

ARKANSAS TOBACCO SETTLEMENT COMMISSION

EXECUTIVE SUMMARY HIGHLIGHTS ♦ October - December, 2013

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ARKANSAS AGING INITIATIVE (AAI)

- In this quarter

- AAI Leadership team completed annual evaluation of all sites
- The Delta Central Center on Aging (West Memphis and Helena) had their 10 year celebration
- This quarter's professional development teleconference focused on Alzheimer's disease

ARKANSAS BIOSCIENCES INSTITUTE (ABI)

- In this quarter

- ABI Fall Research Symposium held October 15 in Little Rock with over 115 ABI researchers in attendance
- Symposium presentations included research updates on asthma, pancreatic cancer, infectious diseases
- ABI New & Established Investigator Awards were given to Dr. Richard Frye, ACH & Dr. Malathi Srivatsan, ASU

TOBACCO PREVENTION AND CESSATION PROGRAM (TCP)

- In this quarter

- Ads placed in movie theaters delivering tobacco prevention and cessation messages
- Benton County Judge issued prohibition of the use of all tobacco products by employees in county properties
- Arkansas Foundation for Medical Care implemented a tobacco-free campus and no longer hires tobacco users

FAYE BOOZMAN COLLEGE OF PUBLIC HEALTH (COPH)

- In this quarter

- Commitment of \$20K donation for student scholarships
- Submission of COPH self-study draft to Council on Education for Public Health for re-accreditation process
- Discussions with UA Fayetteville about new combined-degree programs

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

- Launched the new "Southern Ain't Fried Sundays" event in November, 2013
- Provided 8,258 health screenings throughout the State
- Hosted Public Health Leaders Roundtable meetings in Hall High School and Forrest Heights Middle School

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

- In this quarter

- Began Healthy Lifestyle/Weight Management with nutrition education, group support, and weekly weigh-ins
- Health Screenings provided to 962 individuals
- Fitness Center encounters totaled 8,653.

Independent Evaluation of the Arkansas Tobacco Settlement Commission Funded Programs

Quarterly Reports

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October–December 2013 Data

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OUR RESEARCH TELLS A STORY

Arkansas Tobacco Prevention and Control Program

Arkansas is properly using its funding given to the state from the tobacco master settlement agreement to fight tobacco and help Arkansans quit smoking. Here is one story that illustrates this success at an individual level. A former smoker, this Arkansan is now running marathons. Who would have thought that was possible with her having such a long-term habit. Here is the story.

"I can honestly tell you that had it not been for the program helping me get through what I got through, after 37 years of addiction, I couldn't see those medals on my wall."

"Alberta Faye Hires smoked for 37 years before she quit, using a 12-week cessation program paid for with the proceeds from the 13-year-old agreement resolving a lawsuit by states against tobacco companies. On Oct. 21, 2008, the Maumelle, Ark., resident called the state's quitting help line. Along with being offered nicotine patches to help replace cigarettes, Hires said, she spoke with counselors and used a computer program designed to motivate people to overcome the addiction. "It helped tremendously, just the support that you get from them. If you have a weak moment, you know you can pick up the phone and call a counselor," Hires said. "It's a hard thing to do on your own. I still have their number in my phone. I could call them if I needed to." Since she quit, Hires, 57, has run two full marathons and 13 half-marathons, and in March she plans to run the Little Rock Marathon.

A report released by a coalition of public-health groups, including the American Cancer Society, the American Heart Association and the American Lung Association, ranked Arkansas seventh in the country for spending on cessation and prevention programs. The report, titled "Broken Promises to Our Children: The 1998 State Tobacco Settlement Fifteen Years Later," analyzes how states spend the millions of dollars they receive from tobacco companies each year compared with what the federal Centers for Disease Control and Prevention recommends they spend.

Although Arkansas is spending closer to the recommended CDC level than most states, Arkansas health experts say there is still a lot of work to do. About 25 percent of adult Arkansans smoke, down from 30 percent in 2000, according to the report. Nationally, about 18 percent of Americans smoked in 2012, according to the report. As noted by Jason Brady, the American Cancer Society's Arkansas spokesman. Arkansas has also chosen to focus on keeping children from using tobacco. There has been marked success in this area. According to the Arkansas Department of Health, 18 percent of teenagers smoked in 2011, down from 43.2 percent in 1997.

Brady, with the Cancer Society, said there is only so much headway the state can make with the resources it has. Tobacco companies spend \$6.10 marketing their products in the state for every dollar Arkansas puts toward prevention and cessation, according to the report. Dr. Gary Wheeler, the medical director for the Health Department's Tobacco Prevention and Cessation Program, said the slow drop in the number of adult smokers doesn't surprise him. "We're getting outspent. If this was a political campaign and we were electing candidates, who do you think would win?" he said. Still, the state has learned a lot about what a cessation program needs to do to persuade tobacco users to quit, he said.

"We are making progress, it is slower than we want, and we want to accelerate that," Wheeler said. "We are now armed with information and knowledge that we didn't have when we started this, and I think we're wiser."

Taken from an Article on December 26, 2013 in the Arkansas Democrat Gazette

Arkansas Aging Initiative

Program Description: The Arkansas Aging Initiative (AAI) is an infrastructure of nine regional Centers focused on improving the health and quality of life 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 96% 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

- The AAI leadership team completed their annual evaluation site visits to each site.
- Community Advisory Committee was honored for their contribution and leadership in community development during the 1st annual UAMS Translational Research Institute Community Partner Celebration in October.

Key Accomplishments this Past Quarter: The AAI leadership team completed their annual evaluation site visits to each site this quarter. The central leadership staff visited all nine sites this fall and we found that the Centers are doing outstanding work reaching their communities and have successfully met and exceeded their goals. The Delta Central Center on Aging had their 10 year celebration event in October where a short presentation and reception celebrating their past decade of progress and accomplishments took place. The University of Arkansas for Medical Sciences Translational Research Institute held its first Community Partner Celebration October 15, 2013, and honored 120 individuals and community groups for their contribution and leadership in community development. The Arkansas Aging Initiative's West Central Center on Aging Community Advisory Committee was chosen for the award in the category of Advisory Boards and Committees. The AAI continues to utilize their tele-health

equipment with educational services to the rural community's health care professionals via tele-health and have been partnering with the Arkansas Geriatric Education Center to broadcast quarterly professional teleconferences. The program this past quarter focused Alzheimer's disease. The Center directors met for their quarterly meeting in October where they discussed community outreach, the Chronic Care Model, AAI financials and sustainability. The replication of the AAI in Oklahoma, the Oklahoma Healthy Aging Initiative (OHAI) continues with two sites open and a third in the planning stages. Three personnel from OHAI meet with Dr. Robin McAtee and Sherry White in November to plan their replication of the Schmieding Home Caregiving Training. Training for the AR DWR Schmieding staff to incorporate the new In-Home Assistant training was completed in December, 2013.

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. St. Bernard's hospital in Jonesboro decided to allocate Dr. Mulligan, our COA director in that region, to full time medical system work, and will be assigning someone else to work with the COA.

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 spring statewide evidence-based program, "Doing it Right" will begin in February and continue through April. At least 45 community and 9 professional programs will be disseminated across the state. This program is being done in partnership with the Arkansas Foundation for Medical Care (AFMC). The AAI leadership team begins the spring semi-annual site visits which will be done via tele-health, to review strategic plans and budgets for FY 15. The winter retreat will also be held on February 7 via tele-health and will focus on new codes for the clinic and how these could help with revenue streams and how the Education Centers might become involved in the education aspect. The Schmieding Home Caregiving program in Springdale and the 8 replication sites will begin teaching the new In-Home Assistant (IHA) curriculum during the next quarter. AAI will host their second annual APN Pharmacology Update Conference on April 11th and plans are ongoing.

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, and 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: Arkansas Biosciences Institute awarded its inaugural Investigator Research Award at the ABI Fall Research Symposium in October. The awards were established to honor a new and an established ABI research investigator each year, choosing ABI-supported research that strongly impacts the field. New investigators were ABI-supported researchers with four or fewer years of ABI support; the established investigator category was for those with five or more years of ABI support for their research. There were twenty submissions for consideration, with research covering areas such as adolescent nutrition, brain injury and congenital heart disease, and changes in vitamins in rice varieties.

Key Accomplishments This Quarter

- ABI's New Investigator Award for 2013 was given to Dr. Richard Frye, Arkansas Children's Hospital, for his novel, safe treatment for a subset of children with autism spectrum disorders (ASD).
- The ABI Established Investigator Award was given to Dr. Malathi Srivatsan, Arkansas State University, for her research on plant extracts and reducing oxidative stress.

Dr. Richard Frye, with Arkansas Children’s Hospital Research Institute and Associate Professor in the UAMS Department of Pediatrics, was chosen for the 2013 ABI New Investigator of the Year Award for his novel, safe treatment for a subset of children with autism spectrum disorders (ASD). Dr. Frye and his colleagues reported that they can successfully treat some children with ASD with folinic acid, a special type of folic acid.

Dr. Malathi Srivatsan, Professor of Biological Sciences at Arkansas State University, was giving the Established Investigator of the Year Award for her work on oxidative stress and its connection to neurodegenerative diseases like Parkinson’s disease. Dr. Srivatsan and her research team at ASU have found that antioxidants isolated from plants can exhibit a neuroprotective effect that may be useful in fighting neurodegenerative diseases. Both of these ABI research investigators will have their research highlighted in ABI’s annual report.

The ABI Fall Research Symposium, held October 15 in Little Rock, brought together over 115 ABI research investigators for a day-long conference highlighting collaborative research projects at the five institutions. Oral presentations included research updates on asthma research, pancreatic cancer research, and infectious diseases; thirty-five poster presentations covered on-going ABI-supported research in areas such as breast cancer research, obesity prevention, liver injury, and detection of food borne bacteria. The next symposium will be held at Arkansas State University in October.

Key Accomplishments this Past Quarter:

ABI institutions recently announced newly recruited research scientists supported with ABI funding:

- Dr. Barbara Fuhrman, UAMS Department of Epidemiology and College of Public Health with a focus on cancer epidemiology.
- Dr. Jun Zhu, Co-Director for the Center for Agricultural and Rural Sustainability for the University of Arkansas-Division of Agriculture.-- Dr. Elizabeth Borsheim at Arkansas Children's Hospital Research Institute directs the new Energy Expenditure and Metabolism Program and the Physical Activity Core Laboratory.
- Dr. Griffiths Atungulu, Grain Process Engineer with the UA-Division of Agriculture in the Department of Food Science.
- Dr. Joshua Kennedy at Arkansas Children's Hospital Research Institute will focus on the mechanisms whereby respiratory infections exacerbate asthma.
- Dr. Sami Dridi, an avian endocrinologist, will work at the Tyson Center for Excellence in Poultry Science.
- Dr. Ainong Shi will focus on vegetable breeding and genetics with the UA-Division of Agriculture in the Department of Horticulture.

Challenges and Opportunities: Federal funding cuts have continued to shrink the amount of research funding for ABI-supported research investigators. Related extramural funding fell from \$43.4 million in FY2012 to \$37.4 million in FY2013. Similarly, the number of jobs supported by this funding fell from 308 FTE jobs in FY2013 to 225 jobs in FY2012.

Plans for Next Quarter: In March, all ABI-supported research investigators for FY2014 will be invited to submit research highlights for the 2014 ABI New and Established Investigator of the Year Award. Awards will be made in October at the ABI Fall Research Symposium to be held at Arkansas State University. In January, the ABI Board of Directors' quarterly meeting will include three new directors: Dr. Tim Atkinson, President of Arkansas Science and Technology Authority; Ms. Marcy Doderer, President of Arkansas Children's Hospital; and Dr. Beverly Lyn-Cook, senior scientist at the National Center for Toxicological Research.

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: Benton County Judge Bob Clinard issued a memo about the tobacco policy change: "To protect and enhance our air quality and to contribute to the health and well-being of all employees, Benton County buildings and facilities shall be entirely tobacco free effective October 10, 2013. As of this date the use of all tobacco products, including chewing tobacco, is banned from the county workplace.

The 4th Annual Lung Cancer Symposium was held at the University of Arkansas for Medical Science. This event targeted healthcare providers with 81 in attendance. Specific tobacco topics including e-cigarettes and disease burden were presented.

TPCP worked diligently to communicate tobacco-free and counter marketing messages by coordinating media placement, supporting events and activities, developing and posting social media messages, securing TV spots for the cessation media buy and measuring and documenting Quitline efforts and success. Campaigns include spots aired during the Razorback game and radio spots featuring James Capps discussing his smokeless tobacco habit and how he overcome the need to use tobacco.

In response to the release of *Rush*, a film containing prevalent tobacco product placement and use, TPCP placed ads in movie theaters that delivered tobacco prevention and cessation messages to audiences as counter marketing strategy.

TPCP expanded its collaboration with Division of Behavioral Health Services (DBHS) to address tobacco use in mental health and substance abuse organizations. This expansion created an opportunity to

Key Accomplishments This Quarter

- AFMC has a tobacco-free campus and a no hire tobacco user policy
- Fort Smith and Rogers Public Libraries developed and implemented a policy prohibiting Electronic Nicotine Delivery Systems (ENDS)
- Abstract submitted for the 20th Annual Society for Research on Nicotine and Tobacco Conference on Data Quality Management Tool and accepted.
- The counter marketing "Pack of Lies" campaign ran through October.
- There were 3,269 registered tobacco users who called the quitline during the SFYQ2. An increase of about seven percent over last year's second quarter (3,055).

increase the number of providers who could address tobacco use within their organizations. There are twelve substance abuse providers and six mental health providers participating. As a result of the partnership with DBHS, all twenty-six (26) contracted substance providers are required to address tobacco use while consumers are enrolled in their programs. These same substance abuse contractors will be required to be tobacco free by June 2014.

Continued partnership with Arkansas Community Corrections (ACC) have resulted in staff being trained using the Dimensions training. Since staff was trained in August 2013 ACC has adopted the curriculum and have trained 88 staff. In November ACC implemented the Dimensions training in all programs within ACC Field Services which include the Substance Abuse Treatment Programs (education and treatment), drug courts and day reporting. During the month of November there were 3,500 consumers that received tobacco education and treatment

Key Accomplishments this Past Quarter: Through collaboration with grassroots efforts, Arkansas had several policy successes this quarter, including (1) prohibition of ENDS in public libraries in both Sebastian and Washington Counties; (2) Benton County Judge prohibited use of tobacco products by employees in all public owned or leased properties; (3) Arkansas Foundation for Medical Care has implemented a tobacco-free campus and no longer hires tobacco users; and (4) Sharp County implemented a smoke-free festival policy.

Every year, Arkansas students in second through ninth grade, participate in the Stamp Out Smoking Essay and Art Contests. The theme of this year's Essay Contest, "My Journal Entry: How Tobacco Affects Me," was developed by members of the Arkansas Kids with the Tobacco Control Youth Board and the Youth Extinguishing Smoking (YES) Team. The Art Contest, "Natural State vs. Tobacco State", is intended to generate a dialogue about tobacco use and the harmful side effects it has on the human body and the environment. This year, TPCP chose to implement a new statewide Stamp Out Smoking Sketch Contest for students in grades four through eight. Contest guidelines stipulate that students illustrate a clean, healthy, tobacco-free future or one that is polluted, unhealthy and tobacco-filled.

TPCP partnered with Arkansas Department of Corrections (ADC) and the University of Colorado to provide evidenced based treatment curriculum for the ADC staff working in substance abuse treatment programs. The goal is for forty ADC staff to receive training.

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. ENDS remains one of TPCP's biggest challenges as it is an unregulated product that is exuberantly advertised with focus on renormalizing indoor smoking and flavoring that is appealing to youth.

Plans for Next Quarter: Develop comprehensive follow-up training plan with ANR for 2014 program. Capitalize on the Surgeon General Report anniversary by increasing awareness of tobacco problems in the State. Approve and launch TPCP's Strategic Plan for 2014-2019. Develop comprehensive marketing plan for FY2015. Conduct and report on the evaluation of the Tobacco Treatment Pilot Project in collaboration with DBHS.

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.* Last year, the COPH established an advisory board to direct its development efforts to assist in raising philanthropic funds to supplement current philanthropic funding that comes from foundations. A donor has committed to a \$20,000 gift to go toward two student scholarships if match funds can be secured.

COPH revenues in 2013 declined due to reductions in federal funding, which affected all of UAMS significantly, as well as the departures of several faculty who were heavily funded researchers.

The College continues according to its timeline for completing its self-study as a part of the re-accreditation process with the Council on Education for Public Health (CEPH). The initial draft of the self-study document was submitted to CEPH in December. In addition, planning began for activities in the areas of alumni affairs as well as career services for current students, both of which needed to be established to meet accreditation requirements.

Long-term goal: Elevate the overall ranking of the health status of Arkansas. This requires efforts by the COPH and its partners over decades. A 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

Key Accomplishments This Quarter

- Submission of self-study draft to the Council on Education for Public Health, as part of the re-accreditation process.
- Successful faculty hire by the Health Behavior/Health Education Department.
- Continuing discussions with UA Fayetteville about collaborative program development.
- Commitment of \$20,000 donation for student scholarships.
- Planning began for alumni affairs and career services activities.

of the Affordable Care Act. Recruitment for two new faculty positions for that program resulted in one successful hire in December. Recruitment is also underway for an additional MHSA faculty member.

Discussions continue with UA Fayetteville about offering health administration courses with the Sam M. Walton College of Business' Executive MBA program, as well as developing a number of new combined-degree programs: a combined MPH program with the Walton School's MBA, a combined MHSA with the Walton School's MBA degree program, and a 4+1 combined MPH/BS degree program with the Department of Health, Human Performance and Recreation (which would expand the number of Arkansas colleges and universities participating in the COPH 4+1 program to five).

Faculty, students and alumni continue to make contributions that directly impact the health and well-being of Arkansans. In fall 2013, 29 of 35 (80%) student preceptorship and culminating experience projects and 41 of 51 (80%) faculty research projects focused on Arkansans' health and well-being.

As part of the COPH's commitment to informing policy-makers about public health issues, funding was obtained by a faculty member through a contract from the Arkansas Insurance Department to evaluate the Arkansas Insurance Exchange, and, the COPH continues to be represented on task forces and committees with organizations and state agencies addressing public health issues.

Key Accomplishments this Past Quarter: Accomplishments include the submission of the self-study draft to CEPH, as part of the COPH's re-accreditation process; a successful faculty hire by the Health Behavior/Health Education Department; continuing discussions with UA Fayetteville about collaborative program development; planning for alumni affairs and career services activities; and commitment of a \$20,000 donation for student scholarships.

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 the 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: Planned activities 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 CEPH with the site visit planned for June 2014; continuing development of new educational programs; and philanthropic fundraising for endowed faculty chairs/professorships and student scholarships. In addition, alumni affairs efforts will be initiated with a poll of all alumni about their interest in types of alumni activities to be coordinated by the COPH. Efforts are underway to provide, for current students, services that will assist them with career planning and their professional development. Career workshops are planned for this semester. New features for the COPH web site to assist with career decisions and job searches include public health career and employment resources as well as alumni profiles.

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 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

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

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 eligible 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 April 2013 - June 2013 Quarter will 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 on 10/1/13. 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 Initiative

Program Description: The Arkansas Minority Health Initiative (MHI) was established through ACT 912 of 1991. The goal of MHI 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: MHI 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 and 2nd quarter of FY2014, MHI provided 8,258 health screenings and documented 25,542 citizen encounters from activities held in 24 counties representing all four congressional districts. Diabetes and Asthma are two of the Commission's key focus areas. Arkansas Minority Health Initiative partnered with UAMS COPH, Department of Epidemiology to research and prepare a report on the state of diabetes and asthma in Arkansas. The executive summary of both reports are highlighted. **Diabetes: Mortality** - In

2010, diabetes was the 7th leading cause of death among Whites and the 4th among African Americans and Latinos. African Americans saw higher mortality rates due to diabetes compared to Whites and Latinos each year from 2008 – 2012, and lost more potential years of life to the disease. Generally speaking, death rates due to diabetes were higher among people living in the eastern portion of the state, with Mississippi County having the highest death rate (89.8 deaths per 100,000 people).

Morbidity – Since 2001 a pattern has emerged in which African Americans show the highest rates of diabetes prevalence each year, while Latinos show the lowest rates and Whites fall in between. In 2010, the majority of counties in Arkansas reported prevalence rates between 5 and 10%. Clay County, in the northeast, reported the highest prevalence at 20.1%. **Risk Factors** – Arkansans generally show high prevalence rates of common risk factors for diabetes, such as obesity, tobacco use, lack of physical activity, high cholesterol, and hypertension. Compared to Whites, African Americans showed higher rates of tobacco use, Latinos and African Americans showed greater rates of obesity, and Latinos reported lower rates of cholesterol checks. **Financial Burden** – In 2011, more than 5,900 hospital discharges with a primary diagnosis of diabetes with complications resulted in over \$135 million in aggregate hospital charges in Arkansas. These discharges were the 10th most costly type among African Americans, the 18th among Whites, and the 20th among Latinos. **Asthma:** In Arkansas, 13% of adults had asthma in 2012. Generally, rates are highest among African American adults and lowest among Latinos. **From 2011 – 2012**, asthma rates were approximately twice as high among African American

Key Accomplishments This Quarter

- Participated in over 60 initiatives with faith-based, state, and community organizations.
- 8,258 health screenings
- 25,542 citizen encounters
- 431 citizens enrolled in Affordable Healthcare.
- Launch of New and Improved Southern Ain't Fried Sunday.

children as they were among White and Latino children. In Arkansas in 2010, asthma was more prevalent among females. It was also more prevalent among those who were obese, people at lower income levels, and smokers. **Mortality** rates have been higher among African Americans than among Whites since 2002. In addition, years of potential life lost measures suggest that African Americans who die of asthma may do so at earlier ages than Whites. **Chronic obstructive pulmonary disease (COPD)**, a condition consisting of emphysema and chronic bronchitis which is related to asthma, was more common among Whites in Arkansas in both 2011 and 2012. The mortality rate for this disease was also higher among Whites than among African Americans.

Key Accomplishments this Past Quarter: Affordable Care Act – MHI through a grant from the Arkansas Insurance Department will assist with outreach education and enrollment into Affordable Health Care in 10 counties. To date, Assister Guides covering St. Francis, Lee, Crittenden, Phillips, Ouachita, Chicot, Sevier, Union, Desha, and Pulaski counties have assisted 431 minority Arkansans with enrollment to receive healthcare through the Affordable Care Act. **Southern Ain't Fried Sunday (SAFS)** – The MHI launched the New and Improved Southern Ain't Fried Sundays Signature Event in November 2013. As of November 20, 2013, 133 individuals and 25 groups completed the registration and pre-survey. MHI continues to receive registration forms. **Camp iRock** – Camp iRock 2013 held the 1st follow up meeting in October with campers and mentors who attended the June 2013 Camp. Twenty-three campers and 3 mentors participated in the meeting. The follow up meeting began with assessments (height, weight and blood pressure) of campers and mentors. Arkansas Children's Hospital discussed nutrition education with campers and parents. Tina Glass from Results by Tina led the group in physical activity.

Public Health Leaders Roundtable H.O.P.E. Club – This project focuses on two schools within the Central Little Rock Promise Neighborhood area and through community involvement work to provide resources to these underserved schools by improving students' interest, exposure and motivation in health related careers and STEM education along the educational pipeline. MHI hosted a HOPE Club meeting at Hall High School on November 14 with 15 students attending the inaugural meeting. A HOPE Club meeting was held at Forest Heights Middle School in November with 60 students in attendance. Hall High School Career Day was held November 22 with over 80 professionals including STEM and Health related professionals, providing presentations. Approximately 350 students attended.

Challenges and Opportunities: MHI will continue to provide health education and preventive screenings however a long term goal of reduce death/disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans does not appear to be a reachable goal with a disease that is the number one cause of death among men and women.

Plans for Next Quarter:

1. Diabetes Awareness Media Campaign – Television, Radio and Print Media
2. Announcement of 2014 Sponsorship Process/Application for Minority Health Awareness Month.
3. Planning sessions for 2014 Minority Health Summit
4. Release of 2014 Camp iRock Application

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 continues to strive to meet or exceed its short term goal of maintaining/increasing the number of communities and clients served throughout the seven county areas. This quarter there were 41,375 encounters 41,375, an increase of more than 5000 compared to the previous quarter.

UAMS East continuously works towards its long term goal of increasing access to primary care through our VA-CBOC Clinic, Diabetes Education Clinic and continued collaboration with the Federally Qualified Health Clinics in the service area. UAMS East continues to provide prescription assistance to clients as well as emergency medicine.

- The Veterans Affairs Community Based Outpatient Clinic current enrollment is 839 vested members. Total encounters for this quarter are 1042.
- Prescription assistance was provided to 557 encounters this quarter. UAMS East's total savings are \$ 66,680 which includes emergency meds. UAMS East provided diabetes education to 338 total encounters.

UAMS East continues to address the obesity epidemic by providing weight reduction, nutrition education and exercise programs for both adults and children. Fitness Center encounters totaled 8653. 13,882 adults and 3837 youth participated in various exercise programs throughout our seven counties.

UAMS East continued its concentrated efforts towards providing health screenings and education on chronic disease prevention and management. Programs included worksite wellness events for employees of Clearwater Paper Mill, SAF Holland, and McGhee Elementary Schools.

Key Accomplishments This Quarter

- Tobacco Prevention /Cessation Programs were held for 897 adults and youth. Substance Abuse Prevention programs were held for 789 youth.
- Health Screenings were held for 962 encounters.

Key Accomplishments this Past Quarter: UAMS East began its Healthy Lifestyle/Weight Management program this quarter. This weekly program provides participants with nutrition education, group support and weekly supervised weigh-ins to monitor progress. UAMS East in West Memphis provided diabetes, hypertension, cardiovascular nutrition and smoking cessation to 666 individuals. UAMS East hosted a free diabetes educational program which included free health screenings and A1C testing.

UAMS East hosted a Cooking Matters for Kids, in a collaborative partnership with University of Arkansas-Division of Agriculture and Phillips County Boys and Girls Club. UAMS East also hosted Foodology for 4-H members in Desha County. This cooking club was established to involve youth in a healthy activity, to encourage teamwork, and to promote healthy eating.

UAMS East provided health career programs and presentations to 2270 youth. "Day in the Life" mentoring programs were held in both Helena and Stuttgart. UAMS East Library provided literature searches and health related materials to 182 health professions' students. UAMS Medical Library also provided services to 45 nurses and 936 consumers.

Challenges and Opportunities: There is a possibility that UAMS East's state funding of \$600,000 will be cut. If this happens, we will be forced to cut 9 or more staff positions, resulting in a tremendous loss in services for our clients. We are working with our legislators to prevent this cut.

The existing Partnership with the Injury Prevention Center at Arkansas Children's Hospital has been expanded and additional funds have been made available that will be used provide timely education for safe infant sleep as well as additional awareness events. UAMS East will be working with a consultant to access the feasibility of beginning a 1-2 Rural Residency Training Track for the UAMS East service area. UAMS East received \$75,000 in General Improvement Funds, and this money will be used to re-instate the Sickle Cell Program and to support the Healthy Lifestyles program.

Plans for Next Quarter:

1. UAMS East will partner with West Memphis Senior Center and East Arkansas Area Agency on Aging to provide a 6 week Chronic Disease Self-Management Course.
2. Provide Tobacco Cessation Program for community members, including one-on-one counselling and group cessation classes.
3. Work with the SANE (Sexual Abuse Network) to begin a Rape Crisis Center in Helena. SANE has contracted with us to provide oversight for this program. We have hired a Director who will begin training and program implementation.
4. UAMS East in West Memphis will offer a series of parenting education programs using the *Right from Birth, Parents Who Care, and Strengthening Multi-Ethnic Families* curriculum.
5. *Making Proud Choices and Reducing the Risk* curriculum will be implemented at Marvell High School.