

ARKANSAS TOBACCO SETTLEMENT COMMISSION



July-September 2021 Quarterly Evaluation Report



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ARKANSAS™

Report Prepared February 2022 by

Arkansas Tobacco Settlement Evaluation Team

Emily Lane - Project Director

University of Central Arkansas

201 Donaghey Avenue

Conway, AR 72035

Report Prepared for

Arkansas Tobacco Settlement Commission

101 East Capitol Avenue, Suite 108

Little Rock, AR 72201

Table of Contents

◆ ATSC Commission and Staff	1
◆ ATSC Evaluation Team	2
◆ Collective Impact	3
◆ Timing of Program Evaluation	6
◆ Arkansas Biosciences Institute	7
<i>Robert McGehee Jr., PhD, Director</i>	
<i>Leslie Humphries, Program Coordinator</i>	
◆ UAMS Fay W. Boozman College of Public Health	14
<i>Mark Williams, PhD, Dean</i>	
<i>Liz Gates, JD, MPH, Assistant Dean for Planning and Policy</i>	
◆ Arkansas Minority Health Initiative	22
<i>Este Frazier, MPA, Interim Director</i>	
<i>Beatriz Mondragon, BA, Grants Coordinator and Program Manager</i>	
◆ Tobacco Prevention and Cessation Program	29
<i>Lana "Joy" Gray, Branch Chief</i>	
◆ Tobacco Settlement Medicaid Expansion Program	43
<i>Mary Franklin, Director, DHS Division of County Operations</i>	
◆ UAMS Centers on Aging	48
<i>Amy Leigh Overton-McCoy, PhD, GNP-BC, Director</i>	
◆ UAMS East Regional Campus	59
<i>Becky Hall, EdD, Director</i>	
<i>Stephanie Loveless, MPH, Associate Director</i>	
◆ Summary of Indicator Progress across Programs	71

Arkansas Tobacco Settlement Commission and Staff



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Deputy Director, ASU Delta Center for Economic Development: Governor Appointee

Tom Chilton, Commission Vice Chair

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

Jerri Clark, Commissioner

Director of School Health Services, Arkansas Dept. of Education: ADE Permanent Designee

Mary Franklin, Commissioner

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

Nick Fuller, Commissioner

Deputy Director, Arkansas Dept. of Higher Education: ADHE Permanent Designee

Ken Knecht, MD, Commissioner

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Physician, Family Practice Clinic: Attorney General Appointee

Renee Mallory, Commissioner

Chief of Staff, Arkansas Department of Health: ADH Permanent Designee

Judy Zorn, Administrative Specialist III

Arkansas Tobacco Settlement Evaluation Team

University of Central Arkansas

Emily Lane, MFA, PhD(c)

Project Director

Betty Hubbard, EdD, MCHES

Evaluator: Arkansas Biosciences Institute

Ron Bramlett, PhD

Evaluator: UAMS Fay W. Boozman College of Public Health

Denise Demers, PhD, CHES

Evaluator: Arkansas Minority Health Initiative

Janet Wilson, PhD

Evaluator: Tobacco Prevention and Cessation Program

Joseph Howard, PhD

Evaluator: Tobacco Settlement Medicaid Expansion Program

Ed Powers, PhD

Evaluator: UAMS Centers on Aging

Jacquie Rainey, DrPH, MCHES

Co-PI & Administrator

Evaluator: UAMS East Regional Campus

Rhonda McClellan, EdD

Co-PI

Qualitative Report



BUILDING A CULTURE OF HEALTH

ATSC-Funded Programs: 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



434

HEALTH PROFESSIONALS & STUDENTS EDUCATED

COPH, UAMS-COA, UAMS EAST

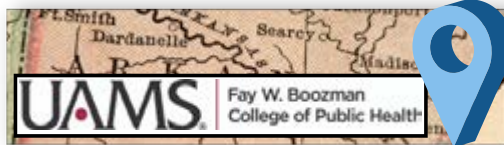
COMMUNITY EDUCATION

MHI, TPCP, UAMS-COA, UAMS EAST

14,603 EDUCATION ENCOUNTERS



2,069 YOUTH ENCOUNTERS



COPH faculty, Sean Young, received a grant that will use curriculum and expertise in the COPH to develop an undergraduate-level data science course at University of Arkansas at Fayetteville focusing on geospatial data science in public health. Coursework will be shared with postsecondary institutions across the state to help extend data science training resources to as many students as possible.



UAMS East offered Find Your Future in Health Care, a virtual, three-day camp hosted by UAMS where students are introduced to health careers, participate in exciting hands on activities, and hear from healthcare professionals and UAMS students.

SERVICE

25,413

ARKANSANS SERVED THROUGH TS-MEP



992

CALLERS ENROLLED IN TOBACCO CESSATION



6,231

HEALTH SCREENINGS
MHI, UAMS EAST



3,667

CLINIC & PATIENT ENCOUNTERS
UAMS-COA, UAMS EAST



5,986

EXERCISE ENCOUNTERS
UAMS-COA, UAMS EAST



Building a Culture of Health

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



RESEARCH

536 PUBLICATIONS IN FY21

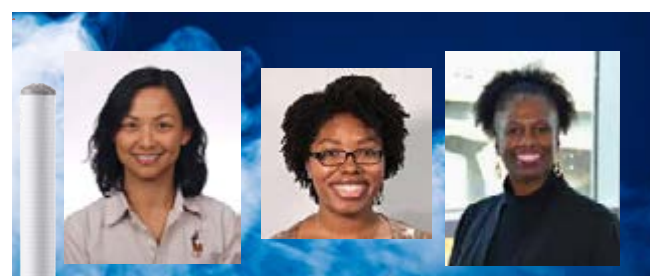
310 PRESENTATIONS IN FY21

227 ABI RESEARCH PROJECTS IN FY21

In FY21, 35% of **ABI** research was collaborative between ABI institutions. Out-of-state collaborators included researchers from University of Kansas, Johns Hopkins University, Washington University, Rutgers University, and St. Jude Children's Research Hospital, among others.

UAMS Fay W. Boozman College of Public Health

COPH research projects this quarter included investigations related to maternal and child health, diabetes prevention, cancers in poultry workers, COVID-19 transmissibility, cardiovascular disease, addiction treatment in corrections settings, HIV, and health equity, among others.



Tobacco-specific research at the **COPH** this quarter included the work of Dr. Ping-Ching Hsu (pictured left)- menthol cigarette smoking and prostate cancer in African-American men, Dr. Dina Jones (pictured middle)-nicotine replacement therapy and e-cigarette risk perceptions, and Dr. Pebbles Fagan (pictured right)- predicting outcomes of government regulations of tobacco products, including e-cigarettes.

ECONOMIC IMPACT

\$78.3 MILLION TOTAL LEVERAGED BY ABI & COPH IN FY21

= \$5.88 PER ATSC \$1

\$258,991 FUNDS LEVERAGED BY UAMS-COA

\$23,394 COMMUNITY PARTNER DONATIONS TO UAMS-COA

TS-MEP CLAIMS PAID & FEDERAL MATCHING FUNDS

\$31 MILLION IN CLAIMS

\$23.9 MILLION LEVERAGED

ROI WELL-BEING RETURNS ON TOBACCO SETTLEMENT INVESTMENTS

Funding this quarter supported highly skilled jobs, health education and screenings, research, community partnerships, and vital health services for vulnerable Arkansans. Despite challenges related to the pandemic, 85% of program goals were met or on track to meet annual goals. In all, ATSC dollars have enhanced Arkansans' well-being and supported a culture of health.

Building a Culture of Health

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



TESTIMONIALS

ABI: “Within weeks of the realization by public health officials that this virus was infecting persons in the U.S., investigators and their labs established collaborations, developed reagents, validated protocols, and began testing to identify persons with antibodies against SARS-CoV-2.” - ABI Executive Director Bobby McGehee

COPH: “Data science is more relevant than ever before for students seeking careers in public health and healthcare, because these students need to know how to perform high-quality data analysis, how to work with complex and potentially sensitive datasets including geospatial data, and how to effectively disseminate the results to a wide audience.” - Sean Young, PhD, of the COPH on a recent grant award to develop an undergraduate-level data science course

MHI: “With the pandemic and genetic factors as well as daily stressors that arise, it is imperative that we stay on top of our health and wellness. This event benefited members of our community by increasing awareness of self-care and ways to maintain a positive outlook.” -- Tenesha Banks, a resident of McGehee who attended the Family Wellness Day and Back-to-School Bash

TPCP: “ACC is grateful for the support provided by TPCP. Each year, we serve over 1,000 healthcare providers, public health professionals, and the general public by putting into their hands the tools needed to fight the deadly addiction of tobacco and nicotine. . . . [We] provide access to education, information, and resources on tobacco prevention, the Be Well and Be Well Baby helplines, and others.” -- Miriam Karanja, Director of Programs at Arkansas Cancer Coalition

UAMS-COA: “[This program] has given me permission to be more open with others that I am grieving. . . . I don’t feel alone knowing that others are also going through similar struggles. It gives me courage to stay on the path to healing . . . to face tough emotional things. It gives me a chance to see myself asking for help . . . and it helps me talk to and model for others the importance of giving yourself room to openly grieve the loss of loved ones.” - Schmieding Center program participant

UAMS East: “I am a fourth-year medical student at UAMS and have had the pleasure of serving the community and learning from the staff at the Lake Village clinic during my rural medicine rotation. . . . Everyone I have encountered in Lake Village has been incredibly welcoming and helpful. . . . I have always been passionate about primary care and look forward to serving and treating Arkansans following my residency training!” - Katie Zehr, UAMS student



Timing of Program Evaluation

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

January-March Quarterly Report:

- Quarterly progress updates for all ATSC-funded programs are provided.

April-June Quarterly Report:

- Quarterly progress updates for ABI, COPH, TS-MEP, UAMS-COA, and UAMS East are provided.
- Fiscal year evaluation of MHI and TPCP is provided.

July-September Quarterly Report (current report):

- Quarterly progress updates for COPH, MHI, TPCP, TS-MEP, UAMS-COA, and UAMS East are provided.
- Fiscal year evaluation of ABI is provided.

Annual/Biennial Report, inclusive of October-December quarterly data:

- Calendar year evaluation of COPH, TS-MEP, UAMS-COA, and UAMS East is provided.
- Review of most recent fiscal year evaluation of ABI, MHI, and TPCP is provided in addition to progress updates for the current fiscal year.



ABI Evaluator Summary and Comments

Program Description

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

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

Overall Program Goal

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



ABI Evaluator Summary and Comments

Challenges

The pandemic continues to affect face-to-face interactions, resulting in limitations such as the number of students working in ABI-supported research labs as well as the number of new hires at the ABI institutions. These effects have been very evident over the past two fiscal years. When reviewing historical information on both FTEs and new research scientists coming to Arkansas, it is apparent that both categories declined in FY20 and FY21. In FY 21, the number of FTEs supported with ABI and extramural funding decreased to 252 FTEs. This number was down considerably from the high of 402 FTEs in FY12. Similarly, the research scientists recruited to Arkansas dropped to only three new hires for FY21.

Opportunities

ABI research scientists from two or more institutions continue to collaborate on research projects. While face-to-face contacts decreased over the past two years, researchers relied heavily on virtual collaborations. These collaborative efforts are especially evident in research funding and in publications. Examples include the work of Dr. Jamie Baum, University of Arkansas Division of Agriculture, and Dr. Elizabeth Borsheim, Arkansas Children's Research Institute. Their efforts resulted in a book chapter on dietary protein. An additional collaboration between research scientists from UAMS, the University of Arkansas, and the UA Division of Agriculture culminated in significant research funding from the National Institutes of Health. This funding supports a statewide metabolic research center and a multi-generational health study headed by research scientists from UAMS and Arkansas Children's Research Institute.

Evaluator Comments

Despite the pandemic, the Arkansas Biosciences Institute continues to work toward the achievement of its overall program goal. By consistently meeting its objectives, ABI scientists conducted and disseminated research that contributed to planning, implementing, and evaluating health-related programs throughout the state. A particularly notable accomplishment of ABI is its ongoing record of procuring extramural resources. Over time this funding increased significantly with a high this fiscal year of \$6.19 for every \$1 supplied by Tobacco Settlement funds. These funds allow researchers to pilot test innovative research while supporting existing research efforts in fields as diverse as antioxidant effects, irrigation, childhood obesity, heart disease, and addiction.

ABI Performance Indicators and Progress

Long-Term Objective

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



Indicator

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

Activity: Met

This indicator was met for the fiscal year. For FY 2021, ABI-supported research investigators received \$6.19 in extramural funding for every \$1 provided by the Arkansas Tobacco Settlement. Scientists from the five member institutions successfully leveraged existing ABI funding to secure monies from external revenue sources. These monies, in addition to funding provided to ABI through the Tobacco Settlement Proceeds Act of 2000, were used to support pilot projects, purchase new equipment, build collaborations, and employ the scientists and support staff to engage in research. These research efforts contributed to the body of knowledge and professional expertise that contributed to the health of Arkansans.



Indicator

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

Activity: Met

This indicator was met for the fiscal year. During FY 2021, ABI-supported research investigators received one patent award and had five patent filings. This activity exceeded the baseline year when research investigators had no patents awarded and had four patent filings.

ABI Performance Indicators and Progress



Indicator

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

◆ Activity: Met

This indicator was met for the fiscal year. For FY 2021, ABI made 92 media contacts. These contacts occurred in a variety of formats: 34 newspaper articles, 37 press releases, three news conferences, and 18 television/radio broadcasts. The articles, press releases, conferences, and broadcasts highlighted the activities of ABI investigators and increased the scope and impact of the research conducted by this program.

Short-Term Objective

The Arkansas Biosciences Institute shall initiate new research programs for the purpose of conducting, as specified in § 19-12-115, agricultural research with medical implications, bioengineering research, tobacco-related research, nutritional research focusing on cancer prevention or treatment, and other research approved by the board.



Indicator

The ABI will allocate funding to its five member institutions to support research, while also monitoring that funded research activities are conducted on time, within scope, and with no overruns.

◆ Activity: Met - Influenced by COVID-19

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

ABI Performance Indicators and Progress



Indicator

The ABI and its member institutions will systematically disseminate research results and ensure that at least 290 publications and 370 presentations are delivered each year. These include presentations and publications of results, curricula, and interventions developed using the grant funding, symposia held by investigators, and the creation of new research tools and methodologies that will advance science in the future.

◆ **Activity: Unmet - Influenced by COVID-19**

This indicator was not met for the fiscal year. In FY 2021, 536 publications and 310 presentations were disseminated by researchers. The number of publications exceeded the prescribed amount while the number of presentations fell below expectations. It should be noted, however, that 44% of the publications were made in collaboration with other ABI scientists. Additionally, one new/improved research method/tool was reported.



Indicator

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

◆ **Activity: Unmet - Influenced by COVID-19**

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

ABI Performance Indicators and Progress



Indicator

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

◆ Activity: Met - Influenced by COVID-19

This indicator was met for the fiscal year. For FY 2021, there were 227 new and ongoing research projects at the five institutions. Of these projects, 35% were collaborative with other ABI institutions. In addition to collaborations between ABI institutions, other partners included many out-of-state programs such as University of Massachusetts, University of Kansas, Johns Hopkins University, Washington University, Boise State University, Children's Hospital of Los Angeles, Rutgers, and St. Jude Children's Research Hospital.



ABI Testimonial

DREAM-ATAC: Developing Real Time Tests to Enable Antibody-Mediated Therapy against COVID-19

Craig Forrest, PhD, and Karl Boehme, PhD, both associate professors in the UAMS College of Medicine Department of Microbiology and Immunology, along with Joshua Kennedy, MD, associate professor of Pediatrics at the Arkansas Children’s Research Institute have taken their expertise in B cell-mediated immunity to viral infections to quickly respond to the SARS-CoV-2 global pandemic.

“Within weeks of the realization by public health officials that this virus was infecting persons in the United States, these investigators and their labs established collaborations, developed reagents, validated protocols, and began testing to identify persons with antibodies against SARS-CoV-2,” reported ABI Executive Director Bobby McGehee. This initial work by Drs. Forrest, Boehme, and Kennedy was inspired by a request from Governor Asa Hutchinson and the Arkansas Department of Health to start a statewide sero-prevalance analysis to determine the percentage of persons in Arkansas who have been infected by SARS-CoV-2. Their research provides critical information about how many Arkansans have had the disease, who can potentially serve as antibody donors, and geographical location of survivors. Additionally, this research will inform decisions related to business and school regulations and expanded re-openings moving forward.

This work has also led to a National Institutes of Health (NIH) Research Project Cooperative Agreement grant from the NIH National Cancer Institute that has established the SeroNet Center at UAMS to evaluate antibody responses to COVID-19 in vulnerable populations in Arkansas. From what was an initial investment of \$50,000 from ABI, this project has leveraged the acquisition of \$4.6 million in additional funding and contracts, for a ratio of \$128 per ABI dollar invested.



COPH Evaluator Summary and Comments

Program Description

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

Overall Program Goal

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



COPH Evaluator Summary and Comments

Challenges

The director of recruitment and alumni affairs of 15 years left the college in September. Her departure left a sizable gap in the structure and capacity of the Office of Student and Alumni Affairs (OSAA). However, the OSAA was able to utilize her departure as a catalyst to review and reorganize how they serve students and the college as a whole. This resulted in shifts of responsibilities across different positions as well as purposeful utilization of methods, created due to the pandemic, that have proved effective for students who are fully distanced, hybrid, or face-to-face.

Opportunities

The COPH has established an Office of Professional Development and Program Evaluation led by faculty with significant experience in design and development of professional development training. The purpose is to be an innovative provider of public health training and continuous improvement methods for employers, workers, and the community by offering a diverse schedule of professional development classes; outreach opportunities; and evaluation mentoring, guidance, and consultation.

The office provides the COPH an opportunity to increase efforts that facilitate training and evaluation expertise to employers, government, and community organizations. The professional development capabilities include training for compliance with the U.S. Occupational Safety and Health Administration (OSHA) and Environmental Protection Agency, unconscious bias, microaggression, team building, and skills assessment for continuous improvement and continuing education. The program evaluation capabilities of the office include assessment and evaluation of project goals and objectives, cost-effectiveness, efficacy, and efficiency. The increased capabilities in professional development and program evaluation will focus on strengthening current partnerships and stakeholder relationships as well as establishing new partnerships in different areas and sectors throughout the state.

The COPH also received a one-year grant from OSHA for \$156,800 to provide infectious disease pandemic preparedness training to 550 employers and workers.

The training will be offered by the Office of Professional Development and Program Evaluation and will provide up to six hours of infectious disease pandemic preparedness training to employers and workers in the general and construction industries, focusing on small businesses.



COPH Evaluator Summary and Comments

Opportunities - CONT'D

Titled “The Next Normal: Preparing Today’s Workplace for Tomorrow’s Pandemic,” the training will be designed to increase awareness of signs and symptoms of known infectious diseases, modes of transmission, methods for control and elimination, the use of personal protective equipment, and other control methods. Specifically, the training will target small businesses that employ temporary, youth, and limited-English proficiency workers. Training materials and sessions will be offered in both English and Spanish. The COPH will partner with the Northwest Arkansas Council and Arkansas Blue Cross and Blue Shield to help with advertisements.

Evaluator Comments

The UAMS Fay W. Boozman College of Public Health continues activities that work toward its long-term objective to elevate the overall ranking of the health status of Arkansans. The college is working toward increasing health-related opportunities for Arkansans through consultations, collaborations, and knowledge dissemination activities. In addition, the college is training public health professionals to work in Arkansas and provide direct and indirect health-related services to Arkansans. The COPH is also obtaining funding from other sources such as contracts and grants that provide a large amount of support for the college. Data for all indicators were not collected this quarter because some of the data are collected during the other three quarters or on an annual basis. Of the four indicators for which data were collected, COPH is on track or has met its goals. Finally, as stated above in the opportunities section, the COPH has received an OSHA grant to increase efforts in professional development and program evaluation. They will provide training to 550 employers and workers in Arkansas for infectious disease pandemic preparedness. As stated above “The Next Normal: Preparing Today’s Workplace for Tomorrow’s Pandemic,” the training will be designed to increase awareness of signs and symptoms of known infectious diseases, modes of transmission, methods for control and elimination, the use of personal protective equipment and other control methods. These trainings can hopefully provide much needed accurate information about infectious diseases that are sorely needed.

COPH Performance Indicators and Progress

Long-Term Objective

Elevate the overall ranking of the health status of Arkansans.



Indicator

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

◆ Activity: On Track

This indicator is on track to meet the annual goal. Fifty-two activities were conducted by COPH faculty who served as members, partners, representatives, volunteers, co-chairs, and consultants for groups and institutions with a focus on public health. All 52 of these activities were ongoing. Thirty-seven of these were statewide in scope; six had a central Arkansas emphasis, and nine had a national focus.



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.

◆ Activity: On Track

This indicator is on track to meet the annual goal. Information for this indicator is reported annually in the October-December quarter.



Indicator

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

◆ Activity: On Track

This indicator is on track to meet the annual goal. Information for this indicator is reported in the January-March, April-June, and October-December quarters.

COPH Performance Indicators and Progress



Indicator

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

◆ Activity: On Track

This indicator is on track to meet the annual goal. Information for this indicator is reported in the January-March, April-June, and October-December quarters.



Indicator

The COPH makes courses and presentations available statewide.

◆ Activity: On Track

This indicator is on track to meet the annual goal. Seven presentations were made available remotely between July and September. Examples of topics included SARS-CoV-2 and COVID-19, cardiovascular disease among elderly, and childhood obesity.



Indicator

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

◆ Activity: On Track

This indicator is on track to meet the annual goal. Information for this indicator is reported in the January-March, April-June, and October-December quarters.



Indicator

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

◆ Activity: On Track

This indicator is on track to meet the annual goal. The COPH reported two students who graduated this quarter, both were African-American.

COPH Performance Indicators and Progress



Indicator

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



Activity: On Track

This indicator is on track to meet the annual goal. One of the two summer graduates works in public health in Arkansas and the other one's employment status is 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.



Activity: Met

This indicator has been met for the fiscal year. The fiscal data for July 1, 2020 through June 30, 2021 showed that \$2,381,178 was awarded to the COPH from the ATSC. With an additional \$245,377 in tobacco monies carried over from the previous fiscal year, the COPH invested a total \$2,746,566 in tobacco dollars to advance public health in FY21. Grants and contracts to the COPH totaled \$10,570,258. The financial information that was provided by COPH indicated a 3.85:1 ratio of external funds to tobacco funds. This year was unusual because of extra funding through the CARES Act to create and maintain a tracing call center for all Arkansas colleges and universities. The funding began and ended in fiscal year 2020-2021. Next year, the ratio will be reduced and return to the norm.



COPH Testimonial

Seed Grant Affords New Undergraduate Data Science Course to Focus on Mapping Public Health in Arkansas

Sean Young, PhD, assistant professor of Environmental and Occupational Health, recently received a seed grant from the Arkansas Economic Development Commission's Division of Science and Technology to increase Arkansas students' knowledge about data science.

The DART (Data Analytics that are Robust and Trusted) seed grants were awarded as part of a multi-institutional, interdisciplinary, statewide grant program, known as Arkansas EPSCoR, that leverages \$24 million over five years to expand research, workforce development, and STEM educational outreach in Arkansas. The program is funded through the National Science Foundation. Its goal is to improve research capability and competitiveness in Arkansas to maximize resources to sustain a diverse, data-driven economy as the state transitions from a primarily agricultural and manufacturing-based economy.

Young's DART seed grant project uses curriculum and expertise in the College of Public Health to develop a new undergraduate-level data science course at the University of Arkansas at Fayetteville focusing on geospatial data science in public health. As part of the Data Science for Arkansas Initiative, the coursework will be shared with postsecondary institutions across the state to help extend data science training resources to as many students in Arkansas as possible.

"Data science is more relevant than ever before for students seeking careers in public health and healthcare, because these students need to know how to perform high-quality data analysis, how to work with complex and potentially sensitive datasets including geospatial data, and how to effectively disseminate the results to a wide audience," Young said. Geospatial data science students learn how to use geographic information systems and related technologies to create complex datasets associated with locations on earth. This includes learning how to collect and store data, to make maps, to create models showing how people or objects move across the landscape, to detect and describe spatial patterns through statistics, and to analyze and predict which areas are at risk of hazards.



COPH Testimonial

Young, a medical geographer, notes that these skills can be used in a variety of public health situations, such as to help plan and direct projects that would be affected by topography, climate and soil factors; to map the impacts – financial and otherwise – of a health problem or healthcare resources; and to determine how easily residents in an area can reach services and facilities. The skills can also be used to identify clusters of rare diseases and begin exploring possible environmental causes, and to determine the risk for specific health hazards in a community, based on sociodemographic and environmental data. An example of the latter is the COVID-19 Community Vulnerability Index used by the Centers for Disease Control.



MHI Evaluator Summary and Comments

Program Description

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

Overall Program Goal

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



MHI Evaluator Summary and Comments

Challenges

Heart disease continues to be a paramount challenge in the state as the number one cause of death for minority Arkansans. However, two more acute challenges exist. Although much of the state is open and COVID-19 has not affected MHI's events this quarter as compared to previous months, COVID-19 precaution policies have prevented the MHI from seeing participants inside the Mobile Health Unit. To provide screenings, the agency sometimes must take the weather sensitive screening machines outside. Additionally, due to the lengthy hiring process and nurse shortage, the MHI has been unsuccessful in hiring a nurse into its team.

Opportunities

The MHI continues to capitalize upon the issues that are most important to their priority population. MHI continued to embrace new opportunities related to the pandemic by focusing educational information and social media on COVID-19 and related issues, e.g., tobacco use and COVID-19 risk. The MHI also took advantage of their social media presence by offering live events. Opportunities abound with the Mobile Health Unit back in use, strong efforts to reach more people with multimedia channels (radio, TV, social media, and print), and networking through partnerships with new organizations.

Evaluator Comments

As the state of Arkansas continues to open up after COVID-19 shutdowns, the MHI has taken advantage of outreach efforts to provide screenings and education related to the debilitating diseases commensurate to tobacco use and unhealthy lifestyles. The agency continues to see growth in their programs, providing well above a quarter of the total screenings and educational encounters needed to meet their fiscal year end goals. Moreover, one positive product of COVID-19 was the agility the MHI demonstrated with their quick switch to social media and increased website information. The MHI's media presence continued to offer thousands of Arkansans the opportunity to gain crucial information regarding overall health, including nutrition, physical activity, tobacco, breastfeeding, mental health, and COVID-19, among other topics. Furthermore, the MHI continued to provide "Ask the Doctor" radio segments and live Facebook events where individuals throughout the state could ask questions and receive answers in the comfort of their own home--in real time. All in all, the MHI continued to provide vital services and information that will help minority Arkansans reduce death/disability due to tobacco, chronic, and other lifestyle-related illnesses.

MHI Performance Indicators and Progress

Long-Term Objective

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



Indicator

The MHI will raise awareness and provide access to screenings for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group, as measured by the number of health screenings, educational encounters, counties reached, as well as efforts related to multimedia outreach.

◆ Activity: Exceeding Expectations - Influenced by COVID-19

This indicator is exceeding expectations towards the fiscal year goal. Last year, the MHI provided 1,149 blood pressure screenings. During this quarter, the MHI has already provided 1,004 blood pressure screenings. To remain within 10% of the previous year, only 15 more screenings are needed in the next three quarters. Likewise, cholesterol screenings exceeded expectations as the MHI has already tallied 649 total cholesterol screenings this quarter, while the FY21 total was only 614. Along with the screenings, more than 2,900 Arkansans were directly educated by the MHI and 239 commercials ran throughout Central and Northwest Arkansas that focused on topics of tobacco and physical activity.

MHI Performance 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.

◆ **Activity: Exceeding Expectations - Influenced by COVID-19**

This indicator is exceeding expectations towards the fiscal year goal. Last year, the MHI provided 1,149 blood pressure screenings. During this quarter, the MHI has already provided 1,004 blood pressure screenings. To remain within 10% of the previous year, only 15 more screenings are needed in the next three quarters. Likewise, cholesterol screenings exceeded expectations as the MHI has already tallied 649 total cholesterol screenings this quarter, while the FY21 total was only 614. Along with the screenings, more than 2,900 Arkansans were directly educated by the MHI and 239 commercials ran throughout Central and Northwest Arkansas that focused on topics of tobacco and physical activity.



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.

◆ **Activity: Exceeding Expectations - Influenced by COVID-19**

This indicator is exceeding expectations. Hypertension is an increase in blood pressure and the MHI provided 1,004 screenings this quarter. Additionally, MHI reported 2,920 educational encounters this quarter. The agency also promoted healthy living through more than 700 commercials that encouraged viewers to eat healthy, exercise, and have their numbers checked via the Mobile Health Unit. The commercials aired in Central and Northwest Arkansas on six television stations.

MHI Performance Indicators and Progress



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.

◆ Activity: On Track - Influenced COVID-19

This indicator is exceeding expectations towards the fiscal year goal. MHI provided 649 cholesterol screenings and 2,920 educational encounters this quarter. The MHI also tallied 239 television commercials in Central and Northwest Arkansas that focused on exercising 30 minutes a day and quitting smoking. They also provided 649 cholesterol screenings. With this, they are on track to meet this indicator at the close of this year.



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.

◆ Activity: On Track - Influenced COVID-19

This indicator is on track to meet the fiscal year goal. One of MHI's focuses this quarter was to lower rates of diabetes. Part of their campaign was to run television commercials encouraging individuals to increase their physical activity and to get health screenings. These commercials ran on eight stations. Furthermore, the MHI also provided 794 glucose screenings and educated 2,920 Arkansans.

MHI Performance Indicators and Progress



Indicator

The MHI will conduct ongoing needs assessments to determine the most critical minority health needs to target, including implementation of a comprehensive survey of racial and ethnic minority disparities in health and healthcare every five years.

◆ Activity: On Track

This indicator is on track. A formal survey of racial and ethnic minority disparities is conducted every five years. The next survey is scheduled to be completed in FY2024. However, as with other quarters, the MHI continues to put efforts forward to provide education to minority Arkansans through various media outlets. This quarter they focused their messaging on COVID-19 and the vaccine, mental health, breastfeeding, childhood obesity, and breast cancer. Combined, these subjects garnered more than 11,100 Twitter impressions, 33,694 Facebook impressions, 400 radio commercials and 300,162 over-the-top streaming 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.

◆ Activity: On Track

This indicator is on track. Camp iCan continues to be an effective project to reduce health disparities, particularly among youth. This year's Camp iCan was implemented during the summer months of 2021 as a three-day program with activities, workshops, and exercises that promoted healthy eating, physical activity, and self-confidence development. Twenty-nine youth from Faulkner, Pulaski, and Clark counties participated in the camp designed to educate and empower young boys and girls. Campers were equipped with the necessary tools to understand and combat key risk behaviors that lead to unhealthy lifestyles. Planning for the next Camp iCAN is just beginning. Further information will come in a future evaluation report.



MHI Testimonial

Success of Sponsored Events

The MHI had several successful sponsored outreach events this quarter. A new partner to the MHI, Black Gay Men's (BGM) Forum, facilitated outreach initiatives to educate the Little Rock LGBT community, and supporters, on issues like health equity and economic disparities. During Little Rock Black Pride 2021, held in late July, the Black Gay Men's Forum provided access to COVID-19 testing. The BGM Forum worked with ARcare to provide testing. Danny Harris with ARcare related, "We had a good day, one of our biggest testing events since COVID-19 started!"

The MHI also partnered with the McGehee Boys & Girls Club for an event: Family Wellness Day and Back-to-School Bash. The event aimed to increase health awareness, increase visibility of health wellness resources in the community, provide screenings and education materials, and motivate participants to make positive health behavior changes. Tenesha Banks, a resident of McGehee, reflected, "With the pandemic and genetic factors as well as daily stressors that arise, it is imperative that we stay on top of our health and wellness. This event benefited members of our community by increasing awareness of self-care and ways to maintain a positive outlook."



TPCP Evaluator Summary and Comments

Program Description

The Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program (TPCP) includes community and school education prevention programs, enforcement of youth tobacco control laws, tobacco cessation programs, health communications, and awareness campaigns. The TPCP also sponsors statewide tobacco control programs that involve youth to increase local coalition activities, tobacco-related disease prevention programs, minority initiatives and monitoring, and evaluation. The TPCP follows the Centers for Disease Control and Prevention Best Practices for Tobacco Control 2014 as a guide for program development. Outcomes achieved by Arkansas's TPCP include reducing disease, disability, and death related to tobacco use by preventing initial use of tobacco by young people, promoting quitting, eliminating exposure to secondhand smoke, and educating Arkansans about the deleterious health effects of tobacco use.

Overall Program Goal

The goal of the TPCP is to reduce the initiation of tobacco use and its resulting negative health and economic impact.

TPCP Evaluator Summary and Comments

Challenges

Although the COVID-19 pandemic continues to limit the number of opportunities to engage communities in tobacco control initiatives, TPCP has coordinated with sub-grantees to develop alternative activities. Sub-grantees continue to be creative in virtual activities, especially those for youth engagement through Project Prevent. When possible, sub-grantees take advantage of attending in-person meetings, although these meetings are brief and with few attendees.

Opportunities

Due to a surge in COVID-19 cases, local community educational opportunities were limited. For the quarter, sub-grantees conducted 27 presentations with approximately 360 attendees. The TPCP, in partnership with the Be Well Baby program, conducted training for sub-grantees and partners. Approximately 40 individuals attended the training covering the promotion of and referral to Be Well Baby. In addition, the training covered what makes Be Well Baby a personalized tobacco cessation plan. The TPCP and statewide sub-grantees continued to plan for second quarter virtual trainings. Training opportunities include the following:

- TPCP Statewide Sub-grantee Trainings
 - Chronic Obstructive Pulmonary Disease (COPD) Conference through the Arkansas Tobacco Education Initiative
 - Tobacco and Disease Symposium through the Arkansas Cancer Coalition
 - Brief Tobacco Intervention Training through the Arkansas Cancer Coalition
- TPCP Facilitated Training
 - Tobacco Treatment Specialist (TTS) Training/Certification.

During the current quarter, TPCP conducted a series of trainings for FY22 sub-grantees. Due to COVID-19 social distancing guidelines, TPCP took advantage of a virtual training format in 2-hour sessions. The TPCP will plan additional trainings in the second quarter to ensure sub-grantees have the training they need to be successful as they carry out their work plan activities.

TPCP Evaluator Summary and Comments

Opportunities - CONT'D

The TPCP sub-grantee Project Prevent Youth Coalition (PPYC) reports that during the current quarter 29 Project Prevent Chapter meetings were held with 486 youth participating in planning/developing activities for the year. Additionally, three Next Generation meetings were held with 53 youth participating in planning/developing activities for the year. Project Prevent Chapters consist of youth in grades 7-12. Next Generation Chapters consist of youth in grades 4-6. Next Generation Chapters have their own statewide meetings and projects that are tailored to their specific age group. Both Project Prevent and Next Generation Chapters are made up of members who choose to live their lives tobacco and nicotine free and encourage others to do the same.

Evaluator Comments

In May 2021, Dr. Marian Lothery was hired as the new Director for the Minority Research Center (MRC) at the University of Arkansas at Pine Bluff (UAPB). This position is 40 percent of her workload. In an effort to consult with the new leadership and examine the challenges this agency has faced in the past regarding its indicator goals, a virtual meeting was held on September 21 with the following participants: Marian Lothery (MRC Director), Mansour Mortazavi (Vice Chancellor at UAPB), Beccy Secrest (TPCP), Shelia Garrett (TPCP), and Janet Wilson (TPCP Evaluator at UCA). Discussion was held regarding the appropriateness of the current indicators in light of ongoing COVID-19 restrictions and FY22 work plan goals of the MRC. Proposed indicator changes that will be forwarded to the Arkansas Tobacco Settlement Commission for review at their November 10, 2021 meeting include the following:

- The deletion of the two indicators that require direct intervention with students;
- The broadening of the RFP topics to be supported financially by the MRC;
- A reduction in the goal number of minority community meetings, with virtual as well as face-to-face meetings being supported; and
- A reduction in the number of small town newspaper editorials to be submitted.

TPCP Performance Indicators and Progress

Long-Term Objective

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



Indicator

By June 2025, 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.

Activity: In Progress Towards Long-Term Goal - Influenced by COVID-19

This indicator is in progress to meet the long-term goal. Although current social distancing measures due to COVID-19 restrict the ability of TPCP and the sub-grantees to have direct contact with youth in grades 9-12, various socially-distanced and virtual activities were implemented this quarter. See the Opportunities section for additional information on Project Prevent Youth Coalition Chapter meetings and other virtual activities. An annual summary of progress towards this goal will be provided in the fourth quarter of FY22. While the fourth quarter report for FY21 reported success already in meeting the goals for decreasing smoking and smokeless use rates among youth, the Electronic Nicotine Delivery System (ENDS)/E-cigarette use rate had increased from the baseline of 13.9% to 24.3%.

TPCP Performance Indicators and Progress



Indicator

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

◆ **Activity: In Progress Towards Long-Term Goal - Influenced by COVID-19**

This indicator is in progress to meet the long-term goal. Although current social distancing measures due to COVID-19 restrict the ability of TPCP and the sub-grantees to have direct contact with adults and pregnant women, virtual Be Well Baby program training continued during this quarter, as did planning sessions for future programming activities by TPCP sub-grantees (see the Opportunities section for additional information on these activities). An annual summary of progress towards this goal will be provided in the fourth quarter of FY22. While the fourth quarter report for FY21 reported success already in the goal of decreasing smoking use rates among adults and progress towards decreasing pregnancy smoking rates, no data were available at that time for ENDS/E-cigarette use among adults.



Indicator

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

◆ **Activity: In Progress Towards Long-Term Goal - Influenced by COVID-19**

This indicator is in progress to meet the long-term goal. Although current social distancing measures due to COVID-19 restrict the ability of TPCP and the sub-grantees to have direct contact with community members and various policymakers, virtual training continued this quarter (see the Opportunities section for additional information on plans for future trainings that will educate community members on tobacco-related diseases). An annual summary of progress towards this goal will be provided in the fourth quarter of FY22. While the fourth quarter report for FY21 revealed that COVID-19 restrictions led to no new policies, TPCP and sub-grantees are committed to increasing the number of comprehensive smoke-free/tobacco-free policies during FY22.

TPCP Performance Indicators and Progress

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.

◆ **Activity: On Track - Influenced by COVID-19**

This indicator is on track to meet the fiscal year goal. However, the number and nature of presentations conducted this quarter are impacted by COVID-19 restrictions. During this quarter, TPCP sub-grantees conducted 27 trainings for approximately 360 participants with topics centered on the harms of tobacco use, including ENDS/E-cigarettes. Additionally, TPCP, in coordination with the Be Well Baby program, conducted a presentation for approximately 40 people. The training covered how to refer patients/clients and promote Be Well Baby.



Indicator

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

◆ **Activity: On Track - Influenced by COVID-19**

This indicator is on track to meet the fiscal year goal. Although COVID-19 restrictions are expected to impact compliance checks, the number of unannounced compliance checks this quarter already outnumbers those that were conducted during FY21. During the current quarter, Arkansas Tobacco Control (ATC) conducted 1,354 unannounced compliance checks with 165 sales to minor violations for a non-compliance rate of 12.19%. This is slightly lower than the 12.57% non-compliance rate at the end of FY21. It is worth noting that both the COVID-19 pandemic and Act 580 of 2019 have affected the violation rate. As a reminder, Act 580 amended the age at which a person may purchase tobacco products and alternative nicotine products (to include e-cigarettes) from age 18 to 21.

TPCP Performance Indicators and Progress

◆ Activity - CONT'D

The ATC provides free training to merchants and conducts ongoing education to retailers to ensure they comply with the law. Although ATC has temporarily suspended regular trainings for retailers due to COVID-19, they are conducting required trainings for retailers who have violated sales to minors' laws. When ATC contacts the retailer regarding the offer of settlement related to the violation, they are notified of a board-required training. The ATC extends to the retailer(s) the time and location to attend the training. During the reporting period, ATC held one required retailer training with four attendees. Additional trainings were scheduled but an increase in COVID cases and retailer staff shortages lead to training cancellations. ATC is rescheduling the trainings.



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).

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the fiscal year goal. While COVID-19 restrictions directly impact the programming provided by Project Prevent, during this quarter three new chapters were established in Red Counties. Currently, 10 of the 22 Red Counties in Arkansas have at least one Project Prevent Chapter. See the Opportunities section for additional information on Chapter activities this quarter.



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)

◆ Activity: On Track

This indicator is on track to meet the fiscal year goal. Because this indicator relates to various social media platforms, COVID-19 restrictions are not expected to directly influence this indicator. Data for this indicator will be reported annually in the fourth quarter of FY22.

TPCP Performance Indicators and Progress

◆ **Activity - CONT'D**

However, for FY21, the Arkansas Department of Health, with the maintenance of a comprehensive media platform, met this indicator. The media plan focused on the following areas: (1) youth prevention-- educational messaging about the harms of tobacco/nicotine use, inclusive of e-cigarettes and other products such as vaping devices, while promoting cessation services; (2) tobacco/nicotine cessation messaging--media messaging designed to drive calls to Be Well Arkansas as well as provide education on the harms of tobacco/nicotine products while also promoting new services to mothers with nicotine addiction; and (3) messaging focusing on educating about the harms of exposure to secondhand smoke.

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})

◆ **Activity: On Track - Influenced by COVID-19**

This indicator is on track to meet the fiscal year goal. As noted in the fourth quarter report for FY21, numerous participants in the tobacco cessation program relayed to the Be Well Arkansas (BWA) program that continued stress of the pandemic impacted their quit attempt and led several to drop out of the program. The TPCP reported that Arkansas's tobacco cessation quitline, Be Well Arkansas, is not the only state program that experienced quit attempts impacted by the pandemic. It is expected that COVID-19 stressors will continue to impact the program. This quarter, Be Well Arkansas received 1,896 incoming calls inquiring about tobacco cessation, hypertension, and/or diabetes. BWA staff completed a total of 1,026 intakes by phone with 992 individuals enrolling in the cessation program. Additionally, the BWA call center mailed out 163 diabetes and 382 hypertension pamphlets as requested by callers.

TPCP Performance Indicators and Progress



Indicator

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

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the fiscal year goal. As discussed in previous reports, due to the COVID-19 pandemic, the Be Well Baby program experienced a delay in implementation. As a result of continued discussions with the Be Well Baby vendor, the program shifted to a telehealth counseling format with the use of Smartphone technology and the iCOquit monitoring device. Participants in this program receive four prenatal and six postpartum sessions. During this quarter, 13 women enrolled in the Be Well Baby program. A total of 54 counseling sessions were conducted. These counseling sessions include both prenatal and postpartum sessions for previous enrollees as well.



Indicator

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

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the fiscal year goal. It is expected that COVID-19 restrictions will impact the ability of MISRGO to interact with faith-based churches/organizations. While no data are provided this quarter, updates on the progress made towards this goal will be available in future reports.



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.

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the fiscal year goal. It is expected that COVID-19 restrictions will continue to impact whether the annual event will be a face-to-face or virtual format (as it was in FY21).

TPCP Performance Indicators and Progress

◆ **Activity - CONT'D**

Typically, MISRGO has held the “Clearing the Air in Communities of Color Conference” during the third quarter (the 18th conference was held in FY21 in conjunction with the Arkansas Cancer Coalition’s Cancer Summit). Thus, additional information for this indicator will be provided in a future report.

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.

◆ **Activity: On Track - Influenced by COVID-19**

This indicator is on track to meet the fiscal year goal. It is expected that COVID-19 restrictions will continue to impact the ability of MISRGO to provide technical assistance to stakeholders and property owners. While no data are provided this quarter, updates on the progress made towards this goal will be available in future reports.

Indicator

By June 2022, the MRC will develop and implement an intervention on emerging tobacco products targeting minority students at 12 middle schools around the state.

◆ **Activity: Under Review - Influenced by COVID-19**

This indicator is under review. In May 2021, a new Director was hired for the MRC. In September, a meeting was held with representatives of the MRC, TPCP, UAPB, and the UCA evaluator to review the current indicators and develop recommendations for any necessary changes that would then be forwarded to the Arkansas Tobacco Settlement Commission (ATSC) for review at their November meeting (see the Evaluator Comments section for additional information). A recommendation will be put forward to delete this indicator in light of the future work plan for the MRC and ongoing COVID-19 restrictions related to working with school-aged youth.

TPCP Performance Indicators and Progress



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 cessation among Hispanic women tobacco users, 3. Tobacco and opioid use among minority youth and young adults.

◆ Activity: Under Review

This indicator is under review. In May 2021, a new Director was hired for the MRC. In September, a meeting was held with representatives of the MRC, TPCP, UAPB, and the UCA evaluator to review the current indicators and develop recommendations for any necessary changes that would then be forwarded to the ATSC for review at their November meeting (see the Evaluator Comments section for additional information). A recommendation will be put forward to broaden the RFP topics to be supported financially by the MRC.



Indicator

By June 2022, the MRC will work with African-American male college students to understand and compare knowledge, attitudes, behaviors, and risk perceptions associated with tobacco use.

◆ Activity: Under Review - Influenced by COVID-19

This indicator is under review. In May 2021, a new Director was hired for the MRC. In September, a meeting was held with representatives of the MRC, TPCP, UAPB, and the UCA evaluator to review the current indicators and develop recommendations for any necessary changes that would then be forwarded to the ATSC for review at their November meeting (see the Evaluator Comments section for additional information). A recommendation will be put forward to delete this indicator in light of the future work plan for the MRC and ongoing COVID-19 restrictions related to working with college-aged students.

TPCP Performance Indicators and Progress



Indicator

By June 2022, the MRC will conduct six face-to-face meetings in minority communities to discuss tobacco usage among minority groups.

◆ **Activity: Under Review - Influenced by COVID-19**

This indicator is under review. In May 2021, a new Director was hired for the MRC. In September, a meeting was held with representatives of the MRC, TPCP, UAPB, and the UCA evaluator to review the current indicators and develop recommendations for any necessary changes that would then be forwarded to the ATSC for review at their November meeting (see the Evaluator Comments section for additional information). A recommendation will be put forward to reduce the goal number of meetings and to allow for virtual as well as face-to-face meetings.



Indicator

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

◆ **Activity: Under Review**

This indicator is under review. In May 2021, a new Director was hired for the MRC. In September, a meeting was held with representatives of the MRC, TPCP, UAPB, and the UCA evaluator to review the current indicators and develop recommendations for any necessary changes that would then be forwarded to the ATSC for review at their November meeting (see Evaluator Comments for more information). A recommendation will be put forward to reduce the number of editorials to be submitted.



Indicator

By June 30, 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.

◆ **Activity: On Track - Influenced by COVID-19**

This indicator is on track. It is expected that COVID-19 restrictions will impact recruiting success. However, GASP reports that seven students were recruited into the program during the quarter. Information on stipends awarded and the number of students who have graduated will be provided in a future report.

TPCP Performance Indicators and Progress



Indicator

By June 30, 2022, GASP faculty will identify programs interested in initiating tobacco prevention curriculum for juvenile justice programs in Jefferson County, Arkansas.

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track. COVID-19 restrictions will impact the ability to work with juvenile programs. However, one meeting was held this quarter regarding the initiation of a tobacco prevention curriculum for juvenile justice programs in Jefferson County. Additional information regarding the development of this curriculum will be provided in future reports.



Indicator

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

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track. It is expected that COVID-19 restrictions will impact the ability to work with juvenile programs. However, one meeting was held this quarter regarding a learning partnership between the Be Well Arkansas Quit Tobacco Program and the GASP students. Additional information regarding this partnership will be provided in future reports.



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.

◆ Activity: On Track

This indicator is on track. Since this is an online survey, COVID-19 restrictions are not expected to influence the completion of the survey. This quarter an additional 11 surveys were collected. Once the surveys are collected for all four quarters, data will be reviewed and areas of improvement will be identified. Additional information regarding survey outcomes will be provided in future reports.



TPCP Testimonial

Partnerships to Enhance Tobacco Outreach

Each year the Arkansas Cancer Coalition (ACC) receives a grant of \$300,000 from the TPCP, and uses these funds to support TPCP's mission in reducing adult and youth tobacco and nicotine use in Arkansas. Miriam Karanja, Director of Programs at the ACC stated, "ACC is grateful for the support provided by TPCP. Each year, we serve over 1,000 healthcare providers, public health professionals, and the general public by putting into their hands the tools needed to fight the deadly addiction of tobacco and nicotine. . . . [We] provide access to education, information, and resources on tobacco prevention, the Be Well and Be Well Baby helplines, and others."

Hope Cancer Resources has previously received grants from the ACC and has provided oncology patients and the public with tobacco-related resources. Leisha Atwood with Hope Cancer Resources explained, "For oncology patients we provide free nicotine replacement therapies or prescription medications, support, and goal setting. I work with them over the phone and check in once a week. I receive referrals from social workers. . . . I also provide cessation for a patient's caregiver if they would like to participate in cessation as well. . . . For community members I provide a free cessation class for eight weeks. I am planning to start up in-person in January . . . due to COVID-19, I have been doing it one-on-one over the phone for the past two years." Hope Cancer Resources also provides businesses and schools with presentations about tobacco and vaping.



TS-MEP Evaluator Summary and Comments

Program Description

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

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

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

Overall Program Goal

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



TS-MEP Evaluator Summary and Comments

Challenges

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

Opportunities

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

Evaluator Comments

The TS-MEP has been impacted by the significant changes in the healthcare system. The pandemic has influenced all populations served through 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 during this quarter. The extending of coverage during the public health emergency can also explain the decreases we have seen in the Pregnant Women Expansion population. There was also a slight increase in the number of persons with developmental disabilities being served this quarter. The Hospital Benefit Coverage population had a significant increase in this past quarter. The Medicaid Management Information System that processes Medicaid claims had not identified all adults 19-64 years old. This issue has been corrected and the new numbers will provide a better reflection of services provided to this population.

TS-MEP Performance Indicators and Progress

Long-Term Objective

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



Indicator

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

◆ **Activity: Exceeding Expectations - Influenced by COVID-19**

This indicator is exceeding expectations to meet the annual goal. With the implementation of the Arkansas Works program, more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term impact will be limited compared to the influences outside of the TS-MEP. During this quarter, the TS-MEP provided expanded access to health benefits and services for 25,413 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is a significant increase of 12,686 persons served over the previous quarter, due mostly to changes in reporting. Total claims paid for the TS-MEP populations this reporting period were \$31 million. Additionally, TS-MEP funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This amounted to more than \$23.9 million in federal matching Medicaid funds during this quarter, which has a significant impact on health costs and health outcomes for the state of Arkansas.

TS-MEP Performance Indicators and Progress

Short-Term Objective

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



Indicator

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

◆ **Activity: In Need of Improvement - Influenced by COVID-19**

This indicator is in need of improvement to meet the annual goal. During this quarter, there were 1,128 participants in the TS-MEP initiative Pregnant Women Expansion program. This is a decrease of 222 women being served from the previous quarter. This reduction may be due to the extended coverage during the public health emergency. This program provides prenatal health services for pregnant women with incomes ranging from 138-200% FPL. In this quarter, the TS-MEP funds for the Pregnant Women Expansion program totaled \$1,013,050.



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.

◆ **Activity: Exceeding Expectations - Influenced by COVID-19**

This indicator is exceeding expectations to meet the annual goal. During this quarter, the TS-MEP initiative Hospital Benefit Coverage provided inpatient and outpatient hospital reimbursements and benefits to 17,758 adults aged 19-64 by increasing the number of benefit days from 20 to 24 and decreasing the copay on the first day of hospitalization from 22% to 10%. This is a significant increase of 11,997 in the number of adults served over the previous quarter. This increase is due to changes in the reporting system to capture hospitalization claims from all adults 19-64 years old. In previous reports, the system only captured adults 21-64 years old. TS-MEP funds for the Hospital Benefit Coverage totaled \$14,071,412 in this quarter.

TS-MEP Performance Indicators and Progress



Indicator

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

◆ **Activity: On Track - Influenced by COVID-19**

This indicator is on track to meet the annual goal. The ARSeniors program expanded Medicaid coverage to 6,056 seniors during this quarter. This is an increase of 909 persons from the previous quarter. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered by Medicare are available to ARSeniors. Examples of these benefits are non-emergency medical transportation and personal care services. TS-MEP funds for the ARSeniors program totaled \$4,671,058 during this quarter.



Indicator

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

◆ **Activity: On Track - Influenced by COVID-19**

This indicator is on track to meet the annual goal. During this quarter, 471 individuals were provided services through TS-MEP funds. This is a slight increase of two in the number of persons served from the previous quarter. In this quarter, a total of 217 children (18 and under) and 254 adults (19 and over) in 68 counties were provided services. TS-MEP funds for the CES waiver program totaled \$11,269,995 in this quarter.



UAMS-COA Evaluator Summary and Comments

Program Description

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

Overall Program Goal

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

UAMS-COA Evaluator Summary and Comments

Challenges

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

- Despite the availability of vaccines, UAMS-COA client populations remain vulnerable. The challenge of adhering to UAMS and CDC virus control guidelines requires the use of innovative service design and delivery. While online alternatives have been refined over the course of the pandemic, these alternatives cannot fully replace traditional programming (for example, exercise activities are limited by safety concerns for remote participants). For many people in the age cohorts served by the COAs, these alternative digital activities are also not as desirable as in-person contacts.
- Reprioritizing training efforts in some areas is needed as funding shifts occur. Of main concern is the end of the Schmieding Home Caregiver Training Grant funding (this grant ended in September 2020). The CNA training through UAMS-COA has been severely limited since May 31, 2021. Additional support is needed to continue this program at the levels required to satisfy state needs.
- Staffing issues continue to threaten the flow of services throughout the state. This impacts both COA staffing and clinic access. At the time of this report, one site leader position in the state remains vacant and the increased demand for healthcare professionals persistently poses problems for hiring and retention, especially for hiring qualified professionals in less-developed portions of the state.
- Adequate supervision of COAs in more remote regions of Arkansas has always been a concern of this agency. Efforts have been made to address some of the issues. However, keeping staff trained and monitoring activity across the COAs remains challenging.
- Changes in healthcare delivery models continue to negatively impact the capacity of Senior Health Clinics across the state. The UAMS-COA must continue to adjust the referral process to ensure that seniors receive the specialized geriatric care they need.



UAMS-COA Evaluator Summary and Comments

Challenges - CONT'D

- Due to underdeveloped infrastructure, poverty, and small and decentralized populations, the basic UAMS-COA model is more difficult to employ in some areas of the state. More effort is needed to find effective modes of delivery for serving seniors in impoverished, hard-to-reach communities. These concerns have escalated during the pandemic as an increasing volume of COA client services have, out of necessity, shifted to an internet-based model. Client services are unavailable to many as substantial portions of the state lack reliable broadband internet access.
- Changing racial and ethnic demographics of seniors in some areas of the state necessitate planning for more inclusive communication and the development of bilingual or multilingual materials and programs.
- Many of the best evidence-based programs require smaller groups and one-on-one caregiver coaching. Shifting to these types of programs threatens to decrease the quantity of encounters.
- The agency continues developing the data collection and data processing capacity needed to fully assess program outcomes. Much progress has been made on developing a new monitoring system, but 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. Many of these initiatives have been delayed due to the pandemic.
- It may be time to explore and introduce new evidence-based exercise options offered to seniors in the state. Participants have been demanding more variety for several months but developing/implementing new programs has been made more difficult by the pandemic. Some of the current options are hard to monitor for quality and safety using online interaction formats. More efforts are needed to compare 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.



UAMS-COA Evaluator Summary and Comments

Challenges - CONT'D

- As state and federal funding continues to evaporate, and as older funding commitments end (e.g., Schmieding), maintaining external funding streams is more important than ever. The UAMS-COA is currently finding funds through grants, service contracts, donations, and volunteer support. However, these tend to be short-term solutions. Ensuring necessary levels of support over the long-term remains a challenge.
- Finding time and other resources to keep current with best practices in geriatric care is an enduring challenge. 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 is in the process of formulating strategies to address them. However, the uncertainty surrounding the pandemic has stalled some of the progress related to these challenges.

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 67 of the 75 counties in Arkansas. However, the pandemic has limited many traditional client-based services. The existing limitations have compelled COA directors and clients to embrace new digital tools and online forms of communication. Some of these new tools and techniques may eventually help the COAs provide a richer set of services to a broader base of clients.
- *Technology:* The agency continues to advance its approach to technology to expand public access to information and educational programming. This includes the expansion of online support groups for caregiving and disease management. It also includes 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 pandemic would have more severely truncated services during the past few quarters. The pandemic forced both staff and clients of COAs to develop new skills that enabled them to stay connected. These new technologies are likely to continue being employed after the pandemic and will enable a broader audience than was possible before.

UAMS-COA Evaluator Summary and Comments

Opportunities - CONT'D

- *Enhanced attention to the Delta region:* The UAMS-COA continues expanding relationships with UAMS East Regional Campus combining resources to better serve Crittenden, Monroe, Lee, St. Francis, and Phillips counties by implementing Walk with Ease, the Diabetes Empowerment Education Program, Cooking Matters, and opioid-risk education events.
- *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. In particular, the UAMS-COA worked this quarter to raise awareness about elder abuse, Medicare fraud, and senior hunger. The UAMS-COA also contributes to these efforts by hosting a monthly aging series on KUAF radio.
- *Partnerships:* The UAMS-COA continues to foster partnerships with other agencies to lead the state with respect to mitigating opiate abuse, monitoring falls, expanding geriatric caregiver training, reducing hunger among seniors, and increasing awareness of chronic disease. This quarter, the UAMS-COA has partnered with a number of other entities to build resources for seniors in Arkansas. These partnerships include UAMS-East Regional Campus, Harvest Regional Food Bank, first responders (local fire departments, law enforcement officers, and EMS), Alzheimer's Arkansas, community library, SHIPP, rural health clinics, elder law resources, senior housing, Workforce Development, AR Rehab, long-term care facilities, University of Arkansas County Extension Services, University of Arkansas, Veterans Administration, CASA Women's Shelter, assisted living, senior home caregiver agencies, Alzheimer's Association, local business, Senior Olympics, parks and recreation, Crystal Bridges, Whole Nedz, Arkansas Diabetes Advisory Council, community clinics, and Department on Aging Services.
- *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.

UAMS-COA Evaluator Summary and Comments

Opportunities - CONT'D

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

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

Evaluator Comments

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

- Maintaining alliances between nonprofit, for-profit, and state-funded agencies to better address the needs of older adults in Arkansas;
- Developing digital resources on aging-related issues that help reach broader audiences;
- Educating the community about the special needs of older adults;
- Keeping seniors active by providing exercise opportunities across the state (through digital platforms);
- Recognizing the necessity of fall prevention education for seniors and mobilizing resources to meet the need;
- Leading efforts to develop alternative therapies for pain management;
- Working to develop better models of long-term care in Arkansas;
- Working to educate caregivers and increase the capacity for quality in-home senior healthcare;
- Focusing on dementia care and building dementia-friendly communities; and
- Addressing needs exacerbated by the pandemic such as social isolation and hunger among older adults.

Throughout the quarter, COVID-19 disrupted daily operations of UAMS-COA. Yet, the agency stayed on a reasonable trajectory to meet most of its annual goals.

UAMS-COA Performance Indicators and Progress

Long-Term Objective

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

Indicator

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

◆ **Activity: On Track - Influenced by COVID-19**

This indicator is on track to meet the annual goal, although the effort has been substantially altered due to concerns surrounding COVID-19. A total of 2,029 exercise encounters with senior Arkansans were counted during this reporting period. While this total includes over 380 “in-person” exercise encounters, the bulk of exercise encounters this quarter were established via Facebook or videoconference methods. These alternative modes of exercise were facilitated (and proper technique was demonstrated) using online tools because of continuing fears of COVID-19 spread. Despite the challenges created by shifting exercise online, the UAMS-COA was able to provide approximately 126 hours of exercise programming to seniors this quarter.

Indicator

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

◆ **Activity: Exceeding Expectations - Influenced by COVID-19**

This indicator is exceeding expectations to meet the annual goal. Note that these are not the same types of in-person educational encounters as counted in quarters prior to the COVID-19 outbreak. A majority of educational sessions were conducted using online tools such as Facebook Live and Zoom because COVID-19 continued to alter routines. Despite limitations, the UAMS-COA offered evidence-based educational programs that address a range of health priorities related to aging. This quarter, UAMS-COA staff provided 571 hours of educational offerings in four focal areas: caregiving/dementia training, fall prevention, food insecurity, and opioid addiction/pain management.

UAMS-COA Performance Indicators and Progress



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.

◆ **Activity: In Need of Improvement - Influenced by COVID-19**

This indicator is in need of improvement. In this quarter, the UAMS-COA developed external support from various sources valued at approximately \$258,991. This amount falls below the quarterly goal of \$437,759 and it represents a slight decrease in external support from the prior quarter. The UAMS-COA and its affiliates continued to be productive in securing external funding but failed to meet its quarterly goal due in part to disruptions associated with the pandemic. During this quarter, \$12,547 was raised from three different grants to support programming. The Respite Grant valued at \$7,348 was the most substantial grant. The agency also received \$220 through contractual service agreements. Another large stream of external funding was derived from community foundations (Schmieding), which provided \$105,233 to support Schmieding Center operations. Additional extramural funding included community partner donations (\$23,394), UAMS core support (\$114,000), and the value of volunteer hours supplied to the COAs (\$322). The numbers indicate clear efforts to remain active in external fundraising even though most of these amounts are lower than the previous quarter. Overall, the UAMS-COA leveraged \$258,991 above the \$437,759 in quarterly funding provided through the ATSC.

UAMS-COA Performance Indicators and Progress

Short-Term Objective

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

Indicator

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

Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the annual goal. The UAMS-COA recorded 2,181 Senior Health Clinic encounters during this reporting period. The UAMS-COA also added 390 nursing home encounters and 315 inpatient encounters during the 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. Clinic encounters are expected to increase again when the dangers of COVID-19 become more manageable.

Indicator

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

Activity: On Track - Influenced by COVID-19

This indicator is on track, although opportunities to train healthcare workers and students were severely restricted due to COVID-19 safety protocols and pandemic-related time constraints on health professionals. The UAMS-COA produced 48 hours of educational presentations and in-service training opportunities attended by 235 healthcare workers during this reporting period (some encounters were conducted via video conference). The UAMS-COA was also responsible for providing instruction to 14 students in training for healthcare occupations (some of these encounters were conducted via video conference).

UAMS-COA Performance Indicators and Progress



Indicator

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

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the annual goal. Many conventional in-person educational opportunities during this quarter were blocked by COVID-19 restrictions. However, using social media and other digital means of communication, the UAMS-COA generated 7,813 community education encounters during this reporting period. While 2,574 of these encounters occurred in person, other encounters occurred via telephone or online platforms (e.g., 4,044 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.

◆ Activity: Met, Complete

This indicator has been met for the calendar year and no further progress is needed. Planning for FY22 was completed during the prior quarter with a meeting of COA directors who were asked to consider the specific health problems of the region served by their agencies. A list of prioritized problems and interventions was generated. The list is similar to the FY21 priorities and includes a continued emphasis on fall prevention, a revised emphasis on non-pharmaceutical pain management, an emphasis on caregiving/dementia training, and a new emphasis on food insecurity. Efforts will also be made to better integrate exercise programming with the priorities this year (for example, the Tai Chi exercise program is focused on fall prevention and non-pharmaceutical pain management). The COA directors will continue to monitor the current and emerging needs of older Arkansans and make adjustments if necessary. The COA directors will meet again in the fourth quarter of FY22 to share experiences, review health indicators, and develop a list of priorities for FY23.



UAMS-COA Testimonial

Program Praise

"[This program] has given me permission to be more open with others that I am grieving, space that I can count on to talk about my feelings. I don't feel alone knowing that others are also going through similar struggles. It gives me courage to stay on the path to healing from losses in my life. It gives me hope and courage to face tough emotional things. It gives me a chance to see myself asking for help and support like I deserve, and it helps me talk to and model for others the importance of giving yourself room to openly grieve the loss of loved ones." - Schmieding Center program participant

"We continued to walk after the Walk with Ease program. Walking has kept my joints flexible and my balance better. I have not fallen since February of this year and I am very happy about that! I wake up in the morning with a lot less pain now that I am consistently walking. Walking with the group has helped increase my motivation to walk on my own!" - Walk with Ease participant, Texarkana COA

"[During the presentation,] I thought the part telling us how to approach and search for dementia patients was exceptional. I am a little more cautious when helping a person with dementia." - First Responder participant, West Central COA



UAMS East Evaluator Summary and Comments

Program Description

The University of Arkansas Medical Sciences East Regional Campus provides healthcare outreach services to seven counties including St. Francis, Lee, Phillips, Chicot, Desha, Monroe, and Crittenden counties. The UAMS East Regional Campus, formerly known as the Delta Area Health Education Center and UAMS East, was established in 1990 with the purpose of providing health education to underserved populations in the Arkansas Delta region. The counties and populations served by the UAMS East Regional Campus are some of the unhealthiest in the state with limited access to healthcare services being one of the challenges. As a result of limited access and health challenges, the UAMS East Regional Campus has become a full-service health education center with a focus on wellness and prevention for this region. The program has shown a steady increase in encounters with the resident population and produced a positive impact on the health and wellness of the region. Programs to address local health needs of residents are being implemented in partnership with more than 100 different agencies. The overall mission of the UAMS East Regional Campus is to improve the health of the Delta's population. Goals include increasing the number of communities and clients served and increasing access to primary care providers in underserved counties.

Overall Program Goal

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



UAMS East Evaluator Summary and Comments

Challenges

The UAMS East Regional Campus continues to face challenges in the inability to offer traditional health education/wellness classes because of the pandemic. The agency is working through these challenges every day.

Opportunities

There were three opportunities reported this quarter.

- First, the Family Medical Center is planning on having a specialty HIV clinic ready for patients by the end of 2021.
- UAMS East has received increased funding and support for the “Good Food Rx” program funded by the USDA Delta Health Care Services Grant. This grant along with the Chancellor's Circle Grant support the work of the food pharmacy for clinic patients. UAMS East Regional Campus and the Family Medical Center will begin pilot projects targeting food insecurities for clinical patients with chronic health conditions beginning in January 2022. Also, UAMS East partnerships have evolved over the last months with work around food insecurities and mobile food distribution for those identified as having food insecurities. UAMS East is now collaborating with Harding University’s Didactic Program in Dietetics (Communities Unlimited), University of Arkansas–Division of Agriculture (ArDrop Obesity Reduction), and Josh Harris (Well Fed). ArDrop Obesity Reduction has supplied the site with both refrigerators, freezers, shelving and will provide signage and additional supplies for the project.
- UAMS East Family Medical Center and PCC/UA phlebotomy program have entered into a clinical contract to provide a rotation site for current students in the phlebotomy program. The students will gain valuable experience from the clinical setting at UAMS East Family Medical Center.



UAMS East Evaluator Summary and Comments

Evaluator Comments

Virtual healthcare is now a reality and UAMS East is utilizing this technology to care for the rural Delta population. The UAMS East Family Medical Center stays on the cutting edge of medical technology as part of the UAMS system. This provides the Arkansas rural Delta with opportunities to have access to specialists and local providers to improve the overall health of the community. In addition to the clinic in Helena, UAMS East Regional Center at Lake Village partnered with the IRT (Innovative Readiness Training) medical mission that was held in Lake Village in July. The military personnel offered no-cost medical care (vision, dental, and basic medical care) to residents of Chicot County.

As COVID-19 restrictions were loosened, UAMS East Regional Campus was allowed to return to teaching the Kids for Health program in four local schools. The Kids for Health program has been taught in the Phillips County schools since 2000. The pandemic has affected many of the education and outreach programs that UAMS East offers. However, the agency is finding alternative modes of delivery to meet the needs of the communities that it serves.

UAMS East Performance Indicators and Progress

Long-Term Objective

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

Indicator

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

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the annual goal. The UAMS East Regional Campus Recruiting Specialist held the first virtual summer health career program for high school students, with 153 students attending the virtual format. Students participated in heart dissection, Kahoot competitions, and heard various health professionals speak. UAMS East Regional Campus hosted Kyeshia Ward-Johnson, a local pharmacist who attended high school in Helena and received her PharmD from Harding, and who now practices in Helena.

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.

◆ Activity: On Track

This indicator is on track to meet the annual goal. UAMS East Regional Campus continues to provide support to local nursing students enrolled at PCC/UA. This quarter, UAMS East provided support to 81 nursing students. UAMS East Regional Campus currently has three students in the RN to BSN program and one student enrolled in another nursing program.

UAMS East Performance Indicators and Progress

Short-Term Objective

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

Indicator

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

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the annual goal. UAMS East Regional Campus Lake Village collaborated with Chicot Memorial Medical Center and Arkansas Prostate Cancer Foundation to provide free PSA (Prostate Specific Antigen) blood tests to employees of Superior Uniform Group in Eudora. Thirty-three men were screened and given educational materials on prostate cancer and the importance of early detection. UAMS East Regional Campus Lake Village also provided PSA screening for 12 men at the Dumas Community Center. UAMS East Regional Campus provided chronic disease education and prevention to 40 members of a local civic group. Abnormal screenings were reported as follows: blood pressure, 27; glucose, 2; BMI, 10; cholesterol, 2; and waist circumference, 12.

Indicator

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

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the annual goal.

- *This quarter, UAMS East Regional Campus provided health education and prevention programs for a total of 2,647 youth and adults. Of this total, there were 1,348 youth and 1,299 adults. UAMS East Regional Campus participated in the annual community service and benefit fair for students attending PCC/UA. Over fifty students received information on UAMS services and programs.*

UAMS East Performance Indicators and Progress

◆ Activity - CONT'D

- UAMS East Regional Campus is providing school-based health education using the Kids for Health program. This quarter, 548 Kindergarten through 3rd grade students received the program. This program has been taught in both public and private schools in the area since 2000. The American Heart Association HeartSaver® First Aid CPR AED was provided for 78 consumers. Also, Basic Life Support was held for 16 practicing healthcare providers. UAMS East Regional Campus offered a virtual program to 40 parents on the American Heart Association's "Know Your Numbers."
- UAMS East Regional Campus at Lake Village completed two rounds of the six-session DEEP (Diabetes Education Empowerment Program) with 26 women enrolled at the East Central Arkansas Community Corrections Center. The program teaches diabetes diagnosis, how diabetes affects the body, risks, complications, medications, meal planning, and nutrition. Many of the women in the class have diabetes or family members with diabetes. This class prepares them with the knowledge and skills to better care for themselves and their loved ones. Additionally, Kids in the Kitchen was provided to 15 youth and the virtual Baby Safety Shower was held for 17 women. UAMS East Regional Campus at Lake Village facilitated the Opioid Prevention for Aging and Longevity (OPAL) Project for the Emergency Department at Chicot Memorial Medical Center. This program focuses on disseminating information on the safe use of opioid pain medications and the risks and side effects experienced by older adults using prescription opioids. In addition, UAMS East Regional Campus at Lake Village completed and submitted an application to the Nate Adams Grant from King's Daughters and Sons Circle Number Two on behalf of Chicot Memorial Medical Center (CMMC). The CMMC was awarded \$10,100 to be used to purchase a patient simulation mannequin that can demonstrate a variety of patient care scenarios.

UAMS East Performance Indicators and Progress

◆ Activity - CONT'D

- UAMS East Regional Campus at West Memphis provided parenting classes to clients who have been court mandated to complete parenting classes as part of their requirements to close their cases with the Department of Human Services. This quarter, 41 parents participated in the training. UAMS East Regional Campus at West Memphis distributed and installed two car seats to parents/caregivers and provided education on the importance of their use through the UAMS Child Passenger Safety Education Program. The UAMS East Regional Campus at West Memphis completed three rounds of a three-session Child Safety class at East Central Arkansas Community Correction Center. In total, 45 women participated in the program. Topics focused on infants and toddlers, and included unintentional injuries, SUIDs, safe sleep, drowning, and water safety.

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.

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track. This quarter, UAMS East Regional Campus Fitness Center and walking track encounters totaled 3,868. The Fitness Center numbers are still lower than normal. Many participants are choosing not to come because of the mask mandate and many still are afraid to return. UAMS East has begun teaching two group exercise classes. Yoga has been conducted for 395 participants this quarter while Silver Sneakers classes have been conducted for 122 participants. UAMS East Regional Campus at Lake Village helped provide support and education to members of the Community Outreach Center. This quarter, there were over 1,800 encounters at the center. This number includes members who participated in group classes and individual workouts. Additionally, UAMS East Regional Campus provided a weekly exercise class at McGehee Methodist Church. The 11th Annual Firecracker 5K was held in July at the CMMC/UAMS East Community Outreach Center in Lake Village, and 89 participants either walked or ran the 5K course.

UAMS East Performance Indicators and Progress



Indicator

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

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the annual goal. The UAMS East Regional Campus Medical Resource Library provided support to healthcare professionals and students through literature searches and teaching materials. This quarter, 81 nursing students and 16 other healthcare professionals utilized the library. UAMS East Library also provided support to 1,226 consumers. The library circulated 99 books and 48 AVs and 28 electronic searches were conducted. UAMS East Regional Campus Medical Resource Library helped provide nursing instructors with information on various topics to be used with 51 PCC/UA nursing students in their first and third semester. The library also provided educational models and teaching materials to be utilized in patient education for the Lee County Cooperative Clinic.



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.

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the annual goal. The UAMS East Family Medical Center continues to build its medical staff. Dr. Monica Ferrero and Dr. Yas Jaganath, both family medicine physicians, joined the clinical staff in September and will be seeing patients one day a week. The Family Medical Center has also launched a comprehensive marketing plan for the clinic, including billboards, social media, brochures, and flyers to continue building patient volume.

UAMS East Performance Indicators and Progress



Indicator

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

◆ Activity: On Track - Influenced by COVID-19

This indicator is on track to meet the annual goal.

- *The Family Medical Center continues to serve the area as a patient-centered medical home clinic, where patients can be referred to two health coaches for smoking cessation, weight loss and chronic disease management, a registered dietician for diabetes education and nutritional counseling, and an APRN-certified diabetes educator for diabetes counseling.*
- *The Family Medical Center had 781 patient visits in 65 days of clinic this quarter and welcomed two new physicians this quarter. Dr. Ferrero and Dr. Jaganath will provide family practice services.*
- *The UAMS East Family Medical Center was the first clinic to administer monoclonal antibody therapy (MAB) as a service not only to existing patients but also to the entire community. The clinic was able to administer MAB as an outpatient therapy with subcutaneous injections. This local service reduced the burden of traveling to receive treatment as transportation is often a barrier in the Delta region of the state. The nursing staff also took this opportunity to teach patients the importance of smoking cessation and the complications that can result from tobacco use, not only with COVID-19 but the lifelong negative effects. The nursing staff in the clinic using PPE were asked to administer the monoclonal antibody therapy. This required the nurse to have exposure to the patient for an hour while assessing the patient for any change in the vital signs, oxygen saturation, and possible side effects. These nurses collaborated with UAMS to offer lifesaving treatment to the residents of the rural Arkansas Delta. Patients were called and texted after hours and weekends.*
- *COVID-19 vaccines were open to anyone in the community on a walk-in basis. The Family Medical Center has collaborated with SHARE, the State Health Alliance for Record Exchange, to receive messages regarding Medicaid patients in our clinic that have not been vaccinated. The Family Medical Center also offered rapid and PCR COVID-19 tests to the community.*

UAMS East Performance Indicators and Progress

◆ Activity - CONT'D

- The Family Medical Center currently has an endocrinology specialty virtual clinic once a week. The practitioner spends an hour with each patient to educate them on all aspects of diabetes. The clinic also links a behavioral health component with this visit in an effort to support each patient. The nurse manager is compiling data to track the percentage of patients that improve their overall health with these specialized virtual services. This also includes the response to tobacco addiction and the cessation rate after the endocrinologist explains the specific effects of smoking and diabetic complications.
- The Family Medical Center's virtual opioid addiction clinic continues to help patients with their addiction. The behavioral health component has been added to this as well. The clinic uses this as an opportunity to educate on smoking cessation and alcohol consumption. The clinic has had three patients quit smoking tobacco. UAMS is partnering with the Family Medical Center to provide cardiology specialty visits as well. It is anticipated this clinic will open before the end of the year.
- The clinic providers now have access to e-consults with specialty providers at UAMS. This often saves the patient a trip to UAMS for tests and labs that can be performed in the clinic. These reports can be seen virtually within the UAMS electronic medical record and provides for efficient continuity of care.
- Allergy and asthma virtual clinics are new. The clinic sees this as an opportunity to educate patients that have asthma and allergies on the role that tobacco addiction plays in the severity of these chronic illnesses. The clinic is also participating in a study that involves drawing labs and thus providing data on long-term effects of COVID-19. The latest study focuses on food securities in the diabetic community.
- The UAMS East Family Medical Center is the only clinic in the community to employ nurses with Bachelor's degrees as a minimum education level. This provides patients with access to additional information and competency.
- This quarter, six patients have been contacted for smoking cessation counseling and two completed the program and quit smoking.

UAMS East Performance Indicators and Progress



Indicator

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

◆ **Activity: In Need of Improvement**

This indicator is in need of improvement to meet the annual goal. The UAMS East Family Medical Center is participating in research studies through the Transitional Research Institution. These studies focus on diabetic education with the patient and a support person both receiving diabetic education as well as the effect on compliance as measured by a three-month glucose average or A1c. Participants have made positive improvements in biometrics measured. The UAMS East Regional Campus continues work with diabetes patients as needed. UAMS East does not currently have a Certified Diabetes Educator or Advanced Practice Nurse leading this effort, but has provided regular diabetes education for 25 people this quarter.



UAMS East Testimonial

Program Praise

“I am a fourth-year medical student at UAMS and have had the pleasure of serving the community and learning from the staff at CMMC and the Lake Village clinic during my rural medicine rotation to fulfill my AHEC Scholars requirements. Everyone I have encountered in Lake Village, whether it be in the clinic, around the hospital, or in the town has been incredibly welcoming and helpful. I serve in the Arkansas National Guard where I assist in assessing the medical readiness of my fellow soldiers. Following graduation in May, I will begin residency and study both internal medicine and pediatrics residency. . . . I have always been passionate about primary care and look forward to serving and treating Arkansans following my residency training!” - Katie Zehr, UAMS student

“Mrs. Ligon, Thank you so much for taking the time to interview me this morning. . . . I greatly value your feedback and encouragement. I will certainly be thinking of you the next time I hear that ‘Good Morning’ song! I will share the time of my interview when I hear back from UAMS. Thanks again.” - Amie Brint, MD Mentor participant and pre-med student applying to the UAMS College of Medicine

“I really enjoyed this class. I have learned times change with babies and how to be on top of ways to keep them safer.” - Participant in the Child Safety Class at East Central Arkansas Community Correction Center (ECACC)

“I am better equipped to help care for my mother-in-law with diabetes once out of prison, and how to better advocate for her medical care.” - DEEP participant at ECACC



Summary of Indicator Progress Across Programs

Across all programs in the July-September 2021 period, 85% of indicators were on track or better to meet their annual or multi-year goals; 68% of indicators were influenced by COVID-19 (see Table 3).

For programs with quarterly status updates (COPH, MHI, TPCP, TS-MEP, UAMS-COA, and UAMS East Regional Campus), 86% of indicators were on track or better to meet their annual goals, 5% of indicators were in need of improvement, and 9% of indicators were under review for modification (see Table 1). In all, 70% of indicators across these six programs were influenced by COVID-19.

The three indicators in need of improvement fell under the TS-MEP (1), UAMS-COA (1), and UAMS East Regional Campus (1).

- One TS-MEP indicator was reported as in need of improvement as the number of pregnant women being served this quarter was down from the previous quarter, which could be attributed to other extended medical coverage during the pandemic.
- The UAMS-COA leveraged \$258,991 during the quarter, which equates to approximately 59% of ATSC monies for the quarter. For the indicator to be met at the end of the calendar year, UAMS-COA must leverage funds that match or exceed ATSC funds for the year. The expiration of the Schmieding Home Caregiver Training Grant earlier in the year has continued to impact this program. The pandemic also has disrupted external funding streams.
- For UAMS East, it has been difficult to stay on track with educating community members on diabetes, in large part because the agency does not currently have a Certified Diabetes Educator or an Advanced Practice Nurse who would normally be leading diabetes education efforts. Despite these challenges, UAMS East still provided diabetes education to 25 community members this quarter and continued to participate in a research study focused on diabetic education.

Five indicators under the TPCP were under review this quarter. All of these indicators relate to the Minority Research Center (MRC) at University of Arkansas at Pine Bluff (UAPB). In May of 2021, a new Director was hired for the MRC and representatives of MRC, TPCP, UAPB, and UCA came together to develop recommendations for indicator modifications. These recommendations will be reviewed by the ATSC in November, and if approved, will take effect in January 2022.



Summary of Indicator Progress Across Programs

For programs with fiscal year evaluation (ABI), 71% of indicators were met for the fiscal year (see Table 2) and 57% of indicators were influenced by COVID-19.

The ABI's two unmet indicators were related to the number of research publications and presentations as well as the number of FTE jobs supported. While the number of publications (536) exceeded the fiscal year goal, the number of presentations (310) did not meet the goal (370) for the year. COVID-19 somewhat affected the ability of ABI researchers to deliver presentations. In FY21, ABI and extramural dollars supported 252 FTE jobs, which fell short of the goal of 300 jobs. However, extramural funds supported 72% of these jobs, which is well above the goal of 65% as designated by the indicator.

Conclusion: Although COVID-19 impacted a majority of indicators this quarter, ATSC-funded programs—overall—performed better this quarter than the previous two quarters this year. Some of this renewed success can be attributed to lower numbers of COVID-19 cases and more opportunities for community outreach or in-person work. Programs also have continued to capitalize on opportunities to work virtually and use technology and other innovations brought on by the pandemic to achieve their goals. In all, evaluators reported that programs continued to support tobacco-focused initiatives and research, serve vulnerable populations, support the growing body of public health practitioners, create new partnerships and modes of service delivery, and promote strong scientific rigor in understanding health and well-being (including vital research related to COVID-19). ATSC-funded programs consistently work to tackle important health challenges and enhance quality of life for Arkansans through education, service, research, and economic impact.

Table 1. Indicator progress for programs with quarterly updates in July-September

Program	Total Indicators	Met	Exceeding Expectations	On Track or In Progress Towards Long-Term Goal	In Need of Improvement	Under Review	COVID-19 Influenced	Overall Progress
COPH	9	1	--	8	--	--	--	100% On Track or Better
MHI	7	--	3	4	--	--	5	100% On Track or Better
TPCP	21	--	--	16	--	5	17	76% On Track
TS-MEP	5	--	2	2	1	--	5	100% On Track or Better
UAMS-COA	7	1	1	4	1	--	6	86% On Track or Better
UAMS East Regional Campus	9	--	--	8	1	--	7	89% On Track
Total	58	1	6	43	3	5	40	86% On Track or Better
							Total COVID-19 Influenced	70% COVID-19 Influenced

Table 2. Indicator progress for programs with fiscal year evaluation in July-September

Program	Total Indicators	Met	Unmet		COVID-19 Influenced	Overall Progress
ABI	7	5	2		4	71% Met
Total	7	5	2		4	71% Met
					Total COVID-19 Influenced	57% COVID-19 Influenced

Table 3. Indicator progress across all programs

Average Progress across All Programs		85% On Track or Better
		Total COVID-19 Influenced
		68% COVID-19 Influenced



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