

ARKANSAS TOBACCO SETTLEMENT COMMISSION FAYE SHEPHERD, DIRECTOR (faye.shepherd@arkansas.gov)
EXECUTIVE SUMMARY HIGHLIGHTS • January – March 2013

ARKANSAS AGING INITIATIVE (AAI)

- In this quarter

- Started a new educational service to rural community's health care professions via telehealth.
- Winter retreat was held in January and focused on expansion of clinical delivery of care
- The 5th Schmieding Caregiving Training Center was opened in Fort Smith

ARKANSAS BIOSCIENCES INSTITUTE (ABI)

- In this quarter

- ABI-funded investigators at AR Children's Hospital were awarded a 4-year \$1.3M NIH grant to study how children's immune systems are affected by a pollutant found in some US drinking water systems
- ABI-funded investigator established the Center for Microbial Pathogenesis and Host Inflammatory Responses
- Patent application filed by ABI ASU investigators and 2 patents pending by UofA Agri ABI-supported investigators

TOBACCO PREVENTION AND CESSATION PROGRAM (TPCP)

- In this quarter

- Since March 3/1/13 calls to the Quitline increased 40% to an average 400+ calls per week
- A permanent director for the Minority Research Center was hired in February
- In collaboration with DHS Behavioral Health, developed a pilot project to ID tobacco users and provide other services to promote quitting among substance abuse and mental health consumers

FAYE BOOZMAN COLLEGE OF PUBLIC HEALTH (COPH)

- In this quarter

- New PhD Program in Epidemiology
- Initiatives to enhance statewide provision of public health training
- All-time high student enrollment while maintaining high level of minority students

MEDICAID EXPANSION PROGRAM (MEP)

- In this quarter

- 65 & Over Expansion: Number of Participants for the Quarter – 14,648 (32% minorities)
- Hospital Benefits Coverage for Extended Stay – 6244 Recipients
- Pregnant Women Expansion Program – Quarter Cumulative Program Participants – 21,985 (26% minorities)

ARKANSAS MINORITY HEALTH COMMISSION (MHI)

- In this quarter

- Participated in over 30 initiatives with faith-based, state, and community organizations
- Provided 1,079 health screenings
- Had 8,432 citizen encounters

UAMS EAST - DELTA AREA HEALTH EDUCATION CENTER (AHEC)

- In this quarter

- Fitness Center membership increased 23.8%
- "Cooking Matters" class was held for 100 participants
- Tobacco prevention program was held for 200 youth

Arkansas Aging Initiative

Program Description: The Arkansas Aging Initiative (AAI) is an infrastructure of nine regional Centers focused on improving the health of older adults living throughout the state. This program is designed 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 vision of the AAI is to improve the quality of life for older adults and their families and is fulfilled through two primary missions: an infrastructure that provides quality interdisciplinary clinical care and innovative education programs; and to influence health policy at the state and national levels with emphasis on care of rural older adults.

Progress and Highlights: Over the past decade, the AAI has been able to make health care and education more accessible for rural Arkansans. Only one decade ago, specialized geriatric care was only available to older adults in central and northwest Arkansas. Now with the network of Centers and the AAI partnerships with local/regional hospitals, eight additional senior health clinics provide this critical healthcare all across Arkansas. Today, more than 90% of older Arkansans have access to specialized geriatric health care within a 60 mile radius of their home. The educational component the Centers address has been critical in meeting the overall goals of the AAI. An initial community needs assessment was completed in each region which provided valuable information regarding perceived healthcare needs of older adults and their families and the health care professionals that care for them. Programs and interventions to meet these needs were developed and have been ongoing now for almost 12 years. Based on data from 2012, there were almost 40,000 visits to AAI partnered hospitals' senior health clinics and the education program had over 65,000 encounters; both of these numbers have stabilized over the past few years with the clinic visits maxing out their numbers due to staffing limitations and educational encounters maxing out due to reductions in AAI funding.

Key Accomplishments this Past Quarter: In the past quarter, news of an 8th affiliated Senior Health clinic in the second partnered hospital in Texarkana was announced and this location will start seeing patients this summer. The AAI also started a new educational service to the rural community's health care professionals via telehealth. The AAI Regional Centers were recipients of portable telehealth carts from the Broadband Technology Opportunity and Programs (BTOP) grant and this quarter started a statewide program for healthcare professionals that will deliver a noon time program. This program is scheduled quarterly with a timely topic for professionals. The program in March was on *Lung Disorders* and was provided by Dr. Dale Terrell. The AAI winter retreat in January was done via the telehealth equipment and the staff at the regional sites were positive about connecting in this forum. The retreat

Key Accomplishments This Quarter

- Successfully utilized the telehealth equipment for hosting the winter retreat for Centers.
- News of the Opening of the 8th Senior Health Clinic was announced for Texarkana.
- Opened the 5th site of the Schmieding Home Caregiver Training replication from the Donald W. Reynolds Grant.
- Began quarterly telehealth conferences for health professionals.

focused on how centers could expand the use of the telehealth equipment and what was needed to expand to the clinical delivery of care. AAI leadership started the annual strategic planning and budget meetings for the Centers. These meetings were done via phone conferences and specific strategic plans and budgets for each site were reviewed individually with each Center's Director and Education Director. West Central Center on Aging in Fort Smith successfully opened the 5th Schmieding Caregiving Training Center, the first of the Donald W. Reynolds Foundation's Phase II grant.

Challenges and Opportunities: Developing realistic regional and statewide strategic plans and operational budgets with unknown and perhaps reduced funds, is an ongoing challenge. However, staff members at the various regions are resourceful and have been successful in identifying funding sources including small grants, contracts, and donations to ease the financial burden. We are continually seeking ways to work smarter and use our dollars more wisely. It remains a challenge and an opportunity to maintain and grow the advisory committees in each region; however, these groups are critical to the growth and maintenance of the regional centers and continue to meet on a quarterly basis. Keeping new and returning legislators informed about the activities and needs of the regional centers is always a challenge, and also an opportunity to inform them about what AAI is doing in their regions and note the successes of our Centers.

Plans for Next Quarter: AAI sites will continue to provide educational programs as scheduled in each regional and the Senior Health Clinics will continue to see patients. The legislature should vote on a new bill that has the potential to require a minimum of 40 hours of training for caregivers working in the home, this could greatly impact the number of students in the Schmieding Caregiving Training Centers in the next 2-5 years. The last quarter of FY 13 will be busy with the opening of the 6th Schmieding Caregiving Training Center, the second of the Donald W. Reynolds Foundation's Phase II grant – located in Little Rock at the Donald W. Reynolds Institute on Aging. AAI is also hosting the first annual APN Pharmacology Update Conference in April. This continuing education conference will be live in Little Rock and then broadcast via the telehealth equipment to the 9 other regional centers. The annual strategic planning and budget meetings will continue and finish and the budgets will be updated. Finally, the AAI will hold its annual summer retreat in June at the Winthrop Rockefeller Conference Center at Petit Jean.

Arkansas Biosciences Institute

Program Description: Arkansas Biosciences Institute, the agricultural and biomedical research program of the Tobacco Settlement Proceeds Act, is a partnership of scientists from Arkansas Children’s Hospital Research Institute, Arkansas State University, the University of Arkansas-Division of Agriculture, the University of Arkansas, Fayetteville, and the University of Arkansas for Medical Sciences. ABI supports long-term agricultural and biomedical research at its five member institutions and focuses on fostering collaborative research that connects investigators from various disciplines across institutions. ABI uses this operational approach to directly address the goals as outlined in the Tobacco Settlement Proceeds Act, which is to conduct: 1-**Agricultural research** with medical implications; 2-**Bioengineering research** that expands genetic knowledge and creates new potential applications in the agricultural-medical fields; 3-**Tobacco-related research** that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas; 4- **Nutritional and other research** that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions; and 5-**Other areas of developing research** that are related to complimentary to primary ABI-supported programs.

Progress and Highlights: From its first full year of funding in 2003, ABI has grown from supporting 79 to 199 on-going research projects in FY2012. The infrastructure and resources provided through ABI allow investigators at our five institutions to be much more competitive for extramural funding to expand and strengthen these projects. One of the key outcome measures for ABI is leveraged extramural funding. Federal agencies, such as the National Institutes of Health, the National Science Foundation, and the US Department of Agriculture, provide most (approximately 75% in FY2012) of the extramural funding for ABI investigators. Other sources, such as national foundations/societies, and/or state agencies, make up the other 25% of funding. In FY2012, extramurally obtained funding was \$43.4 million, while ABI funding for FY2012 was \$10.1 million, translating to a leverage factor of \$4.28 in outside funding for every \$1 received in ABI funding. Since ABI started in 2002, it has leveraged over \$395 million in extramural funds.

In addition to funding, ABI investigators have been remarkably instrumental in bringing knowledge-based jobs to Arkansas. ABI funding has been used to help recruit more than 115 experienced investigators to our state. For FY2012, both ABI and extramural funding provided 401 full-time equivalent (FTE) jobs for Arkansas.

Over the last 10 years, ABI-supported investigators have been awarded 14 patents in diverse areas such as the prevention of hepatitis C virus, detection of food-borne pathogens, treatment of drug abuse, and nanomaterials. University research is widely recognized as a nexus for discovery that can lead to

Key Accomplishments This Quarter

- NIH funding to ACHRI to research how chronic low exposure to trichloroethylene (TCE) may contribute to autoimmune diseases
- UAMS announced the development of the Center for Microbial Pathogenesis and Host Inflammatory Responses

entrepreneurial development and business startups. Using institutional based biotechnology incubators, ABI investigators have formed 11 biotechnology-based companies in Jonesboro, Little Rock, and Fayetteville.

New jobs, patents and biotechnology startups, have had a strong impact on both the economy of Arkansas and health of Arkansans.

Key Accomplishments this Past Quarter: Two ABI-funded investigators with Arkansas Children's Hospital Research Institute were recently awarded a four-year, \$1.3 million NIH grant to study how children's immune systems are affected by trichloroethylene (TCE), a pollutant found in some U.S. drinking water systems due to improper disposal decades ago. Dr. Kathleen Gilbert, professor of microbiology and immunology, and Dr. Sarah Blossom, assistant professor of pediatrics, at the University of Arkansas for Medical Sciences have both received ABI research funding to determine how chronic low exposure to trichloroethylene (TCE) may contribute to autoimmune diseases such as diabetes, lupus, and autoimmune hepatitis.

The University of Arkansas for Medical Sciences announced that ABI-funded investigator, Dr. Mark Smeltzer, has established the Center for Microbial Pathogenesis and Host Inflammatory Responses. Dr. Smeltzer recently received NIH COBRE funding of \$10 million for five years for his research. The new Center will focus on understanding how different types of microbial pathogens such as viruses, bacteria, and parasites cause inflammatory responses in the human body.

Patent activity for this quarter included an application filed March 2013: Methods of Expressing and Detecting Activity of Expansin in Plant Cells, by Dr. Elisabeth Hood and Dr. S. Yoon at Arkansas State University. The University of Arkansas – Division of Agriculture announced two pending patents by ABI-supported investigators: 1) Dr. Billy Hargis, et al., Compositions and Methods for Increasing Health and Reducing Pathogenic Bacteria in Animals; 2) Dr. Phil Crandall, et al., Use of Lactic Acid Bacteria to Reduce Pathogens and as a Bio-sanitizer.

Challenges and Opportunities: Serious challenges to extramural funding are currently ongoing and are expected to continue for the next few years. ABI investigators rely on outside funding to continue research efforts. Sequestration and inflation adjusted funding has resulted in what effectively have become budget cuts for many federal agencies including NIH, NSF and USDA. ACHRI has estimated that its federal funding will decrease by approximately 28% in FY14. UAMS is very near the same level of reduction in total funding. Our investigators are committed to creating opportunities to help counter these reductions through a variety of strategies, such as inter-institutional collaborative workshops centered on thematic topics such as stem cells and obesity.

Plans for Next Quarter: Available funding for the coming fiscal year (FY14) will be announced in April; this will allow the five member institutions to estimate the number of research projects that can be supported in FY14. The institutional directors will issue a request for proposals, with funding starting in July, 2013. The ABI Board will hold its quarterly board meeting April 16; this meeting will include an overview of ABI-supported research activities since January, 2013, and an update on Arkansas's projected tobacco settlement revenues.

Tobacco Prevention and Cessation Program (TPCP)

Program Description: The Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program (TPCP) includes community prevention programs, school education and 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 follow the Centers for Disease Control and Prevention (CDC) *Best Practices for Tobacco Control* as a guide for program development. Outcomes achieved by Arkansas' TPCP includes 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.

Progress and Highlights: The TPCP used the most recent 2011 Behavioral Risk Factor Surveillance System (BRFSS) data on adult and youth smokeless tobacco use in Arkansas to direct its program development. TPCP has built program linkages between the ADH Office of Oral Health and the Oral Health Coalition. The purpose of this was to provide education on tobacco use, particularly smokeless tobacco use, and the Systems Training Outreach Program (STOP) to engage oral health providers in the state to identify tobacco users and refer them to the Arkansas Tobacco Quitline for services. Presentations were made during Oral Health Coalition meetings and plans are to present a session on "Smokeless Tobacco" to oral health providers (dentists and hygienists) during their annual meeting in April 2013. In addition, TPCP worked with the ADH Office of Oral Health and the Arkansas Travelers to promote "Tobacco Free Nights" at Arkansas Travelers games. Education on the dangers of smokeless tobacco use will be made during the games through print materials, loud speaker announcements, and a booth that TPCP will sponsor to engage parents in making referrals to the Arkansas Tobacco Quitline (ATQ).

Key Accomplishments This Quarter

- Legislation passed to prevent use of tobacco products.
- Acquired Two CDC ads to promote Quitline; Quitline calls increase 40%. Tobacco Free Policies Adopted by Businesses.
- TPCP/Oral Health Collaboration Promotes Smokeless Education Activities.
- LGBT Community Collaboration Engaged.
- Substance Abuse/Mental Health providers' pilot program begins.
- UAPB Research Director Hired.

Key Accomplishments this Past Quarter: During the most recent Legislative Session, the two acts that ADH/TPCP proposed passed. These Acts include: 1) Act 975 that prohibits use of tobacco products on the grounds of medical facilities, and 2) Act 1451 that prevents e-cigarettes from being sold/purchased by minors under 18 years of age. In addition, TPCP's partners/coalitions supported passage of Act 1099 that prohibits e-cigarettes use on public school property.

Beginning on March 1, the CDC re-aired last year's TIPS 1 "hard hitting" ads. A new round of ads, TIPS 2, began airing nationally on April 1 that includes testimonials. TPCP acquired two of the TIPS 1 ads to help

increase promotion and calls to the Arkansas Tobacco Quitline (ATQ). Since March 1, calls to the ATQ have increased 40% to an average over 400 calls/week. TPCP worked closely with several businesses and worksites to conduct educational seminars, and provide technical assistance and guidance in developing tobacco free workplace policies. One substance abuse/mental health facility, BirchTree Communities, Inc., adopted tobacco free workplace policies on their campuses throughout the state, and Amazing Grace Cleaning Services adopted comprehensive tobacco control policies. TPCP continues to work with other worksites to adopt such policy changes.

TPCP, in collaboration with the Department of Human Services Division of Behavioral Health Services, developed a pilot project to promote identification of tobacco users, training and development of peers to assist tobacco users in quitting, and referrals and other supportive services to educate and promote quitting among substance abuse and mental health consumers. Six substance abuse and 4 mental health facilities were engaged for participation in this program. Training of key staff was held in March.

A national expert in LGBT issues, Gustavo Torrez, Program Manager for the Network for LGBT Health Equity, provided technical assistance to engage local stakeholders, coalitions and health-related programs to reduce tobacco use among this disparate population known to have high smoking prevalence rates.

Valandra German, DrPH, was selected in February 2013 to serve as the permanent Director for the Minority Research Center effective June 15, 2013.

Challenges and Opportunities: We continue to work toward finding innovative ways to engage youth from disparate communities in tobacco free efforts. A focus group was held to learn more about this population and key partners are being engaged to assist in promotional efforts.

Plans for Next Quarter: TPCP is working with current subgrantees to begin closeout procedures for FY13, and looking ahead trainings are being planned for tentatively selected FY14 subgrantees.

Fay W. Boozman College of Public Health University of Arkansas for Medical Sciences

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. Our mission of improving the health of all Arkansans is realized through teaching, research, and service to elected officials, agencies, organizations and communities, each aspect of which is optimized by collaboration with various partners. Examples of the complex health issues being addressed include such topics as improving the multiple dimensions of access to health care; reducing the preventable causes of chronic diseases which are primarily based on lifestyle; controlling infectious diseases; reducing environmental hazards, violence, substance abuse, and injury; promoting preparedness for health issues resulting from terrorist acts, natural disasters, and newly emerging infectious diseases.

A long-term goal for the COPH, as noted in the Tobacco Settlement Proceeds Act, is to elevate the overall ranking of the health status of Arkansans. The COPH is working towards this goal through an array of education, research and service programs, while realizing that a multipronged, collaborative approach is required. Thus, the COPH is committed to partnerships and collaborations with health organizations, health care providers, and public health practitioners throughout Arkansas.

Progress and Highlights:

Short-term goal: Obtain federal and philanthropic funding

In 2012, the COPH successfully recruited eight new faculty members, most of whom were not able to bring extramural funding with them; nonetheless, COPH faculty have been successful in leveraging its ATSC funding at a 2.7-to-1 ratio. Several approaches have also been incorporated during the College's strategic planning to support faculty efforts to successfully compete for extramural funding, including: hiring an experienced staff member to assist faculty with pre-award grant (budget, justification and forms) preparation; providing support for identifying grant opportunities for faculty which match their interests; and developing an on-line workshop for COPH faculty and staff involved in grant development to ensure that faculty and administrative staff understand the UAMS grant submission process and federal grant guidelines. Faculty development workshops also continue to be a part of the process to assist faculty in successfully competing for grants and publishing research.

Key Accomplishments This Quarter

- Expansion of health insurance coverage to about 250,000 Arkansas.
- All-time high student enrollment; maintenance of high level of minority students.
- New PhD program in epidemiology.
- New Dept. of Health Policy and Management chair.
- Initiatives to enhance statewide provision of public health training.

Long-term goal: Elevate the overall ranking of the health status of Arkansas

This is a very long-term goal which will require a focus of the COPH and many partners over decades of effort. Nonetheless, an important initiative that will ultimately help raise the overall health status of Arkansans, the passage in April by the state General Assembly of the Medicaid Expansion/Private Option enabling legislation (HB 1143) and the requisite appropriation bill (HB 1219). These Acts give the Department of Humans Services authority to spend funds to provide private health care to the estimated 250,000 poor Arkansans who do not currently have health insurance. UAMS, led by Chancellor Rahn, provided critical leadership in the passage of the bill, which required three-fourths approval of legislators in each chamber. Passage of this historic legislation will help tremendously in meeting the health care needs of Arkansans and improve their health status and national rankings.

Several efforts have been undertaken to enhance the COPH's provision of public health training throughout the State. A statewide recruitment plan has been developed that takes our student recruiter to colleges and universities in every region. In addition, the newly established Office of Public Health Informatics, in the Dean's Office, provides college-wide infrastructure and support for the following: using technology in teaching within research programs; using technology to capture and summarize data needed for reporting and decision-making; and coordinating college-wide efforts to maintain the COPH website. To aid in distance learning, a web technology instructional design staff person has been hired to assist our teaching faculty in developing on-line courses. It is anticipated that an MPH in Rural Public Health degree will be offered on-line starting in fall 2013.

As part of the commitment to increase workforce diversity in public health, particularly of underrepresented minorities, the COPH has established relationships with faculty at Arkansas' three historically black colleges and universities (University of Arkansas at Pine Bluff, Arkansas Baptist College, and Philander Smith College), who serve as liaisons to the College. These faculty members are paid by the COPH through the NIH grant which has established the Arkansas Center for Health Disparities to educate undergraduate students about careers in public health and recruit them into the COPH 4+1 programs. Qualified undergraduates may enter the MPH program and take courses that count toward both the MPH and their undergraduate degrees. Presentations on the program to all departments at the partnering colleges, planned for fall 2013, are expected to substantially increase the number of applicants to the 4+1 program.

Key Accomplishments this Past Quarter: In sum, the key accomplishments in the past quarter include the passage of historic legislation that will expand health insurance coverage to an estimated quarter-million Arkansans; an all-time high in COPH student enrollment along with the maintenance of the consistently high proportion of minority students; the development and approval of a new PhD program in epidemiology with new students expected to enroll in fall 2013; the naming of the chair of the Department of Health Policy and Management; and various promising initiatives to enhance the statewide provision of public health training.

Challenges and Opportunities: As the COPH continues to advance its mission, it will respond to emerging challenges and opportunities. The proliferation of schools of public health nationally means a

smaller senior faculty candidate pool for all institutions. To address this challenge, the UAMS COPH will take a multi-faceted approach – via dedicated funding as well as creating infrastructure and an attractive institutional climate that effectively recruits and retains its faculty (with an emphasis on minorities). In addition, new academic programs are meeting identified needs. The web-based Rural Public Health MPH program will enable students from a wider geographic area to enroll in situ and long term will increase the impact of public health expertise on population health across Arkansas communities. The new MPH track, Health Education to Address Healthcare Reform Needs, will prepare students for new career opportunities emerging from the Affordable Care Act. Recruitment for two new faculty positions for that program is underway.

Plans for Next Quarter: Plans for next quarter include: continue current educational, research, and service programs; recruit additional faculty in epidemiology, health behavior/education, environmental and occupation health, and health policy and management; continue to develop a self-study for re-accreditation by the Council on Education for Public Health with site visit planned for June 2014; recruit additional minority faculty, post-doctoral fellows and doctoral students; complete planning to implement in fall 2013 new educational programs including the PhD in epidemiology, distance-based MPH in Rural Public Health, and web-based Post-Baccalaureate Certificate in Regulatory Sciences; and begin developing a plan for securing philanthropy funding for endowed faculty chairs/professorships and student scholarships.

Arkansas Minority Health Commission

The Arkansas Minority Health Commission (AMHC) was established through ACT 912 of 1991. The goal of AMHC is to ensure all minority Arkansans access to health care is equal to the care provided to other citizens of the state, and seek ways to provide education, address issues, and prevent diseases and conditions that are prevalent among minority populations. To achieve this goal, the Commission's focus is on addressing existing disparities in minority communities, educating these communities on healthier lifestyles, promoting awareness of services and accessibility within our current health care system, and collaborating with community partners, public health leaders and key policy decision-makers towards reaching shared goals.

Progress and Highlights: AMHC collaborated with community partners in identifying critical deficiencies that negatively impact the health of the minority population with a focus on assessment, prevention, education and screenings. During the 3rd quarter of 2013 AMHC provided 1,079 health screenings and documented 8,432 citizen encounters from activities held in Arkansas, Craighead, Garland, Pulaski, Phillip, St. Francis and Union counties. This represents three of the four congressional districts. AMHC through collaboration with the Arkansas Department of Human Services, Arkansas Children's Hospital and Arkansas Insurance Department organized public forums entitled "Health Care Reform – The Affordable Care Act (ACA) – What Does It Mean To You" across the state. The goal of this grassroots and faith based initiative was to provide information to minority communities on how health reform will affect and impact the lives of all Arkansans, and information on open enrollment scheduled to begin in October 2013. ACA public forums were held in North Little Rock and Hot Springs this quarter. AMHC also partnered with UAMS College of Public Health's PHACS (Public Health in Arkansas' Communities) to assist Arkansans in connecting to health resources. From March 1, 2012 – March 31, 2013 there were 1,140 visits to the PHACS website with an average duration of 5 minutes for each visit. Thirty two percent (32%) of the people visited the website for the first time. During the same time period 30 visits were made to the Spanish version of PHACS with the average duration of 2 minutes. Thirty two percent (32 %) of the people visited the Spanish version website for the first time. One of the Commission's key focus areas is HIV/AIDS. AMHC awarded prevention grants to NARAN and ARCare to increase education and screening activities in counties with high HIV/AIDS incidence rates. During the 3rd quarter ten (10) prevention activities were held in Jonesboro, Forrest City, Hughes, Helena, and Little Rock. One hundred and eight attendees (108) at the events were screened with one (1) abnormal result being found.

Key Accomplishments This Quarter

- Participated in over 30 initiatives with faith-based, state, and community organizations
- 1,079 health screenings provided
- 8,432 citizen encounters
- Will present HB2100 Study to joint Public Health Welfare and Labor Committee
- Collaborated with consortium partners to educate legislators on key issues such as Medicaid Expansion and Sickle Cell funding for adult clinic

Key Accomplishments this Past Quarter: The need for Arkansans to know their HIV status resulted in AMHC collaborating with the Arkansas Department of Health and community partners for House Bill 2100 of 2011 (HIV routine screenings). The purpose of the study was to assess attitudes and barriers towards routine HIV screening. The HB 2100 Interim Study Report uses information collected from four public forums, two focus groups, patient surveys, and provider surveys. HB 2100 of 2011 will be presented to the Joint Public Health Welfare and Labor (PHWL) Committee in May 2013. The report embraces the recently announced United States Preventive Services Taskforce (USPSTF) "Grade A" recommendation for routine, voluntary HIV screening. At the Joint PHWL Committee meeting, AMHC will increase awareness among Arkansan decision-makers about the USPSTF recommendation and the fact that under the Affordable Care Act, USPSTF Grade A or B recommendations must be covered without cost sharing by health insurers.

During the 89th legislative session the AMHC identified key pieces of legislation and followed proposed bills and provided updates throughout the session. Of the issues facing the state, the Commission closely tracked Medicaid expansion, health care reform, and sickle cell funding bills.

AMHC collaborated with the Arkansas Medical, Dental and Pharmaceutical, AARP, Coalition for a Tobacco Free Arkansas, Arkansas Cancer Coalition, Mental Health Council of Arkansas, Centers for Healing Hearts & Spirits, March of Dimes, Community Health Centers of Arkansas, Inc., Arkansas Central Cancer Registry, and Arkansas HIV/AIDS Minority Task Force during the legislative session. Consortium partners served as host for meetings/breakfast to educate legislators on the following topics: tobacco, mental health, Medicaid Expansion, access to coverage data collection, AARP and March of Dimes. In bringing together these agencies and stakeholders' participants had an opportunity to ask questions, gain clarity, and effectively inform others of issues prevalent in minority communities.

Challenges and Opportunities: AMHC will continue to review and revise objectives to determine achievable outcomes for the program that follows the spirit of the Initiated Act I of 2001 for the program. AMHC will continue to explore additional funding sources to sustain education and outreach initiatives related to minority health disparities.

Plans for Next Quarter:

1. AMHC will submit two grant applications to the Arkansas Insurance Department for funding to educate minority Arkansans on Affordable Health Care and open enrollment. AMHC begin educating the public, July 2012 prior to availability of funding for this initiative.
2. AMHC will present a new pilot project - Central Little Rock Promise Neighborhood (CLRPN) to the Little Rock School district. This project proposes to adopt middle and high schools within the Promise Neighborhood area and through community involvement work to provide resources to underserved schools. These resources will help improve academic, social and health measures throughout the course of education and improving student's opportunities and quality of life. This initiative also focuses on workforce diversity & STEM education.
3. AMHC will host the 2013 Camp iRock at the University of Arkansas at Pine Bluff. Camp iRock is a seven day residential camp that focuses on physical fitness and nutrition for adolescent girls. The deadline for submission of applications was May 13, 2013.

UAMS East (Delta AHEC)

Program Description: University of Arkansas Medical Sciences East (UAMS East) provides health care outreach services to seven counties including St. Francis, Lee, Phillips, Chicot, Desha, Monroe, and Crittenden counties. UAMS East, formerly known as the Delta Area Health Education Center (AHEC) started in 1990 with the purpose of providing health education to underserved populations in the Arkansas Delta region. Recently, the Delta AHEC's name was changed to UAMS East, in part, to demonstrate the strength of the bond between the AHEC and UAMS. The UAMS East is the model used in similar UAMS outreach programs throughout the state. The counties and populations served by UAMS East are some of the unhealthiest in the state with limited access to health care services being one of the challenges. As a result of limited access and health challenges, UAMS East has become a full service health education center, focusing on wellness and prevention for this region. The program has steadily shown an increase in encounters with the resident population and positive outcomes of impact of the programs offered. Programs to address local health needs of residents are being implemented in partnership with more than 100 different agencies. The overall mission 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.

Progress and Highlights:

- To continue to maintain and increase the number of communities and clients served, programs are offered in all seven counties with at least 500 encounters occurring quarterly. This quarter encounters included: Chicot county-10,821, Crittenden-1414, Desha-5692, Lee-1072, Monroe-872, Phillips-17,803 and St. Francis-589. Overall, encounter increased from 37,599 to 37,881.
- We have made progress on our goal of increasing access to primary care providers in underserved counties. As example, UAMS East was instrumental in helping Phillips County secure a Federally Qualified Health Clinic (FQHC) in collaboration with East Arkansas Family Health Center in West Memphis. UAMS East diabetes clinic will serve patients at the FQHC. We will also assist patients in receiving prescription assistance. Providers at the FQHC will refer patients to our fitness center. The Veterans Affairs Community Based Clinic has increased enrolled patients from 850-892.
- Based on high prevalence of obesity rates in the seven counties, our program has made an extensive effort to provide weight reduction opportunities. Last quarter, there were 8,888 encounters in the fitness center. 7,880 adults and 2,950 youth participated in exercise programs outside the Center, ranging from boot camps to Zumba to yoga and Tai Chi for a total of 19,718 encounters, an increase of 548 from the previous quarter. In the 2012 Arkansas Community Foundation report, Phillips County, where the UAMS Fitness Center and the majority of exercise programs are located, the lowest rate of obesity in the Delta Counties was observed.

- We also have provided a concentrated effort fostering chronic disease management, prevention, and screenings. UAMS East was responsible for Wellness Screenings for area UAMS employees. Results from 53 people showed 22 with abnormal cholesterol, 21 abnormal glucose, 10 abnormal blood pressures, and 34 with abnormal BMIs. All employees developed health goals and we will be monitoring progress toward achieving their goals. Overall, 425 clients received training in chronic disease management, and 696 received health screenings with follow up counseling. Additionally, a “Go Red” Event lunch and learn was held, focusing on healthy heart education, and featuring health screenings, a cooking demo and information on heart healthy lifestyles.
- To address the need for more health providers, UAMS East in Lake Village held a CHAMPS (Community Health Applied in Medical Public Service) program for 15 participants. The 1 week program is intended for junior high school students, providing hands-on experiences in health careers, health education and community service.
- The UAM McGehee campus hosted the UAMS East “Day in the Life” program. Forty Chicot, Desha, and Drew County high school junior and senior students participated in the health career program and heard health professionals discuss their various careers.

Key Accomplishments this Past Quarter:

1. UAMS East hosted a “Cooking Matters” in Helena, West Memphis, and Lake Village. 100 adults learned how to prepare tasty, healthy, and low cost foods and make changes in their eating, cooking and shopping habits. In Crittenden County, “Cooking Matters for Kids” was held for 20 youth.
2. Fitness Center revenue increased from \$15,271 to \$27,774. Paying members increased 23.8%.
3. UAMS East provided health screenings and diabetes, hypertension and prenatal education to 56 City of West Memphis employees.
4. Staff presented a tobacco use prevention program for students at Marvell-Elaine High School and Elementary School. Approximately 200 youth participated.

**Key Accomplishments
This Quarter**

- Fitness Center membership increased 23.8%.
- “Cooking Matters” class held for 100 participants.
- Tobacco prevention program held for 200 youth.

Challenges and Opportunities:

1. Delta AHEC’s name has been changed to UAMS East to comply with new branding for all the AHECs. All signage, stationary, badges, and webpage will be changed. Additionally, it will be a challenge for our program to inform the community. UAMS is a name that is recognized across the state and has a stellar reputation of providing healthcare, so this is not a long term concern.

2. We have had staffing issues such as illnesses and position vacancies. We are in the process of hiring an APN and LPN, for the VA CBOC and 2 health educators for UAMS East.
3. An Innovative Readiness Training with the Air Force, Army and Navy Reserve will be held July 15-26, providing free medical, dental, optometry and veterinarian care. Those with abnormal readings will be referred to the diabetes education clinic, chronic disease management classes, fitness center, and prescription assistance program.

Plans for Next Quarter:

1. A 2 week MASH camp will be held for senior high school students where they will learn to suture, dissect, cast and how to perform CPR.
2. CHAMPS, a 1 week program for junior high students will teach participants first aid, CPR, and health career information. Participants will complete a community project.
3. A boot camp for children, focusing on exercise and nutrition and Funology day camps where children learn to make various science experiments, will be held.
4. Dr. Peter Goulden, a UAMS endocrinologist, will conduct a diabetes education research project, providing both education and ITV access to an endocrinologist.

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Medicaid Expansion Program

Reporting Period: January 1, 2013 – March 30, 2013

Total Fiscal Year Program Budget: \$65,533,008

Total Fiscal Year Administrative Budget: \$2,949,388 (4.5% of budget)

Mission Statement/Program Overview

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

- Population 1:** To expand Medicaid coverage and benefits to pregnant women.
- Population 2:** To offer expanded inpatient and outpatient hospital reimbursements and benefits to adults age 19-64.
- Population 3:** To expand non-institutional coverage and benefits to Medicare beneficiaries age 65 and over.
- Population 4:** To provide a limited benefits package to adults age 19-64.

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

Activity Area Fiscal Year Program Budget:	\$4,982,159 (8%)
Tobacco Settlement Proceeds	\$1,479,203
Leveraged Federal Funds	\$3,502,956

UPDATE for Pregnant Women Expansion: This expansion initiative is averaging approximately 1,100 active cases per month with 177 of those being new cases added each month.

OUTCOMES:

- Cumulative Program Participants –

January	21,655
February	21,827
March	21,985
- Proportion of Minority Participants - 26%

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

Activity Area Fiscal Year Program Budget:	\$ 8,654,222 (13%)
Tobacco Settlement Proceeds	\$2,569,439
Leveraged Federal Funds	\$6,084,783

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

OUTCOMES:

▪ Number of recipients benefiting from 4 extra days-	January	1,796
	February	2,250
	March	2,198

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

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

Activity Area Fiscal Year Program Budget:	\$8,758,055 (13%)
Tobacco Settlement Proceeds	\$4,947,785
Leveraged Federal Funds	\$3,810,270

UPDATE for 65 and Over Expansion: The tape matches with SSA for the Part D Low Income Subsidy are being worked by the staff in the Access Arkansas Central Processing Unit. The Department is continuing to send letters to individuals to inform them of the QMB Program. QMB recipients below 80% of the FPL qualify automatically for ARSeniors coverage.

OUTCOMES: Current program participants –	January	4,881
	February	4,880
	March	4,887
Proportion of Minority participants -	32%	

NOTE: Also included under the Medicaid Expansion Category for Seniors is the new A+ Program administered by the DHS Division of Aging and Adult Services. The overall goal is to facilitate the transition of low-care Medicaid enrollees from nursing home facilities to home and community-based services. Dedicated transitioning efforts began in April 2012.

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

Every 12 months ARHealthNetworks covers:

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

Activity Area Fiscal Year Program Budget:	\$43,138,572 (66%)
<i>Tobacco Settlement Proceeds</i>	\$12,807,842
<i>Leveraged Federal Funds</i>	\$30,330,730

Marketing and Outreach (ARHealthNetworks)

No marketing or outreach activities were conducted for this reporting period.

Next Quarter Plans

NovaSys Health does not have promotional activities planned for the next quarter.

OUTCOMES:

Quarter ending enrollment:	18,094
Gross New Members Per Month compared to Goal of 400:	January 620
	February 502
	March 598

Expenditures for January 1, 2013 through March 30, 2013 and Proportion of Leveraged Federal Dollars

	Total	Tobacco	Federal
Pregnant Women	\$ 1,231,787	\$ 367,442	\$ 864,345
In-Patient Hospital	\$ 2,010,243	\$ 599,655	\$ 1,410,588
ARSeniors	\$ 2,071,361	\$ 1,205,604	\$ 865,757
ARHealthNetworks	\$11,250,627	\$ 3,464,490	\$ 7,786,137
Sub-Total Program	\$16,564,018	\$ 5,637,191	\$10,926,827
Administration	\$ 521,630	\$ 260,815	\$ 260,815
Total	\$17,085,648	\$ 5,898,006	\$11,187,642

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

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

UPDATE: The data reflects the steady growth in enrollment in the ARHealthNetworks initiative and consistent utilization of Pregnant Women, ARSeniors and In-Patient Hospital services. The most significant issue facing the MEP initiatives is the impact of the ACA – Medicaid Expansion Option approved during the Legislative Session. Many of the Arkansans served through the Tobacco Settlement program will convert to coverage under the Arkansas Health Care Independence Act of 2013.

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

UPDATE: The Department is working with Battelle to establish a mechanism to track the transition of eligibles from the Tobacco Settlement MEP initiatives to the new coverage groups under the ACA. The AR-Seniors and A+ programs will not be impacted by the ACA or Medicaid Expansion.

Rec (3): Improve the enrollment process

UPDATE: DHS continues to make significant progress in our efforts to modernize and streamline the application process for the core public assistance programs (Medicaid, Supplemental Nutrition Assistance and Transitional Employment Assistance). Modernization efforts include conversion to electronic case records to support a shift to universal caseloads and web-based applications. The Department is in the process of developing a new eligibility and enrollment system designed to simplify and automate the customer's application experience and to utilize new data verification hubs and processing workflows. These computer enhancements will increase program access and create greater efficiencies in the administration of the program through new computer matching techniques.

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

UPDATE: Outreach and Education activities in coming months will be focused on informing clients previously served under the Tobacco Settlement MEP that their coverage will be changing on January 1, 2014. Individuals will be notified to access the Federally Facilitated Marketplace to determine their eligibility for either federally subsidized health care or Arkansas Medicaid (both traditional and the new Private Option).

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

UPDATE: The DCO Outreach Coordinator has been working with other Tobacco Settlement Programs to develop joint outreach opportunities. Recent partnerships include promotion of Minority Health issues and the "Stamp Out Smoking" messages through the DHS mobile units. There will also be new opportunities to partner with other Tobacco Settlement Programs as we work to enroll an estimated 465,000 Arkansans (211,000 with Advance Premium Tax Credits and 250,000 through Medicaid/Private Option) into health care coverage when the ACA Open Enrollment Period begins on 10/1/13.

