

# HEALTH GAINS IN THE STATE

## Arkansas Tobacco Settlement Commission Quarterly Report: January – March 2017

- Arkansas Aging Initiative (AAI)
- Arkansas Biosciences Institute (ABI)
- Fay W. Boozman College of Public Health (COPH)

- Minority Health Initiative (MHI)
- Tobacco Prevention & Cessation Program (TPCP)
- Tobacco Settlement Medicaid Expansion Program (TS-MEP)

- UAMS East Regional Campus

### EDUCATION

Through community and school-based programs, professional development opportunities, and other educational events, ATSC-funded programs reach thousands of Arkansans each quarter. This quarter, **AAI**, **MHI**, **TPCP**, and **UAMS East Regional Campus** provided educational opportunities to 72,851 Arkansans. In addition, **COPH** offered 13 distance accessible courses and 14 presentations remotely.

**72,851**  
Community Members  
& Health Professionals  
Educated



The **Arkansas Aging Initiative** offers educational opportunities for older adults and their families. Pictured here is a “Drums Alive” class held in Jonesboro. A participant stated, "I've gotten stronger, I've graduated from a walker to a cane, so I'm happy. I'm doing well."

**16,967**  
Youth Educated



**UAMS East Regional Campus** routinely offers Cooking Matters classes throughout the Delta. These classes empower families with the skills to be self-sufficient in the kitchen. Pictured here are classes in Dumas (left) and Marianna (right).



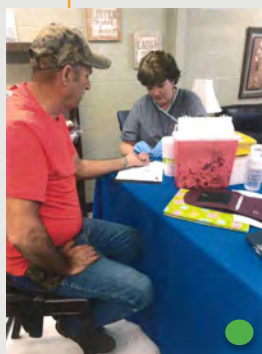
### SERVICE

**3,580**  
Preventive  
Health Screenings

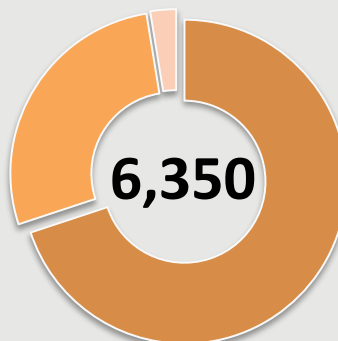
Project Prevent—an initiative under the **Tobacco Prevention and Cessation Program**—encourages youth engagement in tobacco control activities. Recently, Project Prevent partnered with the Arkansas Tobacco Control Coalition for the Project Prevent Youth Coalition (PPYC) Conference, a part of which was dedicated to the Big Pitch Film Festival where youth were given a platform to share their anti-tobacco and vape messages. Approximately 175 students and adults attended the event, and 29 new members were recruited to PPYC. This quarter, TPCP recruited 187 new members to PPYC.



**Minority Health Initiative** and **UAMS East Regional Campus** provided screenings for a number of health measures including cholesterol, blood pressure, and glucose, as well as screenings relative to health conditions like breast and prostate cancer.



During this quarter, the **Tobacco Settlement Medicaid Expansion Program** covered 6,350 eligible Arkansans, providing vital services to pregnant women, senior citizens, and those enduring extended hospital stays.



-  EXTENDED HOSPITAL COVERAGE - 4,440
-  SENIORS - 1,747
-  PREGNANT WOMEN - 163

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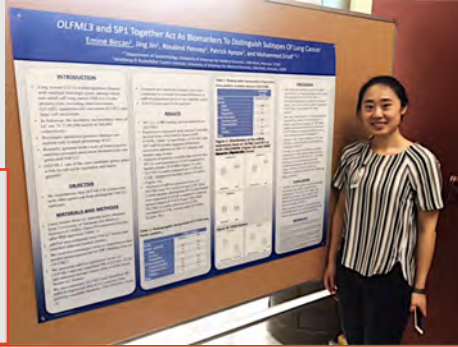
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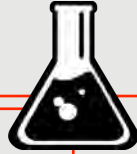
- UAMS East Regional Campus

### RESEARCH

Jing Jin, a **COPH** student, presents a poster on Student Research Day. Her research focuses on lung cancer.





Students and faculty at the **College of Public Health** routinely engage in research projects that contribute to public health in the state. This quarter, these researchers are engaged in 40 research projects, 39 of which are based in Arkansas. A wide range of health topics are being investigated including, but not limited to, several cancer studies, HIV in minority populations, cardiovascular disease, perceptions of e-cigarettes, mammography screening, and hypertension.



Researchers with the **Tobacco Prevention and Cessation Program** presented research this quarter at the National Conference on Tobacco or Health and the Tenth Annual Health Disparities Conference. In total, seven presentations were given and included topics such (1) Profile of Tobacco Users Who Try to Quit “Cold Turkey” – TPCP; and (2) Support for Smoke-Free Housing among Rural Minorities – UAPB.



The five member institutions of **Arkansas Biosciences Institute** generate knowledge in five research areas.

Area 1: Agricultural Research	 
Area 2: Bioengineering Research	
Area 3: Tobacco-Related Research	
Area 4: Nutritional Research	
Area 5: Other related areas of Research	

During this quarter, an **ABI**-supported scientist, Dr. Wendy Nembhard, was awarded a CDC research grant for \$924,626 to study rapid surveillance and referral to services for infants with birth defects linked with prenatal Zika virus infection.

### ECONOMIC IMPACT



**\$4.59 million**  
Total claims paid for TS-MEP populations

**\$2.37 million**  
To TS-MEP in federal Medicaid matching funds



This quarter, the **Arkansas Aging Initiative** reported leveraged funds of **\$763,890.**

**AAI** also reported volunteer and in-kind donations at approximately **\$83,500.**

The work of **Minority Health Initiative** each quarter is driven by the many health burdens on minority populations in the state. If these burdens were eliminated, according to a study commissioned by MHI in 2014, there would be a reduction of direct medical care expenditures of **\$518.6 million.**



**Arkansas Tobacco Settlement Commission**  
101 East Capitol Avenue, Suite 108,  
Little Rock, AR 72201  
501.683.0072 -- <http://www.ATSC.Arkansas.gov>

**UAMS East Regional Campus** assisted 341 patients with the cost of prescriptions, totaling savings of **\$223,392.**





# TESTIMONIALS

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### TESTIMONIALS

● **AAI:** Medical Assistant Student: "I would like to thank you for informing me about Alzheimer's. I have a lot more knowledge about it and how it affects the brain and why people who have it act the way they do. I will **know how to better care** for those with this disease."

Cooking Matters participant: "I am taking this class because I have grandchildren that live with me. I want to encourage them **to eat healthier and shop smarter.**"

● **ABI:** Alan Tackett, PhD, is a professor of biochemistry, molecular biology, and pediatrics and pathology, and is Director of the UAMS graduate Biochemistry and Molecular Biology program, and an **internationally recognized researcher in "proteomics"**—a combination of the words "protein" and "genomics" encompassing all of the proteins expressed by a cell at any given point. Dr. Tackett stated, "I am honored and pleased to be able to raise my children here in Arkansas, where I grew up, and with my extended family. My research accomplishments could have landed me a great career position anywhere in the world, but **ABI brought me home to Arkansas.**"



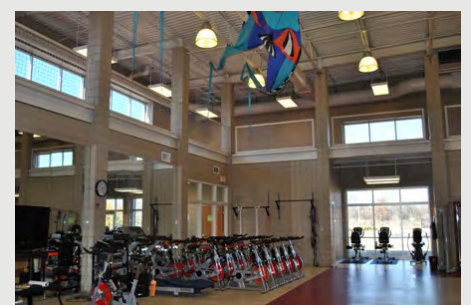
● **COPH:** Brian Kennedy and Collins Scott, both students in the MD/MPH concurrent degree program, **were awarded the David Bourne Health Physician Memorial Scholarship** in February. The David Bourne Public Health Physician Memorial Scholarship is awarded to a medical student or resident who exhibits an interest and aptitude in public health policy through study in obtaining an MPH at the COPH. David Bourne, M.D., was a public health advocacy leader in Arkansas who worked successfully to ensure that all tobacco settlement funds awarded to the state went toward health promotion and disease prevention programs. Brian Kennedy is a fourth year medical student who will finish his MPH in May 2017. Mr. Kennedy's focus is on the connection between the **health disparities experienced by women in southern Africa** and the resulting increase in infectious disease transmission and poor health outcomes. Collins Scott is a third year medical student whose focus is on the improvement of areas of general surgery through outcomes-based research **and identifying barriers faced by patients in their ability to access surgical care.**

● **MHI:** An individual came forth at a particular screening event encouraging attendees over 50 to take a Colon Fit Test home with them and send the results to be analyzed. She had received a test prior to the event, and sent the results in to be analyzed. As a result she was diagnosed with colon cancer. Her treatment consisted of surgery and chemotherapy. She stated, "**The test saved my life.**"

● **TPCP:** Ginger Ulmer, Booneville High School Counselor, had this to say about a TPCP presentation given to Alternative Learning Environment (ALE) students, "I want to express my gratitude for visiting with our ALE Students today. Not only was your program **engaging and interactive**, but presented in a way that made our students feel responsible for his or her own decision making concerning tobacco use. I heard so many positive comments after your presentation. Because they are at risk students, it is more difficult to find speakers and presenters that are willing to share information with these students. **You provided meaningful stories and experiences with these students creating a great rapport.** Honestly, they are not very trustworthy of adults and they don't share many things with new adults but yet were very open and willing to discuss and share with you. **Thank you again for a wonderful presentation and touching the lives of our students.**"

● **TS-MEP:** There are no testimonials from TS-MEP to report this quarter, but the program continues to **serve thousands of Arkansans each quarter**, including pregnant women, seniors, and adults experiencing extended hospital stays.

● **UAMS East Regional Campus:** A member of the Fitness Center in Helena relayed that he began his new journey with UAMS Fitness and has **lost 140 pounds**. He comes to the fitness center daily to run, bike, lift weights, and participate in many other exercises. He started making healthy choices with his family a year ago and has been following his new lifestyle since. He stated, "**I am very proud to have a nice clean facility to work out in!**"



A participant in a Diabetes Class stated, "The facilitators did a very good job. The class **was enjoyable and informative.**" Also, a Group Lifestyle Balance Participant self-reported that her **A1c has dropped** from 7 to 6.1 while attending group class.

**Independent Evaluation of the Arkansas Tobacco Settlement  
Commission Funded Programs**

**January - March 2017 Quarterly Report**

**Indicator Activity**

Prepared by

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

Presented to

**Arkansas Tobacco Settlement Commission**

Report Prepared August 2017

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Qualitative Report

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Qualitative Report

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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, program directors, and coordinators. We appreciate the time and effort each program has made in improving the health of Arkansans.

## Commissioners

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College of Nursing & Health  
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### **Tara Smith**

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## Arkansas Aging Initiative (AAI) Indicator Activity

**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 through two primary missions: an infrastructure that provides quality interdisciplinary clinical care and innovative education programs.

**Overall Program Goal:** To improve the health of older Arkansans 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: A total of 5,279 exercise encounters with aging Arkansans were facilitated by AAI during this reporting period.
- Indicator: Implement at least two educational offerings (annually) for evidence-based disease management programs.
  - Activity: AAI continues to offer educational offerings such as the Diabetic Empowerment Education Program (DEEP). This quarter, a total of 12,933 education encounters were generated across various communities throughout Arkansas.
- Indicator: Increase the amount of external funding to support AAI programs by the end of FY2015.
  - Activity: AAI and its affiliates continue to be productive in securing external funding. Approximately \$763,890 in external grant funding was raised to support AAI programming this reporting period. In addition, AAI estimates the value of



its volunteer and in-kind space donations at approximately \$83,500 this reporting period. These grants and donations amount to nearly three times the \$383,736 funding provided by ATSC during the period.

**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: AAI facilitated 7,878 Senior Health Clinic encounters, 1,011 nursing home encounters, 703 inpatient encounters, and nine home encounters for a total of 9,601 health encounters during this reporting period.
- Indicator: Partner hospitals will maintain a minimum of three provider Full Time Employees (FTEs) for Senior Health Clinics including a geriatrician, advanced practice nurse, and social worker.
  - Activity: AAI was only able to meet this goal in two locations: Center on Aging-North East and Texarkana Regional Center On Aging-Wadley. However, AAI has no direct control over clinic staffing and the indicator has been revised (effective July 2017).
- Indicator: Provide education programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.
  - Activity: AAI produced educational presentations and in-service training opportunities for 2,351 medical professionals and paraprofessionals during this reporting period. AAI also provided educational encounters with 1,193 healthcare students in the state.
- Indicator: Provide educational opportunities for the community annually.
  - Activity: Through AAI, 12,933 community education encounters were generated across Arkansas during this reporting period.

**Challenges:** Ongoing transitions in the national healthcare model continue to impact the clinical side of AAI's mission. AAI is seeking better ways to ensure that seniors in Arkansas have the best possible access to healthcare services. The agency has also challenged itself this quarter to develop strategies for increasing participation among rural seniors in the state. Concern over the sustainability of the Schmieding Home Caregiver training program remains since funds to support this program will expire in a few years. Also, the end of Broadband Technology Opportunity Program (BTOP) grant funding limits statewide broadcast and continues to challenge AAI as they explore other cost effective training modalities. Finally, AAI is preparing for a change in leadership that will occur when the director, Dr. Claudia Beverly, steps down at the end of June 2017.

**Opportunities:** During this reporting period, AAI was able to offer programming in 55 different counties with attendees representing all 75 counties in Arkansas. Further, AAI has identified a method for expanding educational programming through use of new technology (Blackboard Collaborate). Finally, AAI was able to continue support for popular senior health programs by adding new master trainers in Diabetic Education Empowerment Program (DEEP) and in Tai Chi for arthritis.

It is important to note that AAI is capitalizing on opportunities to establish or sustain a number of partnerships that contribute positively to the health of older Arkansans. For example, in this quarter AAI:

- Increased networking with first responders across the state to help educate them about better strategies for dealing with dementia;
- Sustained partnerships with the Arkansas Department of Health, the Arkansas Coalition for Obesity Prevention, and the Hunger Relief Alliance for the purpose of addressing food insecurities among older Arkansans;
- Created new partnerships with the Arkansas Healthcare Association, Arkansas Quality Partners, and with the Alzheimer's Association for the purposes of securing better outcomes among older Arkansans living with dementia;
- Worked with nursing homes in Arkansas to decrease the reliance on psychotropic medicines in the treatment of patients with dementia.

**Testimonials:** AAI participants report a number of positive outcomes that illustrate the individual impact of the agency. Here are a few examples of what people are saying about AAI programs:

- Drums Alive participant: "I've gotten stronger, I've graduated from a walker to a cane so I'm happy. I'm doing well."
- Texarkana Regional Center on Aging participant: "I think the blood demo for high blood pressure really hit home with the grandparents! I notice them making small changes in what they eat."
- Medical Assistant Student: "I would like to thank you for informing me about Alzheimer's. I have a lot more knowledge about it and how it affects the brain and why people who have it act the way they do. I will know how to better care for those with this disease."
- Cooking Matters participant: "I am taking this class because I have grandchildren that live with me. I want to encourage them to eat healthier and shop smarter."

**Evaluator Comments:** As the bulk of evidence indicates, AAI continues to advance the state's agenda for successful senior health services, knowledge, and programming. Much of the effectiveness of AAI is due to talented and industrious staff who are able to make effective contributions to senior health policy in Arkansas. For example, during this quarter:

- Dr. Amy Leigh Overton-McCoy worked with the Arkansas Foundation for Medical Care and others to improve health outcomes by addressing food insecurities among older adults.
- Dr. Angie Norman continued working with a number of local and national organizations to improve community responses to dementia.
- Dr. Robin McAtee and Dr. Lauren Haggard-Duff are working to improve the curriculum for home caregiver training.

Overall, with respect to primary goals, AAI exceeds performance expectations. All evidence seems to indicate that the agency is maintaining momentum toward its long-term goals and remains enthusiastic about its mission.

## Arkansas Biosciences Institute Indicator Activity

**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 or complementary to primary ABI-supported programs.

**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: ABI-supported research investigators continue to leverage ABI dollars to attract extramural funding. Preliminary funding levels will be announced in April. After these announcements, the five member institutions will plan future and ongoing research projects.
- Indicator: ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.
  - Activity: The innovative and novel research conducted by researchers continues to provide opportunities for preparing and filing patent awards by investigators within the member institutions. Data for this indicator are provided at the end of each fiscal year.
- 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: Member institutions continue to participate in research that has the potential to produce opportunities for business. Data for this indicator are provided at the end of each fiscal year.
- Indicator: ABI will promote its activities through various media outlets to broaden the scope of impact of its research.
  - Activity: Efforts to disseminate ABI-supported activities through newspaper articles, press releases, news conferences, and radio/television contacts are ongoing. Data for this indicator are provided at the end of each fiscal year.

**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: The current funding allocated to each of the institutions continues to contribute to the research infrastructure of the state by providing support for core laboratories that are accessible across all of the campuses. Data regarding specific research activities are provided at the end of the fiscal year.
- 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: Dissemination of research, curricula, and interventions via publications and presentations is an ongoing endeavor for ABI. Specific activities related to this indicator are reported at the end of the fiscal year.
- Indicator: Employment supported by ABI and extramural funding will increase from a baseline of 300 full-time equivalent (FTE).
  - Activity: Ongoing funding from extramural awards and ABI supports knowledge-based, higher income jobs across the state. Data for this indicator are provided at the end of each fiscal year.
- 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: ABI continues to provide support and facilitate research collaboration among all member institutions. Specific data for ABI and funding from extramural sources are reported at the end of each fiscal year.

**Challenges:** An ongoing challenge for ABI is the reduction in funding provided by federal agencies. These reductions have occurred as a result of flat or diminishing budgets. For example, the National Institutes of Health have funded less than 10% of the proposals they receive.

**Opportunities:** The comprehensive analysis that was conducted in 2016 on the science and overall impact of ABI indicates the promise of the program. The research and publication records generated by ABI investigators put Arkansas on the national research map, thus making it a destination state. Additionally, the analysis showed that the direct investment of ABI generates significant extramural funding that supports full-time, high paying jobs, categorizing ABI as a mid-size company. ABI is poised to continue delivery of a substantial return on investment while improving the health of Arkansans.

**Testimonials:** Dr. Billy Hargis holds the Tyson Endowed Chair in Sustainable Poultry Health at the University of Arkansas and has had support for his research from the UA Division of Agriculture’s ABI program since the early 2000s. His expertise in poultry immunology has resulted in multiple discoveries leading to patents and company licenses. In his research, Dr. Hargis focuses on poultry immunology and endocrinology to develop safe and effective alternatives to antibiotics. Hargis credits the support from ABI for helping him and his research team obtain preliminary data to take their research on poultry health from the idea stage to industry implementation. Dr. Hargis noted that, “Until you have some preliminary research, it’s almost impossible to break into funding . . . But ABI has been willing to support some things like that; and in our case, and I think in many cases, it has paid off handsomely.”

Alan Tackett, PhD, is a professor of biochemistry, molecular biology, and pediatrics and pathology, and is Director of the UAMS graduate Biochemistry and Molecular Biology program, and an internationally recognized researcher in “proteomics”—a combination of the words “protein” and “genomics” encompassing all of the proteins expressed by a cell at any given point. Dr. Tackett stated, “I am honored and pleased to be able to raise my children here in Arkansas, where I grew up, and with my extended family. My research accomplishments could have landed me a great career position anywhere in the world, but ABI brought me home to Arkansas.”

**Evaluator Comments:** The program has a strong history of exceeding benchmarks for all key indicators. Efforts of ABI scientists have resulted in research projects across all five research areas with associated publications, presentations, and patents. Despite the current funding

challenges, ABI researchers have been successful in securing extramural monies, which translates into increased employment opportunities and significant economic impact for the state. The research-related activities of ABI have led to increased public-private partnerships as well as an increase in media recognition. Therefore, ABI should continue its commitment to provide state-of-the art agricultural and biomedical research.

## Fay W. Boozman College of Public Health Indicator Activity

**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.

**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:** 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: 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: Faculty productivity is maintained at a level of 2 publications in peer-reviewed journals to 1 FTE for primary research faculty.

- Activity: The outcomes of this indicator are summarized annually in the fourth quarter.
- 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: Forty ongoing research projects are being conducted by faculty and/or students. Of these, 39 are based in Arkansas. A wide range of health topics are being investigated including, but not limited to, several cancer studies, HIV in minority populations, healthcare, cardiovascular disease, perceptions of e-cigarettes, mammography screening, and hypertension.
- Indicator: COPH faculty, staff and students are engaged in research that is based in Arkansas.
  - Activity: Thirty-nine of 40 ongoing studies are based in Arkansas.
- Indicator: The COPH makes courses and presentations available statewide.
  - Activity: Thirteen distance accessible courses were offered this quarter. In addition, 14 presentations were made available remotely.
- Indicator: Twenty percent of enrolled students come from rural areas of Arkansas.
  - Activity: During the 2016 spring semester, 11% of enrolled students were from rural areas.
- Indicator: Graduates' race/ethnicity demographics for whites, African American and Hispanic/Latinos are reflective of Arkansas race/ethnicity demographics.
  - Activity: These data are not reported this quarter.
- Indicator: The majority of alumni stay in Arkansas and work in public health.
  - Activity: These data are not reported this quarter.

**Short-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: Not reported this quarter.



**Challenges:** The search is ongoing for promising candidates interested in the Governor Sydney S. McMath Endowed Chair for Obesity Prevention Director for the Center for Obesity Prevention.

**Opportunities:**

- Several candidates were interviewed for the Center for Tobacco Study faculty positions and it is likely that one will be hired in the next six months.
- Proposals for three different graduate certificates went before the Arkansas Department of Higher Education for approval during this time period. The Graduate Certificate in Healthcare Management will function as a stand-alone education program and, in collaboration with the University of Arkansas Walton School of Business, function as a set of additional courses that will allow Executive MBA students to focus their studies on healthcare management. The Graduate Certificate in Healthcare Analytics will provide education in the quickly growing field of healthcare analytics and benefit healthcare organizations and agencies in Arkansas by providing an influx of professionals who can assist in operational improvements. The Graduate Certificate in Global Health will incorporate and complement the concept of interprofessional education that is part of the UAMS mission. It creates a continuous, integrated curriculum for learners pursuing an interest and/or career in global health. Approval of these three certificate programs is expected in April 2017.
- A promising candidate has been identified for the Sidney S. McMath Chair in Obesity Prevention and Director of the Center for the Study of Obesity.

**Testimonials:** Brian Kennedy and Collins Scott, both students in the MD/MPH concurrent degree program, were awarded the David Bourne Health Physician Memorial Scholarship in February. The David Bourne Public Health Physician Memorial Scholarship is awarded to a medical student or resident who exhibits an interest and aptitude in public health policy through study in obtaining an MPH at the COPH. David Bourne, M.D., was a public health advocacy leader in Arkansas who worked successfully to ensure that all tobacco settlement funds awarded to the state went toward health promotion and disease prevention programs.

Brian Kennedy is a fourth year medical student who will finish his MPH in May 2017. Mr. Kennedy's focus is on the connection between the health disparities experienced by women in southern Africa and the resulting increase in infectious disease transmission and poor health outcomes. Collins Scott is a third year medical student whose focus is on the improvement of areas of general surgery through outcomes-based research and identifying barriers faced by patients in their ability to access surgical care.

**Evaluator Comments:** COPH is making sufficient progress toward each indicator this quarter with the exception of one. The indicator related to percentage of students from rural areas enrolled in their programs (11%) is below their stated goal of 20%. However, they have strategies in place to increase this percentage. They are investigating the reasons for such a dramatic decrease from the fall to spring semesters, and it seems that a change in the university classification of students and reporting may be the issue. They are working to manage and correct whatever issues exist for future reporting. Also, the indicator related to extramural funding will be updated before the next fiscal year to reflect a more specific target rather than trying to determine comparable schools of public health for making comparison since schools vary greatly. Overall, the education, research, and community involvement of the faculty and students of COPH is impressive. Several of their studies with high risk populations in Arkansas have the potential to yield important healthcare findings in the future.

## Minority Health Initiative Indicator Activity

**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 MHI'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.

**Overall Program Goal:** To improve 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.

*\*In reviewing the activity for the long-term indicators below, note that MHI provided a total of 2,474 preventive screenings that may impact stroke, hypertension, and heart disease during this quarter. These screenings include blood pressure, resting heart rate, cholesterol, glucose, height/weight and BMI.*

- Indicator: To increase stroke awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
  - Activity: MHI continues to work with over 15 nonprofit agencies and multiple educational institutions to benefit the health of Arkansans. They also partner with those agencies that partner with AMHC. Through multiple screening opportunities, MHI works with those citizens most at risk for high blood pressure

as they first screen the participants, then educate them on the risks of high blood pressure, and refer to a primary care physician when a participant's blood pressure is above the recommended levels.

- Indicator: To increase hypertension awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
  - Activity: As mentioned above, MHI continues to offer screenings for the minority populations concerning blood pressure. Their partnerships continue to increase as well as the counties they serve. This quarter, MHI provided 925 blood pressure screenings.
- Indicator: To increase heart disease awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
  - Activity: MHI's involvement in the community to provide screenings to the minority populations of Arkansas continues to flourish. The screenings they offer that directly relate to heart disease include blood pressure, resting heart rate, cholesterol, glucose, height/weight, and BMI. This quarter, 2,474 of these screenings were offered to Arkansas citizens.
- Indicator: To increase diabetes awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
  - Activity: Diabetes continues to be a problem for minority populations in Arkansas. MHI provides screenings each quarter that helps with awareness of this disease. Through the AMHC partnership, this quarter, 353 glucose screenings were provided.

**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: An Economic Cost of Inequalities in Arkansas report is conducted every five years. The last one was conducted in 2014, so the next report will be conducted in FY2019. The 2014 study estimated a reduction of direct medical care expenditures of \$518.6 million if health inequities in minority populations were eliminated.
- 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: During this quarter, MHI sponsored/partnered with 14 grassroots, non-profit, government, and faith-based organizations to provide health education information and screenings. The events targeted individuals who reside in 16 counties. Additionally, MHI continues to work with educational institutions with their Tobacco Education Outreach where they distributed over 900 fact sheets. MHI also sponsored over 3,880 radio and television health education announcements focused on preventive screenings, nutrition, physical fitness, tobacco, and cancer. All their efforts resulted in 7,350 attendees and 2,938 screenings, which include the 2,474 screenings related to heart disease--as noted above--as well as an additional 464 screenings for other health markers.
- 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 was a big success. The 5th camp was held in 2015 with the final follow-up meeting held in 2016. A reunion is set for April 29, 2017. Over 40 past participants have already registered. A Camp iRock focusing on male participants is in the works.

**Challenges:** The biggest challenge for MHI continues to be heart disease, as it remains the number one killer in the nation as well as in Arkansas. Arkansas has the 5th highest cardiovascular disease rate in the nation.

**Opportunities:** MHI will continue partnerships, programs, community forums, and health summits to increase awareness and screenings to reduce death/disability due to tobacco, chronic,



and other lifestyle-related illnesses of Arkansans.

**Testimonials:** An individual came forth at a particular screening event encouraging attendees over 50 to take a Colon Fit Test home with them and send the results to be analyzed. She had received a test prior to the event, and sent the results in to be analyzed. As a result she was diagnosed with colon cancer. Her treatment consisted of surgery and chemotherapy. She stated, “The test saved my life.”

**Evaluator Comments:** Through multiple partnerships with non-profit, faith-based, and grassroots organizations, as well as educational institutions, MHI continues to spread awareness of healthy lifestyle choices concerning tobacco, heart disease, and other chronic diseases causing increased healthcare costs in Arkansas. Through these partnerships and the multiple events that offer screenings and educational facts sheets, MHI continues to improve the healthcare systems in Arkansas as well as the access to healthcare delivery systems, especially among minority populations.

## Tobacco Prevention and Cessation Program Indicator Activity

**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 include 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.

**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 (cigarette, smokeless, and cigar) in youth by 23% (a decrease from 32% to 24.5%) and tobacco use prevalence (cigarette and smokeless) in young adults (18-24) by 10 % (a decrease from 27.7% to 25%). [Data Source: Youth Risk Behavior Surveillance System (YRBSS) 2015 & Behavioral Risk Factor Surveillance System (BRFSS) 2013].
  - **Activity:** No new data to report. YRBSS is published every two years and BRFSS is published every year. We are currently analyzing the 2015 reports for both with the goal of updating the baseline data and subsequent percentage decrease goals.

- Indicator: By March 2020, decrease tobacco use among disparate populations (LGBT, Hispanics, African American, and Pregnant Women) by 2 percentage point change (Data Source: LGBT Survey, BRFSS, Vital Statistics Data).
  - Activity: No new data to report.
- Indicator: By March 2020, decrease smoking prevalence among youth by 10.5% (a decrease from 19.1% to 17.1%) and among adults (18 to 24 year olds) by 3% (a decrease from 24.7% to 23.9%) (Data Source: 2015 YRBSS, 2014 BRFSS).
  - Activity: No new data to report. YRBSS is published every two years and BRFSS is published every year. We are currently analyzing the 2015 reports for both with the goal of updating the baseline data and subsequent percentage decrease goals.

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

- Indicator: By June 2017, 100 new smoke-free/tobacco-free policies will be implemented across Arkansas (Data Source: TPCP Policy Tracker).
  - Activity: Has exceeded goal. From July 2016 through March 2017, 102 new policies have been implemented, 63 during this quarter. TPCP community-based partners assisted in the creation of 30 policies this quarter across workplaces, parks/festivals, a farmers' market, faith-based organizations, schools (7,297 students), a private school, and multi-unit housing complexes. MISRGO community-based partners assisted in the creation of 33 policies this quarter across workplaces, faith-based organizations, and multi-unit housing complexes.
- Indicator: By June 2017, decrease sales to minor violations from 11% to 9% (Data Source: FY2014 Arkansas Tobacco Control).
  - Activity: Has met goal. To date, out of 3,842 minor compliance checks there have been 213 violations resulting in a non-compliance rate of 5.5%. However, the non-compliance rate for the quarter was 10% (130 sales to minor violations out of 1,263 minor compliance checks). Additionally, there were four educational sessions held for 50 attendees this quarter, which brings the to-date number of attendees to 753.

- Indicator: By June 2017, increase by 25% 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: Making active progress towards goal. With a baseline of 1,026, the goal of a 25% increase in engagement by June 2017 requires a total of 1,283 youth and young adults involved in programming. The Project Prevent Youth Coalition (PPYC) recruited 187 new members (for a total to date number of 457). PPYC connected with 576 students through school fairs, a Project Prevent Youth Coalition Conference, and Big Pitch Film Festival, in addition to other classroom and club presentations.
- Indicator: By June 2017, 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 calls with NRT quit rate).
  - Activity: No new data to report. Updated quit rates will be available fall 2017. However, the quit rate provided in the ATSC Annual Evaluation Report for 2016 is 28.8%.
- Indicator: By June 2017, 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: Making active progress towards goal. This quarter there were 88 Hispanics (to date 147), 586 African Americans (to date 1,371), 127 LGBT (to date 299), and 29 pregnant women (to date 87).
- Indicator: By June 2017, decrease the overall rate of pregnant women reporting tobacco use during pregnancy from 14.9% to 13.9% (Data Source: 2013 Vital Statistics Data).
  - Activity: No new data to report.
- Indicator: By June 2017, 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: Making active progress towards goal. Training sessions are scheduled for April - June, so additional information will be available next quarter.

**Challenges:**

- An amendment to The Arkansas Clean Indoor Act SB311 has been filed and is currently under review in the legislature. This law would permit individual businesses to choose smoking or non-smoking status. If supported, the potential impact to Arkansans as a whole would be detrimental by negatively affecting the health of citizens through increased secondhand smoke exposure to workers, patrons, and customers.

**Opportunities:**

- TPCP and UAPB representatives submitted seven abstracts that were approved for presentation at two national conferences. Titles of work presented at the 2017 National Conference on Tobacco or Health include: 1) Working in Minority Communities - UAPB; 2) Support for Smoke-Free Housing among Rural Minorities - UAPB; 3) Examining Tobacco Use Prevalence, Knowledge, and Attitudes among African American Clergy in Rural Arkansas - UAPB; 4) Profile of Tobacco Users Who Try to Quit “Cold Turkey” - TPCP; and 5) Impact of Tobacco Control Video Creation on Youth Tobacco Use - TPCP. Titles of work presented at the Tenth Annual Health Disparities Conference at Xavier University include: 1) Policy Approach to Stamp Out Smoking in Faith-based Communities in Rural Arkansas - UAPB, and 2) Support for Smoke-Free Housing among Rural Minorities - UAPB.
- TPCP is collaborating with the UALR School of Social Work to incorporate various trainings for social work students and child welfare workers aimed at reducing secondhand smoke exposure for clients they serve throughout the state.
- TPCP is engaged with the regional HUD office and local Public Housing Authorities (PHAs) to assist in the adoption of smoke-free multi-unit housing policies (SFMUH) in support of the federal rule.
- Project Prevent and their statewide partner, the Arkansas Tobacco Control Coalition, hosted a conference on March 3rd at Heifer Village in Little Rock. The conference included engagement and learning opportunities for adults and youth. A portion of the conference program was dedicated to the Big Pitch Film Festival where Arkansas youth were given a platform to share their anti-tobacco and vape messages. Approximately 175 students and adults attended the event where 29 new PPYC members were recruited.



- TPCP created and disseminated a number of infographics to support various tobacco-free messages. See infographics in the Appendix of this document, starting on page 37.
- Mascot Media provided TPCP the opportunity to include a 30-second youth prevention video during the 7A football state tournament. Mascot Media is a marketing company that provides mobile applications, tickets, calendars, and etc. for school sports for free. There were over 11,000 viewers exposed to the messages.
- The annual Big Pitch Film Festival project concluded in March. There were 145 entries this year, which was a decrease from the previous year. However, there was an increase in the beginner category of school participation. Next year, the categories will be revised to maximize the beginner category. Additionally, the focus will be changed to youth advocacy.
- TPCP was asked to present on the topic of Arkansas Electronic Cigarette Legislative Experience for the Association of State and Territorial Health Officials E-Cigarette Virtual Workgroup during their May 2017 meeting.
- While attending the National Conference on Tobacco or Health, TPCP networked with tobacco control experts led to the following: 1) Secured a national partner to present during the Annual Sub-Grantee Kick-Off in July at no cost to Arkansas, and 2) Secured approval from the FDA to use a youth prevention media campaign in Arkansas.

**Testimonials:**

- Ginger Ulmer, Booneville High School Counselor, had this to say about a TPCP presentation given to Alternative Learning Environment (ALE) students, “I want to express my gratitude for visiting with our ALE Students today. Not only was your program engaging and interactive, but presented in a way that made our students feel responsible for his or her own decision making concerning tobacco use. I heard so many positive comments after your presentation. Because they are at risk students, it is more difficult to find speakers and presenters that are willing to share information with these students. You provided meaningful stories and experiences with these students creating a great rapport. Honestly, they are not very trustworthy of adults and they don’t share many things with new adults but yet were very open and willing to discuss and share with you. Thank you again for a wonderful presentation and touching the lives of our students.”

- Hometown Health Improvement efforts were able to educate 15,898 youth and 23,474 adults on various tobacco control and prevention topics.

**Evaluator Comments:** While past quarterly and annual reports have outlined TPCP's far-reaching programs; contact with thousands of youth and young adults; multiple training programs; and social media campaigns that have led to a reduction in tobacco use in our youth and young adults, this agency is now challenged with addressing a smaller, hardcore group of smokers. At the same time, there is the lure of e-cigarettes and vaping for a different type of consumption behavior. With short-term indicators that expire June 2017 and an interest in expanding the range of indicators measured, TPCP personnel will be working with their new evaluator over the summer to update the indicators in time for review by the Commission in the fall.

# Tobacco Settlement Medicaid Expansion Program

## Indicator Activity

**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.

**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 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 provided expanded access to health benefits and services for 6,350 eligible pregnant women, seniors, and qualified adults. This is an increase of 300 persons served over the previous quarter. Total claims paid for the TS-MEP populations this reporting period were \$4.59 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 \$2.37 million in federal matching Medicaid funds during this quarter, which has a significant impact on health costs and health outcomes for the state of Arkansas.

**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 163 participants in the TS-MEP initiative Pregnant Women Expansion program. This was a slight decrease from the previous quarter with 170 participants. 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. The TS-MEP funds for the Pregnant Expansion program totaled \$272,064 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 4,440 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 4,148 adults served in the previous quarter. TS-MEP funds for the Hospital Benefit Coverage totaled \$1,089,757.

- 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 1,747 seniors during this quarter. There is an increase from 1,732 participants in the previous quarter. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered by Medicare are available to ARSeniors. Recipients received services in 40 different categories, most commonly in personal care services, durable medical equipment, oxygen, and eyeglasses. TS-MEP funds for the ARSeniors program totaled \$3,237,438 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 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.

**Challenges:** As a result of the implementation of the Arkansas Works program, traditional Medicaid expenditures have decreased. Many Medicaid-eligible adults aged 19-64 years old are covered by the Arkansas Works program and receive their coverage through Qualified Health Plans in the individual insurance market. Arkansas Medicaid pays the monthly insurance premiums for the majority of these individuals. For the TS-MEP populations,

ARHealthNetworks was eliminated and Pregnant Women Expansion was expected to significantly decline as individuals are provided health coverage outside of TS-MEP. 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 Department of Human Services (DHS) will need to continue to explore new performance measurements for the TS-MEP initiatives as individuals are transitioning into new coverage groups.

**Opportunities:** The discontinuation of the TS-MEP initiative, ARHealthNetworks, provides the opportunity to support both the other three TS-MEP populations and the state's overall Medicaid efforts. 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. As the state of Arkansas continues to explore opportunities for Medicaid reform, new possibilities for using TS-MEP funds have emerged. In early 2017, Act 50 of the 91st General Assembly removed the discontinued population (ARHealthNetworks) and added the Division of Developmental Disabilities Alternative Community Services Waiver Waiting list as the new population four group. This population group will begin receiving funding from July 2017 and it is expected that this new funding will be extended to 500-900 individuals currently waiting for these services.

**Testimonials:** There are no testimonials for this quarter.

**Evaluator Comments:** TS-MEP has been impacted by the significant changes in the healthcare system. During this quarter, the Pregnant Women Expansion program experienced a slight decrease but remains a stable program. Both the ARSeniors and Hospital Benefit Coverage programs have experienced an increase in the number of participants in this quarter while one of the covered populations (ARHealthNetworks) has been eliminated. There are no immediate plans to change the Pregnant Women Expansion, Hospital Benefit Coverage, and ARSeniors programs. However, as noted, legislation was passed to establish a new population (persons with developmental disabilities) to reduce the waiting list and provide community and home services

for these individuals. A new indicator has been developed to measure progress with this new population group and is awaiting approval from the ATSC.



## UAMS East Regional Campus Indicator Activity

**Program Description:** University of Arkansas Medical Sciences East Regional Campus provide healthcare outreach services to seven counties including St. Francis, Lee, Phillips, Chicot, Desha, Monroe, and Crittenden counties. UAMS East Regional Campus, 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 Regional Campus 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 Regional Campus 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 Regional Campus 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.

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

**Long-term Objective:** Increase the number of health professionals practicing in the UAMS East Regional Campus service areas.

- Indicator: Increase the number of students participating in UAMS East Regional Campus pre-health professions recruitment activities.
  - Activity: UAMS Regional Campus in Lake Village held “CHAMPS” camps for

five high school students during spring break. The UAMS East Regional Campus recruiter attended three career fairs and spoke with 159 students. She also provided health career presentations to 148 students and taught Club Scrub programs to 87 middle school participants. The program “Day in the Life” was provided to 110 high school students in Helena and McGehee.

- 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 Regional Campus in Helena supported four RN to BSN students this quarter. Dr. Jackson, UAMS Helena, an advanced practice nurse assisted as an adjunct instructor for five MSN students.

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

- 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: Thirteen health screening events were held for 642 adults in five different cities. UAMS East Regional Campus provides screenings, education and referrals to local primary care providers if needed. Of the 642 screenings provided, abnormal results included: 58 BMI, 108 blood pressure, 102 cholesterol, 15 glucose and six HbA1c. UAMS East Regional Campus in Helena held a “Go Red for Women” event this quarter. This partnership was a collaborative effort with UAMS Helena and the Phillips County Health Unit. The program included a Lunch and Learn including information on heart health, warning signs and symptoms of a heart attack and stroke to a total of 59 women. UAMS East Regional Campus provided free health screenings including blood pressure, total cholesterol, and HbA1c’s.
- Indicator: Maintain a robust health education promotion and prevention program for area youth and adults.

- Activity: UAMS East Regional Campus provided health education promotion and prevention activities for a total of 8,583 youth and 1,069 adults. Youth programs included tobacco prevention education in eight elementary schools, the “Kids for Health” program, and the “Nutrition Pathfinder” program. Adult programming included the “Lifestyle Balance” program and a diabetes empowerment program.
- Indicator: Increase the number of clients participating in exercise programs offered by UAMS East Regional Campus.
  - Activity: This quarter, the UAMS Helena Fitness Center encounters totaled 8,247. Additionally, a total of 9,040 adults and children participated in various exercise programs throughout the service area.
- Indicator: Provide crisis assistance to rape victims as needed.
  - Activity: The Delta Crisis Center received seven hotline calls from clients, potential partnerships, and possible referrals. Delta Crisis Center served eight clients in St. Francis, Lee, Phillips, Monroe, and Crittenden counties. Delta Crisis Center Staff provided over 35 hours per week of client services through personal or electronic contact.
- Indicator: Increase or maintain the number of clients in Chicot and Phillips counties receiving prescription assistance.
  - Activity: This quarter, UAMS East Regional Campus provided prescription assistance to 341 participants with 309 total prescriptions. The amount saved totaled \$223,392.91.
- Indicator: Provide medical library services to consumers, students, and health professionals.
  - Activity: UAMS Helena Medical Resource Library provided support to healthcare professionals and students through literature searches and teaching materials. This quarter, 55 nursing students and 24 healthcare professionals utilized the library. UAMS Helena Library provided support to 2,494 consumers.
- Indicator: Plan and implement a Rural Residency Training Track for Family Medicine in Helena, in partnership with UAMS South Central's residency program.
  - Activity: UAMS East Regional Campus in Helena has secured the commitment from a local family practice physician to become a UAMS employee and staff the

Patient Centered Medical Home, UAMS Family Medicine Clinic. Renovations of the Helena offices are underway with an expected completion date of September 2017.

- Indicator: Provide targeted clinical care in Helena.
  - Activity: On hold pending the opening of the clinic.
- 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 Regional Campus in Helena provided 33 HbA1c test to patients. There were six elevated HbA1c tests, above the goal of an HbA1c score of less than seven. Diabetes education classes have resumed at UAMS Helena on a regular basis. There are 72 participants in Diabetes Self-Management. An additional 10 consultations were provided by the registered dietician to clients at the Helena location.

**Challenges:** The major challenge noted by the program this quarter is moving the program from an outreach focus to a more clinical-based approach to improving quality of life for area residents.

**Opportunities:**

- UAMS Helena hired a part-time Masters of Public Health employee who will be working as a community health educator in outreach and will assist with existing and upcoming health education programs.
- UAMS Helena is working with Arkansas Autism Resource and Outreach Center (AAROC) as they move forward to fund one part-time and one full-time position to be located at the UAMS Helena Campus. These positions will be Arkansas Delta Region Community Liaisons. The positions are needed to identify children/families to provide early intervention.
- UAMS Helena will be working with UAMS College of Medicine to help coordinate a preceptorship for a medical student who is originally from Helena. Additionally, he will be working on a diabetes project.
- UAMS Helena has completed the application to become a growing healthy community.

UAMS Helena also applied for two \$1000.00 grants from Arkansas Center for Obesity Prevention to help with employee wellness programs and for an onsite community garden for Helena.

**Testimonials:** A member of the Fitness Center in Helena relayed that he began his new journey with UAMS Fitness and has lost 140 pounds. He comes to the fitness center daily to run, bike, lift weights, and participate in many other exercises. He started making healthy choices with his family a year ago and has been following his new lifestyle since. He stated, “I am very proud to have a nice clean facility to work out in!”

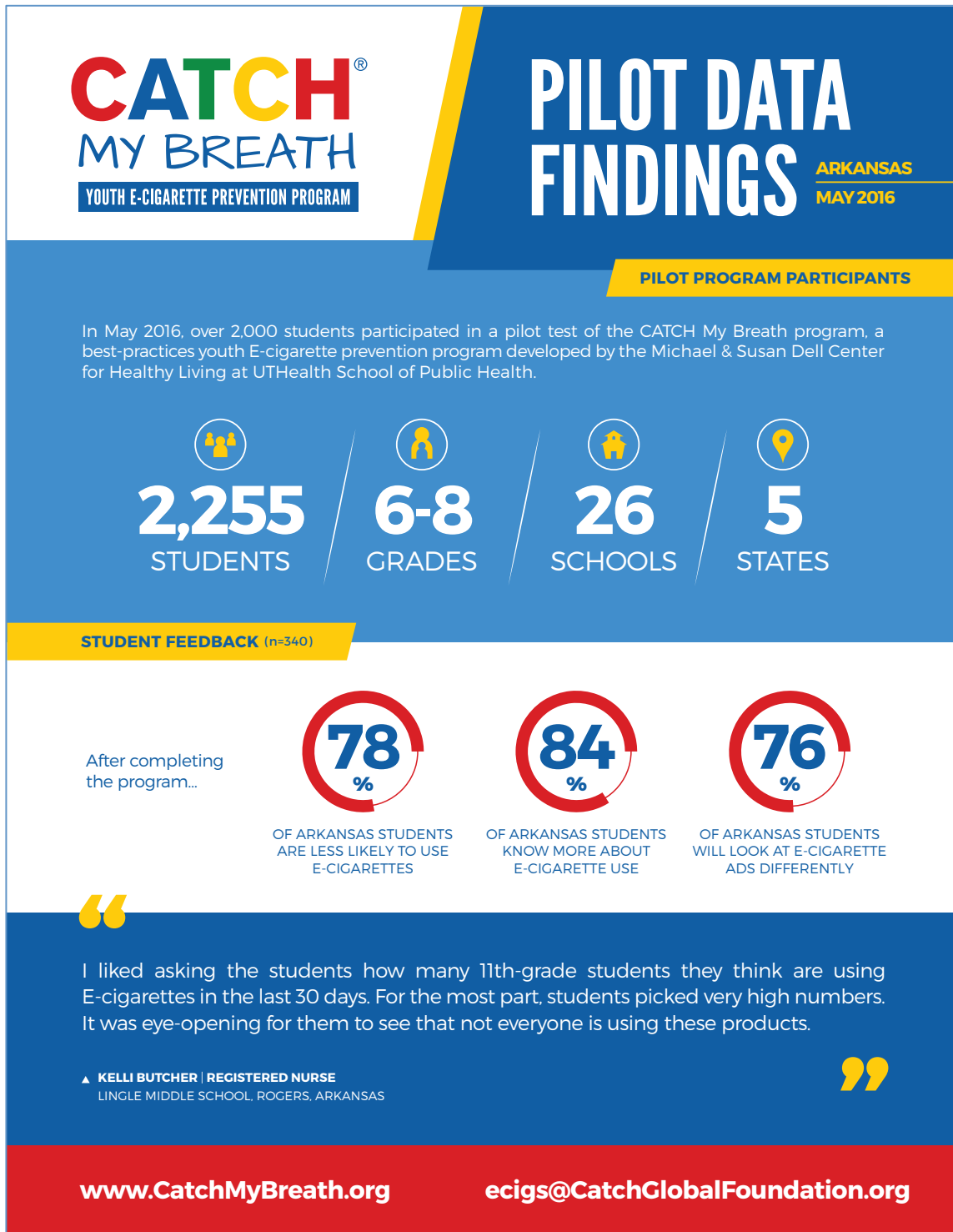
A participant in a Diabetes Class stated, “The facilitators did a very good job. The class was enjoyable and informative.” Also, a Group Lifestyle Balance Participant self-reported that her A1c has dropped from 7 to 6.1 while attending group class.

**Evaluator Comments:** UAMS East Regional Campus is making progress toward their long-term and short-term goals. They provide educational programs to improve the health literacy of residents, screen for disease risk factors to prevent disease before it occurs, and provide opportunities to practice health promoting behaviors. UAMS East Regional Campus should continue to partner with other agencies to support their efforts. UAMS East Regional Campus is in the process of creating a patient centered medical home for Delta residents that integrates prevention into healthcare services. This combination of prevention and access to quality care will positively impact the health of residents in the Delta region of Arkansas.

## Appendix

Tobacco Prevention and Cessation Program Infographics That Support Tobacco-Free Messages



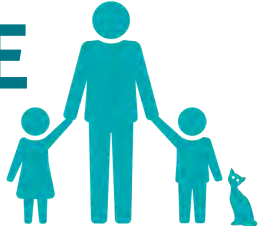
The infographic below highlights pilot data findings from the Catch My Breath program.



The two-page infographic below highlights information relative to smoke-free housing for renters.

# HOME SWEET HOME

A smoke free home is the best way to protect yourself, your family, and your pets.




There is no risk free level of secondhand smoke exposure. The home is the main place children are exposed.

Secondhand aerosol from electronic cigarettes and vape pens contains nicotine and low levels of toxins that are known to cause cancer.

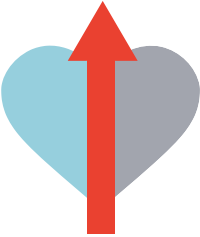
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In children, secondhand smoke can cause:



- Sudden Infant Death Syndrome (SIDS)
- Ear infections
- Lung problems
- Asthma attacks


In adults, secondhand smoke can cause:



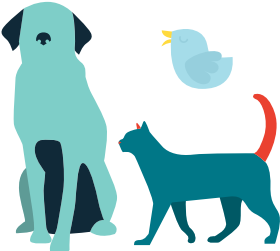
- Heart disease
- Lung cancer
- Stroke

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There are 41,000 deaths each year from secondhand smoke exposure.



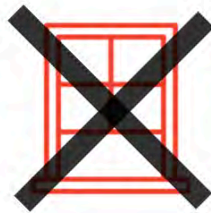
Smoke puts dogs and cats at risk for cancers. It puts birds at risk for eye and skin diseases and respiratory issues.



Below is page two of infographic on smoke-free housing for renters.

# HOME SWEET HOME

Every Arkansan has the right to breathe clean, smoke free air where they live.



Opening windows, using fans, or air conditioners cannot eliminate exposure to secondhand smoke. Only 100% clean indoor air will fully protect from secondhand smoke exposure.

Secondhand smoke and secondhand aerosol can **never** be isolated. It can travel through:



- Doorways
- Cracks in the wall
- Electrical lines
- Ventilation systems
- Plumbing

## How to Protect Yourself, Your Family, & Your Pets



- Check your lease to see if smoking is addressed or allowed.
- If you feel comfortable with your neighbors, talk to them about the secondhand smoke exposure.
- Talk with the property owner about the secondhand smoke issue to come to a resolution.



The two-page infographic below highlights information relative to smoke-free housing for property owners.

# SMOKE FREE HOUSING

## PROPERTY OWNERS

When you invest time into implementing a smoke free policy, you're protecting your bottom line, your property, and your residents.



Cut down on cleaning costs.  
Non-smoking unit: \$560  
Smoking unit: \$3,515



Take advantage of potential insurance savings by going smoke free.



Smoke free policies are legal and can even reduce your legal liability.



Eliminate sealing and ventilation costs. Get green housing certification credits.



Decrease the risks. Cigarettes are the leading cause of residential fires.



41,000 people die each year from secondhand smoke exposure.



80.9% of Arkansans currently do not allow smoking inside of their home.

74.5% of Arkansans believe that smoking should never be allowed inside the home.

Ready to go smoke free?  
The Arkansas Tobacco Control Coalition can help.  
501-353-3083  
cleartheairarkansas.com

Below is page two of infographic on smoke-free housing for property owners.

# SMOKE FREE HOUSING

## THE BOTTOM LINE

### Why should I consider adopting a smoke free policy?

A smoke-free policy is a great way to protect your property from damage, fires, and excessive wear and tear. You will save money on turnover costs because apartments will cost less to clean, repair, and repaint. You will also gain a market advantage. As more people become aware of the health hazards of secondhand smoke and thirdhand smoke, smoke free policies are an amenity that most tenants want.

### Cleaning & Maintenance Costs

	NON-SMOKING	LIGHT SMOKING	HEAVY SMOKING
General Cleaning	\$240	\$500	\$720
Paint	\$170	\$225	\$480
Flooring	\$50	\$950	\$1,425
Appliances	\$60	\$75	\$490
Bathroom	\$40	\$60	\$400
<b>Total</b>	<b>\$560</b>	<b>\$1,810</b>	<b>\$3,515</b>

Data collected and reported by Smoke Free Housing New England, 2009.



### Will I be at risk of losing my current residents by going smoke free?

The vast majority of Arkansans already live in smoke free homes and do not allow smoking. A smoke free policy can appeal to your current residents and attract new potential residents. In addition, surveys show that many smokers choose to smoke outside, in order to protect their families, pets, and belongings.

*These infographics highlight information relative to secondhand smoke.*





*These infographics highlight (1) smoking as a leading cause of death and (2) the importance of maintaining a smoke-free home to prevent youth from smoking initiation.*

