

Independent Evaluation of the Arkansas Tobacco Settlement Commission Funded Programs

Quarterly Report (2)

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Arkansas Tobacco Settlement Commission (ATSC)

Quarterly Report (2)

July - September 2014

I. Introduction

Beginning November 1, 2014, the University of Central Arkansas (UCA) evaluation team began working with the Arkansas Tobacco Settlement Commission (ATSC) to develop quarterly, annual, and biennial reports that reflect the achievements and challenges of the Commission's seven programs:

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

The reports are structured to identify each program's progress in meeting the specific goals and objectives as outlined in the Tobacco Settlement Proceeds Act of 2000. It is imperative that programs using settlement dollars report their activities and their connection to the goals stated in the original act. Evaluators conduct site visits and review program's written summaries to assess program progress toward accomplishing these goals.

Given the data collection time frame for the second quarter, the current report is based upon the face-to-face meetings between evaluators and project directors as well as the narrative submitted by each program. This report is consistent with the evaluation process of the previous evaluators (Battelle) since

the current evaluation team's contract did not begin until after these data were collected. The evaluation team at UCA is currently working with each funded program and the leadership of ATSC to consider the possibility of new indicators that will be effective as of July 2015.

II. Structure for Reporting

Each program report contains two-page narratives that summarize five key points:

- **Program Description**
- **Progress and Highlights**
- **Key Accomplishments this Reporting Period**
- **Challenges and Opportunities**
- **Plans for the Next Reporting Period**

The purpose of these brief narratives is to inform the reader about the programs' activities, achievements, and challenges, as well as prospects for the immediate future. Additionally, each narrative features a call-out box that highlights the program's key accomplishments for the quarter. The narrative format was designed by Battelle for previous evaluation efforts, though evaluators, in collaboration with the ATSC and its program directors, are currently working on improving the reporting structure. The data spreadsheets were not collected during this quarter; therefore, only the narratives are included for review.

III. Matching Programs' Long and Short Term Goals and Objectives With Those Specified By the Act

The landmark legal decision in the Master Settlement Agreement (MSA) provides annual money from the tobacco companies to each state. In Arkansas, the Tobacco Settlement Proceeds Act established funding of seven programs to enhance the well being of Arkansans. Given the span of time, the number of personnel involved in the dissemination of these funds, and the variety of activities initiated, some of the program's goal and objectives have been extended and enhance and additional indicators have been generated. The UCA ATSC evaluation team is working with the ATSC to determine if these additional indicators are aligned with goals and objectives specified by the Act.

IV. Accomplishments and Suggestions

Based upon the two-page summaries in this reporting period, several accomplishments can be highlighted for each of the seven programs funded by ATSC. Following is a summary of each program's accomplishments and how they align with the specific goals outlined in the original legislation. Additionally, following these summaries, some general suggestions are discussed for moving forward. These current suggestions are based on the discussions between the evaluation team and the program directors.

The Arkansas Aging Initiative provides community education and improves access to care for older adults living in Arkansas. The **long-term goal** of the program is to *improve the health status and decrease death rates of elderly Arkansans, as well as obtain federal and philanthropic grant funding*. The **indicators** for this goal include: *provide multiple exercise activities to maximize the number of exercise encounters for older adults throughout the state;*

implement at least two educational offerings for evidence-based disease management programs; and increase the amount of external funding to support AAI programs by the end of fiscal year 2015.

The **short-term goal** is to *prioritize the list of health problems and planned interventions for elderly Arkansans and to increase the number of Arkansans participating in health improvement programs.* The **indicators** for this goal include: *assist partner hospitals in maintaining the maximum number Senior Health Clinic encounters through a continued positive relationship; partner hospitals will maintain a minimum of three provider FTEs for SHCs, including a geriatrician, advanced practice nurse, and social worker; provide education programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics; and provide educational opportunities for the community annually.*

Progress and Highlights

This quarter, the AAI leadership team began annual evaluation site visits of each of the Centers on Aging distributed throughout the state. These visits are instrumental for helping Centers stay focused on their strategic plans and for maintaining positive relationships with partner hospitals. Regional Advisory Committee members have planned several local and regional health fairs to partially meet the goal of providing educational opportunities to the community. Regional Advisory Committee members have also provided support for Centers by coordinating tours and informational programs that familiarize communities with the range of activities and services available for seniors. Committee members have also partnered with other community organizations to educate civic and government leaders about the role and mission of AAI.

Challenges and Recommendations

One of AAI's most important ongoing challenges includes maintaining effective levels of service with limited funding and staff. This is especially problematic in areas of the state where community resources are unstable. For example, this quarter the Delta Center on Aging was forced to relocate when their

partner, Crittenden Regional Hospital, announced bankruptcy. While staff members at various centers have been effective securing alternative short-term funding sources, the challenge of maintaining services is expected to become more difficult as the population of older Arkansans continues to increase. It is recommended that the AAI leadership team continue to work with Centers of Aging across the state to develop strategies for more efficient and effective delivery of programs and services.

Arkansas Bioscience Institute supports long-term agricultural and biomedical research. The **long-term goal** of ABI is that *the institute's funded research projects should translate into commercial, alternative technology, and other applications to support the planning, implementation and evaluation of any health related programs in the state. The institute also leverages ATSC dollars to obtain federal and philanthropic grant funding.*

The long-term goal **indicator** for ABI and its member institutions is to *systematically disseminate research results, including presentations and publications of results, curricula, and interventions developed using ATSC grant funding, symposia held by investigators, and the creation of new research tools and methodologies that will advance science in the future. This is measured as the number of citations received by ABI researchers, the number of patents filed and received, and the number of start-up enterprises and/or public-private partnerships with ABI supported institutions. ABI reported patents increased for both fiscal years of 2013 and 2014. The 2013 and 2014 years were record-breaking years in patent activity at ABI with 32 patents filed, and one provisional patent awarded, and one patent awarded in 2014.*

The **short-term goal** of ABI is to *initiate new research programs for the purpose of conducting 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.* The **indicators** for the short-term goal include: *1) 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; 2) 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; 3) employment supported by ABI and extramural funding will increase from a baseline of 303 FTE--Reports showed that extramural funding increased slightly since fiscal year 2013; and 4) 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.

Progress and Highlights

Just this quarter, indicator one was addressed when five ABI institutions were awarded research funding, and more than 110 research projects were chosen to be funded in fiscal year 2015. Progress toward indicator two was shown with ABI reporting that ABI-supported researchers brought in 38.2 million dollars in ABI-related extramural funding from US Department of Agriculture, NASA, the National Science Foundation, and other agencies and foundations.

Challenges and Recommendations

Overall, ABI has done well in reporting where funds are shared, what research has been conducted, and the results of that research in achieving the program's goals.

The Arkansas Minority Health Initiative focuses its efforts on improving the health of minority populations in Arkansas. The **long-term goal** of MHI *is to reduce death and disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans*. The long-term goal **indicator** *is to increase awareness by one percent annually among minority Arkansans for stroke, hypertension, heart disease, and diabetes as measured by previous comparison.*

The **short-term goal** for MHI *is to 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. The short-term goal **indicators** include: 1) 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; 2) MHI will increase awareness and provide access to screening for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group; and 3) MHI will develop and implement at least one pilot project to identify effective strategies to reduce health disparities among Arkansans.*

Progress and Highlights

MHI reported quite a bit of activity this quarter, including community-based outreach such as health fairs, sponsorships and partnerships, *Ask the Doctor* radio talk shows, media outreaches, and community meetings. Seven hundred and sixty-two people were screened for diabetes, and seven percent of those screened received abnormal results and were advised to follow-up with their PCP. The “Know Your A1C” health event was held in Desha County in September where over 20 agencies provided health education and screenings. “How Smoking Affects Your Health” fact sheets were distributed to 1,500 people, and 159 people participated in CO Breathing screenings. These activities worked toward the short-term goal indicator of increasing awareness and providing access to screening for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group. These activities also assisted in progressing toward the long-term goal indicator of increasing awareness by one percent annually among minority Arkansans for stroke, hypertension, heart disease, and diabetes. Two pilot projects, *Camp iRock* and *The Southern Ain’t Fried Sundays Program* were continued this quarter, meeting the short-term goal indicator of developing and implementing at least one pilot project.

Challenges and Recommendations

MHI stated that they could not achieve their long-term goal of reducing death and disability to tobacco alone. ATSC evaluators encourage MHI to partner with other programs to progress toward this goal. If concern with sharing funds is a problem, MHI could track shared funds and define partnerships. The original settlement goals for the program were to decrease rates of tobacco use in minority populations, so it is suggested that MHI focus more of its efforts on decreasing tobacco use in these populations, which will ultimately lead to decrease in cancer, heart disease, stroke, and other health concerns--and tobacco-related death. It would also be beneficial to know the rise or decrease in program participants from year to year. Another suggestion would be to report the outcomes of programs, such as how participants changed their lifestyles after the program. If outcome measures cannot be gathered this should be explained. MHI is also encouraged to report how much funding is spent on each program.

The Medicaid Expansion Program improves the health of Arkansans by expanding healthcare coverage and benefits to targeted populations as established in the initial Act. The **long-term goal** and **indicator** of Tobacco Settlement Medicaid Expansion Program (TS-MEP) is to *demonstrate improved health and reduce long-term health costs of Medicaid eligible persons participating in the expanded programs.*

The short-term goal is that the Arkansas Department of Human Services will demonstrate an increase in the number of new Medicaid eligible persons participating in the expanded programs. The initial indicators for this goal include: increasing (a) the number of pregnant women with income ranging from 133-200 percent of the federal poverty level (FPL) enrolled in Pregnant Women program; (b) the average number of adults 19-64 receiving inpatient and outpatient hospital reimbursements and benefits; (c) the average number of persons enrolled in the ARSeniors program, which expands non-institutional coverage and benefits to seniors age 65 and older; and (d) the average number of

persons enrolled in the ARHealthNetworks program, which provides a limited benefits package to low-income employed adults in the age range 19-64 years.

Progress and Highlights

With the implementation of the Health Care Independence Program/Private Option (HCIP/PO), ARHealthNetwork program was discontinued with eligible participants with incomes below 138% of the FPL being directed to the new HCIP/PO program while those with incomes above 138% of the FPL being directed to Healthcare.gov to purchase insurance coverage. For the three other TS-MEP initiatives (Pregnant Women, ARSeniors, and Hospital Benefit Coverage), the program activity during this quarter can be described as stable. However, it is expected that the number of participants in the Pregnant Women program will decline, as they will be covered under the HCIP/PO program. This activity reflects progress toward short-term goal indicators regarding increase in enrollees in programs covered by TS-MEP

Challenges and Recommendations

Per legislative authority, any savings in the TS-MEP programs continue to be used to support the state's overall Medicaid funds. The program is now under a new director, and there has been discussion of funding different gaps in coverage. 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.

The Fay W. Boozman College of Public Health (COPH) at the University of Arkansas for Medical Sciences endeavors to improve the health of Arkansans through teaching, research, and service. Efforts have focused on raising funds to support these three activities. The **long-term goal** of COPH is to *elevate the overall ranking of the health status of Arkansans*. **Indicators** for this goal include: *serve as an educational resource on policy initiatives to improve the health and well-being of Arkansans; provide public health training to students throughout the state; increase workforce diversity in public health, with a particular emphasis on increasing the percentage of under-represented*

minorities, so that they mirror population demographics; and 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 integration projects have as their focus the improvement of the health and well-being of Arkansans.

The **short-term goal** of COPH is to *obtain federal and philanthropic grant funding*. The **indicators** for this goal include: *maintain annual extramural research funding in FY 2013 and FY 2014 consistent with funding levels in the past three years; 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; and maintain a 2:1 ratio of publications in peer-reviewed journals annually to faculty FTEs.*

Progress and Highlights

To address these long-term and short-term goals the program conducted a number of activities during this reporting period. The Arkansas Prevention Research Center (ARPRC) began a new, five-year funding period in late September with a total award of \$3.75 million. The project has the potential for developing a new and more effective approach for identifying and controlling untreated hypertension. This activity is related to the long-term goal indicator of pursuing Arkansas-based research focused on improving the health of Arkansans. The college offers more than twenty programs, which include certification and degrees at the master and doctoral levels. Seven graduates completed programs during the 2014 summer semester. Current enrollment in all programs is 237, which is ethnically diverse and includes students from 29 of Arkansas' 75 counties. This program activity is related to the long-term goal indicators of providing public health training to students throughout the state as well as to increase workforce diversity in public health.

Challenges and Recommendations

The COPH is affected by declining revenues from state, federal and foundation sources and expects to increase efforts to aggressively seek additional external funding. Since funding sources represent a challenge for all programs, the COPH is encouraged to work collaboratively to ensure that maximum impact can be accomplished.

Additionally, the program should work toward reporting how the Tobacco Settlement funds are being used within the COPH. At this time, the evaluators are unable to ascertain how these funds are allocated due to the co-mingling of resources within the COPH.

The Tobacco Prevention and Cessation Program works to improve the health of Arkansans through creation of new tobacco free policies and education and promotion programs. The **long-term goal** of TPCP is that *survey data will demonstrate a reduction in number of Arkansans who smoke and/or use tobacco.* The long-term goal **indicators** are as follows: 1) *by June 30, 2014, 90 percent of homes and cars will be smoke-free;* 2) *by June 30, 2014, decrease the smoking prevalence of youth from 18.2 percent to 17 percent;* 3) *by June 30, 2014 decrease the smoking prevalence of adults to 26 percent;* 4) *by June 30, 2014, reduce the smoking prevalence of racial/ethnic minorities from 25.1 percent to 24 percent;* 5) *by June 30, 2014, reduce the adult male smokeless prevalence rate from 13 percent to 12 percent;* 6) *decrease high school smokeless prevalence rate from 11.6 percent to 10.6 percent by June 2014;* 7) *by June 30, 2014, reduce the number of pregnant women who report tobacco use on the birth certificate from 13.7 percent in 2010 to 11.7 percent in 2014.*

The **short-term goal** for TPCP is that *communities shall establish local tobacco prevention initiatives.* The **indicators** that go along with that goal include: 1) *by June 30, 2014, all medical facilities including psychiatric hospitals as outlined in Act 975 will ban smoking tobacco;* 2) *by June 30, 2014 two communities will pass smoke-free local ordinances more restrictive than Act 8;* 3)

by June 30, 2014, the number of school districts implementing comprehensive evidence-based interventions recommended by the CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, including policies and curriculum, will increase to ten percent of all school districts; 4) by June 30, 2014, 15 Coordinated School Health (CSH) schools (currently funded by TPCP) will report having comprehensive school tobacco policy; 5) by June 2014, all remaining private colleges and universities will have adopted a 100 percent tobacco free policy; 6) by 2014, ten percent of the private and charter schools will implement comprehensive evidence-based interventions recommended by the CDC's Guidelines for School health Programs to Prevent Tobacco Use and Addiction, including policies and curriculum; and 7) by June 2014, six employers representative of large and medium sized businesses (excluding hospitals and medical clinics) will adopt a tobacco-free worksite policy.

Progress and Highlights

Efforts have led to 13 new policy changes, an updated Oxygen Project Toolkit that is available for free to colleges, and counter-advertising that focuses on youth tobacco use prevention. The policy changes affect indicators reflecting the short-term goal of TPCP, while the toolkit may assist the short-term goal indicator concerning tobacco-free policies at private colleges and universities. This quarter alone, TPCP developed a tobacco and smoke free farmer's market policy, which relates to the short-term goal indicator of increasing the large and medium sized businesses that adopt tobacco-free worksite policies. TPCP and Arkansas Community Corrections drug court program and the probation and parole program averaged 3,551 participants, and 63 new enrollees were enrolled into the treatment program. Sixty-three people completed the Dimensions program with nine people remaining tobacco-free after three months. These rates are related to the long-term goal indicator of decreasing the smoking prevalence of adults.

Challenges and Recommendations

Some of the biggest challenges for the program are unregulated products, such as electronic nicotine delivery systems, and confusion about what cessation services are covered by the Affordable Care Act. We recommend that grantees through TPCP be evaluated to see if it would be more cost-effective to have fewer grantees at high dollar amounts. Other ways to save funds include using existing media materials when use of media is necessary. Like many of the other programs, TPCP is in the process of updating their goal indicators. Many of the current indicators are outdated, and thus it is no longer possible to measure them.

UAMS East (formerly AHEC) provides health care outreach services to underserved residents in seven counties in the Arkansas Delta. Over time, this program has become a full service health education center that focuses on providing health services, health promotion and disease prevention. UAMS East partners with more than one hundred agencies to address its overall goal to recruit and retain health care professionals and to provide community based health care and education to improve the health of the Delta's population.

A **short-term goal** for UAMS East is to *increase the number of communities and clients served*. This goal serves as a stepping-stone to the **long-term goal** of *increasing access to primary care providers in underserved communities*. The **indicators** related to these goals include: *maintain the number of clients served by UAMS East programs and services; increase the percentage of veterans in Phillips County who have a regular health care provider; increase or maintain the number of clients in Chicot and Phillips counties receiving prescription assistance; increase or maintain the number of clients receiving health screenings, referrals to primary care physicians, and education on chronic disease prevention and management; 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; increase the number of patients in the ADA diabetes clinic; decrease the*

percent of adults in Phillips County who are obese; maintain the number of students participating in UAMS East pre-health professions recruitment activities by the end of June 2014; and maintain a robust health education promotion and prevention program for area youth.

Progress and Highlights

UAMS East worked toward the achievement of its long and short-term goals by providing 32,750 client encounters during the past reporting period. These encounters encompassed a variety of services and resources that were delivered in numerous communities. The long-term goal indicators for increasing access to a primary care provider in underserved communities were addressed by the Veterans Affairs Community Based Outpatient Clinic, which provided assistance to 898 patients this quarter. Prescription assistance was provided through 105 client encounters. Diabetes education was provided to 15 clients during this time period. Progress towards the health screenings indicator was accomplished by UAMS East providing 60 free sickle cell trait screenings and 608 free cholesterol, blood pressure, blood sugar, BMI, and waist circumference screenings, as well as by providing 40 U of A employees with free health screenings.

Challenges and Recommendations

In order to more accurately highlight the efforts of UAMS East, more specific information, such as age, race, and response to each program by participants would be helpful to determine the outreach of the program. Additionally, having this information may enable UAMS East to work collaboratively with other programs that share similar goals, such as MHI. The program director states that reduced funding has resulted in limited staffing which impairs the ability to serve the community fully. Positions are unfilled and programs cannot be conducted because of this constraint.

Summary

As reported to the UCA evaluation team, program directors have pointed out some key accomplishments, concerns, and suggestions for each program. Many of the programs expressed concern that the current template used to gather evaluation data did not collect relevant information and that the indicators used to measure program progress were outdated or no longer appropriate. This is an area that UCA ATSC evaluators would like to pursue with the commission.

V. Next Steps

The UCA ATSC evaluation team encourages the Arkansas Tobacco Settlement Commission to review the summary and narrative of each program's activities. Feedback on the structure of the report, the reported data and the alignment of the programs' goals and objectives with those contained in the original Act are solicited.

Executive Summaries

(Two-Page Narratives of Each Program)

Arkansas Aging Initiative (AAI)

Program Description: The Arkansas Aging Initiative (AAI) is an infrastructure of nine 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: an infrastructure that provides quality interdisciplinary clinical care and innovative education programs; and to influence health policy at the state and national levels with emphasis on care of rural older adults.

Progress and Highlights: Over the past decade, the AAI has been able to make health care and education more accessible for older, rural Arkansans. Only one decade ago, specialized geriatric care was only available to older adults in central and northwest Arkansas. Now with the network of Centers and the AAI partnerships with local/regional hospitals, eight additional senior health clinics provide this critical health care all across Arkansas. Today, more than 96% of older Arkansans have access to specialized geriatric health care within a 60-mile radius of their home. The educational component the Centers address has been critical in meeting the overall goals of the AAI. An initial community needs assessment was completed in each region, which provided valuable information regarding perceived health care needs of older adults and their families and the health care professionals that care for them. Programs and interventions to meet these needs were developed and have been ongoing now for more than 12 years. Based on data from FY 2014, there were over 32,500 visits to AAI partnered hospitals senior health clinics and the education program had almost 60,000 encounters; both of these numbers have stabilized over the past few years with the clinic visits maxing out their numbers due to staffing limitations and educational encounters maxing out due to reductions in AAI funding.

Key Accomplishments

This Reporting Period

AAI central with representatives leadership staff started its annual evaluation site visits to each Center on Aging

AAI began conversations from the AR Department of Health to distribute Flu and TDap Vaccines this fall

Key Accomplishments this Reporting Period: The AAI leadership team started its annual evaluation site visits to each of the Centers on Aging around the state. Each Center presents their outcomes for the previous year based on their strategic plan. All the Centers visited this quarter have been doing very well with their programs and outcomes. The Regional Advisory Committee members have also been active this quarter and have been assisting the Centers on Aging Personnel in planning and implementing local and regional health fairs that have started for this fall. The largest fairs require extensive space and other resources which Community Advisory members are very instrumental in locating and securing. The most important function that the Regional Advisory Committees perform is that of advocacy. The advisory committee members are inviting groups of individuals to the Centers on Aging for tours and informational programs to acquaint more people with the wide arrange of programs and services available

to seniors. Committee members are also joining other community and civic organizations in order to educate the civic and governmental leaders about the role and mission of the Arkansas Aging Initiative.

Challenges and Opportunities: The biggest challenge this quarter was the closing of Crittenden Regional Hospital. Our Delta Center on Aging was in a space owned by them, as was the Delta Senior Health Clinic. Our Center on Aging was given only a few days to vacate the premises upon notification of the impending bankruptcy. Our Schmieding Home Caregiving Program had already moved earlier in the summer due to the inability of the hospital to repair the heating and air in our leased space. The Delta Center on Aging is currently continuing programs at senior centers, churches, and the Girls and Boys Club as well as our other partners.

Developing realistic regional and statewide strategic plans and operational budgets with unknown and perhaps reduced funds, is an ongoing challenge. However, staff members at the various regions are resourceful and have been successful in identifying funding sources including small grants, contracts, and donations to ease the financial burden. We are continually seeking ways to work smarter and use our dollars more wisely.

Plans for the Next Reporting Period: AAI leadership is examining the alternatives for the Delta Center on Aging. AAI sites will continue to provide educational programs as scheduled in each regional Center and the Senior Health Clinics will continue to see patients. AAI leadership will finish their annual evaluation site visits to each Regional Center on Aging. Each Center will report on their activities and accomplishments during FY 2014 as they showcase their programs and special events. With the two new Certified Dementia trainers, this program will expand throughout the state beginning this October with the training of the other Education Directors and other area professionals. This training is being done in collaboration with the Arkansas Geriatric Education Center, an HRSA-funded program that has supplemental funds to do Alzheimer's training.

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, and the University of Arkansas-Division of Agriculture, the University of Arkansas, Fayetteville, and the University of Arkansas for Medical Sciences. ABI supports long-term agricultural and biomedical research at its five member institutions and focuses on fostering collaborative research that connects investigators from various disciplines across institutions. ABI uses this operational approach to directly address the goals as outlined in the Tobacco Settlement Proceeds Act, which is to conduct: 1-**Agricultural research** with medical implications; 2-**Bioengineering research** that expands genetic knowledge and creates new potential applications in the agricultural-medical fields; 3-**Tobacco-related research** that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas; 4- **Nutritional and other research** that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions; and 5-**Other areas of developing research** that are related to complementary to primary ABI-supported programs.

Progress and Highlights: The five ABI member institutions in August reported annual performance metrics for the past fiscal year. In addition to the number and expansion of ABI-supported research projects, we also track five performance metrics used to assess ABI research activities.

- Extramural funding increased slightly over the previous year. ABI-supported researchers received \$38.2 million in grant funding from agencies including the National Science Foundation, the National Institutes of Health, the US Department of Agriculture, and from foundations including the American Heart Association. For FY14, ABI-supported researchers received \$3.51 in extramural funding for every \$1 in ABI funding.
- Patent activity increased in FY14. ABI-supported researchers filed for 18 US patents. Additionally, researchers were awarded 1 patent and 14 provisional patents. Overall patent activity was higher this year when compared to FY13, but the number of awarded patents was down from the previous year.
- Extramural funding along with ABI funding is used for research support personnel such as animal care technicians, postdoctoral research fellows, and information technologists. ABI member institutions reported that combined extramural and ABI funding was used for 339 full-time equivalent (FTE) jobs in Arkansas in FY14.

Key Accomplishments

This Reporting Period

ABI outside funding increased for FY14. ABI-supported researchers brought in more than \$38 million for the year.

Patent activity reported for FY14 shows a record 33 patent filings, patents, or provisional patents for ABI-supported researchers.

- ABI research results are published peer-reviewed medical and scientific journals. For FY14, ABI-supported researchers published 475 books, book chapters, and journal articles in both national and international journals. Since FY03, ABI researchers have published more than 4,300 articles, books, and book chapters.
- The five ABI institutions continue to recruit experienced research scientists to Arkansas. Since inception, more than 130 researchers have been recruited, further expanding the state's research infrastructure. For FY14, ABI funding was used to help recruit twelve researchers to ABI institutions, covering research areas such as oncology, obesity, asthma, birth injury, and cardiopulmonary diseases.

Key Accomplishments this Reporting Period: The five ABI member institutions awarded their research funding in this quarter. More than 110 research projects were chosen to be funded for FY15. The projects include research in diverse areas such as breast cancer tissue imaging, bioinformatics, oral vaccines, obesity prevention, and prevention of radiation toxicity in cancer patients.

ABI member institutions reported their extramural funding totals for FY14, which increased slightly over FY13. ABI-supported researchers brought in \$38.2 million in ABI-related extramural funding from the US Department of Agriculture, NASA, the National Science Foundation, and other agencies and foundations.

ABI member institutions also reported their patent activity for FY14. Both FY13 and FY14 were record-breaking years for patent activity by ABI-supported researchers. For FY14, there were 32 patent filings and provisional patents awarded, and one patent award. Areas of research included agriculture, immunology, and oncology.

Challenges and Opportunities: After two previous years of declines, ABI-related extramural funding from sources such as the National Institutes of Health, the National Science Foundation, and the US Department of Agriculture increased slightly in FY14. Because ABI agricultural and biomedical research is long-term, most researchers rely on more than one source of funding for ongoing projects. Federal funding cuts create a number of challenges to Arkansas research, including a reduction in technical support personnel.

Plans for the Next Reporting Period: ABI researchers will attend the upcoming ABI Fall Research Symposium on the Arkansas State University campus in October. The symposium brings together ABI-supported researchers from different research concentrations from the five member institutions, with the goal of fostering more collaborative agricultural and biomedical research projects in Arkansas.

Arkansas Minority Health Initiative (MHI)

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

Progress and Highlights: MHI collaborated with community partners in identifying critical deficiencies that negatively impact the health of the minority populations with a focus on education, prevention and screenings. MHI through collaborations and partnerships provided **5,979** health screenings and documented **8,982** citizen encounters in **15** counties and **3** statewide initiatives representing all four congressional districts. The events targeted individuals who reside in the following counties: Saline, Pulaski, Garland, Chicot, Jefferson, Phillips, Union, Bradley, Desha, Lincoln, Lonoke, Miller, Washington, Benton and White.

Diabetes Initiative: According to the Center for Disease Control and Prevention an analysis of diabetes data over a ten-year span (1999 – 2009) revealed that the death rate from diabetes in Arkansas is higher than the United States. Diabetes is the sixth leading cause of death in Arkansas and African-American men and women have higher death rate than white men and women. MHI will focus on diabetes prevention, education and screenings through outreach initiatives. Seven hundred and sixty-two people were screened for diabetes this quarter. Fifty-four or 7% of the individuals screened received abnormal test results and were advised to follow up with their Primary Care Physician (PCP). Individuals who did not have a PCP were given a list of income-based clinics to contact for follow up services. MHI collaborated with American Heart Association, McGehee Memorial Hospital, Arkansas Department of Health and Arkansas Cancer Coalition for the “know Your A1C” community health event in McGehee, AR (Desha County) on September 20, 2014. The event targeted individuals who reside in Desha County and focused on physical activity, healthy eating and screenings. Over twenty agencies provided health education information and preventive screenings. **Tobacco Education and Outreach** – How Smoking Affects Your Health fact sheet by the National Cancer Institute was distributed to over 1,500 people who received health information packets. Three of the outreach initiatives provided CO Breathing screenings to 159 attendees. The test measures the level of carbon in a person's lungs to detect dangerous levels of nicotine. MHI also partnered with the Coalition for Tobacco Free Arkansas for the 12th Annual Striking out Tobacco Conference that focused on tobacco prevention, education and cessation with public health and grassroots advocates. The Coalition presented an award to a representative of CVS Pharmacy for their commitment to no longer sell tobacco products as of October 2014.

Key Accomplishments This Reporting Period

- Participated in over 30 initiatives with faith-based, state, and community organizations.
- 5,979 health screenings provided.
- 8,982 citizen encounters

Key Accomplishments this Reporting Period:

Outreach & Education: Community based health promotion such as health fairs, public forums and community events were utilized to increase health awareness and provide preventive screenings for high blood pressure, diabetes, cholesterol, HIV/AIDS, prostate and other diseases that disproportionately impact minorities. **Sponsorships/partnership/collaterals** (36) with grassroots, faith based, community, non-profit, and government agencies were utilized as an intervention strategy in engaging the community. **Ask The Doctor Radio Talk Show** (2) provided health information on prescription drug abuse and women's health issues. Thirty-one (31) listeners called in during the 60-minute talk show. **Media Outreach** (18) – Print and social media focused on diabetes, obesity and sickle cell disease. **Community Meetings** (6) – were held to provide updates on health insurance options and to educate Arkansans on how to move from coverage to care. They also received health tips cards on diabetes, cholesterol, high blood pressure and physical activity. Citizen Encounters for the 6 events totaled 2,892.

Pilot Projects:

Camp iRock: Camp iRock is a seven day residential fitness and nutrition camp for girls in grades 6th through 8th with a Body Mass Index (BMI) at least in the 85 percentile. During the week of August 10th thru August 16, 2014, MHI kicked off its fourth year of Camp iRock at Ferncliff Camp and Conference Center. The week began with an opening ceremony and continued with 70 minutes of nutrition education, 140 minutes of physical activity and 115 minutes of guest speakers addressing self-confidence and team building daily and concluded with a closing ceremony. Thirty –five (35) campers and 5 mentors completed the entire week and will attend quarterly follow up meetings at Arkansas Children's Hospital in November, February and May. The follow up meetings will consist of height, weight and blood pressure assessments, completion of program survey, and a guest speaker addressing one or more of the four goal areas: self-confidence, healthy eating behaviors, nutrition knowledge and physical activity.

The Southern Ain't Fried Sundays (SAFS) Program - The Southern Ain't Fried Sundays Program is a program of the Arkansas Minority Health Commission uniquely designed to educate African American and Hispanic churches, communities and organizations about healthier alternatives to preparing and cooking traditional style meals. It is also a creative mechanism to help in the reduction of heart disease, stroke, diabetes and obesity. A new component of the SAFS program is the 21-Day Meal Replacement Plan designed to gradually introduce individuals to healthier food alternatives. To date we have had 59 participants to successfully complete the 21-Meal Replacement Program.

Challenges and Opportunities: MHI will continue to provide health education and preventive screenings, however, a long term goal of reduced death/disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans does not appear to be a reachable goal for MHI to accomplish alone with a disease that is the number one cause of death among men and women.

Plans for the Next Reporting Period:

1. Partnership with Arkansas Department of Health Mass Flu Clinic.
2. Performance based sponsorships for events scheduled January 1, 2015 – June 15, 2015
3. Diabetes Initiative for counties with high incidence or mortality rate

Fay W. Boozman College of Public Health (COPH) University of Arkansas for Medical Sciences

Program Description: The Fay W. Boozman College of Public Health (COPH) educates a public health workforce and advances the health of the public by investigating the causes, treatments and prevention of human health problems. Preventing chronic disease and promoting positive health behavior is the most effective way to improve the health of all people. Our mission of improving the health of all Arkansans is realized through teaching and research, as well as service to elected officials, agencies, organizations and communities. Examples of the complex health issues addressed include improving the multiple dimensions of access to health care; reducing the preventable causes of chronic disease; controlling infectious diseases; reducing environmental hazards, violence, substance abuse, and injury; and promoting preparedness for health issues resulting from terrorist acts, natural disasters, and newly emerging infectious diseases. A long-term goal for the COPH, as noted in the Tobacco Settlement Proceeds Act, is to elevate the overall ranking of the health status of Arkansans. The COPH is working towards this goal through an array of education, research and service programs, while realizing that a multipronged, collaborative approach is required. Thus, the COPH is committed to partnerships and collaborations with health organizations, health care providers and public health practitioners throughout Arkansas.

Progress and Highlights: *Short-term goal: Obtain federal and philanthropic funding.* Last year, the COPH established an advisory board to direct its development efforts to assist in raising philanthropic funds to supplement current philanthropic funding that comes from foundations. The COPH's first director of development started in August; she is responsible for overseeing COPH philanthropic fundraising and marketing for the College. As a significant step towards a comprehensive strategic plan for development she facilitated a very productive mini-retreat this fall on core messaging for COPH, which was attended by COPH administrative leaders and faculty across departments.

COPH revenues from grants and contracts in the past two years have declined significantly due to reductions in federal funding, which affected all of UAMS significantly, and the ending of several large projects. In fiscal year 2011, COPH's extramural funding from grants and contracts totaled \$8,618,156. In fiscal year 2014, COPH's extramural funding totaled \$5,522,310.

However, our faculty continues to aggressively pursue opportunities for funding to support their research that in turn will lead to health improvements in Arkansas and beyond. In the first quarter of FY2015, three new research projects and contracts were awarded funding. Combined total funding for the three projects totals is more than \$5 million. These new projects address important public health issues in

Key Accomplishments

This Reporting Period

- New Biostatistics faculty member hired
- Initial activities in strategic plan for development
- Start-up of Arkansas Prevention Research Center
- \$5 million in extramural funding.

Arkansas and the nation – oral health, hypertension, and drug testing to ensure their safety before reaching market. These new projects are among 36 ongoing projects of COPH faculty that address a broad range of public health issues that include: air pollution, food worker safety, HIV prevention, breast cancer screenings, Arkansas' trauma system, cancer surveillance, obesity, and stroke.

The Arkansas Prevention Research Center (ARPRC) began its new, five-year funding period in late September with a total award of \$3.75 million. The aim of the project is to develop a model for increasing the control of hypertension in a rural population. The project will be located in southeast Arkansas and will engage stakeholders from the community and partners at the Arkansas Department of Health. The project has the potential for developing a new and more effective approach for identifying and controlling untreated hypertension that can be applied across the state and nationally.

To fill a vacancy, the Department of Biostatistics in the past quarter recruited a highly qualified candidate, who joined the COPH in September.

Long-term goal: Elevate the overall ranking of the health status of Arkansas. This requires that Arkansas has a trained public health workforce, a key objective of the COPH's mission. The College continues to fulfill its educational mission through its more than 20 programs on the certificate, master and doctoral levels. The College produced seven new graduates at the conclusion of the 2014 summer semester. Three were African-American; two earned a master's in public health degree, and the other earned a doctoral degree in public health leadership.

Current student enrollment is 237. These students include 33 in doctoral degree programs, 45 in combined degree programs, 114 in master's degree programs, 22 in certificate programs, and 23 undeclared. Current students represent 29 of the state's 75 counties. The student body is diverse – 124 (52%) white, 60 (25%) black, 20 (8%) Asian, nine (4%) Hispanic, one American Indian/Alaska Native, three identifying as two or more races, and the remaining 20 (8%) of unknown race/ethnicity.

Students' preceptorships continue to demonstrate their interest and capability in addressing important public health issues. This summer, 100 percent of 20 student preceptorships had a primary focus that potentially will improve the health and wellbeing of Arkansans. These preceptorships focused on a wide range of topics related to public health, including: health literacy; breast cancer screenings; employee and student wellness; statewide health disparities; and hepatitis C and sexually transmitted disease surveillance.

The Department of Environmental and Occupational Health continues its efforts to establish a Master of Science degree program in Regulatory Science by fall 2015 and an online version of the program by 2016.

Key Accomplishments this Reporting Period: In September, COPH responded to the report by the Council on Education for Public Health (CEPH) accreditation site visit team and awaited the decision of the CEPH Board of Councilors. Other accomplishments: start-up of next funding period of the ARPRC; \$2 million awarded in extramural funding; COPH mini-retreat on marketing.

Challenges and Opportunities: Declining revenues from federal, state, and foundation sources have impacted the College, as has been the case for other programs and schools of public health nationally. Our College will continue to aggressively seek extramural and philanthropic funding.

Plans for the Next Reporting Period: Strategic planning in the area of philanthropic fundraising for endowed faculty chairs/professorships and student scholarships within the College and in collaboration with UAMS Institutional Advancement.

Medicaid Expansion Program (MEP)

Program Description: The Medicaid Expansion Program creates a separate and distinct component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding healthcare coverage and benefits to targeted populations as established by Initiated Act 1 of 2000.

Population 1: Expands Medicaid coverage and benefits to pregnant women with incomes ranging from 133 – 200% of the Federal Poverty Level

Population 2: Expands inpatient and outpatient hospital reimbursements and benefits to adults age 19-64

Population 3: Expands Non-Institutional coverage and benefits to seniors age 65 and over

Population 4: Expands to provide a limited benefits package to low-income employed adults age 19-64

The Tobacco Settlement funds are used to pay the state share required to leverage approximately 70% federal Medicaid matching funds.

Progress and Highlights: Program activity this quarter is best described as stable in the Pregnant Women, ARSeniors and Hospital Benefit Coverage initiatives. Enrollment in the ARHealthNetworks Program was discontinued on 12/31/13. Total claims paid for the MEP populations this quarter were just over \$5.2 Million.

The Department has discontinued all marketing and outreach activities for ARHealthNetworks. These adults are eligible to apply for health care coverage through the Federally Facilitated Marketplace as part of the Affordable Care Act (ACA) passed by Congress and the Arkansas Health Care Independence Act/Private Option passed by the 89th General Assembly.

Key Accomplishments this Reporting Period: The most significant accomplishment this quarter was the continued enrollment of low-income adults into the Health Care Independence Program/Private Option. Since the Tobacco Settlement – Medicaid Expansion Program (TS-MEP) initiatives also serve low-income adults, it is no surprise that the passage of the ACA and the state’s Private Option will have a significant impact on these TS-MEP populations. In fact, these adults will become a subset of a larger group to be covered by the health care reform efforts at the state and national levels. During this quarter, activities have focused on enhancing the new Eligibility and Enrollment System and preparing for the second Open Enrollment Period.

Challenges and Opportunities: The future of the program is filled with both opportunities and challenges as we continue to build new information systems and re-engineer our eligibility manuals,

Key Accomplishments This Reporting Period

- Leveraged \$2.9 Million in Federal Medicaid matching funds.
- ARSeniors Program has provided expanded Medicaid coverage to 5,596 seniors since inception.
- Pregnant Women’s Expansion provides prenatal care to an average of 1,100 women per month

operating procedures and business workflows. More specific to the TS-MEP, the agency needs to re-think the performance measurements for this program. Up until now, performance has been measured by growth in the number of eligibles and paid claims. As we move forward, individuals should transition out of the TS-MEP to the new coverage groups. Instead of measuring performance against a baseline, it may be more meaningful to track the progress of our systems development, eligibility group transition plans and actual migration from TS-MEP to federally funded services provided either through the Private Option or the federal marketplace.

Plans for the Next Reporting Period: Activities for the next quarter will focus on enhancing the functionality of the computer systems to support the eligibility and enrollment processes for the ACA at the state and federal levels. Since the vast majority of persons served through the Tobacco Settlement funded MEP initiatives will convert to coverage under the ACA and Arkansas Private Option models, it is imperative that the computer systems that support these exchanges or “marketplaces” be fully developed and very stable as we move forward.

Tobacco Prevention and Cessation Program (TPCP)

Program Description: The Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program (TPCP) includes community and school education prevention programs, enforcement of youth tobacco control laws, tobacco cessation programs, health communications, and awareness campaigns. The TPCP also sponsors statewide tobacco control programs that involve youth to increase local coalition activities, tobacco-related disease prevention programs, minority initiatives and monitoring, and evaluation. TPCP follows the Centers for Disease Control and Prevention (CDC) *Best Practices for Tobacco Control 2014* as a guide for program development. Outcomes achieved by Arkansas's TPCP includes a reduction in disease, disability, and death related to tobacco use by preventing initial use of tobacco by young people, promoting quitting, eliminating exposure to secondhand smoke, and educating Arkansans about the deleterious health effects of tobacco use.

Progress and Highlights: Grassroots efforts produced 13 new tobacco and nicotine related policies.

SOS earned eight "Excellence in Public Health Communications" awards from the National Public Health Information Coalition. Additionally, SOS was recognized by the Arkansas Chapter of the Public Relations Society of America PRISM Awards, which recognizes exceptional public relations programs and skills from state companies and organizations. SOS earned a total of three awards and was a finalist for three additional awards.

An updated Oxygen Project Toolkit is now available as a free resource to colleges about the importance of tobacco and nicotine-free campuses. Additionally, it serves as a reminder of the 2009 Clean Air on Campus Act.

The North Arkansas College sub-grantee conducted a webinar "Creating and Enforcing Tobacco-Free Environments at Colleges and Universities" hosted by The Association of State and Territorial Health Officials and The National Association of County and City Health Officials, 150 individuals participated.

Key Accomplishments this Reporting Period: FY15 media buy and placement include cessation, counter-marketing, with a higher focus on youth prevention. This media buy included digital media such as Pandora smokeless tobacco messaging. The media campaign for the first quarter gained a total of 980 Gross Rating Points (GRPs) on broadcast television and 7,200 GRPs for cable television.

Arkansas Times blogs Eat Arkansas and Rock Candy began advertising SOS the last week of September directing visitors to the Arkansas Tobacco Quitline. The ads will last until the first week of January. During this time, the Arkansas Times will not concurrently run any pro tobacco related messages. The first of ads on the blogs saw a total of 15,263 impressions and 53 ad clicks to the SOS website.

Key Accomplishments

This Reporting Period

- SOS earned eleven awards
- The City of Huntsville and White Hall passed tobacco-free policies for city owned property
- The Quorum Court of IZARD County passed a county ordinance prohibiting the use of tobacco on all property owned, leased, or maintained by the IZARD County Fairground Association
- Presented in a national webinar, "Where's the Justice? Tobacco Use and the Incarcerated"

Additionally, an article was placed in the 40th Edition of the Arkansas Times on the history of tobacco control in Arkansas.

In partnership with the Arkansas Coalition for Obesity Prevention and Growing Healthy Communities, TPCP developed a tobacco and smoke free farmer's market policy.

Craighead County Youth Leadership Board interviewed nationally renowned scientist Dr. Victor DeNoble regarding his past research on nicotine addiction. The interview will be posted on social media and on Channel One, morning news broadcast aired daily in classrooms throughout Craighead County School District. Additionally, two Arkansans' participated in the National Counter Tobacco Photo Contest and received awards for fan favorite and honorable mention.

TPCP conducted a vape shop sweep, reporting 68 total shops, 55 of which are located near a kid friendly area, and 17 of 75 counties reported at least one shop.

TPCP's partnership with Arkansas Community Corrections drug court program and the probation and parole program averaged 3,551 education participants and on average 63 new enrollees were enrolled into the treatment program. Additionally, 63 people completed the Dimensions program with nine people remaining tobacco-free after three months.

Challenges and Opportunities: Electronic Nicotine Delivery Systems remain one of TPCP's biggest challenges as they are unregulated products that are exuberantly advertised with focus on renormalizing indoor smoking and flavoring that is appealing to youth. 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.

Plans for the Next Reporting Period: Develop a comprehensive evaluation to determine return-on-investment of TPCP efforts. Develop a Health Communications Guide to assist TPCP grantees with consistent and timely media messages over a variety of media mediums. Publish request for applications for the Project Prevent Youth Coalition, Arkansas Tobacco Control Coalition, and community grants. Increase nicotine replacement therapy availability to tobacco users through the Arkansas Tobacco Quitline. Update data deck. Conduct the Arkansas Adult Tobacco Survey. Publish TPCP Progress Report for FY12-FY13. Collaborate with Oral Health to address tobacco use in Arkansas, especially smokeless tobacco use among youth. Launch SOS Project Prevent and Stamp Out Smoking websites. My Reason to Write Essay Project and the Big Pitch Film Festival youth projects will be announced in the coming months. The Sweet Lies, Bitter Truth counter-marketing video aimed at educating communities, specifically those working directly with youth is in development and should go live in the next couple of months. Plans are also underway for Great American Smokeout and creation of an e-cigarette focused media campaign, and a movie theater buy in December.

UAMS East (Delta AHEC)

Program Description: University of Arkansas Medical Sciences East (UAMS East) provides health care outreach services to seven counties including St. Francis, Lee, Phillips, Chicot, Desha, Monroe, and Crittenden counties. UAMS East, formerly known as the Delta Area Health Education Center (AHEC) started in 1990 with the purpose of providing health education to underserved populations in the Arkansas Delta region. The counties and populations served by UAMS East are some of the unhealthiest in the state with limited access to health care services being one of the challenges. As a result of limited access and health challenges, UAMS East has become a full service health education center, focusing on wellness and prevention for this region. The program has steadily shown an increase in encounters with the resident population and positive impact of the programs offered. Programs to address local health needs of residents are being implemented in partnership with more than 100 different agencies. The overall mission is to improve the health of the Delta's population. Goals include increasing the number of communities and clients served and increasing access to a primary care provider in underserved counties.

Progress and Highlights: UAMS East strives to meet or exceed its short-term goal of maintaining/increasing the number of communities and clients served throughout the seven county service area. This quarter's encounters totaled 32,750.

UAMS East continuously works towards its long-term goal of increasing access to primary care through our VA-CBOC Clinic, Diabetes Education Clinic and continued collaboration with the Federally Qualified Health Clinics in the service area. UAMS East continues to provide Rx Assistance to clients as well as emergency medicine.

The Veterans Affairs Community Based Outpatient Clinic provided assistance to 898 patients this quarter and currently has 903 active members.

Prescription Assistance was provided to 105 encounters this quarter. This includes both Chicot County and Phillips County programs.

UAMS East provided Group Diabetes Education to 15 new clients this quarter. This program provides weekly education sessions as well as monitoring of A1C levels.

UAMS East provided free sickle cell trait screenings to 60 individuals and free cholesterol, blood pressure and blood sugar, BMI and Waist Circumference screenings to 608 encounters this quarter. UAMS East database outcomes indicate that of the 608 screened there were abnormal results for the following: 102 abnormal blood pressures, 103 abnormal BMI, 116 abnormal cholesterols, 48 abnormal glucose and 25 abnormal waist circumferences. These clients were referred to a local physician for follow-up. UAMS East also provided free health screenings to 40 U of A employees as part of the UAMS/UA employee On-Life health and wellness screening profile. UAMS East in Lake Village partnered with Arkansas

Key Accomplishments This Reporting Period

- Health Education Programs were offered to 10,003 youths.
- UAMS East provided CPR, First Aid, and AED training to 115 encounters.
- UAMS East provided 2,747 youth with weekly tobacco free messages via its Kids for Health Program.

Minority Health Commission to host a Diabetes Community Health Event. Free screenings including flu shots and education on healthy eating were provided to the 36 encounters. UAMS East in Lake Village also provided worksite wellness to Superior Uniform Group in Eudora as well as to the faculty and staff at McGehee Elementary School.

UAMS East continues to address the obesity epidemic by providing weight reduction, nutrition education and exercise programs for both adults and children.

UAMS Fitness Center encounters this past quarter are 7,216. UAMS East also provides various exercise classes throughout our communities, including Zumba, Tai-Chi, Peppi, Yoga and other organized exercise programs. In this quarter 6,783 adults participated in exercise programs and 2,252 youth participated in exercise programs throughout our seven county service area. UAMS East in Lake Village also provides fitness classes to over 1,000 patrons per month.

UAMS East began teaching its Kids for Health program for K-6th grade students. This weekly interactive health education program is being taught at 8 elementary schools in the service area. Kids for Health instruction was provided to 2,747 encounters.

UAMS East held its Monthly Safety Baby Shower for 42 women this quarter. Women receive general safety information and parenting tips. Also, all women who attend the shower receive a free car seat that is installed correctly by a certified technician. UAMS East in Lake Village partnered with Chicot County Birthing Project to facilitate its 3rd Annual Footsteps to Freedom Project. The mission is to replicate and sustain the Birthing Project models of education, support and access to care and services for at risk women and families. More than 60 attended the event.

Key Accomplishments this Reporting Period:

UAMS East began providing free Integrative Health Coaching through the Duke Integrative Medicine Program. Tammy Kellibrew, Pharm D provided weekly health coaching sessions to 15 participants. Through this proactive working relationship participants will work towards various goals, improve their performance and enhance their quality of life.

UAMS East in collaboration with Arkansas Hunger Relief Alliance and the U of A, Division of Agriculture held its first Cooking Matters Grocery Store Tour Event in Helena. UAMS East staff along with other volunteers provided the onsite training for the 400 people that attended the event. Each participant completed the Grocery Store Tour where they were educated on the importance of eating fruits, vegetables, milk, grains and proteins. Participants then completed surveys and paperwork to receive a \$10.00 gift certificate to the local grocery store.

Challenges and Opportunities: One of UAMS East staff members attended a week-long training in the LEAN LEADER Training Method for Healthcare. Also, another staff member attended a 12-hour tobacco free training sponsored by St. Vincent's. UAMS East encourages staff to attend continuing education programs when appropriate. Many of these trainings are free and are offered by UAMS.

Reductions in funding through the Arkansas Tobacco Settlement and limited staff create challenges for UAMS East. Positions cannot be filled at this time due to funding limitations. This means programs cannot be conducted because the current staff is working to capacity.

Greater Delta Alliance for Health contacted UAMS East about providing assistance to employ a patient assistance counselor on site in Helena. This would greatly benefit patrons in the area by working with uninsured and underinsured patients to determine program eligibility, research best options, obtain proper paperwork and enroll patients in prescription assistance, insurance marketplace, and Medicare and Medicaid programs.

Plans for the Next Reporting Period:

1. Participate in the Worlds Aids Day Event to be held on December 1st.
2. “Day in the Life” a high school recruitment program will be held at UAMS East for local high schools and Club Scrub will begin for 3 junior high schools.
3. Breast Cancer Awareness and Education will be held at 4 different low-income housing authorities in the service area.
4. UAMS East Fitness Center will promote Breast Cancer Awareness and Education by encouraging fitness center members to walk/run on our “Pink” treadmill. The equipment company will donate 3 cents to Breast Cancer Research for every mile walked during the month of October.
5. Provide Project Alert, a substance abuse prevention curriculum at one elementary school.
6. UAMS East will begin a Tobacco Cessation program on site in Helena.

Future Plans:

UAMS East under the guidance of Vice Chancellor for Regional Programs, Dr. Mark Mengel, will be restructuring the mission of UAMS East. UAMS East will begin the process of creating and operating a **Rural Residency Rotation Training (RRT)** for family medicine physicians. The Family Medicine Clinic will provide a patient centered medical home for our patients where they will receive cutting edge medical care.

Detailed Quarterly Report Materials
(Reference/Back-up Material)

Arkansas Aging Institute

Table 1 AAI - Education Encounter Data

AAI Site 2nd Qtr FY 14	Health Professionals	In- services	Para Professionals	Community	Exercise	Students	Totals
Central				601			601
<i>Minorities</i>				427			427
SACOA	37		3	1913	350		2303
<i>Minorities</i>	3		2	592	65		662
DCOA		259		186	789		1234
<i>Minorities</i>		241		126	467		834
DCOA-Helena							0
<i>Minorities</i>							0
COA-NE	130	14	14	548		416	1122
<i>Minorities</i>	3	0	0	39		291	333
TRCOA	11	120	57	485			673
<i>Minorities</i>	8	120	55	255			438
Schmieding	476	3	484	562	104	2	1631
<i>Minorities</i>	65	0	70	45	0	0	180
SCSHE-Bella Vista	40	117		395			552
<i>Minorities</i>	0	12		1			13
SCSHE-Mtn. Home	2			249	1400		1651
<i>Minorities</i>	0			0	0		0
SCCOA	74	99	381	1693		157	2404
<i>Minorities</i>	30	75	288	621		64	1078

WCCOA	47	34	148	816	1738		2783
<i>Minorities</i>	9	2	42	143	344		540
Oaklawn				2451			2451
<i>Minorities</i>				148			148
Total Ed Encounters	817	646	1087	9899	4381	575	17405
Total Minority Encounters	118	450	457	2397	876	355	4653
Total Minority Encounters	0.267337						

Table 2 AAI Clinical Data

	NE- COA	OCO A	DCOA	SAC OA	SCC OA	WCC OA	TRC OA	Schmiedin g	Bella Vista	TOTA L
Sr.Health Clinic	1,75 0			859	692	571	2,403	1,318	257	7,850
Nursing Home				208	61	101		704		1,074
Inpt						289		126		415
Home				10	7	1		15		33
TOTALS	1,75 0	0	0	1,077	760	962	2,403	2,163	257	9,372

Table 3 AAI – Data for Clinical Services

	SACOA	Delta	COA-NE	SCCOA	WCCOA	RCOA - Wadley	TRCOA - CRISTUS	Schmieding	Schmieding Bella Vista	OCOA	Baxter County Fairlamb Clinic Opened 5-2012
APN FTE's	.2	0	1.8	1	1	.5	1.2	1	1	NA	1
MD FTE's	2.3	1	2.4	1	1	1.2	1.7	2.5	2.5	NA	0.1
# of nursing homes assisted to improve quality of care	6	3	1	2	2	0	2	2	2	NA	NA
COAs with nursing home practice: Has it implemented at least one standard of care for nursing home residents? (Yes/No)	yes	Yes	Yes	Yes	Yes	No	No	No	No	NA	NA
# of evidence-based guidelines in use at SHC's	4	6	*	4	1	1	1	1	2	NA	NA

*Clinicians use a subscription to a clinical decision-making tool entitled "Up-to-Date" for verifying evidence-based clinical decision-making tool.

Updated Annually – last update September 2014