

ARKANSAS TOBACCO SETTLEMENT COMMISSION

EXECUTIVE SUMMARY HIGHLIGHTS ♦ July - September, 2013

FAYE SHEPHERD, DIRECTOR (faye.shepherd@arkansas.gov)

ARKANSAS AGING INITIATIVE (AAI)

- In this quarter

- Opened the 7th & 8th site of the Schmieding Home Caregiver Training Centers
- The West Central Center on Aging (Ft. Smith) had their 10 year celebration
- The use of tele-health continues to provide critical health care to older Arkansans in rural areas

ARKANSAS BIOSCIENCES INSTITUTE (ABI)

- In this quarter

- ASU student, K. Lisko, won an award at the Natl. Phytochemical Society of N. America at its annual meeting
- A record 9 patents were awarded to ABI-supported research scientists in FY13
- UAMS announced 4 new research scientists supported with ABI funding

TOBACCO PREVENTION AND CESSATION PROGRAM (TCP)

- In this quarter

- A workshop was provided by Americans for Non-Smoker's Rights (ANR) on July 10, 2013
- Launched an online grant management reporting tool to better track grantee activities and outcomes
- Achieved the short-term goal objective of having 15 CSH schools adopt comprehensive school tobacco policies

FAYE BOOZMAN COLLEGE OF PUBLIC HEALTH (COPH)

- In this quarter

- Began publishing a monthly newsletter
- Four new faculty started
- Donation from Colleges of Medicine and Public Health to create an endowed professorship in biostatistics

MEDICAID EXPANSION PROGRAM (MEP)

- In this quarter

- Leverage \$11.2 Million in Federal Medicaid matching funds
- ARSeniors Program provided expanded Medicaid coverage to 4,880 seniors
- Pregnant Women Expansion Program – Average of 1,110 women per month

ARKANSAS MINORITY HEALTH INITIATIVE (MHI)

- In this quarter

- Activities covered all 4 congressional districts
- Provided 4,971 health screenings in 15 counties
- 8,758 citizen encounters

UAMS-East/DELTA AREA HEALTH EDUCATION CENTER (AHEC)

- In this quarter

- Innovative readiness training held in Helena for 838 patients
- Obesity Prevention/Nutrition Education Programs held for over 850 youth and adults
- Received a Silver recognition certificate from the VA for providing excellent patient care in the Veteran's Affairs (VA) Community Based Outpatient Clinic (CBOC)

Independent Evaluation of the Arkansas Tobacco Settlement Commission Funded Programs

Quarterly Reports

Prepared by:
Battelle
Health & Analytics
Arlington, Virginia

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

July-September 2013 Data

Report Prepared December 4, 2013

TABLE OF CONTENTS

Project Spotlight: Arkansas Biosciences Institute	1
I. Introduction	2
II. Structure for Reporting.....	2
III. Matching Each Program’s Short- and Long-Term Goals and Objectives with Roles and Responsibilities as Specified in the Act.....	3
IV. Next Steps and New Reporting Feature	4
Summary Report.....	5
<i>Arkansas Aging Initiative.....</i>	<i>6</i>
<i>Arkansas Biosciences Institute.....</i>	<i>8</i>
<i>Tobacco Prevention and Cessation Program (TPCP)</i>	<i>10</i>
<i>Fay W. Boozman College of Public Health</i>	
<i>University of Arkansas for Medical Sciences.....</i>	<i>12</i>
<i>Medicaid Expansion Program.....</i>	<i>14</i>
<i>Arkansas Minority Health Commission</i>	<i>16</i>
<i>UAMS East (Delta AHEC)</i>	<i>18</i>

RESEARCH TELLS A STORY

Two ATSC 2013 Success Stories

ATSC-Supported Arkansas Biosciences Institute (ABI) Researchers Make Major Contributions to Improving Health Care: ATSC-Supported Arkansas Biosciences Institute (ABI) Researchers Make Major Contributions to Improving Health Care.

1 Focus on Autism. A particular chemical called folate is critical for normal brain functioning. Autoantibodies are known to interfere with the transfer of folate, stopping it from going across the blood-brain barrier. For children with autism this interference with folate has been the subject of investigation by ABI-funded researchers in 2013. In their study, children were treated with an agent to stop the interference occurring with the transfer of folate. Using this agent with children and comparing functioning with controls that did not get the agent, significantly higher improvement ratings were observed in treated children over a mean period of 4 months. These improvements occurred in verbal communication, receptive and expressive language, and attention and stereotypical behaviors. Given these results, treatment with an available agent “leucovorin calcium” may be a reasonable and non-invasive approach in helping children who demonstrate autism disorders.

2 Focus on Parkinson’s Disease. ABI-supported researchers have investigated the protective effect of an extract derived from the root structure of peanuts. This work was performed at ABI-supported laboratories. It is known that neurodegeneration, that is the breakdown of specific cells in areas of the brain, leads to disorders such as Parkinson’s disease (PD). Researchers found that pretreatment of neurons with the peanut root extract had a significant positive level of protection compared with other solutions without the extract. The finding of a stronger and more protective extract from this research holds a potential breakthrough in the understanding and treatment of preventing cell death in those with PD, thus improving patients’ outcomes that have this disease.

For complete documentation and publication reference, please contact Dr. Bobby McGehee, Director, Arkansas Biosciences Institute.

Arkansas Tobacco Settlement Commission (ATSC)

Quarterly Report July to September 2013

I. Introduction

During FY 2012-2013, Battelle Memorial Institute (Battelle) in working with the leadership of the Arkansas Tobacco Settlement Commission (ATSC) developed a new quarterly reporting format that is now being used by the Commission's seven programs. Battelle considered and reviewed several resources in designing the content and look of this new format. This included:

- A careful review of the content and style of Past Quarterly Reports that had been written by programs
- Discussions with leadership of the Commission to gain an understanding of what would be most helpful in briefing the full Commission and the Legislature regarding updates on programs
- Multiple discussions with each of the Program Managers for each of the seven programs
- Reviewing and being strident in applying the language of the Tobacco Settlement Proceeds Act that characterizes the role and activities of each of the seven programs to what the report would be addressing

II. Structure for Reporting

The product of Battelle's review resulted in recommending that there be two main components to the Quarterly Report for each program. The first component being a **Summary** two-page narrative that captures the following information for each program:

- **Program Description**
- **Progress and Highlights**
- **Key Accomplishments this Past Quarter**
- **Challenges and Opportunities**
- **Plans for Next Quarter**

The two-page format also includes one Call-Out box where the program can highlight the most noteworthy accomplishments over this past quarter.

This summary will be a quick read for anyone (Legislator) who wants and/or needs to understand a program's purpose and what they have most recently accomplished. The summary was also intended to be a useful resource for Faye Shepherd to brief the legislature, where her time is constrained and she has seven programs to review.

The second component is a more detailed **Spreadsheet** for each program. There are several excel worksheets that Battelle has created that will serve as a reference point for each program. The **Spreadsheet** includes the following information captured by each Program Manager in response to the following categories:

- **Overall Program Goal**
- **Short-Term Goal**
- **Objectives for Short-Term Goal**
- **Long-Term Goal**
- **Objectives for Long-Term Goal**
- **Program Activities to Accomplish Goals**
- **Details of Program Costs**

Battelle recognizes that the information in these detailed spreadsheets, for goals and many of the objectives will not likely change over a period of 3 months time. Therefore, Battelle in discussing this likelihood with the Executive Director of the Commission, decided that these detailed spreadsheets will only be included in the quarterly report submissions biannually, with Quarter 2 and Quarter 4 reports. This will save time and resources from program staff in not having to generate all of these very detailed reports when not much change has occurred. These reports do include an abundance of detailed information that supports the work of a program to meet its goals by working to address its objectives. Battelle, if needed, will provide the latest version of these detailed reports for Quarters 1 and 3 to anyone that needs to examine the workings and accomplishments of any of the programs during these interim reporting periods. The 2-page program summaries that are prepared and provided for each program for each quarterly report will capture the major accomplishments of that program. The detailed spreadsheet reports complement what is presented in each two-page Summary document. Should there be any questions about this change in quarterly reporting, Battelle will gladly provide more details on making this recommendation for this change.

III. Matching Each Program's Short- and Long-Term Goals and Objectives with Roles and Responsibilities as Specified in the Act

An essential consideration in designing our reporting format was to develop an evaluation approach that enables the Commission to monitor programmatic activities and assess progress towards achieving the goals specified in the Tobacco Settlement Proceeds Act. Given the language in the Act was written about a decade ago and programs have evolved since initially funded, there is in some cases less than an optimum fit in what the Act prescribes and what programs are doing. Battelle is working closely with each of the seven programs to be able to stay true to the Overall Goal, Short- and Long-Term Goals as specified in the Act for each program.

As a reminder, often what had been described as objectives by programs were agreed to belong more in the listing of Activities and were placed on that page of the Spreadsheet. Some objectives were also deleted, while others were added to better address a program goal. This process was accomplished with a great deal of care and consideration for the original language

of the Act, the current status of program accomplishments, and how to ameliorate differences between the two. This worked well for all programs; however we are still working with the Medicaid Expansion Program to sort this out. Given the impact of the Affordable Care Act (ACA) on healthcare coverage, this statewide program is currently being re-designed to fit with new directions and messaging coming from the ACA.

IV. Next Steps and New Reporting Feature

We encourage the full Commission Board to review each 2-page overview. We look forward to getting feedback on this report. We are continuing to work to create a report the Commission will find useful in monitoring progress of programs, and be able to be confident having up to date information that aligns with the intent of the Act in their presentation to the legislature.

We also are providing a new reporting feature in the quarterly report called "Our Research Tells a Story." For each quarter we will look for and prepare a one-page highlight of special contributions that comes from one of the seven grantees. Our feature report this quarter comes from some very noteworthy research contributions from the Arkansas Biosciences Institute. Congratulations to ABI on this work and for being our first featured report.

Summary Report

(This Section Contains 2-Page Summaries of Each Program)

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 more than 12 years. Based on data from FY 2013, there were almost 33,000 visits to AAI partnered hospitals' senior health clinics and the education program had over 62,000 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 Quarter

- Opened the 7th and 8th site of the Schmieding Home Caregiver Training replication from the Donald W. Reynolds Grant. All sites are now open.

Key Accomplishments this Past Quarter: The AAI leadership team started their annual evaluation site visits to each site this quarter. Six of the nine visits were completed where we found that the Centers are doing outstanding work reaching their communities and have successfully met and exceeded their goals. The West Central Center on Aging had their 10 year celebration event in September where over 50 local supporters attended a short presentation and reception celebrating their past decade of progress and accomplishments. AAI continues to utilize telehealth equipment to provide educational services to the rural community's health care professionals via telehealth. The program this past quarter focused on *Osteoporosis*. The education directors met for their quarterly meeting in September and decided upon the next few quarters' telehealth program topics and the FY 2015 fall and winter statewide evidence-based program topics. The 8th affiliated Senior Health clinic in the second partnered hospital in Texarkana, Wadley Regional Medical Center, had an open house on July 31 and began seeing patients August 1st.

The final two sites of the Schmieding Caregiver Training Center opened this quarter. The 7th site was in Hot Springs at the Oaklawn Center on Aging. They had their grand opening celebration event on August 2nd. There were over 100 community members in attendance as well as two representatives from the Donald W. Reynolds Foundation, Rani Snyder and Craig Willis. The South Arkansas Center on Aging in El Dorado successfully opened the 8th and final replication site of the Phase II Schmieding Caregiving Training Center grant on September 30th. This event started at the El Dorado Chamber of Commerce and ended with a tour of the facility, over 100 community members were in attendance at this celebration.

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 Center and the Senior Health Clinics will continue to see patients. Our fall statewide evidence-based program, focused on dementia, will begin in mid-October and continue through mid-November. The AAI leadership team will continue the annual evaluation site visits to the remaining three sites next quarter. The Schmieding Home Caregiving program will prepare for the changes in the curriculum which will involve accommodating the program for the new Homecare Assistant. This program will replace the first two training levels and require additions to the current 3rd level – changing to the 2nd level. Training for our staff to incorporate these changes is anticipated to begin in December.

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: ABI-supported research scientists submitted annual progress reports for FY13 during this quarter. The annual reports are used to track the progress in agricultural and biomedical research supported by ABI funding and related outside funding. For FY13, there were 187 new and ongoing research projects at the five member institutions. While there are concerns about a sharp decrease in funding and supported employment (see below), this year’s reporting shows a pronounced increase in patent activity.

Key Accomplishments This Quarter

- ASU student, Katherine Lisko, won Best Oral Presentation Award at national Phytochemical Society of North America annual meeting.
- A record nine patents were awarded to ABI-supported research scientists in FY2013.

Patent filings and awards are key indicators of research moving from the laboratory to the workplace. University-based research and its related economic development activities are recognized as starting points for entrepreneurial development and business formation. In FY13, ABI-supported research scientists were awarded 9 patents for their research. In addition, research scientists filed 15 patent applications and were given 9 provisional patents based on past patent application filings. In the past five years prior to FY13, patent awards averaged about two per year.

Key Accomplishments this Past Quarter: Arkansas State University student, Katherine Lisko, won the Best Oral Presentation Award at the annual meeting of the Phytochemical Society of North America (PSNA), held in August at Oregon State University. She presented her research entitled: “Engineering Elevated Vitamin C Content in Rice to Improve Abiotic Stress Tolerance”. Ms. Lisko is a PhD student working with ABI-supported researcher Dr. Argelia Lorence at ASU.

The University of Arkansas for Medical Sciences announced four new research scientists supported with ABI funding:

--Dr. Igor Koturbash, Department of Environmental and Occupational Health; research interests include epigenetics, carcinogenesis, and radiation biology.

--Dr. Krisin Zorn, Department of Obstetrics and Gynecology; research interest is in ovarian cancer.

--Dr. Antino Allen, Department of Pharmaceutical Sciences; research examines cognitive function after exposure to radiation.

--Dr. Alison Harrill, Department of Environmental and Occupational Health; research interests include drug safety, pharmaceutical risk assessment, and biomarkers of toxicity.

Challenges and Opportunities: Federal funding cuts have severely impacting agricultural and biomedical research in Arkansas. ABI research scientists rely on outside funding for research support. In FY2013, extramural funding for ABI-related research fell 14% over FY2012. Full-time equivalent employment of laboratory personnel fell by 27% over the previous year. Going forward, these cuts will negatively impact future grant funding levels, patent activity, and the number of research personnel.

Plans for Next Quarter: ABI-supported research scientists will have the opportunity to develop collaborative research projects at two upcoming programs: the ABI Fall Research Symposium and the UAMS/UAF Research Network Poster Session. The New and Established Investigator Research Awards will be announced at the Fall Research Symposium; one award in both categories will be chosen from the 20 submissions received.

Tobacco Prevention and Cessation Program (TPCP)

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* as a guide for program development. Outcomes achieved by Arkansas's 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: Americans for Non-Smoker's Rights (ANR) provided a workshop on July 10, 2013 entitled *Smoke-free Success: Winning at the Local Level and Beyond* in partnership with American Heart and Lung Associations, Campaign for Tobacco-Free Kids (CFTK) and Cancer Action Network. Sixty-five partners and stakeholders attended. At the conclusion, an overwhelming majority requested a follow-up training. TPCP committed to host an additional training in 2014.

TPCP presented at the Underage Drinking Conference for the Arkansas Prevention Network on July 14, 2013 with over 65 teachers, counselors, law enforcement officers, and parents. The audience was educated about e-products marketing tactics, dangers, & new recently passed Arkansas legislation regarding e-products on school property and school sanctioned events as well as the Act that bans sales to minors.

As part of our Annual Kick-off workshop TPCP hosted a community engagement evening event in collaboration with the Jules Foundation showing the documentary *Addiction Incorporated* with a panel discussion. This documentary exposes the tobacco industry's tactics as told by Dr. DeNoble and others who spoke up against the tobacco industry. The panel featured Myron Levin, a veteran investigative journalist who is featured in the documentary, included on the panel were Dr. Wheeler, TPCP Medical Director and a member of the Julius B. Richmond Tobacco Consortium; Dr. Busby, TPCP Advisory Board Chair and representative for the Arkansas Association of Area Agencies on Aging; Alberta Faye Powell a graduate of the Arkansas Tobacco Quitline and now an avid marathon runner; and Elroy Brown, Parks and Recreation Director for the City of Blytheville, AR. Claudia Barone, APN, Professor at UAMS at the COPH served as the moderator. In addition, two members of In His Imagine-Team BEAST (Beating Every Adversity Standing Tall) performed a Tobacco Education Step Show.

TPCP continues to expand its reach and is engaged with new communities in the state and is working with six organizations that are new to tobacco control. As part of the Annual Sub-grantee Technical Assistance Kick-off Training, TPCP held a Knowledge, Skills, and Assessment session to evaluate and

Key Accomplishments This Quarter

- TPCP achieved its goal and 15 CSH schools adopted a comprehensive school tobacco policy.
- TPCP has established promising new collaborative partnerships with four new statewide partner agencies with interests in encouraging tobacco control programs and policies.
- An abstract on Emerging Tobacco Products was presented at the 7th National Summit on Smokeless and Spit Tobacco.
- TPCP launched its updated GEMS online grant management reporting tool which will allow the program to better track grantee activities and outcomes. TPCP submitted an abstract for consideration to the Society for Research on Nicotine and Tobacco to discuss GEMS as a promising, efficient tool for grant evaluation and management.

identifying deficits and future training needs. In addition, TPCP developed 2 new program initiatives that were launched at the training for sub-grantees and tobacco control partners to implement in their communities. Project CLERK (Community Leaders Evaluating Retailer's Knowledge) was created as a component of the TPCP Diversion Program. Also new this year is the CANVAS Project designed to evaluate how tobacco related art and vintage advertising used throughout the community reinforces tobacco as a normal and acceptable part of life. CTFK has shown interest in CANVAS as a possible nationwide project. In addition, TPCP launched Second Chance which is a partnership with the Colorado Department of Public Health and Environment to utilize and implement this program in lieu of school suspension program. This program is part of TPCP's growing statewide diversion program. In September, TPCP launched the redesigned GEMS (Grant Evaluation Management System) online reporting tool training 37 sub-grantees.

The 11th Annual Striking Out Tobacco Conference and the Statewide Youth Leadership Initiative was held on September 12, 2013. Adult and youth sessions included national speakers Victor DeNoble, PhD previous tobacco industry insider and Ritney Castine with CFTK. In addition, Valerie Yerger with UCSF, and Karin Rudolph with the FDA rounded out the adult sessions. The youth portion of the conference also included the development of youth focused initiatives that will be incorporated statewide to encourage and engage tobacco control youth advocacy. At the conference youth and adults tweeted live which garnered earned media coverage from three of the four local broadcast networks.

An orientation for the expansion program to integrate tobacco cessation in mental health and substance abuse settings was held on September 25, 2013. Participants were issued Smokerlyzers (bio-metric testing tool to determine the level of carbon monoxide in individuals) along with instructions on how to use the tool. UALR – Institute of Government is the evaluator for the project and was on hand to review the monthly reporting requirements and obtain contact information.

Key Accomplishments this Past Quarter: TPCP Short-Term Goal Objective 4 (to have 15 CSH schools adopt comprehensive school tobacco policies) was successfully completed. TPCP established two key collaborative partnerships this past quarter, one with Arkansas Advocates for Children and Families-Policy Cafes and the Arkansas Coalition for Obesity Prevention-Built Environment Team. These two groups engage high level officials and other influential thought leaders in the community to advance local policies for the betterment of the community. TPCP will work with both of these organizations to incorporate tobacco-free policies in these communities. In addition, TPCP has joined the Arkansas State Epidemiological Workgroup which works on providing county level data. TPCP assisted in the dissemination of the County and State Data Profile. Another new partnership is with the Colorado Department of Public Health and Environment for use of their Second Chance Program an online interactive alternative program to school suspension. Abstract on Emerging Tobacco Products was presented at the National Summit on Smokeless and Spit Tobacco. Submitted an abstract for consideration to the Society for Research on Nicotine and Tobacco Annual Meeting on Data Quality. . Continue to refine the TPCP Strategic Plan for 2013-2018.

Challenges and Opportunities: The Affordable Care Act's rollout presents an opportunity to talk to prospective new beneficiaries about tobacco cessation, smoke-free homes/cars. One of our biggest challenges is the renormalizing of indoor smoking with the use of electronic nicotine delivery devices and hookah pens or pipes.

Plans for Next Quarter: Develop comprehensive follow-up training plan with ANR for 2014 program and complete GEMS training. Attend Policy Café meeting in Arkadelphia and Built Environment meetings in DeQueen, Arkansas. Update Tobacco Data Deck with relevant 2012 BRFSS data.

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 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 health care; 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. 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.* Earlier this year, the COPH established an advisory board to direct its development efforts to assist in raising philanthropic funding to supplement current philanthropic funding that comes from foundations. During this quarter, a donation was received by the Colleges of Medicine and Public Health to create an endowed professorship, the Robert C. Walls, M.D., Endowed Professorship in Biostatistics. The recipient will be a faculty member in the Department of Biostatistics, which is a joint department between the two colleges. In addition, an end-of-the-year mailing was distributed to solicit funds for all of the UAMS colleges and institutes, including the COPH.

The College also began publishing a monthly newsletter during this reporting period. In addition, the College continues according to its timeline in completing its self-study as a part of the re-accreditation process with the Council on Education for Public Health.

During this reporting period, four new faculty began work: Victor Cardenas, M.D., M.P.H., Ph.D., F.A.C.E., and Mohammed Orloff, Ph.D., M.S., both in the Department of Epidemiology; Stephen Bowman, Ph.D., M.H.A., in the Department of Health Policy and Management; and Alison Harrill, Ph.D., in the Department of Environmental and Occupational Health. Finally, Marilyn Bowman, M.P.A., joined the COPH as Assistant Dean for Administration and Finance.

Key Accomplishments This Quarter

- Robert C. Walls, M.D., Professorship in Biostatistics created jointly by the Colleges of Medicine and Public Health with the generous donation of a benefactor.
- Four new faculty start.
- New Assistant Dean for Administration and Finance starts.
- Academic program development progresses.

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

This goal requires efforts by the COPH and its partners over decades. The new focus in Health Behavior/Health Education under development will educate students to meet the increased demand for health educators in clinical settings as a result of the Affordable Care Act. Recruitment for two new faculty positions for that program is underway. Other developments in educational programs include the start of a new program and the discontinuation of another. The Department of Epidemiology's Ph.D. program began this fall with the admission of one student. The Department of Environmental and Occupational Health (EOH) is phasing out its Master's in Occupational and Environmental Health degree program because of the low number of applicants and the significant overlap between that program and the Master's in Public Health with EOH concentration.

Discussions are underway between leadership of the University of Arkansas at Fayetteville and the COPH to consider the development of joint MPH-MBA and MHA-MBA programs by the two institutions. Also being discussed is development of a 4+1 program with UA Fayetteville, which would expand the number of Arkansas colleges and universities participating in the COPH 4+1 program to five.

COPH faculty, students and alumni continue to make significant contributions that directly impact the health and well-being of Arkansans. Thirty of 36 student preceptorships in the fall semester and 41 of 45 current faculty research projects focus on Arkansans' health and well-being.

The competing continuation application for the Arkansas Prevention Research Center (ARPRC), which was submitted to the CDC in September, was a collaborative effort of the COPH and the Arkansas Department of Health (ADH). The application proposes that Joseph Bates, M.D., M.S., the ADH deputy director and COPH associate dean for public health practice, will serve as the deputy director for the ARPRC and that new opportunities would be developed for the COPH to provide educational programs and technical assistance for ADH staff.

Key Accomplishments this Past Quarter: These include hiring of an assistant Dean for Administration and Finance, four new faculty starting work, discussions and planning for new academic programs, and the creation of the Robert C. Walls, M.D., Endowed Professorship in Biostatistics.

Challenges and Opportunities: The COPH continues to be competitive nationally in recruitment of highly qualified academic and administrative personnel, despite the limited pool of senior faculty candidates. To address the demand for a diverse public health workforce, the COPH continues development of programs that serve students from a wider geographic area and in the long term will increase the impact of public health expertise on population health across Arkansas communities. Limited student scholarships and financial aid are an additional challenge.

Plans for Next Quarter: Plans include continuing recruitment efforts for faculty, minority faculty, minority post-doctoral fellows and doctoral students; continuing development of a self-study for re-accreditation by the Council on Education for Public Health with the site visit planned for June 2014; continuing development of new educational programs; and planning for securing philanthropic funding for endowed faculty chairs/professorships and student scholarships.

Medicaid Expansion Program

Program Description: The Medicaid Expansion Program creates 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: Expands Medicaid coverage and benefits to pregnant women with incomes ranging from 133 – 200% of the Federal Poverty Level

Population 2: Expands inpatient and outpatient hospital reimbursements and benefits to adults age 19-64

Population 3: Expands Non-Institutional coverage and benefits to seniors age 65 and over

Population 4: Expands to provide a limited benefits package to low-income employed adults age 19-64

The Tobacco Settlement funds are used to pay the state share required to leverage approximately 70% federal Medicaid matching funds.

Progress and Highlights: Program activity this quarter is best described as stable in the Pregnant Women, ARSeniors and Hospital Benefit Coverage initiatives. Enrollment in the ARHealthNetworks Program has grown to 18,094 averaging 577 new members per month. Total claims paid for the MEP populations this quarter were just under \$17.1 Million.

The Department has discontinued all marketing and outreach activities for ARHealthNetworks in preparation for conversion of the program as part of the national health care reform changes. These adults will be eligible to apply for health care coverage through the Federally Facilitated Marketplace as part of the Affordable Care Act (ACA) passed by Congress and the Arkansas Health Care Independence Act passed by the 89th General Assembly.

Key Accomplishments this Past Quarter: The most significant accomplishment this quarter was the passage of historic legislation that opens the eligibility doorway for 250,000 low-income adults to have access to health care through the Arkansas Health Care Independence Act of 2013, also referred to as the Medicaid Private Option. Since the Tobacco Settlement – Medicaid Expansion Program (TS-MEP) initiatives also serve low-income adults, it is no surprise that the passage of the ACA and the state’s Medicaid Private Option will have a significant impact on these TS-MEP populations. In fact, these adults will become a sub-set of a larger group to be covered by the health care reform efforts at the state and national levels.

Challenges and Opportunities: The future of the program is filled with both opportunities and challenges as we build new information systems and re-engineer our eligibility manuals, operating

Key Accomplishments This Quarter

- Leveraged \$11.2 Million in Federal Medicaid matching funds.
- ARHealthNetworks enrollment reaches 18,094.
- ARSeniors Program provides expanded Medicaid coverage to 4,880 seniors.
- Pregnant Women’s Expansion provides prenatal care to an average of 1,100 women per month.

procedures and business workflows in time for open enrollment on 10/1/13. At the same time, we must be educating our clients and applicants about how to utilize the new web-based marketplace access portals and how to select the best insurance carrier to meet their health care needs. More specific to the TS-MEP, the agency needs to re-think the performance measurements for this program. Up until now, performance has been measured by growth in the number of eligibles and paid claims. As we move forward, individuals should transition out of the TS-MEP to the new coverage groups. Instead of measuring performance against a baseline, it may be more meaningful to track the progress of our systems development, eligibility group transition plans and actual migration from TS-MEP to federally subsidized or Medicaid funded health insurance through the state and federal marketplaces.

Plans for Next Quarter: Activities for the next quarter will continue to focus on developing the architectural design for the computer systems to support the eligibility and enrollment processes for the ACA at the state and federal levels. Since the vast majority of persons served through the Tobacco Settlement funded MEP initiatives will convert to coverage under the ACA and Arkansas Private Option models, it is imperative that the computer systems that support these exchanges or “marketplaces” be developed and fully functional by the time open enrollment begins and continue to support enrollment activities long term. The agency will also be developing a plan to transition current Medicaid eligibles to their new coverage categories or instruct them in how to enroll for coverage through the Federally Facilitated Marketplace. Both the transition plan and educational activities will require the development of new client notices and the promulgation of revised Medicaid policies.

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 that 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 populations with a focus on assessment, prevention, education and screenings. During the 1st quarter of FY2014, AMHC provided 4,971 health screenings and documented 8,758 citizen encounters from activities held in 15 counties. The events targeted individuals who reside in Pulaski, Union, Crittenden, Lee, St. Francis, Phillips, Poinsett, Craighead, Crossett, Monroe, Sebastian, Desha, Drew, Jefferson and Ouachita County. This represents all four congressional districts. During the same quarter in FY2013, AMHC documented 1,164 screenings and 2,082 citizen encounters. AMHC increased the number of health screenings by 3,807 and the number of citizen encounters by 6,472 in FY2014. To increase awareness of hypertension, stroke, heart disease and tobacco over 4,978 health education brochures/factsheets were distributed during events. Prevention screenings provided to assist with meeting this goal were blood pressure - 1,579, glucose- 1,009 and cholesterol – 849.

Key Accomplishments This Quarter

- Participated in over 35 initiatives with faith-based, state, and community organizations.
- Activities held in 15 counties.
- Activities covered all 4 congressional districts.
- 4,971 – health screenings provided.
- 8,758 citizen encounters.

Key Accomplishments this Past Quarter: AMHC through a grant from the Arkansas Insurance Department was able to hire nine In-Person Assister (IPA) Guides to assist with outreach education and enrollment into the Health Insurance Marketplace created as a result of the Patient Protection and Affordable Care Act (ACA) of 2010. As of September 30, 2013, three have completed all phases of training and were awaiting the issuance of their license (required by state law). The remaining six are in the last phase of training. IPAs will assist with education/enrollment in St. Francis, Phillips, Lee, Crittenden, Ouachita, Union, Desha, Chicot, Sevier, and Pulaski. AMHC facilitated 11 ACA Community Meetings the 1st Quarter of FY2014.

To assist the Commission in addressing its long-term goal of obtaining baseline data to assess an increase in awareness of hypertension, diabetes and heart disease among minority Arkansans, AMHC collaborated with Arkansas Department of Health, Health Statistics (ADH) and was able to add 13 state questions to the Behavioral Risk Factor Surveillance Survey (BRFSS). This survey will assist the Commission in obtaining baseline data to assess an increase in awareness in heart disease and stroke.

Challenges and Opportunities: While it is an exciting opportunity for the AMHC to have additional surveillance data from the BRFSS , however, due to the nature of the BRFSS data collection and analysis process it will be several years before the program will be able to utilize these data. The next implementation of the BRFSS survey will be 2014, and data from the survey will not be available until 2015. The Arkansas Department of Health data analysis will be conducted in 2016.

The data generated from these add on BRFSS questions will serve as baseline data for the AMHC, and provide an improved means to track progress towards reducing health disparities in Arkansas. In the meantime, AMHC will continue to provide education and preventive screenings as mandated under the Initiated Act I. The long-term goal of “reduced death/disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans” is ambitious and it is not feasible for AMHC to accomplish this goal alone.

Plans for Next Quarter: AMHC will launch Southern Ain’t Fried Sundays (SAFS) – a program uniquely designed to educate African American and Hispanic churches, communities and organizations about healthier alternatives to preparing/cooking traditional meals and increased physical activity. It is also a creative mechanism to help in the reduction of heart disease, stroke, diabetes and obesity. AMHC has also been working with the Arkansas Public Health Leaders’ Roundtable on a new school-based pilot project that will launch this school year. The pilot project, titled, “Central Little Rock Promise Neighborhood” (CLRPN) adopts middle and high schools within the CLRPN area to motivate students towards increased STEM (Science, Technology, Engineering, Mathematics) education. This program is aimed to improve the AMHC the health care workforce and health care workforce diversity in Arkansas. This project pairs health professionals with students’ interests. The two schools identified for this initiative are Forest Heights Middle and Hall High.

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.. 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: UAMS East has continued its efforts to increase access to primary care providers.

- UAMS East completed the Diabetes pilot study with Dr. Peter Goulden, a UAMS Endocrinologist. Twenty-one subjects completed diabetes care with a combination of group education and telemedicine. Preliminary data indicate a decrease in HbA1C levels by 1.4% for an eight week period. These results are aligned with outcomes documented in other research. HbA1C is an important indicator for diabetes management as it gives an estimate of the stability of blood sugar levels over 3 months. In general, the higher your HbA1c, the higher the risk that you will develop problems. Building on this success, UAMS East will continue collaborating with Dr. Goulden to assess the effectiveness of this type of approach to other chronic diseases.
- The Veteran’s Affairs (VA) Community Based Outpatient Clinic (CBOC) received a Silver recognition certificate from the VA for providing excellent patient care during this quarter. Currently 857 persons are enrolled at the CBOC. A new telehealth program entitled “My Healthy Heart” was launched this quarter and is available to all members.

UAMS East along with the Army, Air Force and Naval Reserve held an Innovative Readiness Training in Helena during the month of July. During this mission a total of 838 patients were seen for free medical, dental and optometry care. This includes: 316 dental screenings, 519 extractions, 155 eye exams and 131 prescribed eyeglasses. Health screenings were also provided by UAMS East staff including blood pressure, cholesterol and Hemoglobin A1C’s. UAMS East staff has provided follow-up information and education to many of the patients seen during the mission. UAMS East

Key Accomplishments This Quarter

- Innovative Readiness Training held in Helena for 838 patients.
- Obesity Prevention/Nutrition Education Programs held for over 850 youth and adults.
- Exercise Programs held for 17,257 adults and children.

continues its work towards weight reduction/obesity prevention and chronic disease self-management through educational opportunities. Those include programs on lifestyle change, nutrition and exercise classes, health screenings and health fairs for both adults and children. UAMS East staff also provided school faculty and business employees with “How Healthy is your Faculty/Industry”. These educational programs offer faculty/employees with free health screenings and counseling on site. The majority of those tested at these locations depend on UAMS East faculty for their healthcare and health information.

Key Accomplishments this Past Quarter: UAMS East provided a variety of learning opportunities for both youth and adults. This included the 3rd Annual Community Health Update focusing on hypertension and chronic disease prevention in Helena. Also, a Teacher Appreciation Reception and Attention Deficit Training were held in Helena and Forrest City for 125 local school staff. UAMS East continues its work in mentoring local junior high and high schools students as part of the career pipeline. Programs are all designed to interest and inform students about health careers through fun, hands on learning. UAMS East also continues its support and guidance to healthcare professional students. This quarter UAMS East provided internship opportunities to two Washington Lee students involved with the Shepherd Poverty Alliance Program and worked with UAMS Office of Diversity to provide an internship opportunity to one Medical Terminology Student attending Phillips Community College of the University of Arkansas. UAMS East APN is preceptoring two UAMS College of Nursing Students and is acting advisor to four BSN students.

Challenges and Opportunities: UAMS East has hired several new staff to help with its educational efforts including a Health Educator, Registered Dietitian, and a LPN. The increase in staff will allow for more consistent programming and will allow for additional programs to be active in counties.

UAMS East in West Memphis worked with Crittenden Regional Hospital to develop a grant proposal to replicate the Methodist LeBonheur Congregational Health Network (CNH). If funded, the CNH will work with local congregations in developing a health ministry in West Memphis. This would provide UAMS East staff with a direct pipeline for teaching faith-based health and wellness programs.

Plans for Next Quarter:

1. Begin a Healthy Lifestyles Weight Management program in Helena and West Memphis.
2. Provide Tobacco Cessation Program for community members. This will include one-on-one counseling and group cessation classes offered in Helena.
3. Host an informative educational program for Diabetes to inform and educate the community about World Diabetes Day and National Diabetes Awareness.
4. Provide a “Cooking Matters for Kids” to youth of the Boys and Girls Club in Helena and in West Memphis. This partnership will include UAMS East, Boys and Girls Club and UA Division of Agriculture.