 17	3 attended
March 17	4 attended	March 3	3 attended
March 31	4 attended	March 24	3 attended

Grant representative reported the following

challenges: Poor attendance, travel out-of-town, lack of transportation, family or personal illness, weather, poor night vision, failure to track progress in notebook or set goals, unwilling to incorporate physical activity into lifestyle, holding on to myths about nutrition, skipping meals for weight loss, using sea salt to lower sodium intake. Both process and outcome measures will continue to be reported monthly, quarterly, and it will be evaluated to determine program effectiveness and feasibility for dissemination.

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

This Report is from period October – December 2010. This program was created to examine and address health disparities in the seven county service area of the Delta AHEC. The goal is to increase utilization of existing services. The original end date for this project was May 2010; however a no cost extension was granted through Oct. 30, 2010. A Final report from the Community Facilitator/Liaison (student) was submitted December 2010, and is available upon request. As a result of this navigation project, the following recommendations were made:

- An **open house event** providing information about the health education services offered along with staff available to speak about the services will help to increase utilization.
- **Extended hours** during the week or possibly on the weekend by the Delta AHEC and other health organizations would benefit residents who are unable to be served during regular office times.
- **Collaboration** among health agencies and other organizations within the county and the Delta AHEC is needed so residents who identify with one agency would be exposed to other agencies.
- A **referral system** between the health organizations and doctors' offices should be established.
- A **resource directory** for the counties would be useful for those who may not have a television/radio/computer to receive announcements about services/programs available.
- Community **outreach training for the staff** should be conducted to improve client/staff communication and client satisfaction of health education services.
- A **feedback survey** should be administered within the counties.

Professionals and staff within health education programs and organizations should be able to understand the social, physical, and environmental determinants of health as they relate to minority residents within the seven counties they

serve.

Update: No new information reported for period January - March 2011 but a final report will be presented at the AMHC quarterly meeting in April 2011. Additional findings will be reported on the next ATSC quarterly report.

Southeast Targeted Area Resources for Health (STAR.Health): The primary purpose of STAR Health is to pilot a community health workers' initiative in three Arkansas Delta counties in an effort to improve community health outcomes in these counties with large African American populations.

OUTCOMES: During this reporting period this pilot project provided services to 1843 participants (AA: 1223, White: 439, Hispanics: 129, Unk:50 , Other: 2,) Female: 1561 , Male: 27 and Unknown: 12. The Community Health Workers increased collaboration with local organizations that increased participation in the STAR Health program through various referrals that were made to the following local services WIC, Family Planning, Breast Care, OB/Maternity, Transportation, Prescription Assistance and Oral Health. The CHWs also collaborated with the local health department in identifying recent births. Follow up calls were made to recruit new moms into the Mom and Me program. A program that ensures that mom and baby are connected to needed services.

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

Rec (1): Maintain legislative focus on HIV/AIDS, sickle cell, health workforce and system navigation issues.
See Activity Area: Public Policy section for update.

Rec (2): Continue to strategically fund pilot and demonstration programs

UPDATE: Current pilot/demonstration projects are winding down and final reports are forth coming. No new pilot/demonstration projects were started during this reporting period. However, during the legislative session, AMHC commissioners approved a collaborative partnership with UAMS to partially fund for three years the UAMS Sickle Cell Adult Clinic resulting from **Act 909**.

Rec (3): Use the Outreach Initiative Grants as well as other opportunities to partner with other Tobacco programs to reach program goals.

UPDATE: AMHC continues its projects with Delta AHEC and Arkansas Aging during this reporting period. All targeted state needs programs worked collaboratively together during the 88th Arkansas General Assembly to ensure tobacco settlement funds remained in place. Associated acts include; HB794 – an Act to Amend Arkansas Law concerning Tobacco Treatment, Prevention and Cessation was defeated (*ADH TPCP and other collaborative partners*). Act 811 – an Act to Raise the Age of Children for whom Smoking is Prohibited in Motor Vehicles was passed (*ADH TPCP and other collaborative partners*)

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

UPDATE: Professional services contract with experts in program monitoring and evaluation continued through this reporting period. Staff-support fiscal and programmatic management and evaluation held this period with outside expert agency.

Rec (5): Take the next step with outreach grantees to ensure proper reporting and evaluation and monitoring.

UPDATE: Controls are established to ensure appropriate separation of duties between the functions of authorization, custody, record keeping, and reconciliation. Expenditures are being thoroughly tracked and reconciled with supporting documentation when submitting for reimbursements.

Rec (6): Seek supplemental funding for programs and services

UPDATE: AMHC continues to explore avenues to increase supplemental funding. During this reporting period, AMHC garnered outside funding for sponsorship of the 20 Year Anniversary events.

TOBACCO PREVENTION AND CESSATION PROGRAM

Arkansas Department of Health
FY2011 – Quarter 3 (January – March, 2011)

Total Budget: **\$19,281,842.00**

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

Program Component Description:		Administrative Program Support
<i>Budget: {CDC recommendation – 4.3%}</i>		\$573,896 (3%)
The administrative section provides financial budgetary and audit support for all aspects of the Tobacco Prevention and Cessation Program (TPCP). In addition, all human resources support is under this section. Salaries, fringe and indirect costs for the TPCP staff funded by MSA are also included.		
Goal:		Administrative
To provide administrative support so that the program is able to achieve its mission while performing within its budget with a well-functioning team.		
Quarterly Progress:		
1	Received award notification from the CDC for continued funding for TPCP. Funding level remains level at \$1.1M.	
2	Received award notification from HHS-Region 6/Office of Women’s Health to address tobacco use among young women in the amount of \$5,000.	
3	Received award notification from the Am. Academy of Pediatrics/Visiting Lectureship in the amount of \$3,000.	

Program Component Description: **State and Community Programs**

Budget: {CDC recommendation – 43%} **\$9,224,823 (48%)**

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

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

Measurable Objectives & Progress:**State and Community Program grants**

1	<p>Technical Assistance and GEMS Reporting</p> <ul style="list-style-type: none"> • During January and February 2001, TPCP staff provided “one on one” training to 5 regional grant administrators. Staff met with each grant administrator individually (a minimum of 12 hours each) and provided training on criteria for reviewing quarterly sub-grantee reports. • Held quarterly technical assistance trainings for both community and CSH sub-recipients. • Developed (in collaboration with web-based reporting system vendor) enhancements to the on-line reporting system. • 4 State and Community Interventions Staff attended the CDC conference – Communities Putting Policies to Work (CPPW) <p>TPCP Community grants (19 @ \$1,438,446 total); Community Actions or Changes:</p> <ul style="list-style-type: none"> • 25 Medical Providers in Conway County adopted practices to refer patients to the Arkansas Tobacco Quitline and/or provide local cessation resources. • UACCM adopted a policy to promote use of the Arkansas Tobacco Quitline and refer students using fax back referrals. • 6 businesses in Central Arkansas adopted a written tobacco-free zone policy • 10 tobacco retailers in Northeast Arkansas agreed to remove tobacco advertising and to move tobacco products to higher shelves and behind the counters • Gathered 120 signatures in support of making Kay Rogers Park smoke free
2	<p>TPCP Youth/schools grants (20 @ \$1,279,327 total):</p> <ul style="list-style-type: none"> • Fayetteville and Springdale School Districts updated tobacco-free policies to comply with CDC recommendations for a comprehensive tobacco-control policy • Yellville-Summit School District adopted a comprehensive tobacco-control policy
3	<p>TPCP Statewide programs YES! (Youth Extinguishing Smoking) Team (statewide)\$210,000:</p> <ul style="list-style-type: none"> • Conducted 3 day training (“YES on the HILL”)- engaged youth on legislative process through education and advocacy, to reduce exposure to secondhand smoke. A total of thirteen youth participated, with representatives from ADH, AHA, and the Coalition for Tobacco Free Arkansas. This collaborative effort was instrumental in receiving television coverage during Arkansas Tobacco Free Kids Day. As part of project, youth attended hearing for SB1004 the Smoke Free Vehicle law which was successfully passed into law: Act 811 of 2011. Youth had an opportunity to testify on the importance of the bill in order to utilize their skills. • Over 200 youth and adult advisors, spectators, and supporters participated in Arkansas Tobacco Free Kids Day. The two themes for this year's event: 100% Smoke Free (Clean Indoor Air) and What About Me? I'm (age). (re: Act 13). • Recruited 124 new members during the third quarter to the YES Team. Seventy members registered online, 32 members registered at the Pride Conference, and twenty members came from TCYB members and other events.

	<p>Arkansas Cancer Coalition (statewide) \$100,000</p> <ul style="list-style-type: none"> • The Arkansas Cancer Coalition hosted The Summit XII: “Spotlight on Prevention.” on March 7- 8, 2011. Conference registration this year was 280 an increase of 38 from 2010. • On February 22, ACC hosted a legislative breakfast at the Capitol Hill building to inform members of the state Senate and House of Representatives about the mission and vision of ACC. • ACC hosted 3 conference calls for advocates of efforts to implement a state-wide comprehensive clean indoor air policy <p>Arkansas Tobacco Control (\$872,000):</p> <p>Compliance checks for (1/1/2011 – 3/31/2011) 1537</p> <p>1-800 complaints/follow-ups 13/9</p> <p>Retailer education trainings 11</p> <p>Pregnancy Incentive Initiative Pilot Update-</p> <ul style="list-style-type: none"> • Pregnancy Incentive Pilot Program: (Craighead and Mississippi County Health Units). Total of 31 pregnant women have enrolled, with four quit for 3 months; \$3887 has been paid out for incentives
4	<p>Local Public Health</p> <ul style="list-style-type: none"> • Central Region- 9 Tobacco Product Presentations, 2 Tobacco Control Workshops • Southeast Region- 22 Tobacco Product Presentations, 2 health fairs; 2 media ads • Southwest Region-25 Tobacco Product Presentations, 5 health fairs; 4 media ads. Higginbotham Dental and Cloptin Clinic agreed to promote cessation services and utilize the ATQ Fax Referral System • Northeast Region-28 Tobacco Product Presentations, 1 Tobacco Control Workshop, 2 community actions. • Northwest Region-24 Tobacco Product Presentations, 6 Tobacco Control Workshops
5	<p>15% Minority Initiative \$2,231,029</p> <p>Minority Initiative Sub-recipient Grant Office (MISRGO)</p> <ul style="list-style-type: none"> • Conducted Empowerment Evaluation Workshop for sub-grantees • Conducted 3 capacity building workshops for grantees • 6 Mini grants were awarded in the 3rd quarter House of Levi (Jefferson County)Progressive Life Center Church (Poinsett)Arkansas Cancer Coalition (Pulaski)U of A (Washington county)Delta Community Based Services (Pulaski County) • The first E-Blast was distributed in February • Conducted a state-wide survey to determine attitude about the work being done by MISRGO sub-grantees. There were 919 respondents to the survey and overall the results were favorable that the work being done was good use of public funds. • 10 Churches are participating in Forty-Days to Freedom <p>MISRGO Grantees:</p> <ul style="list-style-type: none"> • Grantees have facilitated 8 smoke-free parks around the state • A sub-grantee, Coalition for a Tobacco-Free Arkansas, facilitated the passage of Act 811

	<p>of 2011 increasing the age to 14 where smoking is not allowed in a motor vehicle.</p> <ul style="list-style-type: none"> Community Actions: 15 signatures were collected by the Coalition for a Tobacco Free Arkansas in support of letter to the Little Rock Board of Directors, asking for a smoke-free park ORDINANCE for all parks in the city of Little Rock, including the Little Rock Zoo <p>SPECIAL ACTIVITY</p> <p>To help facilitate the development of a new 5 year strategic plan, the ADH/TPCP and 3 outside experts reviewed the 15% Minority Initiative programs and provided recommendations for strategies to be considered. Key leadership from UAPB, ADH/TPCP and the Arkansas Tobacco Settlement Commission attended. Strategic goals were considered to develop a framework that included an aspirational goal for the 15% Minority Initiative: Reduce smoking among minority populations by 5% in 5 years. Four objectives were identified: Fusing Efforts of TPCP and the Initiative, Structuring Research Impact, Strengthening the Program: MISRGO, and Strengthening the Program: Addiction Studies. An additional meeting occurred in Q3 to agree to the above and a strategic plan will be developed for review in Q4.</p>
6	Diabetes grants \$41,892
7	STAR Health \$40,000
8	<p>Act 1220 (Nutrition and Physical Activity) \$710,722</p> <ul style="list-style-type: none"> Schools statewide began assessing student height and weight data for entry into ACHI's database and student BMI report generator. Site visits are being scheduled for height and weight assessment quality assurance. At least one site visit will be made per education cooperative service area.
9	<p>OTHER/SPECIAL</p> <p>CDC annual grant submitted with new workplan; ARRA-Part II – insurance coverage for tobacco cessation workplan agreed with ACHI and submitted for legislative approval; partnered with ADH legal for intern to assist with health related policy</p>
	Specific Objectives addressed by TPCP IN Strategic Plan:
1	<p>By end of the 2013 legislative session, all exemptions in Act 8 will be removed, resulting in a comprehensive 100 percent smoke-free workplace law. (Act 8 exemptions – ACA §§ 20-27-1801 et seq.)</p> <p>SHS survey is completed with interpretation to assist with messaging for coalitions</p>
2	<p>By 2012, two communities will pass smoke-free local ordinances stronger than Act 8. (No communities in 2009 – Arkansas Department of Health TPCP)</p> <p>Partnership with TPCP funded coalition in NW to establish comprehensive smokefree law in Fayetteville – in progress</p>
3	<p>By 2013, all private colleges and universities in Arkansas will have adopted a 100 percent tobacco- free campus policy. (7 campuses in 2008 – Arkansas Department of Health TPCP)</p>
4	<p>By end of the 2013 legislative session, the age limit in Act 13 (Arkansas Protection from Secondhand Smoke for Children Act of 2006) will be increased from less than 6 years to 18 years. (Less than 6 years since 2006 – ACA §§ 20-27-1901-1904)</p> <p>Act 811 of 2011 establish the no-smoking to under the age of 14.</p>
	Breast Cancer Control fund \$500,000: provide information annually

	Trail for Life Program \$100,000: provide information annually
Program Component Description: CESSATION	
Budget:{CDC recommendation – 31%} \$6,232,316 (32%)	
Cessation of tobacco use is a key aspect of a strong tobacco control program that drives changes in behavior, health outcomes and social norms changes.	
Goal: Promoting quitting among young people and adults	
Measurable Objectives & Progress: CESSATION	
1	By 2012, providers in 50 percent of public and private healthcare systems will document tobacco use as a vital sign and will deliver the US Public Health Service AAR (ask, advise, refer) intervention to tobacco users at every patient visit. (Baseline data to be developed) STOP – System Training Outreach Program continues to develop; Inaugural Telephone conference call occurred with STOP Advisory Committee; website design in progress
2	By 2014, the reach of the Arkansas Tobacco Quitline (ATQ) will increase to a minimum of 6 percent of all smokers and smokeless tobacco users. (4.2 percent in 2009 – Arkansas Tobacco Quitline Reports) ATQ is reaching 3.28% (annualized reach) of Arkansans who use tobacco; funding for ATQ is lower in FY2011 than previously due to budget decreases.
3	By 2011, the number of healthcare providers making patient fax referrals to the Arkansas Tobacco Quitline will increase by 10 percent annually. (300 providers in 2009 – Arkansas Tobacco Quitline Reports) 855 providers in Q2 FY2011 (303 more than Q2 FY2010)
4	By 2012, Arkansas Tobacco Quitline calls from young adult tobacco users aged 18-30 years old will increase by 20 percent. (5,387 callers in FY 2009 [9 months] – Arkansas Tobacco Quitline Reports) 885 ‘18-30 year old callers’ in Q2 FY2011 – compared to 1319 in Q2 FY2010; funding for ATQ is lower in FY2011 than previously due to budget decreases.
5	By 2014, the number of Arkansas Tobacco Quitline clients who enroll in ATQ counseling services through a fax referral will increase by one percent annually. (3,431 clients in FY 2009 [9 months] – Arkansas Tobacco Quitline Reports) 907 enrollees via fax referral compared to 460 enrollees via fax in FY2010
6	By 2014, more than 90 percent of mental health, substance abuse and addictive behaviors practitioners will include treatment for nicotine dependence in client treatment plans. (Baseline data to be developed)
8	Addiction Studies (\$750,428/FY2011): The materials for the four new online courses developed last summer are being prepared to be submitted to the Graduate Council Curriculum Sub-committee for approval. The objective is to have the courses approved by the full Council at its May 2011 meeting. Stipends were renewed for the thirteen students who

had received them during the fall semester.

9 Drug courts \$2,500,000

Program Component Description:

Health Communications

Budget: {CDC recommendation - 14%}

\$1,770,398 (9%)

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

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

Measurable Objectives & Progress:

Health Communications

CJRW (\$933,547)

'Let's Clear the Air' Media Campaign: The 'Let's Clear the Air' secondhand smoke media and educational campaign was launched on February 1 and aired until April 30, 2011. Components of the media buy included TV ads on broadcast and cable TV, and print, radio and online ads. A community toolkit was available with the following components: an educational brief, toolkit, fact sheets, talking points, a PowerPoint presentation and website. Placement of the media materials was a joint collaboration between TPCP and its community grantees. The materials can be viewed at www.cleartheairarkansas.com.

1

CDC Media Campaign: During this quarter, the CDC made plans to launch a paid, public service, mass media campaign to warn about the harms of tobacco use and exposure to secondhand smoke. Paid media components include two cessation ads and one on secondhand smoke. Earned media components include billboards, radio announcements, press releases and letters to the editor. Social media materials include information that can be placed on Facebook and Twitter. The campaign launched on April 4 and will run for 12 weeks and encourages the target audience to call the quitline. TPCP will work with community grantees to implement earned and social media.

Feature Placements: Press releases were written around various themes. On Valentine's Day we encouraged tobacco users to quit for their loved ones; for Lent we asked Arkansans to give up tobacco for the forty-day Easter observance; a press release was developed by our coalitions for the Great American Smokeout, and pregnant women were encouraged to quit with a press release that detailed the harmful effects to the unborn child during the first trimester.

Youth Prevention Programs and Research: Our coloring contest garnered over 28,000 responses, and 76 drama contest spots were submitted. We also finalized plans to implement

	<p>youth focus groups. The feedback from these groups will be used to guide the development of a youth prevention media campaign.</p> <p>Electronic Media: Information was distributed to TPCP stakeholders through the following channels: ADH Website; SOS e-newsletter, SOS website; SOS Facebook page; ADH Facebook; ADH Twitter; Dr. Halverson’s Friday Letter.</p> <p>Impact: Media efforts generated print coverage totaling \$165,217.20 in PR value and broadcast coverage totaling \$162, 880. The ‘Let’s Clear the Air’ media campaign and the passage of Act 811 of 2011 (increases the age limit on smoking with children in cars) generated 10 television interviews for the TPCP.</p>	
2	<p>15% MI media (ACI \$635,741)</p> <p>Paid Media: Two TV and radio spots aired during the quarter.</p> <p>Research On New Creative: 105 African American males were interviewed to test the impact of using a message on erectile dysfunction (ED). The results show that the majority of African American males were not aware that smoking is linked to erectile dysfunction. Further, participants stated they would quit tobacco once they were aware that it causes chronic diseases like emphysema.</p> <p>Earned Media: The second edition of the MISRGO Mentions e-newsletter was released. Four (4) radio interviews were generated.</p> <p>Community-based Sponsorships: Strategic sponsorships were made at events where there was a high attendance of minorities. These included basketball tournaments, Power 92 Jams events, a gospel celebration and a black Expo. Over 7000 individuals, mainly minorities were reached with a tobacco cessation message.</p>	

Program Component Description:		Surveillance and Evaluation
<i>Budget: {CDC recommendation-9%}</i>		\$1,480,410 (8%)
The surveillance and evaluation program provides the evidence base to support the program and to indicate where needs are in the state.		
Goal:		Surveillance and Evaluation
The surveys include the YTS, ATS, BRFSS, YRBS, PRAMS and the evaluation programs include the quality management review, the on-line reporting program, the overall-program evaluation (cut in FY2012 dues to funds) and support of the RAND (MSA overall evaluation) requests. Other surveys are performed to assist the program, such as the pregnant women survey, the comprehensive clean indoor air law opinion survey, the healthcare provider survey, etc.		
Measurable Objectives & Progress:		Specific Component Name
1	2010 Youth Tobacco Survey (YTS) is completed and the final reported being written. Graphs demonstrating the outcomes are available on the TPCP professional website at www.healthy.arkansas.gov . Smoking rates are 23.5% and smokeless rates are 14.6% - neither	

	increase is statistically significant.
2	2010 BRFSS rates should be available in May; the national Adult Tobacco Survey was supposed to be available in August, then December, then January from the CDC. We continue to awaiting the data/results.
3	Secondhand smoke survey was completed, analyzed and final write up completed. Data was used to support the educational program for comprehensive clean indoor air. Results showed strong support for a comprehensive smokefree workplace law and increasing the age of the child in a vehicle to prohibit smoking.
4	Dr. Robert Delongchamp (ADH Cancer Biostatistician) directly supports activities for comprehensive analysis of cancer incidence among Arkansas residents and the statistical testing of state-wide cancer patterns and trends relative to defined geographic regions of the state and relative to the US. This position is a half-time (50%) position at the Arkansas Department of Health. 1) Developed computerized analytical routines to calculate cancer incidence rates by stage at diagnosis and survival rates for the respective cancer type and stage. 2) Developed community-level statistics for multiple indicators of elevated disease risk (smoking level, income level, race/ethnic group, age groups, and educational level) that can be used to guide public health prevention efforts for cancer and other chronic diseases. 3) Developed detailed statistical reports from cancer registry and mortality data for the 2011 Cancer Facts and Figures report which will include time trend plots and survival curves for Breast Cancer and Prostate Cancer. Analyses of eight other cancer sites are in process. 5) Participated in an assessment of a possible leukemia cluster among children reported by a physician in Craighead County. 4) Continues to assist ADH staff-level Epidemiologists with the more complex phases of their analyses.

MSA payment FY2011	\$14,220,000
Carryover Balance	
TPCP	\$3,205,431
15% MI	\$3,887,795
Total	\$7,093,226

Estimated MSA payment FY2012	\$14,000,000
Carryover Balance	
TPCP	--
15% MI	\$2,000,000
Total	\$2,000,000