



Arkansas Tobacco Settlement Commission

2022

ANNUAL 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
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Conway, AR 72035

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ABOUT THE REPORT

Purpose

This report serves as the annual evaluation of the health programs funded through the Arkansas Tobacco Settlement Commission (ATSC) for 2022. Programs include the Arkansas Biosciences Institute (ABI), UAMS Fay W. Boozman College of Public Health (COPH), Arkansas Minority Health Initiative (MHI), Tobacco Prevention and Cessation Program (TPCP), Tobacco Settlement Medicaid Expansion Program (TS-MEP), UAMS Centers on Aging (UAMS-COA), and UAMS East Regional Campus (UAMS East). Progress of each health program is contingent upon established goals, long-term and short-term objectives, and indicators that operationalize these goals and objectives. In coordination with the ATSC, the University of Central Arkansas (UCA) evaluation team assists program directors and administrators in aligning indicators with program goals and objectives. Indicators are fulfilled through various program activities like education, research, and community and clinical services.

Structure

The report consists of five main parts: (1) an overview of the ATSC with a funding flowchart; (2) an infographic illustrating how programs are contributing to a culture of health; (3) individual program progress and evaluation; (4) a synthesis and conclusion for the annual evaluation; and (5) a qualitative report focused on tobacco-funded efforts in the state's five public health regions, followed by references. The program progress and evaluation section offers seven subsections, one for each of the ATSC-funded programs. These sections include an infographic with key accomplishments, program goals, long-term and short-term objectives, indicators and their associated activity, evaluator comments, and testimonials.

Timing of Program Evaluation

While all ATSC-funded programs rely on annual indicators to guide activities, the timing of evaluation varies across programs. Some programs are evaluated at the end of the fiscal year; others are evaluated at the end of the calendar year.

- **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 Report, inclusive of October-December data:** Calendar year evaluation of COPH, TS-MEP, UAMS-COA, and UAMS East; Review of most recent fiscal year evaluation of ABI, MHI, and TPCP.



ABOUT THE ARKANSAS TOBACCO SETTLEMENT COMMISSION



ATSC Mission

The mission of the Arkansas Tobacco Settlement Commission 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
Jimie Jarry, Program Coordinator

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

Kenya Eddings, MPH, Director

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

Jennifer Fowler, Commissioner

Director, Arkansas NSF EPSCoR at 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

Martha Hill, Commissioner

Counsel
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



Marc Sestir, PhD

Evaluator: UAMS Fay W. Boozman College of Public Health



Denise Demers, PhD, CHES

Evaluator: Arkansas Minority Health Initiative

Janet Wilson, PhD

Evaluator: Tobacco Prevention and Cessation Program



Joseph Howard, PhD

Evaluator: Tobacco Settlement Medicaid Expansion Program

Ed Powers, PhD

Evaluator: UAMS Centers on Aging



Jacquie Rainey, DrPH, MCHES

Co-PI & Administrator; Evaluator: UAMS East Regional Campus

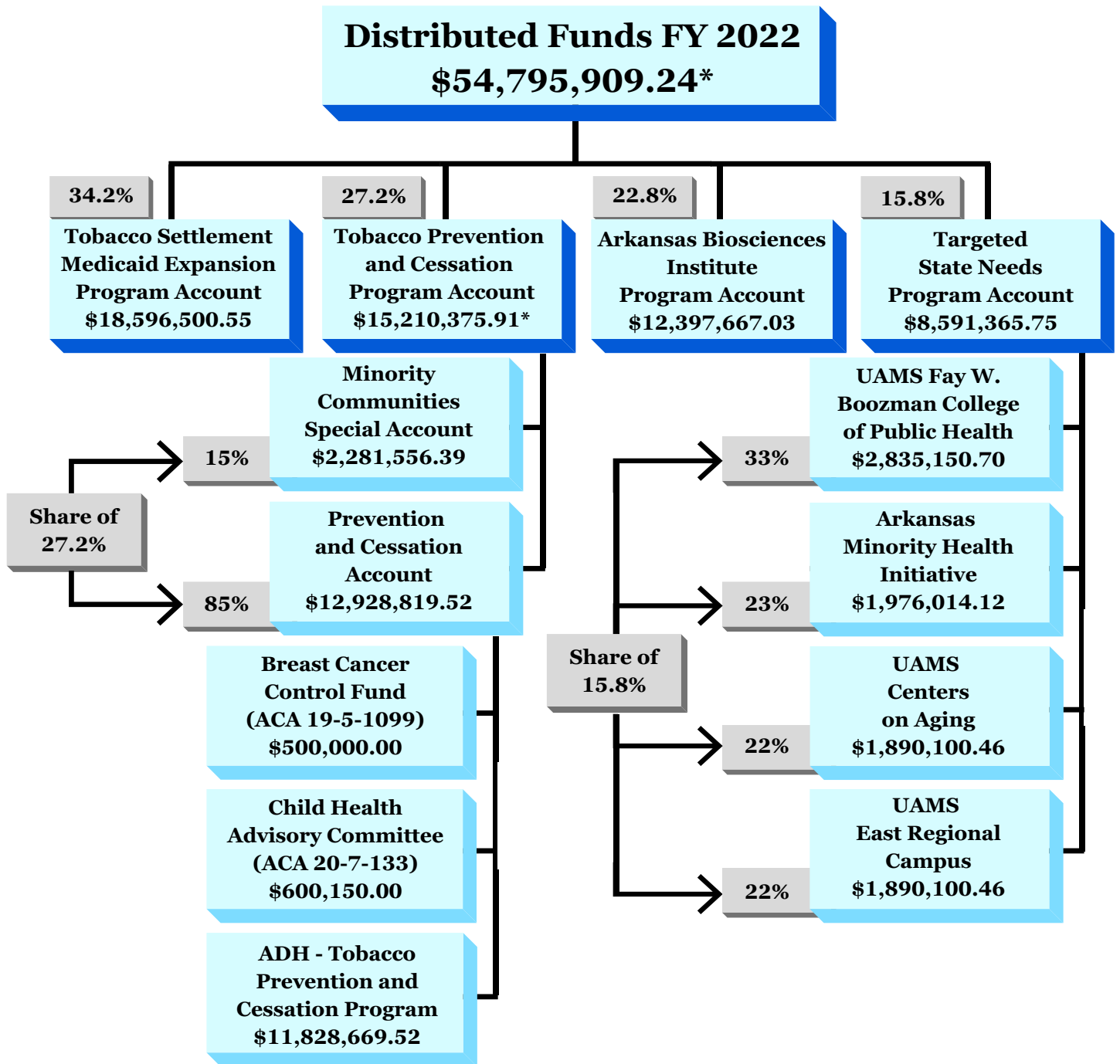
Rhonda McClellan, EdD

Co-PI

Qualitative Report



ATSC FUNDING



*Total distributed funds reflect the FY23 allocation for the TPCP Account and the FY22 allocations for all other funded programs. Each fiscal year, the TPCP Account is allocated funds according to the following fiscal year's projections; so for FY22, TPCP was allocated FY23's projected funds.

ATSC FUNDING

Funding Flowchart Description

The flowchart on the previous page illustrates the distribution of ATSC funds for FY22. As shown, ATSC funds are divided among four program accounts: Tobacco Settlement Medicaid Expansion Program, Tobacco Prevention and Cessation Program, Arkansas Biosciences Institute, and Targeted State Needs. The Targeted State Needs account is divided among four programs: UAMS Fay W. Boozman College of Public Health, Arkansas Minority Health Initiative, UAMS Centers on Aging, and UAMS East Regional Campus.

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

Data Representation in Report

ATSC funding is awarded at the start of the fiscal year (July 1), but not all ATSC-funded programs are evaluated at the end of the fiscal year. As mentioned earlier, some ATSC-funded programs are evaluated on the calendar year. Therefore, program data highlighted in this report cover FY22 for ABI, MHI, and TPCP and cover the 2022 calendar year for TS-MEP, UAMS-COA, and UAMS East. The COPH is an exception as its indicator related to leveraged funds is evaluated on the fiscal year, while the other indicators are evaluated on the calendar year.



BUILDING A CULTURE OF HEALTH

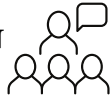


Arkansas Biosciences Institute (ABI), UAMS Fay W. Boozman College of Public Health (COPH), Arkansas Minority Health Initiative (MHI), Tobacco Prevention and Cessation Program (TPCP), Tobacco Settlement Medicaid Expansion Program (TS-MEP), UAMS Centers on Aging (UAMS-COA), UAMS East Regional Campus (UAMS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

EDUCATION

COMMUNITY EDUCATION

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



90,109

ARKANSANS EDUCATED

23,043

YOUTH EDUCATED



2,202

HEALTH PROFESSIONALS AND STUDENTS EDUCATED

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



90

DEGREES AWARDED

(COPH, GASP-FUNDED BY TPCP)



SERVICE



3,477

CALLERS ENROLLED IN TOBACCO CESSATION

In FY22, TPCP's Be Well Arkansas Call Center boasted the highest quitline rate in the nation at 36%.

36%
SMOKING QUIT RATE
FY22



35,365

EXERCISE ENCOUNTERS
(UAMS-COA, UAMS EAST)

22,524

HEALTH SCREENINGS
(MHI, UAMS EAST)



13,490

PATIENT ENCOUNTERS
(UAMS-COA, UAMS EAST)

21,355

FACE MASKS AND SANITIZERS DISTRIBUTED
(MHI)



34,450

ARKANSANS SERVED THROUGH TS-MEP



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

404



RESEARCH PROJECTS
(ABI, COPH)

701



RESEARCH PUBLICATIONS
(ABI, COPH)

344



ABI PRESENTATIONS

Research by ABI (FY22) and COPH (2022) covered various topics, including cancer prevention, COVID-19 in children, smoking cessation, artificial intelligence, maternal healthcare and infant outcomes, soybean health, manufacturing of therapeutic cells, and social justice, among others.



PATENTS AWARDED TO ABI

Argelia Lorence and colleagues at A-State received one of ABI's seven patents in FY22. The patent was titled, "A method of improving chloroplast function and increasing seed yield."



Argelia Lorence, PhD
Long-time ABI-supported researcher at A-State



HIGHLIGHTING COPH FACULTY SUPPORTED BY ABI



Carol Cornell, PhD
Investigates community-based public health and cardiovascular behavioral medicine



Nickolas Zaller, PhD
Investigates overlap between addiction and behavioral health disorders, infectious diseases, and criminal justice involvement

TARGETING THE OPIOID CRISIS

Researchers supported by ABI and COPH continue to focus on alleviating the opioid crisis. In FY22, research findings by Bradley Martin, funded with ABI dollars, helped support policy change around opioid prescription practices, saving many lives in the process. More recently, the COPH announced a partnership with the Pulaski County Sheriff's Office to reduce opioid use in incarcerated populations.

MINORITY RESEARCH CENTER FUNDS TOBACCO STUDIES

The UAPB Minority Research Center (supported through the TPCP account) reported funding two studies in FY22 with Philander Smith College and Community Clinic on the topics of tobacco treatment in a healthcare setting and tobacco use during COVID-19, respectively.



ECONOMIC IMPACT



ATSC-funded programs leveraged
\$193.6 Million,
equal to \$4.22 for every ATSC \$1.
(ABI, COPH, TS-MEP, UAMS-COA)



\$129.8 Million

TOTAL CLAIMS PAID BY TS-MEP



\$92,891

REVENUE GENERATED FROM UAMS EAST FAMILY MEDICAL CENTER



SAVINGS FOR BE WELL ARKANSAS CALLERS

Arkansas smokers experience lifetime expenses of \$675,114 in out-of-pocket costs, increased healthcare costs, and income loss (McCann, 2023). In FY22, approximately 1,250 Be Well callers successfully quit smoking.

These Arkansans, collectively, will save \$17.5 million in the coming year.

\$11 Million

TO SUPPORT MINORITY HEALTH DURING PANDEMIC

In FY22, MHI continued to utilize a portion of the \$11 million in CARES funding allocated to the Arkansas Minority Health Commission (AMHC) in FY20-21 to respond to the pandemic in minority populations and communities.



PROGRAM PROGRESS AND EVALUATION





Annual ABI
Fall Symposium

ARKANSAS BIOSCIENCES INSTITUTE



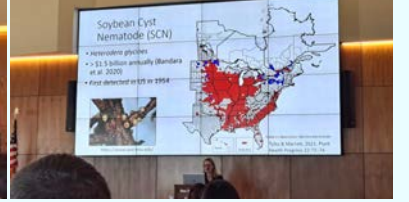
Robert McGehee, Jr., PhD, Director
Jimie Jarry, Program Coordinator



UCA Evaluator: Betty Hubbard, EdD, MCHES



ARKANSAS BIOSCIENCES INSTITUTE



233



RESEARCH PROJECTS

81%



COLLABORATIVE RESEARCH BETWEEN ABI INSTITUTIONS

The Annual ABI Fall Symposium was held at the Don Tyson Center for Agricultural Sciences in Fayetteville. Five researchers, one from each institution, presented their research, and 30 research posters were offered. Topics included COVID-19 in children, pest management in soybeans, plastic biodegradation, artificial intelligence, chronic disease disparities, proteomics, and manufacturing of therapeutic cells, among others.

426



PUBLICATIONS

344

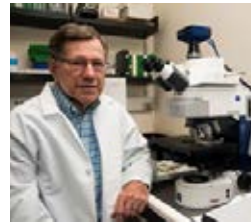


PRESENTATIONS

280



FULL-TIME EMPLOYEES SUPPORTED



Wayne Kuenzel, PhD
Physiologist and Neurobiologist,
Professor of Poultry Science
at University of Arkansas



Tamika Lunn, PhD
Wildlife Disease Ecologist, Postdoctoral
Research Fellow at University of Arkansas

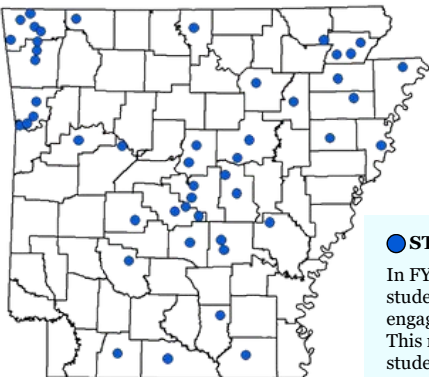
7

PATENTS AWARDED



5

NEW OR IMPROVED METHODS OR TOOLS



STUDENTS' HOMETOWNS

In FY22, 153 high school and college students from 51 communities engaged in ABI-related research. This map indicates where these students call home.



Presentation highlights undergraduate interns working on proteomics project



In FY22, ABI leveraged **\$83.5 Million**, equal to \$6.74 for every ATSC \$1.

ABI PROGRAM DESCRIPTION AND GOALS

Program Description

The Arkansas Biosciences Institute, the agricultural and biomedical research program of the Tobacco Settlement Proceeds Act, is a partnership of scientists from Arkansas Children's Research Institute, Arkansas State University, the University of Arkansas System Division of Agriculture, the University of Arkansas, Fayetteville, and the University of Arkansas for Medical Sciences. The ABI supports long-term agricultural and biomedical research at its five member institutions and focuses on fostering collaborative research that connects investigators from various disciplines across these five institutions. The ABI uses this operational approach to address the goals as outlined in the Tobacco Settlement Proceeds Act. These goals are to conduct:

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

Program Goal

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



ABI EVALUATOR SUMMARY AND COMMENTS

Economic Impact

During FY22, ABI received \$12,397,667.03, which constituted 22.8% of total Arkansas Tobacco Settlement funds. ABI's economic impact can be illustrated most explicitly by comparing funding provided by the ATSC to ABI with monies generated from external grants and philanthropic funding. ABI-supported investigators received \$6.74 in extramural funding for each \$1.00 provided by the Arkansas Tobacco Settlement, with more than \$83.5 million leveraged overall. These funds helped sustain research projects, disseminate evidence-based information, and support the knowledge-based, high-paying jobs that result in an improved culture of health for Arkansans.

Opportunities

The All Payer Claims Database (APCD) in collaboration with the Arkansas Center for Health Improvement (ACHI) has become an extremely valuable source of information to ABI research investigators over the last several years. This partnership continues to enable the establishment of a parallel server based in the UAMS Biomedical Informatics Department which allows all ABI investigators access at no cost. At the six-year mark, impressive grant activity continues to move forward due to the utilization of this database. With the decline of COVID-19, Kenley Money, the manager of this database at ACHI is coordinating visits to the five ABI institutions to facilitate hands-on workshops for investigators to encourage the use of this most valuable resource.

Update in FY23: Due to the lessening of COVID-19 restrictions, the ABI Research Symposium was held in person on October 4, in the second quarter of FY23, at the Don Tyson Center for Agricultural Sciences in Fayetteville, Arkansas. Five researchers, one from each of the ABI-supported institutions, presented new and innovative research, and 30 research posters were presented. The symposium resulted in many successful research collaborations between research investigators at the five ABI institutions.

Challenges

COVID-19 restrictions are gradually being lifted; however, the restrictions continue to affect the number of in-person meetings and the number of students who feel comfortable working in close proximity in ABI-supported labs. The restrictions have also limited the number of new hires at the ABI institutions. When reviewing historical information on both FTEs and new research scientists recruited to Arkansas, it can be noted that both categories declined for FY21 and FY22. For the number of FTEs supported with ABI and extramural funding, FY21 saw a decrease 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. However, there were 10 new hires in FY22.

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 were able to meet the majority of the indicators for FY 2022 despite the challenges that continue due to COVID-19 infections. The scheduled resumption of the research symposium in October was 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 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.*

- **Met for FY22** 
- **Activity:** This indicator was met for the fiscal year. During FY 2022, ABI-supported research investigators reported \$6.74* in extramural funding for every \$1.00 provided by the Arkansas Tobacco Settlement. It should be noted that ABI leveraged funds increased from FY21 to FY22, from \$6.19 to \$6.74. This extramural funding was received from a variety of government agencies such as the National Institutes of Health (NIH) and the Food and Drug Administration (FDA). Funding was also received from voluntary health agencies such as the American Cancer Society as well as public companies like Pepsico, Allergan, and Novartis.
 - * The previous quarterly report regarding this indicator was reported incorrectly due to a miscalculation of annual extramural funding. The correct annual total was \$83,511,953 rather than \$101,587,742; therefore, adjusting the ratio of extramural funding to ABI funding from \$8.20/\$1.00 to \$6.74/\$1.00.

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

- **Met for FY22** 
- **Activity:** This indicator was met during FY 2022. ABI-supported research investigators filed 10 patents and received seven. Patent activity included diverse subjects such as the diagnosis of depression, acetaminophen protein adducts, and scaffolds for spinal cord injury repair.

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

- **Met for FY22** 
- **Activity:** This indicator was met for the fiscal year. During FY 2022, ABI investigators reported 56 media contacts via a variety of outlets. Fifteen newspaper articles, two news conferences, 32 press releases, and seven television/radio interviews were conducted to provide information to the public and to promote ABI activities.

ABI 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.*

- **Met for FY22** 
- **Activity:** This indicator was met for FY 2022. Research investigators reported 233 new and ongoing research projects covering all five research areas. Funding was also allocated to initiate research start-ups and to maintain ongoing projects by purchasing equipment, updating infrastructure, and providing animal care.

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.*

- **Unmet for FY22, Influenced by COVID-19**  
- **Activity:** This indicator was not met for FY22. Although ABI reported 426 publications, well above the goal of 290, research investigators fell slightly short of the expected number of presentations with 344 (the FY goal was 370 presentations). Publications by ABI investigators included 287 independent research articles and 134 articles in collaboration with other researchers. ABI reported five new or improved methodologies and research tools developed to advance future scientific endeavors.

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.*

- **Unmet for FY22, Influenced by COVID-19**  
- **Activity:** This indicator was not met for FY22. Data reported by ABI research investigators indicated 280 FTE jobs were supported by ABI and extramural funding during FY 2022. This number falls slightly below the expectation of 300 FTEs. However, of these 280 jobs, 73% were supported by extramural funding, which exceeded the goal of 65%.

ABI INDICATORS AND PROGRESS

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

- **Met for FY22** ■
- **Activity:** This indicator was met for FY 2022. During the fiscal year, there were 233 new and ongoing research projects reported by ABI investigators. Of these projects, 81% were collaborations between scientists at ABI institutions. Research activities included a wide range of health-related topics such as metabolic processes, crop performance, childhood obesity, sleep, and cancer prevention.



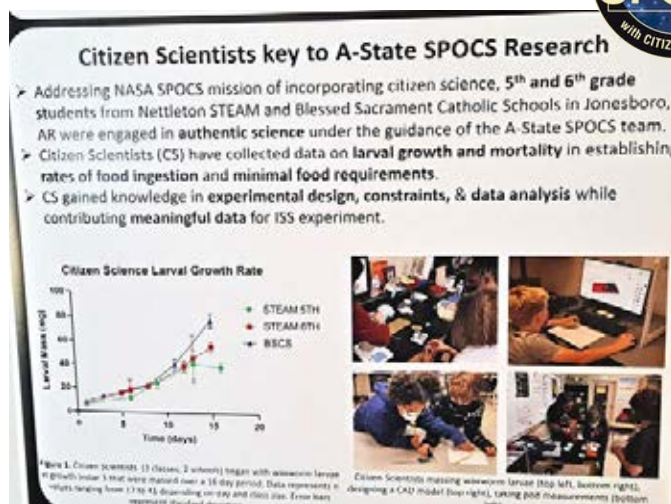
ABI TESTIMONIAL

Innovative Research on Display at ABI Fall Research Symposium

Undergraduate researchers at A-State, Claire Greene and Landon Perdue, proudly stand with their mentors, R. Shea Harris and Dr. Maureen Dolan, to showcase their research poster at the ABI Fall Symposium. Their ABI-supported project was titled: *Plastic biodegradation in space: An interdisciplinary investigation with middle school citizen scientists*. The project was a part of the NASA SPOCS program, Greene explained, "It stands for student payload opportunity with citizen science, and [NASA] was hoping to incorporate undergraduate citizen scientists . . . and searching for research on sustainability. Our science centers around a biological organism; the wax worm. . . . They have a unique ability to breakdown plastics . . . and it was proposed to the NASA SPOCS as having microgravity applications for long-term space waste management for long missions or perhaps for missions to Mars. Humans generate a lot of plastic waste, and we're proposing this as a model to see how we could break down that waste without sending it back out into space. . . . It's space science, but it's so applicable to problems we have here on Earth."

Greene emphasized the citizen science aspect of the project, "One of the really interesting parts of this is the citizen science. We're from Arkansas. We're from the Delta and we're really trying to increase our STEM engagement with younger kids." Greene and Perdue worked with 5th-6th grade students at two Jonesboro area schools: Nettleton STEAM, a science, technology, arts, and mathematics school; and Blessed Sacrament Catholic School, a private school. Greene explained, "We worked with them to get them familiar with the wax worms, biodegradation, and really bring that theme of sustainability into the classroom. It was so amazing seeing these kids. . . . And it just blows my mind how much they understand. They understand biodegradation and they have thought about and heard things like 'microbiome' before. They've thought about the plastic problem. So, it's real world concepts that we're able to bring into the classroom and into our own research."

Perdue reflected on his experience with local youth, "Giving them a much different experience than a traditional lecture, [we were] much more hands-on in what real science is like. . . . We've done a lot of stuff in the classroom. We've gone beyond just setting up experiments; we've also hosted different events, challenges, teaching them about circuitry and how that works. We had a challenge where we had them use Legos and build their pods for the worms, and it just pulls them into it."



ABI TESTIMONIAL

Another highlight of this project for undergraduates Greene and Perdue was their experience at NASA facilities. Greene reflected, "Our launch experience, it was a big part of this grant. Our team got to go into NASA facilities at Kennedy Space Center. We got to work in their labs. We were given a tour of their facility. We got to watch our experiment launch. It was amazing."

Dr. Dolan explained that project's funding, "This was a \$20,000 seed grant, plus travel. It's tiny. You know why we were able to do this, and to compete? It was because of the resources that we have from ABI. We couldn't afford all of the incubators, et cetera. We got access to that through our core facility voucher system that allowed these kids to do this type of science and compete against the Stanford's and the Columbia's." Dolan continued to, in her words, "brag on" the undergraduates involved in the project. She shared, "They were the youngest team of all of them. They also have gotten the nod from the NASA SPOCS program because of the innovations they've done in the classroom. This group has been highlighted by NASA as the lead in terms of their vision of the SPOCS program, and especially the citizen science component."

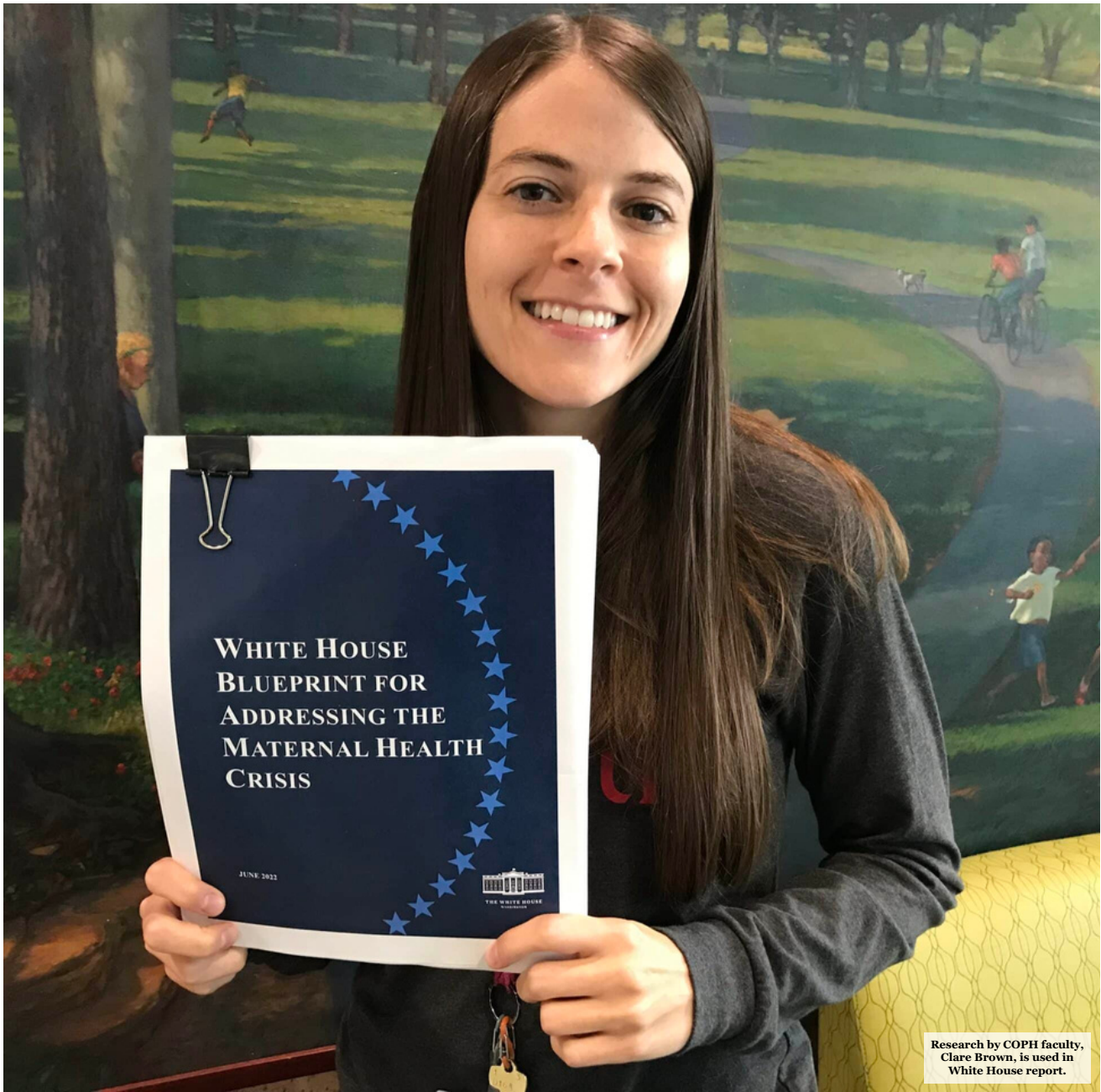
Greene reiterated their success with the SPOCS program, "Now other research communities, other research facilities who arguably have more funding, more attention, they know Arkansas State University. They know the name Arkansas, and this is making us competitive on a national level in terms of research and research design. The really important thing is just continuing to show that valuable science can come from anywhere."

Greene's experience with the SPOCS program and other ABI-related research has inspired her to pursue a career in science. She stated, "I'm actually headed down a path towards a PhD and to continue research. I've become so passionate about it, and especially that outreach component. I don't see myself in a future career in science without incorporating other people in the community into it." She continued to express gratitude for her experience, "I know it sounds so cheesy, but this project has changed my life. It's added connections. By the end of my career at A-State, I will have spent three years on this project; I will have made lifelong friends. I will have written an honors senior thesis over my continuing data analysis, and it's just means so much."



"You know why we were able to do this, and to compete? It was because of the resources that we have from ABI. . . . We got access to that through our core facility voucher system that allowed these kids to do this type of science and compete against the Stanford's and the Columbia's."

Maureen Dolan, PhD



Research by CPH faculty, Clare Brown, is used in White House report.

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH



Mark Williams, PhD, Dean

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



UCA Evaluator: Marc Sestir, PhD



Mark Williams, PhD
Dean of UAMS Fay W. Boozman
College of Public Health

Dina Jones, PhD
Assistant Professor at UAMS COPH
Investigates contributors to tobacco use and disparities
among disadvantaged groups

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH

RESEARCHERS PARTNER WITH SHERIFF'S OFFICE TO REDUCE OPIOID USE IN INCARCERATED POPULATIONS

The Pulaski County Sheriff's Office received a \$1.3 million grant to reduce the use of opioids in incarcerated populations. Nickolas Zaller, PhD, professor in the COPH, will be evaluating the effectiveness of the project and explained its importance, **"People who have been incarcerated have more than a hundredfold greater risk of dying from an overdose compared with the general public."**

Melissa Zielinski, PhD, assistant professor in the UAMS College of Medicine and director of the UAMS Health and the Legal System Lab, reiterated, **"The cycle of trauma, addiction, and incarceration has been documented in research for many years. . . . This partnership is an opportunity to interrupt that cycle"** (Taylor, 2022).



Nickolas Zaller, PhD
Professor and director of the UAMS Southern Public Health and Criminal Justice Research Center announces partnership.

171
OF PROJECTS ARE FOCUSED ON ARKANSAS

RESEARCH PROJECTS

In 2022, COPH faculty and student researchers explored topics such as cancer prevention, smoking cessation, improving maternal and infant healthcare, improving community sanitation, reducing violent assaults, and increasing minority populations' access to preventative care.

275
PUBLICATIONS PER FACULTY

RESEARCH PUBLICATIONS

85
GRADUATES

85%
OF GRADUATES PLAN TO STAY IN ARKANSAS

Austin Porter, DrPH, MPH, an alumnus of the COPH, and now assistant professor, was honored with the Governor's Health Policy award at the 2022 AMHC Biennial Health Summit. The awardee, chosen by the governor, reflects someone who has had a significant impact on the health of minority Arkansans through public policy.

18 REMOTE PRESENTATIONS

35 DISTANCE-ACCESSIBLE COURSES

STUDENTS' COUNTY OF ORIGIN
RURAL COUNTY

In 2022, COPH students came from 53 counties, 38 of which are rural. On average during the year, approximately 24% of COPH students came from a rural county.

\$

In FY22, COPH leveraged **\$7.32 Million**, equal to \$2.84 for every ATSC \$1.

COPH PROGRAM DESCRIPTION AND GOALS

Program Description

The Fay W. Boozman College of Public Health (COPH) educates a public health workforce and advances the health of the public by investigating the causes, treatments, and prevention of human health problems. Preventing chronic disease and promoting positive health behavior is the most effective way to improve the health of all people. The College's mission of improving the health of all Arkansans is realized through teaching and research as well as service to elected officials, agencies, organizations, and communities. Examples of the complex health issues addressed include improving the multiple dimensions of access to healthcare; reducing the preventable causes of chronic disease; controlling infectious diseases; reducing environmental hazards, violence, substance abuse, and injury; and promoting preparedness for health issues resulting from terrorist acts, natural disasters, and newly emerging infectious diseases.

Program Goal

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



COPH EVALUATOR SUMMARY AND COMMENTS

Economic Impact

In FY22, the College of Public Health was awarded \$2,835,150 from the ATSC and reported annual expenditures of \$2,577,136. The remaining funds (\$258,014) will be carried over into FY23. In FY22, the COPH leveraged a total of \$7,322,264 extramural funds. When compared to the \$2,577,136 in expenditures, the college leveraged a rate of \$2.84 for every \$1 of ATSC funding. The grants and contracts awarding those funds have been used to develop and support key public health resources in Arkansas.

Opportunities

The UAMS COPH has embraced numerous opportunities throughout the year to enhance its efforts in education, research, and service; many of these opportunities are presented elsewhere in this report. Highlighted below is a recent opportunity to address the opioid epidemic, which is captured by Tim Taylor (2022), a journalist for the college.

Several UAMS researchers are working with the Pulaski County Sheriff's Office to reduce the use of opioids among its incarcerated population. The sheriff's office announced Tuesday that it had received a \$1.3 million grant from the U.S. Bureau of Justice Assistance in connection with its Comprehensive Opioid, Stimulant, and Substance Use Program. The grant will be used to continue and expand the office's reentry program, providing funds for additional staff, including a substance abuse counselor and two additional peer recovery support specialists. The grant will also fund medication-assisted treatment (MAT) for detainees with opioid use disorder both pre- and post-release, transitional housing for detainees upon release, and curriculum materials for classes for incarcerated individuals.

Nickolas Zaller, Ph.D., professor in the Fay W. Boozman College of Public Health and director of the UAMS Southern Public Health and Criminal Justice Research Center, will be evaluating the project's effectiveness. Zaller said Tuesday that it was important to address the needs of those detainees with opioid use disorder as early in their incarceration as possible. "The biggest challenge is determining who is going to be eligible, who isn't, and how long they will be in custody," said Zaller. "People who have been incarcerated have more than a hundredfold greater risk of dying from an overdose compared with the general public because of their waning tolerance to opioids while they are incarcerated." Assisting in the enrollment of detainees in the MAT program will be Azizi Ray, Pharm.D., Ph.D., a post-doctoral fellow with the UAMS Psychiatric Research Institute. Ray will work with male and female detainees housed in the Pulaski County Regional Detention Facility who want assistance in overcoming opioid use disorder through medication during their incarceration and will see that they receive follow-up care in the UAMS Center for Addiction Services and Treatment. Ray will also provide opioid overdose prevention training and naloxone kits to detainees to contend with post-release overdose risk.

Along with receiving help in finding housing upon their release through Better Community Development, Inc., a faith-based nonprofit organization, the detainees will receive training and counseling aimed at helping them overcome barriers to reentering the community. One of the classes in the 12-week program focuses on trauma and post-traumatic stress recovery and will be overseen by Melissa Zielinski, Ph.D., an assistant professor in the Department of Psychiatry in the UAMS College of Medicine and director of the UAMS Health and the Legal System Lab.

COPH EVALUATOR SUMMARY AND COMMENTS

Opportunities - Continued

The classes that Zielinski oversees are conducted by interns in the UAMS Predoctoral Psychology Internship program and by practicum students from local universities. The topics covered include education on trauma and post-traumatic stress disorder, education on the relation between post-traumatic stress symptoms and addiction, coping and interpersonal skills, resilience and strengths building, and information on how to seek help for trauma recovery services in the community. "Nearly all people who become incarcerated have experienced chronic and severe trauma, often beginning in early childhood, and the cycle of trauma, addiction, and incarceration has been documented in research for many years," said Zielinski. "This partnership is an opportunity to take steps to interrupt that cycle through foundational services, including housing and substance-use treatment as well as education and skill-building around managing the consequences of trauma specifically."

Challenges

The Master in Health Administration (MHA) program is included in the college's accreditation; however, it is also separately accredited by the Commission on Accreditation of Healthcare Management Education (CAHME). The accreditation ensures the MHA program provides students with education that meets or exceeds the rigorous criteria set by CAHME.

To maintain accreditation, the program must complete the re-accreditation process every seven years. This process involves preparation of a thorough self-study report based on CAHME criteria for accreditation and self-assessment, a site visit by a team of qualified peer reviewers, and review of the self-study and the site visitor report by CAHME's Board of Directors for a final determination of compliance with accreditation criteria and re-accreditation.

The CAHME site visit was November 9-11, 2022. During those three days the site visitors met with students, alumni, faculty, staff, college, and university leadership. The site visit concluded with initial findings by the site visitors. The findings were favorable but identified some areas in which the program can be strengthened and improved. The site visitor report will be presented to the CAHME Board of Directors in spring 2023. A decision on re-accreditation is expected by summer 2023.

Evaluator Comments


As we emerge from the period of rapid change brought about by the COVID-19 pandemic, the COPH has continued to meet or exceed its indicators for the effective use of ATSC funds. The college contributes to Arkansas public health across a wide range of domains, from empirical research on health issues affecting the state, to informing and empowering Arkansans about personal health decisions, to developing health research centers, to educating and graduating the next generation of Arkansas healthcare professionals. The COPH has continued to be a positive force in the effort to improve public health in Arkansas.

COPH 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.

- **Met for 2022** 
- **Activity:** This indicator was met for the calendar year. Faculty participated in an average of 52 activities per quarter, with 48 (92%) reported as ongoing at the end of the calendar year. All activities had a scope that included Arkansas, with 37 (71%) focusing on Arkansas statewide, and an additional six (11%) emphasizing Central Arkansas specifically. Topics included partnerships with public health community organizations and service on health-related boards at the state and national level.

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.

- **Met for 2022** 
- **Activity:** This indicator was met for the calendar year. During 2022, 53 College of Public Health faculty collectively had 275 publications in peer-reviewed journals, a ratio of 5.30 publications per faculty member. This only includes faculty who are expected to publish in peer-reviewed journals.

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


- **Met for 2022** 
- **Activity:** This indicator was met for the calendar year. College of Public Health faculty and students contributed substantially to public health practice and research, helping to promote the health and well-being of Arkansans. Faculty engaged in 134 funded research projects, covering topics such as cancer prevention, reducing violent assault, improving newborn and infant outcomes, and smoking cessation. Students conducted 37 projects, including improving community sanitation, tobacco cessation and prevention, maternal healthcare, and increasing access to preventative care, particularly among minority populations.

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


- **Met for 2022** 
- **Activity:** This indicator was met for the calendar year. In all, 130 of 134 faculty research projects (97%) and 37 out of 37 student research projects (100%) were based in Arkansas and/or had an Arkansas focus.

COPH INDICATORS AND PROGRESS


Indicator: *The COPH makes courses and presentations available statewide.*

- **Met for 2022** 
- **Activity:** This indicator was met for the calendar year. The COPH offered 35 distance-accessible courses in 2022 on topics such as biostatistics, environmental health sciences, and epidemiology. The college also made 18 presentations available over the course of the year, including topics like COVID-19 treatment, opioid overdoses, and dietary improvement.


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

- **Met for 2022** 
- **Activity:** This indicator was met. In all, 71 of 292 enrolled students who originate in Arkansas come from rural counties, as designated by the federal Office of Management and Budget.

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

- **Met for 2022** 
- **Activity:** This indicator was met for the calendar year. In 2022, 85 students graduated from COPH: 45 graduates (53%) were White, lower than Arkansas demographics (77%); 19 (22%) were African-American, a higher proportion than Arkansas demographics (15%); three (4%) were Hispanic/Latino, comparable to the state population rate (6%). Additionally, eight graduates (9%) were Asian, one (1%) was Native American, and nine (11%) were multiracial or reported no race.


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

- **Met for 2022** 
- **Activity:** This indicator was met for the calendar year. Of the 85 graduating students, 44 (52%) intended to work in public health or healthcare in Arkansas. Another two (2%) planned to pursue a degree in Arkansas. An additional 26 (31%) wanted to pursue a residency or fellowship, many of which were located in Arkansas. Only four (4%) intended to work outside of Arkansas, with the plans of the remaining nine (11%) 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.*

- **Met for FY22** 
- **Activity:** This indicator was met for the fiscal year. The fiscal data for July 1, 2021 through June 30, 2022 showed that \$2,577,136 was awarded to the COPH from the ATSC. Grants and contracts to the COPH totaled \$7,322,264. The financial information that was provided by COPH indicated a 2.84:1 ratio of external funds to tobacco funds.

COPH TESTIMONIAL

Doctoral Student Uses Hometown Inspiration to Make Academic Achievement

Written by Kev' Moya (2022d), journalist for UAMS COPH

Shun Ingram, a doctoral student in the UAMS COPH Health Promotion and Prevention Research Program, has earned the prestigious Southern Regional Educational Board State Doctoral Scholars Program Award. "It's a highly competitive scholarship," said Ingram. "It relieves some of the financial burden of being a doctoral student. It also gives me a chance to focus heavily on research and getting through my academic program." The annual award goes to a pair of minority students from the southern United States who are pursuing a doctorate with plans to become a college faculty member. The award offers three to five years of direct program support and institutional support, along with a \$20,000 annual stipend. Recipients have access to a total of five years of tuition through the award. Additionally, they receive professional development support and funding to attend various conferences.

"I'm fortunate to be in the UAMS College of Public Health where I have access to great opportunities," Ingram said. "But with the scholarship comes an added level of resources and people on a regional level who I can connect with." Ingram's interest in public health dates back to his hometown of Palestine, Arkansas, located in St. Francis County. As a junior high student, Ingram recognized how limited healthcare options can cause issues for people in rural areas. "Both of my parents are educators. So I've enjoyed a pretty good life," he said. "But even when I was young, I was aware of what was going on around us regarding health issues. It was eye opening seeing people in my family, throughout my hometown and the surrounding areas battle health problems. One of the issues was the hospital that's nearest to Palestine. If you want a form of healthcare that specializes in a specific task, you're going to have to travel a good distance to get the care."



"My passion for public health and the improvement of health outcomes has truly come alive. . . . As I work on my doctorate, I'm excited to be headed toward a public health career where I can make a difference."

Shun Ingram

COPH TESTIMONIAL

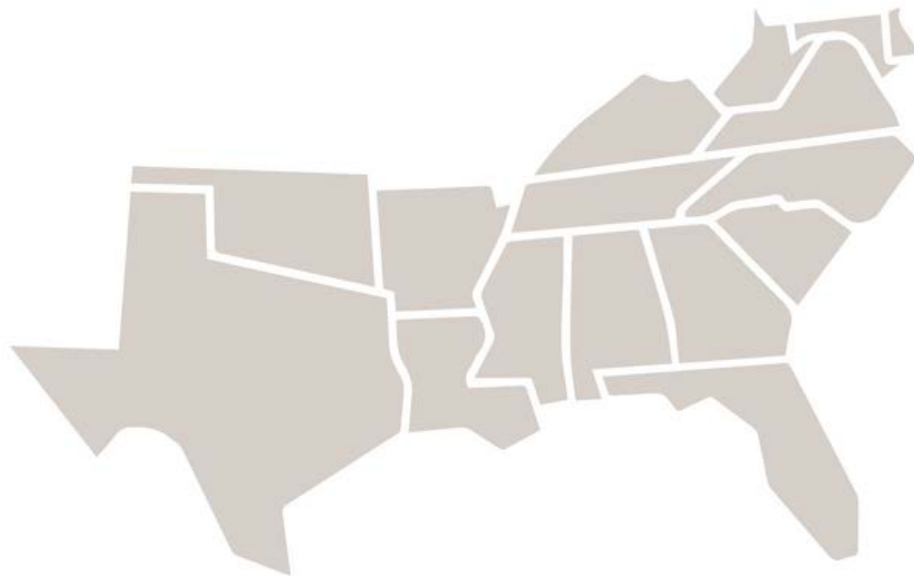
Ingram, an alum of the University of Central Arkansas, said the college courses that he has taken have shed light on the ways he can help find a solution to population health issues. "My interest in a public health career increased when I got to college and took some community health courses," Ingram said. "My passion for public health and the improvement of health outcomes has truly come alive. I can often relate on a personal level to what is being discussed. As I work on my doctorate, I'm excited to be headed toward a public health career where I can make a difference."

Aside from improving access to care for the state's rural residents, biases in the health industry is another problem that Ingram aspires to address. He relayed, "Research has proven that there are racial differences in healthcare. Also, personally, I've heard horror stories from people who are Black, just like I am, about healthcare professionals who either marginalized them or just didn't listen to their health-related complaints. . . [These concerns] inspire me to make a difference."

Earning the scholarship is a major boost to him reaching those aforementioned goals, which were birthed in the Delta community of Palestine. "The Southern Regional Educational Board has a goal of helping minorities complete their doctorate and land their first faculty position," he said. "The organization will also help me develop as a researcher. I'm honored they chose me to be a recipient of this scholarship."

SREB

Southern Regional
Education Board





ARKANSAS MINORITY HEALTH INITIATIVE



Kenya Eddings, MPH, Director



UCA Evaluator: Denise Demers, PhD, CHES



Kenya Eddings, MPH
Director of Arkansas Minority Health Commission



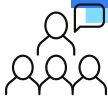
Cindy Arreola, BA
Mobile Health Unit Coordinator

ARKANSAS MINORITY HEALTH INITIATIVE

MHI USES MULTIPLE PLATFORMS TO REACH MINORITY POPULATIONS AND COMMUNITIES



The 7th AMHC Biennial Summit focused on mental health: "Putting 'Me' In Mental Health - Today, Tomorrow, and Always." The summit offered engaging presentations and expert discussions on the topic.



10,664

ARKANSANS EDUCATED

275%
INCREASE FROM PREVIOUS YEAR



21,805

HEALTH SCREENINGS

222%
INCREASE FROM PREVIOUS YEAR



17,128

HAND SANITIZERS DISTRIBUTED



4,227

FACE MASKS DISTRIBUTED

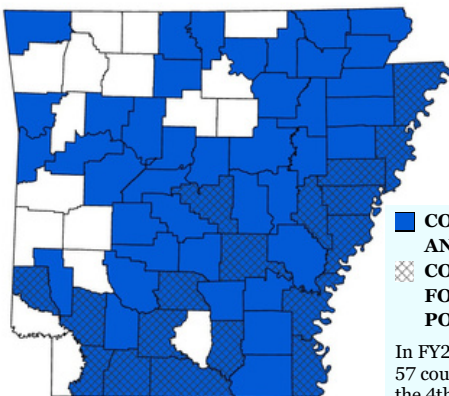
20,000

PAID TV AND RADIO ADS



350,000

SOCIAL MEDIA IMPRESSIONS



- COUNTY REACHED BY MHI AND PARTNERS**
- COUNTY IN 4TH QUARTILE FOR PERCENT MINORITY POPULATION**

In FY22, MHI and partners reached 57 counties, including all counties in the 4th quartile for percent minority population; these 18 counties have minority populations above 40%.



CARES ACT

\$11 million

allocated to AMHC in FY20-21 to respond to the COVID-19 pandemic in minority populations and communities.



MHI PROGRAM DESCRIPTION AND GOALS

Program Description

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

Program Goal

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



MHI EVALUATOR SUMMARY AND COMMENTS

Economic Impact

In FY22, the MHI received 3.6% of the total ATSC funds. This allocation equated to \$1,976,014.12. The MHI remains a good steward of the funds it receives. Throughout the year, the agency partnered with an increasing number of community, grassroots, and faith-based organizations. With these partnerships, the MHI offered health screenings, educational events and materials, and COVID-19 personal protective equipment that spanned 42 counties and all congressional districts. The MHI also offered thousands of advertisements on important health-related issues for minority groups via radio, TV, and social media.

Opportunities

In FY22, the MHI embraced 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 to provide several thousand hand sanitizers and masks to 42 counties in the state. The agency also began offering the COVID-19 vaccine and PCR test. The MHI continues to increase the number of counties and participants it serves and the MHI has boosted its strong effort to reach Arkansans through multimedia channels (radio, TV, social media, and print). The agency reported that several thousands of Arkansans were reached via these multimedia outlets. One of MHI's greatest opportunities consists of its various grassroots, nonprofit, government, and faith-based partnerships. In the final quarter of the fiscal year, some of these new partnerships (e.g., UAMS Culinary Medicine Department, Shorter College, City of Wrightsville, and Arkansas Baptist College) opened doors to additional activities.

Challenges

Despite the challenge of meeting minority Arkansans where they are and increasing awareness in a state that remains poorly ranked in health outcomes, the MHI persisted and worked diligently to uplift quality of life for minority Arkansans. While it is a challenge to educate rural and other disadvantaged communities, the greatest obstacles for MHI have been related to shifts in personnel. When one person moves on, filling that position is not only difficult, but it causes an extra load for those remaining.

Evaluator Comments


Heart disease is the leading cause of death in the nation, and Arkansas ranks 4th in the nation for the highest mortality rate. Because of this and other significant health challenges that beset minorities in Arkansas, the MHI has increased their efforts in education and service. The agency substantially increased its health screening numbers as well as numbers in all media categories in FY22 and the first two quarters of FY23. The MHI continues to add valuable material to its website, like up-to-date information related to COVID-19, screening opportunities, and information related to healthy living. The agency's 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 two of the opportunities the MHI offered this fiscal year. 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 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 for FY22, Influenced by COVID-19** 
- **Activity:** This indicator was 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). 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 57 counties.
 - So far in FY23, the MHI is making steady movement toward the fiscal year goals. The agency continues to offer multiple screening and educational events, participate and run outreach initiatives (both in-person and via media outlets), and sponsor multiple health fairs. Already, the MHI is more than halfway toward its indicator goals for screening and educational outreach numbers.

MHI INDICATORS AND PROGRESS


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 for FY22, 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.
 - 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.
 - The MHI continues to make progress toward this indicator during the first two quarters of FY23. With over 1,000 blood pressure and cholesterol screenings and many thousands of social media impressions, the MHI is making significant progress toward this indicator.


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 for FY22, Influenced by COVID-19** 
- **Activity:** This indicator was met and far exceeded the indicator criteria. MHI's efforts related to hypertension awareness are documented below.
 - Hypertension 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.


MHI INDICATORS AND PROGRESS

- **Activity continued:** 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.
- The MHI continues to make progress toward this indicator during the first two quarters of FY23. With over 1,000 blood pressure screenings, many thousands of social media expressions, and recurring educational encounters about how to cook and eat healthier, the MHI is making significant progress toward this indicator.

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 for FY22, Influenced by 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 MHU 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.
 - With heart disease as the leading cause of death in the nation, the MHI has worked diligently with minority Arkansans to raise awareness of the many ways to combat this deadly disease. Screenings, educational encounters, and outreach events remain a top priority. The MHI works hard to establish new community partners while strengthening those relationships already made. With the help of the MHU, the MHI is on their way to meeting this indicator for FY23.


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 for FY22, Influenced by 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 INDICATORS AND PROGRESS

- **Activity continued:** The MHI continues to make progress toward this indicator during the first two quarters of this fiscal year. The agency has offered almost 50% of their total screenings from last year and continues to offer educational programs to improve the health of minority Arkansans throughout the state.

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. 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 MHU, and the 7th 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 for FY22** 
- **Activity:** This indicator was 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.
- The MHI is in the preparation phase for this indicator. Camp iCan is held during the summer months. The remaining months provide ample time to evaluate and prepare for the coming year. Camp iCan features hands-on activities, workshops, and exercises that promote healthy eating, physical activity, and self-confidence among minority youth throughout the state.

MHI TESTIMONIAL

Biennial Summit Focuses on Mental Health

The Arkansas Minority Health Commission's 7th Biennial Summit was held in April in Little Rock. The event was also offered through live-stream to a virtual audience. The summit celebrated the AMHC's 30th Anniversary and focused on mental health in minority populations.

To kickoff the half-day event, Director Kenya Eddings reminded the audience of the agency's mission and emphasized its efforts to address health disparities and promote healthier lifestyles, which includes providing mental health support to minority Arkansans. After Eddings opening remarks, Sima Ladjevardian, the Region 6 director of the U.S. Department of Health and Human Services, joined virtually and discussed President Biden's vision for addressing mental health and health equity. Ladjevardian explained, "It is a matter we can all unite behind, irrespective of our political or philosophical beliefs. . . . The truth of the matter is that our country faces an unprecedented mental health crisis among people of all ages, but especially among our youth. And the opioid epidemic and overdoses in general have worsened over the last few years because of the pandemic. Two out of five adults report symptoms of anxieties and depression, and Black and Brown communities are disproportionately untreated."

After Ladjevardian's sobering words, keynote speaker, Gina Neely, author and former TV personality, shared with the audience her own journey with mental health crisis. She explained that her professional and personal responsibilities become too overwhelming. Her life became "a blur," and, eventually, she collapsed on the set of her TV show. After this experience, Neely turned to mental health therapy and other self-care resources to begin her healing process. Neely described her strategy to overcome feelings of overwhelm and anxiety as SNAP--slow down, *notify*, align with your feelings, and *prepare* for your healing. She reflected, "We should always stay in a perpetual state of growing, and the only way to grow is to heal. [They] are synonymous with each other. . . . Our connection to other people can only be as solid and whole as our connection to ourselves."



Kenya Eddings
AMHC Director



Gina Neely
Keynote Speaker



MHI TESTIMONIAL

Neely's story struck a cord with attendee, LaToya Jeter. Jeter is a doctoral candidate and mental health professional representing Sigma Gamma Rho Sorority, Inc. She shared, "My biggest takeaway from today would be from the keynote speaker and her acronym 'SNAP' [slow down, notify, align with your feelings, and prepare for your healing]. That acronym can be used from a holistic approach, and is not just for those who are dealing with mental illness, but for the entire population. It can also be transferred down to kids . . . as a way to identify and express when they are dealing with mental illness." Jeter stressed that her sorority is targeting mental health as one of their national social action initiatives, and that events like the Biennial Summit are very important in raising awareness to this critical issue.

After Neely spoke, local poet Chris James described his recent mental health struggles after his mother passed away suddenly. James recited one of his nationally-renowned poems that he re-dedicated to his mother. After this heartfelt presentation, two panel discussions by mental health professionals and community leaders were facilitated. The first panel centered on mental health in children and the second on mental health in adults. Attendees also were reminded of the connection between mind and body as a presenter led attendees in fun group exercise and emphasized how movement contributes to good mental health and overall well-being. In all, the summit offered timely and meaningful education around mental health in minority populations and fostered connections between legislators, community leaders, health professionals, and sponsoring organizations in attendance.



"My biggest takeaway . . . would be from the keynote speaker and her acronym 'SNAP' [slow down, notify, align with your feelings, and prepare for your healing]. That acronym can be used from a holistic approach and is not just for those who are dealing with mental illness, but for the entire population."

LaToya Jeter, PhD(c)



Project Prevent
Spring Tour at Green
Forest High School

TOBACCO PREVENTION AND CESSATION PROGRAM



Lana "Joy" Gray, Branch Chief



UCA Evaluator: Janet Wilson, PhD




Lana "Joy" Gray
Branch Chief



Laura Taylor (left), CHES, & Stephanie Bell
Tobacco Outreach Specialist
& Project Prevent Program Assistant

TOBACCO PREVENTION AND CESSATION PROGRAM

3,875 

YOUTH PARTICIPATED IN EDUCATIONAL EVENTS



672 

HEALTHCARE PROFESSIONALS EDUCATED



Approximately 450 attendees participated in the joint "Finding a Way Forward" conference. The 23rd Arkansas Cancer Summit was hosted by the Arkansas Cancer Coalition (a TPCP sub-grantee) with the theme "Mental Health, Screenings, & Survivorship." The 19th Clearing the Air in Communities of Color Conference was hosted by MISRGO with the theme "Tobacco Control, Mental Health, & Disparate Population Groups."



3,477

CALLERS ENROLLED IN TOBACCO CESSATION



36%

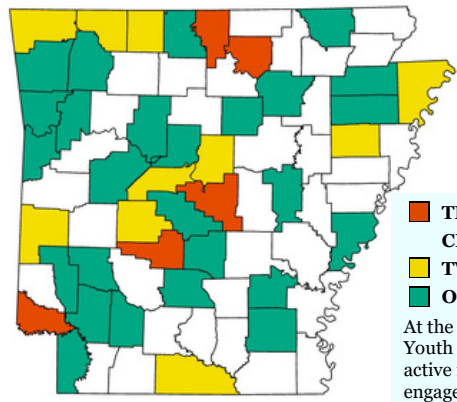
SMOKING QUIT RATE VIA BE WELL ARKANSAS
The highest quitline rate in the nation.






5 GRADUATES
Graduate Addiction Studies Program (GASP)

5 FAITH-BASED GROUPS ENGAGED
Minority Sub-Recipient Grant Office (MISRGO)

2 TOBACCO STUDIES FUNDED
Minority Research Center (MRC)



-  THREE OR MORE PPYC CHAPTERS
-  TWO PPYC CHAPTERS
-  ONE PPYC CHAPTER

At the end of FY22, 64 Project Prevent Youth Coalition (PPYC) chapters were active in 41 counties. These chapters engage youth in tobacco education and prevention activities.



The Young Artist Studio, YAS, met with the Camden Mayor and Union County officials with their Red Ribbon Proclamation.



\$

SAVINGS FOR BE WELL CALLERS

Arkansas smokers experience lifetime out-of-pocket costs of \$130,174, increased healthcare costs of \$117,476, and income loss of \$427,464 (McCann, 2023). This equates to lifetime costs of \$675,114 or \$14,065 annually. In FY22, approximately 1,250 Be Well callers successfully quit smoking.

These Arkansans, collectively, will save \$17.5 million in the coming year.

TPCP PROGRAM 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.

Program Goal

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



TPCP EVALUATOR SUMMARY AND COMMENTS

Economic Impact

In FY22, the Tobacco Prevention and Cessation Program Account received \$15,210,375.91 from the ATSC. This is an increase of \$420,176.65 from the FY21 fund allocation. As directed by the Tobacco Settlement Proceeds Act, 15% of these funds (\$2,281,556.39) was deposited into the Minority Communities Special Account at the UAPB. The remaining 85% (\$12,928,819.52) was utilized by TPCP and partners in FY22. The Breast Cancer Control Fund received \$500,000 and the Child Health Advisory Committee received \$600,150. While the Arkansas Tobacco Control typically receives funding, during FY22 they had a balance that needed to be spent; therefore, they did not receive any funds. Fund allocations will be made again during the next fiscal year. The Great Strides Program (Trails for Life) was not funded during FY22; however, discussions will be held to determine their level of funding for future fiscal years. Thus, the balance allocated to the TPCP for FY22 was \$11,828,669.52.

Smoking addiction comes at a cost for Arkansans. In the article, “The Real Cost of Smoking by State” (see <https://wallethub.com/edu/the-financial-cost-of-smoking-by-state/9520#expert=daniel>), Adam McCann (2023) calculated, by state, the financial costs of smoking across one’s lifetime as well as annually. He estimated that each smoker in Arkansas experiences lifetime out-of-pocket costs of \$130,174 (approximately \$2,712 annually), increased healthcare costs of \$117,476 (approximately \$2,447 annually), and income loss of \$427,464 (approximately \$8,906 annually). Thus, it is easy to show how the reduction of smoking in the state not only contributes to the health of Arkansans, but also to the financial health of the state of Arkansas as a whole.

Opportunities

In FY22, TPCP announced Be Well Arkansas achieved the milestone of 10,000 callers enrolled in the tobacco cessation program. This is especially important since several callers had reported that the stress associated with COVID-19 had hampered their attempt to quit.

While COVID-19 restrictions necessitated a pivot to the use of virtual technology, many groups found virtual offerings to be conducive to the success of various events (see Testimonials for support of virtual offerings). For example, during FY22, the Arkansas Cancer Coalition (ACC) assisted in hosting or conducting the following virtual events: St. Bernard’s Lung Cancer Symposium (44 participants), UAMS Family Medicine Spring Review, Tobacco and Disease Sessions (208 participants), UAMS Tobacco and Disease Symposium (182 participants), and Brief Tobacco Intervention (BTI) training (20 participants).

Finally, Project Prevent Youth Coalition (PPYC) was active during FY22. New school chapters were added, including one in Ouachita County, a Red County. Chapters were active in recruiting and peer-to-peer education, 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*.

TPCP EVALUATOR SUMMARY AND COMMENTS

Challenges

During FY22, ongoing COVID-19 restrictions and concerns necessitated the development of no-contact access to tobacco, nicotine, and Electronic Nicotine Delivery System (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 than with in-person programming. As seen in the Testimonials section, virtual programming often increases accessibility for some conference attendees.

Evaluator Comments

The TPCP operates on a fiscal calendar. Thus, the indicator progress noted in this report covers to the end of FY22. Probably the biggest takeaway from FY22 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, virtual technologies have made it easier for some Arkansans to obtain tobacco cessation training and information. This is seen in the Be Well Baby Program, the virtual conferences held by such groups as the Arkansas Cancer Coalition (ACC) and the Minority Initiative Sub-Recipient Grant Office (MISRGO), and Project Prevent programming within schools. Thus, as TPCP moves forward, it is important to foster safe face-to-face interactions while retaining the virtual formats that are serving Arkansans well.



Charleston High School



Mountain Home Junior High



Ashdown High School




Berryville High School

TPCP 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, the 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) the 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 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 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 for FY22, Influenced by COVID-19** 
- **Activity:** The goal 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 the last quarter of the fiscal year, 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, maintain the sales to minor violations at 6.5% or below (Baseline in FY19 = 6.3%).*

- **Unmet for FY22, 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 the last quarter of the fiscal year, Arkansas Tobacco Control (ATC) conducted 1,599 unannounced compliance checks with 156 sales to minor violations for a non-compliance rate of 9.76%.


TPCP INDICATORS AND PROGRESS

- **Activity continued:** 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%. In the last quarter of the fiscal year, 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 the final quarter of the fiscal year, 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 last quarter of the fiscal year, 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.

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 for FY22, Influenced by COVID-19** 
- **Activity:** The goal was not met. No new chapters were established in the Red Counties during the last quarter of the fiscal year. 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 for FY22** 
- **Activity:** The goal was met. 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.


TPCP INDICATORS AND PROGRESS

- **Activity continued:** For the areas listed above, OHC utilized extensive digital, print, social media, non-traditional, and out of home media. Also, 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 for FY22, Influenced by COVID-19** 
- **Activity:** The goal was met for FY22. During the last 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.


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

- **Met for FY22, Influenced by COVID-19** 
- **Activity:** The goal for this indicator was met for FY22. For the fourth 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 for FY22, 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 for FY22, 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."

TPCP INDICATORS AND PROGRESS



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 for FY22, 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 for FY22** 
- **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 for FY22, 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 fourth quarter, the MRC reported two virtual meetings with coalitions in the third quarter.

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 for FY22** 
- **Activity:** This goal for this indicator was met for FY22. During the final quarter of the fiscal year, 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 for FY22, Influenced by COVID-19**  
- **Activity:** This goal for this indicator was met for FY22. During the fourth 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.

TPCP INDICATORS AND PROGRESS


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

- **Met for FY22, 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 fourth 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 for FY22, Influenced by COVID-19**  
- **Activity:** The goal was met during FY22. During the final quarter of the fiscal year, 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.

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 for FY22** 
- **Activity:** The goal was met. During FY22, GASP developed one survey and disseminated it among alumni. Fourteen surveys were returned. Two of the questions and responses are provided below:
 - Question: How closely is your job associated with your GASP training?
 - A great deal--eight responses; Moderately--three responses; Not at all--three responses
 - How competitive has your GASP degree made you in your field of study?
 - Extremely valuable in these regards--six responses; Very valuable in these regards--two responses; Somewhat valuable in these regards--six responses
 - Also, five respondents identified as being certified or licensed in substance use prevention.

TPCP TESTIMONIAL

Feedback from Tobacco Events

Each year, TPCP and its subgrantees provide a range of opportunities for Arkansans to learn about the perils of smoking, smokeless tobacco, and ENDS products. Testimonials from a few of these trainings and conferences are provided below:

- UAMS Family Medicine Spring Review (what 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."
- St. Bernard's Tobacco and Disease Symposium (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."
- 23rd Arkansas Cancer Summit (something learned that would apply to their professional or personal lives):
 - "How to reach teen smokers."
 - "FDA (Food and Drug Administration) regulations of e-cigs."
 - "The effects of tobacco use and minorities."

Additionally, the Arkansas Cancer Coalition (ACC) held a Brief Tobacco Interventions (BTI) training where attendees reported increased confidence in addressing tobacco/nicotine use in their patients.

Finally, in conjunction with the Arkansas Cancer Summit, MISRGO held the 19th Clearing the Air in Communities of Color Conference where 97% of attendees reported they were very satisfied/satisfied with the speakers and content, as well as 100% reporting the conference provided useful information/skill application.



Of attendees at joint conference reported feeling very satisfied or satisfied with speakers and content.



Of attendees at joint conference reported that the conference provided useful information and skill application.



TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM



Mary Franklin, Director, DHS Division of County Operations



UCA Evaluator: Joseph Howard, PhD



Arkansas Department of Human Services
Tobacco Settlement
Medicaid Expansion



Mary Franklin
Director, DHS Division of County Operations



Erin Skrodenis
Store Manager, The Blue Umbrella

TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM



Participants at Arts is Bost, Inc., in Fort Smith
Blue Umbrella Artists



Estie and siblings of Estie's Delightful Diamond Art & More
Blue Umbrella Artists



Johnny
Blue Umbrella (former) Employee



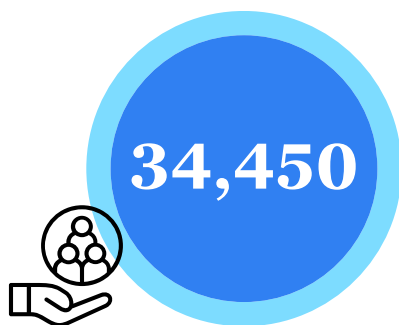
Palmer
Blue Umbrella Artist



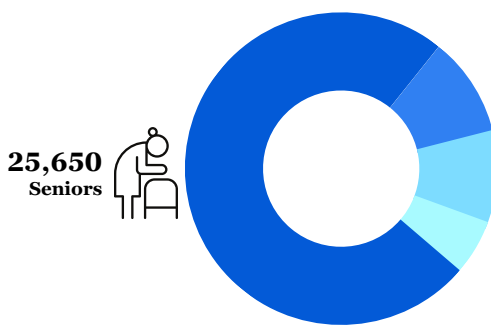
THE BLUE UMBRELLA SHOWCASES ARTS AND CRAFTS MADE BY ARKANSANS WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES.

THE STORE ALSO OFFERS EMPLOYMENT AND JOB TRAINING.

The DHS Division of Developmental Disabilities Services (DDS) celebrated in March with a month-long campaign to raise awareness about the inclusion of people with developmental disabilities in community life as well as barriers that people with disabilities face in connecting to their communities.



VULNERABLE ARKANSANS SERVED



ARKANSANS SERVED PER TS-MEP POPULATION GROUP

25,650 Seniors

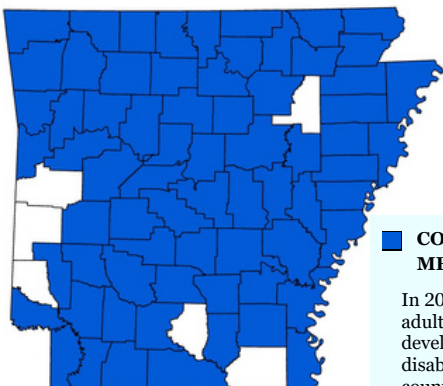
3,543 Pregnant Women

3,287 Adults with Extended Hospital Stays

1,970 Adults with Developmental Disabilities

\$129.8 Million

TOTAL CLAIMS PAID



COUNTIES SERVED BY TS-MEP DDS SUPPORTS

In 2022, the TS-MEP served 1,587 adults and 383 children with development and intellectual disabilities across 69 of 75 counties.



Tanasia
Blue Umbrella Artist



In FY22, TS-MEP leveraged \$100.7 Million, in federal matching funds, equal to \$3.56 for every ATSC \$1.



TS-MEP PROGRAM 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.

Program Goal

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



TS-MEP EVALUATOR SUMMARY AND COMMENTS

Economic Impact

From January 2022 to December 2022, total claims paid for the TS-MEP populations were nearly \$129.8 million. The Tobacco Settlement funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This amounted to more than \$100.7 million in 2022, which has a significant impact on the health costs and health outcomes for the state of Arkansas.

Opportunities

With the TS-MEP program, the Arkansas Department of Human Services (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 Health and Opportunity for Me (ARHOME) 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 ARHOME program, traditional Medicaid expenditures have decreased. Many Medicaid-eligible adults aged 19-64 are covered by the ARHOME 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 and Hospital Benefit Coverage were 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. Arkansas 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 by TS-MEP. With many elective medical procedures being placed on 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 an increase in the number of persons with developmental disabilities being served in 2022. 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 during 2022. Since coverage is only being terminated due to death, moving out of 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 in 2022. The Arkansas DHS suspended cost share requirements for day one hospitalizations as it 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 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.*

- **Unmet for 2022, Influenced by COVID-19** 
- **Activity:** This indicator was not met for 2022. With the implementation of the ARHOME program, more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term impact will be limited compared to the influences outside of the TS-MEP. From January 2022 to December 2022, TS-MEP provided expanded access to health benefits and services for 34,450 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is a significant decrease from 59,184 persons served in 2021.

Short-Term Objective


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

Indicator: *The TS-MEP will increase the number of pregnant women with incomes ranging from 138-214% of the FPL enrolled in the Pregnant Women Expansion.*


- **Unmet for 2022, Influenced by COVID-19** 
- **Activity:** This indicator was not met for 2022. Between January 2022 and December 2022, there were 3,543 participants in the TS-MEP initiative Pregnant Women Expansion (PWE) program. This program provides prenatal health services for pregnant women with incomes ranging from 138-214% of the federal poverty level (FPL). Before the TS-MEP funding, the income limit for pregnant women was at or below 100% FPL. The TS-MEP funds for the PWE program totaled \$2,729,359 in 2022. There was a decrease of 1,242 women served from 2021 to 2022. This reduction may be due to the extended health coverage during the public health emergency. The TS-MEP continued to provide vital services to thousands of pregnant women each year.

TS-MEP INDICATORS AND PROGRESS


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.*

- **Unmet for 2022, Influenced by COVID-19** 
- **Activity:** This indicator was not met for 2022. From January 2022 to December 2022, the TS-MEP initiative Hospital Benefit Coverage (HBC) provided inpatient and outpatient hospital reimbursements and benefits to 3,287 adults aged 19-64. This was a significant decrease from the 30,291 persons served in 2021. This decrease is due largely to suspended cost share requirements for day one hospitalizations due to the public health emergency. Traditional Medicaid covered 20 hospital days per year for qualified adults. The HBC program has increased the number of hospital days from 20 to 24 and reduced the copay on the first day of hospitalization from 22% to 10%, though this has been suspended as noted above. In 2022, TS-MEP funds for the Hospital Benefit Coverage totaled \$22,365,123.

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.*

- **Met for 2022, Influenced by COVID-19** 
- **Activity:** This indicator was met for 2022. The ARSeniors program expanded Medicaid coverage to 25,650 seniors between January 2022 and December 2022. This was an increase of 3,425 seniors covered in 2021. The AR Seniors program serves Arkansans 65 years or older that have incomes at or below 80% of the federal poverty level. Arkansas Medicaid benefits that are not covered by Medicare are available to ARSeniors participants. Some examples of these benefits are coverage for physician, lab, pharmacy, and inpatient services. Additionally, the ARSeniors program pays the Medicare premium to the Social Security Administration (SSA) for qualified seniors. As a result, the SSA does not withhold this premium from these seniors in their SSA benefits. The TS-MEP funds for the ARSeniors program totaled \$19,799,584 in 2022.

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.*

- **Met for 2022, Influenced by COVID-19** 
- **Activity:** This indicator was met. From January 2022 to December 2022, 1,970 individuals were provided services through TS-MEP funds. This is an increase of 87 persons served from the previous year. In 2022, there were a total of 383 children (18 and under) and 1,587 adults (19 and over) in 69 of 75 counties that were provided services. The Community and Employment Support (CES) provides assistance for major life activities to individuals with intellectual or developmental disabilities. This includes activities such as living independently and working in a job in the community rather than an institutional setting. TS-MEP funding helps to reduce the waitlist for this population of Arkansans. The TS-MEP funds for the CES Waiver program totaled \$84,410,392 in 2022.

TS-MEP TESTIMONIAL

The Blue Umbrella Supports Individuals with Disabilities

The Blue Umbrella is a unique store with one-of-a-kind, handmade items by Arkansans with developmental and intellectual disabilities. Christy Todd, one of the store's newest artists, explained how she connected with The Blue Umbrella, "Me and my mom saw a story on TV about it, and we thought it was cool. So, we contacted them the next day and started talking." Todd's forte is making magnets and angel pins. She also enjoys nature photography, particularly capturing birds, and her photos are displayed prominently in the store. Todd is also author of "Make Believe and True Stories," a children's book sold at The Blue Umbrella.

Todd reflected that she most enjoys the experience of "getting to meet new people . . . and making my own money!" The income she makes is invested back into more art supplies and photography equipment. She shared, "Not too long ago my camera broke on me. So, I'm going to use the money from Blue Umbrella to get a new camera. I like to go to state parks to take my pictures, and right now I want to go to Petit Jean."

When asked why The Blue Umbrella was important for people with developmental and intellectual disabilities, Todd said, "It's important because people don't think we can do anything. People underestimate us, but we can do all these things. We can make things. We can be creative. We can make money. We can do anything."

Erin Skrodenis, store manager, explained, "When you shop in the store, you make such an impact on our artists. For instance, Christy Todd, this has really been a way for her to express herself in ways that she has not been able to. You know, I don't do this to see their gratitude, first and foremost, it's to provide them the opportunity; but she and her family are so excited to have the opportunity to earn a little bit of extra money, to earn some recognition that they might not otherwise get."

Beyond supporting artists and craftspeople, The Blue Umbrella also offers employment opportunities and training for individuals with developmental and intellectual disabilities. Skrodenis explained that one of the original missions of the store was to have a training program, but the pandemic interrupted those plans. While a handful of individuals have been employed at the store in the last four years, only recently have they been able to engage individuals in workforce training. Skrodenis shared that a new partnership with Empower Healthcare Solutions brought new opportunities for a training program.



Christy Todd
Blue Umbrella Artist

TS-MEP TESTIMONIAL

"Empower Healthcare helped us source two clients that fit the bill of what we were looking for," said Skrodenis. She explained, "Johnny and Gabe were on opposite ends of the spectrum with very different needs. . . . We went through the interview process with them. We walked through with them how to apply on the DHS website. . . . We went through six modules in the six months. They went at their own pace. Shiloh (assistant store manager) did a really awesome job. She's the one that put it together, and she worked with them and modified the training based off of what they needed. . . . It was a learning experience for all of us, and we're working to build up our connections and think about what we can do to get these individuals placed outside of [the store], because this is really meant as a stepping stone."

Skrodenis added, "We might be small, but we give a lot of opportunity to those folks that might not otherwise have it, and they appreciate it. They are very enthusiastic to take part in things, to be a part of a community."

Equally enthusiastic is customer, Wendy Gerard, who admitted that she visits the store "every day, sometimes multiple times a day." She exclaimed, "I love this place. It's so grand. It's so much better than going to the mall because it's stuff made in Arkansas. . . . You can get presents, birthday presents, everyday items. I got the pens from the School for the Blind, and I'm telling you, everyone got one for Christmas, all engraved. Everyone loved them. They just 'oohed and aahed.' The stuff in here . . . it's good quality things, and it's going to last. I've bought paintings, magnets, cards, rugs, cookies, earrings. You name it, I can tell you I bought it. I just love this place."



"We might be small, but we give a lot of opportunity to those folks that might not otherwise have it, and they appreciate it. They are very enthusiastic to take part in things, to be a part of a community."

Erin Skrodenis



Drs. AmyLeigh Overton-McCoy and Melodee Harris collaborate on food insecurity projects.

UAMS CENTERS ON AGING



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



UCA Evaluator: Ed Powers, PhD



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



Linda Willey, RN, CDP, CADDCT, CFRDT
Schmieding Home Caregiver Training Program Coordinator,
Center on Aging Northeast

UAMS CENTERS ON AGING



UAMS PARTNERSHIP RECEIVES TWO AWARDS TO ADDRESS SUICIDE, FOOD INSECURITY AMONG OLDER ADULTS



A UAMS partnership between the Donald W. Reynolds Institute on Aging, Centers on Aging, College of Nursing, and the Arkansas Hartford Center of Geriatric Nursing Excellence has received **\$550,000** in awards. The Administration for Community Living awarded **\$450,000** to support nurse leaders in training clinicians, students, and community volunteers to deliver food or to identify food insecurity and suicide risk in older adults.

Also, the U.S. Department of Veterans Affairs awarded **\$100,000** under its Mission Daybreak program, which seeks innovative solutions to reduce the number of suicides among older veterans. **The UAMS team was one of 40 proposals awarded from a national pool of 1,370 applicants** (Carmody, 2022).



Melodee Harris (left), associate professor in the UAMS College of Nursing and co-director of the Arkansas Hartford Center of Geriatric Nursing Excellence, is shown with Mark Herbst, UAMS COA program manager, and AmyLeigh Overton-McCoy, director of UAMS COA and assistant professor in the College of Medicine. Overton-McCoy is the principal investigator (PI) on the project, with Harris serving as the co-PI.



49,956

ARKANSANS EDUCATED



1,026

HEALTHCARE PROFESSIONALS AND STUDENTS EDUCATED



In April, COA Northeast hosted a drive-thru Senior Expo in Jonesboro. More than 200 senior adults and caregivers were offered free health screenings and vaccinations, healthy aging information, and lunch. Also, 200 meals were given to food insecure individuals in neighboring counties.



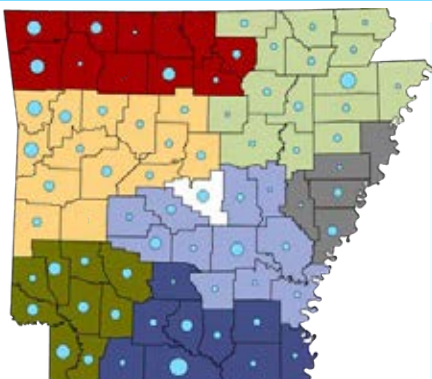
8,276

PATIENT ENCOUNTERS



4,315

EXERCISE ENCOUNTERS



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

In 2022, UAMS-COA reported more than 54,000 education and exercise encounters in at least 70 counties. The agency was unable to capture all participants' county of origin; some participants may have come from the other five counties.



In 2022, UAMS COA leveraged **\$2.1 Million**, equal to **\$1.14** for every ATSC \$1.

UAMS-COA PROGRAM DESCRIPTION AND GOALS

Program Description

The purpose of the UAMS Centers on Aging is to address one of the most pressing policy issues facing this country: how to care for the burgeoning number of older adults in rural community settings. The overall goal is to improve the quality of life for older adults and their families through two primary missions: an infrastructure that provides quality interdisciplinary clinical care and innovative education programs.

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 SUMMARY AND COMMENTS

Economic Impact

The precise economic impact of the UAMS-COA is difficult to estimate directly. Much of what this agency does is aimed at improving the quality of life for older Arkansas residents by deferring the most disabling effects of aging. Positive economic benefits are realized through reducing the time spent suffering with unmanaged chronic disease and by increasing the length of time adults can remain independent, productive contributors to their communities.

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

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

The UAMS-COA programs designed to improve in-home caregiving, expand resources for dementia treatment, prevent falls, monitor mental health, and address food insecurity are all examples of strategies aimed at preserving independence and maintaining seniors in their own homes longer. In a state where the median daily cost of long-term care is \$200 per day for nursing homes (Genworth Cost of Care survey for Arkansas, 2021), it is easy to see the potential savings associated with the UAMS-COA programs and services.

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. As the COVID-19 pandemic limited many traditional client-based services, the COA directors and clients began 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.

UAMS-COA EVALUATOR SUMMARY AND COMMENTS

Opportunities - Continued

- *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. Many of the new technologies continue to be employed after the pandemic and will ensure 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, is a sitting member on the Governor's Advisory Council on Aging. The UAMS-COA is also actively working with the legislative-appointed Alzheimer's/Dementia State Committee and the Medicare Wellness Program through the Bold Act with ADH. Finally, staff at the agency raise awareness through research on program outcomes. Several research abstracts from 2022 were accepted for presentation at the National American Society on Aging Conference in March 2023, in Atlanta, Georgia.
- *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. The agency has also been active in facilitating partnerships with other UAMS units such as the UAMS School of Nursing Hartford Center of Excellence in Geriatrics and the UAMS College of Physical Therapy in Northwest Arkansas. In 2022, the UAMS-COA 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 Coalition for Obesity Prevention, 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 other education events. Expansion of UAMS facilities in El Dorado should help broaden impact in the southern portion of the state.

UAMS-COA EVALUATOR SUMMARY AND COMMENTS

Opportunities - Continued

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 the agency's mission. 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. For much of 2022, the elevated vulnerability of seniors with regard to COVID-19 imposed a number of barriers to other fundamental aspects of the agency's mission such as group exercise, educational presentations, and community outreach. Additional challenges for 2022 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 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 over the course of 2022, the agency was able to see 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 2022, several leadership positions went vacant for months before they could be filled. The Delta COA was without leadership by the close of the calendar year. 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.
- 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.
- 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 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 and the effectiveness of online delivery models is questionable due to lack of resources to fully evaluate these newer service modalities. A major challenge for upcoming years will be to find ways to effectively reach populations in these underserved communities.

UAMS-COA EVALUATOR SUMMARY AND COMMENTS

Challenges - Continued

- 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 were delayed due to the pandemic and have yet to be fully articulated.
- 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 quarters 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. At stake is the continuation of critical programs such as CNA and home caregiver training that are expensive and particularly vulnerable to funding cuts. The UAMS-COA did excellent work in the second half of 2022 to increase funding through grants, awards, service contracts, donations, and volunteer support. However, many of these grants 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 surges in the pandemic during the first half of 2022 have stalled some of the progress related to these challenges.

Evaluator Comments

Services were modified to keep clients healthy during the worst of the COVID-19 pandemic and during the last half of 2022; the UAMS-COA began efforts to re-align services to post-pandemic standards. 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 year through the following activities:

UAMS-COA EVALUATOR SUMMARY AND COMMENTS

Evaluator Comments - Continued

- 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 reduction 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.

Especially in the first two quarters of 2022, COVID-19 precautions and rising economic uncertainty continued to disrupt daily operations of the UAMS-COA. Nonetheless, the agency was able to meet its annual goals and is making a solid recovery from the pandemic.




UAMS-COA 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.*

- **Met for 2022, Influenced by COVID-19** 
- **Activity:** This indicator was met, although the effort was substantially altered due to concerns surrounding COVID-19. A total of 4,315 exercise encounters with senior Arkansans were counted in 2022 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 core concerns of the client population (e.g., balance/fall prevention and pain management). Of the 2,001 encounters that occurred in the last two quarters of the year, a majority were live, in-person experiences as opposed to Facebook or videoconference methods. Overall, the UAMS-COA provided approximately 681 hours of exercise programming to seniors in 2022, 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.*

- **Met for 2022** 
- **Activity:** This indicator was met. During 2022, the UAMS-COA offered evidence-based educational programs that addressed a range of health priorities related to aging. This year, UAMS-COA staff provided 5,684 hours of educational offerings in five focal areas: caregiving/dementia training, physical activity/fall reduction, healthy eating/food insecurity, mental health/well-being, 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.*

- **Met for 2022** 
- **Activity:** This indicator was met. In 2022, the UAMS-COA developed external support from various sources valued at approximately \$2,108,270. This amount exceeds the annual goal of \$1,847,416 and it represents a significant improvement over the prior two years. The UAMS-COA and its affiliates increased external funding and seems to be recovering well from disruptions associated with the pandemic. During 2022, \$869,613 was raised from multiple grants to support programming (the largest grant being \$354,000 from the USDA for dementia education). The agency also received \$62,052 through contractual service agreements and a \$100,000 Mission Daybreak Promise award for suicide prevention efforts among older veterans.


UAMS-COA INDICATORS AND PROGRESS

- **Activity Continued:** Another large stream of external funding was derived from community foundations that provided \$515,114 to support the Schmieding Center and other operations. Additional extramural funding included community partner donations (\$92,572), UAMS core support (\$456,000), and the value of volunteer hours supplied to the COAs (\$3,717). 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 \$260,854 above the \$1,847,416 in annual funding provided through the ATSC.


Short-Term Objective

Prioritize the list of health problems and planned interventions for elderly Arkansans and increase the number of Arkansans participating in health improvement programs.

● **Indicator:** *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.*



- **Met for 2022, Influenced by COVID-19** 
- **Activity:** This indicator was met. The UAMS-COA recorded 7,571 Senior Health Clinic encounters during 2022. There were also 390 nursing home visits and 315 inpatient/home visits during 2022 but these all occurred in the first quarter. 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. While the demand for clinical encounters is expected to increase again as COVID-19 risks become more manageable, the capacity for specialized geriatric clinic access in most of the state remains restricted to approximately 600 contacts per month (7,200 encounters per year). By this estimate, the recorded count of 7,571 senior clinic encounters exceeds reasonable expectations for 2022.

● **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.*


- **Met for 2022, Influenced by COVID-19** 
- **Activity:** This indicator was met. Opportunities to provide training to healthcare workers and students were restricted in the first half of 2022 due to COVID-19 safety protocols and pandemic-related time constraints on health professionals. Nonetheless, the UAMS-COA produced 2,283 hours of educational presentations and in-service training opportunities attended by 1,026 healthcare practitioners and students during this reporting period (many encounters earlier in the year were conducted via video conference).

UAMS-COA INDICATORS AND PROGRESS

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

- **Met for 2022, Influenced by COVID-19**  
- **Activity:** This indicator was met. Many conventional in-person educational opportunities during the first half of 2022 were blocked by COVID-19 restrictions. However, using social media and other digital means of communication, the agency was able to produce a steady community presence throughout the year. In 2022, the UAMS-COA generated 49,956 community education encounters during this reporting period. While almost 44% of these encounters occurred in person (21,930), other encounters occurred via telephone or online platforms (e.g., 20,626 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 for 2022** 
- **Activity:** This indicator was met for 2022 in June when a list of prioritized problems and interventions was generated for 2023. The list is similar to the FY22 priorities and includes a continued emphasis on fall reduction and healthy activity, a revised emphasis on healthy eating and food insecurity, an emphasis on caregiving/dementia training, and a new emphasis on mental health/well-being. The COA directors will continue to monitor the current and emerging needs of older Arkansans and make adjustments if necessary.



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 Northeast COA
- "I don't know what people do when they don't have someone to help them like this. I appreciate you more than you probably know. I'm learning I will be saving \$1,452.59 by switching my part D plan for 2023." - Medicare Open Enrollment participant, South Central COA
- "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
- "This is the best exercise! This is the most fun I've had since moving here. I used to be sad and lonely but knowing you're coming and our group will be here makes me want to get out of bed in the morning." - *Drums Alive* participants, Northeast COA
- "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 costs because sometimes I do not have enough food and money to last all month." - Participant in cooking program at the Texarkana COA



Join us for
Drums Alive

Drums Alive is a fitness program that combines physical fitness with brain benefits of music and rhythm.

Call for classes in these areas:
Schmieding Center for Health Education - Springdale
479-751-3043
South Arkansas Center on Aging- El Dorado
870-881-8969
Texarkana Regional Center on Aging- Texarkana, AR
870-773-2030

Programs offered in-person and on ZOOM

uamscenteronaging.org
Facebook.com/UAMScaregiving

 UAMS University of Arkansas
Centers on Aging
CENTERS ON AGING

"This is the best exercise! This is the most fun I've had since moving here. I used to be sad and lonely but knowing you're coming and our group will be here makes me want to get out of bed in the morning."

Drums Alive Participant



Pre-health professions program, *Day in the Life*, at Marion High School

UAMS EAST REGIONAL CAMPUS



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



UCA Evaluator: Jacquie Rainey, DrPH, MCHES



Becky Hall, EdD
Director of UAMS East

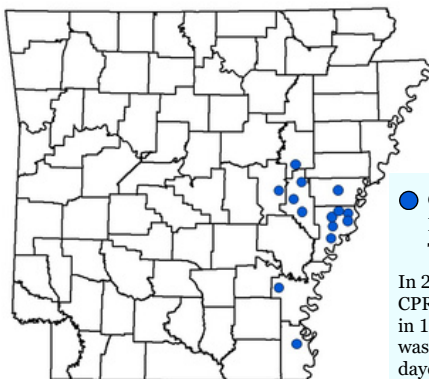
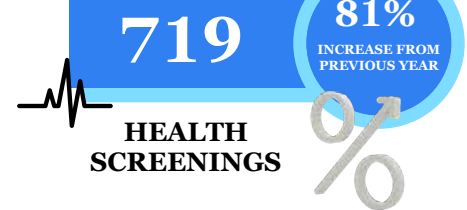
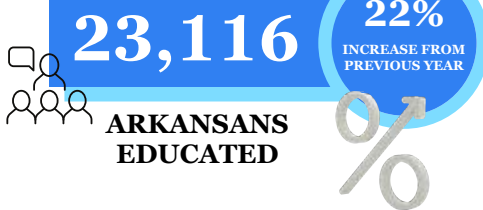
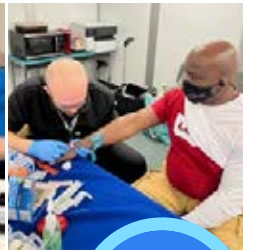
Stephanie Loveless, MPH
Associate Director of UAMS East

UAMS EAST REGIONAL CAMPUS



LAKE VILLAGE CAMPUS
HOSTS *KIDS IN THE KITCHEN*

WEST MEMPHIS CAMPUS SELECTED AS SITE FOR CHILD PASSENGER SAFETY EDUCATION PROGRAM



COMMUNITIES THAT RECEIVED CPR/FIRST AID TRAINING

In 2022, UAMS East provided CPR/First Aid training to Arkansans in 14 Delta communities. Training was provided to school faculty, daycares, high school seniors, community groups, businesses, and healthcare providers.



In 2022, UAMS East generated additional revenue in the amount of **\$92,891** from the UAMS Family Medical Center.



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.

Program Goal

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



UAMS EAST EVALUATOR SUMMARY AND COMMENTS

Economic Impact

In 2022, UAMS East Regional Campus received \$1,890,100.46 from the Tobacco Settlement funds. These funds are used to support primary prevention in the Delta to enhance well-being and to help prevent disease and disability before it impacts the lives of the population. Additionally, through the Family Medical Center, UAMS East is able to provide primary healthcare to the residents of the Delta.

Opportunities

- UAMS East Regional Campus at West Memphis is now able to offer tobacco cessation and education via a Certified Tobacco Treatment Specialist (CTTS). UAMS East now has three staff trained as CTTS.
- UAMS East Regional Campus at West Memphis was selected to be a Satellite Site for the Arkansas Children's Hospital (ACH) Child Passenger Safety Education Program (CPSE). This program provides car seats to those in need within the area and education on proper use and installation of the car seat.
- UAMS East Family Medical Center will be providing Phillips Community College of University of Arkansas (PCC/UA) with clinical practice opportunities for both LPN and RN students.
- The UAMS East Family Medical Center will be getting an additional physician to see patients beginning in January 2023. Dr. Padilla will be serving in the clinic every other Tuesday.
- UAMS East Regional Campus has been given the opportunity to work with Chip Pursell, MPH, RN, BSN, and director of Cardiology Research with the UAMS Lincoln Project. This multi-disciplinary research effort is focused on reducing the impact of Out of Hospital Premature Natural Death (OHPND) in rural and disadvantaged communities in Eastern Arkansas and North Carolina. One of the goals of the project is to contribute to a growing movement that targets community change and recognizes the need for local, regional, and national policy decisions. A mainstay of the intervention is layperson community health workers that engage the at-risk population to address individual needs and advocate for the community.

Challenges

Securing patients at the Family Medical Center to join the Good Food Rx Research Project has been a challenge. UAMS East is looking for a total of 36 food insecure patients assigned to one of four specific groups, including high blood pressure, high cholesterol, obesity, and diabetes. Currently, there are 18 patients signed up. Seven patients are in the obesity group, seven are in the high blood pressure group, and two groups are still in need of participants. UAMS East outreach needs additional staff to function at full capacity in the community. UAMS East is exploring the possibility of adding an additional staff member to fulfill this need.

Evaluator Comments

Because there was a significant rise in the Omicron variant of COVID-19 in January, the UAMS Chancellor requested that all UAMS centers take temporary steps to minimize gatherings. One of those temporary steps was to close the UAMS East Fitness Center and pause all programs on-campus and in the community. The UAMS East Fitness Center was shut down for the month of January and the first week of February. UAMS East Regional Campus is slowly getting back to offering traditional health and wellness classes at various locations. UAMS East continues to host virtual options when applicable. In spite of these challenges, UAMS East met all but one of their indicators. The goal of establishing a Rural Residency Training Track is ongoing.

UAMS EAST EVALUATOR SUMMARY AND COMMENTS

Evaluator Comments - Continued

The 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. UAMS East will be adding another physician to work one day a week. This addition will help to increase the patient population which is critical to the goal of establishing a Rural Residency program in the Delta region.

UAMS East is continuing to work with community partners and other Tobacco Settlement-funded programs. For example, UAMS East at Lake Village completed and submitted the Arkansas Minority Health Commission (AMHC) sponsorship application for Chicot Memorial Medical Center (CMMC) to fund a Worksite Wellness Initiative for the spring of 2023. The approved sponsorship for \$3,183.52 will purchase screening supplies and healthy food and beverages for the events. This will be the 8th year CMMC has received sponsorship funding from AMHC.




UAMS EAST 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.*

- **Met for 2022** 
- **Activity:** This indicator was met. This year, 2,610 students were served by the pre-health professions recruiter. This was a 384% increase from 2021. The return of in-person health career fairs accounted for a large part of this increase. Health career fairs are an excellent way to introduce students to careers in the healthcare field. However much of the recruiter's time is spent in activities that involve the development of skills that will prepare students to pursue healthcare professions. These activities included the AHEC (Area Health Education Center) Scholars program that aims "to prepare a primary care workforce for Arkansas that is diverse and culturally competent, equitably distributed statewide, and capable of delivering high quality healthcare in evolving systems." The recruiter conducted mock interviews to help prepare students for their medical school interview process. Additionally, the recruiter held a *Day in the Life*, *Mini M*A*S*H* camps, and conducted an all-virtual camp, *Find Your Future in Health Care*. These camps include activities such as shadowing healthcare professionals, CPR and first aid training, blood typing, and casting.

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.*


- **Met for 2022** 
- **Activity:** This indicator was met. The UAMS East Regional Campus provided 47 students with assistance through internships and clinical opportunities. Examples include assisting RN to BSN nursing students and offering a student from the Fay W. Boozman College of Public Health a practical experience to work with the Good Food Rx program.

Short-Term Objective


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

UAMS EAST INDICATORS AND PROGRESS


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.*

- **Met for 2022** 
- **Activity:** This indicator was met for the number of screenings performed. In 2022, 719 screenings were provided. This is an increase of 81% from the number of screenings provided in 2021. Much of the effort in 2021 went into providing COVID-19 vaccinations. For 2022, the programs were able to return to providing screenings at worksites, community centers, and local events like the Susan G. Koman rally for breast cancer awareness. Biometric screenings included cholesterol, blood pressure, body mass index, glucose, prostate, and waist circumference. In total, there were 459 abnormal screenings. Participants were provided education related to the condition and referred to a healthcare provider for follow-up care.

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


- **Met for 2022** 
- **Activity:** This indicator was met. In 2022, there were 23,116 health education and promotion encounters. This was a 22% increase from the previous year when many of the programs were still influenced by COVID-19. Programming included parenting and child safety classes, diabetes education, stroke prevention, CPR and first aid training, nutrition and cooking education, as well as increasing healthy food accessibility through the Arkansas Delta Region Obesity Project.
- This year, UAMS East was able to return to the schools. High school students were provided skills in HIV contact tracing and public health. The *Kids for Health* program was offered in Phillips and Crittenden counties. Also, CPR and First Aid/AED instruction was provided to high school students. Several of these students are involved in the HELP (Help Everyone Learn Possibilities) mentoring group that provides opportunities for underserved minority students interested in careers in healthcare. UAMS East Regional Campus at Lake Village collaborated with Chicot County Cooperative Extension Service to provide the *Kids in the Kitchen* camp. This program encourages kids to eat healthy through hands-on learning experiences that include preparing healthy foods.

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.*


- **Met for 2022** 
- **Activity:** This indicator was met. There were 31,050 exercise encounters in the programs and facilities offered by UAMS East Regional Campus. This is a 7% increase over the 28,945 encounters reported in 2021. In the UAMS East Fitness Center and the walking track in Helena, there were 23,019 exercise encounters. This was a 14% increase from the previous year. The number of encounters outside the center and track decreased to 8,031 compared to 8,848 in 2021. These types of encounters included a 5K walk/run, exercise classes such as Zumba and Silver Sneakers, and yoga.

UAMS EAST INDICATORS AND PROGRESS


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

- **Met for 2022** 
- **Activity:** This indicator was met. This year, the medical library provided services to 5,261 community consumers through circulating books and audio visual aids and conducting electronic searches for information. The library served 45 healthcare professionals and 206 students through literature searches and providing teaching materials.


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.*

- **Unmet for 2022, Ongoing** 
- **Activity:** This indicator was unmet for the year, but the activities related to this indicator are ongoing. UAMS East is building the foundation for the Rural Residency Training Track by increasing the patient volume at the UAMS East Family Medical Center. The agency is marketing its services at local health fairs and other community venues. In 2022, 579 new patients were seen at the medical center. Increasing the patient load is critical to applying for the residency program.

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

- **Met for 2022** 
- **Activity:** This indicator was met. Patient encounters for 2022 increased by 15% over 2021. In 2022, there were 2,716 patient visits compared to 2,356 in 2021. UAMS East Family Medical Center (FMC) staff is utilizing primary, secondary, and tertiary prevention measures to improve the health of the rural Delta population. The FMC staff have been trained and are proficient in telehealth and are providing telehealth specialist visits for patients. This service provides access to specialists while reducing the burden of traveling to receive care.
- The FMC staff have been improving the target goals for patients with hypertension and diabetes. The staff are keeping scorecards and metrics on provider services to ensure that improvements are being made with clinical patients. The medical center is hosting a virtual endocrinology clinic and is conducting a project on the use of continued glucose monitoring for high risk clinical patients.
- The clinic employs two health coaches to provide additional support to patients for smoking cessation, weight loss, and chronic disease management. UAMS East Health Coaches are offering a free 8-week smoking cessation coaching program. Patients receive helpful tips and motivation to quit tobacco and are provided nicotine patches and/or nicotine gum at no cost.

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

- **Met for 2022** 
- This goal was met with 313 encounters. Diabetes education is provided through health coaching to clinic patients and community members. UAMS East at West Memphis is providing the Diabetes Empowerment Education Program (DEEP) to residents. This program teaches participants about diabetes diagnosis, how diabetes affects the body, medications, and meal planning.

UAMS EAST TESTIMONIAL

Perspectives from Health Educator

Jordan Treat is a health educator and tobacco treatment specialist at UAMS East in Helena. He joined UAMS East in 2022 and was happy to return home to the Delta. He reflected, "UAMS has always been my dream job. . . . I wanted to come back home after college to make a difference in our community. I was born and raised here. We need younger people trying to change the Delta, and that's what we're doing, slowly but surely."

Treat acknowledged major health challenges in the Delta, "We see when a young, teenage girl gets pregnant, especially out of marriage, it usually ends up being a single parent home. Then, she can't finish her high school education. That doesn't lead to college opportunities; it leads to bad job placements. It's a vicious cycle. . . . A lot of people in the Delta have more of an underlining problem. There's childhood trauma, there's traumatic experiences that require us to go beyond just a physical approach. I use a lot of psychology and mental health based approaches. I truly believe if we don't have it right in our heads, then we won't have it right physically."

The key to better health is in primary prevention, Treat said, "Primary prevention in Phillips County, whether that be physical, mental, substance abuse, teen pregnancies, it's huge what we're trying to combat. . . . Phillips County ranks in the top three for teen pregnancies and STDs. That is something the clinic side of UAMS East and myself is really trying to prevent. . . . Primary prevention has to start when they are young. Once older people have developed a chronic condition, they got that the rest of their lives."

Treat shared that the agency's focus on primary prevention work has helped improve health in the region, "Twenty years ago, we were still one of the top numbers in the three big chronic conditions, but with our primary prevention, we have decreased those numbers significantly. Primary prevention will take us where we want to go."



"UAMS has always been my dream job. . . . I wanted to come back home after college to make a difference in our community. I was born and raised here. We need younger people trying to change the Delta, and that's what we're doing, slowly but surely."

Jordan Treat

CONCLUSION TO ANNUAL EVALUATION

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

Synthesis of Program Opportunities

A synthesis of opportunities reported by ATSC-funded programs revealed opportunities within three categories: robust partnerships, knowledge sharing and healthcare workforce training, and attention to vulnerable and disadvantaged populations.

Robust Partnerships

- Several programs reported new and continuing partnerships across multiple sectors including educational organizations, non-profit and for-profit organizations, community and faith-based organizations, and local and state agencies, including other tobacco-funded programs. Partnerships were created or maintained to enhance research efforts, raise awareness among specific populations, share resources, and provide vital services to Arkansans.

Knowledge Sharing and Healthcare Workforce Training

- Programs reported sharing knowledge through new research opportunities and collaborations, at both the local and national level. Programs also shared valuable health knowledge through community education on topics such as COVID-19, tobacco cessation, and chronic diseases. In addition, several programs provided education and training for the healthcare workforce, including education and training related to tobacco treatment, disease management, and caregiving, among other topics. Programs also noted the use of technology and virtual offerings to enhance the reach and effectiveness of various educational and training opportunities.

Attention to Vulnerable and Disadvantaged Populations

- Through research, education, advocacy, and direct services, tobacco-funded programs attended to vulnerable and disadvantage populations throughout the reporting period. Populations of particular focus this year included seniors, children, incarcerated persons, minority and rural populations, and Arkansans living in disadvantaged communities (e.g., Red Counties or communities in the Delta region).

Synthesis of Program Challenges

A synthesis of challenges reported by ASTC-funded programs during the reporting period shows challenges in three categories: COVID-19 impacts, staffing, and hard-to-reach populations and communities.

COVID-19 Impacts

- The pandemic presented various challenges to tobacco-funded programs including limitations to service delivery and community education, slowing down or altering program assessments, limiting new hires, and elevating the vulnerability of specific populations (e.g., seniors). Although programs adapted by offering online education or programming, these cannot replace traditional in-person opportunities that may be more preferred by some Arkansans, particularly seniors and residents of rural areas or areas with limited broadband access.

CONCLUSION TO ANNUAL EVALUATION

Staffing

- Staffing and personnel concerns were reported by a few tobacco-funded programs. Programs reported shifts in personnel that resulted in some employees being overloaded with duties; difficulty in filling vacant positions, with some positions staying vacant for months; difficulty in finding qualified healthcare professionals or specialists, especially in rural areas of the state; and an acknowledgement that limited numbers of staff disrupted service flow and educational outreach.

Hard-To-Reach Populations and Communities

- Several programs, particularly those that engage in community outreach, noted challenges in reaching certain populations or communities, chiefly rural regions and impoverished populations. Much of the state is rural, and some areas are much less developed in terms of healthcare or technology infrastructure, and this presents challenges to service delivery. Also, the growing number of seniors and changing racial and ethnic demographics among the senior population has proved challenging for the UAMS Centers on Aging. Poverty in rural regions and minority communities also presents a challenge to tobacco-funded programs.

Synthesis of Evaluator Comments

Evaluators at UCA provided summary comments about their respective programs, highlighting many of the challenges and opportunities noted above. The topic of COVID-19 was a major focus of all evaluators' comments. Many explained that programs, research, services, and education were returning to normal as the pandemic wanes. Some acknowledged that COVID-19 is still presenting challenges to the agency, and others explained that adaptations made during the pandemic (e.g., expanding virtual offerings) will continue to be utilized post-pandemic as these adaptations boosted efforts and enhanced reach of programs. A few programs discuss how, despite the pandemic, tobacco-funded agencies met or exceeded their annual goals, which speaks to the resiliency of these programs. Evaluators also highlighted the consistent work being done by programs as they continue to meet the needs of the populations they serve, educate public health professionals, reach the state's most vulnerable populations, and boost clinical services.

Summary of Indicator Progress across Programs

For all ATSC-funded programs during this evaluation period, 84% of indicators were met or in progress towards long-term goals and 49% of indicators were influenced by the COVID-19 (see Table 1).

Explanation of Unmet Indicators

- **Arkansas Biosciences Institute**
 - FY22: As reported in the July-September 2022 quarterly report, two of ABI's seven indicators were unmet in FY22. One indicator is related to the number of academic publications and presentations offered by ABI-supported investigators. While the ABI exceeded the goal of 290 publications (with 426 publications in FY22), ABI fell short on the number of presentations with 344 presentations offered towards the goal of 370. The other unmet indicator is related to the number of full-time equivalent (FTE) jobs supported by the ABI and extramural funding. In FY22, 280 FTE jobs were supported, short of the goal of 300 FTEs. However, of the 280 jobs, 73% were supported by extramural funds, which exceeds the goal of 65%.

CONCLUSION TO ANNUAL EVALUATION

- **Tobacco Prevention and Cessation Program**

- **FY22:** As reported in the April-June 2022 quarterly report, 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.

- **Tobacco Settlement Medicaid Expansion Program**

- **2022:** Three of TS-MEP's five indicators were not met for 2022. Fewer women were served under the Pregnant Women Expansion program, in part, because of extended health coverage during the pandemic. The Hospital Benefit Coverage population saw a significant decrease as DHS suspended cost share requirements for day one hospitalizations and this resulted in a reduction in the number of persons needing to use the Hospital Benefit Coverage.

- **UAMS East Regional Campus**

- **2022:** This indicator related to implementation of a Rural Residency Training Track was not met for the year, and activities are ongoing. UAMS East continues to build a foundation for the training track by increasing the patient volume at the Family Medical Center. The UAMS East evaluator reported that the agency is diversifying and expanding its marketing of services to draw in more patients. During the year, 579 new patients were seen at the medical center.

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

CONCLUSION TO ANNUAL EVALUATION

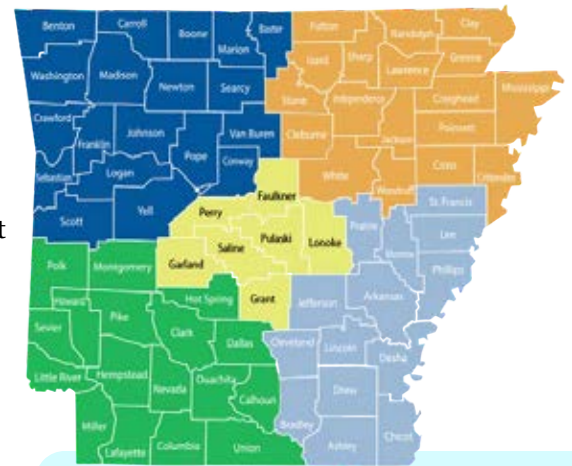
Table 1. Indicator Progress Across Programs

PROGRAM AND EVALUATION YEAR	TOTAL INDICATORS	MET	UNMET	IN PROGRESS TOWARDS LONG-TERM GOAL	COVID-19 INFLUENCED	OVERALL PROGRESS
ABI FY22	7	5	2	--	2	71% <i>Met</i>
COPH 2022/FY22	9	9	--	--	--	100% <i>Met</i>
MHI FY22	7	6	--	1	5	100% <i>In Progress or Better</i>
TPCP FY22	19	12	4	3	15	79% <i>In Progress or Better</i>
TS-MEP 2022	5	2	3	--	5	40% <i>Met</i>
UAMS-COA 2022	7	7	--	--	4	100% <i>Met</i>
UAMS East 2022	9	8	1	--	--	89% <i>Met</i>
TOTAL	63	49	10	4	31	84% <i>In Progress or Better</i>
					TOTAL COVID-19 INFLUENCED	49% <i>COVID-19 Influenced</i>

BACKGROUND DATA FOR QUALITATIVE REPORT

In the 2020-2021 ATSC Biennial Report (2022), we presented how our hopes for and understanding of the improved quality of life and a stronger culture of health have materialized in Arkansas. In that report, we recognized how the united vision and efforts of many Arkansans secured funding for public health education, outreach, and research. Securing the Arkansas Tobacco Settlement funds was a game changer for the health of our residents. From our historical vantage point, we noted how public health in Arkansas and the development of health expertise had indeed been transformed in the state.

This year, the complementary report highlights the complexities of Arkansans' health and the outreach, research, and care services offered by the Arkansas Tobacco Settlement programs. We probe deeper into the state of Arkansans' health. We do so by first taking a look at county health data for Arkansas's five public health regions (Northwest [NW], Northeast [NE], Central, Southwest [SW], Southeast [SE]) and the counties represented within each of those regions. Then, we turn to Arkansas Tobacco Settlement-funded program leaders to acquire their perspectives about the last decade, current challenges, and their hopes for the near future. We thought such data would help us address the common question we receive from stakeholders, "Have we moved the needle in terms of improving health in Arkansas?"



Arkansas's Five Public Health Regions

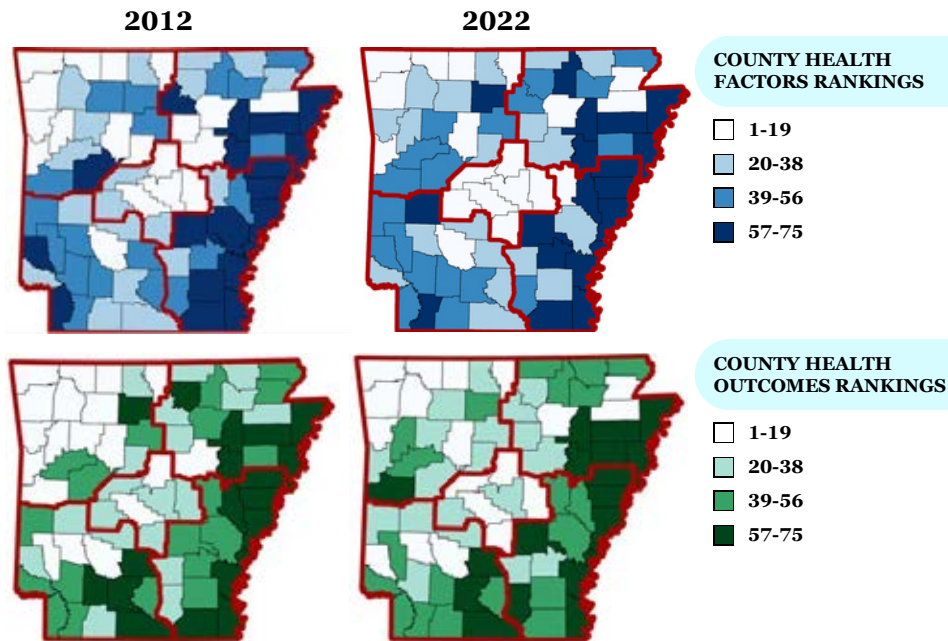
First, we focused on health data for the past decade. We relied primarily on County Health Rankings (CHR) data (from 2012 and 2022 annual reports) out of the University of Wisconsin Population Health Institute. CHR data provide an assessment of health outcomes and factors related to well-being. We also utilized life expectancy data reported by the Institution for Health Metrics and Evaluation (IHME), an independent global research center at the University of Washington. These data helped us make pre- and post-pandemic comparisons.

Our exploration was guided by presumptions we had about the data. We somewhat expected there to be a relationship between factors and outcomes. Poor health factors (e.g., high rates of obesity, high levels of tobacco use, high rates of poverty) would result, in time, in poor health outcomes. We assumed that there would be consistency in the rankings over time, given that poor health factors are varied and interconnected with other factors and difficult to turn around quickly. Simply, we assumed that the most disadvantaged regions would continue to be the most disadvantaged after a decade's time. The maps provided below (Figure 1) illustrate CHR health outcomes and health factors in the five public health regions and comparatively demonstrate any changes within those rankings.

BACKGROUND DATA

FOR QUALITATIVE REPORT

Figure 1. Comparison of Health Factors and Health Outcomes, 2012 and 2022



As expected, we discovered that health outcomes and factors rankings remained fairly consistent across counties and within specific regions over the past decade. Some regions and counties reflect vulnerabilities and disadvantages, and others indicate flourishing. The top two regions in overall health outcomes and factors (NW and Central) remained the top two during the decade, and the bottom three (SW, NE, SE—in that order) stayed at the bottom. However, there were some unexpected changes. The NW region, historically lauded as the state’s healthiest region, saw declines in both health outcomes and factors rankings compared to the other regions. From this, we might infer that regions typically ranked lower than the NW made positive gains over the decade; we see this in the SW and NE regions. The Central region also made gains on the NW as it surpassed the NW in health outcomes rankings while remaining at the top in health factors rankings.

The regions at the bottom (SW, NE, SE) highlighted inconsistencies between changes in health factors and outcomes over the decade. In the SW and NE regions (the third- and fourth-healthiest), there were improvements in health outcomes rankings, but declines in health factors rankings. Conversely, the SE region (the most unhealthy region over the last decade) saw improvements in health factors but declines in health outcomes. These inconsistencies point to the reality that improved health factors do not always equate to improved outcomes. It takes time for missions and mindsets, efforts, policies, and health outcomes to change. One also has to understand that a drop in relative ranking, at the county or regional level, does not imply that overall health or specific health metrics worsened in those areas. A drop in ranking might simply mean that all regions made gains, but that some made more gains than others. Overall, in regards to our assumptions, there is consistency among the regions’ rankings, but also an acknowledgment that factors and outcomes do not always correlate. Our assumption remains that, in time, improved health factors should lead to improved outcomes. So, we wonder if the 2022 health outcomes rankings reflect what we see in the 2012 health factors rankings (see Figure 2 and Table 2).

BACKGROUND DATA

FOR QUALITATIVE REPORT

Figure 2. Comparison of 2012 Health Factors and 2022 Health Outcomes

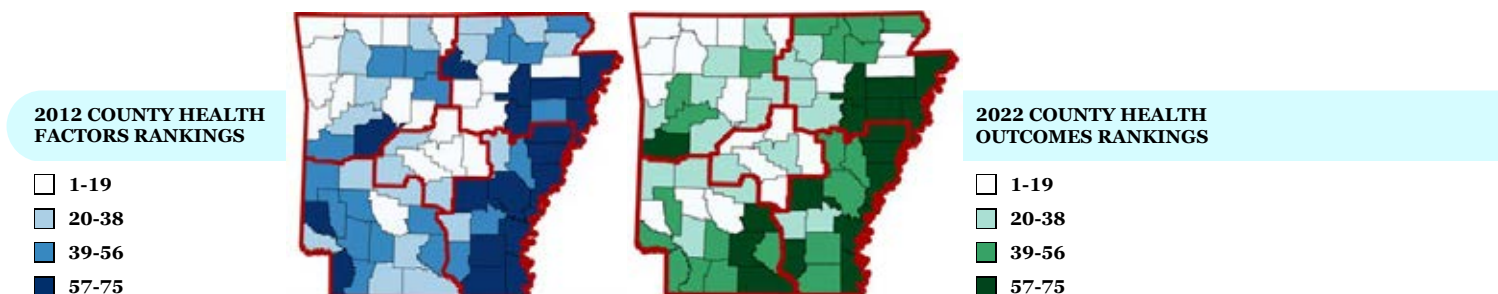


Table 2. Comparison of Changes in Average Rankings per Public Health Region, 2012-2022

	2012 Average Outcomes Ranking	2012 Average Factors Ranking	2022 Average Outcomes Ranking	2022 Average Factors Ranking
NW	20.8	25.8	24.5	27.1
NE	45.4	42.1	43.4	45.0
Central	21.9	17.1	13.3	8.9
SW	41.7	39.4	40.4	41.2
SE	55.4	57.9	58.9	54.4
Average All Regions	<i>37.04</i>	36.46	36.10	<i>35.32</i>

When we glance at the maps and the table above, we see that the average ranking of 2012 health factors and 2022 health outcomes across regions is similar. These broad, descriptive statistics are certainly not enough for us to make inferences about how health factors 10 years ago affected outcomes today, but the numbers remain compelling. If our assumption holds true, by the end of the next decade, we anticipate that the Central region would continue to see the highest outcomes while the SE region would see the poorest. We also would expect the NW and NE regions to see further declines in health outcomes rankings, with the NW region remaining the second healthiest region. The SW and SE regions, likewise, should continue to reflect the state’s poorest health outcomes. Frankly, the numbers tell the story that the healthiest regions (i.e., the Central region and select counties in the NW region, chiefly, Benton and Washington counties) are head and shoulders above the rest, and the gap between these regions is growing. This increasing divide is cause for attention.

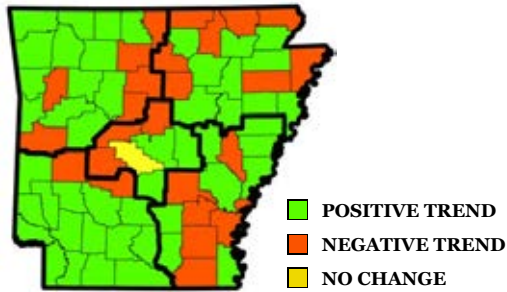
A Look at Life Expectancy

According to IHME (2022), life expectancy improved from 2012-2019 in all regions, with 49 out of 75 counties seeing an increase in life expectancy (Figure 3) at an average rate of 0.36 years (four months). Combined across counties, the state saw an increase of 0.15 years (almost two months). The SW region made the most gains of any region with an average increase of 0.30 years. This region, however, remains static as the fourth-healthiest region. The NW region saw the second-greatest improvements in life expectancy, and remained at the top between 2012-2019. Again, the data show that some regions fare much better than others, and geography is a prime predictor of overall health.

BACKGROUND DATA

FOR QUALITATIVE REPORT

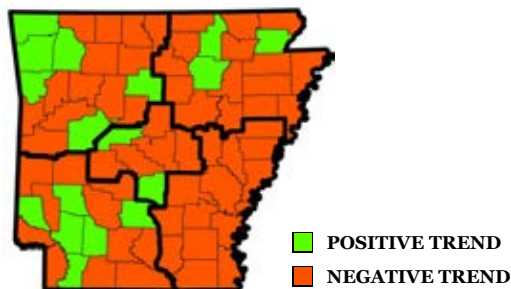
Figure 3. Life Expectancy Trends from 2012-2019



COVID-19: The Great Interruptor and Teacher

With life expectancy on the rise at the dawn of 2020, Arkansans had something to celebrate and build upon. But, a global pandemic interrupted progress and destabilized health and well-being for all, especially those already facing multiple health and socioeconomic disparities. When we compare life expectancy data from 2019 to 2020, we find major declines in all regions, and 66 of 75 counties (IHME, 2022; University of Wisconsin, 2022). What a difference a year—and a pandemic—made. If we now look at life expectancy between 2012-2020, capturing both pre- and post-pandemic numbers, we see improvements in only 17 of 75 counties (Figure 4) (IHME, 2022; University of Wisconsin, 2022). The 2012-2020 data reflect an overall life expectancy decline of 0.67 years (a loss of more than eight months), compared to the increase of 0.15 years we saw from 2012-2019. Further, we continue to see that certain regions are more vulnerable to health crises than others. From 2019-2020, life expectancy declined in all 14 counties in the SE region—to the tune of 1.50 years, while 16 of 17 counties in the SW region saw a decline of 0.90 years (almost 11 months). These two regions had the highest COVID-19-related deaths of the five regions in 2020 (University of Wisconsin, 2022). These regions also have the highest minority populations and lowest access to broadband internet compared to other regions.

Figure 4. Life Expectancy Trends from 2012-2020, Capturing 2020 COVID-19 Deaths



Despite setbacks from the pandemic, the state saw improvements in key health factors over the decade. Today, fewer Arkansans smoke, fewer babies are born to teenage mothers, more residents have access to mental health services, and household income continues to climb. When we hone in on the 17 counties that saw positive life expectancy trends despite the pandemic (i.e., COVID-resilient counties [CRCs]), we see superior health factors compared to the state in rates of adult smoking and obesity, physical inactivity, teen births, mental health providers, and access to broadband. These factors likely contributed to the CRCs' resilience in the first year of the pandemic. In terms of key demographics, the CRCs also had higher median household income, less income inequality, and fewer minority populations.

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Beyond the Numbers: Voices of Tobacco-Funded Program Leaders

The programs funded in part by the Arkansas Tobacco Settlement (ATS) operate within the five public health regions, and their efforts are reflected in the health data and rankings noted earlier. As expressed by one of the ATS program directors, emphasizing a culture of health is a "need to focus on all 75 counties while understanding that each county is different. If we want to know about the quality of life in Arkansas, much depends upon who you ask." Whereas the maps provide a comparison of health factors and outcomes within various regions and counties, when speaking with ATS program directors, interestingly, individual health concerns and disparities suggest common struggles across the state. These challenges felt at the local level will have an impact at the regional and state level eventually.

Our response to the question, "Has the needle moved," is that the needle constantly moves, for it is always susceptible to a multitude of factors that influence the measurement of outcomes. The numbers present a compelling case that maintaining and sustaining health is easier for some than for others. As noted by one of the ATS program directors, "There's more to the numbers than just the numbers." For this report, we held focus groups and reviewed a variety of public documents. From these data sources, we hear ATS staff and administrators speak to the state's quality of life, their willingness to take on complex health crises, and account for the health disparities that impact health factors and influence health outcomes. Below we provide their voices*, testaments to Arkansas's culture of health.

How has Arkansas's health been shaped by the past decade?

- "My impressions of the quality of life in Arkansas were fairly limited because what I was seeing was Little Rock and not the rest of the state. Racial diversity here reminds me of my previous hometown, and the economic striation is similar. I see the same types of urban problems that I have seen in other urban areas, at least in areas where I've lived in the country (U.S.). Since arriving in Arkansas, though, I've been in the rural areas. . . **Arkansas rural areas have a lot more poverty than I would have expected, . . and with that, accompanying health issues, for example, obesity and smoking.** I'm not used to people smoking, so seeing people smoke is still somewhat disconcerting to me. I see people smoke in Little Rock and more predominantly in rural areas. The number of people who have difficulty with obesity is also just visually more predominant and more of an issue than it is in other areas. **Addressing these and the health issues that go with it is just going to be very, very difficult.**" (Public Administrator)

The generational disparities that affected health a decade ago still influence well-being today.

- "We still have the social determinants that were here 10 years ago across our state. There are still geographical divides in life expectancies among people. **People in one area of the state live 10 years longer than people in another.** We have yet to break that barrier. I'd like to believe that we have made some headway, and we're still trying to figure out how to do better. . . . **In the past 10 years, we have had a paradigm shift in the state. This shift involves the focus on the culture of health** from the Robert Wood Johnson Foundation as a framework for chronic care management. We see the Foundation shifting financial incentives and policies to **drive behavior changes.**" (Program Director)

*At times, we edited quotations for readability and conciseness.

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- "The **Affordable Care Act** was a **game-changer** for many in our state. They now have access to healthcare and outreach." (Program Director)
- As noted by a long-term serving ATS program director, "[Mike Beebe] knew that investment in **research was the long game**, and it was so nice. He knew it was going to be a long time for potential payoffs, and now we are at the point of **seeing some of these payoffs. You look back 10 years ago at some of our research investigators and where they are now**; even the ones that left went to bigger and greater things. **We've really grown the research enterprise and the intellectual horsepower of research in the state.** All of these programs contributed to that in a very large way."

ATS programs greatly assisted the state during the pandemic and did not shy away from taking on the big challenges in our state.

- "When we think about our state's health, we must pay attention to the past three years. **Imagine the last three years without the College of Public Health.** They didn't do everything, but they did a massive amount. Even the UAMS graduate school became overwhelmed with PCR testing. Students who worked with the health department did PCR tests because they can do it in their sleep. **Many ATS programs made a huge difference in how the state dealt with the pandemic.**" (Health Administrator)

Social determinants and health disparities may threaten the quality of life for several in the state, but the tobacco settlement-funded programs have acknowledged these challenges and have targeted making a difference for those most vulnerable Arkansans. These challenges have their attention. Their courageous commitment during the pandemic has deepened their conviction during times of uncertainty and crisis. Their testimonies further account for this commitment and care of ethics for individuals who struggle the most.

What has your attention now?

- "Arkansas's health issues have both a **minority and rural** component. We address health disparities across the curriculum and focus on how they interact, how they interplay, and how they can affect things. . . . That's part of what our accreditation criterion is. **Public health is to increase equity with respect to health across populations.** . . . We investigate how to go about **reducing health disparities.**" (Health Administrator)
- Another ATS program director lamented, "**Less than 20% of Arkansans are getting their Medicare Wellness visits.** Either they don't think it's important, or maybe they didn't know it exists. We're trying to bridge that into getting adults more active. We know activity increases overall well-being, and it increases mental well-being. Many, though, are not receiving services. **They're in rural, isolated areas not getting services,** and we want to help. And they're not being screened, so we want to help. If they are homebound, **we want to get them helped. We're going to do that, but we're not going to do it alone.** We're getting people out of these silos, bringing them to the table, working, putting plans together so that we can educate adults and put these plans together to get this awareness out."

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Programs offer vulnerable populations education and outreach services.

- "Everybody looked at me in 2016 when I said I was going to take on senior hunger. They said, 'Oh yeah, and I bet you want world peace, too.' I said, 'Sure. Why not? That would be great.' We took on senior hunger, and everybody snickered at me. Well, we're 38th. We're not 50th anymore. We're going to eat this elephant one piece at a time. Then, I said, 'We've not fixed the Delta, but we're slowly chomping away at disparities.' **We're looking at how we can address social determinants.** I think we are making small chomps at the elephant. A culture of health is getting a community to work, play, eat, live, and thrive all together. That's who we are. **We do not exclude anybody from our services because we all want to age well.** Well-aging starts when we are born. We believe in intergenerational programming. If we can get cooking together, shopping together, and learning healthy behaviors, these cognitive activities and these **intergenerational activities** show that aging is a positive thing." (Program Director)

Many of the programs serve impoverished areas. Such efforts are often informed by research focused on populations who are experiencing poverty. One such research project is a partnership between UAMS COPH and area schools and investigated the relationship between student behavior problems and eating breakfast.

- As described by Moye (2022a), a journalist for the UAMS COPH, faculty researchers, Andres Cuadros-Menaca, PhD, and Michael Thomsen, PhD, discovered that the Breakfast After the Bell program positively affects student behavior. "**Breakfast After the Bell creates a better learning environment,**" said Thomsen, director of the UAMS Center for the Study of Obesity in the COPH. "**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 **increased access to healthy meals for all students, especially those from low-income households,** enhances the value of the program. Cuadros-Menaca added, "Some children may miss breakfast because the school bus arrives late. 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."

Focusing on the full lifespan of Arkansans, ATS programs offer clinical services, outreach, and research related to substance use and abuse, recovery and reclaiming lives, tobacco, maternal care, and mental health services. Many of these factors are used to assess well-being.

Supporting individuals who are recovering from substance abuse and who are reclaiming their lives has the attention of ATS leaders.

- In September, the Minority Health Initiative partnered with Better Community Development, Inc. for an event called *Recovery Jam*. This event highlights individuals who have **reclaimed their lives in long-term recovery** and also **honors the prevention, treatment, and recovery service providers** who make recovery possible. The event helps unite those already in recovery, and those receiving treatment and broadly spreads the message that prevention works, treatment is effective, and people recover, often against all odds.

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- One participant reflected on what many have to overcome to be in recovery, "We grew up in homes where love was conditional and often was not there. . . . Many of us were so fearful of being punished or ostracized that we learned to manipulate those around us. Some of us became very good at passive-aggressive behavior as well as other inappropriate behaviors; we learned to get what we thought we wanted or needed without directly asking for it by putting on a mask or just by acting out." The larger aim of the celebration is **building greater social connectedness and stronger community cohesion, strengthening family environments so future generations will live and develop a healthier and more effective workforce for the future.** At the event, service providers offered education and awareness activities. Partners were available to share smoking cessation information and **offer health screenings, HIV/HepC testing, education, insurance awareness, and job opportunities.** (MHI Administrator as cited in the ATSC July-September 2022 Quarterly Report)
- As reported by Tim Taylor (2022), a writer for the UAMS COPH, the college recently announced a partnership with the Pulaski County Sheriff's Office to reduce the use of **opioids among the population who are incarcerated.** The efforts involve continuing and expanding the office's reentry program, **providing funds for additional staff, including a substance abuse counselor and two peer recovery support specialists.** An accompanying grant will fund medication-assisted treatment for detainees with opioid use disorder both **pre- and post-release, transitional housing for detainees upon release, and curriculum materials for classes for incarcerated individuals.** Nickolas Zaller, PhD, professor at COPH and director of the UAMS Southern Public Health and Criminal Justice Research Center, will be evaluating the project's effectiveness. Zaller shared, "**People who have been incarcerated have more than a hundredfold greater risk of dying from an overdose compared with the general public.**"
 - Melissa Zielinski, PhD, assistant professor in the Department of Psychiatry in the UAMS College of Medicine and director of the UAMS Health and the Legal System Lab, will oversee one of the classes offered to those in recovery. Zielinski is earlier quoted in this annual report, "Nearly all people who become incarcerated have experienced chronic and severe trauma, often beginning in early childhood, and **the cycle of trauma, addiction, and incarceration has been documented in research for many years. . . . This partnership is an opportunity to take steps to interrupt that cycle through foundational services,** including housing and substance use treatment as well as education and skill-building around managing the consequences of trauma specifically."
- As reported by Amber Austen in UCA's campus newspaper, The ECHO (2022), UCA has become the first college in the state to install opioid overdose rescue kits across its campus. **The rescue kits are called Naloxboxes** and contain supplies for reversing an opioid overdose. Stephanie Rose, program director of UCA's addiction studies program and assistant professor for the Department of Health Sciences, pitched the idea and secured funding from the Division of Aging, Adult and Behavioral Health Services in partnership with MidSouth, a sub-grantee of the TPCP. "**We are empowering students, faculty, and staff to save lives by increasing knowledge and accessibility to naloxone,**" Rose said.

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- **Conway's community, as have many Arkansas communities, has been affected by the misuse of drugs.** "UCAPD has administered naloxone once at a nearby convenience store, as they were the closest law enforcement agency at that moment, and they have administered it another time on the sidewalk near AETN," said Fredricka Sharkey, UCA's director of media relations. By the end of September 2022, **26 Naloxboxes were installed around campus in areas with high student traffic** like residence halls, on-campus housing, and the student center. Resident coordinators and assistants will receive training on how to administer naloxone properly. "The next step is to provide on-site training for all on how to utilize the kits and raise awareness against the stigma of addiction," Rose said. "I also plan to apply for more funding to get as many individual Narcan kits in the hands of as many students as possible. **You never know when it can be your turn to save a life.**"

ATS-funded programs have continued to generate tobacco-related educational services, cessation programs, and research.

- The Arkansas Cancer Coalition, supported by the Tobacco Prevention and Cessation Program, held the 23rd Arkansas Cancer Summit. The Summit focused on mental health, screenings, and survivorship. Attendees commented that "the **mental health wellness session was powerful and practical.**" Another shared, "**I learned that disposable e-cigarettes are the most used form of e-cigarettes among our youth.**" A third participant reflected, "**Menthol cigarettes were directly, intentionally, and specifically marketed to Black and African Americans.**"
- Additionally, **TPCP developed Coral's Reef, an innovative vape prevention program developed for youth in grades K-2.** Arkansas is the only state that currently has a youth tobacco/nicotine prevention program designed for this age group. Using the web, TPCP offers YouTube videos to reach their audiences (<https://www.bewellarkansas.org/youth-education/>). This website also offers other free Coral's Reef educational materials including coloring book pages and holiday activity ideas. Early feedback on the first Coral's Reef episode has been very positive. A teacher at Cedarville Schools reported, "**My little ones love the Coral's Reef cartoon, but they are begging for the next episode.** Can you send me all the episodes?" Also, TPCP sub-grantees who have been sharing Coral's Reef with schools in their coverage areas have relayed some feedback:
 - "The **2nd graders asked lots of questions about flavors and health risks.** They asked me to come back to show the second episode."
 - "The **3rd graders loved Coral's Reef** and wanted to watch it again."
 - "Animation and color held students' attention. They are ready for episode 2!"

ATS program directors report that maternity matters have been of significant importance to them. Mothers in crisis, infant mortality and low-weight births, breastfeeding awareness, and lactation stations have been a few of the targets of various ATS educational programs, outreach services, and research projects. The response by these experts has been adaptive and thoughtful.

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- Clare Brown, is an associate professor in the Department of Health Policy and Management at the COPH, and her recent study on maternity and mental health received national attention. With the support of colleagues at the Institute for Medicaid Innovation out of Washington, DC, Brown studied how **mental health conditions increase adverse maternal outcomes**, including severe maternal morbidity, high hospital costs, and long hospital stays. **Her study caught the attention of the White House.** Brown was quoted in a UAMS article (Moye, 2022b): "**I love knowing that our projects factor into policy decisions, particularly those that address health equity.** . . . But I'm also pleased with how the report emphasized the need to address mental health issues for women. Not only do clinical conditions such as diabetes and hypertension affect a pregnancy, but also mental health conditions, such as anxiety, depression, PTSD, and trauma. **Psychological trauma is one of the main ways to predict a woman's severe maternal morbidity.** . . . Increasing mental health awareness is a much-needed evolution, especially for women who are pregnant or just had a baby. **People don't have to feel like they're alone and that nobody understands what they're dealing with.**"
 - According to the White House report, living in rural communities and states limit women's options for maternal care. "As researchers, that's the goal for our careers, to come up with answers and suggestions that improve population health," Brown explained. "**I hope this trickles down to saving infant lives or maternal lives and to reduce racial disparities in those outcomes.**"
- Brown also received recognition for investigating low-weight births and racial and ethnic disparities (Moye, 2022e). As a recipient of a K01 grant from the National Institute on Minority Health and Health Disparities, Brown will explore and identify **algorithmic fairness in predictive models to eliminate disparities in adverse infant outcomes.** Brown explained: "For the next four years, this grant will allow me to focus on **disparities in adverse infant and maternal outcomes in relation to race.** Because this is a training grant, a portion of my time will include training and learning about the cultures of Black, Hispanic, and Marshallese women and ways to reduce adverse infant outcomes." Brown's research is also supported by Arkansas Biosciences Institute's access to the Arkansas All-Payers Claim Database, which has insurance claims and birth certificates for infants in Arkansas.
- Interest in women's health and maternal care can be found with other ATS programs. At **UAMS East**, program leaders report that the West Memphis campus was selected to be a Satellite Site for the Arkansas Children's Hospital (ACH) Child Passenger Safety Education Program (CPSE). This program provides car seats to those in need within the area and education on proper use and installation of the car seat. Program leaders explained that they offer continued support and screenings for women. They **emphasized the need for mobile pregnancy centers that could service the Delta region.**

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How are you overcoming your greatest challenges?

ATS leaders' comments resonated with their resiliency in overcoming the challenges that accompany shifting culture of health. They explained how they have adapted, taking services into the community, layering communication, and using technology. These strategies are key when working with populations that face disparities and social determinants that keep them from seeking health services and better wellness. In addition, program leaders noted the importance of collaborating with others. In many cases, despite their willingness to develop and join forces, they described how the demand for highly-qualified healthcare providers and scholars, and their limited supply of them, has shifted the focus and limited offerings of some programs. So, while ATS leaders are driven to be successful, they find themselves attempting to be innovative and adaptive to do more—with fewer resources. As noted by one of the leaders, **"ATS programs are becoming service centers for many of our communities. What a loss if we weren't there."**

In their efforts to communicate and connect with various communities, ATS directors and staff report the importance of relational touch by taking programs into the community and by communicating with communities through a variety of mediums.

- One ATS program administrator noted, "It's much **easier taking services to the people than getting them to the services**. We need to provide services to the people. Using, perhaps, the housing authority in areas. We have to work with partners to get them services within the community. **We have lost our ability to take services to them because we lost staff and facilities.**"
- Another ATS program director noted, "Any chance we get, we reach out. I mean we're **constantly networking, whether it's through email or picking up the phone**. [We] utilize any connections with professional colleagues that we have. I utilize the connections that I had as a clinician. I have been in the state for 26 years. So sometimes just picking up the phone and making those connections of where you've been and never being too shy or afraid. . . . COVID forced us to utilize technology in a different way. It forced us to realize caregivers can't always come [in person]. We utilized and **found that a hybrid method may be the way of the future. We will continue to utilize technology** even though older adults and our older caregivers want the face-to-face interaction. Because of the **lack of respite care or additional support, we may have to do some [programs] remotely, by Zoom. Or, because of inflation, they may not have additional gas money, so we are going to have to continue to meet the needs of the community**. We will continue to focus on caregiving as a top priority."

Some of the unique approaches to get services within communities involve technology, community partners, and mobile units. UAMS East also does worksite wellness, and several school-based programs like Kids for Health. The Minority Health Initiative has had great success with the mobile health unit. **"The mobile health unit assists people experiencing poverty in remote rural areas.** The program continues to collaborate with faith-based organizations, beauty and barbershops, cooperative extensions, and veteran's offices" (ATS Program Director).

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Additionally, "**Through technological applications, we are making research and service more accessible.** One such application developed by Eddie James supports **clients who seek assistance for their depression**, you know, we've got ChatGPT out. It's gonna change a lot of things" (ATS Program Administrator).

Another innovative approach has been to build rapport within communities.

- As described by Moye (2022c), the Center for Research, Health, and Social Justice at the COPH initiated Barbershop Talk, an **initiative to help black men avoid using alcohol.** The project is funded through a grant and will expand to a **total of 60 barbershops throughout the state** over a four-year span. Participants who come into the barbershop will answer questions about their drinking habits and overall health. For their participation, participants will receive a free haircut. Tiffany Haynes, PhD, associate professor and assistant dean for Diversity, Equity, and Inclusion, pointed out, "It's well-documented that black men often deal with situations that create a lot of stress in their lives. . . . We want the men to think about what the alcohol is doing to their body. . . . **Going to these men is important. People are more apt to listen if you go to where they're comfortable.** This is a chance for black men to discuss their health in a way that is judgment-free and beneficial."

Expanding healthcare expertise in the state has been a great contribution by several of the tobacco-funded programs. Despite using connections and technology to expand resources and services, program leaders often mention the loss and need for qualified caregivers, scholars, and funding. Several of the ATS leaders offer comments about their contribution to such development for Arkansas.

- One such comment comes from the COPH administration: "I would like to think that the college has made a large contribution to improving public health in the state. **The Arkansas Department of Health has employed a number of our graduates in their programs and a number of community-based organizations have done the same. We've also made a contribution to the private sector.** A number of our masters' students are employed in the private sector, **so they bring that public health perspective into what those companies are doing.** Our practice degree in the doctoral program, I would say, that's largely having an influence by the professionals that are being employed by the health department or community-based organizations that have a health focus. With our PhD students, I think it's having an impact by increasing the number of faculty who are in a position to educate and train our future."

This being said, one ATS director added, the "**loss of staff and programs is being felt in many of the tobacco-funded programs.**" Another added, "**We need scholarships for high profile healthcare experts for all five institutions. We could pay them to come and reap the benefits of bringing the brightest minds to Arkansas.**"

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Another one offered, "Many of the ATS programs do the **work on the ground in the most disadvantaged areas**, yet receive the smallest percentage of funding." An explanation was offered from a UAMS East administrator:

- **"We don't have an OB here right now. There's still babies delivered in the ambulances because there's no OB.** Several, several babies. The hospital doesn't have those kinds of services anymore. Can you imagine that? **Part of the problem here is we have so many teen births, and we lost that programming. We lost the funding during COVID.** We couldn't go into the schools and educate young people about pregnancy. You've got so many **teen moms that don't even know they're pregnant, or their parents, until they deliver in the ambulance.** We have an OB in Forrest City. He's the only one between here and Jonesboro and they work until nine o'clock at night."
 - UAMS East leaders furthered, "We try to go out as much as we can, but it's just not feasible for me to work [in Monroe County] everyday. **Building relationships takes time.** You really need staff who are there and staying. We need additional resources, more hands on board. . . . When we first started and had our \$2.6 million, we had several more staff. We never did as much as we wanted to do, but we had a presence in all seven counties. We don't anymore. There's just not enough staff to go around."
- As offered by another program director: "We cover every county, and that does not go very far. We are challenged to generate a dollar for dollar. **When you have a center that has 14 counties to serve, and you have a staff of two, that is extremely challenging for those staff of two to produce a lot.** . . . We are going to take a significant reduction in this upcoming year. I've not broken this news to the staff yet. **They're already on a pretty tight budget.** [To fulfill our services, we need nurses.] Keeping nurses for us has been an extreme challenge because private entities can offer our nurses extremely high competitive salaries that we cannot compete with since COVID. **So we've lost some extremely talented nurses to private entities because they've been offered six figure digits.** So we are feeling some hardships ourselves because of COVID has created some very unique challenges for us."

Summary

The complexity of disadvantage cannot be unraveled overnight—or even over decades. Metaphorical needles may never be moved, unfortunately, for some Arkansas counties. Public health advocates in these areas hope they can hold the course, at best, and alter the effects for some individuals if not for a region. Although these outcomes are unclear and health factors are complicating wellness in Arkansas even more, ATS-funded leaders have not given up. Many things are clear. Arkansas residents—all residents—are better served and are in better health because of the ATS-funded programs. These programs and their leadership are attentive to all people and their needs. They acknowledge that those facing multiple vulnerabilities have a compromised well-being and they confront health disparities. They recognize that these vulnerable Arkansans require the most resources, service, and heart. Alas, heart and service fall short without resources. Despite all, program leadership continues to locate, educate, inspire, and recruit qualified healthcare professionals. They push themselves to adapt and innovate. Simultaneously, many of them struggle to identify, pursue, and secure funds.

QUALITATIVE REPORT

TOBACCO-FUNDED EFFORTS IN ARKANSAS'S FIVE PUBLIC HEALTH REGIONS

When we step back and look at the big picture, we must remember to give credence to a variety of data sources when reflecting on public health. We must, of course, explore the numbers, but we also must never lose sight of local nuances of population health or our most vulnerable communities. It is through the voices of local public health leaders and community members served by programs that we hear these nuances, the lived experiences of public health work and community well-being. Our vulnerable populations who face sociocultural, socioeconomic, and health disparities, and who live in resource deserts, have the attention of our health experts; they continue to testify their commitment to address them. The rest of us bear witness to the expertise, resources, and hearts committed to healing the state's health disparities and divides.



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