

HEALTH GAINS IN THE STATE

ARKANSAS TOBACCO SETTLEMENT COMMISSION QUARTERLY REPORT: JULY – SEPTEMBER 2018

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

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



EDUCATION

65,855
Community Members &
Health Professionals
Educated—Including
9,343 Youth

The **College of Public Health** offered nine presentations remotely on topics such as the following:

- antibiotic resistance
- immunization
- health equity

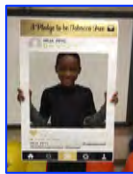


Through community and school-based programs, professional development opportunities, and other educational events, ATSC-funded programs reach thousands of Arkansans each quarter.



The **UAMS Centers on Aging** hosted family caregiver workshops throughout the state.

The **UAMS East Regional Campus** provided education and events on the importance of physical activity like this 5K run.



The **Tobacco Prevention and Cessation Program** engaged youth in tobacco control activities.

The **Minority Health Initiative** partner Ambitious Girls Inc. hosted a conference to empower adolescent girls.



SERVICE

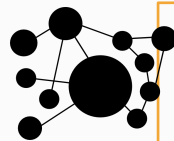
8,543
Arkansans given
preventative health
screenings

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

College of Public Health faculty served on 52 committees, coalitions, and commissions that affect health practice and policy.



Through the **Tobacco Prevention and Cessation Program**, **30 pharmacies** signed up to participate in the pharmacy pilot project aimed to support tobacco cessation and treatment.



The **Minority Health Initiative** partnered with 32 organizations in 27 counties to increase awareness and provide access to screenings for minority Arkansans.

The **UAMS Centers on Aging** documented **6,013** Senior Health Clinic encounters, and the **UAMS East Regional Campus** Family Medical Center had **1,034** patient visits.



The **Tobacco Settlement Medicaid Expansion Program** provided services for 7,083 eligible seniors, pregnant women, qualified adults, and persons with developmental disabilities (DD). This quarter, 259 persons with DD in 57 counties (highlighted in orange) were served.



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RESEARCH



The Arkansas Center for Excellence in Birth Defects Research and Prevention became part of the **College of Public Health**. The Center's research includes topics like investigating how babies' and parents' genetic factors may modify risks of birth defects and exploring options for medical treatment of children with birth defects to provide the best care possible.

Dr. Karen Yeary of **College of Public Health** reflected on a recent study, "The aims of 'The WORD' trial were to test strategies to cause and sustain weight loss in rural African American communities of faith. Given the important role of faith in communities, engaging churches in efforts to address overweight and obesity has tremendous promise."



Arkansas Biosciences Institute focuses on five research areas.

- Agricultural
- Nutritional
- Bioengineering
- Tobacco-Related
- Other related areas of research

In FY18, the **Arkansas Biosciences Institute** had **206** new and ongoing research projects, **544** publications, and **564** presentations.

At the **Arkansas Biosciences Institute** Fall Symposium, Shea Harris discussed DNA Day, an outreach project for young students, "It's a way to get out the message about how important genomic research is. We package up hands-on activities, based mostly in ABI research, all focused on DNA and how it impacts everyday life—like growing crops to biomedical engineering."



ECONOMIC IMPACT

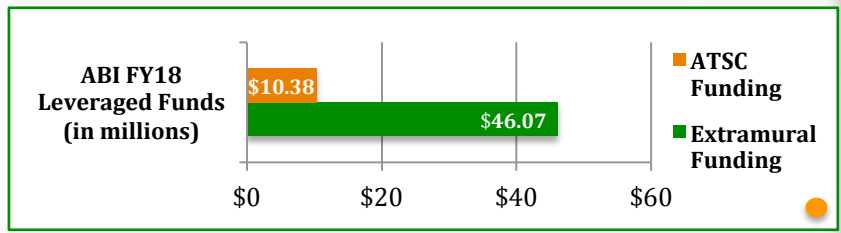
\$8.17 Million

Total claims paid for the Tobacco Settlement Medicaid Expansion Program

\$4.82 Million

Went to the Tobacco Settlement Medicaid Expansion Program in federal matching dollars

In FY18, the **Arkansas Biosciences Institute** leveraged **\$4.44 for every \$1** in ATSC funds.



In FY18, the **College of Public Health** leveraged **\$2.50 for every \$1** in ATSC funds.

The **UAMS Centers on Aging** leveraged **\$930,232**—more than twice the amount of ATSC funds for the quarter.

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TESTIMONIALS



- **ABI:** At the Fall Symposium, Shea Harris discussed the opportunity of translating hard science into something that community members and students can understand and interact with, “Most importantly, we focus on being hands-on and making it fun and active. We focus on finding analogies that are close to the concept we are trying to present . . . like carcinogens, you can’t put that in a classroom, but you can find an analogy to explain the concept. Then we teach a procedure or technique related to the topic.”
- **COPH:** “I use a community-based participatory research approach to develop practical interventions for underserved groups and have developed, implemented, and tested evidence-based interventions in the areas of obesity, diabetes prevention, diabetes management, and cancer prevention. The COPH has supported my efforts in numerous ways. The College provided me initial funding to develop and expand community partnerships, particularly within the faith community, which I have engaged to conduct community-based participatory research.” – Dr. Karen Yeary, Associate Professor at COPH
- **MHI:** At a *LINQ for Life* event, participants obtained information on what it means to be vegan and start a plant-based life. One participant stated, “This is something I’ve wanted to do for a long time but didn’t know where to begin.” At the event, over 230 preventive screenings were provided. One participant who received abnormal glucose results stated, “I never would have known that unless I came.” He committed to scheduling a visit with his primary care physician.
- **TPCP:** “This meeting gives us a good baseline of where we need to go for these projects and where to focus on for this next year. . . . I have three kids, and I don’t want them to smoke and vape. We’ve lost family members from lung cancer, and I just want to prevent them from starting. I’m paid to prevent that, and that’s what I do, not just for my kids, but for all kids.” – Representative of sub-grantee group during Sub-grantee Kickoff
- **TS-MEP:** There are no testimonials to report this quarter, but the program continues to serve thousands of Arkansans each quarter.
- **UAMS-COA:** “I just wanted to say ‘thank you’ to all of your amazing staff that came to the Veterans Home last week for the Alzheimer’s Experience. It was very impactful and meaningful for staff to be a part of. You and your team are so important to the community. Thank you for helping educate us!” – Staff member at Veterans Home
- **UAMS East Regional Campus:** “Dear Mrs. Boyd, on behalf of the Helena-West Helena Community and Helena-West Helena Police Department, I would like to thank you and your organizations for helping make our second, Blue Line Picnic a success. I have heard many great things from visitors, community members and community leaders. Thank you for making this event successful.” – James Patrick Smith, Chief of Police

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

July - September 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 February 2019

**ARKANSAS TOBACCO SETTLEMENT COMMISSION EVALUATION TEAM
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SPECIAL THANKS

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

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ARKANSAS 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 should also 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:** Funding from extramural resources continue to support the research infrastructure of the member institutions. For FY 2018, ABI-supported research investigators leveraged \$4.44 in extramural funding for every \$1.00 in ABI funding. This indicator has been met.
- **INDICATOR:** ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.
 - **ACTIVITY:** ABI researchers were awarded five patents and had 18 filings and provisional patents during FY 2018. This indicator has been met.
- **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:** In FY 2018, ABI researchers helped to initiate one new start-up enterprise. This indicator has been met.
- **INDICATOR:** ABI will promote its activities through various media outlets to broaden the scope of impact of its research.
 - **ACTIVITY:** ABI-supported institutions are providing media contacts related to their research activities through various media outlets (e.g., newspaper articles, news conferences, press releases, and television/radio). In FY18, 91 media contacts were made. This indicator has been met.

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:** For FY 2018, there were 206 new and ongoing research projects covering all five areas of research (agricultural, nutritional, bioengineering, tobacco-related, and other related areas of research). This indicator has been met.
- **INDICATOR:** ABI and its member institutions will systematically disseminate research results, and ensure that at least 290 publications and 370 presentations are delivered each year. These include presentations and publications of results, curricula, and interventions developed using the grant funding, symposia held by investigators, and the creation of new research tools and methodologies that will advance science in the future.
 - **ACTIVITY:** Dissemination of research, curricula, and interventions via publications and presentations is an ongoing endeavor for ABI. In FY18, ABI reported 544 publications and 564 presentations. There were 11 new/improved research methods/tools reported. This indicator has been met.
- **INDICATOR:** Employment supported by ABI and extramural funding will increase from a baseline of 300 full-time equivalent (FTE).
 - **ACTIVITY:** The ongoing extramural awards generated as a result of ABI funds continue to support knowledge-based, higher income jobs across the state. In FY18, 353 FTE jobs were supported by ABI and extramural funds. This indicator has been met.
- **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:** For FY 2018, there were 206 new and ongoing ABI research projects at the five institutions. Twenty-nine percent of those are collaborative research efforts conducted with other researchers within ABI institutions. This indicator has been met.

CHALLENGES: The biomedical and agricultural research support by ABI relies on funding from state, federal, and nonprofit/foundation sources. Since this type of research is long-term, research scientists use their preliminary funding from ABI to support larger research grants from the

National Science Foundation, National Institutes of Health, United State Department of Agriculture, or similar agencies. ABI research scientists continue to receive external funding, but the budgets and program priorities of the agencies change from year to year. ABI is committed to helping investigators in Arkansas successfully compete for outside funding support.

OPPORTUNITIES: ABI has recently entered into an agreement with the Arkansas Insurance Commission and the Arkansas Center for Health Improvement to help support the Arkansas All Payer Claims Database (APCD). With access to this new shared research tool, ABI investigators can now research medical, pharmacy, and dental insurance claims data from a large-scale database, assessing and researching healthcare costs, prescribing rates, quality of care, readmission rates, and many other healthcare variables. Currently, eight new research projects focus on health issues such as opioid use, tobacco cessation, and stroke outcomes assessment. Access to the APCD will greatly enhance biomedical research within ABI.

TESTIMONIALS: *Reaching out to the Community, Translating Hard Science*

“We take ABI research, package it up, and put it into something we can use when we go out into the community,” explained Shea Harris, ABI Outreach Coordinator with Arkansas State University (ASU) at Jonesboro. Harris attended the ABI Fall Symposium on September 25th at the Jack Stephens Spine and Neurosciences Institute in Little Rock and presented a poster highlighting ABI’s outreach efforts through ASU Jonesboro. “We go all across the state with teaching modules and new curriculum, and we host and participate in outreach events.”

Harris discussed the opportunity of translating hard science into something that community members and students can understand and interact with, “Most importantly, we focus on being hands-on and making it fun and active. We focus on finding analogies that are close to the concept we are trying to present . . . like carcinogens. You can’t put that in a classroom, but you can find an analogy to explain the concept. Then we teach a procedure or technique related to the topic.”

Collaboration is key in reaching out to the community to share ABI’s work, “Our background is in science, so we collaborate with educators, the STEM network, the Department of Education, and individual faculty members who advise and help us distill the message down. We also

collaborate with evaluators on assessment and people who have a long history of evaluating community projects, so we can see if we have impacts there.”

Harris expounded on DNA Day, an outreach project for young students, “About three years ago, we got involved with the national DNA Day Initiative. It’s actually a national holiday that was created after the completion of the human genome project in 2003. There was a congressional resolution to make April 25th, DNA Day. We have our celebration in early April, and it’s a way to get out the message about how important genomic research is to everyday life. So we package up hands-on activities, based mostly in ABI research, all focused on DNA and how it impacts everyday life—like growing crops to biomedical engineering. We bring 450 kids on the campus and they have fun all morning with hands-on activities.”

Harris expressed gratitude to ABI for years of support of his undergraduate and graduate research as well as his position as Outreach Coordinator at ASU, “I’ve been involved with ABI for 12 years and have seen it grow from just a funding source to a brick and mortar building in Jonesboro, to one of the larger symposium meetings this year. It’s been a great experience.”

EVALUATOR COMMENTS: It was my privilege to attend the ABI board meeting on August 24th, 2018. At this meeting, the institutional directors provided insights into current research conducted by investigators within the five member institutions. These presentations highlighted the diversity and utility of the research supported by ABI. It is evident that the dedication and scientific rigor of these investigative processes contribute to the knowledge base and professional expertise that can impact the health of Arkansans.

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, 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 conducted by COPH faculty who served as members, partners, representatives, volunteers, co-chairs, and consultants for groups and institutions with a focus on public health. Forty-eight of these activities were ongoing, two were quarterly, and two met monthly. Thirty-seven of these were statewide in scope; six had a central Arkansas emphasis, and nine had a national focus. This indicator has been met.

- **INDICATOR:** Faculty productivity is maintained at a level of two publications in peer-reviewed journals to one FTE for primary research faculty.
 - **ACTIVITY:** This indicator is measured annually, and reported in the October-December report. 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:** The information for this indicator is reported in the January-March, April-June, and October-December reports. The indicator is in progress.
- **INDICATOR:** COPH faculty, staff, and students are engaged in research that is based in Arkansas.
 - **ACTIVITY:** The information for this indicator is reported in the January-March, April-June, and October-December reports. The indicator is in progress.
- **INDICATOR:** The COPH makes courses and presentations available statewide.
 - **ACTIVITY:** The information for this indicator is reported in the January-March, April-June, and October-December reports. There were nine presentations that were made available remotely between July 2018 and September 2018. The indicator is in progress.
- **INDICATOR:** Twenty percent of enrolled students come from rural areas of Arkansas.
 - **ACTIVITY:** The information for this indicator is reported in the January-March, April-June, and October-December reports. The indicator is in progress.
- **INDICATOR:** Graduates' race/ethnicity demographics for whites, African Americans, and Hispanic/Latinos are reflective of Arkansas race/ethnicity demographics.
 - **ACTIVITY:** There were two recent graduates with the Doctor of Public Health (DrPH) in Public Health Leadership, one was African American and one was non-Hispanic White. This indicator has been met.
- **INDICATOR:** The majority of alumni stays in Arkansas and work in public health.
 - **ACTIVITY:** The two recent graduates are working in public health in Arkansas. The indicator has been met.

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:** The fiscal data for FY 2018 showed that \$2,371,058 was awarded to COPH from ATSC. Grants and contracts to COPH totaled \$5,884,255. The COPH indicated a 2.5:1 ratio of external funds to tobacco funds. COPH has met this indicator.

CHALLENGES: The search for a new dean for the College of Public Health continues with several strong candidates. Selection of top candidates and interviews are expected to occur later in the fall. Jay Gandy, PhD, chair of the dean search committee and chair of the Department of Environmental and Occupational Health, was named interim dean.

OPPORTUNITIES:

- The COPH enrolled 59 new students in August increasing the number of current students to 385. Student enrollment has increased in the MD/MPH and PharmD/MPH programs due in large part to the efforts of Dr. Joe Bates, Associate Dean for Public Health Practice and senior advisor to the Director of the Arkansas Department of Health.
- The first students in the Healthcare Data Analytics Certificate program began in August. This is a new certificate focused on the growing need for healthcare organizations to remain at the forefront of education, innovation, and the translation of discoveries into population health.
- Alumnus Nate Willis, MPH, DrPH illustrates the kinds of opportunities awaiting COPH graduates. Willis became one of the first Public Health Officers in the United States Air Force. He recently was named Director of Public Health in Plymouth, Massachusetts and received a faculty appointment in the public health program at the Massachusetts College of Pharmacy and Health Sciences.
- The Arkansas Center for Excellence in Birth Defects Research and Prevention became part of the COPH in October 2018 under the direction of Wendy Nembhard, PhD, MPH, FACE, chair of the Department of Epidemiology. The Arkansas Center for Birth Defects Research and Prevention (Arkansas Center) was originally established in 1997 and is a collaborative effort of the faculty and personnel from the Arkansas Reproductive Health Monitoring System (ARHMS), University of Arkansas for Medical Sciences (UAMS), Arkansas

Children’s Hospital, Arkansas Children’s Hospital Research Institute, and the Arkansas Department of Health. The Arkansas Center is one of the ten Centers for Disease Control and Prevention (CDC) Centers of Excellence for Birth Defects Research and Prevention (CBDRP). The other CDC CBDRPs are located in California, Georgia, Iowa, Massachusetts, New York, North Carolina, Texas, and Utah. Arkansas provides a unique setting for the center due to the large minority population and the impact of racial and ethnic health disparities on birth defects. The state also has a centrally located specialized pediatric care facility with satellite clinics throughout the state allowing for greater reach and impact in both research and implementation of preventive public health campaigns. The Arkansas Center research includes identifying how a woman’s intake of micronutrients and the way in which her body uses folic acid may affect the risk for heart defects; investigating how babies' and parents' genetic factors may modify risks of birth defects; searching for the causes of Trisomy 21 or Down Syndrome; studying cost and quality of life outcomes of birth defects to inform decisions about the economic value of birth defects prevention; exploring options for medical treatment of children with birth defects to provide the best care possible; and leading the Arkansas Folic Acid Coalition to empower Arkansas women of childbearing age to take daily folic acid to optimize their chance of having healthy babies.

TESTIMONIALS: During a Public Health Seminar on October 9th, Dr. Karen Yeary presented preliminary results from a COPH study “The WORD: Preliminary results of a weight loss and maintenance for rural, African American communities of faith.” “WORD” stands for wholeness, oneness, righteousness, and deliverance. Yeary, co-author of the study, explained the aims of the research, “The research aims of ‘The WORD’ effectiveness trial were to test strategies to cause and sustain weight loss in rural African American communities of faith. I believe this inquiry is relevant to public health because being overweight and obese are major public health issues, particularly in underserved groups such as African American adults and rural residents. The health benefits of weight loss are nullified when weight is regained, thus figuring out ways to practically cause and sustain weight loss is important. Given the important role of faith in many U.S. communities, particularly in rural Southern and African American communities, engaging churches in efforts to address overweight and obesity has tremendous promise to sustain weight loss in these groups.”

Yeary also offered this about her overall research interests and the support that COPH has provided, “The predominant theme of my interest is to translate evidence-based behavioral interventions so they can ‘work’ in real-world settings. I use a community-based participatory research approach to develop practical interventions for underserved groups and have developed, implemented, and tested evidence-based interventions in the areas of obesity, diabetes prevention, diabetes management, and cancer prevention. The COPH has supported my efforts in numerous ways. The College provided me initial funding to develop and expand community partnerships, particularly within the faith community, which I have engaged to conduct community-based participatory research. The College also included The WORD effectiveness trial in their Center (Arkansas Center for Health Disparities) renewal application, which led to the trial being implemented and completed. The College also has overall supported community engagement in research in several of my research projects.”

EVALUATOR COMMENTS: The Fay W. Boozman College of Public Health continues activities that work toward its long-term objective—elevate the overall ranking of the health status of Arkansans. Data for each indicator were not collected this quarter because some of the data are collected during different quarters or on an annual basis. On the four indicators for which data were collected, COPH met its goals.

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 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.
 - **ACTIVITY:** This quarter, MHI continued to increase the number of Arkansans who are educated about blood circulation problems relating to stroke (3% increase from previous year). Additionally, they increased the number of people reporting attendance at a screening event by 2%, documenting a total of 568 cholesterol screenings this quarter. This indicator has been met.
- **INDICATOR:** To increase hypertension awareness by 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.

- **ACTIVITY:** MHI continues to tailor health literature stating strategies to either prevent, manage, or reduce blood pressure. They include in every health education packet a copy of “What’s Your Number” (i.e., information regarding blood pressure, glucose, and cholesterol). This quarter MHI documented 1,551 blood pressure screenings for Arkansans statewide. This indicator has been met.
- **INDICATOR:** To increase heart disease awareness by 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.
 - **ACTIVITY:** Data have been collected during this quarter. MHI looks forward to analyzing the data and being able to modify programs accordingly. This indicator is in progress.
- **INDICATOR:** To increase diabetes awareness by 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.
 - **ACTIVITY:** This quarter, MHI provided 1,100 glucose screenings to Arkansans. About 86% (increase by 1%) of Arkansans who have not been tested for diabetes stated that they knew where to go to be tested. MHI also continues to work with partners to increase the educational literature distributed as well as the knowledge of income-based clinics at each of their screening initiatives. This indicator has been met.

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 baseline Economic Cost of Health Inequalities in Arkansas survey was completed in April 2014. The next survey will be completed in FY 2019. This indicator is in progress.
- **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 continues to increase the number of grassroots and faith-based organizations they work with. This quarter, they partnered with 32 such organizations to provide health literature and screenings in 27 different counties, representing four congressional districts. MHI ran 2,180 print and television spots with health promotion information. Of those ads, 145 of them directly focused on tobacco-related material (e.g., cessation and lung cancer). Moreover, MHI's Tobacco Education Outreach continues to increase their outreach endeavors. This quarter, they distributed over 1,500 fact sheets, had 436 adolescent girls sign pledge cards to remain tobacco/vape-free, and also had 265 parents sign pledge cards to not smoke with children under 14 in the car. MHI continues to work with four organizations in an Equipment Loan Program for screenings. At those events, over 1,420 screenings were provided. In an effort to provide more services to benefit Arkansans, the MHI will utilize a Mobile Health Unit to provide preventive screening services statewide. They conducted four focus groups in three congressional districts to obtain community input. Questions centered around the following: (a) what health services do you feel that your community needs; (b) how can MHI make this program work to improve the health quality of your neighborhood; (c) identify the best mode of communication and languages frequently spoken; and (d) what items should be included on the mobile unit. It is the opinion of this evaluator that MHI will add more services to what they already do based off the data they have received from these focus groups. This indicator has been met.
- **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:** MHI continues to see benefits from their Camp iRock held in April 2017. From the results, they continue to develop additional programs for the benefit of

Arkansas youth. The 2017 Camp iRock focused on young women. A Camp iRock for young men is being planned. This indicator is in progress.

CHALLENGES: Heart disease continues to be the biggest challenge for Arkansans, as it remains the leading cause of death in the United States. Health literacy, access, and care continue to be challenges for Arkansas as well. MHI puts forth a significant effort into taking on these challenges.

OPPORTUNITIES: This quarter, MHI partner Ambitious Girls Inc. hosted a conference to empower adolescent girls. More than 480 preventative screenings were offered and various health topics were covered—including cyber-bullying. Focusing health education on the youth population is a fruitful opportunity to uplift quality of life for young people. Overall, MHI will continue partnerships to increase awareness and screenings to reduce death/disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans.

TESTIMONIALS: At a *LINQ for Life* event, participants obtained information on what it means to be vegan and start a plant-based life. One participant stated, "This is something I've wanted to do for a long time but didn't know where to begin." Another participant that has Lupus asked her grandmother to bring her to the event to learn about healthy eating. Over 230 preventive screenings (blood pressure, glucose, heart rate, weight, and BMI) were provided. One participant who received abnormal glucose results stated, "I never would have known that unless I came." He committed to scheduling a visit with his primary care physician.

EVALUATOR COMMENTS: As evaluator for the Arkansas Minority Health Initiative, I am impressed with MHI's devotion to improving the overall health of Arkansans, especially those in minority and disadvantaged populations. They consistently strive to find new partnerships, ask questions of participants so they can improve services and events, provide screenings to exceed the number delivered in previous quarters, and offer new and exceptional educational materials and advertising. As raising awareness is their primary goal, I believe they offer what it takes to increase the awareness of stroke, hypertension, heart disease, and diabetes. They are well on their way to accomplishing their goals.

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. The 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] 2017).
 - **ACTIVITY:** This goal has been met. New YRBSS data were released June 14, 2018 with data from 2017. From these data, youth tobacco use (cigarettes, smokeless, and cigars) has decreased from 26.2% in 2015 to 23.1% in 2017. This is an 11.8% decrease in two years and a 27.7% decrease since the baseline of 32% was set in 2013.
- **INDICATOR:** By March 2020, decrease tobacco use among disparate populations (LGBT, Hispanics, African Americans, and Pregnant Women) by 2% (Data Source: Adult Tobacco Survey 2016, LGBT Survey 2014, Vital Statistics Data 2013/2016).

- **ACTIVITY:** No new data to report for LGBT, Hispanic, or African American populations; however, there has been an increase of .8% in tobacco use by pregnant women. The 2014 LGBT survey notes a smoking prevalence rate of 37% and smokeless rate of 24%. The 2016 Adult Tobacco Survey notes the Hispanic smoking prevalence of 13% and African American smoking prevalence of 21.3%. While the Vital Statistics Data for 2013 report smoking prevalence for pregnant women was 13.1%, Vital Statistics Data for 2016 show the rate has increased to 13.9% (or a .8% increase). This goal is in progress.
- **INDICATOR:** By March 2020, decrease smoking prevalence among youth by 7% (a decrease from 19.1% to 17.8%) (Data Source: YRBSS 2017).
 - **ACTIVITY:** This goal has been met. New Youth Risk Behavior Surveillance System (YRBSS) data were released June 14, 2018 with data from 2017. From these data, the youth smoking prevalence has decreased from 15.7% in 2015 to 13.7% in 2017. This is a 12.7% decrease in two years and a 28.3% decrease since the baseline of 19.1% was set in 2013.
- **INDICATOR:** By March 2020, decrease the adult (18+) smoking prevalence by 8.5% (a decrease from 23.6% to 21.6%) (Data Source: 2016/2017 BRFSS).
 - **ACTIVITY:** Progress is being made towards this goal. The 2016 baseline rate for adult (18+) smoking prevalence was 23.6%. Data from the 2017 Behavioral Risk Factor Surveillance System (BRFSS) show a 1.3% reduction to 22.3% in the adult (18+) smoking prevalence.

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

- **INDICATOR:** By June 2019, 100 new smoke-free/tobacco-free policies will be implemented across Arkansas (Data Source: TPCP Policy Tracker).
 - **ACTIVITY:** TPCP continues to track all new smoke-free and tobacco-free policies being implemented across the state. Updated totals will be given during the April-June 2019 Quarterly Report. This goal is in progress.
- **INDICATOR:** By June 2019, decrease sales to minor violations from 11% to 9% (Data Source: Monthly Arkansas Tobacco Control Reports).

- **ACTIVITY:** This goal has been met. During this quarter, there were 1,982 sales to minor compliance checks with 126 sales to minor violations. This is a non-compliance rate of 6%. Additionally, this quarter there were six educational sessions to tobacco retail owners and/or clerks.
- **INDICATOR:** By June 2019, 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:** Progress is being made towards this goal. The goal for FY 2019 is 452 youth and young adults. During this quarter, the Project Prevent Youth Coalition (PPYC) reports the involvement of 411 youth and young adults in tobacco control activities. Additionally, PPYC reports 18 new school chapters were secured for the quarter, resulting in 35 PPYC Chapters statewide.
- **INDICATOR:** By June 2019, 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:** No provider trainings were conducted during this period. This goal is in progress.
- **INDICATOR:** By June 2019, TPCP will collaborate with ten pharmacies to support tobacco cessation and treatment (Data Source: TPCP report).
 - **ACTIVITY:** This goal has been met. During this period, approximately 30 pharmacies signed up to participate in the pharmacy pilot project.
- **INDICATOR:** By June 2019, TPCP will develop a task force for investigating and making recommendations regarding tobacco use by pregnant women and their families (Data Source: TPCP report).
 - **ACTIVITY:** Progress is being made towards this goal. After the approval of this new indicator, it became apparent that there is no need for the development of a task force due to the fact that the Arkansas Department of Health (ADH) already has developed a program called “Baby & Me” that will, in part, address tobacco use by pregnant women and their families. TPCP is writing a Request for Proposal that will be released in the spring of 2019 to begin the process of implementing the “Baby & Me

Tobacco Free” evidence-based program. The program offers prenatal and postpartum cessation counseling sessions with carbon monoxide testing validation of abstinence with pregnant tobacco users. Diaper vouchers are given to participants who remain nicotine-free at each visit after their baby is born. TPCP’s plan is to implement in the Local Health Units within ADH; however, they will continue to research other potential partners along the way.

- **INDICATOR:** By June 2019, ADH’s Healthy Active Arkansas program effort will develop four tobacco cessation worksite messaging e-blasts and distribute through the ADH A-HELP and C-HELP communication channels.
 - **ACTIVITY:** Progress is being made towards this goal. One e-blast was sent on September 13, 2018 via the Arkansas Department of Health’s (ADH) A-HELP email to all ADH employees. The topic was the “Benefits of Quitting Smoking.” The text was as follows:

It is never too late to stop using tobacco. According to the American Cancer Society, your heart rate and blood pressure drop 20 minutes after quitting. Your circulation improves and your lung function increases two weeks to three months after you quit. Learn more about the benefits of quitting by clicking here. There are resources available to anyone who is trying to quit smoking. Call 1-800-QUIT-NOW (784-8669).
- **INDICATOR:** By June 2019, ADH’s Healthy Active Arkansas program effort, in collaboration with TPCP, will develop and share eight tobacco and obesity related content and post on ADH social media accounts.
 - **ACTIVITY:** No posts were made on social media accounts in regards to tobacco during this quarter. This goal is in progress.
- **INDICATOR:** By June 2019, ADH’s Healthy Active Arkansas program effort will report the number of tobacco-free policies at worksites, communities, and municipalities that have been secured through the ADH Arkansas Healthy Employee Lifestyle Program (A-HELP) and Community Healthy Employee Lifestyle Program (C-HELP) programs.
 - **ACTIVITY:** No policies are reported during this quarter. This goal is in progress.

- **INDICATOR:** By June 2019, maintain and monitor referrals 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:** No information to report at this time. The School Based Health Centers (SBHC) will report the number of referrals in the SBHC report card. This goal is in progress.
- **INDICATOR:** By June 2019, successfully implement 24 new minigrants for Project Prevent Youth Coalition (PPYC) Clubs within school systems for tobacco prevention and advocacy.
 - **ACTIVITY:** The competitive bid is currently open for schools to apply for minigrants. This goal is in progress.
- **INDICATOR:** By June 2019, MISRGO will work with four new faith-based churches/organizations to implement No Menthol Sunday (NMS) activities (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).
 - **ACTIVITY:** Progress is being made towards this goal. During this quarter, one faith-based organization implemented No Menthol Sunday (NMS) activities.
- **INDICATOR:** By June 2019, MISRGO will provide the Annual Clearing the Air in Communities of Color Conference and report the number of funded and non-funded attendees (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).
 - **ACTIVITY:** There is nothing to report concerning this goal for the current quarter. This goal is in progress.
- **INDICATOR:** By June 2019, MISRGO will report technical assistance provided through direct efforts to Public Housing Authorities and other multi-unit housing establishments to implement smoke-free policies (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).
 - **ACTIVITY:** Progress is being made towards this goal. During this quarter, two technical assistance meetings were held. One meeting involved a telephone conference with Donald Sampson at the Pine Bluff Housing Authority. The materials provided included a survey, timeline, resources for signage, and lease addendum information. The other involved a meeting in MISRGO with a landlord of several properties. The materials provided included policy and lease addendum information.

- **INDICATOR:** By December 2018, MISRGO will continue to work with stakeholders to solidify a statewide plan for reducing tobacco related disparities in Arkansas (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).
 - **ACTIVITY:** There is no information to report for this quarter. This goal is in progress.
- **INDICATOR:** By June 2019, MISRGO will present plans and suggestions for statewide implementation of programs to reduce tobacco related disparities (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).
 - **ACTIVITY:** Progress is being made towards this goal. During this quarter, the 15% Set-Aside Advisory Committee met with 12 attendees. Presently, follow-up feedback is being solicited via email from Advisory Committee members.
- **INDICATOR:** By June 2019, MRC will conduct six town hall meetings focused on tobacco industry advertising in minority communities (Data Source: Minority Research Center [MRC] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.
- **INDICATOR:** By June 2019, MRC will submit six open editorials to small town newspapers focusing on tobacco related issues in rural communities in Arkansas (Data Source: Minority Research Center [MRC] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.
- **INDICATOR:** By June 2019, MRC will apply for one external grant opportunity focusing on tobacco related issues in minority and disparate populations (Data Source: Minority Research Center [MRC] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.
- **INDICATOR:** By June 2019, MRC will prepare one white or research paper submitted for conference abstract or publication (Data Source: Minority Research Center [MRC] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.
- **INDICATOR:** By June 2019, MRC will participate in meetings with Advisory Boards for the purpose of collaboration and enhancement of MRC efforts (Data Source: Minority Research Center [MRC] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.
- **INDICATOR:** By June 2019, MRC will distribute request for proposals (RFP) to fund research studies focused on: 1) alternative smoking device prevalence among minority youth and

young adults; 2) tobacco cessation among minority pregnant women and/or minority women preparing for pregnancy, decreasing tobacco use among minority adults; and 3) decreasing minorities' exposure to secondhand smoke (Data Source: Minority Research Center [MRC] report).

- **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.
- **INDICATOR:** By June 2019, MRC will conduct four focus groups with African American male college students to understand and compare knowledge, attitudes, behaviors and risk perceptions associated with cigarettes, large cigars, small cigars, and dual use of cigarette and cigars of any kind (n=24). MRC will collect biological samples (e.g. saliva) to examine levels of tobacco specific nitrosamines (e.g. NNK, NNAL, NNN, NAT, NAB), and nicotine metabolites among these different groups of smokers. We expect that dual users will have higher levels of tobacco specific nitrosamines than single cigarette, little cigars, and large cigar users. MRC will conduct a regional survey of male college students enrolled in four-year colleges to understand the prevalence of cigar use, patterns of use, nicotine dependence, and risk perceptions. We will calculate the power calculations for this study. MRC will correlate levels of nicotine dependence and the nicotine metabolite ratio among tobacco users (Data Source: Minority Research Center [MRC] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.
- **INDICATOR:** By June 30, 2019, GASP will recruit a minimum of six new students into their program (Data Source: Graduate Addiction Studies Program [GASP] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.
- **INDICATOR:** By June 30, 2019, GASP will graduate a minimum of three students from the program (Data Source: Graduate Addiction Studies Program [GASP] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.
- **INDICATOR:** By June 30, 2019, GASP faculty will submit a minimum of two grant applications that focus on tobacco prevention and cessation (Data Source: Graduate Addiction Studies Program [GASP] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.
- **INDICATOR:** By June 30, 2019, GASP will provide up to fifteen stipends to students enrolled in the GASP (Data Source: Graduate Addiction Studies Program [GASP] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.

- **INDICATOR:** By June 30, 2019, GASP faculty will identify and propose at least three new student internship agreements with substance use treatment facilities in Arkansas that are currently utilizing medication assisted therapy for tobacco products and other drugs (Data Source: Graduate Addiction Studies Program [GASP] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.
- **INDICATOR:** By June 30, 2019, GASP students will visit a minimum of ten minority and high-risk communities to present current information on the health risks of tobacco and nicotine use (Data Source: Graduate Addiction Studies Program [GASP] report).
 - **ACTIVITY:** Data will be reported in an upcoming quarter. The goal is in progress.

CHALLENGES: Project Prevent Youth Coalition (PPYC) is working to make sure that each of the 35 chapter advisors submit their reports in a timely manner. Additionally, PPYC has identified barriers that limit the ability of some chapters to participate in the annual conference: lack of funding for travel, the distance to the conference being too far, and too many other student activities. To address the barriers listed above: PPYC 1) will work to identify future funding opportunities for travel to assist all PPYC chapters wanting to attend the conference; 2) schedule the conference around the same time each year to allow for consistency and stability for planning purposes; and 3) continue to educate school officials and teachers about the importance of the PPYC Chapters and how the annual conference assists with building character and leadership skills, as well as making youth aware of issues that impact their communities and engaging them in opportunities to do community work.

OPPORTUNITIES:

- To better keep track of active members, the Project Prevent Youth Coalition (PPYC) website has been updated so that individuals not associated with a chapter can join, and chapters can join as a group. Efforts are being made to communicate directly with chapter advisors on a quarterly basis to get updates on total membership. Additionally, chapters can report their activities through the website now as well.
- During this quarter, PPYC held nine meetings to promote the FY19 Project Prevent Youth Coalition interventions to provide information about starting a local PPYC Chapter and share local/county data on youth tobacco use. Meeting attendees included

school officials, teachers, existing PPYC chapter advisors, and community members. As a result of the meetings, 74 new partners were identified. The PPYC coordinator or local PPYC chapter will continue to connect with these newly identified partnerships to build capacity for grassroots youth tobacco/nicotine initiatives.

- The Primary Investigator (PI) for the 4-H grant funded youth tobacco and other substance prevention program “Health Rocks” reported that a significant reason the University of Arkansas at Pine Bluff (UAPB) was funded for this grant was the presence of the Graduate Addiction Studies Program (GASP) on the UAPB campus. The GASP was deemed a strength in successfully completing the goals of the grant. This is the first time “Health Rocks” has been funded in Arkansas.

TESTIMONIALS: *Sub-grantee Kickoff: Reflections from TPCP Staff and Sub-grantees*

Conversations were held with Tennille Stanger, Community Outreach and Prevention Section Chief, on the goals of the kickoff event held on August 22nd and Jessica Ealy, Health Equity and Cessation Coordinator, about her role with TPCP.

Ms. Stanger relayed, "This is the kickoff event for our sub-grantees. It happens every year . . . TPCP provides sub-grantees with the resources they need to carry out their work plan activities." Additionally, she noted that each sub-grantee has an individual work plan and works within the community they serve to engage different groups in order to achieve work plan goals. "This is the time at the beginning of the fiscal year where we can get everyone together to provide direction and resources and to ensure we are all on the same page about action steps when moving forward to implement interventions throughout the year."

Ms. Ealy provided a brief summary of her position and experiences with TPCP, "I'm a health program specialist with TPCP. I primarily function as the lead for identifying and providing technical assistance on emerging trends in tobacco and nicotine products, advertisements, pricing, placement, and distribution. I also manage the work plan activities and grant reporting for two of our sub-grantees, Arkansas Children's Hospital Brief Tobacco Intervention and Arkansas Cancer Coalition." Ealy stated, "Tobacco prevention is one of our nation's most

successful public health initiatives, so I thought it would be a great experience to begin my public health career in this vital area of the field.”

A representative of one sub-grantee group discussed the importance of the kickoff event and their group's overall work in the state, "This meeting gives us a good baseline of where we need to go for these projects and where to focus on for this next year. Today has been very informative. I've learned a lot already . . . We focus on prevention and work with schools, and that's such a big and important part because if we can stop kids from smoking, we can stop smoking in the country. We also do a lot of policies. We work with faith-based and housing mostly, smoke-free/tobacco-free policies. We do health education in schools, all of the above. We talk to them about tobacco, and talk to anyone who wants to get a policy. We also have one city we focus on within our district to try to get them to do a citywide policy . . . [This work] is really important. I have three kids, and I don't want them to smoke and vape. We've lost family members from lung cancer, and I just want to prevent them from starting. I'm paid to prevent that, and that's what I do, not just for my kids, but for all kids.”

EVALUATOR COMMENTS: The current quarterly report includes two key changes. First, a personnel change led to Lana “Joy” Gray assuming the position of Interim Branch Chief, while Shelia Garrett continues to serve as Associate Branch Chief. Second, during the January-March 2018 quarter, the number of indicators increased from 10 to 36. We recognized that such a major change in indicators would necessitate a trial period and then some additional adjustments. After obtaining approval from the Arkansas Tobacco Settlement Commission, this quarter we are implementing 33 updated indicators (four long-term and 29 short-term) for the first time.

As noted last quarter, the long-term goals of reducing the youth tobacco use prevalence (cigarette, smokeless, and cigar) and youth smoking prevalence by 7% have been met. The 2017 Youth Risk Behavior Surveillance System (YRBSS) notes the youth tobacco use prevalence is 23.1%, while the smoking prevalence is 13.7%. New 2017 data from the Behavioral Risk Factor Surveillance System (BRFSS) notes the adult (18+) smoking prevalence is also moving in a positive direction with a 1.3% reduction to a rate of 22.3%.

While Vital Statistics Data for 2016 reveal a slight increase in tobacco use by pregnant women (.8%), the Arkansas Department of Health (ADH) will be implementing their “Baby & Me Tobacco Free” evidence-based program. Additionally, ADH is utilizing media outlets to emphasize the benefits of stopping smoking.

Finally, many of the indicators are in progress or the data will be made available in a later quarter. For example, the Minority Sub-Recipient Grant Office (MISRGO) is making progress on the statewide implementation of programs to reduce tobacco related disparities, while the Minority Research Center (MRC) and Graduate Addiction Studies Program (GASP) will provide data for their indicators in upcoming quarters.

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 aged 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 7,083 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is a significant increase of 390 persons served over the previous quarter. Total claims paid for the TS-MEP populations this reporting period were \$8.17 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 \$4.82 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 1,174 participants in the TS-MEP initiative Pregnant Women Expansion program. This is a 17% increase from the previous quarter. 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 \$1,286,053 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 490 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 slight 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 \$1,454,167. 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 aged 65 and over.
 - **ACTIVITY:** The ARSeniors program expanded Medicaid coverage to 5,115 seniors during this quarter. This is a slight increase from the previous quarter. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered by Medicare are available to ARSeniors. Examples of these benefits are non-emergency medical transportation and personal care services. TS-MEP funds for the ARSeniors program totaled \$3,473,845 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, 400 individuals were allocated waiver slots with 259 individuals provided services through TS-MEP funds. This is an increase in the number of persons enrolled and served from the previous quarter. DHS continues to work towards providing services to 500 individuals. In this quarter, there were a total of 112 children (18 and under) and 147 adults (19 and over) in 57 counties that were provided services. TS-MEP funds for the ECS waiver program totaled \$1,959,720 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 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: With the TS-MEP program, DHS provides support for the four TS-MEP populations as well as the state's overall Medicaid efforts. The Department of Human Services has had the legislative authority for over ten years to use any savings in the TS-MEP programs to provide funding for 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 [PWE], ARSeniors, and the Hospital Benefit Coverage programs) have remained relatively stable. With reporting 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 5,493 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 42,470 education encounters were counted across various events and communities throughout Arkansas. Much of the education this quarter was aimed at fall prevention (STEADI), healthy diets (Cooking Matters), managing diabetes (using the Diabetes Empowerment Education 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, \$437,262 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 \$64,484 through contractual service agreements. The largest stream of external funding this quarter was derived from community foundations (Oaklawn and Schmieding), which provided \$214,421 to support the Oaklawn COA and the Schmieding Center endowments. Additional extramural funding included hospital and community partner donations (\$95,456), UAMS core support (\$114,000), and the value of volunteer hours supplied to COAs (\$4,608). Overall, UAMS-COA leveraged \$930,232 above the \$452,294 in quarterly funding provided through ATSC (more than two times the initial ATSC funding). This indicator is on track for meeting or exceeding the annual goal.

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 6,013 Senior Health Clinic encounters during this reporting period. UAMS-COA also added 532 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 1,385 medical professionals and paraprofessionals during this reporting period. UAMS-COA also provided educational encounters with 2,042 healthcare students in the state. This indicator has been met.
- **INDICATOR:** Provide educational opportunities for the community annually.

- **ACTIVITY:** UAMS-COA generated 42,470 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:** Planning for the 2019 fiscal year began in March 2018 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 was completed in June 2018, and a list of prioritized problems and interventions was generated. The list includes a continued emphasis on diabetes, a renewed emphasis on management of cardiovascular disease, and a newly elevated emphasis on fall prevention. The agency also continues pursuing objectives related to dementia education and food insecurity. This indicator has been met for 2018.

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

- Ongoing transitions in the national healthcare model continue to be the primary challenge to the clinical aspects of this agency’s mission. UAMS-COA continues targeting 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.
- Successfully expanding the basic UAMS-COA model is more difficult in the resource-deprived and sparsely populated portions of the state. More effort is needed to find more effective delivery models for serving seniors in impoverished, hard-to-reach communities in the state.
- 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).
- The agency continues to deal with the paucity of specially trained geriatric physicians in the state. The retirement of board certified geriatrician Dr. Dale Terrell is likely to impact the South Central COA.

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

OPPORTUNITIES: Dr. Angela Norman was named the new director of UAMS-COA. Her training along with legacy of work with state agencies and nonprofit organizations across the region should ensure a continuation of quality leadership for the Centers on Aging.

During this reporting period, UAMS-COA was able to offer at least minimal services to residents in 69 of the 75 counties in Arkansas. 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;
- Dr. Jeanne Wei will be leading the COAs in grant activities in partnership with the Arkansas Department of Health to promote an evidence-based physical activity program for older adults living with arthritis. She also has taken the lead on another grant to improve education related to opioid use problems among the elderly throughout the state;
- Implemented evidence-based STEADI training/protocol with Access Medical Clinics. For patients 65 years and older identified as at risk for falls, quality measures over a three month period improved from 20% to 100%;
- UAMS-COA is initiating a partnership with DHS to create a statewide caregiver coalition to offer caregiver training, respite training, and support groups.

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 said about UAMS-COA programming:

- Schmieding COA: "I just wanted to say 'thank you' to all of your amazing staff that came to the Veterans Home last week for the Alzheimer's Experience. It was very impactful and meaningful for staff to be a part of. You and your team are so important to the community. Thank you for helping educate us!"
- South Arkansas COA: "I have been out of commission for awhile and have truly missed the programs SACOA provides. The programs give me encouragement to live a healthier life, get out of my house and be around others. I appreciate you providing these programs for us because they help keep us on our toes."
- South Central COA: "You have helped me so much in planning for my parents' living situation. I feel so much better about making a decision going forward."
- COA Northeast: (DEEP) "I'm getting great feedback. Patients are enjoying the class and we are seeing some changes in A1C through the clinic. Providers are very supportive of the program and they are sending me referrals for the class all the time. I'm very pleased with our success thus far."

- Texarkana COA: (Golden Beats program) "My blood pressure is much better since I started walking and taking Golden Beats. Moving around has become much easier over the last few months."

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:

- Creating alliances between nonprofit, for-profit, and state-funded agencies to better address the needs of older adults in Arkansas;
- Providing a broad range of educational and exercise opportunities to seniors in the state;
- Recognizing the necessity of fall prevention education for seniors and mobilizing resources to meet the need;
- 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 Arkansas.

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:** Representatives from UAMS East Regional Campus in Helena attended various Career Fairs and provided career information to 209 students. Also, 250 students were involved in the Health Explorers program. UAMS East Regional Campus recruiter set up shadowing opportunities for two former M*A*S*H* students to work with the UAMS Family Medical Center. 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 one student in the RN to BSN program. This quarter, one student graduated from UAMS with the MNSc degree and two students graduated with the BSN degree. UAMS East Regional Campus supported four additional students not enrolled in the UAMS nursing program. 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:** Eleven health screening events were held for 422 participants in three different cities. UAMS East Regional Campus provided screenings, education, and referrals to local primary care providers if needed. UAMS East Regional Campus Lake Village and Chicot Memorial Medical Center partnered with the Arkansas Prostate Cancer Foundation to provide PSA blood tests at Superior Uniform Group in Eudora. Thirty-three men participated in this free screening event. Superior continues to participate in the Healing Hearts Worksite Wellness Initiative. This initiative provides employees the opportunities and resources to engage in wellness behaviors and health risk reduction. UAMS East Regional Campus Lake Village also provided screenings to 59 parents attending the Little Jacob Learning Center “Back to School Event”. UAMS East Regional Campus in Helena had 14 health coaching referrals for weight loss, and of the 14 there were nine scheduled appointments. UAMS East Regional Campus also provided health coaching for smoking cessation to two people. One completed the program and has quit smoking. The other client has started the program again and is currently not smoking. UAMS East Regional Campus in Lake Village provided health screenings to 60 clients of the Eudora Mainline Health Clinic. Also, they provided health screenings to 45 community members attending health fairs at the Dermott Senior Center and the Community Outreach Center. UAMS East

Regional Center has worked with the UAMS Media Services to print Wellness Prescription Pads that will be used by local physicians. This indicator has been met.

- See Table 1 for abnormal screenings results.

Table 1. Abnormal Screenings Results

Anemia - 0	Cholesterol - 36
Blood Pressure - 77	Glucose - 14
HIV - 0	Waist Circumference - 36
BMI - 0	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 9,060 youth and adults. There were 63 events held in seven cities for a total of 617 adults. For youth, there were 36 events held in five cities for a total of 8,443 youth. This indicator has been met.
 - UAMS East Regional Campus in Lake Village held *Cook Smart, Eat Smart* and *Foodology* for 24 participants. Also, UAMS East Regional Campus Lake Village partnered with the University of Arkansas Cooperative Extension Service’s *Kids in the Kitchen* and the *Delta Discovery Camp* at the Lake Chicot State Park. Forty-eight youth for Chicot County participated in the camps. Information on healthy snacking and healthy lifestyles was presented.
 - The UAMS East Regional Campus Walton Funded Teen Pregnancy Prevention Program conducted *Making Proud Choices* for 310 students of Eliza Miller Jr. High School and Marvell-Elaine High School. This evidence-based curriculum empowers young people to change their behavior and lower risks by abstaining from sex or using protection. Also, the Teen Pregnancy Prevention Program taught *Think First & Stay Safe*, a personal health and safety program designed for 196 students in 4th-6th grade.
 - UAMS East Regional Campus in Helena participated in the Helena-West Helena Police Department’s annual Blue Line Picnic for families.

- UAMS East Regional Campus was the location for the Healthy Active Arkansas Meeting, a Governor-led initiative to increase the percentage of Arkansans at a healthy weight. There were over 25 state and local leaders and community members in attendance. Agenda items included technical assistance, networking, collaboration and training.
- UAMS East Regional Campus in West Memphis provided court-mandated parenting classes for two locations. Those included the Crittenden County DHS and the Central Arkansas Center for Community Corrections (Women's Detention Center). Participants were required to attend eight classes, and there were a total of 241 encounters this quarter. Also, added to the Women's Detention Center presentation was a safer sex class. A total of 12 women attended.
- UAMS East Regional Campus West Memphis completed the DEEP (Diabetes Empowerment Education Program). DEEP is an educational curriculum designed to engage community residents in self-management practices for the prevention and control of diabetes. Twelve participants attended the six two-hour classes that are very interactive in design.
- UAMS East Regional Campus taught American Heart Association Heartsaver® CPR certification courses to 57 adults and Heartsaver® First Aid to 18 adults. Training includes skills practice on adult, child, and infant CPR and choking as well as information on the automated external defibrillator (AED) and use of an AED.
- Also, UAMS East Regional Campus Helena and Lake Village taught Basic Life Support to eight healthcare providers.
- UAMS Regional Campus Lake Village provided one Baby Safety Shower event to 13 participants. UAMS Regional Campus Lake Village provided 14 car seat installations by certified car seat technicians.
- UAMS East Regional Campus continues to provide a monthly breast cancer support group to 15 women.
- Also, UAMS East Regional Campus continues its partnership with Arkansas Autism Resource and Outreach Center. The Autism Support Group meetings are held monthly at UAMS East Regional Campus.

- UAMS East Regional Campus begins its 16-week Group Lifestyle Program that will meet from September to December. Classes are offered Tuesdays during lunch and after work hours. To date, the groups have lost 20.6 pounds.
- UAMS East Regional Campus continued the collaborative partnership with the Phillips Family hosting the 8th Annual Health Awareness Program. This program is in memory of Fredrick Phillips, MD, who was a local physician who died of sleep apnea. The Fredrick Family and UAMS East Regional Campus continue to inform and educate the public about sleep apnea in his honor.
- UAMS East Regional Campus Opioid Task Force held a community wide event for 69 community members from law enforcement, fire, ambulance service, city and county officials. The presenter, Kirk Lane, State Drug Director, presented an overview of the epidemic.
- **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 8,946. A total of 7,623 adults and youth participated in various exercise programs throughout the service area. UAMS East Regional Campus at 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 provided *Walk Away the Pounds* with seniors at the Helena Senior Center. UAMS East Regional Campus hosted a 5K Walk/Run for 49 participants in Marianna. Also, UAMS East Regional Campus co-hosted the *Hope for the Future Walk of Love*. Those in attendance included family members, community members, healthcare providers, and friends. This indicator has been met.
- **INDICATOR:** Provide crisis assistance to rape victims as needed.
 - **ACTIVITY:** Delta Crisis Center received 60 hotline calls and text messages from clients, potential partnerships, 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 past quarter, the Delta Crisis Center was able to successfully provide service to two ongoing

- clients and one potential new client. Delta Crisis Center provided court services, police department visits, and worked on a pending case. This indicator has been met.
- **INDICATOR:** Increase or maintain the number of clients in Chicot and Phillips counties receiving prescription assistance.
 - **ACTIVITY:** Program has been discontinued; therefore, indicator has not been met.
 - **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, 41 nursing students and 20 healthcare professionals utilized the library. UAMS East Regional Campus Library also provided support to 1,718 consumers. The library assisted Lee County Cooperative Clinic with brochures on various chronic diseases. Also, UAMS East Regional Campus provided information on cancer to a local church for a health fair. This indicator has been met.
 - **INDICATOR:** Plan and implement a Rural Residency Training Track for Family Medicine in Helena, in partnership with the UAMS South Central residency program.
 - **ACTIVITY:** UAMS East Regional Campus will begin the application process for the Rural Residency Training Track in January 2019. This indicator is in progress.
 - **INDICATOR:** Provide targeted clinical care in Helena.
 - **ACTIVITY:** The UAMS East Regional Family Medical 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. The UAMS East Regional Family Medical Center had 1,034 patient visits in the 63 days of clinic this quarter. Also, 152 patients were provided onsite lab work. There were 67 new patients. UAMS East Regional Campus also provided an internship for one Phlebotomy student and one Medical Assistant student. This indicator has been met.
 - **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 100 HbA1C test to patients both in the diabetes education program and in the clinic. There were 36 elevated HbA1C tests, above the goal of seven. Diabetes education and nutrition counseling have been provided on a monthly basis via contracted services with a registered dietician. Fifteen patients have been provided counseling and education services. This indicator has been met.

CHALLENGES: Finding new and creative means of marketing the UAMS Family Medical Center and the services they provide is a challenge for UAMS East Regional Campus.

OPPORTUNITIES: UAMS East Regional Campus was the location for the statewide learning network for Healthy Active Arkansas. This Governor-led initiative looks at ways of addressing obesity and increasing the number of Arkansans at a healthy weight. Over 25 healthcare providers attended this meeting. UAMS East Regional Campus hosted the Alzheimer’s Association’s Arkansas Caregiver Training and Walk of Love. This event provided continuing education to over 30 professionals and family members.

TESTIMONIALS: *Thanks from the Community*

- “Dear Mrs. Boyd, on behalf of the Helena-West Helena Community and Helena-West Helena Police Department, I would like to thank you and your organizations for helping make our second, Blue Line Picnic a success. I have heard many great things from visitors, community members and community leaders. Thank you for making this event successful.” – James Patrick Smith, Chief of Police
- “Stephanie, thank you for checking on me! Still a little swollen but I can make it in for our coaching appointment. I have been looking for recipes that will be good for me. Can’t wait to weigh in and talk about moving forward in my weight loss journey.” – K. Donabee, Health Coaching Client, UAMS Family Medical Center patient

EVALUATOR COMMENTS: UAMS East Regional Campuses are still making adjustments to workload and staffing assignments due to the opening of the Family Medical Center. Due to these changes, many of the outreach programs are seeing a decline in the number of events and participants that the programs can serve. Particularly notable are declines in the number of

community members screened for health risks and the number of students participating in pre-health professions recruitment activities. Staff members who provide these services have been assigned additional duties related to the clinic and other projects so the number of outreach events that can be conducted has been reduced. These indicators will be modified for the new year. Progress is being made on all indicators except prescription assistance, which has been eliminated.

Indicator Progress across Programs

Across all ATSC programs, approximately 98% 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 in an upcoming quarter or at the end of the calendar year. Other indicators in progress have not been in place long enough for data to be collected and analyzed, and updates will be given in an upcoming report. Two indicators were not met this quarter. There was a slight decrease in the number of persons served through TS-MEP under the Hospital Benefit Coverage group; however, this number is still being validated. Once these data are validated, indicator activity will be updated. An indicator under UAMS East Regional Campus also was not met. The indicator reports on a prescription assistance program that has been discontinued because of lack of need for these services after the implementation of the Affordable Care Act. This indicator will be eliminated in future evaluation reports.

Program	Total Indicators	Indicators Met	Indicators in Progress	Indicators Unmet, No Data, or Needs Adjustment	Overall Progress
ABI	8	8	--	--	100% met
COPH	9	4	5	--	100% met or in progress
MHI	7	4	3	--	100% met or in progress
TPCP	34	4	29	--	100% met or in progress
TS-MEP	5	3	1	1	80% met or in progress
UAMS-COA	7	6	1	--	100% met or in progress
UAMS East Regional Campus	11	8	2	1	91% met or in progress
TOTAL	80	34	44	2	98% met or in progress