

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

April - June 2015 Quarterly Report

Prepared by

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

Presented to

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Qualitative Report

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Overview

The purpose of this quarterly report is to review the progress from April through June 2015 for each of the seven programs funded through the Arkansas Tobacco Settlement Commission. Progress is shown through achievement of indicators that were created by the program directors in consultation with the evaluation team and approved by the commission. The quarterly evaluation report for April through June 2015 consists of four parts: an introduction, an explanation of the structure of the report, program progress and a conclusion. The section that covers program progress includes a narrative submitted by each program, the goal of the program, as well as a list of the long-term and short-term objectives and indicators. Completion of the indicators indicates progress toward the objectives and overall goal of the program. Some indicators may take more than one quarter, or even more than one year, to achieve, but all indicators assist in assessing progress of the overall goal of each program. Activities completed this reporting period that are related to the indicators are also included. The seven programs are as follows:

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

Arkansas Aging Initiative Program Narrative

Provided by: *Claudia Beverly, PhD, RN, Director & Robin McAtee, PhD, RN FACHE;*
Associate Director

Program Description: The purpose of the Arkansas Aging Initiative (AAI) is to address one of the most pressing policy issues facing this country: how to care for the burgeoning number of older adults in rural community settings. The overall goal is to improve the quality of life for older adults and their families, which is fulfilled through two primary missions: an infrastructure that provides quality interdisciplinary clinical care and innovative education programs.

Accomplishments Associated With Indicator

Activity: The AAI conducted its annual retreat in Little Rock. Representatives from all seven Centers on Aging and the Oklahoma Center on Aging were in attendance as well as several guests from the Arkansas Health Department, UAMS College of Nursing, Ed Powers - UCA Evaluator for the ATSC, Misty Murphey - Executive Director of the ATSC, and other key players interested in aging across Arkansas. The two-day retreat was facilitated by Dr. Heather Young and focused on the Culture of Health theme. In-depth discussions were focused on implementation and targeting older adults and how to ensure that the AAI strategic focus moves activities and programs forward in a manner that will empower older Arkansans to maintain healthier lifestyles and have improved health outcomes.

Opportunities: AAI saw a great opportunity at the retreat to capitalize on all the knowledge and experience to develop a renewed focus and to work toward improving the health indicators for the older adults of Arkansas.

Challenges: The biggest challenge this past quarter was the vacant positions in AAI. There are two education director positions open (El Dorado and Jonesboro) and two director positions open (Fort Smith and Jonesboro). Keeping programs moving forward during this transition is a challenge with such small staff numbers at remote locations.

Key Accomplishments This Reporting Period

AAI conducted its annual retreat in Little Rock where the Culture of Health theme was used to discuss the upcoming strategic plan for AAI. Two priority issues, culinary culture and activity, were identified as the most influential AR health indicators.

Plans for Next Reporting Period: AAI leadership will work on filling the vacant positions and work with the hospitals in Ft. Smith to assist maintaining geriatric clinical activities. AAI sites will continue to provide educational programs as scheduled in each regional center and the Senior Health Clinics will continue to see patients. AAI leadership will begin making the annual evaluation site visits to each center. Each site will present their annual report for FY2015, which will revolve around their accomplishments toward their strategic goals.

Arkansas Aging Initiative (AAI) Indicator Activity

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

Long-term Objective: Improve the health status and decrease death rates of elderly Arkansans as well as obtain federal and philanthropic grant funding.

- Indicator: Provide multiple exercise activities to maximize the number of exercise encounters for older adults throughout the state.
 - Activity: There were 1,604 total exercise encounters for the reporting period between April and June 2015. A total of 336 (20.9%) were minority encounters.
- Indicator: Implement at least two educational offerings for evidence-based disease management programs.
 - Activity: AAI reports over 13,700 educational encounters related to evidence-based disease management programs. These encounters involved health professionals, paraprofessionals, as well as other members of the community.
- Indicator: Increase the amount of external funding to support AAI programs by the end of FY2015.
 - Activity: AAI draws resources from a number of external grants and partnerships that supplement ATSC funding. These include existing awards from the Schmieding Foundation, the Oklahoma Healthy Aging Initiative, and new funding from the Reynolds Foundation.

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: There were 8,183 Senior Health Clinic encounters for the reporting period between April and June 2015. There were 9,691 total clinic encounters. This represents the maximum number of encounters possible given current partnership resources.
- 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: This indicator has not been met during this reporting period. The evaluation team would like the commission to keep in mind that AAI is struggling with funding cuts as well as a loss of space after the closing of the Crittenden Center, which has caused many programs to become understaffed. AAI continues to work to fill staffing vacancies as well as locate funding from other sources.
- Indicator: Provide education programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.
 - Activity: A total of 13,772 educational encounters were recorded between April and June 2015. Of these encounters, 3,476 (25.2%) involved healthcare professionals or paraprofessionals working with the aging population in the state. An additional 193 encounters involved students of the healthcare disciplines.
- Indicator: Provide educational opportunities for the community annually.
 - Activity: A total of 13,772 educational encounters were recorded between April and June 2015. Of these, 7,797 (56.6%) were community education encounters. Strategic planning for FY 2016 educational programs began at the annual AAI retreat between April and June 2015.

Arkansas Biosciences Institute Program Narrative

Provided by: *Robert McGehee Jr, Director of ABI & Leslie Humphries Program
Coordinator*

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

Key Accomplishments This Reporting Period

ABI-supported researchers reported outside funding totaling more than \$37 million for FY2015.

Nine US patents were awarded to ABI-supported researchers so far in FY2015.

Accomplishments Associated With Indicators Activity: ABI-supported researchers at the five member institutions reported on their recent patent activity. Patent filings and awards are key measurements of entrepreneurial activity and represent how research, discovery, and innovation move from the laboratory to the workplace. For FY2015, ABI-supported researchers reported another productive year in patent filings, provisional patents, and actual patent awards. Areas of

research ranged from protein expression to methods for treating Alzheimer's disease. There were 16 US patent filings and provisional patents related to ABI-supported research. There were nine US patent awards for FY2015, which included:

- A Separatome-Based Protein Expression and Purification Platform, Brune E, Beitle R, Ataa M, Bartlow P, and Henry R. US patent 8,927,231.
- Compositions and Methods of Enhancing Immune Responses to Elmeria, Hargis B, Bottje W, Kwon YM, Tellez G, et al. US patent 8,956,849.
- Anti-(+)-Methamphetamine Monoclonal Antibodies, Owens SM, Brown A, and Henry R. US patent 9,023,353.
- Vaccine and Methods to Reduce Campylobacter Infection, Hargis B, Kwon YM, et al. US patent 8,961,990.
- Trans, Trans Conjugated Linoleic Acid Composition and Use Thereof, Proctor A, Devareddy L, and Beitle R. US patent 8,809,560.
- Vaccine Vectors and Methods of Enhancing Immune Responses, Hargis B, Bottje W, et al. US patent 8,956,618.
- Peptoids and Methods for Treating Alzheimer's Disease, Servoss SL and Moss ME. US patent 8,809,275.
- Methods and Compositions Including Spore-forming Bacteria for Increasing the Health of Animals, Hargis B, Tellez G, et al. US patent 9,005,601.
- Compositions and Methods of Enhancing Immune Responses, Hargis B, Berghman B, Bottje W, Layton S. US patent 8,604,178.

Extramural (outside) research funding from agencies such as the US Department of Agriculture, the US Department of Defense, and the National Science Foundation is critical in expanding ongoing ABI research projects. In many cases, ABI-supported research investigators use their ABI funding to conduct preliminary research, to purchase laboratory supplies and equipment, and to develop outside funding proposals. Preliminary reports from June show that ABI-related extramural funding totaled approximately \$37.9 million for FY2015. This translates to about \$3.69 in outside funding for each ABI dollar for the year. Some of the larger research projects for FY2015 include:

- Dr. Alison Harrill, UAMS: Pharmaceutical Risk Assessment with funding from the Federal Drug Administration
- Dr. Jeanne Wei, UAMS: Aging Effects on Cardiovascular Homeostasis with funding from the National Institutes of Health
- Dr. Judy Weber, ARCHI: Obesity Prevention with funding from the US Department of Agriculture
- Dr. Fisher Yu, ASU: Autoimmune Neuroinflammation with funding from the National Institutes of Health
- Drs. Rudy Nayga and Mike Thomsen, UA Division of Agriculture: Causes of Early Childhood Obesity with funding from the US Department of Agriculture
- Dr. Magda El-Shenawee, UAF: Imaging of Breast Cancer Tissue with funding from the National Science Foundation

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

Plans for Next Reporting Period: For FY2016 ABI funding will be distributed among research projects this quarter. Usually there are approximately 120 research projects funded each year at the five member institutions and an additional 65 ongoing research projects from past years' funding.

Arkansas Biosciences Institute Indicator Activity

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

Long-term Objective: The institute's research results should translate into commercial, alternate technological, and other applications wherever appropriate in order that the research results may be applied to the planning, implementation and evaluation of any health related programs in the state. The institute is also to obtain federal and philanthropic grant funding.

- Indicator: The five member institutions will continue to rely on funding from extramural sources with the goal of increasing leverage funding from a baseline of \$3.15 for every \$1.00 in ABI funding.
 - Activity: ABI-related extramural funding totaled approximately \$37.9 million for FY2015. This translates to about \$3.69 in outside funding for each ABI dollar for the year.
- Indicator: ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.
 - Activity: There were 16 US patent filings and provisional patents related to ABI-supported research. There was nine US patent awarded so far for FY2015.
- Indicator: ABI-funded research will result in new technologies that generate business opportunities, as measured by the number of start-up enterprises and public-private partnerships with ABI and member institutions to conduct research.
 - Activity: There were five start up businesses and six public-private partnerships with ABI.
- ABI will promote its activities through various media outlets to broaden the scope of impact of its research.
 - ABI promoted activities through 23 newspaper articles, 49 press releases, and 22 television and radio commercials.

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 comes from the state treasurer's offices and is available beginning in July of each fiscal year.
- Indicator: ABI and its member institutions will systematically disseminate research results, and ensure that at least 290 publications and 370 presentations are delivered each year. These include presentations and publications of results, curricula, and interventions developed using the grant funding, symposia held by investigators, and the creation of new research tools and methodologies that will advance science in the future.
 - Activity: ABI research investigators published 716 presentations, 346 independent publications and 202 publications with other ABI researchers. There were 32 clinical trials and 132 workshops and seminars.
- Indicator: Employment supported by ABI and extramural funding will increase from a baseline of 300 full-time equivalent (FTE).
 - Activity: Combined ABI and extramural FTE's totaled to 326.
- Indicator: ABI will facilitate and increase research collaboration among member institutions, as measured by both ABI and extramural funding of research projects that involve researchers at more than one member institution.
 - Activity: ABI facilitates research collaboration by funding and recruiting new research investigators from different member institutions.

Minority Health Initiative Program Narrative

Provided by: *Michael Knox, MS, MPH, Executive Director & Rhonda Mattox, MD, MPH, Medical Director & Louise Scott, Grant Coordinator*

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

Key Accomplishments This Reporting Period:

Participated in over 45 initiatives with faith-based, state, and community organizations.

7,650 health screenings.

9,053 citizen encounters

Accomplishments Associated With Indicator Activity: MHI collaborated with community partners in identifying critical deficiencies that negatively impact the health of the minority populations with a focus on education, prevention and screenings. MHI through collaborations and partnerships provided 7,650 health screenings and documented 9,053 citizen encounters with three statewide initiatives. During the 4th quarter MHI sponsored/partnered with over 45 grassroots, nonprofit, government and faith-based organizations to provide health education information and screenings. The events targeted individuals who reside in 69 counties and represented four congressional districts. MHI collaborated on 4 initiatives in 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.

Diabetes Initiative: According to the Center for Disease Control and Prevention (CDC, 2009), 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 death rate. Diabetes is the seventh leading cause of death in Arkansas and African Americans have higher death rate than Whites. MHI will focus on diabetes prevention, education and screenings through outreach initiatives. There were 1,316 individuals screened for diabetes this quarter. There were 174 (13%) of the individuals screened that received abnormal test results and were advised to follow up with their Primary Care Physician (PCP). Individuals who did not have a PCP were given a list of income-based clinics to contact for follow up services.

Tobacco Outreach: The Center for Disease Control and Prevention reported that African Americans continue to suffer disproportionately from chronic and preventable disease compared with White Americans. Of the three leading causes of death in African Americans — heart disease, cancer, and stroke — smoking and other tobacco use are major contributors. Minority Health Initiative collaborated with The Coalition for Tobacco Free Arkansas (CTFA) for grassroots events that targeted African American men. Outcomes consisted of 102 preventive screenings, 87 signed pledges for a smoke-free home environment, 21 signed millions' heart pledges, and 19 churches committed to promoting No Menthol Sunday on May 31st. During this period, Desha County Hometown Health, Sowers of the Harvest, and CTFA provided 142 carbon monoxide screenings (tobacco). Of the individuals screened 15 (10.5%) received abnormal results. Citizens who contacted Minority Health Initiative for health education material received information on hypertension, diabetes, cholesterol, physical activity, nutrition and tobacco. Over 500 copies of the Arkansas Tobacco Quitline fact sheet was included in health packets to distribute at events.

Outreach & Education: Community based health promotion such as health fairs, conferences, outreach initiatives and community events were utilized to increase health awareness and provide preventive screenings for high blood pressure, diabetes, cholesterol, HIV/AIDS, tobacco cessation and other diseases that disproportionately impact minorities.

Sponsorships/partnership/collaterals (45) with grassroots, faith-based, community, nonprofit, and government agencies were used as an intervention strategy in engaging the community.

Arkansas Minority Health Commission held an Equipping, Educating and Empowering Conference May 26th through the 29th, 2015. The intended outcome was to provide community

workers with equipment for health screenings, educate them on how to conduct health screenings, and empower them to live healthier lifestyles. Sixteen individuals representing Bradley, Drew, Union, Lafayette, Ouachita, St. Francis, Lee, Monroe, and Prairie Counties received certificates of attendance and medical equipment. Thirteen of the sixteen individuals received certification in cardiopulmonary resuscitation (CPR). Community Workers will serve as the point of contact to conduct preventive screenings in their community.

Minority Health Initiative partnered with Arkansas Department of Health, Office of Minority Health and Health Disparities for the 3rd annual Arkansas Minority Barber & Beauty Shop Health Initiative. Eight beauty and barbershops in Clark, Phillips, and Pulaski County served as sites for free blood pressure, glucose and cholesterol screenings. Outcomes consisted of the following: One thousand two hundred and sixty (1,260) preventive screenings, 45 Stamp Out Smoking (SOS) fax referrals were completed, and 79 individuals signed the millions' hearts pledge.

The Box Garden Project was a partnership with the Mid-Delta Consortium who collaborated with the Faith Taskforce; Boys, Girls, Adults Community Development Center; Cooperative Extension (Phillips and Jefferson Counties); Family Community Development Center; and the University of Arkansas for Medical Sciences (UAMS). Families were trained in Phillips and Jefferson Counties on how to grow their own fruits and vegetables. Cooperative Extension facilitated sessions with the families that focused on the importance of including fruits and vegetables in their meals and local farmers built boxes for the garden. Outcomes included 20 families trained, 1 training class completed, 20 pre-test surveys and 20 post-test surveys completed, and 17 box gardens completed..

Pilot Projects: Camp iRock is a seven-day residential fitness and nutrition camp for girls 6th through 8th grade with a BMI in the 85 percentile or higher. Camp iRock 2014 held the third follow up meeting on May 2, 2015. Six campers representing Pulaski, Jefferson, and Union Counties attended the meeting. The follow up meeting consisted of height, weight, BMI, and blood pressure assessments taken on the campers followed by a behavioral health survey that was completed by both the campers and the parents. Nutrition education was facilitated by Arkansas Children's Hospital and it included a very interactive activity, which allowed the girls to show-case their ability to meal prep a week of healthy breakfasts, snacks, lunches, and

dinners. The participants understood that meal preparation allows them to have healthy food options as opposed to selecting an unhealthy meal due to hunger or time restraints. The guest speaker discussed the importance of loving yourself and led the girls in a moderately intense session of kickboxing. There were several success stories shared by campers and parents. One parent shared that because of Camp iRock, she could see a drastic difference in her daughter's self-esteem, and as a result her daughter was going to compete on the debate club. Two of the campers shared that they were trying out for drill team at their various schools. Another parent shared that she was so proud to see her daughter more engaged with others. At the completion of the follow-up meeting, at least 30 individuals walked away being more informed on meal prep, loving themselves and use kickboxing as exercise and self-defense mechanism.

2015 Camp iRock - Arkansas Minority Health Commission held its fifth annual fitness and nutrition Camp at C.A. Vines Arkansas 4-H Center. During the week of June 14th through June 20th, thirty-two campers and three mentors representing Pulaski, Jefferson, Phillips, Union and Washington counties attended the camp. Physical Activities consisted of swimming, archery, low ropes, hiking, taekwondo, rock climbing and canoeing. The nutrition education curriculum, The Balance My Day Healthy Kids Challenge, was used for meal preparation, portion control, and healthy selections. During sessions the participants were exposed to a series of presenters who discussed topics such as self-esteem, bullying, team building, legislative process and career aspirations. The week ended with a closing ceremony in which the girls were honored for their commitment to physical activity and nutrition. The outcome included height, weight, and BMI assessments on all 35 girls as well as pre- and post- assessment surveys. Pre-surveys were completed by 35 parents.

Nutrition Education: There was an increase in nutrition knowledge from the initial assessment to the end of camp assessment. More specifically, knowledge improved in recognition of food groups (79% to 84%), recognizing healthier food choices (97% to 100%), and reading a food label (88% to 97%). At the initial assessment, how to eat healthier and how to be healthy were common themes in the responses to the statement "Please write one thing you hope to learn about nutrition while at camp." For example, one participant responded "which foods are best to eat and which ones that will help fight or help in preventing certain illnesses and disease." The prominent theme in responses on the post-assessment was the importance of portion control. One participant stated "I learned that I have to do exercises every day. I learned that you have to

drink water and eat your vegetables if you want dessert. I learned to always to stay positive. I learned to always be satisfied with your meal you ate before you get extra.” Another participant wrote, “I learned that it’s better to portion your food and to make sure you are satisfied with what you eat so that you won’t overeat.”

Self-Efficacy: Participants reported being very ready to change how they eat and being active at pre- and post-assessment (45% to 55% and 45% to 43%, respectively). They were very confident in their ability to successfully make these changes (48% to 74% pre to post assessment). Forty-eight percent (48%) of participants reported being “okay”, “happy”, or “very happy” with their body on the first day of camp compared to 70% on the last day of camp.

Eating Behavior: The majority of participants (63%) reported eating when bored, skipping breakfast (55%), eating at a fast food restaurant once a week or more (59%), and eating dinner in front of the TV one night or more in a week (88%). Comparisons to the responses from beginning of camp to the end of camp are not included here due to short length of time to observe behavior change. Comparisons from the initial assessment to the first follow-up meeting can be found below in the section entitled “*Follow-Up Meeting.*”

Physical Activity: Physical activity data was collected only during the initial assessment. When asked about physical activity for exercise over the past seven days, 81% of participants responded they were active. Responses ranged from one to seven days with the most (25%) reporting exercises three out seven days. Participants were more likely to report being active doing physical activity for fun (such as skating, riding a bike, or jumping rope) compared to being engaged in outdoor chores (mowing the lawn, raking, etc.). Seventy percent (70%) of participants reported playing some type of sport in the past seven days. Ninety percent (90%) of participants have a TV in their room and the average amount of time spent watching TV or playing video games was six hours a day. Forty-one percent (41%) of participants reported having a computer in their bedroom and use the computer for recreational purposes 2.5 hours a day. The 2015 Camp is the final year of the pilot project. Three follow-up meeting will be held with Campers from the June Camp. A review of the five-year program will occur in FY17.

The Southern Ain’t Fried Sundays (SAFS) 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. This quarter, AMHC received 12 registrations from Pulaski, Jefferson, Garland and Monroe Counties, 33 pre-surveys, 33 post surveys and distributed 65 tool kits. To date, a total of 133 participants successfully completed the 21-Day Meal Replacement Plan. Follow-up calls are being made to participants who received the tool kits but did not complete the program.

Media: Ask The Doctor Radio Talk Show (3) - is a radio show on KIPR Power 92 that airs the third Tuesday of each month from 7am to 9am and features AMHC Medical Director, Dr. Rhonda Mattox. The April show highlighted children's health with an emphasis on allergies and immunizations. The guest speakers were pediatrician, Dr. Bishawn Morris, and gerontologist, Dr. Jennifer Dillaha, with the Arkansas Department of Health. Unintentional injuries was the focus of the May show with guest speakers Austin Porter and Dr. Regina Hunter. Men's health was the topic of the June show with Dr. Moses Kelly as the guest speaker. Print (Newspaper & Magazine) /Radio & Internet Radio/Television Media) What's Your Number is an ongoing communication strategy that focuses on diabetes, cholesterol and hypertension. It encourages conversation between the public and health professionals. AMHC ran 60 second cholesterol radio spots on KIPR Power 92.3 (75 spots), KOKY (20 spots) and KPZK (20 spots).

Print: World No Tobacco Day advertisements and No Menthol Sunday (7) Ads ran in local newspapers in Ashley, Benton, Columbia, Pulaski, Union and Washington County for two days. There were 13 weekly half-page ads and four articles for FY2015 in El Latino News and two monthly half-page ads in Hola Arkansas and Northwest Arkansas Newspaper. There were two full-page color ads. Camp iRock recording 110 spots per month for advertising of Camp iRock.

Internet Radio: There were 110 Spots per month "How's Your Health" and television ran a compilation of TV news ads on various news stations through Gene Stewart Pro Video.

Billboard Ads: 17 What's Your Number (Blood Pressure, Glucose and Cholesterol) Ads were displayed in Little Rock/North Little Rock Metro Area, Wheatley, Pine Bluff, Helena (City in Red County) and Springdale. TV Ads (33 Spots) focused on "Chronic Disease Prevention" in Northwest Arkansas (Spanish) and Pulaski and surrounding counties.

Quarterly Evaluation Report (April - June 2015)

Opportunities/Challenges: MHI will continue partnerships to increase awareness and provide health screenings to reduce death/disability due to tobacco, chronic, and other lifestyle related illnesses of Arkansans.

Plans for Next Reporting Period:

1. Partnership with Arkansas Department of Health/Tobacco Prevention Cessation Program to distribute Arkansas Tobacco Quitline Fact Sheets through Sponsorships/Partnerships.
2. Swinging for Health
3. Sebastian County Public Health Leaders Meeting
4. Announcement of FY2016 Outreach Initiative's (July – December 2015)

Minority Health Initiative Indicator Activity

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 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. Data results will be provided after they are received from the Arkansas Department of Health.
- 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. Results will not be available until 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. Data results will be provided after they are received from the Arkansas Department of Health.
- 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 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. Data results will be provided after they are received from the Arkansas Department of Health.

- 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 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. Data results will be provided after they are received from the Arkansas Department of Health.

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. The report has been used specifically to raise awareness with the new Arkansas Surgeon General and the Stephen Group, consulting firm for Arkansas' Private Option. This information was provided to enhance the conversation on medical savings that will be addressed as Arkansas is

looks to save \$50 million dollars. If health care inequalities are decreased by 10% that would lend to a \$51.8 million dollar savings; however, if you include preventing premature death into the equation, the savings balloon to \$220 million dollars. Summary of the report that was submitted: “Given the economic circumstances of Arkansas, it is expected that racial and ethnic health disparities have significant economic consequences for the state of Arkansas. This study, commissioned by the Arkansas Minority Health Commission, 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.

- 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 4th quarter AMHC sponsored/partnered with over 45 grassroots, nonprofit, government and faith-based organizations to provide health education information and screenings. The events targeted 69 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: **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. Camp iRock 2014 held the 3rd follow up meeting. Six campers representing Pulaski, Jefferson, and Union Counties attended the meeting. The follow up meeting consisted of height, weight, BMI and blood pressure

assessments taken on the campers followed by a behavioral health survey that was completed by both the campers and the parents. Nutrition education was facilitated by Arkansas Children's Hospital. At the completion of the follow-up meeting, at least 30 individuals walked away more informed on how to prep meals and utilize kickboxing as exercise and self-defense mechanism. During the week of June 14th through June 20th, 32 campers and three mentors attended the 5th annual fitness and nutrition camp at C.A. Vines Arkansas 4-H Center. Physical activities consisted of swimming, archery, low ropes, hiking, taekwondo, rock climbing and canoeing. The Balance My Day Healthy Kids Challenge curriculum was used for the selection of meal preparation, portion control and healthy selections. The participants were also exposed to a series of presenters who discussed topics such as self-esteem, bullying, team building, legislative process and careers aspirations. The weeks ended with a closing ceremony in which the girls were honored for their commitment to physical activity and nutrition. Height, weight and BMI assessments were conducted on 35 girls as well as pre- and post-assessments.

Tobacco Settlement Medicaid Expansion Program

Program Narrative

Provided by: *Delia Anderson, Director, DHS Division of County Operations*

Program Description: The Tobacco Settlement Medicaid Expansion Program (TS-MEP) is a separate component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding healthcare coverage and benefits to targeted populations. The program works to expand Medicaid coverage and benefits in four populations:

Population 1: Expands Medicaid coverage and benefits to pregnant women with incomes ranging from 138–200% of the Federal Poverty Level (FPL)

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

Population 3: Expands non-institutional coverage and benefits to seniors age 65 and over

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

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

Accomplishments Associated With Indicator Activity:

Program Indicator 1: Demonstrate improved health and reduce long-term health costs of Medicaid eligible persons participating in the expanded programs

Accomplishments: With the implementation of the Arkansas Health Care Independence Program/Private Option (HCIP/PO), more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term term impact will be limited compared to the influences outside of the TS-MEP. During this quarter, TS-MEP initiatives provided expanded access to health benefits and services for 5,831 eligible pregnant women, seniors, and adults.

Total claims paid for the TS-MEP populations this reporting period were just over \$4.3 million.

Key Accomplishments This Reporting Period:

\$2.5 Million in Federal Medicaid matching funds were leveraged.

4,055 Adults received expanded Hospital Benefit Coverage.

The ARSeniors Program provided expanded benefits and services to 1,703 seniors.

Additionally, TS-MEP funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This amounted to nearly \$2.5 million in federal matching Medicaid funds during this quarter.

Program Indicator 2: Increase the number of pregnant women with incomes ranging from 138-200% of the FPL enrolled in the Pregnant Women Expansion

Accomplishments: During this quarter, there were 73 participants in the TS-MEP initiative Pregnant Women Expansion program. This was a decline from the previous quarter with 109 participants. This program provides prenatal health services for pregnant women with incomes ranging from 138–200% FPL. With the implementation of HCIP/PO and other 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 \$56,502 in this quarter.

Program Indicator 3: Increase the average number of adults 19-64 receiving inpatient and outpatient hospital reimbursements and benefits through the Hospital Benefit Coverage

Accomplishments: During this quarter, the TS-MEP initiative Hospital Benefit Coverage increased inpatient and outpatient hospital reimbursements and benefits to 4,055 adults aged 19-64, by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. This is a slight increase from the previous quarter with 4,049 adults. TS-MEP funds for the Hospital Benefit Coverage totaled \$1,754,752.

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

Accomplishments: The ARSeniors program expanded Medicaid coverage to 1,703 seniors during this quarter. This is an increase from the previous quarter with 1,593 seniors. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered by Medicare are available to ARSeniors. An example of this is non-emergency medical transportation and personal care services. TS-MEP funds for the ARSeniors program totaled \$2,692,511 during this quarter.

Program Indicator 5: Increase the average number of persons enrolled in the ARHealthNetworks program, which provides a limited benefits package to low-income employed adults in the range 19-64 years.

Accomplishments: 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.

Opportunities: The discontinuation TS-MEP initiative ARHealthNetworks provides the opportunity to support both the other three TS-MEP populations and the state's overall Medicaid efforts. The Department of Human Services (DHS) has had the legislative authority for over ten years to use any savings in the TS-MEP programs to provide funding for the traditional Medicaid program with the approval of the State's Chief Fiscal Officer. These savings are not used to provide any funding for the HCIP/PO. As the state of Arkansas continues to explore opportunities for Medicaid reform, new possibilities for using TS-MEP funds may emerge.

Challenges: As a result of the implementation HCIP/PO, one of the TS-MEP initiatives was discontinued (ARHealthNetworks) and another one has experienced a decline in participation (Pregnant Women Expansion). Many of TS-MEP's indicators need to be updated to reflect the change in programs covered by TS-MEP. As of now, successful performance has been measured by growth in the number of participants in the TS-MEP initiatives. Arkansas DHS will need to continue to explore new performance measurements for the TS-MEP initiatives as individuals are transitioning into new coverage groups.

Plans for Next Reporting Period: There are no immediate plans to change the Pregnant Women Expansion, Hospital Benefit Coverage, and ARSeniors programs. There have been discussions about funding different gaps in coverage but it is necessary to wait given the uncertainty of the status of HCIP/PO and the other possible Medicaid reforms in the state.

Tobacco Settlement Medicaid Expansion Program

Indicator Activity

Overall Program Goal: To expand access to healthcare through targeted Medicaid expansions, thereby improving the health of eligible Arkansans.

Long-term Objective: Demonstrate improved health and reduce long-term health costs of Medicaid eligible persons participating in the expanded programs.

- Indicator: Demonstrate improved health and reduced long-term health costs of Medicaid eligible persons participating in the expanded programs.
 - Activity: With the implementation of the Arkansas Health Care Independence Program/Private Option (HCIP/PO), more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term term impact will be limited compared to the influences outside of the TS-MEP. During this quarter, TS-MEP initiatives provided expanded access to health benefits and services for 5,831 eligible pregnant women, seniors, and adults. Total claims paid for the TS-MEP populations this reporting period were just over \$4.3 million. Additionally, TS-MEP funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This amounted to nearly \$2.5 million in federal matching Medicaid funds during this quarter.

Short-term Objective: The Arkansas Department of Human Services will demonstrate an increase in the number of new Medicaid eligible persons participating in the expanded programs.

- Indicator: Increase the number of pregnant women with incomes ranging from 138-200% of the FPL enrolled in the Pregnant Women Expansion.
 - Activity: During this quarter, there were 73 participants in the TS-MEP initiative Pregnant Women Expansion program. This was a decline from the previous

quarter with 109 participants. This program provides prenatal health services for pregnant women with incomes ranging from 138–200% FPL. With the implementation of HCIP/PO and other 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 \$56,502 in this quarter.

- Indicator: Increase the average number of adults aged 19-64 years receiving inpatient and outpatient hospital reimbursements and benefits through the Hospital Benefit Coverage.
 - Activity: During this quarter, the TS-MEP initiative Hospital Benefit Coverage increased inpatient and outpatient hospital reimbursements and benefits to 4,055 adults aged 19-64, by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. This is a slight increase from the previous quarter with 4,049 adults. TS-MEP funds for the Hospital Benefit Coverage totaled \$1,754,752.
- Indicator: Increase the average number of persons enrolled in the ARSeniors program, which expands non-institutional coverage and benefits for seniors age 65 and over.
 - Activity: The ARSeniors program expanded Medicaid coverage to 1,703 seniors during this quarter. This is an increase from the previous quarter with 1,593 seniors. Qualified Medicare Beneficiary (QMB) recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered by Medicare are available to ARSeniors. An example of this is non-emergency medical transportation and personal care services. TS-MEP funds for the ARSeniors program totaled \$2,692,511 during this quarter.
- Indicator: Increase the average number of persons enrolled in the ARHealthNetworks program, which provides a limited benefit package to low-income employed adults in the age range of 19-64 years.
 - Activity: The ARHealthNetworks program was discontinued on December 31, 2013, due to implementation of the HCIP/PO. This population is now offered more comprehensive 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.

Fay W. Boozman College of Public Health

Program Narrative

Provided by: *Jim Raczynski, PhD, FAHA, COPH Dean & Liz Gates, JD, MPH, Assistant to the Dean for Special Projects*

Program Description: The Fay W. Boozman College of Public Health (COPH) educates a public health workforce and advances the health of the public by investigating the causes, treatments and prevention of human health problems. Preventing chronic disease and promoting positive health behavior is the most effective way to improve the health of all people. The College's mission of improving the health of all Arkansans is realized through teaching and research, as well as service to elected officials, agencies, organizations and communities. Examples of the complex health issues addressed include improving the multiple dimensions of access to 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 short-term objective for the COPH 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 multi-pronged, 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.

Key Accomplishments This Reporting Period

Announced establishment of endowed professorship honoring Dr. Joycelyn Elders with intent to raise sufficient funds to make it an endowed chair in her honor.

Progress and Highlights

Short-term objective: Elevate the overall ranking of the health status of Arkansans.

Indicator: Through consultations, partnerships and dissemination of knowledge, the COPH serves as an educational resource for Arkansans (e.g., general public, public health practitioners and researchers, and policymakers) with the potential to affect public health practice, policy, and population health. Faculty reported a wide variety of activities, which included presentations to

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professional or lay audiences; serving as a consultant, or on an expert panel, task force, committee or board of directors; or partnering with public health practitioners or a community organization that has a health-related mission.

Indicator: Research conducted by COPH faculty and students contributes to public health practice, public health research, and the health and well being of Arkansans. During the reporting period, 21 faculty were involved in 27 research projects and contracts (see Quarterly Indicator Report, Indicator 2), all of which will potentially impact the health of Arkansans. Most of the projects have a direct Arkansas focus, on diverse health issues important to Arkansas, e.g., rural Arkansas military veterans' mental health care, HIV prevention, breast cancer screenings, trauma care and quality measurements for state Medicaid.

Indicator: COPH faculty, staff, and students are engaged in research that is based in Arkansas. As shown in the Quarterly Indicator Report (Indicator 4), 19 research projects are based in Arkansas and/or have an Arkansas focus.

During the 2015 summer semester, students completed seven MPH preceptorships, one D.Ph. practicum project, and no D.Ph. capstone projects. The MPH culminating experience is not offered during the summer semester, no MHA management projects, residencies nor PhD dissertations were completed during the summer semester. One hundred percent of these projects were based in Arkansas.

The MPH preceptorships and D.Ph. practicum subjects reflect the breadth of students' public health interests and addressed issues with potential impact on the health and well-being of Arkansans including the Arkansas Payment Improvement Initiative, health literacy, analysis of health outcomes of individuals utilizing community health centers, development of local food systems in the state, development of tools to measure patient satisfaction, and evaluation of community benefit programs.

Indicator: The COPH makes COPH courses and presentations available statewide. During the 2015 summer semester, the COPH offered four distance-accessible courses (see Quarterly Indicator Report, Indicator 6), including core courses required for the MPH as well as courses for specialty tracks. The COPH co-sponsors Public Health Grand Rounds with the Arkansas Department of Health and during the summer semester there were 12 distance accessible presentations through this program.

Indicator: Twenty percent of enrolled students come from rural areas of Arkansas. In the 2015 summer semester, 12.8% (33) of the 256 enrolled students were from rural areas in Arkansas (see Quarterly Indicator Report, Indicator 7). It is important to note that, according to 2013 US Census figures, only 14.5% of individuals age 25 or older who live in rural counties in Arkansas have a bachelor's degree. This strongly suggests that the pool of individuals in those counties who would be minimally qualified for any COPH program, which are graduate-level, is extremely limited.

Indicator: Graduates' race/ethnicity demographics for whites, African-Americans, and Hispanic/Latinos are reflective of Arkansas' race/ethnicity demographics. There were three graduates during the 2015 summer semester. Due to the small number of graduates, neither the racial and ethnic diversity of the state nor of the college are adequately reflected (see Quarterly Indicator Report, Indicator 8).

Indicator: The majority of alumni stay in Arkansas and work in public health. All three of the summer 2015 graduates will remain in Arkansas to work in public health or health care, pursue a degree program, or complete a residency in public health or health care (see Quarterly Indicator Report, Indicator 9). There were no graduates from the D.Ph. or PhD programs during the 2015 summer semester. The MHA program does not graduate students during the summer semester.

Key Accomplishments this Reporting Period: In April, the College hosted a reception that honored Dr. Joycelyn Elders and announced plans for the establishment of a COPH endowed Professorship in Health Promotion and Disease Prevention in her name, with the intent to increase the endowment to the level of a chair. This announcement launched a major philanthropic effort that has surpassed the amount necessary to establish the professorship and is developing well towards establishing the chair in her honor.

In May, the College honored its largest graduating class to date of 61 students. There were four post-baccalaureate certificate graduates, ten Master of Health Administration graduates, 41 Master in Public Health graduates, two Doctor of Philosophy graduates, and four Doctor of Public Health graduates.

Challenges and Opportunities: During this quarter the challenges encountered created some of the current opportunities in the College. A senior faculty member in Health Behavior and Health Education retired, a faculty member in Health Policy and Management and the Assistant Dean

for Administration and Finance jointly announced plans to move out of state, and a faculty member in Environmental and Occupational Health left to begin a faculty position at another school of public health. These vacancies provide opportunities to begin searches for new faculty members in Health Behavior and Health Education, Health Policy and Management, and Environmental and Occupational Health. The College is also searching for a new Associate Dean for Academic Affairs and has been involved in the search for a new Director of Cancer Prevention and Control for the Winthrop Rockefeller Cancer Institute who will also hold a senior faculty appointment in the College.

Plans for Next Reporting Period: During the summer of 2015 the College will begin the strategic planning process culminating in a college-wide strategic planning retreat that is planned for the fall of 2015. The process occurs every five years and was last undertaken in 2010-2011. Each department and office in the College will be reviewing the past strategic plan and developing strategic plans for their respective department and office. These plans will be reviewed during the fall retreat and an overall strategic plan will then be developed for review and comment.

Fay. W. Boozman College of Public Health Indicator Activity

Overall Program Goal: to improve the health and promote the wellbeing of individuals, families and communities in Arkansas through education, research and service.

Long-term Objective: Obtain federal and philanthropic grant funding.

- Indicator: The COPH maintains a level of leveraged (extramural) funding in relation to unrestricted funding that exceeds that of comparable accredited schools of public health.
 - Activity: Data for this indicator will be reported during the fourth quarter.

Short-term Objective: Elevate the overall ranking of the health status of Arkansans.

- Indicator: Through consultations, partnerships and dissemination of knowledge, the COPH serves as an educational resource for Arkansans (e.g., general public, public health practitioners and researchers, and policymakers) with the potential to affect public health practice and policy -- and population health.
 - Activity: During this quarter, faculty and staff of the College participated in state and community outreach by serving as consultants, members of boards, committees, coalitions, panels and speakers. Of the 22 reported activities, 12 are ongoing, nine occurred during the month of April, and one during the month of June.
- Indicator: Research conducted by COPH faculty and students contributes to public health practice, public health research, and the health and well being of Arkansans.
 - Activity: Research projects conducted by faculty and students during this quarter focused on a variety of topics related to public health practice, research and specifically to the well being of citizens in Arkansas.
- Indicator: COPH faculty, staff and students are engaged in research that is based in Arkansas.

- Activity: Twenty-seven faculty research projects were in progress this quarter. Of these projects, 19 (70%) are based in Arkansas or have an Arkansas focus. Seven master's level student preceptorship projects and one doctoral level project were completed in the summer of 2015. All of these projects (100%) were based in Arkansas.
- Indicator: The COPH makes COPH courses and presentations available statewide.
 - Activity: In the 2015 summer semester, COPH offered four distance-accessible courses and co-sponsored Arkansas Department of Health Grand Rounds. 12 distance accessible presentations addressing a variety of health-related topics were delivered by COPH faculty members and local and national public health practitioners.
- Indicator: Twenty percent of enrolled students come from rural areas of Arkansas.
 - Activity: Enrollment of students from rural Arkansas during the summer semester of this quarter was 12.8%. 33 out of 256 students reported residence in rural areas of the state.
- Indicator: Graduates' race/ethnicity demographics for Whites, African Americans and Hispanic/Latinos are reflective of Arkansas race/ethnicity demographics.
 - Activity: During the summer of 2015, three students graduated from the College with an MPH or joint MPH degree. Two students were White (non-Hispanic) and one student did not report race/ethnicity. Due to the small number of graduates neither the racial and ethnic diversity of the state nor of the college are adequately reflected.
- Indicator: The majority of alumni stay in Arkansas and works in public health.
 - Activity: All of the summer 2015 graduates plan to remain in Arkansas to work or for a continuation of educational goals.

Tobacco Prevention and Cessation Program

Program Narrative

Provided by: *Michelle Snortland & Debbie Rushing & Melody Weigel, Special Projects Coordinator*

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.

Key Accomplishments This Reporting Period

In June the ATQ received 1,688 calls a 37% increase over May and a 51% increase over June of the prior year.

On July 1, 2015, National Jewish Health will replace Alere Wellbeing as the ATQ provider. National Jewish Health is the largest non-profit Quitline provider in the United States.

Hispanic calls to the ATQ increased by 10% in fiscal year 2015 compared to fiscal the previous fiscal year.

Accomplishments Associated With Indicator Activity: Arkansas Children's Hospital (ACH) announced a new nicotine-free campus policy, which went into effect May 1, 2015. ACH will no longer hire anyone who uses nicotine products. The policy protects over 4,000 employees and countless patients and visitors.

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Through a Request for Proposal process, National Jewish Health was selected as the Arkansas Tobacco Quitline (ATQ) provider replacing Alere Wellbeing beginning July 1st.

TPCP sponsored the 37th Annual Intensive Review Course, *Leaving a Trail of Smoke*, over 200 physicians, pharmacists, and nurse practitioners were in attendance. *Pick your Poison* and *Children are the Future* ads were placed statewide promoting cessation. Big Pitch Film Festival winners were announced at an award show and screening event hosted to recognize participants' hard work. There were 129 video and 29 storyboard entries. TPCP presented at the Arkansas Tobacco Control Congress for community health clinics on cessation statistics and training opportunities. There was a ten percent increase in Hispanic calls to the ATQ and a four percent increase in youth calls in 2015, in addition "How Heard About," for TV commercials were up by 22%. A Certified Tobacco Treatment Specialist training was provided with 19 participants completing training.

TPCP sponsored Dr. Steven Schroder, Distinguished Professor of Health and Health Care, Division of General Internal Medicine, Department of Medicine, University of California San Francisco, and head of the Smoking Cessation Leadership Center, as a presenter at UALR/Mid-SOUTH Summer School and Arkansas Department of Health Grand Rounds. Dr. Schroeder's topic was an "Update on Tobacco Control: 50 Years after the Surgeon General's Report on Smoking and Health." Arkansas Tobacco Control (ATC) conducted 5,431 compliance checks in FY2015 resulting in 433 Sale to Minor violations, equating to a 7% non-compliance rate. For April through June of this year, ATC conducted 532 compliance checks, resulting in 34 Sale to Minor violations, equating to a six percent non-compliance rate.

Operation Storefront surveys completed during this reporting period totaled 205. During the fiscal year 2015, surveys totaled 665. TPCP will discontinue Operation Storefront beginning FY16; adopting STARS (Standardized Tobacco Assessment for Retail Settings) survey from the State and Community Tobacco Control Research group to take its place.

Opportunities: The State of Arkansas 90th General Assembly adjourned in April producing three significant bills supporting tobacco control efforts and protecting Arkansans from tobacco related exposure. Partnerships were established with U.S. Department of Agriculture (USDA) Summer Food Service Program providing tobacco control enrichment activities for youth during the summer, and after school during the school year for at-risk youth. Developed a survey for all

past participants of trainings to receive feedback to determine if the training(s) were helpful; the survey is designed to pinpoint if past attendees are referring to the ATQ, and if skills attained are incorporated in his/her job. The survey is set to disseminate in July.

Challenges: Alere Wellbeing ended its contract for the Systems Training and Outreach Program (STOP). TPCP is partnering with other organizations to provide training for healthcare professionals on incorporating a Brief Tobacco Interventions (BTI) within their system to refer their clients and patients that use tobacco to the ATQ. In fiscal year 2015 there was a six percent decrease in call to the ATQ compared to fiscal year 2014. The demographics of the ATQ demonstrated a decrease in callers as follows: a five percent decrease in the number of males; a six percent decrease in number of female; a nine percent decrease in African American; and a 16% decrease in the number of pregnant women.

Plans for Next Reporting Period: A media buy and marketing plan is in development for FY16, as well as, a pilot program to address tobacco burden in Red Counties, increase cessation services, and promotion of the ATQ. Contracting for Project Prevent Youth Coalition will enter the final phase. TPCP will host its annual Kick-Off Training to FY16 sub-grantees and statewide partners to educate them about the processes required for effective grant compliance and develop their skills as champions of tobacco control across the state. New ads are in development with the assistance of the media contractor to develop ads targeting youth and pregnant women.

Tobacco Prevention and Cessation Program Indicator Activity

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

Long-term Objective: Survey data will demonstrate a reduction in numbers of Arkansans who smoke and/or use tobacco.

- Indicator: By March 2020, decrease the tobacco use prevalence in youth by 7.5% and tobacco use prevalence in young adults (18-24) by 7% [Data Source: Youth Risk Behavior Surveillance System (YRBSS) 2013 & Behavioral Risk Factor Surveillance System (BRFSS) 2013].
 - Activity: Data will be reported fall of 2015 for BRFSS and in 2016 for YRBSS
- Indicator: By March 2020, decrease tobacco use among disparate populations (LGBT, Hispanics, African American and Pregnant Women) by 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, and in 2017 for LGBT
- Indicator: By March 2020, decrease smoking prevalence among youth by 10.5% (a decrease from 19.1% to 17.1%) and among adults by 7.7% (a decrease from 25.9% to 23.9%) (Data Source: 2013 YRBSS, 2013 BRFSS).
 - Activity: Data will be reported fall of 2015 for BRFSS and in 2016 for YRBSS

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: There were 13 new smoke-free/tobacco-free policies this reporting period. This number includes Helena West-Helena policy from 2008 and four

faith-based policies which were newly discovered and never reported. There have been 78 this fiscal year to date.

- Indicator: By March 2016, decrease sales to minor violations from 11% to 9% (Data Source: FY 2014 Arkansas Tobacco Control).
 - Activity: There were 34 sales to minors violations this reporting period. The fiscal year to date had 433 sales to minor violations, which equals a seven percent non-compliance rate. There were 16 educational sessions this reporting period and 51 this fiscal year to date.
- 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: This reporting period 100 youth and adults attended the Big Pitch Film Festival, the event was held to recognize winners of the Big Pitch youth prevention and tobacco advocacy intervention. There were 1,271 attendees this fiscal year to date, which includes Big Pitch and My Reason to Write.
- 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 calendar year Q2 (FY16 Q1).
- 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: This reporting period, there were 82 Hispanic, 717 African American, and 96 LGBT called. This fiscal year to date there were 270 Hispanic, 2351 African American, and 441 LGBT callers.
- 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 calendar year Q2 (FY16 Q1)

- 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: The STOP program has reached 91 unique organizations. Of these, 56 unique organizations were in Red Counties. To date this fiscal year, the STOP program has reached 1,514 unique organizations. Please note: During this reporting period, STOP was redirected to work with organizations in Red Counties. Due to non-renewal of the contract, STOP did not recruit any more organizations into the program in May. STOP continued to work with the organizations that were recruited in prior months to ensure organizations received the knowledge, resources, and skills to routinely conduct the 2A's and R and refer clients to the Arkansas Tobacco Quitline.

UAMS East Program Narrative

Provided by: *Becky Hall Edd & Stephanie Loveless, MPH*

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) was established in 1990 with the purpose of providing health education to underserved populations in the Arkansas Delta region. The counties and populations served by UAMS East are some of the unhealthiest in the state with limited access to 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 with a focus on wellness and prevention for this region. The program has shown a steady increase in encounters with the resident population and produced a positive impact on the health and wellness of the region. Programs to address local health needs of residents are being implemented in partnership with more than 100 different agencies. The overall mission of UAMS East is to improve the health of the Delta's population. Goals include increasing the number of communities and clients served and increasing access to a primary care provider in underserved counties.

Key Accomplishments This Reporting Period

UAMS East Pre-Professions recruiter provided various recruitment and training activities for 1, 171 youth.

UAMS East provided worksite wellness events and health screenings for 785 adults.

Health Education Programs were held for 10,778 youth and 957 adults.

UAMS East provided internship opportunities for three students.

Accomplishments Associated with

Indicator Activities:

Short Term Objective: Increase the number of communities and clients served through UAMS East programs. UAMS East strives to meet this objective through the many programs offered to clients throughout the seven county service area. This quarter's encounters totaled 29,544. There are nine indicators associated with providing programs to area clients.

Indicator 1: Increase/Maintain the number of clients receiving health screenings, referrals, to PCP and education on Chronic Disease prevention and management. UAMS East provided 785 participants in ten different cities with health screenings, education and referrals if needed. This includes 622 participants screened in Chicot and Desha Counties at various community events. Also, 48 participants were screened at the 3rd Annual Health Education Consortium Health Fair in Marianna, Arkansas. UAMS East participated in the 3rd Annual Minority Barber and Beauty Shop Health Initiative in Helena, Arkansas. This collaborative partnership between Minority Health Commission, Arkansas Department of Health, UAMS East and UAMS Stroke Prevention Program was created with the purpose to increase public awareness about heart disease and stroke among African Americans and Latinos in local barbershops and beauty salons. Forty-five African American men were provided free health screenings, education and referral as needed.

Abnormal results include:		
Anemia-1	Blood Pressure-17	HIV-1
BMI-3	Cholesterol-13	Glucose-1

Indicator 2: Maintain a robust health education program for area youth and adults. UAMS East held its monthly Safety Baby Showers for 69 women this quarter. Women receive general safety information and general parenting tips. Also, certified technicians installed ten car seats correctly for participants this quarter. Parenting programs were also held in Crittenden County with 182 participants. Participants were taught positive parenting techniques and also received instruction in pediatric CPR and first aid.

UAMS East continued teaching the evidenced based curriculum, “*Making Proud Choices*” at one local school for 1,675 high school youth. UAMS East also conducted health education programs for local churches including programs for 150 youth and 75 adults.

UAMS East continues to provide tobacco cessation and tobacco prevention programs in Phillips, Chicot and Crittenden Counties. This quarter there are 22 participants in cessation programs. Tobacco Prevention programs were held for 42 youth. UAMS East also provided substance abuse education for 523 youth. UAMS East taught 105 Pre-K through 3rd grade youth about safety using the American Association of Health Educations-Danger Rangers curriculum

and The Safe Side, a video program developed by Baby Einstein Company and John Walsh, host of America's Most Wanted & Co-Founder of the National Centers for Missing and Exploited Children.

UAMS East participated in the Forrest City School District's Safe Prom Event which included a mock wreck and educational sessions to address drinking and driving as well as texting and driving. There were 250 Junior and Senior High School student participants. American Heart Association Heart saver CPR and First Aid Certification Courses were held for 279 participants. Also, UAMS East provided Healthcare Provider CPR Certification for 13 Nurses.

UAMS East in Helena and Lake Village provided various programs to teach youth and adults how to prepare simple, healthy, and delicious food and snacks. UAMS East in Helena partnered with the University of Arkansas, Department of Agriculture and the Phillips County Boys and Girls Club to host *Cooking for Kids*. *Cooking for Kids* was also held in Forrest City for the St. Francis County City Pride Program. There were a total of 128 youth who participated. Youth were taught nutrition education through my plate and also participated in hands-on cooking activities. In Lake Village, staff taught 14 participants at the CB King Center *Cook Smart, Eat Smart*. This program taught basic healthy cooking techniques and provided tips for stretching your food dollar while eating healthy.

UAMS East held a month long Kids Boot camp where 161 youth from Marianna and Helena learned various fun ways to exercise and about healthy eating.

UAMS East in Helena supported the local farmers market by helping conduct youth activities at the market and provided recipes to those attending using fresh ingredients purchased at the market. UAMS in Lake Village provided free health screenings to 60 people who attended the opening of the farmers market.

Indicator 3: Increase the number of clients participating in exercise programs.

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

UAMS Fitness Center encounters this past quarter totaled 7,495. UAMS East also provides various exercise classes throughout our communities which include Zumba, Tai-Chi, Peppi, Yoga, Easy Does It and other organized exercise programs. A total of 10,096 adults and youth participated in exercise programs throughout the seven county service area. UAMS East in

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Helena held the 3rd annual 5K/Kids Fun Run for 24 participants. UAMS in Lake Village held a Mayor's Mile Fun Walk with 92 participants. UAMS East also participated in other awareness programs. The 2nd Annual "Stepping for Diabetes" was held at UAMS East. This walk was sponsored by the Sphinx Temple # 25. UAMS East provided health screenings and education to 30 participants. Also, UAMS East participated in the 2nd Annual Lupus Awareness Zumbathon. More than 40 participants attended the event.

Indicator 4: Provide Crisis assistance to rape victims as needed.

UAMS East-Delta Crisis Center is a direct service provider committed to addressing serious issues related to sexual assault in Phillips County. The Delta Crisis Center mission is to provide 24-Hour intervention services for sexual assault survivors and the families and victims affected by sexual assault. UAMS East Delta Crisis Center received over 20 hotline calls from 12 different clients/potential clients. UAMS East-Delta Crisis Center sponsored the What Were You Wearing Art installation (Exhibit) during Sexual Assault Awareness Month. The Exhibit was held at Phillips Community College of the University of Arkansas. Sexual Assault Awareness and Domestic Violence Awareness educational programs were presented to 48 high school youth.

Indicator 5: Increase or maintain the number of clients in Chicot and Phillips counties receiving prescription assistance.

Prescription Assistance was provided to 132 participants with 211 total prescriptions this quarter. Dollar amount saved for those prescriptions totaled \$150,767.55. This includes both Chicot and Phillips County programs.

Indicator 6: Provide medical library services to consumers, students and health professionals.

UAMS East Medical Resource Library also provides support to healthcare professionals and students through literature searches and teaching materials.

This quarter, 96 nursing students and 52 healthcare professionals used the Medical Library.

UAMS East Library also provided support to 2,202 consumers.

Indicator 7: Plan and implement a Rural Residency Training program.

No activities to report for this period.

Indicator 8: Provide targeted clinical care in Helena.

The Veterans Affairs Community Based Outpatient Clinic provided assistance to 947 patients this quarter and currently has 939 enrolled active members.

Indicator 9: Provide diabetes education to community members and increase the proportion of patients in the clinic who maintain an A1c below seven.

Diabetes Education was provided to 12 participants.

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

Indicator 1. Increase the number of students participating in UAMS East Pre-Health Professions recruitment activities.

This quarter UAMS East pre-professions recruitment program provided numerous opportunities for youth interested in a wide variety of healthcare careers. Programs included: M*A*S*H, CHAMPS, AIM, Club Scrub, Funology, and Destined to be Doctors. These programs are considered to be the recruitment pipeline by UAMS East. This quarter 213 students participated in recruitment programs. Also, UAMS East participated in various training programs, including recruitment fairs and health careers presentations for a total of 941 participants. UAMS East participated in the Third Career Seminar sponsored by the Delta Sigma Theta Sorority, Inc., Helena Alumnae Chapter. A UAMS East staff member was invited as a panel member for the career specialists and presented information on public health to over 20 high school students and 15 parents.

UAMS East continues to support RN to BSN students. This quarter there are 10 students. UAMS East provided support to local nursing faculty at Phillips College of the University of Arkansas by providing reproductive health information to be used with 40 nursing students. Also, support was provided for the nursing staff of the Phillips County Health Department by providing in-service information on back safety to 12 nurses. UAMS East provided 3, 391 Care Learning continuing education courses to 375 health professionals in Chicot and Desha Counties.

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

UAMS East provided internship opportunities for 3 students this past quarter. UAMS East continued the collaborative partnership developed in 2005 with Washington Lee University, Shepherd Poverty Alliance Internship and provided public health experiences for two students. Also, UAMS East fitness Center provided an internship experience for one Arkansas State University exercise physiology major.

Opportunities: UAMS East is excited about the opportunity to be working with faculty from the UAMS Center on Aging to design and implement a research project to improve the cardiovascular and physical health of adult minority populations in the Arkansas Delta region. The project staff will assess more than 100 Senior Citizen's health literacy regarding heart failure in order to provide more appropriate and understandable education for both patients and caregivers. UAMS East and Center on Aging staff are conducting functional evaluations of seniors with heart failure (body composition, six minute walk, grip strength). Anticipated outcomes are an improved knowledge base of study participants regarding heart failure (recognition of signs and symptoms, risk factors, common medications and medication side-effects) and improvements in physical functional health as measured by the six minute walk and grip strength. Two UAMS East staff members are currently in the process of obtaining their Clinical Health Coaching Certification through the Iowa Chronic Care Consortium.

Challenges: Plans to remodel UAMS East and to submit an application for a Rural Residency Program are temporarily on hold. Regional Programs has a new Vice Chancellor and Helena Regional Medical Center has a new Chief Executive Officer, so discussions reviewing actions taken and future plans will be happening soon. Maintaining a robust program with continuing budget cuts is a major challenge. The upcoming fiscal year UAMS East will have a \$250,000.00 budget cut.

Plans for Next Reporting Period:

1. UAMS East will host a 2nd CHAMPS camps for 7-9th grade students.
2. UAMS East will host the *Higher Roads to Health* camp for 11-13 year old youth.
3. UAMS East will host the Mission: *Nutrition camp for 6-11 year old youth*.
4. UAMS East will participate in Back to School Educational In-Service programs for faculty and staff at local schools.
5. UAMS East will begin the 3rd Group Lifestyle Balance Program which will be conducted August-December.
6. UAMS East will participate in the Legendary Blues Fest held in September offering free health screenings and education.
7. UAMS East will host an HIV Forum/Testing Event at UAMS East in Helena.
8. UAMS East will provide First-Aid and Bloodborne Pathogens In-Service for Save the Children in Forrest City.

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9. Host the Pampered Pow Wow program for teen girls to discuss and inform them about healthy relationships and sexual assault.
10. Host sexual assault training and education session for local law enforcement and a workshop for medical staff.

UAMS East (Formerly Delta AHEC) Indicator Activity

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.

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

- Indicator: Provide diabetes education to community members and increase the proportion of patients in the diabetes clinic who maintain an A1c below seven.
 - Activity: UAMS East Provided Diabetes Education to 12 participants this quarter.
- Indicator: Provide targeted clinical care in Helena
 - Activity: This quarter the Veterans Affairs Community Based Outpatient Clinic provided assistance to 947 patients and currently have 939 enrolled active members.
- Indicator: Plan and implement a Rural Residency Training Track for Family Medicine in Helena, in partnership with UAMS South Central's residency program
 - Activity: Plans to remodel UAMS East and to submit an application for a RRT program are temporarily on hold.
- Indicator: Provide medical library services to consumers, students, and health professionals
 - Activity: UAMS East Medical Resource Library provided support to healthcare professionals and students through literature searches and teaching materials. This quarter, 96 nursing students and 52 healthcare professionals used the library. UAMS East Library also provided support to 2,202 consumers.
- Indicator: Increase or maintain the number of clients in Chicot and Phillips counties receiving prescription assistance.
 - Activity: This quarter UAMS East provided prescription assistance to 132 participants with 211 total prescriptions. Dollar amount saved totaled \$150,767.55.

- Indicator: Increase or maintain the number of clients receiving health screenings, referrals to primary care physicians, and education on chronic disease prevention and management.
 - Activity: Health Screenings were provided for 785 adults. This includes various worksite wellness events in Chicot County and Health Fairs. Cooking for Kids and Cook Smart Eat Smart were held for 142 youth.
- Indicator: Provide crisis assistance to rape victims as needed.
 - Activity: Delta Crisis Center received over 20 hotline calls from 12 different clients.
- Indicator: Increase the number of clients participating in exercise programs offered by UAMS East
 - Activity: This quarter UAMS Fitness Center encounters totaled 7,495. A total of 10,096 adults and youth participated in various exercise programs throughout the service area. UAMS East in Helena held a 5K Kids Fun Run for 24 participants. UAMS in Lake Village held a Mayor's Mile Walk for 92 participants. UAMS East held a month long boot camp to teach 161 youth about eating right and exercising.
- Indicator: Maintain a robust health education promotion and prevention program for area youth.
 - Activity: UAMS East continued teaching Making Proud Choices to 1,675 high school students. UAMS East also provided area churches with health education programs for 150 youth. Tobacco prevention programs were held for 42 youth. UAMS East provided substance abuse prevention for 523 youth. Over one-hundred Pre-K through 3rd graders were taught important safety issues. UAMS East participated in Forrest City School District's Safe Prom Event. Education on drinking and driving and texting and driving was presented to 250 junior and senior high school students. Sexual assault awareness and domestic violence awareness educational programs were held for 48 high school youth.

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

- Indicator: Increase the number of students participating in UAMS East pre-health professions recruitment activities.
 - Activity: This quarter UAMS East pre-professions recruitment program provided numerous opportunities for youth interested in a wide variety of healthcare careers. Programs included M*A*S*H, CHAMPS, AIM, and Club Scrub. This quarter a total of 213 youth participated in programs. UAMS East also participated in various training programs, including recruitment fairs and health careers presentations for a total of 941 participants.
- Indicator: Continue to provide assistance to health professions students and residents, including RN to BSN and BSN to MSN students, medical students and other interns.
 - Activity: UAMS East offered support to 10 nursing students and 5 UAMS RN to BSN students. UAMS East provided support to a Phillips College of U of A nursing instructor by providing materials for 40 nursing students. UAMS East provided an internship opportunity for three students. Two students interned from Washington Lee University as part of the Shepherd Poverty Alliance Program. One additional student from Arkansas State University completed an internship experience with the Fitness Center as part of her exercise physiology degree.

Conclusion

The seven programs of the Arkansas Tobacco Settlement Commission strive to improve the health of all Arkansans through initiatives, raising awareness of health disparities, and conducting research. The efforts of these programs have shown positive effects on the health of Arkansans and indicate that their health status will steadily improve over the next few years and into the future. The seven programs, funded by the Tobacco Settlement monies, continue to make a difference in the well being of the state's population.

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Special Thanks

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

