

# ARKANSAS TOBACCO SETTLEMENT COMMISSION (ATSC)

ANNUAL EVALUATION REPORT  
2014-2015



Arkansas Tobacco Settlement Commission  
Annual Evaluation Report 2014 -2015

Prepared by

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*Arkansas Photography Provided by Arkansas Department of Parks and Tourism*

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## SUMMARY

Improving the health and well-being of individuals, families and communities is one of the top priorities of Arkansas legislators. Health affects the quality of life for each person as well as the capability of communities to thrive. The Tobacco Settlement Proceeds Act of 2000 provided an opportunity to enhance the health status of Arkansans through the funding of seven programs:

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

## REPORT STRUCTURE

This annual report consists of three sections: an **introduction**, **program highlights** for the year, and **program progress**, and covers quarterly program activity for three reporting periods between July 2014 and March 2015. These three periods include: the second quarter, the reporting period between July 2014 and September 2014, the third quarter, the reporting period between October 2014 and December 2014, and the fourth quarter the reporting period between January 2015 and March 2015.

The introduction provides an overview of the Tobacco Settlement Proceeds Act of 2000 as well as the need for evaluation of the seven programs. The program highlight section contains important program accomplishments that are improving the lives of Arkansans. The program progress section provides insight into the progress each program is making toward their overall goal. This section includes a list of goals, objectives, indicators, and activities for each program and related personal stories. Detailed spreadsheets are available in a separate appendix for individuals who want access to a more in-depth accounting of each program's progress.

## INTRODUCTION

Tobacco use is the leading preventable cause of death in the United States. Smoking behavior contributes to numerous diseases, such as cancer, stroke, heart disease, diabetes, bronchitis, emphysema, and chronic airway obstruction. These behaviors cost citizens of the United States more than 300 billion dollars a year as a result of medical care expenses and lost productivity. On average, smokers die ten years earlier when compared to nonsmokers. Exposure to secondhand smoke causes 156 billion dollars a year in lost productivity. For every one person who dies from smoking-related disease, 30 more suffer from another serious illness related to smoking (CDC, 2015b). Yet, as of 2013, the Center for Disease Control (2015b) reported 42.1 million adults in the U.S. smoke.

As a result of many public health efforts, the health of the nation has slowly begun to change for the better. One effort was initiated in 1999 when the states' attorneys general brought the largest class action lawsuit in United States history against the tobacco industry. The lawsuit was meant to recover and offset costs of caring for smokers. The result was that states were awarded billions of dollars from the Master Settlement Agreement (MSA).

In Arkansas, The Tobacco Settlement Proceeds Act of 2000 distributed Arkansas' MSA dollars to support the seven programs that work to improve the health of Arkansans through community outreach and research. Improving the overall health of Arkansans through the efforts of the seven programs can lead to citizens living more fulfilling lives and increased life expectancy.

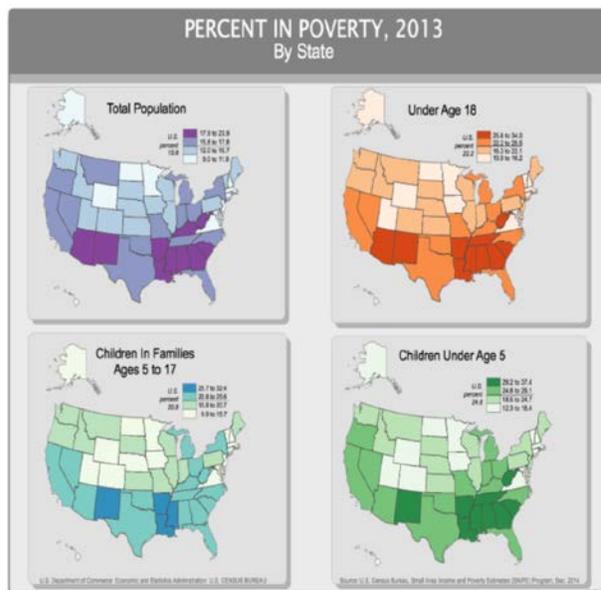
## **ARKANSAS' ONGOING NEEDS**

The citizens of Arkansas fall behind in many key aspects of health, such as economic conditions conducive to well-being, access and availability of health services, care for the aging population, diabetes, and obesity. The seven programs funded under the Tobacco Settlement Proceeds Act of 2000 focus on improving these aspects.

## Poverty and Economic Conditions

Poverty takes its toll on well-being. Arkansas has one of the highest rates of poverty in the U.S. (APA, 2014). According to the “State of the Air” survey completed in 2014 by the American Lung Association, 19 percent of Arkansans are living in poverty (ALA, 2015).

Poverty is linked to an increased rate of attempted suicide, cigarette smoking, heavy drinking, Alzheimer’s disease and health defects at birth. Children who live in poverty have an increased risk of developing anxiety, depression, ADHD, and conduct disorder when compared to children who are not impoverished. Such children also have a lower chance of being within walking distance of a safe park or playground, and as a result, tend to engage in a sedentary lifestyle. All family members, especially children, are at an increased risk of becoming victims of abuse while living in poverty (APA, 2014)



Source: U.S. Census Bureau Dec. 2014

## Access to Care

Access to quality healthcare can be difficult for many Arkansans, especially those who are members of ethnic or racial minority groups, live in rural communities, or are disabled. These individuals are more likely to avoid well visits and visiting their physician regularly because of health care costs. In the United States, medical expenses cause 60 percent of bankruptcies. Before the Affordable Care Act (ACA) and the Arkansas Health Care Independence Program/Private Option (HCIP/PO), one in four adults in Arkansas did not have health insurance. The Affordable Care Act has enabled 64 percent of children in Arkansas to have the same or better preventative health services as their more affluent peers (Arkansas Advocates, 2014).

## Aging Population

As new medicines and technology that prolong life are discovered, health professionals face a new problem: how to care for the rapidly growing number of elderly Arkansans. According to the American Lung Association, 442,590 Arkansans were 65 years or older in 2014

Projected Arkansas Population

Age Group	2012	2020	2030
0 to 19	27.0%	26.7%	26.7%
20 to 39	25.3%	24.1%	23.5%
40 to 59	26.9%	25.2%	23.7%
60+	20.9%	24.0%	26.1%

Source: U.S. Census Bureau

(ALA, 2015). The U.S. Census Bureau estimates that by 2030, 26 percent of Arkansans will be over the age of 60 (Administration on Aging, 2012). These older Arkansans will require access to health care and social services to meet their specific needs. For example, Arkansans over the age of 55 have a higher suicide rate than those in surrounding states and the nation. Additionally, a higher percent of Arkansans aged 50 to 64 years reported frequent mental distress when compared to individuals in the same age group within the region and the nation. Arkansans with frequent mental distress were 1.5 times more likely to experience coronary disease, heart attacks, and diabetes/pre-diabetes (Administration on Aging, 2012).

Drugs and alcohol also affect the health of older Arkansans. Sixteen percent of male Arkansans between the ages of 50 to 64 reported binge drinking in 2011. A related danger is illicit drug use; the rate of illegal drug use in 50-59 year olds has tripled since 2002.

## **ARKANSAS HEALTH DISPARITIES**

Healthy People 2020 (2015) defines health equity as the “attainment of the highest level of health for all people.” Individuals from ethnic and racial minority groups, residents with disabilities, and those who live in rural areas of Arkansas have more difficulty accessing quality health care than white, non-Hispanic Arkansans. As a result, these citizens have a higher rate of medical conditions, such as asthma, heart disease, stroke, and diabetes. Persons who are racial and ethnic minorities are also more likely to be overweight or obese, which contributes to the development of a variety of chronic medical conditions (Healthy People 2020, 2015).

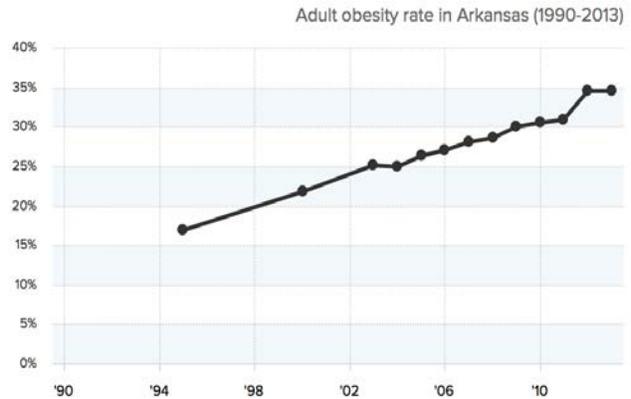
## Obesity

Arkansas ranks third in the nation with an obesity rate of 34.6 percent as of 2013.

Obesity is linked to heart disease, stroke, type 2 diabetes and cancer. According to the State of Obesity (2015), the medical costs for obese people are \$1,429 per year higher than those of individuals who are not obese.

Non-Hispanic African Americans have the highest rates of obesity at 47.8 percent,

followed by Hispanics at 42.5 percent, non-Hispanic whites at 32.6 percent, and non-Hispanic Asians at 10.8 percent (The State of Obesity, 2015).



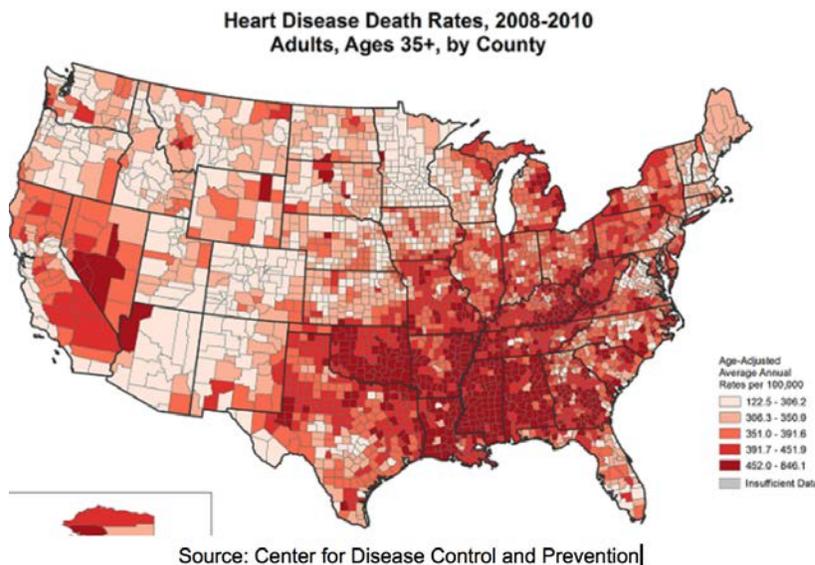
Source: Trust for America's Health and Robert Wood Johnson Foundation, The State of Obesity 2014

## Diabetes

Arkansas ranks 7th in the nation with 253,379 people currently diagnosed with diabetes (ALA, 2015). It is estimated that by 2030, there will be 381,937 new cases of diabetes in Arkansas (The State of Obesity, 2015). This disease is a result of the body's inability to regulate blood sugar properly. Type 1 diabetes generally occurs in children and young adults when the pancreas produces little to no insulin to control blood sugar. Type 2 diabetes is a result of cells not being able to use the insulin created by the body. Older age, obesity, family history of diabetes, a history of gestational diabetes, physical inactivity, and race/ethnicity increases the risk of developing Type 2 diabetes. Minorities have a higher risk of developing gestational and type 2 diabetes. In the United States, Type 2 diabetes is the most prevalent, childhood, chronic illness (Arkansas Department of Health, 2015). Complications and conditions linked with diabetes include: hypoglycemia, hypertension, dyslipidemia, cardiovascular disease, stroke, blindness and eye disorders and kidney disease (American Diabetes Association, 2015).

## Heart Disease

Heart disease is a term used to describe the build-up of plaque on the walls of arteries. The build-up causes arteries to narrow, which decreases blood flow and increases the risk of



heart attack or stroke. Health conditions related to heart disease include: congenital heart defects, high blood pressure, diabetes, peripheral artery disease, arrhythmia, heart failure, cardiac arrest, and high cholesterol. Smoking, being overweight, high LDL cholesterol, low HDL

cholesterol, high blood pressure, family history, diabetes, being female and postmenopausal, or being male and older than 45 are all risk factors for heart disease (American Heart Association, 2014). One in four Americans die of heart disease every year (American Heart Association, 2014). Currently, 255,624 Arkansans are suffering from heart disease (Arkansas Department of Health, 2015). By 2030, there are estimated to be 838,734 Arkansans diagnosed with heart disease.

## Cancer

Cancer is a condition in which the cells in the body grow out of control. Breast cancer is the leading cancer in Arkansas, and the second leading cause of cancer deaths in women in Arkansas. While non-Hispanic white women are more likely to be diagnosed with breast cancer, African American women are more likely to die from the disease. Risk factors for breast cancer include being female, African American or white, having a family history of breast cancer, having breast cancer in the past, or having menstrual cycles before the age of 12 or after the age of 55. Educating individuals on the symptoms of cancer and how often to

screen for different types of cancer is imperative to increase the survival rate of all different types of cancer (Arkansas Department of Health, 2011).

## Smoking and Tobacco Use

Secondhand smoke kills more than 500 Arkansans each year. Smoking can cause cancer almost anywhere in the body and has been linked to diseases such as arthritis, asthma, COPD, heart disease, and diabetes. Smoking while pregnant can cause miscarriages or result in the child being born prematurely or with birth defects. Children of parents who smoke are more likely to smoke later in life (Arkansas Department of Health, 2015).

**Exposure to Secondhand Smoke**

Overall	Workplaces	Homes	Vehicles	Public Places
<b>44.1%</b>	<b>17.8%</b>	<b>16.7%</b>	<b>20.1%</b>	<b>24.6%</b>

*Source: National Adult Tobacco Survey, 2009–2010*

Currently, the adult smoking rate in Arkansas is 25.9 percent compared to the national average of 19.6 percent. The high school smoking rate is 19.1 percent and the middle school smoking rate is 6.9 percent. According to the “State of the Air” report in 2014 by the American Lung Association, 196,804 Arkansas were living with COPD, 196,291 adults had asthma, and 62,506 adolescents under the age of 18 had pediatric asthma, all health concerns linked with smoking and secondhand smoke (ALA, 2015).

The American Lung Association grades each state on tobacco prevention, smoke free air, tobacco taxes, and access to cessation services. For 2015, Arkansas received a D in tobacco prevention, a C in smoke-free air, an F in tobacco taxes, and an F in access to cessation services. As of 2015, Arkansas spends \$16,767,665 on tobacco control programs, which is only 51.4 percent of the CDC recommended level. Efforts to minimize tobacco use in public spaces include the following actions: smoking is prohibited in government workplaces, private workplaces that have three or more employees, schools, childcare facilities, retail stores, and recreational and cultural facilities; tobacco use is restricted in bars and restaurants. The tax rate per pack of 20 is \$1.15. Concerning cessation assistance, the state Medicaid program covers NRT gum, NRT patches, Chantix and Bupropion/Zyban, as well as individual and phone counseling. There are limits on the duration of counseling sessions and authorization is required to receive counseling or medications. State employee health plans cover NRT Patch,



Source: The American Lung Association

Chantix, and Bupropion/Zyban, and individual, group, phone, and online counseling. Counseling is required to receive NRT medications. The state Quitline

invests \$3.52 per smoker, while the average investment for all states per smoker is \$3.65 (ALA, 2015).

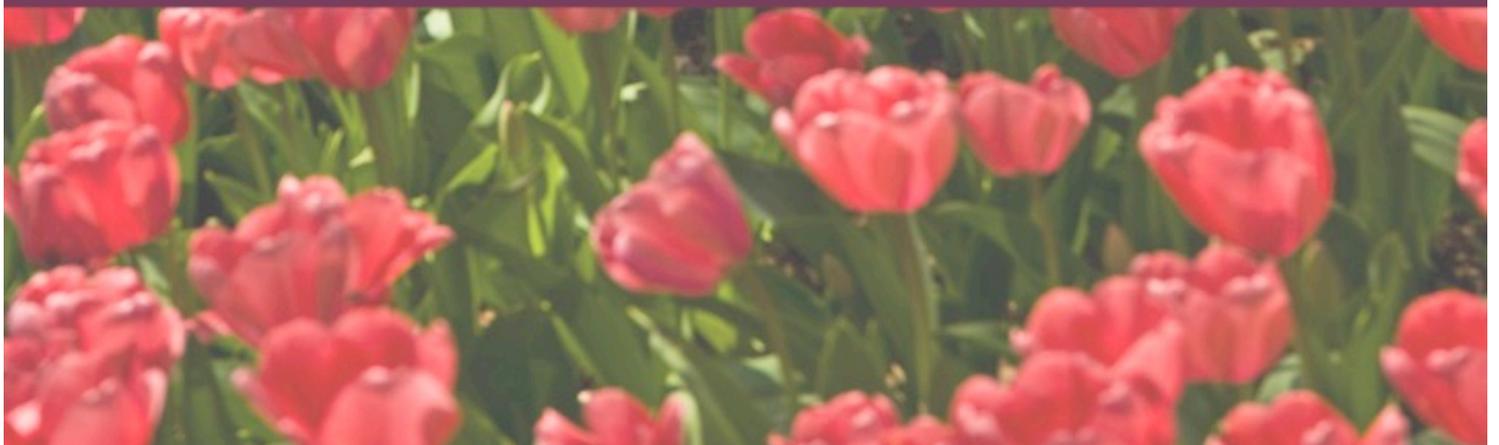
### Tobacco Product Enemy 2.0: The E-Cigarette

Between 2013 and 2014, the usage of e-cigarettes by middle and high school students tripled. The primary danger of these products is that they are unregulated (Center for Disease Control and Prevention, 2015a). In 2014, there were 215 poison center calls involving e-cigarettes per month; 42 percent of calls were made for people aged 20 or older. The liquid nicotine inside of e-cigarettes is linked with eye irritation, nausea, and vomiting. Studies show that those who use e-cigarettes are at an increased risk of using actual cigarettes later in life (Center for Disease Control and Prevention, 2014).

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**P R O G R A M**  
**PROGRESS 2014-2015**





## Arkansas Aging Initiative (AAI)

Through the work of AAI, more than 96% of older Arkansans have access to specialized geriatric health care within a 60-mile radius of their home.

Programs and interventions customized to meet the needs of seniors in each region continue to be delivered as they have been for more than 12 years.

### 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.**

During the period covered by this report, there were over 39,500 visits to AAI partnered hospitals senior health clinics and the education program had almost 60,000 encounters.

AAI continues to be successful in finding external grant funding to help support its services. In February 2015, AAI was awarded a \$7.9 million grant from the Reynolds Foundation.

## Arkansas Aging Initiative (AAI)

**Program Description:** The Arkansas Aging Initiative (AAI) is an infrastructure of seven regional centers focused on improving the health and quality of life of older adults living throughout the state. This program is designed to address one of the most pressing policy issues facing this country: how to care for the burgeoning number of older adults in rural community settings. The vision of the AAI is to improve the quality of life for older adults and their families and is fulfilled through two primary missions: quality interdisciplinary clinical care and innovative education programs; and influencing health policy at the state and national levels with emphasis on care of rural older adults.

### **Key Accomplishments This Year:**

- \$7.9 million grant: The Donald W. Reynolds Foundation approved a grant of over \$7.9 million for the Schmieding Caregiving Training Program to continue operations for 5 more years. This grant includes plans for the Centers on Aging to take on increasing responsibility for sustaining this training model in the future.
- Strategic planning: The AAI leadership team completed annual budget and strategic planning meetings for each Center on Aging (COA) across the state. The leadership team has been diligent in performing annual evaluation site visits to each Center to assist them with their compliance to the plan. The strategic planning of AAI is viewed as one of the main reasons it has been able to continue providing a broad base of high-quality services through seven regional Centers in the face of uncertain funding and within the dynamic context of senior health care.
- Supporting Community Advisory Committees (CACs): The AAI's Regional CACs continue to be recognized for their excellence in community development and program support. The Translational Research Institute of UAMS recognized the CAC of the Texarkana Regional Center on Aging for its 2014 Advisory Board award. CAC's across the state continue to work effectively with community leaders, healthcare specialists, legislative leaders and policy makers at the local, regional and state levels. Committee members continue to serve as active and effective advocates for prioritizing the health care needs of seniors.

- Education for healthcare professionals: In addition to many other educational offerings for healthcare professionals, the AAI held its second annual APRN (Advanced Practice Registered Nurse) Pharmacology Conference in 2014. This conference was also broadcast to each Center on Aging via telehealth equipment. There were 5 speakers and over 100 attendees.

**Opportunities:** Staff in the various Centers on Aging have been successful in identifying funding sources, including small grants, contracts, and donations to ease the financial strain of meeting the needs of their regions.

**Challenges:** One of the biggest challenges this year included the closing of the Delta Center on Aging (due to the closing of the Crittenden Memorial Hospital). Efforts of the Northeast Center on Aging and the South Central Center on Aging have had to be expanded to cover the counties formerly covered by the Delta Center. This year AAI has also been confronted with key staff turnover at several Centers on Aging. The Center Directors of South Arkansas Center on Aging, West Central Center on Aging, and the South Central Center on Aging all gave notice. In addition, the Education Director position is vacant at the Northeast Center on Aging. Hiring and training replacements for these positions will need to be a priority during the next fiscal year.

**Future Plans:**

AAI hopes to continue providing support for high-quality evidence-based health programs directed at the elderly and those who provide services for the elderly throughout the state. In order to make this happen, AAI will continue to emphasize: a strong strategic planning process; efforts to acquire external funding; and the cultivation of health care system partnerships across the state. Clearly, staffing issues at several regional Centers on Aging and coverage of the Delta region will also need to be addressed in the coming year.

## AAI Performance Indicators and Progress

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

### Long-term Objective:

Improve the health status and decrease death rates of elderly Arkansans as well as obtain federal and philanthropic grant funding.

- **Indicator:** Provide multiple exercise activities to maximize the number of exercise encounters for older adults throughout the state.
  - **Activity:** The program offered exercise activities at six different locations resulting in over 8,000 exercise encounters between April 2014 and March 2015. A wide range of exercise activities were offered including: specific health-related forms of Tai Chi, Zoomba, and Drums Alive. All exercise activities are evidence-based, provided by trained instructors, and customized to meet the needs of populations served by different Centers on Aging throughout the state.
  
- **Indicator:** Implement at least two educational offerings for evidence-based disease management programs.
  - **Activity:** AAI sponsored at least three major educational offerings directed at disease management in the state during this report year. These offerings included programs on colon health, oral care, and dementia care. All offerings were evidence-based and targeted towards recognized disease management needs among older Arkansans. AAI contributed to further disease management outreach by cooperating with the AR Department of Health in distributing flu and Tdap vaccines in the fall of 2014.

- **Indicator:** Increase the amount of external funding to support AAI programs by the end of fiscal year 2015.
  - **Activity:** Throughout the year, AAI has been at work securing external funding for programming support. During 2014, the program earned more than 1.2 million dollars in external funding. In February 2015, AAI received a grant of more than 7.9 million dollars from the Reynolds Foundation to support home health care provider training.

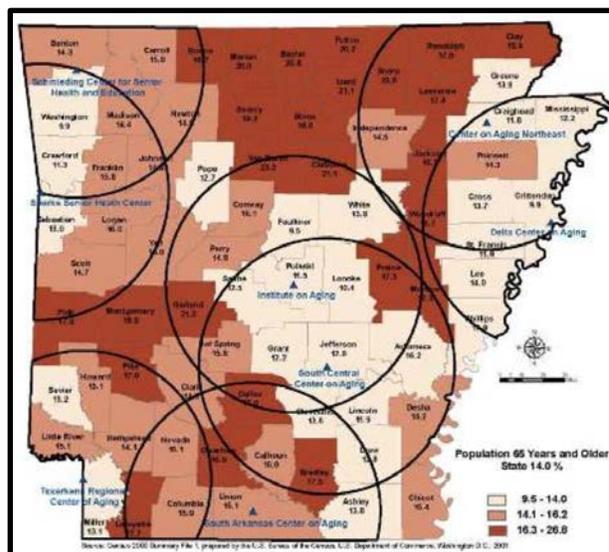
**Short-term Objective:**

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:** In the period covered by this report, there were over 39,500 visits to the AAI partnered hospitals senior health clinics. AAI is currently operating at maximum capacity for this indicator.

- **Indicator:** Partner hospitals will maintain a minimum of three provider Full Time Employees (FTEs) for Senior Health Centers including a geriatrician, advanced practice nurse, and social worker.

- **Activity:** AAI continues to work with partner hospitals to secure access to specialized elder care resources in all parts of the state. More than half of the partner hospitals have maintained three provider FTEs. While the goal was not met this year, AAI shows progress toward the indicator.



- **Indicator:** Provide education programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.
  - **Activity:** AAI provided a wide range of educational programs directed at healthcare practitioners and students in the healthcare professions. These programs resulted in nearly 8,000 educational encounters between July 2014 and March 2015. AAI and a partner agency (the Geriatric Education Center) conducted 90-day post-event evaluation surveys for attendees of 40 education programs sponsored by AAI. Over 50% of healthcare professionals completing the surveys reported a “change in practice” as a result of attending the education event.
  
- **Indicator:** Provide educational opportunities for the community annually.
  - **Activity:** The education program had over 60,000 encounters in FY 2015. Educational services were provided on more than 50 topics related to aging, disease management, and geriatric medicine. These services were offered to a variety of general audiences through a dozen different venues across the state.

### Evaluator Suggestions and Comments

AAI exceeds expectations on most indicators and it continues to make progress toward remaining goals. Perhaps AAI's greatest overall accomplishment this year has been keeping seven Centers of Aging operating and meeting primary objectives in the face of many external challenges. AAI owes much of its success to industrious leaders who have, through cooperative strategic planning, organized resources in ways that have maintained services to older adults throughout the state. The fact that Oklahoma has decided to adopt and replicate portions of the AAI organization model speaks to the success of the program. The additional fact that AAI continues to attract external funding also indicates respect for the program and general support for its mission. AAI continues to maximize its portion of Tobacco Settlement funds to maintain its current impact and build programs for the future. The AAI leadership will need to be aggressive in the coming year to replenish COA staff and increase their impact on senior health clinic staffing. External factors such as changes in Medicare reimbursement may force AAI to reevaluate some of its resource allocations. AAI should revisit core indicators this year and make changes necessary to accommodate emerging trends in senior healthcare delivery.



## Arkansas Biosciences Institute (ABI)

Extramural funding for ABI increased to \$38.26M with a leverage factor of \$3.51.

In FY 2014, ABI funding helped recruit 12 new scientists to Arkansas.

### Overall Program Goal:

**Develop new tobacco-related medical and agricultural research initiatives to improve the access to new technologies, improve the health of Arkansans, and stabilize the economic security of Arkansas.**

ABI direct support for researchers increased to 83 with 256 additional FTEs supported by leveraged extramural funding.

For FY 2014, ABI reported a record of 33 patent filings, patents, or provisional patents for ABI-supported researchers.

## Arkansas Biosciences Institute (ABI)

**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 are to conduct: 1. agricultural research; 2. bioengineering research; 3. tobacco-related research; 4. nutritional and other research; and 5. other areas of developing research that are related to primary ABI-supported programs.

**Key Accomplishments This Year:** For FY 2014, ABI continued to exceed benchmarks for all key objectives. This past year ABI researchers set a record number of patents filed at 33. This is a 30% increase over the past year's number of filings, and brings the total number of patents filed to 128 since 2003 with a total of 25 total granted to date. ABI also increased the number of researcher scientists both recruited and supported by ABI and extramural funding. Funding helped recruit 12 new scientists to Arkansas (up from seven new scientists in FY 2013). Since 2002, ABI has helped recruit a total of 136 new scientists to the state. Support for full-time equivalent (FTE) researchers increased to 83 directly from ABI dollars and 256 additional FTE with leveraged extramural funding. These numbers are up from FY 2013 (73 and 225 researchers, respectively). The total number of publications by ABI supported researchers decreased slightly in FY 2014 to 475 (down from 539 in FY 2013); however, this is still well above the all-time average of publications. ABI supported researchers have published a total of 4,359 works since 2003. Finally, ABI leveraged a total of \$38.26 million in extramural funding for FY 2014 with a leverage factor of \$3.51. This is a slight increase in total leveraged funds (up from \$37.47 million), but a slight decrease in the leverage factor (down from \$3.64). Since 2002, ABI has leveraged \$470.81 million in extramural dollars with an average factor of \$3.34.

**Opportunities:** ABI-supported research investigators continue to leverage their ABI funding to apply for outside funding from agencies such as the National Institutes of Health, the National Science Foundation, and the US Department of Agriculture.

**Challenges:** Federal funding cuts create a number of challenges to Arkansas research, including a reduction in technical support personnel.

**Future Plans:** Preliminary funding levels for ABI research initiatives are announced in April; the five member institutions use these estimates for planning purposes for future and ongoing research projects. ABI funding will continue to focus on expanding the agricultural and biomedical research infrastructure of Arkansas. Additionally, ABI plans to continue support (partial) for conferences and symposiums that foster collaboration among researchers, scientists, faculty, and students from various disciplines, institutions, and organizations. Examples of these include the Arkansas Stem Cell Coalition Fall Symposium, Tobacco and Disease: Annual Lung Cancer Symposium, Arkansas Bioinformatics Consortium, and the Annual MidSouth Computational Biology and Bioinformatics Society Conference. ABI supports seven to ten conferences and symposiums annually. As federal funds continue to decline, efforts to foster collaborative research partnerships aid in the ability to better compete for funding opportunities.

## ABI Performance Indicators and Progress

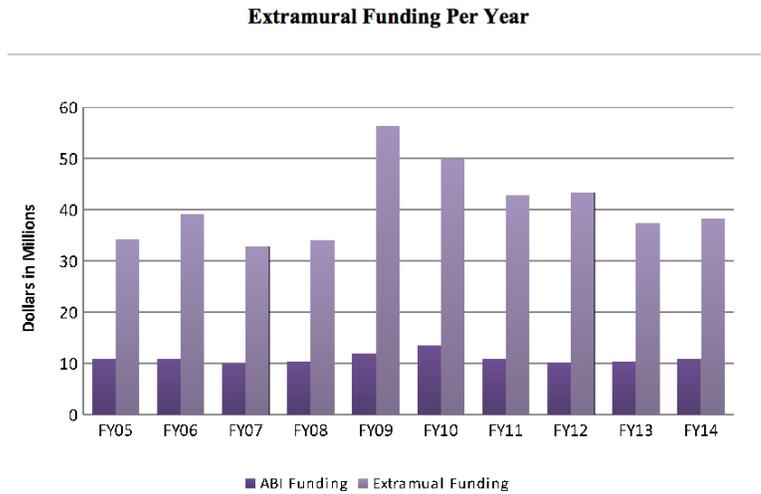
**Overall Program Goal:** to develop new tobacco-related medical and agricultural research initiatives to improve the access to new technologies, improve the health of Arkansans, and stabilize the economic security of Arkansas.

**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.

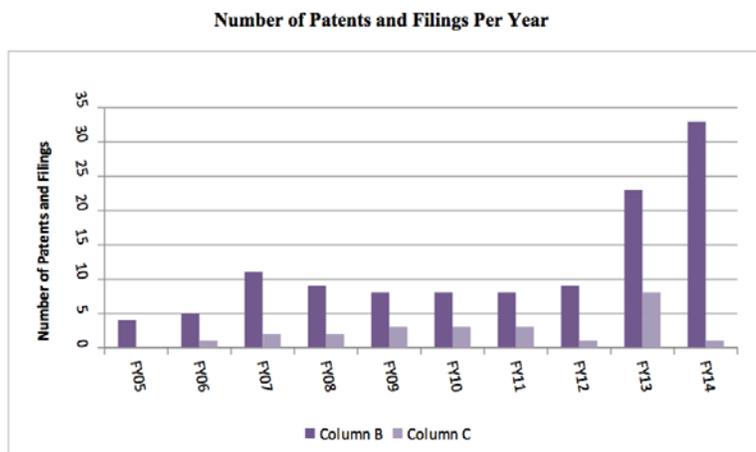
- **Activity:** ABI research investigators were awarded \$38.2 million for the year from outside funding sources, meaning that research investigators received \$3.51 in external funding for every ABI dollar received in FY 2014.



- **Indicator:** ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.

- **Activity:** There were 33 patent filings or

provisional patents for the year and one awarded patent, showing progress toward this indicator in FY 2014.



- **Indicator:** ABI-funded research will result in new technologies that generate business opportunities, as measured by the number of start-up enterprises and public-private partnerships with ABI and member institutions to conduct research.
  - **Activity:** There was no specific activity this year, but it is not expected that new enterprises will start up every year. Additionally, progress in other indicators shows progress towards this indicator.

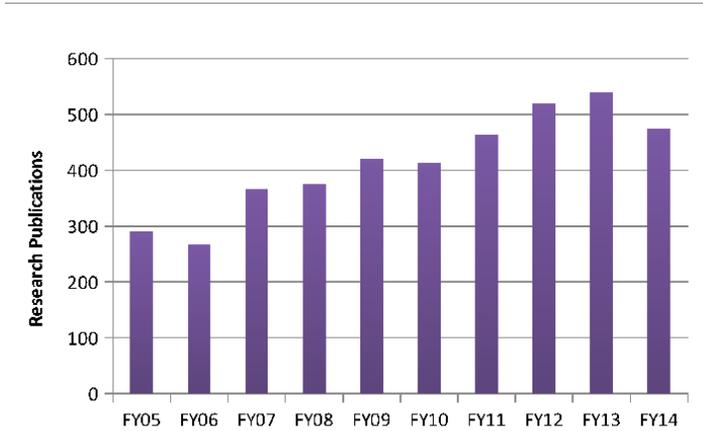
**Short-term Objective:**

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:** Funding to the five member institutions was distributed between July and September 2014, meeting this indicator. Research activities continue.

Specifics regarding funded programs and activities are reported in the January 2015 ABI Annual Report.

**Research Publications Per Year**



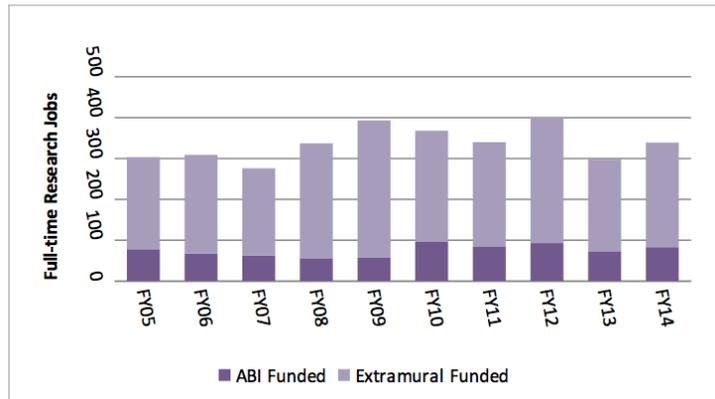
● **Indicator:** ABI and its member institutions will systematically disseminate research results, and ensure that at least 290 publications and 370 presentations are delivered each year. These include presentations and publications of results, curricula, and interventions developed using the grant funding, symposia held by investigators, and the creation of new research tools and methodologies that will advance science in the future.

- **Activity:** ABI research investigators published 475 books, book chapters, and journal articles, showing progress toward this indicator in FY 2014.

● **Indicator:** Employment supported by ABI and extramural funding will increase from a baseline of 300 FTE.

- **Activity:** ABI and extramural funding provided for 339 full-time equivalent

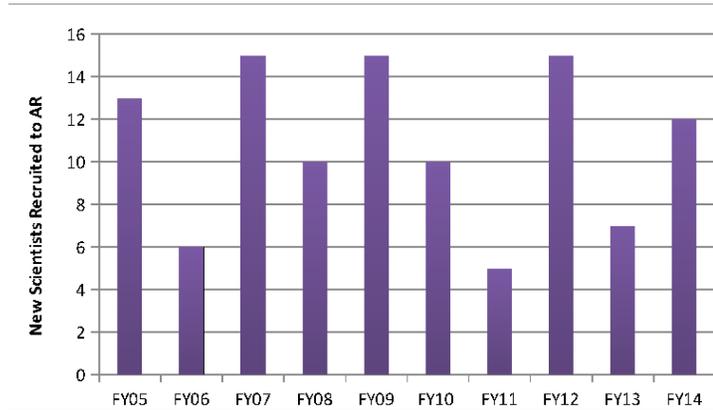
**Full-time Research Jobs Per Year**



(FTE) jobs, and 12 research investigators were recruited to Arkansas institutions, meeting this indicator in FY 2014.

- **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.

**New Scientists Recruited Per Year**

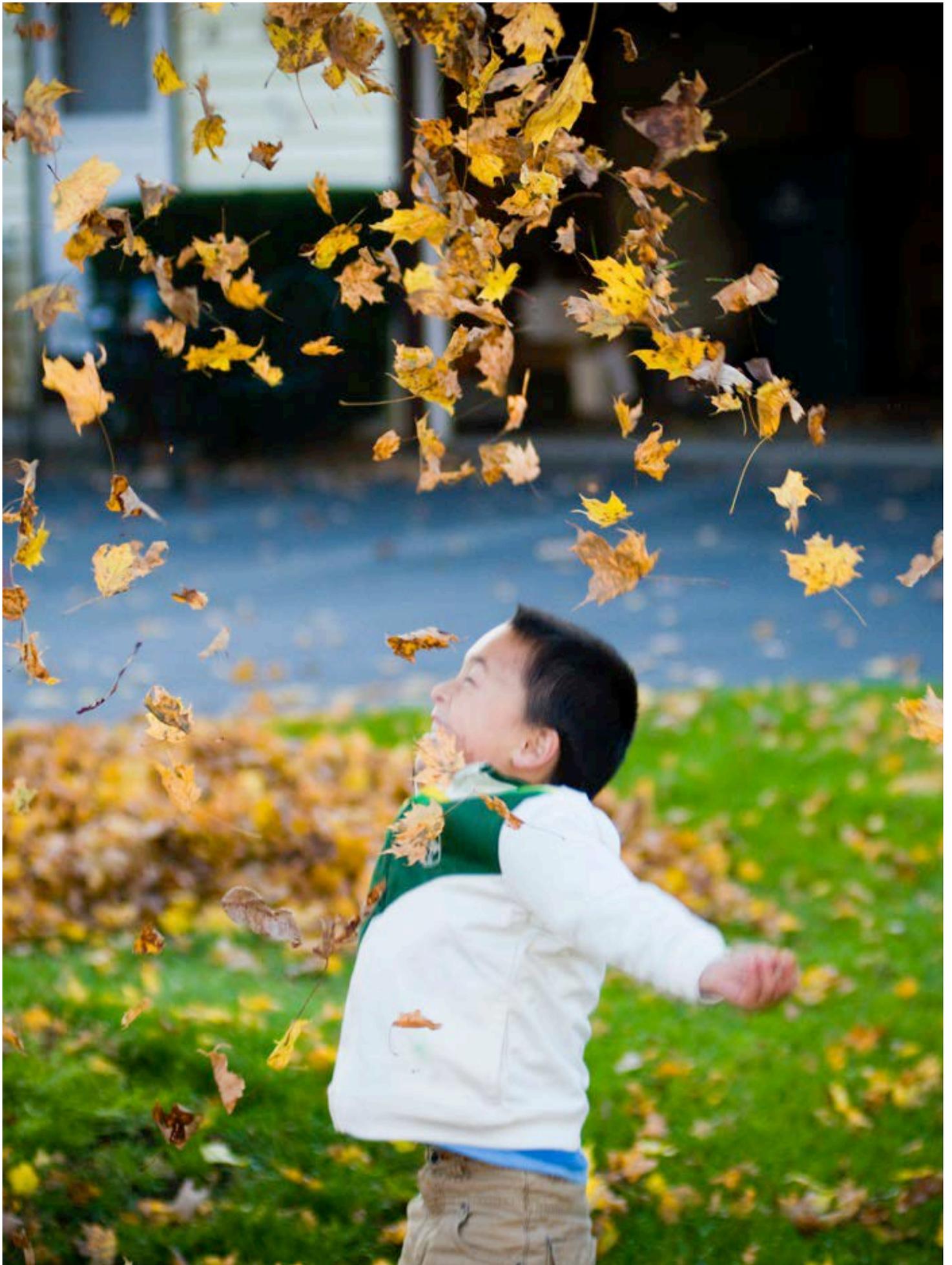


- **Activity:** ABI facilitates research collaboration by supporting research activities that bring together research investigators from different member institutions. For FY 2014, ABI partially supported eight conferences/symposiums aimed at fostering collaborations among researchers, scientists, and faculty from various disciplines, institutions, and organizations

### Evaluator Suggestions and Comments

ABI continues to perform above benchmarks for all key indicators. However, the decline in government funding has caused significant hurdles for the overall growth of ABI initiatives. Since 2009 extramural funding has followed a downward trend, and FTE research support has plateaued. However, during this same time there has been a steady increase in patent filings by ABI supported researchers. While there have been no reported start-up enterprises or public-private partnerships over the last year, the record number of patents shows promise for moving towards future endeavors in this regard. Given the decline in available government money, these types of partnerships are crucial in aiding the ability of ABI to leverage its resources and market its research capabilities. Moving forward, ABI, ATSC, and the Evaluation Team at UCA have revisited and modified the specific indicators for program objects. These new indicators (to be used in future reports) clarify the connection between objectives and activities of ABI. Additionally, a new indicator will be reported which measures ABI research in media outlets. This indicator is important because it shows activity which aids in ABI's ability to market its research activities, expand the impact of those activities, and potentially aid in fostering public-private partnerships and increase overall extramural funding.





## Minority Health Commission (MHI)

The Economic Cost of Health Inequalities in Arkansas report was completed April 2014. This study sought to estimate the economic impact of racial and ethnic disparities in Arkansas.

Between July 2014 and March 2015, MHI provided 13,448 health screenings and participated in over 85 initiatives.

### Overall Program Goal:

**Improve the health care systems in Arkansas and the access to healthcare delivery systems, thereby resolving critical deficiencies that negatively impact the health of the citizens of the state.**

Pilot Program: The Southern Ain't Fried Sundays Program instituted a new 21-Day Meal Replacement Plan that is designed to gradually introduce individuals to healthier food alternatives.

Between July 2014 and March 2015, MHI distributed over 4,620 *How Smoking Affects Your Health* fact sheets to people who received health information packets.

## Arkansas Minority Health Initiative (MHI)

**Program Description:** The Arkansas Minority Health Initiative (MHI) was established in 2001 through *Initiated Act I* to administer the Targeted State Needs for screening, monitoring, and treating hypertension, strokes, and other disorders disproportionately critical to minority groups in Arkansas by 1) increasing awareness, 2) providing screening or access to screening, 3) developing intervention strategies (including educational programs) and 4) developing/maintaining a database. To achieve this goal, the Arkansas Minority Health Commission's focus addresses existing disparities in minority communities, educating these communities on diseases that disproportionately impact them, encouraging healthier lifestyles, promoting awareness of services and accessibility within our current healthcare system, and collaborating with community partners.

**Key Accomplishments This Year:** MHI collaborated with community partners to identify critical deficiencies that negatively impact the health of the minority populations with a focus on education, prevention, and screenings. Health awareness and preventative health screenings included high blood pressure, diabetes, cholesterol, HIV/AIDS, tobacco cessation, and other diseases that disproportionately affect minorities. MHI, through collaborations and partnerships, provided over 13,448 health screenings and documented over 23,279 citizen encounters from activities held in 46 counties that represented all four congressional districts. MHI collaborated on 85 initiatives in five out of 14 counties designated as "Red Counties," where the life expectancy (LE) at birth ranges from six to ten years less than the LE in the county with the highest LE. This reporting year over 1,848 people were screened for diabetes. Individuals screened who received abnormal test results were advised to follow up with their Primary Care Physician (PCP). Individuals who did not have a PCP were given a list of income-based clinics to contact for follow up services. MHI collaborated with 79 agencies that provided health education information and preventive screenings. Tobacco education and outreach initiatives resulted in the distribution of over 4,620 tobacco fact sheets in health information packets and participation in the 8th Annual Arkansas Tobacco Free Kids Day held at the state capitol. MHI continued development of its pilot projects this reporting year by adding a new 21-Day Meal Replacement Plan to the Southern Ain't Fried Sundays (SAFS)

Program, hosting several health education information sessions through the Public Health Leaders Roundtable Project - H.O.P.E. Club, and completion of the fourth year of Camp iRock.

**Opportunities:** MHI will also follow-up with participants of the SAFS Program who have not completed the post survey and program evaluation. Results from the Behavioral Risk Factor Surveillance Survey (BRFSS) will also provide health county and regional data that will identify which programs fit the highest need.

**Challenges:** Tobacco use remains high in the state of Arkansas and the younger population's usage drives Arkansas' high smoking rate. Additionally, Center for Disease Control and Prevention data revealed across a ten-year span the death rate from diabetes and heart disease remains high in the state of Arkansas. Both of these illnesses disproportionately affect minorities in Arkansas. Achieving the long-term goal of reducing death/disability due to tobacco, chronic, and other lifestyle-related illnesses of Arkansans will require continued partnerships and collaborations with other agencies and organizations due to the nature and burden of these illnesses. Thus, MHI will continue to collaborate with the Arkansas Department of Health to collect data through the Behavioral Risk Factor Surveillance Survey (BRFSS) and other health organizations to assess the impact educational programs, prevention initiatives, and screenings have on changes in knowledge, attitudes, and behavioral intentions that reduce the risk factors of these illnesses.

**Future Plans:** MHI will continue to work toward decreasing health disparities that exist in Arkansas through outreach, prevention and intervention strategies, and health screening efforts. MHI will continue its research on Arkansas racial and ethnic health disparities.

## MHI Performance Indicators and Progress

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

### Long-term Objective:

Reduce death / disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans.

- **Indicator:** To increase stroke awareness by 1% annually among minority Arkansans as measured by previous comparison beginning in FY2015.
  - **Activity:** State questions were submitted for the 2014 BRFSS Survey. Results will not be available until later in 2015. The results from the 2014 survey will serve as the baseline data. Comparison of data will begin in 2016 after the 2015 BRFSS survey results are released.
  
- **Indicator:** To increase hypertension awareness by one percent annually among minority Arkansans as measured by previous comparison beginning in FY2015.
  - **Activity:** State Questions were submitted for the 2014 BRFSS Survey. Initial results will not be available until later in 2015. The results from the 2014 survey will serve as the baseline data. Comparison of data will begin in 2016 after the 2015 BRFSS survey results are released.



- **Indicator:** To increase heart disease awareness by 1 % annually among minority Arkansans as measured by previous comparison beginning in FY2015.
  - **Activity:** State Questions were submitted for the 2014 BRFSS Survey. Results will not be available until later in 2015. The results from the 2014 survey will serve as the baseline data. Comparison of data will begin in 2016 after the 2015 BRFSS survey results are released.
  
- **Indicator:** To increase diabetes awareness by 1% annually among minority Arkansans as measured by previous comparison beginning in FY2015.
  - **Activity:** State Questions were submitted for the 2014 BRFSS Survey. Results will not be available until later in 2015. The results from the 2014 survey will serve as the baseline data. Comparison of data will begin in 2016 after the 2015 BRFSS survey results are released.

**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 health care every five years.
  - **Activity:** The Economic Cost of Health Inequalities in Arkansas report was completed April 2014. This study sought to estimate the economic impact of racial and ethnic disparities in Arkansas. Using national and state-specific data, the study found that eliminating health disparities for Arkansas minorities would result in a reduction of direct medical care expenditures of \$518.6 million. More than 79% of these excess expenditures were attributable to African Americans who have the worst health profile among the racial and ethnic groups in the state. The potential direct medical cost savings for

Hispanics was \$105 million, representing 20% of the total direct medical costs of health inequalities. Premature death also was significant for African Americans and accounted for \$1.7 billion in indirect costs. Findings from the study suggest that targeted interventions to reduce health disparities for minority populations in the state have the potential to generate significant benefits from reductions in both direct medical care and indirect health costs.

- **Indicator:** MHI will increase awareness and provide access to screenings for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group.

- **Activity:** During the 2nd quarter, MHI provided 5,979 health screenings and participated in over 30 initiatives with faith-based state and community organizations with

8,982 citizen encounters. During the 3rd quarter, MHI participated in 25 initiatives and provided 3,737 health screenings with 6,974 citizen encounters. During the fourth quarter, MHI



partnered with 30 faith-based, state, and community organizations to provide 3,732 health screenings and 7,323 citizen encounters. The events targeted 46 counties and represented four congressional districts.

- **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:** Three pilot projects were implemented. The H.O.P.E. Club provides students the opportunity to realize their abilities, opportunities, and potential for success in the health sciences field. Camp iRock is a seven-day residential

fitness and nutrition camp for girls in sixth through eighth grades with a Body Mass Index (BMI) in the 85th percentile or above. The Southern Ain't Fried Sundays Program is designed to educate African American and Hispanic churches, communities and organizations about healthier alternatives to preparing and cooking traditional style meals.

#### Evaluator Suggestions and Comments

MHI conducts many programs aimed at improving the health of Arkansans with tobacco, chronic, and lifestyle-related illnesses. Going forward, demonstrating the overall outcomes of MHI programs will likely require the use of additional sources of data. In addition to the BRFSS Survey results, these sources of data may include a proposed primary referral card to track participant follow-up to care, number of citizen encounters, and number of radio and television public service announcements. It will also be important to use data to support decisions regarding the continuation of various pilot programs. Finally, we suggest an increased focus on programs and activities that target citizens in “Red Counties” with lower life expectancy. Such efforts may involve increasing partnerships and collaborations with other agencies.



## **Tobacco Settlement Medicaid Expansion Program (TS-MEP)**

The TS-MEP leveraged approximately 70% federal Medicaid matching funds. This amounted to more than 8.1 million in federal matching Medicaid funds.

From October 2014 to March 2015, the Pregnant Women Expansion and the ARSeniors programs served 257 women and 3,245 seniors respectively.

### **Overall Program Goal:**

**Expand access to healthcare through targeted Medicaid expansions, thereby improving the health of eligible Arkansans.**

Hospital Benefit Coverage provided inpatient and outpatient hospital reimbursements and benefits to 7,667 adults from October 2014 to March 2015.

Total claims paid for the TS-MEP populations this reporting period were just over \$13.8 million.

## **Tobacco Settlement Medicaid Expansion Program (TS-MEP)**

**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: 1) pregnant women with incomes ranging from 138–200% of the federal poverty level (FPL); 2) inpatient and outpatient hospital reimbursements and benefits to adults age 19-64; 3) non-institutional coverage and benefits to seniors age 65 and over; and 4) benefits to low-income employed adults age 19-64. The Tobacco Settlement funds are also used to pay the state share required to leverage federal Medicaid matching funds.

**Key Accomplishments This Year:** Program activity in this reporting period has increased in TS-MEP initiatives for populations 2 (Hospital Benefit Coverage) and 3 (ARSeniors) while there has been an anticipated decline in population 1 (Pregnant Women Expansion) as more women have coverage through the Arkansas Health Care Independence Program/Private Option (HCIP/PO). From October 2014 to March 2015, the Pregnant Women Expansion program provided prenatal care to 257 women and the Hospital Benefit Coverage program extended benefits to 7,667 individuals 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%. Further, the ARSeniors program expanded Medicaid coverage to 3,245 seniors. With the implementation of the HCIP/PO, the TS-MEP initiative for population 4 (ARHealthNetworks) was discontinued on December 31, 2013. The Tobacco Settlement funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This share amounted to more than 8.1 million in federal matching Medicaid funds. Total claims paid for the TS-MEP populations this reporting period were just over \$13.8 million.

**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. The Department of Human Services (DHS) has had the legislative authority for over ten years to use any savings in the TS-MEP programs to provide funding for the traditional Medicaid program with the approval of the State's Chief Fiscal Officer. These savings are not used to provide any funding for the HCIP/PO. Further, the new information system will eventually provide the opportunity to more efficiently identify and track individuals eligible for the TS-MEP programs.

**Challenges:** As a result of the implementation HCIP/PO, many of TS-MEP's indicators need to be updated to reflect the change in programs covered by TS-MEP. As of now, successful performance has been measured by growth in the number of participants in the TS-MEP initiatives. DHS will need to rethink performance measurements for the TS-MEP initiatives as individuals are transitioning into new coverage groups.

**Future Plans:** There are no immediate plans to change the Pregnant Women Expansion, Hospital Benefit Coverage, and ARSeniors programs. The TS-MEP programs are now under a new director. There have been discussions about funding different gaps in coverage but it is necessary to wait given the uncertainty of the status of HCIP/PO in the future. Also, there are plans to revisit the performance measurements to reflect current changes.

## TS-MEP Performance Indicators and Progress

**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 HCIP/PO, more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term term impact will be limited compared to the influences outside of the TS-MEP. As of March 2015, 242,103 Arkansans were determined to be eligible for HCIP/PO. The majority of individuals who have enrolled in HCIP/PO participate in a Qualified Health Plan provided by insurance carriers. Individuals with exceptional health care needs that are determined to be medically frail are enrolled in the traditional Medicaid program. There were 24,347 individuals determined to be medically frail as of March 2015. It is anticipated that both health outcomes and costs will be impacted. In a study conducted for the Arkansas Hospital Association, Cunningham (2015) reports a 35.5% reduction in emergency room (ER) visits by uninsured patients between 2013 and 2014. Further, an August 2014 Gallup Poll revealed that Arkansas had one of the most significant drops in uninsured rates in the country from 22.5% in 2013 to 12.4% in 2014. A full evaluation of HCIP/PO is outside the scope of this evaluation.

**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:** Between October 2014 and March 2015, there were 257 participants in the TS-MEP initiative Pregnant Women Expansion program. This program provides prenatal



health services for pregnant women with incomes ranging from 138–200% FPL. With the implementation of HCIP/PO and other health care 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 \$602,514 between October 2014 and March 2015.

- **Indicator:** Increase the average number of adults 19-64 receiving inpatient and outpatient hospital reimbursements and benefits through the Hospital Benefit Coverage.
  - **Activity:** From October 2014 to March 2015, the TS-MEP initiative Hospital Benefit Coverage increased inpatient and outpatient hospital reimbursements and benefits to 7,667 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%. Between October 2014 and March 2015, TS-MEP funds for the Hospital Benefit Coverage totaled \$3,143,486.

- **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 3,245 seniors between October 2014 and March 2015. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not



covered by Medicare are available to ARSeniors. An example of this coverage is non-emergency medical transportation and personal care services. TS-MEP funds for the ARSeniors program totaled \$5,214,529 during October 2014 through March 2015.

- **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.

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

**Evaluator Suggestions and Comments**

TS-MEP has been impacted by the significant changes in the healthcare system. With the implementation of the HCIP/PO, ARHealthNetworks was eliminated and Pregnant Women Expansion has declined as individuals are provided health coverage outside of TS-MEP. The other two populations did increase service for the Hospital Benefit Coverage and ARSeniors. New indicators will need to be developed to reflect the changes to TS-MEP populations including an indicator for the amount of TS-MEP funding supporting traditional Medicaid.



UAMS

FAY W.  
BOOZMAN  
COLLEGE OF  
PUBLIC HEALTH

## Faye W. Boozman College of Public Health (COPH)

New extramural funding totaled more than \$5 million including an award of \$3.75 million for a new five-year funding period of the Arkansas Prevention Research Center.

Students enrolled at the College were from 36 of the 75 counties in Arkansas.

### Overall Program Goal:

Improve the health and promote the well-being of individuals, families and communities in Arkansas through education, research and service.

The primary research faculty published 104 articles in peer-reviewed, professional journals.

The Council on Education for Public Health granted full, seven-year accreditation to the College for the third time.

## Fay W. Boozman College of Public Health (COPH)

**Program Description:** The faculty and staff of the UAMS Fay W. Boozman College of Public Health (COPH) work toward the achievement of its overall program goal by engaging in activities designed to elevate the overall ranking of the health status of Arkansans. An interrelated activity is securing federal and philanthropic funds to support education, research and service efforts designed to improve the health and well-being of citizens throughout the state. These activities contribute to the mission of the COPH in meeting the public health workforce needs for the future and demonstrate how public health approaches can address the health needs of Arkansans via model community programs.

**Key Accomplishments This Year:** The COPH measures its progress toward improving the health and well-being of Arkansans through seven indicators that demonstrate efforts aimed at education, research and service. Activities for each of these indicators provide evidence of advancement toward achievement of the program's goal. During this reporting period, students from 36 of the 75 counties in Arkansas were enrolled in certificate, master degree and doctoral degree programs. Primary research faculty published 104 articles in peer-reviewed professional journals, thus demonstrating commitment to research that affects the health status of citizens within the state of Arkansas and beyond. A new five-year funding period for the Arkansas Prevention Research Center began with a total award of \$3.75 million. Additionally, the Council on Education for Public Health granted full accreditation to the College for the maximum seven-year period, indicating the high standards achieved and maintained by the COPH.

**Opportunities:** The College's advisory board, established to direct development efforts, has the capacity to focus philanthropic fundraising efforts on behalf of the COPH, thereby increasing the likelihood of procuring support that is aligned with its mission. The recently hired COPH director of development will guide these efforts in coordination with the UAMS Office of Institutional Advancement. In November, Jim Raczynski, Dean of the College and

his wife, Martha Phillips, associate professor of epidemiology, pledged a planned estate gift of \$1 million to establish the Raczynski Phillips Bruce Chair in Social Determinants of Health. The gift was made in honor of the College's inaugural dean, Thomas A. Bruce and his late wife, Dolores. In April, UAMS announced the establishment of the M. Joycelyn Elder endowed Professorship in Health Promotion and Disease Prevention at the COPH. Dr. Elders is a former US Surgeon General, UAMS Emeritus Professor of Pediatrics and a Distinguished Professor at the College. This pledge and endowment will provide additional opportunities for the COPH to support its mission of education, research and service.

**Challenges:** Revenues from grants and contracts have declined partly as a result of reduced available funding from federal, state and foundation sources. Additionally, the nation-wide proliferation of new schools and programs of public health creates competition for senior faculty.

**Future Plans:** The COPH is beginning a college-wide strategic planning process in order to update and extend the College's previous plan, which was developed during 2010-2011. This process is anticipated to span the next year with departments, offices, and college-wide centers all conducting a thorough review of respective priorities and establishing short- and medium-term goals for improvement. Tentative goals will be formulated prior to a college-wide retreat that is scheduled for fall 2015 with the purpose of finalizing the College Strategic Plan in spring 2016.

## COPH Performance Indicators and Progress

**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:

To elevate the overall ranking of the health status of Arkansans.

- **Indicator:** Serve as an educational resource on policy initiatives to improve the health and well-being of Arkansans.
  - **Activity:** The College meets this objective through the professional service of its faculty. During this reporting period, faculty members engaged in numerous policy-related activities that included a variety of presentations to professional and community audiences. Additional endeavors to increase the health status of Arkansans involved service by COPH faculty as consultants and members on panels, task forces, committees and boards. They also engaged in ongoing partnerships with public health practitioners and community organizations to accomplish health-related goals.
  
- **Indicator:** Provide public health training to students throughout the state.
  - **Activity:** The College meets this metric through the provision of more than 20 educational curricula, which include certificate programs as well as master degrees and doctoral degrees. Students enrolled in these programs were from 36 of the 75 counties in Arkansas. Twelve distance-accessible courses contributed to an increase in student enrollment and participation as demonstrated in the following matriculation data:
    - Summer semester, 202 students were enrolled. Thirty-nine percent of Arkansas counties were represented.
    - Fall semester, 237 students were enrolled. Thirty-nine percent of Arkansas counties were represented.

- Spring semester, 240 students were enrolled. Forty-one percent of Arkansas counties were represented.

- **Indicator:** Increase workforce diversity in public health, with a particular emphasis on increasing the percentage of underrepresented minorities, so that they mirror population demographics.

- **Activity:** The COPH attracts and trains a diverse student body, therefore, increasing the percentage of minorities qualified to enter the workforce in public



health. During this reporting period, 18 students graduated from the College. Minority student graduates (28%) exceeded the proportion of minority residents in Arkansas at the last census. The race/ethnicity of minority graduates for the two semesters of this reporting period was:

- Four African-American students.
- One Asian student.

- **Indicator:** Pursue Arkansas-based research focused on improving the health of Arkansans by ensuring that no fewer than 50 percent of faculty are involved in research activities that focus on the improvement of the health and well-being of Arkansans and ensuring that no fewer than 75 percent of the MPH student preceptorships and culminating experiences have as their focus the improvement of the health and well-being of Arkansans.

- **Activity:** The COPH faculty and student research projects exceeded this indicator during this reporting period as specified below:

Faculty research activities that focused on the well-being of Arkansas citizens –

- Summer - 27 of 35 projects (77.1%)
- Fall – 21 of 26 projects (80.8%)

- Spring – 26 of 26 projects (100%)

Student preceptorships and integration projects concerned with the health of Arkansans-

- Summer – 20 of 20 projects (100%)
- Fall – 18 of 26 projects (69.2%)
- Spring – 35 of 35 projects (100%)

**Short-term Objective:**

To obtain federal and philanthropic grant funding.

- **Indicator:** Maintain annual extramural research funding in FY 2013 and FY 2014 consistent with funding levels in the past three years.
  - **Activity:** The levels of research funding declined as a result of the reduction in monies available from extramural sources and the loss to other academic institutions of faculty who were well funded. Funds procured by COPH faculty for FY 2013 were \$6,016,472, decreasing by 15.6% to \$5,078,281 in FY 2014. In response to this decrease in resources, rigorous efforts to attract additional funds were implemented. These efforts included hiring a director of development who facilitated a retreat for administrative leaders and faculty to focus efforts on raising philanthropic funds.
- **Indicator:** The ratio of gross extramural research funding to Tobacco Settlement Fund monies will be maintained at 2.7:1 in FY 2013 and FY 2014.
  - **Activity:** In the last fiscal year, the COPH fell short of meeting this measure; the ratio of gross extramural research funding (direct grants/contracts and indirect costs) to Tobacco Settlement Fund monies was 2:1. Despite the decrease in funding during this reporting period, the College leveraged more than \$2.10 to \$1.00 of TSF money. A noteworthy activity supported by this extramural funding was the initiation of the Arkansas Prevention Research Center (APRC) five-year funding period with a total award of \$3.75 million from the Centers for Disease Control and Prevention. Additionally, three new

projects were awarded during the last quarter, which brings the total of extramural funding to more than \$5 million. These projects were developed to address public health issues that affect Arkansans such as hypertension, oral health and medication safety.

- **Indicator:** Maintain a 2:1 ratio of publications in peer-reviewed journals annually to faculty FTEs.
  - **Activity:** Faculty of the COPH exceeded the target of two publications per faculty full-time equivalent (FTE). During this reporting period, 40 research faculty published 104 articles in peer-reviewed, scientific journals resulting in a ratio of 2.7 articles per FTE. The focuses of the articles reflect the variety of interests and expertise of faculty members as they endeavor to conduct research in areas that influence the health status of Arkansans. Infant and maternal mortality, road safety, obesity related to hypertension, respiratory diseases and cancer are examples of the wide range of publication topics pursued by research faculty.

Evaluator Suggestions and Comments
Efforts to aggressively pursue extramural and philanthropic funding should continue. Attempts to recruit faculty could be facilitated by highlighting the publication record of the College as well as its ongoing accreditation. Despite reductions in revenue and barriers encountered as a result of a growing program, the College continues to make progress toward the achievement of its overall program goal.



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## Tobacco Prevention and Cessation Program (TPCP)

As of March 2015, for the 2014 fiscal year, the non-compliance rate for sale to minor violations was down to 8 percent.

As of March 2015, for the 2014 fiscal year, the STOP program reached 2,361 health care providers.

### Overall Program Goal:

**Reduce the initiation of tobacco use and the resulting negative health and economic impact.**

As of March 2015 for the 2014 fiscal year, there were 185 Hispanic, 1,635 African American, and 350 LGBT callers to the Arkansas Tobacco Quitline.

As of March 2015, for the 2014 fiscal year, 1,271 youth and young adults up to age 24 participated in tobacco control activities to increase tobacco free social norms.

## Tobacco Prevention and Cessation Program (TPCP)

**Program Description:** The Tobacco Prevention and Cessation Program (TPCP) works to decrease disease, disability, and death due to tobacco use by preventing the initial use of tobacco by young people, promoting quitting, eliminating exposure to secondhand smoke, and educating citizens about the health consequences related to tobacco use. The program provides 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.

**Key Accomplishments This Year:** For every \$1 invested in the Arkansas Tobacco Quitline, the people of Arkansas saved \$28 in future healthcare costs.

TPCP was nationally recognized through (1) participation in a pilot project sponsored by the CDC Tips campaign; (2) a poster presentation at the Society for Research on Nicotine and Tobacco (SRNT) 2015 annual conference; (3) a webinar presentation, “Where’s the Justice? Tobacco Use and the Incarcerated”; (4) selection to participate at CDC Leadership and Sustainability School; and (5) eight “Excellence in Public Health Communications” awards from the National Public Health Information Coalition.

There were three significant bills supporting tobacco control efforts and protecting Arkansans from tobacco related exposure in the State of Arkansas 90th General Assembly. Act 847 prohibits the use of e-cigarettes on each campus of state-supported institutions of higher education. Act 708 limits smoking in long-term care facilities and restricts smoking within 25 feet of a primary entrance. Act 1235 regulates vapor products, alternative nicotine products, and e-liquid products.

TPCP and Minority Initiative Sub-Recipient Grant Office (MISRGO) invested in communities throughout the state. One example was the collaboration among funded community sub-grantees and the faith community, which resulted in a total of 43 faith-based tobacco-free policies, including prohibiting the use of electronic smoking devices, throughout the state.

**Opportunities:** The Affordable Care Act's rollout presents challenges due to confusion about which specific cessation services will be covered; however it also presents opportunities, as more people will have coverage.

**Challenges:** TPCP's primary charge is to implement strategies decreasing the \$1.2 billion in annual medical costs related to tobacco use in Arkansas. However, Arkansas only collects \$295.9 million in total state revenue from tobacco sales and settlement dollars, leaving a deficit to this state of over \$900 million, which requires continued support and funding of evidence-based tobacco control efforts. Arkansas lacks a comprehensive Clean Indoor Air Act, as it does not cover motel/hotel, businesses with less than three employees, bars, restaurants with an age exemption of 21 and above, tobacco retail outlets, tobacco manufacturers, tobacco wholesalers, and long-term health care facilities.

Electronic smoking devices (ESD) remain one of TPCP's biggest challenges as they are exuberantly advertised with focus on renormalizing indoor smoking and flavoring that is appealing to youth.

**Future Plans:** TPCP has a strategic plan, which will guide the work from 2014-2019. This includes development of comprehensive evaluation to determine return-on-investment for TPCP efforts. TPCP has been reorganizing their internal structure to increase efficiency and its effectiveness in service delivery and working to strengthen policies to protect youth and decrease disease and economic burden related to tobacco use for the state of Arkansas.

## TPCP Performance Indicators and Progress

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

### Long-term Objective:

Survey data will demonstrate a reduction in numbers of Arkansans who smoke and/or use tobacco.

- **Indicator:** By March 2020, decrease the tobacco use prevalence in youth by 7.5% and tobacco use prevalence in young adults (18-24) by 7% [Data Source: Youth Risk Behavior Surveillance System (YRBSS) 2013 & Behavioral Risk Factor Surveillance System (BRFSS) 2013].
  - **Activity:** Data will be reported fall of 2014 for BRFSS and in 2016 for YRBSS. According to the 2013 YRBSS and BRFSS, youth smoking prevalence was down to 19.1 percent and adult smoking prevalence was down to 25.9 percent.
  
- **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:** Data will be reported fall of 2015 for BRFSS and Vital Statistics, 2017 for LGBT.
  
- **Indicator:** By March 2020, decrease smoking prevalence among youth by 10.5% (a decrease from 19.1% to 17.1%) and among adults by 7.7% (a decrease from 25.9% to 23.9%) (Data Source: 2013 YRBSS, 2013 BRFSS).
  - **Activity:** Data will be reported fall of 2015 for BRFSS and in 2016 for YRBSS. According to the 2013 YRBSS and BFRSS, youth smoking prevalence was down to 19.1 percent and adult smoking prevalence was down to 25.9 percent.

**Short-term Objective:**

Communities shall establish local tobacco prevention initiatives.

- **Indicator:** By March 2016, 96 new smoke-free/tobacco-free policies will be implemented across Arkansas (Data Source: TPCP Policy Tracker).
  - **Activity:** To date, in fiscal year 2014, there have been 65 new smoke-free/tobacco-free policies implemented across Arkansas.
  
- **Indicator:** By March 2016, decrease sales to minor violations from 11% to 9% (Data Source: FY 2014 Arkansas Tobacco Control).
  - **Activity:** As of March 2015 for FY 2014, there were 427 sales to minors violations, which is a non-compliance rate of 8%. Also, TPCP completed 35 educational sessions.
  
- **Indicator:** By March 2016, increase by 20% the proportion of youth and young adults up to age 24 who engage in tobacco control activities to include point of sale, counter marketing efforts, and other advocacy activities to increase tobacco free social norms (Data Source: Youth Prevention Program Participation FY 2014).
  - **Activity:** As of March 2015 for FY 2014, 1,271 youth and young adults up to age 24 participated in tobacco control activities.
  
- **Indicator:** By March 2016, increase Arkansas' quit rates for the Arkansas Tobacco Quitline from 27.7% to 29.7% (Data Source: ATQ FY 2014 Evaluation Report, 7 month follow-up of multiple call with NRT quit rate).
  - **Activity:** Data will be reported in the second quarter of the calendar year.



- **Indicator:** By March 2016, increase the number of callers to the Arkansas Tobacco Quitline from 245 to 294 for Hispanics; 2,596 to 3,115 for African-American; 476 to 571 for LGBT (Data Source: ATQ Yearly Demographic Report, 2014).
  - **Activity:** As of March 2015 for FY 2014, 185 Hispanic, 1,635 African American, and 350 LGBT made calls to the Arkansas Tobacco Quitline.

SINCE 2008  
NEARLY **60,000** ARKANSANS  
HAVE CALLED THE QUITLINE

- **Indicator:** By March 2016, decrease the overall rate of pregnant women reporting tobacco use during pregnancy from 13.1% to 12.1% (Data Source: 2013 Vital Statistics Data).
  - **Activity:** Data will be reported in the second quarter of the calendar year.
- **Indicator:** By March 2016, increase number of healthcare providers, traditional and nontraditional, from 3,116 to 3,500 who have been reached by the STOP program (Data Source: FY 2014 End of Year Summary Report for STOP from Alere).
  - **Activity:** As of March 2015 for FY 2014, the STOP program reached 2,361 healthcare providers.

### Evaluator Suggestions and Comments

TPCP and evaluators have collaborated on revised indicators that move toward a more “outcome-based” evaluation rather than “process-based”. Hopefully, this focus will help to evaluate “return-on-investment”, a desired goal for the program. In order to accomplish this, each activity related to the TPCP’s key indicators will need to be examined with the data sources in use to determine incremental evidence that the activity is helping the program to make progress toward not only the indicator but also its contribution to the overall goal.

A large financial commitment on the part of the TPCP is awarding money to several grantees around the state. It might help to evaluate “return-on-investment” by examining the outcomes of each grantee and how their outcomes contribute to meeting the overall indicators and goal of the program. Additionally, it might be worthwhile to focus more prevention efforts on those counties in Arkansas with the highest percentages of youth and adults who use tobacco-related products.

The World Health Organization has stated, “100% smoke-free environments (SFEs) are the only proven way to adequately protect the health of all people from the devastating effects of secondhand smoke.” Even though steady progress has been made in Arkansas over the past decade to increase SFEs, TPCP is encouraged to continue its focus on this important public health area.

## Personal Stories

### Alberta Faye – Maumelle

Alberta Faye took the first step toward a healthier lifestyle in 2008 when she decided to stop smoking and start running. She called the Arkansas Tobacco Quitline and embarked on her cessation journey. One “quitter’s” step in the right direction turned into thousands and as a result of her commitment to a tobacco-free lifestyle, she doesn’t just run marathons, she finishes them!

More important than reaching and surpassing her personal fitness goals, Alberta Faye points out that one of her greatest achievements is serving as a positive role model for her grandchildren. “My grandchildren definitely benefit from me not smoking because I don’t smoke around them. They’ve never seen me with a cigarette, which is a wonderful feeling... I’m a good role model for them, and it makes me feel really proud.”



While personal health and family played a large role in her decision to quit smoking, Alberta Faye attributes much of her continued success to the support she received from her Quitcoach. “It’s a wonderful feeling to know that the Quitline is out there, and know that I can pick up the phone. I can call a coach. Or, I can go online to my original database and look at my goals, and I can reset new goals. You know, it’s all about when you reach a goal, then you set bigger goals, and you set better goals. This is a big deal. To quit smoking is a big decision to make, and it will change your life.”

Alberta Faye’s story is a powerful reminder to individuals that it is never too late to reclaim their health. For those who do use tobacco or nicotine products and want to stop, take it from a quitter who knows the true meaning of winning: “The one thing I’d like to say to someone who wants to quit is that you don’t have to be a product of your past. You can be a product of your future. Set your goals.”

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## UAMS EAST (Delta AHEC)

There were an average of 36,209 clients served by UAMS East programs and services each quarter for the three quarters reported. This number exceeds the average of 34,635 encounters that was reported in 2013.

UAMS East provided over 2,100 health screenings to residents. Almost half of those screened were found to have abnormal results and were provided education and were referred to a health care provider for follow-up.

### Overall Program Goal:

To recruit and retain health care professionals and to provide community-based health care and education to improve the health of the people residing in the Delta region.

Over 400 residents in Chicot and Phillips counties were assisted with acquiring 549 prescriptions for an average savings of \$108,393 per quarter.

The Kids for Health program was delivered to an average of 4,748 youth each quarter for the last three quarters.

## UAMS East (Delta AHEC)

**Program Description:** The staff of UAMS East seeks to upgrade the quality of health care and improve access to health delivery and education systems by providing outreach services in seven counties that include St. Francis, Lee, Phillips, Chicot, Desha, Monroe, and Crittenden. UAMS East provides services in an area that is designated as medically underserved to a population that has a lower life expectancy and a lower health literacy level than the rest of the state. Therefore, the services UAMS East provide focus on preventive and educational programs most likely to have a positive impact on the health outcomes of the Delta's population. Over time, the mission of UAMS East has expanded to provide an array of programs that benefit veterans, pregnant women, persons with diabetes and citizens who are obese while promoting health enhancing behaviors for children and youth (Arkansas Department of Health, 2013).

**Key Accomplishments This Year:** UAMS East monitors its efforts toward improving the health of the citizens in the Delta by measuring progress through nine indicators that provide evidence of interactions between community members and health care providers. Activities for each of these indicators demonstrate advancement toward achievement of the program's goal.

UAMS East has increased access to primary care for the Delta's citizens through the VA-CBOC Clinic, Diabetes Education Clinic, and continued collaboration with the federally qualified health clinics in the service area. Additionally, a variety of educational, screening, and health promotion programs continue to be offered for children, youth and adults. This year a staff member was trained in tobacco use cessation and began providing weekly cessation classes for area residents. Efforts to recruit students into health professions and assistance to persons already enrolled in programs that train health professionals are ongoing. During this reporting period, there was a 700% increase in the number of youth attending pre-professional educational and recruitment programs compared to last year. UAMS East partners with over 100 different agencies to provide screenings, educational programming and health care services to residents in the Delta. Among these many partners is the Arkansas Minority Health Commission, another Arkansas Tobacco Settlement funded program.

**Opportunities:** UAMS East has partnered with many other agencies to provide enhanced services to the community. Additional funding to provide targeted services have been secured, thus allowing an expansion of programs such as the Sickle Cell screening and education program in Lee, Phillips and St. Francis counties. UAMS East contracted with the Sexual Abuse Network to bring a new Rape Crisis Center to the area. UAMS East has secured a signed Memorandum of Understanding with Helena Regional Medical Center to begin the process of establishing a Rural Residency Training program.

**Challenges:** Providing adequate staffing for the many programs that UAMS East delivers is an ongoing challenge. Due to funding issues, there has been a shift of personnel to cover the health care clinic hours. As a result of this required shift, the educational programming has suffered. Providing primary health care services to residents in this medically underserved area is critically important, but so is preventing further disease and disability through prevention programs such as the diabetes management and education program. Trying to provide educational programming and health care services with decreasing funding is an ongoing challenge.

**Future Plans:** UAMS East is in the planning stages of developing a rural, residency-training program in Helena. The implementation of this training program will provide access to primary care for many of the area residents. This access will come at the cost of most of the community-based education programs. Additional funding sources and partnerships will need to be acquired to maintain the vital, comprehensive health education program that UAMS East has established.

## UAMS East Performance Indicators and Progress

**Overall Program Goal:** to recruit and retain health care professionals and to provide community-based health care 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 service area.

- **Indicator:** Increase the percentage of veterans in Phillips County who have a regular health care provider.
  - **Activity:** Currently 923 of the estimated 1,352 veterans in Phillips County are enrolled in the Veterans Affairs Community-Based Outreach Clinic (VA-CBOC). Since 2014, the percentage of veterans served has increased from 60% to 68%. On average the clinic provides services to 880 patients per quarter.
  
- **Indicator:** Increase or maintain the number of clients in Chicot and Phillips counties receiving prescription assistance.
  - **Activity:** During the three quarters reported here the prescription assistance program assisted a total of 413 participants with over 549 prescriptions for an average savings of \$108,393 per quarter. The number of patients needing prescription assistance has declined during this past year. Anecdotal reports indicate that the patients now have prescription insurance through the Affordable Care Act and do not need the prescription assistance program as much as they have in the past.



- **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:** For the three quarters reported here, UAMS East provided over 2,100 health screenings to residents. Almost half of those screened (1,022) were found to have abnormal results. Those residents who had abnormal results were provided educational counseling related to their screening results, and referred to a local physician for follow-up. Additionally, UAMS East provided chronic disease self-management classes to residents.

Table 1

*Abnormal Screening Results*

Blood pressure	BMI	Cholesterol	Glucose	HIV
361	237	348	115	2

- **Indicator:** Continue to provide assistance to health professions students, interns, and residents including RN to BSN students and BSN to MSN students, medical students and residents, and health education students.
  - **Activity:** UAMS East provided assistance to 25 nurses through continuing education and support via the RN to BSN program. UAMS East in Lake Village provided continuing education opportunities through the Care Learning Program for an additional 495 healthcare professionals. UAMS East also provided an internship for one Medical Office Technology student from Phillip's College of the University of Arkansas. The UAMS East Library provided educational support to 40 nursing students from Phillip's College of the University of Arkansas, 211 other health professionals and 2,324 consumers.
  
- **Indicator:** Increase the number of patients in the ADA diabetes clinic.
  - **Activity:** UAMS East provided diabetes education to 36 participants in Phillips, Chicot and Crittenden counties between July and September 2014, another 159 participants between October and December 2014, and provided group

counseling to 22 clients between January and March 2015. The total number of participants is down from the average of 69 clients per month in 2013. The nurse who provides the diabetes self-management program was required to work in the VA-CBOC, due to a staff vacancy, which limited the number of classes provided.

- **Indicator:** Decrease the percent of adults in Phillips County who are obese.
  - **Activity:** To address the issue of obesity, UAMS East operates a fitness center with exercise programming for all ages and fitness levels. The UAMS Fitness Center had an average of 6,998 encounters per quarter in the last three quarters. An average of 15,154 adults and youth per quarter participated in other community-based exercise programs. These values exceed the number of encounters reported in 2013. Additionally, 27 residents participated in the new Lifelong Balance program, a 16-week comprehensive health and weight management program, resulting in over 260 pounds lost as of December 2014. In addition to providing opportunities for residents to participate in physical activity, UAMS East addresses the need for dietary intervention. In collaboration with the others, UAMS East provided training to 400 people who attended “Cooking Matters”, an educational program that stresses the importance of eating a healthy diet.
  
- **Indicator:** Maintain the number of students participating in UAMS East pre-health professions recruitment activities by the end of June 2014.
  - **Activity:** UAMS East provides a number of different programs designed to expose young people to the health care professions. UAMS East held a "Day in the Life" for high school students from four different counties. UAMS East in Lake Village also mentored two students in its “AIM” program. Club Scrub activities were held for junior high school students; “CHAMPS” was provided for middle school students. For this reporting period, over 1,430 students participated in one of these pre-health profession programs. The UAMS Pre-Professions recruiter also attended several career fairs and presented healthcare

information to 1.631 youth. In 2013, training and recruitment events were held for 376 pre-health profession students. For this reporting period, there was an increase of 714% from the previous year.

- **Indicator:** Maintain a robust health education promotion and prevention program for area youth.

- **Activity:** UAMS East partnered with local schools, community organizations and churches to provide health education programs to youth in all seven counties in its service region. The “Kids for Health” program was delivered to



an average of 4,748 youth each quarter for the last three quarters. This year the program expanded to one new location. UAMS East provided tobacco prevention programs to area schools in addition to “Project Alert”, an age appropriate substance abuse prevention program. Other school-based programs included “Reducing the Risk” and “Making Proud Choices”, both evidenced-based health education programs, and “Farm to You”, an interactive program that explores the relationship between agriculture, food and health. Through implementation of these activities, UAMS East continues to maintain a strong health education program for area youth. One of Arkansas’s state health plan goals is to improve the health literacy of Arkansans. Through evidence-based health education programs such as these, that provide functional health knowledge and opportunities to develop skills that directly contribute to health promoting decisions and behaviors, UAMS East is impacting the health of the region (Arkansas Department of Health, 2013).

**Short-term Objective:**

Increase the number of communities and clients served through UAMS East programs.

- **Indicator:** Maintain the number of clients served by UAMS East programs and services.
  - **Activity:** There was an average of 36,209 encounters each quarter for the three quarters reported. This number exceeds the average of 34,635 encounters that was reported in 2013. One new program that UAMS East began providing this year is a tobacco cessation and prevention program in Phillips, Chicot and Crittenden counties. UAMS East is a comprehensive health education center providing invaluable services to residents in the Delta region of Arkansas.

**Evaluator Suggestions and Comments**

UAMS East has established a model program for community-based health education. They provide educational programs to improve the health literacy of residents, screen for risk factors to prevent disease before it occurs, and provide opportunities to practice health-promoting behaviors. UAMS East should continue to partner with other agencies to support their efforts, while prioritizing programs that have the most impact on the health of the community. In this medically underserved region, a Rural Residency-Training program would be an asset to the community. However, UAMS East should continue to provide primary and secondary prevention programs to these communities whose residents are at increased risk for disease and disability. Providing people the knowledge and skills they need to practice health-promoting behaviors and make informed decisions about their health is equally as important as providing health care services. UAMS East has the opportunity to create a premier example of a patient-centered medical home that integrates prevention into health care services. This combination of prevention and increased access to quality health care will positively impact the health of residents in the Delta region of Arkansas.

## Personal Stories

### Loucious Thomas

It took a doctor who was willing to educate and encourage her patients to motivate Loucious Thomas to become a new man. Thomas weighed more than 350 pounds when he experienced chest pain and collapsed while working on a barge on the Mississippi River. The hospital staff diagnosed him with an enlarged heart and irregular heartbeat. Thomas visited his doctor who opened his eyes to what he had been doing wrong. “We talked about weight loss and dieting, what I need to eat and what I don’t need to eat,” says Thomas. “There are more ‘don’ts’ than ‘dos,’ with the breads and the starches and sugars. She put me on an 1,800-calorie diet, 100 grams of sugar a day.” This was the first time Thomas had ever been taught about healthy living. Today, Thomas weighs less than 215 pounds, runs four miles a day and participates in regular weight training. It’s all because his doctor made sure he knew about unhealthy choices and how to change them.



## Conclusion

This report provides a comprehensive overview of each program's progress toward its predetermined goal as stated in the original Master Settlement Act. The successes, opportunities and challenges of each program are shown along with suggestions and comments from the evaluators. Ongoing cooperation and collaboration between programs and community agencies are imperative, especially as state and federal funding continues to decrease. It is important that programs create and maintain community partnerships and solicit funding from external sources to develop and sustain prevention strategies, better healthcare and increased access to all Arkansans.

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