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Qualitative Report

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Overview

The purpose of this quarterly report is to review the progress from July through September 2015 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 for July through September 2015 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 & Robin McAtee, PhD, RN FACHE;*
Associate 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

The AAI conducted its annual retreat in Little Rock where the theme of Culture of Health was utilized to discuss plans for the upcoming strategic plan for the AAI. Two top priority issues, culinary culture and physical activity and education, were identified that the group felt would influence AR health indicators the most.

Accomplishments Associated With Indicator

Activity: The AAI leadership team completed its annual evaluation site visits to the Centers on Aging around the state. Each Center presented its outcomes for the previous year based on their strategic plan. All the centers have been doing very well with their programs and outcomes and meeting their goals. The Regional Advisory Committees have started having their fall meetings. The South Central Center on Aging Advisory Committee is being affected by the changes that are occurring in their Center. They have been working with the Partner Hospital, Jefferson Regional, as it prepares to close the Senior Health Clinic to ensure that all patients are successfully placed with other providers. The South Central Center on Aging has established a new partnership with the Southeast Regional Program of UAMS. Dr. Dale Terrill will continue as Center Director. The West Central Center on Aging partner hospital Sparks Regional Medical Center has closed the clinic and is assessing next steps. The Advisory Committee of the West Central Center on Aging is continuing to serve and assist with the education programs and the Schmieding In-Home Caregiving program. All of

the Advisory Committee members are also assisting the administration of the Arkansas Aging Initiative in its search for qualified professionals needed to staff the Centers on Aging. Additionally, two Advisory Committees are hosting small group meetings to acquaint more community leaders with the programs and services available in their Centers on Aging. Subcommittees of the Schmieding Regional Advisory Committee continue to search for funding opportunities to assist with programs and operations when present funding ends.

Opportunities: The UAMS College of Nursing received a HRSA funded grant to prepare Advanced Practice Nurses to meet the needs of older adults living in AR. This \$1.9 million award will increase access to physician and Advanced Practice Nurse Preceptors in five of the partner hospitals of the AAI; provide to the preceptors increased knowledge in geriatrics, clinical education and interprofessional team training as needed; and implement a demonstration model using MHealth technology to increase surveillance of patients at home who have congestive heart failure or diabetes. These participants will have access to the UAMS call center.

The AAI's long-time partner with the Arkansas Geriatric Center ended in June with the ending of the HRSA funding for the Geriatric Education Centers. However, a new grant from HRSA was obtained which now funds the Arkansas Geriatric Education Collaborative. This \$2.4 million three year grant will become a new collaborating entity of the AAI and will fund continuing education for healthcare professionals, first responders, community members, direct care workers and others on various topics pertaining to the health and healthcare of older adults.

Staff members at the various Centers on Aging 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 biggest challenge remains the vacant positions in the AAI. There are two education director positions open (El Dorado and Jonesboro), one pending education director retirement in Fort Smith and two director positions (Fort Smith & Jonesboro) vacant. Keeping programs moving forward during transition is a challenge with such small staff numbers at

remote locations. Additionally, two of our longtime hospital partners: Sparks Regional Medical Center and Jefferson Regional Medical Center have closed their senior health clinics with the loss of the geriatricians in each. This closure suspends the collaboration with Sparks. Jefferson has indicated that they should be able to recruit a physician, and there is willingness to reopen the senior health clinic.

Plans for Next Reporting Period: AAI leadership will work on filling the vacant positions and work with the local advisory committees to gain 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. The AAI will begin development and implementation of Culture of Health and will focus on implementing culinary culture as a first step. Additionally, we will begin assessment of physical activity and education already being implemented in the next reporting cycle. 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.

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: 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 primary ABI-supported programs.

Key Accomplishments This Reporting Period

ABI research updates in July – September showed that there were 191 ongoing research projects for FY15, with 75% of all projects obtaining extramural funding support.

ABI and extramural funding supported 326 FTE technical personnel in FY15.

Progress and Highlights: ABI-supported investigators recently reported performance metrics for FY2015, covering areas such as jobs and economic development activities, number and dollar amount of research awards from foundations and agencies, publication efforts and other

research findings, and number of new research investigators recruited to Arkansas.

ABI tracks performance metrics to gauge effectiveness and assess research progress. Each July through September, approximately 150 active research investigators report on their ABI research projects at the five member institutions. Performance metrics recently reported include:

Knowledge-based jobs, economic development, and entrepreneurial activity:

- ABI funding and related extramural funding supported 326 full-time equivalent (FTE) positions, including laboratory support personnel, animal care technicians, and post-doctoral research fellows.
- ABI funding was used to help recruit nine experienced research investigators to Arkansas: five to the University of Arkansas, one to Arkansas State University, and three to Arkansas Children's Hospital Research Institute.
- ABI-related entrepreneurial activity is typically gauged by research investigators' patent filings and patent awards. Since inception, ABI-supported investigators have been awarded 34 US and international patents. For FY15, nine US patents were awarded, the most awarded in one year to date.

Extramural research funding:

- For FY15, research investigators reported \$37.9 million in extramural grant funding. Of the 191 active research projects in FY15, 143, or 75%, had extramural funding. The largest funding source was the National Institutes of Health.

Research dissemination:

- Research results are published in peer-reviewed scientific and medical journals or as books or book chapters. ABI-supported research investigators reported 492 publications for FY15, bringing the number of publications to more than 4,800 since inception.

Key Accomplishments this Past Reporting Period: Clinical research trials at the five member institutions hit a record number in FY15, with more than 30 new or ongoing trials. ABI-supported research investigators are conducting clinical research trials in areas ranging from prenatal physical activity to safety of drugs used in whole brain radiation therapy. Three new textbooks were announced by ABI research investigators:

- *Commercial Plant-Produced Recombinant Protein Products*; Springer, Netherlands
- *Food Safety: Emerging Issues, Technologies and Systems*; Elsevier, Amsterdam
- *Neural Cell Biology*; Humana Press, New Hampshire, in press.

Challenges and Opportunities: ABI-supported research investigators use their ABI funding to compete for extramural funding from foundations and agencies such as the National Science Foundation, the US Department of Agriculture, and the National Institutes of Health. Federal funding reductions mean smaller research projects and fewer technical support personnel.

Plans for Next Reporting Period: The ABI Fall Research Symposium is scheduled for Tuesday, October 6, at the University of Arkansas. Approximately 130 ABI research investigators and graduate-level students from the five member institutions will attend the annual meeting. The scientific session will include 35 ABI-related research posters and five research updates will be presented, one for each member institution:

- Translational Cancer Immunotherapies – UA, Fayetteville
- Breathing New Life into Donated Lungs – AR Children’s Hospital Research Institute
- Technologies for Improved Food Security and Sustainability – Arkansas State University
- Role of Leucine in Metabolism – UA Division of Agriculture
- Novel Human Lung Approach to Studying Q Fever Pathogenesis - UAMS

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 4) 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 20 initiatives with faith-based, state, and community organizations.

6,805 health screenings.

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 6,805 health screenings and documented 18,893 citizen encounters with four statewide events. MHI sponsored/partnered with over 20 grassroots, non-profit, government and faith-based organizations to provide health education information and screenings. The events targeted individuals who reside in 17 counties and represented three congressional districts. Four of the initiatives affected 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.

Diabetes Initiative: 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 average. Diabetes is the sixth leading cause of death in Arkansas. Furthermore, African-American men and women have a higher death rates than White men and women. MHI conducted diabetes screening on 826 this quarter. One hundred and seventy-four (21%) 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.

Tobacco Education Outreach: According to the Arkansas Department of Health, tobacco use is the leading preventable cause of disease and death in the United States. To increase awareness, Minority Health Initiative collaborated with Arkansas Department of Health, Tobacco Prevention and Cessation Program (TPCP) to distribute 1,900 fact cards this quarter. MHI also partnered with the Rose City Community for 2015 Back to School Bash. Sixty-three students and thirty-one adults signed Tobacco Free Pledges that stated they will never use tobacco and understand that tobacco in any form is harmful. This includes cigarettes, spit tobacco, snus (snuff), and any other product containing nicotine. The Tobacco Quitline fact sheet was also distributed to over 1,100 people who received health information packets at community events.

Outreach & Education: 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/AID, tobacco cessation, and other diseases that disproportionately impact minorities.

Sponsorships/partnerships/collaborations 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 11 organizations that requested health information to distribute at events (number does not include individuals who received literature through sponsorships).

Faith-Based Outreach: Arkansas Minority Health Commission (AMHC) has maintained an ongoing relationship with the faith community since its inception in 1991. Arkansas Minority Health Commission partnered with the Center for Healing Hearts and Spirits and Exodus Foundation for three faith-based initiatives.

First, the AMHC Medical Director was invited by the Leader of District Council of Elders to provide technical assistance and training on Arkansas Child Sexual Abuse Policy. The training

focused on the mandated reporter requirement for clergy. In addition to providing the requested information, we utilized this opportunity to increase tobacco free policy promotion. Educational literature was provided on the following topics: ills of tobacco use and risks of secondhand smoke for asthma exacerbations leading to increased emergency room visits. Pastors were encouraged to incorporate language into their existing bylaws that included no smoking and use of e-cigarettes or any tobacco products in their worship center or on campus. A copy of the "40 Days to Freedom" factsheet, sample lesson plan and information on the Arkansas Quit line was provided. At the initial meeting, 22 of 25 African-American ministers with over 7,500, members committed to adopting a comprehensive tobacco-free campus policy and to launch the Holy Grounds Campaign.

Second, we provided information on the Million Hearts faith-based initiative "Bless Your Heart" with clergy. The focus of the discussion was how to educate communities on heart healthy strategies: never start or quitting smoking; exercising; eating healthy; and managing chronic conditions like heart disease, hypertension, and high cholesterol. Leaders also received information on how to leverage partnerships to increase health literacy within their congregations and resources to assist with health screening materials. Twenty-three pastors representing Methodist, Baptist, Roman Catholic, and Pentecostal congregations in more than 15 counties committed to smoke-free grounds. In each instance, most attending committed to signing a comprehensive tobacco-free grounds policy.

Third, clergy representing diverse denominations participated in the local launch of the Holy Grounds Initiative in August 2015. They united for a public demonstration of their commitment to promoting healthier policies and encouraging lifestyle modifications at a press conference. Leaders were provided with comprehensive tobacco-free policies for their worship facilities, access to faith-based tobacco cessation materials geared toward African-American Churches and presented with framed nicotine-free policies and *Holy Grounds* metal signs. The AMHC Medical Director drafted an article for submission to the *American Journal of Public Health* entitled "Launching Nicotine Free Policies—Clergy Endorsed, Public Health Approved".

Other Initiatives:

Equipment Loan Program: Minority Health Initiative equipment loan program allows organizations to utilize blood pressure, glucose, and cholesterol machines to provide preventive screenings at outreach events. During this quarter four non-profit and two faith-based

organizations utilized equipment and supplies, which resulted in the following screenings: 410 blood pressure screenings, 133 glucose screenings, and 61 cholesterol screenings. Of the individuals screened, 42 received abnormal blood pressure results, 10 received abnormal glucose results, and 12 received abnormal cholesterol results.

One of our partners, Area Agency on Aging of Southeast Arkansas, Inc., coordinated five outreach initiatives. Over 1,333 preventive screenings were provided to attendees. Two hundred and twenty-one people ranging in age from 28 to 92 years old received two or more preventive screenings. Individuals who did not have a PCP were given a list of income-based clinics to contact for follow up services. Educational literature was provided on the following topics: tobacco cessation, nutrition & fitness, obesity, hypertension, stroke, heart disease, diabetes, cancer, and mental health.

Arkansas Rice Depot: In Arkansas 28.4 % of kids are hungry. Food for Kids provides 60% of a child's nutritional needs through the backpack program. September was designated as the month to raise awareness of the number of children who go hungry in Arkansas and encourage individuals/organizations to provide assistance through sponsorships. MHI partnered with KATV Channel 7 and the Arkansas Rice Depot for the Food for Kids Program phone-a-thon and pack-a-thon. Minority Health Initiative staff and volunteers assisted in packing bags with nutritional food items. MHI sponsored 500 backpacks filled with food that will be distributed to students. Sponsorships from individuals/organizations resulted in over 18,000 backpacks filled with food.

The Box Garden Project: The Box Garden Project is a partnership with the Mid-Delta Consortium who collaborated with the Faith Taskforce, Boys, Girls, and Adults Community Development Center, Cooperative Extension (Phillips and Jefferson Counties), Family Community Development Center, and the University of Arkansas for Medical Sciences (UAMS). Families were trained in Phillips and Jefferson Counties on how to grow their own fruits and vegetables. Cooperative Extension facilitated sessions with the families that focused on the importance of including fruits and vegetables in their meals. In addition, local farmers built boxes for the garden. This quarter 21 families trained received training during five classes; 21 box gardens were built. Twenty pre-test surveys and 14 post-test surveys were collected from participants.

Pilot Projects:

Camp iRock is a seven-day residential fitness and nutrition camp for girls in grades 6 through 8 with a Body Mass Index (BMI) at least in the 85th percentile. Camp iRock 2015 is in its 5th year of the project. The first follow up meeting was held on September 12th. Prior to the meeting date, campers/parents receive monthly reminders regarding the meeting. Fifteen campers confirmed attendance; however, only twelve campers representing Pulaski and Jefferson counties attended the first meeting. The follow up meeting consisted of height, weight, BMI, blood pressure assessments, and behavioral health surveys completed by the campers. Nutrition education was facilitated by the Arkansas Hunger Relief Alliance followed by an interactive shopping matters activity. The campers and parents were given a \$10 gift card from the Hunger Relief Alliance and were allowed to put into practice what they learned which was how to shop healthy on a budget. Based on the results, the participants who attended the follow-up meeting retained the nutrition information learned at camp. At follow-up, 100% of participants answered questions correctly related to identifying food groups, making healthier choices, and interpreting food labels. There were improvements in eating behaviors from camp to present. Participants who previously reported skipping breakfast (66%) were not engaging in that behavior as frequently at follow-up, where only 42% reported skipping breakfast. Campers who previously reported eating while bored, skipping breakfast, hiding food, sneaking food, and eating after everyone was in bed indicated they were not engaging in those behaviors as frequently. At the completion of the follow-up meeting, at least 26 individuals received information on how to compare foods for cost and nutrition, and how to plan and budget for healthy affordable and delicious meals for their families.

The Southern Ain't Fried Sundays (SAFS) Program is a program of the Arkansas Minority Health Commission uniquely designed to educate members of African American and Hispanic churches, communities, 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. It is also a creative mechanism to help in the reduction of heart disease, stroke, diabetes, and obesity. Forty-eight people residing in Pulaski, Jefferson, Ouachita, Nevada, Washington, Faulkner, Pope, Franklin, Saline, and Conway counties registered for the program. Forty-seven people completed all of the requirements and received tool kits.

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. Monthly meetings that focus on health-related topics will resume in October. Pre-test and post-test surveys will be administered at each meeting to assess increased knowledge.

Ask The Doctor Radio Talk Show (3) - is a radio show on KIPR Power 92 that airs the third Tuesday of each month from 7:00 am to 9:00 am and features Medical Director, Rhonda Mattox. Children's Mental Health Matters was the topic for the July show with Dr. Erica Jenkins Mosby. The discussion focused on childhood depression, attention deficit hyperactivity disorder, post-traumatic stress disorder and anxiety disorders. The topic for the August show was cancer disparities with Dr. Karen Crowell. The discussion centered on lung, breast, prostate, and colon cancer. The September show focused on obesity. As of 2013 Arkansas had the 3rd highest adult obesity rate in the nation according to *The State of Obesity: Better Policies for a Healthier America*. Ask the Doctor welcomed special guest, Dr. Ronda Henry Tillman to discuss Obesity and its impact on cancers. Listeners were able to call-in, text, email, or post questions on Facebook regarding the show's topic.

Opportunities/Challenges: MHI will continue to provide health education and preventive screenings; however, MHI will require partnerships with other programs and organizations 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:

1. Partnership with Arkansas Department of Health/Tobacco Prevention Cessation Program to distribute Arkansas Tobacco Quitline Fact Sheets through Sponsorships/Partnerships.
2. Crittenden County Community Health Meeting
3. Crittenden County Public Health Leaders Meeting
4. Announcement of FY2016 Outreach Initiatives (January – June 2016)

Tobacco Settlement Medicaid Expansion Program

Program Narrative

Provided by: *Delia Anderson, 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 1: Expands Medicaid coverage and benefits to pregnant women with incomes ranging from 138–200% of the Federal Poverty Level (FPL); 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: Provide 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:

\$2.3 million in federal Medicaid matching funds were leveraged.

3,631 adults received expanded hospital benefit coverage.

The ARSeniors Program provided expanded benefits and services to 1,725 seniors.

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 Health Care Independence Program/Private Option (HCIP/PO), 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 5,415 eligible pregnant women, seniors, and adults. Total claims paid for the TS-MEP populations this reporting period were just over \$4.1 million. Additionally, TS-MEP funds are also used to pay the state share required to leverage

approximately 70% of federal Medicaid matching funds. This amounted to nearly \$2.3 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 59 participants in the TS-MEP initiative Pregnant Women Expansion program. This was a decline from the previous quarter with 73 participants. This program provides prenatal health services for pregnant women with incomes ranging from 138–200% FPL. With the implementation of HCIP/PO 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. The TS-MEP funds for the Pregnant Expansion program totaled \$77,262 in this quarter.

Program Indicator 3: Increase the average number of adults 19-64 years old 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 3,631 adults aged 19-64, by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. This is a decrease from the previous quarter with 4,045 adults though previous quarters had reflected increasing coverage. TS-MEP funds for the Hospital Benefit Coverage totaled \$1,351,952.

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

Accomplishments: The ARSeniors program expanded Medicaid coverage to 1,725 seniors during this quarter. This is a slight increase from the previous quarter with 1,703 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 \$2,727,406 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 old.

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

Opportunities: The discontinuation of 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 HCIP/PO. As the state of Arkansas continues to explore opportunities for Medicaid reform, new possibilities for using TS-MEP funds may emerge.

Challenges: As a result of the implementation HCIP/PO, one of the TS-MEP initiatives was discontinued (ARHealthNetworks) and another one has experienced a decline in participation (Pregnant Women Expansion). Many of TS-MEP's indicators 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. There have been discussions about funding different gaps in coverage but it is necessary to wait given the uncertainty of the status of HCIP/PO and the other possible Medicaid reforms in the state.

Fay W. Boozman College of Public Health

Program Narrative

Provided by: *Jim Raczynski, PhD, FAHA, CPH 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

Hosted site visitors for the Master in Health Administration program from the Commission on Accreditation of Healthcare Management Education.

Progress and Highlights

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. The ratio of COPH FY2015 extramural funding to FY2015 Tobacco Settlement funding is 1.99:1. The comparison of leveraged funds to unrestricted funding is unavailable as the fiscal year 2015 information by the Association of Schools and Programs of Public Health for schools of public health has yet to be collected and published. The level of research funding for the College has decreased over the last three years, with FY2015 being the lowest at \$4,693,922. The three-year average is \$5,325,050. This decrease is presumed to be the result of a number of

factors: 1) federal declines in extramural funding; 2) loss of a number of senior faculty who had significant extramural funding; and 3) being limited by budget constraints to hiring junior, replacement faculty for those who left who have not yet had the experience and time necessary to ramp up their research funding levels.

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 public 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: Graduates' race/ethnicity demographics for Whites, African Americans and Hispanic/Latinos are reflective of Arkansas race/ethnicity demographics. Data for this indicator were reported in the April-June report. In FY 2016, summer semester data will be reported in the July-September report.

Indicator: The majority of alumni stay in Arkansas and work in public health. Data for this indicator was reported in the April-June report. In FY 2016, employment plans of graduates will be reported in the July-September 2016 report.

Key Accomplishments This Past Reporting Period: In the past quarter the COPH has hired a senior faculty member in Epidemiology who is also the new Director of Cancer Prevention and Population Sciences for the Winthrop P. Rockefeller Cancer Institute and a new Assistant Dean for Finance and Administration. Formal searches have also begun for the Associate Dean for Academic Affairs and for new faculty in Health Policy and Management, Health Behavior and Health Education, and Environmental and Occupational Health. The search for a new Chair of Epidemiology began, and Dr. Lori Fischbach was named Interim Chair of Epidemiology and Director of the PhD program in Epidemiology. The Master of Health Administration (MHA) program is accredited by the Commission on Accreditation of Healthcare Management Education (CAHME) separately from the overall COPH accreditation by the Council on Education for Public Health (CEPH). The CAHME site visit occurred during this quarter and

went exceedingly well with initial feedback from the site visitors providing useful insight on the program's successes and a few challenges.

Challenges and Opportunities: The strategic planning process originally planned to begin in the summer of 2015 has been delayed temporarily until the new, permanent Chair of Epidemiology can be hired. This delay will allow the incoming chair to participate fully in the process from the beginning, which will be a greater benefit to the department and college.

Plans for Next Reporting Period: During the fall 2015 quarter the faculty searches will continue with all due haste with the expectation that letters of offer will be extended sometime in the spring. The American Public Health Association Annual Meeting will occur where several COPH faculty and students will present their research and work to national and international public health audiences.

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 included 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

Partners have secured 126 tobacco and smoke-free policies.

The Medical Director represented the American Academy of Pediatrics on State Government Affairs Committee on tobacco-related issues.

Presented at regional meetings on secondhand smoke to CHPS/CHNS impacting 300 participants.

Accomplishments Associated With Indicator Activity:

- TPCP expanded Quitline services to include text messaging and mobile phone apps to support Arkansans trying to quit tobacco.
- Comfort Suites, Choice Hotel Brand has added their Comfort Inn line to its smoke-free policy covering all of its 36 locations in Arkansas.

- Sixty-seven percent of all new workplaces policies are comprehensive, including combustible and noncombustible tobacco products as well as electronic smoking devices (ESDs).
- New faith-based cessation and tobacco/smoke-free initiative implemented in Arkansas churches protects approximately 7,500 individuals from second- and third-hand smoke when participating in faith-based functions.
- TPCP adopted the national Standardized Tobacco Assessment for Retail Settings (STARS) survey. Thirty-five of the 36 currently funded community based sub-grantees will be conducting the survey during FY2016 in order to assess tobacco industry advertising targeting disparate populations.
- TPCP met with various organizations to foster new partnerships and offer resources. Among these groups was Mid Delta Consortium, providing training and support for staff to include tobacco cessation information during home visits; Christus St. Michael's Health System in Texarkana, discussing opportunities to provide brief tobacco intervention (BTI) training for staff and support development of hospital wide systems change implementing BTI; and grassroots leaders in Lafayette county helping educate and provide tobacco prevention and cessation education for the community.
- TPCP completed evaluation of DBHS contract where substance abuse and mental health treatment providers were responsible for integrating tobacco cessation as part of a more comprehensive treatment protocol for clients as well as implementing tobacco/smoke-free campus policies. The results of the survey indicated 15 facilities were tobacco-free and two were smoke-free. In addition, there were 2,514 clients referred to the ATQ by facility staff.

Opportunities: Significant new partnerships were developed after the discontinuation of the STOP contract. Approval was received to proceed with a new program targeting priority populations within counties designated by the legislature as priority Red Counties.

Arkansas Hospitality Association (AHA) is an emerging partner in combating second- and third-hand aerosol exposure. AHA distributed educational materials regarding the composition of secondhand aerosol to their membership at their annual conference and plans to include information in their membership publication.

Challenges: Comprehensive tobacco policies for schools to include additional components beyond just protections from secondhand smoke aim to reduce lifelong initiation among youth by providing education, cessation, and support for all ages and grades. Even with current policy successes the number of schools with comprehensive policies does not meet the intended goal.

Plans for Next Reporting Period: To address challenges with implementation of comprehensive tobacco-free school policies, TPCP plans to partner with the Arkansas Department of Education to release a RFA for mini grant for schools districts. Launch Project Prevent Youth Coalition to educate and engage youth in tobacco control efforts.

UAMS East Program Narrative

Provided by: *Becky Hall Ed.D & Stephanie Loveless, MPH*

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 programs were provided to 37,310 encounters this quarter. This includes programs held in all seven counties.

UAMS East provided various exercise programs for a total of 7,874 adults and youth.

UAMS East pre-professions recruitment activities were held for 1,567 students.

UAMS East Library provided support to 3,341 consumers and 189 healthcare professionals.

Accomplishments Associated With Indicator Activities: Short-term Objective: Increase the number of communities and clients served through UAMS East programs. UAMS East strives to meet this objective through the many programs offered to clients throughout the seven county

service area. This quarter's encounters totaled 37,310. There are nine indicators associated with providing programs to area clients.

Indicator 1: Increase/Maintain the number of clients receiving health screenings, referrals, to PCP and education on chronic disease prevention and management. UAMS East provided 873 participants in six different cities with health screenings, education and referrals if needed. This includes 272 participants screened in Chicot County and 500 participants in Crittenden and St. Francis Counties at various community events. Also, 38 participants received free health screenings at the 13th Annual Cancer Expo in Forrest City, Arkansas. UAMS East in West Memphis provided 38 members of Beth Salem Baptist Church with free health screenings. UAMS East in West Memphis also provided 114 senior citizens with health education information on healthy weight and provided BMI testing. UAMS East in Lake Village also provided screenings to 35 participants attending the Little Jacob Learning Center "'Back to School" rally.

Abnormal results include:		
Anemia-25	Blood Pressure-89	HIV-0
BMI-96	Cholesterol-42	Glucose-36

Indicator 2: Maintain a robust health education program for area youth and adults.

UAMS East held its monthly Safety Baby Showers for 67 women this quarter. Women receive general safety information and general parenting tips. Also, certified technicians installed twenty-two car seats correctly for participants this quarter. Parenting programs were also held in Crittenden County with 26 participants. Participants were taught positive parenting techniques and also received instruction in pediatric CPR and first aid. UAMS East in West Memphis began a partnership with the Arkansas Department of Health, Nurse Family Partnership (NFP) program to accept referrals for the Safety Baby Showers and also to refer appropriate clients to the NFP for breastfeeding and childbirth education.

UAMS East continued teaching the evidenced based curriculum, "*Making Proud Choices*" at one local school for 1,272 high school youth. UAMS East conducted health education programs to 55 youth attending Vacation Bible Schools.

UAMS East continues to provide tobacco cessation and tobacco prevention programs in Phillips, Chicot and Crittenden Counties. This quarter there are 23 participants in cessation programs. Tobacco prevention programs were held for 52 youth. Drug education was taught to 268, third through sixth grade students. UAMS East taught the McGruff Gun Safety program to 183 children in kindergarten through sixth grade. The program was developed by the National Crime Prevention Council and the National Shooting Sports Foundation to help educate youth about the proper course of action should they encounter a firearm. UAMS East also taught 238 middle school students in Marvell, Arkansas about peer pressure, dealing with bullies and morals. UAMS East collaborated with Forrest City's Community Center summer enrichment program for youth. UAMS East provided educational programs on exercise and nutrition. Sixty youth attending the camp made their own healthy snacks, participated in exercise programs and were taught healthy eating habits using MyPlate.

American Heart Association Heartsaver CPR and First Aid Certification courses were held for 56 participants. Also, UAMS East provided Healthcare Provider CPR Certification for 20 nurses. UAMS East in Lake Village provided various programs to teach youth and adults how to prepare simple, healthy and delicious food and snacks. UAMS East in Lake Village partnered with Guachoya Art Center and Chicot County Farm Bureau to deliver a unique program, "*Kids in the Kitchen.*" This program not only focused on teaching youth about eating healthy food and being physically active, but also introduced them to the discipline of culinary art. Thirty youth participated in the three-day camp. Activities included providing a blank canvas and a set of watercolors to the youth and they were asked to paint "what they learned at camp". The watercolor paintings were then displayed at the Art Center for public viewing.

UAMS East in Helena held *Mission: Nutrition* a camp for youth ages 6-11 years old. Campers were taught lessons on healthy eating, snacking, cooking smart, and exercise. Participants learned through hands-on activities including taste test of healthy foods, preparation of healthy snacks and participated in various exercise programs daily including kid's yoga and Zumba. UAMS East in Lake Village and the Desha County Cooperative Extension Service began their *Cook Smart, Eat Smart* cooking classes. Fifteen women at the Arkansas City CB King facility attended the sessions. The program provides tips on stretching your food dollar while eating healthy. This partnership has also continued its *Foodology* program for the 2015-2016 school years. *Foodology* is a cooking club for 4-H members established to involve kids in healthy

activity, to encourage fun and teamwork but also teaches essential life skills. UAMS East in Helena, West Memphis and Lake Village participated in Back to School rallies by providing health education for 525 parents. UAMS East in Helena also provides educational programs to ABC Preschool parents meetings. This quarter, 65 parents received information on Autism. UAMS East in Helena provided a workshop “Hope for the Future!” for caregivers of families with dementia or Alzheimer’s. Thirty caregivers or family members attended the training provided through a joint partnership with Alzheimer’s Arkansas and UAMS East.

Indicator 3: Increase the number of clients participating in exercise programs. UAMS East continues to address the obesity epidemic by providing weight reduction, nutrition education and exercise programs for both adults and children.

UAMS Fitness Center encounters this past quarter totaled 6,844. UAMS East also provides various exercise classes throughout our communities, which include Zumba, Tai-Chi, Peppi, yoga, Easy Does It and other organized exercise programs. A total of 7,784 adults and youth participated in exercise programs throughout the seven county service area. UAMS East in Helena planned a 5K for 71 participants in Marianna, Arkansas. UAMS in Lake Village and Chicot Memorial Medical Center co-sponsored the 5th Annual Firecracker 5K. Forty-three participants either walked or ran the 5K course. UAMS East in Helena is providing Group Lifestyle Balance, a 16 week comprehensive health and weight loss program. The program focuses on lifestyle, nutrition, exercise and attitude. Thirteen members have lost over 100 pounds on this program. UAMS East in Helena co-sponsored the Get Healthy Helena Expo and Zumbathon. Over 150 youth and adults participated in this event. Participants were encouraged to visit all health vendors in order to receive their participant hand bag and healthy lunch.

Indicator 4: Provide Crisis assistance to rape victims as needed. UAMS East-Delta Crisis Center is a direct service provider committed to addressing serious issues related to sexual assault in Phillips County. The Delta Crisis Center mission is to provide 24-hour intervention services for sexual assault survivors and the families and victims affected by sexual assault. UAMS East Delta Crisis Center received over 20 hotline calls and 20 text messages from five different clients/potential clients. UAMS East-Delta Crisis Center sponsored “*Pampered Pow-Wow*”. This two day workshop was designed to educate young girls ages 16-18 on the issue of sexual assault as well as healthy relationships and domestic violence. The program was held at the Phillips County Boys and Girls Club for 15 young girls. This past quarter, Delta Crisis Center

was able to successfully win one case in court and help the client gain self-sufficiency. Delta Crisis Center also sponsored the Eastern Arkansas Sexual Violence Response Training for 30 law enforcement personnel.

Indicator 5: Provide prescription assistance. Prescription assistance was provided to 166 participants with 249 total prescriptions this quarter. Dollar amount saved for those prescriptions totaled \$155,405.00. This includes both Chicot and Phillips County programs.

Indicator 6: Provide medical library services to consumers, students and health professionals. UAMS East Medical Resource Library also provides support to healthcare professionals and students through literature searches and teaching materials. This quarter, 82 nursing students and 107 healthcare professionals utilized the Medical Library. UAMS East Library also provided support to 3,341 consumers.

Indicator 7: Plan and implement a Rural Residency Training program. UAMS East is in the process of conducting a needs assessment from community members and clients, collaborating with UAMS on a building evaluation and drafting a business plan on the feasibility of opening a walk-in clinic at UAMS East's current location.

Indicator 8: Provide targeted clinical care in Helena. The Veterans Affairs Community Based Outpatient Clinic provided assistance to 933 patients this quarter and currently has 970 enrolled active members.

Indicator 9: Provide diabetes education to community members and increase the proportion of patients in the clinic who maintain an A1c below seven. Diabetes Education was provided to 21 participants. UAMS East also provided 13 HbA1c tests. Three patients had HbA1c levels above the targeted goal of seven and there was one who was classified as pre-diabetic. Also, the Diabetes Education program has been enhanced by the addition of a Diabetes Foot Clinic. The Diabetic Shoppe of Charleston, Mississippi has partnered with UAMS East to conduct a Diabetes Foot Clinic here on a monthly basis. In addition to doing diabetes foot exams, fitting for diabetic shoes, the Diabetic Shoppe will also be offering holistic teaching on diabetes self care.

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

Indicator 1: Increase the number of students participating in UAMS East pre-health professions recruitment activities. This quarter UAMS East pre-professions recruitment program provided opportunities for youth interested in a wide variety of healthcare careers. UAMS East conducted

its second CHAMPS camp for 19 students. Also, UAMS East participated in various training programs, including recruitment fairs and health careers presentations for a total of 1,567 participants. These programs are considered to be the recruitment pipeline by UAMS East.

Indicator 2: Continue to provide assistance to health professions students and residents, including RN to BSN and BSN to MSN students, medical students and other interns.

UAMS East provided internship opportunities for one student this past quarter. UAMS East provided an internship experience for one University of Arkansas at Little Rock health education major. UAMS East also provided the Faces of Autism training for 5 health educators and staff of the Great Rivers Educational Cooperative. The training was conducted by Arkansas Autism Partnership. In addition to the training, the staff of the Arkansas Autism Partnership met with local doctors to inform them about the CDC's "Act Early Campaign" and to share information about the Partnership's home-based intervention programs.

UAMS East continues to support RN to BSN students. This quarter there are 13 students from this area registered for fall of 2015 in the UAMS School of Nursing. With the addition of a more flexible RN to BSN & RN to Master's program, we expect an increased enrollment from our area. Also, support was provided for the nursing staff of the Phillips County Health Department by providing in-service information on Universal Precautions to be used for training of 73 certified nursing assistants. UAMS East provided 775 Care Learning continuing education courses to 88 health professionals in Chicot and Desha Counties.

Opportunities: Three of UAMS East staff attended the Federal Health Funding Conference held in Memphis, Tennessee. One UAMS East employee is working with the UAMS College of Family and Preventive Medicine to collect data for the Late Adolescent Home Study. Data collection involves interviewing parents and adolescents in their home environment. The adolescent must be between the ages of 16-20 years, living at home with their parents and not pregnant or parenting. The study is developing convenient, reliable ways to gather information about the home life. To date, UAMS East has provided two hour interviews with 10 local families. UAMS East received a \$23,625 grant from the Helena Health Foundation to provide 15 local agencies with Automated External Defibrillators and training on the use of an AED. UAMS East received an \$8,000 grant from Hunger Relief Alliance to provide *Cooking Matters*®, health and nutrition classes to 100 participants. UAMS East is in the process of conducting a needs

assessment from community members and clients, collaborating with UAMS on a building evaluation and drafting a business plan on the feasibility of opening a walk-in clinic at our current location. UAMS East is hosting a collaborative meeting with PCC/UA-College of Nursing Faculty, Dean of Allied Health and new chancellor to discuss the addition of a more flexible UAMS RN to BSN and BSN to Master's program. With this new addition, we expect an increased enrollment from the area.

Challenges: Plans to remodel UAMS East and to submit an application for a Rural Residency Program are temporarily on hold. Maintaining a robust program with continuing budget cuts is a major challenge. The upcoming fiscal year UAMS East will have a \$250,000.00 budget cut.

Plans for Next Reporting Period:

- UAMS East in collaboration with Hunger Relief Alliance will host a Grocery Store Event in Helena.
- UAMS East in West Memphis will participate in a Breast Cancer Awareness Symposium in partnership with West Memphis Chapter of Delta Sigma Theta Sorority, Inc.
- UAMS in West Memphis will participate in the Federal Prison Employee Health Fair.
- UAMS East will provide CPR training to local police and firemen in Marvell, Arkansas.
- UAMS East will provide two local schools with its Club Scrub program to introduce junior high schools students to various health careers.
- UAMS East will participate in the Greet and Treat Community Fair in Marianna, Arkansas.
- UAMS East will participate in the Helena Regional Medical Center's Safe and Sound Halloween Event.
- UAMS East staff will participate in an Arkansas Children's Hospital Children's need assessment. ACH will conduct focus group conversations about children's health in Arkansas, held at the Boys, Girls, and Adults CDC in Marvell, Arkansas.
- UAMS East will participate in the Harvest your Health: Fall into Fitness Health Fair.

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.

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Special Thanks

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

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: AAI provided 1258 exercise encounters during this reporting period.
- Indicator: Implement at least two educational offerings for evidence-based disease management programs.
 - Activity: FY2016 programs were started this reporting period.
- Indicator: Increase the amount of external funding to support AAI programs by the end of FY2015.
 - Activity: The programmatic budget to support AAI programs for FY2016 is \$1,510,962.10.

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: During this reporting period, there were a total of 7,446 senior health clinic encounters.
- 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: As a result of limited staff and funding, it is difficult for AAI hospitals to maintain many full time employees at each senior health center. Many of the senior health centers still meet the minimum of three FTEs and AAI is working to fill the open positions in the rest of the centers.
- Indicator: Provide education programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.
 - Activity: AAI provided 433 educational encounters to healthcare professionals and 192 educational encounters to students during this reporting period.
- Indicator: Provide educational opportunities for the community annually.
 - Activity: AAI provided 15,495 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: Area Agency on Aging of Southeast Arkansas, Inc. coordinated five outreach initiatives. Over 1,333 preventive screenings were provided to attendees. Two hundred and twenty-one people ranging in age from 28 to 92 received two or more preventive screenings. Individuals who did not have a PCP were given a list of income-based clinics to contact for follow up services. Educational literature was provided on the following topics: tobacco cessation, nutrition and fitness, obesity, hypertension, stroke, heart disease, diabetes, cancer, and mental health.
- Indicator: To increase hypertension awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
 - Activity: This summary provides baseline data obtained from the 2014 Behavioral Risk Factor Surveillance System (BRFSS). While 39% of respondents indicated they had been told by a health professional they had high blood pressure, only 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. MHI will report updated BRFSS data when it is available. 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.

- Indicator: To increase heart disease awareness by 1% annually among minority Arkansans as measured by previous comparison beginning in FY2015.
 - Activity: Area Agency on Aging of Southeast Arkansas, Inc. coordinated five outreach initiatives. Over 1,333 preventive screenings were provided to attendees. Two hundred and twenty-one people ranging in age from 28 to 92 received two or more preventive screenings. Individuals who did not have a PCP were given a list income based clinics to contact for follow up services. Educational literature was provided on the following topics: tobacco cessation, nutrition & fitness, obesity, hypertension, stroke, heart disease, diabetes, cancer, and mental health.
- Indicator: To increase diabetes awareness by 1% annually among minority Arkansans as measured by previous comparison beginning in FY2015.
 - Activity: Eight hundred and twenty-six people were screened for diabetes this quarter. One hundred and seventy-four (21%) 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.

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: In 2014, The Arkansas Minority Health Commission (AMHC) collaborated with Behavioral Risk Factor Surveillance System (BRFSS) to add 14 state-added questions to the BRFSS survey. The focus of this report is to assess minority population needs for diabetes, stroke, and hypertension screenings & awareness. The FY2016 quarterly status update provides preliminary results based on nearly 5,200 weighted responses from BRFSS telephone interviews. Various agencies throughout the state of Arkansas partner with the AMHC to reduce health disparities among the minority population.

- 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 20 grassroots, non-profit, government and faith-based organizations to provide health education information and screenings. The events targeted individuals who reside in 17 counties and represented three congressional districts. Four 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 85th percentile. The first follow-up meeting for Camp iRock 2015 was held on September 12th. The follow-up meeting consisted of height, weight, BMI and blood pressure assessments on campers followed by a behavioral health survey. Nutrition education was facilitated by Rachel Townsend with the Arkansas Hunger Relief Alliance. The 12 completed behavioral health surveys showed the campers retained the nutrition information learned at the camp. There were improvements in eating behaviors from camp to present, and campers who previously reported eating while bored, skipping breakfast, hiding food, sneaking food, and eating after everyone was in bed indicated they were not engaging in those behaviors as frequently.

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: With the implementation of the Arkansas Health Care Independence Program/Private Option (HCIP/PO), 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 5,415 eligible pregnant women, seniors, and adults. Total claims paid for the TS-MEP populations this reporting period were just over \$4.1 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 \$2.3 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: During this quarter, there were 59 participants in the TS-MEP initiative Pregnant Women Expansion program. This was a decline from the previous quarter with 73 participants. This program provides prenatal health services for pregnant women with incomes ranging from 138–200% FPL. With the implementation of HCIP/PO 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. The TS-MEP funds for the Pregnant Expansion program totaled \$77,262 in this quarter.
- Indicator: Increase the average number of adults aged 19-64 years receiving inpatient and outpatient hospital reimbursements and benefits through the Hospital Benefit Coverage.
 - Activity: During this quarter, the TS-MEP initiative Hospital Benefit Coverage provided inpatient and outpatient hospital reimbursements and benefits to 3,631 adults aged 19-64, by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. This is a decrease from the previous quarter with 4,055 adults. TS-MEP funds for the Hospital Benefit Coverage totaled \$1,351,952.
- 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 expanded Medicaid coverage to 1,725 seniors during this quarter. This is a slight increase from the previous quarter with 1,703 seniors. Qualified Medicare Beneficiary (QMB) 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 \$2,727,406 during this quarter.
- 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 the HCIP/PO. This population is now offered

more comprehensive healthcare coverage options through the HCIP/PO. Individuals with incomes equal to or less than 138% of the FPL are eligible for HCIP/PO and those with incomes above 138% FPL can access the federally facilitated marketplace to determine their eligibility for federally subsidized private insurance plans. HCIP/PO 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 well-being 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: The ratio of COPH FY2015 extramural funding to FY2015 Tobacco Settlement funding is 1.99:1, the lowest of the past three years. At the end of this quarter, an appraisal of this ratio in comparison to equivalent schools of public health is not possible due to the unavailability of data.

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 College served a wide range of governmental agencies, community groups, and healthcare practitioners during this quarter. Representatives from the College provided their ongoing expertise to eleven boards, programs, committees and task forces, attended two monthly meetings and three quarterly meetings in addition to serving as a presenter to four organizations within the state.

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: Data will be reported fall of 2015 for BRFSS and in 2016 for YRBSS.
- Indicator: By March 2020, decrease tobacco use among disparate populations (LGBT, Hispanics, African American and Pregnant Women) by two percent (Data Source: LGBT Survey, BRFSS, Vital Statistics Data).
 - Activity: Data will be reported fall of 2015 for BRFSS and Vital Statistics and in 2017 for LGBT.
- 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: The adult smoking prevalence is currently 24.7%. The youth smoking rate will be reported in 2016.

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: 128 policies were implemented to date this fiscal year, including: 78 workplace policies covering 173 locations, 15 park/festival/farmer's market

policies protecting about 650,656 people, 31 faith-based policies protecting about 7,452 people, and four comprehensive school policies protecting 11,313 students.

- Indicator: By March 2016, decrease sales to minor violations from 11% to 9% (Data Source: FY2014 Arkansas Tobacco Control).
 - Activity: Fiscal year to date there have been 146 sales to minors violations, which is a 9.07% non-compliance rate. There have been 12 educational sessions this fiscal year.
- 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: Six youth participated in advocacy efforts through the Sub-Grantee Kick Off and 21 youth conducted STARS in collaboration with adults this fiscal year.
- 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: The FY2015 quit rate was 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: As of FY2015 there have been 50 Hispanic, 457 African American, and 90 LGBT callers to the Quitline.
- 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: Data will be reported FY2016 quarter one.
- 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: No new providers were added under the STOP program this quarter due to the ending of the contract with Alere. TPCP is currently working with partners on different projects to increase the number of providers educated.

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 diabetes self-management education classes to 21 participants. Thirteen HbA1c test were provided to patients. There were three patients with elevated HbA1c test results, above the goal of seven. Also, there was one patient classified as pre-diabetic.
- Indicator: Provide targeted clinical care in Helena
 - Activity: This quarter the Veterans Affairs Community Based Outpatient Clinic provided assistance to 933 patients and currently has 970 enrolled active members.
- 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 to remodel UAMS East and to submit an application for a RRT program are temporarily on hold. However, UAMS East is in the process of conducting a needs assessment with community members and clients, collaborating with UAMS on a building evaluation and drafting a business plan on the feasibility of opening a walk-in clinic at UAMS East's current location.
- 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, 82 nursing students and 107 healthcare professionals utilized the library. UAMS East Library also provided support to 3,341 consumers. UAMS East Library provided health education literature to PCC/UA for use in orientation of 300 Med-Pro Ed students as well as support to the Phillips County Home Health Unit by providing in-service materials for 73 certified nursing assistants. UAMS East Library provided the Lee County Cooperative Clinic with teaching models and materials to be used for client education and provided a local community center with 50 brochures to be used at a health fair targeting teenagers. UAMS East Library also provided 100 brochures and health-related literature to be used at a women's conference in Forrest City.
- 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 166 participants with 249 total prescriptions. Dollar amount saved totaled \$155,405.00, an increase from last quarter of \$4,637.45.
- 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: Health Screenings were held for 873 adults, an increase of 88 adults from last quarter. This number included UAMS East employee wellness screenings and "How Healthy is your Faculty" screenings for local school employees. UAMS East in Lake Village also provided monthly health screenings at the Community Outreach Center.
- Indicator: Provide crisis assistance to rape victims as needed.
 - Activity: Delta Crisis Center received over 20 hotline calls and 20 text messages from five different clients. Due to the demand of sexual assault services in nearby counties, services have expanded to Lee and St. Francis counties. This past quarter, Delta Crisis Center successfully won one case in court and helped the client gain self-sufficiency.

* Indicator: Increase the number of clients participating in exercise programs offered by UAMS East.

- Activity: This quarter UAMS Fitness Center encounters totaled 6,844. A total of 7,874 adults and youth participated in various exercise programs throughout the service area. UAMS East helped coordinate a 5K for 71 participants in Marianna, AR and UAMS East in Lake Village co-sponsored the 5th Annual Firecracker 5K for 43 participants. UAMS East taught 98 youth about the importance of activity and adopting healthy lifestyles through summer programs.
- 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 6,402 youth and adults. UAMS East continued teaching the evidence-based curriculum, “*Making Proud Choices*” to 1,272 high school students. UAMS East held *Mission Nutrition*, a summer camp for youth ages 6-11. UAMS East in Helena, Lake Village and West Memphis began teaching the Kids for Health program for 2,105 elementary students. UAMS East in West Memphis taught Safe Sitter® classes for 64 youth, ages 11-18. Delta Crisis Center hosted an educational workshop for 16-18 year old girls. “Pampered Pow-Wow” provided education on sexual assault, as well as healthy relationships and domestic violence. UAMS East taught health education programs to 30 youth attending the Children’s Defense Fund Freedom School in Marvell. The Safe, Smart and Successful program was taught to 238 middle school students. This program focuses on issues including bullying, peer pressure, drug use and morals. UAMS East also taught 183 elementary children about gun safety, responsibility and injury prevention. Drug education was taught to 268 students in grades 3rd through 6th. Adult programing included parenting programs and monthly baby safety programs as well as family caregiver programs for families of patients with dementia.

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 a second CHAMPS program for 19 middle school students. UAMS East also participated in various training programs, including recruitment fairs and health careers presentations for a total of 1,567 students. Club Scrub, a program to introduce middle and high schools to various careers, was held monthly at 3 locations for 60 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 13 UAMS RN to BSN students and provided assistance to three additional nursing students that are not enrolled in the UAMS program. UAMS East provided a 200 hour internship for one health education student from UALR. UAMS East proctored tests for three nursing students enrolled in the UAMS Master's program.