

# **Arkansas Tobacco Settlement Commission**

## **Meeting Minutes**

**Wednesday October, 19 2005**

**1:30 p.m. to 4:15 p.m.**

Type of Meeting: Quarterly Meeting

Chairperson: Bill B. Lefler

### Board Members Present:

Gen. (Ret.) Bill B. Lefler, DDS, FACP, Chairman  
Dr. John Ahlen, Ph.D.  
Omar Atiq, M.D.  
Dr. Paul Halverson  
Dr. Karen Wheeler (designee for Linda Beene, Ed.D.)  
Bobbie Davis (designee for Ken James, Ed. D.)  
Ray Scott (designee for John Selig)  
Anthony Fletcher, M.D.  
Ryan Buffalo, M.D.

### Staff Present:

Chiquita Munir  
Karen Elrod

### Invited Guests:

Rep. Bill Pritcher	Linda Delaney, UAMS
Cynthia Choisser, AMHC	Dr. Becky Hall, Delta AHEC
Leslie Humphries, ABI	Tracy Gatling, AMHC
Dr. Larry Cornett, ABI	Braley Braddock, ADH
Judy Smith, AMHC	Dr. Claudia Beverly, COA
Cashandra Woods, AMHC	Joni Jones, DHHS
Suzanne McCarthy, ACHI	Jim Raczynski, COPH
Willa Sanders, COPH	Terry Pechacek, CDC

### I. Call to order

General Lefler called the meeting to order at 1:40 p.m. He welcomed observers, public, and the press. He acknowledged Dr. Wheeler, Dr. Bobbie Davis and Mr. Ray Scott all as designees of their respective departments. Dr. Lefler introduced Dr. Halverson and announces the opinion from the attorney general (that was

handed down the day before the meeting); the opinion states that with the initial intent of the law we should have both the director of Health and Human Services and the director of the Division of Health as members of this commission.

Dr. Halverson introduces Dr. Terry Pechacek who is the Associate Director for Science in the Office of Smoking and Health at the National Center for Chronic Disease Prevention at the Centers for Disease Control and Prevention in Atlanta.

## II. Vote on Chairperson

Dr. Lefler announced that his term expired at the first of October and that he has been re-appointed to the Commission by the Governor. Chiquita Munir suggests to the Commission an election to re-appoint Dr. Lefler as the Chairperson for the Tobacco Settlement Commission.

Dr Atiq moves that we re-elect Dr. Lefler as chair of the Commission, seconded by Dr. Karen Wheeler.

Dr. Lefler is unanimously re-elected as chairperson.

Motion to approve by: Dr. Atiq  
Seconded by: Dr. Bobbie Davis

## III. Approval of minutes from last meeting

Minutes of the July 20, 2005 meeting were reviewed by Commissioners.  
Motion to Approve: Dr. Atiq  
Seconded by: Dr. Bobbie Davis  
Minutes from July 20, 2005 meeting were unanimously accepted.

## IV. Meeting Overview

General Lefler announced that there would be a brief presentation from all the ATSC programs regarding how they are advancing on the recommendations outlined in the interim report from RAND

### Financial Update

Chiquita Munir addresses the recommendations from Rand concerning the commission, financial management, commission development including strategic planning and technical assistance to the programs.

## Update on Commission response to Rand Recommendations

Financial management: Staff is developing a web based financial recording system to be available by January 2006. A memorandum of understanding between the Commission and INA to develop the system is underway. The funded program will be able to access the system through the internet on our website, enter all their financial information and all information can be downloaded into reports for RAND's use. A preliminary price quote of approx. \$11,000 has been worked up. A Strategic Planning Session is being developed. We have been working with the Department of Volunteerism to coordinate this event for January. They will be helping us identify the facilitator at minimal cost. As far as the commissions' strategic planning session is concerned what we need to do is to develop an action plan for our upcoming session. We are working with the department of Volunteerism to coordinate a facilitator to handle that meeting. The tentative date is January 13, 2006. During the session we will identify our goals, realign ourselves and prepare for the next legislative session.

Technical assistance to the programs: What the commission is doing is following up with staff communications with the programs, quarterly reporting, also one on one communications with the programs to identify key issues they may have. Help the programs identify and secure technical assistance through other programs and resources that are available. Technical support needs have been identified in RAND's report.

General Lefler asks for any comments

Lefler comments on how important it is for us to oversee the financials relating to program expenditures for each program, and with this capability we will be able to monitor spending trends along the with forwarding the information to Rand for further analysis.

Lefler: Strategic planning is important for any organization to stop and look at where you are now, where you are going and I think it is important that we have a strategic planning session facilitated because that is how we plot our direction.

## Program Presentations Summarized

### **Arkansas Aging Initiative** **Claudia Beverly**

Fully operational in all seven sites-

- Clinical Access
- Recruited geriatricians to all seven centers.
- Recruited nurse practitioners and geriatric social workers to all the sites.

### Education

During the last three years had over 101,000 educational encounters.

Education Goals: To meet specific recommendations from RAND we have someone working part time with each site trying to assemble a community advisory committee which is something we have wanted to do from the offset. We are working towards endowments at each site.

The AAI leadership and the regional COAs should continue to emphasize outreach to the counties most distant from the COA facility location

- Recruited geriatricians to all seven centers.
- Recruited nurse practitioners and geriatric social workers to all the sites

Make fundraising a higher priority across all regions

During the last year we have been able to leverage over \$500,000 dollars and that brings us to over 4 million dollars that we have leveraged over the past three and a half years. Not included in that is the new jobs that have been created and the economic impact on the community.

UAMS should consider centralizing responsibility for financial management and reporting to the Reynolds Institute on Aging

Recommendation to centralize responsibility for financial management and reporting to Reynolds Institute on Aging. Money for the Regional Center of Aging is through UAMS and the eight sites have individual financial systems that are handled through UAMS. There are ongoing talks with the Vice Chancellor of Financial Affairs at UAMS to discuss this.

AAI leadership should work with each COA to improve the consistency in reporting on process indicators and other data needs

We have had someone to develop a database to enter the educational information from each site and this information will be able to be pulled together to compile a report to submit to RAND.

**Arkansas Bioscience Institute**  
**Larry Cornett**

Identify strategies to increase collaborative efforts among the five institutions:

- The Annual Symposium was the major tool to increase collaborative efforts.
- Started a new initiative to support mini symposiums

Collaborate with the surrounding community:

- Arkansas State University did a CSI camp, targeted to high school kids. Kids were brought in for two days and they set up a crime scene and used scientific methods to solve the crime.

Examine outcomes of their programs

- Examine journal impact factors, assess the quality of the scientific journals that the scientists are being published in.
- Started tracking graduate students, post-doctoral fellows, that work in laboratories of ABI supported scientists.

Examine the quality of science being done by ABI scientists.

- 2 scientists have been selected by ABI and Rand to provide additional information about what they have been doing; their publications, their grants, and RAND will evaluate this information.

**Arkansas Minority Health Commission:**  
**Judy Smith**

In the last commission meeting there was some concern about the cost of treating hypertension in Arkansas vs. the national average. Research on this reflected that the actual cost of treating hypertension in Arkansas is \$243 vs. the national average of \$363.

MESH (Marianna Survey on Hypertension) Screening 800 of the citizens of Marianna (by going door to door) for hypertension, cholesterol and for diabetes. Purpose is to determine how many people have high blood pressure, kidney disease, diabetes and other cardiovascular issues and how are they treating these medical conditions and if they are seeing a doctor on a regular basis.

Southern Ain't Fried Sundays: We targeted 10 counties and hoped to get one church in each community. Right now there are 23 counties involved in this project, 139 churches and over 6,000 citizens participating in Southern Ain't Fried Sundays.

Moving for Life: Going very well, but a result of the budget cuts, severe cuts have been made to Phillips County. People in the project are losing weight, lowering cholesterol managing their blood sugar, as well as managing their blood pressure.

Minority Health Today Show: Has been moved from PAX to UPN. Topics include the Social Security Medicare Prescription card, Dr. Grover Evans, a quadriplegic who is very active and this is to show that even though the viewers may have some sort of disability, they can be an able employed citizen even though you do rely on disability. Other topics will include the issue of Kidney disease in Arkansas.

RAND Recommendations:

Improve staff skills and capacity to carry out program activities; provide more oversight to contractors performing duties for the Commission:

It is hard to have highly skilled people when the starting salaries are \$18,000 a year.

Establish an effective internal financial reporting system to track actual expenditures, including expenditures from contracts:

We have a small contract with an accounting person who is now training the new staff.

Increase resources dedicated to monitoring hypertension program performance through the CHC's (for example); and improving the quality improvement and monitoring within contracts:

New staff have been meeting with the community health centers on a regular basis for quality control improvement.

## College of Public Health

Jim Raczynski

On August 10, 2005, College named after the late Fay W. Boozman

219 students registered for the fall 2005-2006 semester; 11 in the newly established DrPH program.

### Continue to hire more faculty, particularly diverse faculty

The COPH is very cognizant of the need to have diverse faculty. To date 15% of the COPH full-time or FTE-supported COPH faculty members are from under-represented racial or ethnic minority groups (females/Asians not included)

### Provide evaluation expertise to their community partners to assess the impact on the community

- COPH office of community-based public health (OCBPH) is working with four formally recognized community partners, offering informal training in a variety of areas, including evaluation: (1) Boys, Girls, Adults Community Development center in Marvel, (2) Walnut Street Works in Helena/West Helena, (3) We Care in Pulaski County, and (4) LA CASA in Pulaski County
- OCBPH assisting the Tri-county Rural Health Network (which includes Walnut Street Works) in evaluating their Community Connector Program
- Dr. Martha Phillips (member of the CBPH Faculty Advisory Committee) is directing epidemiology student in evaluating tobacco usage with a survey conducted by We Care as part of their Tobacco prevention grant program
- OCBPH working with USDA Delta Nutrition Intervention Research Initiative (NIRI) in providing training to their Arkansas community partners in Community-Based Participatory Research, including evaluation methods
- 1<sup>st</sup> Annual Conference on Implementing School-Based Environmental and Policy Change to Reduce Childhood Obesity addressed evaluating school-based methods to reduce childhood obesity.

### Provide discounts to ADH employees, scholarships and discounts to distance learning students

COPH has no direct control over this recommendation

### Provide assistantships to students

COPH has no direct control over this recommendation

### Increase grant funding and leveraging activities from other sources

Grant funding from current annual period > \$5.5 million, already exceeding previous year's annual funding of approximately \$3.8 million

### Develop curricula for the new doctoral programs

Done; program proposals submitted to the UAMS Graduate School for review in August 2005

Develop two new doctoral programs that are required to maintain accreditation; recruit new students for them

Approvals for programs being sought; anticipate admitting students to both programs in January 2007

**Delta Area Education Center**  
**Becky Hall**

This past summer we had a MASH camp a 2 week in hospital experience for kids to get a hands on opportunity to learn the sights, sounds and smells of a hospital. About 70% of kids who participate in the program go on to a health career.

CHAMPS for younger kids to do a community service projects.

Minority Students Program, 31 students have participated in a six week program where minority students shadow minority health professionals.

Prescription assistance program, in the last three months we have saved residents over \$40,000 in prescriptions.

New program – smoking cessation program, a structured, research based program starting the end of the month.

Build additional program capacity to expand health education programming for the community  
Additional building is being built.

Hired several AmiCore workers to expand program activities.

Expand collaborative efforts to reach disenfranchised/minority populations

Participation is being tracked by race.

Worked with 10 African American churches to provide health fairs and taught the American Heart Curriculum.

Cooking Classes with Cooperative Extension.

Prescription Assistance Program.

Diabetes Clinic.

Working with Cooperative Extension Service to provide farm safety information to minority farmers.

Project for high risk teens called Healthy Beginnings.

Consider new methods to increase funding for and access to community health education services (increase external funding)

Minimal charge for wellness center

Received a \$40,000 grant for five years from NYOSH for farm safety training.

Received renewal for a Hersha grant for \$350,000 (for three years) Health Education Training Centers

Received \$40,000 grant from Blue and You for the Healthy Beginnings

Helena Health Foundation gives \$50,000 a year for wellness programs  
Helena Regional Medical Center gives \$25,000 a year to help with health education

As health programs are developed, focus on demonstrated effectiveness

Meet monthly with staff to track programs

Track smoking cessation participants

Kids for Health a program to teach children about health

### **Medicaid Expansion Program**

**Jonie Jones**

Highlighted caseload statistics from the July – September Quarterly Report for each of the three initiatives in operation:

Pregnant Women’s Expansion (cases - 7,399/expenditures - \$1.9 million)

Hospital Benefit Coverage (expenditures - \$2.0 million)

AR Senior Program (cases – 4,528/expenditures - \$2.4 million).

Discussed the impact of financial “leveraging” during the quarter...\$1.7 million in Tobacco Settlement Funds pulled down \$4.8 million in Federal Medicaid dollars for a total quarterly expenditure of \$6.5 million. Of this amount, only \$237,696 was for administration or 3.7%.

Announced that the waiver to allow for services to be provided to the 19 – 64 age group has completed what we believe to be the final round of revisions and Q&A processes with CMS. The program, which would be called the Arkansas Safety Net Benefit Program, would provide a limited health care benefit package to non-pregnant adults, ages 19-64 with a family income less than 200% of the Federal Poverty Level. The state expects CMS to approve the final version of the waiver in the very near future

Dedicate some of the TSC funds for Medicaid program administration to support outreach and education beneficiaries in the Expansion Program

Sent Notices to Medicaid programs to let the participants know what services they are now eligible for.

Will be sending out notices to the Pregnant Women program to notify the participants of the full range of services eligible for under this program.

Continue working with CMS to develop an acceptable 1115 waiver for AR-Adults program

Arkansas Safety Net Benefit Program, would provide a limited health care benefit package to non-pregnant adults, ages 19-64 with a family income less than 200% of the Federal Poverty Level. The state expects CMS to approve the final version of the waiver in the very near future.

### **Tobacco Prevention and Education Program**

**Braley Braddock**

Just completed the Youth Tobacco Survey

Reduced Smoking Rates among Grammar School Students

1. The percentage of Arkansas youth who begin smoking before the age of 11 has dropped from 23% in 2000 to 18% in 2005.

#### Reduced Smoking Rates among Middle School Students

2. Current Cigarette smoking has declined among middle school students from 15.8% in 2000 to 9% in 2005, a 41% reduction. Among high school students, rates dropped from 36% in 2000 to 26% in 2005, a significant decline of more than 26%.

#### Sales to Minors

3. Tobacco sales to minors have decreased from 16.6% in 2004 to 4.2% in 2005.

*Annual Synar Report, 2005*

#### Clean Indoor Air

4. In 2003, 65% of worksites in Arkansas did not allow smoking compared to 77% in 2004.

*Adult Tobacco Survey, 2003 versus 2004*

#### Quit Line

5. Desire to quit has increased among adults from 35% in 2002 to 46% in 2004, a 31% increase.

*Arkansas Adult Tobacco Survey 2002 versus 2004*

#### Smoking During Pregnancy

6. The percent of women who smoke during pregnancy has decreased from 18% in 2000 to 16% in 2004.

*Center for Health Statistics, Arkansas Department of Health and Human Services*

#### Increase funding levels for the nine components of the programs to minimums recommended by the CDC

Working with our partners to educate them on what the program has done and they can talk to their own legislators

Funded programs are not within scope of the tobacco prevention and cessation programming, as defined by the CDC, should be re-evaluated for their value in contributing to reduction of smoking and tobacco-related disease. (Breastcare, Act 1220,

Trails for Life, UAPB Addiction Studies Program, and Healthy Arkansas)

These are Act 1220, senior level leadership has been made aware that these programs are not within the scope of the tobacco prevention and cessation programming, but these programs are actually mandated by law.

#### Provide technical assistance and evaluation feedback to schools in the educational coops to move them into full compliance with the CDC guidelines for schools

Working with school nurses to provide technical assistance

#### Provide additional funding to Tobacco Control Board to conduct merchant education

Completed

Provide more technical assistance to Minority Initiative Sub-Recipient Grant office on reporting, evidence-based activities, and evaluation

Taken under extreme advisement because we realize that they need a lot of help, we have included them with our other grantees.

## **Dr Halverson Introduces TERRY PECHACEK**

Presentation

### **TERRY PECHACEK**

ASSOCIATE DIRECTOR FOR SCIENCE  
OFFICE ON SMOKING AND HEALTH  
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION  
AND HEALTH PROMOTION  
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

## **The Evidence Base for Comprehensive Tobacco Control Programs**

Reducing Tobacco Use –  
A Report of the Surgeon General

- “Our lack of greater progress in tobacco control is more the results of failure to implement proven strategies than the lack of knowledge about what to do”
- Educational, clinical, regulatory, economic and comprehensive approaches recommended
- Led by the Task Force on Community Preventive Services
- Focus on population-based interventions
- Recommendations based on systematic reviews of published intervention studies

Recommendations of the Task Force on Community Preventive Services:  
Strategies for Reducing Initiation by Children and Adolescents

- Increase unit price of tobacco products
- Mass media education - campaigns combined with other interventions

Recommendations of the Task Force on Community Preventive Services:  
Strategies for Increasing Tobacco-Use Cessation

- Increase unit price of tobacco products
- Mass media education campaigns combined with other interventions
- Multi-component cessation interventions
- Telephone cessation support

Recommendations of the Task Force on Community Preventive Services:  
Strategies for Reducing Exposure to Environmental Tobacco Smoke

- Smoking bans and restrictions

CDC Program and Cost Guidelines

- Programs to Reduce Tobacco Use

- Programs to Reduce the Burden of Tobacco-Related Disease
  - School Programs
  - Enforcement
  - Partnership Grants
  - Countermarketing
  - Cessation
  - Surveillance and Evaluation
  - Administration and Management
- Comprehensive Tobacco Control Program:  
Significantly Reduce Per Capita Consumption  
Independent Of Tax Increases

Comprehensive Tobacco Control Programs Work  
Recent research shows:

- The more states spend on comprehensive tobacco control programs, the greater the reductions in smoking
- The longer states invest in such programs, the greater and faster the impact

Sales dropped an average of 43% in:

- Arizona
- California
- Massachusetts
- Oregon

Recommendations of Program Prioritization of Best Practices Components:

Community Program Components

- Community Preventive Service Task Force reviews emphasize importance of community programs
- Funding for Local Coalitions necessary to maintain “public health infrastructure”
- Investments in state tobacco control programs have a strong effect that grows as programs continue

Recommendations of Program Prioritization of Best Practices Components:

Counter-marketing Component

- Evidence supports Best Practice “Upper” estimate (\$3/capita)
- Best Practices minimum not sufficient to target all risks and all populations each year
- Maintain intensity with fewer campaigns and target populations

Recommendations of Program Prioritization of Best Practices Components:

Cessation Component

- HHS Blueprint Recommendations require Best Practices “Upper” estimate

- Best Practices minimum not sufficient to fund full-time quitline services
- System-wide policy changes

Recommendations of Program Prioritization of Best Practices Components:

Youth Program Components

- CPSTF recommendations stress need for community program synergy (for both minors' access and school-based)
- Data indicate that youth-only focused campaigns can be effective
- Efficacy of Classroom-only and Minors Access only interventions still under study

Recommendations of Program Prioritization of Best Practices Components:

Evaluation Component

- CDC Program Evaluation Guidelines help set priorities
- Core surveillance elements should be maintained at all times
- Measuring the lack of impact can be an intervention itself

Tobacco Use Remains Leading Cause of Premature Death

- Nearly 440,000 persons die each year from smoking-related causes in U.S.
- Over 5 million youth under age 18 in this country will die prematurely if current patterns persist

8.6 Americans suffer from serious illnesses from smoking

Cost of Smoking

- Direct health care costs for smoking-related disease: \$75 billion a year
- Lost productivity due to premature deaths: \$92 billion a year
- Medicaid cost per pack of cigarettes sold: \$1.31

California Reports Lower Cancer Incidents

Bladder  
Esophagus  
Kidney  
Larynx  
Lung  
Pancreas

V. Adjournment

The meeting was adjourned at 4:15

**The next meeting is scheduled for January 20, 2006**