

EXHIBIT M

Independent Evaluation of the Arkansas Tobacco Settlement Commission Funded Programs

January - March 2016 Quarterly Report

Prepared by

**Arkansas Tobacco Settlement Commission Evaluation Team at the
University of Central Arkansas**

Presented to

Arkansas Tobacco Settlement Commission

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Overview

The purpose of this quarterly report is to review the progress from January through March 2016 for each of the seven programs funded through the Arkansas Tobacco Settlement Commission. Progress is shown through achievement of indicators that were created by the program directors in consultation with the evaluation team and approved by the commission. The quarterly evaluation report consists of four parts: an overview, narratives submitted by each program, a conclusion, and an appendix. The appendix includes the goal of the program, as well as a list of the long-term and short-term objectives and indicators. Completion of the indicators denotes progress toward the objectives and overall goal of the program. Some indicators may take more than one quarter, or even more than one year, to achieve, but all indicators assist in assessing progress of the overall goal of each program. The seven programs are as follows:

- **The Arkansas Aging Initiative (AAI)**
- **The Arkansas Biosciences Institute (ABI)**
- **The Arkansas Minority Health Commission (MHI)**
- **The Tobacco Settlement Medicaid Expansion Program (TS-MEP)**
- **The Fay W. Boozman College of Public Health (COPH)**
- **The Tobacco Prevention and Cessation Program (TPCP)**
- **UAMS East (Formerly Delta AHEC)**

Arkansas Aging Initiative Program Narrative

Provided by: *Claudia Beverly, PhD, RN, Director*

Program Description: The purpose of the Arkansas Aging Initiative (AAI) is to address one of the most pressing policy issues facing this country: How to care for the burgeoning number of older adults in rural community settings. The overall goal is to improve the quality of life for older adults and their families which is fulfilled through two primary missions: An infrastructure that provides quality interdisciplinary clinical care and innovative education programs.

Key Accomplishments This Reporting Period

- Growth of Central Leadership team to accommodate expansion of Culture of Health and Dementia Care Management expertise.
- All COA sites provided training to Arkansas First Responders on how to provide proper care with those impacted with dementia/Alzheimer's disease.

Accomplishments Associated With Indicator Activity:

- The AAI outreach sites participated in an evidence-based training for Diabetic Empowerment Education Program (DEEP). DEEP is a diabetes self-management education curriculum designed to educate and empower diabetics over an eight week course for two hours a week on how to improve their well-being and have better health outcomes.
- All COAs were trained and educational programs will be taking place throughout the spring. Several programs were presented to community groups and will continue as Culture of Health objectives are infused into the AAI.
- A program for healthcare professionals was planned during this quarter and will be broadcast to all 7 COA locations next quarter.
- Older Arkansans participating in exercise programs increased by 22% during this reporting period.
- Community educational encounters increased this quarter from previous quarter by 33%.

- Healthcare professionals participating in educational opportunities and in-services increased by 83% compared to previous quarter and 72% of the state was covered during this reporting period.
- New educational services were provided, as all COAs were educated to expand specialized training with first-responders throughout the state in dementia care and those impacted by the disease.
- Student encounters increased by three percent.
- Two students have been working with central leadership team by improving the culture of health for older Arkansans as the AAI addresses senior food insecurities. These students have been reviewing culture of health literature and assessing current services available for older adults in the state of Arkansas. Findings will be presented at the UAMS Nursing Research Day in April.

Opportunities:

- The Central Leadership of the AAI has been expanded to broaden the focus on Culture of Health and Dementia Care Management. With the development and growth of these specialized areas, new funding opportunities have been explored and applications completed to new grant sources. A contractual service has been created to long-term facilities with offering specialized Dementia Care Program. This program creates specialized care plans for dementia patients with a team approach while giving individualized coaching and education to staff for better health outcomes of these patients.
- Exploration of new partners is being identified as the assessment of culinary culture is currently taking place throughout the state to address food insecurities among older adults. The Central Leadership Team is planning for the upcoming retreat as a new strategic plan is being developed to encompass these changes and expansion of the focus.
- Director of the South Arkansas Center on Aging has been filled. Future meeting has been set with Mercy Hospital to explore the opportunity to fill the vacancy of Director at the

West Central Center on Aging in Fort Smith. Candidates have been identified and interviewed for Jonesboro and Springdale director.

- The AAI will be adding more outreach to cover the Delta counties to increase coverage and opportunities in this region. Staff members at the various COAs are resourceful and have been successful in identifying funding sources including small grants, contracts, and donations to ease the financial burden of less tobacco money being available.

Challenges: The most pressing challenges involve AAI staff vacancies this quarter. This quarter there were two education director vacancies (in Fort Smith and Jonesboro) and two vacant director positions (in Fort Smith and Springdale). Individuals have been interviewed in Jonesboro and an offer is pending. Keeping programs moving forward during staff transitions is difficult. Hospital partners continue to struggle to maintain operation of Senior Health Clinics. AAI continues to work with community and healthcare leaders to promote existing clinics and to explore new clinical opportunities. As part of Phase III of The Schmieding Home Caregiver training grant, we must begin to raise matching dollars (0-100% over five years) to sustain the program.

Plans for Next Reporting Period: AAI leadership has its annual retreat scheduled for June where a new strategic plan will include new areas of Culture of Health and Dementia Care Management. We will continue to work on filling the vacant positions and work with the local advisory committees to gain their assistance with local AAI activities. AAI sites will continue to provide educational programs as scheduled in each regional Center and the Senior Health Clinics will continue to see patients.

Arkansas Biosciences Institute Program Narrative

Provided by: *Robert McGehee Jr, Director of ABI & Leslie Humphries, Program Coordinator*

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:

- Agricultural research with medical implications;
- Bioengineering research that expands genetic knowledge and creates new potential applications in the agricultural-medical fields;
- Tobacco-related research that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas;
- Nutritional and other research that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions;
- Other areas of developing research that are related to complimentary to primary ABI-supported programs.

Key Accomplishments This Reporting Period

- ABI member institutions announced eight new research scientists recently recruited to Arkansas, with research interests in oncology, cancer biology, animal sciences, and plant pathology.
- Governor Asa Hutchinson recognized ABI research support totaling more than \$500,000,000 at a press conference on March 29.

Accomplishments Associated With Indicator Activity: In February, ABI-supported research updates were provided by the five member institutions' research directors, and included information on research funding, scientists recently recruited to Arkansas, new projects started, and new patent activity for the ABI Board meeting. ABI funding has been used to help recruit eight new researchers to Arkansas:

- Dr. Clemencia Roha, Plant Pathology and Bacteriology
- Dr. Yan Huang, Animal Sciences
- Dr. Spyridoula Makara, Hyperparathyroidism
- Dr. Jiangchao Zhao, Animal Sciences
- Dr. Ellyn Matthews, Oncology Nursing
- Dr. James Koltes, Epigenetics/Genomics
- Dr. Neelendra Joshi, Entomology
- Dr. Nathan Avaritt, Proteomics and Cancer Biology

Research funding from extramural sources reported in February include:

- Childhood obesity research supported by NIH; \$234,000. Dr. Elisabet Borsheim and Dr. Aline Andres, Arkansas Children's Hospital Research Institute;
- Cancer therapy research supported by NIH; \$10,580,000. Dr. Nukhet Aykin-Burns, University of Arkansas for Medical Sciences;
- Autoimmune diseases research supported by NIH; \$1,700,000. Dr. Shiguang Yu, Arkansas State University.

Arkansas Biosciences Institute recently reached a significant milestone in research funding and support. Since 2002, ABI research scientists have received more than \$500 million in extramural funding from the National Science Foundation, the US Department of Agriculture, the National Institutes of Health, and other agencies and foundations. Governor Asa Hutchinson, in a press conference on March 29 at the State Capitol, recognized ABI not only for reaching this level of research support, but also for the expanded biomedical and agricultural research activities like job development and research patents awarded. Governor Hutchinson noted that for each ABI dollar received through tobacco settlement funding, an additional \$3.61 is generated via

extramural sources. This level of funding has been used to support between 300-400 full-time equivalent knowledge-based jobs each year at the five member institutions. Governor Hutchinson also singled out the 34 patent awards as a direct result of both the ABI and extramural research support.

Challenges and Opportunities: The agricultural and biomedical research supported by ABI funding required long-term planning, funding, specialized equipment and buildings, and highly trained researchers and support staff. The number of research projects and research jobs decrease as funding levels decrease; federal funding reductions mean smaller research projects and fewer technical/knowledge-based jobs in Arkansas.

Plans for Next Reporting Period: The ABI research directors will meet in June to coordinate research projects for 2017 through 2022. While the first 15 years of ABI research have covered all five research areas as outlined in the Tobacco Settlement Proceeds Act of 2000, the next five years will concentrate on narrowing research areas and on developing more collaborative projects. The annual reporting forms will be sent to all ABI research investigators in June, covering FY2016. Planning will begin for the ABI Fall Research Symposium, to be held September 13 in Little Rock. Preliminary ATSC funding for FY2017 will be announced in April.

Minority Health Initiative Program Narrative

Provided by: *Michael Knox, MS, MPH, Executive Director & Rhonda Mattox, MD, MPH, Medical Director & Louise Scott, Grant Coordinator*

Program Description: The Arkansas Minority Health Initiative (MHI) was established in 2001 through *Initiated Act I* to administer the Targeted State Needs for screening, monitoring, and treating hypertension, strokes, and other disorders disproportionately critical to minority groups in Arkansas by 1) increasing awareness, 2) providing screening or access to screening, 3) developing intervention strategies (including educational programs) and developing/maintaining a database. To achieve this goal, the Commission's focus is on addressing existing disparities in minority communities, educating these communities on diseases that disproportionately impact them, encouraging healthier lifestyles, promoting awareness of services and accessibility within our current healthcare system, and collaborating with community partners.

Key Accomplishments This Reporting Period:

- Participated in over 15 initiatives with faith-based, state, and community organizations.
- 1,784 health screenings.
- 6,009 citizen encounters

Accomplishments Associated With Indicator Activity:

- MHI collaborated with community partners in identifying critical deficiencies that negatively impact the health of the minority populations with a focus on education, prevention and screenings. MHI, through collaborations and partnerships, provided 1,784 health screenings and documented 6,009 citizen encounters with four statewide events.
- MHI sponsored/partnered with over 15 grassroots, non-profit, government and faith based organizations to provide health education information and screenings. The events targeted individuals who reside in 10 counties and represented all four congressional districts. Two of the initiatives impacted individuals who reside in red counties where the

life expectancy (LE) rate at birth ranges from six to 10 years less than the LE in the county with the highest LE.

- Through sponsorships, partnerships and collaborations Arkansas Minority Health Commission documented 1,784 health screenings. Fifty-five percent of the preventive screenings targeted cardiovascular disease. Seven percent of the individuals screened received abnormal test results and were advised to follow-up with their Primary Care Physicians (PCP). Individuals who did not have a PCP were given a list of income based clinics to contact for follow up services.

Diabetes Initiative: The American Heart Association reports that “Adults with diabetes are two to four times more likely to have heart disease or a stroke than adults without diabetes” (www.heart.org). According to the Center for Disease Control and Prevention an analysis of diabetes data over a ten year span (1999 – 2009) revealed that the death rate from diabetes in Arkansas is higher than the United States. Diabetes is the sixth leading cause of death in Arkansas and African-American men and women have higher death rate than white men and women. MHI will focus on diabetes prevention, education and screenings through outreach initiatives.

- Three hundred and ninety-three people were screened for diabetes this quarter. Less than four percent of the individuals screened received abnormal test results and were advised to follow up with their Primary Care Physician (PCP). Individuals who did not have a PCP were given a list of income based clinics to contact for follow up services.

Increase awareness of hypertension, strokes, and other disorders disproportionately critical to minorities by utilizing different approaches that include but are not limited to the following: advertisements and distribution of educational materials.

- Community based health promotion such as health fairs, conferences, outreach initiatives and community events were utilized to increase health awareness and provide preventive screenings for high blood pressure, diabetes, cholesterol, HIV/AIDS, tobacco cessation and other diseases that disproportionately impact minorities.

Sponsorships/partnership/collaterals with grassroots, faith based, community, non-profit, and government agencies were utilized as an intervention strategy in engaging the community. Health education packets that included literature on tobacco, hypertension, glucose, cholesterol, physical fitness and asthma were provided to four organizations that requested health information to distribute at events.

- *Take Five with the Physician* is a weekly pre-recorded show on a FM 102.5, a faith based radio station. Dr. Rhonda Mattox discussed chronic medical conditions that disproportionately impact minorities during the show. The following topics were discussed: winter health, heart health, nutrition and exercise.
- *Ask The Doctor Radio Talk Show* is a radio talk show on KIPR Power 92 that airs the third Tuesday of each month from seven am to nine am and features AMHC Medical Director and invited guest. Topics were selected based on request from the audience. The topic for the January show was healthy lifestyles (nutrition, exercise and tobacco cessation) with guest Dr. Regina Hunter and Joyce Raynor. Heart Health was the focus of the February show with Dr. Moses Kelly (cardiologist), Austin Porter III, (epidemiologist) and Mary Gupton. The March show focused on strokes and neurologic complaints with guest Dr. Sherri Diamond and Dr. Appathurai Balamurugan. Power 92 listeners call-in, text, email, or post questions on Facebook. Currently Power 92 has an audience size of 70,000 across the state of Arkansas. The show receives an average of 40 downloads, emails and calls per month within the week prior to and following the show.

Tobacco Education Outreach: To increase awareness, Minority Health Initiative collaborated with Arkansas Department of Health, Tobacco Prevention and Cessation Program (TPCP) to distribute 5,000 fact cards during FY16.

- Through partnerships and collaborations MHI distributed 1,000 fact cards. To date, 4,815 fact cards have been distributed.

Historically Black College and University (HBCU) Tobacco Initiative: Arkansas Department of Health reported “tobacco use is the leading preventable cause of disease and death in the United

States. Minority Health Initiative partnered with Philander Smith, Shorter and Arkansas Baptist College for a Tobacco Free Historically Black College and University (HBCU) Campus Initiative. The goal for Philander Smith and Shorter College is a comprehensive tobacco/vapor free policy that will be presented to their board of trustees for approval. Because Arkansas Baptist College currently has a comprehensive tobacco-free policy, their initiative focused on education.

- Philander Smith College held three education and awareness events where tobacco/vapor free campus pledge forms were signed, carbon monoxide screenings conducted and tobacco literature distributed. President Smothers joined the students in signing the pledge form. Results from questions: Tobacco/Vapor Free Campus Question: 239 of the 250 respondents supported the tobacco-free college campus initiative. Of the six participants that refused to support, only one was a smoker. For the question, “Are you a smoker?” 230 respondents stated that they were not smokers, 13 respondents stated that they were current smokers, and four refused to answer. Tobacco Quitline information was provided to the smokers. Arkansas Baptist and Shorter College results will be provided during the fourth quarter.

Pilot Projects:

- Camp iRock is a seven day residential fitness and nutrition camp for girls in grades sixth through eighth with a Body Mass Index (BMI) at least in the 85 percentile. Camp iRock 2015 was the fifth year of the pilot project. Arkansas Minority Health Commission in conjunction with the City of Little Rock Parks and Recreation Department hosted the third follow up meeting for Camp iRock 2015. Nine participants representing Pulaski County attended the meeting. The follow-up meeting consisted of height, weight, BMI and blood pressure assessments as well as a behavioral health survey that was completed by each participant. Nutrition education was provided by the U of A Cooperative Extension and the participants engaged in a #My Voice Counts refresher course. Fifty-six percent of participants reported they were quite a bit or very much ready to change how they eat and 67% reported being ready to change what they do to be active. Seventy-eight

percent were confident in their ability to make changes to be healthier. Seventy-eight percent of participants indicated having a positive body image. Most participants reported healthy eating behaviors such as not eating when bored (89%), not eating when sad or worried (100%), not hiding food (89%), not sneaking food (78%), and eating out once or week or less (89%). Collectively, there was a loss of 12 pounds during the one week of camp. Considering participants of the camp live in various parts of the state, attending follow up meetings presented a challenge. To improve data collection and reporting in the future, communicating with participants via mail or telephone to collect follow-up data will be considered. Additionally, incorporating the physical activity section into the follow-up assessment to improve behavior tracking will be a key factor in measuring positive changes.

- The Southern Ain't Fried Sundays (SAFS) Program is a program of the Arkansas Minority Health Commission uniquely designed to educate African American and Hispanic congregations and organizations about healthier alternatives to preparing and cooking traditional style meals. It is also a creative mechanism to help in the reduction of heart disease, stroke, diabetes and obesity. A new component of the SAFS program is the 21-Day Meal Replacement Plan designed to gradually introduce individuals to healthier food alternatives. During the quarter, 36 individuals representing Pulaski, Dallas, White, Union, Pulaski, Faulkner, Saline, Perry, Clark, Independence, White, Sebastian, Washington, Garland, Lonoke and Jefferson county enrolled in the program. Motivation for participation consisted of the following: weight loss, desire for healthier lifestyle, for their children, ready for a change, to improve overall health, better for family, living healthy and lower cholesterol.
- Health Organizations Promoting Education (H.O.P.E. Club) - The H.O.P.E. Club provides students the opportunity to explore their potential for success in the health sciences fields. The H.O.P.E. Club is in year three of the pilot project at Hall High School. Barriers to pursuing STEM (Science, Technology, Engineering, and Mathematics) were discussed with students. Sixty-five students learned the purpose of STEM, career options, salary range and educational requirements. Students worked in

groups to discuss barriers to pursuing STEM based careers, developed a STEM activity that would encourage students to take STEM courses and were given a survey to rate the effectiveness of the study kits and STEM activity. The February meeting was a service learning field trip to the Rice Depot. Forty-six students learned about food insecurity, current statistics, impact on children, elderly & families and how the Rice Depot addresses the issue. The students were able to volunteer by packing healthy snacks for the Food for Kids program and were given a survey to rate the effectiveness of the service learning project.

Opportunities & Challenges: MHI will continue partnerships to increase awareness and screenings to reduce death/disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans.

Plans for Next Reporting Period:

- Partnership with Arkansas Department of Health/Tobacco Prevention Cessation Program to distribute Arkansas Tobacco Quitline Fact Sheets through Sponsorships/Partnerships.
- Tobacco Free Policy Initiative with Philander Smith, Shorter and Arkansas Baptist College.
- Camp iRock Outreach Initiative
- Sponsorship for events scheduled July – December, 2016

Tobacco Settlement Medicaid Expansion Program

Program Narrative

Provided by: *Mary Franklin, Director, DHS Division of County Operations*

Program Description: The Tobacco Settlement Medicaid Expansion Program (TS-MEP) is a separate component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding healthcare coverage and benefits to targeted populations. The program works to expand Medicaid coverage and benefits in four populations:

- Population one expands Medicaid coverage and benefits to pregnant women with incomes ranging from 138–200% of the Federal Poverty Level (FPL);
- Population two expands inpatient and outpatient hospital reimbursements and benefits to adults age 19-64;
- Population three expands non-institutional coverage and benefits to seniors age 65 and over;
- Population four provides a limited benefits package to low-income employed adults age 19-64. The Tobacco Settlement funds are also used to pay the state share required to leverage federal Medicaid matching funds.

Key Accomplishments This Reporting Period:

- \$2.78 Million in Federal Medicaid matching funds were leveraged.
- Over 6,000 eligible Arkansans were provided expanded access to health benefits through TS-MEP initiatives.
- The Pregnant Women Expansion program has increased the number of participants over the last two quarters.

Accomplishments Associated With Indicator Activity:

Program Indicator 1: Demonstrate improved health and reduce long-term health costs of Medicaid eligible persons participating in the expanded programs.

Accomplishments: With the implementation of the Arkansas Works program, more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term impact will be limited compared to the influences outside of the TS-MEP. During this quarter, TS-MEP initiatives provided expanded access to health benefits and services for 6,184 eligible pregnant women, seniors, and adults. Total claims paid for the TS-MEP populations this reporting period were \$4.98 million. Additionally, TS-MEP funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This amounted to nearly \$2.8 million in federal matching Medicaid funds during this quarter.

Program Indicator 2: Increase the number of pregnant women with incomes ranging from 138-200% of the FPL enrolled in the Pregnant Women Expansion.

Accomplishments: During this quarter, there were 235 participants in the TS-MEP initiative Pregnant Women Expansion program. This was a significant increase from the previous two quarters with 125 and 59 participants respectively. This program provides prenatal health services for pregnant women with incomes ranging from 138–200% FPL. With the implementation of Arkansas Works and other healthcare options provided through the federally facilitated marketplace for this population, a decline in the number of participants in the TS-MEP Pregnant Women Expansion program was anticipated. However, there have been increases in the number of participants the last two quarters. The TS-MEP funds for the Pregnant Expansion program totaled \$309,902 in this quarter.

Program Indicator 3: Increase the average number of adults 19-64 receiving inpatient and outpatient hospital reimbursements and benefits through the Hospital Benefit Coverage.

Accomplishments: During this quarter, the TS-MEP initiative Hospital Benefit Coverage provided inpatient and outpatient hospital reimbursements and benefits to 4,316 adults aged 19-64, by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. This is an increase from the previous quarter with 4,116 adults. TS-MEP funds for the Hospital Benefit Coverage totaled \$1,843,281.

Program Indicator 4: Increase the average number of persons enrolled in ARSeniors program, which expands non-institutional coverage and benefits to seniors age 65 and older.

Accomplishments: The ARSeniors program expanded Medicaid coverage to 1,633 seniors during this quarter. This is a slight decrease from the previous quarter with 1,759 seniors. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered by Medicare are available to ARSeniors. An example of this is non-emergency medical transportation and personal care services. TS-MEP funds for the ARSeniors program totaled \$2,836,280 during this quarter.

Program Indicator 5: Increase the average number of persons enrolled in the ARHealthNetworks program, which provides a limited benefits package to low-income employed adults in the range 19-64 years.

Accomplishments: The ARHealthNetworks program was discontinued on December 31, 2013, due to implementation of Arkansas Works previously known as the Arkansas Health Care Independence Program/Private Option. This population is now offered more comprehensive healthcare coverage options through the Arkansas Works program. Individuals with incomes equal to or less than 138% of the FPL are eligible for Arkansas Works program and those with incomes above 138% FPL can access the federally facilitated marketplace to determine their eligibility for federally subsidized private insurance plans. Arkansas Works eligible individuals with exceptional healthcare needs and determined medically frail are enrolled in the traditional Medicaid program.

Opportunities: The discontinuation TS-MEP initiative ARHealthNetworks provides the opportunity to support both the other three TS-MEP populations and the state's overall Medicaid efforts. The Department of Human Services (DHS) has had the legislative authority for over ten years to use any savings in the TS-MEP programs to provide funding for the traditional Medicaid program with the approval of the State's Chief Fiscal Officer. These savings are not used to provide any funding for the Arkansas Works program.

Challenges: As a result of the implementation Arkansas Works program, one of the TS-MEP initiatives was discontinued (ARHealthNetworks) and another one has experienced an overall decline in participation (Pregnant Women Expansion). Some of the TS-MEP's indicators may

need to be updated to reflect the change in programs covered by TS-MEP. As of now, successful performance has been measured by growth in the number of participants in the TS-MEP initiatives. Arkansas DHS will need to continue to explore new performance measurements for the TS-MEP initiatives as individuals are transitioning into new coverage groups.

Plans for Next Reporting Period: There are no immediate plans to change the Pregnant Women Expansion, Hospital Benefit Coverage, and ARSeniors programs. While there are no immediate plans to change TS-MEP initiatives, there have been discussions with the new director of the TS-MEP to revisit the performance measurements to reflect current changes in the programs.

Fay W. Boozman College of Public Health

Program Narrative

Provided by: *Jim Raczynski, PhD, FAHA, COPH Dean & Liz Gates, JD, MPH, Assistant to the Dean for Special Projects*

Program Description: The Fay W. Boozman College of Public Health (COPH) educates a public health workforce and advances the health of the public by investigating the causes, treatments and prevention of human health problems. Preventing chronic disease and promoting positive health behavior is the most effective way to improve the health of all people. The College's mission of improving the health of all Arkansans is realized through teaching and research, as well as service to elected officials, agencies, organizations and communities. Examples of the complex health issues addressed include: improving the multiple dimensions of access to healthcare; reducing the preventable causes of chronic disease; controlling infectious diseases; reducing environmental hazards, violence, substance abuse, and injury; and promoting preparedness for health issues resulting from terrorist acts, natural disasters, and newly emerging infectious diseases.

Key Accomplishments This Past Reporting Period

- Hired a new director for the Center for Tobacco Use and a professor in the Department of Health Behavior and Health Education.
- First round of interviews completed for Associate Dean of Academic Affairs.
- Funding commitments obtained to hire a Director for the Center for Obesity Prevention (and McMath Endowed Chair) and Chair of the Department of Epidemiology.

Progress and Highlights:

Short-term objective: Elevate the overall ranking of the health status of Arkansans.

- Indicator: Through consultations, partnerships and dissemination of knowledge, the COPH serves as an educational resource for Arkansans (e.g., general public, public health practitioners and researchers, and policymakers) with the potential to affect public health practice, policy -- and population health. Faculty reported a wide variety of activities, which included presentations to professional or lay audiences; serving as a consultant, or on an expert panel, task force, committee or board of directors; or partnering with public health practitioners or a community organization that has a health-related mission.
- Indicator: Research conducted by COPH faculty and students contributes to public health practice, public health research, and the health and well-being of Arkansans. Faculty received external funding for multiple research projects focused throughout Arkansas. These projects included research into cancer epidemiology and biomarkers, health policy data analysis, evidence-based behavioral interventions, and community-based participatory research.
- Indicator: COPH faculty, staff and students are engaged in research that is based in Arkansas. On an on-going basis, at least 10 faculty research projects and 75% of student research projects (for preceptorships, capstones and dissertations) are based in Arkansas. Of the 21 active faculty research projects listed, 20 are focused in Arkansas. Of the nine preceptorships and 22 culminating experience projects completed by students, all are based in Arkansas.
- Indicator: The COPH makes COPH courses and presentations available statewide. During the spring 2016 semester, nine courses and 13 presentations were distance-accessible.
- Indicator: Twenty percent of enrolled students come from rural areas of Arkansas. During the 2016 spring semester, 26% of enrolled students were from rural areas of Arkansas.

Key Accomplishments this Past Reporting Period: In this quarter, the COPH hired a full Professor in the Department of Health Behavior and Health Education who will also serve as the Director of the Center for Tobacco Use Control and Prevention. This Tobacco Center Director

will also hire three additional faculty (one per year) over the next three years. The first round of interviews of three candidates for the Associate Dean for Academic Affairs position was also completed, and one faculty member in the Department of Health Policy and Management was hired.

Challenges and Opportunities: In this quarter, funding commitments were obtained from the Provost and the Chancellor to hire: a Director for the Center for Obesity Prevention, who will also be invested in the Governor Sydney S. McMath Endowed Chair for Obesity Prevention, with three additional faculty to be hired over the next three years; and a permanent Chair of the Department of Epidemiology.

Plans for Next Reporting Period: During the remainder of the spring 2016 quarter and the summer 2016 quarter, the searches for an Associate Dean for Academic Affairs and for the Chair of the Department of Epidemiology are anticipated to conclude.

Tobacco Prevention and Cessation Program

Program Narrative

Provided by: *Michelle Snortland, Branch Chief & Debbie Rushing, Associate Branch Chief*

Program Description: The Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program (TPCP) includes community and school education prevention programs, enforcement of youth tobacco control laws, tobacco cessation programs, health communications, and awareness campaigns. The TPCP also sponsors statewide tobacco control programs that involve youth to increase local coalition activities, tobacco-related

disease prevention programs, minority initiatives and monitoring, and evaluation. TPCP follows the Centers for Disease Control and Prevention (CDC) *Best Practices for Tobacco Control 2014* as a guide for program development. Outcomes achieved by Arkansas's TPCP 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.

Key Accomplishments This Reporting Period

- Decreased Arkansas's smoking prevalence rate among youth from 19.1% to 15.7%.
- Documented 194 tobacco and smoke-free policies
- Sales to minor violations is down to 7.37%.
- 469 youth participated in Big Pitch.
- FY15 Arkansas Tobacco Quitline quit rate increased to 28.8%.

Accomplishments Associated With Indicator Activity:

- TPCP collaborated with the University of Arkansas for Medical Sciences (UAMS) to provide continuing medical education for physicians, pharmacist, nurses and other healthcare providers. Three sessions were provided on tobacco's impact on cardiovascular health, pharmacology of smoking cessation, and an update on e-cigarettes.

In addition, these trainings are available online for viewing and a total of 347 participants attended which is a 25% increase compared to the previous year.

- TPCP collaborated with the University of Arkansas at Little Rock, Mid-South Training Academy to provide continuing education for professionals on Tobacco Treatment and Dimensions trainings. These trainings consist of building capacity to deliver evidence-based tobacco treatment services, teach one-on-one motivational enhancement interventions, and increase knowledge of the seven FDA approved medications to assist in cessation. A total of 91 participants attended this training.
- Paid media digital campaign focusing on cessation began on January 1, 2016. This included click-to-call banners running on mobile sites and apps targeted to Arkansas adults 18-54. To date, the mobile banner campaign has generated 1,317,259 impressions and 10,274 clicks to call the Quitline. This is a successful click through rate of 78%.
- Students across the state of Arkansas had the opportunity to submit videos created, produced, and edited for youth by youth for the annual Big Pitch project. Designed to engage Arkansas students in tobacco prevention and cessation efforts and reduce the state's youth smoking rates, the activity is open to public and private schools in all 75 counties. There were 19 social media video submissions and 140 commercial video submissions. During the month of March, SOS Project Prevent had almost 9,000 visitors to the website and almost 2,000 visitors to the Big Pitch section of the website.
- Sub-grantees secured 194 tobacco and smoke-free policies this reporting period including 149 workplace policies covering 189 locations protecting 2,500 employees; seven parks/festivals/farmer's markets protecting over 340,000 lives; 27 faith-based policies impacting 3,643 individuals; two public and one private comprehensive K-12 school policies protecting 888 students; one state and one private college campus tobacco free policy including electronic smoking devices protecting 11,800 students; six multi-unit housing policies protecting 120 residents.
- Arkansas Tobacco Control completed 1,972 compliance checks this reporting period, resulting in 120 Sales to Minor violations; equating a 7.37 % non-compliance rate for the year.

- To address challenges with implementation of comprehensive tobacco-free school policies, TPCP partnered with the Arkansas Department of Education to release an RFA for mini grant for schools districts in the past quarter. In response to the RFA, nine applications were received and three were funded.

Opportunities:

- TPCP collaborated with the Centers for Disease Control and Prevention's Office on Smoking and Health and the Center for Public Health Systems Science at Washington University in St. Louis to develop a sustainability action plan improving the capacity of our statewide tobacco control efforts. The Sustainability Action Planning Workshop held January 12, 2016 included 13 stakeholders. Following rigorous discussion, the final sustainability plan will focus on strengthening partnerships and collaborations to promote tobacco cessation among low SES adults and improve quality of life to demonstrate need of program. By completing the sustainability activities, Arkansas will be able to elevate the message of tobacco prevention across every aspect.
- The Arkansas Department of Health (ADH) developed and approved the 2016-2019 Strategic Plan with tobacco use as one of six strategic areas of focus. The implementation phase began January 1, 2016 with regularly scheduled quarterly updates along with an annual written report. Tobacco use included on the ADH strategic plan will bring a necessary focus elevating the issue statewide as well as increase the total number of partners addressing tobacco control at the state and community level.
- TPCP convened stakeholders to brainstorm for the FY17 Media Plan. The brainstorming was split into three two-hour sessions that focused on cessation, youth prevention, and secondhand smoke. Participants from Centers for Disease Control and Prevention, Arkansas Department of Education, American Lung Association, American Cancer Society, American Heart Association, and tobacco users were included for a robust discussion of innovative ways to target Arkansans. This represents a great opportunity to keep stakeholders involved and ensure effectiveness of efforts.
- TPCP convened Tobacco Control Academy to educate partners and increase collaborations throughout the state which will assist in the implementation of tobacco

control interventions. This has assisted TPCP at building partnerships with local communities and nontraditional healthcare providers.

- ADH hosted an orientation meeting for Healthy Active Arkansas. As a result of the meeting, TPCP was able to join two of the workgroups: Healthy Worksites and Sugar-Sweetened Beverage Reduction. Under Healthy Worksites, TPCP will work with businesses to implement systems change to integrate wellness programs which incorporate resources for tobacco cessation to employees and their families. In addition, TPCP will be participating in the Sugar-Sweetened Beverage Reduction work group. By participating in the workgroup, TPCP will be able to educate partners and local communities about the benefits of implementing policies that cover Content Neutral Advertising and Limiting Retail Advertising at Point of Sale. TPCP is looking forward to working with businesses and local communities to reduce tobacco use prevalence among youth and adults.

Challenges:

- TPCP has encountered barriers in implementing comprehensive tobacco policies for schools inclusive prevention and support for all ages and grades.
- TPCP continues to encounter barriers in reaching healthcare providers for implementation of tobacco cessation among pregnant women.
- Arkansas experienced an increase in the smoking prevalence among the African American population.

Plans for Next Reporting Period:

- Revamp SOS Project Prevent website to provide resources to youth for the Project Prevent Youth Coalition (PPYC). Development of evaluation plan.
- Development of FY17 continuation sub-grant agreements and contracts.
- Development of media plan in partnership with stakeholders.
- Development of training plan for community partners.

- Development of RFA for targeted youth campaign. Launch and evaluation of youth campaign.
- Host the Big Pitch Film Festival in conjunction with the first Project Prevent Youth Coalition Conference.

UAMS East Program Narrative

Provided by: *Becky Hall, EDD, Director & Stephanie Loveless, MPH, Associate Director*

Program Description: University of Arkansas Medical Sciences East (UAMS East) provides healthcare 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) was established in 1990 with the purpose of providing health education to underserved populations in the Arkansas Delta region. The counties and populations served by UAMS East are some of the unhealthiest in the state with limited access to healthcare services being one of the challenges. As a result of limited access and health challenges, UAMS East has become a full service health education center with a focus on wellness and prevention for this region. The program has shown a steady increase in encounters with the resident population and produced a positive impact on the health and wellness of the region. Programs to address local health needs of residents are being implemented in partnership with more than 100 different agencies. The overall mission of UAMS East 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.

Key Accomplishments This Reporting Period

- UAMS East provided programs to a total of 49,837 encounters.
- Twenty-Six health screening events were held for 864 adults in seven different cities. Staff provided education and referrals if required.
- UAMS East provided health education and promotion programs to 16,345 youth and adults.

Accomplishments Associated With Indicator Activity:

- Three UAMS East staff worked with the College of Nursing to contribute to a project that will be presented at the Nursing Research Conference at UAMS. The poster presentation

is entitled A Snapshot of Cancer Incidence, Mortality, and Risk Factors in Phillips County, Arkansas.

- UAMS East in Lake Village received a \$1,591.47 grant from the Southeast Arkansas Community Foundation, an affiliate of the Arkansas Community Foundation. Funds will be used to provide additional workout equipment for the fitness classes at Community Outreach Center in Lake Village. Also, funds were provided to purchase up-to-date, hands-on equipment for the summer MASH program. UAMS East in Lake Village also received funds to implement the Healing Hearts Worksite Wellness Program in collaboration with Chicot Memorial Medical Center. This program will receive funds from the Arkansas Minority Health Commission for a total of \$1,861.00.
- UAMS East was awarded a \$1,000.00 Giving Tree Grant provided by The Phillips County Community Foundation that will be used in current program implementation.
- UAMS East in West Memphis received a \$10,000 grant from the New York Life Foundation. The grant will fund the Coed Safety Baby Showers. This program is geared not only for expectant moms but dads as well to make sure they are properly educated on home safety, safe sleep, motor vehicle safety and prevention of Shaken Baby Syndrome. This monthly event is in partnership with the Injury Prevention Center, Arkansas Children's Hospital.
- UAMS East's DNP is the co-author of two research projects: Cardiovascular Disease in Women and Sleep Disorders in Breast Cancer Survivors.
- UAMS East staff completed a SWOT analysis as part of its annual strategic planning. This effort allowed UAMS East to align our strategic plans with those of UAMS and Regional Programs.
- Dr. Becky Hall was one of the panelist at the Simmons Bank "The Arkansas Delta: Why it still Matters Symposium" in Pine Bluff, Arkansas.

Opportunities:

- UAMS East sponsored a site visit and luncheon for Dean Patricia Cowan, Dean of the College of Nursing at UAMS. She met briefly with Amy Hudson, Director of Allied

Health at Phillips Community College of University of Arkansas and Chief Nursing Officer at Helena Regional Medical Center. Also, Dean Cowan spoke with nursing students as well as nurses from the community. UAMS EAST is working to bridge a relationship between PCCUA, HRMC and UAMS. We envision developing more professional nurses through this process.

Challenges:

- Maintaining a robust program with continuing budget cuts is a major challenge.
- Marketing our programs is still an issue. We know that there are people who still do not know about our services.

Plans for Next Reporting Period:

- UAMS East in West Memphis will be collaborating with Arkansas Hunger Relief Alliance to host a Grocery Store Tour Event in West Memphis.
- UAMS East will host its 10th year Birthday Celebration in collaboration with Helena Health Foundation. Week long educational programs have been organized to celebrate 10 years in our new building.
- UAMS East will work to re-establish its MASH Camp in West Memphis.
- UAMS East in Lake Village will provide health screenings at a Dumas Family Night Event.
- UAMS East's employees are participating in the Blue Cross/Blue Shield Fitness Challenge.
- UAMS East in Lake Village will participate in the National Kids to Park Day and Mayors' Walk.
- UAMS East will hosts its annual 5K Run/Kids Fun Run.
- UAMS East in West Memphis will start to offer Zumba Drums Alive exercise class.
- UAMS East in West Memphis will participate in the Veterans Health Fair in Forrest City.
- UAMS East will be sponsoring a Women's Health Summit focusing on breast cancer.

- UAMS East will be conducting its Funology, Destined to Be Doctors, MASH and CHAMPS camps.
- UAMS East will host a “Nurse’s Appreciation Day” luncheon at UAMS East to honor our nursing students as well as community nurses.
- Our UAMS East in West Memphis will be in partnership with the upcoming IRT Medical Mission that will be held in West Memphis this summer.
- UAMS East in Helena will host two summer interns. One student graduating from Southern Illinois University will be completing a Community Health Education Internship and the other student attending Washington and Lee University will be completing the Shepherd Higher Education Consortium on Poverty.
- UAMS East will provide health screenings and education to members of the Phillips County AARP group.
- UAMS East will provide healthy cooking classes and weight loss information to employees of Phillips College of University of Arkansas through its employee wellness program as well as the Norac Additives Company employees.

UAMS East Program Impact

To Whom It May Concern:

My name is Regina Kern, I am the 6th grade science/ social studies teacher at the Barton-Lexa Elementary School in Barton, Arkansas. I am writing this testimonial to the fact that Ms. LaShanda Albert, M.S., CHES for UAMS has collaboratively worked with myself and my students to provide lessons promoting health issues relating to my students everyday lives. Ms. Albert's enthusiasm and energy in addressing issues with students was inspiring. The students were very excited to see Ms. Albert because she provided lessons that were engaging, mindful and thought provoking. She chose lessons that really addressed needs and concerns my students wanted to learn about, but were sometimes not able to address at home or with a teacher.

One of the most remarkable aspects of her lessons was the fact that she conducted each lesson with a discussion with the students. The information that students shared on their thoughts, fears, feelings, and ideas was incredible. It gave both of us a genuine insight into the lives of some of our students that were dealing with issues that would have never come to the forefront had she not designed her lessons with time to listen to student responses. As a teacher, trying to meet standards, teach curriculum, and attend to the never ending cycle of testing, and academic rigor, Ms. Albert's lessons enable me as a teacher to gain an understanding on a more personal level of each and every one of my students. For that I am deeply grateful.

I hope that in the future, UAMS will continue funding the lessons and instructions provided by powerful presenters just like Ms. Albert. My highest commendations are for Ms. Albert and the work that she feels so strongly about. Her desire to address needs of children and to teach appropriate methods for handling situations that may arise in their lives is instrumental in planting that seed of knowledge that will hopefully in the future help that particular student to deal with the day to day difficulties that arise in a young person's life.

Again, thank you very much for allowing my classes to be a part of the UAMS Community Health Education Program. It has been my pleasure.

Sincerely, Regina Kern-6th Grade Science/Social Studies Teacher

Conclusion

The seven programs of the Arkansas Tobacco Settlement Commission strive to improve the health of all Arkansans through initiatives, raising awareness of health disparities, and conducting research. The efforts of these programs have shown positive effects on the health of Arkansans and indicate that their health status will steadily improve over the next few years and into the future. The seven programs, funded by the Tobacco Settlement monies, continue to make a difference in the well-being of the state's population.

Special Thanks

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

Commissioners

Susan Hanrahan, PhD Commission Chair, Dean Arkansas State University College of Nursing & Health Professions, Governor Appointee	Allison Hogue, Commission Vice-Chair, Grassroots Director American Heart Associate, Senate Pro Tempore Appointee	Alex Johnston Commissioner, Director of Rural Services at Arkansas Economic Development Commission, Arkansas Economic Development Commission Designee
John Henderson, MD Commissioner, Physician, Unity Health Speaker of the House Appointee	Jerri Clark, Commissioner, Permanent Designee Director of School Health Services, Arkansas Department of Education Arkansas Department of Education Designee	Cindy Gillespie Commissioner, Director Arkansas Department of Human Services
Nathaniel Smith, MD, MPH Commissioner, Director and State Health Officer, Arkansas Department of Health	Roddy Smart Lochala, DO Commissioner, Physician, Family Practice Clinic, Attorney General Appointee	Tara Smith Commissioner, Sr Associate Director for Institutional Finance Arkansas Department of Higher Education Designee

Commission Staff

Misty Hunt Murphey Executive Director	Larissa Liddell Administrative Specialist III
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Appendix

Indicator Activity

Arkansas Aging Initiative (AAI) Indicator Activity

Overall Program Goal: To improve the health of older Arkansas through interdisciplinary geriatric care and innovative education programs and to influence health policy affecting older adults.

Long-term Objective: Improve the health status and decrease death rates of elderly Arkansans as well as obtain federal and philanthropic grant funding.

- Indicator: Provide multiple exercise activities to maximize the number of exercise encounters for older adults throughout the state.
 - Activity: There were 771 exercise encounters this reporting period.
- Indicator: Implement at least two educational offerings for evidence-based disease management programs.
 - Activity: FY16 programs began this reporting period.
- Indicator: Increase the amount of external funding to support AAI programs by the end of FY2015.
 - Activity: The total budget for AAI for this reporting period was \$1,543,456.51.

Short-term Objective: Prioritize the list of health problems and planned interventions for elderly Arkansans and increase the number of Arkansans participating in health improvement programs.

- Indicator: Assist partner hospitals in maintaining the maximum number of Senior Health Clinic encounters through a continued positive relationship.
 - Activity: There were a total of 4,595 Senior Health Clinic encounters this reporting period.

- Indicator: Partner hospitals will maintain a minimum of three provider Full Time Employees (FTEs) for Senior Health Centers including a geriatrician, advanced practice nurse, and social worker.
 - Activity: Due to funding cuts and limited staff, this indicator was not met, but AAI continues to search for extramural funding and staff to fill open positions.
- Indicator: Provide education programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.
 - Activity: There were 282 education programming for healthcare practitioners, 502 for students and 495 for paraprofessionals.
- Indicator: Provide educational opportunities for the community annually.
 - Activity: There were a total of 12,392 educational encounters this reporting period.

Arkansas Biosciences Institute Indicator Activity

Overall Program Goal: To develop new tobacco-related medical and agricultural research initiatives to improve the access to new technologies, to improve the health of Arkansans, and to stabilize the economic security of Arkansas.

Long-term Objective: The institute's research results should translate into commercial, alternate technological, and other applications wherever appropriate in order that the research results may be applied to the planning, implementation and evaluation of any health-related programs in the state. The institute is also to obtain federal and philanthropic grant funding.

- Indicator: The five member institutions will continue to rely on funding from extramural sources with the goal of increasing leverage funding from a baseline of \$3.15 for every \$1.00 in ABI funding.
 - Activity: For FY2015, research investigators reported \$37.9 million in extramural grant funding. This translates to about \$3.69 in outside funding for each ABI dollar for the year.
- Indicator: ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.
 - Activity: ABI-supported investigators have been awarded 34 US and international patents. For FY2015, nine US patents were awarded, and ABI had 24 filings and provisional patents.
- Indicator: ABI-funded research will result in new technologies that generate business opportunities, as measured by the number of start-up enterprises and public-private partnerships with ABI and member institutions to conduct research.
 - Activity: There were eight public-private partnerships with ABI in FY2015.
- ABI will promote its activities through various media outlets to broaden the scope of impact of its research.
 - Activity: During FY2015 there were 117 media contacts.

Short-term Objective: The Arkansas Biosciences Institute shall initiate new research programs for the purpose of conducting, as specified in § 19-12-115, agricultural research with medical implications, bioengineering research, tobacco-related research, nutritional research focusing on cancer prevention or treatment, and other research approved by the board.

- Indicator: ABI will allocate funding to its five member institutions to support research, while also monitoring that funded research activities are conducted on time, within scope, and with no overruns.
 - Activity: Of the 191 active research projects in FY2015, 143, or 75%, had extramural funding. The largest funding source was the National Institutes of Health.
- Indicator: ABI and its member institutions will systematically disseminate research results, and ensure that at least 290 publications and 370 presentations are delivered each year. These include presentations and publications of results, curricula, and interventions developed using the grant funding, symposia held by investigators, and the creation of new research tools and methodologies that will advance science in the future.
 - Activity: ABI-supported research investigators reported 492 publications for FY2015. There were 32 clinical trials and 132 workshops and seminars. Three new textbooks were announced by ABI research investigators.
- Indicator: Employment supported by ABI and extramural funding will increase from a baseline of 300 full-time equivalent (FTE).
 - Activity: In FY2015, there were 326 full-time employees supported by ABI and extramural funding. ABI funding was used to help recruit nine experienced research investigators to Arkansas.
- Indicator: ABI will facilitate and increase research collaboration among member institutions, as measured by both ABI and extramural funding of research projects that involve researchers at more than one member institution.

- Activity: For FY2015, 13.4 percent of ABI funding and 22.4 percent of extramural funding supported collaborative research projects.

Minority Health Initiative Indicator Activity

Overall Program Goal: To improve the healthcare systems in Arkansas and access to healthcare delivery systems, thereby resolving critical deficiencies that negatively impact the health of the citizens of the state.

Long-term Objective: Reduce death/disability due to tobacco, chronic, and other lifestyle-related illnesses of Arkansans.

- Indicator: To increase stroke awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
 - Activity: Ten percent of the respondents had ever been told by a healthcare provider that they had a blood circulation problem, six percent of the respondents have been told that they have angina or coronary heart disease, and five percent were told that they had a stroke. Regarding cholesterol, which is a risk factor for heart disease and stroke, 77% of Arkansans who participated in the survey have ever had their blood cholesterol checked. Seventy-two percent of the respondents shared that their cholesterol had been checked within the last year. Forty-seven percent of the respondents shared that they had been told that their blood cholesterol was high.
- Indicator: To increase hypertension awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
 - Activity: Thirty-nine percent indicated they had been told by a health professional they had high blood pressure; 51% of the respondents had been advised on how to reduce or prevent high blood pressure and 72% of the respondents knew what their blood pressure measurements should be. Arkansas Minority Health Commission will tailor educational literature to include information on how to

reduce or prevent high blood pressure. What's Your Number (blood pressure, glucose and cholesterol) fact sheets are currently included in health education packets. Radio and Billboard strategies also stress the importance of knowing your number.

- Indicator: To increase heart disease awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
 - Activity: Results from the 2014 BRFSS survey (n = 5,200) showed six percent of respondents had been told that they have angina or coronary heart disease, 77% of respondents have never had their blood cholesterol checked, 72% had their cholesterol checked within the last year, and 47% had been told that their blood cholesterol was high.
- Indicator: To increase diabetes awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
 - Activity: About seven percent of Arkansans have been told that they have pre-diabetes. About 13% of all persons had been told they have diabetes. The highest percentages of persons who have been told they have diabetes are 41-60 years of age. This was true for Blacks and Whites. About 85% of Arkansans that have not been tested for diabetes stated that they knew where to go to be tested. AMHC provides health education literature through sponsorships, partnerships and collateral request. Preventive screenings are provided at outreach initiatives.

Short-term Objective: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco, chronic, and lifestyle related illnesses.

- Indicator: MHI will conduct ongoing needs assessments to determine the most critical minority health needs to target, including implementation of a comprehensive survey of racial and ethnic minority disparities in health and healthcare every five years.
 - Activity: The Economic Cost of Health Inequalities in Arkansas report was completed April, 2014. This study sought to estimate the economic impact of

racial and ethnic disparities in Arkansas. Using national and state-specific data, the study found that eliminating health disparities for Arkansas minorities would result in a reduction of direct medical care expenditures of \$518.6 million. More than 79% of these excess expenditures were attributable to African Americans who have the worst health profile among the racial and ethnic groups in the state. The potential direct medical cost savings for Hispanics was \$105 million, representing 20% of the total direct medical costs of health inequalities. Premature death also was significant for African Americans and accounted for \$1.7 billion in indirect costs. Findings from the study suggest that targeted interventions to reduce health disparities for minority populations in the state have the potential to generate significant benefits from reductions in both direct medical care and indirect health costs.

- Indicator: MHI will increase awareness and provide access to screenings for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group.
 - Activity: MHI sponsored/partnered with over 15 grassroots, non-profit, government and faith based organizations to provide health education information and screenings. The events targeted individuals who reside in 10 counties and represented all four congressional districts. Two of the initiatives impacted individuals who reside in Red Counties where the life expectancy (LE) rate at birth ranges from six to 10 years less than the LE in the county with the highest LE.
- Indicator: MHI will develop and implement at least one pilot project every five years to identify effective strategies to reduce health disparities among Arkansans.
 - Activity: Camp iRock is a seven day residential fitness and nutrition camp for girls in grades 6th through 8th with a Body Mass Index (BMI) at least in the 85 percentile. Fifty-six percent of participants reported they were quite a bit or very much ready to change how they eat, and 67% reported being ready to change what they do to be active. Seventy-eight percent were confident in their ability to

make changes to be healthier. Seventy-eight percent of participants indicated having a positive body image. Most participants reported healthy eating behaviors such as not eating when bored (89%), not eating when sad or worried (100%), not hiding food (89%), not sneaking food (78%), and eating out once or week or less (89%). Collectively, there was a loss of 12 pounds during the one week of camp.

Tobacco Settlement Medicaid Expansion Program

Indicator Activity

Overall Program Goal: To expand access to healthcare through targeted Medicaid expansions, thereby improving the health of eligible Arkansans.

Long-term Objective: Demonstrate improved health and reduce long-term health costs of Medicaid eligible persons participating in the expanded programs.

- Indicator: Demonstrate improved health and reduced long-term health costs of Medicaid eligible persons participating in the expanded programs.
 - Activity: Total claims paid for the TS-MEP populations this reporting period were \$4.98 million. Additionally, TS-MEP funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This amounted to nearly \$2.8 million in federal matching Medicaid funds during this quarter.

Short-term Objective: The Arkansas Department of Human Services will demonstrate an increase in the number of new Medicaid eligible persons participating in the expanded programs.

- Indicator: Increase the number of pregnant women with incomes ranging from 138-200% of the FPL enrolled in the Pregnant Women Expansion.
 - Activity: The Pregnant Women Expansion Program provided services to 235 women with incomes ranging between 138–200% of FPL.
- Indicator: Increase the average number of adults aged 19-64 years receiving inpatient and outpatient hospital reimbursements and benefits through the Hospital Benefit Coverage.

- Activity: 4,316 adults received expanded Hospital Benefit Coverage which includes an increase in the number of paid hospital days from 20 to 24 and a decrease in the co-pay on the first day of hospitalization from 22% to 10%.
- Indicator: Increase the average number of persons enrolled in the ARSeniors program, which expands non-institutional coverage and benefits for seniors age 65 and over.
 - Activity: The ARSeniors Program provided expanded benefits and services to 1,633 seniors who are at least age 65 with income at or below 80% of FPL.
- Indicator: Increase the average number of persons enrolled in the ARHealthNetworks program, which provides a limited benefit package to low-income employed adults in the age range of 19-64 years.
 - Activity: The ARHealthNetworks program was discontinued on December 31, 2013, due to implementation of Arkansas Works previously known as the Arkansas Health Care Independence Program/Private Option. This population is now offered more comprehensive healthcare coverage options through the Arkansas Works program. Individuals with incomes equal to or less than 138% of the FPL are eligible for Arkansas Works program and those with incomes above 138% FPL can access the federally facilitated marketplace to determine their eligibility for federally subsidized private insurance plans. Arkansas Works eligible individuals with exceptional healthcare needs and determined medically frail are enrolled in the traditional Medicaid program.

Fay. W. Boozman College of Public Health Indicator Activity

Overall Program Goal: To improve the health and promote the wellbeing of individuals, families and communities in Arkansas through education, research and service.

Long-term Objective: Obtain federal and philanthropic grant funding.

- Indicator: The COPH maintains a level of leveraged (extramural) funding in relation to unrestricted funding that exceeds that of comparable accredited schools of public health.
 - Activity: Funding data is reported annually and will be included in the July-September report.

Short-term Objective: Elevate the overall ranking of the health status of Arkansans.

- Indicator: Through consultations, partnerships and dissemination of knowledge, the COPH serves as an educational resource for Arkansans (e.g., general public, public health practitioners and researchers, and policymakers) with the potential to affect public health practice and policy -- and population health.
 - Activity: The faculty and staff of the COPH served as educational resources for 26 activities, providing outreach to public health and clinical faculty, staff, students, researchers, clinicians, administrators, policy makers and community members. Twenty-two of these activities are ongoing; four are national in scope; fourteen focus attention on health practices and policies throughout the state; and four have a central Arkansas emphasis. Two of the 25 activities are conducted quarterly; two are conducted monthly with all four activities having a statewide focus. The COPH faculty and staff serve as members in 19 of these 26 activities. Besides membership, additional responsibilities of the COPH faculty and staff

include: partnership, representation, volunteerism, consultation and service as co-chair.

- Indicator: Research conducted by COPH faculty and students contributes to public health practice, public health research, and the health and well-being of Arkansans.
 - Activity: UAMS faculty served as the principal investigators, co-principal investigators or contractors for 21 research grants and contracts during this quarter. These grants and contracts focused on a wide range of topics important to the health of Arkansans: trauma and injuries; disease preparedness, prevention and management; pharmacology and health programming. Nine preceptorship projects and 22 culminating experiences projects were conducted by students in the master of public health program. The preceptor projects concentrated on the variables associated with patient education and health risks for various populations within the state. The culminating experiences projects focused on data collection and analysis to inform and/or advocate for improved health outcomes for Arkansans.
- Indicator: COPH faculty, staff and students are engaged in research that is based in Arkansas.
 - Activity: Twenty of the twenty-one projects conducted by UAMS faculty were based in Arkansas or had an Arkansas focus. The project sites for all nine of the preceptorship projects were in Arkansas. Three of the project sites were located within UAMS, two were conducted at the Arkansas Department of Health, two were based at the Arkansas Children's Hospital, one was at the Arkansas Department of Human Services and one was located at the Little Rock Police Department. A majority of the culminating experiences projects accessed data, used interventions or examined policies from Arkansas institutions or communities.
- Indicator: The COPH makes COPH courses and presentations available statewide.
 - Activity: Nine distance-accessible courses were offered by the COPH during the spring semester. Thirteen remote presentations were provided during this quarter:

four in January; four in February, and five in March. Thirteen faculty members offered these presentations which addressed a variety of topics (e.g., aging, suicide prevention, mental health, air pollution, dietary issues, infectious and chronic disease) that focused upon the health concerns that affect Arkansans.

- Indicator: Twenty percent of enrolled students come from rural areas of Arkansas.
 - Activity: One hundred twenty-two students from 31 counties in Arkansas were enrolled during the spring, 2016 semester. Thirty-two of these students (26%) were from rural counties as defined by the Federal Office of Management and Budget based upon the 2010 census.

Tobacco Prevention and Cessation Program Indicator Activity

Overall Program Goal: To reduce the initiation of tobacco use and the resulting negative health and economic impact.

Long-term Objective: Survey data will demonstrate a reduction in numbers of Arkansans who smoke and/or use tobacco.

- Indicator: By March 2020, decrease the tobacco use prevalence in youth by 7.5% and tobacco use prevalence in young adults (18-24) by 7 [Data Source: Youth Risk Behavior Surveillance System (YRBSS) 2013 & Behavioral Risk Factor Surveillance System (BRFSS) 2013].
 - Activity: According to the 2015 YRBSS, 26.2% of high school students use tobacco products. According to the 2014 BRFSS 26.0% of young adults between the ages of 18 and 24 use tobacco products.
- Indicator: By March 2020, decrease tobacco use among disparate populations (LGBT, Hispanics, African American and Pregnant Women) by 2% (Data Source: LGBT Survey, BRFSS, Vital Statistics Data).
 - Activity: According to the BRFSS 2015, Hispanic tobacco prevalence decreased from 17.7% to 16.2%; African American tobacco prevalence increased from 23.0% to 28.9%. Pregnancy tobacco prevalence rate is 14.9% with the use of electronic medical record (EMR) and birth certificate data as new methodology. LGBT will be reported in 2017.
- Indicator: By March 2020, decrease smoking prevalence among youth by 10.5% (a decrease from 19.1% to 17.1%) and among adults by 7.7% (a decrease from 25.9% to 23.9%) (Data Source: 2013 YRBSS, 2013 BRFSS).
 - Activity: According to the YRBS, the youth smoking prevalence rate is 15.7%.

Short-term Objective: Communities shall establish local tobacco prevention initiatives.

- Indicator: By March 2016, 96 new smoke-free/tobacco-free policies will be implemented across Arkansas (Data Source: TPCP Policy Tracker).
 - Activity: 194 policies were implemented.
- Indicator: By March 2016, decrease sales to minor violations from 11% to 9% (Data Source: FY2014 Arkansas Tobacco Control).
 - Activity: 120 sales to minor violations and 15 educational sessions.
- Indicator: By March 2016, increase by 20% the proportion of youth and young adults up to age 24 who engage in tobacco control activities to include point of sale, counter marketing efforts, and other advocacy activities to increase tobacco free social norms (Data Source: Youth Prevention Program Participation FY2014).
 - Activity: 469 youth participated in Big Pitch.
- Indicator: By March 2016, increase Arkansas' quit rates for the Arkansas Tobacco Quitline from 27.7% to 29.7% (Data Source: ATQ FY2014 Evaluation Report, 7 month follow-up of multiple call with NRT quit rate).
 - Activity: FY15 quit rate is 28.8%.
- Indicator: By March 2016, increase the number of callers to the Arkansas Tobacco Quitline from 245 to 294 for Hispanics; 2,596 to 3,115 for African-American; 476 to 571 for LGBT (Data Source: ATQ Yearly Demographic Report, 2014).
 - Activity: Sixty-two Hispanics, 578 African Americans, and 106 LGBT called this reporting period.
- Indicator: By March 2016, decrease the overall rate of pregnant women reporting tobacco use during pregnancy from 13.1% to 12.1% (Data Source: 2013 Vital Statistics Data).
 - Activity: Pregnancy prevalence rate is 14.9% with the use of EMR and birth certificate data as new methodology.
- Indicator: By March 2016, increase number of healthcare providers, traditional and nontraditional, from 3,116 to 3,500 who have been reached by the STOP program (Data Source: FY2014 End of Year Summary Report for STOP from Alere).

- Activity: Three hundred forty-seven healthcare providers attended the UAMS continuing medical education trainings and 91 people attended Tobacco Treatment Training and/or Dimensions Training.

Evaluator Comments

It will be important to target disparate populations such as African Americans where the prevalence rates for tobacco use appear to be increasing. The youth rates for tobacco use do show an encouraging downward trend. The program's community-based prevention programs appear to be having an impact with youth.

UAMS East (Formerly Delta AHEC)

Indicator Activity

Overall Program Goal: to recruit and retain healthcare professionals and to provide community-based healthcare and education to improve the health of the people residing in the Delta region.

Short-term Objective: Increase the number of communities and clients served through UAMS East programs.

- Indicator: Provide diabetes education to community members and increase the proportion of patients in the diabetes clinic who maintain an A1c below seven.
 - Activity: UAMS East provided 10 HbA1C tests to patients. There were five elevated HbA1C tests, above the goal of seven and two that were classified as pre-diabetes. Diabetes education classes have resumed at UAMS East on a regular schedule. There are 20 participants in diabetes self-management.
- Indicator: Provide targeted clinical care in Helena. (Indicator on hold until walk-in clinic is open).
 - Activity: UAMS East is not providing clinical care at the VACBOC.
- Indicator: Plan and implement a Rural Residency Training Track for Family Medicine in Helena, in partnership with UAMS South Central's residency program.
 - Activity: Plans for the proposed UAMS East Walk-In Clinic are moving forward. The clinic will serve as a foundation for a future rural residency training track, if the clinic proves to be successful and sustainable. UAMS East is still waiting to gain approval from UAMS administration and to negotiate with Helena Health Foundation Board on remodeling costs.
- Indicator: Provide medical library services to consumers, students and health professionals

- Activity: UAMS East Medical Resource Library provided support to healthcare professionals and students through literature searches and teaching materials. This quarter, 145 nursing students and 72 healthcare professionals utilized the library. UAMS East Library also provided support to 2,067 consumers. UAMS East Library circulated 378 books, 343 AVs circulated, 22 Inter Library Loans were filled and 87 electronic searches were conducted. UAMS East Library provided infection control materials for 40 staff of the Phillips County Developmental Center. Also, the library provided diabetes educational materials to be used by Nursing Instructors from Phillips Community College of University of Arkansas. Health models and information were provided to be used with 40 nursing students. UAMS East Library also provided Lee County Cooperative Clinic with health models that were used to teach patient education to 1,354 clients.
- Indicator: Increase or maintain the number of clients in Chicot and Phillips counties receiving prescription assistance.
 - Activity: This quarter UAMS East provided prescription assistance to 159 participants with 238 total prescriptions. Dollar amount saved totaled \$151,756.22. Also, UAMS East provided eight emergency medication prescriptions that totaled \$1,643.26.
- Indicator: Increase or maintain the number of clients receiving health screenings, referrals to primary care physicians, and education on chronic disease prevention and management.
 - Activity: Twenty-six health screening events were held for 864 adults in seven different cities. UAMS East provides screenings, education and referrals to local primary care providers if needed. Screenings were held at Dermott School, Dumas Middle School, Christopher Homes in Marianna, Lake Village Community Center, Superior Uniform in Eudora and Lake Village Court House. UAMS East in Lake Village and Chicot Memorial Medical Center were awarded funds to implement the Healing Hearts Worksite Wellness Initiative (phase 2). This initiative is part of a larger community health and wellness strategy to target

major employers in Chicot County. The initiative provided biometric health screenings and educational outreach to all participants. UAMS East in Lake Village provided a “Know Your Numbers” event to 117 employees of Chicot Memorial Medical Center and two employees self-reported seeking medical care after the event. UAMS East in Helena also provided health screenings and counseling to 48 participants attending the Delta Sigma Theta Go Red Event. UAMS East in West Memphis provided screenings to both Lane Chapel and Beth Salem Baptist Church both in Forrest City. Screenings were also provided to 63 staff at Calvary Christian School. Abnormal results are depicted in table one.

Table 1. Abnormal results from 864 screenings Jan-March 2016

Anemia -0	Blood Pressure-131	HIV-0
BMI-75	Cholesterol-132	Glucose-36

- Indicator: Provide crisis assistance to rape victims as needed.
 - Activity: Delta Crisis Center received over 18 hotline calls and 10 text messages from clients, potential partnerships and possible referrals. During the first quarter, the Delta Crisis Center continued to service three clients in St. Francis, Lee and Phillips Counties. This past quarter, the Delta Crisis Center was able to successfully help one client refrain from committing suicide and relocated this individual to a monitored residence. The client was very grateful for our services. This client is grateful for life today and appreciates the advocacy, counseling, and support services provided by the Delta Crisis Center. In addition to client services, the Delta Crisis Center collaborated with UAMS East to provide 50 high school students with information on healthy relationships.

- Indicator: Increase the number of clients participating in exercise programs offered by UAMS East.
 - Activity: This quarter UAMS Fitness Center encounters totaled 6,371. A total of 12,756 adults and youth participated in various exercise programs throughout the service area. UAMS East continued teaching the Group Lifestyle Balance program to 11 adults. This group has collectively lost 100.7 pounds. Also, Fitness Center clients self-reported a loss of 234 pounds. Four hundred eighty-one UAMS East fitness center and exercise clients increased endurance this quarter. UAMS East in Helena collaborated with Cooperative Extension Service to offer 65 youth of the 21st Century Youth after School Program with nutrition and exercise education. UAMS East in Lake Village and Chicot Memorial Medical Center received a grant from the Southeast Arkansas Community Foundation, an affiliate of the Arkansas Community Foundation. Funds were used to provide additional equipment to augment a variety of cardio and strength fitness classes at the Community Outreach Center in Lake Village. Take ten exercise classes were held for 1,703 youth in Chicot and Desha County. UAMS East in Helena conducted Kids boot camp exercise class in Lee County for 528 youth. UAMS East staff conducted a Zumbathon for Breast Cancer with all proceeds raised to benefit the Phillips County Relay for Life Team. This year's event raised \$700.00.
- Indicator: Maintain a robust health education promotion and prevention program for area youth and adults.
 - Activity: This quarter UAMS East provided health education promotion and prevention programs for a total of 15,299 youth and 1,046 adults. All three sites of UAMS East are teaching the Kids for Health Program. This quarter 5,042 students kindergarten through third grade participated in the program. UAMS East in Helena offered the Share Our Strength's six session Cooking Matters ® to 15 adults. This course teaches participants how to shop smarter, use nutrition information to make healthier choices and cook delicious, affordable meals. UAMS East partnered with Arkansas Cooperative Extension Service to teach the

program which was funded by Arkansas Hunger Relief Alliance. UAMS East in Lake Village taught Cook Smart Eat Smart to 37 participants in Arkansas City. UAMS East in Lake Village also offered a program on drinking your veggies to 12 participants of the Community Outreach Center. Foodology was held for 44 youth in McGehee.

- UAMS East in West Memphis taught smoking prevention to 338 elementary youth. UAMS East in Helena provided 292 youth from Marvell and Clarendon Schools with hygiene education. UAMS East in West Memphis provided 164 youth with Babysitting Education and also certified 67 as Safe Sitters ®. All three UAMS East sites taught Heartsaver CPR to a total of 56 participants. Heartsaver First Aid was also conducted for 19 participants. Basic Life Support classes were taught to 22 healthcare professionals. UAMS East in Helena provided 840 high school youth with the Reducing the Risk curriculum. Twenty-seven Pre-K students in Marvell were taught the Health Start program. This program is designed to help children learn to make healthy choices in nutrition, physical activity, safety, hygiene and drugs. UAMS East in Helena taught 163 high school students educational sessions on teen dating violence. The program is designed to increase student awareness of what creates healthy and abusive dating relationships as well as the causes and consequences of teen dating abuse.
- UAMS East held monthly baby safety showers for 89 women this quarter and 17 car seat installations were provided. UAMS East also held the first breast cancer support group with 13 participants in attendance. This support group will meet monthly at UAMS East. Because of the interest shown in this group, UAMS East has planned a Women's Breast Cancer Symposium to be held during the week long activities planned as part of our 10 years and counting celebration.

Long-term Objective: Increase the number of health professionals practicing in the UAMS East service area.

- Indicator: Increase the number of students participating in UAMS East pre-health professions recruitment activities
 - Activity: This quarter the UAMS East pre-professions recruitment program provided Club Scrub for 83 participants. Club Scrub, is a program designed to introduce middle-high school students to various health-related careers. This program is held at three different school locations during regular classroom instruction. The program focuses each lesson on a different career and provides the students with valuable information on the career while making learning fun through hands-on activities and games. UAMS East held two Day in Life camps in McGehee and Helena for a total of 130 students. Forty-one percent of students were minority and thirty percent of the students were from rural areas. UAMS hosted one CHAMPS camp in Lake Village with eight students. UAMS pre-professions recruiter is also working with five pre-professional students. Of the five students, one was accepted to the College of Medicine at UAMS, one student was accepted to the DO school in Jonesboro, one student is on the alternate list for Physician Assistant School-UAMS, and one student is in the RN to MBA/PHD in nursing. This quarter the UAMS East recruiter attended one career fair and spoke with 78 students.
- Indicator: Continue to provide assistance to health professions students and residents, including RN to BSN and BSN to MSN students, medical students and other interns.
 - Activity: UAMS East supported 15 UAMS BSN/APN students and provided assistance to one additional nursing student that is not enrolled in the UAMS program. Two students will complete the Family Nurse Practitioner program in May and both will stay in Phillips County to practice.



Arkansas Tobacco Settlement Commission

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October 5, 2016

Senator Cecile Bledsoe, Chair
Senate Public Health, Welfare and Labor Committee

Representative Deborah Ferguson, Chair
House Public Health, Welfare and Labor Committee

RE: Quarterly Report from the Arkansas Tobacco Settlement Commission

Dear Senator Bledsoe and Representative Ferguson,

Pursuant to Act 728 of 2015, the Arkansas Tobacco Settlement Commission is submitting the attached quarterly progress report to the Public Health, Welfare and Labor Committees. The report covers quarterly program activity during January 2016 – March 2016. The attached report was prepared by the Arkansas Tobacco Settlement Commission Evaluation Team at the University of Central Arkansas.

This quarter's evaluation report includes the following items: an introduction to the purpose and structure of the report, narratives submitted by each program, and an appendix. The appendix includes a list of indicators and activities for each program and each program's goal and objectives. The purpose of this report is to document the progress of each program toward achievement of its overall goal and to present activities programs have implemented using Tobacco Settlement funds.

Thank you for your assistance in this matter. Please feel free to call me if you need additional information.

Sincerely,

Misty H. Murphey
Executive Director

Attachment