

2010

ANNUAL REPORT



ACHI
ARKANSAS CENTER FOR HEALTH IMPROVEMENT

Since its inception in 1998, the Arkansas Center for Health Improvement (ACHI) has become widely recognized as a reliable source for local and national health and health industry information. This includes providing critical data, analyses and strategies that drive decisions and shape public policy surrounding the health and productivity of Arkansans.

■ VISION

To be a trusted health policy leader committed to innovations that improve the health of Arkansans.

■ MISSION

To be a catalyst for improving the health of Arkansans through evidence-based research, public issue advocacy and collaborative program development.

■ CORE VALUES

- Commitment
- Initiative
- Trust
- Innovation

These are the fundamental principles that guide the Center’s collective and individual decisions, strategies and actions to improve the health of Arkansans. These core values define what ACHI—the organization and its people—stand for throughout time, regardless of changes in ACHI’s internal structure and leadership, or in response to external factors and market conditions.

ACHI’s primary initiatives comprise three distinct areas of work: Health Promotion and Disease Prevention, Health Care Finance and Access to Quality Care. At the core of these initiatives is health data used by ACHI for building evidence to guide decisions and action. Much like the inter-related nature of our state’s health issues, solutions found through our project work frequently can be used to address multiple issues.

The Arkansas Center for Health Improvement is an independent, nonpartisan policy center jointly supported by Arkansas Blue Cross and Blue Shield, Arkansas Children’s Hospital, the Arkansas Department of Health, Delta Dental of Arkansas, and the University of Arkansas for Medical Sciences.



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Message from the Director



As I reflect on the many achievements our state has made to improve health, one thing stands out above all else—the important partnerships we’ve developed. ACHI has long been a catalyst for change, but it is the collaborative work we do with others across the state and the nation that makes change possible and sustainable.

Arkansas partners working together have led to a 36% reduction in youth smoking; a 20% reduction in adult smoking; smoke-free campuses at all hospitals and public universities; smoke-free indoor airspace for most employees; a halt to the childhood obesity epidemic; increasing efforts by schools, employers, and communities to advance healthy eating and active living; a small-business partnership for health benefits with over 10,000 participants; and a developing trauma system with nationally recognized advances in our injury prevention efforts. These examples show that, together, we are truly shaping a new future for the health of Arkansans.

These improvements did not just happen. They frequently came only after years of efforts by many partners to improve awareness about health issues, identify solutions and promote change.

Building upon the trusted partnerships ACHI has established, public and private sector interests increasingly support our Arkansas Health Data Initiative (HDI) by providing data that can be transformed into information to assist policy makers. The Arkansas HDI enables us to see a broader picture of where we are and what is needed, strengthening our ability to identify and offer evidence-based solutions to our state’s most urgent health needs.

Partners throughout the state came together to help guide a huge opportunity for Arkansas to advance quality health care through our response to the Health Information Technology for Economic and Clinical Health (HITECH) Act. By leading the planning effort to establish a health information exchange (HIE), ACHI helped secure a \$7.9 million grant for the state and launch the state’s newest organization, the Arkansas Office of Health Information Technology. The diversity of stakeholders involved in this effort will assure statewide

enhancement of quality health care through optimal use of new technology.

Our efforts to avert future health care costs of chronic illness by avoiding obesity—what I believe to be the greatest 21st century health risk—continues at both local and national levels. Through the Child Wellness Intervention Project (CWIP)—funded by the Arkansas Tobacco Settlement Commission—schools across the state receive a comprehensive set of physical education tools to reinsert active physical education into students’ school experience. Preliminary reports of reduced behavioral problems and improved academic achievement from other states will be closely monitored for similar results within our state. On a national level, through the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity, we have been instrumental in working with national leaders to inform, support and guide both the Administration and Congress to make needed policy and environmental changes.

These few examples reveal our day-to-day commitment to ACHI’s mission of establishing new and long-standing collaborations to accelerate improvement in the health of Arkansans. We are privileged to participate with dedicated partners and stakeholders across the state who share our interest in making Arkansas a healthy place in which to live, work and learn. We are increasingly given the opportunity to share stories of our success nationally and bring good ideas home for consideration.

You will find more information on these and other important projects in this report, which honors and thanks our partners for their steadfast commitment to improving the health of Arkansans. As we stand on the threshold of health care reform, because of our state’s collaborative spirit, we are well-positioned to assess, evaluate and shape coming changes to ensure that we improve the strength of and support for our health care system and citizens it serves.

Sincerely,

A handwritten signature in dark ink, appearing to read "Joe Thompson". The signature is fluid and cursive.

Joseph W. Thompson, MD, MPH

Health Policy Board

ACHI's Health Policy Board consists of 21 members who bring diverse perspectives and interests on health. This board guides and sets policy recommendations to benefit the citizens of the state and to charge ACHI staff with advancing their recommendations. This allows ACHI to serve as an independent voice articulating the needs of Arkansans.

Jerry Adams, President/CEO
Arkansas Research Alliance

Sharon Allen, Retired
Arkansas Blue Cross and Blue Shield

Cory Anderson, Vice President
Winthrop P. Rockefeller
Foundation

Phillip Baldwin, President/CEO
Southern Bancorp

Joseph Bates, MD
Deputy State Public Health
Officer, Chief Science Officer
Arkansas Department of Health

Larnell Davis
Executive Director
Jefferson Comprehensive
Care System

Anthony Fletcher, MD
(Board Vice-Chair)
Cardiologist

Stephanie Gardner, PharmD, EdD
Professor and Dean
UAMS College of Pharmacy

Susan Hanrahan, PhD
(Board Chair)
Dean, Nursing and Health
Professions
Arkansas State University

Kurt Knickrehm, Vice President
Resamen Insurance

Andrew Kumpuris, MD
Cardiologist

Len Nichols, PhD
Health Economist
Robert McGinnis
Former Member, AR House of
Representatives

Eduardo Ochoa, MD
Associate Professor
Arkansas Children's Hospital

Rosa Pippin, MD
Arkansas Department of Health
Tobacco Prevention &
Cessation Branch

Carolyn Pollan, PhD
Former Member, AR House of
Representatives

Herb Sanderson
Executive Director
Arkansas Branch, Association of American Retired Persons

Robert Shell, President
Baldwin & Shell Construction

Charles Stewart
Executive Director
Heifer International

G. Richard Smith, MD
Professor and Chair of the Dept. of Psychiatry
Exec. Director, Psychiatric
Research Institute

Ken Tillman
Rural Health Coordinator
Arkansas Farm Bureau

Ex-Officio
Joseph Thompson, MD, MPH
ACHI Director
Arkansas Surgeon General

Ex-Officio
James Raczynski, PhD
Dean
UAMS College of Public Health



Len Nichols and Stephanie Gardner



Rick Smith



Cory Anderson, Bob Shell and Joe Bates



Joe Thompson and Susan Hanrahan



Eddie Ochoa



Herb Sanders, Jerry Adams and Ken Tillman

Core support for ACHI is provided by five corporate sponsors: Arkansas Blue Cross and Blue Shield, Arkansas Children’s Hospital, Arkansas Department of Health, Delta Dental of Arkansas, and the University of Arkansas for Medical Sciences.

An Administrative Committee, composed of the chief administrators from each sponsoring organization, serves as a governing body distinct from ACHI’s Health Policy Board. The Administrative Committee provides performance review and establishes compensation for ACHI’s Director, oversight of ACHI’s financial performance and approval of ACHI’s annual budget. The Administrative Committee has formally delegated ACHI policy decisions to the ACHI Health Policy Board.



Ed Choate
President and CEO
Delta Dental of Arkansas

ACHI Welcomes New Annual Sponsor

The Arkansas Center for Health Improvement is proud to have gained the support of Delta Dental of Arkansas through a five-year commitment to provide core funding for the Center.

“Our annual support of ACHI reflects a shared commitment to improving the health of Arkansans. As the state’s evidence-based policy development leader, ACHI echoes our mission of supporting and advocating oral health’s vital role in overall health and well-being. ACHI provides a valuable overview of health in our state, advances unbiased solutions and implements progressive change. Delta Dental of Arkansas is dedicated to helping ACHI achieve its important initiatives.”

As chief administrator of Delta Dental of Arkansas, Ed Choate, President and CEO, is the newest member of ACHI’s Administrative Committee.

Delta Dental of Arkansas is dedicated
to helping ACHI achieve its
important initiatives.



P. Mark White
CEO
Arkansas Blue Cross and Blue Shield



Jonathan Bates, MD
President and CEO
Arkansas Children's Hospital



Paul Halverson, DrPH, FACHE
State Health Director
Arkansas Department of Health



Daniel W. Rahn, MD
Chancellor
University of Arkansas for Medical Sciences

Financial Statement - Fiscal Year 2009-2010



Debbie Bertelin
Executive Assistant



Paula Card-Higginson, BA, ELS
Deputy Director



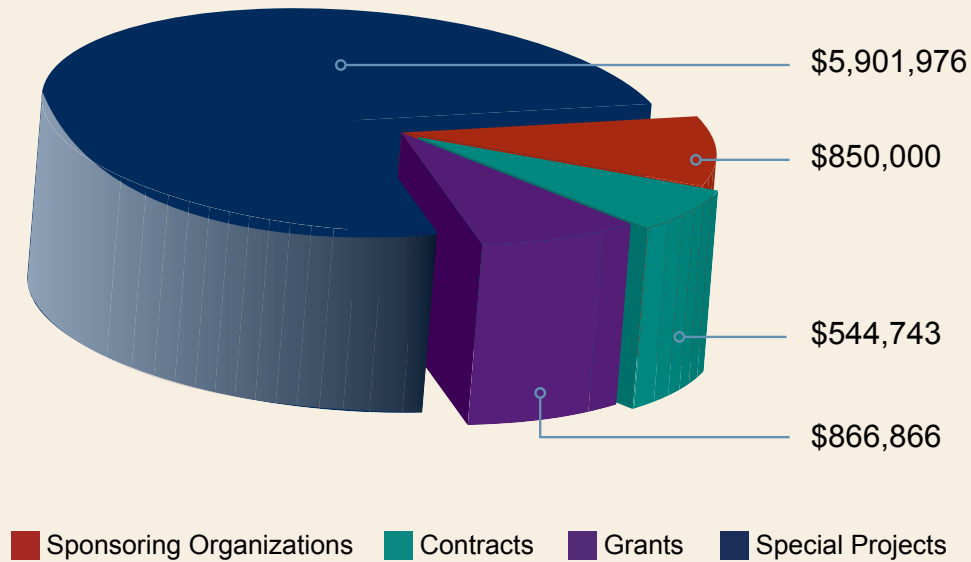
Jana Casteel, MHSA
Fiscal Officer



Lindsey Clark, MPS
Research Assistant

Grants	
Arkansas Department of Health—Body Mass Index Assessment	\$154,649
Robert Wood Johnson Foundation—Epidemiology	\$679,712
University of Arkansas Fayetteville—School Lunch Participation and Childhood Obesity Analyses	\$32,506
Total Grants	\$866,866
Contracts	
Arkansas Department of Human Services—Safety Net Waiver	\$199,757
Arkansas Department of Human Services—Joint Policy Analyst	\$77,438
Arkansas Department of Health—Surgeon General	\$146,125
Arkansas State Employee Benefits Division—Health Risk Assessment	\$73,003
Arkansas Tobacco Settlement Commission—Child Wellness Intervention Project	\$16,841
Arkansas Department of Education—Coordinated School Health	\$31,579
Total Contracts	\$544,743
Special Projects	
Robert Wood Johnson Foundation Center to Prevent Childhood Obesity	\$4,408,173
Arkansas Department of Human Services—Statewide Health Information Exchange	\$793,803
Health Data Initiative (Tobacco Tax)	\$700,000
Total Special Projects	\$5,901,975
Total Grants, Contracts and Special Projects	\$8,163,584

ACHI FUNDING FY10



Total available funding for fiscal year 2010 was \$8,163,584. Included were annual sponsor contributions totaling \$850,000 from Arkansas Blue Cross and Blue Shield, Arkansas Children’s Hospital, Arkansas Department of Health, Delta Dental of Arkansas and the University of Arkansas for Medical Sciences. This core funding provides an underpinning that has allowed ACHI to develop its initiatives and position itself to take on meaningful projects funded through grants, contracts and special projects.

Grants, contracts and special projects for the fiscal year ending June 30, 2010 totaled \$8,163,584, including \$4,408,173 in funding for the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity, housed at ACHI.



Arkansas Health Data Initiative



James Cotton
*Management Information
Systems Specialist*



Phil Deloney
Director of Operations



Shelia Dodson, MA, BA
Research Assistant



Sarah Frith, MA
Research Associates

ACHI's transformation of data into information for decision-making is a central component of the Center's health policy and program development.

Recognizing the value of evidence-based policy development, the Arkansas General Assembly passed Act 1035 of 2003, which established the Arkansas Health Data Initiative and improved access to public health databases across the state. This Act authorized ACHI to have access (with agency head approval) to any data the state owns or contracts for that could inform the policy dialogue.

The ability to combine data from multiple sources and multiple time periods provides a powerful picture of health and associated costs in our state. For example, linking ACHI's Body Mass Index database and Medicaid claims data (figure 1) vividly portrays the impact of childhood obesity on medical cost and use. Data from the state employee health risk assessments and medical claims (figure 2) shows how health care costs associated with obesity increase with age. This information is used to guide investments in obesity prevention.

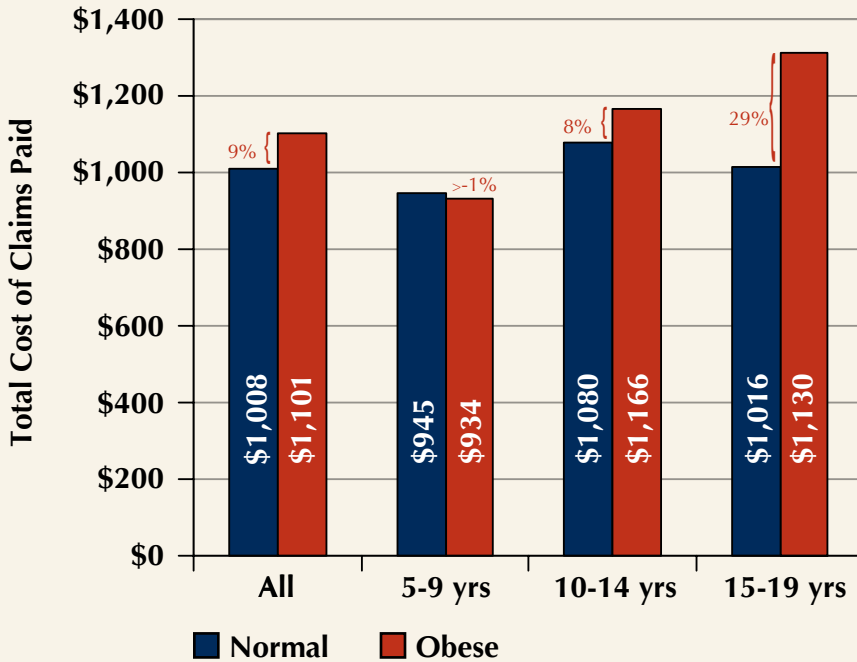
During the 2009 legislative session, funding for the Arkansas Health Data Initiative was provided through the tobacco excise tax, allowing ACHI to complete expansion of the data center to host data used to inform health policy in the state. The result is the unique ability to synthesize key pieces of information previously held separately to analyze a comprehensive picture of health and identify the best opportunities for improvement.

Use of and access to data is controlled by the owner agencies and data are used to portray information at the population level. All data is de-identified to protect individual privacy with security maintained through adherence to the strict guidelines of the Health Insurance Portability and Accountability Act (HIPAA) privacy rules. The knowledge gained through the Arkansas Health Data Initiative is an essential tool for meeting the evidence-based needs of Arkansans and ensuring maximum return on state expenditures.



Cost of Childhood Obesity among Medicaid/SCHIP Enrollees in Arkansas

Average Annual Total Cost by Age Group among Arkansas Enrollers (5-19 yrs) in Traditional, SCHIP and AFDC Medicaid Programs



Total costs are payments for medical (outpatient and inpatient), pharmacy, and dental claims. Claims period 1/1/03–6/30/05. Data source: Card-Higginson P, Thompson JW, Shaw JL, Lein S. Cost and health impact of childhood obesity among Medicaid/SCHIP enrollees. 2008 AcademyHealth Annual Research Meeting, Washington, DC, June 9, 2008.

- ACHI linked Medicaid claims data with school-based BMI assessments. The cost of care was evaluated for 60,928 children enrolled over a 30 month period.

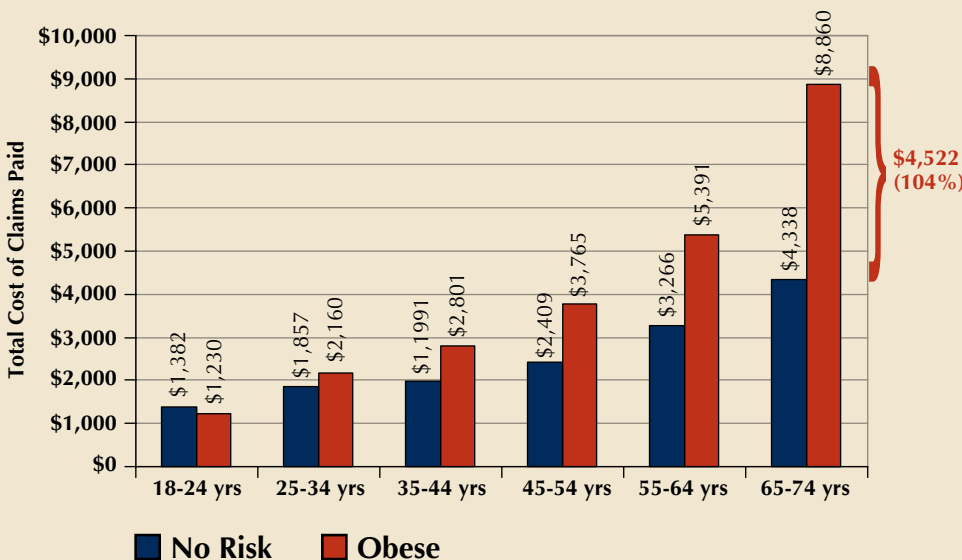
- The difference in average annual total cost was statistically different between normal weight and obese enrollees ($p < .001$).

- The cost differential between normal and obese increased with age to a 29% higher cost among obese 15-19 year olds compared with their normal weight counterparts.

- Childhood obesity is considered a risk factor, not a reimbursable condition, under existing Congressional authorization for Medicaid/SCHIP services. Failure to resolve this financial barrier has substantial long-term health and cost implications for the U.S. and restricts states' ability to optimally address a recognized threat to children's health.

Health Care Plan Cost—Variation by Obesity Classification and Age Group

Average Annual Total Costs by Age Group among Arkansas State Employees



Total costs are payments for medical (outpatient and inpatient) and pharmacy claims for state employees. Claims period 10/1/04–2/28/06. Using self-reported height and weight, individuals with a BMI of 30 or higher were classified as obese. The no risk group comprised individuals who were normal weight, did not use tobacco and engaged in physical activity 5 days/week or more. Data source: Card-Higginson P, Jaster R, Shaw JL, Pinidiya SD, Lein S, Thompson JW. Health care plan cost variation by obesity classification and age group. 2008 AcademyHealth Annual Research Meeting, Washington, DC, June 10, 2008.

- The impact of obesity on the Arkansas State and Public School Employees' health plan costs was assessed using self-reported, voluntary health risk assessment (HRA) data and plan claims.

- Among the 43,461 individuals who completed the HRA and had linked health claims data; 11% (4,720) had no risks and 32% (13,815) were obese.

- Overall, costs increased with age, but at a greater rate for obese compared with no-risk individuals.

- These results inform potential cost containment strategies and provide information that can inform future actuarial projections for the state plan and federal programs, such as Medicaid and Medicare



George (Ed) Fryer, PhD
*Associate Director
Health Data Initiative*



Carol Garner, MPH, RD, LD
*Team Lead, Engagement
and Coordination*



Kathryn Hazelett
Team Lead, Policy



Rhonda Hill, MPH
Prevention Specialist

The Robert Wood Johnson Foundation Center to Prevent Childhood Obesity

On a national level, ACHI leads the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity in strategic partnership with Oakland, California-based PolicyLink. The RWJF Center is a leading voice in the national movement to reverse the childhood obesity epidemic by 2015. Through policy analysis, leadership development, and communications with a broad network of advocates, the center is working to enable children of all races, ethnicities and geographic locations to eat healthy, be physically active and avoid obesity.

At the simplest level, childhood obesity is caused by an energy imbalance—children consuming more energy (calories) through foods and beverages than they expend through normal growth, physical activity, and daily living. This imbalance is the unintentional consequence of societal and environmental changes that make it difficult for many families to make healthy choices. To combat the childhood obesity epidemic, not only families but also local, state and federal policymakers must make environmental changes to help children balance the number of calories they consume and burn each day.

The Center focuses on policy solutions as key to changing the environments where children live, learn and play. For example, federal, state, and local policy changes can ensure that foods and beverages served in schools are nutritious, mandate physical activity for all school children, incentivize the creation of grocery stores in underserved neighborhoods and require that parks be well-maintained and accessible.

The Center's work in the policy arena has included presentations in several congressional briefings and hearings and participation in the White House Obesity Summit to discuss recommended top priorities to inform the Presidential Taskforce on Childhood Obesity.

Policy Link

PolicyLink is a national research and action institute advancing economic and social equity by Lifting Up What Works®.

Founded in 1999, PolicyLink connects the work of people on the ground to the creation of sustainable communities of opportunity that allow everyone to participate and prosper. Such communities offer access to quality jobs, affordable housing, good schools, transportation, and the benefits of healthy food and physical activity.



U.S. Surgeon General, Dr. Regina Benjamin during an April 12, 2010 visit to Little Rock.



November 19, 2009 Sam Kass, Assistant White House Chef and Senior Policy Advisor for Healthy Food Initiatives, addresses attendees of a RWJF Center conference.



On March 4, 2010 Robert Wood Johnson Foundation Center to Prevent Childhood Obesity Director, Dr. Joe Thompson testified during the U.S. Senate Committee on Health, Education, Labor and Pensions hearing on reducing childhood obesity.

Guided by the belief that those closest to the nation's challenges are central to finding solutions, PolicyLink relies on the wisdom, voice, and experience of local residents and organizations. Lifting Up What Works is their way of focusing attention on how people are working successfully to use local, state, and federal policy to create conditions that benefit everyone, especially people in low-income communities and communities

of color. They share findings and analysis through their publications, website and online tools, convenings, national summits, and in briefings with national and local policymakers.

PolicyLink's work is grounded in the conviction that equity—just, fair, and green inclusion—must drive all policy decisions.



Dan Hollingsworth, JD
Senior Associate



Justin Hunt, MD
Advisor



Stephanie Jackson
Executive Assistant



Tionna Jenkins, MPH
Research Associate

The health of Arkansas children, especially the prevention of childhood obesity, has long been the focus of many of ACHI's collaborative projects and partnerships. In addition to facilitating data entry and performing analysis for the state's annual body mass index assessment in schools, members of ACHI staff interact closely with the Arkansas Departments of Education and Health, public school nurses, community health nurse specialists, community health promotion specialists, Arkansas Children's Hospital, the University of Arkansas for Medical Sciences and others. Recognizing the importance of assessing efforts at the individual school level, ACHI staff developed an evaluation tool for the Coordinated School Health program and perform analyses to help focus the program on the most effective interventions. Collaboration throughout the state is furthered through staff service on several committees and boards, including the state's Child Health Advisory Committee (CHAC).

Recognizing the importance of schools as community-centered settings for addressing chronic health problems linked to obesity, the ACHI policy team worked to support inclusion of funding through a tobacco excise tax for several child health programs. Included were the expansion of Coordinated School Health with grants awarded to nine school districts to open wellness centers on their campuses, and a grant program to foster joint use agreements between communities and schools to make facilities available for physical activity during non-school hours.

ACHI's reputation as a trusted advisor and respect for the Center's analytic capabilities were evidenced this year through implementation of the Child Wellness Intervention Project (CWIP), a unique program of the Arkansas Tobacco Settlement Commission (ATSC) in partnership with the Arkansas Department of Education's Office of Coordinated School Health and Arkansas Children's Hospital. ACHI was chosen to conduct a programmatic and process outcomes evaluation using existing evaluation tools and an Arkansas-specific survey. Information gained through formal evaluation, data collection and analyses will inform the ATSC about real and/or perceived programmatic barriers. In addition, summarized evaluation results will be delivered to each CWIP school, as well as to ATSC and Arkansas Department of Education administration, to document potential successes and overall program impact. CWIP has two goals. The first is to support and promote quality physical education to increase physical activity that impacts overall student health and decreases the risk of chronic disease. The second goal is to implement this project



Michelle Justus, ATSC Director, Aaron Black and Dr. Jennifer Shaw during the March 11, 2010 CWIP grant awards ceremony at the State Capitol.

in each of the educational cooperatives to create model programs across the state. These model program schools will serve as examples for other schools to follow.

To achieve these goals, schools must develop, sustain and expand on positive changes in the school physical education environments, providing more time for students to spend participating in moderate to vigorous physical activity and promoting a lifetime of healthy change.

Grants are provided to supply curriculum, training and resources based on the Arkansas Standards for Physical Education to be taught by physical education teachers. Grantees will use funds to purchase SPARKS curriculum and equipment, Fitnessgram, HealthTeacher.com and PE4Life training. To qualify for the grant, schools had to commit to every child participating in quality physical education classes for at least 120 minutes per week for three years. There are currently 56 schools participating in the program beginning in the 2010-2011 school year.



Barbara Kumpe, Arkansas Heart Association, Joy Rockenbach, Act 1220 Coordinator, Carole Garner, RWJF Center and CHAC President, and Michelle Justus, ACHI, participate in the March 11, 2010 meeting of CHAC.



On February 25, 2010, Dr. Jennifer Shaw and Michelle Justus participated in the Coordinated School Health workshop to provide evaluation training for program coordinators.



The Arkansas Coalition for Obesity Prevention



Michelle Justus, MA, RD
Prevention Specialist



Arlo Kahn, MD
Senior Associate



Chaitanya Katterapalli, MS
Senior Computer Specialist



Stephen Lein
Project Director

The Arkansas Coalition for Obesity Prevention (ArCOP) is a prime example of ACHI's mission in action. The spark that created ArCOP was ignited as a result of ACHI's advocacy and collaborative participation in the Southern Regional Obesity Summit, held in Little Rock during August, 2007. That spark was further fueled by the May, 2008 Arkansas Obesity Policy Summit coordinated by ACHI. During the Summit ten top priorities emerged catalyzing a work plan for ArCOP. With a major goal of increasing the percentage of Arkansans of all ages who have access to healthy and affordable food and who engage in regular physical activity, ArCOP provides fundamental support for ACHI's mission to improve the health of Arkansans.

ArCOP represents a comprehensive approach to obesity prevention at all levels of influence. ACHI staff participate with a diverse group of partners that comprise ArCOP as members of five active workgroups. The collective objective of these groups is the development, implementation and evaluation of a five-year work plan to influence state, local and organizational policy related to obesity prevention.

One of ArCOP's major programs is Growing Healthy Communities, an effort designed to enable communities state-wide to address childhood, adolescent and adult obesity. Through a partnership with the LifeStages Branch of the Arkansas Department of Health, the Winthrop Rockefeller Institute and the University of Arkansas for Medical Sciences, Fay W. Boozman College of Public Health, five Arkansas communities were selected to undergo an intensive training and planning session to learn from national, state and local leaders about policy and environmental changes that promote healthy lifestyles. To be considered for the program, communities had to submit an application that included a commitment to participate from community leaders and city planners.



Dr. Jennifer Shaw; Professor John Gaber, University of Arkansas, Fayetteville; Rhonda Hill; and Kathryn Hazelett during an ArCOP built environment workgroup meeting. Professor Gaber attended the meeting to share information on utilization of health impact assessments and links to environmental change.

The training was designed to help communities create a plan to improve health by addressing issues including connecting neighborhoods to services to increase physical activity, developing projects for school and after-school programs to increase family and community involvement and to increase the likelihood of better nutrition and physical activity, creating changes in child-care delivery systems to offer nutrition education for workers and families and establishing worksite incentives to help employees adopt healthier lifestyles. Communities were provided with tools and technical assistance to plan, implement and evaluate their strategies for growing a healthy community. In addition, a grant from the Blue and You Foundation of Arkansas provided \$10,000 to each community to support implementation.

The selected communities are, the Arkansas Baptist College neighborhood in Little Rock, Batesville, Harrison, Helena/West Helena and Magnolia. The selection was made to include one community in each of the state's five public health regions.

It is expected that strategies developed in these communities will serve as a model for others throughout the state. To that end, the Growing Healthy Communities will conduct Healthy Active Living summits to teach other communities in their region how to duplicate their efforts.



Joy Rockenbach, Act 1220 Coordinator, ArCOP Chair, and former ACHI associate, receives a Public Health Hero award on April 9, 2010 as part of Arkansas Public Health Week activities. The award was presented by former ACHI associate, Kate Stewart, MD, MPH, Associate Professor in the Department of Health Policy Management and Director of the Office of Community Based Public Health in the UAMS Fay W. Boozman College of Public Health.



ACHI associate, Dr. Jennifer Shaw, worked with a number of organizations in a diverse partnership that included Bicycle Advocacy of Central Arkansas and the Arkansas Coalition for Obesity Prevention to secure a grant given to Arkansas Children's Hospital to help increase physical activity for children in grades K-8 by increasing safe opportunities for children to walk and bicycle to school. The grant complements the Arkansas Safe Routes to School program that Dr. Shaw helped establish through a partnership between the Arkansas State Highway and Transportation Department and the Injury Prevention Center at Arkansas Children's Hospital.



Chip Johnson, Mayor of Hernando, Mississippi visits with RWJF Center Team Lead, Kathryn Hazelett, and Joe Thompson prior to Mayor Johnson's presentation during the ArCOP inaugural training session for Growing Healthy Communities grantees.



Suzanne McCarthy, MS, MPH
*Founding Senior Associate
Director of Government
Relations*



Candice McNair
Management Project Analyst



Tom Miyoshi, MSW
Senior Data Analyst



Kenley Money
Data Governance Manager

Growing Healthy Communities will conduct Healthy Active Living summits to teach other communities in their region how to duplicate their efforts.

In addition, the ArCOP workgroups will conduct a variety of other outreach activities to engage participation. These include the following.

- Walkability and bikeability assessments of the Growing Healthy Communities, conducted with the assistance of the Arkansas Chapter of the Association of American Retired Persons (AARP). The results of these assessments will guide changes to increase physical activity within the communities.
- Health care advocacy training for 20 health care professionals from each of the five regions to teach them how to promote change in their communities to reverse the childhood obesity epidemic.
- Sustainable food systems regional summits targeting school personnel, community and businesses leaders, farmers, master gardeners, restaurant owners and food pantry organizers with the goal of developing sustainable local strategies and action plans for improving access to healthy foods.
- A series of worksite wellness summits for employers, business owners, human resource staff, invested employees and other decision makers, to be conducted in Arkansas business communities to encourage implementation of worksite wellness programs. In his role as Surgeon General for Arkansas, Dr. Joe Thompson joined forces with Arkansas Department of Health, State Health Director, Paul Halverson, and Maria Haley, Executive Director of the Arkansas Economic Development Commission to produce a video to be used during these summits that demonstrated the important link between health and economic performance.



Maria Haley, Executive Director of the Arkansas Economic Development Commission and Surgeon General for Arkansas, Dr. Joe Thompson, during production of a video discussing the importance of health to economic development.



On March 31, 2010, ACHI Director, Dr. Joe Thompson and associate, Michelle Justus (not pictured), joined First Lady, Ginger Beebe, Delta Garden Study Lead Investigator, Dr. Judy Weber and others for an official ground breaking ceremony at Mabelvale Magnet Middle School — the Delta Garden Study project’s first pilot school.



On April 8, 2010 North Little Rock participated in Public Health Week as a shining example of the theme Healthier Arkansas: One Community at a Time. During an event celebrating the opening of a new grocery store on Main Street in historic downtown Argenta, North Little Rock Mayor, Patrick Hays, presented a Public Health Week proclamation to Arkansas First Lady, Ginger Beebe and Dr. Joe Thompson. Also participating were Certified Arkansas Farmers Markets President, Jody Hardin and Michael Drake of the Mayor’s Office of Sustainability.



On April 9, 2010 Arkansas Minority Health Commission Director, Idonia Trotter, read a proclamation from Governor Mike Beebe declaring April Minority Health Month. The event was held at Arkansas Baptist College, one of the Five Growing Healthy Communities grantees, as part of the state’s public health week activities. ACHI associate, Debra Pate, helped organize the event as part of the Public Health Week planning committee.

State and Public School Employee Health



Jennifer Pagan
Executive Assistant



Debra Pate
Communications Specialist



Dilan Pinidiya, MEd, MS
Programmer/Analyst



Kimara Randolph, BA, PHR, CHAA
Meeting and Event Manager

An important partnership has developed over the past several years between ACHI and the Arkansas State and Public School Employee Health and Life Insurance Plan, Employee Benefits Division (EBD). ACHI was originally contracted in 2004 to help EBD assess the overall health of plan members, provide data that would allow the self-insured program to better forecast medical claim expenses, and analyze the quality of medical services provided to the plan. Since then ACHI's work with EBD has moved from analysis to action with a strong focus on prevention as an essential benefit to state and public school employees with zero out-of-pocket cost to members.

Using information provided through the Arkansas Health Data Initiative housed at ACHI, the prevalence of chronic health conditions has been determined. This knowledge is now being used to design programs to improve health by addressing certain predominant conditions. One such program currently under development is a diabetes education program.

In the wake of federal health care reform, ACHI staff has consulted with EBD staff and the insurance plan's board and committee members to ensure federal regulations will be met as the new law is implemented.

State and public school employees comprise the largest employment group in Arkansas with representation in every corner of the state. As such, the health profile of this group serves as an excellent proxy for the health experience of the state as a whole. Programs designed to improve the health of state and public school employees can serve as models for others in the state to follow.



EBD Deputy Executive Director, George Platt and Analytics Nurse, Shannon Roberts meet with ACHI's Rhonda Hill to discuss Federal requirements for providing preventive health services as they relate to the new health care reform regulations.

Health Information Technology and the Health Information Exchange

The Arkansas Health Information Exchange (HIE) Project is a collaborative effort among public and private stakeholders to plan a secure, technology-based system that will allow health information to follow individuals wherever they engage in the health care system. By optimizing use of electronic health records, the HIE project seeks to improve access and quality of health care services, reduce inefficiencies and avoidable costs, and create better health outcomes.

Earlier work in Arkansas established portions of the framework for statewide health information technology. In late spring 2009, Governor Mike Beebe asked Dr. Joe Thompson, Arkansas Surgeon General, and four other cabinet members to use new federal funding opportunities to build upon and complete the project.

Federal dollars were made available by the congressional passage of the Health Information Technology for

Economic and Clinical Health (HITECH) Act, included in the American Recovery and Reinvestment Act of 2009. One of the funding opportunities of the HITECH Act established a four-year cooperative agreement program to help states develop HIE capacity.

The initial phase of the HIE Project was staffed by ACHI and fueled by leaders in the health and technology professions. A task force and executive committee were convened and several workgroups organized to undertake completion of the necessary applications for federal dollars, development of strategic and operational plans, and establishing mechanisms for putting the HIE system in place. As a result, Arkansas was awarded \$7.9 million for the cooperative agreement project. In compliance with requirements of the agreement, the Arkansas Office of Health Information Technology was established by Governor Beebe in May 2010 to carry on the next phases of the project. For more information, including a list of the many Arkansans who have committed their time and expertise to advancing health information technology in our state, visit www.recovery.arkansas.gov/hie/aboutus.html.



HIT Executive Committee Representatives, left to right: Mary Leath, ADH; Herschel Cleveland, DIS; Jake Bleed, DF&A; John Selig, DHS; Frank Scott, Governor's Office; David Wroten, Arkansas Medical Society; John Ahlen, ASTA; Ray Scott, OHIT; Tom Harbuck, Jefferson Regional Medical Center; Jean Block, Assistant Attorney General; Jerry Bradshaw, Arkansas Blue Cross and Blue Shield; Amy Rossi, ACHI.



ACHI's HIE Team included, left to right: Bill Larkin, Fox Systems; Allison Nicholas, contractor; Amy Rossi, ACHI; Dr. Justin Hunt, ACHI; Shirley Tyson, ACHI; Ray Scott, contractor; Hannah Vogler, contractor; Lindsey Clark, ACHI; Dewey Freeman, contractor; Kathryn Hazelett, ACHI.



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In This Report:

- What does the employer-sponsored health insurance system look like in Arkansas, including unemployment rates, the size of businesses in our state and the number of people who don't have insurance coverage?
- How will Arkansas be affected by health care reform, considering general level of education, homeownership, foreclosure rates, medical bankruptcy and the amount of money Arkansans earn?



The Impact of National Health Care Reform on Arkansas

August 28, 2009

INTRODUCTION

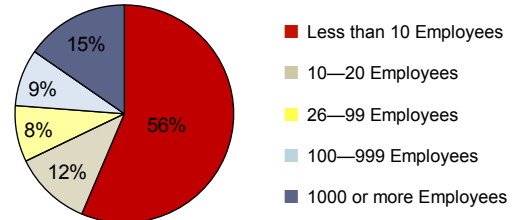
Health care reform is complicated and one size may not fit all. This report is one of a series produced by the Arkansas Center for Health Improvement (ACHI) that will shed some light on how reform will help or hurt Arkansans.

In this report, we outline how things stand in our state, including information about the economy, health care costs and insurance coverage. From this information, we can identify specific needs in Arkansas that must be met for health care reform to work for our citizens.

ARKANSAS ECONOMY

Arkansas is built on a foundation of strong rural economies, successful small business, and a large self-employed population. During 2008, there were 61,139 private-sector businesses in Arkansas. **More than half (56%) of Arkansas private-sector businesses employed fewer than 10 people.** An estimated 993,395 Arkansans are employed by private-sector business¹ and **there are approximately 180,000 self-employed US citizens in Arkansas².**

Private-Sector Business Size In Arkansas



Source: Agency for Health Care Research & Quality, Center for Financing, Access and Cost Trends

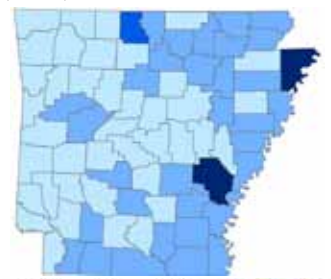
UNEMPLOYMENT

As of June 2009, the current state labor force consists of 1,390,300 of Arkansas' estimated 2,855,390 population. Of those, 1,285,700 are employed and 104,600 are unemployed. This accounts for **an unemployment rate of 7.2%—a 2.2% increase over June 2008³.**

In addition to a 2.2% increase in unemployment, job growth for a large portion of employed Arkansans is expected to decline in the next year.

Higher unemployment rates, and reduced job growth means more Arkansans will not have access to employer-provided health coverage.

Arkansas Labor Force Statistics: Unemployment Rate by County (June, 2009)



Source: Discover Arkansas. www.discoverarkansas.net

Passage of the Patient Protection and Affordable Care Act presents many opportunities and some challenges for Arkansas. The Act intersects ACHI's primary initiatives of health care finance, disease prevention and health promotion, and quality of care and it presents a critical need for ACHI's health data initiative to inform important decisions as the state moves into implementation of the Act's requirements.

The Act offers an unprecedented opportunity to change the landscape of health care in Arkansas and every Arkansan is a stakeholder in the outcome. ACHI will analyze various aspects of the legislation for the impact on Arkansas. This information and links to informational resources will be posted to the ACHI website at www.achi.net. Those interested are welcome to sign up for e-mail updates as new information is added to the site.



A November 6, 2009 meeting of the Governor's Roundtable on Health Care, staffed by ACHI, included a discussion on the impact of federal health care reform legislation on Arkansas. Senator Blanche Lincoln joined the discussion via teleconference to provide an update from Capitol Hill and to exchange questions and answers with members of the Roundtable.



On May 18, 2010 Dr. Joe Thompson delivered an informative overview of the Patient Protection and Affordable Care Act as a new milestone in the evolving U.S. health care system. During the lecture hosted by the UAMS College of Medicine, Dr. Thompson noted some of the issues that prompted reform, outlined the overall strategy behind new legislation and the timeline for implementation and discussed implications for Arkansas.



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Director



Shirley Tyson
Research Associate



Shirley Vanderslice, CPC, CTTS
Project Specialist



Dionne Ware
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Karen Cox Wooten-Wood
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ACHI has earned the trust of legislators and policymakers throughout the state by serving as a thoughtful, unbiased resource for health data and evidence-based solutions for improving health. Working independently and with other organizations, ACHI staff monitor health-related issues, provide analyses and develop recommendations used to inform the legislative process.



ACHI's Suzanne McCarthy with Rhonda Sanders, Arkansas Hunger Relief Alliance; Rosi Smith, Arkansas Children's Hospital; and Elisabeth Burak, Arkansas Advocates for Children and Families, at the State Capitol.

On the Horizon

Each year ACHI uses its body of analytic work to catalyze efforts and devotes resources to changes that visibly impact the health and productivity of Arkansans. Thanks to the generous core support of our annual sponsors, Arkansas Blue Cross and Blue Shield, Arkansas Children's Hospital, the Arkansas Department of Health, Delta Dental of Arkansas, and the University of Arkansas for Medical Sciences, ACHI has the ability to respond to emerging issues raised by policy makers and the flexibility to meet new demands on staff capacity by adding professional expertise as needed.

There are many challenges and unprecedented opportunities ahead, especially in the area of health care reform. The application and translation of federal policy into state policy will require evaluation and impact assessment so that what is put in place best serves Arkansans. ACHI will utilize its analytic and policy expertise to help inform important decisions policymakers will be required to make.

