

Arkansas Aging Initiative

Reporting Period: July – September, 2011

Total Fiscal Year Budget: \$1,547,079

PROGRAM OVERVIEW

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

Mission

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

Goals

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

Abbreviations for AAI Regional Centers

SACOA- South Arkansas Center on Aging (EIDorado)

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

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

SCCOA- South Central Center on Aging (Pine Bluff)

WCCOA – West Central Center on Aging (Fort Smith)

OCOA – Oaklawn Center on Aging (Hot Springs)

TRCOA - Texarkana Regional Center on Aging – Texarkana

Schmieding – Springdale

Schmieding Bella Vista – Schmieding Satellite in Bella Vista

Schmieding Harrison – Schmieding Satellite in Harrison

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

SHC – Senior Health Clinic

Activity Area: Clinical Services –
Activity Area Fiscal Year Budget: \$773 (0.05%)

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

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

Outcomes: Total visits by SHC staff were 10,571 for July, August and September. Table 1 below provides the details of the type of visits per site.

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

Outcomes: Full time equivalents for medical doctors and advanced practice nurses (FTE's for MD's and APN) working in the clinical settings are collected annually. The data for FY 2011 are presented in the table below. Data are reported during the first quarter annually for the previous FY.

Update on creation of new SHCs:

Outcomes: Discussions are still occurring at the local levels in Hot Springs for the Oaklawn Center on Aging and at Mt. Home for the Baxter County Regional Medical Center. A preliminary meeting with Baxter County Regional Hospital occurred in August, 2011 and plans for a clinic to open in the Spring of 2012 look promising.

Update on partnership with Arkansas Nursing Homes:

Outcomes: All COAs continue to provided educational activities for many nursing homes related to evidence-based practices (refer to Table 3 under in-services and paraprofessional educational encounters). The number of standards of care used in nursing homes associated with COA's are reported annually. The data for FY 11 are presented in the Data for Clinical Services table below. Data are reported during the first quarter annually for the previous FY.

Update on evidence-based guidelines in SHC

Outcomes: The number of SHC's supported with materials to implement evidence-based guidelines are reported annually. The data for FY 11 are presented in Table 2.

Table 1: Per COA clinical visit details

	SACOA	DCOA	COA -NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista
SHC	522	271	1713	1035	933	1709	1341	917
NH	46	131		202	84		373	132
Inpatient	169	34		366			331	
Home	61	67		45			86	3

Table 2: Data for Clinical Services FY 2011

	SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista	OCOA
APN FTE's	1	0	1	1	1	1.4	3	1	NA
MD FTE's	1	1	3	1	1	1.9	5	1	NA
# of nursing homes assisted to improve quality of care as indicated by the Advancing Excellence Campaign	2	3	2	2	2	2	2	2	NA
COAs with nursing home practice: Has it implemented at least one standard of care for nursing home residents? (Yes/No)	No	Yes	Yes	Yes	Yes	No	Yes	Yes	NA
# of evidence-based guidelines in use at SHC's	0	6	4	4	1	1	1	2	NA

Activity Area: Education –

Activity Area Fiscal Year Budget: \$1,090,691 (70.5%)

Update on educational encounters for each target population group:

Outcomes: Data presenting educational encounters for each target group are collected each quarter. A summary of the data is in Table 2 and details are in Table 3. Total encounters for Jul, Aug, and Sep 2011 was 14,384, and of those, 21.6% were to minorities.

Table 3: Summary of Education Encounters

Target Audience	Encounters
Community (includes community members & exercise)	11510
Health care professionals	1137
Health and social service students	491
Paraprofessional (includes in-services)	1246

Table 4: • Total Education Encounters for this quarter was 14,384 of those 21.6% to minorities.

AAI Site	Health Professionals	In-services	Para Professionals	Community	Exercise	Students	Totals
SACOA	89	105	0	1694	293	0	2181
<i>Minorities</i>	41	75	0	324	56	0	496
DCOA	7	23	34	272	119	4	459
<i>Minorities</i>	4	19	34	211	47	3	318
DCOA-Helena	1	254	0	135	535	0	925
<i>Minorities</i>	1	234	0	92	100	0	427
COA-NE	228	30	0	502	0	233	993
<i>Minorities</i>	10	0	0	28	0	6	44
TRCOA	178	0	35	530	279	2	1024
<i>Minorities</i>	33	0	26	174	40	0	273
Schmieding	122	0	495	488	28	0	1133
<i>Minorities</i>	7	0	51	43	0	0	101
SCSHE-Bella Vista	0	45	0	397	0	0	442
<i>Minorities</i>	0	4	0	5	0	0	9
SCSHE-Mtn. Home	63	23	10	513	879	0	1488
<i>Minorities</i>	1	0	0	0	0	0	1
SCSHE-Harrison	12	0	24	139	0	48	223
<i>Minorities</i>	0	0	0	0	0	1	1
SCCOA	174	50	0	1991	96	204	2515
<i>Minorities</i>	145	6	0	948	21	122	1242
WCCOA	263	22	0	754	328	0	1367
<i>Minorities</i>	29	2	0	59	4	0	94
Oaklawn	0	96	0	1538	0	0	1634
<i>Minorities</i>	0	28	0	80	0	0	108
Total Encounters Ed	1137	648	598	8953	2557	491	14384
Total Minority Encounters	271	368	111	1964	268	132	3114

Activity Area: Promotion –
Activity Area Fiscal Year Budget: \$146,973 (9.5%)

Update on AAI's visibility through media to academic/professionals and lay public:

Outcomes: The Centers on Aging were involved in the following during July, August and September, 2011: 18 newsletters, 61 newspaper articles or press releases, 13 radio spots, 14 TV spots, and 36 mailings.

Activity Area: Policy –
Activity Area Fiscal Year Budget: \$61,883 (4%)

Policy Update: (impact on aging policies at the local, state and national levels)

Outcomes: The Regional Community Advisory Committees are actively involved in working with their legislative leadership in preparation for the upcoming Session of the Arkansas General Assembly. Three committees have proposals requesting legislative appropriations for their Centers on Aging.

Activity Area: Sustainability – (Leveraged Funds)
Activity Area Fiscal Year Budget: \$154,708 (10%)

Update: (revenue from sources other than tobacco funds)

Outcomes: The total funding obtained to support operating expenses (from all sources) are reported quarterly. The total for all sites during this quarter (Jul, Aug and Sep) was **\$116,577** Dollars per site are detailed below in table 5. Advisory Committees are also working on local fund-raising activities to raise private monies to augment the COA operating budgets that were reduced due to declining tobacco revenues. Individual committee members continue to increase the advocacy role of the Centers on Aging by participating in more civic and community activities while at the same time including community leaders in the activities of the Center.

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

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	OCOA
6,482	6,204	2,200	13,935	9,416	9,708	48,412	20,220

Activity Area: Research & Evaluation –
Activity Area Fiscal Year Budget: \$92,051 (5.95%)

Update: Regarding outcome and evaluation research

Outcomes: Evaluation activities continued to focus on educational programs from July – Sept, 2011. Evaluation activities focused on analyzing data of caregiver stress reduction program and chronic disease self- management program. Care-giver stress reduction presentation was attended by 414 individuals across the state. Pre- and post test assessed the attendees' knowledge about the topic and the quality of presentations. Pre and post tests were also collected from 54 people who attended the Chronic Disease Self-Management Classes. The results of post test showed that the presentation increased their knowledge about chronic disease self-management.

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

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

UPDATE: Data for professional mix is collected on an annual basis; FY 11 numbers are included in this report, Table 2.

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

UPDATE: As part of the Chronic Disease Model implementation, evidence-based guidelines are continually encouraged for use in the SHCs. At this time, 4 SHCs are involved with Medicare Pay-4-Performance activities. All COAs continue to provide education and in-service activities for many nursing homes related to evidence-based practices.

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

UPDATE: The Regional Community Advisory Committees are actively involved in working with their legislative leadership in preparation for the upcoming Session of the Arkansas General Assembly. Three committees have proposals requesting legislative appropriations for their Centers on Aging. All committees are working on local fund-raising activities to raise private monies to augment the COA operating budgets that were reduced due to declining tobacco revenues. Individual committee members continue to increase the advocacy role of the Centers on Aging by participating in more civic and community activities while at the same time including community leaders in the activities of the Center.

There were over 142 different media activities this quarter focusing on community and professional programs, events, and educational endeavors.

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

UPDATE: Regional Advisory Committee members continue to meet with their area legislators on policy matters affecting the importance of continuing the Tobacco Settlement Funds as outlined in the original Initiated Act. Regional Advisory

Committee members also worked with their local legislators in seeking financial support for their respective Centers on Aging.

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

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

Arkansas Biosciences Institute

Reporting Period: July - September, 2011

Total Fiscal Year Budget: \$ 10,147,701

Mission Statement/Program Overview

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

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

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

ABI's program goals are to:

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

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

Activity Area Fiscal Year Budget:

\$ 10,147,701 (100%)

UPDATE for ABI Funded Projects

OUTCOMES: The five ABI member institutions use their ABI funding to support research projects in the five areas outlined in the Act. For FY2011, ABI funding supported 82 research projects, with continuing support for another 87 on-going projects, for a total of 169 research projects. For FY2012, member institutions are distributing funding to approved projects during this quarter.

UPDATE for Collaborative Projects

<p>OUTCOMES: ABI encourages and fosters collaborative research among the five member institutions. Collaborative research brings together investigators from various disciplines and institutions for team-science approach to research. Collaborative research is especially critical for institutions with less research infrastructure.</p> <p>For FY2011, there were 43 collaborative research projects, representing almost 25 percent of all ABI projects for FY2011.</p>
<p>UPDATE for External Grants</p>
<p>OUTCOMES: Investigators supported by the Arkansas Biosciences Institute utilize funding to conduct research experiments, purchase laboratory equipment, and/or to support personnel such as laboratory technicians, generally with an overall goal to generate preliminary data that will strengthen extramural grant applications.</p> <p>For FY2011, approximately 73 percent of research projects had external funding, totaling \$42.8 million from outside sources.</p>
<p>UPDATE for Peer-Reviewed Papers Accepted for Publication</p>
<p>OUTCOMES: ABI-supported investigators reported authoring or co-authoring 409 papers in FY2011. In addition to papers, ABI-supported investigators authored 54 book chapters and books in FY11.</p>

	ABI Total	ACHRI	ASU	UA-Ag	UAMS	UAF
Number of ABI funded projects	169	26	57	19	35	32
Number of external grants/contacts	194	72	45	21	33	23
ABI Funding	\$10,147,701	1,365,744	2,926,597	1,561,731	2,731,898	1,561,731
Extramural Funding	\$42,805,491	13,954,143	9,018,655	2,446,550	13,562,236	3,823,907
Total Funding (ABI + Extramural)	\$52,953,192	15,319,887	11,945,252	4,008,281	16,294,134	5,385,638
Ratio (Extramural funding:ABI)	4:1	10:1	3:1	1.6:1	5:1	2.5:1

	ACHRI	ASU	UA-Ag	UAMS	UAF	% total funding
ABI Funds	\$480,000	110,407	1,094,563	40,000	575,408	24.4%
Extramural funds	\$13,080,286	170,291	2,149,724	77,645	1,370,078	39.4%

Table 3. Number of collaborative research projects (FY2011)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Other
ACHRI		1		18	1	0
ASU	1		1	2	1	12
UA-Ag	2	1			7	4
UAMS					1	1
UAF	1			1		3

Table 4. Jobs created by ABI and extramural funding (FY2011)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Total
ABI Funded FTE employment	4.8	39.2	16.4	9.9	14.3	84.6
Extramurally funded FTE employment	92.7	29.6	19.6	71.7	41.5	255.1

Table 5. Peer Reviewed Papers and Books/Book Chapters (FY2011)

	ABI Total
Peer Reviewed Papers	409
Books/Book Chapters	54

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

UPDATE for Service and Promotional Activities:

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

257 National and international lectures or seminars

75 Media contacts (print, television, radio)

65 Press releases

Data for FY2011 will be available in January

UPDATE for Entrepreneurial Activities:

OUTCOMES: ABI-supported investigators often see their research move from the laboratory into the work place, transferring their research into practice. Each year ABI investigators report any entrepreneurial activity such as patent filings, patent awards, and start-up companies that may be related (even in a small part) to their past ABI funding. For FY2011, investigators reported eight patent filings and three patent awards.

Patents Received:

Inhibition of Wet Type Age Related Macular Degeneration (AMD) by Adiponectin or Acrp30; US patent number 7,964,557. N. Bora, et al.

Method for Detecting and Unknown Contaminant Concentration in a Substance; US patent number 7,939,343. Y. Li and X. Su.

Methods and Kits for Assaying Acetyl Transferase or Deacetylase Activity; US patent number 7,670,795. A.J. Tackett, et al.

UPDATE for Students Working on ABI Projects:

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

Data for FY2011 will be available in January

Table 6. Service and Promotional Activities by institution (FY2010) Data for FY2011 will be available in January

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

Table 7. ABI Entrepreneurial Activities (FY2011)

	ABI Total
Patents Received	3
Patents Filed	8

Table 8. Arkansas Counties represented by students working in ABI labs (FY2010)

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

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

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

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

UPDATE: For FY2012, ABI Administration sponsors conferences and speakers that bring together ABI investigators, concentrating on more specific research areas:

- BioNanoTox International Research Conference at UALR – November 2011
- American Council for Medicinally Active Plants Conference at ASU – May 2012
- BioVentures Private Equity Roundtable Meeting in Little Rock – October 2011

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

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

For FY2011, approximately 73 percent of ABI research projects had extramural funding for the year. Extramural funding totaled \$42.8 million for FY2011 for an overall 4:1 leverage factor.

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

UPDATE: ABI-supported investigators rely on external funding to expand their agricultural and biomedical research. Since inception, ABI investigators have received more than \$350 million in external funding from agencies such as the National Institutes of Health, the National Science Foundation, US Department of Agriculture, and the Centers for Disease Control and Prevention and from foundations such as the American Heart Association and the American Cancer Society.

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

**Fay W. Boozman College of Public Health
Reporting Period: July – September 2011**

Total Fiscal Year Budget 2012: \$2,320,619

Mission Statement/Program Overview

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

COPH’s goals are to:

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

Activity Area: Education

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

Activity Area Fiscal Year Budget:

\$ _____ (____%)

UPDATE for Enrollment (Geographic Representation)

Fall 2011-2012: 227 Students

<u>AHEC Region</u>	<u>Number of Students</u>	<u>Percentage</u>	<u>AHEC Region</u>	<u>Number of Students</u>	<u>Percentage</u>
Central	69	30%	Delta	7	3%
Northwest AR	5	2%	South Central	30	13%
Northeast AR	14	6%	North Central	12	5%
Southwest AR	6	3%	Out of State/ Foreign Country	63	28%
South AR	3	1%	(Most reside in AR)	18	8%
			Foreign Country/		

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

OUTCOMES: During the Spring 2010 semester, total student enrollment was 208 with students enrolled originating from 36 of the 75 counties (48%). Total student enrollment for the Fall Semester is 227 students with students originating from 38 of the 75 counties (51%). The increase in counties represented is too small to be significant. The COPH is working diligently to increase enrollment from around the state and has plans to offer the post baccalaureate certificate on-line by Fall 2013.

UPDATE for Graduate employment in public health field:

<u>Graduation Date</u>	<u>Number of Graduates</u>	<u>Number of Graduates by degree</u>	<u>Work Status Unknown</u>	<u>Known employment /percentage employed in public health</u>
May 2011	31	MPH - 13 MHSA- 11 Certificate - 7	19	12/100%

100% of the 12 known to be employed remain in Arkansas.

OUTCOMES: Number of graduates; Percentage Employed in Public Health -Related Field

A high percentage of the COPH graduates are employed in a public health related field. 100% of the 12 graduates in 2011, whose employment is known, are working in a public health related field.

UPDATE for Enrollment (Minority Representation): See Table 1 below providing minority enrollment numbers and percentages for this Fall Semester (July – September 2011 reporting period).

OUTCOMES: Arkansas population by race/ethnicity: Black – 15%; Hispanic – 6%; American Indian – 1%; Asian – 1%.

The percentage of African American enrollment and Asian American enrollment continues to greatly exceed the percentage of the African American and Asian populations in Arkansas. Latino's make up 6% of the Arkansas population and, in the Fall 2011-2012 class, only 4 (2%) of COPH students are from this ethnic group. In addition to our standard recruitment strategies, the COPH takes advantage of research programs focused on this community to increase the Latino educational awareness of available programs; and, the COPH administrators are working closely with Assistant Dean for Minority Affairs, Dr. Eddie Ochoa, a respected and community engaged Hispanic Physician, to develop a strategy to improve Latino enrollment.

UPDATE for Student Competency: Competencies for all 22 programs are being revised and updated by faculty and a tool to obtain this information is being developed. Exit interview questions have been tweaked and properly positioned to capture information needed and to best ensure that students complete the survey in a deliberate and thorough manner; however, an insufficient number of students completed the survey to ensure that the results are representative. The exit interviews will again be given to the May 2012 graduates upon completion of their degree program and the information will be compiled annually, and plans are being developed to ensure a high response rate.

OUTCOMES: Percentage of learning objectives, across all degree programs, for which students rate themselves as “competent” or “very competent” in COPH exit interviews will be provided in the April – June quarterly report.

UPDATE for Service and consultation provided by Students: Information is maintained on student preceptorships, integration projects, and capstone projects (including organizations/agencies served, region of AR affected, project titles) completed by students per semester and is available upon request. The COPH has 86 registered Preceptorship/Integration sites. See table 2 below to find the number of projects done in this reporting period and the statewide/county impact of the project done.

OUTCOMES: With the exception of one project, the student preceptorship projects, Integration projects, and capstone projects undertaken this fall semester will provide valuable insight that can be utilized by all Arkansas counties. A Preceptorship project specific to Washington County will provide valuable insight to the USDA Food and Safety Inspection Service in this County.

Table 1

COPH Enrollment, Academic Semester Fall 2011-2012: 227 Students

AR Minority Population: Black- 15%; Asian – 1%; Latino – 6%; Native American – <1%						
Race/Ethnicity		Black	Asian, Other	Latino	Native American, two or more	Total
Number enrolled & % of enrollment		63 (28%)	19 (8%)	4 (2%)	4 (2%)	90 (40%)
Total number of enrolled students: Fall 2011-2012: - 227 Spring 2010-2011: - 208						
Number of out of State students: Fall 2011 - 2012: - 63 (28%) (8 pay out of state tuition) Spring 2010 - 2011: - 46 (22%) (5 pay out of state tuition)						
Number of Foreign Country students: Fall 2011-2012: -18 (8%) (6 pay out of state tuition) Spring 2010-2011: 8 (4%) (3 pay out of state tuition)						

Table 2

Fall 2011-2012

PRECEPTORSHIP PROJECTS			INTEGRATION PROJECTS			CAPSTONE PROJECTS		
Number of projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served
18	17	17 Statewide 1 County Specific	9	9	9 Statewide	4	4	4 Statewide

Activity Area: Research

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

Activity Area Fiscal Year Budget:

\$ __, __ (__%)

UPDATE for New Grant and Contract Funds Received: In this reporting period (July -September 2011), the COPH faculty submitted 16 grants/contracts for funding (\$2,903,676). Two (2) of the 16 grants were funded (\$96,632) and two (2) were not funded. The remaining 12 submittals are pending. In addition, 4 previously submitted grants were funded (\$1,237,146) during this quarter bringing the total funding for the quarter to \$1,333,778.

OUTCOMES: RAND set a goal for the COPH to increase extramural grant and contract funding for research by 20% above that achieved in 2004-2005. The new grant and contract funding in FY 2004-2005 totaled \$9,540,802 which brought the active research grant and contract total to \$20,190,725. The new grant and contract funding in FY 2010-2011 totaled \$2,231,546 which brought the total active research grant and contract total to approximately \$29 million.

UPDATE for FTEs Created by Research Funding:

OUTCOMES: Number of FTE's supported by Research is reported bi-annually. As of September 30, 2011, the COPH is supporting approximately 63 FTE's through research funding. See Table 1, COPH Faculty Grants and Projects table below.

UPDATE for Publications:

OUTCOMES: Number of peer-reviewed papers accepted for publication is reported annually. 2011 information will be reported in the Jan-March 2012 quarterly report.

UPDATE for Publications in Ranked Journals:

RAND provides this assessment annually based on a formula they utilize.

OUTCOMES: Information will be reported in the Jan – March 2012 quarterly report.

UPDATE for Faculty PIs or Co-PIs: As of September 30, 2011, the COPH has 53 full-time and part-time faculty; 37 of whom are research faculty.

OUTCOMES: Existing staff are doing an outstanding job teaching and providing research. With growth, faculty turn-over and the Council on Education for Public Health (CEPH) faculty requirements, additional position(s) are currently needed in the Departments of Epidemiology and Health Policy and Management. Recruitment in the Department of Health Policy and Management will be curtailed until a replacement is recruited for the Chair of the Department. One new faculty member has been hired in the Department of Epidemiology; an offer has been made to a candidate for the Chair of the Department of Epidemiology.

UPDATE for Ongoing Research Projects: As of September 30, 2011, the COPH has 45 active grants and contracts (41 active research grants) totaling approximately \$29 million. See Tables 1 and 2 below.

OUTCOMES: The total number of faculty PI's on active grants and contracts this quarter is 21. 12 of the 21 are PI's on more than one grant/contract.

Table 1			
COPH Faculty Grants and Projects July – September 2011			
Number of Grants Submitted:	16 (\$2,903,676)		
Number of Grants NOT Funded:	2 (\$73,561)		
Number of Grants Funded:	6 (\$1,333,778) <i>(4 previously submitted)</i>		
Number of Grants Pending:	12 (\$1,569,898)		
Total Ongoing <u>Research</u> Projects:	40		
Number of FTE's supported by Research:	63		
Activity Area: Service			
Initiated Act 1 specifically sites that the COPH should serve as a resource for the General Assembly, the Governor, state agencies, and communities. Services should include, but not limited to the following: consultation and analysis, developing and disseminating programs; 19-12-114 (c) (2)			
Activity Area Fiscal Year Budget:			\$ __, __ (__%)
UPDATE for Talks, Lectures, Community Service Projects, Special Projects: This information is provided annually. Information will be provided for FY 2011 in the January – March 2012. See table below to see 2010 information.			
OUTCOMES: Talks, lectures, and special projects by faculty and staff increased significantly in 2010.			
UPDATE for Faculty Presentations, Conferences: In addition to the faculty presentations, faculty talks and lectures provided by COPH faculty outside of UAMS and ADH (information provided annually), COPH sponsors a Tuesday conference weekly in partnership with the AR Department of Health (ADH) in the 2 nd floor conference room of the COPH building. The ADH sponsors a Thursday conference weekly at the ADH and the COPH is a sponsoring partner. In addition, faculty provides presentations for various conferences and other UAMS colleges.			
OUTCOMES: During this July-September reporting period, faculty/visiting faculty have presented at 4 conferences hosted at the COPH. This number is small because Tuesday Conferences are not held in June, July, and August in consideration of summer vacations and fewer students taking classes.			
UPDATE for Influence on State Policy: The COPH faculty and staff are active in both State and Federal Policy. The Department of Health Policy and Management and the Dean's Office are the leaders in this arena; however, various research grants include briefing legislators on policy initiatives and advocacy training. Dr. Glen Mays worked with the US President on Health Care Reform, and with the Governor's Office and DHS on Medicaid policy. The Dean's office ensures staff monitor the legislative sessions and faculty is available to provide expert testimony/research when needed. The Dean's Office is advocating FOR continued funding for Prevention Research Centers (PRC) at the 2010 levels on the federal level.			
OUTCOMES: 88 th General Assembly: Act 89 (dental hygienist perform hygiene procedures in public settings), Act 90 (Authorize trained physicians & nurses to apply a fluoride varnish to children's teeth), Act 197 (Requires community water systems serving more than 5,000 people to fluoridate the water system) Act 909 (Creates an Adult Center for Sickle Cell Anemia at UAMS).			
		Community Service Projects	
Year	Talks and Lectures		2011 State policies influenced by COPH
2010	160	148	Act 89, Act 90, Act 197, Act 909.

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

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

UPDATE: The COPH will continue to promote and encourage faculty research, and educational programs, and provide convenient classes through distance-accessible formats (WebCT, weekend executive formats, directed study, etc.) to maintain the growth trajectory of student enrollment from across the state. A distance accessible Post-Baccalaureate Certificate is being developed and is anticipated to be available to students by 2013. In the Fall 2011/2012 semester, the COPH offered 12 courses by way of WebCT, weekend format, and /or directed study courses. UAMS Chancellor Rahn has pledged campus support to enhance distance educational technology technical assistance for COPH courses.

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

UPDATE: A faculty member has been hired for the biostatistics position and two faculty have been hired in the Department of Environmental & Occupational Health position; The Chair of the Department of Health Policy and Management departed in September and no additional positions will be recruited for that department until a new Chair is recruited. An offer is pending for the Epidemiology Chair. This is the most challenging position to fill due to competition among public health schools.

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

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

Delta Area Health Education Center (Delta AHEC)

Reporting Period: July-September 2011

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

PROGRAM OVERVIEW

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

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

Goals:

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

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

Foci:

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

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

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

Care Learning for Health Professionals: Web-based training modules for hospital employees (e.g., hand hygiene, blood borne pathogens, abuse, and neglect).
Outcomes: Encounter numbers are below.

Continuing Education: Programs for health professional via Rural Hospital distance education.
Outcomes: Encounter numbers are below.

CPR for Health Professionals: American Red Cross/American Heart Association training.
Outcomes: 100% participants certified in Healthcare Provider CPR. Encounter numbers below.

Library Services for Health Professionals: Teaching models, videos, brochures, DynaMed

provided to health professionals. Outcomes: Encounter numbers are below.
Library Services for Health Professions Students/Residents: Training in research methods and assisted in obtaining accurate information provided for Phillips College nursing students and medical terminology students. Outcomes: Encounter numbers are below.
Telemedicine: Consult or patient follow-up visits with UAMS physicians without travel. Outcomes: Encounter numbers are below
EDUCATION TO HEALTHCARE PROFESSIONALS ENROLLMENT AND ATTENDANCE DATA TABLE
<i>Programs to provide educational activities for area health professionals and health professions students:</i>
99 Care Learning for Health Professionals
91 Continuing Education for Health Professional (CME approved)
51 CPR for Health Professionals
30 Library Services for Health Professionals
66 Library Services for Health Professions Students/Residents
22 Public Education for Health Professionals (no CME)
<i>Programs to provide support services for health professionals and their patients:</i>
0 Telemedicine Consults
Activity Area: ACCESS TO HEALTH CARE: These programs contribute to Delta AHEC's goals to recruit and retain health care professionals. Outcomes for this activity area are the number of students enrolled in particular programs at various academic levels. (See the Access to Health Care Enrollment and Attendance Table as well as outcomes below). Activity Area Fiscal Year Budget: \$ 25,787 (5.9%)
Community Health Applied in Medical Public Service (CHAMPS): 1-week summer recruitment program for junior high school students in rural south Arkansas communities. Outcomes: Encounter numbers are below.
Health Professional Recruitment Programs: Stimulate and reinforce interest in health careers during K-12th grades. Programs include "Advance into Medicine," "Club Scrub," and "Day in the Life." College fairs are targeted to identify students interested in health careers. Shadowing and mentoring of health professionals. Social media used to announce events. Outcomes: 467 students attended events; 14 trainings; 243 students attended presentations; correspondence with 1 student. At Lake village, 9 MASH/AIM students volunteered at "Strike-out Strokes" ball field event and provided stroke prevention and awareness educational materials.
Medical Application of Science for Health Program (M*A*S*H): Teens experience the real world of health careers during 2-week summer program provided in rural communities. Outcomes: Encounter numbers are below.
UAMS College of Medicine Programs/Health Professions Internships: Host preceptorships and selective rotations for senior medical students and supervised clinical rotations for interns and residents. Outcomes: Encounter numbers are below.
Nursing Programs: Clinical precepting and primary advisement is provided at the Delta AHEC. Outcomes: Encounter numbers are below.

ACCESS TO HEALTH CARE ENROLLMENT AND ATTENDANCE DATA TABLE
<i>Programs to increase the number of health professionals practicing in underserved areas in the</i>

<i>Delta:</i>	
6	RNs preparing for BSN
	BSNs preparing for MNSc
2	MNSc preparing for administration (Family Nurse Practitioner)
	Nursing students doing clinical rotations at the Delta AHEC
	UAMS College of Medicine medical student/resident programs
1	Health Professions Internships (Registered Dietician)
<i>Programs to acquaint K-12 youth with health careers:</i>	
29	Community Health Action in Medical Public Service (CHAMPS)
36	Health Professional Recruitment Programs (K-12 th grade)
10	Medical Application of Science in Health (MASH)

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

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

AR Kids Outreach: Information about health insurance available through AR Kids Insurance. Outcomes: Parents learned about insurance and received applications. Encounter numbers below.

Asthma: Education for parents, teachers and children with asthma, using the Arkansas Respiratory Health Association curriculum. Participants learned about home care and asthma triggers. Outcomes: Encounter numbers are below.

Breast Health/Prevention: Arkansas Affiliate of Susan G. Komen for the Cure provides free mammograms, diagnostics, and ultrasounds for underinsured and uninsured women through Access Project Pink. Outcomes: Encounter numbers are in health screening data table.

Child Passenger Safety: Monthly home and child passenger safety education in a fun setting. Expectant mothers receive shower gifts of home safety items, a convertible car seat, and one-on-one education about installation. Outcomes: Encounter numbers are below.

CLASSICS: Weekly education program for senior citizens with exercise, using Richard Simmon's video, and presentations on the uses of baking soda and WD-40, "summer spoilers"(food poisoning, bugs, etc.), guilt free dining out, and the top foods that have hidden sugars. Outcomes: Encounter numbers are below.

Community Center Usage: Facility made available for health related community activities. Outcomes: Encounter numbers are below.

CPR/First Aid for Consumers: American Red Cross/American Heart Association training. Outcomes: Encounter numbers are below.

Diabetes Education: Individual/group education and counseling by Certified Diabetes Educators in Helena, West Memphis, and Texarkana. Clinic is an American Diabetes Association affiliate. A1c testing every 6 months. Outcomes: Tests given and ↓A1c levels reported semi-annually.

Fitness Center: Member services include inside and outside walking trails, exercise equipment, exercise classes, and personal training.

<p>Outcomes: Participants increased endurance, strength, and flexibility. Encounter numbers below.</p>
<p>Fitness/Exercise Programs: Tai Chi, Silver Sneakers, yoga, Zumba, and water aerobics.</p>
<p>Outcomes: Programs offered in Helena, Lake Village, and Marvell. Encounter numbers below.</p>
<p>Health Education for Adults: Health related information provided about chronic diseases. Activities include “Lunch and Learn” and hospital referrals.</p> <p>Outcomes: 228 people were given HIV awareness & prevention materials and encouraged to be screened; 201 participants at the Lake Village baseball tournament received stroke prevention materials; 334 attendees of walk/run event and parents at Guachoya Cultural Arts Center summer camp received HIV awareness & prevention materials; 42 UAM faculty attended a suicide prevention program.</p>
<p>Health Education for Adolescents/Children: Health education programs as needed targeted to audiences in community-based organizations, school, churches, and other locations. “Girls Just Wanna Run” for ages 8-12 combines running/exercise with lesson on nutrition, self esteem, body image, and respect. “Campaigner’s Club” meets weekly to encourage fun without engaging in risky behaviors. “Smart Girls” for ages 8-12 meet weekly at the Boys & Girls Club for lessons on self-esteem, respect, leadership and confidence.”Why Try” classes required by Teen Court help students get back on track academically and socially.</p> <p>Outcomes: 270 children attended a week summer camp at Guachoya Cultural Arts Center where health education topics were discussed and the children in daily exercise time and were given healthy snacks. At Lakeside Elementary, a week of lessons on health and the body included health information/models related to bones, blood, brain, teeth and hands-on activities such as proper hand washing.</p>
<p>Health Fairs/Screenings: Health fairs are a tool to engage community and distribute information on health related topics. Screenings for high blood pressure, cholesterol, glucose, HIV and sickle cell trait as needed.</p> <p>Outcomes: Individuals with abnormal results are counseled and referred to PCP and/or Diabetes Clinic. Encounter numbers are below.</p>
<p>Kids for Health: Health education program for K-6th graders taught by 6 Delta AHEC Outreach Health Facilitators using standardized video-based health curriculum. Pre/post-tests in Lee, Phillips, and Monroe counties demonstrate effectiveness.</p> <p>Outcomes: Encounter numbers are below.</p>
<p>Library Services for Consumers include journals, books, DVDs; training in library use/internet services; literature searches on request.</p> <p>Outcomes: Encounter numbers are below.</p>
<p>Nutrition Counseling: Individual and group instruction on fats, making favorite foods healthier, importance of rest in dieting.</p> <p>Outcomes: Encounter numbers are below.</p>
<p>Parenting/Pregnancy/Prenatal Care: Classes on parenting/child safety topics. “Remembering Angels” grief counseling to parents dealing with the loss of a child. Delta AHEC-N counselors visit mothers in the hospital before discharge and later in their homes. ↑of parenting/child safety topics by 85% by pre/post test.</p> <p>Outcomes: 4 mothers signed up for Doula services; 100% of participants in babysitter classes received safe sitter certification.</p>
<p>Prescription Assistance: Assist clients with applications for free medicine.</p> <p>Outcomes: \$363,910 total savings to clients this quarter. Encounter numbers below.</p>
<p>Sickle Cell/HIV Testing: Information and testing provided on weekends or weekday evenings.</p> <p>Outcomes: Of 75 athletes screened at UAPB in Jefferson County, 3 had a positive outcome.</p>
<p>Substance Abuse: Counseling and educational classes.</p>

Outcomes: Encounter numbers below.
Tobacco Cessation/Prevention: Counseling and educational classes on cessation aides, how smoking affects the body and those around the smoker. Outcomes: Prescription assistance used for cessation aides. Encounter numbers below.
Veterans' Community Based Outpatient Clinic: Clinic increased to xxx patients and xx patients were seen by the diabetes educators. Outcomes: Encounters (patient visits) shown below
Worksite Wellness: "How Healthy is Your Industry/Faculty" programs are delivered on-site by 2 outreach workers who are trained to provide health education and health assessment. Outcomes: Encounter numbers are below.

COMMUNITY HEALTH SCREENING DATA TABLE									
	Blood Press	Chol	HIV	Diabetes Screening (glucose)	BMI Weight	Sickle Cell	Mammogram vouchers		Total
							Given	Redeemed	
Abnormal Results	205		1	30		1			237
Total Screenings	862		37	245		37			1,181

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

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

SERVICES TO COMMUNITIES AND CLIENTS PARTICIPATION/ENCOUNTER DATA TABLE	
<i>Programs and services to increase the capacity of participation in culturally sensitive health promotion and health education programs:</i>	
99	CPR/First Aid for Consumers
400	Community Center Usage/Encounters
501	Health Education for Adolescents
1,789	Health Education for Adults
5,679	Health Education for Children
1,110	Health Fairs/Screenings
232	Worksite Wellness (How Healthy is Your Industry/Faculty?)
	AR Kids Outreach
3,510	Kids for Health
594	Prescription Assistance/Emergency Medicines
105	CLASSICS/Geriatrics
52	Tobacco Cessation/Prevention
41	Veterans' Community-Based Outpatient Clinic (patient visits)
<i>Programs and services to improve health behaviors related to chronic health problems:</i>	
176	Asthma
110	Diabetes Formal Education
26	Diabetes Screening/Outreach
11	Hypertension/Cardiovascular Health/congestive heart failure education classes
75	Sickle Cell/HIV Awareness
249	Substance Abuse Prevention

84	Self-Management of Chronic Disease (other)
616	Consumers provided with library services
<i>Programs and services to improve health behaviors in regards to physical activity and nutrition:</i>	
11,185	Fitness Center Encounters
6,792	Other Exercise Programs
56	Nutrition (includes Group sessions and 1-on-1 counseling)
<i>Programs and services to improve health behaviors related to pregnancy, teen prevention, and parenting skills:</i>	
36	Babysitting
102	Child Passenger Safety
193	Prenatal Care/Healthy Parenting
144	Teen Pregnancy Prevention

Activity Area: OTHER ACTIVITIES THIS QUARTER:

Leadership/Advisory Board Activities:

Last year, Delta the AHEC purchased health books for the 6th grades at Lakeside School which are used by 90 students twice/week for 6 hours a day. Pre and post tests are used to demonstrate their learning. A variety of sporting equipment, purchased for K-6th grades at Lakeside and McGehee schools, is being used daily. Obstacle course items and sports ball sets are also used by the AmeriCorps workers for the Fitness Gram program.

Collaboration & Cooperation:

Delta AHEC is partnering with the Arkansas Department of Health by providing health education material on high blood pressure to accompany stationary blood pressure monitors that have been placed in 12 locations throughout Chicot County. ADH provides all follow up with participants and provides an information sheet to be filled out by each person screened.

Delta AHEC sponsored MASH and CHAMPS were a great success this summer and we are looking forward to following these students this year and hopefully into a future health career in the Delta.

Our 10 M*A*S*H (Medical Applications of Science for Health) students were able to job shadow during the IRT mission here. This provided them with an excellent opportunity to observe careers such as dentistry, optometry, and pharmacy. They were also able to watch the veterinarian spade and neuter in the veterinary clinic. The students traveled to Pine Bluff to attend the MASH CRASH sponsored by AHEC Pine Bluff, the simulation lab at UAMS and the EACC Ropes course in Forrest City.

Delta AHEC held 2 CHAMPS camps this summer for 32 students from 5 area schools. This number tripled from last year's CHAMPS camp probably due to the CLUB SCRUB groups that our pre-health recruiter has organized in the area schools. CHAMPS activities included geriatric simulation, dissection, public health, DW Eyes and a service project with Crestpark Nursing Home where they played bingo with the residents.

A March of Dimes Grant from the Memphis Chapter to implement Centering Pregnancy Group

Prenatal Care includes the Mid-South Women’s Clinic in West Memphis, Arkansas. This is an evidenced based program to reduce pre-term birth rates, improve healthier birth outcomes, and increase satisfaction with care and education around pregnancy, childbirth and parenting skills. The program originated at the Centering Healthcare Institute in Boston and provides prenatal care in groups of 8-12 pregnant mothers formed by a common due month. Across 10 structured sessions, participants see their provider for a brief check-in and then meet as a group to chart their visits and assessments, set goals, and receive an educational component at ten sessions. Facilitator training began in July and the first group was recruited in September.

Best Bones Forever is a Department of Education campaign for boys and girls ages 9-18 during their critical bone-building years. Not enough children (girls in particular) get the calcium, vitamin D, and physical activity they need to build strong bones. The goal of Best Bones Forever! is to increase calcium and vitamin D consumption and physical activity—habits that are important for a child’s overall health. The campaign focuses on fun and friendship and encourages physical activity and bone-healthy foods.

Media & Public Relations:

Delta AHEC South’s Advancement into Medicine Club (AIM) members held a **Strikeout Stroke** campaign in July at the Cal Ripken State Tournament for 10-year-olds. The tournament, hosted by the city of Lake Village, attracted 10 teams from across the state. Club members distributed hand fans logoed with the warning signs of a stroke and spoke about how critical time was once symptoms appeared. Children crowded the tent for educational “freebies” but were curious about strokes and what it had to do with brains. AIM members were happy to educate them. The AIM club was inspired to hold this campaign once they found out Arkansas is the leading state in deaths from stroke. By educating others about strokes, they are hopeful lives may be saved. AIM members are former M*A*S*H students (a UAMS-sponsored 2-week summer program for high school students who are interested in pursuing a career in healthcare). The campaign was sponsored by Delta AHEC South, Chicot Memorial Medical Center and UAMS ARSaves.

AIM students also helped with a **Prevention of Suicide on College Campuses** seminar by participating in scenarios and role-playing to dramatize warning signs and risk factors common to those contemplating suicide or having suicidal tendencies. This education and awareness training was intended to enable school faculty to actively intervene, and to make sure that those that are hurting and suffering from despair and feelings of hopelessness are aware of what professional assets are available. The AIM students realized that asking for help isn’t a sign of weakness, but actually, it’s a sign of strength.

Continuous Quality/Program Improvement:

The Delta AHEC Diabetes Education Clinic is a recognized American Diabetes Association (ADA) education site. This summer, the Texarkana AHEC received ADA recognition, increasing to three the number of ADA recognized Delta AHEC Diabetes Education Clinic multi-sites.

The Delta AHEC South/Chicot Memorial Medical Center Community Outreach Center in Lake Village added a variety of group exercise classes for all levels of fitness. The classes are scheduled to meet the needs of any participant.

Medicaid Expansion Program

Reporting Period: July 1, 2011 – September 30, 2011

Total Fiscal Year Program Budget: \$70,309,743

Total Fiscal Year Administrative Budget: \$3,006,408 (4.3% of budget)

Mission Statement/Program Overview

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

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

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

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

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

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

Activity Area Fiscal Year Program Budget:	\$ 5,903,796 (8%)
Tobacco Settlement Proceeds	\$1,719,185
Leveraged Federal Funds	\$4,184,611

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

OUTCOMES:

- Cumulative Program Participants--

July	18,845
August	19,020
September	19,165
- Service Comparison – Baseline data under development

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

Activity Area Fiscal Year Program Budget:	\$ 8,927,809 (13%)
Tobacco Settlement Proceeds	\$2,599,778
Leveraged Federal Funds	\$6,328,031

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

OUTCOMES:

▪ Number of recipients benefiting from 4 extra days-	July	1,776
	August	1,957
	September	3,042

Note: Number reflects recipients with claims paid during the month.

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

Activity Area Fiscal Year Program Budget:	\$7,911,382 (11%)
Tobacco Settlement Proceeds	\$2,303,794
Leveraged Federal Funds	\$5,607,588

UPDATE for 65 and Over Expansion: The tape matches with SSA for the Part D Low Income Subsidy are now being worked by the staff in the new Access Arkansas Center in Batesville. (Letters are being sent to individuals to inform them of the QMB Program. QMB recipients below 80% of the FPL qualify automatically for ARSeniors coverage.)

OUTCOMES: Current program participants –	July	4,683
	August	4,725
	September	4,782

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

Every 12 months ARHealthNetworks covers:

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

Activity Area Fiscal Year Program Budget:	\$47,566,756 (68%)
<i>Tobacco Settlement Proceeds</i>	\$14,227,343
<i>Leveraged Federal Funds</i>	\$33,339,413

Marketing and face-to-face outreach efforts continued during this report period with hospital providers and community sponsored Chamber of Commerce events. As part of this promotion, pamphlets continue to be distributed to every Chamber of Commerce and every hospital in the state for distribution. Statewide radio advertising is continuing using the new radio commercials to keep the ARHealthNetworks message from growing stale.

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

NovaSys Health revised its internet advertising strategy (more Facebook and Google, less Yahoo and Bing) in the hopes of creating appeal to younger, technologically savvy prospects. Early reports have shown increasing success as measured by web-clicks.

Nova Sys Health is still running the 30-second TV commercial on monitors that reside on top of gas pumps at all central AR Shell stations.

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

Trainings Held (ARHealthNetworks)

NovaSys Health continues to communicate with its agents via telephonic questions and answers, as well as several face-to-face meetings with agents who are full-time marketers of the ARHealthNetworks product.

OUTCOMES:

Quarter ending enrollment:	14,995	
Gross New Members Per Month compared to Goal of 400:	July	701
	August	828
	September	881

Expenditures for July 1, 2011 through September 30, 2011 and Proportion of Leveraged Federal Dollars

	Total	Tobacco	Federal
Pregnant Women	\$ 1,233,275	\$ 353,087	\$ 880,188
In-Patient Hospital	\$ 1,941,058	\$ 555,725	\$ 1,385,333
ARSeniors	\$ 1,963,750	\$1,082,684	\$ 881,066
ARHealthNetworks	\$ 7,732,095	\$ 2,040,792	\$ 5,691,303
Sub-Total Program	\$12,870,178	\$4,032,288	\$ 8,837,890
Administration	\$ 368,585	\$ 184,293	\$ 184,292
Total	\$13,238,763	\$ 4,216,581	\$ 9,022,182

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

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

UPDATE: The Department has been working on the development of new program goals for each of the Medicaid Expansion initiatives, beyond the basic enrollment goals, to more accurately reflect post-implementation outcomes. DHS will continue this process and work closely with the new program evaluator to identify the best measures.

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

UPDATE: As documented in previous status reports, the Department is confident in the saturation rate for the Pregnant Women's Expansion since more than two-thirds of births in Arkansas are paid by Medicaid. Efforts to develop new program goals and assessment measures for this initiative have centered on the specific pre-natal services critical to healthy births.

Rec (3): Improve the enrollment process

UPDATE: DHS has made significant progress in our efforts to modernize and streamline the application process for the core public assistance programs (Medicaid, Supplemental Nutrition Assistance and Transitional Employment Assistance). Modernization efforts include conversion to electronic case records to support a shift to universal caseloads, web-based applications and the construction of a high-volume processing center in Batesville. The Processing Center is now open and fully functional.

DHS will accept delivery of 8 Mobile Enrollment Units before the end of the calendar year that will travel to community events throughout the state to enroll Arkansans in health and nutrition programs. These enhancements will increase program access and create greater efficiency in the MEP eligibility and enrollment processes.

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

UPDATE: In addition to the outreach activities reported for the ARHealthNetworks Program, the Department has been promoting the new Access Arkansas website for on-line applications. The website was included in the press announcements for the grand-opening of the Access Arkansas Center in Batesville in September and will continue to be promoted as part of our on-going outreach campaign. As stated in Recommendation (3) above, the outreach efforts will also be enhanced with the implementation of the new Mobile Enrollment Units when they are placed in operation after the 1st of the year.

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

UPDATE: The improvements in the enrollment processes described above create an environment that is conducive to enhanced collaboration opportunities. The ability to apply for health and nutrition assistance through the new Access Arkansas website allows "partners" to provide this enrollment service at any event with on-site computer access. The Department has already been contacted by the AHECs to inquire about the timeframe for Arkansas to begin using the Mobile Enrollment Units for on-site applications. These high-tech vans with satellite link are scheduled to be deployed in January 2012. The agency has initiated the process to hire an outreach coordination specialist. Once hired, this individual will work closely with our MEP and Community Partners to schedule the use of these public assistance enrollment vans in coordination with their events throughout the year.

Arkansas Minority Health Commission (MHI)

Quarterly Report

Reporting Period: 1st Quarter – FY2012 - July – September

Total Fiscal Year Budget: \$1,877,466.00

1st Quarter Budget Spending: \$324,023.42

PROGRAM OVERVIEW

Arkansas Minority Health Commission (AMHC) was established to:

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

AMHI KEY FOCI FOR 2010-2012

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

AMHI GOALS FOR 2010 -2012

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

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

<p>ACTIVITY AREA: OUTREACH - MHI's outreach activities increase awareness and provide access to screening for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group. Outcomes for this activity area are typically the number of attendees and screenings.</p>
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AMHC Quarterly Health Fairs & Forums:

The 1st Quarterly Public Forum was held at the Pine Bluff Convention Center in Pine Bluff on July 21. The theme for the Public Forum was "*Building Healthy Communities*" and dinner was provided for more than 100 attendees. The Community Health Fair was also held at the Pine Bluff Convention Center on July 23 with 50 registered organizations providing information to approximately 200 citizens, of which 126 registered. Of registered participants, 99 completed health screenings. The total number of preventive screenings provided at both quarterly events was 220. Detailed participant and vendor evaluation reports on are available upon request. **OUTCOMES** (See *Outreach Data Table on pages 2, 3*)

Collaborative Community Health Fairs: AMHC participated in 17 community health fairs/events in 11 counties; Pulaski, Prairie, Lincoln, Desha, Jefferson, Saline, Lonoke, Union, Ouachita, Dallas, and Calhoun counties. The total number of preventive screenings provided at Community Health Fairs/Events was 1,969. An estimated 6,687 were in attendance at collaborative events and had exposure to AMHC information/brochures and/or collaterals. Pre- and Post-data are gathered on each event. **OUTCOMES:** (See Outreach Data Tables on pages 2, 3)

Equipment Loan Program: Blood Pressure, Cholesterol and Glucose machines were utilized at Delta Classic 4 Literacy Health Fair. **OUTCOMES:** (See Outreach Data Table on pages 2, 3)

**PUBLIC EDUCATION/OUTREACH DATA TABLE
JULY - SEPTEMBER 2011**

ACTIVITY	BLOOD PRESSURE	CHOLESTROL	GLUCOSE	HIV	SICKLE CELL	TOTAL SCREENINGS
AMHC Quarterly Health Fair & Public Forum	84	54	62	20		220
Community Health Fairs	691		91	46	106	934
Equipment Loan Program	7	6	6			19

Additional Screening Data

Vision	Dental	Immunization	Weight	Total Screenings
450	97	22	65	634
BMI	Pulse	Temperature	Body Fat	Total Screenings
16	71	89	5	133
				Total All Screenings 1,969

DATE	EVENT/ORGANIZATION	COUNTY IMPACTED	CITIZEN ENCOUNTERS/ ATTENDANCE
7/22/11	Gospel Health Awareness Concert	Jefferson, Pulaski	400
7/23/11	Community Health Fair and Awareness Expo	Jefferson, Pulaski	200
8/6/11	Back to School Health Fair	Pulaski, Saline	450

8/6/11	Back to School Bash/Health Fair	Lonoke	450
8/13/11	School Supply Outreach and Health Fair	Union, Quachita, Dallas, Calhoun	968
8/13/11	Head of the Class/ Back to School	Pulaski	852
8/20/11	Annual Clothing Drive and Health Fair	Pulaski	150
9/3/11	Delta Classic 4 Literacy Health Fair	Pulaski	250
9/7/11	Pulaski Tech Health Fair	Pulaski/Saline	200
9/10/11	Quality of Life Health Fair	Lonoke, Prairie	52
9/16/11	Friends of Mosaic Templar Cultural Center	Pulaski	330
9/16/11	STAND Foundation "Yes You Can" Career and Job Summit	Pulaski	150
9/17/11	PB Mutual Sickle Cell Support Group – Sickle Cell Awareness Mnth Event	Jefferson	100
9/20/11 & 9/21/11	Hospice & Palliative Care	Pulaski	85
9/24/11	Gospel on the River – Sickle Cell Awareness Mnth Event	Pulaski, Jefferson	1500
9/28/11	Tyson Health Fair	Pulaski	100
9/30/11	Arkansas Gospel Heritage Month Finale – SC Awareness Mnth partnership	Pulaski	450
			Total Citizen Encounters 6,687

HIV/AIDS Outreach Initiatives:

HIV Prevention (Grants) Project: No HIV grantees this period. The FY2013 HIV Prevention Grant RFP will be released March, 2012. Discussions are in process with ADH HIV/STD/Hepatitis C Section for possible joint RFP and event collaborations during FY2013 and remainder of FY2012.

Arkansas HIV/AIDS Minority Taskforce (Act 842; Amended by Act 1230 of 2011): The Taskforce met on August 8 and September 17. Discussions centered on the 2011 legislative session and the upcoming appointments to the taskforce as a result of Act 1230 of 2011. The focus of the meeting in October was statewide public forums in each congressional district and preliminary discussions on preparation for the 2013 legislative session.

National Latino AIDS Awareness Day planning: aimed at educating and mobilizing Latino/Hispanic communities to increase their knowledge of HIV/AIDS and health related safety practices, this is event anticipates a capacity crowd of 500+ Latinos from across the state. Arkansas Minority Health Commission (AMHC) is partnering with Arkansas Human Development Corporation, Jefferson Comprehensive Care System, Ventanilla de Salud, Second Baptist Church, Arkansas Department of

Health, and Westside Free Medical Clinic-Catholic Charities. The event, a community health fair held on October 15, provide free screenings for HIV/AIDS, hypertension and glucose. Health organizations provide educational information and referrals for services. 8 planning meetings were held to coordinate activities for NLADD during this period. AMHC staff participated in radio, television and newspaper interviews in Northwest Arkansas and Little Rock to promote the event.

2011 National HIV Annual Prevention Conference: AMHC representative attended this conference in Atlanta, GA August 15-17 to enhance capacity building of the AMHC surrounding state and national HIV/AIDS prevention and awareness trends. One of AMHC's FY2010/2011 grantees, JCCSI Sista Project, was presented as a national model during this conference.

Sickle Cell Outreach Initiatives:

FY2012 Sickle Cell Grantees:

Arkansas Nurses Association (ARNA): ARNA presented a seminar on sickle cell, May 2011. The post test was administered to 70 attendees in July 2011. ARNA compared the pre and post test scores to see if nurse's retained the information taught during the seminar. The first follow-up questionnaire to evaluate the online course was mailed August 2011. Results will be reported in the next quarterly report.

Future Builders, Inc.: The proposed activities for this quarter consist of conducting a general awareness campaign for sickle cell, distribution of educational materials, and community outreach. A conference call was held with the Community Health Nurse Specialist with Pulaski County Special School District on July 18th to promote collaboration between Future Builders and the three school districts in Pulaski County. From this conference call a meeting was scheduled for August 31, 2011 to discuss sickle cell education and awareness activities within the schools and to promote the attendance of school medical professionals at the Sickle Cell Symposium.

Medical Administrators in attendance at the meeting were excited about the collaboration and expressed a genuine interest in assisting Future Builders with planning and implementation of grant objectives. The representatives present included Community Health Nurse Specialist, Community Health Promotions Specialist and Nursing Coordinators with the Little Rock, North Little Rock and Pulaski County Special School Districts. Two meetings were conducted on August 19th and another on September 15th to define social marketing strategies that Future Builders will utilize to network with the general public via the internet for the Sickle Cell Disease Awareness Campaign.

39th Annual Convention of Sickle Cell Disease Association of America, Inc.: This national conference was held in Memphis, TN, September 2011. AMHC sponsored a member from four organizations: Future Builders, Lee County Cooperative Extension, Sickle Cell Support Services and East Arkansas Family Health Center as representatives to attend in AMHC's continued efforts to expand capacity around sickle cell in Arkansas, in particular among Delta CBOs.

Face Sickle Cell Media Campaign – September is National Sickle Cell Awareness Month: *(See Media/Communications section on page 5).*

Nutrition & Physical Fitness Overarching Focus:

2011 Little Rock Healthy Food Summit: AMHC collaborated with the City of Little Rock and its partners to plan the *Healthy Food and Active Living Summit* at Philander Smith College on September 28-29. The event was free to the public. Community members became informed and empowered to make

a difference in policy that holds the potential to change our local food system. US Secretary of Health and Human Services Kathleen Sebelius delivered the Luncheon Keynote address.

Camp iRock: AMHC in collaboration with Arkansas Children's Hospital and Girl Scout-Diamond of Arkansas, Oklahoma and Texas held several follow up meetings to discuss successes and challenges of Camp iRock 2011 and to develop an action plan for Camp iRock 2012. A follow up meeting with the campers and their parents was held October 1 and will be reported on in the next quarter.

Media/Communications:

Ask the Doctor: Radio show on KIPR Power 92 featuring AMHC Medical Consultant, airs the third Tuesday of each month (7am to 9am). Power 92 listeners (70,000+) call in questions or email questions. Important AMHC news and events are highlighted. Listeners have the ability to listen to past shows on www.power92.com. Ask the Doctor receives an average of 40 downloads, emails and calls per month within the week prior to and the week following the show. The show is gaining exposure now that a link to download the show has been posted on the home page of www.power92.com along with other radio station promotions during this reporting period. Specialists discussed Children's Health (July), Allergies and Asthma (August), Sickle Cell Disease and Prostate Cancer (September) among minority communities.

Face Sickle Cell Campaign: AMHC partnered with UAMS Partners for Inclusive Communities, Sickle Cell Support Services, Inc. and the AR Legislative Taskforce on Sickle Cell Disease for a month long campaign titled "Face Sickle Cell" in September, which is National Sickle Cell Awareness Month. The goals of the campaign were to raise awareness of the disease and to demonstrate that sickle cell affects all races. The statewide 30-second television spot ran from September 1 to September 30 on KATV Channel 7, Today's THV Channel 11 and KARK Channel 4. Viewers were asked to call a 1- 800- number to UAMS for more information. In addition, AMHC earned four interviews, one on KARK and KATV and two on Today's THV which featured AR Legislative Taskforce on Sickle Cell members, Sickle Cell Support Services, Inc., legislatures and AMHC representatives. The topic of the interviews was Act 909 passed by Governor Mike Beebe in April 2010 to create an adult sickle cell clinic to be housed at UAMS.

The Minority Report: a monthly newsletter is disseminated via email. One newsletter was submitted during this reporting period. See our website to access the July/August newsletter at <http://www.arminorityhealth.com/documents/Minority%20Report%20August%202011.pdf>.

Facebook: updated regularly to inform the community of AMHC news, events, as well as recent news coverage. (www.facebook.com/arminorityhealth) AMHC has 870 fans with 178 active users. This is an increase of 42 fans from last quarter. AMHC's goal is 5000 fans.

E-marketing: This quarter the AMHC has implemented a new e-marketing system that will give recipients the option to "opt out." This will ensure that the agency is not disseminating spam email. The e-marketing service can be found [here](#).

MEDIA DATA TABLE

Activity	Quantity	Counties Reached
Newspaper Coverage (including articles in AA, Hispanic, Asian American newspapers/magazines)	2	Pulaski and Saline
# print advertisements/e-blasts	5	Jefferson, Pulaski
Radio spots	210	Pulaski, Saline, Jefferson, Faulkner, Conway, Lonoke, Monroe, Grant, Hot Spring, Lincoln, Cleveland, Prairie, and White, Drew, Bradley, Dallas, Clark
Television Coverage and Spots (Sickle Cell Awareness Month commercial and interviews)	298	Statewide (KATV, KARK, THV)
Web coverage	1	Statewide
Facebook postings	9	Statewide

Minority Health Navigation System:

Arkansas Minority Health Commission has provided health information to Arkansans in the following areas: Primary Care Physicians, Planning for Health Fairs, BreastCare, Free Clinics and Specialist. In addition, AMHC has partnered with the UAMS College of Public Health's PHACS (Public Health in Arkansas' Communities) system to include community-level health resources from the many outreach events/communities in which AMHC participates each quarter. The website, developed at the UAMS College of Public Health in partnership with the Arkansas Center for Health Disparities, the Arkansas Prevention Research Center, the UAMS Center for Clinical and Translational Research, and the Arkansas Minority Health Commission, can be accessed at www.uams.edu/phacs.

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

Arkansas Racial and Ethnic Health Disparity Survey: We have begun additional data analysis with the support of the Department of Biostatistics at the College of Public Health to explore the association between perceived provider discrimination, healthcare utilization and health status in racial and ethnic minorities. MPH student has been identified and Integration Project was approved by UAMS COPH. We have identified significant racial differences with respect to perceptions of discrimination within the health care system. We are now examining how these perceptions differ by additional demographic variables. Finally we are drafting a paper that will make recommendations in reference to health care reform efforts in Arkansas. We anticipate an academic and/or nonacademic product by November 2011.

OUTCOMES: To date this work continues to address improvement in minority health. Specifically, in this period:

- AMHC’s Arkansas Racial & Ethnic Health Disparities Study (AREHDS II) sourced in presentation at the Arkansas Health Benefits Exchange Stakeholder Summit held in LR, October 11
- AREHDS II sourced in presentation at the 2011 Little Rock Healthy Food Summit on September 28 at Philander Smith College
- AREHDS II used as source in UAMS presentation on health disparities entitled, “Improving Health in Arkansas: What More Can We Do?”
- AARP’s National website drew from the AREHD Study to highlight their more focused work and planning towards outreach in diverse communities. The article can be found at <http://www.aarp.org/politics-society/advocacy/info-03-2011/aarp-arkansas-helps-state.html>

Marianna Examination Survey on Hypertension (MESH): During this quarter, the group worked on academic products that include methodology of the study and a study of depression. Last period we submitted a paper entitled “Relationships between Depression, Stress, and Perceptions of Racism: Marianna Examination Survey of Hypertension (MESH). Findings include a positive correlation between negative experiences related to race and increased stress and possibly depression. This can lead to further interventions to eliminate racial and ethnic health disparities. This paper was submitted to the Journal of Health Care for the Poor and Underserved. It was not accepted for publication. We are now submitting to additional journals.

Outcomes: One publication entitled “Relationships between Depression, Stress, and Perceptions of Racism” was published. Copies are available upon request.

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

Minority Health Consortium: The AMHC Consortium met September 27 after the summer break to begin the process of developing legislative policy initiatives collectively in preparation of the 2013 legislative session. In attendance were two legislators who updated the consortium on the lack of movement with the Arkansas Insurance Exchange in association with the federal Affordable Care Act. AMHC Executive Director/Consortium Facilitator and two consortium partners met with the Arkansas Insurance Commissioner in September to assess issues surrounding the exchange pertinent to minority communities. The Consortium will meet monthly beginning January 2012 to prepare for the legislative session. AMHC will be notified in November by *Arkansas Blue & You* whether its grant application submission for \$50,000 to establish additional consortiums in Arkansas is approved.

Affordable Care Act Involvement: AMHC has a representative that serves on several key state working/planning groups associated with health care reform in Arkansas including; Health Benefits Exchange Council , Medicaid Consumer Work Group and the Health Information Technology Consumer

Advisory Committee, ensuring minority consumer voices and concerns are heard. AMHC has attended numerous meetings with all groups during this reporting period. AMHC is a member of the *Advancing Health Equity Core Team*, composed of key decision-makers from UAMS COPH, ADH, DHS and AMHC, which underscores the state's efforts to work collaboratively to improve the health status, quality of care, and access to care for all Arkansans. Arkansas was chosen as one of only 9 states for this grant.

Robert Wood Johnson Foundation New Connections Webinar: On September 14th, AMHC Exec Dir participated in a national webinar as a panelist with others from Johns Hopkins University and the University of Maryland to discuss Arkansas' efforts to provide comprehensive health care services for individuals living with sickle cell disease; identifying challenges and best practices for translating research data into policy. Discussion centered on the passage of Act 909 of 2011 that creates an adult sickle cell clinic at UAMS. 116 sickle cell researchers/academicians from across the country participated in the RWJF webinar

AMHC Public Health Leaders Roundtable: Numerous meetings in preparation of the 3rd Public Health Leaders Roundtable to be held on November 8, 2011 have occurred during this period. The meeting aims to focus state collaborators and resources on national health goals with particular attention to addressing minority health needs, health care workplace diversity and eradicating health disparities in Arkansas. Meetings to follow will entail state assessment, commitment and measurable accountability targets toward improving, if not reaching, national health goals that will positively address minority health and health disparities issues in Arkansas. The purpose of this event is to update participants on progress of commitments from the last Roundtable meeting on April 14, 2011; to include educators at roundtable discussion; and to identify the encompassing vision towards significant impact in minority health outcomes.

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

Gaps in Service – Northwest Arkansas: Arkansas Minority Health Commission provided funds to the Marshallese Task Force to develop a handbook to assist with the acculturation process for people moving from the Republic of the Marshall Islands to Arkansas. The program began in July 2009 and ended in June 2010 however the grantees will continue to provide updates. The Jones Center will continue to provide information on the acculturation booklets to AMHC. Surveys were disseminated to the Marshallese community but according to the August report only thirty-six acculturation booklet surveys were collected. Twenty eight responded that the acculturation booklet was attractive to look at and read and information in the booklet was very helpful. The information on legal aid, jobs, education, culture and health seemed to be the most beneficial. According to the report, the community is sharing the information with their social network contacts.

Websites	Month of Hits	# of Hits
http://www.thejonescenter.org	July 2011	181 Marshallese Language 196 English Language
www.yokwe.net	Since August 12, 2010 to August 2011	6,921 Marshallese only
www.Rimajol.com	Since September 20, 2010 to August 2011	2,306 Marshallese only

University of Arkansas for Medical Sciences Center on Aging Initiative “Healthy Lifestyles”: The program was created to improve the lifestyles of patients of the Delta Center on Aging’s Senior Health Clinic by helping each patient demonstrate improvement in at least one of the areas of weight, blood pressure, lipid levels, glucose level or physical activity. The program consists of nutritional, physical activity and disease self management with a focus on the elderly population under physician supervision. Forty participants were targeted to be served in four groups of ten. Out of the four groups, three have already completed the program. The last group was not held from May to July because a nutritionist was not available to teach the classes. A nutritionist was hired and the last group of ten started classes in August. They will complete the program on October 27. A final report will be provided next quarter.

Southeast Targeted Area Resources for Health (STAR Health):

The primary purpose of STAR Health is to pilot a Community Health Workers' initiative in three Arkansas Delta counties (Chicot, Desha and Lincoln) in an effort to improve community health outcomes in these counties with large African American populations.

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

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

Rec (1): Maintain legislative focus on HIV/AIDS, sickle cell, health workforce and system navigation issues. AMHC activities have focused on these designated key foci. *(See above)*

Rec (2): Continue to strategically fund pilot and demonstration programs. AMHC Board of Commissioners approved seed funding as a pilot project to see the establishment of the UAMS Sickle Cell Adult Clinic resulting from *Act 909 of 2011*. An intergovernmental PCS initiated during this period for this partnership. Quarterly reports on the progress are expected to be provided.

Rec (3): Use the Outreach Initiative Grants as well as other opportunities to partner with other Tobacco programs to reach program goals. AMHC planned partnership during this reporting period with UAMS Delta AHEC on quarterly commission health fair meeting in Lake Village to be held October 22. AMHC partnerships with UAMS College of Public Health’s PHACS navigation system (ongoing) and UAMS Center on Aging Initiative “*Healthy Lifestyles*”.

Rec (4): Continue to forge collaborations with agencies and programs that have completed successful evaluations and with researchers who can bring needed expertise to these efforts. UAMS College of Public Health consultant services has been initiated during this period to review current evaluation processes/tools of agency/grantees and modify/fortify towards increased best practices; train grantees (and staff) on data collection and reporting processes, prepare and implement annual evaluation plan for AMHC strategic goals/activities. Discussions initiated this quarter with UA Clinton School of Public Service and Arkansas Children's Hospital related to evaluation expertise of Camp iRock.

Rec (5): Take the next step with outreach grantees to ensure proper reporting, evaluation and monitoring. AMHC obtained new state job position of Grants Coordinator (GC) and hired an exceptionally well qualified candidate to implement quarterly training and capacity building for staff. GC has initiated an in-house agency assessment of programmatic reporting, evaluation and monitoring processes and will work in conjunction with UAMS COPH evaluators in fortifying agency needs. GC established professional development trainings for project management staff held the week of October 24 utilizing expert program managers from Arkansas Cancer Coalition, Arkansas Department of Health, and the Centers for Disease Control. Topics cover team building, project management, developing a work plan, data collection/evaluation, and utilizing proper data sources in project management reporting. In addition, an exceptionally well qualified accountant II has been hired during this reporting period and an Administrative Analyst who serves as her assistant. The two are fortifying fiscal reporting processes by grantees, fiscal site visits and monthly monitoring of grantee reimbursement submissions. A grantee fiscal instructional guide and monthly reimbursement excel workbook has been created. Grantees are providing positive feedback on these improved steps by AMHC.

Update on Alliance on Community Health (FY2009 – 2010 former grantee) -theft of state funds case: No further actions during this reporting period. AMHC remains in constant contact with the Union County Sheriff's and Circuit Court as they wait court date to be set.

Rec (6): Seek supplemental funding for programs and services. AMHC has submitted a grant application for \$50k to Arkansas Blue & You to develop minority health consortiums in Phillips, Lee and Jefferson counties. AMHC has partnered with a grant writer to research and submit potential grant opportunities on behalf of the Commission during this period.

TOBACCO PREVENTION AND CESSATION PROGRAM

Arkansas Department of Health
 FY2012 – Quarter 1 (July - Sept 2011)

Total Budget: **\$17,052,017.00**

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

Program Component Description:	Administrative Program Support
<i>Budget: {CDC recommendation – 4%}</i>	<i>\$682,714 (4%)</i>

The administrative section provides financial budgetary and audit support for all aspects of the Tobacco Prevention and Cessation Program (TPCP). In addition, all human resources support is under this section. Salaries, fringe and indirect costs for the TPCP staff funded by MSA are also included.

Goal: **Administrative**

To provide administrative support so that the program is able to achieve its mission while performing within its budget with a well-functioning team.

Quarterly Progress:

1	Supplemental funding (\$91,895) from CDC through the Affordable Care Act. Funding cycle 9/30/2011 through 9/29/2012 Funding will be applied to a newly developed collaboration related to education, policy and systems change, specifically with the goal of increasing the number of tobacco users with mental illness who quit.
2	Recently filled vacant position: Cessation Section Chief State & Community Programs Section Chief Smokeless Health Program Program Field Audit Specialist Administrative Specialist III
3	Current vacant position: Policy Health Program Specialist Youth & School Health Program Specialist Administrative Health Program Specialist Administrative Specialist II



Program Component Description:	State and Community Programs
Budget: {CDC recommendation –42%}	\$7,768,148 (46%)

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

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

Measurable Objectives & Progress: State and Community Program grants

1	Objective: By end of the 2013 legislative session, all exemptions in Act 8 will be removed, resulting in a comprehensive 100 percent smoke-free workplace law. (Act 8 exemptions – ACA §§ 20-27-1801 et seq.) Outcomes: TBD end of 2013 legislative
2	Objective: By December 31, 2012, 10 businesses (restaurants and bars) who currently fall under Act 8 of 2006 exemptions, will voluntarily adopt a smoke free work place policy. (Baseline data to be developed) Outcome: Q1: Stickyfingers adopted a smoke free work place policy
3	Objective: By December 31, 2012, two communities will pass smokefree local ordinances stronger than Act 8. (No communities in 2009 – Arkansas Department of Health TPCP) Outcomes: no new this quarter
4	Objective: By June 30, 2013, 90 percent of homes and cars will be smoke-free. (83 percent of homes and 77 percent of cars in 2008 – Arkansas Adult Tobacco Survey) Outcome: 2010 NATS: expected result 11/30/2011; Law Enforcement Training Academy in Camden has implemented Act 811(2011) education in their curriculum
5	Objective: By June 30, 2013, Reduce by 1% the number of pregnant women who use tobacco. (14.8%--2009 AR Birth Certificate Data) Outcome: 2010: 13.7% who smoke; ; Pregnancy Pilot: 6 new enrollees into program
6	Objective: By June 30, 2014, the number of school districts implementing comprehensive evidence-based interventions recommended by the CDC's <i>Guidelines for School Health Programs to Prevent Tobacco Use and Addiction</i> , including policies and curriculum, will increase to 10 percent of all school districts. (6 percent in 2009-10) Outcome: 1 school implemented tobacco prevention/intervention in In-House School Suspension
7	Objective: By June 30, 2013, 15 CSH schools (currently funded by TPCP) will report having a comprehensive tobacco school policy. (Baseline data 12 comprehensive policies in FY 11, TPCP) Outcome: no new comprehensive policies
8	Objective: By June 30, 2014 decrease the smoking prevalence of youth from 23.5% to 20.4. (Data Source YTS) Outcome: 2010 ATS 23.5%; On August 24, Dr. Susanne Tanski presented Best Practices in Adolescent Tobacco Prevention and Cessation, approximately 120 Health Care Professionals and tobacco advocates attended 3 presentations. TPCP was awarded funds to bring Dr. Tanski to AR
9	Objective: By June 30, 2014, decrease the smoking prevalence of the LGBT population in Arkansas by 1% (Baseline data to be developed by June 30 2013)
15% Minority Initiative \$1,804,072 to: Minority Initiative Sub-recipient Grant Office (MISRGO)	

10	Objective: By June 30, 2014, decrease the smoking prevalence of African American males in Arkansas from 29.3% to 27.3% (2008 Arkansas Adult Tobacco Survey: 29.3%) Outcomes: 2010 NATS data due 11/30/2011; Execution of a series of community-based partnerships that allowed for more than 30,000 individuals to receive anti-tobacco messaging.
11	Objective: By June 30, 2014, decrease the smoking prevalence of Hispanic males in Arkansas from 24.3% to 23.3% (2008 Arkansas Adult Tobacco Survey: 24.3%) Outcomes: NATS 2010 due 11/30/2011
12	Objective: Lower the white adult male smokeless prevalence rate from 14.4% to 13.4% by December 2013. (2010 BRFSS: 14.4%) Outcome: 2011 BRFSS due Spring/Summer 2012; 6 seminars with 147 attendees were hosted in the 5 PH regions (Jonesboro, Pine Bluff, Russellville, Hope, Little Rock)
13	Objective: Decrease high school male smokeless prevalence rate from 24.8% to 23.8% by December 2013. (Baseline data: BRFSS 2010 = 24.8%) Outcome: Data will be obtained annually.
14	Other: White County Medical Center in Searcy implemented new hiring policy on October 1, 2011. The medical center will no longer hire individuals who use tobacco.

Program Component Description:

CESSATION

Budget: {CDC recommendation – 31%}

\$4,806,509 (28%)

Cessation of tobacco use is a key aspect of a strong tobacco control program that drives changes in behavior, health outcomes and social norms changes.

Goal: Promoting quitting among young people and adults

Measurable Objectives & Progress:

CESSATION

1	Objective: By 2012, providers in 50 percent of public and private healthcare systems will document tobacco use as a vital sign and will deliver the US Public Health Service AAR (ask, advise, refer) intervention to tobacco users at every patient visit. (TPCP HCP report 2010: 39% 'document'; 7% 'always refer') Outcome: STOP – System Training Outreach Program is implemented; Advisory board has 7 members from statewide agencies. 2 Outreach Specialist are hired. TPCP will work 'STOP' in the other 3 PH regions.
2	Objective: By June 30, 2014, the reach of the Arkansas Tobacco Quitline (ATQ) will increase to a minimum of 5 percent of all people who smoke. (ATQ reports: 4.2% in FY2009; 4.1% in FY2010; 3.2% in FY2011) Outcome: ATQ is reaching 0.67% (annualized reach)
3	Objective: By June 30, 2014, the number of healthcare providers making patient fax referrals to the Arkansas Tobacco Quitline will increase by 10 percent annually. ('How heard about' in ATQ reports; 300 providers in FY2009; 630 FY2010; 777 FY2011) Outcome: 756 Q1 FY2012
4	Objective: By June 30, 2014, Arkansas Tobacco Quitline calls from young adult tobacco users aged 18-30 years old will increase by 20 percent. (ATQ reports: 5,156 FY2010; 3,876 callers in FY2011)

	Outcome: 431 callers Q1 FY2012
5	Objective: By June 30, 2014, the number of Arkansas Tobacco Quitline clients who enroll in ATQ counseling services through a fax referral will increase by 5% annually. (ATQ reports: 2197 FY2010; 3176 FY2011) Outcome: 740 enrollees via fax referral Q1 2012
	Objective: Increase the number of ATQ calls from smokeless users from 1.5% to 4% by December 2013. (ATQ reports: 1.5% FY2011) Outcome: 3% of callers were smokeless users
6	• CDC funding obtain 9/30/2011 for behavioral health professional intervention (\$91,800)
7	Addiction Studies Outcome: Plans to offer seven new online courses that include content related to tobacco prevention and cessation by August 29th, 2012 with a minimum enrollment of 5 students per course.

Program Component Description:	Health Communications
Budget: {CDC recommendation - 14%}	\$2,356,798 (14%)
This component provides critical health communications and media outreach that supports the TPCP and its statewide and community programs. Areas include encouraging tobacco users to call the quitline, discouraging youth from using tobacco, and reaching out to assist pregnant women and smokeless tobacco users. Materials are distributed throughout the state to provide educational support for initiatives such as educating health care professionals on evidence-based methods to help patients stop smoking. Community outreach support and educational materials are also provided at community events, coalition activities and public health forums.	
Goal: To provide well-designed, persuasive health communications to motivate change.	

Measurable Objectives & Progress:		Health Communications
	CJRW \$1,300,000	
	Education about Act 811 of 2011: "Smoke-free Cars for Healthy Arkansas Kids" Campaign This campaign was launched to educate Arkansans on the dangers of secondhand smoke and the new law. Elements included billboards, radio and print ads, press releases, talking points, a letter of support, a PowerPoint presentation and a letter to the editor. Fact cards, law enforcement sheets and posters for child care centers were also printed. Two (2) webinars were used to educate our partners.	
1	Outcomes: Over 12,500 fact cards have been distributed to parents and law enforcement officials, 12 ads have been printed in magazines and newspapers across the state, two radio spots are playing on 50 radio stations and 64 billboards have been placed in eight cities. TPCP's efforts generated print coverage totaling \$9,028.31 in PR value. All print coverage generated was in regard to Act 811 and the Essay Contest. In addition, Act 811 and coalition activity received significant television coverage as well as other general tobacco topics. Generated broadcast coverage for the first quarter totaled \$90,732. The total value for earned media was \$99,760.31	
2	Promotion of the Arkansas Tobacco Quitline: To promote cessation among adults, we started advertising the Quitline on broadcast and cable television. The campaign airs from September 12 to the end of March 2012. Outcomes: Averaged 237 calls against target 267	
3	Banners in Schools Program: To prevent initiation among youth, the Banners in Schools program was	

	<p>launched in July. Three (3) large banners were distributed with a message centered on the theme: “Don’t Let Big Tobacco Manipulate You”.</p> <p>Outcomes: 167 schools requested the banners. 69 out of 75 counties were represented by these schools. Based on applications from the schools, estimated 93,444 Arkansas students will view the message.</p>
4	<p>Essay and Poetry Contest: The “My Future is Clear” contest targets youth from grades 2-9. The campaign launched on September 12 and ended on October 14.</p> <p>Outcomes: Over 16,000 students responded with an essay or poem on what they would do to make the world smoke-free by 2030.</p>
5	<p>Television Appearances: Carolyn Dresler, MD or Miriam Karanja made television and radio appearances. Issues discussed included the impact on the minority community, the consumption of snus, and the release CDC’s Vital Signs publication – a recent report that shows that smoking rates are declining across the United States.</p> <p>Outcomes: 4 interviews on Fox 16, KUAR, KTHV and KLRT</p>
6	<p>Earned media: Five press releases and two Letters to the Editor were released by TPCP and our grantees. These covered different topics such as the increase in smokeless tobacco advertising, the dangers of secondhand smoke and the benefits of Act 811 of 2011. Our grantees supported us in distributing an opinion letter from Secretary Katherine Sebellius, Secretary of the Department of Health and Human Services. The letter focused on the increased focus on youth by Big Tobacco.</p> <p>Outcomes: Print coverage of Act 811 (2011) and essay contest: \$9,028 in PR value; Broadcast coverage: \$90,732; total earned media: \$99,760.</p>
7	<p>Electronic Media: Information was distributed to TPCP stakeholders through the following channels: ADH website, Facebook and Twitter, SOS e-newsletter, Facebook and website, and Dr. Halverson’s Friday Letter. The ADH TPCP website was updated to include web pages focused on media and training resources.</p> <p>Outcomes: Over 5000 ADH employees and partners received information about TPCP at least once/month</p>
8	<p>Media Training: TPCP hosted more than 70 grantees for a full-day media training that focused on writing an effective press release and hosting a press conference. This training also provided individuals with updates on the role of media and health communications in tobacco control.</p> <p>Outcomes: An evaluation of the workshop shows that there was a 91% improvement in attendees understanding on how to host a news conference, a 62% percent improvement in comfort levels on conducting on-camera interviews, and a 46% percent increase in knowledge on how to write an effective press release.</p>
9	<p>15% MI media</p> <p>Goal: To support the Tobacco Prevention and Cessation Media/Marketing campaign by using evidence-based strategies to reduce tobacco use in Arkansas’ minority communities</p> <p>Earned Media: A press release was distributed to support the announcement of MISRGO’s FY 12 grantees. Media coverage was obtained from KLRT, a local Fox 16 affiliate.</p> <p>Community-based Sponsorships: Strategic sponsorships were made at events where there was a high attendance of African American and Hispanic males, specifically targeting those aged between 15-54. Almost 5,000 participants in the target audience were reached.</p> <p>Paid Media: During the quarter, two campaigns were developed as part of the strategy to promote cessation among minority males. A microsite and media launch plans are currently in development, with</p>

plans to be on air with both campaigns by the end of October.

Program Component Description:

Surveillance and Evaluation

Budget: {CDC recommendation-9%}

\$1,437,848 (9%)

The surveillance and evaluation program provides the evidence base to support the program and to indicate where needs are in the state.

Goal:

Surveillance and Evaluation

The surveys include the YTS, ATS, BRFSS, YRBS, PRAMS and the evaluation programs include the quality management review, the on-line reporting program, the overall-program evaluation and support of the MSA overall evaluation requests. Other surveys are performed to assist the program, such as the pregnant women survey, the comprehensive clean indoor air law opinion survey, the healthcare provider survey, etc.

Measurable Objectives & Progress:

Specific Component Name

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| 1 | Arkansas Tobacco Control : (\$700,000 for FY2012)
7% non-compliance from compliance checks |
| 2 | The 2010 YTS report was completed and posted on ADH website: www.healthy.arkansas.gov |