

HEALTH GAINS IN THE STATE

Arkansas Tobacco Settlement Commission Quarterly Report: April – June 2017

- Arkansas Aging Initiative (AAI)
- Arkansas Biosciences Institute (ABI)
- Fay W. Boozman College of Public Health (COPH)

- Minority Health Initiative (MHI)
- Tobacco Prevention & Cessation Program (TPCP)
- Tobacco Settlement Medicaid Expansion Program (TS-MEP)

- UAMS East Regional Campus

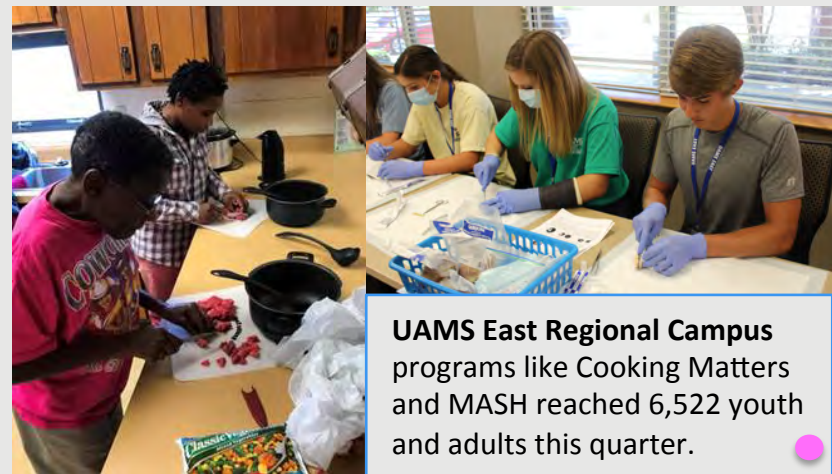
EDUCATION

Through community and school-based programs, professional development opportunities, and other educational events, ATSC-funded programs reach thousands of Arkansans each quarter. This quarter, **AAI**, **MHI**, **TPCP**, and **UAMS East Regional Campus** provided educational opportunities to 53,960 Arkansans, including 6,336 youth. In addition, **COPH** offered 10 health-related presentations to Arkansans.

53,960
Community Members
& Health Professionals
Educated



The **Minority Health Initiative** collaborates with dozens of groups across the state to bring educational opportunities to Arkansans.



UAMS East Regional Campus programs like **Cooking Matters** and **MASH** reached 6,522 youth and adults this quarter.



The **Arkansas Aging Initiative** provides programming to all corners of the state. These courses on exercise and dementia were held in Jonesboro at the Northeast Center on Aging.

SERVICE



5,105
Preventive
Health Screenings

SOS
STAMP OUT SMOKING
1-800-QUIT-NOW

The **Tobacco Prevention and Cessation Program** is happy to report that adult smoking rates are down from 24.9% to 23.6%. This is an overall decrease in smoking rates of 5.2%.

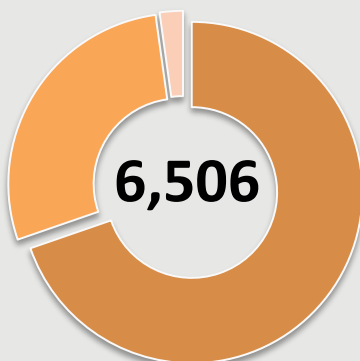


Under the **Tobacco Prevention and Cessation Program**, the **Project Prevent Youth Coalition (PPYC)** connected with 1,138 students through statewide coalition meetings and programs like *My Reason to Write*. This year's theme for the writing project, "Escape the Vape", allowed for the opportunity to dismiss myths associated with electronic smoking devices and educate on the harmful risks. A total of 714 students participated representing 25 counties.



Minority Health Initiative and **UAMS East Regional Campus** provided screenings for a number of health measures including cholesterol, blood pressure, and glucose, as well as screenings relative to health conditions like breast and prostate cancer.

During this quarter, the **Tobacco Settlement Medicaid Expansion Program** covered 6,506 eligible Arkansans (an increase of 2.4% from the previous quarter), providing vital services to pregnant women, senior citizens, and those enduring extended hospital stays.



- EXTENDED HOSPITAL COVERAGE - 4,535
- SENIORS - 1,828
- PREGNANT WOMEN - 143



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RESEARCH



The **Tobacco Prevention and Cessation Program** hosted two focus groups to research using cold turkey as a quit method among Arkansans. The research is ongoing, but the first two rounds of focus groups were held June 8. The focus groups allowed participants to open up regarding nicotine addiction, their lifestyles, and how they viewed anti-tobacco advertising. The focus groups present the opportunity to create messaging that is the first of its kind. The messaging will be relevant and effective for those who are more likely to quit cold turkey versus using a state tobacco quitline.

A total of 64 grants and/or research projects are being carried out by faculty and students at the **College of Public Health**. Of these 64, 59 are based in Arkansas or have an Arkansas focus. Examples of topics being investigated include: hospital management projects, promoting strategies to eliminate health disparities in Arkansas, increasing masters prepared nurses in the delta including underrepresented populations, increasing the use of Arkansas Quitline in rural Arkansas, and examining breast cancer risks.



The five member institutions of **Arkansas Biosciences Institute** generate knowledge in five research areas.

Area 1: Agricultural Research	
Area 2: Bioengineering Research	
Area 3: Tobacco-Related Research	
Area 4: Nutritional Research	
Area 5: Other related areas of Research	

This quarter, an **ABI**-supported researcher, Dr. Fang Weng, kicked off his work to develop mathematical models to improve the reliability and efficiency of computer-aided drug design. Dr. Weng was recently awarded \$1.5 million from the National Institutes of Health to carry out the research.

92% of COPH research focused on Arkansas



ECONOMIC IMPACT



\$4.74 million
Total claims paid for TS-MEP populations

\$2.43 million
To TS-MEP in federal Medicaid matching funds



This quarter, the **Arkansas Aging Initiative** reported leveraged funds of **\$763,863.**



AAI also reported volunteer and in-kind donations at approximately **\$119,188.**

UAMS East Regional Campus assisted 220 patients with the cost of prescriptions, totaling savings of **\$167,793.**



TESTIMONIALS

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TESTIMONIALS

- **AAI:** South Arkansas Center on Aging (SACOA) participant: "I am so thankful SACOA has SUCCESS, this program has helped me feel like I am not alone and has **helped me through some dark moments.**" Also from a Texarkana COA participant: "My wife and I took the Family Caregiver class to help us take care of my mom at home with dementia. The **information was so helpful** that we decided to take the certified class in order to gain even more information."
- **ABI:** Dr. Judy Weber, Director of the Center for Childhood Obesity Prevention at Arkansas Children's Research Institute (ACRI), collaborates with other ABI research investigators, like Dr. Rudy Nayga, with ABI funding from the University of Arkansas System's Division of Agriculture. "**ABI is special because it is a 'connector program.'** Part of their role is trying to connect scientists together, which is exactly what I am trying to do around the theme of obesity," says Weber. Dr. Nayga's research, which uses the economics of consumption to address complex public health issues like obesity and food access, proved to be the perfect complement to Weber's own community-based interventions. The two ABI-supported research investigators combined areas of expertise for grant applications. The **happy result was \$5 million** from the National Institute of Food and Agriculture for the recently completed Arkansas Grow Healthy Study.
- **COPH:** The COPH **Dean James Raczynski**, PhD, was named the inaugural recipient of the M. Joycelyn Elders, MD, Chair in Health Promotion and Disease Prevention. An **endowed chair** is among the highest academic honors a university can bestow on a faculty member and is established with gifts of at least \$1 million, which are invested, and the proceeds used to support the educational, research, and clinical activities of the chair holder. Dean Raczynski has announced that the **chair will be used to create a center for women's health** initially addressing teenage pregnancy and risky sexual behavior, while providing educational opportunities to women broadly.
- **MHI:** Highlighting a worksite wellness event: "Many people do not put a lot of emphasis on being proactive with health issues, but the yearly wellness events have taught employees to be **more aware of health issues** and have provided vital information. We value our employees and want to have them working with us for years to come."
- **TPCP:** From Mary Krisell, Lifeway sub-grantee Conway, Faulkner and Pulaski County: "I am looking forward to another rewarding opportunity working with the TPCP this grant cycle. Last year I was able to **provide leadership training** to Conway Public School students, who then were able to share their knowledge about tobacco prevention to younger students in the Mayflower School District. My being able to provide leadership training to the Conway students was **very rewarding and so well received** by the younger students in Mayflower, that it makes me realize how important the leadership skills training is--plus providing that opportunity for teaching other students--in truly a significant way to **change young lives and improve overall adolescent health and well-being.**"
- **TS-MEP:** There are no testimonials from TS-MEP to report this quarter, but the program continues to **serve thousands of Arkansans each quarter**, including pregnant women, seniors, and adults experiencing extended hospital stays.
- **UAMS East Regional Campus:** Human Resources Manager: "The **Worksite Wellness event** has been a huge success and we greatly appreciate UAMS providing this service at our facility. The employees love it because it is convenient, they don't have to take time off work. So they are not impacted financially and some of them do not see a doctor annually and this gives them valuable information to see a doctor if necessary. The company benefits are **healthier, happier employees, reduced absenteeism, increased productivity, and lower healthcare costs.**"

**Independent Evaluation of the Arkansas Tobacco Settlement
Commission Funded Programs**

April - June 2017 Quarterly Report

Indicator Activity

Prepared by

**Arkansas Tobacco Settlement Commission Evaluation Team at the
University of Central Arkansas**

Presented to

Arkansas Tobacco Settlement Commission

Report Prepared November 2017

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Special Thanks

The evaluation team at the University of Central Arkansas would like to thank all who participated in this evaluation, including commission members, program directors, and coordinators. We appreciate the time and effort each program has made in improving the health of Arkansans.

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Arkansas Aging Initiative (AAI) Indicator Activity

Program Description: The purpose of the Arkansas Aging Initiative (AAI) is to address one of the most pressing policy issues facing this country: how to care for the burgeoning number of older adults in rural community settings. The overall goal is to improve the quality of life for older adults and their families through two primary missions: an infrastructure that provides quality interdisciplinary clinical care and innovative education programs.

Overall Program Goal: To improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs and to influence health policy affecting older adults.

Long-term Objective: Improve the health status and decrease death rates of elderly Arkansans as well as obtain federal and philanthropic grant funding.

- Indicator: Provide multiple exercise activities to maximize the number of exercise encounters for older adults throughout the state.
 - Activity: A total of 5,438 exercise encounters with aging Arkansans were facilitated by AAI during this reporting period. This indicator has been met.
- Indicator: Implement at least two educational offerings (annually) for evidence-based disease management programs.
 - Activity: AAI continues to offer educational offerings that address a range of health issues related to aging. This quarter, a total of 38,995 education encounters were counted across various events and communities throughout Arkansas. This indicator has been met.
- Indicator: Increase the amount of external funding to support AAI programs by the end of FY2015.
 - Activity: AAI and its affiliates continue to be productive in securing external funding. Approximately \$763,863 in external grant funding was raised to support AAI programming this reporting period. In addition, AAI estimates the value of

its volunteer and in-kind space donations at approximately \$119,188 this reporting period. These grants and donations amount to more than double the \$383,736 funding provided by ATSC during the period. This indicator has been met.

Short-term Objective: Prioritize the list of health problems and planned interventions for elderly Arkansans and increase the number of Arkansans participating in health improvement programs.

- Indicator: Assist partner hospitals in maintaining the maximum number of Senior Health Clinic encounters through a continued positive relationship.
 - Activity: AAI facilitated 5,743 Senior Health Clinic encounters, 548 nursing home encounters, and 315 inpatient encounters for a total of 6,606 health encounters during this reporting period. This indicator has been met.
- Indicator: Partner hospitals will maintain a minimum of three provider Full Time Employees (FTEs) for Senior Health Clinics including a geriatrician, advanced practice nurse, and social worker.
 - Activity: Similar to last quarter, AAI was only able to meet this goal in two locations: Center on Aging-North East and Texarkana Regional Center On Aging-Wadley. However, AAI has no direct control over clinic staffing and the indicator has been revised (effective July 2017).
- Indicator: Provide education programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.
 - Activity: AAI produced educational presentations and in-service training opportunities for 2,148 medical professionals and paraprofessionals during this reporting period. AAI also provided educational encounters with 1,784 healthcare students in the state. This indicator has been met.
- Indicator: Provide educational opportunities for the community annually.
 - Activity: Through AAI, 35,063 community education encounters were generated across Arkansas during this reporting period. This indicator has been met.

Challenges: Ongoing transitions in the national healthcare model continue to impact the clinical side of AAI's mission. AAI is seeking better ways to ensure that seniors in Arkansas have the best possible access to healthcare services. The agency continues to challenge itself this quarter to develop strategies for increasing participation among rural seniors in the state. Concern over the sustainability of the Schmieding Home Caregiver training program remains since funds to support this program will expire in a few years. The Northwest Medical Center closed the Senior Clinic housed at the Schmieding COA and this raises further challenges to ensuring quality senior health services in that portion of the state. Also, the end of Broadband Technology Opportunity Program (BTOP) grant funding limits statewide broadcast and continues to challenge AAI as they explore other cost effective training modalities. Finally, AAI is preparing for a change in leadership. The current director, Dr. Claudia Beverly, steps down at the end of June 2017. Efforts have been made to shift leadership from a director-led model to an executive council-led model. The structure of the organization and its leadership will be re-examined over the next 12-months.

Opportunities: During this reporting period, AAI was able to offer at least minimal services in 67 different counties and programs were offered in 56 counties. While most AAI contact occurs in and around counties with COAs, attendees in AAI programs represent all 75 counties in Arkansas. Further, AAI continues to advance their approach to technology through the use of Blackboard Collaborate to facilitate educational programming throughout the state. Also related to advancing the use of technology, AAI is working to create new websites for each COA based on a successful prototype developed by the Oaklawn Foundation. Finally, it is important to note that AAI is capitalizing on opportunities to establish or sustain a number of partnerships that contribute positively to the health of older Arkansans. For example, in this quarter AAI:

- Expanded statewide networks and partnerships with Walgreen's and Humana to promote community education and health promotion and prevention activities;
- Sustained partnerships with the Arkansas Department of Health, the Arkansas Coalition for Obesity Prevention, and the Hunger Relief Alliance for the purpose of addressing food insecurities among older Arkansans;
- Sustained partnerships with the Arkansas Healthcare Association, Arkansas Quality Partners, and with the Alzheimer's Association for the purposes of securing better

outcomes among older Arkansans living with dementia;

- Continued work with nursing homes in Arkansas to decrease the reliance on psychotropic medicines in the treatment of patients with dementia.

Testimonials: AAI participants report a number of positive outcomes that illustrate the individual impact of the agency. Here are a few examples of what people are saying about AAI programs:

- Drums Alive participant in northeast Arkansas: "Loved it! Plus grandson loved it! I have back pain but I could do this exercise!"
- South Arkansas Center on Aging participant: "I am so thankful South Arkansas Center on Aging has SUCCESS, this program has helped me feel like I am not alone and has helped me through some dark moments." *SUCCESS* stands for Serving the Unique needs of the Community Caregiver through Enhanced Support Services.
- Senior Expo participant: "Great way to make contacts with Bella Vista residents. Good way to meet companies that could help our patients, learned many things we could change as a business. Good venue for patrons at fair to ask questions with vendors, everything was excellent at the Expo, well organized."
- Texarkana participant: "My wife and I took the Family Caregiver class to help us take care of my mom at home with dementia. The information was so helpful that we decided to take the certified class in order to gain even more information."

Evaluator Comments: As the bulk of evidence indicates, AAI continues to advance the state's agenda for successful senior health services, knowledge, and programming. During this reporting period, AAI continued senior health improvement efforts by focusing on:

- Dementia care and building dementia-friendly communities;
- Food insecurity among seniors;
- Development of home healthcare training and resources;

Overall, with respect to primary goals, AAI exceeds performance expectations. All evidence seems to indicate that the agency is maintaining momentum toward its long-term goals and remains enthusiastic about its mission.

Arkansas Biosciences Institute Indicator Activity

Program Description: 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. ABI supports long-term agricultural and biomedical research at its five member institutions and focuses on fostering collaborative research that connects investigators from various disciplines across institutions. ABI uses this operational approach to directly address the goals as outlined in the Tobacco Settlement Proceeds Act, which 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;
- **Other areas of developing research** that are related or complementary to primary ABI-supported programs.

Overall Program Goal: To develop new tobacco-related medical and agricultural research initiatives to improve the access to new technologies, to improve the health of Arkansans, and to stabilize the economic security of Arkansas.

Long-term Objective: The institute's research results should translate into commercial, alternate technological, and other applications wherever appropriate in order that the research results may be applied to the planning, implementation, and evaluation of any health-related programs in the state. The institute is also to obtain federal and philanthropic grant funding.

- Indicator: The five member institutions will continue to rely on funding from extramural sources with the goal of increasing leverage funding from a baseline of \$3.15 for every \$1.00 in ABI funding.
 - Activity: ABI-supported research investigators continue to leverage ABI dollars to attract extramural funding, thus showing progress toward achievement of this indicator. Preliminary funding levels are announced in April. After these announcements, the five member institutions plan future and ongoing research projects.
- Indicator: ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.
 - Activity: The innovative and novel research conducted by researchers continues to provide opportunities for preparing and filing patent awards by investigators within the member institutions. Data are provided at the end of each fiscal year; however, current activities indicate progress toward achievement of this indicator.
- Indicator: ABI-funded research will result in new technologies that generate business opportunities, as measured by the number of start-up enterprises and public-private partnerships with ABI and member institutions to conduct research.
 - Activity: Progress toward this indicator is being made as member institutions continue to participate in research that has the potential to produce opportunities for business. Data are provided at the end of the fiscal year.
- Indicator: ABI will promote its activities through various media outlets to broaden the scope of impact of its research.
 - Activity: Efforts to disseminate ABI-supported activities through newspaper articles, press releases, news conferences, and radio/television contacts are ongoing. Data collection on these media efforts is provided at the end of each fiscal year. Existing data indicate progress toward achievement of this indicator.

Short-term Objective: The Arkansas Biosciences Institute shall initiate new research programs for the purpose of conducting, as specified in § 19-12-115, agricultural research with medical implications, bioengineering research, tobacco-related research, nutritional

research focusing on cancer prevention or treatment, and other research approved by the board.

- Indicator: ABI will allocate funding to its five member institutions to support research, while also monitoring that funded research activities are conducted on time, within scope, and with no overruns.
 - Activity: The current funding allocated to each of the institutions continues to contribute to the research infrastructure of the state by providing support for core laboratories that are accessible across all of the campuses. Progress toward the achievement of this indicator is proceeding with complete data regarding specific research activities expected at the end of the fiscal year.
- Indicator: ABI and its member institutions will systematically disseminate research results, and ensure that at least 290 publications and 370 presentations are delivered each year. These include presentations and publications of results, curricula, and interventions developed using the grant funding, symposia held by investigators, and the creation of new research tools and methodologies that will advance science in the future.
 - Activity: Dissemination of research, curricula, and interventions via publications and presentations is an ongoing endeavor for ABI. Current dissemination of research results indicates advancement toward achievement of this indicator. Specific activities are reported at the end of the fiscal year.
- Indicator: Employment supported by ABI and extramural funding will increase from a baseline of 300 full-time equivalent (FTE).
 - Activity: There is ongoing funding from extramural awards, and ABI supports knowledge-based, higher income jobs across the state, which indicates progress toward achievement of this indicator.
- Indicator: ABI will facilitate and increase research collaboration among member institutions, as measured by both ABI and extramural funding of research projects that involve researchers at more than one member institution.
 - Activity: During this quarter, ABI exhibited progress toward this indicator by providing support and facilitating research collaboration among all member

institutions. Specific data for ABI and funding from extramural sources are reported at the end of each fiscal year.

Challenges: An ongoing challenge for ABI is the reduction in funding provided by federal agencies. These reductions have occurred as a result of flat or diminishing budgets. For example, the National Institutes of Health have funded less than 10% of the proposals they receive.

Opportunities: The comprehensive analysis that was conducted in 2016 on the science and overall impact of ABI indicates the promise of the program. The research and publication records generated by ABI investigators put Arkansas on the national research map, thus making it a destination state. Additionally, the analysis showed that the direct investment of ABI generates significant extramural funding that supports full-time, high paying jobs, categorizing ABI as a mid-size company. ABI is poised to continue delivery of a substantial return on investment while improving the health of Arkansans.

Testimonials: ABI Research Investigators Tackling the Childhood Obesity Problem in Arkansas

Dr. Judy Weber has spent her career helping people gain access to healthy foods and then make good decisions about what they put on their plates. As Director of the Center for Childhood Obesity Prevention at Arkansas Children’s Research Institute (ACRI), Dr. Weber is focused on nutrition and obesity prevention research. Her individual research in childhood obesity centers on food systems and sustainable agriculture approaches for impacting obesity-related individual behaviors (i.e., diet and physical activity). Dr. Weber also collaborates with other ABI research investigators, like Dr. Rudy Nayga, with ABI funding from the University of Arkansas System’s Division of Agriculture. “ABI is special because it is a ‘connector program.’ Part of their role is trying to connect scientists together, which is exactly what I am trying to do around the theme of obesity,” says Weber. She credits “some of the initial connections that ABI made for me”—with her ability to submit successful grant applications. Dr. Nayga’s research, which uses the economics of consumption to address complex public health issues like obesity and food access, proved to be the perfect complement to Weber’s own community-based interventions. The two ABI-supported research investigators followed up, identifying an initial funding opportunity that

would be strengthened by their combined areas of expertise. The happy result was \$5 million from the National Institute of Food and Agriculture for the recently completed Arkansas Grow Healthy Study.

Evaluator Comments: The program has a strong history of exceeding benchmarks for all key indicators. Efforts of ABI scientists have resulted in research projects across all five research areas with associated publications, presentations, and patents. Despite the current funding challenges, ABI researchers have been successful in securing extramural monies, which translates into increased employment opportunities and significant economic impact for the state. The research-related activities of ABI have led to increased public-private partnerships as well as an increase in media recognition. Therefore, ABI should continue its commitment to provide state-of-the art agricultural and biomedical research.

Fay W. Boozman College of Public Health Indicator Activity

Program Description: The Fay W. Boozman College of Public Health (COPH) educates a public health workforce and advances the health of the public by investigating the causes, treatments, and prevention of human health problems. Preventing chronic disease and promoting positive health behavior is the most effective way to improve the health of all people. The College's mission of improving the health of all Arkansans is realized through teaching and research as well as service to elected officials, agencies, organizations, and communities. Examples of the complex health issues addressed include: improving the multiple dimensions of access to healthcare; reducing the preventable causes of chronic disease; controlling infectious diseases; reducing environmental hazards, violence, substance abuse, and injury; and promoting preparedness for health issues resulting from terrorist acts, natural disasters, and newly emerging infectious diseases.

Overall Program Goal: To improve the health and promote the well-being of individuals, families, and communities in Arkansas through education, research, and service.

Long-term Objective: Elevate the overall ranking of the health status of Arkansans.

- Indicator: Through consultations, partnerships and dissemination of knowledge, the COPH serves as an educational resource for Arkansans (e.g., general public, public health practitioners and researchers, and policymakers) with the potential to affect public health practice and policy – and population health.
 - Activity: Faculty reported a wide variety of activities including making presentations to professional or lay audiences; serving as consultants, or on expert panels, task forces, committees or boards of directors; and partnering with public health practitioners and a community organization that has a health-related mission. Some examples of the 33 reported activities include the following: Membership on Winthrop Rockefeller Cancer Advisory Board, UALR and LGBT

Safe Zone training, community campus partnerships for health, Arkansas Cancer Coalition, Arkansas Birthing Project, and Arkansas Center for Health Improvement. This indicator has been met.

- Indicator: Faculty productivity is maintained at a level of 2 publications in peer-reviewed journals to 1 FTE for primary research faculty.
 - Activity: The activities for this indicator are reported annually in the fourth quarter report.
- Indicator: Research conducted by COPH faculty and students contributes to public health practice, public health research, and the health and well-being of Arkansans.
 - Activity: A total of 64 grants and/or research projects are being carried out by faculty and students. Of these 64, 59 are based in Arkansas or have an Arkansas focus. Examples of topics being investigated include:
 - Hospital management projects,
 - Promoting strategies to eliminate health disparities in Arkansas,
 - Increasing masters prepared nurses in the delta including underrepresented populations,
 - Increasing the use of Arkansas Quitline in rural Arkansas, and
 - Examining breast cancer risks.

This indicator has been met.

- Indicator: COPH faculty, staff and students are engaged in research that is based in Arkansas.
 - Activity: A total of 59 of 64 research projects are based in Arkansas or focus on Arkansans. This indicator has been met.
- Indicator: The COPH makes courses and presentations available statewide.
 - Activity: At least 10 health-related presentations were made available to Arkansans. Some examples of topics include the following:
 - Relationships and Resilience: Developmental Neurobiology of Emotions;
 - Federalism, Flexibility, and Fantasy in Health and Healthcare;
 - Can the U.S. Become the Healthiest Country in the World? The Prevention Agenda and the Impact of the Social Determinants of Health;
 - Health of Seniors in Arkansas: Nuances of Risk Factor Reduction;

- Healthcare-Associated Infections and Antimicrobial Stewardship Public Health Activities in Arkansas;
- The Body Clock: Biological Rhythms and Their Impact on Health.

This indicator has been met.

- Indicator: Twenty percent of enrolled students come from rural areas of Arkansas.
 - Activity: The most recent counts of urban and rural enrolled students show 30 out of 115 students (26%) come from rural counties in Arkansas. Rurality is defined by the federal Office of Management and Budget according to the 2010 census.

This indicator has been met.

- Indicator: Graduates' race/ethnicity demographics for whites, African American and Hispanic/Latinos are reflective of Arkansas race/ethnicity demographics.

- Activity: The graduates race/ethnicity based on the fall 2016 data show that 48 students earned certificates and degrees. The racial/ethnic percentages are as follows:

- 10 (21%) were Asian,
- 10 (21%) were African-American,
- 22 (46%) were White (non-Hispanic),
- 6 (12%) were either unreported or they listed more than one race.

Racial demographics based on 2016 estimates (census.gov) show that Arkansas residents are approximately 80% white, 16% black, 2% Asian, and 7% Hispanic. COPH appears to be drawing a very diverse group of students and they are successful in meeting this indicator.

- Indicator: The majority of alumni stay in Arkansas and work in public health.
 - Activity: Based on post-graduation employment plans, 39 out of 48 (81%) work in public health or healthcare in Arkansas. Only one graduate (2%) reported working in healthcare outside of Arkansas. The remainder were pursuing graduate degrees or certificates in Arkansas. This indicator has been met.

Short-term Objective: Obtain federal and philanthropic grant funding.

- Indicator: The COPH maintains a level of leveraged (extramural) funding in relation to unrestricted funding that exceeds that of comparable accredited schools of public health.
 - Activity: The program reports on this indicator in the last quarter and will be included in the biennial report.

Challenges: The search for promising candidates interested in the Governor Sidney S. McMath Endowed Chair for Obesity Prevention and Director for the Center for Obesity Prevention is ongoing. Like other UAMS Colleges, the COPH was notified that their budgets would be reduced by approximately 5% for fiscal year 2018.

Opportunities:

- National Public Health Week was April 3-9, 2017 and the College of Public Health provided educational and community service activities throughout the week. The College hosted a viewing of Living on One Dollar and a question and answer session as part of an interprofessional education event focusing on the realities of living in poverty in other countries and the cultural competency required of public health practitioners and healthcare providers in order to best serve any population. The College's Office of Student Affairs held a career fair on campus featuring organizations hiring in public health related positions including Centene Corporation, the Arkansas Department of Health, the Arkansas Department of Human Services, and the Childhood Obesity Prevention Research Program. An alumni panel discussion was also hosted by the College that included federal and state government public health practitioners and public health policymakers. The COPH Student Council also hosted a food drive as well as provided and served food at a local homeless shelter.
- A promising candidate has been identified for the Sidney S. McMath Chair in Obesity Prevention and Director of the Center for the Study of Obesity.
- Wendy Nembhard, MD, MPH was named chair of the Department of Epidemiology. She is also director of the Arkansas Center for Birth Defects Research and Prevention at UAMS and the Arkansas Children's Research Institute and the scientific director of the Arkansas Reproductive Health Monitoring System, the statewide birth defects registry. She brings a very impressive record of research in birth defects, which expands the

department's areas of expertise and provides new links to research programs.

Testimonials: The College of Public Health Dean James Raczynski, PhD, was named the inaugural recipient of the M. Joycelyn Elders, MD, Chair in Health Promotion and Disease Prevention. The chair is named in honor of Elders, who received her medical degree from UAMS and served as the director of the Arkansas Department of Health from 1987-1993 where she doubled childhood immunization rates, expanded the state's prenatal care program and increased home-care options for the chronically and terminally ill. President Bill Clinton appointed her as the first African-American and second woman Surgeon General in 1993 where she served until 1994. An endowed chair is among the highest academic honors a university can bestow on a faculty member and is established with gifts of at least \$1 million, which are invested, and the proceeds used to support the educational, research, and clinical activities of the chair holder. Those named to a chair are among the most highly regarded scientists, physicians, and professors in their fields. During the investiture Dean Raczynski announced that the chair will be used to create a center for women's health initially addressing teenage pregnancy and risky sexual behavior, while providing educational opportunities to women broadly.

Evaluator Comments: The COPH is meeting or has met its stated indicators this quarter. The revised indicators will be reported in the next quarterly report (July - September). Despite reductions in funding and facing another 5% reduction in fiscal year 2018, the COPH continues to serve the residents of Arkansas through its mission of education, research, and service. They provide a valuable service to Arkansas, especially since a majority of graduates stay and work in public health within the state. They continue to attract a diverse, rural student body, which appears to be a viable mechanism for contributing to a well-trained public health workforce. The COPH faculty provide important service to state residents through community outreach. This outreach is directed toward use of faculty expertise to positively influence public health practice and policy in Arkansas.

Minority Health Initiative Indicator Activity

Program Description: The Arkansas Minority Health Initiative (MHI) was established in 2001 through *Initiated Act I* to administer the Targeted State Needs for screening, monitoring, and treating hypertension, strokes, and other disorders disproportionately critical to minority groups in Arkansas by 1) increasing awareness, 2) providing screening or access to screening, 3) developing intervention strategies (including educational programs) and developing/maintaining a database. To achieve this goal, the MHI's focus is on addressing existing disparities in minority communities, educating these communities on diseases that disproportionately impact them, encouraging healthier lifestyles, promoting awareness of services and accessibility within our current healthcare system, and collaborating with community partners.

Overall Program Goal: To improve healthcare systems in Arkansas and access to healthcare delivery systems, thereby resolving critical deficiencies that negatively impact the health of the citizens of the state.

Long-term Objective: Reduce death/disability due to tobacco, chronic, and other lifestyle-related illnesses of Arkansans.

- Indicator: To increase stroke awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
 - Activity: During this quarter, MHI partnered with multiple agencies and offered 671 cholesterol screenings. Progress is being made towards this indicator.
- Indicator: To increase hypertension awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
 - Activity: Each quarter, MHI continues to offer screenings for the minority populations concerning blood pressure. Their partnerships continue to increase as well as the counties they serve. Through multiple screening and educational opportunities, MHI works with those citizens most at risk for high blood pressure as they first screen the participants, then educate them on the risks of high blood

pressure, and refer them to a primary care physician when a participant's blood pressure is above the recommended levels. This quarter, MHI provided 1,694 blood pressure screenings. Progress is being made towards this indicator.

- Indicator: To increase heart disease awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
 - Activity: MHI maintains its advocacy within the community to increase awareness of heart disease. MHI's attention to providing screenings to the minority populations of Arkansas remains strong as they nearly doubled the amount of screenings this quarter from 2,474 to 4,447 this quarter. The screenings they offer that directly relate to heart disease include blood pressure, resting heart rate, cholesterol, glucose, height/weight, and BMI. Progress is being made towards this indicator.
- Indicator: To increase diabetes awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
 - Activity: Because diabetes continues to be a problem for minority populations in Arkansas, MHI continues to provide screenings each quarter that help with awareness of this disease. Through the AMHC partnership, this quarter, 993 glucose screenings were provided. Progress is being made towards this indicator.

Short-term Objective: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco, chronic, and lifestyle related illnesses.

- Indicator: MHI will conduct ongoing needs assessments to determine the most critical minority health needs to target, including implementation of a comprehensive survey of racial and ethnic minority disparities in health and healthcare every five years.
 - Activity: An Economic Cost of Inequalities in Arkansas report is conducted every five years. The last one was conducted in 2014, so the next report will be conducted in FY2019. The 2014 study estimated a reduction of direct medical care expenditures of \$518.6 million if health inequities in minority populations were eliminated. This indicator has been met.

- Indicator: MHI will increase awareness and provide access to screenings for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group.
 - Activity: During this quarter, MHI increased every portion of this indicator. They sponsored/partnered with 18 grassroots, non-profit, government, and faith-based organizations to provide health education information and screenings. The events targeted individuals who reside in 42 counties, increased almost threefold from last quarter. Impressively, all four congressional districts were represented. Additionally, MHI continues to work with educational institutions with their Tobacco Education Outreach where they distributed over 1,600 fact sheets, nearly double last quarter. MHI also sponsored over 3,470 radio and television health education announcements focused on preventive screenings, nutrition, physical fitness, tobacco, and cancer. Lastly, MHI added a Hypertension Project to help residents in Desha and Chicot counties to control blood pressure. They have already enrolled 504 people and offered 187 blood pressure screenings this quarter. A follow-up screening was held and 68 people returned to get a second test, and consequently, all 68 participants were enrolled in the program.
- Indicator: MHI will develop and implement at least one pilot project every five years to identify effective strategies to reduce health disparities among Arkansans.
 - Activity: This quarter, MHI hosted a Camp iRock Reunion on April 29, 2017. Nineteen former campers attended and were assessed for blood pressure, BMI, and heart rate. An enjoyable time was had by all. Additionally, focus groups were held and questions were asked of the past participants and their parents in order to improve upon the Camp iRock experience for future camps. This indicator has been met.

Challenges: The biggest challenge for MHI continues to be heart disease, as it remains the number one killer in the nation as well as in Arkansas. According to recent data from CDC, Arkansas has the 4th highest cardiovascular disease rate in the nation.

Opportunities: MHI will continue partnerships, programs, community forums, and health

summits to increase awareness and screenings to reduce death/disability due to tobacco, chronic, and other lifestyle-related illnesses of Arkansans.

Testimonials: Chicot Memorial coordinated five worksite wellness initiatives in Desha County. Biometric screenings and health education literature were distributed on hypertension, diabetes, cholesterol, nutrition/fitness, obesity, stroke, heart disease, tobacco cessation and cancer. Carbon monoxide, tar, and nicotine are primary elements of tobacco smoke and screenings were administered at outreach initiatives. Testimonials were provided by employers and individuals.

- *Employer #1:* As a result of this year's event, one employer participated in a panel discussion at the Healthy Active Arkansas Regional Summit in Tillar, Arkansas to discuss increased productivity and decreased missed work days at their company.
- *Employer #2:* A local school purchased a new glucometer for staff who were pre-diabetic/diabetic to assist them in monitoring their blood glucose level. The employer stated the initiative assisted them in raising awareness of the impact of diabetes and hypertension.
- *Employer #3:* "It seems as though many people in the region do not put a lot of emphasis on being proactive with health issues, but the yearly wellness events have taught employees to be more aware of health issues and have provided vital information. We value our employees and want to have them working with us for years to come."
- *Individual:* A female over age 55 decided after discussion with her physician to make lifestyle changes by incorporating healthy eating and physical activity into her daily routine. As a result she was able to lose 29 pounds and has impacted other staff who expressed an interest in making lifestyle changes.

Evaluator Comments: As shown in all of the indicator activity, MHI increased the number of every screening they offered during this quarter. Further, they expanded their reach throughout the state adding over 25 new counties and four new partnerships. The aforementioned improvements indicate that MHI maintains the momentum needed to reach their overall goal of improving the healthcare systems in Arkansas and offering access to healthcare delivery systems, thereby resolving critical deficiencies that negatively impact the health of the citizens of the state, especially among minority populations.

Tobacco Prevention and Cessation Program Indicator Activity

Program Description: The Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program (TPCP) includes community and school education prevention programs, enforcement of youth tobacco control laws, tobacco cessation programs, health communications, and awareness campaigns. The TPCP also sponsors statewide tobacco control programs that involve youth to increase local coalition activities, tobacco-related disease prevention programs, minority initiatives and monitoring, and evaluation. TPCP follows the Centers for Disease Control and Prevention (CDC) *Best Practices for Tobacco Control 2014* as a guide for program development. Outcomes achieved by Arkansas's TPCP include a reduction in disease, disability, and death related to tobacco use by preventing initial use of tobacco by young people, promoting quitting, eliminating exposure to secondhand smoke, and educating Arkansans about the deleterious health effects of tobacco use.

Overall Program Goal: To reduce the initiation of tobacco use and the resulting negative health and economic impact.

Long-term Objective: Survey data will demonstrate a reduction in numbers of Arkansans who smoke and/or use tobacco.

- Indicator: By March 2020, decrease the tobacco use prevalence (cigarette, smokeless, and cigar) in youth by 7% (a decrease from 32% to 29.6%) and tobacco use prevalence (cigarette and smokeless) in young adults (18-24) by 7% (a decrease from 27.7% to 25.8%). [Data Source: Youth Risk Behavior Surveillance System (YRBSS) 2013 & Behavioral Risk Factor Surveillance System (BRFSS) 2013].
 - Activity: No new data to report. YRBSS is published every two years and BRFSS is published every year. We are currently analyzing the 2015 reports for both surveys with the goal of updating the baseline data and subsequent percentage decrease goals.

- Indicator: By March 2020, decrease tobacco use among disparate populations (LGBT, Hispanics, African American, and Pregnant Women) by 2 percentage point change (Data Source: LGBT Survey, BRFSS, Vital Statistics Data).
 - Activity: No new data to report. TPCP is on target for conducting the LGBT Survey during fall 2017, pending funding.
- Indicator: By March 2020, decrease smoking prevalence among youth by 10.5% (a decrease from 19.1% to 17.1%) and among adults (18 to 24 year olds) by 7.7% (a decrease from 23.9% to 22.1%) (Data Source: 2015 YRBSS, 2013 BRFSS).
 - Activity: No new data to report. YRBSS is published every two years and BRFSS is published every year. We are currently analyzing the 2015 reports for both surveys with the goal of updating the baseline data and subsequent percentage decrease goals.

Short-term Objective: Communities shall establish local tobacco prevention initiatives.

- Indicator: By June 2017, 100 new smoke-free/tobacco-free policies will be implemented across Arkansas (Data Source: TPCP Policy Tracker).
 - Activity: Has exceeded goal. To date, 157 new smoke-free/tobacco-free policies have been implemented across Arkansas, exceeding the goal of 100 new policies during FY17. TPCP contributed to the development of 83 policies (34 during the current reporting quarter) at various workplaces, parks/festivals, faith-based institutions, schools, and multi-unit housing complexes. The Minority Initiative Sub-Recipient Grant Office (MISRGO) contributed to the development of 74 policies (21 during the current reporting quarter) at various workplaces, faith-based institutions, and multi-unit housing complexes.
- Indicator: By June 2017, decrease sales to minor violations from 11% to 9% (Data Source: FY2014 Arkansas Tobacco Control).
 - Activity: Has met goal. To date, out of 5,753 minor compliance checks there have been 490 violations resulting in a non-compliance rate of 8.5%. However, the non-compliance rate for the quarter was 7.7% (147 sales to minor violations out of 1,911 minor compliance checks). Additionally, there were four educational

sessions held for 50 attendees this quarter, which brings the to-date number of attendees to 1,513.

- Indicator: By June 2017, increase by 25% the proportion of youth and young adults up to age 24 who engage in tobacco control activities to include point of sale, counter marketing efforts, and other advocacy activities to increase tobacco free social norms (Data Source: Youth Prevention Program Participation FY2014).
 - Activity: Has exceeded goal. With a baseline of 1,026, the goal of a 25% increase in engagement by June 2017 requires a total of 1,283 youth and young adults involved in programming (or an increase of 257 youth). To date, the number of new members is 467 (10 for this quarter) for a 46% increase. The Project Prevent Youth Coalition (PPYC) connected with 1,138 students through statewide coalition meetings, *My Reason to Write*, Taking Down Tobacco presentations, Health and Safety Day at the zoo, and engagement through the Remind mobile app. Additional activities included presentations to 340 teachers, school administrators, and partners in an effort to broaden the reach of PPYC.
- Indicator: By June 2017, increase Arkansas' quit rates for the Arkansas Tobacco Quitline from 28.9% to 29.7% (Data Source: ATQ FY2014 Evaluation Report, 7-month follow-up of multiple calls with nicotine replacement therapy [NRT] quit rate).
 - Activity: No new data to report. Updated quit rates will be available fall 2017. However, the quit rate provided in the ATSC Annual Evaluation Report for 2016 was 28.8%
- Indicator: By June 2017, increase the number of callers to the Arkansas Tobacco Quitline to 300 for Hispanics; 3,200 for African-American; 500 for LGBT, and 150 for pregnant women (Data Source: ATQ Yearly Demographic Report, 2014).
 - Activity: Did not meet goal. To date, the numbers of Quitline callers for FY17 are as follows: 147 Hispanics; 1,371 African Americans; 299 LGBT; 87 pregnant women. There are a couple of explanations as to why this goal was not met. Media campaigns targeting minority and disparate populations did not run for approximately one year. In addition, news outlets covering the Arkansas Legislative Council have discussed the uncertainty of and the future of the Arkansas Tobacco Quitline for the past two years. Thus, potential callers may

have been unaware of the continued Quitline services. In an effort to increase calls, TPCP and UAPB are working in a collaborative effort to implement media efforts targeting minority and disparate populations. TPCP will also run a combination of *how to quit* and *why to quit* ads statewide.

- Indicator: By June 2017, decrease the overall rate of pregnant women reporting tobacco use during pregnancy from 14.9% to 13.9% (Data Source: 2013 Vital Statistics Data).
 - Activity: No new data to report. This short-term indicator duplicates long-term indicator #2 (which sets a 2% reduction of smoking prevalence among pregnant women from 14.9% to 12.9%). Because of the duplication, we will propose the deletion of this indicator when we seek approval in the near future for updated and new indicators.
- Indicator: By June 2017, increase number of healthcare providers, traditional and nontraditional, by 410 who have been reached by TPCP trainings (Data Source: FY2014 End of Year Summary Report).
 - Activity: Has exceeded goal. TPCP more than doubled their goal of training 410 healthcare providers with 918 trained this quarter. With a baseline of 3,116, this increases the number of healthcare providers in the state, traditional and nontraditional, who have received TPCP training to 4,034.

Challenges: During the June Legislative Peer Review Committee review, TPCP’s community-based sub-grants were only approved for FY18, although work plans and budgets were submitted for both FY18 and FY19. TPCP is in the process of identifying opportunities to fund tobacco control interventions locally and regionally.

Opportunities:

- TPCP partnered with Mid South Summer School to secure Dr. Thomas Payne, Director of the ACT Center Statewide Network for Tobacco Treatment and Director for the Education and Research Department of Otolaryngology and Communicative Services for the School of Medicine at the University of Mississippi Medical Center, to speak at their annual conference held in Little Rock from June 5-7, 2017 to address a variety of tobacco control related topics. During the June 6 session Dr. Payne presented “Pharmacotherapy

for Tobacco Dependence and Adjusting Motivational Treatment Components Based on Patient Presentation.” During the June 7 sessions Dr. Payne presented two sessions: “Tobacco Use and Mental Health” as well as “Vaping Update: Usage, Health Concerns and Quitting Tobacco.”

- Additionally, Dr. Payne presented at ADH Grand Rounds on June 8, 2017 on “Predictors of Tobacco Treatment Outcomes.” He describes the role of nicotine in tobacco use, presented information from various studies that identified key predictors of tobacco treatment outcomes, and detailed how this information can be used in treatment planning.
- The annual *My Reason to Write* writing project ended in May. The theme, “Escape the Vape”, allowed for the opportunity to dismiss myths associated with electronic smoking devices and educate on the harmful risks. A total of 714 students participated in the project representing 25 counties. Students in 2nd-8th grade wrote essays, poems, and song lyrics that shared their thoughts about tobacco and how it impacted their friends, family, environment, and community.
- Arkansas State BRFSS has been released and TPCP is happy to report that the adult smoking prevalence is 23.6%--down from 24.9%.
- A TPCP sub-grantee with the Madison County Health Coalition, Brenda Patterson, worked with the Green Forest City Council to have smoke-free city parks. The Green Forest City Council voted that the parks prohibit smoking and the use of tobacco, including smokeless tobacco and electronic cigarettes, in any city parks or recreational areas. The ordinance was voted on June 13th and went into effect immediately. The city will post signs to ensure enforcement. While Green Forest is a small city located in Carroll County with approximately 3,271 residents, it is experiencing rapid growth. Tyson Foods has four plants located in Green Forest, but is also planning to build a new \$136 million plant. The Madison County Health Coalition provided technical support to the Green Forest City Council.
- TPCP hosted two focus groups to research using cold turkey as a quit method among Arkansans. The research is ongoing, but the first two rounds of focus groups were held June 8. The focus groups allowed participants to open up regarding nicotine addiction, their lifestyles, and how they viewed anti-tobacco advertising. TPCP has two more groups scheduled to continue the robust conversations. The focus groups present TPCP

with the opportunity to create messaging that is the first of its kind. The messaging will be relevant and effective for those who are more likely to quit cold turkey versus using a state tobacco quitline.

Testimonials: Highlighting the TPCP Sub-Grantee Kickoff Event

- **Stephanie Strutner, MPH, CPSII, Executive Director of Allies for Substance Abuse Prevention:** After completing her 2-hour presentation on substance abuse prevention, Stephanie shared how passionate she is about public health in her community and across the country, “I am most encouraged by seeing many people from different sectors coming together to address the same community goals and their ability to bring about significant health improvement opportunities through collaboration.”
- **Patrick W. Hunter, Tobacco Education Coordinator for the North Arkansas Partnership for Health Education:** “My previous professional career as a law enforcement officer was very rewarding, but I am even more proud now to be able to know that through working with the Tobacco Prevention and Cessation Program that we have the opportunity to help adolescents understand the importance of their decisions concerning substance abuse and the power to positively improve their lives.”
- **Mary Krisell, Lifeway sub-grantee Conway, Faulkner and Pulaski County:** “I am looking forward to another rewarding opportunity working with the Tobacco Prevention and Cessation Program this grant cycle. Last year I was able to provide leadership training to Conway Public School students, who then were able to share their knowledge about tobacco prevention to younger students in the Mayflower School District. My being able to provide leadership training to the Conway students was very rewarding and so well received by the younger students in Mayflower, that it makes me realize how important the leadership skills training is--plus providing that opportunity for teaching other students--in truly a significant way to change young lives and improve overall adolescent health and well-being.”

Evaluator Comments: TPCP continues to make progress towards the long-term indicators and has met or exceeded nearly all of the goals for the short-term indicators. Of specific note are when the success of the indicators far exceeded the goals: the development of new smoke-

free/tobacco-free policies, the engagement of youth and young adults in tobacco control activities, and the training of traditional and nontraditional healthcare providers. Each of these successes have potentially far-reaching impacts on tobacco cessation across Arkansas. While the goal of increasing the number of Hispanic, African-American, LGBT, and pregnant women callers to the Quitline was not met, media coverage concerning challenges for its continued funding may have played a part in people being unaware of the Quitline availability. Irrespective of the cause for the lower than expected number of callers, TPCP and UAPB are taking active steps to make sure Arkansans, especially minority and disparate populations, are aware of the Quitline services.

As of June 2017, all of the short-term indicators “expire”. TPCP and the UCA evaluator recognize this is an opportune time to update all current long-term and short-term indicators, as well as develop new indicators that will capture the range of programming that is supported by TPCP funds. Collaboration between relevant parties for the development of updated and new indicators began in June 2017. Once completed, they will be forwarded to the Arkansas Tobacco Settlement Commission for approval.

Tobacco Settlement Medicaid Expansion Program

Indicator Activity

Program Description: The Tobacco Settlement Medicaid Expansion Program (TS-MEP) is a separate component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding healthcare coverage and benefits to targeted populations. The program works to expand Medicaid coverage and benefits in four populations:

- Population one expands Medicaid coverage and benefits to pregnant women with incomes ranging from 138–200% of the Federal Poverty Level (FPL);
- Population two expands inpatient and outpatient hospital reimbursements and benefits to adults age 19-64;
- Population three expands non-institutional coverage and benefits to seniors age 65 and over;
- Population four provides a limited benefits package to low-income employed adults age 19-64.

The Tobacco Settlement funds are also used to pay the state share required to leverage federal Medicaid matching funds.

Overall Program Goal: To expand access to healthcare through targeted Medicaid expansions, thereby improving the health of eligible Arkansans.

Long-term Objective: Demonstrate improved health and reduce long-term health costs of Medicaid eligible persons participating in the expanded programs.

- Indicator: Demonstrate improved health and reduced long-term health costs of Medicaid eligible persons participating in the expanded programs.
 - Activity: With the implementation of the Arkansas Works program, more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term impact will be limited compared to the influences outside

of the TS-MEP. During this quarter, TS-MEP provided expanded access to health benefits and services for 6,506 eligible pregnant women, seniors, and qualified adults. This is an increase of 156 persons served over the previous quarter. Total claims paid for the TS-MEP populations this reporting period were \$4.74 million. Additionally, TS-MEP funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This amounted to nearly \$2.43 million in federal matching Medicaid funds during this quarter, which has a significant impact on health costs and health outcomes for the state of Arkansas.

Short-term Objective: The Arkansas Department of Human Services will demonstrate an increase in the number of new Medicaid eligible persons participating in the expanded programs.

- Indicator: Increase the number of pregnant women with incomes ranging from 138-200% of the FPL enrolled in the Pregnant Women Expansion.
 - Activity: During this quarter, there were 143 participants in the TS-MEP initiative Pregnant Women Expansion program. This was a slight decrease from the previous quarter with 163 participants. This program provides prenatal health services for pregnant women with incomes ranging from 138–200% FPL. With the implementation of Arkansas Works and other healthcare options provided through the federally-facilitated marketplace for this population, a decline in the number of participants in the TS-MEP Pregnant Women Expansion program was anticipated. The TS-MEP funds for the Pregnant Expansion program totaled \$231,905 in this quarter.
- Indicator: Increase the average number of adults aged 19-64 years receiving inpatient and outpatient hospital reimbursements and benefits through the Hospital Benefit Coverage.
 - Activity: During this quarter, the TS-MEP initiative Hospital Benefit Coverage provided inpatient and outpatient hospital reimbursements and benefits to 4,535 adults aged 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%. This is

an increase from 4,440 adults served in the previous quarter. TS-MEP funds for the Hospital Benefit Coverage totaled \$1,131,518.

- Indicator: Increase the average number of persons enrolled in the ARSeniors program, which expands non-institutional coverage and benefits for seniors age 65 and over.
 - Activity: The ARSeniors program expanded Medicaid coverage to 1,828 seniors during this quarter. There is an increase from 1,747 participants in the previous quarter. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered by Medicare are available to ARSeniors. Recipients received services in 40 different categories, most commonly in personal care services, durable medical equipment/oxygen, and eyeglasses. TS-MEP funds for the ARSeniors program totaled \$3,379,698 during this quarter.
- Indicator: Increase the average number of persons enrolled in the ARHealthNetworks program, which provides a limited benefit package to low-income employed adults in the age range of 19-64 years.
 - Activity: The ARHealthNetworks program was discontinued on December 31, 2013, due to implementation of Arkansas Works, previously known as the Arkansas Health Care Independence Program/Private Option. This population is now offered more comprehensive healthcare coverage options through the Arkansas Works program. Individuals with incomes equal to or less than 138% of the FPL are eligible for Arkansas Works program, and those with incomes above 138% FPL can access the federally-facilitated marketplace to determine their eligibility for federally-subsidized private insurance plans. Arkansas Works eligible individuals with exceptional healthcare needs and determined medically frail are enrolled in the traditional Medicaid program.

Challenges: As a result of the implementation of the Arkansas Works program, traditional Medicaid expenditures have decreased. Many Medicaid-eligible adults aged 19-64 years old are covered by the Arkansas Works program and receive their coverage through Qualified Health Plans in the individual insurance market. Arkansas Medicaid pays the monthly insurance premiums for the majority of these individuals. For the TS-MEP populations,

ARHealthNetworks was eliminated and Pregnant Women Expansion was expected to significantly decline as individuals are provided health coverage outside of TS-MEP. Some of the TS-MEP's indicators may need to be updated to reflect the change in programs covered by TS-MEP. As of now, successful performance has been measured by growth in the number of participants in the TS-MEP initiatives. Arkansas Department of Human Services (DHS) will need to continue to explore new performance measurements for the TS-MEP initiatives as individuals are transitioning into new coverage groups.

Opportunities: The discontinuation of the TS-MEP initiative, ARHealthNetworks, provides the opportunity to support both the other three TS-MEP populations and the state's overall Medicaid efforts. DHS has had the legislative authority for over ten years to use any savings in the TS-MEP programs to provide funding for the traditional Medicaid program with the approval of the State's Chief Fiscal Officer. These savings are not used to provide any funding for the Arkansas Works program. As the state of Arkansas continues to explore opportunities for Medicaid reform, new possibilities for using TS-MEP funds have emerged. In early 2017, Act 50 of the 91st General Assembly removed the discontinued population (ARHealthNetworks) and added the Division of Developmental Disabilities Alternative Community Services Waiver Waiting list as the new population four group. This population group will begin receiving funding in July 2017 and it is expected that this new funding will be extended to 500-900 individuals currently waiting for these services.

Testimonials: There are no testimonials for this quarter.

Evaluator Comments: TS-MEP has been impacted by the significant changes in the healthcare system. During this quarter, the Pregnant Women Expansion program experienced a slight decrease but remains a stable program. Both the ARSeniors and Hospital Benefit Coverage programs have experienced an increase in the number of participants in this quarter while one of the covered populations (ARHealthNetworks) has been eliminated. There are no immediate plans to change the Pregnant Women Expansion, Hospital Benefit Coverage, and ARSeniors programs. However, as noted, legislation was passed to establish a new population (persons with developmental disabilities) to reduce the waiting list and provide community and home services

for these individuals. A new indicator has been developed to measure progress with this new population group and will begin from July 2017.

UAMS East Regional Campus

Indicator Activity

Program Description: University of Arkansas Medical Sciences East Regional Campus provides healthcare outreach services to seven counties including St. Francis, Lee, Phillips, Chicot, Desha, Monroe, and Crittenden counties. UAMS East Regional Campus, formerly known as the Delta Area Health Education Center (AHEC), was established in 1990 with the purpose of providing health education to underserved populations in the Arkansas Delta region. The counties and populations served by UAMS East Regional Campus are some of the unhealthiest in the state with limited access to healthcare services being one of the challenges. As a result of limited access and health challenges, UAMS East Regional Campus has become a full service health education center with a focus on wellness and prevention for this region. The program has shown a steady increase in encounters with the resident population and produced a positive impact on the health and wellness of the region. Programs to address local health needs of residents are being implemented in partnership with more than 100 different agencies. The overall mission of UAMS East Regional Campus is to improve the health of the Delta's population. Goals include increasing the number of communities and clients served and increasing access to a primary care provider in underserved counties.

Overall Program Goal: To recruit and retain health care professionals and to provide community-based healthcare and education to improve the health of the people residing in the Delta region.

Long-term Objective: Increase the number of health professionals practicing in the UAMS East Regional Campus service areas.

- Indicator: Increase the number of students participating in UAMS East Regional Campus pre-health professions recruitment activities.

- Activity: UAMS East Regional Campus in Lake Village and Helena held the “MASH” program for 41 high school students. The UAMS East Regional offices recruiter made 18 presentations at career fairs and spoke with 702 students. She also provided health career presentations to 148 students and taught Club Scrub programs to 12 middle school participants. The program “Day in the Life” was provided to 61 high school students in Helena. Two programs, Funology Camp and Destined to be Doctors, were provided for 65 students in grades 1-6. Progress is being made on this indicator.
- Indicator: Continue to provide assistance to health professions students and residents, including RN to BSN and BSN to MSN students, medical students and other interns.
 - Activity: UAMS East Regional Campus supported 12 nursing students this quarter. Dr. Jackson, UAMS Helena, an advanced practice nurse assisted as an adjunct instructor for two MSN students. A nurse appreciation event was held for 42 nurses during Hospital and Nurses Week. This indicator has been met.

Short-term Objective: Increase the number of communities and clients served through UAMS East Regional Campus programs.

- Indicator: Increase or maintain the number of clients receiving health screenings, referrals to primary care physicians, and education on chronic disease prevention and management.
 - Activity: Nineteen health screening events were held for 658 adults in six different cities. UAMS East Regional Campus provides screenings, education, and referrals to local primary care providers if needed. Of the 658 screenings provided, abnormal results included: six BMI, 86 blood pressure, 100 cholesterol, 26 glucose and nine HbA1c. UAMS East Regional Campus in Lake Village partnered with the Cooperative Extension Service in Chicot County and the Arkansas Minority Health Commission to implement the Healing Hearts Worksite Wellness Initiative. Progress is being made on this indicator.
- Indicator: Maintain a robust health education promotion and prevention program for area youth and adults.

- Activity: UAMS East Regional Campus provided health education promotion and prevention activities for a total of 5,198 youth at 83 events in 13 cities. Additionally, there were 109 health promotion events in 12 cities for 1,324 adults. Programs included Cooking Matters courses, Making Proud Choices teen pregnancy prevention courses, basic life support and CPR courses, and Foodology. Progress is being made on this indicator.
- Indicator: Increase the number of clients participating in exercise programs offered by UAMS East Regional Campus.
 - Activity: This quarter, the UAMS Helena Fitness Center encounters totaled 7,433. Additionally, a total of 9,401 adults and children participated in various exercise programs throughout the service area. Progress is being made on this indicator.
- Indicator: Provide crisis assistance to rape victims as needed.
 - Activity: The Delta Crisis Center received 10 hotline calls from clients, potential partnerships, and possible referrals. Delta Crisis Center serviced three continuing clients. This indicator has been met.
- Indicator: Increase or maintain the number of clients in Chicot and Phillips counties receiving prescription assistance.
 - Activity: This quarter, UAMS East Regional Offices provided prescription assistance to 220 participants with 272 total prescriptions. The amount saved totaled \$167,793. Progress is being made on this indicator.
- Indicator: Provide medical library services to consumers, students, and health professionals.
 - Activity: UAMS Helena Medical Resource Library provided support to healthcare professionals and students through literature searches and teaching materials. This quarter, 78 nursing students and 24 healthcare professionals utilized the library. UAMS Helena Library provided support to 2,506 consumers. This indicator has been met.
- Indicator: Plan and implement a Rural Residency Training Track for Family Medicine in Helena, in partnership with UAMS South Central's residency program.
 - Activity: UAMS East Regional Campus in Helena has secured the commitment from a local family practice physician to become a UAMS employee and staff the

UAMS Family Medicine Clinic. Renovations of the Helena offices are underway with an expected completion date of September 2017. Opening of the clinic is scheduled for late October 2017. Progress is being made on this indicator.

- Indicator: Provide targeted clinical care in Helena.
 - Activity: On hold pending the opening of the clinic.
- Indicator: Provide diabetes education to community members and increase the proportion of patients in the diabetes clinic who maintain an A1C below seven.
 - Activity: UAMS East Regional Campus in Helena provided 27 HbA1c tests to patients. There were nine elevated HbA1c tests, above the goal of an HbA1c score of less than seven. Diabetes education classes are being held in Brinkley and Helena on a regular basis. At this time there are 90 participants in the Diabetes Self-Management program. Thirty-two consultations were provided by the registered dietician to clients at the Helena location and 44 patients were provided with the Diabetes Prevention Program. This program is designed to reduce the risk of developing diabetes among those classified as pre-diabetic. Progress is being made on this indicator.

Challenges: The major challenge noted by the program this quarter is moving the program from an outreach focus to a more clinical-based approach. The move has required some staffing changes with three positions being cut from the Helena office. Additionally, the West Memphis campus is operating with a limited staff since both outreach coordinators left their positions.

Opportunities:

- UAMS East Regional Campus began using the Phillips County Chamber Newsletter as well as Facebook to increase marketing of programs and services.
- UAMS East Regional Campus is working with the Arkansas Autism Resource and Outreach Center (AAROC). AAROC has hired a parent coordinator to identify children and families to provide early intervention. They have established an Autism Support Group that meets monthly at the UAMS East Regional Campus.
- UAMS East Regional Campus has finalized plans for its Gerald Glass Memorial Continuing Education program for Pharmacists.

Testimonials: Highlighting Worksite Wellness Events

- **Ervin Hosak, Director of Manufacturing and Quality Control:** “Having UAMS come to do a wellness program for our employees at Superior Uniform is truly a blessing for two reasons. Number one is simply identifying possible issues the employees might have and they can address them and in some cases possibly save their lives. Number two is just letting our employees know that we, along with UAMS, care about them and that is always good for company morale. Words can’t tell you how much we appreciate the time taken to come and spend time with our employees. We are very humbled and grateful.”
- **Lois Ashley, Human Resources Manager:** “The Worksite Wellness event has been a huge success and we greatly appreciate UAMS providing this service at our facility. The employees love it because it is convenient, they don’t have to take time off work. So they are not impacted financially and some of them do not see a doctor annually and this gives them valuable information to see a doctor if necessary. The company benefits are healthier, happier employees, reduced absenteeism, increased productivity, and lower healthcare costs. We value our employees and are very concerned about their health and this is just one way to show them. When we invest in our employee’s health, everyone benefits.”
- **Rebecca Barley, Payroll Clerk:** “The Worksite Wellness event has been very helpful for our employees. A lot of our employees do not go to the doctor on a regular basis. Some of them become aware they have medical issues when they get checked at the UAMS screening. This allows employees to be checked and they do not have to leave work and lose pay. Some of them would not get checked if they had to go to the doctor. We are grateful for UAMS for coming each year to do the screenings. I believe it has helped several employees from having major medical issues, because when they are tested and do not have a good result, it causes them to go on to their doctor to be checked and get meds to help the problem. Thank you for what you do for our company and employees.”

Evaluator Comments: UAMS East Regional Campus is making progress toward their long-term and short-term goals. They provide educational programs to improve the health literacy of residents, screen for disease risk factors to prevent disease before it occurs, and provide

opportunities to practice health-promoting behaviors. UAMS East Regional Campus should continue to partner with other agencies to support their efforts. UAMS East Regional Campus is in the process of creating a patient-centered medical home for Delta residents that integrates prevention into healthcare services. This combination of prevention and access to quality care will positively impact the health of residents in the Delta region of Arkansas.