



ARKANSAS TOBACCO SETTLEMENT COMMISSION

2022 April-June Quarterly 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
November, 2022

Table of Contents

- 01 About the Arkansas Tobacco Settlement Commission**

- 02 ATSC Commission and Staff**

- 03 ATSC Evaluation Team**

- 04 Building a Culture of Health Infographic**

- 07 Program Progress and Evaluation**
- 08 *Arkansas Biosciences Institute*
- 14 *UAMS Fay W. Boozman College of Public Health*
- 21 *Arkansas Minority Health Initiative*
- 27 *Tobacco Prevention and Cessation Program*
- 36 *Tobacco Settlement Medicaid Expansion Program*
- 40 *UAMS Centers on Aging*
- 48 *UAMS East Regional Campus*

- 54 Summary of Indicator Progress across Programs**

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

AmyLeigh 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

Executive Director, A-State Delta Center for Economic Development
Governor Appointee



Jim Hudson, Commission Vice Chair

Chief of Staff, 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



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



Building a Culture of Health

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



43,320

ARKANSANS EDUCATED THROUGH COMMUNITY OUTREACH EFFORTS
(MHI, TPCP, UAMS-COA, UAMS EAST)



651

HEALTH PROFESSIONALS AND STUDENTS EDUCATED
(ABI, COPH, TPCP, UAMS-COA, UAMS EAST)



70

GRADUATES
(COPH, UAPB GASP)

MINORITY HEALTH BIENNIAL SUMMIT

The 7th Biennial Summit of the Arkansas Minority Health Commission was held in April and focused on mental health: "Putting 'Me' In Mental Health - Today, Tomorrow, and Always." The health summit offered engaging presentations and panel discussions about the topic. As mental health conversations increase in the minority community, so too will well-being of minority Arkansans.



SERVICE



9,585

EXERCISE ENCOUNTERS
(UAMS-COA, UAMS EAST)



2,451

PATIENT ENCOUNTERS
(UAMS-COA, UAMS EAST)



4,497

HEALTH SCREENINGS
(MHI, UAMS EAST)



8,973

ARKANSANS SERVED THROUGH TS-MEP

be well

1,081

NEW ENROLLEES IN TOBACCO CESSATION VIA BE WELL ARKANSAS CALL CENTER
(TPCP)

36%
FY22 SMOKING QUIT RATE VIA BE WELL ARKANSAS



The TPCP reported 3,477 new enrollees in tobacco cessation in FY22 via the Be Well Arkansas Call Center, with a quit rate of 36%, which is highest quitline rate in the nation.



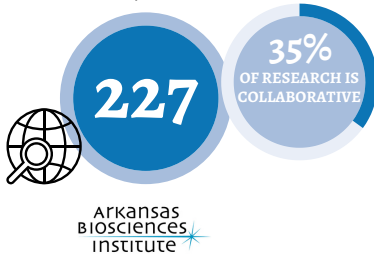
Building a Culture of Health

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

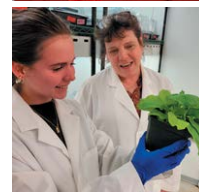


ABI RESEARCH PROJECTS

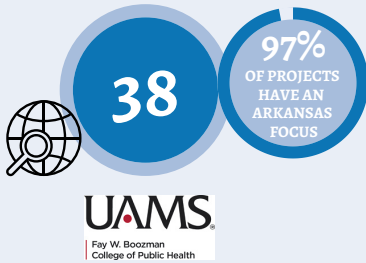


HIGHLIGHTING AN ABI-SUPPORTED RESEARCHER

Maureen Dolan, Ph.D., associate professor of Molecular Biology and director of Arkansas State University's Biotechnology Program, joined ABI in 2004 and her activities have encompassed a wide range of projects, from growing healthier catfish to guiding students in conducting an experiment using wax worms to break down plastic in outer space. Looking back over the past 17 years, one could conclude that Dolan's career track may be the closest to what Arkansas Biosciences Institute's originators had in mind for its research scientists.



COPH RESEARCH PROJECTS



HIGHLIGHTING A COPH RESEARCHER

Austin Porter, DrPH, MPH, assistant professor at the University of Arkansas for Medical Sciences' Fay W. Boozman College of Public Health, has tirelessly worked to help Arkansas's minority communities get pertinent information about COVID-19. For his dedication, the Arkansas Minority Health Commission honored Porter with the Governor's Health Policy award during its 2022 Biennial Health Summit. The awardee is chosen by the governor and reflects someone who has had a tremendous impact on the health and healthcare of minority Arkansans through public policy.



ECONOMIC IMPACT

\$37.3 Million

TOTAL CLAIMS PAID BY TS-MEP



\$28.9 Million

LEVERAGED IN FEDERAL MATCHING FUNDS



\$36,031

Community Partner Donations to UAMS-COA



\$330,884

Leveraged by UAMS-COA



WELL-BEING RETURNS ON TOBACCO SETTLEMENT INVESTMENTS



ATSC funding during the quarter supported highly skilled jobs, unique research projects, educational programs, health screenings and COVID-19 vaccinations, clinical services, organizational and community partnerships, and vital healthcare for vulnerable Arkansans. Despite limitations imposed on programs by the pandemic, 89% of program indicators were on track to meet annual goals or have already met goals for the fiscal year. All things considered, the investment of ATSC dollars in the state has enhanced Arkansans' health and well-being and supported a culture of health.



Building a Culture of Health

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)

Testimonials

Arkansas Biosciences Institute: Maureen Dolan, Ph.D., associate professor of Molecular Biology and director of Arkansas State University's Biotechnology Program, joined ABI in 2004 and had this to say about the ABI: *"As a center of science inquiry and research efforts, ABI can inspire and train our future generations of STEM workforce. I have been at several R1 research institutions previously, but I have never seen more opportunities, especially for undergraduates, to participate and contribute to high impact science and research as I have at A-State. The knowledge-based workforce development that the ABI has made possible for our students in this region of the state has a long-lasting impact that we are beginning to see, as many who have trained are returning or have plans to return as STEM professionals to our area."*

UAMS Fay W. Boozman College of Public Health: Andres Cuadros-Menaca, Ph.D., and Michael Thomsen, Ph.D., from the COPH, discovered that schools providing breakfast after the school day begins (Breakfast After the Bell) experienced a decrease in student behavior issues. Vivian Nicholson is the breakfast program director for the organization and she explained a benefit of the program, *"Teachers have less distractions from students saying they don't feel well and want to go to the nurse's office because their stomach hurts when they're actually just hungry. . . . Several principals have shared with us that when a child has a discipline issue in the morning, it's often because they have not eaten breakfast."* Thomsen reflected, *"If children are at risk of a poor diet because their family does not have access to nutritious foods, the school can make a difference. Having Breakfast After the Bell means even more children will enjoy nutritious meals during the day."*

Arkansas Minority Health Initiative: LaTasha Warren, an attendee at the FEED First USA Spring into Wellness event, stated, *"The services and community event hosted by FEED First USA was such a necessity for our community. Children and families were educated and provided with health screenings, fishing tips, and eating health, among other things. I really enjoyed learning about their program and their continued involvement in our community."*

Tobacco Prevention and Cessation Program: During the UAMS Family Medicine Spring Review, several Tobacco and Disease Sessions were held. Comments from the participants praised the "excellent speakers" offered and appreciated the benefits of the virtual format, which *"made participation much more accessible than attending a program in person."* Another participant commented, *"I thought the presentation was very helpful in how to counsel patients on smoking cessation. Great tools to use!"*

UAMS Centers on Aging: A participant in training provided by the COA Northeast shared, *"This training gave me real life advice on how to care, approach, and see those who could have dementia. As a first responder this will truly help to make a difference one day as well as help me look out for this."* A cooking program participant at the Texarkana COA said, *"This is one of my favorite activities [Cooking Matters]! It taught me the importance of meal planning on a budget. I will definitely use this tool to help with food cost because sometimes I do not have enough food and money to last all month."*

UAMS East Regional Campus: Katherine Wright from Helena, recently accepted into UAMS College of Medicine, reflected, *"I am so grateful for the UAMS pipeline program, which solidified my call to pursue medicine and set me up for success every step of the way. Club Scrub, CHAMPS, and M*A*S*H exposed me to the various medical specialties, while also providing me with skills demanded in healthcare settings. During my journey as a pre-health college student, I greatly appreciated the support of UAMS pre-med advising; my pre-med mentor gave me study tips, application tips, and expert advice on conveying my story in writing. . . . I would not be where I am today without the UAMS pipeline and its various program directors."*

Program Progress and Evaluation



Arkansas
BIOSCIENCES
INSTITUTE

UAMS
Fay W. Boozman
College of Public Health



ARKANSAS
DEPARTMENT OF
**HUMAN
SERVICES**
Tobacco Settlement
Medicaid Expansion

UAMS
Donald W. Reynolds
Institute on Aging

UAMS
East Regional
Campus

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

Opportunities

As restrictions related to COVID-19 continue to gradually lift, there are opportunities to begin planning in-person events such as the ABI Annual Fall Symposium. Travel will be arranged for face-to-face meetings at the ABI sites and students will likely become more comfortable, in time, working in proximity in ABI-supported labs. The number of FTEs and new research scientists should also begin to increase.

After a two-year hiatus due to the pandemic, Dr. Bobby McGehee has the opportunity to host the ABI Fall Symposium on October 4, 2022, held at the University of Arkansas, Division of Agriculture, in Fayetteville. This symposium will be composed of ABI board members, the ABI Scientific Coordinating Committee, and over 260 research investigators. There will be presentations from ABI investigators from each of the five institutions as well as over 60 investigator poster presentations. These presentations play a vital role in promoting collaboration between the research investigators and leads to potential procurement of grant funding.

Challenges

Although COVID-19 restrictions are gradually being lifted, the disease still affects the number of people who are comfortable with in-person meetings and the number of students who feel safe working in close proximity in ABI supported labs. COVID-19 has also restricted the number of new hires at the ABI institutions. When reviewing the 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.

Evaluator Comments

It is encouraging to contemplate the ability of all ABI activities to resume after dealing with the limitations of the pandemic for many months. ABI investigators are on track to meet their indicators despite the challenges presented by COVID-19. However, the scheduled resumption of the research symposium in October is a much anticipated step toward normalcy. Although researchers have continued to add to the body of research, generate external funding, file for patents, and disseminate their research findings, the ability to engage in more in-person interactions and networking will inject new energy and opportunities for ABI member institutions in the coming months

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: 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.

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. During FY21, investigators received \$6.19 in extramural funding for every \$1 provided by the Arkansas Tobacco Settlement. These combined funds are used to support pilot projects, purchase new equipment, gain access to core laboratories, hire critical research technicians, and develop collaborative relationships. Such efforts help build strong preliminary data and provide infrastructure support to make extramural grant applications more successful. Data for this indicator will be reported at the end of the fiscal year.*



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

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. Patent filings and patent awards are key indicators of entrepreneurship, innovation, and potential commercial opportunities at ABI. In FY 2021, there were five patent filings and one patent award to ABI-supported research investigators. Data for this indicator will be reported at the end of the fiscal year.*



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

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. For FY21, ABI made 92 media contacts that occurred in a variety of formats: 34 newspaper articles, 37 press releases, three news conferences, and 18 television/radio broadcasts. These contacts highlight the activities of ABI investigators and also increase the scope and impact of research conducted by this program. Data for this indicator will be reported at the conclusion of FY22.*

ABI Performance Indicators and Progress

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: 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.

- **ON TRACK**

- **ACTIVITY:** *This indicator is on track. During FY21 there were 227 new and ongoing projects conducted by the following institutions: 49 projects were conducted by 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 projects are monitored to ensure they are time efficient, cost effective, and within the scope of the researchers' defined agenda. Data regarding research activities will be reported at the conclusion of FY22.*



INDICATOR: 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.

- **ON TRACK, INFLUENCED BY COVID-19** 

- **ACTIVITY:** *This indicator is on track. Publications serve as the primary mechanism through which research results are disseminated to the public and scientific community. They also constitute a measure of investigator productivity while bringing positive national recognition to Arkansas. In FY21, ABI investigators generated 379 publications while the number of presentations fell below expectations. It should be noted, however, that 44% of publications were the result of collaboration between ABI scientists. Data on publications and presentations will be collected at the close of FY22.*



INDICATOR: 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.


- **ON TRACK, INFLUENCED BY COVID-19** 

- **ACTIVITY:** *This indicator is on track. Since its inception in 2002, ABI funding and the related extramural funding have supported hundreds of full-time equivalent jobs annually in Arkansas. These knowledge-based jobs include research support personnel, biostatisticians, post-doctoral research fellows, and animal care technicians. For FY21 there were 252 full-time equivalent jobs directly supported with ABI and related extramural funding at the five member institutions. Data related to FTE will be reported at the end of FY22.*

ABI Performance Indicators and Progress



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

- **ON TRACK, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *This indicator is on track. During FY21, there were 227 new and ongoing research projects. Of these projects, 35% were collaborative with other ABI institutions. In addition to collaborations between the five ABI institutions, other partners included many out-of-state programs. Data regarding levels of collaboration will be reported at the conclusion of FY22.*

ABI Testimonial

Highlighting Long-Time ABI Scientist

Maureen Dolan, Ph.D., associate professor of Molecular Biology and director of Arkansas State University's Biotechnology Program, joined ABI in 2004 and her activities have encompassed a wide range of projects, from growing healthier catfish to guiding students in conducting an experiment using wax worms to break down plastic in outer space. Looking back over the past 17 years, one could conclude that Dolan's career track may be the closest to what Arkansas Biosciences Institute's originators had in mind for its research scientists.

"My research focus, while still in plant biotechnology and protein production, was coupled with my knowledge of the fish industry. This led me to develop new protein-based therapeutic approaches for boosting the immune system of aquaculture fish as an alternative to using antibiotics for disease management. Currently, we are working on a USDA-funded project for plant-produced catfish therapeutic protein to boost innate immunity in the fish, thus avoiding diseases of common pathogens."

This work for the catfish aquaculture industry is an example of how ABI has benefitted the whole state. ABI's presence on the ASU campus, in Dolan's judgment, has an even broader impact.

"As a center of science inquiry and research efforts, ABI can inspire and train our future generations of STEM workforce. I have been at several R1 research institutions previously, but I have never seen more opportunities, especially for undergraduates, to participate and contribute to high impact science and research as I have at A-State. The knowledge-based workforce development that the ABI has made possible for our students in this region of the state has a long-lasting impact that we are beginning to see, as many who have trained are returning or have plans to return as STEM professionals to our area."

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

Opportunities

Austin Porter, DrPH, MPH, assistant professor at the University of Arkansas for Medical Sciences' Fay W. Boozman College of Public Health, has tirelessly worked to help Arkansas's minority communities get pertinent information about COVID-19. For his dedication, the Arkansas Minority Health Commission honored Porter with the Governor's Health Policy award during its 2022 Biennial Health Summit.

The awardee is chosen by the governor and reflects someone who has had a tremendous impact on the health and healthcare of minority Arkansans through public policy. "I was overwhelmed with emotions when I got the award," Porter said. "I didn't go into this work and dedicate so much time to this cause for recognition. I have a genuine love for helping people. There are so many qualified people who are equally worthy of the accolade. It was truly humbling."

Porter remembers when he first realized the hysteria caused by COVID-19. It was an experience that reflected the importance of the community having access to correct information. "In 2020, when Arkansas had its first confirmed COVID-19 case, I decided to join the Arkansas Department of Health pandemic response team after speaking with the epidemiologist branch chief," Porter said. "She asked if I could help answer the phones as they were getting a ton of calls from people about the virus. I agreed to it. Quickly, I realized how crazy things had become. Some of the calls I got were unreal. A lot of people were paranoid, or angry at someone, or thought they had all the answers to a situation not even highly experienced epidemiologists knew much about."

Porter said he did not last long answering phone calls. "Being in that call center answering questions and listening to rants was not an ideal situation for me," he said with a laugh. "I knew I had to find a different way to help people learn what they should and shouldn't do in relation to COVID-19."

Eventually, Porter joined a team of epidemiologists at the Arkansas Department of Health (ADH) that created the COVID-19 statewide database and produced reports for Nate Smith, M.D., the department's then-secretary. Smith used the reports to do presentations during Governor Hutchinson's COVID-19 press conferences. Additionally, Porter was appointed to the Governor's Post-Peak Medical Advisory Committee. The group created health strategies for Arkansas communities after the peak of a COVID-19 surge. Porter was also named the chair of the Governor's COVID-19 Technical Advisory Board, which evaluated technical options to create convenient ways to conduct COVID-19 testing and contact tracing.

Porter was equally engaged on a community, grassroots level in helping Arkansans. "The minority populations were getting hit hard," he said. "Once I saw the data which detailed what was happening with minorities and COVID, that's when I focused on working with various organizations to get the word out and educate people." One of Porter's biggest outreach opportunities came from 96.5 The Box, a Little Rock radio station. Every Friday he would go to the station to do on-air COVID-19 reports.

COPH Evaluator Summary and Comments

Opportunities CONT'D

Also, Porter is a member of Kappa Alpha Psi Fraternity, Inc. The organization's membership is primarily African American. Porter often led the charge to get COVID-19 information to his fraternity brothers. "Through my fraternity, I was able to report information to my frat brothers and they would then go and give the info to their families, co-workers, and churches," he said. "With my frat, we're talking about people from 18 years old to members who are senior citizens. So that's a wide range of individuals I was able to get the info to. Providing good information was key. There was so much misinformation out there. I simply collaborated with people and groups who wanted to do their best to counteract the bad info that was floating around."

Few topics were more polarizing than whether or not to take the vaccine. A good number of Arkansans, especially African Americans, did not trust the vaccine. People had a variety of reasons for their apprehension, but the Tuskegee Syphilis Study is what Porter heard about regularly. During the 40-year project, the government deceived hundreds of Black men in Macon County, Alabama, by withholding effective treatment for syphilis.

"The Tuskegee situation happened decades ago, but that mistrust still exists today," he said. "We have to acknowledge the mistrust in the medical system, and why it exists. But we must also look at all the great medical professionals who do a standup job at getting people the help that they need." The honest, practical approach is what Porter used to encourage minorities to get vaccinated. "You must connect with people and acknowledge the wrongs," he said. "I always made it clear that we'd much rather take the vaccine that will keep us from getting very sick, than to take the chance and get COVID-19 without being vaccinated. I told people who were leery that if they were vaccinated and caught COVID-19, their chances of severe illness is drastically reduced compared to if they weren't vaccinated." Porter appreciates the health commission's recognition. But the COVID-19 outreach he has done in the past, and will do in the future, is about his passion for community service. "I love to make a difference in people's lives," he said. "That's what this is all about."

Challenges

The current director of admissions, Marie Walker, retired in June after a long career in the college. Walker served as registrar for many years, public health practice coordinator, and director of admissions. She was a fixture for many in the college but particularly so for students and alumni. Walker assisted students in various student affairs matters but was also the person students and alumni would contact for guidance and support in many other aspects of their lives and careers. She was an extraordinary asset to the college. A new director of admissions has been hired and is being trained by Walker, and is well-suited and an excellent addition to the college.

Evaluator Comments

The College of Public Health is on track to meet its goals for the year. Faculty and students are engaged in public health research, grants, and initiatives that should have positive health benefits to Arkansans. The faculty is providing leadership on important commissions and committees that guide health-related services. Additionally, the majority of COPH graduates are staying in Arkansas and working in health-related occupations.

COPH Performance Indicators and Progress

Long-Term Objective

Elevate the overall ranking of the health status of Arkansans.



INDICATOR: Through consultations, partnerships and dissemination of knowledge, the COPH serves as an educational resource for Arkansans (e.g., general public, public health practitioners and researchers, and policymakers) with the potential to affect public health practice and policy – and population health.

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track to meet the annual goal. COPH faculty served on 52 committees, coalitions, and commissions that affect state and national public health practice and policy. Six of these activities focused on central Arkansas, 37 were focused on statewide endeavors, and nine had a national focus. Examples of these include Community Campus Partnerships for Health, National Rural Health Association, Transform Health Arkansas Initiative, Arkansas Center for Nursing, Arkansas Community Health Worker Association, Arkansas Suicide Prevention Network, Arkansas Cancer Coalition, American Public Health Association, and Winthrop Rockefeller Cancer Institute.*



INDICATOR: 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.

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. This information is provided annually in the October - December quarter.*



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

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. Thirty-eight grants and/or research projects are being carried out by faculty and students. Students are engaged in a variety of applied practice research. Seven student research projects are based in Arkansas that cover important public health issues such as COVID-19 impact on pregnancy and newborns, vaccine hesitancy and increasing vaccine uptake, providing the health department with data related to hepatitis C, and studying community outreach programs.*



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

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. Thirty-eight grants and/or research projects are being carried out by faculty and students with 97% (37 of 38) of the projects based in Arkansas or with an Arkansas focus. Many of these are ongoing investigations. Examples of the topics being investigated include health in pregnancy and prenatal care, diabetes prevention, tobacco cessation, health disparities, modifiable risk factors in prostate cancer, COVID-19 links to food insecurity, and adverse safety events in obese residents.*



INDICATOR: The COPH makes courses and presentations available statewide.

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. Nine distance-accessible courses were made available in this quarter on topics such as biostatistics, environmental and occupational health, health behavior/education, tobacco prevention and control, and stress and health. Three remote presentations were made on topics such as eliminating racial disparities in maternal and infant mortality, syphilis in children, and vaccination beliefs.*

COPH Performance Indicators and Progress



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

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. Seventy-two of 295 students (24%) are from rural areas.*



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

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. Sixty-five degrees and/or certifications were awarded this quarter. Seventeen degrees and certificates were awarded to African-American graduates, 33 were awarded to White (non-Hispanic) graduates, seven were awarded to Asians, two were awarded to Hispanics, one was awarded to an American Indian, three were awarded to graduates who reported more than one race, and two of graduates did not report race.*



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

- **ON TRACK**
- **ACTIVITY:** *Thirty-five (54%) graduates stayed and worked in Arkansas. Twenty-four (37%) graduates were pursuing degrees, residencies, or fellowships. Six (9%) of the graduates' intentions were unknown.*

Short-Term Objective

Obtain federal and philanthropic grant funding.



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

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. This information is provided annually in the October - December quarter.*

COPH Testimonial

Benefits of Breakfast After the Bell

A research team, which included Andres Cuadros-Menaca, Ph.D., and Michael Thomsen, Ph.D., from the UAMS Fay W. Boozman College of Public Health, discovered that schools providing breakfast after the school day begins (Breakfast After the Bell) experienced a decrease in student behavior issues. The study, published by the American Journal of Agricultural Economics, revealed that because of Breakfast after the Bell, more than 1.3 million additional breakfasts were served to Arkansas students in grades 3-7 during the 2018-2019 school year. That was the final year of the study and the last school year before the COVID-19 pandemic shuttered schools across the state.

Currently, there are over 400 schools in Arkansas that provide Breakfast After the Bell, which helps students get breakfast once class begins. Traditionally, schools serve breakfast in the cafeteria or a designated area on campus before school starts for the day. “Breakfast After the Bell creates a better learning environment,” said Thomsen, director of the UAMS Center for the Study of Obesity in the College of Public Health. “If you haven’t eaten anything, it’s easier to become irritated at someone or just not care about school. Breakfast After the Bell ultimately leads to students having a better educational experience because they’re not hungry.”

The data used in the study dates back to the 2008-2009 school year and continued through 2018-2019. Breakfast After the Bell resulted in almost 18,000 fewer documented behavioral disturbances in Arkansas during the 2018-2019 school year. Breakfast After the Bell, which was first used in Arkansas in 2013, also helps to address adolescent health. All meals provided by the schools must meet nutrition standards set by the U.S. Department of Agriculture. Schools where a high percentage of students reside in food deserts are most likely to provide Breakfast After the Bell. Additionally, the impact of Breakfast After the Bell is even more pronounced among minority children and those eligible for free and reduced-price meals. “Our findings are consistent with previous studies indicating that children from economically or socially disadvantaged families are more likely to be food insecure, which may contribute to psychosocial dysfunction,” said Cuadros-Menaca, a postdoctoral fellow in the obesity center.

The increased access to a healthy meal for all students, especially ones from low-income households, enhances the value of the program. “If a student lives in an environment where breakfast isn’t offered at home, then eating breakfast at school gives them food, and it’s a healthy meal option, too,” Thomsen said. “If children are at risk of a poor diet because their family does not have access to nutritious foods, the school can make a difference. Having Breakfast After the Bell means even more children will enjoy nutritious meals during the day.”

There are several initiatives, ministries, and nonprofits that address child hunger in Arkansas. One of those groups is the Arkansas Hunger Relief Alliance. Vivian Nicholson is the breakfast program director for the organization. “Another benefit of Breakfast After the Bell is that teachers have less distractions from students saying they don’t feel well and want to go to the nurse’s office because their stomach hurts when they’re actually just hungry,” Nicholson said. “Several principals have shared with us that when a child has a discipline issue in the morning, it’s often because they have not eaten breakfast,” Nicholson said. “Teachers have told us that they have fewer discipline issues in the morning when all their students eat breakfast.”

Economic difficulties or the loss of sleep in order to get to school early enough for breakfast are a few of the common occurrences that result in a student not eating in the morning. “Some children may miss breakfast because the school bus arrives late,” Cuadros-Menaca said. “Some kids choose not to get breakfast before the bell because of the negative stigma of school meals being only for students from low-income families.”

COPH Testimonial

Benefits of Breakfast After the Bell CONT'D

School administrations constantly seek ways to help their students. That's a reason why more Arkansas schools are converting to Breakfast After the Bell and distributing breakfast in ways that will benefit their students. "Some schools are doing breakfast in the classroom," Nicholson said. "Some are doing a grab and go in the hallway. At the high school level, some places are doing a second chance breakfast after first period class is over." Researchers suggest that potential issues such as kids making a mess in the classrooms or staff finding efficient ways to distribute meals keeps some administrators from implementing the program.

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

Opportunities

During the fiscal year, the MHI continued to embrace new opportunities related to the pandemic, by focusing educational information and social media campaigns on COVID-19 and related issues like how the use of tobacco affects COVID-19 risk. The MHI also used CARES funding this fiscal year to provide several thousand hand sanitizers and masks to 37 counties in the state. They also began offering the COVID-19 vaccine and PCR test. The MHU continues to increase the number of counties and participants it serves and the MHI has boosted their strong effort to reach Arkansans through multimedia channels (radio, TV, social media, and print). The agency reported that hundreds of thousands of Arkansans were reached via these multimedia outlets.

Challenges

Heart disease continues to be a paramount challenge in the state as the number one cause of death for minority Arkansans, and the MHI continues to fight the battle against heart disease. While the MHU provides a great service to minority Arkansans and is able to provide screenings for many people, challenges related to repairs continue to pop up. Additionally, the MHU has seen a decline in the availability of COVID-19 vaccines. Lastly, the MHI experienced challenges during the reporting phase in coordinating the three-day Camp iCan, which coincided with Southern Ain't Fried Sundays (SAFS). Because staff may be away from the office participating in other events/camps, materials for SAFS may be delayed.

Evaluator Comments

The MHI has thrived in the wake of COVID-19. They continue fruitful outreach efforts and have substantially increased their screening numbers as well as numbers in all media categories throughout this entire fiscal year. The MHI continues to add valuable information to its website, particularly up-to-date information related to COVID-19. They have also begun offering COVID-19 vaccines as well as PCR tests. Their media presence has offered thousands of Arkansans opportunities to gain crucial information regarding overall health, including nutrition, physical activity, tobacco use, breastfeeding, mental health, and COVID-19, among other topics. The *Let's Chat* radio segments and live Facebook events where individuals throughout the state can ask questions and receive answers without running the risk of face-to-face exposure were just two of the opportunities the MHI offered this fiscal year to improve the health of those they serve. All in all, the MHI remains steadfast in providing vital services and information that will help minority Arkansans reduce death/disability due to tobacco, chronic, and other lifestyle-related illnesses.

MHI Performance Indicators and Progress



Long-Term Objective

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



INDICATOR: 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.

- **MET, INFLUENCED BY COVID-19** **ACTIVITY:** As with FY21, this indicator has been met for FY22. Although COVID-19 remains a small influence, the MHI continues to schedule outreach initiatives and sponsor multiple health fairs, educational events, and screening initiatives throughout the state which has resulted in substantial increases from last year in all areas. In addition to face-to-face events, MHI's impact reaches hundreds of thousands via multimedia efforts. Below are the FY22 efforts related to this indicator.
- During FY22, the MHI shared educational information via outreach events with 10,664 (275% increase from FY21) Arkansans from 61 counties. Health screenings totaled 21,805 (up from 9,817 in FY21, a 222% increase). Further, the MHI was able to utilize their Mobile Health Unit (MHU) to provide screenings across the state. Each quarter, the MHU has provided anywhere from 50% to 80% of the total number of screenings. This program has been a huge success and continues to bring screenings and educational encounters to minority populations throughout the state.
- Although the MHI was not as limited in terms of face-to-face events, COVID-19 still played a role in the scheduling and implementation of events. However, the agency contributed health information through their multimedia outreach. The MHI increased their radio and television ads focusing on a variety of health topics including tobacco, COVID-19, cholesterol, nutrition, and exercise. More than 20,000 ads were disseminated via radio and TV. The MHI also continued to use print media (El Latino), webpages (Fox16.com, KATV.com, and the AMHC website), and social media (Twitter and Facebook) to disseminate information. On their social media platforms alone, more than 350,000 impressions were reported during this fiscal year.
- Using CARES funds, MHI also provided 4,227 masks and 17,128 sanitizers across 42 counties in the state. This initiative along with the MHI's outreach events mentioned above reached a total of 49 counties.

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: 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.

- **MET, INFLUENCED BY COVID-19** **ACTIVITY:** This indicator was met for the fiscal year. With continued robust education of minority Arkansans regarding high blood pressure and cholesterol, the two leading causes of stroke, MHI has increased in every marker related to this indicator. MHI's efforts related to this indicator are provided below.

MHI Performance Indicators and Progress



- **ACTIVITY CONT'D:** The MHI provided 3,277 blood pressure screenings and 2,451 cholesterol screenings this year; this is an increase of 300% and 400%, respectively, from the previous fiscal year.
- The agency also ran more than 20,000 paid TV and radio 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. Through these events, the MHI reached over 10,000 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 approximately 350,000 social media impressions on Facebook and Twitter.



INDICATOR: 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.

- **MET, INFLUENCED BY COVID-19** A small red and white icon representing COVID-19.
- **ACTIVITY:** This indicator was met and far exceeded the indicator criteria. MHI's efforts related to hypertension awareness are documented below.
- Hypertension (high blood pressure) is the leading cause of stroke. During FY22, the MHI provided 3,277 blood pressure screenings. Additionally, more than 8,000 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 10,000 Arkansans at various community events.
- The MHI reached several thousand Arkansans over the course of the year through their social media campaigns, recording nearly 350,000 impressions on Facebook and Twitter.



INDICATOR: 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.

- **MET, INFLUENCED BY COVID-19** A small red and white icon representing COVID-19.
- **ACTIVITY:** This indicator was met for the fiscal year. As stated above, all screening numbers increased over the course of the fiscal year including the number of screenings related to heart disease. Additionally, all other community and media efforts continue to increase. 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 2,451 cholesterol screenings. The Mobile Health Unit has been serviceable to the communities and increased this number tremendously compared to FY21.
- 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 10,000 Arkansans at various community events.



INDICATOR: 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.

- **MET, INFLUENCED BY COVID-19** A small red and white icon representing COVID-19.
- **ACTIVITY:** This indicator was met for the fiscal year. As with the other indicators, this indicator has only minimally been affected by the COVID-19 pandemic. Glucose screenings increased 300% from the previous fiscal year. Additionally, the MHI continued to ramp up the other opportunities to educate minority Arkansans regarding their health. MHI's efforts related to this indicator are documented below.
- During FY22, 2,748 blood glucose screenings were offered by the MHI. Also, 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 diabetes awareness to over 10,000 Arkansans at various community events.



MHI Performance Indicators and Progress



INDICATOR: 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.

- **ON TRACK TOWARDS LONG-TERM GOAL**
- **ACTIVITY:** *This indicator is on track to meet the long-term goal. The 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. A hardcopy of the final report is available upon request. A digital version is accessible on the AMHC's webpage: https://ssl-minority.ark.org/images/uploads/amhc/2019_AR_Racial_Ethnic_Health_Disparities_Study_Final.pdf. 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 (including social media campaigns). So far this fiscal year, the MHI has focused on topics of COVID-19, breast cancer, breastfeeding, tobacco use, family caregivers, HIV, sickle cell disease, diabetes, 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 nearly 350,000 social media impressions.*



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

- **MET**
- **ACTIVITY:** *This indicator has been met for FY22. Camp iCan was implemented during the summer months of 2022 as a three-day program with activities, workshops, and exercises that promote healthy eating, physical activity, and self-confidence development. This year the MHI partnered with Hendrix College and the Boys and Girls Club of McGehee. Forty-one youth from Faulkner, Pulaski, and Desha counties participated in the three-day camp designed to educate and empower young boys and girls. Campers were equipped with the necessary tools to understand and combat key risk behaviors that lead to unhealthy lifestyles.*

MHI Testimonial



Program Praise

- “This year’s outreach engaged so many elder citizens who enjoyed being visited and provided with an opportunity to screen their health and receive incentives while doing so.” - Walter Washington, 2022 Kingian Minority Health Awareness Outreach Initiatives participant
- “The residents were really glad to see us and thankful that we came to their building to serve them.” - Diane Shelton, 2022 Kingian Minority Health Awareness Outreach Initiatives participant
- “Many felt that this was a great way for them to obtain community service hours while serving the elderly.” - Volunteer, 2022 Kingian Minority Health Awareness Outreach Initiatives participant
- “This year’s speakers in all sessions were exceptional. I hope I have the opportunity to attend next year! I would like to thank the ArkPHA for understanding the importance and need for ongoing education in the public health arena!” - Ashtyn Mullinax, 2022 ArkPHA Virtual Conference attendee
- “The services and community event hosted by FEED First USA was such a necessity for our community. Children and families were educated and provided with health screenings, fishing tips, and eating health, among other things. I really enjoyed learning about their program and their continued involvement in our community.” - LaTasha Warren, FEED First USA, Spring into Wellness

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



Opportunities

During this quarter, the Arkansas Cancer Coalition (ACC) assisted in hosting or conducting the following virtual events:

- April: St. Bernard's Lung Cancer Symposium, 44 participants (38 medical professionals representing various fields: APRN, DO, MD, RT).
- April: UAMS Family Medicine Spring Review, Tobacco and Disease Sessions, 208 participants with representation from various healthcare fields.
- May: Billing/Coding Training for Medicaid/Medicare billable tobacco cessation counseling conducted by clinics, hospitals, and other appropriate facilities.

Additionally, Project Prevent conducted the following activities for youth this quarter:

- Entries closed for *Drawing for a Difference* and *My Reason to Write*. A total of 651 submissions were received for *Drawing for a Difference*, while a total of 368 submissions were received for *My Reason to Write*.
- Youth from Fordyce's Project Prevent Chapter helped lead a panel discussion during the Non-Violence Youth Summit in Little Rock.

Challenges

No new challenges were identified during the current quarter. As noted in previous reports, ongoing COVID-19 restrictions and concerns necessitated the development of no-contact access to tobacco, nicotine, and ENDS products cessation services and information, as well as virtual programming for youth and community members and training for healthcare professionals. As schools and workplaces have returned to in-house activities, there has been an increase in in-person programming and services (see the Opportunities section and various indicator status reports). The new normal is now a blending of virtual offerings when necessary due to COVID-19 restrictions or useful in reaching a wider audience with in-person programming, especially in schools through Project Prevent activities.

Evaluator Comments

Probably the biggest takeaway from this final FY22 report is the notable recovery in tobacco, nicotine, and ENDS products cessation programming and services seen in the third and fourth quarters. This is, in part, a function of the increased numbers of in-person activities, especially Project Prevent activities within the school systems and unannounced compliance checks by the Arkansas Tobacco Control. However, it is important to note that virtual contact and the use of various technologies to provide services and information have made it easier for some Arkansans to address tobacco, nicotine, and ENDS products cessation needs. This is seen especially in the Be Well Baby program, the virtual conferences, and Project Prevent programming. (See the Testimonial section for one participant's account on how the virtual conference format made it easier to participate.) Thus, as we move forward, it is important to foster safe face-to-face interactions while retaining the virtual formats that are serving Arkansans well.

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: 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.

- **ON TRACK TOWARDS LONG-TERM GOAL, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *This indicator is on track towards the long-term goal. It is expected that ongoing COVID-19 restrictions impact the current ability of TPCP and its partners to have direct contact with youth in grades 9-12. However, the Arkansas data available for this interim progress report come from the 2019 Youth Risk Behavioral Surveillance Survey (YRBSS) which reflect pre-COVID-19 numbers.*
 - *The Arkansas youth smoking rate is 9.7%. The baseline rate was 13.7%.*
 - *The Arkansas youth smokeless rate is 7.3%. The baseline rate was 12.7%.*
 - *The Arkansas youth Electronic Nicotine Delivery System (ENDS)/e-cigarette rate is 24.3%. The baseline was 13.9%.*
 - *There has been a downward trend in both cigarette and smokeless use among youth. However, as noted in previous reporting since 2019, there has been an increase in ENDS/vaping product use among youth. Preliminary data reveals that ENDS/vaping product use among youth has not dropped during the COVID-19 pandemic.*




INDICATOR: 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%.

- **ON TRACK TOWARDS LONG-TERM GOAL, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *This indicator is on track towards the long-term goal. It is expected that ongoing COVID-19 restrictions impact the current ability of TPCP and its partners to have direct contact with adults and pregnant women. The Arkansas data available for this interim progress report come from the 2018 and 2020 Behavioral Risk Factor Surveillance System (BRFSS) and the 2020 Pregnancy Risk Assessment Monitoring System (PRAMS).*
 - *The 2020 data indicate the adult smoking rate in Arkansas is 20.5%. The baseline from the 2017 BRFSS was 22.3%. These 2020 data reflect a downward trend.*
 - *The 2018 data indicate the adult e-cigarette use rate in Arkansas is 7.0%. The baseline was 5.7%. No new data were available in 2020. As with youth, adults have been impacted by the tobacco industry's focus on the advertising of e-cigarette/vaping products.*
 - *The 2020 PRAMS data indicate the smoking rate of pregnant women in Arkansas is 12.1%. The baseline from the 2017 PRAMS was 13.9%. These 2020 data reflect a downward trend.*

TPCP Performance Indicators and Progress



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


- **ON TRACK TOWARDS LONG-TERM GOAL, INFLUENCED BY COVID-19** 
- **ACTIVITY:** This indicator is on track towards the long-term goal. The creation of this indicator to track the increase in policies from 219 to 400 was approved by the Arkansas Tobacco Settlement Commission (ATSC) in January 2020. During FY20 through FY22, 21 policies were established in local communities. With the onset of the pandemic, communities, businesses, and housing sectors were not interested in addressing tobacco-free policies while combating the challenges caused by COVID-19. TPCP and sub-grantees are hopeful that as some normalcy returns, local communities will welcome educational efforts regarding tobacco-free policies. This success was seen during FY22 when the Northwest Arkansas Tobacco and Drug Free Coalition (NWATDFC) worked with the city of Springdale to implement a smoke-free city parks ordinance.

Short-Term Objective

Communities shall establish local tobacco prevention initiatives.




INDICATOR: By June 2022, 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.

- **UNMET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** The goal for this indicator was not met. While there were only 42 presentations in the first two quarters of FY22, by quarters three and four, there were an additional 41 and 58 presentations respectively for a total of 141. While this number is far less than the goal of 500 presentations, it is promising that the last two quarters of FY22 saw a dramatic increase in presentation offerings compared to the first two quarters. During this quarter, a total of 1,866 youth and adults participated in the tobacco, nicotine, and ENDS cessation educational opportunities (3,875 for FY22). Additional training was sponsored by TPCP and sub-grantees during the fiscal year. Ten conferences and training sessions were held to educate healthcare professionals and staff on best practices for tobacco cessation interventions with 672 individuals attending training sessions.




INDICATOR: By June 2022, TPCP will maintain the sales to minor violations at 6.5% or below (Baseline in FY19 = 6.3%).

- **UNMET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** The goal for this indicator was not met. When compared to FY21 end-of-year statistics of only 1,289 total compliance checks with a non-compliance rate of 12.65%, we can see a significant recovery in FY22 from the impact of early COVID-19 restrictions. During this quarter, Arkansas Tobacco Control (ATC) conducted 1,599 unannounced compliance checks with 156 sales to minor violations for a non-compliance rate of 9.76%. For FY22, a total of 5,418 unannounced compliance checks and nine behind the counter compliance checks were conducted with 631 sales to minor violations for a non-compliance rate of 11.63%. This quarter, an additional 31 sales to minor complaints were received by ATC; 22 were received through the 1-877-ID Teens line and nine through the online form. During this quarter, ATC offered one educational session for retailers and store owners with seven attendees. For the annual merchant certified training programs, ATC reported 23 certified programs, which covered 329 stores. Also during the quarter, ATC reported two managers meetings for those stores with a certified training program. These meetings were held to provide a recap of how their stores were doing following tobacco control laws, including sales to minors. The meetings were an opportunity to discuss the sales to minor violations for the year. Two retail chains were represented with a total of 66 managers attending. For FY22, a total of four educational sessions for retailers and store owners were offered to 43 attendees.

TPCP Performance Indicators and Progress



INDICATOR: By June 2022, Project Prevent will establish seven new school chapters within the Red Counties (Red Counties are those counties with low life expectancy).

- **UNMET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *The goal for this indicator was not met during FY22. No new chapters were established in the Red Counties during the current quarter. For FY22, a total of four new school chapters were established by Project Prevent within Red Counties. While this number does not meet the goal of seven new school chapters, it is important to note that only two new chapters were established during FY21. While COVID-19 restrictions have directly impacted programming provided by Project Prevent, this increase in Red County school chapters during FY22 is another indicator that we are recovering from and adapting to pandemic restrictions.*




INDICATOR: By June 2022, ADH Health Communication will maintain a comprehensive, multiplatform media plan to prevent youth initiation, eliminate exposure to secondhand smoke, and promote cessation. (Report Annually)

- **MET**
- **ACTIVITY:** *The goal for this indicator was met for FY22. During FY22, the Office of Health Communications (OHC) implemented and maintained a comprehensive multimedia plan. The OHC, along with the media vendor, evaluated the needs of the state and targeted media to reach populations more affected than others by tobacco and nicotine use. 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. The Be Well Baby program was promoted to assist pregnant women quit tobacco and nicotine use.*
 - *Eliminating Exposure to Secondhand Smoke (SHS): educational messaging focusing on the harms of exposure to SHS.*
- *For the areas listed above, OHC utilized extensive digital, print, social media, non-traditional, and out of home media. In addition, OHC increased Marshallese and Spanish language ads to encourage these minority populations to utilize the Be Well Arkansas cessation services.*




INDICATOR: By June 2022, 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})

- **MET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *The goal for this indicator was met for FY22. During the quarter, Be Well Arkansas (BWA) received 2,025 calls inquiring about tobacco cessation, hypertension, and/or diabetes. A total of 1,081 individuals enrolled in the tobacco cessation program. For FY22, a total of 6,458 calls were received by BWA with a total of 3,477 eligible callers enrolling in tobacco cessation counseling. This results in a quit rate of 36% for FY22. In addition, during the fourth quarter the BWA call center mailed out 415 diabetes and 132 hypertension pamphlets as requested by callers. For FY22, a total of 1,861 diabetes and hypertension pamphlets were sent out to Arkansans who requested the information.*

TPCP Performance Indicators and Progress




INDICATOR: By June 2022, provide quarterly updates on the implementation of the Be Well Baby program.

- **MET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *The goal for this indicator was met for FY22. For the current quarter, 26 women enrolled in the Be Well Baby program. A total of 96 counseling sessions (which include both prenatal and postpartum sessions for previous enrollees as well) were conducted between April and June. FY22 has seen an increase in enrollment across each of the four quarters with a total final count of 77 participants and 286 counseling sessions.*




INDICATOR: By June 2022, the MISRGO will work with five new faith-based churches/organizations to implement No Menthol Sunday (NMS) activities.

- **MET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *The goal for this indicator was met for FY22. During this quarter, MISRGO held a No Menthol press conference in partnership with the Coalition for a Tobacco Free Arkansas. In addition, they held a No Menthol Sunday event in partnership with HTC (Holy Temple Cathedral) Cares. The agency reported that five organizations participated in these events during FY22.*




INDICATOR: By June 2022, the MISRGO will execute an annual event that supports the mission of the program and report on funded and non-funded attendees.

- **MET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *The goal for this indicator was met for FY22. During the third quarter, the 19th Clearing the Air in Communities of Color Conference was held virtually on March 9 with approximately 250 attendees. The theme for the conference was “Finding a Way Forward: Tobacco Control, Mental Health, and Disparate Population Groups.”*



INDICATOR: By June 2022, the MISRGO will provide and report on technical assistance through direct stakeholders and property owners regarding reducing tobacco related disparities in Arkansas.

- **MET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *The goal for this indicator was met for FY22. While no technical assistance was reported during the current quarter, in the second quarter MISRGO reported providing technical assistance to the ASU Media Communications Department regarding a local tobacco coalition’s grant funding process and ways to integrate current department community outreach into the proposal.*




INDICATOR: By June 2022, 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 use among minority groups in a time of COVID-19, and 3. Tobacco and opioid use among minority youth and young adults.

- **MET**
- **ACTIVITY:** *The goal for this indicator was met during FY22. In the third quarter, two RFPs for FY22-FY23 were funded. The MRC will be working with Community Clinic and Philander Smith College on the topics of utilization of tobacco treatment in a healthcare setting and tobacco use during COVID-19, respectively.*



INDICATOR: By June 2022, the MRC will conduct three virtual and/or face-to-face meetings in minority communities to discuss tobacco usage among minority groups.

- **UNMET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *The goal for this indicator was not met during FY22. While no meetings in minority communities were conducted during the current quarter, the MRC reported two virtual meetings with coalitions in the third quarter.*

TPCP Performance Indicators and Progress




INDICATOR: By June 2022, the MRC will submit three open editorials to small town newspapers focusing on tobacco-related issues in rural communities in Arkansas.

- **MET**
- **ACTIVITY:** This goal for this indicator was met for FY22. During this quarter, the MRC worked with Design Group to complete four editorials.




INDICATOR: By June 2022, 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.

- **MET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** This goal for this indicator was met for FY22. During the current quarter, the number of new students recruited to the program was four, the number of students who graduated was five, and the number of students who received a stipend was 14. For FY22, the number of new students recruited to the GASP program was 11, five students graduated, and a total of 14 received a stipend.




INDICATOR: By June 2022, GASP faculty will identify programs interested in initiating tobacco prevention curriculum for juvenile justice programs in Jefferson County, Arkansas.

- **MET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** The goal for this indicator was met in FY22. While one meeting was held during the first quarter, during this quarter a GASP representative reported the following:
 - “The focus (with students) was on developing a tobacco prevention education model. The students and I worked on conceptualizing a tobacco prevention model specific to the detention population as we learned from the literature review that almost none existed. Most prevention programs were generic, one-size-fits all. According to the literature, [the] optimal prevention approach is programming tailored to fit a specific population. At the end we . . . discussed incorporating an Afrocentric component in an awareness that the make-up of the detention center was overwhelmingly African American. I interviewed detention staff, student interns, and other stakeholders in an attempt to assess interests in tobacco prevention; even though there was a consensus that tobacco use is a serious problem, detention personnel questioned its priority as a health concern. So, we immediately realized that an initiative in tobacco prevention education needs to address educating the staff and other stakeholders to build an alliance and solid consensus regarding the need for tobacco prevention education.”



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

- **MET, INFLUENCED BY COVID-19** 
- **ACTIVITY:** The goal for this indicator was met during FY22. During the current quarter, two meetings (for a total of three during FY22) were held to explore the partnership. Dr. Troutman, GASP interim program director and assistant professor, conducted the two meetings to discuss with Joy Gray (TPCP Branch Chief) the scheduling of the GASP students to visit the Be Well call center. During May, two students visited the call center to observe the operations. Prior to the May visit to the call center, Dr. Troutman held a meeting with the GASP students to prepare them for the event.

TPCP Performance Indicators and Progress



INDICATOR: By June 2022, 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.

- **MET**

- **ACTIVITY:** The goal for this indicator was met for FY22. During FY22, GASP developed one survey and disseminated it among alumni. Fourteen surveys were returned to GASP. Two of the survey questions/responses are provided below:

- Question: How closely is your job associated with your GASP training?
 - A great deal = 8 responses
 - Moderately = 3 responses
 - Not at all = 3 responses
- How competitive has your GASP degree made you in your field of study?
 - Extremely valuable in these regards = 6 responses
 - Very valuable in these regards = 2 responses
 - Somewhat valuable in these regards = 6 responses
- In addition, five respondents identified as being certified or licensed in substance use prevention.

TPCP Testimonial



Feedback from Tobacco Events

During the UAMS Family Medicine Spring Review, several Tobacco and Disease Sessions were held. These testimonials note what the participants liked about the conference:

- “Excellent speakers.”
- “I thought the presentation was very helpful in how to counsel patients on smoking cessation. Great tools to use!”
- “A virtual program made participation much more accessible than attending a program in person.”

For the St. Bernard's Tobacco and Disease Symposium, these testimonials refer to one takeaway/practice to incorporate into attendee's practice:

- “The importance of early screening.”
- “Using updated Lung Screening Guidelines.”
- “Increase smoking cessation education and CT lung screenings.”
- “Encourage both early screenings to detect cancer and stop smoking.”
- Other: of the 33 symposium evaluations submitted, 100% agreed the speakers clearly presented/explained the concepts and the information presented was relevant/practical. In addition, 27 attendees agreed the content of the sessions will assist in treating and managing their patients as well as improve clinical practice.

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

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. The DHS has had the legislative authority for over fifteen 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.

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.

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 temporary hold at the beginning of the pandemic, there was a decrease in claims as individuals delayed seeking treatment. This may explain the increase in the number of seniors served by the ARSeniors program as more procedures become available. There was also a slight increase in the number of persons with developmental disabilities being served this quarter. 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, though it did increase this quarter over the previous quarter. Since coverage is only being terminated due to death, moving out of the state, incarceration, or at the request of the client, there has been less need to apply for coverage specifically for pregnancy. The hospital benefit coverage population has had a significant overall decrease though there was an increase this quarter. The Arkansas DHS suspended cost share requirements for day one hospitalizations as DHS works to implement guidance from the Centers for Medicare and Medicaid Services with changes across the eligibility and claims management systems during the public health emergency. This has resulted in a reduction in the number of persons needing to use the hospital benefit coverage.


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


- **ON TRACK, INFLUENCED BY COVID-19** 
- **ACTIVITY:** This indicator is on track to meet the annual goal. 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. During this quarter, the TS-MEP provided expanded access to health benefits and services for 8,973 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is an increase of 699 persons served over the previous quarter. Total claims paid for the TS-MEP populations this reporting period were \$37.3 million. Additionally, TS-MEP funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This amounted to more than \$28.9 million in federal matching Medicaid funds during this quarter, which has a significant impact on health costs and health outcomes for the state of Arkansas.

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: 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.

- **ON TRACK, INFLUENCED BY COVID-19** 
- **ACTIVITY:** This indicator is on track to meet the annual goal. During this quarter, there were 949 participants in the TS-MEP initiative Pregnant Women Expansion program. This is an increase of 44 women being served from the previous quarter. This program provides prenatal health services for pregnant women with incomes ranging from 138-200% FPL. In this quarter, the TS-MEP funds for the Pregnant Women Expansion program totaled \$803,739.




INDICATOR: 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.

- **IN NEED OF IMPROVEMENT, INFLUENCED BY COVID-19** 
- **ACTIVITY:** This indicator is in need of improvement to meet the annual goal. During this quarter, the TS-MEP initiative Hospital Benefit Coverage provided inpatient and outpatient hospital reimbursements and benefits to 1,045 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 an increase of 116 in the number of adults served over the previous quarter but the overall number of adults served in the first two quarters has decreased. This decrease is due largely to suspended cost share requirements for day one hospitalizations. TS-MEP funds for the Hospital Benefit Coverage totaled \$7,349,222 in this quarter.

TS-MEP Performance Indicators and Progress




INDICATOR: 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.

- **ON TRACK, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *This indicator is on track to meet the annual goal. The ARSeniors program expanded Medicaid coverage to 6,489 seniors during this quarter. This is an increase of 525 persons from the previous quarter. 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 non-emergency medical transportation and personal care services. TS-MEP funds for the ARSeniors program totaled \$5,022,169 during this quarter.*



INDICATOR: 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.

- **ON TRACK, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *This indicator is on track to meet the annual goal. During this quarter, 490 individuals were provided services through TS-MEP funds. This is an increase of 14 in the number of persons served from the previous quarter. In this quarter, a total of 98 children (18 and under) and 392 adults (19 and over) in 68 counties were provided services. TS-MEP funds for the CES waiver program totaled \$24,083,652 in this quarter.*

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

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 ordinarily offers at least minimal services to residents in a majority of Arkansas counties (this quarter 51 out of 75 counties were served). However, the COVID-19 pandemic has limited many traditional client-based services. The existing limitations have compelled COA directors and clients to embrace new digital tools and online forms of communication. Some of these new tools and techniques may eventually help the COAs provide a richer assortment of services to a broader base of clients.
- *Technology:* The agency continues to advance 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. This also includes new investments in virtual reality equipment that augments education related to dementia, sensory deficits, and end-of-life care. If not for earlier investments in online technology, the COVID-19 pandemic would have more severely truncated services during the past few quarters. The pandemic forced both the staff and clients of COAs to develop new skills that enabled them to stay connected. These new technologies are likely to continue being employed after the pandemic and will enable a broader audience than was possible before.
- *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. Of particular significance in this regard, Dr. Overton-McCoy, director of the UAMS-COA, has been appointed to the Governor's Advisory Council on Aging. This appointment helps extend the agency's ability to raise awareness at the highest levels of state government.
- *Partnerships:* The UAMS-COA continues to foster partnerships with other agencies to lead the state with respect to mitigating opiate abuse, monitoring falls, expanding geriatric caregiver training, reducing hunger among seniors, and increasing awareness of chronic disease. This quarter, the UAMS-COA has partnered with a number of other entities to build resources for seniors in Arkansas. These partnerships include UAMS East Regional Campus, Harvest Regional Food Bank, Alzheimer's Arkansas, SHIPP (Senior Health Insurance Information Program), Workforce Development, AR Rehab, University of Arkansas County Extension Services, University of Arkansas, Veterans Administration, CASA (Committee Against Spousal Abuse) Women's Shelter, Alzheimer's Association, Senior Olympics, Crystal Bridges, Whole Nedz, Arkansas Diabetes Advisory Council, Department on Aging Services, first responders (local fire departments, law enforcement officers, and emergency medical services), community libraries, rural health clinics, elder law resources, senior housing facilities, assisted living and long-term care facilities, senior home caregiver agencies, local businesses, parks and recreation departments, and community clinics.
- *Enhancing the geriatric medicine workforce:* The UAMS-COA works with multiple colleges and universities across the state to recruit and train new geriatric specialists in different allied health fields. This includes sponsoring fellowships for medical students and social workers.
- *Enhanced attention to the outlying regions:* The UAMS-COA continues expanding 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-risk education events. Expansion of UAMS facilities in El Dorado should help broaden impact in the southern portion of the state.

UAMS-COA Evaluator Comments and Summary

Opportunities CONT'D

- *Specific COVID-19 efforts:* The UAMS-COA has taken an active role in reducing the rates of infection in long-term care facilities, helping provide training in socially-distant CPR techniques, and helping identify trained caregivers who have been COVID-19 positive to care for COVID-19 positive patients.

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

Challenges

The 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 barriers to group exercise, educational presentations, and clinic access. Additional challenges this quarter are described below.

- Despite the availability of vaccines, UAMS-COA client populations remain some of the most vulnerable due to age and underlying chronic health conditions. The challenge of adhering to UAMS and CDC virus control guidelines requires the use of innovative service design and delivery. While online alternatives have been refined over the course of the pandemic, these alternatives cannot fully replace traditional programming (for example, exercise activities are limited by safety concerns for remote participants). For many people in the age cohorts served by the COAs, these alternative digital activities are also not as desirable as in-person contacts. As health risks related to the pandemic become more manageable, we are seeing a return to more in-person opportunities.
- Staffing issues continue to threaten the flow of services throughout the state. This impacts both COA staffing and clinic access. During this quarter, two central leadership positions remain vacant and two site leaders have left the COAs due to better job offers elsewhere. The increased demand for healthcare professionals persistently poses problems for hiring and retention, especially for hiring qualified professionals in less-developed portions of the state (e.g., specialists in dementia assessment and management).
- Adequate supervision of COAs in more remote regions of Arkansas has always been a concern of this agency. Efforts have been made to address some of the issues. However, keeping staff trained and monitoring activity across the COAs remains challenging.
- Changes in healthcare delivery models continue to negatively impact the capacity of Senior Health Clinics across the state. Pandemic pressures on the entire healthcare system have added further strain to an already tenuous network of specialized care. 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 deploy 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.

UAMS-COA Evaluator Comments and Summary

Challenges CONT'D

- 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.
- Many of the best evidence-based programs require smaller groups and one-on-one caregiver coaching. Changing to these types of programs threatens to decrease the quantity of encounters at a time when demographic shifts are increasing demand for services. In addition, the evidence base of many programs is established on face-to-face activity not on digitally-mediated formats.
- The agency continues developing the data collection and data processing capacity needed to fully assess program outcomes. Much progress has been made on developing a new monitoring system, but some challenges have been exacerbated by the shift to digital training modes. New efforts are underway to develop a more standardized measure of health improvement that can be associated with program participation. However, many of these initiatives have been delayed due to the pandemic.
- It may be time to explore and introduce new evidence-based exercise options offered to seniors in the state. Participants have been demanding more variety for several months but developing/implementing new programs has been made more difficult by the pandemic. Some of the current options are hard to monitor for quality and safety using online interaction formats. It is important to continue efforts aimed at comparing the effectiveness of traditional modes of service delivery to newer modes of delivery.
- 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, as older funding commitments end (e.g., Schmieding), and as inflationary pressures rise, 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 in an economy with climbing inflation and falling investment returns.
- Finding the time and other resources necessary to keep current with best practices in geriatric care is an enduring challenge. The UAMS-COA must continue to secure professional development opportunities for staff to ensure high quality programming.

Overall, the UAMS-COA recognizes its key challenges and has become adept at formulating short-term strategies to address them. However, continuing economic uncertainty and periodic surges in the pandemic have stalled some of the progress related to these challenges.

Evaluator Comments

Services have been modified to keep clients healthy during the COVID-19 pandemic and 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 numerous strains on conventional service modalities, the UAMS-COA has enhanced senior health this quarter through the following activities:

UAMS-COA Evaluator Comments and Summary

Evaluator Comments CONT'D

- Maintaining alliances between nonprofit, for-profit, and state-funded agencies to better address the needs of older adults in Arkansas;
- Developing digital resources on aging-related issues that help reach broader audiences;
- Educating the community about the special needs of older adults;
- Keeping seniors active by providing exercise opportunities across the state (through digital platforms);
- Recognizing the necessity of fall prevention education for seniors and mobilizing resources to meet the need;
- Leading efforts to develop alternative therapies for pain management;
- Enhancing the healthcare workforce with geriatric training for medical professionals;
- 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.

Throughout the quarter, COVID-19 precautions and rising economic uncertainty continued to disrupt daily operations of the UAMS-COA. Nonetheless, the agency stayed on a reasonable trajectory to meet most of its annual goals.


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

- **ON TRACK, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *This indicator is on track to meet the annual goal, although the effort has been substantially altered due to concerns surrounding COVID-19. A total of 1,297 exercise encounters with senior Arkansans were counted during this reporting period with encounters distributed across five of the state's seven COAs. The exercise options have been curated by the UAMS-COA to include evidence-based programs that address the core concerns of the client population (e.g., balance/fall prevention, dietary improvement, and pain management). For the first time in several quarters, a majority of the 1,297 encounters were live, in-person experiences as opposed to Facebook or videoconference methods. Overall, the UAMS-COA provided approximately 202 hours of exercise programming to seniors this quarter and preliminary self-reported data suggest that these exercise options are meeting the perceived needs of participants.*




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

- **EXCEEDING EXPECTATIONS**
- **ACTIVITY:** *This indicator is exceeding expectations to meet the annual goal. During this quarter, the UAMS-COA offered evidence-based educational programs that addressed a range of health priorities related to aging. This quarter, UAMS-COA staff provided 540 hours of educational offerings in four focal areas: caregiving/dementia training, fall prevention, food insecurity, and opioid addiction/pain management.*



INDICATOR: 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.

- **IN NEED OF IMPROVEMENT, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *This indicator is in need of improvement. In this quarter, the UAMS-COA developed external support from various sources valued at approximately \$330,884. This amount falls below the quarterly goal of \$437,759 but it represents a slight increase in external support from the prior quarter. The UAMS-COA and its affiliates continued to be productive in securing external funding but failed to meet its quarterly goal due, in part, to disruptions associated with the pandemic. During this quarter, \$39,664 was raised from three different grants to support programming. The agency also received \$18,939 through contractual service agreements. Another large stream of external funding was derived from the Schmieding foundation that provided \$118,980 to support Schmieding Center operations. Additional extramural funding included community partner donations (\$36,031), UAMS core support (\$114,000), and the value of volunteer hours supplied to the COAs (\$3,269). The numbers indicate clear efforts to remain active in external fundraising and these amounts represent a significant increase over the previous quarter. Overall, the UAMS-COA leveraged \$330,884 above the \$437,759 in quarterly funding provided through the ATSC.*


UAMS-COA Performance Indicators and Progress

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: 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.

- **ON TRACK, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *This indicator is on track to meet the annual goal. The UAMS-COA recorded 1,789 Senior Health Clinic encounters during this reporting period. There were no recorded nursing home, inpatient, or home visits during this period. Given the diminished capacity of general health clinics and the paucity of specialized geriatric care in the state, UAMS-COA is doing the best it can to broker clinical services. Demand for clinical encounters is expected to increase again when the dangers of COVID-19 become more manageable.*




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

- **ON TRACK, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *This indicator is on track to meet the annual goal, although opportunities to train healthcare workers and students were severely restricted due to COVID-19 safety protocols and pandemic-related time constraints on health professionals. The UAMS-COA produced 646 hours of educational presentations and in-service training opportunities attended by 350 healthcare practitioners and students during this reporting period (some encounters were conducted via video conference).*



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

- **ON TRACK, INFLUENCED BY COVID-19** 
- **ACTIVITY:** *This indicator is on track to meet the annual goal. Many conventional in-person educational opportunities during this quarter were blocked by COVID-19 restrictions. However, using social media and other digital means of communication, the UAMS-COA generated 24,417 community education encounters during this reporting period. While almost 70% of these encounters occurred in person (16,941), other encounters occurred via telephone or online platforms (e.g. 3,642 encounters were recorded from Facebook).*



INDICATOR: 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.

- **MET**
- **ACTIVITY:** *This indicator has been met for the calendar year and no further progress is needed. Planning for FY22 was completed during the prior quarter 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 FY21 priorities and includes a continued emphasis on fall prevention, a revised emphasis on non-pharmaceutical pain management, an emphasis on caregiving/dementia training, and a new emphasis on food insecurity. Efforts will also be made to better integrate exercise programming with the priorities this year (for example, the Tai Chi exercise program is focused on fall prevention and non-pharmaceutical pain management). The COA directors will continue to monitor the current and emerging needs of older Arkansans and make adjustments if necessary. The list of priorities for FY23 is expected to be similar to the FY22 objectives.*

UAMS-COA Testimonial

Program Praise

- “This training gave me real life advice on how to care, approach, and see those who could have dementia. As a first responder this will truly help to make a difference one day as well as help me look out for this.” - Participant in training provided by COA Northeast
- “My mother and I spent quality time together doing an activity that she enjoyed. At age 91, she has lost interest in most activities. She kept with the watercolor classes for about an hour until her arms hurt. She hasn’t spent that long focusing on anything for a long time!” – Participant in an art activity at the Schmieding Center
- “The Alzheimer’s Experience allowed me to put myself in the shoes of someone with Alzheimer’s and I was able to understand what it was like to have all of the common symptoms.” – Healthcare provider after participating in the Schmieding Center’s Alzheimer’s Experience
- “My doctor said my range of motion in my arm is better since I have been coming to these classes.” – Participant in Ageless Grace exercise program at the Texarkana COA
- “This is one of my favorite activities [Cooking Matters]! It taught me the importance of meal planning on a budget. I will definitely use this tool to help with food cost because sometimes I do not have enough food and money to last all month.” – Participant in cooking program at the Texarkana COA

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

Opportunities

UAMS APRN, Lauren Reeves, who has been with the UAMS Family Medical Center for two years was nominated for the UAMS Excellence in Advanced Practice Award. The Excellence in Advanced Practice Award is bestowed upon the APRN who excels in UAMS Health Core Values of integrity, respect, diversity and health equity, teamwork, creativity, excellence, and safety.

UAMS Institute for Digital Health & Innovation (IDHI) and UAMS East will host an Open House for its telehealth training center in Helena. The community will get to view the telehealth equipment and will be informed about the use of the equipment in the UAMS East Family Medical Center for endocrinology visits. UAMS East will be included in an additional grant IDHI is writing to help continue the training for these centers.

UAMS East health coaching staff have received patient referrals from other medical providers in the area. This service is offered free to patients and they receive additional health education and counseling about their medical conditions.

Helena Health Foundation and UAMS East are currently working on obtaining bids to get the outside track “soft surfaced” making the course better for walking and jogging. UAMS East clients are excited to see this happening.

UAMS East Regional Campus Director, Dr. Becky Hall, is working on a new national initiative announced by the National League of Cities and One Nation One Project. Phillips County is one of nine sites selected to participate in a newly-launched program to address COVID-19 recovery and community wellness through the arts. The goal is to use new collaborations, many started during the COVID-19 crisis, to improve health outcomes, enhance community wellness, and achieve the equity needed to impact the social determinants of health like poverty, poor academic achievement, and unequal water quality. Team members recently met to brainstorm on ways to engage residents of the county.

Challenges

UAMS East is working on the IRB and submission for the Good Food Rx Program. They are currently waiting on a second submission and the approval of a contract with UAMS contract services for an independent evaluator.

UAMS East is still working on getting programs to full capacity since many of the community members are still hesitant to attend in-person events with the recent increase in COVID-19 infections in the community.

Evaluator Comments

COVID-19 is still influencing many of the outreach programs offered by UAMS East Regional Campuses. In spite of this, participation in exercise programs and education programs has increased. The clinic has accepted 162 new patients and is continuing to advertise their services. The health coaching service is now receiving additional clients through referrals from other healthcare providers. This is a great resource for this community as continuity of care and patient follow-up have proven to be instrumental in reducing the disease burden in a community. Overall, UAMS East is making progress on all of their goals.

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

- **ON TRACK**

- **ACTIVITY:** *This indicator is on track to meet the annual goal. The UAMS East Regional Campus Recruiting Specialist hosted a CHAMPS camp at Baptist Memorial Hospital in West Memphis for five students. UAMS East also worked with 13 students during the Mini M*A*S*H Camps held at Chicot and Delta Memorial. Students participated in various activities such as Stop the Bleed, CPR, first aid, blood typing, and casting. Students shadowed various healthcare professionals in hospital departments and participated in simulated surgery activities. The UAMS East recruiting specialist has been working with various AHEC scholars and preparing for fall recruitment activities.*



INDICATOR: 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.

- **ON TRACK**

- **ACTIVITY:** *This indicator is on track to meet the annual goal. UAMS East Regional Campus currently has two students in the RN to BSN program and one student enrolled in another nursing program. UAMS East Regional Campus is providing an MPH Applied Practice Experience for a student from the Fay W. Boozman College of Public Health who will be working with our Good Food Rx program.*

Short-Term Objective

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



INDICATOR: 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.

- **IN NEED OF IMPROVEMENT, INFLUENCED BY COVID-19**




- **ACTIVITY:** *This indicator is in need of improvement. UAMS East Regional Campus Lake Village and Chicot Memorial Medical Center were provided funding to implement the Worksite Wellness Initiative in Chicot County. This quarter, 62 employees of Superior Uniform Group received health screenings and education. Participants took part in screenings, opportunities, and resources to engage in wellness behaviors, and health risk reduction. Blood pressure screenings were offered at the Chicot Community Center for 110 community members. UAMS East Regional Campus provided health screenings for 30 community members attending the Sunshine Club at Behavioral Health Services. Abnormal results from the screenings were as follows: blood pressure (50), BMI (10), cholesterol (27), glucose (12), and waist circumference (18).*

UAMS East Performance Indicators and Progress




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

- **ON TRACK, INFLUENCED BY COVID-19** 
- **ACTIVITY:** This indicator is on track. This quarter, UAMS East Regional Campus provided health education promotion and prevention programs for a total of 6,258 youth and adults. Services were provided to 5,236 youth and 1,022 adults. UAMS East provided dental and personal hygiene to 1,004 youth in K-6th grade. UAMS East Regional Campus finished the school-based health education curriculum Kids for Health. This program has been taught in both public and private schools in the area since the year 2000. This quarter, 1,564 Kindergarten through 3rd grade students in three schools received the program. Additionally, they provided American Heart Association HeartSaver[®] First Aid CPR AED for 29 consumers. Basic Life Support was held for 15 practicing healthcare providers. UAMS East Regional Campus distributed 260 adult dental hygiene kits to participants receiving free food through the mobile food pantry with ARDrop.
- The UAMS East at West Memphis completed two rounds of the four session Child Safety classes at East Central Arkansas Community Correction Center. Also, they completed eight sessions of DEEP (Diabetes Education Empowerment Program) with 11 women enrolled in each round for a total of 143 encounters. The program teaches diabetes diagnosis, how diabetes affects the body, risks, complications, medications, meal planning and nutrition. Many of the women in the class have diabetes or family members with diabetes. UAMS East West Memphis installed 11 car seats and demonstrated proper use to the recipients. The car seats are provided through Arkansas Children's Hospital Child Passenger Safety Education Program. UAMS East West Memphis continued offering Wellness Wednesday at Anytime Fitness for 12 gym members. They provided parenting classes via Zoom to DHS parents who are court mandated to attend parenting. This quarter, 57 parents were trained. UAMS East in West Memphis participated in two community health fairs. The first one was a new organization called I Work for You (IWFY). UAMS East Regional Campus West Memphis presented information about its programs and services. Also, the agency attended the Youth Explosion sponsored by Philadelphia Outreach Ministries. Education and information sharing and marketing of their services were provided at both community fairs to over 120 attendees.
- UAMS East Regional Campus Lake Village collaborated with Chicot County Cooperative Extension Service to facilitate the Kids in the Kitchen camp. The camp was held at the extension office in Lake Village. This nutrition and cooking program encourages kids to eat healthy meals and snacks by providing them with hands-on learning experiences that teach them how to prepare food. Topics such as basic cooking skills, good nutrition, healthy food choices, food safety and physical activity are included in the curriculum. UAMS East Lake Village provided AR Saves Stroke Information to 47 people and hosted four virtual Baby Safety Showers for 14 expectant moms.



INDICATOR: 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.

- **ON TRACK, INFLUENCED BY COVID-19** 
- **ACTIVITY:** This indicator is on track. This quarter, UAMS East Regional Campus Fitness Center and walking track encounters totaled 6,636 encounters. UAMS East Regional Campus has begun teaching two group exercise classes at UAMS East. Yoga has been conducted for 354 participants this quarter while Silver Sneakers classes have been conducted for 312 participants. Also, this quarter UAMS East staff provided Line Dancing Classes for 115 adults and Walk away the Pounds was offered to 100 participants.
- UAMS East Regional Campus Lake Village helps provide support and education to members of the Community Outreach Center. Members are provided with free blood pressure checks and various health education information throughout the year. This quarter, there were 654 exercise participants at the center. Also, held this quarter were exercise classes offered at McGehee Methodist Church. There were 117 participants in attendance.

UAMS East Performance Indicators and Progress



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

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. UAMS East Regional Campus Medical Resource Library provided support to healthcare professionals and students through literature searches and teaching materials. This quarter, 128 nursing students and 10 other healthcare professionals utilized the library. UAMS East Regional Campus Library also provided support to 1,214 consumers. UAMS East Regional Campus Library circulated 138 books and 47 AVs and 31 electronic searches were conducted. UAMS East Regional Campus Medical Resource Library provided various health models to Lee County Cooperative Clinic to be utilized in patient education.*



INDICATOR: 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.

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. UAMS East Family Medical Center is slowly trying to build the foundation for the RRT. UAMS East Family Medical Center still has three family physicians who are working one day a week to provide coverage to clinic patients. Also, an APRN and two RNs provide medical care and follow up with clinic patients. The UAMS East Family Medical Center must increase patient volume before applying for the Rural Residency Training Track. To this end, UAMS East Family Medical Center is utilizing new methods for advertisement. They purchased new signs to be posted in the community and are conducting a marketing campaign through the local paper and radio.*



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

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. UAMS East Family Medical Center continues to serve the area as a patient-centered medical home clinic, where patients can be referred to two health coaches for smoking cessation, weight loss, and chronic disease management. UAMS East Family Medical Center had a total of 662 patient visits in 62 days of clinic this quarter. There were 162 new patients this quarter. UAMS East Family Medical Center staff is utilizing primary, secondary, and tertiary prevention measures to improve the health of the rural delta population. UAMS Family Medical Center is hosting a virtual endocrinology clinic and will begin a project on the use of continued glucose monitoring on high-risk clinical patients. The clinic staff have been improving the target goals for patients with hypertension and diabetes. UAMS Family Medical Clinics are keeping scorecards and metrics on provider services to ensure that improvements are being made with clinical patients. Patients are referred to coaches for additional help and support in making behavior changes. UAMS East Regional Campus provided health coaching for 22 clinical patients this quarter. UAMS East health coaches are offering an eight-week smoking cessation coaching program. Patients receive free and helpful tips and coaching to build motivation to quit tobacco, nicotine patches and/or nicotine gum. This quarter, five patients participated in the program, two patients completed the program and quit smoking, and one is still receiving coaching.*



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

- **ON TRACK**
- **ACTIVITY:** *This indicator is on track. UAMS East does not have a formal diabetes education clinic at this time. Diabetes education was provided to 12 patients via telemedicine with an endocrinologist as well as through coaching sessions. This quarter, an additional 15 community members were provided assistance, and referrals were received by other providers.*

UAMS East Testimonial



Program Praise

- “I could not have quit smoking without your help and the patches and gum. Quitting smoking was not as hard as stopping vaping. I didn’t think I would ever quit. Your continued support and motivation have helped me stop vaping and I feel so good about it.” - Wendell Stanley, smoking cessation client
- “I love this class! I feel like I learned a lot of things I didn’t know. Any information about kids is extremely useful to me. I have four [kids], soon to be five! Thank you for taking time to come teach us!” - East Central Arkansas Community Corrections Center parenting participant
- “Being that I was just diagnosed with diabetes, I really enjoyed learning what caused it, how to try and maintain it, and what to look for if my blood sugar bottoms out or is too high. The teacher was very informative and amazing.” - DEEP program participant
- “I am so grateful for the UAMS pipeline program, which solidified my call to pursue medicine and set me up for success every step of the way. Club Scrub, CHAMPS, and M*A*S*H exposed me to the various medical specialties, while also providing me with skills demanded in healthcare settings. During my journey as a pre-health college student, I greatly appreciated the support of UAMS pre-med advising; my pre-med mentor gave me study tips, application tips, and expert advice on conveying my story in writing. Janet Ligon, the recruiter for UAMS East, played a pivotal role in my success. She facilitated regional programs and constantly raised my awareness of the resources UAMS has to offer. Towards the end of my pre-med journey, she connected me with the Regional Programs Recruiting Specialist, who provided feedback on my personal statement. I would not be where I am today without the UAMS pipeline and its various program directors.” – Katherine Wright from Helena, accepted into UAMS College of Medicine, in Fall 2022

Summary of Indicator Progress across Programs



Across all programs in the April-June 2022 period, 89% of indicators were on track or better to meet their annual or multi-year goals; 57% of indicators were influenced by COVID-19 (see Table 3).

For programs with quarterly status updates (ABI, COPH, TS-MEP, UAMS-COA, and UAMS East Regional Campus), 92% of indicators were on track or better to meet their annual goals and 8% of indicators were in need of improvement; and, 43% of indicators across these five programs were influenced by COVID-19 (see Table 1). The three indicators in need of improvement fell under the TS-MEP, UAMS-COA, and UAMS East Regional Campus.

- **TS-MEP:** The agency served an additional 116 Arkansans who required extended hospital stays this quarter as compared to the prior quarter; however, the overall number of adults served in this population during the first two quarters of the calendar year is down compared to the first two quarters from the previous year. This decrease is due largely to suspended cost share requirements for day one hospitalizations.
- **UAMS-COA:** The agency leveraged approximately \$330,884 during the quarter, which equates to 76% of ATSC monies for the quarter. For the indicator to be met at the end of the calendar year, UAMS-COA must leverage funds that match or exceed ATSC funds for the year. The expiration of the Schmieding Home Caregiver Training Grant continues to have a significant impact on leveraged funds.
- **UAMS East:** Although more than 200 health screenings were offered this quarter, this number is low compared to previous quarters and the agency will need to bolster screening efforts to meet the annual goal.

For programs with fiscal year evaluation (MHI and TPCP), 85% of indicators were met or in progress towards long-term goals and 15% were not met for the fiscal year (see Table 2). In all, 77% of indicators under these programs were influenced by COVID-19. Three indicators for the TPCP were not met, while one indicator for the UAPB Minority Research Center, funded through the TPCP program account, was not met.

- **TPCP:**
 - The agency fell very short of the goal to offer 500 presentations to the public and decision makers about the burden of tobacco on the state; however, the last two quarters of the fiscal year saw a promising increase in presentations offered, and the agency hopes to carry this momentum into FY23.
 - The indicator monitoring sales-to-minor violations was unmet. In FY22, the non-compliance rate was 11.63%, which is above the goal of 6.5%. However, as compared to FY21, TPCP increased the number of compliance checks by more than 400%, and offered more educational sessions than in FY21.
 - The goal to establish seven new Project Prevent chapters in Red Counties fell short at four new chapters. While this number does not meet the goal of seven, it is important to note that only two new chapters were established during FY21.
- **UAPB MRC:**
 - The MRC, in FY22, conducted two virtual meetings in minority communities to discuss tobacco usage among minority groups. The goal for this indicator is three in-person or virtual meetings.

Despite some unmet indicators and other program challenges noted, ATSC-funded programs proved adaptable, creative, and resilient while working through impacts from the pandemic. Evaluators also reported that programs continued to engage in new partnerships to broaden reach, maintain a strong commitment to serve vulnerable populations, cultivate public health practitioners that serve in the state, and promote 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.

Summary of Indicator Progress across Programs



Table 1. Indicator Progress across Programs with Quarterly Updates in April-June

PROGRAM	TOTAL INDICATORS	MET AHEAD OF SCHEDULE	EXCEEDING EXPECTATIONS	ON TRACK	IN NEED OF IMPROVEMENT	COVID-19 INFLUENCED	OVERALL PROGRESS
Arkansas Biosciences Institute	7	--	--	7	--	3	100% On Track
UAMS Fay W. Boozman College of Public Health	9	--	--	9	--	--	100% On Track
Tobacco Settlement Medicaid Expansion Program	5	--	--	4	1	5	80% On Track
UAMS Centers on Aging	7	1	1	4	1	5	86% On Track or Better
UAMS East Regional Campus	9	--	--	8	1	3	89% On Track
TOTAL	37	1	1	32	3	16	92% On Track or Better
						Total COVID-19 Influenced	43% COVID-19 Influenced

Table 2. Indicator Progress across Programs with Fiscal Year Evaluation in April-June

PROGRAM	TOTAL INDICATORS	MET	UNMET	ON TRACK TOWARDS LONG-TERM GOAL	COVID-19 INFLUENCED	OVERALL PROGRESS
Arkansas Minority Health Initiative	7	6	--	1	5	100% On Track or Better
Tobacco Prevention and Cessation Program	19	12	4	3	15	79% On Track or Better
TOTAL	26	18	4	4	20	85% On Track or Better
					Total COVID-19 Influenced	77% COVID-19 Influenced

Table 3. Indicator Progress across All Programs

Average Progress across All Programs	89% On Track or Better
Total COVID-19 Influenced	57% COVID-19 Influenced



Special thanks to all individuals who participated in this evaluation, including members of the Arkansas Tobacco Settlement Commission and program directors and staff at the Arkansas Biosciences Institute, UAMS Fay W. Boozman College of Public Health, Arkansas Minority Health Initiative, Tobacco Prevention and Cessation Program, Tobacco Settlement Medicaid Expansion Program, UAMS Centers on Aging, and UAMS East Regional Campus.