



ARKANSAS TOBACCO SETTLEMENT COMMISSION

Biennial Evaluation Report

2020-2021

2020-2021 BIENNIAL EVALUATION REPORT



Report presented to

Arkansas Tobacco Settlement Commission
101 East Capitol Avenue, Suite 108
Little Rock, AR 72201



Report presented by

Arkansas Tobacco Settlement Evaluation Team
University of Central Arkansas
201 Donaghey Avenue
Conway, AR 72035
June, 2021

Table of Contents

01	About the Report
02	About the Arkansas Tobacco Settlement Commission
03	ATSC Commission and Staff
04	ATSC Evaluation Team
05	ATSC Funding
07	Collective Impact Infographic
09	Program Progress and Evaluation
10	<i>Arkansas Biosciences Institute</i>
19	<i>UAMS Fay W. Boozman College of Public Health</i>
30	<i>Arkansas Minority Health Initiative</i>
43	<i>Tobacco Prevention and Cessation Program</i>
66	<i>Tobacco Settlement Medicaid Expansion Program</i>
73	<i>UAMS Centers on Aging</i>
86	<i>UAMS East Regional Campus</i>
99	Conclusion to 2020-21 Biennial Evaluation
106	Reflecting on 20 Years of Tobacco Funding in Arkansas
130	References



About the Report

Purpose

This report serves as a biennial evaluation of the health programs funded through the Arkansas Tobacco Settlement Commission (ATSC) for 2020-2021. Programs include Arkansas Biosciences Institute (ABI), UAMS Fay W. Boozman College of Public Health (COPH), Arkansas Minority Health Initiative (MHI), Tobacco Prevention and Cessation Program (TPCP), Tobacco Settlement Medicaid Expansion Program (TS-MEP), UAMS Centers on Aging (UAMS-COA), and UAMS East Regional Campus (UAMS East). Progress of each health program is contingent upon established goals, long-term and short-term objectives, and indicators that operationalize these goals and objectives. In coordination with the ATSC, the University of Central Arkansas (UCA) evaluation team assists program directors and administrators in aligning indicators with program goals and objectives. Indicators are fulfilled through various program activities like education, research, and community and clinical services.

Structure

The report consists of five main parts: (1) an overview of the ATSC with a funding flowchart; (2) an infographic illustrating the collective impact of programs during the biennium; (3) individual program progress and evaluation; (4) a synthesis and conclusion for the biennial evaluation; and (5) a qualitative report reflecting on 20 years of Tobacco Settlement dollars in the state, followed by references. The program progress and evaluation section offers seven subsections, one for each of the ATSC-funded programs. These sections include an infographic with key accomplishments, program goals, long-term and short-term objectives, indicators and their associated activity, evaluator comments, and testimonials.

Timing of Program Evaluation

While all ATSC-funded programs rely on annual indicators to guide activities, the timing of evaluation varies across programs. Some programs are evaluated at the end of the fiscal year; others are evaluated at the end of the calendar year. For clarity in this report, we provide an illustration of program evaluation timing below, broken down by the four evaluation reports that the UCA evaluation team produces each year.

- **January-March Quarterly Report:**
 - Quarterly updates for all ATSC-funded programs
- **April-June Quarterly Report:**
 - Quarterly updates for ABI, COPH, TS-MEP, UAMS-COA, and UAMS East
 - Fiscal year evaluation of MHI and TPCP
- **July-September Quarterly Report:**
 - Quarterly updates for COPH, MHI, TPCP, TS-MEP, UAMS-COA, and UAMS East
 - Fiscal year evaluation of ABI
- **Annual/Biennial Report, inclusive of October-December data:**
 - Calendar year evaluation of COPH, TS-MEP, UAMS-COA, and UAMS East
 - Review of most recent fiscal year evaluation of ABI, MHI, and TPCP

About the Arkansas Tobacco Settlement Commission



ATSC Mission

The mission of the Arkansas Tobacco Settlement Commission (ATSC) is to provide oversight and assessment of the performance of the seven programs funded by the Tobacco Settlement Proceeds Act of 2000. The Act mandates the distribution of Master Settlement Agreement funds. The seven health programs that receive funding work to enhance the health and well-being of Arkansans through various projects, programs, and outreach.

Funded Programs



Arkansas Biosciences Institute

Robert McGehee, Jr., PhD, Director
 Leslie Humphries, Program Coordinator (outgoing)
 Jimmie Jarry, Program Coordinator (incoming)

ABI Goal

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



UAMS Fay W. Boozman College of Public Health

Mark Williams, PhD, Dean
 Liz Gates, JD, MPH, Assistant Dean for Planning and Policy

COPH Goal

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



Arkansas Minority Health Initiative

ShaRhonda Love, MPH, Director (outgoing)
 Kenya Eddings, MPH, Director (incoming)
 Beatriz Mondragon, Grants Coordinator and Program Manager

MHI Goal

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



Tobacco Prevention and Cessation Program

Lana "Joy" Gray, Branch Chief

TPCP Goal

To reduce morbidity and death associated with tobacco use by preventing initiation of tobacco/nicotine products and providing cessation services/resources to Arkansans who want to quit using tobacco.



Tobacco Settlement Medicaid Expansion Program

Mary Franklin, Director, Department of Human Services Division of County Operations

TS-MEP Goal

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



UAMS Centers on Aging

Amy Leigh Overton-McCoy, PhD, GNP-BC, Director

UAMS-COA Goal

To improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs and to influence health policy affecting older adults.



UAMS East Regional Campus

Becky Hall, EdD, Director
 Stephanie Loveless, MPH, Associate Director

UAMS East Goal

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

Arkansas Tobacco Settlement Commission and Staff



Andrea Allen, Commission Chair

Deputy Director, Arkansas State University Delta Center for Economic Development
Governor Appointee

Tom Chilton, Commission Vice Chair

Director of Science and Technology, Arkansas Economic Development Commission (AEDC)
AEDC Permanent Designee

Jerri Clark, Commissioner

Director of School Health Services, Arkansas Department of Education (ADE)
ADE Permanent Designee

Mary Franklin, Commissioner

Director of Divisions of County Operations, Arkansas Department of Human Services (DHS):
DHS Permanent Designee

Nick Fuller, Commissioner

Deputy Director, Arkansas Department of Higher Education (ADHE)
ADHE Permanent Designee

Ken Knecht, MD, Commissioner

Physician, Arkansas Children's Hospital
Senate President Pro Tempore Appointee

Roddy Smart Lochala, DO, Commissioner

Physician, Family Practice Clinic
Attorney General Appointee

Renee Mallory, Commissioner

Chief of Staff, Arkansas Department of Health (ADH)
ADH Permanent Designee

Zsanica Ervin, Administrative Specialist III

Arkansas Tobacco Settlement Commission Evaluation Team



Emily Lane, MFA, PhD(c)

Project Director

Betty Hubbard, EdD, MCHES

Evaluator: Arkansas Biosciences Institute

Ron Bramlett, PhD

Evaluator: UAMS Fay W. Boozman College of Public Health

Denise Demers, PhD, CHES

Evaluator: Arkansas Minority Health Initiative

Janet Wilson, PhD

Evaluator: Tobacco Prevention and Cessation Program

Joseph Howard, PhD

Evaluator: Tobacco Settlement Medicaid Expansion Program

Ed Powers, PhD

Evaluator: UAMS Centers on Aging

Jacquie Rainey, DrPH, MCHES

Co-PI & Administrator

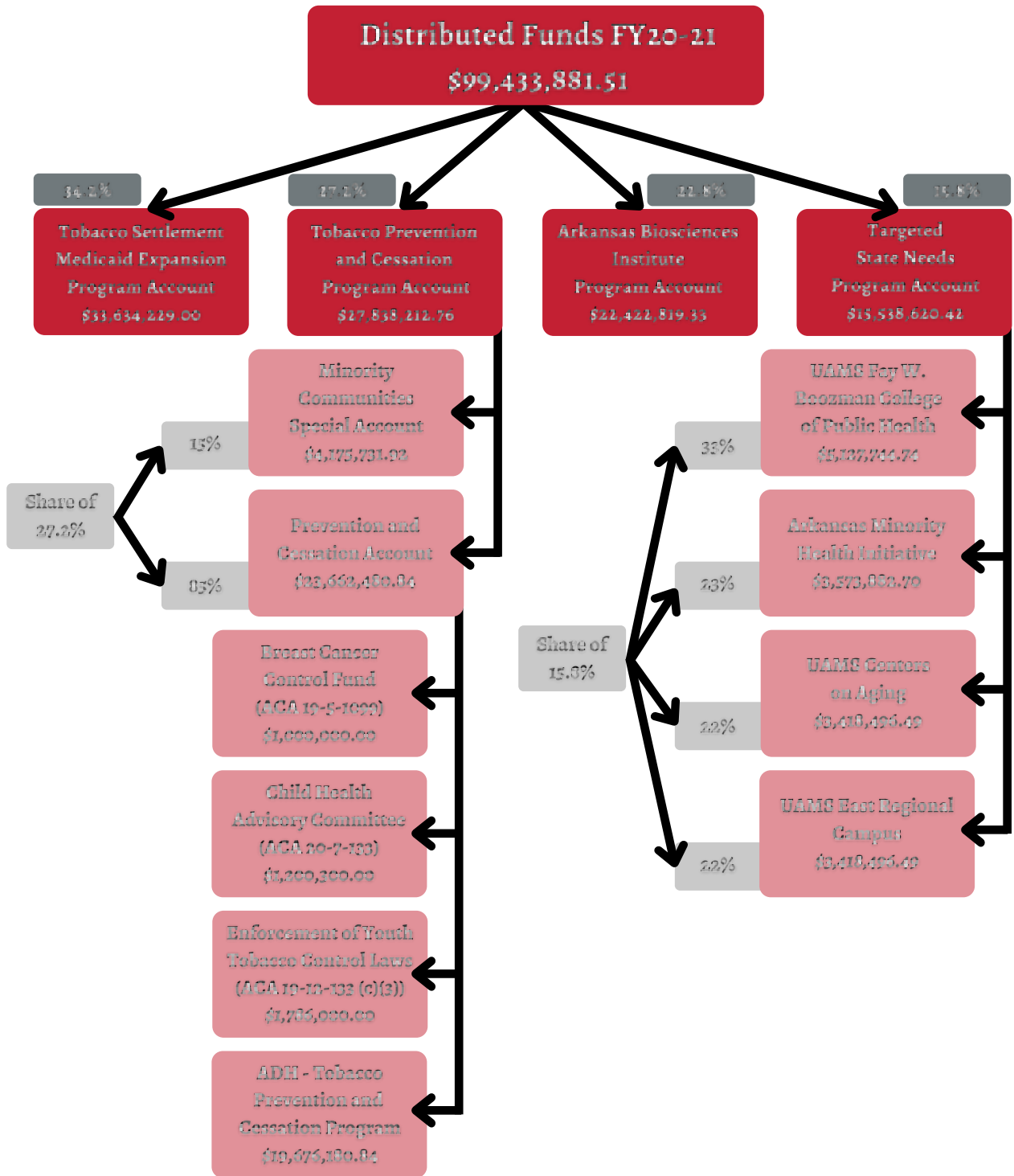
Evaluator: UAMS East Regional Campus

Rhonda McClellan, EdD

Co-PI

Qualitative Report

ATSC Funding



ATSC Funding

Funding Flowchart Description

The flowchart on the previous page illustrates the distribution of ATSC funds for FY20-21. As shown, ATSC funds are divided among four program accounts: Tobacco Settlement Medicaid Expansion Program, Tobacco Prevention and Cessation Program, Arkansas Biosciences Institute, and Targeted State Needs. The Targeted State Needs account is divided among four programs: UAMS Fay W. Boozman College of Public Health, Arkansas Minority Health Initiative, UAMS Centers on Aging, and UAMS East Regional Campus.

The Tobacco Prevention and Cessation Program Account sets aside 15% into the Minority Communities Special Account, the remaining balance stays in the Prevention and Cessation Account, which is divided between the Breast Cancer Control Fund, Child Health Advocacy Committee, Enforcement of Youth Tobacco Control Laws, and Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program.

Data Representation in Report

ATSC funding is awarded at the start of the fiscal year (July 1), but not all ATSC-funded programs are evaluated at the end of the fiscal year. As mentioned earlier, some ATSC-funded programs are evaluated on the calendar year. Therefore, program data highlighted in this report cover FY20-21 for ABI, MHI, and TPCP and cover the 2020-2021 calendar years for TS-MEP, UAMS-COA, and UAMS East. The COPH is an exception as its indicator related to leveraged funds is evaluated on the fiscal year, while the other indicators are evaluated on the calendar year.



Collective Impact

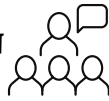
Arkansas Biosciences Institute (ABI), UAMS Fay W. Boozman College of Public Health (COPH), Arkansas Minority Health Initiative (MHI), Tobacco Prevention and Cessation Program (TPCP), Tobacco Settlement Medicaid Expansion Program (TS-MEP), UAMS Centers on Aging (UAMS-COA), UAMS East Regional Campus (UAMS East)

EDUCATION



COMMUNITY EDUCATION

(MHI, TPCP, UAMS-COA, UAMS EAST)

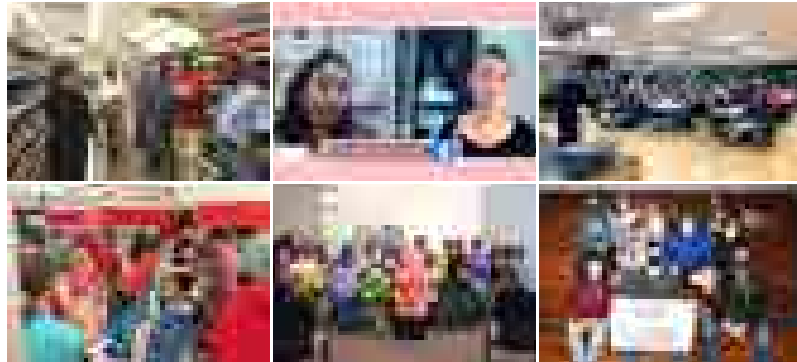


187,051

ARKANSANS EDUCATED

56,327

YOUTH EDUCATED



4,711

HEALTH PROFESSIONALS AND STUDENTS EDUCATED

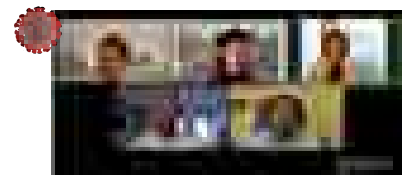
(ABI, COPH, TPCP, UAMS-COA, UAMS EAST)



157

DEGREES AWARDED

(COPH, GASP-FUNDED BY TPCP)



In 2020, virtual celebrations allowed COPH faculty and staff to congratulate students personally.



SERVICE

26,546

HEALTH SCREENINGS

(MHI, UAMS EAST)



42,327

PATIENT ENCOUNTERS

(UAMS-COA, UAMS EAST)



111,347

ARKANSANS SERVED THROUGH TS-MEP



95,385

EXERCISE ENCOUNTERS

(UAMS-COA, UAMS EAST)



37,119

FACE MASKS AND HAND SANITIZERS DISTRIBUTED

(MHI)



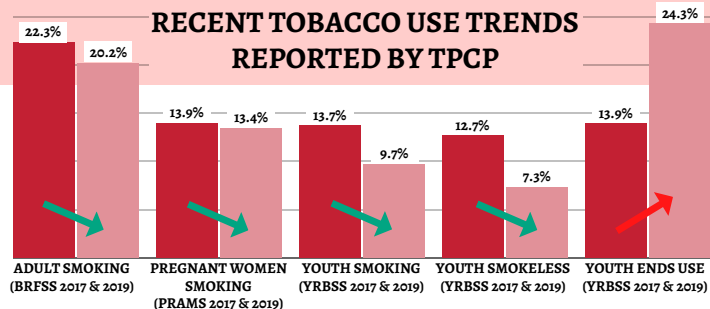
5,884

CALLERS ENROLLED IN TOBACCO CESSATION

25% QUIT RATE FOR ENROLLEES IN FY21



RECENT TOBACCO USE TRENDS REPORTED BY TPCP





Collective Impact

Arkansas Biosciences Institute (ABI), UAMS Fay W. Boozman College of Public Health (COPH), Arkansas Minority Health Initiative (MHI), Tobacco Prevention and Cessation Program (TPCP), Tobacco Settlement Medicaid Expansion Program (TS-MEP), UAMS Centers on Aging (UAMS-COA), UAMS East Regional Campus (UAMS East)

RESEARCH

370



RESEARCH PROJECTS

ON AVERAGE EACH YEAR
(ABI, COPH)

1,645



RESEARCH PUBLICATIONS

(ABI, COPH)

824



ABI RESEARCH PRESENTATIONS

9



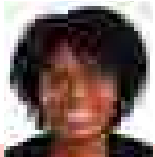
PATENTS AWARDED TO ABI



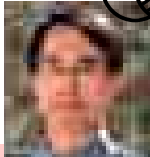
One of ABI's nine patents was awarded in FY20 to Mohammad Abrar Alam, PhD, at Arkansas State University. The patent was titled, "Antimicrobial Agents and the Method of Synthesizing the Antimicrobial Agents." These agents combat staphylococcus and other infections.

Research by ABI and COPH covered various topics, including tobacco use prevention, distress tolerance and smoking cessation, childhood obesity, breast cancer, birth defects, antibiotic resistance, rural telehealth, water management, rice fortification, and COVID-19, among others.

HIGHLIGHTING COPH FACULTY SUPPORTED BY ABI

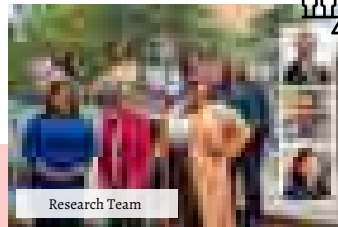


Dina Jones, PhD, MPH
Investigates smoking cessation and tobacco-related health disparities



Yong-Moon ("Mark") Park, MD, PhD
Investigates etiology and prevention of cancer

COPH ESTABLISHES CENTER FOR RESEARCH, HEALTH, AND SOCIAL JUSTICE



Research Team

MINORITY RESEARCH CENTER

The UAPB Minority Research Center (supported through TPCP) reported funding two continuous studies in FY21 focused on tobacco and vulnerable populations. Dr. Dina Jones at the COPH is examining tobacco cessation among African-American women. Dr. Duston Morris at UCA is developing opioid prevention educational materials for minority youth.



ECONOMIC IMPACT

ATSC-funded programs leveraged **\$239.2 Million**, equal to **\$2.55** for every ATSC \$1.
(ABI, COPH, TS-MEP, UAMS-COA, UAM East)



LIFETIME SAVINGS FOR NON-SMOKERS

Arkansas smokers experience lifetime expenses of \$648,612 in out-of-pocket costs, increased healthcare costs, and income loss (McCann, 2022). According to CDC, approximately 61,000 fewer Arkansans were smoking in 2020 compared to 2018.

These non-smokers, collectively, could save \$39.9 billion during their lifetimes.

In FY20-21, the MHI secured

\$11 Million

in CARES funding, ensuring funds were used for COVID-19 response in minority communities.

\$171.5 Million

TOTAL CLAIMS PAID BY TS-MEP



\$376,125

ADDITIONAL REVENUE GENERATED BY UAMS EAST





Program Progress and Evaluation



Arkansas Biosciences Institute

Robert McGehee, Jr., PhD, Director

Leslie Humphries, Program Coordinator (outgoing)

Jimie Jarry, Program Coordinator (incoming)



Betty Hubbard, EdD, MCHES, UCA Evaluator



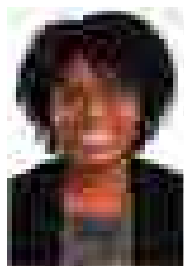
Jason Farrar, MD
 2021 ABI New Investigator of the Year
Investigates molecular etiology of childhood disease
 (Arkansas Children's Research Institute)

Tamara Perry, MD
 2021 ABI Established Investigator of the Year
Investigates interventions for high-risk children with asthma
 (Arkansas Children's Research Institute)

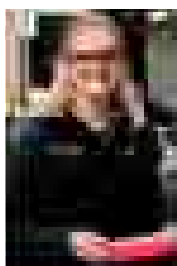
**ARKANSAS
 BIOSCIENCES
 INSTITUTE**



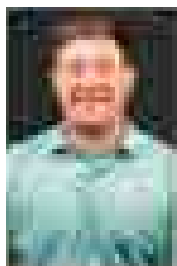
Arkansas Biosciences Institute



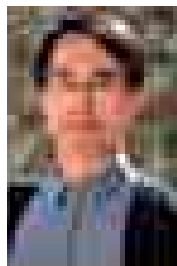
Dina Jones, PhD, MPH
Investigates smoking cessation and tobacco-related health disparities
 (UAMS)



Emily McDermott, PhD
Investigates medical and veterinary entomology, with implications on livestock workers
 (University of Arkansas-Division of Agriculture)



Andrew Sweet, PhD
Investigates factors that shape host-parasite interactions and spread of disease
 (Arkansas State University)



Yong-Moon ('Mark') Park, MD, PhD
Investigates etiology and prevention of breast and other cancers
 (UAMS)

268 
FULL-TIME EMPLOYEES SUPPORTED
 ON AVERAGE FY20-21



RESEARCH PROJECTS

ON AVERAGE FY20-21

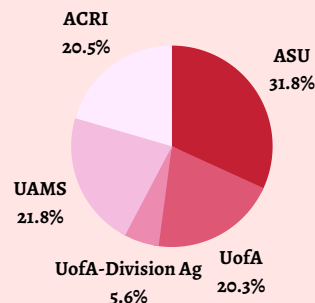


RESEARCH PRESENTATIONS



RESEARCH PUBLICATIONS


In FY20-21, ABI scientists explored health and well-being topics including tobacco use prevention, mechanisms of addictive behaviors, childhood obesity, breast cancer, disease prediction, antibiotic resistance, water management, and rice fortification, among other topics.

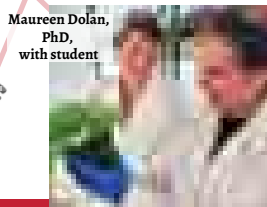
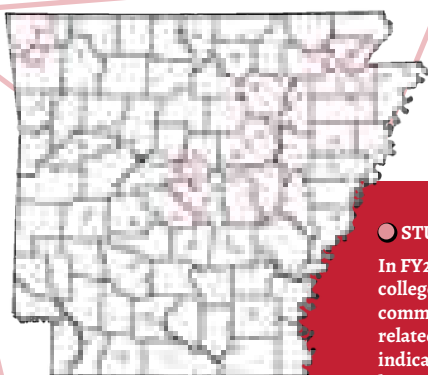


PERCENT SHARE OF PROJECTS PER INSTITUTION

ON AVERAGE FY20-21

9 PATENTS AWARDED 

5 NEW OR IMPROVED METHODS OR TOOLS 



STUDENTS' HOMETOWNS
 In FY20-21, 354 high school and college students from 67 communities engaged in ABI-related research. This map indicates where students call home.



In FY20-21, ABI leveraged **\$117.2 Million**, equal to \$5.25 for every ATSC \$1.



ABI Program Description and Goals

Program Description

The Arkansas Biosciences Institute, the agricultural and biomedical research program of the Tobacco Settlement Proceeds Act, is a partnership of scientists from Arkansas Children's Research Institute, Arkansas State University, the University of Arkansas System Division of Agriculture, the University of Arkansas, Fayetteville, and the University of Arkansas for Medical Sciences. The 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 these five institutions. The ABI uses this operational approach to address the goals as outlined in the Tobacco Settlement Proceeds Act. These goals are to conduct:

- Agricultural research with medical implications;
- Bioengineering research that expands genetic knowledge and creates new potential applications in the agricultural-medical fields;
- Tobacco-related research that identifies and applies behavioral, diagnostic, and therapeutic knowledge to address the high level of tobacco-related illnesses in Arkansas;
- Nutritional and other research that is aimed at preventing and treating cancer, congenital and hereditary conditions, or other related conditions; and
- Other areas of developing research that are related or complementary to primary ABI-supported programs.

Overall Program Goal

The goal of the ABI is to develop new tobacco-related medical and agricultural research initiatives to improve the access to new technologies, improve the health of Arkansans, and stabilize the economic security of Arkansas.

ABI Evaluator Summary and Comments

Economic Impact

In FY20-21, ABI received \$11,485,513.90 and \$10,937,305.43, respectively. These amounts constituted 22.8% of total tobacco monies that were distributed. During FY20, ABI-supported research investigators received \$4.31 in extramural funding for every \$1 provided by the Tobacco Settlement. In FY21, ABI-supported research investigators received \$6.19 in extramural funding for every \$1 provided by the Tobacco Settlement. The economic impact of this program can be calculated most explicitly by comparing the funding provided by the ATSC to ABI with monies generated from external grants and philanthropic funding. During the biennium, ABI-supported investigators leveraged an average of \$5.25 in extramural funding for each \$1 provided by the Arkansas Tobacco Settlement. These leveraged funds helped to sustain research projects, disseminate evidence-based information, and support the knowledge-based, high-paying jobs that result in improved culture of health for Arkansans.

Challenges

As the pandemic persisted throughout 2020-21, students continue to struggle with the limitations on hiring new researchers at ABI institutions as well as the restrictions on in-person interaction. The in-person interaction restrictions particularly hamper students who work and collaborate in ABI-supported research labs. As SARS-CoV-2 eases, it is anticipated that these restrictions will be lifted to enable new hiring and increased in-person collaboration. When reviewing historical information on both FTEs and new research scientists coming to Arkansas, we see that both categories have declined for FY20 and FY21. For the number of FTEs supported with ABI and extramural funding, FY21 saw a drop to 252 FTEs, down considerably from the high of 402 FTEs in FY12. Similarly, the research scientists recruited to Arkansas dropped to only three new hires for FY21.

Opportunities

Utilization of the All-Payer Claims Database (APCD) by ABI-researchers will continue to result in future research publications and funding. Two examples of these continuing efforts include Dr. Bradley Martin's project, "Assessing Statewide Variation in Hereditary Cancer Care Utilization in Arkansas." The major goal of this project is utilizing the APCD database to identify gaps in healthcare. Dr. Corey Hayes's project, "Impact of Opioid Dosing Strategies on Pain Scores and Adverse or Unintended Clinical Outcomes," aims to determine the impact opioid treatment regimens have on patient reported pain scores and adverse or unintended clinical outcomes among patients with chronic, non-cancer pain.

Evaluator Comments

The ABI continues its history of achievement for key indicators that lead to the accomplishment of the short- and long-term program objectives. The changes in these indicators during the biennium provide updated and more precise opportunities to measure the overall effectiveness of ABI. During FY20 and FY21, efforts of ABI scientists resulted in research projects across all five research areas with associated publications, presentations, and patents. Despite the ongoing challenges related to funding and the pandemic, ABI researchers successfully secured extramural monies, which translated into increased employment opportunities and significant economic impact for the state. As ABI transitions to FY 2022, it appears that the success and contributions of this program will continue to promote the health and well-being of citizens.

ABI Performance Indicators and Progress

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 should also obtain federal and philanthropic grant funding.

Indicator FY20-21

The five member institutions will continue to rely on funding from extramural sources with the goal of increasing leveraged funding from a baseline of \$3.15 for every \$1.00 in ABI funding.

- **Activity FY20 - Met** ████████
- *This indicator was met. For FY20, ABI-supported research investigators received \$4.31 in extramural funding for every \$1 provided by the Tobacco Settlement. Despite the challenges presented by the pandemic, scientists from the five member institutions successfully leveraged existing ABI funding by securing monies from external sources. These monies were utilized to initiate pilot projects, gain access to core laboratories, hire research technicians, purchase new equipment, build collaborations, and support the research that contributes to the body of knowledge that advances the health of Arkansas.*
- **Activity FY21 - Met** ████████
- *This indicator was met for the fiscal year. For FY 2021, ABI-supported research investigators received \$6.19 in extramural funding for every \$1 provided by the Arkansas Tobacco Settlement. Scientists from the five member institutions successfully leveraged existing ABI funding to secure monies from external revenue sources. These monies, in addition to funding provided to ABI through the Tobacco Settlement Proceeds Act of 2000, were used to support pilot projects, purchase new equipment, build collaborations, and employ the scientists and support staff to engage in research. These research efforts contributed to the body of knowledge and professional expertise that contributed to the health of Arkansas.*

Indicator FY20-21

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

- **Activity FY20 - Met** ████████
- *This indicator was met for the fiscal year. During FY 2020, ABI-supported research investigators received eight patent awards and had 10 filings and provisional patents.*
- **Activity FY21 - Met** ████████
- *This indicator was met. In FY21, ABI-supported research investigators received one patent award and had five patent filings. This activity exceeded the baseline year when research investigators had no patents awarded and had four patent filings.*

Indicator FY20



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 FY20: Unmet** ████████
- *This indicator was not met. Member institutions continued to participate in research that has the potential to produce opportunities for business; however, no new start-up enterprises were reported for FY 2020. Note: The deletion of this indicator was approved by the Arkansas Tobacco Settlement Commission, effective July 1, 2020. The indicator was deleted because it no longer reflected the mission of ABI nor did it serve as a benchmark for the attainment of the long-term objective.*

ABI Performance Indicators and Progress

Indicator FY20-21

The ABI will promote its activities through various media outlets to broaden the scope of impact of its research.



- **Activity FY20: Met** 
- *This indicator was met for the fiscal year. For FY 2020, ABI made 111 media contacts. These contacts occurred in a variety of formats: 47 newspaper articles, 42 press releases, and 22 television/radio broadcasts. These articles, releases, and broadcasts highlighted the activities of ABI investigators and increased the scope and impact of the research conducted by this program.*
- **Activity FY21: Met** 
- *This indicator was met. For FY21, ABI made 92 media contacts. These contacts occurred in a variety of formats: 34 newspaper articles, 37 press releases, three news conferences, and 18 television/radio broadcasts. The articles, press releases, conferences, and broadcasts highlighted the activities of ABI investigators and increased the scope and impact of the research conducted by this program.*

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 FY20-21



The 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 FY20: Met; Influenced by COVID-19**  
- *This indicator was met for the fiscal year. For FY 2020, there were 217 new and ongoing research projects covering all five research areas: 42 projects within the Arkansas Children's Hospital Research Institute; 66 within Arkansas State University; 13 within the University of Arkansas, Division of Agriculture; 48 within the University of Arkansas at Fayetteville; and 48 within the University of Arkansas for Medical Sciences. These research projects were monitored to ensure that activities were timely, cost effective, and within the scope of the researchers' defined agenda.*
- **Activity FY21: Met; Influenced by COVID-19**  
- *This indicator was met for the fiscal year. For FY 2021, there were 227 new and ongoing research projects covering all five research areas: 49 projects within the Arkansas Children's Hospital Research Institute; 75 within Arkansas State University; 12 within the University of Arkansas, Division of Agriculture; 42 within the University of Arkansas at Fayetteville; and 49 within the University of Arkansas for Medical Sciences. These research projects were monitored to ensure that activities were timely, cost-effective, and within the scope of the researchers' defined agenda.*

ABI Performance Indicators and Progress


Indicator FY20-21

The 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 FY20 - Met** 
- This indicator was met for the fiscal year. In FY 2020, 575 publications and 514 presentations were delivered by researchers. Forty-two percent of the publications were made in collaboration with other ABI scientists. Additionally, four new/improved research methods/tools were reported.
- **Activity FY21 - Unmet; Influenced by COVID-19** 
- This indicator was not met for the fiscal year. In FY 2021, 536 publications and 310 presentations were disseminated by researchers. The number of publications exceeded the prescribed amount while the number of presentations fell below expectations. It should be noted, however, that 44% of the publications were made in collaboration with other ABI scientists. Additionally, one new/improved research method/tool was reported.


Indicator FY20

Employment supported by the ABI and extramural funding will increase from a baseline of 300 full-time equivalent (FTE).

- **Activity FY20 - Unmet; Influenced by COVID-19** 
- This indicator was not met. In FY20, 283 full-time equivalent jobs were supported by ABI and extramural funding. Note: Modification of this indicator was approved by the ATSC, effective July 1, 2020. The indicator was modified to provide a more specific and accurate reflection of the knowledge-based, high-paying jobs created as a result of ABI's funding and extramural monies.


Indicator FY21

Employment supported by the ABI and extramural funding will be maintained at a baseline of 300 full-time equivalent (FTE) with at least 65% of the FTE supported by extramural funds.

- **Activity FY21 - Unmet; Influenced by COVID-19** 
- This indicator was not met for the fiscal year. For FY 2021, there were 252 FTE jobs supported by ABI and extramural funding. These jobs constituted 84% of the number stated in the indicator. Extramural monies supported 72% of these FTE jobs, which exceeds the goal of 65% designated in the indicator.

Indicator FY20

The 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 FY20 - Met** 
- This indicator was met. For FY20, there were 217 new and ongoing research projects. Thirty-three percent of projects were collaborative efforts between ABI scientists. Note: Modification of this indicator was approved by the ATSC, effective July 1, 2020. The indicator was modified to offer a more practical measure of cooperation while encouraging ongoing partnerships that exist between researchers.

ABI Performance Indicators and Progress

Indicator FY21

The ABI will facilitate and maintain research collaboration at a level of 20% - 25% among member institutions.

- **Activity FY21 - Met; Influenced by COVID-19**  
- *This indicator was met. For FY21, there were 227 new and ongoing research projects. Of these projects, 35% were collaborative with other ABI institutions. In addition to collaborations between ABI institutions, other partners included many out-of-state programs such as University of Massachusetts, University of Kansas, Johns Hopkins University, Washington University, Boise State University, Children's Hospital of Los Angeles, Rutgers, and St. Jude Children's Research Hospital.*


ABI Testimonial

Plant Research to Discover and Develop Health Supplements and Medicines

Dr. Fabricio Medina-Bolivar is a plant scientist who joined the Arkansas Biosciences Institute at Arkansas State University in 2005, soon after it formally opened. He reported that ABI held an immediate attraction for him stating, “One of the main reasons I joined ABI was because of the facilities and instrumentation available that would allow me to grow as a scientist.”

With a PhD from Pennsylvania State University, Medina-Bolivar’s research interest is at the interface of plant biotechnology and medicine. His research involves the use of hairy roots for the production and discovery of natural products with applications in human health. Hairy roots are “immortalized” plant tissue culture systems that reproduce the biosynthetic capacity of intact plants. His research team has developed strategies to increase the levels of selected bioactive natural products in hairy roots by more than 1,000 times when compared to the parental plant. This patented technology allows for the sustainable production of compounds that are being tested for different bioactivities including anticancer, antioxidant, anti-inflammatory and cardioprotective properties.

Dr. Medina-Bolivar stated, “My research is about discovering new plant compounds that can prevent disease and improve human health. Currently, we are studying these compounds as potential agents to protect from cardiovascular disease and treat cancer. Ultimately, the long-term goals of my research are to increase the levels of these health-beneficial compounds in the plants we consume and to develop these compounds as dietary supplements and medicines.” Medina-Bolivar’s research at ABI has enabled him to become an officer of the American Council for Medicinal Active Plants, of which he is a co-founder. He now serves as executive director of the professional organization.



“One of the main reasons I joined ABI was because of the facilities and instrumentation available that would allow me to grow as a scientist.”

Dr. Fabricio Medina-Bolivar



UAMS Fay W. Boozman College of Public Health

Mark Williams, PhD, Dean

Liz Gates, JD, MPH, Assistant Dean for Planning and Policy



Ron Bramlett, PhD, UCA Evaluator



Mark Williams, PhD
Dean of UAMS College of Public Health



Clare Brown, PhD, MPH
Assistant Professor and Senior Research
Fellow at UAMS COPH



UAMS Fay W. Boozman College of Public Health

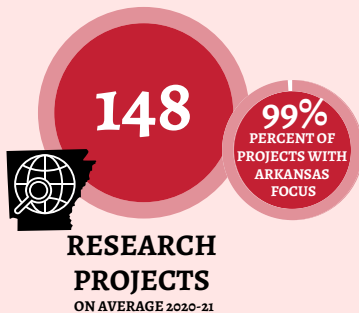
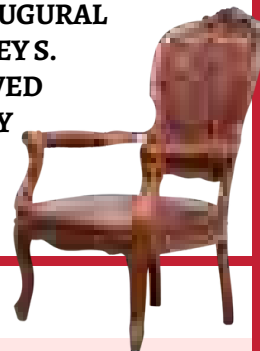


Thomsen (seated), Stephanie Gardner (left) and Mark Williams (right) presented Thomsen with the medallion and chair. Behind Thomsen is Phillip McMath, son of the late Governor Sid McMath.

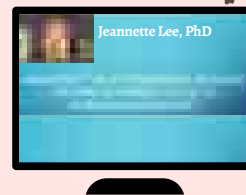
Thomsen, professor in the Health Policy and Management Department was invested October 6, 2021. He reflected, *"To be entrusted with this endowment is the honor of my career. But it is bigger than me. It is a gift that amplifies our ability to work together . . . and a responsibility to give back and make a difference for good in the lives of Arkansans."*

Thomsen will develop research programs related to obesity prevention, collaborate with researchers across UAMS on obesity-related work, and contribute to the college's diverse doctoral and postdoctoral programs.

**MICHAEL THOMSEN, PhD,
INVESTED IN INAUGURAL
GOVERNOR SIDNEY S.
MCMATH ENDOWED
CHAIR IN OBESITY
PREVENTION**



In 2020-21, COPH faculty and student researchers explored topics such as distress tolerance and smoking cessation, diabetes prevention, birth defects, colorectal cancer, criminal justice, and rural telehealth, among others.



**PERCENT OF GRADUATES
STAYED IN ARKANSAS**
ON AVERAGE 2020-21



In 2020-21, COPH students came from 60 counties, 45 of which are rural. On average during the biennium, 23.3% of COPH students came from a rural county.



In 2020-21, COPH leveraged
\$15.1 Million,
equal to \$2.95 for every ATSC \$1.



COPH Program Description and Goals

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 healthcare; 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.

Overall Program Goal

The goal of the COPH is to improve the health and promote the well-being of individuals, families, and communities in Arkansas through education, research, and service.

COPH Evaluator Summary and Comments

Economic Impact

In FY20 and FY21, the COPH leveraged a total of \$15,103,124 from \$5,127,744 in ATSC funds; this equates to \$2.95 for every ATSC dollar. Leveraged funds in the forms of grants and contracts have been used to create and maintain important public health centers in Arkansas.

Challenges

The COPH is accredited by the Council on Education for Public Health (CEPH) which establishes, monitors, and periodically revises the criteria by which it evaluates public health schools and programs. To maintain its accreditation, the COPH must complete the re-accreditation process every seven years. This two-year process involves preparation of a thorough self-study report based on CEPH criteria for accreditation and self-assessment, a site visit by a team of qualified peer reviewers, and review of the self-study and the site visitor report by CEPH's Board of Councilors for a final determination of compliance with accreditation criteria and re-accreditation.

The COPH began its re-accreditation process in 2019. The self-study includes a review of educational programs and activities, faculty qualifications and sufficiency, student and alumni life cycle and experience, community engagement, workforce needs assessment and delivery, and administration. The self-study was submitted to CEPH in November 2021, and COPH hosted the peer site visit in December. The site visit consisted of three days of meetings and interviews of faculty, students, alumni, college and university administration, and community partners. The visit concluded with initial findings by the site visitors. The site visitors found few issues with COPH compliance with CEPH criteria. The Board of Councilors will review the self-study and site visitor's report in spring 2022. A decision is expected in summer 2022.

Opportunities

The COPH received a one-year grant for \$156,800 to provide infectious disease pandemic preparedness training to 550 employers and workers in the state. The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) announced the grant as part of more than \$11.6 million in grants to fund education and training on hazard recognition and prevention. Derived from the Susan Harwood Workplace Safety and Health Training program, the OSHA grants are in the Targeted Topic Training, Training and Educational Materials Development, and Capacity Building categories. These grants are a critical part of OSHA's effort to educate workers and assist employers nationwide. "This is an important grant for the college, as it is an affirmation that the health of Arkansas's workforce during a pandemic is vital to the economic well-being of the state," said COPH Dean Mark Williams, PhD.

COPH Evaluator Summary and Comments

Opportunities CONT'D

Through the Office of Professional Development and Program Evaluation, COPH will provide six hours of infectious disease pandemic preparedness training to employers and workers in the general and construction industries, focusing on small businesses that may not have the resources to develop these programs. UAMS created the office to elevate public health focus, knowledge, and practice by providing public health training, professional development, outreach, mentoring, and consultation. Called “The Next Normal: Preparing Today’s Workplace for Tomorrow’s Pandemic,” the training will be designed to increase awareness of signs and symptoms of known infectious diseases, transmission modes, methods for control and elimination, and the use of personal protective equipment. The training will target businesses that employ temporary, youth, and limited-English proficiency workers. Materials and sessions will be offered in English and Spanish. The COPH will partner with the Northwest Arkansas Council and Arkansas Blue Cross and Blue Shield to help advertise the trainings.

Evaluator Comments

The 2020-2021 biennium has been one of the most challenging times for public health in many decades with the COVID-19 pandemic. The COPH has had a leading role in research and service for Arkansas during this time and has managed to meet or exceed their established indicators. Given the challenges of trying to inform the public on preventative measures while battling misinformation, the college has done an admirable job in leading this endeavor. They have continued to investigate a wide range of health issues facing Arkansans and have graduated public health professionals to aid in raising the health consciousness of our state. Their grants have led to the establishment of important research centers geared toward improving health. They have remained actively involved in service activities that focus on Arkansas. In sum, COPH has continued to be an important leading proponent of public health in Arkansas.



COPH Performance Indicators and Progress

Long-Term Objective

Elevate the overall ranking of the health status of Arkansans.



Indicator 2020-2021

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 2020 - Met** 
- This indicator was met for 2020. Faculty participated in an average of 52 activities per quarter. These included serving as members on statewide and national boards and partnering with public health community organizations. Overall, approximately 96% of these activities were classified as ongoing.
- **Activity 2021 - Met** 
- This indicator was met for 2021. Faculty participated in an average of 52 activities per quarter. These included serving as members on statewide boards such as the Winthrop P. Rockefeller Cancer Institute, national boards such as the National Institutes of Health, and partnering with numerous public health community organizations. All of these activities were classified as ongoing.


Indicator 2020-2021

COPH faculty productivity is maintained at a level of two publications in peer-reviewed journals per one full-time equivalent (FTE) employee for primary research faculty.


- **Activity 2020 - Met** 
- This indicator was met for 2020. During the calendar year, 53 COPH faculty had 213 publications in various journals and disciplines. As a result there was a ratio of 4.01 publications per faculty member. This number includes only those faculty who are expected to publish work in peer reviewed journals.
- **Activity 2021 - Met** 
- This indicator was met for 2021. During the calendar year, 42 COPH faculty produced 321 publications in various journals across multiple disciplines. As a result, there was a ratio of 7.93 publications per faculty member. This number includes only those faculty who are expected to publish work in peer-reviewed journals.

Indicator 2020-2021

Research conducted by COPH faculty and students contributes to public health practice, public health research, and the health and well-being of Arkansans.



- **Activity 2020 - Met** 
- This indicator was met for 2020. Research activities conducted by COPH faculty and students contributed to public health practice in Arkansas. Faculty were engaged in 41 research projects. Some examples of research topics include the following: studies focused on education and training related to COVID-19, tobacco cessation, cancer, diabetes, and improving access to healthcare among minority populations. Students also engaged in 36 research and practical experiences related to COVID-19, tobacco cessation and prevention, and a variety of other healthcare practices.

COPH Performance Indicators and Progress

- **Activity 2021 - Met** 
- This indicator was met for 2021. Research activities conducted by COPH faculty and students contributed to public health practice in Arkansas. Faculty were engaged in 167 research projects. Examples of research projects include the following: studies focused on rural telehealth, suicide risk in military service members, health services for homeless pregnant women, education and training related to COVID-19, tobacco cessation, cancer, diabetes, and improving access to healthcare among minority populations. Students also engaged in 51 research and practical experiences related to COVID-19, tobacco cessation and prevention, and a variety of other healthcare practices.




Indicator 2020-2021

COPH faculty, staff, and students are engaged in research that is based in Arkansas.

- **Activity 2020 - Met** 
- This indicator was met for 2020. Faculty were engaged in 41 research projects with 39 based in Arkansas. Of the 36 student projects, 35 were also based in Arkansas or had an Arkansas focus.
- **Activity 2021 - Met** 
- This indicator was met for 2021. Faculty were engaged in 167 research projects with 100% of them based in Arkansas or with an Arkansas focus. Of the 51 student projects, 100% were also based in Arkansas or had an Arkansas focus.



Indicator 2020-2021

The COPH makes courses and presentations available statewide.

- **Activity 2020 - Met; Influenced by COVID-19**  
- This indicator was met for 2020. The COPH offered 50 distance-accessible courses in 2020 on health-related topics and 14 remote presentations (nine in the winter and five in the fall). The remote courses were canceled during the spring due to COVID-19 restrictions.
- **Activity 2021 - Met** 
- This indicator was met for 2021. The COPH offered 47 distance-accessible courses in 2021 on health-related topics and six remote presentations (four in the fall and two in the winter).

Indicator 2020-2021



Twenty percent of enrolled students at the COPH come from rural areas of Arkansas.

- **Activity 2020 - Met** 
- This indicator was met as an average of 22% of students enrolled during 2020 came from rural areas.
- **Activity 2021 - Met** 
- This indicator was met as an average 24.5% of students enrolled during 2021 came from rural areas.

COPH Performance Indicators and Progress



Indicator 2020-2021

COPH graduates' race/ethnicity demographics for Whites, African Americans and Hispanics/Latinos are reflective of Arkansas race/ethnicity demographics.

- **Activity 2020 - Met** 
- This indicator was met for 2020. Seventy students received degrees or certificates in 2020. Thirty-six students (51%) were White, 18 (26%) were African American, three (4%) were Hispanic, two (3%) were Asian, and the remaining 11 (16%) did not report or were of mixed race. The percentage for White students was lower than the demographics for Arkansas (76% White) while the percentage for African-American students was higher than the state percentage (15%). The percentages for Asian and Hispanic students were comparable to the state average (1% and 6%).
- **Activity 2021 - Met** 
- This indicator was met; 79 students received degrees or certificates in 2021. Forty-three students (55%) were White, 14 (17%) were African American, one (1%) was Hispanic, nine (11%) were Asian, and 13 (16%) did not report or were of mixed race. The percentage for White students was lower than the state (76%), while the percentage for African-American students was higher than the state percentage (15%). Percentages for Asian and Hispanic students were comparable to the state (1% and 6%).

Indicator 2020-2021

The majority of COPH alumni stay in Arkansas and work in public health.



- **Activity 2020 - Met** 
- This indicator was met for 2020. Fifty-one of 70 graduates (72%) stayed and worked in Arkansas. Several others were pursuing degrees, residencies, or fellowships. Four of the graduates' (8%) plans were unknown.
- **Activity 2021 - Met** 
- This indicator was met for 2021. Forty-four of 79 graduates (55%) stayed and worked in Arkansas; 28 (35%) were pursuing degrees, fellowships, or residencies, and seven (10%) were unknown.

Short-Term Objective

Obtain federal and philanthropic grant funding.

Indicator FY20-21

The COPH shall maintain a 1.5:1 ratio of total annual fiscal year extramural award funding to annual fiscal year tobacco settlement dollars.

- **Activity FY20 - Met** 
- This is COPH's only indicator that is evaluated on the fiscal year instead of the calendar year. The indicator was met for FY20. Fiscal 2020 data showed that COPH utilized \$2,381,178.65 in funds awarded by the ATSC (out of approximately \$2,626,555 total awarded funds). Grants and contracts to the COPH in FY20 totaled \$4,532,866.62. The financial information that was provided by COPH indicated a 1.9:1 ratio of external funds to tobacco funds in FY20.
- **Activity FY21 - Met** 
- This indicator has been met. The FY21 data showed that \$2,501,189 was awarded to COPH. With an additional \$245,377 carried over from the previous fiscal year, COPH invested a total of \$2,746,566 in tobacco dollars to advance public health in FY21. Grants and contracts to the COPH totaled \$10,570,258. The financial information provided indicated a 3.85:1 ratio of external funds to tobacco funds. This year was unusual because of extra funding through the CARES Act to create and maintain a tracing call center for all Arkansas colleges and universities. Next year, the ratio will return to the norm.

COPH Testimonial

Grant to Reduce Health Disparities in Vulnerable Populations

The UAMS has received \$18.9 million from the National Institutes of Health (NIH) to support new research and interventions that will focus on reducing cancer and cardiovascular disease disparities among people who live in rural areas and African-American populations across Arkansas. The five-year award from the NIH National Institute on Minority Health and Health Disparities (NIMHD) will support the establishment of the Center for Research, Health, and Social Justice, one of only 11 Multiple Chronic Disease Centers funded in the US. Leading the grant are COPH faculty, Carol Cornell, PhD, professor and chair of the Department of Health Behavior and Health Education, and director of the NIMHD-funded Arkansas Center for Health Disparities, and Pebbles Fagan, PhD, MPH, a professor and director of the Center for the Study of Tobacco. “This is a remarkable achievement for UAMS and the College of Public Health,” said Dean Mark Williams, PhD. “The Center for Research, Health, and Social Justice will be a tremendous catalyst for accomplishing our institutional goal of improving health and healthcare for all Arkansans.”

The overall goals of the center are the following:

- Advance the science of chronic disease health disparities through multidisciplinary team science to improve cancer and cardiovascular outcomes.
- Facilitate research and training opportunities to strengthen the capacity of researchers and community members to develop interventions that reduce cancer and cardiovascular disease disparities using social justice principles.
- Support academic-community partnerships to address the root causes of chronic disease disparities among African Americans and in rural areas in the state.

The new funding is critically important to the UAMS Winthrop P. Rockefeller Cancer Institute, which is working to attain NIH National Cancer Institute Designation, said Michael Birrer, MD, PhD, vice chancellor and director of the UAMS institute. “This award expands on our statewide efforts to address three major risk factors for cancer: tobacco use, obesity/nutrition issues, and alcohol use,” Birrer said. “Arkansas communities are hit disproportionately by cancer compared to other states and the nation. We now have an opportunity to address cancer risk and social determinants of cancer risk factors.”

“Arkansas communities are hit disproportionately by cancer compared to other states and the nation. We now have an opportunity to address cancer risk and social determinants of cancer risk factors.”

Dr. Michael Birrer

COPH Testimonial

The new center already has more than 50 partners across Arkansas and at research institutions in other states. Partners include the Arkansas Department of Health, Arkansas Department of Education, Coalition for a Tobacco Free Arkansas, the City of Little Rock, Pulaski County, school districts and universities in Arkansas, and other community organizations. Many UAMS entities are involved, including the Division of Research and Innovation, Winthrop P. Rockefeller Cancer Institute and ACHI. Other key partners are Virginia Commonwealth University and Eastern Carolina University.

“Over the past five years, Pulaski County and UAMS have partnered on several projects designed to improve the quality of life in our communities, specifically in largely underserved and vulnerable communities,” said Pulaski County Judge Barry Hyde. “In partnership and through the funding provided by this grant, we will be able to further expand services into areas that remain primarily underserved and vulnerable to the effects of health disparities.”

Brian Gittens, EdD, MPA, vice chancellor for the UAMS Division for Diversity, Equity, and Inclusion, will have a collaborative role on the social justice component. “This award provides us a great opportunity to transform our own institution as well as others to improve health through training and diversifying the research workforce,” said Gittens. “Social justice approaches go beyond changing chronic disease risk factors and require that we create a model research ecosystem, social and structural conditions, and community infrastructures that support the ability to eliminate cancer and cardiovascular disease disparities.”

COPH Testimonial

“Race and place-based health disparities are long-standing, and the solutions require multilevel approaches that integrate solutions across disciplines, sectors, and organizations,” Fagan said. “Our 50-plus partnerships, including many partners in Pulaski County, provide the foundation for repositioning and resetting the dialogue, our approaches, and our collective actions toward eliminating multiple chronic disease disparities in rural areas and among African-American Arkansans.”

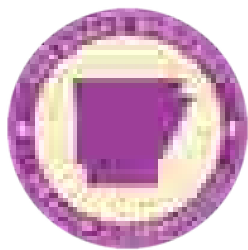
The Center includes five major components:

- Training to build the next generation of researchers and practitioners to address cancer and cardiovascular disease disparities across the state.
- Community engagement to help communities become more socially just and, in turn, facilitate access and uptake of preventive healthcare related to cancer and cardiovascular disease.
- Research to reduce tobacco use among African Americans in Lee, Chicot, Phillips, and Desha counties.
- Research in barbershop settings in rural areas to reduce excessive alcohol use among African-American males.
- Research to examine the effectiveness of school nutrition policy on reducing obesity and providing good nutrition to children in low resource rural schools in Northwest Arkansas.

“We’ve been funding health disparities research through the Arkansas Center for Health Disparities since 2007, but this new award takes our efforts to an entirely different level,” Cornell said. “The new Center for Research, Health, and Social Justice will greatly expand our partnerships in this work and increase opportunities for research, training, and community engagement. Perhaps most importantly, the focus on social justice in every aspect of the new Center and coordination with other centers across the country will accelerate progress toward our ultimate goal of eliminating health disparities.”

“Our 50-plus partnerships . . . provide the foundation for repositioning and resetting the dialogue . . . and our collective actions toward eliminating multiple chronic disease disparities in rural areas and among African-American Arkansans.”

Dr. Pebbles Fagan



Arkansas Minority Health Initiative

ShaRhonda Love, MPH, Director (outgoing)

Kenya Eddings, MPH, Director (incoming)

Beatriz Mondragon, Grants Coordinator and Program Manager



Denise Demers, PhD, CHES, UCA Evaluator



ShaRhonda Love, MPH
Director of Arkansas Minority
Health Commission (2016-2021)

Beatriz Mondragon, BA
Grants Coordinator
and Program Manager



equality

Arkansas Minority Health Initiative



MHI USES MULTIPLE PLATFORMS TO REACH MINORITY POPULATIONS AND COMMUNITIES TO CLOSE THE HEALTH DISPARITIES GAP



15,879

ARKANSANS EDUCATED

25,499

HEALTH SCREENINGS

18,536

FACE MASKS DISTRIBUTED

18,583

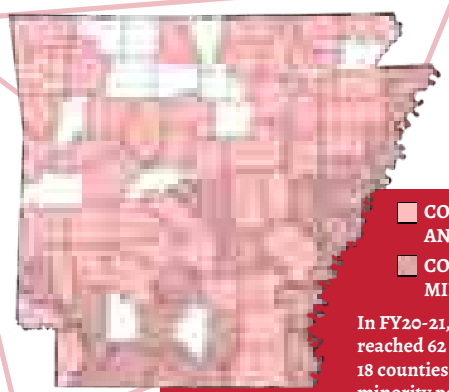
HAND SANITIZERS DISTRIBUTED

20,875

PAID TV AND RADIO ADS

424,000

SOCIAL MEDIA IMPRESSIONS

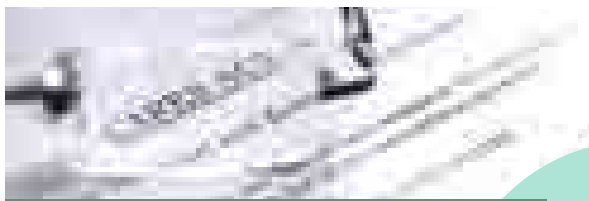


MHI sponsors 15th Annual Recovery Jam in FY20 to celebrate people in recovery, the people who serve them, and their families.



- COUNTY REACHED BY MHI AND PARTNERS
- COUNTY WITH HIGHEST MINORITY POPULATION

In FY20-21, the MHI and its partners reached 62 of 75 counties, including all 18 counties in the fourth quartile for minority populations. These counties have minority populations above 40%.



In FY20-21, the MHI secured **\$11 Million** in CARES funding, ensuring funds were used for COVID-19 response in minority communities.



MHI Program Description and Goals

Program Description

The Arkansas Minority Health Initiative (MHI) was established in 2001 through Initiated Act I to administer the Targeted State Needs for screening, monitoring, and treating hypertension, strokes, and other disorders disproportionately critical to minority groups in Arkansas by 1) increasing awareness, 2) providing screening or access to screening, 3) developing intervention strategies (including educational programs) and developing/maintaining a database. To achieve this goal, the MHI'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.

Overall Program Goal

The goal of the MHI is to improve healthcare systems in Arkansas and access to healthcare delivery systems, thereby resolving critical deficiencies that negatively impact the health of the citizens of the state.

MHI Evaluator Summary and Comments

Economic Impact

In FY20 and FY21, the MHI received 3.6% of the total ATSC funds. This allocation equates to \$1,650,897 and \$1,660,317, respectively. The MHI remains a good steward of the funds it receives. Throughout both years, the agency partnered with an increased number of community, grassroots, and faith-based organizations. With these partnerships, they offered health screenings, educational events and materials, and COVID-19 personal protective equipment that spanned 62 counties and all congressional districts. MHI also offered thousands of advertisements on important health-related issues for minority groups via radio, TV, and social media.

Challenges

Despite the challenge of meeting minority Arkansans where they are and increasing awareness in a state that remains poorly ranked in health outcomes, the MHI persists and works diligently to uplift quality of life for minority Arkansans. While it is a challenge to educate rural and other disadvantaged communities, the greatest obstacles the MHI has seen throughout the biennium have been related to shifts in personnel as well as challenges related to the pandemic. First, COVID-19 caused several events to be canceled or postponed; and opening back up has been slow in FY21. The pandemic also affected the Mobile Health Unit as patients were not able to be seen inside the MHU, the MHI had to provide services outside. Cold temperatures made it difficult for some of the machines (specifically the cholesterol machine) to operate effectively. Finally, as personnel changed, the MHI had to seek contract nursing services. However, the MHI persisted and educated many minority Arkansans.

Opportunities

The MHI's greatest opportunities consist of its various grassroots, nonprofit, government, and faith-based partnerships, which increase awareness and screenings that reduce death and disability due to tobacco, chronic disease, and other lifestyle-related illnesses. Also, the Mobile Health Unit (MHU) provided additional resources to rural areas and other hard-to-reach parts of the state. Furthermore, MHI has turned some COVID-19 challenges into opportunities. In the last two years, outreach through multimedia platforms (TV, radio, and social media) has increased; CARES funds supported the MHU as well as personal protective equipment and testing; and the pandemic gave the MHI the opportunity to serve as state agency to provide oversight for CARES funding for several of their partner organizations, which afforded these organizations access to resources including testing, education, media, food, funeral expenses, and other COVID-19-related services.

Evaluator Comments

Heart disease remains the leading cause of death for our nation. Moreover, Arkansas ranks as the 5th highest in the nation for heart disease. Because of this ranking, as well as notable health challenges for minorities in Arkansas, MHI's ongoing involvement in multiple partnerships has illustrated a sustainable commitment to improving the health of minority Arkansans. While many of the agency's indicators have not been met this biennium, due to challenges related to the pandemic, MHI has continued to work diligently to increase awareness, provide vital services, and shape a culture of health for minority Arkansans. The MHI has continued to address challenges presented by the pandemic as it strives to find new partnerships, survey program participants to improve services, provide health screenings, offer new educational materials and advertising, and increase its overall impact and reach via multimedia outlets. In all, MHI has demonstrated resilience during the biennium.

MHI Performance Indicators and Progress

Long-Term Objective

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

Indicator FY20



The 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 FY20 - Unmet; Influenced by COVID-19** 
- *This indicator was not met for the fiscal year. The COVID-19 pandemic greatly affected the activities of the MHI as the majority of its efforts include community outreach. Before the pandemic, this indicator was on track to meet its fiscal year goal. However, the number of Arkansans reached through educational events and screening initiatives declined substantially in the second half of the fiscal year as a result of the pandemic. MHI's FY20 efforts related to this indicator are provided below.*
 - *This fiscal year, the MHI and partners utilized the Equipment Loan Program, Mobile Health Unit, and community events to provide screenings for disorders that disproportionately affect minority populations. In all, the MHI offered 14,682 health screenings. Screening numbers were on par with the previous fiscal year until the pandemic prevented in-person interaction at outreach events and through the Mobile Health Unit.*
 - *During the fiscal year, the MHI partnered with 42 grassroots, nonprofit, government, and faith-based organizations to provide health education information and screenings. These events reached 43 counties across the state. Events hosted by partners included health fairs and festivals, back-to-school events, fitness and lifestyle improvement events, and many others. In addition to providing information on general health topics like heart disease, tobacco use, fitness, and nutrition, sponsored and partnered events focused on building community cohesion, celebrating diversity, supporting vulnerable populations like homeless individuals and families, and providing mental health resources, among others. In all, approximately 12,000 Arkansans were reached through educational events. This is a decrease from the previous fiscal year, largely due to restrictions as a result of the COVID-19 pandemic.*
 - *The MHI also put great effort in educational campaigns via numerous media outlets. During FY20, 7,875 paid commercials ran across the state on topics like tobacco cessation, healthy cooking and eating, diabetes, and exercise.*
 - *In the third and fourth quarter of the fiscal year, the MHI focused a substantial amount of education through various media outlets on COVID-19 information. More than 500 radio commercials covered the myths and facts of COVID-19. The MHI also ran 97 COVID-19 related television commercials on Univision as well as created ads to run in Hispanic publications, El Latino and Viva Arkansas, encouraging people to take the safety precautions necessary to slow the spread of the virus. In addition, the MHI ran banner ads on Fox16.com and KATV.com that encouraged viewers to wash their hands to prevent spreading the virus. On AMHC's website, a page dedicated to COVID-19 was created and quickly became the most viewed page on the website. The MHI used social media platforms to spread the information and provide daily updates on COVID-19's impact in Arkansas. Also, during the monthly Ask the Doctor radio segments that air on KIPR-Power 92 Jams, MHI health professionals discussed topics related to COVID-19, including how to cope with stress during the pandemic, chronic pain, and gastrointestinal symptoms that may correlate with COVID-19 symptoms.*
 - *Despite lower numbers of screenings and educational encounters compared to the last fiscal year, MHI did well to continue educating Arkansans through media outlets and providing screenings when possible.*

MHI Performance Indicators and Progress

Indicator FY21

The MHI will raise 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, as measured by the number of health screenings, educational encounters, counties reached, as well as efforts related to multimedia outreach.



- **Activity FY21 - Met; Influenced by COVID-19**  
- *This indicator has been met for the fiscal year. Although COVID-19 still has an influence on program activity, MHI has been able to schedule outreach initiatives and sponsor multiple health fairs, educational events, and screening initiatives, a substantial increase from this time last year. In addition, MHI's impact reaches thousands via their media efforts. MHI's FY21 efforts related to this indicator are provided below.*
 - *During FY21, the MHI shared educational information via outreach events with 3,879 Arkansans from 56 counties. Health screenings totaled 9,817, much of this aided by the use of the Mobile Health Unit.*
 - *Although the MHI was able to hold more face-to-face events this fiscal year, COVID-19 still played a role in the scheduling/implementation of events. To help fill the information gap, the agency contributed health education through multimedia outreach. The MHI increased their radio and television ads this fiscal year--focusing on topics such as tobacco prevention, COVID-19, cholesterol, nutrition, and exercise--to approximately 13,300 ads. The MHI also used print media (El Latino), webpages (Fox16.com, KATV.com, the AMHC website), and social media to disseminate information. On Facebook and Twitter alone, more than 304,000 impressions were reported during this fiscal year.*
 - *Using CARES funds, MHI also provided 18,536 masks and 18,583 sanitizers across 33 counties in the state.*

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 FY20

The MHI will work to increase stroke awareness by 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY 2015.

- **Activity FY20 - Unmet; Influenced by COVID-19**  
- *This indicator was not met for the fiscal year. The COVID-19 pandemic greatly affected the activities of MHI as the majority of its efforts include reaching out into the community to provide education and screenings. Before the pandemic, this indicator was on track to meet its fiscal year goal. However, the number of Arkansans reached through educational events and screening initiatives declined substantially in the second half of the fiscal year as a result of the pandemic. The MHI's efforts in FY20 related to this indicator are provided below.*
 - *Blood pressure and cholesterol are directly correlated with stroke risk. Throughout FY20, the MHI conducted more than 1,600 blood pressure screenings and almost 900 cholesterol screenings; these numbers are not inclusive of screenings provided through the Mobile Health Unit (MHU) in the first half of the fiscal year as MHU screening data were not disaggregated until the second half of the fiscal year. Overall, screening numbers were down because of limited outreach during the pandemic.*


MHI Performance Indicators and Progress

- **Activity CONT'D**

- Minority Arkansans were also educated on stroke risks and other topics via community events. Approximately 12,000 Arkansans were educated through events in FY20. Educational encounter numbers were impacted by COVID-19; however, MHI still reached several thousand Arkansans over the course of the year.
- The MHI continued to leverage media outlets to provide health education to Arkansans. During FY20, 7,875 paid commercials ran across the state on topics like tobacco cessation, healthy cooking and eating, cholesterol, and exercise. Several thousand educational ads were made via print and social media; and these efforts were quite robust for FY20 as the MHI adjusted sails once the pandemic hit. Social media posts, alone, reached more than 120,000 Arkansans between March and June.
- Despite lower numbers of screenings and educational encounters compared to the last fiscal year, the MHI did well to continue educating Arkansans through various media outlets and providing screenings when possible.


Indicator FY21

The MHI will maintain the number of health screenings and educational encounters related to stroke awareness for minority Arkansans within a 10% variation of the previous fiscal year.

- **Activity FY21 - Unmet; Influenced by COVID-19** 
- Although the MHI has been able to offer some educational and screening events this fiscal year, COVID-19 continued to influence outreach. However, over the final three quarters of the fiscal year, screenings increased, just not significantly enough to come within 10% of the previous fiscal year. Nonetheless, the MHI continues to work to educate minority Arkansans regarding high blood pressure and cholesterol, the two leading causes of stroke. MHI's efforts are provided below.
 - In FY21, the MHI provided 1,149 blood pressure screenings and 614 cholesterol screenings. The agency also ran more than 4,600 paid commercials focused on healthy eating and exercise, the importance of health screenings related to stroke, and tobacco prevention and cessation to avoid stroke risks.
 - Minority Arkansans were also educated about stroke risk through community events. The MHI reached 3,879 Arkansans this fiscal year. Educational encounters are still being impacted by COVID-19; however, MHI reached thousands of people across the state through outreach events and reported more than 300,000 social media impressions on Facebook and Twitter.
 - Despite lower numbers of screenings and educational encounters compared to last fiscal year, MHI did well to continue educating Arkansans and offering health screenings when possible.

Indicator FY20

The MHI will work to increase hypertension awareness by 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY 2015.

- **Activity FY20 - Unmet; Influenced by COVID-19** 
- This indicator was not met for the fiscal year. The COVID-19 pandemic greatly affected the activities of the MHI as the majority of its efforts include outreach in the community. Before the pandemic, this indicator was on track to meet its fiscal year goal. However, the number of Arkansans reached through educational events and screening initiatives declined substantially in the second half of the fiscal year as a result of the pandemic. The MHI's FY20 efforts related to this indicator are provided below.
 - In FY20, the number of blood pressure screenings offered by MHI was more than 1,600; this number is not inclusive of screenings provided through the MHU in the first half of the fiscal year as MHU screening data were not disaggregated until the second half of the fiscal year. Overall, screening numbers were down because of the pandemic.


MHI Performance Indicators and Progress

- **Activity CONT'D**

- Education related to blood pressure awareness was also down due to the pandemic. In all, approximately 12,000 Arkansans were educated on hypertension risks and other topics through community events. Also, in FY20, 7,875 paid commercials brought awareness on hypertension risks as well as strategies to lower blood pressure, like healthy eating and exercise.
- Further, information campaigns in print media and social media were robust for FY20 as the MHI changed their strategy to adjust to the pandemic. Social media posts, alone, reached more than 120,000 Arkansans between March and June.
- Despite lower numbers of screenings and educational encounters compared to the last fiscal year, MHI did well to continue educating Arkansans and providing screenings when possible.


Indicator FY21

The MHI will maintain the number of health screenings and educational encounters related to hypertension awareness for minority Arkansans within a 10% variation of the previous fiscal year.

- **Activity FY21 - Unmet; Influenced by COVID-19** 
- This indicator was not met for the fiscal year and has been affected by the slower than normal return from the COVID-19 pandemic. As stated above, screening numbers increased over the course of the fiscal year, however the number of blood pressure screenings still fell short of the fiscal year goal. Despite the slow return, the MHI continues to ramp up other opportunities to educate minority Arkansans. MHI's efforts related to hypertension awareness are documented below.
 - Hypertension (high blood pressure) is the leading cause of stroke. During FY21, the MHI provided 1,149 blood pressure screenings. Additionally, more than 3,500 paid television commercials encouraging healthy behaviors related to hypertension were aired on six television stations in Central and Northwest Arkansas. The MHI has been able to provide educational resources related to blood pressure awareness to over 3,800 Arkansans at various events.
 - The MHI reached several thousand Arkansans over the course of the year through their social media campaigns, recording over 300,000 impressions on Facebook and Twitter.
 - Despite lower numbers of screenings and educational encounters compared to last fiscal year, the MHI did well to continue educating Arkansans through media outlets and offering screenings when possible.

Indicator FY20

The MHI will work to increase heart disease awareness by 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY 2015.

- **Activity FY20 - Unmet; Influenced by COVID-19** 
- This indicator was not met for the fiscal year. The COVID-19 pandemic greatly affected the activities of the MHI as the majority of its efforts include reaching out into the community and providing direct education and health screenings to minority Arkansans. Before the pandemic, this indicator was on track to meet its fiscal year goal. However, the number of Arkansans reached through educational events and screening initiatives declined substantially in the second half of the fiscal year as a result of the pandemic. The MHI's FY20 efforts related to this indicator are provided below.
 - High cholesterol directly relates to heart disease, and this fiscal year, the MHI conducted nearly 900 cholesterol screenings; however, this number excludes cholesterol screenings through the MHU in the first half of the fiscal year as MHU screening data were not disaggregated until the second half of the fiscal year. The pandemic limited the outreach of MHI, and the number of overall screenings, including cholesterol, were down.


MHI Performance Indicators and Progress

- **Activity CONT'D**

- Minority Arkansans were also educated on heart disease risks and other topics via community events. In all, approximately 12,000 Arkansans were educated this fiscal year through community events. Educational encounter numbers were impacted by COVID-19; however, MHI still reached several thousand Arkansans during the year.
- Further, the MHI utilized various media outlets to provide health education to minority Arkansans. During FY20, 7,875 paid commercials ran across the state on topics like tobacco cessation, healthy cooking and eating, heart disease, and exercise, among others.
- Print media and social media were used to raise awareness of heart disease risks and other vital health issues. As the pandemic interrupted community outreach, these media outlets helped to fill the education gap and reach across the state. Social media impressions were more than 120,000 between March and June.
- Despite lower numbers of screenings and educational encounters compared to the last fiscal year, the MHI did well to continue educating Arkansans through media outlets and offering health screenings when possible.


Indicator FY21

The MHI will maintain the number of health screenings and educational encounters related to heart disease awareness for minority Arkansans within a 10% variation of the previous fiscal year.

- **Activity FY21 - Unmet; Influenced by COVID-19** 
- This indicator was not met for the fiscal year and has been affected by the slower than normal return from the COVID-19 pandemic. As stated above, screening numbers increased over the course of the fiscal year, however the number of screenings related to heart disease still fell short of the fiscal year goal. Despite the slow return, the MHI continues to ramp up other opportunities to educate minority Arkansans. MHI's efforts related to heart disease awareness are documented below.
 - High cholesterol levels lead to heart disease. During this year, the MHI has been able to provide 614 cholesterol screenings. The Mobile Health Unit has also been serviceable to the communities and increased this number tremendously compared to FY20.
 - Additionally, thousands of paid television commercials encouraging healthy behaviors were aired on six television stations in Central and Northwest Arkansas. The MHI has been able to provide educational resources related to heart disease awareness to over 3,800 Arkansans at various community events.
 - Despite lower numbers of screenings and educational encounters compared to the last fiscal year, the MHI did well to continue educating Arkansans through media outlets and offering health screenings when possible.

Indicator FY20

The MHI will work to increase diabetes awareness by 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY 2015.

- **Activity FY20 - Unmet; Influenced by COVID-19** 
- This indicator was not met. The pandemic greatly affected MHI activities as a majority of its efforts include community outreach. Before the pandemic hit, this indicator was on track. However, the number of Arkansans reached through educational events and screening initiatives declined substantially in the second half of the fiscal year. MHI's FY20 efforts are provided below.
 - MHI conducted more than 1,100 blood glucose screenings. This number excludes glucose screenings through the MHU in the first half of the fiscal year as MHU screening data were not disaggregated until the second half of the fiscal year. Screening numbers took a hit because of the pandemic.
 - Minority Arkansans were educated on diabetes, glucose, and other topics via various community events. Approximately 12,000 Arkansans were educated through community events. Educational encounter numbers were impacted by COVID-19; however, MHI reached thousands of Arkansans.



MHI Performance Indicators and Progress

- **Activity CONT'D**

- The MHI also put great effort into educational campaigns via numerous media outlets. During FY20, 7,875 paid commercials ran across the state on topics like tobacco cessation, healthy cooking and eating, diabetes, and exercise, among others.
- Several thousand educational ads and posts were made through print and social media; and these efforts were robust for FY20, especially in the second half of the fiscal year after the pandemic hit. Between March and June, more than 120,000 Arkansans were reached through social media campaigns related to important health topics, including diabetes and COVID-19.
- Despite lower numbers of screenings and educational encounters compared to the last fiscal year, MHI did well to continue educating Arkansans and providing screenings when possible.


Indicator FY21

The MHI will maintain the number of health screenings and educational encounters related to diabetes awareness for minority Arkansans within a 10% variation of the previous fiscal year.

- **Activity FY21 - Unmet; Influenced by COVID-19**  
- This indicator was not met. This indicator has been affected by the slower than normal return from the pandemic, though not as much as the others. The number of blood glucose screenings fell only 81 screenings short of the 10% variation from FY20. MHI ramped up the other opportunities to educate minority Arkansans regarding their health. MHI's efforts are documented below.
 - During FY21, 909 blood glucose screenings were offered. Thousands of paid television commercials encouraging healthy behaviors aired on six television stations in Central and Northwest Arkansas. MHI provided educational resources related to diabetes awareness to over 3,800 Arkansans.

Indicator FY20-21

The 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 healthcare every five years.

- **Activity FY20 - In Progress Towards Five-Year Goal** 
- This indicator is in progress towards the five-year goal. In FY19, the UALR Survey Research Center conducted the most recent update of the Arkansas Racial and Ethnic Health Disparities Study. The next study is expected to be released in FY24. The scope of the most recent study released in FY19 included collecting data through surveys designed to gather data on the perceptions, opinions, attitudes, behaviors, and knowledge related to health and healthcare practices of Arkansans within specific racial and ethnic groups identified by the urban and rural county of residence. The sample included 2,330 respondents stratified by geo-racial groups classified as White Urban, Black Urban, White Rural, Black Rural, and Hispanic. Notable findings in the executive summary include the following:
 - Significant Differences in Perceptions Regarding Racial Issues:
 - Almost half of the White Rural respondents reported "never" thinking about their race.
 - Conversely, close to 45% of both the Black Urban and Black Rural groups think about race "constantly."
 - Different Attitudes towards Personal Health:
 - The White Urban group is significantly more likely to rate their health as "excellent" or "very good" compared to other groups.

MHI Performance Indicators and Progress

- **Activity CONT'D**

- *Similar Perceptions of Doctors and Personal Health Issues:*
 - *Approximately eight out of 10 of all currently smoking respondents have had their doctors talk to them about the health risks of smoking.*
 - *Over 90% of respondents state they are either "somewhat" or "very" confident they can manage their health.*
- *Differences in Delivery Methods for Healthcare Information:*
 - *Significantly higher percentages of Black and Hispanic respondents reported being victims of discrimination while getting healthcare.*
 - *The Hispanic group is significantly more likely to seek healthcare at a public clinic.*
- *Significant Differences in Hispanic Healthcare Issues:*
 - *Half of Hispanic respondents needing an interpreter receive services provided by the doctor's office through either professional interpreters or bilingual staff.*
 - *Hispanic respondents are far less likely to have been reminded by doctors' offices to schedule preventative care.*
- *Differences in Healthcare Information Delivery Methods:*
 - *Black respondents are significantly more likely to visit a health fair for health information.*
 - *White Rural respondents use family and friends for health information significantly more often than White Urban respondents.*
- *The AMHC presented the report at the 2019 State of Minority Health Luncheon. A hardcopy is available upon request.*

- **Activity FY21 - In Progress Towards Five-Year Goal**

- *This indicator is in progress. This survey is completed every five years. In FY19, the UALR Survey Research Center conducted the most recent update of the Arkansas Racial and Ethnic Health Disparities Study. The next survey will be in FY24. In the meantime, MHI consistently monitors health issues that are critical to minority Arkansans. These health issues are translated into educational materials and multimedia ads. So far this fiscal year, MHI has focused on topics of COVID-19, cancer, breastfeeding, tobacco use, family caregivers, HIV, sickle cell disease, prostate cancer, and more. The agency has also added the Arkansas Minority Health Commission scholarship and other scholarship opportunities, the Mobile Health Unit, and the 6th Biennial Minority Health Summit to their social media focus. During this fiscal year, these topics have garnered more than 300,000 social media impressions.*

Indicator FY20-21

The MHI will develop and implement at least one pilot project every five years to identify effective strategies to reduce health disparities among Arkansans.

- **Activity FY20 - In Progress Towards Five-Year Goal**

- *This indicator is in progress. The last pilot project the MHI implemented was in June 2019. The MHI partnered with UAMS East in Helena, ADH, and the Cooperative Extension Service to provide "Camp I Can! Grow, Go and Glow." Thirty-five youth participated in the three-day camp designed to educate and empower young boys and girls in the Delta. Participants learned about nutrition, self-esteem, and the importance of exercise and making healthy choices. A similar camp was planned for FY20, but was canceled due to the pandemic. MHI continues to identify strategies to reduce health disparities.*

- **Activity FY21 - Met**

- *This indicator has been met. Camp iCan was offered during the summer of 2021 as a three-day program with activities, workshops, and exercises that promote healthy eating, physical activity, and self-confidence development. Twenty-nine youth from Faulkner, Pulaski, and Clark counties participated in the camp designed to educate and empower young boys and girls. Campers were equipped with the tools to understand and combat key risk behaviors that lead to unhealthy lifestyles.*

MHI Testimonial

Impacts from Sponsored Health Education Events

The Southeast Pulaski County Health Fair, held in October 2021, offered attendees health screenings and COVID-19 vaccinations, educational materials, demonstrations, and other activities that assist families in making healthy lifestyle choices. Many attendees were older adults or had a condition which limited their mobility. We Care of Pulaski County hosted the event and an organizer reported, “[Attendees] were grateful and excited to have healthcare professionals coming to them to administer vaccines. However, what touched them even more was that the nurses from Baptist Health would go to the individual cars where those that were less able to get out received a vaccine. Having such an accommodation was of great significance to these residents.”

Community First Alliance established “The Big Catch” in 2015. An organizer of the most recent event in 2021 explained, “The Big Catch is based on the need for families to spend more time together by taking their children fishing as a means of outdoor recreation and learning a life skill that teaches children to provide for themselves and their families. Each year the event has grown and services more than 12,000 people each year. The Big Catch has been named the largest family fishing event in the state.” During the event, Community First Alliance provides free health screenings and free meals. An event organizer reflected, “People in this community are sometimes less fortunate and do not have the access to regular medical check-ups. The event has an economic impact that saves a family of four an average of \$60 per family.”

“People in this community are sometimes less fortunate and do not have access to regular medical check-ups. The event has an economic impact that saves a family of four an average of \$60 per family.”

Organizer of "The Big Catch"

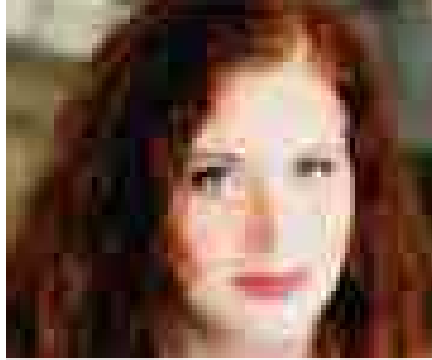


Tobacco Prevention and Cessation Program

Lana "Joy" Gray, Branch Chief



Janet Wilson, PhD, UCA Evaluator



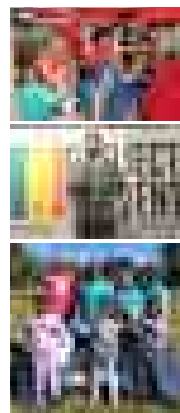
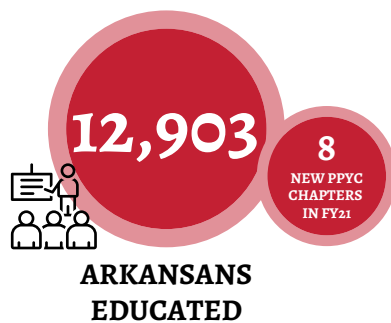
Lana "Joy" Gray
Branch Chief



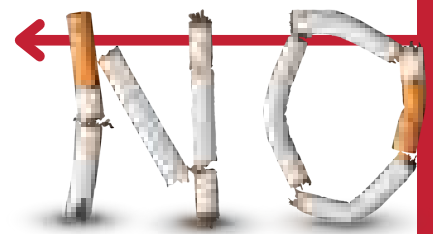
Appathurai Balamurugan, MD, DrPH
Medical Director



Tobacco Prevention and Cessation Program



TPCP ENGAGES YOUTH IN TOBACCO-RELATED ACTIVITIES AND DEVELOPS PEER LEADERS



22

FAITH-BASED ORGANIZATIONS ENGAGED

Minority Sub-Recipient Grant Office



8

GRADUATES

Graduate Addiction Studies Program



2

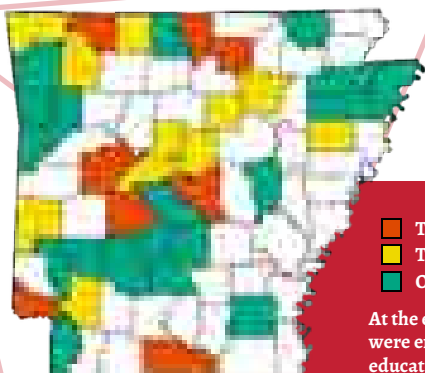
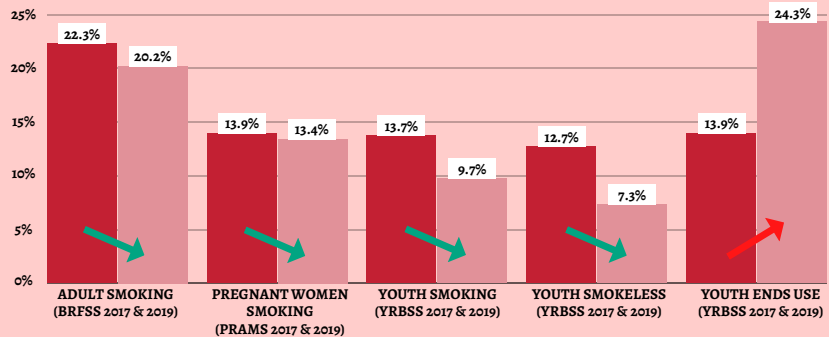
TOBACCO-RELATED STUDIES FUNDED

Minority Research Center



TOBACCO USE TRENDS

During the biennium, TPCP reported success in reducing smoking use among adults and pregnant women and reported reductions in smoking and smokeless tobacco use among youth. However, youth Electronic Nicotine Delivery Systems (ENDS) use increased. The TPCP continues to focus efforts on educating youth on the dangers of ENDS products.



- THREE + PPYC CHAPTERS
- TWO PPYC CHAPTERS
- ONE PPYC CHAPTER

At the end of FY21, 70 PPYC Chapters were engaging youth in tobacco education and prevention activities across 38 counties in the state.



Students participating in Project Prevent's Changing Gears Conference, 2021



LIFETIME SAVINGS FOR NON-SMOKERS

Arkansas smokers experience lifetime expenses of \$648,612 in out-of-pocket costs, increased healthcare costs, and income loss (McCann, 2022). According to CDC, approximately 61,000 fewer Arkansans were smoking in 2020 compared to 2018.

These non-smokers, collectively, could save \$39.9 billion during their lifetimes.



TPCP Description and Goals

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. The TPCP follows the Centers for Disease Control and Prevention Best Practices for Tobacco Control 2014 as a guide for program development. Outcomes achieved by Arkansas's TPCP include reducing 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.

Overall Program Goal

The goal of TPCP is to reduce morbidity and death associated with tobacco use by preventing initiation of tobacco/nicotine products and providing cessation services/resources to Arkansans who want to quit using tobacco.

TPCP Evaluator Summary and Comments

Economic Impact

In FY20, the Tobacco Prevention and Cessation Program Account received \$13,048,013.50 from the ATSC. This is a decrease of \$654,003.08 from the FY19 fund allocation. As directed by the Tobacco Settlement Proceeds Act, 15% of these funds (\$1,957,202.02) was deposited into the Minority Communities Special Account at the University of Arkansas at Pine Bluff (UAPB). The remaining 85% (\$11,090,811.47) was utilized by TPCP and partners in FY20. The Breast Cancer Control Fund received \$500,000, the Child Health Advisory Committee received \$600,150, and Arkansas Tobacco Control received \$893,000. The Great Strides Program (Trails for Life) was not funded. Thus, the balance allocated to the TPCP for FY20 was \$9,097,661.47.

In FY21, the Tobacco Prevention and Cessation Program Account received \$14,790,199.26 from the ATSC. This is an increase of \$1,742,185.76 from the FY20 fund allocation. As directed by the Tobacco Settlement Proceeds Act, 15% of these funds (\$2,218,529.89) was deposited into the Minority Communities Special Account at the UAPB. The remaining 85% (\$12,571,669.37) was utilized by TPCP and partners in FY21. The Breast Cancer Control Fund received \$500,000, the Child Health Advisory Committee received \$600,150, and Arkansas Tobacco Control received \$893,000. The Great Strides Program (Trails for Life) was not funded. Thus, the balance allocated to the TPCP for FY21 was \$10,578,519.37.

Smoking addiction comes at a cost for Arkansans. In the article, “The Real Cost of Smoking by State” (see <https://wallethub.com/edu/the-financial-cost-of-smoking-by-state/9520>), Adam McCann calculates, by state, the financial costs of smoking across one’s lifetime as well as annually. He estimated that each smoker in Arkansas experiences lifetime out-of-pocket costs of \$117,034 (approximately \$2,438 annually), increased healthcare costs of \$120,430 (approximately \$2,509 annually), and income loss of \$411,238 (approximately \$8,567 annually). Thus, it is easy to see how the reduction of smoking in the state not only contributes to the health of Arkansans, but also to the financial health of the state of Arkansas as a whole.

Challenges

Clearly, a major challenge faced by TPCP and its sub-grantees these past two years relates to the provision of tobacco, nicotine, and ENDS products cessation services and training to Arkansans in light of the global COVID-19 pandemic. By mid-2020, there were significant reductions in sales-to-minor compliance checks, cancellations and delays in training and programming (especially for students), and a delay in the launching of the Be Well Baby program as it had to be reworked to respond to COVID-19 restrictions. However, TPCP and its sub-grantees responded to these challenges with innovative modifications: Arkansas Tobacco Control (ATC) participated in an Observational Survey pilot study; the Arkansas Cancer Coalition’s (ACC) Cancer Summit was presented virtually; and the Be Well Baby program was launched utilizing telehealth counseling, Smartphone technology, and the iCOquit monitoring device. As the pandemic wore on, callers to the tobacco cessation quitline told Be Well Arkansas staff that the stress of the pandemic impacted their quit attempt and led several participants to drop out of the program. Almost every state reported the same challenges with retaining enrollees in cessation programs. As COVID-19 restrictions have lessened near the end of 2021, and TPCP has become better accustomed to utilizing a variety of technologies to reach Arkansans, progress has been seen towards a return to pre-pandemic activities. For example, the ATC has returned to completing sales-to-minor compliance checks, Project Prevent has added additional school chapters so that 11 of 22 Red Counties have at least one chapter, and an increased number of women are enrolling in and receiving services from the Be Well Baby program.

TPCP Evaluator Summary and Comments

Opportunities

Although COVID-19 restrictions over the past two years have limited face-to-face training, presentations, meetings, and conferences, TPCP and its sub-grantees have been able to reach Arkansans through virtual offerings. For example, in 2021 Project Prevent held the annual *Ready.Set.Record.* Film Festival for students virtually, the ACC's 21st and 22nd Arkansas Cancer Summits were hosted virtually in conjunction with the 17th and 18th Clearing the Air in Communities of Color conferences, TPCP offered sub-grantees professional development and training through webinars and virtual training sessions, the ACC partnered with MD Anderson Cancer Institute to offer virtual Tobacco Treatment Specialist Training for healthcare providers, and the Minority Initiative Sub-Recipient Grant Office offered a technical assistance workshop to community stakeholders through Zoom. Thus, while the COVID-19 pandemic restrictions changed how TPCP and its sub-grantees reached Arkansans, it did not stop them from providing tobacco, nicotine, and ENDS products cessation programming and services.

Evaluator Comments

The TPCP operates on a fiscal calendar. Thus, the indicator progress noted in this report covers to the end of FY21. Below is a summary of progress during the second quarter of FY22.

- TPCP:** While long-term indicator activities are ongoing, progress has been made regarding short-term indicators. For example, 14 presentations were completed by sub-grantees reaching 534 youth and adults (additional information is provided below). A total of 1,254 unannounced and six behind-the-counter/observational compliance checks were completed by the ATC. The ATC reported 170 sales-to-minor violations for a 14% non-compliance rate. In addition to the compliance checks, ATC agents conducted 25 compliance rechecks on previous sales-to-minor violations or complaints. Of the 25, three vendors failed the recheck. Finally, one required training session was held for 12 retailers and store owners. During the second quarter an additional Project Prevent Chapter was established in a Red County (Ouachita County), resulting in 11 of the 22 Red Counties having at least one Project Prevent Chapter. During the quarter, Be Well Arkansas (BWA) completed 617 intakes by phone and 184 intakes by online sign-up. Of the 801 intakes, 589 individuals enrolled in the cessation program. Additionally, BWA received 1,091 incoming calls inquiring about tobacco cessation, hypertension, and/or diabetes. The BWA call center mailed out 107 diabetes and 231 hypertension pamphlets as requested by callers. The actual quit rate is reported annually in the fourth quarter. During the second quarter, 17 women enrolled in the Be Well Baby program (participants receive four prenatal and six postpartum sessions). A total of 64 counseling sessions (including both prenatal and postpartum sessions for previous enrollees as well) were conducted between October and December. Media activities from the ADH Health Communication multi-platform will be discussed in the fourth quarter report.
- Minority Initiative Sub-Recipient Grant Office (MISRGO):** MISRGO staff report continued work with faith-based organizations as well as assistance provided to the ASU Media Communications Department on a community-based grant. Planning continues on an annual event scheduled for March 9th.
- Minority Research Center (MRC):** While COVID-19 restrictions continue to limit contact with students, MRC reports some success with virtual meetings in communities. Future evaluation reports will examine these meetings, editorial submissions, and progress towards a survey of African-American male college students. Because there had been no response to an RFP, MRC has redistributed one and will report on its progress in future reports. As noted in previous reports, the MRC assumed a new director in May of 2021. Due to COVID-19 restrictions and a change in the agency work plan, an update to its indicators was proposed to and approved by the ATSC on November 10. These changes will be implemented January 2022.

TPCP Evaluator Summary and Comments

Evaluator Comments CONT'D

- **Graduate Addiction Studies Program (GASP):** GASP faculty and staff will provide an update on student recruitment, collaborative efforts with juvenile justice programs in Jefferson County and the Be Well Arkansas Quit Program, and results from its alumni survey in future reports.

Currently, the COVID-19 pandemic continues to impede in-person activities, especially in local communities where normally sub-grantees would present to large audiences. Additionally, MRC and MISRGO report current office relocation disruptions. However, these agencies have strategized to identify new and innovative ways to reach Arkansans. During the first two quarters of FY22, progress has been seen towards the level of pre-COVID-19 programming. For example, during the second quarter, the following activities occurred:

- ACC, in conjunction with UAMS, hosted the Tobacco and Disease Symposium in October, with 182 individuals attending. Sessions for tobacco control included the following: “Integrating Tobacco Cessation into Your Patient’s Wellness Plan”, “COPD and Beyond—Acute and Chronic Lung Issues”, “Tobacco & Vaping in Arkansas—Where are We Today”, and “Smoking During Pregnancy and Postpartum—Implications for Mom and Baby”.
- ACC hosted a brief tobacco intervention (BTI) training November 8-10. The BTI training was held in three, two-hour sessions. These sessions included “Low Dose CT Screening”, “Motivational Interviewing”, and “Pharmacotherapy”. Approximately 20 healthcare providers and community organizations attended the three-day training. Additionally, up to six credit hours were available for attendees participating in all three sessions. All sessions were held virtually. This training is essential, with the help of a clinician, the odds of quitting tobacco more than double. While counseling and medication individually are effective for tobacco cessation, a combination of both is more effective. This training will show healthcare providers how to work with tobacco users to develop quit plans, to prescribe cessation medication, and to refer them for lung cancer screenings.
- Project Prevent added seven new chapters, one was in a Red County (Ouachita County).
- During the quarter, sub-grantees conducted 14 presentations with a total of 534 youth and adults participating in the educational opportunities. Presentation topics varied and included the following: “Dangers of Tobacco/Nicotine Use”, “JUUL—Electronic Cigarettes are Not Safe”, and “Emerging Trends in Tobacco/Nicotine Products”. Presentations were conducted in-person during the beginning of the quarter. Due to the increase of COVID-19 cases, presentations moved to a virtual format when possible or resulted in a cancellation.
- The ATC reported one training for a retailer who violated the sales-to-minors' law. Twelve of the retailer's staff attended the required training.





TPCP Performance Indicators and Progress

Long-Term Objective

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





Indicator FY20-21

By June 2025, TPCP will work to decrease the current smoking/smokeless tobacco/Electronic Nicotine Delivery System (ENDS) use rate among youth (grades 9-12) from 13.7% to 11.7% for smoking, from 12.7% to 11.7% for smokeless tobacco, and from 13.9% to 12.9% for ENDS.

- **Activity FY20 - In Progress Towards Long-Term Goal; Influenced by COVID-19**  
- This indicator is in progress towards the long-term goal. It is a new indicator that was approved by the ATSC at its November 2019 meeting. Data will be available in upcoming quarterly reports. However, current social distancing requirements due to COVID-19 impact the ability of TPCP to have direct contact with youth in grades 9-12.
- **Activity FY21 - In Progress Towards Long-Term Goal; Influenced by COVID-19**  
- This indicator is in progress towards the long-term goal. Although current social distancing requirements due to COVID-19 impact the ability of TPCP and its partners to have direct contact with youth in grades 9-12, this interim report shows progress towards the goal for this indicator. The data source is the 2019 Youth Risk Behavioral Surveillance Survey (YRBSS).
 - Towards the goal to decrease smoking use rates among youth from 13.7% to 11.7%, rates decreased to 9.7%, compared to 4.6% nationally.
 - Towards the goal to decrease smokeless use rates among youth from 12.7% to 11.7%, rates decreased to 7.3%, compared to 3.8% nationally.
 - Towards the goal to decrease Electronic Nicotine Delivery System (ENDS)/E-cigarette use rate among youth from 13.9% to 12.9%, rates increased to 24.3%, compared to 19.6% nationally.
 - While both smoking and smokeless use rates have decreased to well below the long-term goals, the youth vaping epidemic has led to an increase in youth ENDS/E-cigarette use in Arkansas. Although not confirmed, TPCP suggests that the decreasing rates for smoking and smokeless use may be due to the shift in youth using ENDS. This trend for higher youth ENDS use rates (as compared to the smoking and smokeless use rates) can also be seen in the national data noted above.

Indicator FY20-21

By June 2025, 1) TPCP will work to decrease smoking use among adults (18+) from 22.3% to 20.3%, 2) decrease ENDS use among adults (18+) from 5.7% to 3.7%, and 3) decrease the pregnancy smoking rate from 13.9% to 11.9%.

- **Activity FY20 - In Progress Towards Long-Term Goal; Influenced by COVID-19**  
- This indicator is in progress towards the long-term goal. It is a new indicator that was approved by the ATSC at its November 2019 meeting. Data will be available in upcoming quarterly reports. However, current social distancing requirements due to COVID-19 impact the ability of TPCP to have direct contact with adults and pregnant women.
- **Activity FY21 - In Progress Towards Long-Term Goal; Influenced by COVID-19**  
- This indicator is in progress towards the long-term goal. Although current social distancing requirements due to COVID-19 impact the ability of TPCP and its partners to have direct contact with adults and pregnant women, this interim report shows progress towards the goal for this indicator. The data sources are the 2019 Behavioral Risk Factor Surveillance System (BRFSS) and the 2019 Pregnancy Risk Assessment Monitoring System (PRAMS).



TPCP Performance Indicators and Progress

- **Activity CONT'D**

- Towards the goal to decrease smoking use rates among adults from 22.3% to 20.3%, rates decreased to 20.2%, compared to 14.0% nationally.
- Rates of ENDS/E-cigarette use among adults was not reported in BRFSS 2019. No new data have been released since 2017.
- Towards the goal to decrease the pregnancy smoking rates from 13.9% to 11.9%, rates decreased to 13.4%, compared to 6.8% nationally.
- According to available data, the long-term goal of decreasing smoking use in Arkansas adults to below 20.3% has just been met, while the smoking rate for pregnant Arkansans is moving in the correct direction.

Indicator FY20-21

By June 2025, the number of comprehensive smoke-free/tobacco-free policies will increase from 219 to 400.


- **Activity FY20 - In Progress Towards Long-Term Goal** 
- This indicator is in progress towards the long-term goal. It is a new indicator that was approved by the ATSC at its November 2019 meeting. Data will be available in upcoming quarterly reports.
- **Activity FY21 - In Progress Towards Long-Term Goal; Influenced by COVID-19** 
- This indicator is in progress. While 20 new policies were reported in FY20 prior to the start of the COVID-19 pandemic, current social distancing requirements impacted this indicator. As a result, TPCP sub-grantees and partners did not provide local communities with in-person education and data support for smoke-free policy initiatives. During the reporting period, no new policies were implemented. It is reported, however, that during calendar year 2022, TPCP and sub-grantees will work with businesses to integrate tobacco cessation resources into worksite wellness programs and assist those businesses in strengthening their current smoke-free campus policies as part of a worksite wellness program.

Short-Term Objective

Communities shall establish local tobacco prevention initiatives.

Indicator FY20



By June 2020, 43 new smoke-free/tobacco-free policies will be implemented across Arkansas.

- **Activity FY20 - Unmet; Influenced by COVID-19** 
- This indicator was not met. While sub-grantees attended virtual meetings, many community events as well as scheduled coalition meetings were canceled due to COVID-19. Also, sub-grantees reported that representatives from various organizations were under furlough or laid off. The 20 smoke-free/tobacco-free policies during FY20 were implemented at four worksites, eight faith-based organizations, three parks/festivals, four multi-unit housing locations, and one comprehensive city policy. In April 2020, the ATSC approved the combining of this indicator with the following one pertaining to healthcare provider training. The resulting new indicator focuses on educating a wider range of the public, as well as those in the position to implement smoke-free/tobacco-free policies, on the variety of problems associated with traditional and new tobacco/nicotine products. Also, the goal date was reset to the end of FY21.

TPCP Performance Indicators and Progress



Indicator FY20

By June 2020, TPCP will increase the number of healthcare providers by 450 who have been reached by TPCP trainings.

- **Activity FY20 - Unmet; Influenced by COVID-19**  
- This indicator was not met. Two trainings were held for healthcare providers this quarter for a total of 53 attendees. Due to the pandemic, other training sessions were canceled or rescheduled. During FY20, eight training sessions were provided for 304 healthcare professionals. In April 2020, the ATSC approved the combining of this indicator with the preceding one pertaining to the development of new policies. The resulting indicator shifts the focus to educating a wider range of the public, as well as those in the position to implement smoke-free/tobacco-free policies, on the variety of problems associated with the use of traditional and new tobacco/nicotine products. Also, the goal date was reset to the end of FY21.



Indicator FY21

By June 2021, 500 presentations will be conducted to educate the public and decision makers on the economic burden of tobacco use, current and emerging tobacco/nicotine products, implementing smoke-free/tobacco-free policies, and dangers of exposure to secondhand smoke.

- **Activity FY21 - Unmet; Influenced by COVID-19**  
- The goal for this indicator was not met during FY21. While COVID-19 restrictions resulted in no presentations provided during the first two quarters of FY21, increasing numbers were offered in the last two quarters. During the fourth quarter, 30 presentations were conducted educating approximately 1,200 individuals. Topics covered during the presentations included the dangers of tobacco and e-cigarette use (including Juuling), emerging trends (of tobacco/nicotine products), and information on the Be Well Arkansas program.

Indicator FY20


By June 2020, TPCP will maintain the sales to minor violations at 7% or below (Baseline in FY19 = 6.3%).

- **Activity FY20 - Met; Influenced by COVID-19**  
- This indicator was met by the goal date of June 2020. However, due to the COVID-19 crisis, sales-to-minor compliance checks and training sessions were not conducted during this quarter. Although there were no recent compliance checks, Arkansas Tobacco Control agents continued to address the sales-to-minor complaints received through the 1-877-ID-TEENS number and the online-complaint form. Agents conducted visual checks at stores where violations were reported. If an agent observed individuals leaving the store with a tobacco or ENDS product and believed them to be under age, they were carded. The agents also reviewed the store videos. If the individual was under age, the store received a citation. Thus, for FY20, there have been a total of 3,250 sales-to-minor compliance checks with 159 sales-to-minor violations for a non-compliance rate of 4.89%. Additionally, a total of 47 educational sessions for tobacco retail owners and/or clerks have been offered for 2,306 attendees. In April 2020, the Arkansas Tobacco Settlement Commission approved a modification of this indicator that lowers the sales to minor violations goal to just above the baseline; thus, the focus remains on decreasing violations. Additionally, the goal date was reset to the end of FY 2021.

TPCP Performance Indicators and Progress


Indicator FY21

By June 2021, TPCP will maintain the sales to minor violations at 6.5% or below (Baseline in FY19 = 6.3%).

- **Activity FY21 - Unmet; Influenced by COVID-19** 
- *The goal for this indicator was not met during FY21. While COVID-19 restrictions resulted in no unannounced compliance checks during the first two quarters of FY21, during the current quarter, Arkansas Tobacco Control (ATC) conducted 1,281 compliance checks with 161 violations for a non-compliance rate of 12.57%. Additionally, ATC received 70 sales to minor complaint calls through the 1-877-ID TEENS number. Finally, this quarter ATC reviewed/certified 22 merchant training programs covering 317 tobacco retail stores. Thus, for FY21, there have been a total of 1,289 unannounced sales to minor compliance checks (all but eight completed during the fourth quarter) with 163 sales to minor violations for a non-compliance rate of 12.65%.*


Indicator FY20

By June 2020, TPCP will successfully implement 12 new mini-grants for Project Prevent Youth Coalition (PPYC) Clubs within school systems for tobacco prevention and advocacy.

- **Activity FY20 - Met** 
- *This indicator was met by the goal date of June 2020. During the first quarter of FY20, 12 mini-grants were awarded. A total of 177 youth participated in Student Wellness Advocacy Group (SWAG) Chapters and one training session was provided on the purpose of SWAG during FY20. In April 2020, the Arkansas Tobacco Settlement Commission approved the combining of this indicator with the following one pertaining to engagement in tobacco control activities. By combining the two indicators reflecting the ongoing activities of the Project Prevent Youth Coalition (PPYC), we were able to focus on their tobacco prevention activities and advocacy clubs in those school systems specifically within Red Counties where youth health is at highest risk. Additionally, the goal date was reset to the end of FY 2021.*

Indicator FY20



By June 2020, TPCP will increase by 25% 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.

- **Activity FY20 - Met; Influenced by COVID-19** 
- *This indicator was met by the goal date of June 2020. During this quarter, Project Prevent held nine statewide virtual meetings with 180 youth participants. Sub-grantees with local Project Prevent chapters reported staying in-touch with youth through 16 virtual meetings and nine community events. A total of 217 youth participated in limited community events and 196 participated in the local chapter virtual meetings. In addition, 544 youth participated in "My Reason to Write." The COVID-19 pandemic halted several other planned events. For FY20, the total number of youth participating in statewide events was 1,297. This included those who participated in "My Reason to Write" and "Ready. Set. Record" (981 youth) as well as the Project Prevent Youth Coalition (PPYC) Annual Conference (316 youth). Additionally, this fiscal year, there were 77 PPYC chapters that recruited 732 youth for a total of 1,425 youth participants in chapter activities. A total of 24 PPYC chapters attended the Annual Conference and 76 PPYC presentations were made. In April 2020, the Arkansas Tobacco Settlement Commission approved the combining of this indicator with the preceding one pertaining to mini-grants. By combining the two indicators reflecting the ongoing activities of the Project Prevent Youth Coalition (PPYC), we were able to focus on their tobacco prevention activities and advocacy clubs within school systems, while moving away from the awkward reference each year to a 25% increase in participation. More importantly, the new indicator focuses on activities within Red Counties where youth health is at highest risk. Additionally, the goal date was reset to the end of FY21.*

TPCP Performance Indicators and Progress


Indicator FY21

By June 2021, Project Prevent will establish seven new school chapters within the Red Counties (Red Counties are those counties with low life expectancy).

- **Activity FY21 - Unmet; Influenced by COVID-19**  
- The goal for this indicator was not met during FY21. While COVID-19 restrictions directly impacted programming provided by Project Prevent, during this quarter three new chapters were formed with one located in a Red County. Additionally, this quarter Project Prevent offered 16 activities including educational opportunities on the harms of tobacco/nicotine use inclusive of e-cigarettes at the Travelers and National State baseball games, as well as the Spring Tour held at schools (held virtually and in-person). Thus, for FY21, two new school chapters were established in Red Counties (one each in the third and fourth quarters). Finally, Project Prevent held four chapter meetings addressing such topics as planning for My Reason to Write, the Spring Tour, and conducting virtual presentations.


Indicator FY20

By June 2020, ADH Health Communication will maintain a comprehensive, multiplatform media plan to prevent youth initiation, eliminate exposure to secondhand smoke, and promote cessation. (Report Annually)

- **Activity FY20 - Met** 
- This indicator was met by the goal date of June 2020. For FY20, the Office of Health Communication implemented and maintained a comprehensive multimedia plan. The media plan focused on the following areas: 1) Youth Prevention--educational messaging about the harms of tobacco/nicotine use inclusive of e-cigarettes and other products such as vaping devices, 2) Tobacco Nicotine Cessation--media messaging designed to drive calls to Be Well Arkansas as well as providing education on the harms of tobacco/nicotine products including the additional impact of using the products with a chronic disease, and 3) Messaging focusing on educating about the harms of exposure to secondhand smoke. To drive calls to Project Prevent and Be Well Arkansas, extensive digital, print, and/or social media were utilized. In April 2020, the Arkansas Tobacco Settlement Commission approved the reset of the goal date for this indicator to the end of the FY 2021.

Indicator FY21


By June 2021, ADH Health Communication will maintain a comprehensive, multiplatform media plan to prevent youth initiation, eliminate exposure to secondhand smoke, and promote cessation. (Report Annually)

- **Activity FY21 - Met** 
- The goal for this indicator has been met. Because this indicator relates to various social media platforms, COVID-19 restrictions are not expected to directly influence this indicator. During FY21, the Office of Health Communications at the Arkansas Department of Health implemented and maintained a comprehensive multimedia plan. The media plan focused on the following areas:
 - Youth Prevention - Educational messaging about the harms of tobacco/nicotine use inclusive of e-cigarettes and other products such as vaping devices, while promoting cessation services.
 - Tobacco/Nicotine Cessation Messaging - Media messaging designed to drive calls to Be Well Arkansas as well as providing education on the harms of tobacco/nicotine products, while also promoting new services to mothers with nicotine addiction.
 - Secondhand Smoke - Messaging focusing on the harms of exposure to secondhand smoke.
- Extensive digital, print, social media, non-traditional, and out of home media were used with the addition of Marshallese and Spanish language ads to encourage minority populations to utilize cessation services.

TPCP Performance Indicators and Progress


Indicator FY20

By June 2020, TPCP will enroll 100% of eligible Arkansas residents who call the Be Well Call Center and request services. (Report Quarterly: # of callers requesting service; # of callers enrolled in tobacco cessation counseling {Reset Annually})

- **Activity FY20 - Met** 
- *This indicator was met for the fiscal year. This indicator was originally reported as not met by the goal date of June 2020. It should be clarified that those who call the Center or complete the online intake may not be eligible for the services. However, if the Center receives a call or an online intake is completed, and the person is eligible and requests service, then they are enrolled in the program. During this quarter, Be Well completed 596 intakes by phone and enrolled 486 callers in the tobacco cessation program. For FY20, 2,867 callers enrolled in the tobacco cessation counseling program. Be Well Arkansas received a total of 4,294 calls requesting information on tobacco cessation, diabetes, and/or hypertension. In April 2020, the Arkansas Tobacco Settlement Commission approved the modification of this indicator. After an internal evaluation of the Be Well Call Center, the goal shifted from enrolling eligible Arkansas residents in tobacco cessation counseling (which will continue to happen), to measuring the actual quit rate. Additionally, the indicator's goal date was reset to the end of FY 2021.*


Indicator FY21

By June 2021, Be Well Arkansas will consistently maintain a tobacco cessation quit rate higher than the previous baseline level of 28% for those enrolled in the program. (Report Quarterly: # of callers requesting service; # of callers enrolled in tobacco cessation counseling {Reset Annually})

- **Activity FY21 - Unmet; Influenced by COVID-19** 
- *The goal for this indicator has not been met. The tobacco cessation quit rate for FY21 is 25%. This rate is slightly lower than anticipated due to the pandemic. Many of the participants who were enrolled in the tobacco cessation program relayed to the Be Well Arkansas program that the continued stress of the pandemic impacted their quit attempt. Also, a disenrollment among participants occurred. Again, the enrolled individuals relayed that the pandemic was the main reason. The TPCP reports that across the U.S., both quit rates and quitline participation were negatively impacted by COVID-19 stressors. For the fourth quarter, the number of calls received was 1,842 (5,778 for FY21), while the number of eligible callers enrolled in tobacco cessation counseling was 976 (3,017 for FY21). Finally, hypertension and diabetes information was sent to 538 people (1,577 for FY21).*

Indicator FY20



By June 2020, select a vendor to implement the Be Well Baby program.

- **Activity FY20 - Met; Influenced by COVID-19** 
- *This indicator was met by the goal date of June 2020. During the third quarter, a vendor was selected and a contract was awarded to begin March 1. However, due to the COVID-19 pandemic, the TPCP project coordinator and vendor continue to address challenges during the initial start-up phase of the project. Updates as to the status of the Be Well Baby program should be available in the first quarter of FY21. In April 2020, the Arkansas Tobacco Settlement Commission approved the modification of this indicator. With the selection of a vendor for the Be Well Baby program, the focus has shifted to providing quarterly updates on the implementation of the program. Additionally, the goal date was reset to the end of the FY 2021.*

TPCP Performance Indicators and Progress



Indicator FY21

By June 2021, provide quarterly updates on the implementation of the Be Well Baby program.

- **Activity FY21 - Met; Influenced by COVID-19**  
- *The goal for this indicator has been met. The Be Well Baby program officially launched during the third quarter with three women enrolled. During the fourth quarter an additional 19 women enrolled in the program and participated in the first prenatal counseling session for a total of 22 participants in FY21.*



Indicator FY20

By June 2019, the MISRGO will work with four new faith-based churches/organizations to implement No Menthol Sunday (NMS) activities (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).

- **Activity FY20 - Met; Influenced by COVID-19**  
- *This indicator was met. A total of 15 faith-based organizations implemented NMS activities during FY20. In April 2020, the ATSC approved the modification of this indicator. The new indicator increases the target number of faith-based organizations and resets the goal date to the end of FY21.*



Indicator FY21

By June 2021, the MISRGO will work with five new faith-based churches/organizations to implement No Menthol Sunday (NMS) activities.

- **Activity FY21 - Met; Influenced by COVID-19**  
- *The goal for this indicator has been met. MISRGO worked in partnership with the Pine Bluff Health and Wellness Coalition, the Coalition for a Tobacco Free Arkansas, and five churches in a press conference commemorating No Menthol Sunday.*



Indicator FY20

By June 2019, the MISRGO will provide the Annual Clearing the Air in Communities of Color Conference and report the number of funded and non-funded attendees (Data Source: MISRGO report).

- **Activity FY20 - Met; Influenced by COVID-19**  
- *This indicator was met during FY20. The 17th Clearing the Air in Communities of Color Conference was held in conjunction with the 21st Arkansas Cancer Summit on March 31-April 1. Due to the COVID-19 pandemic, the conference was held virtually. Of the 200 attendees, 30 were funded and 170 were non-funded. In April 2020, the Arkansas Tobacco Settlement Commission approved the modification of this indicator. The new indicator allows for reporting on other events in addition to the Annual Clearing the Air in Communities of Color Conference, as well as resetting the goal date to the end of FY 2021.*

Indicator FY21



By June 2021, the MISRGO will execute an annual event that supports the mission of the program and report on funded and non-funded attendees.

- **Activity FY21 - Met; Influenced by COVID-19**  
- *The goal for this indicator has been met during the third quarter. The 18th Clearing the Air in Communities of Color Conference was held in conjunction with the Arkansas Cancer Coalition's Cancer Summit on March 9 and 10. A total of 206 individuals registered for the conference with 113 completing the survey for the Clearing the Air in Communities of Color on March 10.*

TPCP Performance Indicators and Progress

Indicator FY20

By June 2019, the MISRGO will report technical assistance provided through direct efforts to Public Housing Authorities and other multi-unit housing establishments to implement smoke-free policies.

- **Activity FY20 - Met; Influenced by COVID-19**  
- *This indicator was met during FY20. Although no technical assistance meetings were held during this quarter, during FY20 MISRGO worked with five property owners and agencies to discuss the creation of smoke-free policies in public housing and other multi-unit housing establishments. In April 2020, the Arkansas Tobacco Settlement Commission approved the combining of this indicator with the two following indicators, all of which pertain to assistance provided to stakeholders and property owners statewide for the development of smoke-free policies. Additionally, the goal date was reset to the end of FY 2021.*


Indicator FY20

By December 2018, the MISRGO will continue to work with stakeholders to solidify a statewide plan for reducing tobacco-related disparities in Arkansas.

- **Activity FY20 - Met** 
- *This indicator was met when a statewide plan was approved April 2019; however, it is an ongoing activity. During this quarter one meeting was held with an attendee to discuss the implementation of a statewide plan to reduce tobacco-related disparities in Arkansas. During FY20, two meetings were held with a total of six attendees to further the statewide plan. In April 2020, the Arkansas Tobacco Settlement Commission approved the combining of this indicator with the preceding and following indicators, all of which pertain to assistance provided to stakeholders and property owners statewide for the development of smoke-free policies. Additionally, the goal date was reset to the end of FY 2021.*



Indicator FY20

By June 2019, the MISRGO will present plans and suggestions for statewide implementation of programs to reduce tobacco-related disparities.

- **Activity FY20 - Met** 
- *This indicator was met during FY20. While no meeting was held during this quarter, discussion regarding a statewide program was held the second quarter of FY20 at the 15% Set Aside Meeting quarterly meeting. In April 2020, the Arkansas Tobacco Settlement Commission approved the combining of this indicator with the two preceding indicators, all of which pertain to assistance provided to stakeholders and property owners statewide for the development of smoke-free policies. Additionally, the goal date was reset to the end of FY 2021.*

Indicator FY21


By June 2021, the MISRGO will provide and report on technical assistance through direct stakeholders and property owners regarding reducing tobacco related disparities in Arkansas.

- **Activity FY21 - Met; Influenced by COVID-19**  
- *The goal for this indicator was met. While no technical assistance was provided during the current quarter, one technical assistance workshop (via Zoom) was held for 18 community stakeholders during the first quarter.*

TPCP Performance Indicators and Progress


Indicator FY20

By June 2019, the MRC will apply for one external grant opportunity focusing on tobacco-related issues in minority and disparate populations.

- **Activity FY20 - Unmet** 
- *This indicator was not met during FY20. It was not included in their approved FY20 work plan. In April 2020, the Arkansas Tobacco Settlement Commission approved the combination of this indicator with the two following indicators. The new indicator replaces the three general indicators with one that focuses on implementing an intervention on emerging tobacco products targeting minority students at 12 middle schools statewide. Additionally, the goal date was reset to the end of FY 2021.*



Indicator FY20

By June 2019, the MRC will prepare one white or research paper submitted for conference abstract or publication.

- **Activity FY20 - Unmet** 
- *This indicator was not met during FY20. The MRC did not prepare a white or research paper during FY20. In April 2020, the Arkansas Tobacco Settlement Commission approved the combination of this indicator with the preceding and following indicators. The new indicator replaces the three general indicators with one that focuses on implementing an intervention on emerging tobacco products targeting minority students at 12 middle schools statewide. Additionally, the goal date was reset to the end of FY 2021.*

Indicator FY20

By June 2019, the MRC will participate in meetings with Advisory Boards for the purpose of collaboration and enhancement of MRC efforts.

- **Activity FY20 - Unmet; Influenced by COVID-19**  
- *This indicator was not met during FY20. While the MRC had scheduled meetings with advisory board members for March 27 and May 20, they were not held due to the COVID-19 pandemic. In April 2020, the Arkansas Tobacco Settlement Commission approved the combination of this indicator with the two preceding indicators. The new indicator replaces the three general indicators with one that focuses on implementing an intervention on emerging tobacco products targeting minority students at 12 middle schools statewide. Additionally, the goal date was reset to the end of FY 2021.*

Indicator FY21

By June 2021, the MRC will develop and implement an intervention on emerging tobacco products targeting minority students at 12 middle schools around the state.

- **Activity FY21 - Unmet; Influenced by COVID-19**  
- *The goal for this indicator was not met. While the MRC developed a presentation for tobacco intervention, due to COVID-19 restrictions they were not able to implement the presentation in middle schools.*

TPCP Performance Indicators and Progress

Indicator FY20

By June 2019, the MRC will distribute request for proposals to fund research studies focused on: 1) alternative smoking device prevalence among minority youth and young adults; 2) tobacco cessation among minority pregnant women and/or minority women preparing for pregnancy, decreasing tobacco use among minority adults; and 3) decreasing minorities' exposure to secondhand smoke (Data Source: Minority Research Center [MRC] report).

- **Activity FY20 - Met** ██████████
- *This indicator was met during FY20. The MRC awarded two proposals during FY20 to Dr. Dina Jones at the University of Arkansas for Medical Sciences and Dr. Stephanie Rose at the University of Central Arkansas. Dr. Jones is examining tobacco cessation among African-American women, while Dr. Rose is developing e-cigarette/vaping, tobacco, and opioid prevention educational materials for minority youth. Dr. Jones has been able to complete an educational book for teens with the grant money awarded by the MRC. In April 2020, the Arkansas Tobacco Settlement Commission approved the modification of this indicator to update the RFP focus for FY21. Additionally, the goal date was reset for the end of FY21.*

Indicator FY21

By June 2021, the MRC will distribute requests for proposals (RFP) to fund research studies focused on: 1) Tobacco cessation among African-American women tobacco users, 2) Tobacco cessation among Hispanic women tobacco users, 3) Tobacco and opioid use among minority youth and young adults.

- **Activity FY21 - Unmet** ██████████
- *The goal for this indicator was not met. In the first quarter, the MRC reported funding two continuous RFPs: Dr. Dina Jones from UAMS (A Small Feasibility Intervention to Improve Harm Reduction and Cessation Outcomes Among African-American Women Young Adults Who Use Combustible Tobacco) and Dr. Duston Morris from UCA (Breaking Down the Dangers of Opioids: Prevention Education Materials for Minority Youth). However, a research study on tobacco cessation among Hispanic women tobacco users has not been funded.*

Indicator FY20



By June 2019, the MRC will conduct four focus groups with African-American male college students to understand and compare knowledge, attitudes, behaviors and risk perceptions associated with cigarettes, large cigars, small cigars, and dual use of cigarette and cigars of any kind (n=24). The MRC will collect biological samples (e.g., saliva) to examine levels of tobacco-specific nitrosamines (e.g., NNK, NNAL, NNN, NAT, NAB) and nicotine metabolites among these different groups of smokers. We expect that dual users will have higher levels of tobacco-specific nitrosamines than single cigarette, little cigars, and large cigar users. The MRC will conduct a regional survey of male college students enrolled in four-year colleges to understand the prevalence of cigar use, patterns of use, nicotine dependence, and risk perceptions. We will calculate the power calculations for this study. The MRC will correlate levels of nicotine dependence and the nicotine metabolite ratio among tobacco users (Data Source: MRC report).

- **Activity FY20 - Unmet** ██████████
- *This indicator was not met during FY20. It was not included in their approved FY20 work plan. In April 2020, the Arkansas Tobacco Settlement Commission approved the modification of this indicator. While the original indicator reflected a specific project, the new indicator allows for a variety of assessments and programming to address tobacco use with the target audience of African-American male college students. Additionally, the goal date was reset to the end of FY 2021.*

TPCP Performance Indicators and Progress


Indicator FY21

By June 2021, the MRC will work with African-American male college students to understand and compare knowledge, attitudes, behaviors, and risk perceptions associated with tobacco use.

- **Activity FY21 - Unmet; Influenced by COVID-19**  
- *The goal for this indicator was not met. Due to COVID-19 restrictions, no focus groups or work groups to address tobacco use were convened with African-American male college students during FY21.*



Indicator FY20

By June 2019, the MRC will conduct six town hall meetings focused on tobacco industry advertising in minority communities (Data Source: MRC report).

- **Activity FY20 - Unmet** 
- *This indicator was not met during FY20. It was not included in their approved FY20 work plan. In April 2020, the Arkansas Tobacco Settlement Commission approved the modification of this indicator to allow for a broad range of tobacco disparity topics to be discussed within minority communities. Additionally, the goal date was reset to the end of FY 2021.*


Indicator FY21

By June 2021, the MRC will conduct six face-to-face meetings in minority communities to discuss tobacco usage among minority groups.

- **Activity FY21 - Unmet; Influenced by COVID-19**  
- *The goal for this indicator was not met. Due to COVID-19 restrictions, no face-to-face meetings in minority communities to discuss tobacco usage among minority groups were conducted in FY21.*


Indicator FY20

By June 2019, the MRC will submit six open editorials to small town newspapers focusing on tobacco-related issues in rural communities in Arkansas (Data Source: MRC).

- **Activity FY20 - Unmet** 
- *This indicator was not met during FY20. During this quarter, one open editorial titled “The Real Cost of Keeping Secondhand Smoke in Casinos” was submitted to a small town newspaper. For FY20, a total of two editorials were submitted. The MRC plans to continue their work on submitting other editorials in the future. In April 2020, the Arkansas Tobacco Settlement Commission approved the modification of this indicator to reset the goal date to the end of FY 2021.*


Indicator FY21

By June 2021, the MRC will submit six open editorials to small town newspapers focusing on tobacco-related issues in rural communities in Arkansas.

- **Activity FY21 - Unmet** 
- *The goal for this indicator was not met. No open editorials were submitted to small town newspapers during FY21.*

Indicator FY20


By June 30, 2019, the GASP will recruit a minimum of six new students into their program (Data Source: GASP report).

- **Activity FY20 - Met** 
- *This indicator was met. Seven new students were recruited into the GASP during FY20. Five students started in the first quarter and two in the third. In April 2020, the ATSC approved the combination of this indicator with the following two indicators.*

TPCP Performance Indicators and Progress


Indicator FY20

By June 30, 2019, the GASP will graduate a minimum of three students from the program (Data Source: GASP report).

- **Activity FY20 - Met** 
- *This indicator was met during FY20. Three students graduated from the GASP during the fourth quarter of FY20. In April 2020, the Arkansas Tobacco Settlement Commission approved the combination of this indicator with the preceding and following indicators pertaining to student enrollment. The new indicator provides an efficient way to present the enrollment and funding support information found in the three separate indicators. Additionally, the goal date was reset to the end of FY 2021.*


Indicator FY20

By June 30, 2019, the GASP will provide up to fifteen stipends to students enrolled in the GASP (Data Source: GASP report).

- **Activity FY20 - Met** 
- *This indicator was met during FY20. A total of 17 stipends were awarded to students during FY20. Ten of the stipends were awarded to second-year students, while seven were awarded to first-year students. In April 2020, the Arkansas Tobacco Settlement Commission approved the combination of this indicator with the preceding two indicators pertaining to student enrollment. The new indicator provides an efficient way to present the enrollment and funding support information found in the three separate indicators. Additionally, the goal date was reset to the end of FY 2021.*


Indicator FY21

By June 30, 2021, GASP faculty and staff will report the number of new students recruited into their program, the number of students who have graduated from the program, and the number of students who have been provided a stipend.

- **Activity FY21 - Met; Influenced by COVID-19** 
- *The goal for this indicator was met. During the first quarter of FY21, six new students were admitted to the GASP; during the third quarter three new students were admitted. One student graduated in the second quarter, while four students graduated in the fourth quarter. Ten students in the first quarter and five students in the third quarter received stipends in the amount of \$950.*

Indicator FY20


By June 30, 2019, GASP faculty will submit a minimum of two grant applications that focus on tobacco prevention and cessation (Data Source: GASP report).

- **Activity FY20 - Met** 
- *This indicator was met during FY20. Although no grant applications were submitted during this quarter, two were submitted by the GASP faculty during the third quarter. In April 2020, the Arkansas Tobacco Settlement Commission approved the replacement of this and the following indicator with a new, more specific indicator. While the two indicators provided for general outreach into the community, the new indicator identifies a specific program with high-risk youth in Jefferson County. Additionally, the goal date was reset to the end of FY 2021.*

TPCP Performance Indicators and Progress



Indicator FY20

By June 30, 2019, GASP students will visit a minimum of ten minority and high-risk communities to present current information on the health risks of tobacco and nicotine use (Data Source: GASP report).

- **Activity FY20 - Met** 
- *This indicator was met during FY20. During FY20, the GASP students completed 10 presentations for youth and young adults within minority communities. The presentations focused on the health risks of tobacco and nicotine use. Due to COVID-19 restrictions, however, students were unable to deliver the presentations in person. In April 2020, the Arkansas Tobacco Settlement Commission approved the replacement of this and the preceding indicator with a new, more specific indicator. While the two indicators provided for general outreach into the community, the new indicator identifies a specific program with high-risk youth in Jefferson County. Additionally, the goal date was reset to the end of FY 2021.*



Indicator FY21

By June 30, 2021, GASP faculty will identify programs interested in initiating tobacco prevention curriculum for juvenile justice programs in Jefferson County, Arkansas.

- **Activity FY21 - Met; Influenced by COVID-19**  
- *The goal for this indicator was met. Although no programs were identified during this quarter, during the third quarter the Jefferson County Juvenile Justice Program expressed interest in working with the GASP to initiate a tobacco prevention curriculum. Thus, the GASP will request a FY22 Work Plan approval to develop the curriculum.*



Indicator FY20

By June 30, 2019, GASP faculty will identify and propose at least three new student internship agreements with substance use treatment facilities in Arkansas that are currently utilizing medication assisted therapy for tobacco products and other drugs (Data Source: GASP report).

- **Activity FY20 - Unmet; Influenced by COVID-19**  
- *This indicator was not met during FY20. While the COVID-19 pandemic interfered with attempts to establish additional internship agreements this spring, the GASP faculty were able to develop arrangements aimed at tobacco prevention and clinical placements for students with the Be Well Arkansas Quit Tobacco Program and the juvenile justice program in Jefferson County. In April 2020, the Arkansas Tobacco Settlement Commission approved the modification of this indicator. The new indicator targets a specific program, the Be Well Arkansas Quit Tobacco Program, with whom the GASP students can partner. Additionally, this indicator resets the goal target date to the end of the FY 2021.*

Indicator FY21

By June 30, 2022, GASP faculty will explore the possibility of a learning partnership between Be Well Arkansas Quit Tobacco Program and the GASP students.

- **Activity FY21- Met; Influenced by COVID-19**  
- *The goal for this indicator was met. The GASP Interim Chair and the Branch Chief for the TPCP met in April to explore a partnership between the Be Well Arkansas Quit Tobacco Program and the GASP students. The outcome of this meeting was a learning partnership that will occur in the first quarter of FY22. Once the GASP students begin the fall semester, they will have the opportunity to meet with the Be Well Call Center staff regarding the Be Well tobacco cessation program. The students will work with GASP faculty to develop interview questions prior to the learning opportunity with the call center staff.*

TPCP Performance Indicators and Progress

Indicator FY21

By June 2021, GASP faculty and staff will develop an alumni survey addressing employment and credentials earned since graduation as well as GASP strengths, weaknesses, and areas for potential growth in substance use workforce development. Quarterly reports will highlight progress on the creation, administration, and evaluation of this survey.


- **Activity FY21 - Met** █
- *The goal for this indicator was met. The GASP reports that 24 alumni responded to an online survey. Key initial findings from the survey, as reported in the fourth quarter, are as follows:*
 - *Program satisfaction question: How competitive has your degree made you in your field of study?*
 - *Five selected “extremely valuable,” eight selected “very valuable,” and 10 selected “somewhat valuable.”*
 - *Program satisfaction question: How closely is your job related to your Addiction Studies Program training?*
 - *Eleven selected “a great deal,” four selected “moderate,” five selected “a little,” and three selected “none.”*
 - *With regard to earned substance use professional credentials, 10 responded they are certified as Counselors in Training in Arkansas, four responded they are fully licensed and/or certified as substance use counselors in Arkansas, and one responded as being certified as a Prevention Specialist in Arkansas.*
- *GASP reports the survey remains a work plan indicator for FY22 with plans to promote it to alumni and continue its availability until June 30, 2022.*

TPCP Testimonial

Gratitude for TPCP

The following testimonials reflect the gratitude felt towards TPCP regarding the leadership and support they have provided to sub-grantees across these past two years, as all have worked to continue providing services and training to Arkansans despite COVID-19 restrictions:

- “Without the support of a TPCP grant, the work my coalition accomplished in the community would be limited and tobacco prevention and cessation efforts would not be as readily available to the community. In fact, without TPCP funding, there would be no tobacco specific prevention efforts in our community.” - Amanda Eddy, Northwest Arkansas Tobacco and Drug Free Coalition
- “Without TPCP funding, none of the educational resources would be there because the counties are too small to have the kind of funding it takes for the education drive throughout the counties. . . . My appreciation goes to TPCP for providing the tobacco/nicotine educational resources and allowing their grantees to do the job of distributing, educating, and recruiting anti-tobacco advocates.” - Brenda Patterson, Madison County Health Coalition



“Without TPCP funding, none of the educational resources would be there because the counties are too small to have the kind of funding it takes for the education drive throughout the counties.”

Brenda Patterson

TPCP Testimonial

- “My passion has always been helping others to be the best version of themselves they can be. My work in tobacco prevention helps educate youth and adults on the dangers of nicotine and promotes making healthy lifestyle choices. . . . Having the grant [from TPCP] enables us to carry out part of our mission to provide quality services to youth and families in our community. Prevention is important to create positive change in the social norms towards tobacco.” - Kristin Johnson, tobacco prevention specialist with Community Service, Inc.
- “ACC is grateful for the support provided by TPCP. Each year we serve over 1,000 healthcare providers, public health professionals, and the general public by putting into their hands the tools needed to fight the deadly addiction of tobacco and nicotine. . . . [We] provide access to education, information, and resources on tobacco prevention, the Be Well and Be Well Baby helplines, and others.” - Miriam Karanja, director of programs at Arkansas Cancer Coalition

“ACC is grateful for the support provided by TPCP. Each year we serve over 1,000 healthcare providers, public health professionals, and the general public by putting into their hands the tools needed to fight the deadly addiction of tobacco and nicotine.”

Miriam Karanja



Tobacco Settlement
Medicaid Expansion

Tobacco Settlement Medicaid Expansion Program

Mary Franklin, Director, DHS Division of County Operations



Joseph Howard, PhD, UCA Evaluator



Mary Franklin
Director, DHS Division of County Operations

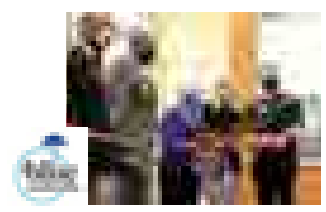
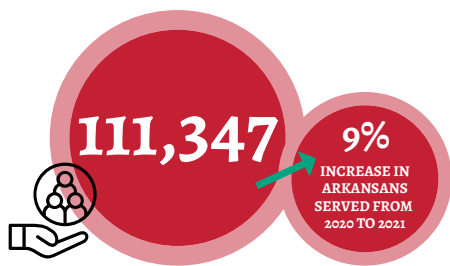


Teresa Cone
Residential Operations Manager at Southeast Arkansas
Human Development Center

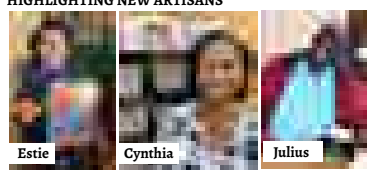


Tobacco Settlement
Medicaid Expansion

Tobacco Settlement Medicaid Expansion Program



HIGHLIGHTING NEW ARTISANS



Estie

Cynthia

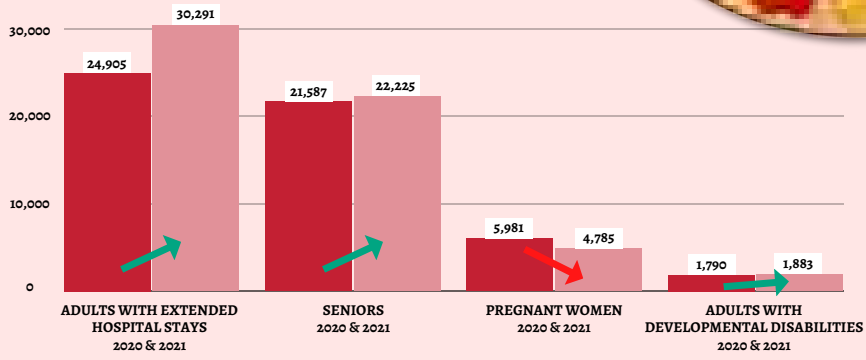
Julius

THE BLUE UMBRELLA STORE BECOMES MEMBER OF LITTLE ROCK CHAMBER OF COMMERCE, CONTINUES TO OFFER HANDMADE ITEMS BY ARKANSAS ARTISANS WITH DEVELOPMENTAL DISABILITIES



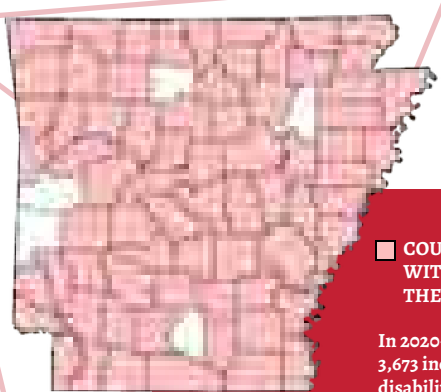
TRENDS IN POPULATIONS SERVED

During the biennium, TS-MEP reported an increase in Arkansans served among three of its four populations. The TS-MEP reported a decrease in the number of pregnant women served, and noted this reduction may be due to the extended health coverage during the pandemic.



\$171.5 Million

TOTAL CLAIMS PAID



COUNTY HOME TO PERSONS WITH SERVED BY TS-MEP IN THE DDS PROGRAM

In 2020-21, the TS-MEP served 3,673 individuals with development disabilities across 70 of 75 counties.



In 2020-21, TS-MEP leveraged **\$118.9 Million**

in federal matching funds, equal to \$3.54 for every ATSC \$1.



TS-MEP Description and Goals

Program Description

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

- Population one expands Medicaid coverage and benefits to pregnant women with incomes ranging from 138–200% of the Federal Poverty Level (FPL);
- Population two expands inpatient and outpatient hospital reimbursements and benefits to adults aged 19-64;
- Population three expands non-institutional coverage and benefits to seniors age 65 and over;
- Population four expands medical assistance, home and community-based services, and employment supports for eligible adults with intellectual and developmental disabilities and children with intellectual and developmental disabilities.

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

Overall Program Goal

The goal of the TS-MEP is to expand access to healthcare through targeted Medicaid expansions, thereby improving the health of eligible Arkansans.

TS-MEP Evaluator Summary and Comments

Economic Impact

For the biennium, total claims paid for the TS-MEP populations were nearly \$171.5 million, with \$75.2 million in 2020 and \$96.3 million in 2021. Tobacco funds are also used to pay the state share required to leverage federal Medicaid matching funds. This amounted to more than \$118.9 million in federal matching funds with \$45.9 million in 2020 and \$73 million in 2021.

Challenges

As a result of the implementation of the Arkansas Works program, traditional Medicaid expenditures have decreased. Many Medicaid-eligible adults aged 19-64 are covered by the Arkansas Works program and receive their coverage through Qualified Health Plans in the individual insurance market. Arkansas Medicaid pays the monthly insurance premiums for the majority of these individuals. For the TS-MEP populations, Pregnant Women Expansion was expected to significantly decline as individuals are provided health coverage outside of the TS-MEP. As of now, successful performance has been measured by growth in the number of participants in the TS-MEP initiatives. The Arkansas Department of Human Services (DHS) may need to continue to explore new performance measurements for the TS-MEP initiatives as individuals are transitioning into new coverage groups.

Opportunities

With the TS-MEP program, the Arkansas DHS provides support for the four TS-MEP populations as well as the state's overall Medicaid efforts. DHS has had the legislative authority for over ten years to use any savings in the TS-MEP programs to provide funding for traditional Medicaid. These savings are not used to provide any funding for the Arkansas Works program. As the state of Arkansas continues to explore opportunities for Medicaid reform, new possibilities for using TS-MEP funds may emerge.

Evaluator Comments

The TS-MEP has been impacted by the significant changes in the healthcare system. The COVID-19 pandemic has influenced all populations served through TS-MEP. With many elective medical procedures being placed on hold with the pandemic, there were individuals that delayed seeking treatment. Additionally, the extending of health coverage during the public health emergency can possibly explain the decreases that have been seen in the pregnant women expansion population. Nevertheless, the other three populations (ARSeniors, hospital benefit coverage, and persons with developmental disabilities) increased the number of persons served from 2020 to 2021.



TS-MEP Performance Indicators and Progress

Long-Term Objective

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

Indicator 2020-2021

The TS-MEP will demonstrate improved health and reduced long-term health costs of Medicaid eligible persons participating in the expanded programs.



- **Activity 2020 - Met; Influenced by COVID-19** 
- This indicator was met for 2020. With the implementation of the Arkansas Works program, more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term impact will be limited compared to the influences outside of the TS-MEP. From January 2020 to December 2020, TS-MEP provided expanded access to health benefits and services for 54,263 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is a significant increase from 31,628 persons served in 2019.
- **Activity 2021 - Met; Influenced by COVID-19** 
- This indicator was met for 2021. From January to December, TS-MEP provided expanded access to health benefits and services for 59,184 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is an increase of 4,921 persons served in 2021.

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 2020-2021





The TS-MEP will increase the number of pregnant women with incomes ranging from 138-200% of the FPL enrolled in the Pregnant Women Expansion.

- **Activity 2020 - Met; Influenced by COVID-19** 
- This indicator was met for 2020. Between January and December 2020, there were 5,981 participants in the TS-MEP initiative Pregnant Women Expansion (PWE) program. This program provides prenatal health services for pregnant women with incomes ranging from 138-200% FPL. The TS-MEP funds for the PWE program totaled \$6,563,260 in 2020. There was an increase of 698 women served from 2019 to 2020.
- **Activity 2021 - Unmet; Influenced by COVID-19** 
- This indicator was unmet for 2021. From January to December, there were 4,785 participants in the TS-MEP initiative Pregnant Women Expansion program. The TS-MEP funds for the PWE program totaled \$4,097,959 in 2021. There was a decrease of 1,196 women served from 2020 to 2021. This reduction may be due to the extended health coverage during the public health emergency. The TS-MEP continued to provide vital services to thousands of pregnant women each year.

TS-MEP Performance Indicators and Progress





Indicator 2020-2021

The TS-MEP will increase the average number of adults aged 19-64 years receiving inpatient and outpatient hospital reimbursements and benefits through the Hospital Benefit Coverage.

- **Activity 2020 - Met; Influenced by COVID-19**  
- This indicator was met for 2020. From January to December, the TS-MEP initiative Hospital Benefit Coverage provided inpatient and outpatient hospital reimbursements and benefits to 24,905 adults aged 19-64 by increasing the number of benefit days from 20 to 24 and decreasing the copay on the first day of hospitalization from 22% to 10%. This is a significant increase from the number of adults served in the previous year due to changes in the reporting of data with the new Medicaid Management Information System. In 2020, TS-MEP funds for the Hospital Benefit Coverage totaled \$21,007,102.
- **Activity 2021 - Met; Influenced by COVID-19**  
- This indicator was met. In 2021, the TS-MEP initiative Hospital Benefit Coverage provided hospital reimbursements and benefits to 30,291 adults aged 19-64, a significant increase of 5,386 persons from 2020. In 2021, funds for the Hospital Benefit Coverage totaled \$32,359,067.





Indicator 2020-2021

The TS-MEP will increase the average number of persons enrolled in the ARSeniors program, which expands non-institutional coverage and benefits for seniors aged 65 and over.

- **Activity 2020 - Unmet; Influenced by COVID-19**  
- This indicator was unmet for 2020. The ARSeniors program expanded Medicaid coverage to 21,587 seniors between January and December 2020. This was a decrease of 455 seniors covered in 2019. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered by Medicare are available to ARSeniors. Examples of these benefits are nonemergency medical transportation and personal care services. The TS-MEP funds for the ARSeniors program totaled \$14,687,889 in 2020.
- **Activity 2021 - Met; Influenced by COVID-19**  
- This indicator was met for 2021. The ARSeniors program expanded Medicaid coverage to 22,225 seniors from January to December. This was an increase of 638 seniors covered compared to 2020. The TS-MEP funds for the ARSeniors program totaled \$15,095,178 in 2021.

Indicator 2020-2021

The TS-MEP will increase the average number of persons enrolled in the Developmental Disabilities Services, Community and Employment Supports (CES) Waiver and note the number of adults and children receiving services each quarter by county.

- **Activity 2020 - Met; Influenced by COVID-19**  
- This indicator was met for 2020. From January to December 2020, 1,790 individuals were provided services through TS-MEP funds. This is an increase of 483 persons served from the previous year. In 2020, there were a total of 822 children (18 and under) and 968 adults (19 and over) in 69 of 75 counties that were provided services. The TS-MEP funds for the CES Waiver program totaled \$33,851,687 in 2020.
- **Activity 2021 - Met; Influenced by COVID-19**  
- This indicator was met for 2021. From January to December, 1,883 individuals were provided services through TS-MEP funds. This is an increase of 93 persons served from the previous year. In 2021, there were a total of 870 children (18 and under) and 1,013 adults (19 and over) in 68 of 75 counties that were provided services. The TS-MEP funds for the CES Waiver program totaled \$44,808,075 in 2021.

TS-MEP Testimonial

The Blue Umbrella: Creating Opportunities for Arkansans with Disabilities

Clint Copeland is a cashier at The Blue Umbrella, and enjoys working with the public and the artists who create products for the store. He shared, "I am disabled myself. I'm visually impaired, and working here is a way for me to interact with other people, other clients with disabilities. That's the one thing about the Blue Umbrella, they will hire people who have disabilities, so we can feel like we relate to the clients and to the products. . . . So when customers come in who are outside of the disabled spectrum, we can enlighten them on what disabilities are. I like helping, and it's a spring board for me to get another job later in the future. I'd like to work for the state, for DHS someday." When asked what he wanted Arkansas decision-makers to know about The Blue Umbrella, Clint said, "We are diverse. We emphasize inclusion, and everybody is welcome. Not all disabilities are the same and we can accommodate everyone. It's just outreach into the community. DHS is helping us; we wouldn't be here without them. They help support our mission."

Shiloh Marlar, store employee, described the store's impact on the community, "Blue Umbrella is such a positive light, and the public sees it as something good. I thought it would be so cool to be a part of this awesome store that sells quality items. . . . It's so positive, uplifting, fun. It's a feel-good thing. . . . The amount of joy these clients get every time one of their products sells, it's just indescribable."

"I'm visually impaired, and working here is a way for me to interact with other people, other clients with disabilities. . . . We are diverse. We emphasize inclusion, and everybody is welcome."

Clint Copeland



UAMS Centers on Aging

AmyLeigh Overton-McCoy, PhD, GNP-BC, Director



Ed Powers, PhD, UCA Evaluator



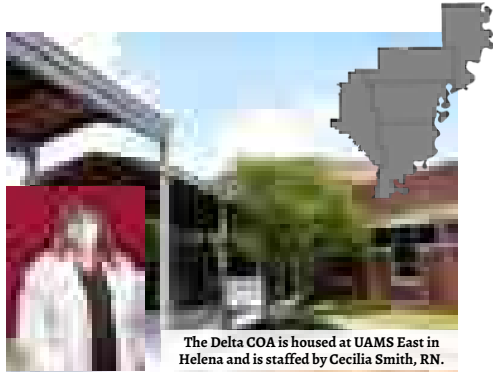
AmyLeigh Overton-McCoy, PhD, GNP-BC,
Director of UAMS Centers on Aging



Gary McHenry, EdD
Executive Director of Schmieding Center



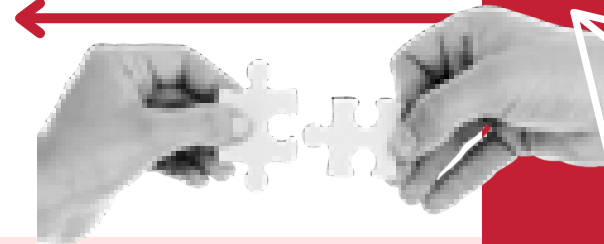
UAMS Centers on Aging



The Delta COA is housed at UAMS East in Helena and is staffed by Cecilia Smith, RN.

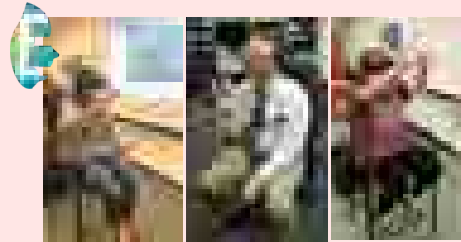
The UAMS-COA has expanded relationships with UAMS East Regional Campus combining resources to better serve Crittenden, Monroe, Lee, St. Francis, and Phillips counties by implementing Walk with Ease, the Diabetes Empowerment Education Program, Cooking Matters, and opioid events. An RN has been hired to staff the new Delta Center on Aging and provide education and assistance to senior citizens in the area.

UAMS-COA EXPANDS PARTNERSHIPS IN THE DELTA, OPENS NEW DELTA CENTER ON AGING



EMBODIED LABS

Health professionals, students, and caregivers serving older adults are offered Embodied Labs training, an immersive experience reflecting interactions and offering a deeper understanding of the aging experience, including Alzheimer's disease and dementia.



95,914



ARKANSANS EDUCATED

2,472



HEALTHCARE PROFESSIONALS AND STUDENTS EDUCATED

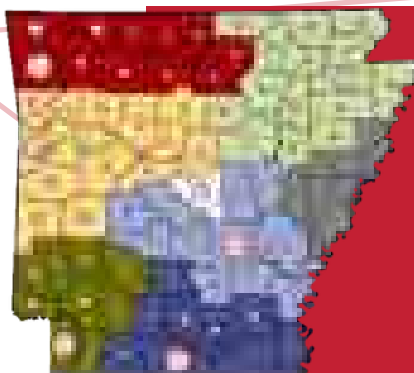
37,113

PATIENT ENCOUNTERS



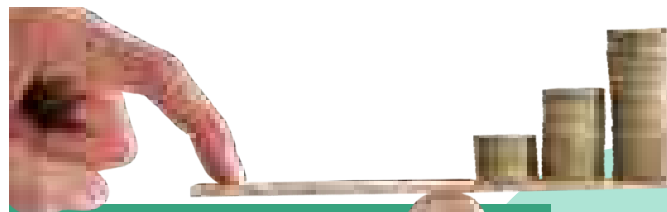
28,741

EXERCISE ENCOUNTERS



- ENCOUNTERS BY COUNTY
LARGER DOTS REPRESENT MORE ENCOUNTERS
- DELTA SERVICE AREA
- NORTHEAST SERVICE AREA
- NORTHWEST SERVICE AREA
- SOUTH ARKANSAS SERVICE AREA
- SOUTH CENTRAL SERVICE AREA
- TEXARKANA SERVICE AREA
- WEST CENTRAL SERVICE AREA
- UAMS/LITTLE ROCK SERVICE AREA

The UAMS-COA reported more than 168,000 encounters with Arkansans across all events and programs in 2020-21.



In 2020-21, UAMS-COA leveraged

\$2.63 Million,

equal to \$0.77 for every ATSC \$1.



UAMS-COA Program Description and Goals

Program Description

The purpose of the UAMS Centers on Aging 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 through two primary missions: an infrastructure that provides quality interdisciplinary clinical care and innovative education programs.

Overall Program Goal

The goal of the UAMS-COA is to improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs and to influence health policy affecting older adults.

UAMS-COA Evaluator Comments and Summary

Economic Impact

The economic impact of the UAMS-COA is difficult to estimate. One way to assess the economic impact of UAMS-COA directives is to consider the costs of medical treatment for unmanaged chronic diseases. The UAMS-COA provides vital information and training that raises awareness about chronic diseases and other health issues that are common among seniors in Arkansas. The information provided by the UAMS-COA has been linked to earlier detection and more effective management of chronic conditions such as diabetes, cardiovascular disease, and dementia. The UAMS-COA continues to sponsor campaigns on fall prevention and diseases that often lead to early disability and lack of independence among seniors. Dealing with these conditions earlier with a managed approach is much less costly than ignoring these problems until they erupt into traumatic surgical events or more heavily debilitating conditions. In an era of high medical costs, it is safe to say that any health improvement among the vulnerable older population is likely to make a positive economic impact.

Another way to assess the economic impact of UAMS-COA directives is to consider the high costs of long-term care. One of the most consistent objectives across COA programs was to keep seniors healthy enough to remain independent as long as possible. Through its work with older adults across the state, the UAMS-COA was able to identify the most critical threats to independence and implement solutions that help offset those threats.

The UAMS-COA programs designed to improve in-home caregiving, offset food insecurity, expand resources for dementia treatment, prevent falls, and address opiate abuse are all examples of strategies that directly or indirectly preserve independence and maintain seniors in their own homes longer. In a state where the average daily cost of long-term care is \$203 per day for nursing homes (Genworth Cost of Care survey for Arkansas, 2021), it is easy to see the economic savings associated with the UAMS-COA programs and services.

Challenges

The overall aging of the state's population coupled with an unstable national healthcare model continues to be the primary challenge to the clinical aspects of this agency's mission. The UAMS-COA remains committed to ensuring that seniors in Arkansas have the best possible access to healthcare services in places where Senior Health Clinic access is unavailable. However, the elevated vulnerability of seniors with regard to the COVID-19 pandemic has imposed a number of new barriers to clinic access. Additional challenges in 2020-2021 are described below.

- The COVID-19 pandemic disrupted the standard modes of service delivery throughout this period. For example, the pandemic abruptly halted all Certified Nursing Assistant (CNA) classes in the spring due to lack of clinical access in long-term care facilities and limited PPE supplies. While these classes restarted by the end of 2020, they were more limited due to safety-related CDC restrictions. Due to the vulnerabilities present in UAMS-COA client populations as the pandemic spikes, innovating service design and delivery remains a priority.
- Reprioritizing training efforts in some areas is needed as funding shifts occur. Of main concern is the end of the Schmieding Home Caregiver Training Grant funding and the pandemic-related disruptions in service contracts.

UAMS-COA Evaluator Comments and Summary

Challenges CONT'D

- Staffing issues threatened the flow of services throughout the state for much of 2020. However, staffing concerns improved during the biennial period. By the end of 2021, there were no staff vacancies among the COAs.
- Adequate supervision of COAs in more remote regions of Arkansas has always been a concern. Efforts have been made to address some of the most persistent problems. However, keeping staff trained and monitoring activity across the COAs continues to be challenging. Changes in healthcare delivery models continue to negatively impact the capacity of Senior Health Clinics across the state. The UAMS-COA must continue to adjust the referral process to ensure that seniors receive the specialized geriatric care they need.
- Due to underdeveloped infrastructure, poverty, and small and decentralized populations, the basic UAMS-COA model is more difficult to employ in some areas of the state. More effort is needed to find effective modes of delivery for serving seniors in impoverished, hard-to-reach communities. These concerns have escalated during the pandemic as an increasing volume of COA client services have, out of necessity, shifted to an internet-based model. Client services are unavailable to many as substantial portions of the state lack reliable broadband internet access.
- Changing racial and ethnic demographics of seniors in some areas of the state necessitate planning for more inclusive communication and the development of bilingual or multilingual materials and programs. The UAMS-COAs have addressed this to some degree but progress toward this challenge should continue to be monitored.
- Many of the best evidence-based programs require smaller groups and one-on-one caregiver coaching. Shifting to these types of programs threatens to decrease the quantity of encounters.
- The agency continues developing the data collection and data processing capacity needed to fully assess program outcomes. Much progress has been made on developing an assessment model and new performance data became available in the last quarter of 2021. Challenges remain in training COA directors to use the database, maintaining the system's functioning, and ensuring data reliability.
- It may be time to explore and introduce new evidence-based exercise options offered to seniors in the state. Participants are beginning to demand more variety. Some of the current options are hard to monitor for quality and safety using online interaction formats.
- Many of the programs and services offered through the UAMS-COA have an indirect effect on senior health in Arkansas. The UAMS-COA continues efforts aimed at demonstrating the net positive impact (including the economic impact) of services provided by the agency. However, the return-on-investment models have not yet been sufficiently developed. Disruptions created by COVID-19 have altered key variables and have stalled development of these return-on-investment models.
- As state and federal funding continues to evaporate, and as older funding commitments end (e.g., Schmieding Home Caregiver Grant), maintaining external funding streams is more important than ever. The UAMS-COA is currently finding funds through grants, service contracts, donations, and volunteer support. However, these tend to be short-term solutions. Ensuring necessary levels of support over the long-term remains a challenge especially as the share of the older age demographic increases.
- Finding the time and other resources necessary to keep current with best practices in geriatric care is another enduring challenge.

Overall, UAMS-COA recognizes its key challenges and is in the process of formulating strategies to address them.

UAMS-COA Evaluator Comments and Summary

Opportunities

The UAMS-COA continues to seek and find ways to cope with changes in healthcare systems and changes in the needs of the population served. Some of the most encouraging opportunities are described below.

- **Distribution of services:** The UAMS-COA is normally able to offer at least minimal services to residents in a majority of the 75 counties in Arkansas. However, the COVID-19 pandemic has limited the typical reach of the agency during 2020 (for example, only 41 counties had significant contact with COAs in the last quarter of 2021). While many traditional client-based services have been interrupted, the pandemic has compelled COA directors and clients to embrace new forms of communication. Some of these new tools and techniques may eventually help the COAs provide a richer set of services to a broader base of clients.
- **Technology:** The agency has advanced its approach to technology to expand public access to information and educational programming throughout the state. This includes the expansion of online support groups for caregiving and disease management. If not for earlier investments in online technology, the COVID-19 pandemic would have more severely truncated services during this period. Also related to advancing the use of technology, the UAMS-COA is now using a new database that will make it easier to track activities and services provided to support seniors across the state. Training to use the new data collection techniques is an ongoing endeavor that is expected to continue for several quarters.
- **Enhanced attention to the Delta region:** The UAMS-COA has expanded relationships with UAMS East Regional Campus combining resources to better serve Crittenden, Monroe, Lee, St. Francis, and Phillips counties by implementing Walk with Ease, the Diabetes Empowerment Education Program, Cooking Matters, and opioid events. Further, the UAMS-COA has opened and staffed the new Delta Center on Aging to further serve the needs of this region of the state.
- **Partnerships:** The UAMS-COA continues to be effective at establishing partnerships with other agencies to lead the state with respect to mitigating opiate abuse, expanding geriatric caregiver training, reducing hunger among seniors, and increasing awareness of chronic disease. This year, the UAMS-COA has partnered with several other entities to build resources for seniors in Arkansas. These partnerships include interfaith organizations, Alzheimer's Arkansas, SHIPP (Senior Health Insurance Information Program), rural health clinics, elder law resources, senior housing, workforce development, AR Rehab, long-term care facilities, Veterans Administration, CASA (Committee Against Spousal Abuse) Women's Shelter, senior home caregiver agencies, Alzheimer's Association, Senior Olympics, Crystal Bridges Museum, Department of Aging Services, local businesses, and parks and recreation departments.
- **Raising awareness:** The UAMS-COA continues raising awareness about the challenges of aging in Arkansas. Representatives from the agency continually pursue public relations opportunities to combat ageism, encourage successful aging practices, and generally celebrate the contributions of older adults in the state. For example, UAMS-COA continues to participate in a monthly aging series on public radio (KUAF) and has provided quality service on the statewide Dementia Advisory Committee.

Overall, despite new challenges created by the pandemic, the UAMS-COA is open to innovation and actively seeking opportunities that contribute positively to the health of older Arkansans.

UAMS-COA Evaluator Comments and Summary

Evaluator Comments

Although key services have been modified to keep clients safe during the COVID-19 pandemic, prevailing evidence suggests that the UAMS-COA continues fulfilling its mission to advance the state's agenda for successful senior health services, knowledge, and programming in Arkansas. Despite declines in external funding and strains on conventional service modalities, the UAMS-COA has enhanced senior health in Arkansas through the following activities:

- Maintaining alliances between nonprofit, for-profit, and state-funded agencies to better address the needs of older adults in Arkansas;
- Helping to educate the community about the special needs of older adults;
- Providing exercise opportunities to seniors in the state (through multiple platforms);
- Recognizing the necessity of fall prevention education for seniors and mobilizing resources to meet the need;
- Leading efforts to address the opiate crisis among seniors and develop alternative therapies for pain management;
- Working to develop better models of long-term care in Arkansas;
- Working to educate caregivers and increase the capacity for quality in-home senior healthcare;
- Focusing on dementia care and building dementia-friendly communities; and
- Addressing needs exacerbated by the pandemic such as social isolation and hunger among older adults.



UAMS-COA Performance Indicators and Progress

Long-Term Objective

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


Indicator 2020-2021

The UAMS Centers on Aging will provide multiple exercise activities to maximize the number of exercise encounters for older adults throughout the state.



- **Activity 2020 - Met; Influenced by COVID-19** 
- This indicator was met for 2020. A total of 19,275 exercise encounters with aging Arkansans were counted during 2020. Note that most of these encounters are not the same as those counted in years prior to the COVID-19 outbreak. The pandemic pushed the UAMS-COA to seek alternative forms of contact to satisfy this exercise indicator. For example in the fourth quarter, 95% of the exercise activities were conducted via Facebook or using video conferencing tools. The online tools were put to effective use in organizing remote exercise programming, demonstrating proper (and safe) exercise techniques, and encouraging activity. The UAMS-COA should be applauded for their efforts to improvise during this period. Despite the necessary shift in modality, multiple exercise opportunities have been offered throughout the year at a broad range of times. As a result, these efforts have generated a quantity of exercise encounters that is comparable to 2019.
- **Activity 2021 - Met; Influenced by COVID-19** 
- This indicator was met for 2021. A total of 9,466 exercise encounters with aging Arkansans were counted during 2021. Note that this number represents a steep decline from the nearly 19,275 encounters reported in 2020. Part of this decline can be explained by a second year of pandemic protocols that limited participation and altered the mode by which exercise opportunities were offered. Like most of 2020, a majority of exercise activities were conducted via online tools used to organize remote exercise sessions, demonstrate proper (and safe) exercise techniques, and encourage physical activity. Another portion of the decline in exercise numbers is due to changes in the methodology used to count participation in these encounters. The new counting method eliminates some reporting errors and corrects overlapping categories that may have inflated exercise counts under the previous method. In spite of what seems like a decline in the counts of older adults exercising through the COAs, 669 hours of varied exercise programming was made available to participants across the state (some online and some in person). Given the problems posed by COVID-19 throughout the year, the UAMS-COA continues to do everything it reasonably can be expected to do to maximize exercise encounters.

Indicator 2020-2021

The UAMS Centers on Aging will implement at least two educational offerings (annually) for evidence-based disease management programs.





- **Activity 2020 - Met; Influenced by COVID-19** 
- This indicator was met for 2020. The UAMS-COA continues to provide evidence-based educational offerings that address a range of health issues related to aging. In 2020, a total of 54,770 education encounters were counted. Due to the pandemic, the education encounters were offered mainly through online frameworks. Much of the education in 2020 was focused on fall prevention, caregiving/dementia training, and opioid addiction/pain management. All programs offered are evidence-based and designed to target specific problems that UAMS-COA directors have identified among seniors living in Arkansas.

UAMS-COA Performance Indicators and Progress

- **Activity 2021 - Met; Influenced by COVID-19**  
- This indicator was met for 2021. The UAMS-COA continues to provide evidence-based educational offerings that address a range of health issues related to aging. In 2021, a total of 2,007 hours of community education were offered through live encounters and online frameworks. Much of the education in 2021 was focused on fall prevention, caregiving/dementia training, food insecurity, and opioid addiction/pain management. All programs offered are evidence-based and designed to target specific problems that UAMS-COA directors have identified among seniors living in Arkansas.

Indicator 2020-2021

On an annual basis, the UAMS Centers on Aging will obtain external funding to support programs in amounts equivalent to ATSC funding for that year.

- **Activity 2020 - Met; Influenced by COVID-19**  
- This indicator was met for 2020. The UAMS-COA and its affiliates continue to be productive in securing external funding. The largest stream in 2020 was derived from various grants and community foundations, which together provided \$1,322,639 to support COA programming. Aside from these funds, other external funding streams included \$75,184 gained through contractual service agreements, \$53,716 from hospital and community partner donations, \$456,000 in UAMS core support, and an estimated \$4,328 worth of volunteer hours supplied to COAs. These sums are diminished compared to prior years, in part, due to the phasing out of Schmieding Foundation funding but they are also greatly impacted by the pandemic (e.g., funding from service contracts in 2020 represented only about 35% of the figure for 2018). Nonetheless, UAMS-COA leveraged \$1,959,609 in external funding during 2020. This is slightly more than the \$1,709,208 in annual funding provided through ATSC.
- **Activity 2021 - Unmet; Influenced by COVID-19**  
- This indicator was not met for 2021. The UAMS-COA and its affiliates continue to be productive in securing external funding, but due to pandemic disruptions and the end of the Schmieding Home Caregiver grant, the agency fell far short of its annual goal. The largest stream of funding in 2021 was derived from various grants and community foundations, which together provided \$541,715 to support COA programming. Aside from these funds, other external funding streams included \$34,486 gained through contractual service agreements, \$89,909 from community partner donations, \$456,000 in UAMS core support, and an estimated \$2,772 worth of volunteer hours supplied to COAs. These sums are diminished compared to prior years, in part, due to the termination of the Schmieding Foundation Home Caregiver grant. The agency is also greatly impacted by the pandemic (e.g., funding from service contracts in 2021 represented only about 16% of the pre-pandemic figure for 2018). Nonetheless, UAMS-COA leveraged \$669,338 in external funding during 2021. This is substantially less than the 1,751,037 in annual funding provided through ATSC.

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 2020-2021

The UAMS Centers on Aging will assist local healthcare providers in maintaining the maximum number of Senior Health Clinic encounters through a continued positive relationship.





- **Activity 2020 - Met; Influenced by COVID-19**  
- This indicator was met for 2020. The UAMS-COA recorded 16,290 Senior Health Clinic encounters during this reporting period. UAMS-COA also added 1,560 nursing home encounters and 1,260 inpatient encounters during 2020.

UAMS-COA Performance Indicators and Progress

- **Activity 2021 - Met; Influenced by COVID-19**  
- This indicator was met for 2021. The UAMS-COA recorded 15,183 Senior Health Clinic encounters during this reporting period. UAMS-COA also added 1,560 nursing home encounters and 1,260 inpatient encounters during 2021. Senior Health Clinic encounters declined some this year due mainly to pandemic disruptions and the decline in capacity for such encounters in the West Central and Texarkana COAs. Nonetheless, Senior Health Clinic encounters continued where possible.





Indicator 2020-2021

The UAMS Centers on Aging will provide education programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.

- **Activity 2020 - Met; Influenced by COVID-19**  
- This indicator was met for 2020. The UAMS-COA produced educational presentations and in-service training opportunities attended by 871 medical professionals and paraprofessionals during 2020. UAMS-COA also provided educational encounters with 271 healthcare students in the state. The number of educational encounters is notably lower in 2020 compared to prior years. The decline in encounters is considered a temporary shift in services that is largely explained by the fact that healthcare workers in 2020 were overwhelmed with the more immediate concerns of the pandemic.
- **Activity 2021 - Met; Influenced by COVID-19**  
- This indicator was met for 2021. The UAMS-COA produced educational presentations and in-service training opportunities attended by 1,097 medical professionals and paraprofessionals during 2021. UAMS-COA also provided educational encounters with 223 healthcare students in the state. The number of educational encounters is lower in 2021 compared to pre-pandemic years. However, there were more encounters with healthcare professionals in 2021 compared to 2020. The slight rise of in-service encounters is encouraging and suggests hope for returning to productivity levels more characteristic of earlier years.

Indicator 2020-2021





The UAMS Centers on Aging will provide educational opportunities for the community annually.

- **Activity 2020 - Met; Influenced by COVID-19**  
- This indicator was met for 2020. Many conventional in-person educational opportunities were blocked by COVID-19 restrictions. However, using social media and other digital means of communication, UAMS-COA generated 54,770 community education encounters. An overwhelming majority of these encounters were conducted via Facebook.
- **Activity 2021 - Met; Influenced by COVID-19**  
- This indicator was met for 2021. Many conventional in-person educational opportunities were blocked by COVID-19 restrictions. However, using social media and other digital means of communication, UAMS-COA generated 41,144 community education encounters. An overwhelming majority of these encounters were conducted via online or other distance means. However, the fact that 16% of community encounters in 2021 were in-person suggests that the proportion of these sorts of encounters is increasing relative to 2020. Despite disruptions imposed by the pandemic, the UAMS-COA continues to provide geriatric-focused education to communities across the state of Arkansas.

UAMS-COA Performance Indicators and Progress

Indicator 2020-2021

On an annual basis, the UAMS Centers on Aging will develop a list of health problems that should be prioritized and education-related interventions that will be implemented for older Arkansans.

- **Activity 2020 - Met; Influenced by COVID-19**  
- This indicator was met for 2020. Planning for FY21 was completed in June 2020 with a virtual meeting of COA directors who were asked to consider the specific health problems of the region served by their agencies. A list of prioritized problems and interventions was generated. The list is similar to the FY20 priorities and includes a continued emphasis on fall prevention, an emphasis on opioid addiction/pain management, and an emphasis on caregiving/dementia training. The UAMS-COA will continue to monitor current and emerging needs of older Arkansans throughout the year. The COA directors will meet again in the fourth quarter of FY21 to share experiences, review health indicators, and develop a list of priorities for FY22.
- **Activity 2021 - Met; Influenced by COVID-19**  
- This indicator was met for 2021. Planning for FY22 was completed in June 2021 with a meeting of COA directors who were asked to consider the specific health problems of the region served by their agencies. A list of prioritized problems and interventions was generated. The list is similar to the FY20 and FY21 priorities and includes a continued emphasis on fall prevention, an emphasis on opioid addiction/pain management, and an emphasis on caregiving/dementia training. Due to economic contraction and discontinuation of services resulting from the pandemic, an emphasis on food insecurity was also added for FY22. The UAMS-COA continues to monitor current and emerging needs of older Arkansans throughout the year. The COA directors will meet again in the fourth quarter of FY22 to share experiences, review health indicators, and develop a list of priorities for FY23.

UAMS-COA Testimonial

Praise from Program Participants

- "I have seven years of experience working in a pharmacy, and I will be graduating pharmacy school in May. Each year I have countless patients who encounter issues with their Medicare Prescription Drug Plans. . . . There's a deductible they were unaware of, their pharmacy is no longer preferred, or their medication is no longer covered. This is very stressful on the patient, and some have to skip meals to pay for their medications or not fill their prescriptions. . . . When I discovered that [Northeast COA] offered Medicare counseling during open enrollment, I was excited. This is an area where a pharmacist could really make a difference in a patient's life as we see first-hand what happens if they don't enroll in the correct plan. When helping with counseling, my goals were to help patients find the best plan at the best price, educate them on their plans, keep them at the pharmacy they love, and make sure there wouldn't be any surprises. . . . This training helped me learn a lot about Medicare plans and will allow me to better serve my patients. I enjoyed having the time to speak with each patient and answer their questions, as we are usually too busy in a pharmacy to do this. It was eye opening to learn that a lot of them don't know much about their plans or medications." – Pharmacy student, Northeast COA
- "We would like to send a very heartfelt 'thank you' for all that you have done for our residents at Brookstone. This year has been challenging to say the least, especially for our seniors. The cards, notes, and artwork that they have received is still being displayed in their rooms. I believe it brings them comfort to know that the community has not forgotten them. I wish that I could share the smiles and laughs that your gifts brought. Thank you for your support and for all that you do for our community." – Comments to Schmieding Center by Brookstone activity director
- "My wife has dementia and I knew nothing about how to handle the day-to-day struggles. I have learned so much from the program about why she does some things that are out of the ordinary. I have learned that love and patience are the tools to be used as well as devoting life and time to caregiving. I also learned to insist on time for myself to work out mind and body." – Caregiver Workshop participant, Schmieding Center
- "Since I started Tai Chi seven months ago, my legs are much stronger and I haven't had a fall all this time. Tai Chi on Zoom has allowed me to care for my husband and still exercise. I am very thankful we can still have class." – Tai Chi participant, Texarkana COA
- "[The HEAT class] has encouraged me to try foods that are different from my standard, mostly unhealthy foods, motivated me to eat healthy and lose weight." – HEAT participant, West Central COA
- "My A1C went from 13.3 in July to 8.5 in October after having the class and making behavior changes." – DEEP participant, South Arkansas COA

"When I discovered that [Northeast COA] offered Medicare counseling during open enrollment, I was excited. . . . This training helped me learn a lot about Medicare plans and will allow me to better serve my patients."

Pharmacy Student



UAMS East Regional Campus

Becky Hall, EdD, Director

Stephanie Loveless, MPH, Associate Director



Jacquie Rainey, DrPH, MCHES, UCA Evaluator



Becky Hall, EDD
Director, UAMS East



Stephanie Loveless, MPH
Associate Director, UAMS East



UAMS East Regional Campus



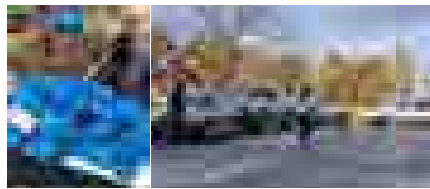
UAMS East Family Medical Center partners with Communities Unlimited No Kid Hungry program to address food insecurity for children. Children will be referred for nutrition education, counseling, and biometric testing. Families will also be provided with healthy food vouchers, education, and follow-up.



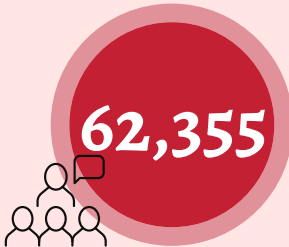
UAMS East has agreed to work with Harding students to create a wellness campaign related to the Good Food Rx program, which brings together economic development, healthcare, and education partners to plan and launch food distribution centers for seniors with chronic disease experiencing food insecurity.



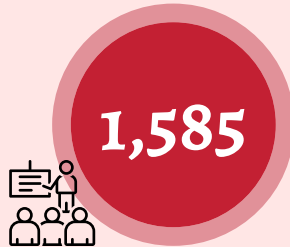
UAMS East collaborated with ArDROP (Arkansas Delta Region Obesity Project) to begin a mobile food pantry. In the last quarter of 2021, the mobile pantry participated in the local Arkansas Food Bank monthly distribution and provided dental and personal hygiene kits to people as they were picking up food boxes.



UAMS EAST PARTNERS TO ADDRESS FOOD INSECURITY IN THE DELTA



62,355
ARKANSANS
EDUCATED



1,585
HEALTHCARE
PROFESSIONALS AND
STUDENTS EDUCATED



66,644
EXERCISE
ENCOUNTERS



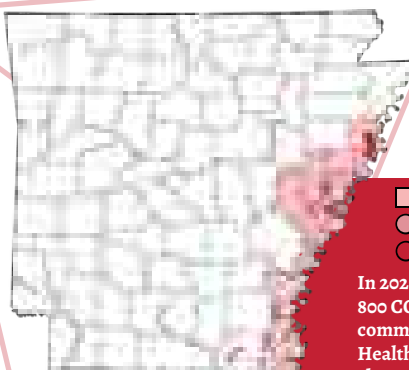
5,214

CLINIC
ENCOUNTERS



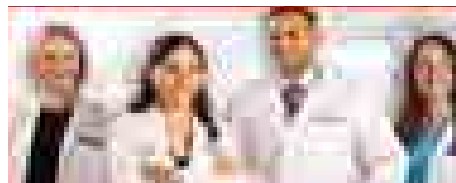
1,047

HEALTH
SCREENINGS



- SERVICE AREA
- VACCINES OFFERED
- KIDS FOR HEALTH PROGRAM

In 2020, UAMS East provided more than 800 COVID-19 vaccines across 20 Delta communities. In 2021, the Kids for Health program resumed in-person classes at six local elementary schools in the service area.



Amber Norris, MD Monica Ferrero, MD Yas Jaganath, MD Lauren Huff Reeves, APRN

In FY20-21, UAMS East generated additional revenue in the amount of

\$376,125

from the UAMS Family Medical Center in Helena and the state.



UAMS East Program Description and Goals

Program Description

The University of Arkansas Medical Sciences East Regional Campus provides healthcare outreach services to seven counties including St. Francis, Lee, Phillips, Chicot, Desha, Monroe, and Crittenden counties. The UAMS East Regional Campus, formerly known as the Delta Area Health Education Center and UAMS East, 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 the UAMS East Regional Campus are some of the unhealthiest in the state with limited access to healthcare services being one of the challenges. As a result of limited access and health challenges, the UAMS East Regional Campus 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 the UAMS East Regional Campus is to improve the health of the Delta's population. Goals include increasing the number of communities and clients served and increasing access to primary care providers in underserved counties.

Overall Program Goal

The goal of the UAMS East Regional Campus is to recruit and retain healthcare professionals and to provide community-based healthcare and education to improve the health of the people residing in the Delta region.

UAMS East Evaluator Summary and Comments

Economic Impact

UAMS East Regional Campus received \$1.75 million of the Master Settlement funds in FY20 and \$1.67 million in FY21. Additional revenue was generated by the family medical clinic and provided by the state in the amount of \$376,125. Early intervention and preventative services have the potential to control risk factors, thereby reducing the prevalence of chronic disease. Primary prevention like infant car seat education classes and secondary prevention programs to detect and control high blood pressure have been shown to be cost-saving and cost-effective measures (Goodell et al., 2009). Although cost savings are important, the major factor to consider in looking at prevention and early intervention is improved quality of life. Public health, including health promotion programs, improve overall health and extend longevity in addition to reducing healthcare costs (National Conference of State Legislatures, 2011).

Challenges

UAMS East still faces challenges in the inability to offer traditional health and wellness classes. UAMS East is slowly beginning to offer some programs in person in the community at various locations and continues to host virtual options when applicable. Medical staffing issues continued to limit the ability of the clinic to recruit and serve more patients.

Opportunities

The UAMS East reported several opportunities during the biennium. Below are some significant highlights.

- UAMS Rural Research Network hired an associate director of research that will be physically located at UAMS East. This position will serve research activities for the statewide UAMS Regional Programs network.
- UAMS East will have 3rd-year and 4th-year medical students participating at the clinic for their family medicine rotations.
- UAMS East has signed an affiliation agreement to work with the director of the Didactic Program in Dietetics, Department of Family and Consumer Science, Harding University. The students will create a wellness program campaign related to the newly-funded Good Food Rx UAMS East program.
- UAMS Center on Aging has hired a new RN to provide education and assistance to senior citizens in the service area. The newly-trained COA staff member is housed at UAMS East Regional Campus and will work with local staff as initiatives and opportunities arise.
- UAMS East Regional Campus is in the process of beginning a collaborative partnership with UAMS East Family Medical Center and Communities Unlimited No Kid Hungry grant program. This partnership will address children who are seen in the clinic and are identified as having food insecurities through the medical records program. They will be referred for nutrition education, counseling, and biometric testing. This program is funded through the No Kid Hungry campaign and will provide vouchers to participants to supplement their food budgets with healthy and fresh foods. The program will provide education and follow-up to these families.
- Ashley Harden, MPH, CHES, completed the University of Texas MD Anderson Cancer Center Certified Tobacco Treatment Training Program and is now a Certified Tobacco Treatment Specialist (CTTS). Harden will provide health coaching to FMC patients with nicotine dependence.
- UAMS East Regional Campus and the Family Medical Center will begin pilot projects targeting food insecurities for clinical patients with chronic health conditions beginning in January 2022.

UAMS East Evaluator Summary and Comments

Evaluator Comments

As COVID-19 restrictions were loosened, UAMS East returned to teaching the Kids for Health program in local schools. School health education, as a means of primary prevention, has been a hallmark of the community outreach activities for UAMS East for many years. Therefore, this return to the classroom, even in a smaller capacity than before the pandemic, was seen as a very positive sign of a return to normal operations. Adult education and community outreach programs were still very limited due to the pandemic. UAMS East has recognized the need to address food insecurity in the region. They have worked to expand the Good Food Rx program that was recently implemented. UAMS East was written into the \$900,000 USDA, Delta Health Care Services Grant. This grant, along with the Chancellor's Circle Grant, will support the work of the food pharmacy for clinic patients. Also, UAMS East partnerships have expanded to accommodate the work in food insecurities and mobile food distribution. They are now partnering with Harding University, Department of Family and Consumer Sciences, Communities Unlimited, University of Arkansas Division of Agriculture's ArDROP, and Josh Harris with Well Fed. UAMS East continues to address the most pressing needs in the community by collaborating with partners from a variety of sectors within the community.

Staff turnover necessitated restructuring how medical care was provided in the clinic. UAMS East has partnered with UAMS to offer telehealth specialty clinics and part-time physicians who work in the clinic one day per week. The clinic has been collecting data to monitor patient care and outcomes. The clinic is performing well on a majority of these metrics in spite of the staffing changes and the additional burden imposed by the pandemic.





UAMS East Performance Indicators and Progress

Long-Term Objective

Increase the number of health professionals practicing in the UAMS East Regional Campus service areas.





Indicator 2020-2021

The UAMS East Regional Campus will maintain the number of students participating in pre-health professions recruitment activities.

- **Activity 2020 - Unmet; Influenced by COVID-19**  
- This indicator was not met for 2020. Activities to recruit students into the health-related professions decreased this year by 78%. The recruiters reported 1,046 encounters with students. This decrease was partially due to the cancellation of summer programs as a result of the pandemic. The additional decrease is due to the change in the program's focus. This year the program focus changed from mostly recruiting middle school and high school students to recruiting college students. The MD Mentor program is a new program that was initiated in April. The program is designed to connect undergraduate students with a medical student mentor. The recruiters maintain contact with the undergraduate students and facilitate presentations, question and answer sessions, and one-to-one connections with the medical students. Additionally, the recruiters worked to enroll and support UAMS pharmacy, physician assistant, and medical students into the Area Health Education Center (AHEC) Scholars program. The AHEC Scholars program is designed to provide training for health professions students who are interested in working in rural or community-based practice. Further, in spite of the pandemic, UAMS Lake Village provided Hands on Healthcare to middle school students via Zoom.
- **Activity 2021 - Unmet; Influenced by COVID-19**  
- This indicator was not met for 2021. This year, UAMS East Regional Campus continued to see the shift from large-scale presentations and healthcare fairs to intensive mentoring programs for a smaller number of students. There were 88 students in the Hands-on Healthcare program and 153 students who attended the first virtual summer health career program. The AHEC Scholars program has 18 students enrolled in Cohort 3 and 30 students enrolled in Cohort 4. The goal of this program is to prepare a primary care workforce for Arkansas that is diverse and culturally competent, equitably distributed statewide, and capable of delivering high quality healthcare in evolving systems. Also, the UAMS East recruiting specialist has continued to provide college student pre-med advising including personal statement review, résumé and application instruction and mock interviews. The specialist provided information to approximately 250 students at career fairs.

Indicator 2020-2021

The UAMS East Regional Campus will 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 2020 - Met; Influenced by COVID-19**  
- This indicator was met for 2020. UAMS East Regional Campus continued to provide assistance to health professions students. Twenty-two students were supported this year including a health education intern who is a former KIPP Delta student and a resident of Helena.
- **Activity 2021 - Met; Influenced by COVID-19**  
- This indicator was met for 2021. There were 217 health professions students who were supported this year. Students were local nursing students enrolled at PCC/UA in the RN to BSN programs and health promotion programs, as well as an MPH student from the Fay W. Boozman College of Public Health.



UAMS East Performance Indicators and Progress

Short-Term Objective

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



Indicator 2020-2021

The UAMS East Regional Campus will maintain the number of clients receiving health screenings, referrals to primary care physicians, and education on chronic disease prevention and management within 10% of the previous year.

- **Activity 2020 - Unmet; Influenced by COVID-19** 
- This indicator was not met. The number of screenings provided in 2020 was 649. This was a 75% decrease from the previous year. The year started on track with screenings being conducted at eight health screening events in three different cities during the first quarter. Once the pandemic hit, UAMS East helped to coordinate COVID-19 screening events in their communities. Also, they were able to secure the UAMS Mobile Mammography Van to conduct breast cancer screenings in Phillips County.
- **Activity 2021 - Met; Influenced by COVID-19** 
- This indicator was met for 2021. The main focus of the outreach programs was on ensuring the community had access to COVID-19 vaccination. UAMS East provided vaccines to over 800 people at various vaccine clinics in the service region. In addition to providing vaccination opportunities in the community, health screening for disease risk factors were conducted on a reduced basis. The number of health screenings provided was 398. Screening events included cancer screenings for breast and prostate cancer as well as blood pressure, cholesterol, glucose, and BMI.

Indicator 2020-2021



The UAMS East Regional Campus will maintain a robust health education promotion and prevention program for area youth and adults.

- **Activity 2020 - Met; Influenced by COVID-19** 
- This indicator was met for 2020. In spite of the pandemic, UAMS East was able to maintain health education and disease prevention programming in the Delta. They reported 38,024 youth encounters and 5,438 adult encounters. As expected, the total number of encounters was lower than previous years but still very impressive considering the need for social distancing and isolation greatly impacted community outreach programs.
- **Activity 2021 - Met; Influenced by COVID-19** 
- This indicator was met for 2021. This year, UAMS East reported 13,776 youth encounters and 5,117 adult educational encounters. Activities included cooking and nutrition education, Knowing your Numbers, DEEP (Diabetes Education Empowerment Program), parenting education, CPR and physical activity programs. UAMS East Regional Campus at Helena and West Memphis are providing the school-based health education curriculum Kids for Health. This program has been taught in both public and private schools in the area since 2000. In collaboration with ArDROP (The Arkansas Delta Region Obesity Project), an initiative through the University of Arkansas Cooperative Extension Service, UAMS East and Phillips County, began a mobile food pantry service to address food insecurities. The goal is to increase access to healthy foods as well as increase access to physical activity opportunities within the community. Through this partnership, two mobile food pantries were conducted in small, underserved communities in Phillips County. Sixty-six people received over 2,000 pounds of shelf-stable food. Those receiving the boxes included migrant workers, farm workers, and people living on limited budgets. UAMS East Regional Campus also participated in the local Arkansas Food Bank monthly distribution and provided dental and personal hygiene kits to people as they were picking up monthly food boxes. UAMS East provided dental kits to youth at the local Community Development Center in Marvell.

UAMS East Performance Indicators and Progress



Indicator 2020-2021

The UAMS East Regional Campus will maintain the number of clients participating in exercise programs offered by UAMS East Regional Campus within 10% of the previous year.

- **Activity 2020 - Unmet; Influenced by COVID-19** 
- This indicator was not met for 2020. In the first quarter, UAMS East Regional Campus exercise encounters in the Fitness Center and outreach programs such as PEPPI, Silver Sneakers, Easy Does It, Zumba, and yoga were on track to meet this indicator. For most of the second quarter the Fitness Center and the outreach programs were closed. The Fitness Center and select exercise programs were open during the last quarter of the year but space was limited due to the need to follow CDC guidelines for gyms. Walking track encounters increased as people were able to exercise in a safe environment outdoors. Many community events were canceled this year but UAMS East Regional Campus at Lake Village was able to hold the Firecracker 5K by spacing out the runners and checkpoints. The total number of Fitness Center encounters was 25,272 (a 21% decrease from the previous year), while the number of exercise encounters outside of the Fitness Center was 12,427 (an 81% decrease).
- **Activity 2021 - Unmet; Influenced by COVID-19** 
- This indicator was not met. For most of the year, COVID-19 restrictions affected participation at the fitness center. Mask requirements and distancing were prohibiting factors for many of the community members. Despite these factors the fitness center and walking track reported 20,097 encounters. Other exercise encounters outside of the fitness center included yoga and Silver Sneakers classes, 5K walk/runs, and community outreach events. There were 8,848 physical activity encounters in addition to those reported for the fitness center. The total encounters were down 23% from 2020.


Indicator 2020-2021

The UAMS East Regional Campus will provide medical library services to consumers, students, and health professionals.


- **Activity 2020 - Met; Influenced by COVID-19** 
- This indicator was met for 2020. Although the UAMS East Regional Campus library was closed or working with reduced hours for part of this year, it was still able to provide services to patrons. Services were provided to 168 students, 49 healthcare professionals, and 1,743 consumers.
- **Activity 2021 - Met; Influenced by COVID-19** 
- This indicator was met for 2021. The library was able to provide services to 234 students, 45 healthcare professionals, and 4,860 community consumers.

Indicator 2020-2021

The UAMS East Regional Campus will plan and implement a Rural Residency Training Track for Family Medicine in Helena, in partnership with the UAMS South Central residency program.





- **Activity 2020 - Met; Influenced by COVID-19** 
- This indicator was met. UAMS East is continuing to work toward implementing a Rural Residency Training Track for family medicine at the UAMS Family Medical Center in Helena. The residency training program approval is contingent upon meeting the required patient load. At this point the Family Medical Center does not have the patient load required to support a residency training track.

UAMS East Performance Indicators and Progress

- **Activity 2021 - Met** 
- The UAMS East Family Medical Center (FMC) continues to build its medical staff. Dr. Monica Ferrero and Dr. Yas Jaganath, both family medicine physicians, joined the clinical staff in September and will see patients one day a week. Currently, the clinic has three family physicians who are each working one day a week. Also, an APRN and two RN's provide medical care and follow-up with clinic patients. The FMC must increase patient volume before applying for the residency program. To aid in meeting this requirement, the FMC has launched a comprehensive marketing plan for the clinic, including billboards, social media, brochures and flyers to continue to build patient volume.

Indicator 2020-2021

The UAMS East Regional Campus will increase the number of patient encounters by 5% annually at the UAMS Family Medical Center in Helena.

- **Activity 2020 - Unmet; Influenced by COVID-19**  
- This indicator was not met for 2020. There were significant staff changes in the Family Medical Center this year. The Family Medical Center lost its physician. Efforts to secure an agreement with a local physician to provide services for the clinic continued throughout the rest of the year. The Family Medical Center hired an Advanced Practice Nurse who is a former student from the pre-health professions M*A*S*H program that UAMS East Regional Campus provides. In addition to primary care services, the clinic continues to provide lab services, smoking cessation, weight loss and chronic disease management, and diabetes education and management. This year there were 2,858 patient visits, including virtual visits. The total number of visits was down by 21% from the previous year.
- **Activity 2021 - Unmet; Influenced by COVID-19**  
- This indicator was not met for 2021. Patient encounters in 2021 were 2,356, a 17% decrease from 2020. The clinic continued to have staff shortages during the first part of this year. The clinic now has three physicians who serve the clinic on a part-time basis. Additionally, the clinic has an APN and two RNs who provide care to the community. The clinic now offers a virtual cardiology clinic twice monthly. The cardiology clinic can accommodate 12 patients per month. Also, the FMC is now offering virtual visits with the UAMS Endocrinology Clinic and a clinical nutritionist. These services will aid the clinic in providing care for diabetic patients. The clinic is able to schedule four appointments each week for diabetes management.
- The clinic has created goals for health outcomes and is collecting data to indicate their progress toward meeting these clinic goals. These data are important to show improvements in measures, trends in metrics, and areas for improvement in regard to wellness for the Delta region.
- As of December 31, 2021, the clinic had 68% of the hypertensive patients with a blood pressure reading of less than 140/90. This metric measures the amount of hypertensive patients that are considered as controlled by having their last blood pressure measure recorded at less than 140/90. The clinic has implemented a policy of checking all blood pressures manually, assessing barriers to medication compliance and offering free blood pressure checks to patients. The goal is set at 71% of patients exhibiting a controlled blood pressure. This preventive metric will aid in decreasing the risk of cardiovascular disease, kidney disease, and stroke. As of December 31, 2021, 91% of diabetic patients had their A1C measured within the previous 12 months. Out of the patients that had an A1C recorded, only 26% were considered uncontrolled with an A1C greater than nine. The metric for diabetic patients having A1Cs checked every 12 months is 73%. The goal for patients with an A1C greater than nine is less than 27%.
- As of December 31, 2021, 87 patients were referred for tobacco cessation, 26% (23 out of 87 patients) received cessation counseling and intervention. The metric measures the number of patients that were evaluated for the use of tobacco and received cessation counseling. UAMS East is implementing several actions to improve the number of patients that are agreeable to smoking cessation counseling. The new medical records system that the clinic is using has a screening built into the patient intake that should help identify more patients that smoke, vape, and use smokeless tobacco. The provider will make an electronic referral to a UAMS tobacco specialist if indicated by the screening.


UAMS East Performance Indicators and Progress

- **Activity CONT'D**

- *The FMC has been fighting the pandemic for 21 months. The surge of the omicron variant affected many areas of the clinic's practice. The staff was available to administer monoclonal antibody therapy to clinic patients. COVID-19 vaccinations and testing are open to the public five days a week. Virtual visits are available and necessary during the pandemic. However, the lack of face-to-face visits has affected some of the clinic's quality metrics in negative ways. UAMS East Family Medical Center staff are working to improve the health of the rural Delta population and the clinic metrics are showing positive outcomes even though the clinic recorded 17% fewer patient encounters in 2021 than in 2020.*


Indicator 2020

The UAMS East Regional Campus will provide diabetes education to community members and increase the proportion of patients in the diabetes clinic who maintain an A1C below seven.

- **Activity 2020 - Unmet; Influenced by COVID-19** 
- *This indicator was not met. During the first quarter, there were 58 A1C tests conducted on clients in the diabetes clinic. Over 50% of these tests were above seven. In the second quarter, the diabetes education program was replaced as UAMS East at Helena becoming part of a larger UAMS study to research the effectiveness of family diabetes self management education and support. The remainder of this year's effort was spent with UAMS East working to enroll participants in the program. The program is designed to provide education and biometric testing for lipids and A1C. However, A1C data from the study are not available at this time. We will be requesting to modify this indicator for the future.*

Indicator 2021

The UAMS East Regional Campus will provide diabetes education to at least 100 community members annually.

- **Activity 2021 - Met; Influenced by COVID-19** 
- *This indicator was met for 2021. UAMS East is continuing to participate in the Family Diabetes Self Management Education and Support study and has 40 participants enrolled in the project. UAMS East at Lake Village completed DEEP with women enrolled at the East Central Arkansas Community Corrections Center. The program teaches diabetes diagnosis, how diabetes affects the body, diabetes risks, complications, medications, meal planning, and nutrition. This class prepares participants with the knowledge and skills to better care for themselves and their loved ones. UAMS East held virtual diabetes education classes and diabetes coaching for participants. Over 130 people were provided diabetes services and education this year.*

UAMS East Testimonial

Partnering with UAMS-COA to Establish Delta Center on Aging

Director of UAMS East, Becky Hall, described years of partnership between UAMS East and the UAMS Centers on Aging, a relationship that began in 2001 after the Tobacco Settlement was initiated, "There was a COA in each of the AHECs. . . . Each AHEC hired an educator to oversee the educational component of the program. The area hospitals at each site operated a Senior Health Clinic. . . . We decided to open the Senior Health Clinic in West Memphis. The partnership and clinic was very successful until the hospital closed after a fire." Despite the closing of the clinic in West Memphis, the partnership had allowed UAMS East to hire an educator in Phillips County. Hall reported, "Because of the original partnership, we have been able to continue to offer many of these programs."

In 2019, AmyLeigh Overton-McCoy, director of the UAMS-COA, reached out to Hall and others to reestablish the Delta Center on Aging, which would serve five counties in the area (Phillips, Lee, Monroe, St. Francis, and Crittenden). After an extensive search for a new coordinator, Cecilia Smith, RN, was hired in the fall of 2021. "After training and becoming certified in Tai Chi, Drums Alive, STEADI, Walk with Ease, and other educational programs, [Smith] is now teaching several programs in several locations," explained Hall. She continued, "We partner as much as we can and look for opportunities to work together. . . . For example, [Smith] will hold a session during our summer MASH camp where she will help students experience what it feels like to have dementia, using virtual reality glasses."

When asked about the advantages of the partnership, Hall stated, "The advantages are great. The COA is housed in our building and has use of the classrooms, auditorium, library, telephones, etc. We have helped the coordinator get acclimated to the community as far as partnerships. For example, we shared a list of ministers in the community. . . . The COA is providing a valuable resource. . . . Our senior population has been neglected for several years. The exercises, trainings, workshops, and other resources will be an added value to the senior patients in our clinic and to the entire community."

UAMS East Testimonial

Hall reiterated the importance of the Delta COA and its impact on the community, "The Delta area has a high percentage of seniors. Senior citizens need specialized care and programs tailored to meet their needs. Those that live in the Delta have to travel long distances to Memphis or Little Rock, or even further, to receive specialized care. Many do not have the necessary transportation, so are forced to pay friends or family for transportation. A large number of our elderly do not have family members who live close by because the family members were forced to leave our area for better paying jobs. In light of these and many other issues, the Delta COA is helping meet many of these needs. If we can keep this population healthy and active, Medicare costs will be decreased. Individuals will be able to live a happier life. Additionally, the burden on family members who are taking care of their elderly loved ones will be greatly reduced. Knowing how to care for someone with dementia is invaluable. The training of first responders will be a tremendous value to the community. If we can save one life by the responders knowing how to deal with a person with dementia, this will all be worth the time and effort."

The reestablishment of the Delta COA will amplify the work that has already been done by UAMS East and their partners since the original partnership in 2001. Hall shared some of these successes from the groundwork that was laid all those years ago, "We had, before COVID-19, a very active PEPPI group. Several participants came to the class in wheelchairs or with a walker. After participating in the program for several months, they were able to walk on their own or the wheelchair bound individuals were able to move to a walker."

Another exercise program that was started in Marvell is Easy Does It. This class is video-driven and held at a local church. . . . One lady came saying she was not able to walk up stairs without a lot of difficulty and using the handrails to help her pull herself up. After coming to the class for several months, she was so excited that she could actually climb them without any problems and without having to use the hand rails to pull herself up. . . . She now is one of the leaders of the Easy Does It class.

"The Delta area has a high percentage of seniors. Senior citizens need specialized care and programs tailored to meet their needs. . . . The Delta COA is helping meet many of these needs."

Becky Hall

Conclusion to 2020-21 Biennial Evaluation

During the biennium, efforts of ATSC-funded programs have improved the overall health and well-being of Arkansans. This report has shown the collective impact of program efforts, how a culture of health has been supported by a network of ATSC-program leaders, and individual program progress and testimonials. In the conclusion of this report, we synthesize program challenges, opportunities, and comments by UCA evaluators. We then summarize indicator progress across programs and offer a list of references.

Synthesis of Program Challenges

A synthesis of challenges reported by ATSC-funded programs during the biennium shows three primary, and overlapping, challenges: organizational (funding, staff and resources, adaptation, and evaluation), environmental and health, and COVID-19-related.

Organizational Challenges

Funding

- Decreases in general funding streams
- Ending of long-term streams (e.g., Schmieding grant for UAMS-COA and teen pregnancy prevention funding for UAMS East)
- Shifts in funding prompt reprioritization of staff training
- Uncertainty in continuance of CARES funding

Staff and Resources

- Limitations on recruiting and hiring new researchers and clinicians
- Reprioritization of staff training as new data collection methods are implemented and as funding streams shift
- Threats to flow and delivery of services related to shifting personnel, staff retention, turnover, illness, and isolation due to COVID-19
- Limited resources to fulfill best practices

Adaptation

- Limited time and resources to provide new programs and to keep up with best practices and changing healthcare models
- Adapting to conditions presented by COVID-19, e.g., modifying service delivery to include virtual platforms; see comprehensive list on next page

Evaluation

- Difficulty transitioning (and training) to new data collection and record-keeping methods
- Difficulty maintaining adequate supervision of programs and personnel in remote areas of the state
- Stalled development of return-on-investment models as programs try to improve their methods of reporting indirect program impacts on Arkansans

Environmental and Health Challenges

- Changes in population dynamics and demographics require development of more inclusive communication and services
- Difficulty in reaching the "hard-to-reach" in areas with poverty, underdeveloped infrastructure (e.g., limited broadband), and small and decentralized populations
- Continued prevalence of morbidity and mortality related to heart disease

Conclusion to 2020-21 Biennial Evaluation

COVID-19 Challenges

- Disrupted standard modes of service and research pursuits
- Limited outreach to target groups
- Elevated the vulnerability of seniors and those without broadband access
- Isolated and quarantined staff at home
- Stalled development of return-on-investment models as efforts were rerouted to COVID-19-related tasks
- Impacted tobacco quit attempts as pandemic persisted

Although ATSC-funded programs faced many challenges, UCA evaluators reported that leaders across these organizations were diligent in formulating and implementing solutions.

Synthesis of Program Opportunities

A synthesis of opportunities reported by ATSC-funded programs revealed opportunities within three overlapping categories: organizational; health education, engagement, and research; and COVID-19. The list below encompasses the major opportunities embraced by ATSC-funded programs this year.

Organizational Opportunities

- Hiring of new personnel to address rural and senior health in the Delta
- Development of technologies and communication tools used internally within organizations and externally with the public and other stakeholders
- Development of data collection methods that makes it easier to track activities, provide services, and evaluate programs
- Expansion of partnerships with cross-sector agencies as well as between ATSC-funded programs (e.g., UAMS-COA and UAMS East team up to improve service delivery to seniors in the Delta)
- Enhanced creativity and adaptability due to COVID-19 challenges

Health Education, Engagement, and Research Opportunities

- Continued awareness and health education campaigns for targeted audiences
- Expansion of public access to information, education, and online support
- Initiation and expansion of programs aimed to reduce food insecurity
- Continued tobacco education and training for healthcare professionals and students
- Continued youth engagement in tobacco prevention and cessation (e.g., Project Prevent annual conference, development of public radio announcement, letter writing campaigns, etc.)
- Utilization of All-Payer Claims Database for vital health research

COVID-19 Opportunities

- Increased multimedia outreach and development of new communication tools for service delivery
- Dissemination of vital COVID-19 health education to Arkansans across the state
- Increased access to COVID-19 testing and personal protective equipment
- Infectious disease pandemic preparedness training offered to employers/employees across state
- Novel research opportunities, including development of rapid screening test for COVID-19
- Served as overseer for CARES funding, which provided testing, education, funeral costs, and more to vulnerable Arkansans

During the biennium, ATSC-funded programs drew on their expertise, resources, and passion for public health to create opportunities that contributed to overall well-being of Arkansans.

Conclusion to 2020-21 Biennial Evaluation

Synthesis of Evaluator Comments

Evaluators at UCA provided summary comments about their respective programs, highlighting many of the challenges and opportunities noted above. The topic of COVID-19 was heavily discussed, including opportunities by organizations to provide services related to the pandemic, like COVID-19 testing, as well as opportunities to innovate traditional service delivery models to continue public outreach. Evaluators emphasized the commitment and success of program activities despite COVID-19 challenges, including graduating public health professionals and developing new research centers to raise health consciousness in the state. Evaluators also discussed programs' commitments to serve those who are most vulnerable, especially those whose vulnerability has been exacerbated by the pandemic (e.g., socially-isolated seniors). UCA evaluators also emphasized the utility of collaborations with other local and state organizations. Finally, the evaluators explained modifications to program indicators made during 2020 and 2021 that will improve measurability of indicators and sustainability of program goals.

Summary of Indicator Progress across Programs

For all ATSC-funded programs during this evaluation period, 70% of indicators were met or in progress towards long-term goals and 63% of indicators were influenced by the pandemic (see Table 1).

Explanation of Unmet Indicators

- **Arkansas Biosciences Institute**
 - **FY20:** As reported in the July-September 2020 quarterly report, two of ABI's indicators were unmet for FY20. One unmet indicator was related to ABI-funded research generating business opportunities. For FY20, no new start-up enterprises were reported. In April of 2020, the deletion of this indicator was approved by the ATSC as it no longer reflects the mission of ABI nor does it serve as a benchmark for the attainment of the long-term objective.
 - **FY21:** The ABI's two unmet indicators were related to the number of research publications and presentations as well as the number of FTE jobs supported. While the number of publications (536) exceeded the fiscal year goal, the number of presentations (310) did not meet the goal (370) for the year. COVID-19 somewhat affected the ability of ABI researchers to deliver presentations. In FY21, ABI and extramural dollars supported 252 FTE jobs, which fell short of the goal of 300 jobs. However, extramural funds supported 72% of these jobs, which is well above the goal of 65% as designated by the indicator.
- **Arkansas Minority Health Initiative**
 - **FY20:** As reported in the April-June 2020 quarterly report, while the MHI was on track to meet fiscal year goals through the January-March 2020 quarter, the impacts from the pandemic in the final quarter of the fiscal year greatly affected program outreach through community events and the Mobile Health Unit. Because of the pandemic's impact, the MHI was not able to meet five of their seven indicators for the fiscal year. Despite the lower numbers in the final quarter of the fiscal year for MHI, the evaluator for this program reported that MHI did well to adjust to the pandemic by increasing outreach efforts via various media outlets like TV, radio, print media, and social media. One success was seen in MHI's social media efforts; from March to June, the MHI reached approximately 120,000 Arkansans through social media posts on health issues like diabetes, heart disease, and COVID-19.

Conclusion to 2020-21 Biennial Evaluation

- **FY21:** The MHI was not able to meet four of their indicators, despite the number of health screenings and educational opportunities increasing over each of the last three quarters of the fiscal year. These four indicators are related to providing health screenings and raising awareness about health conditions that disproportionately impact minority Arkansans, hypertension, heart disease, diabetes, and stroke. Despite the lower numbers of screenings and educational encounters compared to the previous fiscal year, MHI's evaluator noted that the agency has been very successful in adjusting their efforts to utilize various media outlets like TV, radio, print, and social media to reach hundreds of thousands of Arkansans over the course of the fiscal year on health issues like tobacco use, hypertension, diabetes, and COVID-19.

- ***Tobacco Prevention and Cessation Program***

- **FY20:** As reported in the April-June 2020 quarterly report, TPCP had nine unmet indicators, seven of these fell under the MRC and GASP, which are funded through the TPCP. For GASP, the indicator relative to new student internship agreements was not met as the pandemic interfered with the arrangement of new agreements in the spring semester. The GASP was successful in developing agreements with two of three sites. For MRC, three indicators were unmet as they were not a part of the FY20 work plan, thus no efforts were put forward towards meeting these indicator goals. A failure by MRC to report FY20 work plans in a timely manner resulted in these indicators being included in evaluation reports throughout FY20. This problem was addressed ahead of FY21.
 - Two other unmet indicators under the MRC were relative to submission of research abstracts/papers to conferences and submission of editorials to small town newspapers on tobacco-related issues. The MRC did not submit a research abstract/paper in FY20. The program did, however, submit two editorials to small town newspapers out of the goal of six editorials. The final unmet indicator under the MRC pertained to meetings with Advisory Boards to collaborate on enhancing MRC's efforts. The meetings scheduled with the Advisory Boards were cancelled due to the pandemic.
 - The remaining two unmet indicators were related to new smoke-free/tobacco-free policies (20 of 43 implemented) and healthcare provider trainings (304 of 450 providers trained). These indicators were impacted by COVID-19 as meetings and trainings had to be cancelled between March and June.
- **FY21:** For the TPCP, four of the nine unmet indicators fell under the main program, while five of the nine fell under the Minority Research Center (MRC), which is funded through the TPCP. The four TPCP indicators related to (1) providing health education presentations to decision makers (50 of 500 presentations were made during the fiscal year); (2) sales-to-minor violations were at 12.65%, above the goal of 6.5%; (3) two new PPYC chapters were founded in Red Counties, compared to the goal of seven new chapters; and (4) the tobacco cessation quit rate for callers to Be Well Arkansas was 25%, which is 3% short of the annual goal. All of these indicators were impacted by COVID-19 as outreach to decision makers, store owners, and schools were limited; also, TPCP reported that callers to Be Well Arkansas struggled more than usual to quit because of stress related to the pandemic.
 - All five of MRC's indicators were unmet. Three of these indicators were not carried out due to COVID-19 restrictions: tobacco presentations to middle school students, focus groups with African-American male college students, and face-to-face meetings about tobacco usage with community members. Another indicator was partially met, as two of three RFPs were funded. Lastly, no editorials on tobacco issues were submitted to small town newspapers. TPCP's evaluator noted that MRC, now under new leadership, is reassessing their goals and will work with the program evaluator to adjust indicator goals in the next fiscal year.

Conclusion to 2020-21 Biennial Evaluation

- ***Tobacco Settlement Medicaid Expansion Program***

- **2020:** One TS-MEP indicator was unmet in 2020 as a slight decrease in the number of seniors (2% fewer) were served by the ARSeniors program.
- **2021:** One TS-MEP indicator was unmet for 2021 as fewer pregnant women were served by the PWE program. This decrease (20%) may be due to the extended health coverage during the public health emergency.

- ***UAMS Centers on Aging***

- **2021:** The UAMS-COA had one unmet indicator in 2021 related to leveraged funds. While the UAMS-COA continues to be productive in securing external funds, the ending of the Schmieding Home Caregiver grant along with disruptions related to the pandemic greatly impacted the agency's ability to leverage funds (e.g., funding from service contracts in 2021 represented only about 16% of the pre-pandemic figure for 2018).

- ***UAMS East Regional Campus***

- **2020:** Five indicators for UAMS East were unmet for 2020. As reported by UAMS East's evaluator, education and outreach was severely impacted by social distancing requirements and other measures to reduce the spread of COVID-19. UAMS East's outreach programs target schools, businesses, and community organizations, many of which were shut down due to the pandemic. While some educational programs shifted to a virtual space, other programs that could not be offered virtually were not attended due to lack of space for social distancing or fears of COVID-19 exposure by participants. Despite challenges related to outreach and education, UAMS East transitioned their effort into providing education and testing for COVID-19, which provided vital services to the rural, underserved area.
- **2021:** Three indicators for UAMS East were unmet in 2021. Educational outreach was again affected by the pandemic, and pre-health professions programming shifted from larger scale presentations and events to smaller scale programs with more emphasis placed on mentoring students. Another unmet indicator was related to exercise encounters in the fitness center as COVID-19 continued to affect participation. Mask requirements and distancing were prohibiting factors for many of the community members. Lastly, patient encounters were down at the Family Medical Center and the clinic continued to have staff shortages in the first half of the year. By the end of the year, three physicians were serving part-time along with an APN and two RNs. The clinic also now has more virtual opportunities with specialists.

Despite unmet indicators and other program and evaluation challenges noted above, ATSC-funded programs proved adaptable, creative, and resilient while working through impacts from the pandemic. Evaluators also reported that programs continued to focus on creating new partnerships to broaden reach, maintained a strong commitment to serve vulnerable populations, continued to support the growing body of public health practitioners that serve Arkansans, and promoted strong scientific rigor in understanding health and well-being (including vital research related to COVID-19). ATSC-funded programs continued to tackle important health challenges and enhance quality of life for Arkansans.

Conclusion to 2020-21 Biennial Evaluation

Table 1. Indicator Progress across Programs

PROGRAM AND EVALUATION YEAR	TOTAL INDICATORS	MET	UNMET	IN PROGRESS TOWARDS LONG-TERM GOAL	COVID-19 INFLUENCED	OVERALL PROGRESS
ABI FY20	8	6	2	--	2	75% Met
ABI FY21	7	5	2	--	4	71% Met
COPH 2020	9	9	--	--	1	100% Met
COPH 2021	9	9	--	--	--	100% Met
MHI FY20	7	--	5	2	5	29% In Progress or Better
MHI FY21	7	2	4	1	5	43% In Progress or Better
TPCP FY20	29	17	9	3	12	69% In Progress or Better
TPCP FY21	21	9	9	3	17	57% In Progress or Better
TS-MEP 2020	5	4	1	--	5	80% Met
TS-MEP 2021	5	4	1	--	5	80% Met
UAMS-COA 2020	7	7	--	--	7	100% Met
UAMS-COA 2021	7	6	1	--	7	86% Met
UAMS EAST 2020	9	4	5	--	9	44% Met
UAMS EAST 2021	9	6	3	--	9	67% Met
TOTAL FY20/2021	74	47	22	5	41	70% In Progress or Better
TOTAL 2020/2021	65	41	20	4	47	69% In Progress or Better
AVERAGE OVERALL PROGRESS						70% In Progress or Better
					<i>Total COVID-19 Influenced</i>	<i>63% COVID-19 Influenced</i>

Reflecting on 20 Years of Tobacco Funding in Arkansas

Qualitative Report

In November 1998, after years of prolonged legal battles, a Master Settlement Agreement (MSA) was signed by major tobacco companies and several U.S. states. Under the terms of the MSA, Arkansas was set to receive \$1.7 billion beginning in 2000. In November 2000, the Tobacco Settlement Proceeds Act (henceforth called the Initiated Act) was passed as more than two-thirds of Arkansans voted to use the MSA funds to invest in the health of Arkansans. As part of this 2020-2021 Biennial Evaluation Report, we reflect upon the history and impact of the first 20 years of Tobacco Settlement funding. We explore how the Tobacco Settlement funding inspired a collective leadership to unite vision and efforts toward the public good and sustained that vision toward a culture of health in Arkansas. Data offered in this qualitative report were gathered from written questionnaires and direct interviews with program leaders. Supplementing these data are interviews with state leaders featured in the Arkansas Biosciences Institute 2021 Annual Report, the Arkansas Minority Health Commission 2021 Bridge Magazine, as well as a documentary film capturing the founding of the College of Public Health, produced by the Arkansas Foundation for Medical Care in 2021.

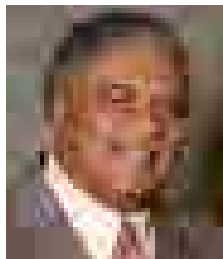
Birth of Tobacco-Funded Health Programs

As a result of collective leadership of individuals from higher education, the Arkansas Department of Health, Arkansas Center for Health Improvement, Arkansas legislative and executive government branches, Arkansas Hospital Association, UAMS, and various public health advocates, Arkansas decided to pursue MSA funding. Champions from across these organizations united individuals with varied interests and agendas to dedicate its proposed MSA monies toward the improvement of Arkansans' well-being. Joe Thompson, Kate Stewart, Tommy Sproles, Suzanne McCarthy, Fay Boozman, Rick Smith, Governor Mike Huckabee, Senators Mike Beebe and Jay Bradford, Representative Shane Broadway, and many others acknowledged the need for improved Arkansas quality of life and led the pursuit of the funds through the CHART (Coalition for Healthy Arkansas Today) plan, what would later become the Initiated Act. Remarkably, these leaders gathered and secured a consensus on how the funds would be distributed. They gave up competing interests in order to serve the public through evidenced-based needs and new services.

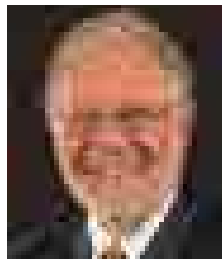
Highlighting Key Architects and Advocates of the CHART Plan



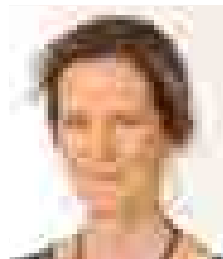
Suzanne McCarthy
Co-Founder of ACHI (retired)



Tommy Sproles
Former Director of Arkansas
Minority Health Commission



Rick Smith
UAMS College of Medicine,
Chair of Psychiatry Department



Kate Stewart
UAMS COPH Professor



Fay W. Boozman
Former ADH Director and
State Senator

Reflecting on 20 Years of Tobacco Funding in Arkansas

The birth of the Initiated Act is captured through leaders' voices.

Governor Huckabee shared,

"From the get-go, it was the health community that very wisely built a health commission and came together . . . to say that this money ought to go to healthcare. It shouldn't be just a political free-for-all. It shouldn't go to education, road building, toward tiny projects. I am not kidding when I say people were looking at ways to get a new cow barn for their county fair. . . . I was frustrated because I felt like it was dishonorable to receive this money, specifically the result of a lawsuit that was designed to help people recover their health from tobacco use, and then turn around and spend it on something that had nothing to do with health."

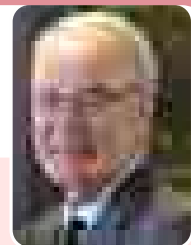
The promise of the tobacco dollars, though, was exciting to many healthcare experts, given the state's health disparities and the limited number of healthcare experts.

Joe Thompson reflected,

"We had one of the highest tobacco consumption rates at that point in time, with over one out of four adults in Arkansas regularly using cigarettes. [The effects of tobacco were further complicated by] poverty and other issues we were hoping to lift people out of. . . . When I think from a research standpoint, we know it's about your education level, and candidly, tobacco corporations targeting low-income communities and communities of color."

The high-level of healthcare needs was compounded by the minimal amount of public health services and knowledge in the state. **James Raczynski** offered, "Fay Boozman's legacy would become the College of Public Health. Now, Fay would tell me, and others confirmed, that among the 5,000 employees in the Arkansas health department, the number who had a degree in public health you could count on one hand, fewer than five of those 5,000 employees. The first impact has been to raise the level of professional training for our existing staff."

"Among the 5,000 employees in the Arkansas health department, the number who had a degree in public health you could count on one hand."



James Raczynski, former COPH Dean

Enhancing Quality of Life

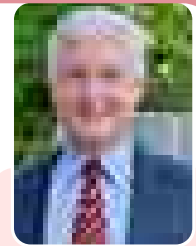
Public leaders would represent the best of visions for securing tobacco funds and initiating change for improved quality of life for all Arkansans. As leaders began collaborating about their vision, they realized the great promise and potential for the state. **Governor Huckabee** described the leadership effort,

"It was like 100 different organizations, which in itself is amazing, who came up with specifics of what became CHART [Coalition for a Healthy Arkansas Today] . . . dedicated to using 100% of the MSA funds for health and health-related research. . . . I don't have the health expertise. Joe Thompson does, and all those folks that were working with him. . . . It was a combination of true health scientists as well as people on the association lobby side, all of whom recognized that this was a once in a lifetime opportunity for the state of Arkansas as one of the unhealthiest states in the country."

Reflecting on 20 Years of Tobacco Funding in Arkansas

Thompson reminisced about their vision, "This was really a coalition that came together from the Hospital Association, the research community, the minority health community, and agricultural community . . . to have good long-term policy put into effect to try to solve some of the challenges in health. . . . CHART was the phoenix that rose from the ashes of that effort. So, we came up with this plan that our Center for Health Improvement Board put on paper. . . . [It] had four principles: all the money should be spent on health, that it should address tobacco-related issues, that it should be forward-leaning, and that it should be based upon evidence."

"This was really a coalition that came together . . . to have good long-term policy put into effect to try to solve some of the challenges in health."



Joe Thompson,
President & CEO of ACHI

Thompson noted that enhancing the lives of Arkansans rested upon the development of healthcare expertise with the establishment of the COPH, "The most challenging piece of the CHART plan was to get support for the College of Public Health. . . . [Fay Boozman] had become convinced that Arkansas needed to advance our public health efforts. I can remember being in Governor Huckabee's office with Fay and several of Shane's colleagues. They were just [pressuring] Fay relentlessly, but he would not let go of that need."

Political Risk and Action

Despite unity and collective efforts, the CHART plan would fail to pass in the House. But, when one door closed, another opened as Senator Bradford recommended taking the plan to the people. This was a political risk for Governor Huckabee. **Governor Huckabee** reflected upon the turn of events,

"I vividly remember [Senator Bradford] coming in the office. He just came in and said, 'You know what Clinton did.' He said, 'just take it to the people,' and I thought that was a dang good idea . . . I thought I knew how to get those signatures. It's heavy lifting. People think it's easy but it's not. We had a short window of time to do it and quite frankly, there was a huge risk, and the risk was not only raising a lot of money to get it on the ballot and then getting a campaign done to pass it, but the risk was the political damage done if you lose."

Despite the risks for Huckabee, he and others would remain passionate about getting the Initiated Act to the public. These leaders would put aside any egotistical worries and pursue what they believed to be for the common good. They would need to petition signatures to get the Act placed on the docket. Getting those signatures would require grit and passion. **Cherry Duckett** with UAMS shared,

"Beating the pavement is not always a walk in the park. . . . I don't want to ever do it again. . . . There's nothing quite like a hot Arkansas afternoon on an asphalt parking lot getting signatures. The glamor of it goes away real quick."

Reflecting on 20 Years of Tobacco Funding in Arkansas

Duckett's sentiments are echoed by former Representative, now Senator, **Joyce Elliott** who added,

"That was the summer I remember that was so hot I ruined a pair of new leather shoes because I was walking the streets. I was going up a hill; this was a hard climb. . . . Lehigh Street goes up like this [shows a steep incline], and I thought I've got to do this, and as I started up the hill I began to feel sweat in my shoes: squish, squish in my shoes. That's how hot it was. They were leather shoes, and I don't know what I was doing that day. I think I started out early in the morning, and it wasn't quite so hot then, but those shoes were ruined."

Their effort would not be lost, however. The Initiated Act of 2000 would pass with a strong public majority vote. After the passage of the Act, challenges remained, however, during appropriation discussions, but these public health champions held their ground and continued to stand behind the vision and public opinion. Their commitment would secure funds for public health. Former Speaker of the House, **Shane Broadway** explained,

"We still had many House members who did not like the plan and didn't care that it was passed by the voters. I had members who still thought they didn't know what they voted for. We need to do this or that or the other, and so there were challenges in getting the appropriation bills passed even after the Initiated Act passed. But I think there are two keys that helped us get through. One was Governor Beebe's leadership down in the Senate, but also the fact that it was approved by the voters."

Governor Huckabee offered, *"The citizen's initiative turned out to be a godsend. By making it a citizen's initiative, the Act requires two thirds of a vote in the legislature, a much higher bar to clear. As a result, those funds have been protected, and thank God for that because they've been needed, necessary, and from my perspective, very wisely used, much more so than had they just been laying in a big pot for everybody to get his or her hands on."*

Thompson echoed, *"The program has remained intact and continues to draw money, and we've had over \$1.2 billion come into the state over the last two decades. We remain the only state in the nation with that money committed to health or health-related programs."*

"The citizen's initiative turned out to be a godsend. . . . Those funds have been protected, and thank God for that because they've been needed."



Former Governor Mike Huckabee

Reflecting on a Culture of Health and ATSC-Funded Programs

Since the passing of the Initiated Act and the establishment of the ATSC and its seven funded programs, Arkansas has seen great improvement in the provision of health services – through an increase in facilities and health providers and scientists, contributing public health education, direct service, collaborative research, leveraged funds, and attention to vulnerable populations. Dedicated to these professional efforts, the ATSC-funded programs have improved Arkansans' health and overall quality of life. Below leaders from the funded programs reflect upon their programs' developments over the past two decades and their impact upon the state's culture of health.

Reflecting on 20 Years of Tobacco Funding in Arkansas

Building the Infrastructure of Arkansas's Culture of Health

The Act was used to build physical structures, found a college, and further establish health and research centers and programs. For example, UAMS would use ATSC funds to support the building of the Fay W. Boozman College of Public Health and the expansion of the Centers on Aging and UAMS East Regional Campus in the Delta. The Arkansas Minority Health Initiative also used tobacco funds to fortify its infrastructure and reach vulnerable, minority populations. These programs, although varied in their focus, have boosted public health education, expertise, and services, and have contributed to a culture of health in Arkansas. Program leaders spoke about the early days of tobacco funds and building an infrastructure to support a culture of health; this discussion highlights individuals who championed shaping infrastructures.

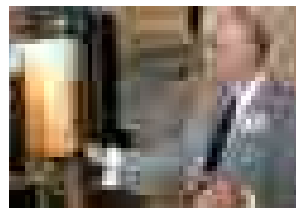


Founding a College of Public Health

The COPH was built on a foundation of tobacco settlement dollars. Long-time faculty member, **Paula Roberson**, emphasized, *"We wouldn't even have the college without the tobacco monies. It is certainly a huge part of our foundation."* A collaborator on the CHART plan, **Stanley Hill**, reiterated with reverence, *"What I'm proudest about that came out of the CHART plan was the school of public health . . . and to actually see the brick and mortar come out of the ground, and for their programs that are advocating for betterment of Arkansans."*

"We wouldn't even have the college without the tobacco monies. It is certainly a huge part of our foundation."

Roberson described key leaders in the conceptualization and construction of the college, including Tom Bruce, the inaugural dean, who provided a vision of equitable health improvement through collaboration and community. **Roberson** said, *"[Tom] provided such superb guidance and vision and support. . . . His passion for public health and for outreach and rural public health, his input into the design of our building, which was specifically designed to help promote interactions among the various departments, and his connections to so many people in the community, in Arkansas and nationally, as well as his connections to the legislature. I give him a whole lot of credit for the success of the college going forward."*



Inaugural Dean of the COPH, Tom Bruce, speaks at the 10th anniversary of the college in 2011.

Another early champion of the COPH is **James Raczynski** who reflected on the use of tobacco funds to build programs and solidify accreditation,

"What I really enjoyed was building things. . . . I wanted a position that was starting from the ground, and it was a wonderful opportunity for me to come in and use the money that we'd been given to recruit the faculty, to get accreditation, to build research programs and educational programs within the college. . . . Those of us that were there at the time felt like we had grown the fastest and achieved accreditation faster than any school of public health in the country. . . . [It is] pretty remarkable."

Reflecting on 20 Years of Tobacco Funding in Arkansas



Fortifying Foundations in the Delta

Leaders at UAMS East spoke about the early mission, with its roots as the Delta Health Education Center (DHEC), and how tobacco dollars expanded the program's reach and partnerships in the disadvantaged Delta. Director **Becky Hall** explained, *"The overall mission of 'Making the Delta a Healthy Place' hasn't changed since the inception of the DHEC in 1990. . . . Programs were offered at churches, housing authorities, community centers, head starts, schools, senior centers, and country stores. We didn't wait for the community to come into our location to receive programs, rather our educators worked directly in the community, building relationships and gaining trust, while teaching and working towards promoting positive health changes."*



"We were elated to become the 7th Area Health Education Center (AHEC) in the state and were awarded tobacco dollars. Through this funding, we were given the opportunity to expand. . . . We opened two satellite health education centers, one located in West Memphis and the other in Lake Village. The staff hired for these two sites allowed us to expand services to meet the needs of the surrounding communities and opened doors for new partnerships."

Early tobacco funds used by UAMS East allowed the agency to expand beyond medical care and focus on recruiting healthcare professionals and providing educational outreach and wellness services, which was a departure from the traditional AHEC model. **Program leaders** shared, *"At that time, other AHECs were only providing medical care but UAMS realized the need for prevention and wellness as well as recruitment and retention of healthcare professionals. So, we became the model for the other AHECs to replicate. Each of the six [AHECs] hired a health educator, a prescription assistance coordinator, and a health professions recruiter. . . . This created a strong, working partnership. . . . We met often and worked collectively to address new programming ideas and shared information about programs that worked."*

Although the AHEC model was later replaced with UAMS Regional Campuses, the infrastructure of providers, services, and programs among these sites had changed, in part, because of UAMS East's use of tobacco funds to expand as well as the visionary leadership of program champions to push for this expansion. Becky Hall is one of these leaders, directing the program (and the former DHEC) since 1993. **Stephanie Loveless** offered, *"[Hall] has been the champion, our dreamer, and the one who had the vision of this center. She is the one who pushed and fought to secure funding so that we could continue our efforts and programs when HETC (Health Education Training Center) funding was ending. She worked tirelessly with government and state officials as well as with leadership at UAMS Central. She believed wholeheartedly in the work we were doing and wanted to share that with others. She has a passion for wanting to help the people of the Delta."*



Supportive of UAMS East's mission and work, Dr. Parthasarathy Vasudevan, president of the Helena Health Foundation and local physician, helped UAMS East secure additional funding in 2006 to build a new wellness center.



UAMS East Director Becky Hall speaks at the opening of the Family Medical Center in 2017.

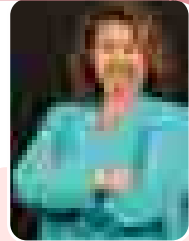
Reflecting on 20 Years of Tobacco Funding in Arkansas



Supporting Structures for Seniors

The UAMS-COA also can credit tobacco funds for supporting a unique, statewide infrastructure that addresses senior health and well-being. Director **AmyLeigh Overton-McCoy** emphasized, *“Outside of what was already there as far as social services for adults. We are the only statewide structure for seniors, and we are the only state in the nation that has this structure.”* Overton-McCoy credited Dr. Claudia Beverly, UAMS-COA director from 2001-2017, as the visionary of the COA model, *“Dr. Claudia Beverly had the foresight to create this model. That was her work even before the ATSC funding came in. . . . So she had the opportunity to take that model and present it to be included as one of the seven [tobacco-funded] programs. If she hadn’t done that work and created those outcomes and structure, the whole program, offering it to the state, would have never happened. We wouldn’t be having this conversation.”*

“We are the only statewide structure for seniors, and we are the only state in the nation that has this structure.”



AmyLeigh Overton-McCoy,
UAMS-COA Director



Boosting Health Equity Efforts

The MHI is carried out by the Arkansas Minority Health Commission (AMHC) that celebrated its 30th anniversary in 2021. The AMHC's pioneer was Dr. Joycelyn Elders, former director of the ADH, who presented research on minority health disparities to the Arkansas legislature in 1991. Her testimony, along with support from the Legislative Black Caucus, secured the passage of Act 921 to establish the commission; however, it came without funding. With the help of Dr. Elders, AMHC's first director, **Tommy Sproles** (1991-2001), soon secured funds from the legislature to support their mission: to assure all minority Arkansans equitable access to preventive healthcare and to seek ways to promote health and prevent diseases and conditions that are prevalent among minority populations. Sproles discussed the humble beginnings of the commission, *“The first few weeks, all we had was a large cardboard box for a desk and our cell phones. . . . We had to wait to buy furniture, but when we did, we got used furniture. We wanted to use the money we got on [more important] things, not looking good.”*

After years of effort and struggle to uplift minority communities, **Sproles** landed at a meeting in rural Mississippi where he heard about available tobacco settlement dollars, *“I came back and met with Governor Huckabee and told him we can get some of this money if we created a plan and applied for it.”* Sproles's recommendation to the governor would prove influential as it led to the creation of the CHART plan. Sproles, and others, ensured that AMHC was written into the settlement, and tobacco dollars would more than quadruple AMHC's annual budget. Sproles reflected, *“Getting the [tobacco] funds was my greatest achievement and how we got AMHC up and running. . . . It has been going great ever since.”*



In 2021, AMHC celebrated 30 years of service to advance minority health.

Dr. Joycelyn Elders,
Founding Member of the AMHC

Reflecting on 20 Years of Tobacco Funding in Arkansas

Recruiting Personnel and Cultivating Expertise

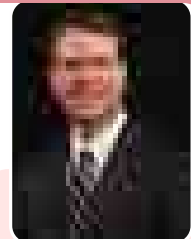
To build a culture of health, state health leaders knew they had to attract healthcare professionals. As noted by the U.S. Bureau of Labor Statistics in 2001, the nation faced an alarming short supply of healthcare providers and public health professionals. Arkansas was not alone in this shortage. Many of the ASTC-funded programs have been dedicated to the recruitment and education of health professionals and the growth of their numbers for the state. Program leaders shared their stories about recruiting health personnel and developing expertise.

UAMS Enlisting a Public Health Workforce

Fay Boozman's vision for a college of public health and the need for recruiting and retaining health experts for Arkansas was a main impetus for securing tobacco funding. Many leaders have spoken of his contribution and the founding of the UAMS COPH. Former COPH Dean, James Raczynski, noted that Kate Stewart, Suzanne McCarthy, and Fay Boozman were essential in leading the need for public health education and professionals. They felt that through higher education a great difference could be made for the state by drawing in faculty who could leverage research and service and by producing graduates who could become knowledgeable professionals for the department of health, specifically. Not only was Raczynski drawn to the state by the founding of the college, his connections would assist in drawing productive faculty who could educate the next generation of public health leaders and who could further secure grants and extramural funding.

Recruiting faculty and students would prove to be difficult early on. **Jay Gandy**, former chair of the department of Environmental and Occupational Health, discussed how faculty positions in his department grew in the early years, despite limited resources. He commented, *"I transferred from the College of Medicine into public health, and we had one other faculty who came with me. . . . I was joined by a third, and then was given funds to recruit a fourth. So over a two-year period, we went from two [faculty] to four, and basically had to put [the department] together with baling wire and duct tape. That is something I'm most proud of. We were able to put together a curriculum, have students, and faculty to teach the curriculum in a very short amount of time . . . on a shoe-string budget."*

"We were able to put together a curriculum, have students, and faculty to teach . . . in a very short amount of time . . . on a shoe-string budget."



Jay Gandy, former COPH Faculty, now Associate Provost of UAMS Northwest Regional campus

Paula Roberson admitted that recruiting faculty from other states can be challenging, especially as salaries are not as competitive as other schools of public health.

"It is challenging to get faculty from outside of Arkansas. . . . If we can get them here to visit, that often is a turning point, convincing them to come visit. . . . Once they see the opportunity here and the caliber of people they'll be working with, that is really something in our favor."

Recruiting excellent faculty, in turn, drew students. **Roberson** reminisced, *"In the very early days, the college was an unknown, and students want to go to a place they know about and that their prospective employers will have heard about when they graduate. I think we've built a reputation for a good education program, and our student recruitment office has done a good job . . . in increasing awareness that public health is a discipline, . . . helping undergraduates understand that there are professional opportunities in public health, that this is an area which is marketable and a great public service."*

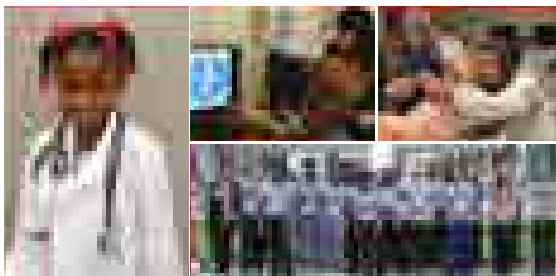
Reflecting on 20 Years of Tobacco Funding in Arkansas

Drawing faculty and students, and boosting public health expertise and knowledge, was made possible through the designated tobacco funds. **Roberson** added, "[Tobacco funds] have helped provide an educated public health workforce . . . Many of the graduates of the college have gone to work or have continued working at the department of health. [Tobacco funds] have increased awareness and the knowledge base of public health [at the department of health]." **Raczynski** affirmed Roberson's comments, "A lot of our educational efforts have resulted in us having a large number of graduates. . . . It's got to be over 1,000 at this point in time . . . and our graduates are in key positions across the state. . . . I look around and I see ShaRhonda Love, the director of the AMHC, is one of our graduates, and certainly people in the health department. Gone are the days when Fay Boozman would say, 'well we have 5,000 employees and only a handful have an MPH degree.' . . . A few years ago while I was still dean, we looked at the health department's organizational chart and went through and colored in boxes. One color was employees that had a faculty appointment in the college. Another color was whether they were a student or graduate . . . and by the end of it, most of the boxes were colored in."

UAMS *Sowing Seeds in the Delta and Beyond*

A core mission of UAMS East is to recruit youth into health careers and support their development through post-secondary education. Programs like M*A*S*H (Medical Application of Science and Health) have been held in Helena since 1994 when the DHEC emphasized the importance of a pre-health professions pipeline. **UAMS East leaders** reported, "Students can attend summer camps, participate in 'Day in the Life' events during high school, and receive support and follow-up during their college years, including interview skills, practice courses for the Medical College Admission Test, and career guidance. Also, we have been coordinating UAMS College of Medicine students' experiences in the Delta, with rural preceptorships, senior selectives, and electives." Leaders highlighted Dr. Jamarcus Brider who went through the UAMS East pipeline. They reported, "Dr. Brider is a postgraduate year two in the Franciscan Health Internal Medicine residency in Illinois. He is from Helena, where he attended M*A*S*H in 2010. He earned his undergraduate degree from ASU before joining the NYIT (New York Institute of Technology) College of Osteopathic Medicine inaugural class. While in Jonesboro, Dr. Brider continued in the UAMS Regional Programs pipeline on the Northeast Regional Campus. He is a member of the American College of Cardiology Internal Medicine program and Association of Black Cardiologists."

Tobacco monies also have helped support nurses to advance their degrees. **Program leaders** explained, "Facilitation of UAMS College of Nursing recruitment of local RNs began in 2001. Many of the nursing instructors at PCC/UA (Phillips Community College of University of Arkansas) completed their BSN and MSN through UAMS East. . . . A former PCC/UA administrator said, 'Our nursing program would not be in existence without our partnership with UAMS East, providing the means for our nursing faculty to advance their degrees.'"



K-12 students in the Delta participate in a variety of pre-health professions programming offered by UAMS East.



To grow the pool of applicants who intend to apply to a professional school like UAMS, the UAMS East Recruiting Specialist began advising college students focused on health careers.



Dr. Jamarcus Brider, postgraduate in internal medicine, attended UAMS East M*A*S*H camp in 2010.

Reflecting on 20 Years of Tobacco Funding in Arkansas

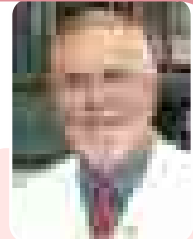


Attracting Savvy Scientists

Tobacco funds have allowed the ABI to recruit scientists in a variety of ways. Director of the ABI, **Bobby McGehee**, explained how tobacco funds lend flexibility not offered in traditional research funding, which has led to faculty recruitment, development of expertise, and extramural awards. *"[Tobacco funds] have a lot of flexibility in how we use it to generate pilot studies or buy equipment. So, it has become really huge. I would say transformative for all of us. It literally changed the face of research here. In the first 4-7 years, the majority of [funds] were used for pilot studies, and at that time we started seeing more engagement in interdisciplinary research and team science, and so the way the institutions used their funds changed . . . [building] core laboratories and equipment purchases. . . . By building up infrastructure of core laboratories, these places were able to recruit better faculty and allow [faculty] to come to the campus. . . . Here at UAMS, we have a microscopy core and have invested a couple million dollars over the last 15 years, but my gosh we have [leveraged] \$50 million in new equipment that has been used by over 100 researchers in the institution."*

The ABI also has used tobacco monies to strengthen recruitment packages. **McGehee** explained, *"In the last 5-7 years, every institution has used ABI money to bolster recruiting packages. Here at UAMS, we recruited Dr. [Richard] Morrison to chair the department of Microbiology and Immunology, and he got a quarter million a year to start building his department. . . . He recruited 5-7 faculty members, and all but one of them had RO1-type NIH (National Institutes of Health) grants within two years. Seriously, this is a \$1.25 million investment over five years, and it's amazing what he was able to leverage with that and getting these faculty, and, of course, each of them is hiring people in their labs, and they're getting other grants. . . . If you think about it in terms of personnel and what we've done to the economy, we've been a midsized corporation, economically and investment-wise, for the state now for 20 years."*

"In terms of personnel . . . we've been a midsized corporation, economically and investment-wise, for the state now for 20 years."



Bobby McGehee, ABI Director

After 10 years of service as department chair, Dr. Morrison was named executive associate dean for research in the College of Medicine in 2017. During his tenure as chair, the department improved significantly in the Blue Ridge Institute for Medical Research's ranking of U.S. medical schools that receive research funding from the NIH, moving from 71st among 99 comparable departments receiving NIH funding in 2008 to 48th among 98 departments in 2017 (UAMS News, 2017).



Dr. Richard Morrison being interviewed by an ASU-Beebe student who is interested in biomedical research. Mentoring is a key activity of several ABI scientists.

Reflecting on 20 Years of Tobacco Funding in Arkansas



Training Practitioners in Tobacco Cessation

The TPCP has long recognized the need to cultivate expertise in tobacco prevention and cessation for practicing health providers and clinicians. Branch Chief, **Joy Gray**, shared, *“In our 92 health units, we trained nurses that work in the health unit that have become tobacco treatment specialists, so that when someone goes into a local health unit, they already know this nurse, they see this nurse every few weeks for blood pressure or whatever. That nurse could say, ‘Hey, I know you’re a smoker, would you like for me to start counseling you,’ and that nurse can also provide counseling and free nicotine replacement.”*



“We’re also really trying to increase trainings for clinicians, whether that’s a medical doctor, a nurse, a psychologist, a social worker, anybody because I’m not sure how much good information they are getting when they’re in school. It’s hard to talk about [smoking]. It’s hard to broach the subject. . . . I have even gone to the doctor for various things and I’ll just ask, ‘Hey, if I was a smoker, what would you do about this?’ And they say ‘well just quit,’ and that’s about it. That’s the sum total of what people have been getting. So we are trying to work on educating them to either provide cessation themselves in a clinical setting or, at the very least, let them know that [cessation services] exist that they can provide.”



Cultivating Caregivers

Many efforts by the UAMS-COA are designed to help seniors stay in their homes as long as possible. Caregiver training programs have greatly supported caregiving expertise for health professionals and Arkansans who are caring for loved ones. Director **Overton-McCoy** shared, *“Dr. Beth Vaughan-Wrobel and Dr. Larry Wright who were at the Schmieding Center really made [caregiving] a top priority. Dr. Vaughan-Wrobel took the federal and state guidelines and wrote a curriculum so that we could focus on training families on how to take care of their loved ones. . . . Up to that point, there had never been a home caregiving training program. . . . Paraprofessionals could start learning how to care for older adults in the home setting as either a home health aid or a CNA. If someone learns how to do these skills in the home setting, then absolutely they are going to be more successful whether it’s in a hospital or a long-term care setting, . . . and of course with hospice and palliative care programs, and us moving more into a home setting, [caregiver training] was really before its time. . . . And because of that work, that allowed us to receive that \$8 million from the Reynolds Foundation that allowed us to replicate it throughout the state.”*



(Bottom row) CNAs and IHAs (in-home assistants) pose for a photo after finishing their caregiver training at the West Central COA in Fort Smith (left) and the Texarkana Regional COA (right) in 2018.

Reflecting on 20 Years of Tobacco Funding in Arkansas

Taking it to the Public

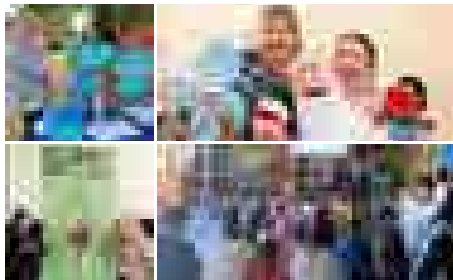
Throughout the past two decades, ASTC-funded programs have acknowledged the need to engage Arkansans in their well-being and "meet people where they are." Programs engage the public through educational outreach and direct service, and they also attend to vulnerable populations who may be hard to reach. These efforts influence behavior and policy change and afford new connections and shared decision-making.



Putting the 'Public' in Public Health

In recent years, the TPCP has shifted its focus from influencing state-level policies to engaging the public in an effort to generate behavior change and local-level policies. Branch Chief **Gray** explained, *"We made a shift to educating the public about vaping, cigarettes, about cessation. . . . We were going in and riding people about policy and nothing's happening. We're not getting any bang for our buck, but if we go into a community and educate them, and then they still don't make a decision on policy, at least we've left them educated."* Gray described some of the success they have had in focusing more on public engagement, *"We've actually seen some youth have impact on city changes and school boards changing their mind, making some decisions. . . . sometimes PTAs or school boards can be more influential than anybody else. Even if it is just a school adding 'vaping' on to something or a local city saying 'in addition to smoking, we don't want our employees vaping.' We talk about 'big P' policy and 'little p' policy, and even if what we're doing is just educating them enough to get 'little p' policies, that's something. If those can spread more, they can be more impactful than a big [policy] It's called 'public' health and sometimes people forget that. They forget that we're here to educate the public, to serve the public, and help the public get healthier. We're trying to put the 'public' in public health."*

"We're here to educate the public, to serve the public, and help the public get healthier. We're trying to put the 'public' in public health."



Educational programs offered by TPCP and its sub-grantees engage youth of all ages in tobacco prevention activities. Many of these programs also encourage youth to take on leadership roles in their communities.

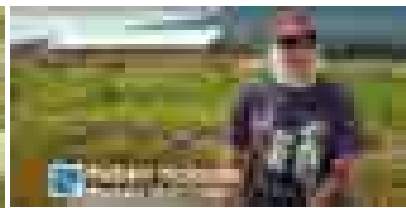
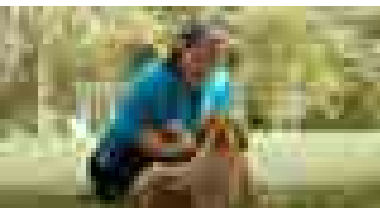
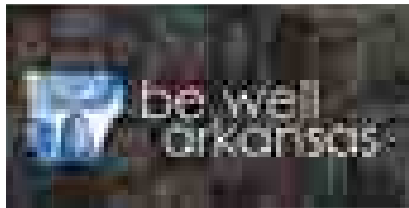


The Green Forest High School Project Prevent Chapter educated classmates and school administrators on the benefits of providing tobacco cessation resources to youth. As a result, the school updated their policy on tobacco use.

Beyond educational outreach, TPCP now serves the public through its call center, Be Well Arkansas, for tobacco cessation counseling and wellness resources. **Gray** shared more about one of the TPCP's biggest achievements in 20 years of tobacco funding, *"[Be Well Arkansas] got up and running in 2018. . . . We are the only state in the nation that has a state health department that operates its own call center. . . . CDC told us it was a terrible idea. The North American Quitline consortium said, 'Don't do this, there's no way, it's impossible.' . . . [These agencies] are accustomed to giant call centers. The comparison I give is the mom-and-pop store versus a big-box store. That big-box has a little bit of knowledge of everything, whereas that mom-and-pop-store may very specifically know a lot about whatever it is that I need. And so [tobacco cessation] is the only thing that we do. We provide information, and we route them to resources for diabetes and hypertension because we want to connect the chronic diseases with tobacco. . . . Now three years later, I'm getting calls from other states that want to know 'well how did you do this and how did you do that?' . . . So, I think creating something that no one's ever done before. It is working well, people like it."*

Reflecting on 20 Years of Tobacco Funding in Arkansas

The success of the call center was recently highlighted in video testimonials of Arkansans who had quit smoking with the aid of Be Well's resources. These testimonies have been recognized nationally. **Gray** explained, *"We are really trying to change the way messaging is done, and Be Well, you know, wellness is a concept for everybody, and people need to see themselves reflected back when they see commercials and who people are. I think they are a little tired of seeing perfection all the time. . . that's not inspirational. . . . When you see a normal person, I think it's much more inspirational. . . . CDC has seen [the testimonials], and they want to use them at the National Conference in the summer. They have something called 'Ad Fest' where they go through all the different [tobacco cessation ads] and they want us to actually cut them down and make them generic so that other states can also use these, because it's very much unlike anything going on out there right now. . . . These are real people telling a real story."*



Click on image to hear Jenna's story, or go to <https://www.youtube.com/watch?v=WYAKvqkEm6g&t=17s>.

Click on image to hear Ruben's story, or go to <https://www.youtube.com/watch?v=EmPxzQHc200>.



Meeting People Where They Are

Leaders of the MHI acknowledged the importance of engaging minority Arkansans and improving access to preventive health screenings and educational materials; this is an effort that cannot rest. Former AMHC Director, **Michael Knox**, emphasized why it is so vital to have public health funding focused on minority health, *"There has to be an independent agency that continues to raise concerns, provide evidence, and seek solutions to the ongoing disparities that plague our community. . . . Whether intentional or unintentional, policies, procedures, programs, and laws often have a long-term negative impact on minorities, especially if they are not participating in the negotiation, drafting and implementation of them in their neighborhoods, communities, counties, or states."*

ShaRhonda Love, AMHC director from 2017-2021, also recognized the history of minority health and the challenges that minority communities face,

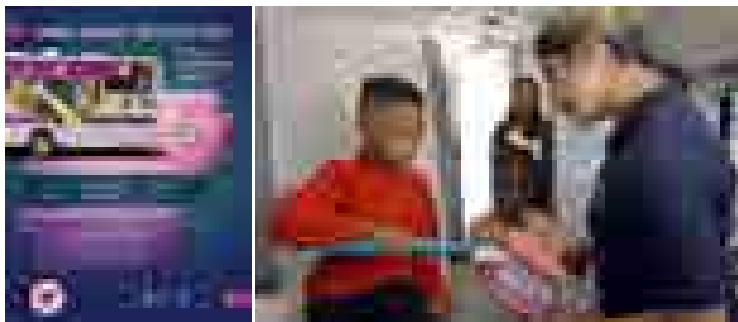
"Public Health and minority health is ever-evolving and changing, and that has a lot to do with our history. 'Know your history or you're doomed to repeat it.' We have to continue to be aware of what has happened before and to look at those things and make sure we don't repeat them. And to learn from them so we can do better. It's knowing our literacy level in the state is at 5th grade, so we have to provide information at that level. It's knowing we need to encourage minorities to ask questions when they go to the doctor, and to give them permission to do it. It's being able to meet people where they are so that we can provide the proper care they need."

Love continued, *"The focus during my tenure was to make sure that there was a true outreach for all minority Arkansans, making sure we were reaching Hispanic and Marshallese populations . . . translating health education materials so they are available not just in English. . . . and making sure that we get outreach and funding in supporting health initiatives in every county. The reach and access and growth we have seen in 20 years has been very significant."*

Reflecting on 20 Years of Tobacco Funding in Arkansas

Director **Love** also discussed one of the agency's greatest successes, the Mobile Health Unit (MHU), which debuted in April 2019, "Research has shown that mobile health units have been well-received, specifically in minority communities, and when people see someone who looks like them and feel they can identify with them, they are more likely to use those services. . . . Initially, the idea was to partner with food pantries, and drive to them when people were receiving access to other services, namely healthy foods, and provide access to health education and preventative health screenings. . . . That initiative grew so much more than what we ever dreamed. Not only are we now able to partner with food pantries, we partner with community organizations, faith-based organizations, schools, nonprofits, and other government entities, so much so that by the time I left the commission, we truly had reached every corner of the state, sometimes multiple times, and we were close to 140 partners through the mobile health unit." **Beatriz Mondragon**, MHI's grant coordinator who previously served as the MHU coordinator, reiterated, "This experience has been very rewarding and full of purpose. We were able to help eliminate the barrier of some communities not being able to [access screenings] because of not having a place to go . . . or the money to afford an at-home machine. We have significantly increased our health screening numbers and health awareness throughout the state."

"When people see someone who looks like them and feel they can identify with them, they are more likely to use those services."



Former MHU coordinator, Beatriz Mondragon, educates youth about dental health.



Breaking Free From Silos

Director **Overton-McCoy** noted that building a culture of health and moving the needle in Arkansas requires concerted, collaborative efforts, "We're really trying to get people out of their silos and coming together to improve the overall health. For instance, food insecurity, if you look at Maslow's Hierarchy of Needs . . . food is at the bottom. We have to meet these [basic] needs. If we can't address food in a healthy context, we can't impact congestive heart failure, we can't move the needle in diabetes, we can't move the needle in hypertension, obesity. . . . So if we look at food and food insecurity from a culture of health aspect, what are the current policies, resources, and what is happening in the rural areas? . . . We are working really hard in the [Delta] region and we just got a USDA grant, working with UAMS East, to look not only at fresh produce, but [seniors] that can't come in and 'shop' at the facility with a prescription. How do we get the food to them? . . . We're still exploring how to do that, but bringing in the health department and the hospital in Lake Village, and looking at food that is remaining on their food line. Can it be packaged up, meals that are disease-specific with instructions on how to reheat? . . . That's helpful [for seniors] while we get other resources in place, and then that hospital can get a tax deduction for the donation of food as well as potentially impacting readmission rates. . . . So it's not us alone moving the needle, it's all of these entities working together."

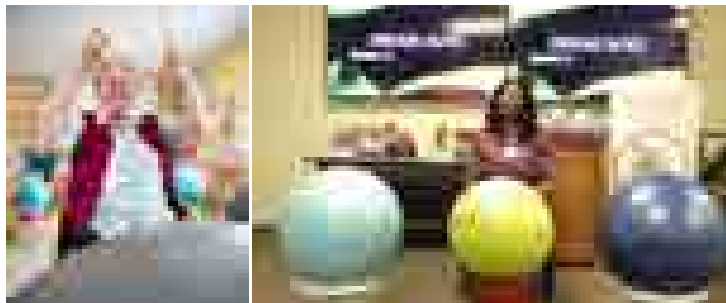
"We're really trying to get people out of their silos. . . . So it's not us alone moving the needle, it's all of these entities working together."

Reflecting on 20 Years of Tobacco Funding in Arkansas

Overton-McCoy also described an evidence-based exercise program, Drums Alive, and a unique twist on the program to promote intergenerational connections:



"Our goal is we all want to age well. Well, my thought is 'where do we start aging?' It's when we're born. . . . We have a lot of kids that are sedentary, and if we want to change our culture of health, we have to change it early. So we invested in the school systems, offering to pay them for Drums Alive training if they would, at minimum, do one intergenerational activity a week . . . because we want to connect them with an assisted living or a nursing home with these kids, so that kids are seeing 'hey these older adults are not scary' and the older adults are seeing the kids do this activity. From research we know that gives [seniors] a lot of pleasure and it gives them connectivity. . . . It's getting everybody up and active and helps create a culture of health."

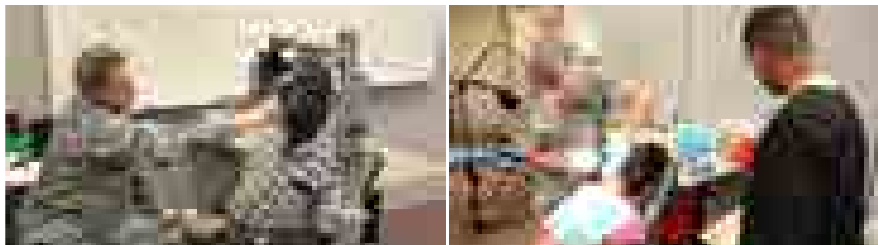


Texarkana Regional COA Program Director, Kassandra Gilbeau, hosts a virtual Drums Alive class during the pandemic.



Caring for and Empowering the People

Leaders at UAMS East spoke about offering direct care for people in the Delta region, a medically-underserved area. Before the opening of the UAMS East Family Medical Center (FMC) in Helena in 2017, UAMS East relied heavily on community outreach initiatives to provide direct care. **Becky Hall** discussed one of these initiatives, *"The Innovative Readiness Training Mission, was held in 2011 and 2014 in Helena and in 2021 in Lake Village. This was a medical mission in collaboration with the Army, Air Force, Naval Reserve, the Delta Regional Authority, and many community partners. The mission provided free medical, dental, and optometry care for residents in the community and surrounding communities. Over 3,000 people received care during these two-week training sessions, many who had not had medical or other care in years. This was especially notable because many people who had not seen a dentist in years were able to have bad teeth extracted. Several had all their teeth pulled in one sitting. One patient had so much infection in his mouth that he was sent to the hospital and airlifted to UAMS in Little Rock. Dentists said if he had not received care, he most likely would have died from the infection. Also, many of the participants received free glasses, which were fabricated on site. One recipient was in tears after receiving his glasses. He said, 'I can finally clearly see the faces of my grandchildren.'"*



Innovative Readiness Training Mission in Helena offers direct care to thousands of Delta residents.

Reflecting on 20 Years of Tobacco Funding in Arkansas

While UAMS East continues to rely on community outreach and engagement, the opening of the FMC further solidified the program's ability to care for the people of the Delta. **Hall** shared,



"Many of the physicians in our area are aging and cannot handle additional patient needs. This is notable because our county is a medically-underserved area and the need for affordable primary care is great. To help alleviate this pending crisis, UAMS opened the UAMS East Family Medical Center. Clinical services include home visits, Medicare Wellness checks, diabetes education, smoking cessation, and nutrition counseling. The clinic was a site for COVID-19 testing, vaccinations, and monoclonal antibody therapy. We also have telemedicine specialty clinics for behavioral health, cardiology, endocrinology, and substance abuse. Our clients receive free educational programs, access to medical care, and other services all under one roof, the perfect example of a patient-centered medical home."



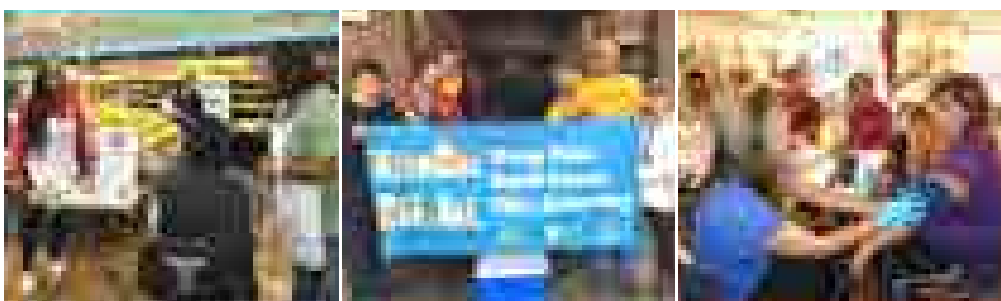
Ribbon cutting ceremony at the opening of the UAMS East Family Medical Center, October 2017

UAMS East leaders noted the importance of personal connections with community members and the utility of engaging and empowering communities to build a culture of health, *"Our staff is diverse, well-qualified, and from the community. Because of this personal connection, we have a strong connection to the clients.*

We realize to embrace a culture of health, we have to intersect our work on health and wellness with the medical, physical, social, and emotional needs of the community. UAMS East continues to empower our clients to make behavior changes that positively affect their lives. . . .

The opening of our Family Medical Center is allowing us to move our community in the right direction, using the Patient-Centered Medical Home model, where we are able to combine treatment with wellness and prevention. . . . UAMS East will continue to make health and wellness a priority, working towards creating a culture of health for the people of the Delta. Through our efforts, we are working towards improving population health, by enhancing individual health and wellness, focusing on chronic disease prevention, working to make healthcare more accessible, and promoting and encouraging capacity-building projects and programs throughout the communities we serve."

"We have to intersect our work on health and wellness with the medical, physical, social, and emotional needs of the community."



UAMS East engages the public in a variety of ways to address a wide range of health-related issues. Programs on healthy cooking, substance abuse, and worksite wellness are all hallmarks of UAMS East's work.

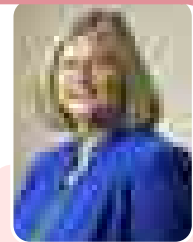
Reflecting on 20 Years of Tobacco Funding in Arkansas



Adapting Services to Meet Needs

Mary Franklin, director of DHS Division of County Operations, described how the TS-MEP has shifted with the changing healthcare landscape and also adapted its services to meet the needs of vulnerable populations: *"The landscape has definitely changed over the last 20 years. For example, the ARHealthNetWorks category was no longer needed when the Affordable Care Act was implemented, and Arkansas expanded healthcare coverage through Medicaid to adults 19-64 under 138% of the federal poverty level. This created an opportunity for TS-MEP to fill a need by funding 500 slots to reduce the waitlist for the Community and Employment Supports Medicaid Waiver program. This program began in 2017 and serves Arkansans with developmental and intellectual disabilities living in the community. . . . Over the years, we also have adapted our services to allow multiple avenues for Arkansans to apply for and access healthcare, including in person, by phone, online, or by mail. . . . These improvements in service delivery were a huge benefit to our beneficiaries and our staff during the pandemic. However, our county offices remained open throughout the pandemic. . . . Our team recognized that all Arkansans would not be able to access services online or by phone and made all the adjustments needed to stay open and serve Arkansans."* Franklin added, *"Our greatest success story is not one accomplishment or event. It is the fact that literally thousands of Arkansans have benefitted from the program by receiving services and healthcare coverage that was not possible or available to them before TS-MEP was created."*

"Over the years, we also have adapted our services to allow multiple avenues for Arkansans to apply for and access healthcare."



Mary Franklin, Director, DHS Division of County Operations

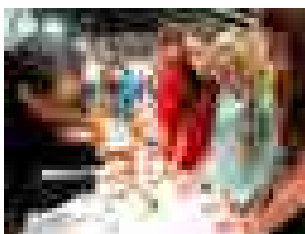
Cutting Edge Research

For 20 years, ATSC-funded programs have produced cutting-edge health-related research that informs public health practice. Such research would initially cost the state monies that would later be returned in leveraged funds, awarded grants, and real impacts on Arkansans' health and well-being.



Saving Lives with Science

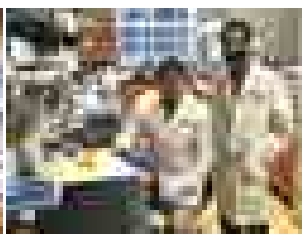
Over the past two decades, ABI-supported researchers have consistently produced new knowledge and tools to benefit the health of Arkansans, even if it is not always obvious to the layperson. Director **McGehee** discussed how ABI research impacts a culture of health, *"The people who are benefitting with ABI resources have already embraced a life of improving the culture of health. It's just in our DNA. It's what we do, and it may not seem like it on the surface if a biochemist determines a particular mutation leads to a gain of function in a protein that causes cancer, any more than a qualitative study done in the College of Public Health that shows that masking works. . . . In the last 20 years, it has become more incumbent on investigators to demonstrate that there is a health component of what we do . . . and tying it to the human condition is really important, and as you do that, you're promoting a culture of health to the community . . . and it's increasing the quality of your life and making a difference."*



ASU hosts DNA Day, 2016, and students learn about genomic research and explore how it might impact their lives.



Karina Medina-Jimenez, PhD, presents research at ABI's 2019 Fall Research Symposium. Her work has implications for farmers and agricultural methods.

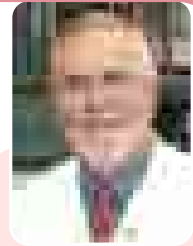


Dr. Viswanathan Rajagopalan (standing) with ASU student Bryce Dickerson (seated). Dr. Rajagopalan's work is aimed at yielding therapeutic and diagnostic tools for use in cardiovascular and integrative medicine.

Reflecting on 20 Years of Tobacco Funding in Arkansas

McGehee continued, "A huge thing in the last four years was our collaboration with the Arkansas Insurance Department and ACHI in granting access for all ABI investigators to the Arkansas All-Payer Claims Database. That's the database that Joe Thompson started that has all the information on insurance claims associated with health Our investigators probably have up to 40 new studies that are using [the database] to directly impact health. . . . Brad Martin was able to demonstrate if he looked at patients two years out after the completion of an opioid-based pain killer medication, what he was able to see was that the people who were still using these pain killers at two years was hugely greater if that initial prescription was for 15 days versus seven days. This [study] was picked up in the national press and several states modified prescribing regulations. That's the kind of work that leads to policy changes. That one study, alone, may make not only a difference in many people's lives, it probably saved many people's lives.

"That one study, alone, may make not only a difference in many people's lives, it probably saved many people's lives."



Bobby McGehee, ABI Director



Co-creating Knowledge with Communities and Attending to Tobacco Research

ATSC-funded programs also engage communities in research. The Office of Community-Based Public Health at the COPH focuses on this type of work, as do several departments in the college. Efforts involve the use of community-based research models and shared-decision making structures to address local health disparities. **Paula Roberson** stated,



"There have been several research projects with outreach, particularly in the Delta. The Department of Health Behavior and Health Promotion has had a number of Delta projects, and they have really made an effort to have those be community-based participatory research where it's not just the college going in and collecting data, but it's trying to engage members of the community in helping to both identify some of the key areas of need as well as actually participate as members of some of the teams that have been involved. . . . [Tobacco monies] have brought attention to and a better understanding about health disparities and the role of health disparities in public health and healthcare access. . . . It's brought an emphasis on health promotion, not just medical care."



In 2020, the COPH received grants to create partnerships and enhance food security and sustainability in low-income communities of color. The grant funding provided volunteer and part-time internship opportunities for UAMS students.

Roberson also discussed tobacco-related research at the college, "There is a group within the college that is specifically focused on tobacco research, both the impact of tobacco use as well as promoting abstinence . . . helping individuals who use tobacco to reduce or stop their use but also helping to promote the information that would keep our young individuals from taking up tobacco use. These are all positive activities and are in line with the vision for the college, which remains 'optimal health for all.'"

Reflecting on 20 Years of Tobacco Funding in Arkansas

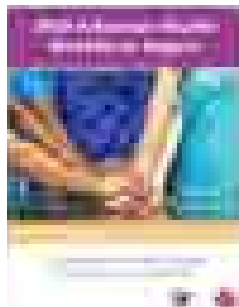


Understanding Landscapes of Inequity

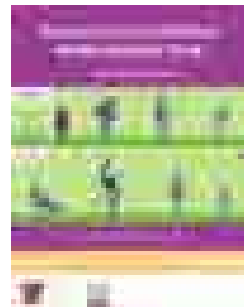
Work of the MHI is driven by AMHC-funded research. Findings from these studies are integral to our understanding of minority health and health equity in the state. Since 2015, the AMHC has produced a report on diversity in the Arkansas health workforce. The **AMHC** acknowledged in the most recent workforce report in 2020 the importance of this type of research, “Monitoring the healthcare workforce is necessary to ensure it is large enough and skilled enough to deliver the vital public health services to the population. . . . A diverse workforce is extremely important to ensure accessible, affordable, and quality healthcare. Diversity in healthcare allows for increased cultural competence, and increasing trust and communication between professionals and patients. In addition, because healthcare careers generally provide greater economic benefits in relation to other career paths, greater representation in the field leads to benefits for a wider range of individuals, families, and communities.” The **AMHC** concluded, “Racial disparities are a reality in Arkansas’s workforce. The racial and ethnic diversity found in the state’s population is not necessarily reflected in the healthcare system. Gender and age disparities are evident, as well. Healthcare professionals are not, in many cases, equitably distributed throughout the state. While it is not unexpected that professionals would be clustered in the population centers, . . . it is of some concern that some counties (e.g., Lafayette and Calhoun counties) were consistently lacking active professionals. Such geographic disparities can be harmful when they prevent an individual or family from accessing needed care. . . . Systematic and ongoing demographic data collection is imperative to maintain momentum in understanding our changing workforce.”

Every five years, AMHC funds the Arkansas Racial and Ethnic Health Disparities Study, which is designed to gather data on perceptions, opinions, attitudes, behaviors, and knowledge related to health and healthcare practices. Key findings from the most recent study, conducted by the University of Arkansas at Little Rock Survey Research Center in FY19, illuminated significant differences between racial groups. For example, researchers found significantly higher percentages of Black and Hispanic respondents reported being victims of discrimination while getting healthcare. Hispanic respondents are far less likely to have been reminded by doctors’ offices to schedule preventative care. Black respondents are significantly more likely to visit a health fair for health information than other groups. The White Urban group is significantly more likely to rate their health as “excellent” or “very good” compared to other groups.

In all, findings of both studies illustrated the continued need for health equity efforts through community events, mobile health, and advocacy to educate and serve minority populations. The MHI continues to focus heavily on community-based health equity efforts to uplift minority populations in the state.



Click on image to access report, or go to https://ssl-minority.ark.org/images/uploads/amhc/2020_AR_health_workforce_report_FINAL.pdf



Click on image to access report, or go to https://ssl-minority.ark.org/images/uploads/amhc/2019_AR_Racial_Ethnic_Health_Disparities_Study_Final.pdf

Reflecting on 20 Years of Tobacco Funding in Arkansas

Moving the Needle: Results of Tobacco Settlement Funded Efforts

Through the joint efforts of many agencies, advocates, and Arkansas citizens, the Initiated Act continues to impact the lives of Arkansans. This legacy is reflected in the increased public health and healthcare expertise and services now offered in the state. Through the oversight of the Arkansas Tobacco Settlement Commission and its funded programs, the Act's funding has supported the production of rigorous research, leveraged funds, education, outreach, and attention to vulnerable populations. The ATSC and its funded programs, for the past two decades, have played a prominent role in improving Arkansans' health and overall quality of life. Program efforts are aligned with residents' well-being and they have made great strides in "moving the needle" (see Figures 1-2). Program efforts also continue to address continued health needs that have not significantly improved over the last 20 years (see Figure 3).

Figure 1. Health Improvements during 20 Years of Tobacco Settlement Funding in Arkansas

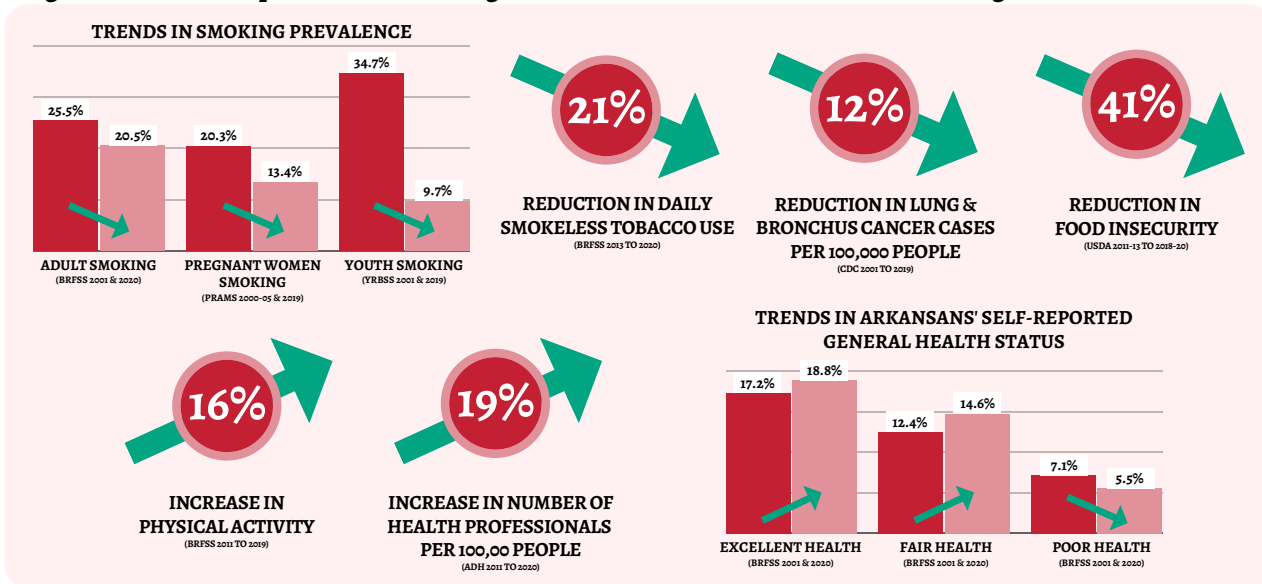
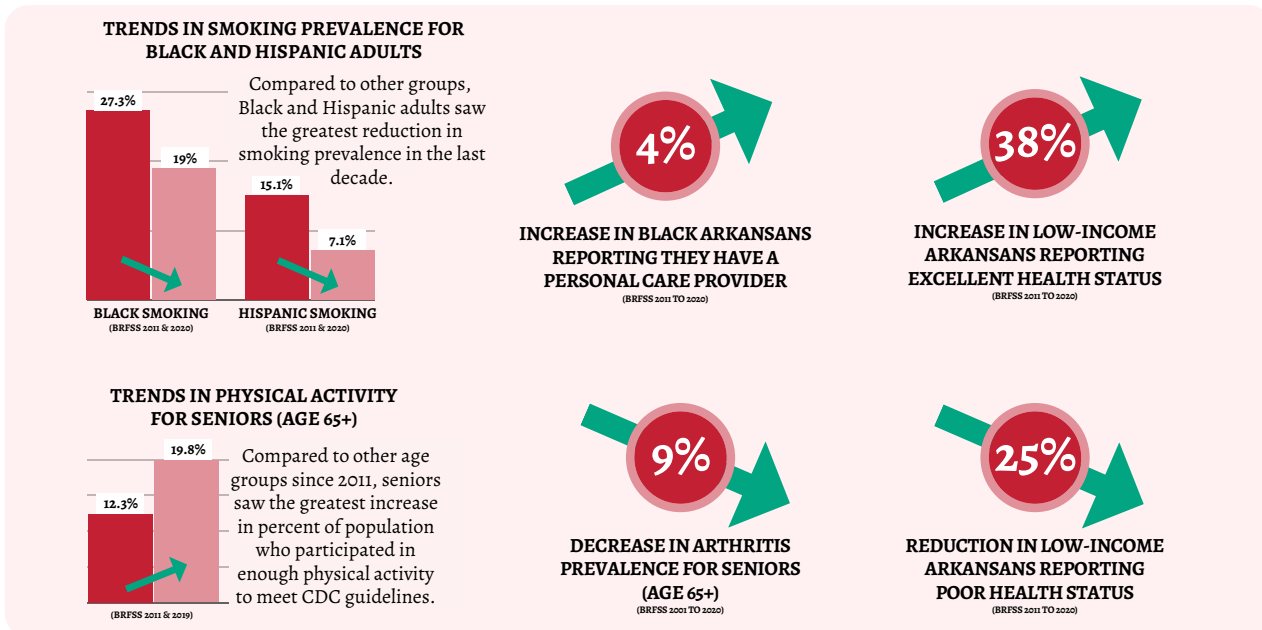


Figure 2. Highlighting Improvements for Vulnerable Populations in Arkansas



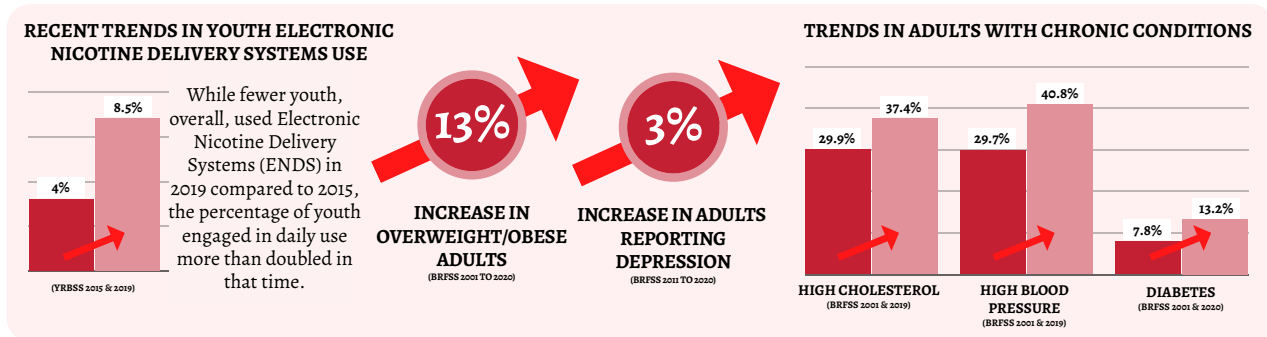
Reflecting on 20 Years of Tobacco Funding in Arkansas

Discussion of Health Improvements and Continued Areas of Need

Several health and quality of life measures improved over the last two decades (see Figures 1-2). The state made notable progress to reduce smoking and smokeless rates, particularly in minority populations, and to improve some tobacco-related health outcomes, like lung and bronchus cancer prevalence. Arkansas also made strides in improving healthcare access, with a substantial increase in the number of health professionals working in the state. Moreover, today, fewer Arkansans are food insecure, and more Arkansans are meeting CDC guidelines for physical activity. The senior population has seen the greatest increase in physical activity, and, accordingly, a decrease in arthritis. Overall, more Arkansans are reporting "excellent health" and fewer are reporting "poor health" compared to 2001, with the greatest changes in self-reported health status in low-income populations. Indeed, 20 years of public health efforts have helped to move the needle in a positive direction.

Despite noted improvements and public health efforts, some health and quality of life measures have not improved, and these measures highlight continued needs of Arkansans (see Figure 3). Adults have seen significant increases in chronic conditions in the past 20 years, namely high cholesterol, hypertension, and diabetes. These increases have tracked along with increases in obesity and depression. Also, despite fewer youth, overall, using Electronic Nicotine Delivery Systems (ENDS) in 2019 compared to 2015, daily ENDS use has more than doubled in that time, indicating that more youth are becoming addicted to ENDS products.

Figure 3. Shifting Needs during 20 Years of Tobacco Settlement Funding in Arkansas



Comparison and Discussion of National Health Rankings

Looking beyond state-level data, Table 2 illuminates how Arkansas national health rankings have changed in the past two decades. According to the United Health Foundation (2001, 2021), Arkansas has improved its national ranking in several measures, most notably in clinical care and health access, as the state's ranking rose significantly in immunizations, preventive health screenings, and preventable hospitalizations. Fruit and vegetable consumption also improved, as has the ranking for obesity, which may suggest that although obesity rates increased in Arkansas (see Figure 3), that state is making strides (relative to other disadvantaged states) in addressing the national obesity epidemic. However, Arkansas still ranks near the bottom nationally in smoking rates, health-related behaviors, and health outcomes like diabetes (see Table 2). Further, even though more Arkansans are meeting CDC guidelines for physical activity (see Figure 1), the state fell significantly in its national ranking (see Table 2), which means Arkansas is not keeping pace with other states' in physical activity. According to the ranking of combined health outcomes, Arkansas's overall health status has remained fairly static, ranking 45 in 2001 and 46 in 2021. However, on the measure of low-birth weight infants, used as a proxy for overall population health, Arkansas rose six places (44 to 38). Arkansas also rose two places in premature death (46 to 44). This suggests the state has made some progress on improving Arkansans' health.

Reflecting on 20 Years of Tobacco Funding in Arkansas

Table 2. Changes in National Health Rankings during 20 Years of Tobacco Settlement Funding

CATEGORY	METRIC	2001 RANKING	2021 RANKING	CHANGE IN RANK
Health Behaviors	<i>Fruits and Vegetables</i>	30	25	+5
	<i>Teen Birth Rate</i>	46	50	-4
	<i>Smoking</i>	40	48	-8
	<i>Physical Activity</i>	30	44	-14
Clinical Care	<i>Child Immunizations</i>	48	38	+10
	<i>Colorectal Screenings</i>	44	35	+9
	<i>Preventable Hospitalizations</i>	43	35	+8
	<i>Uninsured Population</i>	34	31	+3
Social and Economic	<i>High School Graduation</i>	22	16	+6
	<i>Unemployment</i>	33	37	-4
	<i>Income Inequality</i>	21	32	-11
	<i>Violent Crime</i>	28	47	-19
Health Outcomes (Physical Health)	<i>Low-Birth Weight Infants</i>	44	38	+6
	<i>Obesity</i>	47	41	+6
(Chronic Condition)	<i>Premature Death</i>	46	44	+2
(Risk Factor)	<i>High Blood Pressure</i>	45	47	-2
(Risk Factor)	<i>High Cholesterol</i>	44	47	-3
(Risk Factor)	<i>Diabetes</i>	27	33	-6
Combined Outcomes	<i>All Health Outcomes</i>	45	46	-1

- Ranking improved five places or more
- Ranking changed by fewer than five places
- Ranking fell five places or more

Arkansas's low national rankings highlight continued areas of need in a disadvantaged state. Increasingly poor rankings in income inequality, violent crime, and unemployment (see Table 2), along with an increase in adults reporting depression (see Figure 3) and overall poor mental health (Arkansas ranks 50th in frequent mental distress), play a role in health outcomes and present challenges for the health workforce. It should be noted that while programs are not mandated to improve socioeconomic factors like income inequity, some programs are called to attend to socioeconomic factors (e.g., ABI, COPH, and UAMS-COA are asked to leverage external funds, which boosts the state's economy), also recruitment and employment of outside researchers and academicians continues, and TS-MEP funds support employment opportunities for adults with developmental disabilities. Also, some programs are working to combat growing rates of depression and mental distress (e.g., MHI and UAMS-COA). In all, Arkansas still has much room to improve, and tobacco-funded programs continue to face challenges. However, programs can build upon noted successes like reduced smoking rates, increased food access, and increased numbers of health professionals; and, with continued tobacco settlement funding and consistent education, service, research, and economic impact, Arkansas can move the needle further.

Reflecting on 20 Years of Tobacco Funding in Arkansas

A Brief on Policy

Arkansas's tobacco use rates and national health rankings can be improved further with additional tobacco control policies. A 2022 report by the American Lung Association (ALA), *State of Tobacco Control*, highlighted 20 years of tobacco control and revealed the state's poor grades in key areas, including an 'F' grade in tobacco prevention and cessation funding and tobacco taxes (see Figure 4). The ALA found that minimal progress has been made on passing new tobacco-related policies. The report revealed that Arkansas is still spending far less on tobacco prevention and cessation than what the CDC recommends (i.e., the state is only spending 37% of CDC's recommended level) (see Figure 4).

Laura Turner, senior manager of advocacy at the ALA in Arkansas, is quoted in the report, “While we have seen some progress in Arkansas, tobacco use remains our leading cause of preventable death and disease, taking an estimated 5,790 lives each year. . . . And our progress on tobacco control policy has not been equal.” The ALA provided three calls-to-action for Arkansas policy-makers, which includes continued funding for the TPCP (see Figure 4). The ALA also recommended new policies cover and provide FDA-approved cessation treatments for Arkansans. Turner reiterated these calls-to-action, “In 2022, Arkansas needs to redouble its efforts to pass the proven policies called for in 'State of Tobacco Control' to help end tobacco use. We cannot afford to wait 20 more years and allow another generation to suffer from tobacco-caused addiction, disease and death.”

Figure 4. American Lung Association Report on 20 Years of Tobacco Control in Arkansas



Reflecting on 20 Years of Tobacco Funding in Arkansas

Looking Back to Look Forward

Leaders of the CHART plan and Initiated Act understood the importance of public health efforts in a disadvantaged state and collaborated tirelessly to bring to life a vision for a culture of health in Arkansas through securing and distributing tobacco settlement funds to diverse programs. Truly, this collective vision and effort continues to shift Arkansas health outcomes, and it must be kept at the forefront if we are to meet public crises head-on. Mark Williams, COPH dean, may have said it best as he described public health's value in society, *"As a society, we have taken public health far too much for granted. We give little thought to the water we drink, the air we breathe, and the systems that give us a clean environment in which to live. Yet these collective activities have done far more in the last 120 years than all the clinical interventions that have been developed. Public health does not produce miracle cures or heroic interventions. It's far more basic and, in many ways, far more important. Public health has quite literally provided the background for the creation of the modern society. . . . We will continue our work to improve the health of all Arkansans . . . because all people deserve to live healthy and productive lives."* The funds secured 20 years ago supported leaders in realizing an intentional pursuit of Arkansas well-being and a focus on public health. Because of these historic efforts, today, Arkansas has nationally-recognized research and professional knowledge, a strengthened culture of health, and a healthier citizenry.

"We will continue our work to improve the health of all Arkansans . . . because all people deserve to live healthy and productive lives."



Mark Williams, COPH Dean

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