



Arkansas Tobacco Settlement Commission

Quarterly Report

July - September 2007

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COMMISSION STAFF:

Aaron Black, JD, MPA
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Commission Overview

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

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

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Arkansas Aging Initiative (AAI)

The Arkansas Aging Initiative seeks to improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs and to influence health policy affecting older adults

Progress toward outcomes, significant changes, and accomplishments this quarter

- During this quarter 60 of the 75 counties (80%) had attendees in at least one educational event; 21,951 *hours* of training occurred during 1179 *programs*.
- The AAI has the potential to be replicated by another state; The Donald W. Reynolds foundation has been in contact with Dr. Beverly regarding potentially funding Oklahoma to being the *Oklahoma Aging Initiative*. A planning grant is currently being developed to submit to the foundation.
- On 8/30/2007 the second meeting of the managers from the Senior Health Clinics (SHC) was held. This was a conference call which included the directors of each clinic from across the state plus the Education Directors. Brainstorming, networking and sharing regarding all aspects of operating a SHC filled the agenda. This group again stated they learned a lot from each other and plan to talk again in Nov and Jan via a conference call.
- Various media formats were used over 50 times this quarter as a means of informing the older adult population regarding educational events or educational formats themselves. The formats included: newsletters, flyers, Public Service Announcements, newspaper articles and interviews, public announcements, advertisements, radio broadcasts, TV appearances, and local TV stations interviews, and magazine articles.
- The regional COAs were involved in 13 local health fairs with 5160 contacts and 698 screenings during July, August and September.
- The AAI Central Leadership began fall visits to each site. Each site is reviewing the outcomes for FY 2007; how they met their goals and objectives and what they have planned for FY 2008. These visits will continue through October.

Development

The Arkansas Aging Initiative now has fully operational advisory committees at six of its Regional Centers on Aging and one in the final stages of implementation. The Committees are maturing under the guidance of outstanding community leaders who have agreed to serve as Chair.

The Regional Advisory Committees have been strengthened by recent actions of the Reynolds Institute on Aging Community Advisory Board. The Board's actions represent a significant milestone in its goal to address the issues of aging statewide. The Board revised its by-laws to include membership from geographical regions of the State where a Regional Center on Aging is located. In several cases the new Board member is also the Chair of the Regional Advisory Committee. This not only provides a two-way line of communication between the Board and Regional Centers on Aging, it also creates an

awareness of the Regional Centers' unique mission to make geriatric education and clinical services available to Arkansas' rural seniors.

The Regional Advisory Committees have five goals. They are to (1) educate communities about the existence and purposes of the Center on Aging, (2) work with local groups and individual to bring together all parties interested in providing better medical care to seniors, (3) involve legislative and governmental officials in the mission and needs of the Center of Aging, (4) seek private and foundation financial assistance to further the growth and mission of the Center on Aging, and (5) act as a liaison between the Center on Aging and the community to identify needs and opportunities.

Leveraging Activity: Total leveraged dollars for the quarter: \$142,111

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding
\$60,100	\$16	\$30,476	\$4,500	\$10,600	\$15,012	\$21,407

Collaborative Efforts

- o The Division of Health (DOH) of the Arkansas Department of Health and Human Services (ADHHS) have initiated a three year Administration on Aging project (grant) to be called “Arkansas Empowering Older Adults Project” using funding from the grant opportunity “Empowering Older People to Take More Control of their Health Through Evidence Based Prevention Programs.” AAI is a major partner and 6 sites had representatives at the first “Active Living Everyday Training” event held in Little Rock, AR 9/21/2007.
- o The Delta Center on Aging is working closely with their regional AARP 10 Week Walking Program to be held at the Community Senior Appreciation Day at Life Enrichment and Development. In Helena this program’s partners are Helena Health Foundation, EAAAA, Mid Delta Community Services, AARP Chapter 4445, Retired Teachers Association Eastern Area Hub, and Delta AHEC. Texarkana Regional Center on Aging:
 - o Partnered with Area Agency on Aging for Tai Chi Training
 - o 8/10/2007 Meeting in Hot Springs, AR with developmentally disabled group to explore research opportunities with Tai Chi and disruptive behaviors.
- o South AR Center on Aging - Training for the AAA Fall prevention program began this month at Health Works Fitness center.
- o West Central Center on Aging is partnering with HealthSouth on a Caregiver program
- o Schmieding Center at Bella Vista hosted the 2007 BV Senior Health Fair, a two-day senior focused community event that included eleven (11) senior directed educational programs from this areas health professionals, the formation and first meeting of the Bella Vista Community Advisory Board and the coordination and presentation of the 5 Giants of Geriatrics, a half day education program for nurses presented in partnership with AHEC-NW and the Northwest Arkansas Community College.

Major Challenges

- Sustainability of programs due to the instability of Tobacco Funding: attempts to expand financial base with alternate modes of funding

- Funding for research and evaluation associated with AAI outcomes.

Evaluation

- Beginning on August 24th, an experienced external evaluator from the UAMS Academic Affairs Office of Educational Development assumed evaluation of the Arkansas Aging Initiative. Dr. Virginia A. Johnson, an associate professor and educational/program evaluator, has 24 years experience and is currently evaluating six federally funded projects across the UAMS colleges of medicine and nursing. To date, Dr. Johnson’s orientation to the AAI and its previous evaluation activities has involved participation in the September meeting of the AAI regional director’s meeting and a comprehensive document review including AAI quarterly reports to the Arkansas Tobacco Settlement Commission (ATSC) from July 2005 – June, 2007, the 2005 AAI Annual Report, the 2006 report to the Arkansas General Assembly and Governor on the Tobacco Settlement Proceeds Act of 2000 Program Performance and ATSC Recommendations, the 2005 Lewin Group, Inc. Final Program Evaluation of the AAI, and minutes of monthly AAI regional director’s meetings and the newly instituted site visits at each of the regional centers. Parallel to the site visits, Dr. Johnson is conducting a review of each regional site’s strategic plan and activities in relation to objectives outlined in these plans beginning this the South Arkansas Center in El Dorado (September 6), the Texarkana Center (September 26), the South Central Center in Pine Bluff (October 10), and the Delta Center in West Memphis (October 10th). Dr. Johnson’s evaluation activities for AAI will follow professional standards of the Committee on Standards for Educational Evaluation and Creswell’s (Creswell, J.W., 2001. Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (second edition). Thousand Oaks, CA: Sage Publications) well established model for systematic evaluation that targets both consumers and providers and combines multiple sources of quantitative and qualitative data with an ongoing audit of processes and procedures used to achieve program goals.

Minority Population Initiatives

- Drs. Beverly and McAtee met with Dr. Williams-Bryant, new Executive Director of the Minority Health Commission, in August for a preliminary meeting to discuss potential plans to work together on initiatives for older minority populations. Preliminary plans include going to several communities to talk with the local ministers and churches. More meetings have been scheduled and details should be available next quarter.
- 15.5% of the attendees to the AAI Education programs this quarter were minorities. 13.75% were African American, 0.45% Hispanic, 0.3% Asian, and 1% other.

Goal 1: Interdisciplinary geriatric healthcare will positively impact health outcomes of older Arkansans. Total Senior Health Clinic visits for June, July and August 2007 is **7945**.

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista
1655	118	1153	730	814	884	1956	635

Goal 2: Geriatric education will positively impact behaviors to improve health outcomes.
 Total Education Encounters for this quarter was 12,788 with 15.5% of those to minorities.

AAI Site	Health Professionals	Inservices	Para Professionals	Community	Exercise	Students	Totals
SACOA	21	59	0	772	656	9	1517
<i>Minorities</i>	2	36	0	136	51	5	
DCOA	0	60	0	163	840	0	1063
<i>Minorities</i>		23	0	46	499	0	
DCOA-Helena	0	174	0	402	807	0	1383
<i>Minorities</i>		156		178	290		
COA-NE	422	0	0	1488	1774	136	3820
<i>Minorities</i>	9			25	13	9	
TRCOA	0	14	0	562	643	5	1224
<i>Minorities</i>		4		89	34	2	
Schmieding	252	0	177	190	23	12	654
<i>Minorities</i>	15		17	28	1	1	
SCSHE-Bella Vista	111	32	0	438	38	8	627
<i>Minorities</i>	16	2	0	1	0	0	
SCSHE-Mtn. Home	28	0	89	225	0	0	342
<i>Minorities</i>	1	0	8	0	0		
SCSHE-Harrison	11	0	7	198	0	0	216
<i>Minorities</i>	0		0	3			
SCCOA	98	27	0	264	52	28	469
<i>Minorities</i>	48	25		115	4	7	
WCCOA	78	9	0	459	927	0	1473
<i>Minorities</i>	15	1		8	31		
Total Ed Encounters							12788

Arkansas Biosciences Institute (ABI)

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

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

- **Agricultural research** with medical implications;
- **Bioengineering research** that expands genetic knowledge and creates new potential applications in the agricultural-medical fields;

- **Tobacco-related research** that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas;
- **Nutritional and other research** that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions; and
- **Other areas of developing research** that are related or complementary to primary ABI-supported programs.

Program Progress

Arkansas State University hosted the quarterly research update at their new research facilities in July. Dr. Carole Cramer, Director of ASU's ABI at Jonesboro, welcomed the ABI Board and other guests and provided a tour of the building, greenhouse, and laboratories. Dr. Cramer emphasized ASU's research and technology transfer infrastructure that has been made possible by ABI funding for agricultural and biomedical research. As examples, she provided progress updates on four start-up biotech companies at ASU:

- Nature West
- Hyphenated Solutions
- Infinite Enzymes
- BioStrategies LC

Dr. Cramer reported that ABI funding has allowed ASU to focus on facilitating economic development, recruiting entrepreneurial faculty, and developing partnerships with outside companies.

Dr. Cramer also provided an update on a recent needs assessment study for developing a Commercial Innovation Center to serve as a biotech business incubator at ASU. The main focus of the biotech business incubator would be to accelerate development of local companies. A more complete operating plan and funding strategies are expected to be developed by the end of the year.

Annual Patent Activity Update In August, the ABI member institutions reported on their annual ABI-related research activities, including patent information, for FY2007. ABI-supported researchers reported two patents, six provisional patents, and five patent filings for FY2007, a 50 percent increase in activity over the previous year.

Patents Received:

- **Hannigan R.** Universal Transfer Apparatus and Method to Use Same. US patent no. 7,221,861.
- **Owens M.** Monoclonal Antibody Antagonists for Treating Medical Problems Associated with D-amphetamine-like Drugs. US patent no. 7,202,348.

Provisional Patents:

- **Cramer CL, Reidy MJ, Dolan MC.** Methods of Delivery of Molecules to Cells Using Ricin Subunit and Compositions Relating to Same. US provisional patent no. 60/944,193.

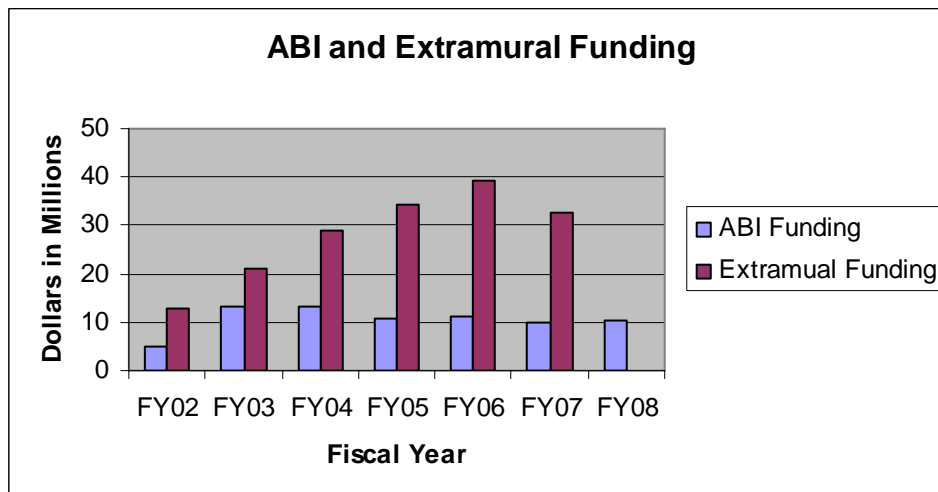
- Deaton R, **Kim J-W**. Nanostructure Assembly System and Applications of the Same. US provisional patent no. 60/811,302.
- **Kim J-W**, Deaton R, **Zharov VP**. Near-Infrared (NIR) Responsive Carbon Nanostructures. US provisional patent no. 60/811,290.
- **Li Y**, **Hargis B**, Tung S, Bottje W, Berghman L, Wang R, Ye Z, Varshney M, Srinivasan B. Methods and Systems for Detection of Contaminants. US provisional patent no. 60/841,774.
- Matsushita O, Gensure RC, **Sakon J**. Fusion Protein of Collagen-binding Domain and Parathyroid Hormone. US provisional patent no. 60/922,433.
- **Shafirstein G**, Xu X, Mete M. Image Processing Apparatus and Method for Histological Analysis. US provisional patent no. 11/711,738.

Patents Filed:

- **Basnakian AG**, Walker RD, Sorenson J. Anti-nuclease Protection from Tissue Injury by Zn(II) Amino-thiol Chelates. US provisional patent filed.
- **Garcia-Rill E**. Use of Modafinil to Treat Spasticity. US provisional patent filed.
- **Hobbs CA**, Cleves MA. Preconception Classification Algorithm for Adverse Reproductive Events (PRECARE). US provisional patent filed.
- **Tackett AJ**. Methods and Kits for Assaying Acetyl Transferase Activity. US provisional patent filed.
- **Ware J**. Inhibitors of Platelet Glycoprotein Iba as Anti-Tumor Agents. US provisional patent filed.

Leveraged Funding for Agricultural and Biomedical Research ABI-supported researchers use their ABI funding as leverage for additional extramural funding from federal agencies, such as the National Institutes of Health, the National Science Foundation, and US Department of Agriculture, and foundations, such as the American Cancer Society and the Komen Foundation. In August, ABI-member institutions reported on their extramural funding for FY2007. ABI institutions received \$9.9 million in ABI funding and \$32.7 million in extramural funding, or approximately \$3.20 from outside agencies for each ABI dollar.

The chart below illustrates the trend in ABI funding and in extramural funding since 2002.



Upcoming Events

- ABI Fall Research Symposium, October 23, UAMS Stephens Spine Institute
- ABI Science and Industry Advisory Committees Meeting, October 23, UAMS Stephens Spine Institute
- ABI Quarterly Board Meeting, January 17, National Center for Toxicological Research

Fay W. Boozman College of Public Health (COPH)

The mission of the Fay W. Boozman College of Public Health (COPH) at UAMS is to improve health and promote well-being of individuals, families, and communities in Arkansas through **education, research, and service**. The COPH has elected to address this mandate through a community-based health education model. The COPH has elected to address this mandate through a community-based health education model.

The COPH will improve health and well-being of Arkansans by:

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

PROGRESS OF PROGRAM

Education Goal: *Increase the number of communities in which citizens receive public health training (Initiation)*

- **Student Expansion:** 262 students registered for the Fall 2007 - 2008 semester; 19 of these students are enrolled in doctoral programs - 15 in the DrPH program; 3 in the in the newly established PhD in Health Systems Research and 1 in the newly established PhD in Health Promotion and Prevention Research. Student demographics follow: 190 (73%) of the students are female; 129 (81% of those enrolled in Fall 2007-2008 courses) are part-time students; 60 (23%) are African-American; 21 (8%) are Asian; 175 (66%) are Caucasian; 5 (2%) are Hispanic; and 1 (1%) is Native American. Student age range is wide: 36% are 20 - 29 years old; 29% are 30 - 39 years old; 19% are 40 - 49 years old; 13% are 50 - 59 years old and 3% are 60 and above. A total of 89 (30%) of the students are from the Central AHEC region; 11 (4%) are from the Northwest; 12 (5%) are from the Northeast; 3 (1%) are from the Southwest; 7 (3%) are from the South; 7 (3%) are from the Delta; 39 (15%) are from South Central (Pine Bluff); 17 (6%) are from North Central (Fort Smith); 51 (19%) are from out of state; and 26 (10%) are from foreign countries. Although some students are from out of state and foreign countries, they were all residents of Arkansas at the time of their admission. A total of 42 (16%) of the students are DHHS Division of Health employees.

- **Faculty Development:** As of September 30, 2007, the COPH had 55 full-time and part-time salary supported faculty; 44 of these are 100% supported in the College.
- **Program Development:** The COPH offered 53 courses this fall; (including preceptorships, integration projects, directed studies and capstone projects), all on the UAMS campus.
- **Degree Programs** now include:
 - Post-Baccalaureate Certificate
 - MPH (generalist and specialist in each of the five departments)
 - MS in Occupational and Environmental Health
 - Master of Health Services Administration (MHSA)
 - 4 combined degrees: MD/MPH; JD/MPH; PharmD/MPH; MPS/MPH
 - Doctor of Public Health in Public Health Leadership (DrPH)
 - PhD in Health Systems Research
 - PhD in Health Promotion and Prevention Research
- **Monthly magazine column:** No column was provided by COPH faculty to the Arkansas Municipal League magazine “City and Town” this quarter. The monthly columns offer useful advice on how municipal officials and administrators can promote better health.
- **The Health Policy/Prevention Conference** is held most Tuesdays from 4:00 pm – 5:00 pm (except during the months of July and August and when other activities conflict). The Arkansas Department of Health (ADH) is a conference co-sponsor. COPH faculty/guests provide relevant information related to public health policy and prevention. Conferences on the first Tuesday of each month focus on Obesity issues. One-hour Continuing Education Units (CEUs) are available to Physicians, Nurses, Pharmacists, Nutritionist/Dieticians, Health Educators, CHES/CPHE, EMT’s, Sanitarian and Social Workers who attend.
- **Public Health Grand Rounds** are also held each Thursday from 8:00 am – 9:00 am in the ADH Auditorium. The College participates as a co-sponsor of these grand rounds. One-hour CEUs (same as listed above) are available to those who attend.
- **Accreditation:** The College of Public Health has been fully accredited for a 7-year period by the Council on Education in Public Health (CEPH) with no requirements for interim reports.

Research Goal 1: *Obtain federal and philanthropic funding*

During this quarter, COPH faculty submitted 11 proposals seeking over \$4 million in funding; of this number, 6 are pending, 2 were funded and 3 were not funded. In September, COPH faculty were notified that 13 proposals previously submitted (including two submitted during this quarter) were funded establishing a record breaking amount of \$20 million in total funding for new or re-funded grants and contracts during a single quarter.

Research Goal 2: *A significant portion of research conducted shall be relevant to the health issues within Arkansas and/or community-based in nature*

With coronary heart disease (CHD), cancer, and stroke being the three leading sources of mortality and morbidity among all gender and race groups nationally and in Arkansas, the COPH has focused on research relevant to smoking and obesity prevention and

control, the two leading preventable causes of all three of these diseases. Additionally, because many ethnic and racial minority groups, including our state's African-American and rapidly growing Latino populations, experience a disproportionate disease burden, the COPH has also identified eliminating these racial and ethnic health disparities as an additional research focus relevant to the health issues within Arkansas.

COPH contracted programs addressing tobacco cessation

- Christine Sheffer, PhD, Assistant Professor, Department of Health Behavior and Health Education, has received funding to provide the statewide telephone-based and clinic-based tobacco cessation programs as well as the fax-back tobacco treatment referral program - each of these programs incorporates community-based public health approaches. They are named the "Arkansas Tobacco Cessation Network (ATCN)", "SOSWorks" fax-back referral program, and the Arkansas SOSQuitline. Together these programs provide state of the art evidence-based treatment for tobacco dependence accessible to nearly all Arkansans. These programs work to integrate evidence-based cessation services into the healthcare and workplace settings across the state. Arkansas residents can be linked to cessation services by referrals from their healthcare provider or by calling a toll-free number. Proactive motivational calls assist referrals in enrolling in treatment. Medication assistance is provided as well as tailored self-help and motivational materials. A Spanish-speaking counselor is available, and translation services are available for virtually every other language. Under the direction of Dr. Sheffer, these programs provide treatment to a record number of Arkansans in a comprehensive and coordinated manner each year.

COPH funded programs addressing ethnic minority health disparities

- During this quarter, the COPH received funding to establish an Exploratory National Center for Minority Health Disparity Research Center of Excellence in Arkansas. This five year project funded by the National Institute of Health places Arkansas in a leadership role to develop research to improve access to quality prevention and healthcare programs for racial and ethnic minorities with a goal of eliminating health disparities. The Center will focus on chronic disease disparities with an initial emphasis on cardiovascular disease (CVD), cancer, and their risk factors, including obesity, diabetes, tobacco use, physical inactivity, and sexual risk factors for chronic disease. The projects in the Center include 1 full research project, an initial 6 pilot research projects (with more pilot projects to be funded in future years), and three cores that will support the Center. The Education/Training Core will promote minority student recruitment into careers in health disparities research through a combined BA/MPH degree program in concert with Arkansas' three HBCU's (University of Arkansas at Pine Bluff, Philander Smith College, & Arkansas Baptist College).
- A contract has been continued with the Minority Health Commission to support COPH faculty Dr. Creshelle Nash and Dr. Eddie Ochoa in extending their work on the "Arkansas Racial and Health Disparities Research Study." Recommendations for both short-and long-term interventions to reduce and even eliminate racial and ethnic health disparities in Arkansas have been developed from focus groups and secondary data analysis.
- Under the leadership of M. Kate Stewart, M.D., MPH, the COPH responded to a Kellogg Foundation solicitation to accredited schools and programs of public health to

complete an assessment of their school and program activities to eliminate racial and ethnic health disparities and the College was 1 of 12 schools and programs selected to participate in this planning effort to reduce/eliminate health disparities. *No funding was directly available*; however, Kellogg is providing expert technical assistance and consultation to the COPH. Kellogg Consultants, Dr. Larry Green and Ms. Ella Greene-Moton, addressed COPH faculty and administration at the COPH retreat in September 2006 and in May 2007, a retreat was held that addressed health disparity issues specifically. Consultants for this second retreat were Dr. Thomas LaVeist and Ms. Vickie Ybarra – both are nationally recognized in this field. During this quarter, COPH faculty and staff have been attending informative web-conferences on health disparity research conducted by other colleges and universities.

- Dr. Leavonne Pulley also continues to be funded as a subcontractor on an NIH grant to study the etiology of geographic and racial differences in stroke as well as for a CDC funded grant to examine chronic disease risk factors among African-American residents of the Arkansas Delta.

COPH funded programs addressing obesity

- Obesity is a major targeted area for on-going and planned research projects. Four substantial grants have been awarded to faculty addressing obesity: the Web-based Weight Loss Grant, and the most recently funded CDC grant for the Translation of Obesity and Cognition Research in a Rural State via Senior Centers, both having Dr. Delia Smith West serving as principal investigator, the Robert Wood Johnson Foundation-funded project to continue for an additional five years the Evaluation of Act 1220 with Dean Raczynski serving as principal investigator, and the full research project for the Exploratory National Center for Minority Health Disparity Research Center of Excellence in Arkansas mentioned above on which Dr. T. Elaine Prewitt serves as PI. The Web-based Weight Loss Grant is designed to determine the benefit of a web-based counseling approach to weight loss versus delivery through group, in-person methods. If web-based approaches are found to be effective for helping people lose weight and maintain losses, then a highly cost-effective approach to weight loss and maintenance will be added to what can be done in Arkansas to counteract the obesity epidemic. The first two waves of recruitment for this project have been completed recently and 143 participants are now enrolled and randomized (out of a goal of 244 to be accrued over a 24 month period). Behavioral weight control intervention using the different delivery channels have begun and will follow these individuals for 18 months to determine the best ways to produce sustainable lifestyle changes. Dr. West's three -year CDC study will examine the impact of a lifestyle weight management program for older adults and a cognition training program to prevent Alzheimer's disease and other dementias using senior centers across Arkansas to offer the programs and lay health educators to deliver the programs. The study is a collaborative effort that includes the UAMS College of Public Health, the UAMS Donald W. Reynolds Institute on Aging, the Arkansas Department of Health, the Arkansas Division of Aging and Adult Services, and the Arkansas Area Agency on Aging.
- The five additional years of funding for the evaluating of Act 1220 of 2003, will extend this evaluation a total of nine years overall, providing information for legislators, those involved in implementing the Act and those in other states who are trying to combat

childhood obesity, about how the components of the Act have been implemented and how they are working. Four years of data have already been collected; the baseline data were presented to the House and Senate Public Health Committee in January 2005, second-year data were presented in January 2006. COPH faculty presented the third-year data to the Senate and House Public Health Committee's in January 2007. Reports are also sent to all school superintendents and principals, and they are posted on the web for easy access. The most recent renewal of this Robert Wood Johnson Foundation funded project will enable the College of Public Health to expand its evaluation of the 2003 childhood obesity law to include case studies of individual schools. The college will use the information to help determine the most effective strategies for reducing obesity.

- Dr. Prewitt's recently funded, five-year project as part of the Center will involve translating the highly successful weight loss, lifestyle intervention used for the Diabetes Prevention Project into real-world settings to improve quality care. The efficacy and cost effectiveness of Community Health Workers in delivering the intervention on weight loss will be examined among overweight residents in rural, low-income Arkansas Delta communities with high proportions of African-Americans. If proven effective, this project may provide Arkansas public health practitioners with proven, cost-effective methods for reducing obesity among rural Arkansans and reducing their risk for associated diseases.

Service Goal 1: *COPH shall act as a resource to the General Assembly, the Governor, state agencies, and communities*

- COPH faculty was designated to serve on the following task forces formed through legislation:
 - Act 125 of 2007 – An Act to establish the AR Legislative Task Force on Traumatic Brain Injury.
 - Act 695 of 2007 – An Act to create the newborn umbilical cord blood bank for postnatal tissue and fluid.
 - Act 842 of 2007 – An Act to create an Arkansas HIV-AIDS Minority Task Force and to coordinate statewide efforts to combat the debilitating effects of HIV-AIDS on Minority Arkansans.
- COPH faculty and staff continues to participate in the “Step Up” Coalition which consists of a variety of health care organizations formed to develop legislative support for increasing the excise tax on cigarettes which would decrease the number of smokers in our state.

Service Goal 2: *COPH shall collaborate and partner with other agencies, organizations, etc. on health-related issues when feasible. (Consultation and Analysis/Collaboration and leveraging)*

- COPH faculty and staff serve in a leadership capacity and are visible partners with the AR Cancer Coalition, AR Oral Health Coalition, AR Minority Health Commission, ADH, and the American Cancer Society.
- COPH students have over 35 agency/organization choices for their integration projects and preceptorships.
- Three COPH faculty/staff serve on an Advisory Committee of the Philander Smith College – Kendall Health Science Institute. Collaboration, research, and addressing the

public health needs of the students of Philander Smith College are the primary foci of the Advisory Committee.

- COPH faculty/staff are ongoing participants in the Clinton School of Public Service educational activities.

RAND Recommendation Focus Areas Based on December 2004 Annual Report:

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

It was agreed that the COPH had no direct control over this recommendation. This decision must be agreed to by the UA Board of Trustees, the President of the UA System, and the Chancellor of UAMS. The 70% discount was discontinued in 2005; however, over 10% of the COPH student body continues to come from the ADH employee pool. In addition, legislative approval for the ADH using their resources to increase scholarship support for health department staff provides ADH employees with enhanced opportunities for educational financial assistance.

RAND Recommendation 2: The COPH should provide scholarships and discounts for distance learning students; and

RAND Recommendation 3: The COPH should provide scholarships to students to help support the cost of obtaining a degree

Even though the COPH has no direct control over appropriations and cannot guarantee allocation of additional funds to the COPH for scholarships and assistantships, it should be noted that over 80% of the COPH students are part-time, non-traditional students who are working at a full-time job as they pursue their degrees. Nonetheless, a number of students are being supported as research assistants with extramural funding. A system has also been established in the Office of Student Services to compile student funding opportunities from outside the College and distribute this information to students. In addition, the Department of Environmental and Occupational Health has been able to secure contributions to establish tuition scholarships for students pursuing specialized MPH degrees in the department.

In consultation with the family of the late Dr. Fay Boozman, the College has also established the Fay W. Boozman Public Health and Community Service Scholarship fund to help support a deserving MPH student(s) each year. Sufficient funds have now accumulated so that a Scholarship Award of approximately \$1,000 was made at Convocation in May 2007 to a student applicant. Additional donations may be sent to the *UAMS Foundation, Fay W. Boozman Public Health and Community Service Scholarship, 4301 W. Markham, Slot 716, Little Rock, AR 72205.*

Finally, funds were donated by the previous Governor's cabinet (Governor Mike Huckabee), with matching funds from the UAMS Chancellors Office, to establish the Boozman Textbook Fund award at the COPH. A small award is to be given annually to a student (standardized criteria has been established) to help defray the cost of textbooks.

Rand Recommendation 4: Continue to hire more faculty; particularly diverse faculty

The COPH remains committed to maintaining a diverse faculty. As of September 2007, 8 of the 43 (19%) COPH full-time faculty members are from racial and/or ethnic minority groups; 5 of the 8 (12%) are from the underrepresented minority classification.

Rand Recommendation 5: *Provide evaluation expertise to the COPH community partners to assess the impact of the work they are doing in the community*

The COPH's Office of Community-based Public Health (OCBPH) is involved in many different activities which address this need. The OCBPH has four formally recognized community partners: (1) Boys, Girls, Adults Community Development Center in Marvel, (2) Walnut Street Works in Helena/West Helena, (3) We Care in Pulaski County, and (4) La Casa in Pulaski County. Dr. Kate Stewart, Director of the OCBPH is working with other staff and faculty to assist the Tri-County Rural Health Network, which includes Walnut Street Works, in evaluating their Community Connector Program. Dr. Martha Phillips, Assistant Professor of Epidemiology, is overseeing the analysis of data from a community tobacco usage survey conducted by We Care as part of their tobacco prevention grant program. Although federal funding for the USDA Delta Nutrition Intervention Research Initiative (NIRI) will likely end, the OCBPH is continuing to work to assist the NIRI in providing training to their Arkansas community partners in community-based participatory research. This project has directly benefited the Boys, Girls, Adults Community Development Center (BGACDC) in Marvel, and lessons learned will also subsequently be shared with the other three formally recognized COPH community partners.

RAND Recommendation Focus Areas Based on 2005 Interim Report

Recommendation 1: *Increase grant funding and leveraging activities from other sources*

As of September 30 2007, the COPH has close to 60 active grants/contracts amounting to over \$35 million in total funding. The COPH has significantly increased grant funding in a very short period of time and has now been awarded more extramural funding than it has received in all years from tobacco funding.

Recommendation 2: *Develop Curricula for the new doctoral programs*

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

Two new doctoral programs were developed in August 2005; one in Health Systems Research (HSR) and the other in Health Promotion and Prevention Research (HPPR). The board of trustees approved these courses in January 2006. Both programs have been approved by the Arkansas Department of Higher Education (ADHE). The curricula for these new programs have been fully developed, although the curriculum for each will likely be refined in ensuing years. Three students are presently enrolled in the HSR program and one student is enrolled in the HPPR program.

RAND Recommendation Focus Areas Based on 2006 Interim Report:

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

In June 2007, the COPH was fully accredited for a 7-year period by the Council on Education for Public Health (CEPH) with no requirements for interim reports.

Major Challenges this quarter/Assistance needed by RAND:

The College of Public Health's major challenge is lack of space for further program expansion. The COPH must lease/rent space for grants recently funded as we do not have current space to house staff required to implement the grants.

Delta Area Health Education Center

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

Primary Goals

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

Progress in Attaining Goals & Objectives/Performance on Process Indicators

Indicator 1 targets increases in the number of communities and clients served.

The Delta AHEC Smoking Cessation program consists of a 10-week multi-component approach to treating tobacco use which includes medication management and behavioral modification. Since June, 58 clients have entered tobacco treatment and there is a waiting list of 18 clients, many of whom suffer from cancer, COPD, emphysema, bronchitis, and/or other tobacco-related illnesses. There are 13 graduates of the program, all of whom will receive follow-up at 3, 6, and 12 months. The smoking cessation specialist also provided tobacco prevention and education to 97 youth and young adults (ages 9 to 23) in the Helena-West Helena community, as well as tobacco education to 59 adults who are not clients in the treatment component.

The Delta AHEC is now providing smoking cessation pharmaceutical help through the Prescription Assistance Program. In September, for example, smoking cessation vouchers issued for prescription medications and nicotine patches totaled \$936.29.

In 2006-07, seven area schools participated in Kids for Health, a standardized health education curriculum that includes tobacco prevention. Kindergarten – 3rd grade students completed a 10-week curriculum and 4th – 6th graders received a 5-week program. An overall statistically significant increase in health knowledge scores was demonstrated from pre-test to post-test for this cohort of students. Upon completion of the Kids for Health lessons, students were also asked about their behavioral intentions regarding tobacco use, nutrition, and fitness. The percentage of “yes” responses to each of the 6 items is presented in the following table. (The responses are overwhelmingly positive, but could reflect some “social desirability” bias.)

	Barton (n=13)	Beechcrest (n=10)	Clarendon (n=17)	DeSoto (n=5)	JF Wahl (n=12)	Marvell (n=8)	Palestine (n=10)
Did you learn smoking cigarettes and using tobacco products is dangerous?	100%	100%	100%	100%	100%	100%	100%
Do you plan to smoke?	0%	0%	0%	0%	0%	0%	0%
Did you learn it is important to eat healthy food?	100%	100%	100%	100%	100%	88%	100%
Are you choosing more healthy food?	92%	100%	100%	80%	100%	100%	100%
Did you learn it is important to exercise?	100%	100%	100%	100%	100%	100%	100%
Are you exercising more often?	100%	100%	100%	80%	100%	63%	100%

During the summer, Water Aerobics classes were held in Marvell. This new exercise class met four days a week for an hour each day. There were 15 participants for the summer. Comments from the ladies who participated ranged from “The best exercise I have ever done.” and “My husband said my clothes were fitting so much better!” to “Look at how I can walk.” Plans are to hold Water Aerobics next year in both Marvell and Helena.

From July through September, 199 new members enrolled and there are now 1,328 active members in the Fitness Center. During the quarter, there were 7,453 visits to the center. These active participants were 73% female/27% male and 56% white/44% minorities. Members continue to report positive personal experiences.

“I have been coming since January and I have lost 50 pounds. I am going to keep working hard. I want to lose 20 more. I have more energy and I am healthier. I thank God everyday for this place.”

“I have lost 20 pounds. I can't believe that I have lost this much. This is the first time that I have actually made a difference in my weight. I try to never miss exercising. It has become a necessity in my day.”

“I weigh 270 pounds. I have been coming for a month. I walk for 1 hour everyday. I can tell that I am getting in shape and able to move faster. It is amazing that with my weight I am able to walk for so long as fast as I do. I am determined to get this weight off. My wife and I come together. It is nice to have a place we can get healthy at together.”

Attendance/encounters at the public education activities which were available during the quarter were as follows:

<i>To increase the capacity of participation in culturally sensitive health promotion and health education programs:</i>	
29	CPR/First Aid
868	Health Education for Adolescents (includes YES)
163	Health Education for Adults
288	Health Education for Children
202	Health Fairs/Screenings
38	How Healthy is your Faculty?
70	How Healthy is your Industry?
n/a	Kids for Health
115	Prescription Assistance (\$30,395 saved this quarter)
300	Seniors CLASSICS
2,809	Seniors other than CLASSICS
21	Substance Abuse Prevention
10	Tobacco Cessation
62	Tobacco Prevention
8	Sexually Transmitted Infections
<i>To improve health behaviors related to chronic health problems:</i>	
51	Asthma
1	Breast Cancer
148	Diabetes Outreach
215	Diabetes Clinic
170	Diabetes Support Group
283	Sickle Cell
270	Consumers provided with library services
<i>To improve health behaviors in regards to physical activity and nutrition:</i>	
7,453	Fitness Center
345	Other Exercise (Tai Chi/Water Aerobics)
18	Nutrition Group
40	Nutrition Counseling
<i>To improve health behaviors related to teen pregnancy prevention and parenting skills:</i>	
389	Prenatal/Parenting
127	Teen Pregnancy Prevention

Indicator 2 targets increases in the number of training sessions for health professionals.

Training session encounters that occurred for health care students and professionals in Delta AHEC facilities in order to assess their compliance with the Act’s intent regarding health care training were as follows:

<i>To provide support services and continuing education for area health professionals and health professions students:</i>	
80	Continuing education programs (includes compressed video)
45	CPR for health professionals

139	Health professionals were provided with library services
102	Health professions students were provided library services

Indicator 3 targets increases in access to a primary care providers in underserved communities.

<i>To increase the number of health professionals practicing in underserved areas in the Delta:</i>	
9	BSN nurses are receiving instruction for a Masters of Science in Nursing
6	RNs are preparing for a BSN
0	Medical students mentored for admittance to UAMS COM
0	Pharmacy student mentored for admittance to UAMS COP
2	Nursing students doing clinical rotations
1	UAMS medical student doing preceptorship
0	UAMS senior medical student doing selective rotation
0	Students preparing to be Certified Nursing Assistants
<i>To acquaint minority and/or disadvantaged youth with health careers:</i>	
n/a	Health Careers (M*A*S*H ; CHAMPS)
0	Mentoring Program

Important Events

On September 17, Pete Johnson, Delta Regional Authority Chairman, presented a \$534,128.24 check to the Delta AHEC to support expansion of the Diabetes Education Clinic. Additional staff and teaching tools will allow the clinic to educate more clients on the management of diabetes and prevention of type 2 diabetes. Clients are initially educated by a registered dietitian, registered nurse, and family nurse practitioner in small groups, then they are seen in individual sessions by each professional. Clients also have the opportunity to attend a Pharmacy Support Group facilitated by a local pharmacist; a Social Support Group facilitated by a social worker; a Mental Health Group facilitated by a health care provider from Counseling Services of Eastern Arkansas, and a Nutrition Group facilitated by a registered dietitian from UAMS per interactive video. The Pharmacy Groups, Mental Health Groups, and Social Support Groups are offered bi-monthly. The Nutrition Group is offered weekly.

Delta AHEC hosted its 1st Annual Gala - "Imagine" - on August 18th. More than 300 people attended this friend-raising event and enjoyed a cocktail buffet, silent auction, and an evening of dancing and musical entertainment provided by two AHEC staff members. Local businesses were very supportive through sponsorships and silent auction contributions. Over \$3,000 in profit was generated by ticket sales, silent auction purchases, and donations, and these monies will be used to purchase additional equipment for the fitness center. Plans are already underway for next year's gala.

In August, the Delta AHEC hosted a 2-day meeting of Arkansas legislators. The Senate/House Joint Committee for Agriculture, Forestry, and Economic Development and the Public Health, Welfare & Labor Committees met at the Delta AHEC. Through presentations and tours, committee members were able to observe and become better acquainted with the different health programs and services being provided in the region through the Delta AHEC.

In July, 41 children, ages 6-16, attended Camp Dream Street, a residential summer camping program for children with cancer and related blood forming disease (hemophilia, sickle cell anemia and AIDS). The Camp location was Dwight Mission, Sallisaw, Oklahoma.

Advisory Board Activities

The Delta AHEC Advisory Board met on Monday, September 17th. Two new Delta AHEC employees were introduced. The Board heard a report on the GALA, "Imagine". Dr. P. Vasudevan reported on the status of the walking trail to be built behind the Delta AHEC. The Board heard quality improvement reports from the smoking cessation interventionist and the prescription assistance specialist. The Board will meet again in March 2008.

Continuous Quality Improvement

Program directors have all met with the Director to discuss their QI plans for 2007-2008. Goals, objectives and plans for activities have been approved by the director. Program directors will take turns presenting their QI report to the Delta AHEC staff at staff meetings and at the bi-annually board meetings.

Collaboration/Coordination

The Delta AHEC is continuing the lessons with the 12 Mid-Delta Headstart programs. In addition to Nutrition and Fitness programs that were given last year, we have added a program in Handwashing. Plans are to provide another lesson which hasn't been determined as yet for next spring. We expect to reach approximately 250 children and 30 teachers in these programs.

Arkansas Voices for the Children Left Behind, Inc. Grandparent Project arranged a program on Legal Issues to be held at the Delta AHEC. This is a pilot project, and because the need for programming and services in the Delta is disproportionate to other areas of Arkansas, Delta AHEC is pleased to support this project.

The Adolescent Health Program facilitates a coalition whose goal is to reduce or prevent teen pregnancy, alcohol, tobacco and other drug abuse among adolescents in Phillips County. The coalition met monthly throughout the last quarter with an average attendance of 18 members. The program provides pamphlets, brochures, videos and DVD's to youth-serving organizations and local schools on the topics of teen pregnancy prevention, STI, STD, HIV prevention and alcohol, tobacco and other drug abuse. This past quarter, the program assistant provided one abstinence based curriculum to approximately 100 health students at the Eliza Miller Jr. High School. The program director also teaches an Introduction to Medical Professions course to a class of 21 high school students at the Phillips Community College of the University of Arkansas. Along with information about the medical professions the course includes curriculum on tobacco, alcohol and drug prevention. This past quarter, the program provided a Summer Health Enrichment Day Camp for youth ages 9 years of age to 14 years of age. It lasted six weeks, had a total enrollment of 47 youth and an average attendance of 20 youth per day.

Collaborative health education initiatives in West Memphis include the Heart Failure Self Management Education program, with funding from the Arkansas Department of Health (teaching materials) and the United Way (blood pressure monitors and scales to loan to patients), Hypertension Self Management, and Gestational Diabetes Self Management. Healthy Benefits cooking classes are being taught monthly by the newly-hired registered dietitian, and we are participating in the ARCOM project with Lilly and Medicaid.

The Infant Oral Care Project is a collaboration with the Delta AHEC, University of Tennessee Pediatric Chairman Dr. Sandy Fenton, and Crittenden Regional Hospital. This grant-funded project is designed to demonstrate that residents and nursing staff in Labor & Delivery can be trained to provide parents with education to prevent the bacteria transfer and colonization within the first six months of the infants life, which therefore will prevent tooth decay. To date, 10 babies have been seen through the project.

A full-time grant writer was employed in July for the Delta AHEC. Salary support for a year is being provided by Southern Financial Partners, Delta Bridge Project, and the Helena Health Foundation.

Major Challenges

Staffing remains a major challenge. It is very difficult to recruit qualified staff to the Arkansas Delta region. We currently have 2 health educator positions that are not filled. Fortunately, the staff who have been hired are all highly qualified and motivated.

We also continue to struggle to meet the needs of the “hardest to reach.” We have established new partnerships with several community based organizations and with the Minority Health Commission. We are confident this will help us reach populations we currently are not helping.

Minority Participation

Of the 11,403 attendees at Delta AHEC education activities this quarter, 46% were white and 54% were minorities.

Tobacco Prevention and Cessation Programs

The Tobacco Prevention and Cessation Program (TPCP) introduced the Stamp Out Smoking (SOS) Campaign to educate Arkansans about the dangers of tobacco use. Using the Center for Disease Control and Prevention’s (CDC) Best Practice Guidelines, a plan was developed 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 exposure to second-hand smoke; and identifying and eliminating the disparities related to tobacco use and its effects on population groups.

Advisory Committee

According to law, the tobacco prevention and cessation advisory committee is made up of eighteen members: one member appointed by the President Pro Tempore of the Senate, one member appointed by the Speaker of the House of Representatives, and sixteen members appointed by the Governor. The organizations represented on the committee

include the Arkansas Medical Society, Arkansas Hospital Association, American Cancer Society, American Heart Association, American Lung Association, Coalition for a Tobacco-Free Arkansas, Family Service Agency- Youth Leadership Initiative, Arkansas Department of Education, Arkansas Minority Health Commission, Arkansas Center for Health Improvement, Arkansas Association of Area Agencies on Aging, Arkansas Nurses Association, Arkansas Cooperative Extension Service, University of Pine Bluff, League of United Latin American Citizens, and Arkansas Medical, Dental and Pharmaceutical Association. The Advisory Committee meets on a quarterly basis and provides oversight on the Tobacco Prevention and Cessation Program.

Program Update

Community Programs

The TPCP currently funds twenty-two community coalitions covering thirty-one counties throughout Arkansas. The coalitions utilize funding to educate the citizens of Arkansas on the dangers and ill effects of tobacco use. The coalitions use the CDC's *Best Practices for Comprehensive Tobacco Control Programs* and report all activities utilizing the TPCP web-based reporting system. During this quarter, several coalitions worked on building capacity by recruiting and training new members. Each coalition received training on effectively reporting quarterly activities. All coalitions received information on Act 8 (Arkansas' Clean Indoor Air Act) and Act 13 (Protecting Children from Secondhand Smoke in Vehicles Act). Coalitions disseminated information about both laws throughout their communities.

Below are additional community highlights that occurred during this quarter:

- Tobacco Free Boone County (TFBC) focused on Workforce Wellness and Tobacco Education within the community. They began a Healthy Lifestyle Campaign with the Community Health Resource Center, who donated a Tobacco Free Billboard to TFBC program. TFBC worked closely with the CHRC and the Chamber of Commerce to develop a strong Workforce Wellness Program that we will begin to take into the community/workforce in January 2008. In the first quarter they generated \$6,481 in donated media through billboard and radio ads. There has been \$1,548 donated in Volunteer time and services. Another \$207 has been donated in materials. TFBC's total of resources generated for quarter one is \$8,236
- As a result of coalition education, Conway and Perry Counties had 47 people declare their cars/homes tobacco free at various presentations and events. Fifteen of those were parents of young children.
- Tobacco-Free Marion County's Media Coordinator, J.R. Pinky Few, was recognized by the National Public Health Information Coalition for his tobacco prevention advertising with a gold and a silver metal in print media categories. Pinky also wrote timely and topically relevant earned media releases which he shares with other coalitions around the state at least once a month.
- A Local business (Stark Manufacturing) in Pope County agreed to promote cessation to employees and post posters on local cessation classes. Twenty Pope Co.

community members committed to maintain their homes/cars tobacco free for the ten week campaign.

- The Mississippi County Coalition for a Tobacco Free Arkansas recognized a former smoker during a coalition meeting for quitting smoking. The former smoker credited the coalition for its efforts in getting the information out by way of coalition meetings and distributing material educating on the dangers of tobacco. MCCTFA displayed the support of state representatives in its district by inviting them as guest speakers during coalitions meetings. The state representatives spoke on the effects of secondhand smoke and the need for more non-tobacco use legislation.
- The first anti-tobacco Latino coalition in Ashley and Bradley Counties was created and received by the Catholic congregation of St. Luke at Warren. Members and guests learned about Acts 8 and 13 as well as the availability of cessation programs in Spanish. Articles about Acts 8 and 13 were also submitted to Amigo, the major Spanish newspaper in South AR, as well as to El Latino and Hola Arkansas. Sixteen third year pharmacy students at UAMS are implementing cultural skills that will allow them to improve tobacco related counseling at their pharmacy practice.

School-based Programs

For FY08, the Arkansas Department of Health, Tobacco Prevention and Cessation Program is collaborating with the Department of Education to implement effective school-based programs. During this quarter, Chantel Tucker, Youth and Schools Health Analyst who is a member of the Coordinated School Health core team, worked with them to establish the mission statement and the vision for Coordinated School Health. TPCP currently funds sixteen school programs covering twenty-three school districts. As recommended by CDC, all of these programs are implementing the Coordinated School Health Model which includes tobacco prevention curricula. These school programs also coordinate with the local coalitions in their efforts to address youth initiation and promote the statewide youth leadership initiative- Youth Extinguishing Smoking.

Listed below are a few highlights that occurred during this quarter:

- A Tobacco prevention youth council made up of twenty-six 7th through 10th grade students, was developed for the first time at Marshall High School. This council will address how peers can prevent other peers from using tobacco by educating them on how the industry manipulates youth by using glamour to attract or lure them to start smoking.
- The Russellville Courier ran a featured article in the Sunday paper with information on the Coordinated School Health.
- For the first time the Springdale School District committed to implement CSH and to conduct monthly meetings of the District Wellness Committee for the 2007-2008 school year.
- For the first time the Fayetteville School District committed to implement CSH and to conduct monthly meetings of the District Wellness Committee for the 2007-2008 school year.

- Six Youth Volunteers from Lee County were recruited who are members of the Youth In Action (YIA) Organization to serve as members of the LCFRC Tobacco Youth Advocate Group. They will serve as positive role models and recruit other members to be able to speak out regarding tobacco-free schools and communities. These youth gave out 100 tobacco information packets at the Youth Extravaganza to adults and youth.
- A Back To School Family Fun Day was held at the local park and a tobacco prevention display detailing the gruesome effects and dangers of using tobacco products was displayed. Motivational speakers addressed tobacco related issues. School supplies such as backpacks, paper, and pencils were also provided to all children.
- A presentation at an early child care school was provided where parents who smoke made a commitment to make their homes and cars smokefree. For the parents who did not smoke, they committed to maintain a smokefree environment.

Family Service Agency-Youth Leadership Initiative (FSA-YLI)

Over the past 5 years, a coalition of young people and youth workers have acted together to educate their peers and adults about the dangers of tobacco consumption. Teens from all over the state have formed local teams and utilized funding from the Arkansas Department of Health to carry out tobacco education and prevention efforts. The teams have been directing their efforts toward four major goals:

- Educating young people about the dangers of tobacco before they start smoking, to encourage prevention
- Promoting cessation amongst their peer group and adults
- Orchestrating a counter-marketing campaign to combat the influence of the tobacco industry in the media
- Encouraging members of their communities to become anti-tobacco lobbyists

The Tobacco Control Youth Board (TCYB) is currently made up of fifty-six board members, forty-eight are new members. The Youth Extinguishing Smoking (YES!) Team recruited new members and is currently made up of 982 members. Listed are some of this quarter's activities:

- Held monthly meetings and discussed the development of both Facebook and Myspace accounts as an optional social networking tool for TCYB & YES TEAM members.
- Distributed over 8,500 YES and Spit Brochures across the state
- Participated in Local Fairs, Jazz Festival, Riverfest
- Child Safety Fair (Attorney General's Office) and other festivals across the state to recruit new members and provide information regarding YES team initiatives.
- Partnered with local coalitions such as Center for Healing Hearts and Spirits and We Care as well as the Coalition for Tobacco Free Arkansas to plan for various activities and events such as National Night Out, Great American Smoke Out and Kick Butts Day.

In July, members of the Arkansas YES teams traveled to Houston to participate in the annual Texas Teen Tobacco Summit. Owing to the positive feedback from their contribution last year, this year they were invited to take part in the opening ceremony. They were also invited to hold their own "breakout session" where they taught other teens and adults about their tobacco prevention activism in Arkansas. The teams held a workshop entitled "Sit your Lil' "A" down". This was designed to address some of the difficulties that might occur when teens and adults worked together. The adults were encouraged to act in a supportive and advisory capacity, but were reminded that the TYCB and the YES teams were and should remain youth-focused and youth-led groups. The determination and energy of the Arkansas teams who participated earned the respect and attention of many of the other attendees, and they received much positive feedback.

During this fiscal year, FSA-YLI are planning to be an equally high profile group in terms of national advocacy and activism. The enthusiasm and determination of the Arkansas YES teams has clearly been noted by other organizations. The International Society for the Prevention of Tobacco Induced Diseases (ISPTID) has invited members of the Arkansas teams to participate in the opening ceremonies of its 6th annual conference, to be held in November of 2007 at the Peabody Hotel in Little Rock. The YES team will present an abstract at the National Conference on Tobacco and Health in Minneapolis during the 2nd quarter 2007.

Enforcement

The Arkansas Tobacco Control Board (ATCB) enforces state laws prohibiting the sale of tobacco products to minors. ATCB continues to have a strong presence around the state, and that presence resulted in a reduction in youth access to tobacco. The **Arkansas Law on Retail Sales** (A.C.A. § 26-57-257 & § 5-27-227) states that retail permit holders who sell cigarettes or tobacco products during any 48 month period to anyone under 18 years of age shall be subject to fines and suspensions of tobacco permits for up to:

- \$250 for the first violation;
- \$500 and 2 days for the second violation;
- \$1,000 and 7 days for the third violation;
- \$2,000 and 14 days for the fourth violation; and
- \$2,000 and revocation for a fifth violation.

Clerks selling cigarettes or tobacco products to a minor will face criminal charges and fines up to \$100 plus court costs. Retailers must display in a conspicuous place or on each vending machine, a sign indicating that the sale of tobacco products to, or purchase of, or possession of tobacco products by a person under the age of eighteen (18) years of age is prohibited by law. Retailers are required to have each employee read and sign a Tobacco Server Awareness Form. This form is to be kept on file, and available for inspection. Failure to comply will result in fines being issued to the permit holder for each employee who does not have a signed server awareness form on file. As a condition of receiving federal substance abuse block grant funds, federal law requires the State of Arkansas to conduct random, unannounced inspections of tobacco outlets to determine compliance rates. Persons under 18 years of age may be enlisted to assist an authorized agent or representative of a state or local law enforcement authority, the Arkansas Tobacco Control

Board, the Arkansas Department of Health or other state government agency in testing compliance with written parental or legal guardian consent. During the first quarter of FY 08, ATCB conducted 1118 checks with 74 violations for a violation rate of 6% compared to 7.76% during the fourth quarter of last fiscal year. In addition to the 1118 compliance checks, routine inspections were conducted throughout the state. During this quarter, ATCB warnings, fines as well as suspensions were issued to businesses that were in violation.

ATCB offers free merchant education trainings upon request where agents will visit locations to train employees and explain the law as well as offer some helpful tips to employees that will help prevent them from selling to minors. Merchants can request a training online or by phone.

The ATCB continues to work with the Arkansas Department of Health and Cranford Johnson Robinson Woods (CJRW) to implement an interactive, web-based training for retailers and their employees. The training includes a video and PowerPoint presentation similar to the regional trainings that are currently conducted monthly. This enables ATCB to reach more employees and ultimately reduce illegal sales to minors. ATCB will continue to market regional trainings but will also add this venue to allow retail employees to become more efficient in recognizing underage customers and more prepared to read and understand the underage markings on the state-issued identification card or driver's license.

The ATCB also plans to continue its efforts in conducting organized task force operations at various locations around the state. These task force operations will concentrate on retailers purchasing untaxed tobacco products and buying from unlicensed dealers. Purchasing untaxed tobacco products illegally allows retailers to sell tobacco products at a lower cost and therefore can entice minors to purchase from them.

Cessation

The Tobacco Prevention and Cessation Program continues to work diligently with The Arkansas Statewide Tobacco Programs and Services (AR Stops) programs which include the SOSQuitline, SOSWorks Fax-back Referral Program, and the Arkansas Tobacco Cessation Network. The program's first 2007 quarterly report is expected at the end of October.

As per the new Cessation contract beginning July 2007, the workplace cessation efforts will be conducted through the Department of Health as part of the Lifestages workplace Wellness program. Tobacco cessation and prevention education is a major portion of this outreach, and toolkits are being developed. Already several supportive interactions, such as with the Peabody Hotel and Alltel have occurred that have provided education and cessation assistance. Similarly, the healthcare provider education will occur within the Department of Health, with the provision of a collaborative CME program between Chronic Diseases and the TPCP Branch. Dr. Dresler continues to provide presentations around the state to various groups of healthcare providers to educate about tobacco control issues and the cessation programs, including the fax referral program.

Media & Public Relations

The TPCP's statewide tobacco counter-marketing campaign is conducted by CJRW, known as *Stamp Out Smoking (SOS)*. The Media Strategy meetings were finished in August and a final strategy document completed. CJRW continues to effectively implement the SOS media campaign which emphasizes preventing youth initiation, tobacco cessation, and eliminating secondhand smoke exposure. These messages target specific demographics through grassroots efforts and various media types such as print, television, radio, and internet. SOS has been instrumental in building favorable outcomes through its effective tobacco counter-marketing campaign.

In moving forward with the implementation of Act 13 and the educational awareness campaign in Arkansas, the following activities were performed:

- A distribution plan was developed to disburse Act 13 Fact Cards among enforcement agencies, grantees and collaborating organizations. The fact cards will be use for educational purposes and promotion of cessation services.
- An article was developed on the ADH/TPCP awareness campaign to promote Act 13 among enforcement agencies. The article was submitted for the CHA Newsletter and included in the September issue.
- An article about Act 13 and TPCP's educational efforts among enforcement agencies was developed and sent to the Northwest Region. The Article will be featured in the ADH Newsletter of the Northwest Region.
- A major initiative has been in process since July with Advantage Communication Incorporated to communicate health messages about tobacco use and to promote cessation with the Quitline in the African American community of young (18-50 yo) males.

Minority Initiatives

The TPCP has continued its efforts in eliminating tobacco related health disparities throughout Arkansas. The TPCP has revised its Strategic Plan for Eliminating Health Disparities. A workgroup of members from targeted disparate groups assembled and attended a series of meetings. During these meetings, members offered insight on how TPCP could reach the disparate group that they represent. The populations that were identified included: individuals with disabilities; rural communities; gay, lesbian, bi-sexual and trans-sexual (GLBT) citizens; incarcerated individuals; English as a second language (ESL) citizens; and military personnel. The plan will be disbursed during the 2nd quarter.

Other Minority Initiatives include the following:

- The Minority Health Commission is co-sponsoring the largest health fair for Latinos called "Encuentro Hispano", which is organized by ABC LTFA and will take place at the State Fairgrounds.
- TPCP colleagues participated in the UAMS Mother/baby Fair at the Stephen Spine Institute at UAMS. Act 13 was promoted among some of the pregnant women who attended the event. Opportunities to collaborate with ConnectCare were discussed and efforts to provide services in Spanish for the Spanish-speaking population are being planned.

- In collaboration with the Ashley-Bradley county Latino Coalition, TPCP colleagues participated at the Health Fair of the World Fest to educate on SHS and promotion of Act 13 among minority populations. This event is organized annually by the City of Little Rock Racial Cultural Diversity Commission in an effort to celebrate diversity.

The University of Arkansas at Pine Bluff

Minority Initiative Sub-Recipient Grant Office (UAPB-MISRGO)

The University of Arkansas at Pine Bluff (UAPB) Minority Initiative Sub-Recipient Grant Office (MISRGO) currently funds 20 sub grantees to continue to educate the public on the danger's of tobacco and the harmful effects of secondhand smoke; reducing youth access to tobacco, decreasing advertising and promotion of tobacco products and promoting cessation resources. During this quarter, UAPB-MISRGO staff held and participated in activities across the state such as technical assistance workshops, press conferences, tobacco free legislation commemorating Arkansas' Clean Indoor Air Law and the UAPB tobacco free campus resolution.

The MISRGO continues to assist with the establishment of the Arkansas Evaluation Center. Next steps have been developed and will be presented to the UAPB-MISRGO Advisory Committee. A presentation will be made regarding the Arkansas Evaluation Center at the American Evaluation Association's Annual Meeting. Also during this annual meeting, key development ideas for the center and feedback will be presented to experts in the field.

The new pilot project is underway to diversify the minority groups funded by MISRGO. During this period, capacity-building workshops tailored specifically for the Hispanic and Marshallese population have been conducted. These workshops include organization development and grant writing.

In addition, a planning grant has been released to help Hispanic and Marshallese serving organizations in building their capacity to apply for 2008-09 tobacco prevention funding.

The UAPB campus will become tobacco free January 2008.

Coalition for a Tobacco Free Arkansas (CTFA)

The Coalition for a Tobacco Free Arkansas (CTFA) is a network of statewide organizations with a shared mission to prevent the use of tobacco in our state. During this quarter, The Executive Director, Katherine Donald was interviewed by a reporter with KARN Radio, Hot 96 and KOKY Radio, KARK TV, KTHV about the harmful effects of secondhand smoke, Act 8 and Act 13, and the anniversary as well as the Associated Press conference designed to celebrate the one-year anniversary of both laws.

Other activities that occurred during this quarter includes the following:

- CTFA held a press conference at the State Capitol to commemorate the one-year anniversary of Acts 8 & 13, the two statewide smoke-free laws. Speaking at the press conference were many allies and/or supporters in the public health field : Dr. Joe Thompson, Barbara Kumpe, Kevin Dedner, Senator Tracy Steele, Rep. Sid

Rosenbaum, Joyce Dees and many others. The highlight of the activity was a visit by Governor Mike Beebe who stated his support for tobacco control efforts in Arkansas. Additionally, two youth speakers spoke. They thanked legislators for the passage of Act 13, the smokefree vehicle law. Seven year old, Ruby Trotter asked legislators to expand the current law to cover children like her. (Currently, the law covers youths 0 - 6 years of age.)

- CTFA disseminated over fifty pieces of information in July to its statewide network. The information ranged from things happening on the federal level, such as the bill to give the FDA the authority to regulate tobacco in the U.S. and the two versions of bills to increase the federal tax on tobacco products.
- CTFA held its 5th annual statewide tobacco education and prevention conference on August 17th. Over one hundred individuals from across the state attended and participated with workshop presenters and plenary speakers to share information to help attendees become more empowered to move Arkansas' tobacco control movement forward.
- Joe Arnold represents a coalition of residents in Little Rock pursuing a smokefree park policy in the City of Little Rock. CTFA and Joe Arnold met with Scott Gordon, who is the COO at Arkansas Children's Hospital (ACH) about potential support for a smokefree park policy. He presented at a meeting of the committee supervising Little Rock parks, and this committee is considering a smokefree initiative.
- CTFA staff provided technical assistance to the leadership of the KICK Coalition as it plans for its Great American Smoke Out activity.
- In the month of September, CTFA distributed more than thirty items relating to tobacco control. The public received information relating to the two pending federal tobacco tax increase bills. Some individuals sent information to their congresspersons asking them to support the tax increase.
- CTFA was invited to attend the signing of the "acceptance" of the smokefree resolution that was signed into policy at the University of Arkansas at Pine Bluff. In May 2007, CTFA had sent the university a smokefree resolution, proposing to the Chancellor that the campus adopt a tobacco free policy. After much consideration, the administration decided that a tobacco free policy is best for the campus. CTFA suggested a twelve-month implementation period. However, the college decided to go tobacco free effective January 2008. CTFA will offer its assistance for implementation. CTFA will also put the university in touch with Eric Flowers with UAMS-College of Public Health. Eric works with businesses and other entities to help them effectively implement its smoke-free or tobacco free policy. On September 18th CTFA attended the signing of the resolution. More than one thousand students, faculty, staff and the general public attended.
- CTFA spoke with a representative with Gerber's Food about working together on a SHS and dangers of tobacco use presentation for its employees and the general public. The presentation is scheduled to be held in Fort Smith.

Surveillance & Evaluation

TPCP colleagues attended an evaluation meeting provided by the Evaluation Contract Team of Battelle, Howard Fishbein, Michael Johnson and Kendra Versendaal in collaboration with Chronic Disease Branch. The Quality Improvement Plan (QIP) for each program was discussed. An overview was provided on the approach that should be taken

in the QIP. Participants brainstormed on integrating efforts among the diverse programs of the CHA that will lead to common outcomes and benefits of each program particularly in regards to program activities, media messaging and data collection.

Quality Management

TPCP has implemented a Quality Management (QM) process as recommended by RAND Corporation. QM tools were created using deliverables listed in the agreement and/or work plan that each contractor and grantee submitted to TPCP. TPCP's internal team met during this quarter to review and evaluate activities and deliverables provided by contractors and grantees. A summary report reflecting last quarter's QM results and comments was forwarded to the Tobacco Prevention and Cessation Advisory Committee.

Medicaid Expansion Program

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 specific populations.

PROGRESS OF MEDICAID EXPANSION INITIATIVES

Pregnant Women Expansion:

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

July	10,970
August	11,133
September	11,290 (2,868 minorities)

Hospital Benefit Coverage:

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

65 and Over Expansion (AR Senior)

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

July	4,493
August	4,564
September	4,584 (1,324 minorities)

Age 19 to 64 Expansion (ARHealthNet)

- This population will be covered through a federal waiver program which provides eligible small employers with health coverage for employees.
- The ARHealthNet Program was implemented in January 2007.

Program Description

Every 12 months ARHealthNet will cover the following:

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

Deductible and Co-Insurance for ARHealthNet

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

Pharmacy Benefits for ARHealthNet

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

▪ Current program enrollees -	July	598
	August	736
	September	1,468

Expenditures for July 1, 2007 through September 30, 2007 and Proportion of Leveraged Medicaid Dollars

	Total	Tobacco	Federal
Pregnant Women	\$1,159,724	\$ 308,834	\$ 850,890
In-Patient Hospital	\$1,915,013	\$ 509,968	\$1,405,045
ARSeniors	\$1,487,550	\$ 396,135	\$1,091,415
ARHealthNet	<u>\$ 229,945</u>	<u>\$ 60,627</u>	<u>\$ 169,318</u>
Sub-Total Program	\$4,792,232	\$1,275,564	\$3,516,668
Administration	<u>\$ 236,312</u>	<u>\$ 118,156</u>	<u>\$ 118,156</u>
Total	\$5,028,544	\$1,393,720	\$3,634,824

Important Events that have Impacted the Program this Quarter:

1. Enrollment in the *ARHealthNet Program* has increased following the outreach campaign last quarter. NovaSys Health, the plan administrator, and the Department of Human Services will continue efforts to inform eligible employers about the benefits of this new program.
2. The ARSenior Program continued to experience caseload increases each of the three months in this quarter.

3. It should be noted that the decrease in Inpatient Hospital expenditures from Quarter 4 of 2007 to Quarter 1 of 2008 is due to a rate increase that was implemented at the end of last fiscal year. Retroactive payments for 2007 were paid in the last quarter of the year resulting in the high expenditure level.

Steps for Continuous Quality Improvement:

Outreach activities continue to focus on the promotion of the new *ARHealthNet Program*.

Arkansas Minority Health Commission (AMHC)

To assure that all minority Arkansans are provided equal access to health care and to seek ways to provide education, address, treat, and prevent diseases and conditions that are disproportionately critical to the minority populations of Arkansas.

Goals

To increase awareness of hypertension, strokes and other disorders that are disproportionately critical to minorities by utilizing different approaches that include but are not limited to the following: advertisements, distribution of educational materials and providing medication assistance materials for high risk minority populations.

To provide screening or access to screening for hypertension, strokes and other disorders that are disproportionately critical to minorities and to provide this service to any citizen within the state regardless of racial/ethnic background.

To develop intervention strategies to decrease hypertension, strokes and other disorders and their complications that disproportionately target minority populations including but are not limited to the following: smoking cessation, health education programs, weight loss, promoting a healthy lifestyle and treatment of hypertension with cost-effective medications as well as case management for patients in these programs.

Program Progress

The New and Improved "Southern Ain't Fried Sundays" (SAFS)/Body and Soul Program
The Arkansas Minority Health Commission has been working very close with the American Cancer Society to restructure its "Southern Ain't Fried Sundays" program. The newly structured program is now entitled: The New & Improved "Southern Ain't Fried Sundays"/Body and Soul Program. The new program will extend beyond churches and will be offered to various community groups who are interested in improving the quality of their health. The program will also incorporate a curriculum that will not only allow people to learn how to prepare healthy southern style recipes, as well as learn how nutrition and physical activity can have a healthy impact on their lives.

Marianna Examination Survey on Hypertension (MESH)

MESH is a population based representative household examination survey of blood pressure and cardiovascular disease risk factors in adults in Marianna, AR. It was initiated in June 2005 and completed May 2007. MESH originated as an effort to assess the rate of hypertension, those at risk for cardiovascular disease, diabetes and stroke in the

city population of Marianna focusing on diagnosed as well as undiagnosed cases of hypertension.

Currently data entry is being completed at the University of Arkansas at Fayetteville. The analysis phase was initiated in August 2007. The first draft is projected to be completed by November 2007. After the completion of the analysis and the compilation of the data a report of results will be presented to the community of Marianna.

Eating & Moving For Life (EMFL)

The Arkansas Minority Health Commission continues to fund the Eating and Moving for Life Program. This quarter 79 new participants have been enrolled and 4 participants graduated. The graduation data is reflected from one county.

Health Fairs

The Arkansas Minority Health Commission continued its participation in several health fairs across the state. These health fairs allow participants to receive blood pressure, cholesterol, glucose, prostate, vision, dental, and HIV screenings as well as other health related information at no cost. The screenings are a great opportunity for those that may not have seen a doctor to receive screenings and get referrals when needed.

A very stringent follow-up protocol is adhered to when the result from the screenings reveals problematic health concerns. The protocol consists of direct contact via phone to the participant with a suggested referral if the participant indicates they do not have a primary care physician. This protocol is only used for health fairs sponsored by AMHC.

Future Programs

Other programs are being developed which will be addressed in the next quarter.

Program Quarterly Funding Summary

Program Name	Appropriation Amount	FY07 Available Funding	Expenditures1st Quarter	Fund Balance
AAI	\$2,329,781	\$1,673,187	\$356,596	\$1,280,591
ABI	\$6,260,008	\$4,264,733	\$1,402,774	\$2,861,959
COPH	\$3,368,364	\$2,415,281	\$609,260	\$1,806,021
Delta AHEC	\$2,574,143	\$1,610,187	\$432,671	\$177,516
TPEP	\$15,156,056	\$21,386,576	\$3,414,901	\$17,971,675
Medicaid Expansion*	\$16,112,408	\$51,131,135	\$1,393,720	49,37,415
Minority Health	\$1,486,914	\$1,486,914	\$223,467	\$796,150

*The final Carry Forward of Tobacco Funds from SFY 2007 into SFY 2008 after closeout was \$37,326,750. The difference in Tobacco Fund expenditures from Quarter IV of 2007 to Quarter I of 2008 reflects the impact of a rate change for Inpatient Hospital charges. The rate was applied retroactively for SFY 2007 and paid in the last quarter of the year.



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