

# HEALTH GAINS IN THE STATE

ARKANSAS TOBACCO SETTLEMENT COMMISSION QUARTERLY REPORT: JANUARY – MARCH 2018

- Arkansas Biosciences Institute (ABI)
- UAMS College of Public Health (COPH)
- Minority Health Initiative (MHI)

- Tobacco Cessation and Prevention Program (TPCP)
- Tobacco Settlement Medicaid Expansion Program (TS-MEP)
- UAMS Centers on Aging (UAMS-COA)
- 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.

**43,091**  
Community Members & Health Professionals Educated—Including 17,386 Youth



Photo credit: Johnpaul Jones

**Minority Health Initiative** partnered with several organizations to provide education this quarter.

**UAMS Centers on Aging** host many events—like this event focused on quality of life for cancer survivors.



Through consultations, partnerships and dissemination of knowledge, the **College of Public Health** serves as an educational resource for Arkansans. Faculty engaged in **52** educational activities this quarter.



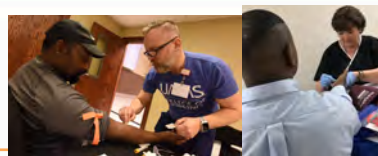
**UAMS East Regional Campus** offers education in the Delta, including classes like Cook Smart Eat Smart.

**Tobacco Prevention and Cessation Program** engages youth in tobacco control activities via initiatives like Project Prevent Youth Coalition.



## SERVICE

**3,903**  
Arkansans given preventative health screenings



**Minority Health Initiative** and **UAMS East Regional Campus** offer screenings during health fairs, worksite wellness programs, and other events each quarter.

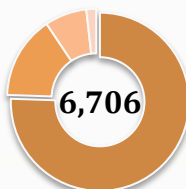
**7,871**



**Health clinic and nursing home encounters through UAMS Centers on Aging**

**College of Public Health** collaborated with several community groups and health providers to discuss and address housing insecurity of pregnant women at the Supporting Families in Crisis workgroup, helping to bring a relevant, and often overlooked, health topic to light.

**Tobacco Settlement Medicaid Expansion Programs** covered 6,706 eligible Arkansans, providing services to pregnant women, seniors, individuals with developmental disabilities, and those requiring extended hospital stays.



- SENIORS - 4,967
- PREGNANT WOMEN - 991
- EXTENDED HOSPITAL COVERAGE - 501
- DEVELOPMENTAL DISABILITIES - 117

**Tobacco Prevention and Cessation Program** and the **Minority Initiative Sub-Recipient Grant Office** implemented 23 new smoke-free/tobacco-free policies.



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## RESEARCH

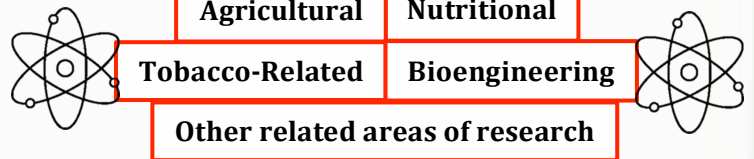


Jim Raczynski, founding Dean of the **College of Public Health**, announced plans to step down at the end of 2018. He has led the college to create a diverse public health workforce suited to help solve Arkansas's health issues. Under his leadership, the COPH has grown from less than a handful of faculty upon his arrival to approximately 70 faculty positions.

The **College of Public Health** has partnered with faith community leaders to build capacity to conduct research in the Delta through African American churches. This partnership led by Tiffany Haynes, PhD, has resulted in a pilot project to refine, test, and implement a culturally-appropriate, evidence-based depression intervention. This work is particularly salient in addressing depression disparities.



## Arkansas Biosciences Institute focuses on five research areas.



**Arkansas Biosciences Institute** researcher, Judith Weber, directs the Center for Childhood Obesity Prevention at Arkansas Children's Hospital. The Center provides an opportunity to coordinate strengths of research programs with policy efforts and to strengthen programs to address the problem of childhood obesity.



## ECONOMIC IMPACT

**\$6.61 Million**

Total claims paid for Tobacco Settlement Medicaid Expansion Program populations

**\$4.68 Million**

To Tobacco Settlement Medicaid Expansion Program in federal Medicaid matching dollars

This quarter, **UAMS Centers on Aging** leveraged more than 10 times the ATSC funding for the quarter, for a total leveraged amount of

**\$4,175,999.**



**UAMS East Regional Campus** reported leveraged funds of

**\$99,342.**

Arkansas Biosciences Institute research results in new start-up enterprises—like Nature West, Inc. whose mission is to leverage chemical biodiversity of plants for producing compounds that can be used in the pharmaceutical, nutraceutical/dietary supplement, cosmeceutical, research reagent, and agrochemical markets.

Arkansas Tobacco Settlement Commission  
101 East Capitol Avenue, Suite 108,  
Little Rock, AR 72201

501.683.0072 -- <http://www.ATSC.Arkansas.gov>

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## TESTIMONIALS



- **ABI:** The Center for Childhood Obesity provides an opportunity to coordinate strengths of research programs to address the problem of childhood obesity. “ABI has helped us foster collaboration,” says Michael R. Thomsen, PhD. “Childhood obesity is a multifaceted problem, and no one field can provide all the answers. The Center provides a mechanism whereby researchers learn from each other. This permits us do better work in our respective areas and identify new ways to address research problems.”
- **COPH:** “It was brought to my attention...that about 30 mothers a month deliver babies at UAMS and they do not have a place to go home to,” says Keneshia Bryant-Moore, Ph.D., R.N., Associate Professor in the College of Public Health and conference committee chairperson. “I was able to get some pilot funding to begin addressing this issue and that is what ultimately brought all these groups together for this conference.” The conference (Supporting Families in Crisis), presented by the FAITH Network, brought together over 100 community leaders, healthcare providers, social workers, researchers, mothers impacted by homelessness, the housing authority, and over 10 community groups that provide services to the homeless.
- **MHI:** A 67-year-old attendee of March Man-ness stated he felt that the event was worth attending to get a check-up between consultations with his primary care physician. “I like to get a second opinion and make sure everything is on target,” he said. “I enjoy the opportunity, and I tell others about it like my sons. I tell people in the neighborhood. . . . Some people don’t have a healthcare provider, so this is a chance for them to learn what is going on with their health.”
- **TPCP:** Project Prevent Youth Coalition (PPYC) activities have people singing their praises: Regarding the *Ready. Set. Record.* Event: “Thank you!! I hope I get to do this again next year!! My kids loved it!!” – Carol Crow, Cross County School District; “Thanks to PPYC for wonderful ideas! The kids are having a blast!!” – Julie Wakely, Nashville School District
- **TS-MEP:** There are no testimonials from TS-MEP to report this quarter, but the program continues to serve thousands of Arkansans each quarter.
- **UAMS-COA:** Program participant at COA Northeast: “I would have never had the opportunity to have this lab work had you guys not come out and set up and made it so accessible. Thank you. This might have just saved my life.”
- **UAMS East Regional Campus:** Fitness Center Member: “I am so glad I followed my heart and decided to join the fitness center. I feel so much better now that I exercise. I have more energy. I live in an apartment, and it used to kill me to climb the stairs, but now it’s not a problem.”

**INDEPENDENT EVALUATION OF THE ARKANSAS TOBACCO  
SETTLEMENT COMMISSION FUNDED PROGRAMS**

**January - March 2018 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 August 2018

**ARKANSAS TOBACCO SETTLEMENT COMMISSION EVALUATION TEAM  
AT THE UNIVERSITY OF CENTRAL ARKANSAS**

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Co-PI

Qualitative Report

**Emily Harris, MPH**

Graduate Assistant

Qualitative Report

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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.

## COMMISSIONERS

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Physician, Unity Health  
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## COMMISSION STAFF

### **Matt Gilmore**

Executive Director

### **April Robinson**

Administrative Specialist

## 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; these goals are 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:** All five of the ABI institutions continue to invest resources to support the personnel, equipment, and collaborations necessary to obtain extramural funding. Steps toward the accomplishment of this indicator are in progress. Data will be provided at the end of the fiscal year. This indicator is in progress.
- **INDICATOR:** ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.
  - **ACTIVITY:** The nature of the research conducted by ABI-supported agricultural and biomedical researchers involves unique intellectual property and commercial applications that are eligible for patent protection. Applications for patents are currently in progress. Results of these filings will be reported at the end of the fiscal year. This indicator is in progress.
- **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:** Member institutions continue to participate in research that has the potential to produce opportunities for business. Data for this indicator will be reported at the end of FY 2018. This indicator is in progress.
- **INDICATOR:** ABI will promote its activities through various media outlets to broaden the scope of impact of its research.
  - **ACTIVITY:** Efforts to promote investigative successes in the scientific community through newspaper articles, press releases, news conferences, and radio/television contacts are ongoing. Data regarding these efforts will be reported at the end of the current fiscal year. This indicator is in progress.

**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 funding allocated to each of the five member institutions continues to advance research. This research is monitored to ensure timely and cost-effective activities. Data regarding specific research activities will be provided at the end of the fiscal year. This indicator is in progress.
- **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:** Ongoing efforts ensure that ABI-supported research is disseminated to the public and scientific community. The writing and submission of research reports for FY 2018 are in progress. Data regarding the number of publications and presentations will be reported at the end of FY 2018. This indicator is in progress.
- **INDICATOR:** Employment supported by ABI and extramural funding will increase from a baseline of 300 full-time equivalent (FTE).
  - **ACTIVITY:** ABI and the associated extramural funds continue to support a range of knowledge-based positions including research support personnel, post-doctoral research fellows, biostatisticians, and animal care technicians. Full-time equivalent jobs directly supported with ABI and extramural research funding will be reported at the end of the current fiscal year. This indicator is in progress.
- **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:** ABI continues to provide support and to facilitate research collaboration in order to solve the multifaceted health problems that affect the health of Arkansans. Specific data regarding the building and success of these interdisciplinary collaborations will be reported at the end of the current fiscal year. This indicator is in progress.

**CHALLENGES:** The most substantial challenge for ABI researchers and projects is the reduction in funding provided by federal agencies. Many of these agencies are experiencing flat or decreasing budgets.

**OPPORTUNITIES:** The accomplishments of ABI investigators and the overall impact of the Institute during the past 16 years are due to the establishment of statewide, interdisciplinary research teams. With these teams in place, ABI expects to answer challenging questions and address the complex health issues that affect Arkansans.

**TESTIMONIALS:**

***Targeting Childhood Obesity***

The Center for Childhood Obesity Prevention, which is directed by Judith Weber, PhD, RD, is located at the Arkansas Children’s Hospital (ACH) and is funded by a five-year grant from the National Institutes of Health (NIH). Weber, a Professor of Pediatrics at UAMS and a priority team leader for the Healthy Active Arkansas ten-year plan, has received ABI support for her work since 2008.

The Center provides an opportunity to coordinate core strengths of research programs within the state, coordinate them with policy efforts, and strengthen programs to address the problem of childhood obesity. “ABI has helped us foster collaboration between our program in the UA Division of Agriculture and with researchers at UAMS and Arkansas Children’s Research Institute” says Michael R. Thomsen, PhD. Thomsen uses a systems-based approach to better understand how environmental factors contribute to childhood obesity among Arkansas public schoolchildren. A primary goal of his work is to help inform public policy design to reduce obesity.

Thomsen, a Professor of Agricultural Economics and Agribusiness in the University of Arkansas System’s Division of Agriculture, believes that ABI support of ACH and of investigators like himself, Weber, and others involved in the Center has served to strengthen the application for the NIH grant. “ABI has been a good mechanism to get ideas started that ultimately get turned into funded projects,” Thomsen explains.

A key strength of the Center is its collaborative, multidisciplinary nature, Thomsen continues: “Childhood obesity is a multifaceted problem, and no one field can provide all the answers. The Center provides a mechanism whereby researchers learn from each other. This permits us do better work in our respective areas of expertise and identify new ways to think about and address research problems.”

In addition to Thomsen’s research, projects included in the first round of the Center’s pilot grant funding explore topics as varied as the role of breakfast in energy metabolism and muscle health in children, the early detection of non-alcoholic fatty liver disease in children, and the role of probiotic supplementation in pregnant women.

### ***Collaborating on Policy***

The Center is unique, says Weber, in its collaborative partnership with the Arkansas Department of Health, UA Fayetteville, UAMS and the UAMS College of Public Health, UA Cooperative Extension Service, Arkansas Center for Health Improvement, Arkansas Children’s Nutrition Center, Arkansas Coalition for Obesity Prevention, Child Health Advisory Committee, and the Arkansas School Nurses Association. “We are funding studies along the translational research continuum,” says Weber, “but the idea is that whatever we do, we need to be coordinated and build towards something that can actually then be put out into the population to change obesity rates.” Weber concludes, “If you have all these levels of work going on, from basic science up through policy work, then you have outcomes that are also at all of those levels.”

“The research conducted within the Center is focused on answering questions that will inform policies, interventions and lead to healthier Arkansans,” agrees Thomsen. “It is an excellent example of how the state's leading research institutions are coordinating efforts to better understand and improve health, and it illustrates the vision of the ABI.”

**EVALUATOR COMMENTS:** ABI continues to provide state-of-the-art agricultural and biomedical research despite reductions in available monies. Ongoing support for the scientists and associated staff at the five member institutions results in collaborative efforts to produce publications, presentations, and patents, as well as employment and business opportunities.

## UAMS 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:** Fifty-two activities were reported by faculty covering a wide variety of contributions. A majority of these (37) had statewide audiences while nine had national audiences. The remaining six were focused on central Arkansas. These included presentations to professional or lay audiences; serving as consultants, or on expert panels, task forces, committees or board of directors; or partnering with public health practitioners or a community organization that has a health-related mission. The 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 outcomes of this indicator are summarized annually in the fourth quarter. The indicator is in progress.
- **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:** Forty-four ongoing research projects are being conducted by faculty and/or students. A wide range of health topics are being investigated including, but not limited to, several cancer studies, hypertension and cardiovascular disease, prevention of tobacco use, healthcare issues, hospital management, housing insecurity among pregnant mothers and babies, and breast cancer risks. The indicator has been met.
- **INDICATOR:** COPH faculty, staff, and students are engaged in research that is based in Arkansas.
  - **ACTIVITY:** Forty-two of the 44 on-going studies are based in Arkansas. The indicator has been met.
- **INDICATOR:** The COPH makes courses and presentations available statewide.
  - **ACTIVITY:** Twelve distance-accessible courses are available statewide on a variety of topics. Examples of topics include: *Biology for Public Health: Chronic Disease; Biology for Public Health: Infectious Disease; Biostatistics; and Environmental and Occupational Health*. In addition, 12 presentations were made available remotely. This indicator has been met.
- **INDICATOR:** Twenty percent of enrolled students come from rural areas of Arkansas.
  - **ACTIVITY:** The data required to determine the number of students from urban and rural counties in Arkansas for the spring 2018 semester are unavailable due to updates in the data collection and reporting system. These updates have created discrepancies that cannot be resolved and thus any data used to report the urban and rural student information for that semester would potentially be inaccurate. As a result, the UAMS Fay W. Boozman College of Public Health has chosen to not report data for this indicator for the spring 2018 semester.

- **INDICATOR:** Graduates' race/ethnicity demographics for whites, African American and Hispanic/Latinos are reflective of Arkansas race/ethnicity demographics.
  - **ACTIVITY:** These data are not reported this quarter. The indicator is in progress.
- **INDICATOR:** The majority of alumni stays in Arkansas and work in public health.
  - **ACTIVITY:** These data are not reported this quarter. The indicator is in progress.

**SHORT-TERM OBJECTIVE:** Obtain federal and philanthropic grant funding.

- **INDICATOR:** The COPH shall maintain a 1.5:1 ratio of total annual fiscal year extramural award funding to annual fiscal year tobacco settlement dollars.
  - **ACTIVITY:** These data are not reported this quarter. The indicator is in progress.

**CHALLENGES:** Jim Raczynski, Ph.D., Dean of the Fay W. Boozman College of Public Health at the University of Arkansas for Medical Sciences (UAMS), announced plans to step down as dean, effective Dec. 31, 2018. He will continue on a part-time basis with his extramurally-funded research, teaching, and service activities.

Dr. Raczynski is the founding dean of the College of Public Health and has been an extraordinary asset to the college and university since his tenure began in 2002. Dr. Raczynski has focused the College's mission of improving the health and quality of life for entire communities, particularly minority and rural communities that bear the greatest burden of disease. He has led the college to create a diverse public health workforce well-suited to help solve Arkansas's health issues, particularly related to health disparities. Under his leadership, the college has grown from less than a handful of primary faculty upon his arrival to approximately 70 current or committed faculty positions. In addition to leading the College, he served as Principal Investigator and Founding Director of the College's National Institute on Minority Health and Health Disparities funded Arkansas Center for Health Disparities (ARCHD) and the CDC-funded Arkansas Prevention Research Center (ARPRC).

Under his leadership, the College of Public Health was initially accredited by the Council on Education for Public Health in less than two years after his arrival. His leadership has helped

create multiple practice, research, and educational partnerships between the College and academic institutions, organizations, and state agencies throughout Arkansas, including an extremely close and valued partnership with the Arkansas Department of Health.

UAMS Interim Chancellor Stephanie Gardner will be appointing a search committee for the new dean of the College of Public Health in the coming months.

**OPPORTUNITIES:**

***Research Collaboration***

Alesia Ferguson, Ph.D., Associate Professor in the Environmental and Occupational Health Department, will be the Co-Principal Investigator on a multi-university, interdisciplinary \$1 million grant to study children's exposure to Oil Spill Chemicals (OSC).

The two-year project titled, "Beach Play and Children Exposure Study (Beaches)," is funded by the Gulf of Mexico Research Institute. Ferguson will lead the UAMS team, which will be made up of a post-doctoral and graduate student, to study children's activity at four beaches in Florida and Texas. They will use videotaping, video-translation methodologies, survey instruments, and soil adherence experiments.

Ferguson will work with Helena Solo Gabriele, Ph.D., professor in the College of Engineering at the University of Miami and Principal Investigator, and Kristina Mena, Associate Professor at the University of Texas Health Center School of Public Health and Co-Principal Investigator.

The University of Miami will study the fate and transport of OSCs in the environment. Children activity patterns and OSC concentrations in the near shore will then be used in a risk assessment modeling platform (developed by the University of Texas) to address potential health outcomes and mitigation strategies for beach environments.

Findings from the research may be used in Arkansas to help public health professionals and disaster management teams better prepare for and respond to oil spills.



### ***New Faculty Tackles Tobacco Control***

Margarete (Maggie) Kulik, Ph.D., joined the Center for the Study of Tobacco in the Department of Health Behavior and Health Education as an Assistant Professor in March. Kulik comes to the COPH from San Francisco, California where she was a postdoctoral scholar at the Center for Tobacco Control Research and Education at the University of California at San Francisco. While there, Kulik worked with Stanton Glantz, Ph.D., who is a leading tobacco control expert. Her research interests are in tobacco control, health disparities, cancer prevention, complex survey design data, and policy-relevant public health research. Her tobacco control research has been published in peer-reviewed journals, including Tobacco Control, The Bulletin of the World Health Organization, and the American Journal of Preventive Medicine. Some of this research focuses on the softening process (less smoking among remaining smokers as overall smoking prevalence declines), taking place on the state level in the US, on the country level in Europe, among high-risk and underserved populations like those with psychological distress, and among California smokers of different races and ethnicities. This research identifies those most in need of specifically tailored quit interventions and will lead to a decrease in the incidence of smoking-related diseases and in health disparities. Kulik is now looking forward to tackling tobacco control issues in Arkansas.

### **TESTIMONIALS:**

#### ***Community Groups Gather to Discuss Housing Insecurity of Pregnant Women***

Finding a solution for the housing insecurity problem of pregnant women in Arkansas was the topic for leaders and community groups who gathered on March 14 at the Supporting Families in Crisis workgroup held at the Centre at University Park in Little Rock. The conference, presented by the FAITH Network, brought together over 100 community leaders, healthcare providers, social workers, researchers, mothers impacted by homelessness, the housing authority, and over 10 community groups that provide services to the homeless.

The FAITH (Faith-Academic Initiatives for Transforming Health) Network is a collaboration between the University of Arkansas for Medical Sciences (UAMS) and faith organizations in Arkansas to provide an infrastructure that supports faith-based research. They work to deliver health programs and health education to faith communities across the state.

The morning opened with UAMS Interim Chancellor Stephanie Gardner, Pharm. D., Ed.D., giving an overview of the homelessness working group that was established by UAMS in 2016. “Through the working group, it was brought to my attention by Becky Sartini, a UAMS nurse, that about 30 mothers a month deliver babies at UAMS and they do not have a place to go home to,” said Keneshia Bryant-Moore, Ph.D., R.N., Associate Professor in the UAMS Fay W. Boozman College of Public Health and conference committee chairperson. “I was then able to get some pilot funding to begin addressing this issue and that is what ultimately brought all these groups together for this conference.”

During the lightning round portion of the conference, community groups discussed the resources available through their organizations. The overall goal for most groups is to keep babies with their mothers and out of social services. Community groups in attendance included: the Centers for Youth and Families, Zeta’s Storks Nest, Teen MOPS, the Arkansas Birthing Project, Pathway to Hope, the Arkansas Pregnancy Resource Center, Safe Families for Children, Our House, Arkansas Women’s Outreach, and Generations in Families Talking Safe Sleep.

Groups discussed the resources available and how to address the needs of women who are pregnant and homeless. Each group aims to help homeless mothers, whether through temporary housing, education, providing clothes, healthcare, or serving as a mentor. At the end of the conference, Carter Ferguson, pastor at Canvas Community Church in Little Rock, presented plans for creation of a central hub for all resources. “If services for the homeless exist, then why is homelessness a problem?” Ferguson asked. “We must address this problem together and the only way to do that is to create a hub, or co-working space, where we can all work together.” Ferguson announced the construction of an over-11,000-square-foot building located in downtown Little Rock that will house a health clinic provided by ARCare, case management services provided by the Arkansas Department of Human Services, and a bank branch, whose partnership is yet to be announced. “Individuals, including pregnant women, needing services will be able to come to one place to get everything they need,” Ferguson said. “They can come for their health check-up, obtain a mental health or health evaluation through DHS, and visit a bank for any questions or help they need in that regard.”

The conference is partially funded through the Patient-Centered Outcomes Research Institute (PCORI) Pipeline-to-Proposal Award administered on behalf of PCORI by Trailhead Institute.

**EVALUATOR COMMENTS:** Eight of nine COPH indicators have been met (4) or are currently in progress (4) for this quarter. At this time, the data for rural students were not available due to a change in its data reporting system. However, these data should be available in a future quarterly report. Overall, the education, research, and community involvement of the faculty and students of COPH is impressive. Several of their studies with high-risk populations in Arkansas have the potential to yield important public health and healthcare findings that should benefit current and future Arkansans.

## 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 through screenings and educational events as measured by previous comparison beginning in FY2015.
  - **ACTIVITY:** MHI continues to make progress toward their goal by documenting 458 cholesterol screenings. They increased both the respondents notified of blood circulation problems (increased 3% from last year) as well as the number of Arkansans who have had their cholesterol checked (3.4% increase).
- **INDICATOR:** To increase hypertension awareness by one percent annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.
  - **ACTIVITY:** During this quarter, MHI made progress toward the goal of greater hypertension awareness in minority Arkansans. They raised the number of people

notified of high blood pressure by 2.9%, totaling 41.9% of the minority population screened. Additionally, MHI increased the number of respondents who receive advice on reducing or preventing high blood pressure to 54.4%, an increase of 3.4% from the previous quarter. One reason for the increase is MHI's requirement for sponsorships and partnerships to provide health education materials at outreach initiatives. At the initiatives, 875 blood pressure screenings were documented. Lastly, MHI continues to increase the amount of awareness about hypertension to Arkansans by utilizing five television stations that aired 119 "Know Your Number" television health education messages.

- **INDICATOR:** To increase heart disease awareness by one percent annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.
  - **ACTIVITY:** During this quarter, 3,353 preventative screenings impacting heart disease were provided, including blood pressure, heart rate, cholesterol, glucose, height/weight, and BMI. They also partnered with five local television stations that aired over 1,000 commercials focused on heart disease and general health. Therefore, MHI is making progress toward this goal.
- **INDICATOR:** To increase diabetes awareness by one percent annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.
  - **ACTIVITY:** Throughout this quarter, MHI increased the number of minority Arkansans who got tested for diabetes, and they are continuing to make progress toward their goal of a one percent increase in awareness. MHI increased the number of glucose screenings from 494 to 560. They also nearly tripled the number of television health education messages (from 337 to 926) focused on symptoms, warning signs, and advice on when to seek medical attention from a primary care physician.

**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:** The initial Economic Cost of Health Inequalities report was completed in 2014. The next report is scheduled for 2019. MHI is making progress towards this indicator, as they will begin data collection in 2018.
- **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:** MHI is on track and making progress with this goal. They continue to make progress by partnering with grassroots, nonprofit, government, and faith-based organizations, 14 this quarter, and offering events in 14 counties. To increase tobacco awareness, MHI is collaborating with ADH Tobacco Prevention and Cessation Program to distribute 5,000 fact cards during 2018. This quarter they have already distributed over 1,500 fact cards. Additionally, MHI avidly promotes better health and greater awareness through radio, print, and television media. During this quarter over 3,500 of these health promotion announcements focused on preventative screenings, nutrition, physical fitness, tobacco, and cancer; over 580 of those commercials focused specifically on tobacco cessation and cancer directly related to tobacco use; and over 800 focused on childhood obesity, BMI screenings, healthy cooking and eating, and the importance of daily physical activity. In conclusion, MHI continues progress toward this goal with their social media campaigns (mainly through Facebook and Twitter).
- **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:** Plans are underway for another Camp iRock. Last year, MHI and Camp iRock partnered with Arkansas Children's Hospital, to host the Camp iRock Reunion on April 29, 2017 at the ACH gymnasium. Nineteen former participants came back to recap nutrition, exercise, and screenings. They also participated in focus groups with the purpose of improving the next Camp iRock. Progress is being made towards this indicator.

**CHALLENGES:** Minority Arkansans continue to see high rates of cardiovascular disease, and are ranked fifth highest in the nation. With heart disease remaining the number one cause of death in Arkansas, MHI continues to see challenges in educating minorities in rural counties and throughout the state. However, MHI continues to provide awareness activities, screenings, and media outlets in an effort to decrease these staggering statistics.

**OPPORTUNITIES:** MHI utilizes the various grassroots, nonprofit, government, and faith-based opportunities throughout the state to increase awareness and screenings that reduce death/disability due to tobacco, chronic disease, and other lifestyle-related illnesses. In addition, the MHI Mobile Health Unit will increase access to care beginning in the spring of FY19.

**TESTIMONIALS:** A 67-year-old attendee stated he has a primary care physician he sees regularly, but he still felt it was worth attending March Man-ness to get a check-up between those consultations just as he has in previous years. “I like to get a second opinion and make sure everything is on target,” he said. “I enjoy the opportunity, and I try to tell others about it like my sons. I tell people in the neighborhood too. Some of them have come. Some people don’t have a healthcare provider, so this is a chance for them to learn what is going on with their health.”

**EVALUATOR COMMENTS:** As MHI maintains their constant increase in the multitude of outreach events, number of partnerships, screenings, and media coverage, it is certain that they will reach their indicator goals through the specified activities listed above. They remain committed to the health of all Arkansans, but specifically to minority Arkansans.

## 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 29.8%). (Data Source: Youth Risk Behavior Surveillance System [YRBSS] 2015)
  - **ACTIVITY:** No current quarter update due to data source frequency. Baseline data of 32% come from the YRBSS 2013 report. The YRBSS 2015 data indicate the youth tobacco use prevalence rate is 26.2% (well below the goal of 29.8%). YRBSS 2017 data should be available in the next quarter or two. Indicator is in progress.
- **INDICATOR:** By March 2020, decrease tobacco use among disparate populations (LGBT, Hispanics, African American, and Pregnant Women) by 2 percentage points. (Data Source: Adult Tobacco Survey 2016, LGBT Survey 2014, Vital Statistics Data 2013)



- **ACTIVITY:** No current quarter update due to data source frequency. However, to clarify, the goals are the following reductions: LGBT smoking prevalence from 37% to 35% and smokeless tobacco use from 24% to 22%, Hispanic smoking prevalence from 13% to 11%, African American smoking prevalence from 21.3% to 19.3%, and pregnant women smoking prevalence from 13.1% to 11.1%. This indicator is in progress.
- **INDICATOR:** By March 2020, decrease smoking prevalence among youth by 7% (a decrease from 19.1% to 17.8%). (Data Source: 2015 YRBSS)
  - **ACTIVITY:** No current quarter update due to data source frequency. However, the 2015 YRBSS reports a youth smoking prevalence rate reduction from 19.1% to 15.7% (well below the goal of 17.8%). This indicator is in progress.
- **INDICATOR:** By March 2020, decrease the adult (18+) smoking prevalence by 8.5% (a decrease from 23.6% to 21.6%). (Data Source: 2016 BRFSS)
  - **ACTIVITY:** No current quarter update due to data source frequency. However, the 2016 BRFSS reports a young adult smoking prevalence rate reduction from 23.6% to 21.3% (which is just below the goal of 21.6%). This indicator is in progress.

**SHORT-TERM OBJECTIVE:** Communities shall establish local tobacco prevention initiatives.

- **INDICATOR:** By June 2018, 100 new smoke-free/tobacco-free policies will be implemented across Arkansas. (Data Source: TPCP Policy Tracker)
  - **ACTIVITY:** The indicator has been met. So far in FY18, 119 new smoke-free/tobacco-free policies have been implemented across Arkansas. This quarter, TPCP contributed to the development of 13 policies at two workplaces, two parks/festivals/farmer’s markets, one faith-based agency, and eight multi-unit housing (MUH) facilities (which covers 273 units for approximately 694 residents). The Minority Initiative Sub-Recipient Grant Office (MISRGO) contributed to the development of 20 new policies at ten workplaces, and ten faith-based agencies.
- **INDICATOR:** By June 2018, decrease sales to minor violations from 11% to 9%. (Data Source: Monthly Arkansas Tobacco Control Reports)

- **ACTIVITY:** On target to meet goal in FY18. During this quarter there were 1,284 sales to minor compliance checks with 115 sales to minor violations. This is a non-compliance rate of 8.9%. The to-date data reveal 4,541 sales to minor compliance checks with 344 sales to minor violations for a to-date non-compliance rate of 7.6%. Additionally this quarter, there were 39 educational sessions to tobacco retail owners and/or clerks with 437 attendees (to-date attendees equals 1,262). This indicator is in progress.
- **INDICATOR:** By June 2018, 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: Monthly Youth Prevention Program Participation Reports)
  - **ACTIVITY:** On target to meet goal in FY18. The goal for youth and young adult involvement this year is 373. This quarter, the Project Prevent Youth Coalition (PPYC) hosted the *Ready. Set. Record.* Film Festival with 137 in attendance. Of those present, 94 were students, 16 were teachers, and 27 were community partners. PPYC announced the opening of *My Reason to Write* and promoted it statewide. Additionally, 41 new advisors were recruited. This indicator is in progress.
- **INDICATOR:** By June 2018, increase the number of callers/referrals to the Arkansas Tobacco Quitline to 300 for Hispanics; 3,200 for African-American; 500 for LGBT, 150 for pregnant women, and 10 for School-Based Health Clinics (SBHC). (Data Source: ATQ Demographic Report for Quarter)
  - **ACTIVITY:** No data reported. TPCP's funding for the Quitline evaluation contract was not renewed by the legislature; therefore, we are unable to provide data for this indicator.
- **INDICATOR:** By June 2018, increase number of healthcare providers, traditional and nontraditional, by 550 who have been reached by TPCP trainings. (Data Source: TPCP Healthcare Provider Training Tracker)
  - **ACTIVITY:** On target to meet goal in FY18. This quarter, a total of 115 healthcare providers were trained. TPCP trained 16 healthcare providers and health educators who are sub-grantees on BTI (Brief Tobacco Intervention) and use of carbon monoxide monitors. Additionally, 89 dentists and hygienists, health educators, and

nurses were trained on MI (Motivational Interviewing), addiction, and use of carbon monoxide monitors to motivate tobacco users through stages of change. Finally, TPCP trained ten drug court counselors on MI and addiction properties of tobacco.

This indicator is in progress.

- **INDICATOR:** By September 2017, Act 1220 will complete assessment of thirty (30) School-Based Health Clinics (SBHC) for up-to-date tobacco use Vital Signs protocol (2As and R - Ask, Advise and Refer, the recommended model for a brief tobacco intervention commonly used by healthcare providers).
  - **ACTIVITY:** Indicator completed in second quarter. Of 29 School-Based Health Clinics (SBHC), 24 responded via Survey Monkey at the State-Sponsored SBHC Training that was held November 8, 2017. Eleven of them reported that they were currently providing tobacco intervention services and referring for cessation services.
- **INDICATOR:** By December 2017, Act 1220 will implement Vital Signs protocol (2As and R - Ask, Advise and Refer, the recommended model for a brief tobacco intervention commonly used by healthcare providers) in School-Based Health Clinics (SBHC) identified through the assessment process.
  - **ACTIVITY:** Indicator completed in second quarter.
- **INDICATOR:** By February 2018, establish referral mechanism for those seeking tobacco cessation services ages 13+ identified through Vital Signs protocol (2As and R - Ask, Advise and Refer, the recommended model for a brief tobacco intervention commonly used by healthcare providers).
  - **ACTIVITY:** Indicator completed in third quarter. Arkansas Tobacco Quitline Fax Referral Forms have been provided to each School-Based Health Clinic (SBHC) and tailored to each individual clinic. They were asked to provide the referral form to their physical and mental health providers, as well as anyone else who may be referring people to the Tobacco Quitline.
- **INDICATOR:** By June 2018, ADH's Healthy Active Arkansas program effort will report the number of tobacco-free policies at worksites, communities, and municipalities who have been reached through the ADH Arkansas Healthy Employee Lifestyle Program (A-HELP) and Community Healthy Employee Lifestyle Program (C-HELP) programs.
  - **ACTIVITY:** No data reported. This indicator is in progress.

- **INDICATOR:** By June 2018, ADH’s Healthy Active Arkansas program effort will develop 4 tobacco cessation worksite messaging e-blast and distribute through the ADH A-HELP and C-HELP communication channels.
  - **ACTIVITY:** No data reported. This indicator is in progress.
- **INDICATOR:** By June 2018, ADH’s Healthy Active Arkansas program effort, in collaboration with TPCP, will develop and share 8 tobacco and obesity related content and post on ADH social media accounts.
  - **ACTIVITY:** Making progress towards goal. The Arkansas Department of Health (ADH) created two posts regarding the SOS Project Prevent *My Reason to Write* contest. Cumulatively, these two posts had a reach of 1,282 views and a total of 41 “engagements,” which includes clicking on, liking, or sharing the posts.
- **INDICATOR:** By June 2018, Graduate Addiction Studies Program (GASP) will recruit 8 new students into their program.
  - **ACTIVITY:** Making progress towards goal. Recruitment data for academic year 2018/19 will be available in the April-June 2018 quarterly report.
- **INDICATOR:** By June 2018, GASP will graduate a minimum of 7 students from their program (total number from the May and December graduations).
  - **ACTIVITY:** Limited progress being made towards this goal. Graduation numbers for 2018 will be available in the April-June 2018 quarterly report.
- **INDICATOR:** By June 2018, GASP staff will prepare 2 white or research papers submitted for conference abstracts or publication.
  - **ACTIVITY:** Making progress towards goal. GASP faculty and students prepared for and presented at The Lonnie E. Mitchell Historically Black Colleges and Universities Behavioral Health Symposium in February 2018.
- **INDICATOR:** By June 2018, GASP staff will identify and submit 2 grant applications
  - **ACTIVITY:** Making progress towards goal. Information on grant applications will be available in the April-June 2018 quarterly report.
- **INDICATOR:** By June 2018, GASP staff will provide stipends for up to 15 students enrolled in the GASP. Will provide specific details about stipend requirements including support activities.

- **ACTIVITY:** Making progress towards goal. GASP awarded 12 stipends to 12 students totaling \$19,800 in the Fall 2017 semester. (While this time period falls outside of this quarterly reports' range of January-March 2018, the way the typical academic year works at the graduate school level is that students start in the fall term and continue into the spring term. Thus, fall term information is included here.) In the spring 2018 semester, GASP awarded six stipends to six students totaling \$10,800. To receive a stipend award, the student must be in good academic standing including earning a final semester grade of "B" or above in all GASP courses. GASP students receiving stipend awards aided the GASP in areas of student recruitment; faculty grant projects; social media projects; the presentation of an alcohol, tobacco, and other drugs awareness program to student athletes on the UAPB campus; and Red Ribbon Week activities at an elementary school in the Arkansas Delta.
- **INDICATOR:** By June 2018, GASP staff will identify up to 6 new intern sites for students.
  - **ACTIVITY:** Making progress towards goal. Information on the number of new intern sites will be available in the April-June 2018 quarterly report.
- **INDICATOR:** By December 2017, Minority Sub-Recipient Grant Office (MISRGO) will work with stakeholders to develop a statewide plan for reducing tobacco related disparities in Arkansas.
  - **ACTIVITY:** Making progress towards goal even though goal deadline of December 2017 has passed. MISRGO has worked with other statewide organizations and one national partner to garner feedback for the development of a statewide plan to reduce tobacco related disparities in Arkansas. Currently, they are compiling the feedback.
- **INDICATOR:** By June 2018, MISRGO will monitor and report progress of implemented Arkansas State Plan for Reducing Tobacco Related Disparities.
  - **ACTIVITY:** Making progress towards goal. As stated in the previous indicator, MISRGO is currently compiling the information and a statewide plan is being revised based on the information from stakeholders.
- **INDICATOR:** By June 2018, MISRGO will work with 4 new faith-based churches/organizations to implement No Menthol Sunday activities.
  - **ACTIVITY:** Making progress towards goal. MISRGO will provide more detailed information in the April-June 2018 quarterly report.

- **INDICATOR:** By June 2018, MISRGO will report technical assistance provided through direct efforts to Public Housing Authorities to implement the Federal Smoke-free HUD rule.
  - **ACTIVITY:** Making progress towards goal. MISRGO will provide more detailed information in the April-June 2018 quarterly report.
- **INDICATOR:** By June 2018, MISRGO will provide the Annual Clearing the Air in Communities of Color Conference and report the number of funded and non-funded attendees.
  - **ACTIVITY:** This goal has been met. MISRGO provided the Annual Clearing the Air in Communities of Color Conference on May 17, 2018. There were 13 funded and 93 non-funded attendees.
- **INDICATOR:** By June 2018, Minority Research Center will conduct 6 town hall meetings focused on tobacco industry advertising in minority communities.
  - **ACTIVITY:** No data reported. This indicator is in progress.
- **INDICATOR:** By June 2018, MRC will submit 6 open editorials to small town newspapers focusing on tobacco related issues in rural communities in Arkansas.
  - **ACTIVITY:** No data reported. This indicator is in progress.
- **INDICATOR:** By June 2018, MRC will increase African American male referrals by 75 to the quitline recruited through the barber shops initiative to implement ask, advise, refer (2As and R).
  - **ACTIVITY:** No data reported. This indicator is in progress.
- **INDICATOR:** By June 2018, MRC will participate in 2 meetings with the Research Advisory Board for the purpose of collaboration and enhancement of MRC efforts.
  - **ACTIVITY:** No data reported. This indicator is in progress.
- **INDICATOR:** By June 2018, MRC will apply for 1 external grant opportunity focusing on tobacco related issues in minority and disparate populations.
  - **ACTIVITY:** No data reported. This indicator is in progress.
- **INDICATOR:** By June 2018, MRC will prepare 1 white or research paper submitted for conference abstract or publication.
  - **ACTIVITY:** No data reported. This indicator is in progress.
- **INDICATOR:** By June 2018, report the number of new trails funded.

- **ACTIVITY:** This indicator reports on the number of trails established through the Great Strides Grant Program, which encourages physical activity in communities statewide through the creation on walking trails. The Great Strides program did not receive funding, so there are no data to report for this indicator.
- **INDICATOR:** By October 2017, TPCP will develop informed interview questions to ascertain the number of programs and academic institutions across the state that are implementing effective evidence-based curricula and/or lesson plans focusing on treating tobacco use.
  - **ACTIVITY:** Making progress towards goal even though goal deadline of October 2017 has passed. TPCP is identifying individuals who are able to assist in developing interview questions as well as identify the best contact person within each academic institution to interview regarding effective evidence-based curricula and/or lesson plans focusing on treating tobacco use specifically for pregnant women. (This indicator, although not stated, pertains to pregnant women.)
- **INDICATOR:** By January 2018, TPCP will conduct 15 informed interviews at eight different academic institutes covering all public health regions to ascertain the number of programs and academic institutions across the state that are implementing effective evidence-based curricula and/or lesson plans focusing on treating tobacco use.
  - **ACTIVITY:** Indicator cannot be addressed until Indicator 34 (directly above) is completed.
- **INDICATOR:** By June 2018, TPCP will determine where academic gaps are through analysis of the informed interviews and work with institutions to incorporate effective evidenced based curriculum and/or lesson plans.
  - **ACTIVITY:** Indicator cannot be addressed until Indicators 34 and 35 (directly above) are addressed.

**CHALLENGES:** While it took more time than anticipated to train the funded Project Prevent Youth Coalition (PPYC) chapters, once training was completed, notable progress was made in these community-based projects.

Understandably, social media is most effective when there is a clear, actionable message. However, within obesity reduction/prevention and tobacco prevention/cessation behavior

change, there are a multitude of potential messages that could be put forth. Connecting the two public health issues within the same character-limited posts has proven challenging for the Arkansas Department of Health's A-HELP (Arkansas Healthy Employee Lifestyle Program) and C-HELP (Community Healthy Employee Lifestyle Program) communication channels.

**OPPORTUNITIES:**

- Act 1220 was passed in 2003 in an effort to reduce childhood obesity in Arkansas. Annually, up to five percent of TPCP's funding (as specified by the Act) is allocated to the Center for Health Advancement/Family Health Branch in support of this goal. While recent staff turnover may be considered a challenge, in fact it has proven to be an opportunity to educate new hires on the referral process, as well as the billing and reimbursement criteria for tobacco counseling in a healthcare setting. Additionally, Act 1220 efforts have led to an increase in School-Based Health Clinic (SBHC) providers who are actively engaging clients in tobacco cessation efforts.
- TPCP activities during March 2018 included attending the presentation by Cynthia Hallett, MPH, President and CEO of Americans for Nonsmokers' Rights/ANR Foundation entitled, "Closing Gaps and Increasing Health Equity: Making the Case for Comprehensive Smoke-free Laws and Policies." In addition, Ms. Hallett presented to the TPCP community and statewide grantees providing technical assistance and encouragement to continue the efforts to reduce the tobacco burden on vulnerable populations.
- The Arkansas Department of Health's A-HELP (Arkansas Healthy Employee Lifestyle Program) and C-HELP (Community Healthy Employee Lifestyle Program) programs provided the *My Reason to Write* contest this quarter. It is a clear fit for Healthy Active Arkansas (HAA) social media as many of the HAA priority areas are focused on changes within youth-oriented spaces (schools, built environments, etc.). This year's theme of "How I See a Healthy Life" allowed for a wide range of issues, including fruit and vegetable consumption, physical activity, and learning, while also incorporating tobacco/nicotine-free lifestyles. Future opportunities for social media include developing posts for World No



Tobacco Day as the connection between indoor/outdoor spaces conducive to physical activity also require tobacco-free spaces.

- The Arkansas Coalition for Obesity Prevention (ArCOP) hosted an Immersion Training on March 28-30. Applications of intent from potential Growing Healthy Communities (GHC) were reviewed to attend the training. Nine Emerging and Blossoming (EB) communities (Greenbrier, Hope, Lafayette, Marion County, Monticello, Nashville, Searcy County, Texarkana, Van Buren County) were selected to attend the three-day conference. Additionally, three Thriving communities (Hot Spring County, Lake Village, Lamar) were selected to attend serving as mentors to EB attendees. Following the conference, Emerging and Blossoming communities submitted Health Action Plans (HAP) to include policy, system, and environmental changes that impact culture of health and address community needs, including focused tobacco control. These communities will become role models and reduce tobacco use and grow healthier communities across Arkansas.

#### **TESTIMONIALS:**

##### ***Project Prevent Youth Coalition (PPYC) activities have many people singing their praises:***

- Regarding the *Ready. Set. Record.* Event: “Thank you!! I hope I get to do this again next year!! My kids loved it!!” – Carol Crow, Cross County School District
- “This year has flown by so quickly. We are already making plans for next year! Thank you for everything you are doing!” – Cheryll Long, Hot Springs School District
- “Thanks to PPYC for the wonderful ideas! The kids are having a blast!!” – Julie Wakely, Nashville School District

Two posts regarding the SOS Project Prevent *My Reason to Write* contest were shared on Healthy Active Arkansas’s (HAA’s) Facebook and Twitter accounts. Cumulatively, these two posts had a reach of 1,282 views. A total of 41 “engagements,” which includes clicking, liking, or sharing, occurred across the four total posts.

**EVALUATOR COMMENTS:** The Tobacco Prevention and Cessation Program (TPCP), and those entities that receive funding through allocations from TPCP, should be recognized for their

willingness to take a closer look at a wider range of the successes and challenges in their programming aimed at reducing tobacco-related use and abuse in the state of Arkansas. Beginning this quarter, the number of indicators pertaining to this program increased from ten to 36. While we have identified a few indicators that will need to be adjusted (we are currently drafting the proposed changes for consideration this summer by the Arkansas Tobacco Settlement Commission), and a few of the indicators are one-time only measures, this set of indicators allows us to better measure those required elements of the Tobacco Settlement Proceeds Act and Act 1220.

## **TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM INDICATOR ACTIVITY**

**PROGRAM DESCRIPTION:** The Tobacco Settlement Medicaid Expansion Program (TS-MEP) is a separate and distinct 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 expands medical assistance, home and community-based services, and employment supports for eligible (a) adults with intellectual and developmental disabilities and (b) children with intellectual and developmental disabilities.

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 6,706 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is a decrease of 720 persons served over the previous quarter. Total claims paid for the TS-MEP populations this reporting period were \$6.61 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 more than \$4.68 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. This indicator is in progress.

**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 991 participants in the TS-MEP initiative Pregnant Women Expansion program. This is a significant increase from the previous quarter. A reporting error was identified by DHS, which caused an underreporting previously in the number of women being served by PWE. This program provides prenatal health services for pregnant women with incomes ranging from 138–200% FPL. The TS-MEP funds for the Pregnant Women Expansion program totaled \$1,095,839 in this quarter. This indicator has been met.
- **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 501 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 a significant decrease from the number of adults served in the previous quarter. Please note that due to changes in the DHS reporting data warehouse, the number of participants for

this program is still being validated. TS-MEP funds for the Hospital Benefit Coverage totaled \$1,328,346. This indicator has not been met.

- **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 4,976 seniors during this quarter. This is a significant increase from the previous quarter. In previous reports, DHS did not include AR Seniors participants that were also Medicare recipients. This report includes these individuals. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered by Medicare are available to ARSeniors. Examples of these benefits are non-emergency medical transportation and personal care services. TS-MEP funds for the ARSeniors program totaled \$3,618,194 during this quarter. This indicator has been met.
- **INDICATOR:** Increase the average number of persons enrolled in the Developmental Disabilities Services, Community and Employment Supports (ECS Waiver) and note the number of adults and children receiving services each quarter by county.
  - **ACTIVITY:** During this quarter, 321 individuals were allocated waiver slots with 117 of these individuals provided services through TS-MEP funds. This is an increase from the previous quarter. There were 45 children (18 and under) and 72 adults (19 and over) in 37 counties served in this quarter. TS-MEP funds for the ECS waiver program totaled \$563,485 in this quarter. This indicator has been met.

**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, Pregnant Women Expansion was expected to significantly decline as individuals are provided health coverage outside of 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) may need to continue to explore new performance measurements for the TS-MEP

initiatives as individuals are transitioning into new coverage groups. As noted, there have been some challenges in reporting; however, DHS is working to accurately reflect the use of TS-MEP funds.

**OPPORTUNITIES:** The discontinuation of the TS-MEP initiative ARHealthNetworks provides the opportunity to support the other three TS-MEP populations as well as the state's overall Medicaid efforts. The Department of Human Services (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. 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 may emerge.

**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 three initial populations (Pregnant Women Expansion, ARSeniors, and Hospital Benefit Coverage programs) have significant increases or decreases due to issues with reporting. With these corrections, PWE and ARSeniors should better reflect the services provided to these individuals using TS-MEP funds. The Hospital Benefit program will still need to address the issue in reporting to ensure this number is valid. With the new population (persons with developmental disabilities), progress has been made and reductions are being made to the waiting list and providing community and home services for these individuals.

## UAMS CENTERS ON AGING INDICATOR ACTIVITY

**PROGRAM DESCRIPTION:** The purpose of the UAMS Centers on Aging (UAMS-COA) 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 5,028 exercise encounters with aging Arkansans were facilitated by UAMS-COA during this reporting period. Multiple exercise opportunities have been offered at a broad range of times and across many counties in the state. This indicator has been met.
- **INDICATOR:** Implement at least two educational offerings (annually) for evidence-based disease management programs.
  - **ACTIVITY:** UAMS-COA continues to offer evidence-based educational offerings that address a range of health issues related to aging. This quarter, a total of 18,593 education encounters were counted across various events and communities throughout Arkansas. Much of the education this quarter was aimed at managing diabetes (using the Diabetes Education Empowerment Program) and understanding dementia. This indicator has been met.

- **INDICATOR:** On an annual basis, UAMS Centers on Aging will obtain external funding to support programs in amounts equivalent to ATSC funding for that year.
  - **ACTIVITY:** UAMS-COA and its affiliates continue to be productive in securing external funding. During this quarter, \$437,263 was raised from two grants to support UAMS-COA programming (the Schmieding Home Caregiver Training grant and a United Way grant). The agency also received \$23,610 through contractual service agreement. The largest stream of external funding this quarter was derived from community foundations (Oaklawn and Schmieding), which provided \$3,514,420 to support the Oaklawn COA and the Schmieding Center endowments. When we include hospital and community partner donations (\$80,160), UAMS core support (\$114,000) and the value of volunteer hours supplied to COAs (\$6,600), this quarter was one of the most successful quarters for external funding on record. Overall, UAMS-COA brought in \$4,175,999 above the \$395,595 in quarterly funding provided through ATSC (more than ten times the ATSC funding for the quarter). 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 local healthcare providers in maintaining the maximum number of Senior Health Clinic encounters through a continued positive relationship.
  - **ACTIVITY:** UAMS-COA recorded 7,062 Senior Health Clinic encounters during this reporting period. UAMS-COA also added 494 nursing home encounters and 315 inpatient encounters during the quarter. This indicator has been met.
- **INDICATOR:** Provide education programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.
  - **ACTIVITY:** UAMS-COA produced educational presentations and in-service training opportunities attended by 1,506 medical professionals and paraprofessionals during this reporting period. UAMS-COA also provided educational encounters with 1,927 healthcare students in the state. This indicator has been met.



- **INDICATOR:** Provide educational opportunities for the community annually.
  - **ACTIVITY:** UAMS-COA generated 15,160 community education encounters across Arkansas during this reporting period. This indicator has been met.
- **INDICATOR:** On an annual basis, the UAMS Centers on Aging will develop a list of health problems that should be prioritized and education-related interventions that will be implemented for older Arkansans.
  - **ACTIVITY:** Last fiscal year, UAMS-COA dedicated much of its educational focus to three health problems: dementia, food insecurity, and diabetes. These priorities emerged from a strategic planning process in the summer of 2017. Planning for the next fiscal year began in March with a meeting of COA directors who were asked to consider the specific health problems of the region served by their agencies. The planning process will be completed by the end of the fiscal year (June 2018) and a list of the newly prioritized problems and interventions will be included in the next quarterly report. This indicator is pending, but there is evidence to suggest it will be met in time for the new fiscal year.

**CHALLENGES:** UAMS-COA faces a number of important issues related to the operation of both clinical and educational aspects of its mission. For example:

- Ongoing transitions in the national healthcare model continue to be the primary challenge to the clinical aspects of this agency’s mission. UAMS-COA is seeking better ways to ensure that seniors in Arkansas have the best possible access to healthcare services in places where senior health clinic access is unavailable.
- The agency does not currently have the data collection and data processing capacity needed to fully assess program outcomes. Updating the agency’s existing database is a necessary first step for monitoring routine COA activities.
- As state and federal funding continues to evaporate, and as older funding commitments end (e.g., Schmieding) maintaining external funding streams is more important than ever.
- Finding the time and other resources necessary to keep current with best practices in geriatric care is another ongoing challenge.
- The agency must continue to confront issues related to new leadership and rebranding (the change from AAI to UAMS-COA).

Overall, UAMS-COA recognizes its key challenges and is in the process of formulating strategies to address them.

**OPPORTUNITIES:** During this reporting period, UAMS-COA was able to offer at least minimal services to residents in 70 of the 75 counties in Arkansas. Further, the agency continues to advance its approach to technology through the use of Blackboard Collaborate to expand educational programming throughout the state. Also related to advancing the use of technology, UAMS-COA is working to create a new database that will make it easier to track activities and services provided to support seniors across the state. Finally, it is important to note that UAMS-COA 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 UAMS-COA:

- Worked with multiple state partners to increase awareness of senior hunger and develop strategies for reducing food insecurity across the state.
- Developed programs to ensure statewide antibiotic stewardship for long-term care in partnership with the Arkansas Healthcare Association, the Office of Long-term Care at DHS, and the Arkansas Department of Health;
- Provided training in chronic pain self-management through a partnership with the Arkansas Cooperative Extension Services;
- Partnered with the Arkansas Coalition for Obesity Prevention to provide immersion training aimed at creating healthier lifestyles and healthy aging;
- Sustained partnerships with the Arkansas Healthcare Association and Arkansas Quality Partners to secure better outcomes among older Arkansans living with dementia;
- Continued working with Arkansas Care Transitions to reduce hospital readmissions among older adults;
- Partnered with elder law attorneys and the Area Agency on Aging to provide information regarding final wishes of older adults and legal ethics for healthcare providers and caregivers;
- Partnered with the SNAP program to expand training opportunities for in-home caregivers in Arkansas.

**TESTIMONIALS:** COA participants report a number of positive outcomes illustrating the impact of the agency on individual lives. Here are a few examples of what people are saying about UAMS-COA programming:

- Schmieding COA: "The Alzheimer's Experience was very informative. It really helps put the disease into perspective. I highly recommend this for... healthcare providers or family members."
- South Central COA: "This is the best training I've ever had. I learned all of this in my CNA training I had years ago. We are taught a lot more detail in this class... I wish I had been through this one first. "
- COA Northeast (elder law program): "Excellent. I only wish we had more time to cover more topics. Please come back!"
- COA Northeast (in conjunction with diabetes education initiative): "I would have never had the opportunity to have this lab work had you guys not come out and set up and made it so accessible. Thank you. This might have just saved my life."
- Texarkana COA: "The participants at the center truly enjoyed the weekly diabetes program. We learned something new each meeting."

**EVALUATOR COMMENTS:** The evidence presented suggests that UAMS-COA continues to advance the state's agenda for successful senior health services, knowledge, and programming. During this reporting period, the agency continued senior health improvement efforts by:

- Providing a broad range of educational and exercise opportunities to seniors in the state;
- Raising awareness of key senior health issues among Arkansas healthcare providers;
- Focusing on dementia care and building dementia-friendly communities;
- Raising awareness about food insecurity among seniors;
- Developing senior home healthcare training and resources for the state;

Overall, UAMS-COA exceeds performance expectations during this reporting period. The agency is meeting short-term goals and maintaining momentum toward its long-term goals.

## 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) and UAMS East, 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 held “Day in the Life” for 50 high school junior and seniors. This year the event was held in collaboration with Phillips Community College of the University of Arkansas (PCC/UA). The daylong event was held on the campus of PCC/UA with a variety of healthcare professionals presenting.

Also, this year a former M\*A\*S\*H\* student discussed her decision to pursue a healthcare career and her path to attending UAMS. She is now in the College of Health Related Professions at UAMS. UAMS East Regional Campus recruiter attended three career fairs and informed 239 students about various careers. Also, this quarter, the recruiter provided 854 high school and junior high students with health career presentations through various program such as “Club Scrubs”. This indicator is in progress.

- **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 four students in the RN/BSN program. There are three students in the UAMS MSN Track, one student in nursing education, and one student in Geriatric Nurse Practitioner track. Dr. Jackson, UAMS East Regional Centers, Advanced Practice Nurse, assisted as Adjunct Instructor for two MSN students. UAMS East Regional Campus hosted an internship for a Delta State student who is finishing her degree as a Registered Dietitian. She completed several competencies by working in various programs at UAMS East Regional Campus. This indicator has been met.

**SHORT-TERM OBJECTIVE:** Increase the number of communities and clients served through UAMS East Regional Campus.

- **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:** Twelve health screening events were held for 403 adults in four different cities. UAMS East Regional Campus Lake Village partnered with the University of Arkansas Cooperative Extension and the Arkansas Minority Health Commission to implement its “Healing Hearts” Worksite Wellness Initiative. Biometric screening events were held at Chicot Memorial Medical Center for 103 employees and at Dermott Schools with 41 faculty and staff attending. At least three employees of Chicot Memorial Medical Center have received medical care as a result of the screenings. UAMS East Regional Campus partnered with University of Arkansas

Division of Agriculture and the Prostate Cancer Foundation to provide biometric health screenings and prostate-specific antigen (PSA) tests for local farmers attending farm meetings at the Lon Mann Experiment Station. Participants were given health information and biometric screening results at the time of screening and follow-up was provided on the one elevated PSA from the event. UAMS East Regional Campus also provided employees of local Southern Hardware with health screenings and wellness information. Forty employees were screened and counseled. UAMS East Regional Campus provided employees of Phillips Community College of the University of Arkansas with free health screenings and also provided those employees with information about UAMS Smartcare and the UAMS Family Medical Clinic that can provide employees with Smartcare services. See Table 1 for abnormal screenings results. This indicator is in progress.

**Table 1. Abnormal Screenings Results**

Anemia–0	Blood Pressure–93	HIV–0
BMI–26	Cholesterol–92	Glucose–16
HbA1c–0	Waist Circumference–15	Clinical Breast Exams–0

- **INDICATOR:** Maintain a robust health education promotion and prevention program for area youth and adults.
  - **ACTIVITY:** This quarter UAMS East Regional Campus provided health education promotion and prevention programs for a total of 17,707 youth and adults. There were 53 events held in nine cities for a total of 558 adults. Programs for adults included programs on nutrition and cooking, parenting, CPR, breast cancer, healthy lifestyles, autism support, and diabetes. The “Cook Smart, Eat Smart” program was provided to participants at CB King in Arkansas City with 41 participants. This collaborative program between UAMS East Regional Campus Lake Village and the Desha County Cooperative Extension Service taught women how to cook healthy, budget friendly meals. UAMS East Regional Campus in West Memphis provided parenting classes at Crittenden County DHS and the Arkansas Community Corrections Center (Women Detention Center). UAMS East Regional Campuses

- provided CPR training, Baby Safety Showers and car seat installations. UAMS East Regional Campus Lake Village offered the coast-to-coast baby shower. Over 30 women attended, where they were educated on safe sleep environments, how to care for babies in cold weather, and immunizations. The “Birthing Project” utilizes volunteers to mentor and provide practical support to pregnant women and teens starting with pregnancy and ends after the baby’s first birthday. Also, UAMS East Regional Campus continues to provide monthly breast cancer support groups to 15 women and continues its partnership with Arkansas Autism Resource and Outreach Center. The Autism Support Group meetings are held monthly. The 16-week “Group Lifestyle Program” classes are being offered during the day and at night. To date, the groups have lost 68.4 pounds. UAMS East Regional Campus co-hosted a three part discussion on diabetes. UAMS East Regional Campus participants were involved in exploring innovative methods of curbing the rise of diabetes in Arkansas. UAMS East Regional Campus also completed the 6-week Diabetes Prevention Program with seven participants. Participants made significant changes in activity levels, tracking, and monitoring blood sugars and dietary changes.
- For youth, there were 70 events held in six cities for a total of 16,149 participants. UAMS East Regional Campus Lake Village taught 22 youth in the McGehee 4-H “Foodology” program. All three UAMS East Regional Campuses are offering the Kids for Health Program for Kindergarten through 6<sup>th</sup> grade students. To date, 4,312 youth have received health instruction. UAMS East Regional Campus in Lake Village implemented the “Farm to You” program at Lakeside Elementary School. “Farm to You” is a traveling interactive adventure for elementary school children that follows food from the farm to the market and through the body to explore the relationship between agriculture, food, and health. This indicator is in progress.
  - **INDICATOR:** Increase the number of clients participating in exercise programs offered by UAMS East Regional Campus.
    - **ACTIVITY:** This quarter, UAMS East Regional Campus Fitness Center encounters totaled 4,298. Additionally, 6,928 adults and youth participated in various exercise programs throughout the service area. UAMS East Regional Center Lake Village and Helena promote exercise wellness through various outreach programs including

PEPPI, Silver Sneakers, Zumba, Easy Does It, and Yoga. UAMS East Regional Campus Lake Village, University of Arkansas Cooperative Extension Service, and Chicot Memorial Medical Center participated in the “Arkansas Healthy Life Initiative”. This program aims to make lasting changes that increase physical activity and improve access to healthy food in the community. Twenty new spinning bikes and renovations to the spinning room were supported with funding from this program. This indicator is in progress.

- **INDICATOR:** Provide crisis assistance to rape victims as needed.
  - **ACTIVITY:** Delta Crisis Center received 50 hotline calls and text messages from clients, potential partners, and possible referrals. Delta Crisis Center Staff provided over 35 hours per week of client services via personal/mobile/electronic contact and 20 hours invested in planning, meeting, and training. This quarter, the Center was able to successfully service three ongoing clients and one potential new client. Delta Crisis Center provided court services, police department visits, and worked on a pending case. Delta Crisis Center staff spoke to over 300 young women at the “Girl Talk Lock” in Helena, Arkansas. Discussions were held on healthy relationships, cyber bullying, and sexual assault. This indicator has been met, but is ongoing.
- **INDICATOR:** Increase or maintain the number of clients in Chicot and Phillips counties receiving prescription assistance.
  - **ACTIVITY:** This quarter UAMS East Regional Campus Lake Village provided no prescription assistance. No progress was made on this indicator.
- **INDICATOR:** Provide medical library services to consumers, students, and health professionals.
  - **ACTIVITY:** UAMS East Regional Campus Medical Resource Library provided support to healthcare professionals and students through literature searches and teaching materials. This quarter, 63 nursing students and 32 healthcare professionals utilized the library. UAMS East Regional Campus Library also provided support to 1,811 consumers. UAMS East Regional Campus Library assisted ten Phillips Community College students with securing various teaching models to be used at a community health fair. Information included health models on tobacco, nutrition, STDs, and hypertension. Also, UAMS East Regional Campus provided literature on



physical activity, proper hand washing, healthy eating, and substance abuse to be used by East Arkansas Family Health Center. UAMS East Regional Campus Librarian also proctored exams for students in the master's program at UAMS. This indicator was met and is ongoing.

- **INDICATOR:** Plan and implement a Rural Residency Training Track for Family Medicine in Helena, in partnership with the UAMS South Central residency program.
  - **ACTIVITY:** Plans are moving forward to explore the possibility of applying for a rural residency training program, a process which takes several years to complete. This indicator is in progress.
- **INDICATOR:** Provide targeted clinical care in Helena.
  - **ACTIVITY:** The UAMS East Regional Family Health Center continues to serve the area as a patient-centered medical home clinic, where patients can be referred to two health coaches for smoking cessation, weight loss and chronic disease management, a registered dietician for diabetes education and nutritional counseling, and an APRN certified diabetes educator for diabetes counseling. Clinic staff includes a MD, APRN, two LPNs, two Access Coordinators, a financial counselor, a phlebotomist, and a Medical Assistant. The clinic has several MOAs with local industries for drug screenings and with nursing homes for patient care. This indicator has been met and is ongoing.
- **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 provided 15 HbA1C tests to patients who are participating in the Diabetes Prevention Program. There were five elevated HbA1C tests, above the goal of seven. This indicator is in progress.

**CHALLENGES:** UAMS East Regional Campus challenges are providing services with limited staff and resources.

**OPPORTUNITIES:**

- UAMS East Regional Campus Lake Village was awarded several grants to help with program expenses. Those include the Giving Tree Grant, the Arkansas Minority Health

Commission Grant, and the Arkansas Healthy LIFE matching grant. Grant awards totaled \$35,342.00.

- UAMS East Regional Campus was awarded funding through the Walton Foundation for the Teen Pregnancy Prevention Program. Interviews have been conducted and an offer has been extended for a coordinator. The total funds awarded were \$64,000.00.

**TESTIMONIALS:**

- ***Fitness Center Member***—“I am so glad I followed my heart and decided to join the fitness center. I feel so much better now that I exercise. I have more energy. I live in an apartment and it used to kill me to climb the stairs, but now it’s not a problem.”
- ***3<sup>rd</sup> Grade Student, Hunter Brown***—”Thanks for Mrs. Stephanie and Ms. Caitlin for teaching us Kids for Health. They have taught me a lot of important stuff.”
- ***3<sup>rd</sup> Grade Student, Carson Woods***—”Thanks for sending our Kids for Health teacher, we Love Kids for Health. My favorite was learning about the heart. We enjoyed learning how to take care of our bodies.”
- ***Health Coaching Client***—“It was nice meeting you, and I learned so much! I am going to follow the plan you gave me. Thanks my friend, I really appreciate all your help with my lifestyle changes.”
- ***Group Lifestyle Balance Member, Carolyn Hollaway***—“I’m excited about tomorrow to see what I have done. I’ve tried to focus on portion size but I didn’t get my planned exercise in like I wanted to but today and tomorrow I am going to work hard to makeup. The encouraging text helps me to try to stay focused and reminds me of what I need to be doing. I simply love this group. We are all awesome.”

**EVALUATOR COMMENTS:** Metrics to measure the success of the clinic need to be established and potential changes to other programming will be explored in an upcoming meeting.

## Appendix

### Indicator Progress across Programs

Across all ATSC programs, approximately 92% of indicators have been met or are in progress. Most of the indicators in progress are working towards annual goals and will be assessed for completion at the end of the fiscal or calendar year, depending on the stated indicator goal. A few indicators had no data reported and could not be assessed. Programs are working diligently to resolve problems with reporting so that these indicators can be assessed in an upcoming evaluation.

<b>Program</b>	<b>Total Indicators</b>	<b>Indicators Met</b>	<b>Indicators in Progress</b>	<b>Indicators Unmet, No Data, or Needs Adjustment</b>	<b>Overall Progress</b>
<b>ABI</b>	8	--	8	--	100% in progress
<b>COPH</b>	9	4	4	1	89% met or in progress
<b>MHI</b>	7	--	7	--	100% in progress
<b>TPCP</b>	36	5	27	4	89% met or in progress
<b>TS-MEP</b>	5	3	1	1	80% met or in progress
<b>UAMS-COA</b>	7	6	1	--	100% met or in progress
<b>UAMS East Regional Campus</b>	11	4	6	1	91% met or in progress
<b>TOTAL</b>	<b>83</b>	<b>22</b>	<b>54</b>	<b>7</b>	<b>92% met or in progress</b>