



# ARKANSAS TOBACCO SETTLEMENT COMMISSION

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## Quarterly Program Report – October through December, 2010

The Arkansas Tobacco Settlement Commission (ATSC) was created under the Arkansas Tobacco Settlement Proceeds Act of 2000, along with seven funded programs including the Department of Health's Tobacco Prevention and Cessation Programs, the UAMS Fay W. Boozman College of Public Health, the UAMS Delta Area Health Education Center, the UAMS Arkansas Aging Initiative, the Minority Health Initiative, the Arkansas Biosciences Institute, and the Department of Human Service's Medicaid Expansion Programs.

The ATSC is charged with monitoring and evaluating the programs created through the Act. Quarterly reports from each of the programs assist the ATSC, and the ATSC's contracted Independent Evaluator, in regularly reviewing current program activities and progress, the programs' short and long-term goals, and program finances.

The following tables provide the information and data the Commission's Independent Evaluator uses in reviewing the activities of the ATSC Programs. These reports are submitted each quarter by the ATSC Programs and then provided to the ATSC Commissioners, the Legislative Public Health Committee, the Commission's Independent Evaluator, and the general public.

For more information, and to view other materials and information related to the Commission and Programs, including an online grants database and county-level investment information, please visit:

[www.atsc.arkansas.gov](http://www.atsc.arkansas.gov)

## Arkansas Aging Initiative

Reporting Period: October – December, 2010

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.

#### 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 Senior Health Care Center that does not receive tobacco dollars.*

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

Outcomes: Clinical visits were 9,621 for Oct, Nov, and Dec 2010. The table 1 below provides the details of the visits per site.

<p><b>Update</b> for provider FTE's (MD's and APN -advanced practice nurses):</p> <p><b>Outcomes:</b> 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.</p>
<p><b>Update</b> on creation of new SHCs:</p> <p><b>Outcomes:</b> Discussions are still occurring at the local levels in Hot Springs for the Oaklawn Senior Healthcare Center and at Mt. Home for the Baxter County Regional Medical Center SHC. Delay in opening of these Clinics is related to the economy in the state and country according to our partnering hospitals in these regions.</p>
<p><b>Update</b> on partnership with Arkansas Nursing Homes:</p> <p><b>Outcomes:</b> All COAs continue to provided education and in-service activities for many nursing homes related to evidence-based practices (refer to Table 3 under in-services and paraprofessional educational encounters). During October, November and December, 2010, COAs continued to work with 17 nursing homes that they will be helping to implement <i>Partners In Caregiving</i> which is an evidence-based program related to culture change. The number of standards of care used in nursing homes associated with COA's are reported annually. The data for FY 2010 are presented in the Data for Clinical Services table below. Data will be reported during the first quarter annually for the previous FY.</p>
<p><b>Update</b> on evidence-based guidelines in SHC</p> <p><b>Outcomes:</b> The number of SHC's supported with materials to implement evidence-based guidelines are reported annually. The data for FY 2010 are presented in Table 2.</p>

Table 1: Per COA clinical visit details

	SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista
SHC	436	335	1717	840	453	1300	1475	933
NH	4	271		166	52		397	132
Inpatient	98	63		160			694	
Home		67		28				

Table 2: Data for Clinical Services FY 2010

	SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista	Oaklawn
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 Oct, Nov, and Dec, 2010 was 18,459, and of those, 19.3 % were to minorities.

Table 3: Summary of Education Encounters

Target Audience	Encounters
Community (includes community members & exercise)	15,744
Health care professionals	1,224
Health and social service students	457
Paraprofessional (includes in-services)	1,034

Table 4: Education Encounters

<b>AAI Site</b>	<b>Health Professionals</b>	<b>In-services</b>	<b>Para Professionals</b>	<b>Community</b>	<b>Exercise</b>	<b>Students</b>	<b>Totals</b>
SACOA	16	36		1000	480	122	1654
<i>Minorities</i>	10	25		228	115	31	409
DCOA	5	215		124	1506		1850
<i>Minorities</i>	3	160		76	1367		1606
DCOA-Helena	5			490	527		1022
<i>Minorities</i>	2			355	172		529
COA-NE	349	64		494	78	165	1150
<i>Minorities</i>	2	4		11	4	3	24
TRCOA	8			220	160		388
<i>Minorities</i>	2			99	31		132
Schmieding	431		403	408			1242
<i>Minorities</i>	24		63	17			104
SCSHE-Bella Vista		38		682			720
<i>Minorities</i>		4		15			19
SCSHE-Mtn. Home	64		20	802	692		1578
<i>Minorities</i>	0		2	0	0		2
SCSHE-Harrison	28		113	2751	1922	47	4861
<i>Minorities</i>	0		3	0	0	0	3
SCCOA	265	59		1019	139	123	1605
<i>Minorities</i>	233	18		340	8	45	644
WCCOA	29	28		789	325		1171
<i>Minorities</i>	6	0		16	0		22
Oaklawn	24	58		1136			1218
<i>Minorities</i>	0	22		49			71
<b>Total Education Encounters</b>	1224	498	536	9915	5829	457	18459
<b>Total Minority Encounters</b>	282	233	68	1206	1697	79	3565

**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 October, November and December: 13 newsletters, 44 newspaper articles or press releases, 12 radio spots, 19 TV spots, 18 articles in magazines or journals, and 51 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: Marge Petty, Regional Director for the Section of Health and Human Services visited with Oaklawn Senior Health Care in Hot Springs in October regarding AAI programs and services provided to the residents of Garland County as well as all over the state.

**Activity Area: Sustainability –**  
**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 (July, August and September) was **\$140,307**. Dollars per site are detailed below in table 5.

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

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Oaklawn
24,056	19,656	4,920	2,824	6,900	1,000	64,063	16,888

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

**Update:** Regarding outcome and evaluation research

**Outcomes:** IRB approval was obtained for evaluation of the Arthritis Foundation Exercise Program in West Central Center on Aging (WCCOA) on December 30, 2010 where a pre and post questionnaire was developed to evaluate the impact and quality of the program. A planning phase for the evaluation of the program Healthy Cooking in the Oaklawn Senior Health Center in Hot Springs started in December

2010. In the Clinical arena, evaluation focused on collection of data of Inpatient Physicians Profiles. The data from four physicians of four different Centers on Aging were collected and showed a lower average cost per case and a lower average length of stay (ALOS) in comparison to data from a local hospital, national bench, and peers from the same specialty. A team was formed to organize, analyze, and publish the data in a peer reviewed journal.

**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.

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 SHC. At this time, 4 SHC are involved with Medicare Pay-4-Performance activities. All COAs continue to provide education and in-service activities for many nursing homes related to evidence-based practices.

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

UPDATE: 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. All Regional Committees are discussing the Chronic Disease Self Management Program, and some members are exploring with their businesses and corporations the possibility of contracting with the COA staff to provide on-site training for their employees. All Regional Advisory Committees are actively searching for projects and other means to raise funds. Also, over 150 different media contacts were made 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: Most COA advisory committees are planning to meet with their local State Senators and Representatives prior to and during the next Session of the General Assembly and many are also making plans to submit requests to the Arkansas Legislature for General Improvement Funds to enable them to fund local and regional activities

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

UPDATE: See leveraging data chart for October, November, and December dollars.



**Arkansas Biosciences Institute**

**Reporting Period: October - December, 2010**

**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	ACHRI	ASU	UA-Ag	UAMS	UAF
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: Data available 2/11

UPDATE for **Entrepreneurial Activities:**

OUTCOMES: Data available 2/11

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

OUTCOMES: Arkansas high school, college, and graduate school students work in ABI laboratories on special projects, research projects, and internships throughout the year. This provides for many students their first experience with a fully equipped working laboratory. For FY2010, there were 205 Arkansas students from 38 counties working in ABI laboratories. Data is listed in Table 8.

	ACHRI	ASU	UA-Ag	UAMS	UAF	ABI total
Research Publications						
Lectures and seminars						
In-Person media contacts						
Press releases						

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

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
- 17<sup>th</sup> Annual Southeastern Regional Yeast Meeting in Little Rock – March, 2010
- 7<sup>th</sup> 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.

**College of Public Health**

**Reporting Period: October - December 2010**

**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): Fall 2010-2011; 220 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	81	37%	Delta	7	3%
Northwest AR	75	2%	South Central	35	16%
Northeast AR	15	7%	North Central	15	7%
Southwest AR	5	2%	Out of State/ (Most reside in AR)	48	22%
South AR	4	2%	Foreign Country/ (Most reside in AR)	5	2%

*Students enrolled originated from 38 of the 75 counties (51%).*

*6 out of State students paid out of state tuition; 2 foreign students paid out of state tuition.*

OUTCOMES: Student enrollment by region is maintaining. In the Fall 2009/10 semester, total student enrollment was 218 with students enrolled originating from 38 of the 75 counties (51%).

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%

*100% of the 12 remain in Arkansas.*

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 Fall Semester (Oct – December 2010 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 5% of the Arkansas population and, in the Fall 2010-2011 class, 5 (2%) of COPH students are representative of this population. COPH research programs focused on this population and COPH student recruitment efforts are part of our planning efforts to increase Latino enrollment.

UPDATE for **Student Competency:** A tool to obtain this information is being developed and will be provided in the 2<sup>nd</sup> quarter 2011 RAND report. Exit interview questions are being tweaked and properly positioned to capture information needed and to best ensure students complete the 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 2<sup>nd</sup> quarter 2011 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 Fall semester (June – December 2010). In 2010, COPH faculty participated in 148 Special Community Projects and 160 talks and lectures. A listing of these projects can be provided upon request.

OUTCOMES: The majority of the student preceptorship and Integration projects completed impacted all Arkansas counties as the information obtained will benefit statewide agencies and organizations to serve all Arkansans better. Two preceptorship projects were county specific – providing valuable insight to agencies in Grant County and Pulaski County. COPH faculty and staff are very active in the community serving on numerous boards and commissions, speaking at various events, and involved in numerous community projects.



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

% of Enrolled Students by Race	White	Black	Asian, Other	Latino	Native American, two or more, did not answer,	Total
	146 (66%)	54 (25%)	11 (5%)	5 (2%)	4 (2%)	220 (100%)
Total number of enrolled students: <b>220</b>						
Number of counties represented by enrolled students: <b>38</b> (51%)						
Number of out of State students: <b>48</b> (22%) (6 pay out of state tuition)						
Number of Foreign Country students: <b>5</b> (2%) (2 pay out of state tuition)						

**Table 2** (Fall 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
11	6	9 Statewide 2 County Specific	8	5	5 Statewide 3 County Specific	3	3	ALL 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:** From January through December 2010, the COPH faculty obtained grant and contract funding totaling \$4,623,902.

OUTCOMES: Number of grants submitted for funding by COPH faculty; number and amount of grant funds awarded for all COPH faculties are provided quarterly. RAND has set a goal for the COPH to increase new grant and contract funding by 20% above that achieved in FY 2004-2005 (\$9,540,802). The COPH did not meet this goal in the 2009-2010 fiscal year. In FY 2009-2010, the COPH obtained a total of \$10,872,103 which is 12% above that achieved 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. This information was obtained in this quarter and is being provided to RAND for their analysis.

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 ten journals. We fully expect a continuation of such progress.

UPDATE for **Faculty PIs or Co-PIs:** As of December 31, 2010, the COPH has 48 full-time and part-time faculty; 32 of whom are research faculty.

OUTCOMES: Number of PI or Co-PI of submitted grant; Projects per total research faculty are tabulated by RAND annually in the TSC annual report. The total number of faculty PI's on active grants and contracts this quarter is 17. 11 of the 17 are PI's on more than one grant/contract.

UPDATE for **Ongoing Research Projects:** As of December 31, 2010, the COPH has 41 active grants and contracts (36 active "research" grants) totaling approximately \$31 million. See Tables 1 and 2 below.

OUTCOMES: Number of ongoing research projects conducted by all faculty Number of PI or Co-PI of submitted grant; Projects per total research faculty are reported quarterly. See tables 1 & 2 below.

COPH Faculty Grants and Projects October – December 2010					<b>Table 1</b>	
		Grants Submitted	Grants Funded	Grants Pending	Total Ongoing Research Projects	Number of FTE's supported by Research
Period Covered:	Number	5	1	4	36	63
Oct– Dec. 2010	Per total research faculty					
Period Covered:	Number	7	15	13	50	63
Jul – Sept. 2010	Per total research faculty					

Amounts of New and Active COPH Grants and Contracts			<b>Table 2</b>
Year	Total of New Grants and Contracts	Active Grants and Contracts	
Oct – Dec 2010	\$4,307,399	\$31,306,871 – 41 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, Special Projects:** In 2010, COPH faculty and staff gave 160 talks and lectures and participated in 148 special community projects. In 2009, COPH faculty and staff gave 100 talks and lectures and participated in over 50 special projects

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

UPDATE for **Faculty Presentations, Conferences:** In 2009, COPH faculty and staff gave 121 presentations as various conferences and events.

OUTCOMES: Number of faculty research presentations and conferences are reported annually. These data will be updated in the January 2011 RAND report. See COPH Faculty Service Activities table below.

UPDATE for **Influence on State Policy:** The next scheduled legislative session begins January 2011. Presently, faculty and staff are discussing policy that could improve the health of Arkansans and are working with other organizations/agencies in support of their legislative agenda that meets these same criteria.

OUTCOMES: Outcomes will be reported at the end of the legislative session.

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 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. 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. Ads have been posted in appropriate venues for the Environmental & Occupational Health position and Health Policy and Management positions. A search firm for the Epidemiology position has been engaged, as 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: October – December 2010**

**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%)

**Continuing education:** A total of 23 Rural Hospital programs offered to health professionals via a web-based continuing education program, free of charge to them. Encounters numbers are below.

**CPR for Health professionals:** American Red Cross/American Heart Association training. Encounter numbers are presented below.

**Health professionals provided with library services:** Teaching models, videos and brochures provided. DynaMed provided to 15 health professionals. Encounter numbers are below.

**Health professions students/residents provided library services.** Phillips College nursing

students were trained in research methods and assisted in obtaining accurate information for research papers. Encounter numbers are below.

**Telemedicine Consults:** There were no tele-medicine patient follow-up visits with UAMS physicians this quarter.

**EDUCATION TO HEALTHCARE PROFESSIONALS ENROLLMENT AND ATTENDANCE DATA TABLE**

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

121	Care Learning for Health Professionals (web-based modules for hospital employees)
198	Continuing education (+142 attended education programs not CME)
19	CPR for health professionals
51	Health professionals provided with library services
80	Health professions students/residents provided library services

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

None this quarter	Telemedicine consults
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**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%)**

**K - 12 Program:** Presentations to teachers on health careers and how we can help their students. Presentations at College Career Fairs. “Day in the Life of a Nurse” AIM club in Lake Village heard a presentation from Medtronics. Encounter numbers are below.

Janet Ligon, Delta AHEC’s Pre-Health Career Recruiter, started two **Club Scrub** programs this quarter, one at Desoto Academy in Helena and the other at Marvell Academy in Marvell. The program is designed to help students gain skills that will enable them to make informed career decisions in the health field. Club Scrub will introduce students to health careers available in the 21st century. Each month, students learn about two or three different health careers with a short lesson and fun activities. The clubs will continue throughout the school year and additional clubs are planned for 2011.

**College Programs:** Presentations at College Career Fairs. Encounter numbers are below.

**Medical School Programs:** We will be starting one month Ob-Gyn rotations for family medicine residents from UAMS in Spring of 2011

**Nursing Programs (by academic year):** Clinical precepting and primary advisement is provided at the Delta AHEC. This quarter, 1 FNP graduate student was advised regarding the interview process. She was offered her first job and accepted the position in an ENT clinic at the University Medical Center in Jackson, Mississippi. Also, there were 22 encounters devoted to recruitment of nurses this quarter.

**ACCESS TO HEALTH CARE ENROLLMENT AND ATTENDANCE DATA TABLE**

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

None this quarter	College Programs: Mentoring/Shadowing
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162	College Health Career Programs
3	College Advising
3	RNs preparing for BSN
3	BSNs preparing for MNSc
0	MNSc preparing for administration
1	Nursing students doing clinical rotations at the Delta AHEC
Summer Prog.	UAMS medical students doing preceptorship
None this quarter	UAMS senior medical students doing selective rotation
None this quarter	Graduate medical education/Residency Rotations
<i>Programs to acquaint K-12 youth with health careers:</i>	
1429	Health Careers
21	Students mentored/shadowing professionals
Summer prog.	Medical Application of Science in Health (MASH)
Summer prog.	Community Health Action in Medical Public Service (CHAMPS)

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

**Activity Area Fiscal Year Budget: \$ \$ 426,685 (97%)**

**AR Kids Outreach:** Provide information and increase knowledge of health insurance available through AR Kids Insurance program. Encounter numbers are below.

**Asthma:** Education and support for parents, teachers and children with asthma. Information given on care at home and triggers. Encounter numbers are below.

**Breast Health/Prevention:** Access Project Pink aims to reach women through local billboards in their communities (funded by Arkansas Affiliate, Susan G. Komen Foundation) Mammogram vouchers are distributed at health fairs and other community events. Women can also call in to receive a voucher. Breast self exam is taught to women and high school girls. . Number of vouchers given and redeemed are below.

**Car Seat Baby Showers:** Participants instructed on how to correctly install a car seat, received additional safety information and all received a car seat for each child in family. Encounter numbers are below.

**Library Services for consumers** include journals, books, DVDs; training in library/internet services; literature searches on request. Encounter numbers are below.

**CPR/First Aid for Consumers:** Encounter numbers are below.

**Formal Diabetes Education:** consists of 1-1 diabetes education, group education, support groups, counseling in hospitals. Education is provided by certified diabetes educators and the diabetes clinic is an American Diabetes Association affiliate. A1c testing is conducted every 6 months. The number of tests given and the number of people who have lowered their A1c will be reported every six months. Classes are held at the Delta AHEC ADA clinic, West Memphis, Daughters of Charity, VA CBOC in Helena, Encounter numbers are presented below.

The International Diabetes Federation designated November 14<sup>th</sup> as World Diabetes Day to raise

<p>awareness of signs and symptoms of diabetes, prevention of Type 2 Diabetes, and education for better control of diabetes. Tammie Coleman, RN and Megan Jones, RD from UAMS Delta AHEC North presented information to employees and guests of Crittenden Regional Hospital relating to the goals of the day. An information table was set up in front of the cafeteria during lunch hours and written and verbal information was shared.</p>
<p><b>Diabetes Screening (results of screening and description of where):</b> Screenings held at Wal-Mart, Mid-Delta Senior Citizen Center, and in Wellness Center. All were referred to their PCP and the Diabetes clinic. Encounter numbers, screening, and abnormal screening numbers are presented below.</p>
<p><b>Fitness Center:</b> Member services include free inside and outside walking trail, exercise equipment, exercise classes and personal training. Encounter numbers are presented below.</p> <p><b>Other Exercise Programs (Helena)-</b>These classes consist of tai chi, silver sneakers, yoga and Zumba. Encounter numbers are presented below.</p>
<p><b>Other Exercise Programs (Not Helena)</b> Classes held in Lake Village and Marvell. Encounter numbers are below.</p>
<p><b>Grief Counseling (Remembering Angels)-</b>information on dealing with the loss of a child was provided to parents. Encounters numbers are below.</p>
<p><b>Health Education for Adolescents:</b> “Making Healthy choices was taught in schools, Campaigners club at the Boys and Girls Club, Phoenix youth, bone health at Red Ribbon Week, STD and puberty education, cooking classes, first aid, food poisoning, diet, exercise. Encounter numbers are below.</p>
<p><b>Health Education for Adults:</b> Classes on stroke, GERD, hypertension nutrition, diabetes risk factors, strategies to lower cholesterol, heart healthy activities, exercise, healthy lifestyles, blood borne pathogens, walkability survey, food poisoning. Encounter numbers are below.</p>
<p><b>Health Education for Children:</b> Presentations to Head Start on germs, fitness, nutrition and exercise. Developmentally appropriate movement activities during PE. Encounter numbers are below.</p>
<p><b>Community Health Screenings :</b> Screenings were held in Lake Village, Dermott, Dumas, Phillips County industry/churches/schools are in the table below. All with abnormal readings were counseled and referred to their PCP and or the Delta AHEC.</p> <p>The Arkansas Minority AIDS Commission and Black AIDS Institute partnered with Chicot Memorial Medical Center and Delta AHEC South to present the Arkansas AIDS HIV Testing Tour. The tour kicked off on November 12<sup>th</sup> at McGehee Hospital and in Little Rock at Philander Smith College. Free HIV testing was available throughout the tour, which ended on November 13<sup>th</sup> with stops at the University of Arkansas at Pine Bluff and the Fairview Community Development Association Center at St. John in El Dorado. Celebrity advocate KiKi Shepard of “Showtime at the Apollo” appeared on the tour along with AIDS activist and National Slam Poetry champion Sonya Renee.</p>
<p><b>Worksite Wellness :</b> Lunch and learn classes, on site CPR, exercise classes, strategies for healthy lifestyles</p>
<p><b>Health Fairs-</b>information on a variety of health related topics was distributed. Encounter numbers are below</p>
<p><b>Kids for Health:</b> 30 minutes weekly of health education provided to K-6<sup>th</sup> graders; standardized health curriculum taught by Delta AHEC health facilitators; pre/post-test results. Post test scores more than doubled at all schools( Some tripled) from pre to post test after curriculum was taught. Encounter numbers are presented below</p>



<p><b>Nutrition Counseling</b>-(1-1 &amp; Group) fats in diet, making favorite foods more healthy, importance of rest in dieting. Encounter numbers are presented below.</p> <p>UAMS Delta AHEC North hosted a Healthy Benefits Cooking Class on October 22, for 14 participants from West Memphis and the surrounding communities. The theme of the class was “Cooking with Fall Foods”. The menu consisted of Apple Cinnamon Pork Chops, Cheesy Spaghetti Squash, and Double Layer Pumpkin Pie. Participants of the class enjoyed a free cooking demonstration, samples of the foods being made, and received the recipes. The goal of the Healthy Benefits Cooking Class is to expose the participants to strategies for making easy, tasty dishes that can be incorporated into a healthy lifestyle.</p>
<p><b>Veterans’ Community Based Outpatient Clinic:</b> On November 10th, the Helena VA Community Based Outpatient Clinic held a Grand Opening ceremony at the clinic that included a welcome by Dr. Becky Hall, Director of Delta AHEC, recitation of the Pledge of Allegiance by Mr. Joshua Wyatt, US Marine Corps, guest speaker Dr. Mark Mengel, UAMS Vice Chancellor of Regional Programs and many other special guests. SFC Jerry Beckwood, US Army, presented a flag to the clinic that was flown during a tour of duty in Iraq. Mr. Don Gentry, Phillips County Judge, presented a proclamation declaring November 8-12, 2010 Veterans Week in Phillips County. In addition to those listed above, in attendance were State Representative Clark Hall, Willie Wade, State of Arkansas Veterans Outreach Program Manager, and Mr. Robbie Reed, Veteran’s Representative for U.S. Senator Mark Pryor. After the ceremony, lunch was served to those in attendance and tours of the VA clinic were given. The Helena-West Helena Fire Department prepared grilled food for the 100 participants. The clinic had 818 patient encounters and 10 patients were seen by the diabetes education clinical staff.</p>
<p><b>Pregnancy/Parenting/Prenatal Care:</b> Classes on fetal alcohol syndrome, oral care, care of the newborn, birth options, labor, child safety, spanking, SIDS, depression, temper tantrums, breast feeding. Encounter numbers are presented below.</p> <p>Delta AHEC North received a \$47,962 from the Blue &amp; You Foundation for Healthier Arkansas Grant to provide at least 50, at risk, pregnant women a doula at birth, continuing education for health professionals in women’s health and maternity services, materials for childbirth classes and trainings, and a Spanish childbirth education series for each of the provider’s offices. The grant also pay for bilingual translation services to Hispanic Non-English speaking, pregnant women. At least 400 people will be reached through this grant.</p>
<p><b>Prescription Assistance:</b> Clients assisted with applications for free medicine.  <b>Outcomes:</b> \$374,340.77 in savings</p>
<p><b>Seniors CLASSICS:</b> Senior citizens increased knowledge on stress prevention, use of DEET, adult immunizations, problems of digestion, DASH diet, Walk away the Pounds exercise strategy. Encounter numbers are presented below.</p>
<p><b>Sexually Transmitted Infections:</b> Testing for HIV/AIDS, 1 positive HIV/AIDS detected. Counseling was done with all tested and educational materials distributed. Encounter numbers are presented below</p>
<p><b>Sickle Cell:</b> Delta AHEC provided educational information and screening for sickle cell during this quarter. Counts for encounters, screening, and number for which the trait was detected are presented below.</p>
<p><b>Tobacco Cessation:</b> Classes taught on cessation aides, how smoking affects the body and those around the smoker. Encounter numbers are presented below</p>
<p><b>Tobacco/Substance Abuse Prevention:</b> Teen court continues to be successful. Students in area high school heard presentations on substance abuse and tobacco prevention. Encounter rates are</p>

presented below

COMMUNITY HEALTH SCREENING DATA TABLE									
	Blood Press	Chol	HIV	Diabetes Screening (glucose)	BMI Weight	Sickle Cell	Mammogram vouchers		Total
							Given	Redeemed	
Abnormal Screenings	178	26	1	51	19	41	122	70	316
<b>Total Screenings</b>	*	*	97	*	*	670	NA	NA	1166

\*Total number for blood pressure, cholesterol and BMI are included in the total number screened

\*\* These numbers are not included in the total since they are not screenings. We do not have access to the results of the mammograms redeemed.

**SERVICES TO COMMUNITIES AND CLIENTS PARTICIPATION/ENCOUNTER DATA TABLE**

*Programs and services to increase the capacity of participation in culturally sensitive health promotion and health education programs:*

54	CPR/First Aid for Consumers
1,027	Health Education for Adolescents
716	Health Education for Adults
507	Health Education for Children
674	Health Fairs
168	Worksite Wellness (How Healthy is Your Industry/Faculty?)
667	AR Kids Outreach
19,410	Kids for Health
408	Prescription Assistance/emergency medicines
23	Seniors CLASSICS/Geriatrics
6	Tobacco Cessation
586	Tobacco/Substance Abuse Prevention
631	Veterans' Community-Based Outpatient Clinic (total enrollees)
818	Veterans' Community-Based Outpatient Clinic (patient visits)
<i>Programs and services to improve health behaviors related to chronic health problems:</i>	
0	Asthma
178	Diabetes Formal Education
155	Diabetes screening/outreach
85	Flu Prevention/Care
640	Sickle Cell Education
88	Hypertension/Cardiovascular Health/congestive heart failure education classes
294	Consumers provided with library services
<i>Programs and services to improve health behaviors in regards to physical activity and nutrition:</i>	
8,417	Fitness Center Encounters
1837	Other exercise programs (Helena)

6173	Other Exercise Programs (not Helena)
52	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>	
0	Babysitting
176	Prenatal Care/Healthy Parenting,
46	Car Safety (car seat baby showers)

**Activity Area: OTHER ACTIVITIES THIS QUARTER:**

**Leadership/Advisory Board Activities:**

The Delta AHEC, U of Arkansas, Department of Agriculture, and Arkansas Department of Health's Hometown Health Coalition held a Healthy Living Summit on November 9<sup>th</sup>. To involve, engage and encourage community members, healthcare professionals and community citizens to adopt and maintain healthy lifestyles, programs offered were on "Aging in Place", "Building Your Health and Fitness Strategy", "Stress Reduction" and "The Mediterranean Lifestyle." A healthy gourmet lunch was served to the 76 attendees. The lunch speaker was Hernando (MS) Mayor Chip Johnson, who has enacted cutting edge health and wellness policies and initiatives for his city, including fitness parks, a farmers market, and opening old buildings to encourage activity for youth and adults. Participants received goody bags filled with nutrition information, cooking utensils, an exercise DVD, and coupon organizers.

**Collaboration & Cooperation:**

With the Boys and Girls Club of Phillips County to provide a 4-week Kids Healthy Cooking Class; participants will prepare a healthy salad, pasta dish, a side dish and a dessert in the Delta AHEC kitchen; Boys and Girls Club is providing the food and 10-15 participants will rotate through monthly.

**Media & Public Relations:**

UAMS Delta AHEC South received several grants for Southeast Arkansas and will continue its involvement in the grants by providing the project direction:

- A Charles A. Frueauff Foundation grant in the amount of \$15,000.00 to continue to address chronic disease management at Chicot Memorial Medical Center by providing an in-house emergency medicine program, digital scales for congestive heart failure patients at discharge, and health education programs and dietary assistance to patients while they are recovering at the hospital.
- A Blue and You Foundation for a Healthier Arkansas Grant in the amount of \$60,547.00 to conduct four diabetes self-management courses, six diabetes education lunches, and diabetes screenings in the Greater Delta Alliance for Health service area of Ashley, Chicot, Desha, Arkansas, and Lincoln counties.
- A Mid Delta Community Consortium Delta States grant in the amount of \$58,620 to provide prescription assistance, diabetes education, and chronic disease management programs by partnering with the Hometown Health Coalitions in Ashley, Chicot, Desha, and Lincoln counties.
- An Arkansas Department of Health HIV Prevention grant in the amount of \$57,600 to provide free HIV screenings in the local hospitals and via the mobile health screening unit in the counties

of Ashley, Chicot, Desha, Drew, Bradley, Arkansas, and Lincoln.

- An Arkansas Coalition for Obesity Prevention’s “Growing Healthy Communities” grant in the amount of \$12,000 for Desha County to implement work site wellness programs, plan and implement a community garden, encourage healthy eating habits, provide accessible wellness and exercise programs, and work with local schools to increase physical activity and healthier food choices. The project also includes training to seven community leaders in Desha County. Mellie Watson is the program director.

**Continuous Quality/Program Improvement:**

We continue monthly supervisor and staff meetings. Program evaluations are conducted bi yearly. Staff satisfaction surveys will be conducted next quarter.

**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: We have determined the programmatic capacity for four programs, the Diabetes education clinic in Helena, the VA diabetes clinic in Helena, and the Diabetes education programs and the perinatal program at Delta AHEC North in West Memphis. Four additional programs will be reviewed next quarter. See results below.

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: A survey will be sent out the next quarter.

***Delta AHEC Diabetes Education Clinic Capacity Report***

Tuesdays: 6 clients per day for follow-up A1C (60 minute increments to obtain paperwork for possible referrals) As time allows screenings can be scheduled (Weekly Staff meeting from 11-12). Thursday mornings: 12 clients/per group class (class size limited by teaching method and # of staff).

Assessment: Currently the clinic is under capacity. See monthly reports. Plan: In January 2011 the coordinator, Karan Cox, gave the administrative assistant, Katy Cravens, a print out of all the Medicare clients in the clinic’s history. These clients are being called and invited to come in for an A1C. At that time, they will be assessed as to their educational needs. If they need additional diabetes education, a PCP referral will be requested. Clients will scheduled for group and/or individual classes once the referral is obtained.

### ***VA Diabetes Education Classes Capacity Report***

Thursday afternoons: 4 clients/per group class (class size limited by space & room for one visitor). Assessment: Currently the diabetes education at the VA is a maximum capacity. Plan: Continue same.

### **Delta AHEC North in West Memphis**

#### ***Diabetes Programming – Cooking Class, Support Group, Self Management, Hospital Referrals; Gestational***

##### **What is the capacity for this program?**

Staffing primarily with 1 RN and 1 RD but other staff provide some components. Offer 1 DSME, 1 Gestational series, 1 cooking, 1 support group, daily hospital referrals. Much greater capacity to offer education as diabetes is very high in this region; in January 58 referrals were received on hospital inpatients. Plan to add second DSME all day class beginning March due to demand; space is a limiting factor; can only serve 10 clients at a session. Exercise is needed but the space limitation and lack of staff certification is a barrier.

##### **How do we increase/maximize participation to reach the most consumers and achieve optimal unit cost?**

Conduct daily visits with hospital in-patient referrals; place community service ads in local newspaper and cable access channel. Classes are listed on hospital website. Distribute a monthly calendar of classes to local medical offices. Will add second DSME series in March. Will implement follow-up for individuals who do not attend after registering for a class. Will track hospital referrals to determine what percentage actually participate. Will utilize Diabetes Advisory Council to promote program. Will seek additional space from the hospital to expand programming. Will seek funding to certify staff in exercise programs. Exploring doing a Diabetes Day to bring vendors along with educators for community at large.

##### **How do we monitor participant improvement with evaluations that include participant and comparison groups to monitor and support evidence based member behaviors?**

DSME and gestational use pre/post tests and clients set goals; DSME follows on goals at 1, 3, 6, 12 months.

##### **Do we have professional education needs either our staff or others who work with diabetics?**

Outside funding and UAMS telemed programming has provided CEU needs of staff to meet ADA requirements. Funding has not been available to certify staff in physical activity discipline that would expand services.

#### ***Perinatal Program – Childbirth education; breastfeeding; doula labor support; nutrition management; Community Baby Shower; parenting***

**What is the capacity for this program?**

Staff includes 1, RN, 1 RD, 1 parent educator; appears to be adequate but no back-up for the RN certified as childbirth and lactation educator. Only serve a small portion of pregnant families in the area so a much greater service capacity.

**How do we increase/maximize participation to reach the most consumers and achieve optimal unit cost?**

Class schedules are distributed to local medical offices monthly and included as part of new employee orientation at the hospital; listed on hospital website; flyer is included in new patient packet at local OB offices. Will create standard community service ad for local newspaper and cable access channel; exploring a night class; will do lunch and learn for OB staff and local health unit on nutrition to promote early perinatal education; creating poster to place in local health unit and DHS to market classes; have received March of Dimes funding to implement Centering Pregnancy with one OB office which includes the perinatal education. Would like to add some exercise options.

**How do we monitor participant improvement with evaluations that include participant and comparison groups to monitor and support evidence based member behaviors?**

Pre/post tests, evaluation, and goal setting are used for evaluation.

**Do we have professional education needs either our staff or others who work with pregnant women?**

Outside funding and UAMS telemed meet most of the educational needs. Certification in physical activity disciplines is needed. Will focus on providing education to healthcare providers to promote breastfeeding.

**Medicaid Expansion Program**

**Reporting Period: October 1, 2010 – December 31, 2010**

**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 expand non-institutional coverage and benefits to Medicare beneficiaries age 65 and over.

**Population 3:** To offer expanded inpatient and outpatient hospital reimbursements and benefits to adults age 19-64.

**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.

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

UPDATE for Pregnant Women Expansion: DHS has been reassessing this MEP initiative to identify more appropriate goals for the program. Under consideration is conversion to a goal that compares the receipt of pre-natal screening for HIV, blood count, blood type, VDRL and Chlamydia for the MEP population to the regular Medicaid PW population.

**OUTCOMES:**

- Cumulative Program Participants–

October	17,419
November	17,630
December	17,778
- Service Comparison – Baseline data under development

**Activity Area: Hospital Benefit Coverage.** This program offers expanded inpatient hospital reimbursements and benefits to adults age 21-64 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.

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

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-	October	2,703
	November	2,769
	December	3,245

**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.

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

UPDATE for 65 and Over Expansion: The ARSeniors Program should experience an increase due to a new tape match with SSA from the Part D Low-Income Subsidy. 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. Response to the letters continues to be very low.

OUTCOMES: Current program participants –	October	4,502
	November	4,498
	December	4,556



**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

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

UPDATE for ARHealthNetworks: Marketing and outreach efforts continued during this report period, primarily with agent producers, community sponsored Chambers of Commerce events (Johnson County), and face-to-face interaction with community hospital executives at the Arkansas Hospital Association's annual trade show. NovaSys Health maintained an informational booth at the Arkansas State Fair for nine days – an event which brings in over 450,000 Arkansans from all over the state.

NovaSys Health met in conference with 30+ key agents from the southwest region of the state for continuing education training regarding this product. NovaSys continues to sponsor booths at conferences to disseminate information. This time period was somewhat slower than the rest of the year simply because of the Thanksgiving, Christmas, and New Year's Holidays which usually translates into fewer work days for agents and for prospects. This generally allows time for planning for the first quarter of the subsequent year as things ramp up quickly for the upcoming year.

While radio advertising was curtailed somewhat during the fourth quarter, it will begin again in the first quarter of 2011. The change in the frequency is intentional for two reasons – the political races in the fourth quarter cause the advertising price to increase because supply inventory is scarce and, secondly, the holiday season reduces the number of listeners who would be interested in this type of product. NovaSys Health co-sponsored a live physician question and answer show designed to generate interest from a new type of prospect. This initiative allowed more viewing of the ARHealthNetworks television commercials as well.

Most efforts during the fourth quarter were aimed at planning the activities for the next six months. Billboard advertising was doubled this fiscal year, based on the

perceived effectiveness of this medium.

NovaSys Health launched a revised website that is easier to operate and more pleasing to the eye. As part of this website, there are video links where satisfied employers, members, and agents speak to the merits of the ARHealthNetworks program. The site continues to be improved and more will be reported on this in the upcoming quarter(s).

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:	12,693
Gross New Members Per Month compared to Goal of 400:	
	October 772
	November 788
	December 642

*Note: The quarter ending enrollment for last quarter, ending September 30, 2010, was overstated by 1,082. The correct quarter ending enrollment was 11,839.*

**Expenditures for October 1, 2010 through December 31, 2010 and Proportion of Leveraged Medicaid Dollars**

	<b>Total</b>	<b>Tobacco</b>	<b>Federal</b>
Pregnant Women	\$ 1,404,130	\$ 264,257	\$1,139,872
In-Patient Hospital	\$ 1,840,101	\$ 346,307	\$1,493,794
ARSeniors	\$ 1,591,639	\$ 690,193	\$ 901,447
ARHealthNetworks	<u>\$ 7,311,039</u>	<u>\$1,576,948</u>	<u>\$5,734,091</u>
Sub-Total Program	\$12,146,936	\$2,877,705	\$9,269,204
Administration	<u>\$ 306,967</u>	<u>\$ 153,483</u>	<u>\$ 153,483</u>
<b>Total</b>	<b>\$ 12,453,903</b>	<b>\$3,031,188</b>	<b>\$9,422,687</b>

**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. 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.

**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.

## Arkansas Minority Health Initiative

Reporting Period: **October – December 2010**

**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

#### 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*).

**Activity Area Fiscal Year Budget: \$707,235**

**AMHC Quarterly Health Fairs & Forums:** AMHC held its quarterly health fair and forum in Mississippi County (Blytheville) in collaboration with AARP and the Walgreen Mobile unit.

**OUTCOMES:** For # of attendees/screenings and evaluation surveys (*See Outreach Data Table on Page 2*) In addition to the data presented in table below the following screenings were also completed: Prostate:13;BMI:58; Bone Density: 57; Waist Circumference: 57; and Body Fat: 52. A total of 419 screenings were completed during the quarterly health fair where 49% of the screens were abnormal. Those reporting no insurance were all African Americans (100%).

**Collaborative Community Health Fairs:** AMHC participated in 10 community health fairs in Pulaski and Jefferson counties. AMHC assisted ADH with their Flu mass clinic that was held at the Arkansas State Fairgrounds LR.. The total number of encounters for this quarter was 7491.

**OUTCOMES:** (*See Outreach Data Table on Page 2*) In addition to the data presented in table below the following screenings were also completed in conjunction with local partners: BMI: 65, Dental: 58; Flu; 1405, Gastro; 4, Podiatry: 25, and Vision 150. A total of 1707 screenings were completed in addition to the total listed in the table

**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 Pulaski County. AMHC collaborated with the Mexican Consulate during the month of October for their Ventanilla de Salud event and provided screening equipment and supplies each week.

**OUTCOMES:** A total of 399 screenings were completed. *(See Outreach Data Table below)*. In addition to the listed screenings, vision (45) was also provided.

**OUTREACH DATA TABLE**

	Blood Pressure	Cholesterol	Glucose	HIV	Sickle Cell	Total Screened
<b>AMHC Quarterly Health Fair &amp; Public Forum</b>	57	56	56	13	NA	182
<b>Community Health Fairs</b>	310	175	242	87	NA	814
<b>Equipment Loan Program</b>	154	58	77	65	NA	354
	<b>521</b>	<b>289</b>	<b>375</b>	<b>165</b>		<b>1350</b>

**FY2010 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.

**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 eight 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

**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.

**Alliance on Community Health:** 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 220 participants received free HIV testing and over 200 participated in educational sessions discussing

safe sex measures. *(See HIV Project Table below)*

As part of the AMHC and ADH grant partnership, AMHC participated in the Arkansas HIV Testing Tour, November 12<sup>th</sup>-13<sup>th</sup>, hosted by the Black AIDS Institute, Chicot Memorial, and Jefferson Comprehensive Care System. The tour visited 4 cities; Dumas, Little Rock, Pine Bluff and El Dorado. During the tour, 208 were screened for HIV and 19 were screened for syphilis. 550 citizens were estimated to have attended.

**HIV PROJECT TABLE**

HIV Prevention Project	# of events	# of participants	# screened	Target population	Counties Served	# Information distributed
AHDC	2	145	145	Hispanics	Garland, Pulaski, and Sevier	145
CFYF	6	107	NA	Teen parents	Chicot, Desha, Jefferson, Lincoln, Pole, Pulaski, Searcy, Van Buren	NA
JCC	1	5	0	Female youth	Jefferson	15
FBI	14	75	75	Homeless population	Pulaski	75
AOCH	NA	NA	NA	Young adult female	Pulaski	NA

**HIV Prevention Coalition:** In commemoration of World AIDS Day 2010, AMHC collaborated with Future Builders, Inc (FBI) and Arkansas State University (ASU) with Annual HIV Symposiums. AMHC partnered with 2 local schools in Pulaski County (JA Fair and Cloverdale) to hold a school tour promoting HIV education and awareness. Education was provided by the Arkansas Department of Health HIV/STD/Hepatitis C Section, AMHC and the UAPB drama department during a special assembly for World AIDS Day. Students were presented with HIV facts and scenarios to demonstrate risk of exposure. The students at JA Fair participated in a press conference and a balloon release in commemoration of lives lost to HIV/AIDS.

**OUTCOMES:** Between the 2 schools, 310 students received HIV prevention education. FBI had 68 attendants at the symposium that focused on the faith community and youth population. 19 participants received free HIV screening from JCCSI. ASU: Data not available at the time of this report.

**Minority Health Navigation System:** The Commission continues to work with DIS to upgrade our internal system to support the minority health navigation system. 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 of local resources as proposed in National Library of Medicine Grant opportunity.

**Sickle Cell Outreach Initiatives:**

Two organizations (AR Nurses Association and Lee County Cooperative Clinic) were awarded grant funds to promote SC consumer and provider education as a result of the RFP announcement in September 2010. A review panel met on November 12<sup>th</sup> and an orientation meeting for the grantees was held by AMHC on December 10<sup>th</sup>. The programs started December 13<sup>th</sup> and will end on June 30, 2011.

**Arkansas Nurses Association SC Program:** develop, implement and evaluate a web-based course and an on-site seminar as well as an online sickle cell disease continuing education course for nurses in Arkansas.

**Lee County Cooperative Clinic (LCCC) SC Program:** LCCC will organize and present workshops on various topics of sickle cell disease in Lee, Phillips, St. Francis, Crittenden, and Mississippi Counties. It will host a school-based educational program for 300 students from each county and 100 people from each county will be screened.

**OUTCOMES:** N/A at reporting time as grantees first report was not due.

**Arkansas Legislative Taskforce on Sickle Cell:** AMHC Executive Director and one Commissioner are appointed to this taskforce. The Taskforce did not officially meet during this quarter. However, the Task Force’s recommendations were presented to the AR Senate and House Public Health Committees on Thursday, October 28<sup>th</sup>.

**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 AMHC Medical Director, Dr. Creshelle Nash airs the third Tuesday of each month (7am to 9am). Power 92 listeners call in questions or email questions. Dr. Nash also highlights important AMHC news and events. **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](http://www.facebook.com/arminorityhealth)) AMHC has 724 fans with 145 active users this is up 52 fans from last quarter. AMHC’s goal is 5000 fans. In addition, AMHC partnered with the Taskforce, UAMS Partners for Inclusive Communities and Sickle Cell Support Services in a **public awareness campaign entitled “I Have Sickle Cell”** on 2 major television networks during the month of December 2010 and January 2011.

**OUTCOMES:** *See Media Data Table*

**MEDIA DATA TABLE**

	Quantity	Counties Reached
Newspaper Total (articles in AA, Hispanic, Asian American news papers)	25	Pulaski, Union, Mississippi, Lonoke, Saline, Grant, Faulkner
# of health information articles	0	
# of careers announcements	0	
# of event announcements	25	Pulaski, Benton, Washington, Union, Mississippi
Radio spots	452	Pulaski, Saline, Jefferson, Faulkner, Lonoke
Television spots/interviews/coverage	244	Statewide
Web	15	Statewide
Other: Facebook health postings	26	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:** No publications this period. However, 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.

**OUTCOMES:** No publications this period.

**Marianna Examination Survey on Hypertension (MESH)** During this quarter we have made progress on both the community component and research agenda of this project. We held a local community press conference to announce the survey data in collaboration with the Lee County Revitalization project and joined the group's health subcommittee in October 2010. Additionally, data from the MESH project has informed a state interim Study on Hypertension that was produced by the Arkansas Acute Stroke Care Taskforce. This report was submitted to the Public Health Welfare and Labor Committees on December 2, 2010.

**OUTCOMES:** The MESH Report was officially released in October during a press conference in Marianna. The report is available at <http://www.arminorityhealth.com/documents/MeshReport.pdf>

**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).

**Arkansas 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.

**OUTCOMES:** During this reporting period, the consortium completed its minority health consortium directory. The consortium, through a participatory process, defined its 2011 legislative agenda and defined a communication strategy for the 2011 legislative session.

**Health Care Reform:** During the period, we have monitored health care reform on a daily/weekly basis and released policy statements to inform minority communities and other stake holders. We continue to address healthcare reform through Ask the Doctor, Facebook, community forums and our website.

**OUTCOMES:** No publications during this period. Policies posted on AMHC website.

**HIV/AIDS Minority Taskforce & Public Forum:** The HIV/AIDS Minority Taskforce has partnered with the State Healthcare Access Research Project (SHARP) produced by the Health Law and Policy Clinic of Harvard Law School. The Arkansas report paints a detailed picture of health and healthcare issues of persons living with HIV/AIDS in Arkansas. The report also makes specific recommendations to improve access to care. AMHC supports the SHARP Report recommendations in full. In particular, AMHC and Arkansas HIV Community Advocates recommend an 1115 Medicaid Waiver be established. An 1115 Medicaid waiver would allow a state to provide immediate coverage for pre-disabled people living with HIV. An 1115 waiver would allow Arkansas to maximize state dollars spent to address the HIV access to care and public health crisis by leveraging federal matching funds (3:1) and potentially decrease the spread of HIV/AIDS in the community. See the full SHARP Report at



<http://www.arminorityhealth.com/documents/ArkansasSHARPReportv53310.pdf>

**Act 842 of 2007:** AMHC recommended loosening the rigidity of membership on the taskforce as stipulated in Act 842 for the purpose of strengthening membership recruitment/appointment and obtaining a functional quorum.

**OUTCOMES:** During this reporting period the Taskforce compiled the responses and recommendations from public forums held in the four congressional districts of the state (Conway, El Dorado, Forrest City and Springdale) into a report to present during the 88<sup>th</sup> General Assembly. The responses and recommendations can be found at <http://www.arminorityhealth.com/subcommittees.html#1>

**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 project began in July 2009 and it ended in June 2010, yet, an evaluation plan was developed to document both the process and outcomes of the program administrated by the Gaps in Services Taskforce. 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. A survey was developed in November 2010 and will be given to individuals who receive the acculturation booklet starting February 2011. In addition, The Jones Center placed both the English and Marshallese language version of the acculturation booklet on their homepage. Monthly “hits” are being tracked by the technology coordinator and submitted to Dr. Grace Donoho for inclusion in reports to the Arkansas Minority Health Commission. Both booklets can be downloaded.

**WEBSITE REPORT  
“LIVING IN ARKANSAS: WHAT YOU NEED TO KNOW AS A MARSHALLESE”**

Website	Month of Hits	# of Hits
<a href="http://www.yokwe.net">www.yokwe.net</a> Yokwe online	Since posting the booklet on their website to December 2010	1,580 Marshallese only
<a href="http://www.thejonescenter.org/">http://www.thejonescenter.org/</a> The Jones Center for Families	October - December 2010	87 English 138 Marshallese
Initially <b>250</b> Booklets/English version and <b>500</b> Marshallese version were distributed in November 2009		

[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’s Senior Health Clinic by helping each patient demonstrate improvement in at least one of the areas of weight, blood pressure, lipid levels, glucose level or physical activity. The program is a nutritional, physical activity and disease self management that focuses on the elderly population under physician supervision. This intervention will be piloted to determine effectiveness and feasibility of dissemination of program to additional Centers on Aging in minority communities. The Program begun on January 1, 2010, a no cost extension was requested and approved the program will end on October 12, 2011.

**OUTCOMES:**

**REPORT FROM OCTOBER TO DECEMBER 2010**

<b>Cooking Class</b>		<b>Fitness Session</b>	
<b>Location: Delta AHEC</b>		<b>Location: DCOA Wellness Center, 120 W. Tyler</b>	
October 07	<b>6 attended</b>	Sept. 30	<b>5 attended</b>
October 28	<b>3 attended</b>	October 21	<b>2 attended</b>
November 11	<b>1 attended</b>	November 04	<b>1 attended</b>
December 02	<b>2 attended</b>	November 18	<b>0 attended</b>
December 16	<b>3 attended</b>	December 09	<b>1 attended</b>

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 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.

[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. STAR Health experienced some personnel issues this reporting period. The nurse supervisor resigned and the Regional Director retired. However they have continued to push forward.

**OUTCOMES:** During this reporting period this pilot project provided services to 1189 participants (AA: 803, White: 312, Hispanics: 67, Unk: 7, Female: 911, Male: 276 and Unknown: 2. The majority of the contact made to participants was for Family Planning (24%) followed by Maternity/OB (14%). WIC (13%) Chronic Disease (13%). SOS/Tobacco (9%) and Oral Health (5%). Out of the 1189 encounters, 44% were home visits, 17% reported having no insurance and the majority were African American females. Services were provided to ages ranging from 17 years-32 years old. The CHWs provided services such grief support, assistance with signing up for WIC, and the MOM and ME program and information about promoting a safe environment for baby.

**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.**

**UPDATE:** Predominant activities during this reporting period have focused on this recommendation. AMHC developed recommendations for HIV/AIDS, and sickle cell with consortium partners and the sickle cell taskforce.

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

**UPDATE:** No new pilot/demonstration projects were started during this reporting period. However, AMHC continues to view this as a viable avenue towards intervention strategies aimed at reducing disparities. AMHC is committed to the success of its current pilot projects and will utilize data/findings/outcomes from these to guide future pilot and demonstration projects.

**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. MHI and ADH HIV Joint RFP continues to fund 12 grants this period. AMHC collaborated with the ADH TPCP – UAPB Minority Initiative in creating awareness of its December 2<sup>nd</sup> Policy Practices in Tobacco Prevention Workshop Series held in Little Rock.

**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 expert 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:** Agency fiscal accountant hired October 20<sup>th</sup> with in-depth background in grant auditing and financial management for a governmental entity. Professional services contract with expert in program monitoring and evaluation secured during this period. In addition, staff program management workshops developed with outside expert agencies. AMHC has successfully hired a fiscal accountant with in-depth background in grant auditing and financial management for a governmental entity. In addition, a staff member was hired to provide part-time assistant to the accountant II. Since coming aboard the accountant and assistant have implement internal controls which are in place to ensure proper safeguarding of all AMHC state funds.

Controls were established to ensure appropriate separation of duties between the functions of authorization, custody, record keeping, and reconciliation. Expenditures must be tracked and reconciled with supporting documentation when submitting for reimbursements.

As a result of increased controls during this reporting period, AMHC Executive Director and fiscal support identified theft on the part of one of its HIV grantees, Alliance on Community Health (El Dorado). AMHC ceased/desist business with this grantee immediately. AMHC swiftly notified DFA, Div of Legislative Audit and the Arkansas State Police. An audit was performed by DFA during this reporting period and ASP has an active investigation underway in Union County, Arkansas as of submission of this report.

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

**UPDATE:** AMHC has received outside funding from consortium partners in the production of the minority health consortium directory this period. AMHC continues to explore avenues to increase supplemental funding.

# TOBACCO PREVENTION AND CESSATION PROGRAM

Arkansas Department of Health  
FY2011 – Quarter 2 (September-December 2010)

**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.

<b>Program Component Description:</b>	<b>Administrative Program Support</b>
<i>Budget: {CDC recommendation – 4.3%}</i>	<i>\$573,896 (3%)</i>
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.	
<b>Goal:</b>	<b>Administrative</b>
To provide administrative support so that the program is able to achieve its mission while performing within its budget with a well-functioning team.	
<b>Quarterly Progress:</b>	
1	CDC provided supplement ARRA-Component III funding for \$64,867 (\$14,000 for FY2011) – funds will be used for the Systems Outreach Training Program (STOP) – a healthcare provider education and systems change program
2	Annual CDC grant application completed and submitted for end-March 2011-March 2012
3	Vacant position: Budget Analyst – advertised and to be filled early Feb, 2011

<b>Program Component Description:</b>	<b>State and Community Programs</b>
<i>Budget: {CDC recommendation – 43%}</i>	<i>\$9,224,823 (48%)</i>

**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><b>TPCP Community grants (19 @ \$1,438,446 total);</b> Community Actions:</p> <ul style="list-style-type: none"> <li>• Six smoke-free home and car campaigns were conducted during the second quarter. Two hundred and sixty-three signatures were collected in support of protecting children from exposure to second-hand smoke in homes and cars</li> <li>• The North Arkansas Partnership for Health in Boone County obtained commitments from 24 medical providers and 1 dentist to participate in Santa’s Quit List, a campaign to refer pregnant clients to the Arkansas Tobacco Quitline. The Partnership provided kits to all participating providers</li> <li>• The Paris School District and the Logan, Crawford and Franklin County Health Units unified to obtain commitments from 97 participants in family planning services and/or WIC to remain abstinent from tobacco use during pregnancy</li> <li>• Fifteen hundred signatures were collected in support of smoke-free parks policies for Calhoun and Ouachita Counties. These signatures are slated for presentation to the city councils</li> </ul>
	<p>Community Changes:</p> <ul style="list-style-type: none"> <li>• Two Mountain Home businesses adopted smoke-free campus policies and one local radio station agreed to include their parking lot and picnic tables in their current smoke-free policy.</li> <li>• The Crowne Pub and Maxine’s Tap Room both in Fayetteville adopted smoke free policies</li> <li>• Hempstead County adopted a smoke-free parks policy</li> <li>• 11 Central Arkansas businesses agreed to implement a written tobacco free policy including <i>widening buffer zones</i>.</li> <li>• Step By Step Senior Care in Little Rock implemented a written tobacco free policy</li> <li>• 11 businesses in Pulaski and Saline Counties implemented a tobacco free <i>campus</i> policy.</li> <li>• Four retail outlets in Boone County implemented policies to provide Arkansas Tobacco Quitline and cessation flyers in shopping bags.</li> </ul>
2	<p><b>TPCP Youth/schools grants (20 @ \$1,279,327 total):</b> Community Actions :</p> <ul style="list-style-type: none"> <li>• Conway County implemented ‘Start the Talk Before They Start’, a new tobacco prevention program targeting parents. One hundred and fifty-five pledges were collected from parents as a commitment to participate in the program</li> <li>• Kids for Health in Springdale submitted a written recommendation, to the Springdale School District School Board, promoting the adoption of a district-wide comprehensive tobacco control policy</li> <li>• Jared Cleveland, Superintendent of Lavaca Schools submitted a</li> </ul>

	<p>comprehensive tobacco control policy draft to the governing board. The board's decision was to wait until the summer of 2011 to start implementation</p> <p>Community Changes:</p> <ul style="list-style-type: none"> <li>• Yellville, Eldorado, Springdale, and Barton-Lexa School Districts adopted comprehensive tobacco control policies.</li> </ul>						
3	<p><b>TPCP Statewide programs</b></p> <p>YES! (Youth Extinguishing Smoking) Team (statewide)\$210,000:</p> <ul style="list-style-type: none"> <li>• YES Team rallied to conduct two demonstrations for a smoke free policy at the Little Rock Zoo; collected over 1,200 hand signatures and 66 online signatures. With other coalitions, the Little Rock Zoo Governors voted unanimously to make the Zoo smokefree.</li> <li>• The <b>YES Team</b> recruited <b>450</b> new members during the 2nd quarter, which brings the total membership to <b>2,522</b></li> </ul> <p>Arkansas Cancer Coalition (statewide) \$100,000</p> <ul style="list-style-type: none"> <li>• ACC Lung Cancer Workgroup hosted a press conference in the Capitol Rotunda to honor Governor Beebe's proclamation declaring November 2010 as Lung Cancer Awareness Month in Arkansas. KTHV, KATV, and 92.3 promoted the event.</li> <li>• ACC hosted a Grassroots Advocacy Training with a focus understanding the differences between lobbying and advocacy. Forty advocates attended.</li> </ul> <p>Arkansas Tobacco Control:</p> <p>Compliance checks for October 1<sup>st</sup> through December 31, 2010</p> <table data-bbox="451 1213 1393 1329"> <tr> <td>Group Checks</td> <td>1707</td> </tr> <tr> <td>Group Sales To Minors Violations</td> <td>105</td> </tr> <tr> <td>Group Non-Compliance</td> <td>6%</td> </tr> </table> <p>Pregnancy Incentive Initiative Pilot Update-</p> <ul style="list-style-type: none"> <li>• Pregnancy Incentive Pilot Program: (Craighead and Mississippi County Health Units). Twenty-one pregnant women have enrolled, with four quitting smoking.</li> </ul>	Group Checks	1707	Group Sales To Minors Violations	105	Group Non-Compliance	6%
Group Checks	1707						
Group Sales To Minors Violations	105						
Group Non-Compliance	6%						
4	<p><b>15% Minority Initiative \$2,231,029</b></p> <p>Minority Initiative Sub-recipient Grant Office (MISRGO)</p> <ul style="list-style-type: none"> <li>• Six mini programs supported: The Banner, Pine Bluff, AR, (\$5,000); Ideas Emerge, Inc Pine Bluff, AR Nov. 2010 (\$4,742); AMA Little Rock, Nov. 2010 (\$5,000); Progressive Life Center Outreach Osceola, AR Dec. 2010 (\$ 5,000); Empowerment Ministries Little Rock, AR Nov-10 (\$4,975); U of A Fayetteville, AR Dec. 2010</li> <li>• In collaboration with TPCP, MISRGO launched the 40 Days to Freedom tobacco cessation program for African-American churches. The initial</li> </ul>						

planning included a pre-meeting workshop for interested organizations and concluded with a train the facilitator type training conducted by NAATEN consultant Rev. Elaine Walters.

- The first quarterly newsletter was distributed by MISRGO and its Media Partners on October 19

MISRGO Grantees:

Community Actions:

- Eighty-seven signatures were obtained and presented in a letter by the Coalition for a Tobacco-Free Arkansas to the City of Little Rock Board of Directors asking that the city board members consider the adoption of a smoke-free parks and zoo policy for the City of Little Rock
- One Smoke-Free Home and Car Campaign was conducted during the second quarter. Twenty-seven signatures were collected in support of protecting children from exposure to second-hand smoke in homes and cars
- Eighteen community members attended a meeting with the Mayor of Hughes to advocate for tobacco-free recreational areas
- The East Arkansas Enterprise Community's 2010 Annual Public Meeting in Forrest City offered the opportunity for the 'Breathe Easy' initiative to discuss tobacco-free policies in recreational facilities with the Mayors of Hughes and Caldwell - both requested additional information
- Four tobacco retail outlets in Lee and Phillips County signed pledges of commitment to require card identification on tobacco sales
- A letter writing campaign was launched by peer leaders and teen girls at the Step Up Center to express their opinions about smoking and smoke free venues in Little Rock. The letters were sent to Essence and Jet/Ebony Magazine
- Ted Belden, Co-Owner of the Inn at Carnall Hall, Ella's Restaurant, and UARK Bowl in Washington County pledged his support of a smoke-free policy that would eliminate second-hand smoke in all workplaces
- Hot Springs High School and Mountain Pine High School agreed to implement an educational plan to educate students on Arkansas State laws regarding tobacco. The Women's Council on African American Affairs provided educational materials for class use and will follow up to assist in creation of the educational plan.

Community Changes:

None reported for quarter two

SPECIAL ACTIVITY

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**

	<b>years.</b> Four objectives were identified: Fusing Efforts of TPCP and the Initiative, Structuring Research Impact, Strengthening the Program: MISRGO, and Strengthening the Program: Addiction Studies. These objectives need additional conversation and development from both organizations leadership and other participants.
5	Diabetes grants \$41,892-Information reported annually
6	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
	Specific Objectives addressed by TPCP:
1	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.)
	SHS survey is completed with interpretation to assist with messaging for coalitions
2	By 2012, two communities will pass smoke-free local ordinances stronger than Act 8. (No communities in 2009 – Arkansas Department of Health TPCP)
	Partnership with TPCP funded coalition in NW to establish comprehensive smokefree law in Fayetteville (to precede state law)
3	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)
4	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)
	Work with Coalition for Tobacco Free Arkansas and MISRGO to provide information and SHS survey results
	Breast Cancer Control fund \$500,000: provide information annually Nutrition & Physical Activity (Act 1220) \$710,722 Trail for Life Program \$100,000: provide information annually
<b>Program Component Description: CESSATION</b>	
<b>Budget: {CDC recommendation – 31%} \$6,232,316 (32%)</b>	
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.	
<b>Goal: Promoting quitting among young people and adults</b>	



<b>Measurable Objectives &amp; Progress:</b>		<b>CESSATION</b>
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)	
	<b>STOP</b> – 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 3.85% (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)	
	753 providers in Q2 FY2011 (282 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)	
	852 ‘18-30 year old callers’ in Q2 FY2011 – compared to 1369 in Q2 FY2010; funding for ATQ is lower in FY2011 than previously due to budget decreases.	
	Cessation Health Analyst resigned in December; position to be advertised.	
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)	
	664 enrollees via fax referral compared to 433 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)	
7	By 2015, the cigarette excise tax will be increased from \$1.15 to the national average, the tax on other tobacco products will continue to be levied per unit, and 12 percent of the revenue from the excise tax increase will be dedicated to tobacco prevention and cessation. (\$1.15 in 2009 – ACA §§ 26-57-801-807)	
8	Addiction Studies (\$750,428/FY2011): Drs. Cynthia Troutman, Therthenia Lewis, Bonnie Hatchett attended the APHA Annual Conference in Denver, CO, November 5-11, 2010. Dr. Jerry Lewis and Mrs. Donaldson, university library staff supervisor for the Addiction Studies Resource Center, spoke in Pine Bluff to students at Jack Robey Junior High School, on	

	November 18, 2011. The faculty submitted to the Director revised syllabi (including electronic copies) for the courses they taught during the fall 2010 semester and/or learning guides for the new online courses they have developed. The face-to-face course syllabi were reviewed and used in the respective courses during the fall semester. The materials for the new online courses will be submitted to the Graduate Council for approval during the spring semester.
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	STAR health \$40,000 reported annually; Drug courts \$2,500,000
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<b>Program Component Description:</b>	<b>Health Communications</b>
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<i>Budget: {CDC recommendation - 14%}</i>	<i>\$1,770,398 (9%)</i>
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This section is to provide the health communications and media outreach that supports the TPCP, the statewide and community programs and push, if possible, to encourage people to call the quitline. Materials are developed and distributed throughout the state that provide educational support for the various initiatives, such as encouraging pregnant women to stop tobacco use, to educate healthcare professionals on evidence-based methods to help patients stop smoking, etc.

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

<b>Measurable Objectives &amp; Progress:</b>	<b>Health communications</b>
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	CJRW (\$933,547)
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**Let's clear the Air media Campaign:** All development of the Let's Clear the Air Media Campaign was completed. The materials include television, radio and print ads, as well as an educational brief, toolkit, fact sheets, talking points, a PowerPoint presentation and website. The educational materials are available for use by our coalitions and partners and are at: [www.cleartheairarkansas.com](http://www.cleartheairarkansas.com).

**Feature placements:** press releases announcing the following:  
 Lung Cancer Awareness Month; The Great American SmokeOut; Veteran's Day; The 2010 Clean Air Avengers Essay Contest (was completed with 1800 entries and 10 winners selected); national Health Education Week 2010; The National Public Health Awards 2010.

**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.

Media efforts generated print coverage totaling \$25,980 in PR value and generated broadcast coverage totaling \$79,494. Earned media generated one radio interview from the El Dorado Times and two from local television stations on the Essay contest. Collateral materials including brochures were provided to 38 TPCP grantees and community groups.

	<p><b>15% MI media (ACI \$635,741)</b>  International media awards for two TV ads  40 Days to Freedom program was featured on KATV and KTHV websites  2 First edition of <i>MISRGO Mentions</i> e-newsletter released  Two sponsorships: 20<sup>th</sup> Anniversary of Encuentro Hispano (10/30/2010) and “Thanks for the Laugh Comedy Tour” (11/2010)</p>	

**Program Component Description: Surveillance and Evaluation**

*Budget: {CDC recommendation-9%}* **\$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 <a href="http://www.healthy.arkansas.gov">www.healthy.arkansas.gov</a> . 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 are awaiting the results.
3	Secondhand smoke survey was completed, analyzed and final write up to be prepared. Data will be 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	50% salary for doctoral level epidemiologist for analysis of data on smoking and smoking-related disease. The funding for 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.
5	Arkansas Tobacco Control Board \$872,000 - works to provide youth compliance and educate store management and employees to prevent tobacco purchases by youth

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	
TCP	--
15% MI	\$2,000,000
Total	\$2,000,000