



# Arkansas Tobacco Settlement Commission

Quarterly Report

October - December 2007

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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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## Tobacco Prevention and Cessation Program

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 secondhand 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 and one member appointed by the Speaker of the House of Representatives and sixteen 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, Arkansans for Drug Free Youth, 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.

### Program Progress

#### *Community Programs*

The Tobacco Prevention and Cessation Program (TPCP) currently funds 22 community coalitions throughout various regions across the State of Arkansas. The coalitions utilize the funding to educate the citizens of Arkansas on the dangers and ill effects of tobacco use. The coalitions use *The Best Practices for Comprehensive Tobacco Control Programs* set by the Centers for Disease Control (CDC). They also report all activities to TPCP and are monitored on a quarterly basis.

A few highlights for the quarter include:

- *The Women's Council of African American Affairs* worked diligently with the Manager of Browning's, a local restaurant specializing in Latin cuisine. The manager has been an advocate for smokefree workplaces for several years, and implemented a policy two years prior to the Clean Indoor Air Act. He was motivated to do so once he found out that he been diagnosed with a tumor in his throat, which was related to smoking, and had never smoked in his life.
- During the month of October, *The Lee County Family Resource Center* worked very closely with members of the Marianna Police Department to assist them in conducting tobacco spot checks and educating about ACT 13 (legislation protecting children under the age of six from secondhand smoke while traveling

in a car). Together, the coalition and local law enforcement officials disseminated information and education to citizens ranging from store owners, educators, students, clerks, and the general public.

- *Tobacco Free Marion County* has launched an active website at [www.tobaccofreemc.com](http://www.tobaccofreemc.com). The coalition's media coordinator has developed the website and made regular contributions to the work plan, as well as composing press releases. The coalition worked closely with Flippin Middle School staff and students to measure over 200 local youths' receptivity to the tobacco industry's marketing appeal and their susceptibility to experiment with tobacco. They also worked with the students and staff to streamline the coalition's efforts to counter the impact of the tobacco industry's appeal on middle school students. The coalition has begun using the SOS Works faxback referral service, making 24 referrals this quarter.

### ***School-based Programs***

The TPCP currently funds 23 school programs. All TPCP-funded schools, in conjunction with the Arkansas Department of Education, have implemented the Coordinated School Health Program. The program is initially addressing four of the eight essential elements of an effective school health program as identified by the CDC. The four components being addressed are Health Education, Healthy School Environment, Health Promotion for Staff, and Family and Community Involvement. To promote tobacco cessation within the schools, the school-based grant coordinators are working with the school nurses to implement the SOSWorks Fax Referral system and a new "Through with CHEW, Done with DIP" curriculum as part of worksite wellness.

Listed below are a few highlights that occurred during this reporting cycle:

- *The Forrest City Public School District* has implemented a mentoring program, 15 High school students have been recruited to tutor K-8th graders. They are positive role models for the younger children, helping them with school work and stressing the importance of living a tobacco/drug free lifestyle. The program is serving a minimum of 45 children.
- *Healthy Connections* has worked to secure a full time resource officer at The Scott County Public Schools. The officer has experience in and actively supports the enforcement of policies which restrict tobacco use on school property. He has begun to write citations for tobacco use.
- Students in the Mena School District formed an organization called Bearcats against Tobacco. The organization held an anti-tobacco rally where they disseminated information and educated other students on the ill effects of tobacco. The rally was brought to an end when 800 students attended the SOS Anti-Tobacco Balloon Release at Mena Football Field.
- As an effort to improve the health of its staff and faculty, *The Ouachita River School District* implemented a district-wide wellness challenge for school employees. Staff competed for prizes by logging various wellness activities over a two-week period, including actions such as avoiding tobacco use, healthy

eating, exercise, health screenings, and seat belt usage. Local businesses donated prizes and the district awarded the grand prize winner with a day off work.

- Community Service INC ran a featured article in the “Russellville Courier” Sunday edition newspaper to educate the citizens of Russellville and surrounding areas about Coordinated School Health. The article provided information on the components of CSH, as well as how to incorporate healthy living habits into their lifestyles.
- The Newton County Health Coalition implemented The First Annual Voluntary Tobacco Free Kids Day at Newton County Fair.
- The Little Rock School District, in coordination with its Athletic Department, announced the implementation of the District's Anti-tobacco policy. The policy states that all forms of tobacco are banned during all District-sponsored sporting events. The Little Rock School District is the largest school district in the State of Arkansas, with over 26,000 students, 47 schools and nearly 4000 employees.

### *Family Service Agency-Youth Leadership Initiative*

Over 676 young Arkansans have joined the Youth Extinguishing Smoking (YES!) Teams of Arkansas. This is a diverse group of youth from across the state who work together to educate their peers and adults about the dangers of tobacco. The Tobacco Control Youth Board (TCYB) is currently made up of fifty-six board members.

Highlights of this quarter’s activities included:

- YES TEAM and TCYB members participated in the UALR Children’s International health fair and recruited 76 new members.
- 17 new members were recruited when YES TEAM and TCYB members participated in the Big Brother Big Sister Back to School event.
- 14 Youth Advocates attended the Striking Out Tobacco Conference and made presentations.
- During Red Ribbon month, the Y.E.S. TEAM participated in various projects around the State of Arkansas, reaching over 300 middle through high school students.
- Two Youth Advocates participated in several youth workshops and rallies at the National Conference on Tobacco or Health in Minneapolis, MN.
- 16 Youth Advocates provided energy and information during the 6th annual International Society for the Prevention of Tobacco Induced Diseases conference.

### *Statewide Youth Tobacco Prevention Program*

TPCP is hosting a statewide youth tobacco prevention program presentation on February 21, 2008. The ASPIRE program is web-based and interactive. The web site is based on the school curriculum called ASPIRE (A Smoking Prevention Interactive Experience). The ASPIRE curriculum was jointly developed by M. D. Anderson Cancer Center and The

University of Texas Health Science Center at Houston as a tool to educate, inform, and affect a positive behavior change. The program has several identified goals:

- 1) to decrease, prevent, and stop smoking among adolescents,
- 2) to appeal to middle school and high school students,
- 3) to tailor content to the needs of each student.

It focuses on both the smoker and the nonsmoker, both on prevention and cessation. Using ASPIRE, educators can help influence and assist adolescents on smoking prevention and cessation. The ASPIRE presentation will be held at our ADH headquarters and made available for simultaneous broadcast to all county health units, public schools, educational cooperatives, charter schools, Arkansas Virtual Academy, and other interested partners.

### **Cessation**

During this fiscal year, TPCP continued to offer evidence-based cessation intervention/treatment to Arkansans in need of assistance. Services included the SOS Quitline, SOSWorks Fax-back Referral Program, and the Arkansas Tobacco Cessation Network (ATCN), with services provided by the UAMS Fay W. Boozman College of Public Health through the Arkansas Smoking Cessation Network.

The University of Arkansas for Medical Sciences, College of Public Health, began providing treatment through the Arkansas SOS Quitline (1-866-NOW QUIT) in July 2005. In the second quarter of FY08, SOS Quitline has served 1,423 callers. Of those 1,423 calls received during the second quarter of FY08, 814 received counseling treatment.

The SOSWorks Fax-back Referral Program is a convenient method for referring patients, employees, and others to tobacco cessation services. During the first second quarter of FY08, this program received 1,112 referrals. 217 patients were treated through the Arkansas Tobacco Cessation Network in the second quarter FY08.

Workplace cessation efforts are being 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, healthcare provider education occurs within the Department of Health, with the provision of a collaborative CME program between Chronic Diseases and TPCP. TPCP's Branch Chief, Carolyn Dresler, MD, and Jennifer Dillaha, MD, Director of the Center for Health Advancement, provide presentations around the state to various groups of healthcare providers to educate about tobacco control issues and the cessation programs, including the fax back referral program. Healthcare provider toolkits are in development and will be implemented in 3<sup>rd</sup>Q of 2008.

### **Media & Public Relations**

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

effectively implements the SOS media campaign which emphasizes preventing youth initiation, tobacco cessation, and eliminating second-hand smoke. These messages are strategically designed to target specific demographics through grassroots efforts as well as 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.

During the second quarter of fiscal year '07-'08, the Stamp Out Smoking team was in the midst of another innovative year of educating Arkansans about tobacco prevention and cessation and the dangers of secondhand smoke. Some of this quarter's activities and grassroots efforts included:

#### Targeted Print Ads

- The *State Trooper Magazine* placement about ACT 13
- *Journal of AR Medical Society* promoting Fax-Back Referral Program
- SOS ads were placed in 109 newspapers

#### 30-second Television Advertisements

- 965 spots per week ran during the last two weeks of October, the first two weeks of November and the last two weeks of December. Total SOS television spots aired during this quarter was 5,790.
  - Spots aired in eight markets; Little Rock, Fort Smith, Fayetteville/Springdale/Bentonville, Jonesboro, Texarkana, El Dorado, Forrest City/Wynne and Hot Springs.

#### 60-second Radio Spots

- 2,200 spots ran in both October and November.
  - Spots aired in six markets; Little Rock, Fort Smith, Fayetteville, Jonesboro, El Dorado and Texarkana.

#### Media Focus – Hispanic Market

- *El Latino* – ½-page B&W newspaper ad, ran during the week of 12/10/07, and sponsorship of health care/cancer issue in October.
- *Noticias Libres* – ½-page B&W newspaper ad, which ran during the week of 12/17/2007.
- A total of 50 television spots (30-second) ran during the week of December 24, 2007, in the following markets: Little Rock, Fort Smith and Northwest Arkansas.
- 60-second radio spots -- 240 spots aired from Dec 24-27, 2007, in the following markets: Little Rock, Fort Smith, Fayetteville/Springdale/Rogers and DeQueen.

African American Male Outreach – Advantage Communications, Inc. has been working to access and educate the AA male, ages 18-49 yo to reach out for cessation

advice. Focus groups demonstrated this groups unwillingness to call the Quitline, therefore educational efforts have been made to increase motivation.

The Arkansas State Fair -- SOS sponsored an electric bull-riding competition at the Arkansas State Fair in October. Anti-tobacco materials were distributed at the fair and a cessation message was promoted through the Buck the Chew contest.

The Worksite Wellness Toolkit -- includes a guidebook of information about tobacco prevention and cessation, nutrition guidelines and physical activity recommendations. The SOS team developed a mock-up of the guidebook during the second quarter.

Poster Presentations -- SOS developed five posters to be used in presentations by TPCP members. The posters address:

- The Oxygen Project
- The Experience of an Evidence-Based Social Marketing Campaign to Eliminate Tobacco Use
- Evaluating the External Validity of the 2005 Arkansas Youth Tobacco Survey
- Arkansas' Sustained Comprehensive Tobacco Control Program: A Model in the Middle
- An Assessment of the Immediate Public Health and Economic Impacts of the Arkansas Clean Indoor Air Act

Hunters' Quit the Spit -- SOS finalized creation of the Hunters' Quit the Spit collateral and compiled a list of hunting events and possible locations to distribute the pieces.

- 1,475 brochures have been distributed at 12 events to date.

Ad Recall Survey -- SOS developed the Ad Recall Survey to be used by the Arkansas Department of Health. The survey measures what viewers remember about the anti-tobacco print, television, cinema and radio ads they have seen in the last six months.

Honors -- SOS was recognized for its communication efforts by receiving three awards of excellence and four awards of merit from the International Association of Business Communicators. SOS also received nine (three gold, two silver and four bronze) National Public Health Information Coalition awards in 17 categories

## **Disparity Initiatives**

### ***Strategic Plan for Eliminating Health Disparities***

The TPCP continues to identify tobacco-related disparities across the state using qualitative and quantitative data. 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. Based on the trainings received from the CDC, TPCP assembled a workgroup that focused on revising the strategic plan to reduce

tobacco-related health disparities. This workgroup attended a series of meetings that allowed members who represented priority populations in Arkansas to offer insight on how TPCP could effectively develop key partnerships as well as outreach to those identified communities. Members of the workgroup included representatives from the following populations: Native American, Hispanic Communities, African American, Asian American, GLBT, college students, faith based community, rural, low socioeconomic status, Delta counties, people with disabilities, substance abuse community, homeless community, military personnel, and incarcerated individuals. The plan is in the final stages of completion.

### ***Collegiate Tobacco Prevention Initiative***

The TPCP continues its push to educate college students across the state with its Collegiate Tobacco Prevention Initiative through the Oxygen Project Campaign. The Oxygen Project campaign is designed to target college-aged students, ages eighteen to twenty-four for the purpose of reducing and eliminating tobacco usage among this population. A poster presentation of the Oxygen Project was presented during the National Conference on Tobacco or Health in Minnesota and during the 6th Annual International Society for the Prevention of Tobacco Induced Diseases Conference that was held in Little Rock, AR. During the poster presentation, TPCP was able to inform other states of its Collegiate Tobacco Prevention efforts in Arkansas. TPCP plans to continue its collaborative efforts with the community coalitions to expand the mission and outreach of the Oxygen Project. A proposed policy initiative is being considered to develop a new law to implement smokefree college campuses.

### ***UAPB, Minority Initiative Sub-Recipient Grant Office***

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 dangers 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.

Highlights of a few of this quarter's activities included:

- Collaboration with Archway Broadcasting (radio) to promote tobacco prevention;
- Assistance provided to Hispanic and Marshallese communities in the incorporation of "Avenues of Trust," a new non-profit that will provide health education and tobacco prevention education for NW Arkansas youth;
- Distribution of "The Minority Initiative Newsletter", featuring activities funded by MISRGO sub-grantees.

### ***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. CTFA provides education

and technical support to local tobacco free coalitions and other organizations across the state.

Some of the activities that occurred during this quarter included the following:

- Developed an informational packet that will be used to educate parents about the dangers of secondhand smoke to children and the benefits of a smoke-free home.
- Hosted an educational display booth at the Little Rock School District Parent Institute. Information was disseminated about the dangers of secondhand smoke to children. Parents were given a smoke-free home pledge card. They were encouraged to pledge to make and keep a smoke-free home for the health of their children. Parents who smoked were encouraged to quit and given information about the SOS Quitline.
- Conducted a training for a group of teenage and young mothers at the Pulaski County Parent Center. The group of young parents was educated on Act 13, the dangers of tobacco use, and exposure to secondhand smoke, as well as the benefits of a smoke-free home.
- Provided a 4-hour workshop to a select group of Pulaski County Parent Center staff members who conduct home visits as part of their job. The seminar included information on the dangers of tobacco, the benefits of a smoke-free home, and a briefing on Act 13. The paraprofessionals were also encouraged to work with parents to ensure that they provide a smoke-free home environment for the youths that live with them by quitting smoking. Information was given on the SOS Quitline.

### **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.

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.

### *Surveillance & Evaluation*

To track and monitor the health economic burden of tobacco use, including health disparities, the TPCP uses a variety of data sources that are either well-established population-based surveillance systems (i.e. vital statistics, cancer registries and risk factor surveys) conducted nationally and at the state level, or internal tobacco-specific studies. TPCP will continue to monitor cigarette smoking and the use of other tobacco products by using data sources which include:

- Behavior Risk Factor Surveillance System (BRFSS)
- Youth Risk Behavior Survey (YRBS)
- Arkansas Pregnancy Risk Assessment Monitoring System (PRAMS)
- National Health Interview Survey (NHIS)
- Youth Tobacco Survey (YTS)
- Adult Tobacco Survey (ATS)
- School Health Policies and Program Study (SHPPS)

- Current Population Survey (CPS)
- Synar Amendment Data
- SOS Media Tracking Surveys

Arkansas successfully conducted the ATS in 2002, 2004 and a report reflecting 2006 data will be finalized and placed on the website. The sample size in 2006 was the largest ever collected in the state. YTS data was also successfully collected in Arkansas in 2000, 2005 and in 2007. During this reporting cycle, the 2007 YTS was compiled. The YTS data showed that between 2000 and 2007, the rate of current cigarette smoking dropped from 35.8 to 20.4 percent among Arkansas's high school students, cutting the rate almost in half.

The TPCP will continue to utilize data from the Arkansas Youth Tobacco Survey as well as information collected from the Adult Tobacco Survey to track the health burden of tobacco use in Arkansas. Updated Arkansas Tobacco Prevention and Cessation Program Indicators from the all the surveys conducted in Arkansas (the YTS, ATS, BRFSS, and YRBS) are available for 2006 adult and 2007 youth data, respectively. Summary report booklets are currently in publication for Spring 2008 release.

## **Quality Management**

Due to the complexity of TPCP funding and broad spectrum of tobacco control activities, TPCP has several external quality management systems in place to assure due diligence in our program and fiscal management responsibilities.

### RAND Corporation

- The RAND Corporation was selected to perform a quarterly evaluation of all programs overseen by the Arkansas Tobacco Settlement Commission, including TPCP, and the state's management of settlement dollars (The Arkansas Tobacco Settlement Commission is charged with overseeing programs funded by the Tobacco Proceeds Act of 2000, assessing progress and ensuring proper spending.)
  - TPCP continues to streamline the Quality Management (QM) process that was recommended by the RAND Corporation, by revising each of the tools to provide a more detailed understanding of the contractor's outreach efforts.
  - The QM tools have been designed to provide a 'grading/rating' system, similar to a report card for each of the grantees. This allows TPCP to evaluate the progress and effectiveness of activities conducted by the TPCP-funded program, as well as to assist in monitoring deliverables of the contractors.
  - In addition to quarterly reports received, any other documentation that was submitted by the grantees and contractors will continue to be utilized to review identified indicators.

- The TPCP continues to participate in quarterly teleconference calls with RAND to address measures and outcomes.
- TPCP adheres to the CDC-identified goals that tobacco control programs should work within to reduce tobacco-related morbidity and mortality.

#### Arkansas Tobacco Prevention and Cessation Advisory Committee

- According to law, this advisory committee is made up of eighteen members to oversee the tobacco prevention and cessation projects and programs administered and/or directed by the TPCP and its grantees and funded through the Arkansas Tobacco Proceeds Act of 2000.

#### Centers for Disease Control and Prevention

- Because TPCP receives federal funding from the Centers for Disease Control and Prevention, an extensive bi-annual planning and evaluation process is conducted to ensure continued funding.
  - TPCP staff are required to utilize “The Chronicle,” a web-based reporting and planning system to plan, track, and report their program and budget activities and to ensure that all programs are compliant with CDC-identified goals to reduce tobacco-related morbidity and mortality.
  - TPCP participate in monthly phone conferences with the CDC project consultant to update progress and discuss recommendations and technical assistance.
  - CDC conducts regular site visits to TPCP annually.

#### Battelle Centers for Public Health Research and Evaluation

- The Arkansas Department of Health has contracted with the Battelle Corporation to provide program evaluation and technical assistance to the Chronic Disease Branch and Tobacco Prevention and Cessation Program. There are four elements of the comprehensive annual Battelle evaluation:
  - Evaluate the fit of goals and objectives and determine whether the appropriate data collection methods are in place to measure a programs’ short and longer-term achievements; make recommendations for program enhancements by providing Technical Assistance as needed;
  - Evaluate if each program has targeted program activities and that when these activities are implemented, that the results address the statewide and CDC goals and objectives that relate to that program;
  - Evaluate whether and how each program is able to collaborate in their data collection efforts to foster a sharing of resources and information to conduct an integrated program evaluation across the Branch;

Foster the building of program and staff relationships that become enhanced where they have existed and created where none were present, among staff working with Battelle on this evaluation.

## College of Public Health

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

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

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

### Program Progress

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

**Student Expansion:** 262 students enrolled in a degree program in the Fall 2007 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 programs) 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 Arkansas Department of Health (ADH) employees.

**Faculty Development:** As of December 31, 2007, the COPH had 57 full-time and part-time salary supported faculty; 44 of these are 100% supported in the College.

**Program Development:** The COPH offered 32 courses in the Fall of 2007 with 20% of the courses offered by way of distance learning, WebCT, weekend format, and or directed study. In addition, 29 students enrolled in either the MPH Preceptorship, MPH Integration and/or the DrPH Doctoral Practica in Fall 2007.

**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. 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 7 proposals seeking over \$8 million in funding; of this number, 6 are pending, and 1(\$199,505) was funded. In addition, COPH faculty was notified that 9 proposals previously submitted were funded for a total of \$803,733 in additional funding during this quarter. The total extramural funding in the COPH at the end of December 2007 exceeded \$29 million.

***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/grant programs addressing tobacco*

Funding continues for two ADH contracts with the COPH for Dr. Christine Sheffer, Assistant Professor, Department of Health Behavior and Health Education, 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 also work to integrate proven 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*

No additional programs were funded that specifically addresses minority health disparities during this quarter; however, a proposal is "pending" that was submitted by Dr. Ty Borders, Associate Professor, Department of Health Policy and Management to study "the Influence of Health Attitudes and Health Status on Ethnic/Racial Disparities in Consumer Assessments of Health Care".

Last 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 one full research project, an initial six 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 is continuing with the Minority Health Commission to support CPH faculty members 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 Dr. Kate Stewart, the CPH 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 CPH. Kellogg Consultants, Dr. Larry Green and Ms. Ella Greene-Moton, addressed CPH faculty and administration at the CPH 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, CPH faculty and staff have planned free previews of a documentary that addresses questions about social status and health beginning in January 2008. The focus audience will include health care professionals, public officials, community-based organizations, educators, social advocates, and the faith-based community. The four-hour, seven-part series, “Unnatural Causes: Is Inequality Making Us Sick?” will begin airing on PBS stations nationwide beginning in March 2008.

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.

#### *CPH funded programs addressing obesity*

No additional program addressing obesity was funded this quarter. 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. This project will provide 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, as well as a variety of others throughout the state, 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 more intensive evaluation of selected 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. COPH staff coordinated health screenings for the National Black Caucus of State Legislators’ meeting that was held in Little Rock in December 2007.

***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 Minority Health Commission, Department of Health, 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 15% of the COPH student body continues to come from the ADH employees. p 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 approximately 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, in essence providing them with financial assistance while at the same time giving valuable experience. A system has also been established in the Office of Student Services to compile student funding opportunities from outside the College and distribute this information to students. In addition, 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 addition, 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 have 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 December 2007, 8 of the 45 (18%) COPH full-time faculty members are from racial and/or ethnic minority groups; 5 of the 8 (11%) 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 and working with ADH Hometown Health Improvement Coalitions to help them develop basic evaluation skills. Federal funding for the USDA Delta Nutrition Intervention Research Initiative (NIRI) has ended; however, the OCBPH is continuing to work to assist the NIRI in providing training to their Arkansas community partners in community-based participatory research. This project has directly benefited the Boys, Girls, Adults Community Development Center (BGACDC) in Marvel, and lessons learned will also subsequently be shared with the other three formally recognized COPH community partners.

**RAND Recommendation Focus Areas Based on 2005 Interim Report**

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

As of December 31 2007, the COPH has approximately 50 active grants/contracts amounting to over \$29 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 UA Board of Trustees approved these degree programs in January 2006. Both programs have also 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. New applications have been received for both programs and are being reviewed by admission committees.

**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 is now leasing or using off-campus space in two locations for grants recently funded due to insufficient space being available on-campus.

## **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."

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

**Program Progress**

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

In October, **Diabetes Clinic** staff began testing adolescents in the local schools for type 2 diabetes. Parental consents were obtained and American Diabetes Association guidelines for testing adolescents for type 2 diabetes are being followed.

**CPR/First Aid** training was held for 10 foster parents and grandparents through the Counseling Education Center in Helena-West Helena. Attendees, who are mandated to remain current in CPR and First Aid skills, completed a 3-hour course. First Aid/CPR training was also provided for six Americorp/Vista Program volunteers as well as daycare workers with Mid-Delta Headstart programs. In addition, 10 staff members of BPS, Inc. a local chemical company that participates in our "How Healthy is your Industry?" program were certified. As part of our "How Healthy is your Faculty?" program, five staff at Desoto High school were certified in Heartsaver CPR and a health fair for parents was held at Beechcrest Elementary school and attended by 25 parents and grandparents who received free blood pressure checks and blood glucose testing.

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>	
35	CPR/First Aid for Consumers
1,244	Health Education for Adolescents (includes YES)
134	Health Education for Adults
371	Health Education for Children
867	Health Fairs/Screenings
5	How Healthy is your Faculty?
57	How Healthy is your Industry?
8,256	Kids for Health
193	Prescription Assistance <b>(\$48,392 saved this quarter)</b>
268	Seniors CLASSICS
8	Geriatrics (other than CLASSICS)
	Substance Abuse Prevention
132	Tobacco Cessation
524	Tobacco Prevention
293	Sexually Transmitted Infections
<i>To improve health behaviors related to chronic health problems:</i>	
14	Asthma
117	Diabetes (1-on-1 and Group)
258	Diabetes Clinic
88	Diabetes Outreach
72	Diabetes Self-Management
144	Diabetes Support Group
234	Sickle Cell
400	Consumers provided with library services

<i>To improve health behaviors in regards to physical activity and nutrition:</i>	
5,702	Fitness Center
120	Other Exercise (Tai Chi/Water Aerobics)
54	Nutrition (Group)
17	Nutrition (1-on-1 Counseling)
<i>To improve health behaviors related to teen pregnancy prevention and parenting skills:</i>	
337	Prenatal/Parenting
317	Teen Pregnancy Prevention

**MELD**, a parenting program for young African American moms and dads, is based on a nationally acclaimed curriculum for reducing levels of physical abuse, neglect and emotional maltreatment of children. Since 2000, the program has served approximately 650 families in four communities (Lake Village, McGehee, Dumas & Gould) in southeast Arkansas. Young moms and men meet bi-weekly to receive basic practical information and support regarding parenting and decision-making and to support each other. These parent groups are led by women and men who are from the community were themselves single mothers and fathers in their teens and who have been trained to facilitate the MELD curriculum.

The **Living Well with Sickle Cell** project improves the lives of children and families affected by sickle cell disorders through newborn screening follow-up and referrals, education, and family support. Presentations were made to Headstart centers, churches, colleges, agencies, civic clubs, and schools, as well as home visits to families. The staff has been restructured to include a part-time administrator assistant and counselor, both of whom have sickle cell and bring a personal perspective to the program.

**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>	
8	Continuing education programs (includes compressed video)
4	CPR for health professionals
179	Health professionals were provided with library services
235	Health professions students/residents were provided library services
7	Public education programs for health professionals (no CME credit)

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

Angela R. Whatley, RN, a nurse educator with the Delta AHEC at Crittenden Regional Hospital, completed requirements to become the only certified labor doula and childbirth educator in northeast Arkansas. A labor doula is trained to deliver emotional support from home to hospital, ease the transition into the hospital environment, and available there through changing hospital shifts and alternating schedules. She will serve as an advocate,

labor coach, and information source and offer the entire birthing family comfort and support throughout labor and birth. The goal is to help parents develop their birthing philosophy that is based on medical information and fits in a way that is medically safe for mom and baby.

<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
	Medical students mentored for admittance to UAMS COM
	Pharmacy student mentored for admittance to UAMS COP
5	Nursing students doing clinical rotations
	UAMS medical student doing preceptorship
1	UAMS senior medical student doing selective rotation
	Students preparing to be Certified Nursing Assistants
<i>To acquaint minority and/or disadvantaged youth with health careers:</i>	
165	Health Careers (M*A*S*H ; CHAMPS)
	Mentoring Program

**Important Events**

In November, Dr. Becky Hall, Delta AHEC Director, Stephanie Loveless, Director of Outreach and Ashley Harden, Director of Wellness programs attended the **National Prevention and Health Promotion Summit** in Washington DC. The conference, sponsored by CDC and HRSA, consisted of workshops and guest speakers, including First Lady Laura Bush, and highlighted innovative prevention and wellness programs.

The Adolescent Health Coalition, YES 4-H group, and Freedom for Youth organization collaborated to provide a Founder’s Day/Appreciation Banquet to honor local organizations for their service to the youth of the Helena-West Helena community. The Delta AHEC received the **Agency of the Year** award for providing education and support to the youth in Freedom for Youth and the Sister-to-Sister program. Approximately 140 community members, including 60 youth, attended the banquet.

**Collaboration / Coordination**

The Delta AHEC received a Heart Disease and Stroke Prevention Grant for 2007-2008 from the **Arkansas Department of Health**. Program activities begin January 2008.

The Delta AHEC also received a grant from the Arkansas Tobacco Commission. Grant funds will be used to incorporate KIDS for Health, a weekly 30 minute program currently being taught by Delta AHEC educators, with the American Lung Association’s “Healthy Lungs” curriculum. This will add six to eight additional tobacco education sessions to the one already used in the KIDS for Health curriculum. Also funded in this grant is a college-based, cognitive behavioral intervention program, partnering with the Phillips Community College of the University of Arkansas. “Get Healthy PCCUA” will kick off with a health fair on campus to screen for blood pressure glucose and cholesterol. Delta AHEC staff will counsel participants on the results of their screenings and suggest measure for improvement. “Get Healthy PCCUA” will include several available health

programs available such as smoking cessation classes, weight control, exercise, stress management, maintaining healthy glucose, cholesterol, and blood pressure readings, CPR and First Aid and classes on parenting and dealing with aging parents. Those enrolling in the program will receive incentives such as t-shirts, gift cards and gas cards.

The Delta AHEC is partnering with **Greater Works**, a one-year experiential ministry internship. Our two interns have provided a life and health skills series for 10 African American girls and a session on preparing for college attended by 180 high school students. They have also helped tutor 80 children at the Helena Community Center.

During the quarter, Delta AHCE staff provided lessons in hand-washing and nutrition for **Mid Delta Headstart Programs**. There are a total of 12 Headstart locations in the area. Sessions on Nutrition for Children were provided during Parents meetings as some of the locations.

The **Adolescent Health Program** coalition met in October and November with 17 and 10 members respectively, in attendance. During the quarter, 193 Miller Junior High School health students were provided with abstinence based curriculum that is evidence based and shown to be effective in reducing teen pregnancy, and 22 Central High School students attended an "Introduction to Medical Professions" course.

Tobacco treatment is focused on cessation to decrease disparities, tobacco-related illnesses, and deaths. With the efforts of one Tobacco Cessation Interventionist, 132 tobacco cessation counseling sessions was conducted during the quarter, and the Delta AHEC and Family & Youth Network launched *2cute2smoke/2cool2chew Youth Against Tobacco Use (YATU) Project*. An extensive training program that teaches Youth Advocates to mobilize a community, conduct a tobacco counter-marketing campaign, and develop policy and regulatory action. As a direct result of educational efforts, more than 346 attendees participated in workshops and/or received educational materials regarding the dangers of tobacco use. In addition, at least **269** residents have pledged to protect themselves and their loved ones from smoking-related illnesses.

### **Major Challenges**

The Delta AHEC continues to have difficulty recruiting staff for several positions. We currently need a certified health education specialist. Even though we have advertised in several newspapers and on college campuses, we have not had any applicants who fit the requirements. Without additional employees, it is difficult to expand our programs.

We are also facing a shortage of primary care physicians in several of our communities. It is a major challenge for those communities to recruit family practice physicians and to retain those that are currently working in the more rural areas. As a result, several Delta hospitals are faced with closing or curtailing their services.

### **Minority Participation**

Participants in Delta AHEC education activities this quarter were 48% white and 49% minorities, 55% female and 41% ma

## Arkansas Aging Initiative

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

### Program Progress

- Many sites conducted educational events regarding Medicare Part D.
- The regional COAs were involved in 13 local health fairs with 2086 contacts and 1941 screenings during October, November, and December.
- The AAI Central Leadership completed fall visits to all the sites. Each site reviewed their outcomes for FY 2007; how they met their goals and objectives and what they have planned for FY 2008.
- The Arkansas Geriatric Education Center (GEC) is back up and running with a new grant that was awarded in September, 2007. The GEC has broadcast 2 live interactive video teleconferences, one on Exercise and Aging and one on Depression in Older Adults. Six of seven COAs served as receiver sites. Total attendance for Exercise and Aging was 137 health professionals in Arkansas and surrounding states; for the program on Depression there were 227 attendees. Evaluations from the multi-disciplinary audience were excellent. A 90 day secondary evaluation survey was conducted for the Exercise and Aging program with a return of almost 50% of the instruments. The Depression program will have its follow-up evaluation survey in February.
- **Partners in Planning** is a group comprised of Drs. Beverly and McAtee, Herb Sanderson, Dr. Jennifer Dillaha, and Marie Diaz. These individuals have a goal to pull “aging” leaders together from across the state to develop a Master Plan for Healthy Aging for Arkansas Seniors. This initial charter group has been meeting for over a year and a half and initially got a larger group of representative together in the fall of 2006 and again in October, 2007 during the AR Aging Conference in Hot Springs. This group consisted of members of the AAA, AAI Centers on Aging, The Governor’s office, and additional members from the AARP and Division on Aging and others. They helped in the development of a plan using the Vision Statement: **“Older Arkansans will lead healthy vibrant lives.”** Furthermore, from the Mission Statement, **“Partners in Planning will work together to make healthy aging a reality in Arkansas through statewide interdisciplinary coordination and collaboration”** four goals were established. Each of the four goals has a subcommittee working independently of the Partners In Planning committee. The plan is for The Partners In Planning Committee to be expanded to include the Governor’s Office, ACHI, College of Public Health and The Office of Long Term Care. During the spring of 2008, each partnered agency will invite the Director from their agency to a luncheon to garner support for this effort and a state-wide video conference meeting will be held with the entire group including the subcommittees. The goal is to have the Master Plan for Arkansas with a 5-year Strategic Plan ready to present at the Division on Aging Conference in October 2008.

## Development/Advisory Committees

All Regional Advisory Committees are operational. Members are being added to existing committees as the committees mature and expand their missions. The Committees spent the major part of last quarter refining their missions and assessing the specific needs of the Centers on Aging. Each Committee identified one main need unique to its Center on Aging, they ranged from better community relations and marketing to the need for more Geriatricians in the Senior Health Centers. The Committees also set goals to work with the partnership hospitals to improve communications and understandings among local communities about the contributions the hospitals make to the successful operation of the Centers on Aging. Committees spent this quarter outlining plans for private and corporate fund raising. These plans will be implemented in the 1st Quarter of 2008

### Leveraging Activity - Total leveraged dollars for the quarter: \$54,265

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding
\$6835	\$1872	\$24,448	\$3,000	\$9,300	\$4,800	\$4,010

## Collaborative Efforts

- Several sites worked with SHIPP and their local/regional hospitals to conduct community wide education events surrounding Medicare part D.
- WCCOA partnered with AARP and their seminar on *Consumer Protection Beware* where 77 were in attendance. Speakers included: Dustin McDaniel, Arkansas Attorney General; Jim DePriest, from the Attorney General's office, Gaye Humphries, from the Centers for Medicaid and Medicare Services, and Hank Klein, AARP Advocacy Volunteer.
- All education directors participated in the follow-up AOA grant conference call regarding Active Living Every Day program from The Division of Health (DOH) of the Arkansas Department of Health and Human Services (ADHHS).
- The Arkansas Aging Initiative has been asked by the Reynolds Foundation to prepare a planning grant to replicate the caregiving program from the Schmieding Center in Springdale to all other AAI locations. Staffs from the Schmieding Center and from Central AAI are working on this proposal and will submit by April, 2008.

## Scholarly Work

- Beverly, C., McAtee, R., Chernoff, R., Packard, K., & Orosz, G. -The Arkansas Aging Initiative: 2001-2007 A Six Year Review, Gerontological Society of America annual meeting, November, 2007.
- Overton-McCoy, A., McAtee, R. Older Adults' Rural Physical Activity Program: Outcome Data. Poster Presentation, Gerontological Society of America annual meeting, November, 2007.
- Chernoff, R., & McAtee, R. Identifying Educational Needs of Rural Health Care Providers. Poster Presentation, Gerontological Society of America annual meeting, November, 2007.

- McAtee, R. (Session Chair) Policy and Financing. Cabin, W., Giles-Sims, J., Lockhart, C., Klopfenstein, K., Mehdizadeh, S., Jeong, J., Baker, H. - Gerontological Society of America annual meeting, November, 2007.
- McBride, M, Kiurz, A., Goldsmith, C., Voss, A., Chernoff, R. Creating a Best Practice Eldercare Initiative for Nutritional Insufficiency (chairs) Gerontological Society of America annual meeting, November, 2007.
- Overton-McCoy A.L., McAtee, R. Rural Older Adults' and PEPPI: Outcomes Data. Poster Presentation - Arkansas Registered Nurses Association Annual Meeting, Rogers, Arkansas, October 2007

### **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**

Development of an AAI evaluation plan is underway. For maximum effectiveness, Dr. Virginia Johnson is designing the plan to align with the existing AAI strategic plan: a global plan for the program with individual versions for each of the sites. The plan targets indicators and objectives already established by the AAI. An important feature of the plan is a storage and retrieval system facilitating timely production of accurate and up-to-date fact sheets and reports using templates designed for the purpose of sharing outcomes and long range impact. The plan will focus on three types of documentation which can be used separately or collectively. First the current collection of quantitative data will be extended to facilitate comparison with national figures. Second, qualitative data will be collected to provide models, examples, and illustrations of what the numbers mean. Thirdly, a comprehensive process audit will document the details of program implementation using efficient traditional methods (e.g., meeting minutes, reports) to track who is doing what where when and how. At this time, a review is in progress to identify private for profit ventures such as the Commonwealth Fund's State Scorecard on Health System Performance which incorporated into our overall evaluation plan will allow us to compare Arkansas performance with those of other states across the key indicators. This addition to the AAI evaluation plan will provide us with achievable targets for improvement by assessing Arkansas performance with each state's performance compared with the best performance attained by a state. The purpose of evaluation is to promote continuous program improvement. The AAI evaluation plan is being designed to move us toward benchmark levels of health system performance with the goal of improving access and quality of care as well as the reduction of unnecessary spending.

### **Minority Population Initiatives**

- Drs Beverly and Bryant-Williams had a productive meeting with the Delta Center on Aging and area minority churches in December.
- Dr. Bryant-Williams will speak to the Center on Aging Directors and Education Directors during their semi-annual retreat on January 16th to explore avenues for both agencies to partner together and reach minorities in rural areas.

- Dr. Beverly will be featured on Dr. Bryant-Williams television show in February
- We had a big jump in programs to minorities this quarter with 24.7% of the total attendees to the AAI Education being minorities. 23.15% were African American, 0.31% Hispanic, 0.67% Asian, and .57% other.

**Goal 1: Interdisciplinary geriatric healthcare will positively impact health outcomes of older Arkansans.** Total Senior Health Clinic visits for Sept, Oct, and November, 2007 was 10,334.

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista
1770	76	1087	773	756	963	3570	1339

**Goal 2: Geriatric education will positively impact behaviors to improve health outcomes.** Total Education Encounters for this quarter was 13,255 with 24.7% of those to minorities.

AAI Site	Health Professionals	Inservices	Para Professionals	Community	Exercise	Students	Totals
SACOA	124	56	0	820	541	14	1555
Minorities	59	38	0	157	97	1	
DCOA	23	0	6	46	1874	57	2006
Minorities	13	0	6	38	1289	57	
DCOA-Helena	19	583	0	241	700	0	1383
Minorities	7	532	0	100	248	0	
COA-NE	503	0	0	933	1660	127	3223
Minorities	6	0	0	46	13	30	
TRCOA	24	0	0	599	238	4	865
Minorities	1	0	0	105	8	1	
Schmieding	189	0	166	222	12	2	591
Minorities	17	0	13	17	0	0	
SCSHE-Bella Vista	0	17	0	313	11	0	341
Minorities	0	1	0	7	0	0	
SCSHE-Mtn. Home	39	0	187	222	0	0	448
Minorities	0	0	4	2	0	0	
SCSHE-Harrison	0	0	4	0	0	0	4
Minorities	0	0	0	0	0	0	
SCCOA	129	35	0	276	18	57	515
Minorities	30	23	0	96	2	16	
WCCOA	47	0	0	1432	685	0	2164
Minorities	13	0	0	30	7	0	
<b>Total Ed Encounters</b>							<b>13255</b>

## Arkansas Minority Health Initiative

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.

The Arkansas Minority Health Initiative mandates that the Arkansas Minority Health Commission (AMHC) establish and administer screenings, monitoring and treatment of hypertension, strokes and other disorders that disproportionately affect the minority groups of Arkansas. The goals of the Arkansas Minority Health Commission are:

- (1) 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.
- (2) To provide screenings for hypertension, strokes and other disorders that are disproportionately critical to minorities and to provide this service to any citizen within this state regardless of racial/ethnic background.
- (3) To develop intervention strategies to decrease hypertension, stroke 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

#### *Goal 1: To increase awareness of hypertension, strokes and other disorders*

AMHC has restructured its "Southern Ain't Fried Sundays" (SAFS) program which encourages healthy eating by offering healthy substitutions to traditional African American recipes. The SAFS program is partnering with the American Cancer Society's program, Body and Soul. Letters were sent to churches, community action groups and to individuals who had expressed an interest in the program. All interested parties were informed about the training that would be required of all project trainers before they could participate in the project. They were also required to have ten (10) committed individuals who had pledged to participate in the program prior to receiving training. The training took place on November 28, 2007.

Fourteen individuals representing a cross-section of the state participated in the training. Also present during the training were two representatives from Pfizer Pharmaceutical Company who have partnered with the SAFS program since its inception.

The training was conducted by the Executive Director, Wynona Bryant-Williams and Cassandra Woods. The training consisted of an overview of the following diseases: obesity, diabetes, hypertension, cancer and strokes. Correlations between diet and disease and its impact on minority populations as mandated in the mission of the Arkansas Minority Health Commission remained the focus. Participants also received resource

materials to help them be successful in administering the program. These resources consisted of informational exercise and shopping DVD's, food modules, pedometers, and sugar and fat cases, and body fat analyzers.

Plans are being developed to have a celebration for program participants. This activity will be reported on in the next report. To date, one-hundred forty people are participating in the program.

As a result of the increasing awareness of nutrition and certain types of diseases in both the Black community and the Hispanic community and because of the Marianna hypertension study; it was revealed that obesity is becoming more prevalent in both of these minority groups. It is well documented that obesity can lead to hypertension which was the case in the Marianna study. This study is now being replicated in northwest Arkansas. The Arkansas Minority Health Commission, University of Arkansas for Medical Sciences and Arkansas Children's Hospital collaborated with the Springdale School District and the University of Arkansas at Fayetteville, Eleanor Mann School of Nursing to perform a school-based blood pressure screening project in underserved children. On November 27<sup>th</sup> and 28<sup>th</sup> of 2007 the team screened 4<sup>th</sup> and 10<sup>th</sup> graders at Bayyari Elementary School and Springdale High School, respectively. This effort was done in conjunction with the regularly scheduled BMI measurements for the schools.

A total of 483 students were screened. There were 41 girls and 46 boys from the 4<sup>th</sup> grade class screened. From the 10<sup>th</sup> grade class there were 185 girls and 186 boys who participated in the program. Screening results revealed 27 students with increased blood pressures. Parents of the students with normal blood pressure readings have received a letter with reference to the normal reading. Parents of students found to have elevated readings also received letters.

Arkansas Minority Health Commission will be responsible for analyzing the screening data to determine the incidence and prevalence of pre-hypertension. AMHC will also examine the association between BMI and hypertension. The AMHC will continue to work with the local community by reporting the findings and policy recommendations to school district officials and grassroots community leaders; and facilitate further strategic planning to improve the health and health care of children in the community.

Arkansas Minority Health Commission teamed up with Jefferson Comprehensive Care System as co-sponsors in the HIV/AIDS billboard campaign. The theme for the campaign "**AIDS Affects Us All: It's Time to Talk**" was purposed to raise HIV/AIDS awareness in Arkansas and promote free testing. The billboard campaign is scheduled to exhibit during the months of December, January and February to coincide with AIDS Awareness Month and Black HIV/AIDS Awareness Day. Five populations are being targeted during this initiative: faith-based communities, adolescents, heterosexual women, African-Americans, and Latinos. Leaders who have been identified as doing outstanding work in the community were selected to be pictured on a billboard with other community leaders as a representative of one of the targeted populations.

We continue to receive request for information regarding the 6-Step High Blood Pressure Method which was developed to promote awareness. Individuals have reported to the office they have become more proactive in discussing this issue with their healthcare provider.

Although the new season of the Minority Today television show has not aired; shows have been produced discussing the history of the Commission, the importance of discussing health disparities, Lupus, HIV/AIDS, Prostate Cancer, and the newly formed HIV/AIDS Task Force. The new shows are scheduled to begin airing in February.

The Eating and Moving for Life program continues to have an impact on those participating in the program. The program is being disseminated in Phillips, Mississippi and Sevier counties. Phillips county reported 24 enrollees during this quarter; Mississippi county reported 65 enrollees and Sevier county reported 39 enrollees. Reports from all counties indicated improvement in weight, blood pressure and improvement in incorporating more fruits and vegetables in their diets.

The Arkansas Minority Health Commission call log reports a total of 37 total calls.

- 12 calls were for health fair requests,
- 6 were for health information literature;
- 4 requested collaterals;
- 6 were requests for copies of the television show;
- 3 referrals were made
- 6 calls inquired about the Southern Ain't Fried Sunday program.

The Executive Director has accepted numerous speaking engagements to share the mission of the AMHC. Several of these speaking engagements have developed into partnerships with other agencies whose missions parallel that of the AMHC. Opportunities to speak have included: HIV/AIDS Day in collaboration with Jefferson County Comprehensive Services, Inc., panel member at Philander Smith College addressing HIV/AIDS in the Black community, Springdale School District superintendent and other cabinet members to form a partnership to screen students in an effort to address obesity and hypertension in the Hispanic community, Little Rock School District to present an opportunity to begin an after school nutrition education and exercise program (which was accepted), meeting with senior cabinet level administrators at the Arkansas Department of Health to share vision of the commission under new leadership, and the Arkansas Aging Initiative with Dr. Claudia Beverly.

**Goal 2: To provide screening(s) or access to screening(s) for hypertension, strokes and other disorders that disproportionately affect minorities we have:**

Arkansas Minority Health Commission has participated in a total of seven health fairs across the state during this reporting period. The following screenings were conducted: 527 blood pressure screenings, 341 cholesterol screenings, 471 glucose screenings, 23 prostate cancer screenings, 281 HIV/AIDS screenings, 240 dental screenings 52 BMI screenings and 255 flu shots were administered.

### **Goal 3: To develop intervention strategies to decrease hypertension, strokes and other disabilities that disproportionately affect minorities**

Arkansas Minority Health Commission is committed to forming collaborations and/or partnerships with other entities whose primary mission parallels those of AMHC. The Commission is equally concerned about addressing the health care issues in the Hispanic and Marshallese communities and engaging these communities in conversations that will help provide quality health care which is equal to health care being received by other citizens of the state. To address the concerns of the Hispanic and Marshallese community, meetings have been conducted to address their concerns; and blood pressure screenings have been done. Letters have been sent to parents informing them of the results of these screenings. This project is being supported by the Springdale School District. Once the findings are completed; meetings with the school district, state legislators and the medical team and AMHC will develop strategies to address the outcomes. Other collaborations include:

MHI is collaborating with Arkansas Aging Initiative to promote quality care for the older minority population in rural community settings. Through the partnership, the intent will be to develop an infrastructure that provides quality interdisciplinary clinic care and innovative education programs and to influence health policy at the state and national levels with emphasis on care of rural older adults.

MHI continues to have discussions with AMDPA to explore ways in which we can address blood pressure screening interventions.

## **Arkansas Bioscience Institute**

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**

### ***ABI Fall Research Symposium***

The annual research meeting for ABI-supported scientists was held on Tuesday, October 23, at the UAMS Stephens Spine Institute. Approximately 130 researchers, advisory committee members, board members, and others attended. Dr. Martin Philbert from the University of Michigan was this year's keynote speaker, updating the group on nanotechnology practices in the medical field, especially for use in the early detection of tumors. This year's symposium featured a poster session with more than 35 presenters highlighting ABI-sponsored research. The number of collaborative research projects increases each year; collaborative research project posters this year included:

- *Determination of the Effects of Respiratory Mechanics of Prenatal and Postnatal Tobacco Smoke Exposure on the Developing Lung* -- ACHRI and UAMS
- *Gold-coated Carbon Nanotube-mediated Nanophotothermalolysis as Noninvasive Anticancer Therapeutic* – UA-Agriculture and UAMS
- *Asthma Prevalence and Morbidity Among Rural Schoolchildren in the Mississippi Delta* -- ACHRI and UAMS
- *Environmental Contaminants, Autoimmune Disease, and Phytoremediation* -- AHCRI, UAF, NCTR, UAMS, and ASU

### ***ABI Science and Industry Advisory Committees Annual Meeting***

Members of the ABI Science and Industry Advisory Committees held their annual meeting on October 23, in conjunction with the ABI Fall Research Symposium. Seven of the eight committee members attended this year's meeting:

- Dr. Richard Roop, Tyson Foods
- Mr. Don McCaskill, Riceland Foods
- Dr. Mary Good, University of Arkansas at Little Rock
- Dr. Rowena Matthews, University of Michigan
- Dr. Jim Giovannoni, Cornell University
- Dr. Barry Holtz, InterveXion Therapeutics
- Dr. John Peters, Procter & Gamble

Advisory committee members were provided updates on ABI research from the five member institutions and later met with the ABI board. The advisory committee will provide a written report of research recommendations to the ABI board in the coming months.

### ***ABI Annual Report to the Governor and General Assembly***

The annual report to the Governor and the General Assembly was completed in December. This year's report highlighted the collaborative research fostered and promoted by ABI. Because ABI is a partnership of scientists from the five member institutions, there has been an increased focus on a team-science approach to agricultural and biomedical research. Accomplishments for 2006-07 included:

- Increased patent activity by ABI-supported researchers;
- Increased collaborative research projects; and
- Leveraged ABI funding resulting in \$32.7 million in extramural funding.

The report will also be available on the ABI website: [www.arbiosciences.org](http://www.arbiosciences.org).

**Research Updates** Arkansas was recently awarded the National Science Foundation EPSCoR grant for \$9 million for three years. Dr. Carole Cramer, ABI director at ASU, will serve as one of the co-principal investigators, with Dr. Gail McClure, Vice President for Research at Arkansas Science and Technology Authority, at the principal investigator. This is one of Arkansas State University's largest multi-discipline research grants.

UAMS recently announced three large-scale multi-disciplinary grant submissions:

- National Institutes of Health: *Arkansas Clinical and Translational Science Institute*. \$35 million for five years; partners include UALR, National Center for Toxicological Research, and Arkansas Children's Hospital.
- National Institutes of Health: *Centers for Metabolic Oncogenesis*. \$10 million for five years.
- National Science Foundation: *Collaborative Research: Increasing the Advancement of Women in Science and Engineering*. \$1.7 million for five years with the University of Arkansas.

## 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.

### Program Progress

#### *Pregnant Women Expansion*

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

October	11,477
November	11,606
December	11,738 (3,123 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 –
 

October	4,594
November	4,620
December	4,665 (1,408 minorities)

#### *Age 19 to 64 Expansion (ARHealthNetWorks)*

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

October	1,465
November	1,683
December	2,003

**Program Description**

*Every 12 months ARHealthNetWorks will cover the following:*

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

*Deductible and Co-Insurance for ARHealthNetWorks:*

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

*Pharmacy Benefits for ARHealthNetWorks:*

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

***Expenditures for October 31, 2007 through December 31, 2007 and Proportion of Leveraged Medicaid Dollars***

	<i>Total</i>	<i>Tobacco</i>	<i>Federal</i>
Pregnant Women	\$1,163,244	\$ 314,774	\$ 848,470
In-Patient Hospital	\$2,347,256	\$ 635,168	\$1,712,088
ARSeniors	\$1,541,335	\$ 417,085	\$1,124,250
ARHealthNetWorks	\$ 392,811	\$ 101,643	\$ 291,168
Sub-Total Program	\$5,444,646	\$1,468,670	\$3,975,978
Administration	\$ 217,938	\$ 108,969	\$ 108,969
Total	\$5,662,584	\$1,577,639	\$4,084,945

**Important Events that have Impacted the Program this Quarter:**

Enrollment in the ARHealthNetWorks 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.

**Steps for Continuous Quality Improvement:**

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

**Program Quarterly Funding Summary**

Program Name	Appropriation Amount	FY08 Available Funding	FY 08 Expenditures To Date
TPEP	\$15,156,056	\$21,386,576	\$4,836,820
COPH	\$3,368,364	\$2,415,281	\$1,105,511
Delta AHEC	\$2,574,143	\$1,610,187	\$910,815
AAI	\$2,329,781	\$1,673,187	\$777,037
Minority Health	\$1,486,914	\$1,486,914	\$451,297
ABI	\$6,260,008	\$4,264,733	\$2,691,835
Medicaid Expansion*	\$16,112,408	\$51,131,135	\$2,971,359

\*The final Carry Forward of Tobacco Funds from SFY 2007 into SFY 2008 after closeout was \$37,326,750. When this amount is added to the distribution for this year (\$13,804,385), the total Tobacco Settlement funding available for SFY 2008 is \$51,131,135. The implementation of the ARHealthNetworks initiative will result in an increase in expenditures in future quarters as we begin to provide services to low-income persons aged 19-64 who work for participating businesses.



*The ATSC Quarterly Report is compiled by the  
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