Arkansas Tobacco Settlement Commission (ATSC)

Annual Evaluation Report 2018













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Collective Impact

Arkansas Biosciences Institute (ABI); College of Public Health (COPH); 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

Education

138,547 Community Education Encounters

30,766 Youth Encounters

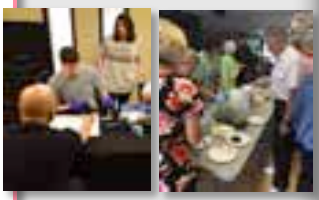
15,000+ healthcare professionals and students educated
(COPH, TPCP, UAMS-COA)

The **MHI, TPCP, UAMS-COA**, and **UAMS East Regional Campus** reported 138,547 community education encounters, including 30,766 youth. Programs **reached 74 of 75 counties**.

47 COPH Graduates

ABI engaged 203 college and high school students in research.

ATSC-funded programs that offer community education **contributed to health equity** by providing opportunities to minority, low-income, rural, and aging populations—all of which are more vulnerable to a lowered quality of life.



Service

27,700 vulnerable Arkansans were covered by TS-MEP services, a 3.8% increase from 2017.

Nearly 30,000 Health Clinic Encounters
(UAMS-COA, UAMS East Regional Campus)

The **TPCP** and the **Minority Initiative Sub-Recipient Grant Office** (funded by TPCP) implemented **84 new smoke-free/tobacco free policies** in workplaces, parks, faith-based centers, and multi-unit housing (MUH) complexes, **protecting more than 3,400 MUH residents**.

31,567 Health Screenings
(MHI, UAMS East Regional Campus)

ATSC-funded programs **worked to address the opioid epidemic** through research, education, and cross-sector partnerships. The **ABI** and the **COPH** engaged in research on opioid use and alternative pain management. The **UAMS-COA** worked to improve education related to opioid use among seniors. The **UAMS East Regional Campus** partnered with the Phillips County Opioid Task Force, made up of **64 local agencies and community members**.

Collective Impact

Arkansas Biosciences Institute (ABI); College of Public Health (COPH); 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

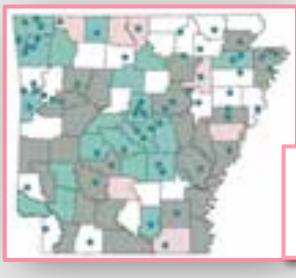
Research

Collectively, **COPH faculty and students** engaged in **128 research projects and practical experiences** on topics such as cancer, mental health, and environmental and tobacco exposures.

97% of research based in Arkansas.

822 Publications & 649 Presentations

(ABI, COPH, Minority Research Center [funded through TPCP])



Research by the **ABI** and the **COPH** **engaged students** from 65 of 75 counties, 46 of which are rural.

- COPH student draw, Non-rural county
- Rural county
- ABI student-collaborators' hometowns

Research from the **ABI** focused on topics such as **obesity**, genomics, metabolic processes, pediatrics, **tobacco use prevention**, and antibacterial agents.

29% of 206 projects were collaborative.

ATSC-funded research efforts by the **ABI, COPH,** and **MRC (funded through TPCP)** contributed to an understanding of **health equity.** Investigators explored (a) chronic disease among **minorities**, (b) telehealth counseling in **underserved** communities, (c) case management strategies targeted at **high-risk** asthmatic children, and (d) support and educational reintegration for children with **special healthcare needs**.

Economic Impact

$77.3 Million Leveraged

ATSC funding supported programs, research, administrative costs, and hundreds of full-time employees.

The **ABI, COPH, TS-MEP, UAMS-COA**, and **UAMS East Regional Campus** leveraged $77.3 million in extramural funds, equal to **$1.64 for every ATSC $1.**

UAMS-COA reported $305,565 in volunteer hours and donations.

Overall, investment of ATSC funds across programs bolstered community development and contributed to a Culture of Health. Program efforts helped to, among other things, improve **walkability** and **food access**, inspire **behavior changes**, enhance community **conversations**, develop student and **youth leaders**, engage **cross-sector partners**, address needs of **vulnerable and marginalized** populations, and reduce overall **healthcare costs**. Most importantly, ATSC-funded programs **reached across every county**; **their full economic impact is immeasurable.**

About The Report

Purpose

The purpose of the annual report is to present progress assessed for the 2018 calendar year for each of the seven programs funded under the Arkansas Tobacco Settlement Commission (ATSC). Progress is shown through activities related to program indicators that were created by program directors, in consultation with the evaluation team, and approved by the ATSC. Program activities are evaluated each quarter, and this annual report serves as the culmination of activities recorded across the previous four quarterly reporting periods (i.e., January-March, April-June, July-September, October-December).

Structure

The annual report consists of six main parts: (1) an infographic illustrating the *collective impact* of the seven programs in 2018; (2) a brief on the report's purpose and structure; (3) an overview of the ATSC and the flow of funding to health programs; (4) a look at ATSC-funded program efforts that are contributing to a culture of health; (5) individual program progress for 2018; and (6) a conclusion accompanied by references. The program progress section offers seven subsections highlighting each program. These subsections will include (a) an infographic that highlights key accomplishments under a central theme; and (b) overall program goals, long-term and short-term objectives, indicators and their associated activity, comments by program evaluators, and testimonials from program recipients and providers.

About ATSC

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

Arkansas Biosciences Institute (ABI)
Robert McGehee, Jr., MD, PhD, Director of ABI
Leslie Humphries, Program Coordinator

Fay W. Boozman College of Public Health (COPH)
Jim Raczynski, PhD, FAHA, COPH Dean
Liz Gates, JD, MPH, Assistant Dean for Special Projects

Arkansas Minority Health Initiative (MHI)
ShaRhonda Love, MPH, Director of MHI
Louise Scott, Senior Grant Coordinator

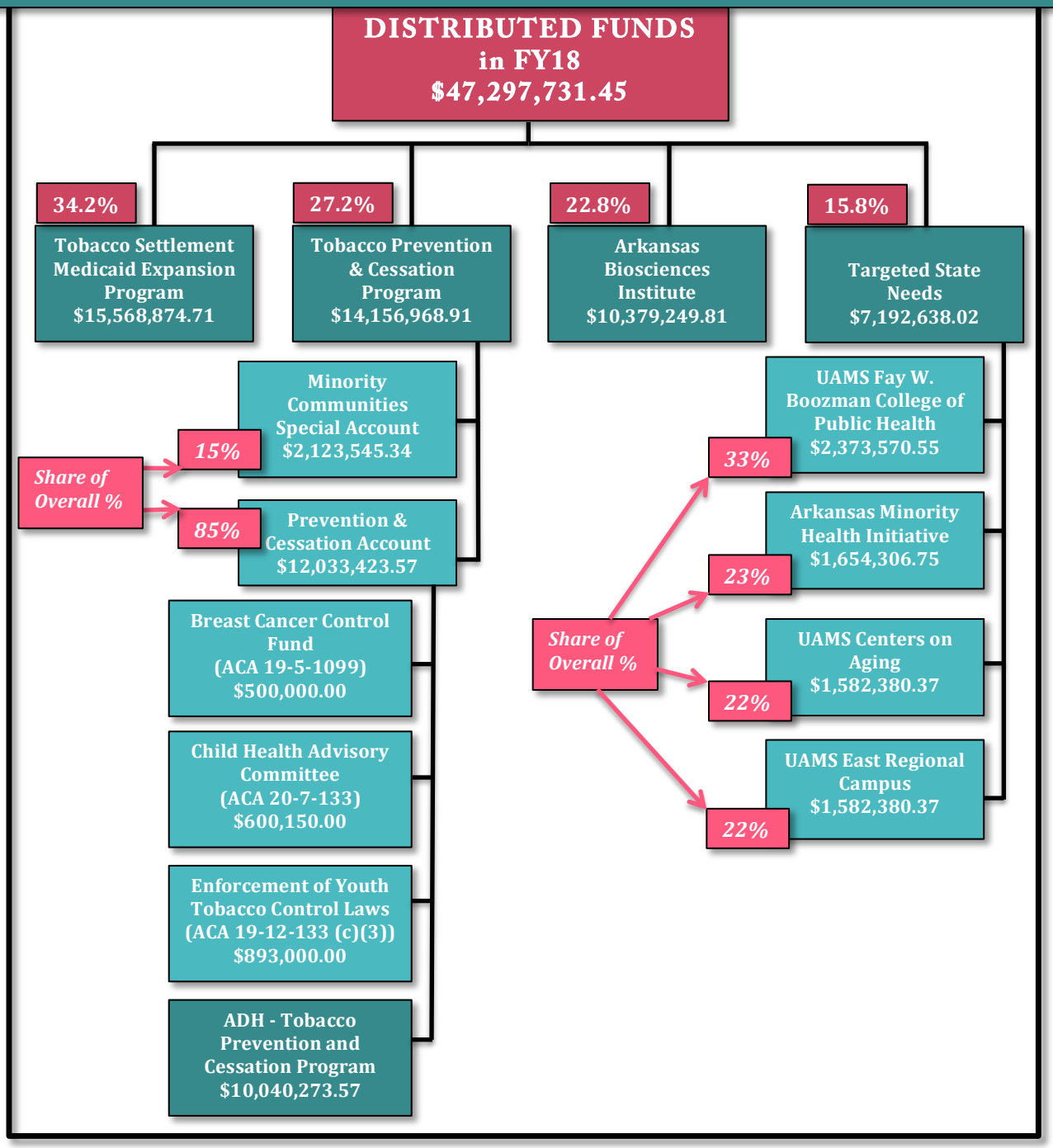
Tobacco Prevention and Cessation Program (TPCP)
Debbie Rushing, Branch Chief (Outgoing)
Joy Gray, Branch Chief (Incoming)

Tobacco Settlement Medicaid Expansion Program (TS-MEP)
Mary Franklin, Director, DHS Division of County Operations

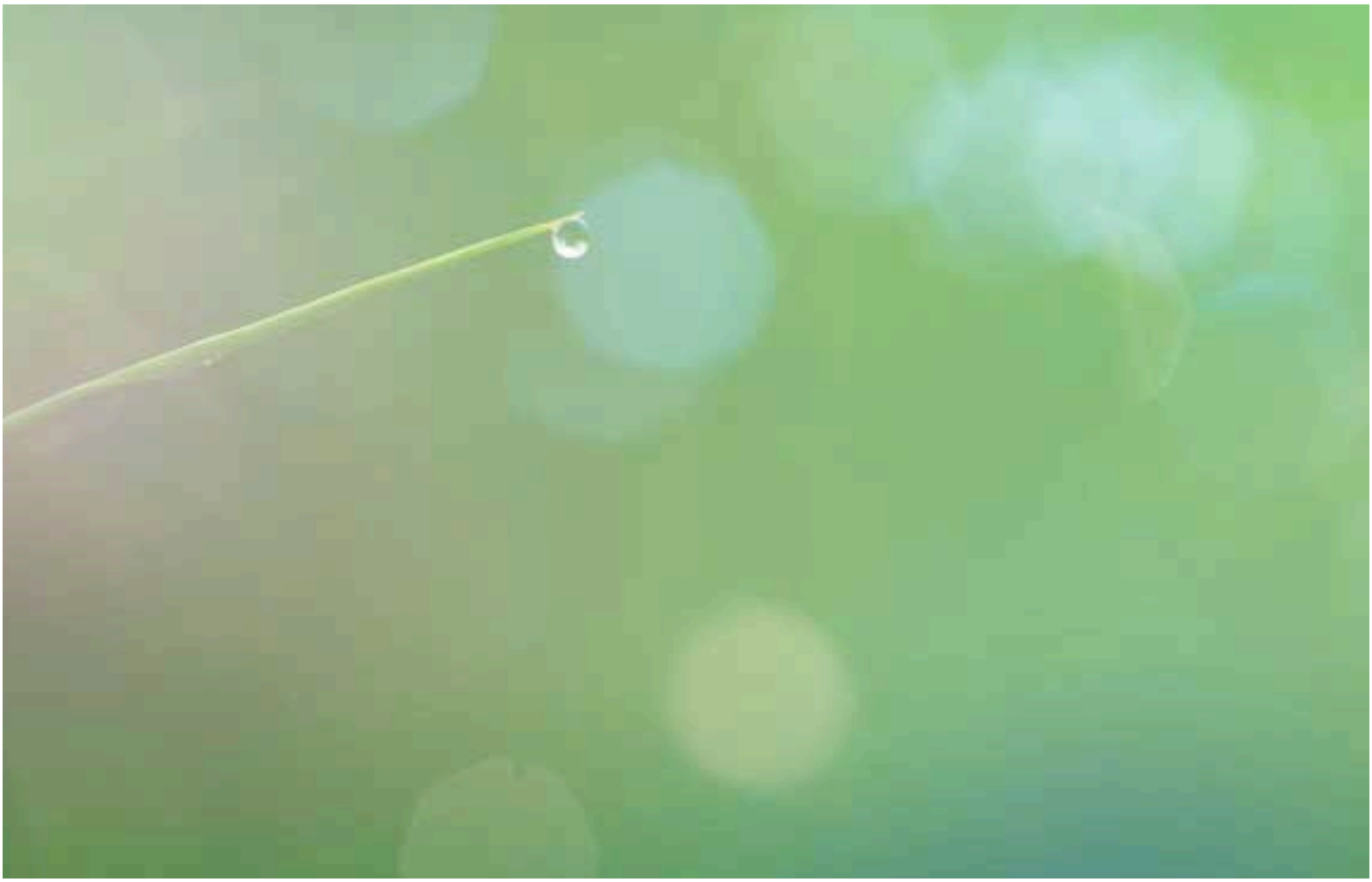
UAMS Centers on Aging (UAMS-COA)
Jeanne Wei, MD, PhD, Interim Director (Outgoing)
Angela Norman, DNP, GNP-BC, Director (Incoming)
Amy Leigh Overton-McCoy, PhD, GNP-BC, Associate Director

UAMS East Regional Campus
Becky Hall, EdD, Director
Stephanie Loveless, MPH, Associate Director

ATSC Funding Flow



The flow chart on the previous page illustrates the distribution of ATSC funds for fiscal year 2018. As shown, ATSC funds are divided among four accounts: the Tobacco Settlement Medicaid Expansion Program, Tobacco Prevention and Cessation Program, Arkansas Biosciences Institute, and Targeted State Needs programs. The TPCP is separated into a special account for Minority Communities and the remaining balance stays in the Prevention and Cessation account, which is divided between the Breast Cancer Control Fund, Child Health Advocacy Committee, Enforcement of Youth Tobacco Control Laws, and Arkansas Department of Health Tobacco Prevention and Cessation Program. The Targeted State Needs account is divided among four programs: the UAMS Fay W. Boozman College of Public Health, Arkansas Minority Health Initiative, UAMS Centers on Aging, and UAMS East Regional Campus. Note that although funding flow is represented by fiscal year (July 1-June 30), the majority of program accomplishments highlighted in the report cover the 2018 calendar year, though some accomplishments reported also cover FY2018. Preferences in how ATSC-funded programs report data determined whether their efforts were reflected in this report by the fiscal or calendar year. Next we take a closer look at ATSC-funded program efforts that contributed to a culture of health.



Introduction: Efforts that Contribute to a Culture of Health

Programs funded through the ATSC are designed to improve the health and well-being of Arkansans. In this introduction, we show how efforts of these programs contributed to overall health and well-being in 2018 by looking through the *Culture of Health* model (Robert Wood Johnson Foundation & RAND Corporation, 2018). Below, we provide an overview of Culture of Health, followed by examples of program efforts that align with the model. As we explore how ATSC-funded programs contributed to a Culture of Health, we also feature ATSC-funded program efforts that supported *Healthy Active Arkansas*, a statewide initiative with the goal "to increase the percentage of adults, adolescents and children who are at a healthy weight" (healthyactive.org, 2018). After our introductory discussion, we offer an evaluation of individual program progress and highlight meaningful accomplishments.

Overview of Culture of Health

Using rigorous research and contributions from more than 1,000 experts, community members, and leaders worldwide, the Robert Wood Johnson Foundation (RWJF) along with RAND Corporation (RAND) has developed a Culture of Health (CoH) model to catalyze a nationwide movement toward improved health, well-being, and equity. According to RWJF and RAND, creating a CoH is critical to addressing national health crises, citing $3 trillion in annual health expenditures, $226 billion in annual loss of productivity, and more than one third of children being overweight or obese (2018). Given such complex challenges, a CoH recognizes that achievement of good health and well-being is contingent upon the integration of health with economic, social, physical, and environmental factors; and, accordingly, all sectors are charged to work together to address complex challenges and facilitate a CoH.

The U.S. reports $3 trillion in annual health expenditures.

Equity is emphasized in the model as it grounds efforts towards improved health and well-being. Equity is fostered when people have equal opportunities to make good health choices and pursue healthy lifestyles, irrespective of their circumstances or environment. Overall, the CoH model assists community members and organizations in discovering relevant points of entry toward meeting specific health and well-being needs, while acting with equity in mind. These efforts on the community level will contribute to a larger, national CoH movement.

The CoH model is guided by ten principles that illustrate the integrative nature of health pursuits and help to operationalize the CoH concept. The ten principles are as follows:

1. Good **health flourishes across** geographic, demographic, and social **sectors**;
2. Attaining the **best health possible** is valued by our **entire society**;
3. Individuals and families have the **means and the opportunity to make choices** that lead to the healthiest lives possible;
4. Business, government, individuals, and organizations **work together** to build healthy communities and lifestyles;
5. **No one is excluded**;
6. **Everyone has access** to affordable, quality healthcare because it is essential to maintain, or reclaim, health;
7. Healthcare is **efficient and equitable**;
8. The **economy is less burdened** by excessive and unwarranted healthcare spending;
9. Keeping everyone as healthy as possible **guides** public and private **decision-making**; and
10. Americans understand that **we are all in this together**.

These ten principles inform the structure of the CoH *Action Framework*, which offers four action areas that propel progress: (1) *making health a shared value*; (2) *fostering cross-sector collaboration;* (3) *creating healthier, more equitable communities*; and (4) *strengthening integration of health services and systems*. Robert Wood Johnson Foundation and RAND (2018) suggested that when communities make progress within these action areas, they could expect an *outcome of improved population health, well-being, and equity*. See Figure 1 on the following page for a visualization of the Action Framework.

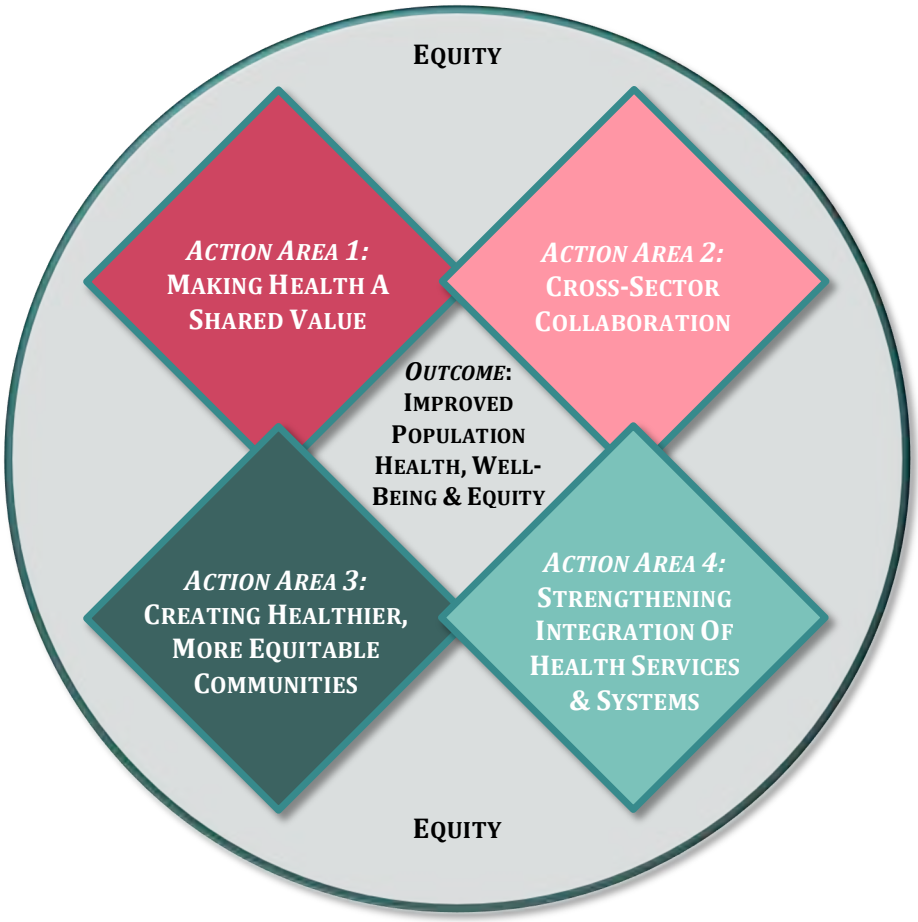


Figure 1. Culture of Health Action Framework

Within each action area, RWJF and RAND identify a number of measurable *drivers* that help public health practitioners prioritize goals and accelerate change. In Action Area 1, for example, there are three drivers: mindset and expectations, sense of community, and civic engagement. Using civic engagement to explain further how drivers contribute to an action area, we see in the CoH model that civic engagement emphasizes volunteer participation and the active role of community members in addressing vital community health and well-being needs. This volunteer activity and engagement in community health activities increase social cohesion and the notion of health as a shared value. The Action Framework is discussed in more detail in the following section as we highlight examples of program efforts that align with the framework.

Program Efforts Aligned with Culture of Health Framework

In exploring efforts of ATSC-funded programs and their contributions to a CoH, we outline the four action areas within the Action Framework, citing examples of efforts that aligned with each action area. Within these sections, when applicable, we also highlight program efforts that contributed to a Healthy Active Arkansas (HAA)—an initiative focused on nutrition and physical activity in the state. Finally, we return focus to the CoH model and discuss program efforts that illustrated outcomes of improved population health, well-being, and equity.

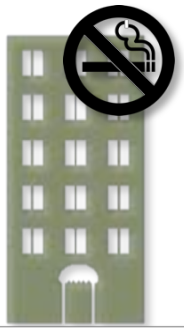
Action Area 1: Making Health a Shared Value

Making health a shared value hinges on our social connections and the importance of everyone (individuals, families, and communities) taking a role in improving the health and well-being of our communities, ultimately contributing to a CoH (RWJF & RAND, 2018). Through health promotion, personal decision-making, and public policy efforts, communities can create a shared value that is focused on health. Below we offer examples that illustrate policy efforts by select ATSC-funded programs as well as efforts supporting the three drivers under this action area—mindsets and expectations, civic engagement, and sense of community.

Prioritizing Health through Policy

ATSC-funded programs prioritized health through policy in a number of ways. Policy efforts involved partnerships with local communities and organizations to enact smoke-free/tobacco-free policies in public and residential spaces as well as progress made on a new statewide initiative to serve Arkansans with developmental disabilities. Below, policy efforts by two ATSC-funded programs are highlighted.

Highlight: During 2018, the **Tobacco Prevention and Cessation Program (TPCP)** and **Minority Sub-Recipient Grant Office (MISRGO),** funded through TPCP, implemented 84 new smoke-free/tobacco-free policies across the state. Of these policies, 54 covered workplaces; 29 covered faith-based institutions; three covered parks, festivals, and farmer's markets; and 13 covered multi-unit housing (MUH) facilities—protecting more than 3,400 residents. The implementation of these policies, and the community partnerships made through these efforts, boosted health and well-being of employees, church-goers, park visitors, and residents, especially those most vulnerable to secondhand smoke exposure. The Centers for Disease Control and Prevention (CDC) summarized studies showing the positive effects of smoke-free/tobacco-free policies. These effects include (a) reductions in respiratory and sensory symptoms like coughing and throat irritation; (b) improved lung function; (c) reduction in hospital admissions for heart attacks, asthma, and stroke, and associated healthcare cost savings; (d) and overall improvements to quality of life (CDC.gov, 2018). Overall, the implementation of these policies showed ongoing commitment to health and well-being in our communities.



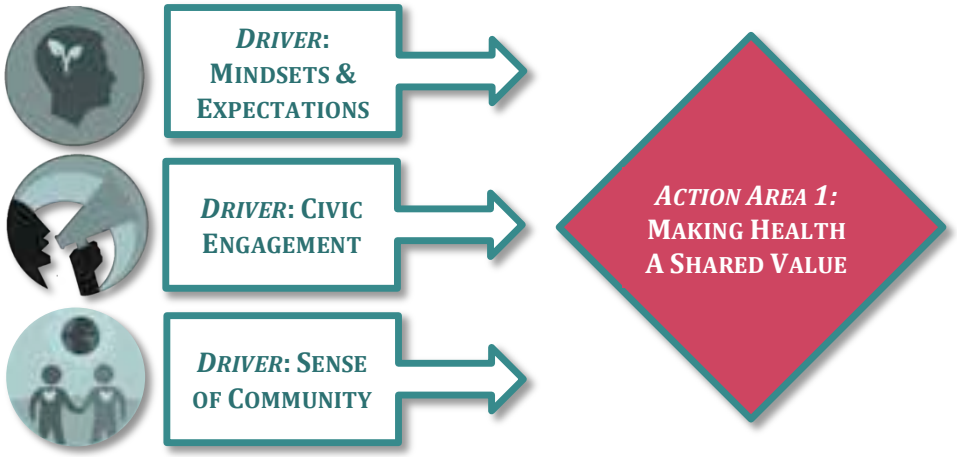
More than 3,400 MUH residents were protected.

Highlight: House Bill 1033 passed in 2017, allocating funds to the **Tobacco Settlement Medicaid Expansion Program** to support developmentally disabled Arkansans who are on a waiting list to receive vital services like living assistance, job-related support, and training to enhance self-sufficiency. Implementation of the program began in 2018, and several individuals were allocated waiver slots and provided services, with increases in each quarter. In the first quarter of 2018, 321 individuals were allocated waiver slots with 117 individuals provided services. In the last quarter, 417 individuals were allocated waiver slots and 306 individuals were provided services. In total, services were provided to 881 individuals in 64 of the 75 counties in the state.

Tobacco Settlement Medicaid Expansion

County home to persons with developmental disabilities served by TS-MEP

In addition to providing positive health policy to communities and individuals throughout the state, ATSC-funded programs engaged in activities that *drive* health as a shared value. These drivers include mindsets and expectations, civic engagement, and sense of community.



Driver: Mindsets and Expectations

In this section, we explore ways in which ATSC-funded programs discussed health and influenced mindsets and expectations about healthy communities. Several ATSC-funded programs offered health education opportunities that provided for open discourse and learning. For example, the **Arkansas Bioscience Institute's** outreach efforts through Arkansas State University targeted community members and students in Jonesboro and across the state. The annual DNA Day event illustrated the importance of science organizations reaching out into the community. The ABI Outreach Coordinator at ASU, Shea Harris, explained the importance of translating hard science into something that community members and students can understand and interact with, "It's a way to get out the message about how important genomic research is. We package up hands-on activities, based mostly in ABI research, all focused on DNA and how it impacts everyday life—like growing crops to biomedical engineering." Other science-based conversations by the **College of Public Health** enhanced intra-institutional learning through various symposia held in the spring and fall semesters. These symposia brought together COPH faculty and students to learn about research being done in the college, and to set the tone for conversations of addressing public health through research and collaboration. These events were also open to the public.

Other programs like the **Minority Health Initiative**, **Tobacco Cessation and Prevention Program**, **UAMS Centers on Aging**, and **UAMS East Regional Campus** offered

education to health providers and the public. These programs worked directly with minority, vulnerable, and underserved populations, and they designed educational opportunities that address issues of health equity. Two examples highlight the work of the MHI and UAMS East Regional Campus.

Highlight: Each year, outreach by the **Minority Health Initiative** and their partners target minority groups and take the health conversation to underserved communities. In summer of 2018, Ambitious Girls Inc., an MHI partner, hosted EmpowHERment Day, an event designed to educate and empower minority adolescent and teen girls to practice healthy lifestyles through workshops and activities based on awareness and prevention of HIV/AIDS, teen pregnancy, obesity, and low self-esteem. During the event, 480 preventative health screenings were given and 193 girls signed pledges to be tobacco/vape-free.

EmpowHERment Day participants celebrate their achievements.

Highlight: Health education for the underserved Delta region is a primary function of the **UAMS East Regional Campus**, and youth are often the target of this education. In 2018, pre-health professions programs M*A*S*H (Medical Application of Science for Health) and CHAMPS taught students about health careers. The Kids for Health program taught K-6 students about general health topics like the dangers of smoking, proper dental care, and the value of good nutrition and physical activity.

HAA Priority Area #3

UAMS East Regional Campus's Kids for Health program for K-6 grade contributed to HAA's 3rd Priority Area—Nutritional Standards in Schools, encouraging nutrition education and healthy decision-making.

Other programs harnessed leadership of youth who have already gone through pre-health professions programs. The Advancement Into Medicine (AIM) group, founded by former M*A*S*H students, has a mission of service, leadership, and career development. AIM students, in 2018, sponsored health education events and volunteered in community service and education activities related to well-being.

Driver: Civic Engagement

Civic engagement activities advance the public good and illustrate the motivation of citizens to care about and serve their communities (RWJF & RAND). How have ATSC-funded programs facilitated and engaged in public discourse and service? For one, research institutions like the **College of Public Health** involved community partners and residents directly in their research, particularly in faith-based communities. Also, as mentioned above, the AIM program through the **UAMS East Regional Campus** enabled youth to provide direct service and health education to the community. In addition, the **UAMS Centers on Aging** engaged community volunteers to assist with health education and outreach for older Arkansans. In 2018, UAMS-COA estimated $26,584 worth of volunteer hours. A final example of civic engagement is highlighted below.

Highlight: Funded through the **Tobacco Prevention and Cessation Program**'s minority communities account, the **Minority Research Center (MRC) on Tobacco and Addictions** at the University of Arkansas at Pine Bluff (UAPB) hosted six town hall meetings in FY18. The public meetings focused on tobacco issues in rural communities. Communities reached include Magnolia, Gould, De Queen, Helena-West Helena, southwest Little Rock, and Pine Bluff. The meetings were advertised locally and mailers were sent to residents. In addition to sharing tobacco-related information with these communities, partnerships with city officials were fostered in many of these towns.

Driver: Sense of Community

Building a sense of community is important for creating a CoH. Residents who feel a sense of belonging, connectedness, security, and trust in their community are more likely to be healthy and thrive (RWJF & RAND). Building a sense of community lays a foundation for being well. **All ATSC-funded programs** employed strategies that facilitate a sense of community, either through community-based research partnerships or direct health education and service. Programs like the **Minority Health Initiative**, **Tobacco Cessation and Prevention Program**, **UAMS-Centers on Aging**, and **UAMS East Regional Campus** were adept at fostering connections through their community outreach efforts. The example below highlights the UAMS Centers on Aging—a model for connecting aging Arkansans with their peers, health providers, caregivers, and volunteers.

Highlight: The **UAMS Centers on Aging** invested heavily into creating connections with seniors in Arkansas. Through health education and exercise programs, the UAMS-COA connected aging individuals with their peers. Activities like painting and beanbag baseball brought these seniors closer together to enjoy fun activities in a safe space and connect with others who share their stage in life. The UAMS-COA also provided training and education to in-home caregivers and health providers on topics like dementia and healthy eating, so they could build their knowledge to properly attend to and empathize with those they care for. Programming and training by UAMS-COA helped seniors feel supported and connected to those around them. One aging Arkansan had this to say about the South Arkansas COA, "I have been out of commission for awhile and have truly missed the programs SACOA provides. The programs give me encouragement to live a healthier life, get out of my house, and be around others. I appreciate [SACOA] providing these programs for us because they help keep us on our toes."

Proud participant of watercolor class

Caregiving training at Northeast COA

Summary

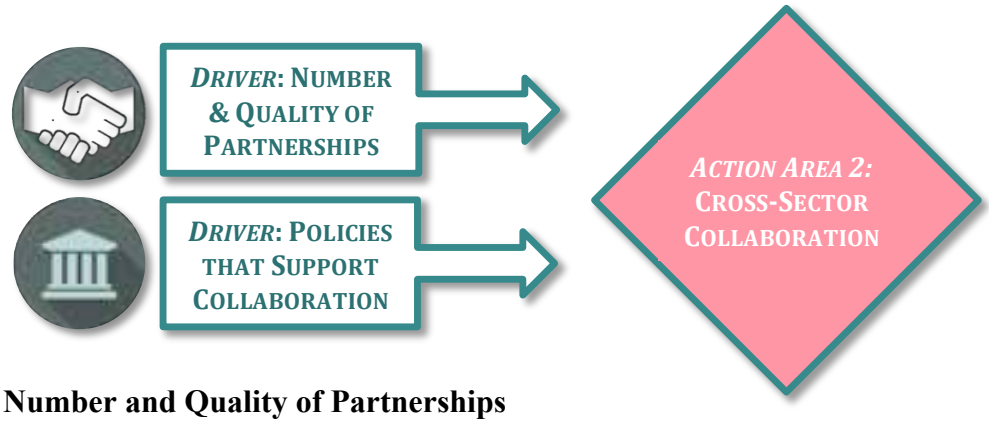
In all, ATSC-funded programs put forward a significant effort to make health a shared value. Programs worked to set mindsets and expectations toward better health and well-being, helped facilitate civic engagement, and fostered a sense of community within the groups and individuals they served. Next we explore how ATSC-funded programs worked across sectoral boundaries to achieve their goals.

Action Area 2: Fostering Cross-Sector Collaboration

Action Area 2: **Cross-Sector Collaboration**

Fostering cross-sector collaboration (CSC) centers on the idea that no single entity can solve complex public problems; rather, addressing complex problems and creating sustainable solutions requires a network of responsible leaders from across sectors, including health, education, nonprofit, government, corporate, faith-based, and other grassroots and community

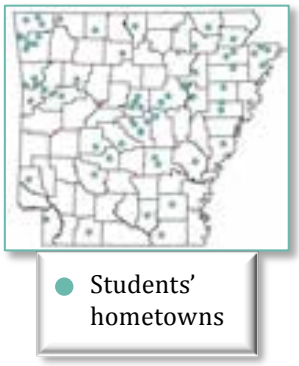
groups (Bryson, Crosby, & Stone, 2006, 2015; RWJF & RAND). Cross-sector collaborative efforts that work towards improved health call for individuals from all sectors to recognize the implications of health and well-being within their profession, and to see the benefit of shared investments, policies, and partnerships that uplift community well-being (RWJF & RAND). Through quality partnerships and policies that support collaboration, effective CSC is fostered and a CoH is supported. The following examples illustrate efforts by ATSC-funded programs that contributed to two drivers under this action area.



Driver: Number and Quality of Partnerships

All ATSC-funded programs utilized cross-sector partners to influence health, well-being, and equity. These partnerships maximized and sustained efforts while creating a wider, more impactful reach. Programs collaborated through research partnerships across institutions and sectors. Programs also collaborated to provide robust health education and service to Arkansans. Below we highlight some of these efforts.

Highlight: The **Arkansas Biosciences Institute** worked with several other research institutions in Arkansas and institutions out of state, like Duke University and Johns Hopkins University, to achieve its goals. The ABI also partnered with international institutions like China Agricultural University to carry out vital agricultural research. In addition, the ABI initiated research that partners with local communities and focuses on topics of obesity prevention, at-risk asthmatic children, and support for families with special needs children. Further, the ABI partnered with local high schools and colleges to provide research opportunities for students. In FY18, 203 students from 41 counties engaged in ABI-related research.



Highlight: The **College of Public Health** championed community-based research and partnered with various stakeholders in the community, particularly faith-based organizations. Researchers in 2018 created collaborations with faith-based organizations to (a) provide an infrastructure to advance diversity in healthcare research and outcomes, (b) promote strategies that enhance the development and sustainability of community-campus partnerships to improve mental health, and (c) test strategies to create and sustain weight loss in African American communities. The COPH also worked with the FAITH (Faith-Academic Initiatives for Transforming Health) network, a partnership between UAMS and faith-based organizations, to deliver health programs and health education to faith communities across the state. In 2018, a research team worked on an applied health leadership project that tackled a population health issue with the goal of improving public health outcomes. The Arkansas FAITH team consisted of COPH faculty, Keneshia Bryant-Moore, Ph.D., R.N., and Tiffany Haynes, Ph.D. Other team members were Joy Rockenbach, faith-based coordinator at the Arkansas Department of Health, and Reverend William Givens, minister of Christian education at St. John Baptist Church. Dr. Bryant-Moore reflected on the project, "This was a great opportunity for academia, public health, and faith/community leaders to not only have training and support from the national program and the CDC, but to really dig deep and address population health with those most affected by illness due to health disparities."

Arkansas FAITH Network team: Joy Rockenbach, Reverend Givens, Tiffany Haynes, and Keneshia Bryant-Moore
Photo credit: Ashley McNatt, UAMS News

Beyond research collaborations, ATSC-funded programs worked across sectors to deliver health education and services to communities around the state. The **Minority Health Initiative** partnered with 92 grassroots, nonprofit, government, and faith-based groups in 2018, more partnerships than 2016 and 2017 combined. The **Tobacco Prevention and Cessation Program** partnered with local communities to implement smoke-free/tobacco-free policies and collaborated with schools to educate students on tobacco-related issues. The **Graduate Addiction Studies Program (GASP) at UAPB**, funded by TPCP, initiated a new goal in FY18

to collaborate with minority and high-risk communities to present information on the health risks of tobacco and nicotine use. In the fall of 2018, GASP students worked with the North Little Rock Heritage House, a part of the North Little Rock Housing Authority, to present information to residents. Below are more examples of cross-sector collaborations by ATSC-funded programs.

Highlight: The **UAMS East Regional Campus** began a partnership with the Phillips County Opioid Task Force, consisting of 64 local agencies (law enforcement, fire department, ambulance services, and city and county officials) along with members of the community to combat the opioid epidemic in the county. The task force met monthly to develop a community-wide plan. The collaboration of the UAMS East Regional Campus and partners illustrated a strong commitment to tackle one of today's biggest health crises. Opioid use is on the rise across the country. In 2017, deaths from opioid overdose were six times higher than opioid deaths in 1999 (CDC.gov, 2018).

Members of the Phillips County Opioid Task Force met to develop a plan to address opioid use in the county.

Highlight: The **UAMS Centers on Aging** partners across sectors regularly. In 2018, their partnerships focused on statewide antibiotic stewardship for long-term care, training in chronic pain self-management, immersion training aimed at creating healthier lifestyles, better outcomes among older Arkansans living with dementia, reduced hospital readmissions, physical activity for those living with arthritis, opioid use problems among the elderly in the state, and fall prevention, among other things. Further, the UAMS-COA worked to address senior hunger and develop strategies with multiple state partners to reduce food insecurity for this population across the state.

Dr. Jeanne Wei spearheaded partnerships to address physical activity and opioid use problems among Arkansas seniors.

HAA Priority Area #6

UAMS-COA's partnerships addressing food insecurity for seniors contributed to the HAA's 6th Priority Area—Access to Healthy Foods, encompassing strategies to eliminate food deserts.

Driver: Policies that Support Collaboration

As we have seen in other areas of the CoH framework, policies play a key role in facilitating action and change. Policies that support collaboration make it possible for sectors traditionally outside of health to see themselves as having an influential role in the improvement of health and well-being in the communities in which they operate (RWJF & RAND). The Tobacco Settlement Proceeds Act of 2000 is one such policy. The Act mandated the distribution of Master Settlement Agreement funds to the seven health programs highlighted in this annual report. This important policy, and oversight by the Arkansas Tobacco Settlement Commission, allows for health programs to coordinate and collaborate with cross-sector partners who may not—on their own—recognize or maximize opportunities to uplift quality of life and contribute to a CoH in the state.

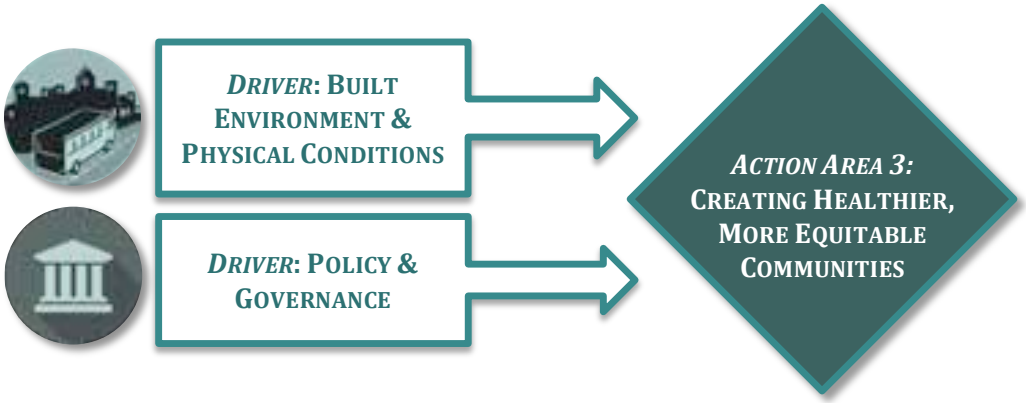
Summary

In sum, ATSC-funded programs collaborated with partners inside and outside traditional health sectors in 2018. Schools and universities, workplaces, faith-based organizations, local and state agencies, grassroots advocacy groups, and many other partners helped ATSC-funded programs maximize their efforts and contribute to health and well-being in Arkansas. Next we examine how programs contributed to the creation of healthier, more equitable communities.

Action Area 3: Creating Healthier, More Equitable Communities

Creating healthier, more equitable communities is rooted in the notion that every community deserves a chance to thrive, and efforts towards this end contribute to safe, healthy spaces in which community members live, work, learn, and play (RWJF & RAND, 2018). In a CoH, everyone has access to basic opportunities in their socio-economic environment (e.g., quality education and employment), and everyone has adequate conditions within their built environments. The built environment constitutes all the physical components of the environment (e.g., streets, school buildings, homes, parks, and infrastructure, etc.). Also, policy and governance drive progress in this action area, just as they do in other action areas of the CoH framework. Generally, all public

health related programs, especially those that target vulnerable populations, are designed to create healthier and more equitable communities. ATSC-funded programs like the **Minority Health Initiative, UAMS Centers on Aging**, and **UAMS East Regional Campus** are charged, explicitly, with addressing health disparities among minority populations, aging Arkansans, and the disadvantaged Delta region, respectively. These programs, along with the remaining ATSC-funded programs, make significant strides each year to bring health and equity to Arkansas communities. The following section demonstrates select efforts of programs that contributed to health and equity.



Driver: Built Environment and Physical Conditions

The conditions of the built and physical environment—where we live, work, learn, and play—enable individuals and communities to thrive or to struggle. Poor air and water quality, lack of walkability, limited access to healthy food and healthcare services are examples of environmental problems. A person's neighborhood and zip code often determine their opportunities for quality of life (RWJF & RAND). In 2018, several ATSC-funded programs contributed to the betterment of the built and physical environment. For example, the **Arkansas Biosciences Institute** conducted research on local watersheds, assessing water quality and quantity and critical groundwater areas. The **Minority Health Initiative** debuted a mobile health unit to reach communities that have limited access to healthcare services like preventative health screenings. As mentioned above, the **UAMS Centers on Aging** addressed issues of food access among older Arkansans. Highlighted below are other efforts by programs that attended to the built environment.

HAA Priority Area #6

A majority of ATSC-funded programs contributed to HAA's 1st Priority Area—Physical and Built Environment, encouraging strategies like connectivity in communities, food access, and walkability.

Highlight: The University of Arkansas for Medical Sciences, in 2016, established a homelessness working group, *Supporting Families in Crisis*, and the **College of Public Health** has since worked to address housing insecurity issues for pregnant women, mothers, and their children. In March of 2018, a conference for the Supporting Families in Crisis workgroup was held in Little Rock. Conference committee chairperson, Keneshia Bryant-Moore, Ph.D., R.N., explained how the conference came about, "Through the working group, it was brought to my attention by a UAMS nurse that about 30 mothers a month deliver babies at UAMS, and they do not have a place to go home to. I was then able to get some pilot funding to begin addressing this issue and that is what ultimately brought all these groups together for this conference." The event, presented by the FAITH Network, brought together over 100 community leaders, healthcare providers, social workers, researchers, mothers impacted by homelessness, the housing authority, and more than 10 community groups that provide services to the homeless. During the conference, groups discussed the resources available and how to address the needs of women who are pregnant and homeless. Each group aimed to help homeless mothers, whether through temporary housing, education, healthcare, providing clothes, or serving as a mentor.

Keneshia Bryant-Moore, conference committee chairperson, discussed the impetus for the conference.

Conference participants discussed strategies for addressing housing insecurity among pregnant women and mothers.

Highlight: The **UAMS East Regional Campus** contributed to the built environment in a number of ways including providing access to exercise programs for youth and adults throughout the seven-county service area. In 2018, exercise programs reached almost 35,000 community members. Further, more than 30,000 encounters were documented by the fitness center at the Helena site—a 14% increase from 2017. The Helena site is also home to an outdoor walking track that enhanced the

Participants of Firecracker 5k Run in Lake Village

walkability of the local area. In addition to improving access to exercise and walkability, the UAMS East Regional Campus offered a medical library to health professionals, students, and public consumers. In 2018, there were more than 8,000 users of the library. The Robert Wood Johnson Foundation and RAND (2018) remind us of the utility of libraries in enhancing health and well-being as libraries offer access to health-related resources and information as well as provide safe spaces for community interaction.

Driver: Policy and Governance

Policies that focus on health and well-being help communities better leverage behavioral and social change. ATSC-funded programs like the **Tobacco Prevention and Cessation Program** implemented smoke-free/tobacco-free policies in public spaces and residential facilities that helped enhance youth safety, workplace safety, and general public safety. Most ATSC-funded programs also provided opportunities for policymakers to become more informed and participate in conversations relative to important health policies.

Highlight: An example of these opportunities for policymakers could be seen in the work of the **Minority Sub-Recipient Grant Office (MISRGO),** funded through TPCP. The MISRGO hosted the 15th Annual Clearing the Air in Communities of Color Conference. The conference covered issues of air quality and health disparities and provided opportunities for policymakers and other state and local officials to gain valuable information about environmental health disparities. More than 100 individuals attended the event.

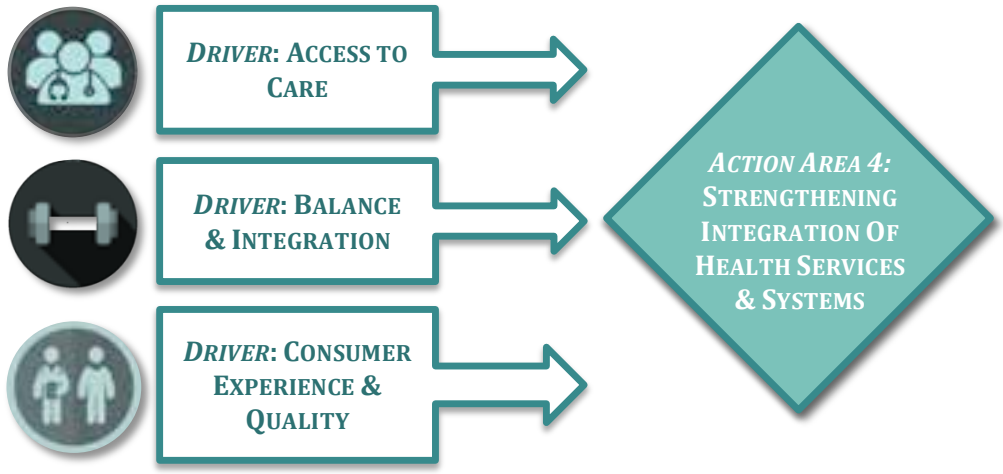
Clearing the Air in Communities of Color Conference

Summary

The efforts of ATSC-funded programs created healthier and more equitable communities in Arkansas by improving environmental conditions, such as increased access to healthy foods and safe places to exercise, as well as implementing health policies—like smoke-free policies—and offering opportunities for policymakers and other state and local officials to become more informed about vital public health issues. Next we explore the fourth action area, strengthening integration of health services and systems.

Action Area 4: Strengthening Integration of Health Services & Systems

Strengthening integration of health services and systems is contingent upon combining medical care, health services, and social services to uplift overall community health and contribute to a CoH (RWJF & RAND). This integration of care advances health outcomes and decreases medical and other health-related expenditures. ATSC-funded programs improved access to healthcare, supported a balance and integration of clinical and public health services, and provided quality experience for consumers. Examples below illustrate some of these efforts.



Driver: Access to Care

Access to care means more than having health insurance; it means ensuring affordable and comprehensive health and social services, including medical treatment and preventative services (RWJF & RAND). ATSC-funded programs contributed to increased access to care through research, health coverage, and community health services. The effect of having access to care could be seen in this reflection by a participant at the **UAMS Centers on Aging** diabetes education initiative who stated, "I would have never had the opportunity to have this lab work had [UAMS-COA] not come out and set up and made it so accessible. Thank you. This might have just saved my life." Other examples highlighted next exemplify the work of ATSC-funded programs to enhance access to care.

Highlight: The **Arkansas Biosciences Institute** is now part of a new collaboration in Arkansas—the Arkansas All-Payer Claims Database (APCD), a comprehensive inventory of health insurance claims. In addition to their robust research on agriculture, nutrition, bioengineering, and tobacco-related issues, ABI can now investigate more deeply into issues of access to care in areas like healthcare costs, quality of care, and prescribing rates. At the end of 2018, the ABI had identified ten research projects that will use APCD data including research on pediatric care, tobacco cessation, and opioids. The ABI Director, Robert McGehee, MD, PhD, was quoted in ABI's 2018 annual report as saying, "There is always so much talk about how to provide better patient care, right? We are constantly trying to look at comparative effectiveness, what works, what doesn't, and is some strategy that is effective in Little Rock equally as effective in more rural parts of the state. These are challenging questions when trying to answer them on a statewide level, but when you develop and have access to a database of this size and inclusivity . . . then all of a sudden you can start to get statistically relevant answers to questions like these and begin to make a difference in people's lives."

Highlight: As mentioned earlier, the **College of Public Health** was engaged in research targeting health services for vulnerable populations, particularly pregnant women and mothers who are housing insecure. In 2018, one project focused on providing access to behavioral health services for pregnant women, mothers, and children facing homelessness. Other projects aimed to (a) expand gender-specific and evidence-based services for African American women with substance use disorders, (b) determine reduction in barriers to mammography screening access, (c) evaluate a program focused on health access for Arkansans with disabilities, and (d) provide telehealth behavioral health counseling for people on probation or parole.

COPH Assistant Professor, Alexandra Marshall, lead a project on health access for Arkansans with disabilities.

Highlight: In fall of 2018, the **Minority Health Initiative** debuted a mobile health unit (MHU) that provides access to health education and preventative health screenings for cholesterol, blood pressure, glucose, and other health conditions to Arkansans in the state. The MHU also served as an opportunity for consumers to coordinate their care with a public health professional. This coordinator will follow up with consumers who had abnormal screening results. As a result of a partnership with Arkansas Foodbanks, the MHU stopped at foodbank locations around the state to provide services. In addition to its regular route, the MHU is available to individuals or community organizations who request a visit through the Arkansas Minority Health Commission's website or the current MHU coordinator.

Debut of mobile health unit
Photo Credit: THV11 Digital

Highlight: The **UAMS East Regional Campus** provided health outreach to workplaces throughout the Delta region, including area schools and other industries. The "How Healthy is Your Faculty" program provided teachers, bus drivers, and maintenance and cafeteria workers with free health screenings, education, counseling, and referrals if needed. Similarly, the "How Healthy is Your Industry" program created partnerships with local organizations to employ wellness activities on the worksite, including the development of wellness profiles. Employees also had access to free health screenings, counseling, health education, and referrals.

Worksite Wellness in the Lake Village community

HAA Priority Area #5

UAMS East Regional Campus's worksite wellness programs with local schools and industries contributed to the HAA's 5th Priority Area—Healthy Worksites, aiming to create a Culture of Health at work.

Driver: Balance and Integration

Balance and integration of healthcare, public health, and social services are vital to providing quality care and reducing overall healthcare costs and hospital re-admissions (RWJF & RAND). As mentioned earlier, ATSC-funded programs like the **UAMS East Regional Campus** and the **UAMS-Centers on Aging** offered comprehensive care to their clients by providing clinical-based services alongside public health and health education services. Partners of the **Minority Health Initiative** and the **Tobacco Prevention and Cessation Program** provided opportunities for youth to receive healthcare services (like preventative screenings) while also receiving other services related to leadership development, empowerment, and character building—which, although may not be thought of as traditional health or social services, still enhanced the overall health and well-being of participants more than if programs merely provided a narrow-scoped service.

Highlight: For several years, the **College of Public Health** has offered a doctoral degree program in Health Systems and Services Research that strengthens students' theoretical and methodological understanding necessary to conduct independent research on health systems. Competencies of doctoral students in this program include describing strengths and weakness of research designs that are specific to health services research questions, understanding the structure and performance of health systems and their effects on individual and population health, effectively communicating research findings and implications to multiple stakeholders, and other competencies. The goal of research in this program is to find pathways towards improved performance of health systems through evidence-based policy and management. A rigorous curriculum is focused on strategies relevant to research on the organization, financing, and delivery of health services. After program completion, graduates find opportunities in research centers, health policy organizations, philanthropic groups and consulting firms, and advocacy organizations at the state and national level.

Highlight: The **Tobacco Settlement Medicaid Expansion Program** offered coverage to pregnant women with incomes ranging from 138%-200% of the Federal Poverty Level, seniors age 65 and above, adults seeking assistance with hospital reimbursement, and persons with development disabilities

(DD). Coverage by TS-MEP provided comprehensive Medicaid services for eligible persons. For example, seniors who qualified had access to in-home care services and assistance living options, transition services for those moving out of long-term care to more independent living situations, information about healthcare fraud, and access to the Seniors Farmers' Market Program, among other services. Persons in the DD population also had access to a wide range of services that encompassed non-medical transportation, living assistance, job-related support, crisis intervention, and training to enhance self-sufficiency.

Driver: Consumer Experience and Quality

The quality of the consumer/patient experience influences whether people postpone or pursue care (RWJF & RAND). When people feel safe and valued, they are more likely to pursue services. ATSC-funded programs worked to build and maintain trust with those they serve. Two examples follow that illustrate this point.

Highlight: The UAMS Family Medical Center in Helena, part of the **UAMS East Regional Campus,** has been open to local residents since November of 2017. Throughout 2018, patient numbers grew as more people in the community became aware of the clinical services being offered. Each quarter in 2018, the medical center treated an average of 1,000 patients and saw an average of 70 new patients. Many residents of the Helena area can now access quality clinical care in their own community, a luxury for many residents who—for years—have had to drive outside of the area, sometimes several hours away, to seek care. By localizing some vital clinical services in Helena, the UAMS East Regional Campus has created trust in the community and enhanced the experience of those visiting the site.

UAMS Family Medical Center in Helena

Highlight: The **UAMS Centers on Aging** valued the care experience for older Arkansans, their caregivers, and other health providers. Trust was established by the UAMS-COA through thoughtful consideration and regular assessment of health needs for aging Arkansans. The UAMS-COA also understood the stigma that may come for some patients/consumers and their families who are experiencing health conditions like dementia and Alzheimer's disease. So UAMS-COA representatives took the time to help others overcome this stigma. One health education participant at the Schmieding (West Central) COA reflected on her experience at the COA, "The presentation was extremely informative and professional. The speaker exhibited a great deal of patience and empathy in explaining the various issues and aspects of a complicated medical problem. It was delightful to be with her as she enlightened the audience with all the complicated aspects of Alzheimer's and dementia."

Presentation on dementia and Alzheimer's at the West Central COA

Summary

In all, ATSC-funded programs worked diligently to provide Arkansans with access to comprehensive care, including clinical, public health, and social services. While some programs had more of a clinical component than others, they each still integrated and balanced other important health and well-being services. Programs also created a safe, welcoming, and enriching experience for patients/consumers to ensure that Arkansans feel empowered to pursue health services. Next we illustrate the outcomes shaped by the work of ATSC-funded programs.

Outcome: Improved Population Health, Well-Being, and Equity

Outcome: **Improved Population Health, Well-Being, and Equity**

The outcomes of goals achieved under the four action areas result in *improved population health, well-being, and equity*. Progress towards this outcome requires persistence and time, shifts in cultural norms and expectations, expanded knowledge and innovation, and cross-sector partnerships (RWJF & RAND, 2018). In 2018, all ATSC-funded program efforts contributed to reaching the outcome of improved

population health, well-being, and equity in the state. The examples that follow underscore efforts that point to achieved outcomes, categorized by three measures as contributing to the effectiveness of CoH outcomes, *individual and community well-being, managed chronic disease and reduced toxic stress,* and *reduced healthcare costs.*

Measure: Enhanced Individual and Community Well-Being

ATSC-funded programs strive to enhance individual and community well-being, as we have seen throughout the introduction to this report. Programs provided direct clinical and public health services as well as other offerings like personal empowerment and sense of security and community. Measuring the fruits of this labor by ATSC-funded programs is not hard to do. Already, we have outlined several direct testimonies from program participants and health providers as well as provided data on success of program and policy implementation. Let us take a closer look, though, at how ATSC-funded programs have enhanced individual and community well-being.

Assessing improvements in individual well-being often requires understanding a person's view of their own health (RWJF & RAND). In lieu of this information, however, other data can show us the progress made towards individual well-being in the state. First, we saw an increase in participation and partnerships across several programs. The **Minority Health Initiative** partnered with 92 grassroots, community, government, nonprofit, and faith-based organizations in 2018, more partners than the previous two years combined. Compared to 2017, the **UAMS Centers on Aging** recorded an increase in exercise encounters, Senior Health Clinic encounters, and overall community education

Participation in exercise programs increased at UAMS-COA.

encounters—the latter saw an increase of more than 25,000 participants. Over the past year, the **UAMS East Regional Campus** also documented an 18% increase in the number of health professions students receiving assistance and a 14% increase in exercise encounters at the Helena fitness center. These increases in program participation suggest that Arkansans are doing more—and more often—to improve their own health.

In addition to these increases in Arkansans served, ATSC-funded programs also recorded a reduction in risky health behaviors like smoking and tobacco use. The efforts of the **Tobacco Prevention and Cessation Program** contributed to a 3.1% decrease in youth tobacco use and 2% decrease in youth smoking prevalence in the state. The TPCP also reported slight decreases in tobacco use prevalence by pregnant women and smoking prevalence in adults. Further, the **UAMS East Regional Campus** reported several individuals who gave up smoking after participating in their cessation program, and noted nearly 200 pounds lost by participants in the Group Lifestyle Balance program. These behavioral changes indicate a shift in mindset about health and well-being within these population groups.

Community well-being is fostered when equity is at the forefront of programming. We see **all ATSC-funded programs**, in one way or another, focused on research, education, and/or service for minority and vulnerable populations throughout the state, including the Marshallese population in northwest Arkansas. Marshallese communities endure a number of health disparities including elevated incidence of chronic diseases like diabetes and cardiovascular disease as well as infections diseases like STIs (McElfish, 2016). When health providers find effective ways to reach this disadvantaged population, the overall well-being of the Marshallese community is enhanced and further impetus is provided for health programs to continue reaching out to those most in need.

In 2018, the **Minority Health Initiative** partnered with March of Dimes and Arkansas Marshallese Coalition to host the Marshallese Women's Reproductive Expo—a community health event to educate Marshallese women about women's health and the importance of overall physical health. Health information on nutrition, diabetes, tobacco, blood pressure, cholesterol, fitness, and a Marshallese resource guide was provided to attendees.

Members of Arkansas Marshallese Coalition
Photo Credit: Lara Hightower, NWA Democrat Gazette

More than 300 health providers and community members attended the event. Moreover, Keneshia Bryant-Moore, Ph.D., R.N., at the **College of Public Health** began conducting research with the goal to translate the FAITH Network Research Advocate Training program in Marshallese and Spanish to engage those communities in partnered research. These two examples of ATSC-funded programs reaching out to those in need to improve community well-being are the tip of the iceberg, as many more examples could be cited in this report.

Measure: Managed Chronic Disease and Reduced Toxic Stress

Getting ahead of chronic disease and toxic stress is important for long-term health and well-being. Preventative health screenings and other services like health education and exercise programs help Arkansans stay ahead of chronic disease and stress. Several ATSC-funded programs (**Minority Health Initiative, Tobacco Prevention and Cessation Program, UAMS-Centers on Aging,** and **UAMS East Regional Campus**) provided health screenings, education, and exercise opportunities for the public, all of which aid individuals in managing disease and stress. Research institutions (**Arkansas Biosciences Institute** and **College of Public Health**) also contributed to the management of chronic disease and stress by investigating preventative measures and interventions to improve health. The **Tobacco Settlement Medicaid Expansion Program**, through coverage provided to four population groups, assisted eligible individuals in managing chronic disease and reducing stress (e.g., persons with developmental disabilities [DD] covered by TS-MEP are given access to crisis intervention services and necessary environmental modifications, both of which could greatly reduce stress and contribute to chronic disease management for DD persons). In total, ATSC-funded programs helped Arkansans overcome burdens of chronic disease and toxic stress.

Preventative health screenings help Arkansans manage chronic disease.

Measure: Reduced Healthcare Costs

When improvements are made to health and well-being, healthcare costs decline. Progress within the CoH Framework is measured, in part, by this reduction in healthcare costs (RWJF & RAND). The investment of Tobacco Settlement funds in the state bears cost savings in the long-term as programs enact and sustain successful health and well-being improvements. While data for ATSC-funded programs do not allow us to estimate the full breadth of savings related to programming, we can report that lower prevalence

of youth smoking and tobacco use, as documented by the **Tobacco Prevention and Cessation Program**, helped offset some of the future tobacco-related healthcare costs, currently at $1.21 billion annually. Arkansans have also seen a slight increase (3.8%) in coverage provided by the **Tobacco Settlement Medicaid Expansion Program.** This coverage helped reduce rates of hospitalization and healthcare costs. Overall, these programs and others (primarily through their preventative and education services) positively contributed to a reduction of healthcare costs.

Summary

The outcomes of ATSC-funded programs can be seen in the enhancement of individual and community well-being, management of chronic disease and reduction of toxic stress, and reduction in healthcare costs. These outcomes help us measure our progress towards a CoH, and it is clear by the above examples that ATSC-funded programs contributed to this progress. Next we wrap up the introductory section by summarizing the efforts that contribute to a CoH.

Summary of Efforts that Contribute to Culture of Health

ATSC-funded programs contributed to a Culture of Health by (1) making health a shared value through policy, civic engagement, and building a sense of community; (2) collaborating across sectors to foster quality partnerships and develop policy that supports collaboration; (3) creating healthier, more equitable communities through addressing the built environment and physical conditions, and enacting new policies that support individual and community well-being; and (4) strengthening the integration of health services and systems by providing access to care, balancing and integrating clinic care with public health and social services, and creating quality consumer experiences. Programs also served vulnerable and underserved populations—aiming to exclude no one—and, ultimately, reduce health disparities. These collective efforts contributed to outcomes of improved population health, well-being, and equity—and helped to build a Culture of Health (see pages 6-7 of this report for a graphical representation of the "collective impact" of program efforts—categorized by education, service, research, and economic impact). Further, efforts by ATSC-funded programs contributed to the Healthy Active Arkansas initiative by focusing on key priority areas like access to food and healthy worksites. The following section provides a more comprehensive look at ATSC-funded program progress and accomplishments according to ATSC-approved goals and indicators.

Program Progress

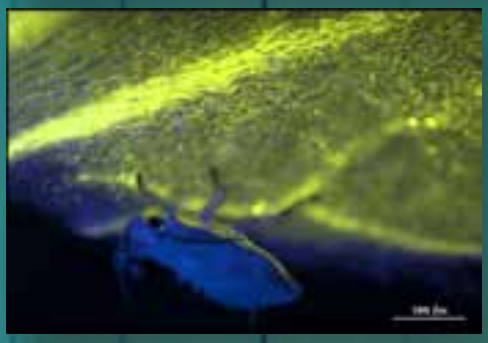
Arkansas Biosciences Institute (ABI)

Robert McGehee, Jr., MD, Ph.D., Director

Leslie Humphries, Program Coordinator

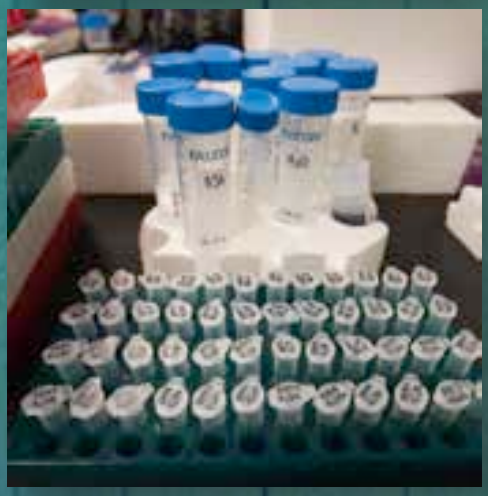
UCA ATSC Evaluator: Betty Hubbard, EdD, MCHES









The Knowledge Creators

Arkansas Biosciences Institute (ABI)

Arkansas Biosciences Institute

The Production of Knowledge

ABI focuses on five research areas.

- Agricultural
- Nutritional
- Tobacco-Related
- Bioengineering
- Other Related Areas of Research

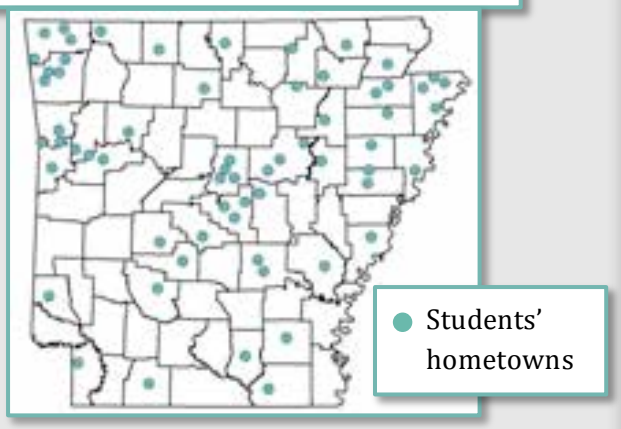
206 new and ongoing research projects

544 Publications

564 Presentations

29% of research projects were collaborative across institutions.

In FY18, **203 college and high school students from 41 counties** engaged in ABI-related research. This map indicates where these students call home.



Economic Impact

$46 Million Leveraged

Leveraged $4.44 for every ATSC $1

Supported 353 full-time equivalent employees

The ABI supported hundreds of employees including these **top-notch researchers:** Chenguang Fan, ABI New Investigator of the Year; Alan Tackett, ABI Established Investigator of the Year; Elizabeth Hood, Professor of Agriculture & Technology; and Vibha Srivastava, Professor of Plant Biotechnology.

ABI Evaluator Summary & 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 Hospital Research Institute, Arkansas State University, the University of Arkansas-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 institutions. The ABI uses this operational approach to directly 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;
- **Other areas of developing research** that are related or complementary to primary ABI-supported programs.

Economic Impact: During FY 2018, the ABI received approximately $10.4 million as a result of the Tobacco Settlement Proceeds Act. By using these funds, and through collaborative efforts, the ABI leveraged an additional $46 million to support or produce the following:

- 18 filings and provisional patents;
- Five patents;
- One start-up enterprise;
- 91 media contacts;
- 206 research projects (29% were collaborative);
- 544 publications;

- 564 presentations;
- 11 new/improved methods/tools; and
- 353 FTEs

The economic impact of the ABI included the research-related activities listed above and affected the lives of Arkansans that have been improved or saved as a result of the research that was conducted and applied.

CHALLENGES: ABI-supported research investigators rely heavily on extramural funding for their research needs. Funding agencies such as the National Science Foundation, the US Department of Agriculture, and the National Institutes of Health are critical to supporting the long-term agricultural and biomedical research conducted by the ABI. Agency budgets that are flat or declining often times mean lower funding for Arkansas research investigators.

OPPORTUNITIES: The ABI is now a part of a new Arkansas collaboration—the Arkansas All-Payer Claims Database (APCD), a large-scale collection of health insurance claims developed by the Arkansas Insurance Department and the Arkansas Center for Health Improvement. Research investigators at the ABI can now research healthcare costs, prescribing rates, quality of care, and many other important health areas. Currently, ten research projects are using APCD data to explore areas such as tobacco cessation treatments, maternal morbidity, pediatric care, and opioid use.

EVALUATOR COMMENTS

The ABI continued to meet and exceed the indicators that lead to the accomplishment of the program's short and long-term objectives. The ongoing efforts of the research investigators and the support of the ABI leadership provided a unique opportunity to advance the science that improves the health of Arkansans. Dedication to the program goal and collaborative efforts of individual researchers within the member institutions created an atmosphere conducive to the recognition of the health problems that affect the state's citizens. Most importantly, ABI researchers sought to solve those problems with evidence-based solutions.

ABI Performance Indicators and Progress

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

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 leverage funding from a baseline of $3.15 for every $1.00 in ABI funding.*
    - **Activity**: During FY 2018, the five member institutions leveraged $4.44 for every $1.00 that was received from ATSC. There has been a consistent increase in the amount of funding leveraged since the baseline year ($3.15 for every $1.00 in FY 2005). This indicator regarding funding was met and exceeded.

- ***Indicator****: ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.*
    - **Activity**: Research investigators reported 18 filings and provisional patents; five patents were awarded during FY 2018. The research activities of FY 2018 that culminated in patent-related activities greatly exceeded those reported for the baseline year (FY 2005) in which only five filings were made; therefore, this indicator was met.

- ***INDICATOR**: ABI-funded research will result in new technologies that generate business opportunities, as measured by the number of start-up enterprises and public-private partnerships with the ABI and member institutions to conduct research.*
    - **ACTIVITY**: ABI-funded research continued to support technologies that resulted in business opportunities within Arkansas. One start-up enterprise was initiated by the University of Arkansas at Fayetteville during FY 2018. This indicator was met.

- ***INDICATOR**: The ABI will promote its activities through various media outlets to broaden the scope of impact of its research.*
    - **ACTIVITY**: Ninety-one media contacts were made during FY 2018. These contacts included 30 newspaper articles, three news conferences, 49 press releases, and nine television/radio spots. This indicator, aimed at increasing the scope and impact of ABI research investigations, was met.

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**: ABI funding supported new and ongoing research within all five member institutions. During the fiscal year, 206 projects were reported. Research efforts focused on diverse topics including, but not limited to, obesity, genomics, metabolic processes, pediatrics, tobacco use prevention, cancer, and antibacterial agents. The research projects of all ABI partners were conducted in a timely manner, with attention to scope, and without overruns. This indicator was met.

- ***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**: During FY 2018, research investigators reported 544 publications. Of these, 225 publications were published in conjunction with other ABI researchers while 319 were published independently. Also during the fiscal year, 564 presentations and 11 new/improved research methods/tools were reported. This indicator was met.

- ***INDICATOR****: Employment supported by the ABI and extramural funding will increase from a baseline of 300 full-time equivalent (FTE).*
    - **ACTIVITY**: During FY 2018, ABI resources supported 353 FTE employees. Seventy-seven FTE employees were employed by ABI funds; 276 FTE employees were supported by extramural monies. Compared to the baseline year data (FY 2005; 300 FTE), this indicator was met and exceeded.

- ***INDICATOR****: The ABI will facilitate and increase research collaboration among member institutions, as measured by both the ABI and extramural funding of research projects that involve researchers at more than one member institution.*
    - **ACTIVITY**: Sixty (29%) of the 206 new and ongoing research projects conducted by ABI investigators were collaborative, involving researchers at more than one member institution. This indicator was met.

ABI Testimonial

Plant Based Therapeutics

Maureen Dolan, PhD, is an Associate Professor of Molecular Biology and Director of the Biotechnology Program in the College of Science and Mathematics at Arkansas State University. An Illinois native, she came to Arkansas from Virginia in 2004 soon after her mentor and collaborator Carole Cramer, PhD, inaugural Director of the ABI at Jonesboro and inventor of the first plant-made animal protein approved by the FDA for pharmaceutical use. Dolan has further adapted and developed the plant-based protein production platform pioneered in the Cramer lab, most recently by producing interleukin cytokine (IL-22), a specific kind of protein involved in regulating the immune system. "Once you open the door with FDA approval and think downstream using that technology as a platform for other therapeutics, it's much easier. Dr. Dolan has developed a really innovative use of plant-generated cytokines, using tobacco plants to produce proteins active in fish as an additive for fish food," said Tom Risch, Arkansas State ABI Scientific Director and Professor of Animal Ecology. "We're excited about this as an alternative for drugs and antibiotics," said Risch.

"Protein-based drugs like these are currently the fastest-growing sector of the healthcare pharmaceutical industry. This is because they are much more specific and targeted in their actions," Dolan explained. Traditional pharmaceuticals "are all chemicals, small molecules that are synthesized and produced by using chemistry in a test tube." Many of these chemical drugs

work fine—with one big exception. “They oftentimes will have off-target responses,” said Dolan—in other words, side effects. “Because the molecules are so small, they’ll target things they’re not supposed to.” Protein-based therapies, on the other hand, are large molecules that stay on target because “they are basically similar or identical to something we make in our bodies,” said Dolan, and therefore far less likely to cause side effects.

As a scientist, Dolan has spent time on campuses around the country, including the University of Florida Medical School, Virginia Tech, and Iowa State—all institutions with excellent facilities. But the ABI building on the Arkansas State campus “is hands-down the best,” she said. “It’s amazing. It is a hidden gem. The fact that you have literally everything at your fingertips in the same building—from taking a piece of DNA, to doing the molecular biology, to doing the plant biotechnology, the protein biochemistry, and then taking that into animal models like our fish—it’s pretty incredible.”

Photo credit: Paul Holmes, Talk Business

The ABI also extends her group’s capabilities beyond the Arkansas State campus. Over the years Dolan has interacted with multiple ABI-supported core labs on other campus. The proteomics core, in particular, is “a huge resource. When we express protein in a new system plant, we need to absolutely ensure that that protein is what we think it is,” she said. “When you add in the consortium of the ABI that gives us these resources, along with the expertise of all of the associated faculty and researchers, it basically creates a super university. Arkansas did something right with the ABI.”

“Having scientists who are leaders like Dr. Dolan really helps propel us forward,” said Risch. “She has helped us impact the community through research and commercialization, through outreach through students, and, of course, through the education of our students here.”

UAMS Fay W. Boozman College of Public Health (COPH)

Jim Raczynski, PhD, FAHA, COPH Dean
Liz Gates, JD, MPH, Assistant Dean for Special Projects
UCA ATSC Evaluator: Ron Bramlett, PhD

Cultivating Homegrown Public Health Practitioners

College of Public Health (COPH)

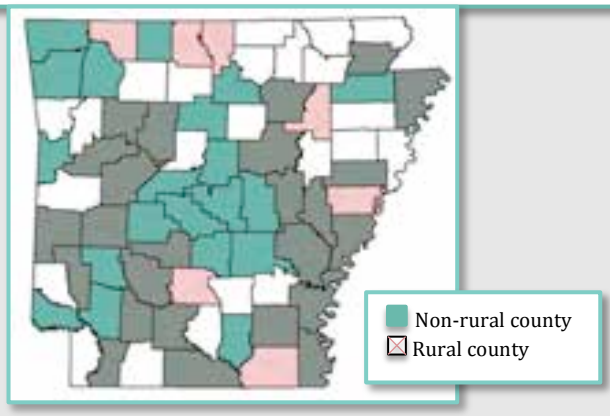
UAMS Fay W. Boozman College of Public Health

Cultivating Practitioners

47 Graduates

In 2018, a majority of COPH graduates, **72%, plan to stay in Arkansas** and work in public health.

The COPH draws students from across the state. In 2018, students came from 45 of 75 counties, 25 of these are rural. In all, **26% of COPH students came from a rural county.**



Faculty Research

4.3 Publications per Faculty Member

62 faculty produced 266 publications and 42 presentations.

Research focused on issues such as health disparities and social determinants of health, mental health in faith-based groups, human trafficking, occupational risk factors, marketing strategies of e-cigarettes, and diabetes management for Marshallese adults.

Students engaged in 60 research projects and practical experiences, 59 with an Arkansas focus.

Economic Impact

$4.86 Million Leveraged

The COPH leveraged more than $4.86 million in extramural funds, which equates to

$2.05 for every ATSC $1.

COPH Evaluator Summary & 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.

Economic Impact: The COPH received $2,373,570.55 in FY 2018. The college leveraged these monies to generate funding in the form of grants and contracts, and other funding in the forms of tuition and fees, investment revenue, and gifts. In FY 2018, the ratio of extramural research funding to Tobacco Settlement Program funds was 2:1. The Tobacco Settlement funds were coupled with other funding to improve public health through the following activities: conducting research that involves students from all areas of the state, providing courses and presentations that deliver current information, and serving as consultants and partners within the state to positively impact the health of Arkansans.

Challenges: Four candidates for Dean of the COPH were chosen to conduct on-campus interviews, and the first three of four were interviewed in December. The fourth will be interviewed in early 2019 and a decision will be made following that interview. Dr. James Raczynski stepped down as Dean at the end of December, and Dr. Jay Gandy assumed the role of Interim Dean on January 1, 2019.

OPPORTUNITIES:

- Planning began for two new academic master's degree programs in Epidemiology and Healthcare Data Analytics. It is approximately an 18-month to two-year timeline to move through the development and approval process for new degree programs. The expectation is that the MS in Healthcare Data Analytics will matriculate students in fall 2020.
- Nickolas Zaller, Ph.D., researcher and Associate Professor in the COPH, was awarded a three-year, $350,000 research fellowship for a new telehealth counseling pilot study in the West Memphis area for individuals on probation or parole who have behavioral health disorders. The purpose of the study is to determine if providing counseling services through telemedicine to people on probation or parole can improve their behavioral health outcomes and reduce the frequency at which they commit new offenses and return to prison or jail. “The project will be the first of its kind to deliver telehealth-based counseling directly to probation or parole offices for folks who have very limited access to behavioral health services in their communities,” Zaller said. The Robert Wood Johnson Foundation awarded Zaller the Interdisciplinary Research Leader fellowship. His other two team members are Femina Varghese, Ph.D., a University of Central Arkansas Associate Professor of Counseling Psychology, and Ben Udochi, Assistant Director of Substance Use Treatment with Arkansas Community Corrections (ACC). Arkansas has one of the highest rates of incarceration in the country. One in 44 adults in Arkansas is under some form of correctional supervision, and many of them have become involved in the criminal justice system because of behavioral health problems. “If we can find an effective way to deliver telemedicine services in conjunction with community corrections, and we can eventually do that across the state, we will have improved access to counseling, a crucial component of comprehensive behavioral health treatment,” Zaller said. “If they don’t get that support, the chances they will go back to prison are much higher.” Zaller explained that leaving people on probation or parole with behavioral health issues untreated not only is a detriment to them but comes with significant risks to public safety as well as high social and financial costs.

EVALUATOR COMMENTS

The COPH met all of its indicators for 2018. The major transition for the year was the changing in the Dean's position. Dr. Raczynski was the Founding Dean of the COPH and served in that capacity from 2002-2018 during which time the college experienced incredible growth in its educational programs, research projects, and service to the state. He will continue as a Professor of Health Behavior and Health Education. Overall in 2018, the faculty were active in research and grant activity with the vast majority of their work focused on Arkansas. Their topics were timely and germane to the health needs of the state. In addition, their students were also contributing practical service and research toward improving the health of Arkansans through a variety of health domains. Finally, students and graduates of the COPH were demographically diverse and the overwhelming majority stayed in Arkansas.

COPH Performance Indicators and Progress

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

LONG-TERM OBJECTIVE
To 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**: The COPH faculty engaged in a variety of activities including presenting to professional and lay audiences; consulting and serving on expert panels, task forces, committees and boards of directors; and partnering with public health practitioners or community organizations that have health related missions. During 2018, faculty participated in an average of 52 activities per quarter. Overall, approximately 96% of activities were classified as ongoing. This indicator was met.

- ***Indicator****: Faculty productivity is maintained at a level of two publications in peer-reviewed journals to one FTE for primary research faculty.*
    - **Activity**: During the 2018 calendar year, 62 COPH faculty had 266 publications in various journals and disciplines as well as 42 presentations at local, national, and international conferences. As a result, there was a ratio of 4.3 publications per faculty member. This indicator was met.

- ***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**: Research activities conducted by COPH faculty and students contributed to public health practice in Arkansas. Students also engaged in a variety of public health experiences in Arkansas. Some examples include evaluating risks of oral cancer, prostate cancer screening, educating the public on mental health, evaluating crop burning and asthma, and diabetes management. This indicator was met.

- ***INDICATOR****: COPH faculty, staff, and students are engaged in research that is based in Arkansas.*
  - **ACTIVITY**: In 2018, COPH faculty were engaged in 68 faculty research grants or contracts with 66 (97%) of them based in Arkansas or with an Arkansas focus. Students were also engaged in 60 research and practical experiences in Arkansas with 59 (98%) based in Arkansas. This indicator was met.

- ***INDICATOR****: The COPH makes courses and presentations available statewide.*
  - **ACTIVITY**: During 2018, the COPH made a total of 39 distance-accessible courses on health related topics (12 in the winter, eight in the spring, and 19 in the fall) and 41 remote presentations (13 in the winter, 12 in the spring, nine in the summer, and seven in the fall). This indicator was met.

- ***INDICATOR****: Twenty percent of enrolled students come from rural areas of Arkansas.*
  - **ACTIVITY**: Twenty-six percent of the total students who were enrolled in the COPH during 2018 came from rural areas. This indicator was met.

- ***INDICATOR****: Graduates' race/ethnicity demographics for whites, African Americans, and Hispanic/Latinos are reflective of Arkansas race/ethnicity demographics.*
  - **ACTIVITY**: Forty-seven students received degrees or certificates from the COPH during 2018. Twenty-five students (53%) were white, eight students (17%) were African American, two students were Hispanic (4%), two students (4%) were Asian, five students were two or more races (11%), and the remaining four students (9%) did not report race/ethnicity. The percentages for White and Hispanic students were lower than the demographics for the state while the percentages for Asian and African

American students were representative of state demographics. The unreported percentages may account for any inconsistencies observed. This indicator was met.

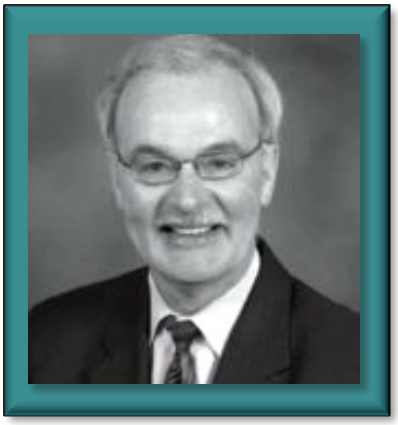
- ***INDICATOR**: The majority of alumni stays in Arkansas and work in public health.*
    - **ACTIVITY**: Of the 47 students who graduated during 2018, 34 (72%) planned to stay in Arkansas and work in public health, thirteen (28%) of the students' future plans were unknown or unreported. This indicator was met.

SHORT-TERM OBJECTIVE

To 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**: The data from the July 1, 2017 through June 30, 2018 were used to evaluate this indicator. Total grants and contracts awarded to the COPH totaled $4,856,134, compared to $2,373,570.55 awarded to the COPH from the ATSC. The financial information provided by the COPH indicated a 2:1 ratio of external funds to tobacco funds. This indicator was met.

COPH Testimonial



Dr. James Raczynski, Founding Dean, Professor of Health Behavior and Health Education, and Inaugural M. Joycelyn Elders, M.D., Chair in Health Promotion and Disease Prevention stepped down as Dean of the College of Public Health at the end of December. He began his tenure one year after the college opened and there were four faculty. Today, there are 62 faculty at the COPH. There were 90 graduate students in the first cohort and, currently, there are 395 students in the college. The first MPH graduate was in spring 2004, and as of summer 2018 the college has graduated over 700 students. Dr. Raczynski oversaw development of 28 distinct degree programs and the earliest accreditation ever for a school by the Council on Education for Public Health.

Dr. Raczynski has fostered and created a relationship with the Arkansas Department of Health that is incredibly strong and cooperative and results in collaboration on grants, contracts, and various projects but also creates a resource for both entities to learn about different aspects of public health and incorporate the academic and practice perspectives into each other's work.

The COPH has five centers focused on specific public health areas, three of which are multi-year, multi-million dollar grants—two of which are led by Dr. Raczynski. He has created a culture of research in the Delta through his research and his support of others' research and work. Desha County is an excellent example of this; through the current Arkansas Prevention Research Center he and his team have established a Community Committee that has advised the research project and also created the goal for themselves to be a "research-ready" community, meaning that they can welcome and work with academic researchers interested in the area and help academics understand their needs and goals as a community.

Dr. Raczynski's research focuses on minority health disparities that, coupled with his leadership, has placed particular emphasis on diversity of students, faculty, and staff. As a result, the COPH draws top talent in faculty and students to advance its mission to improve the health and promote

the well-being of individuals, families, and communities in Arkansas through education, research, and service. The COPH is often ranked the most diverse college at UAMS and used as an example of diversity in the university.

Dean Raczynski named as the Inaugural M. Joycelyn Elders, M.D., Chair in Health Promotion and Disease Prevention.

Dr. Raczynski will continue his teaching, mentoring, and research in the college in his role as a Professor of Health Behavior and Health Education and as the Inaugural M. Joycelyn Elders, M.D., Chair in Health Promotion and Disease Prevention.

When asked to reflect on his time as the COPH Dean, Dr. Raczynski stated, "I'm pleased that the COPH has remained true to our mission of improving the health and well-being of Arkansans, a mission that is aligned with the Tobacco Settlement. . . . I am most proud of the accomplishments of our graduates and what they are contributing in both the private and public sectors in their public health leadership that advances the well-being of all Arkansans."

Lastly, Dr. Raczynski explained his vision for the COPH, now and into the future, "Thanks to the contributions of many people over the years—our faculty, staff, students, alumni, and many other friends, colleagues and supporters across the state—the Fay W. Boozman College of Public Health has developed a large variety of educational, research, and service programs which, I believe, contribute to moving toward reaching our mission and vision for Arkansans' health and well-being. The expertise of our 62 faculty now spans many aspects of public health, addressing many important health issues for our state. However, the scope of public health and the health issues faced by Arkansans is so broad that our current faculty complement is not sufficient to provide expertise in a number of areas critically important for Arkansans, including obesity prevention and control, adolescent health, maternal and child health, and reproductive health. So, as future resources allow, I hope that the college will be able to add faculty with expertise in the varied public health areas that are critically important for our state to lead the educational, research, and service components of our mission and move us closer to our vision of optimal health for all Arkansans."

Minority Health Initiative (MHI)

ShaRhonda Love, MPH, Director

Louise Scott, Senior Grant Coordinator

UCA ATSC Evaluator: Denise Demers, PhD, CHES

Arkansas Minority Health Commission










Health Equity As Our Charge

Minority Health Initiative (MHI)

Arkansas Minority Health Commission

Targeting Health Disparities

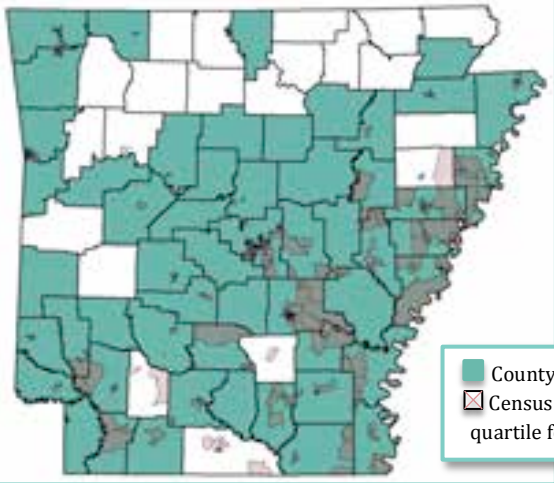
29,390
People Educated

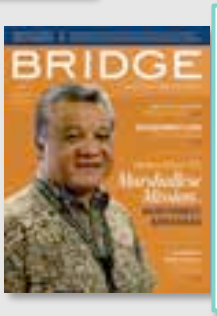
29,912
Health Screenings

Debuted Mobile Health Unit

Partnered with 92 Organizations

The MHI and its partners provide educational events and health screenings throughout the state. The map illustrates 53 counties where individuals were reached by these events in 2018, highlighted in green. The areas shaded in red represent Census Block Groups (CBGs) in the fourth quartile for percent minority population. In all, **events reached counties that cover 95.2% of the CBGs with the highest minority population**.





The MHI highlighted its efforts and events through various multimedia outlets, including the AMHC **Bridge magazine**. The 2018 edition featured a spread on the use of Tobacco Settlement funds in the state.

Economic Impact

The MHI received $1,654,306.75 in ATSC funds. With its many partnerships, the MHI offered screening and educational events, educational materials, and local advertisements via radio, television, and social media campaigns that spanned

53 counties and all congressional districts.

MHI Evaluator Summary & 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 4) developing/maintaining a database. To achieve this goal, the Arkansas Minority Health Commission's focus addresses 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.

Economic Impact: In 2018, the MHI received 3.6% of the total ATSC funds. This equated to $1,654,306.75 received. It should be noted that the MHI remains a good steward of the funds they receive. In 2018, they partnered with an increased number of community, grassroots, and faith-based organizations. With these partnerships, they offered screening and educational events, educational materials, and local advertisements via radio, television, and social media campaigns that spanned 53 counties and all congressional districts.

Challenges: Minority Arkansans continue to see high rates of cardiovascular disease (CVD) and the state is ranked 5th highest in the nation for CVD. With heart disease remaining the number one cause of death in Arkansas, the MHI continued to see challenges in educating minorities in rural counties and throughout the state. However, the MHI continued to provide awareness through activities, screenings, and media outlets in an effort to decrease these staggering statistics.

Opportunities: The MHI utilized the various grassroots, nonprofit, government, and faith-based opportunities throughout the state to increase awareness and screenings that reduce death/disability due to tobacco, chronic disease, and other lifestyle-related illnesses. Not only did

the MHI continue partnerships to increase awareness and screenings to reduce risk through the above-mentioned activities, the MHI mobile health unit provided additional resources to increase awareness and provide screenings. The University of Arkansas, Division of Agriculture Research and Extension "Rural Profile of Arkansas 2017" reported that 42% of Arkansans live in a rural county, and 62 of 75 counties in Arkansas are considered rural. Through partnerships, the MHI was able to improve the health of the rural population in 43 of the 62 rural counties. Finally, the MHI coordinated the 5th Biennial Arkansas Minority Health Summit, "Mobilizing Health: Meeting People Where They Are," which featured Dr. Jerome M. Adams, 20th Surgeon General of the United States, Dr. Joycelyn Elders, 15th Surgeon General of the United States, and Dr. Greg Bledsoe, Arkansas Surgeon General.

EVALUATOR COMMENTS

Heart disease remains the leading cause of death for our nation. Moreover, the rate of heart disease in Arkansas remains as the 5th highest in the nation. Because of this, as well as the health of minorities in Arkansas, the MHI's ongoing involvement in multiple partnerships to provide screenings and media coverage provided a sustainable commitment to improving the health of this population. With this commitment to the health of all Arkansans, but specifically minority Arkansans, the MHI met many of its indicator goals in 2018 and are on course to achieve its goals through the specified activities listed below by the end of FY19. Therefore, as evaluator for the Arkansas Minority Health Initiative, I am amazed at the sustained dedication and loyalty the MHI has to the improvement of the overall health of Arkansans, especially those in minority and disadvantaged populations. They consistently strive to find new partnerships, ask questions of participants so they can improve services and events, provide screenings to exceed the number delivered in previous quarters, and offer new and exceptional educational materials and advertising. As raising awareness is its primary goal, I believe the MHI offered what it takes to increase the awareness of stroke, hypertension, heart disease, and diabetes.

MHI Performance Indicators and Progress

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

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

- ***Indicator****: To increase stroke awareness by 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.*
    - **Activity**: During 2018, the MHI and its partners continued to increase the number of stroke-related screenings they provide to Arkansans. The Centers for Disease Control and Prevention report that high blood pressure, high cholesterol, and diabetes, along with unhealthy diet, obesity, and physical inactivity can affect a person's chance of having a stroke. In 2018, the MHI documented 24,236 health screenings related to risk factors for stroke, compared to approximately 15,900 screenings in 2017. This is an increase of more than 50% between 2017 and 2018. The number of attendees at educational events held throughout the year also was robust at 29,390, which is on par with 2017 numbers. This indicator has been met.

- ***Indicator****: To increase hypertension awareness by 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.*
    - **Activity**: At the beginning of 2018, the MHI and its partners documented a total of 875 blood pressure screenings to promote hypertension awareness. Throughout the year, the number of screenings steadily rose, exceeding 1,000 in each of the last three

quarters of the year. The total number of blood pressure screenings was 5,629. The MHI continued to work at increasing the hypertension awareness by offering events where blood pressure screenings and education materials were offered. At each event, participants received "What's Your Number" fact sheets informing them about what blood pressure means to the risk of hypertension. The MHI is making good progress towards this indicator, and assessment of this indicator will be reported in the 2018-19 biennial report after FY19 data are compiled and analyzed.

- ***INDICATOR****: To increase heart disease awareness by 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.*
    - **ACTIVITY**: Heart disease is the number one killer in Arkansas and throughout the United States. The MHI remains dedicated to increasing awareness of heart disease to minority populations throughout Arkansas. This year, the MHI more than doubled the number of preventative screenings affecting heart disease (including blood pressure, heart rate, cholesterol, glucose, height/weight, and BMI). The MHI and its partners offered more than 24,000 screenings related to heart disease (blood pressure, cholesterol, BMI, weight, heart rate, and glucose). They also increased the amount of aired commercials from 1,000 to 1,370, as they partnered with five local television stations. These commercials focused on heart disease and general health. This indicator has been met.

- ***INDICATOR****: To increase diabetes awareness by 1% annually among minority Arkansans through screenings and educational events as measured by previous comparison beginning in FY2015.*
    - **ACTIVITY**: Throughout 2018, the MHI steadily increased the number of blood glucose screenings they offered, which increased diabetes awareness throughout the state. During the last quarter of 2017, the MHI conducted 494 screenings. Each quarter in 2018, the MHI and its partners provided more screenings than the previous quarter, with the last quarter offering 1,287 screenings for a total of 4,009 during the year. This is an increase in total glucose screenings compared to 2017 when

approximately 2,600 screenings were provided. Likewise, the MHI continued its push to raise awareness via commercials informing Arkansans about healthy eating, exercise, lung cancer, blood glucose, blood pressure, cholesterol, weight, body mass index, and heart disease also increased from 926 in the first quarter to over 2,000 in the last quarter. This indicator has been met.

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****: 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**: The last data were collected in 2014. The next round of data collection will be conducted in FY 2019. This indicator is in progress and will be assessed in the 2018-2019 biennial report.

- ***INDICATOR****: MHI will increase awareness and provide access to screenings for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group.*
    - **ACTIVITY**: The Arkansas Minority Health Initiative continued to increase the amount of awareness and helped to provide healthcare access to rural and minority Arkansans. During 2018, the MHI partnered with 92 grassroots, nonprofit, government, and faith-based groups around the state to provide health information and screenings, which is an increase from the previous year. The MHI events targeted individuals in 53 counties and all four U.S. congressional districts. The MHI continued to produce a multitude of fact cards about tobacco education (increasing the number each quarter with over 10,000 offered in total). Further, the MHI

continued the Equipment Loan Program and partnered with organizations to provide more screenings to rural and minority populations in Arkansas. Additionally throughout 2018, the MHI continued to offer radio and television announcements focused on prevention, nutrition, fitness, tobacco, and cancer—many specifically about tobacco cessation and childhood obesity. The MHI increased their social media presence and has become a leader in using such campaigns as a way to increase awareness. These campaigns include hashtags like #GetInTheKnow, #EarlyDetectionIsKey, #NationalAlzheimerDiseaseAwarenessMonth, #YourHealthOurPriority, and many more. Overall, the MHI and its community partners offered 29,912 health screenings and educated 29,390 Arkansans at events around the state. The MHI's ability to increase the amount of awareness in the state is remarkable. In 2018, they performed very well, increasing screenings and educational offerings each quarter. This indicator has been met.

- ***INDICATOR****: MHI will develop and implement at least one pilot project every five years to identify effective strategies to reduce health disparities among Arkansans.*
    - **ACTIVITY**: The previous Camp iRock was a big success. The next project to reduce health disparities, Camp iCan, is scheduled for 2019. The MHI is collaborating with community partners in Phillips County for the 2019 camp. Phillips County ranks 75 out of 75 for health outcomes, so we anticipate a positive outcome, as the MHI will host the camp in the most disadvantaged county in the state. This indicator is in progress and will be assessed in the 2018-2019 biennial report.

MHI Testimonial

Sean McIntosh with the Arkansas Increasing Capabilities Access Network (iCAN) participated in the 5th Biennial Arkansas Minority Health Summit in April as an exhibitor who aimed to share iCAN information and resources with attendees. McIntosh explained the purpose of iCAN, "It's a federally funded program that provides assistive technology to residents of the state. Assistive technology is any device, tool, or piece of equipment that aids someone with a disability to achieve a task that they could not achieve otherwise without the device. So we loan these devices out so people can try it out, and see if it's something they might want to purchase. It could be something as simple as a jar opener, very low-end technology, or something high-end like an iPad with speech software. We allow Arkansans to borrow these devices like you would check out a library book."

McIntosh shared praise of the MHI event and the opportunity to share information, "We are here to let people know about the resources available to them. . . . If you have a disability or a family member who needs care, it's already stressful and trying, so it's good to know that this can be available. This is not my first event with the MHI. I've been to a few and it's always a great time, great to get out and meet people from various agencies and network as well as let people know what resources we have… because this [minority] population often isn't very aware of available resources, so we have to do our part as far as education and letting people know how we can aid them."

Tobacco Prevention and Cessation Program (TPCP)

Debbie Rushing, Branch Chief (Outgoing)
Lana Gray, Branch Chief (Incoming)
UCA ATSC Evaluator: Janet Wilson, PhD









Protecting Your Health

Tobacco Prevention and Cessation Program (TPCP)

Moving the Needle

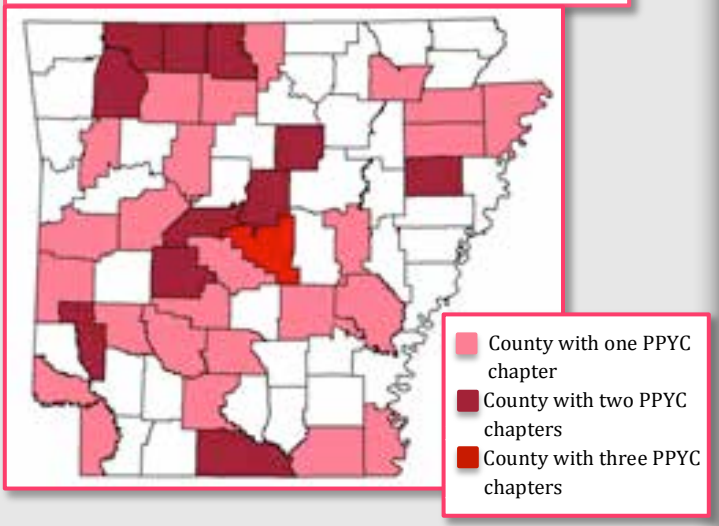
Youth tobacco use prevalence decreased from 26.2% to 23.1%.
(YRBSS 2017)

Implemented 84 new smoke-free/tobacco-free policies in the state.

Youth smoking prevalence decreased from 15.7% to 13.7%.
(YRBSS 2017)

Youth Engagement

More than 840 youth engaged in tobacco control activities through the Project Prevent Youth Coalition (PPYC). Across the state, 47 PPYC chapters are operating in 35 counties—shaded in pink and red.



Training & Education

666 Healthcare Providers Trained

25 Educational Sessions for 1,214 Tobacco Retail Owners and Clerks

30 Pharmacists and Technicians Trained in Cessation Pilot Project

Economic Impact

At current rates of smoking, one out of every 13 youth will live a shortened life due to a smoking-related illness. However, even with aggressive cigarette advertising campaigns, TPCP indicators for youth tobacco use prevalence and smoking prevalence demonstrated success in turning this trend around. Youth tobacco use prevalence has decreased from 32% (2013) to 23.1% (2017) and smoking prevalence has decreased from 19.1% (2013) to 13.7% (2017). Thus, as these non-tobacco using youth age, they will not be contributing to the

$1.21 billion in annual healthcare costs in Arkansas caused by smoking.
(Campaign for Tobacco Free Kids, 2019)

TPCP Evaluator Summary & Comments

Program Description: The Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program (TPCP) includes community and school education tobacco 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 (CDC) *Best Practices for Tobacco Control 2014* as a guide for program development. Outcomes achieved by Arkansas's TPCP include a reduction in 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.

Economic Impact: In FY 2018, the Tobacco Prevention and Cessation Program Account received $14,156,968.91 from the Tobacco Settlement Program funds. This is an increase of $2,145,898.53 from the FY 2017 fund allocation of $12,011,070.38. As directed by the Tobacco Settlement Proceeds Act, 15% of those funds (or $2,123,545.34) was deposited into the Minority Communities Special Account at the University of Arkansas at Pine Bluff. The remaining 85% (or $12,033,423.57) was utilized by TPCP and partners in FY 2018. The Breast Cancer Control Fund received $500,000, the Child Health Advisory Committee received $600,150, and Arkansas Tobacco Control received $893,000. The Great Strides Program (Trails for Life) was not funded. Thus, the balance allocated to the TPCP for FY 2018 was $10,040,273.57.

The Centers for Disease Control and Prevention (CDC) have noted that tobacco companies spend increasing amounts of money on cigarette advertising each year (for example, an increase from $8.3 billion in 2015 to $8.7 billion in 2016). In Arkansas, tobacco companies spend approximately $114.8 million on advertising annually (Campaign for Tobacco Free Kids, 2019). Additionally, the CDC reported that most cigarette smokers (9 out of 10) get their start by age 18. In Arkansas, the average age of initiation is 12.5 years old (Arkansas Prevention Needs

Assessment, 2016). A dire warning from the CDC stated that at current rates of cigarette smoking, one out of every 13 youth alive today will live a shortened life due to a smoking-related illness. However, the TPCP reported that, even in light of the aggressive cigarette advertising campaign, the long-term indicators for youth tobacco use prevalence (cigarette, smokeless, and cigar) and smoking prevalence demonstrated success in turning this trend around. Both of these indicators have been met in FY 2018. Youth tobacco use prevalence has decreased from 32% (2013) to 23.1% (2017) and smoking prevalence has decreased from 19.1% (2013) to 13.7% (2017). Thus, as these non-tobacco using youth age, they will be able to enjoy the full life to which they are entitled, and will not be contributing to the $1.21 billion in annual healthcare costs in Arkansas caused by smoking (as reported by the Campaign for Tobacco Free Kids, 2019).

CHALLENGES:

- Although Arkansas has seen a decrease in tobacco use among youth during this reporting period, there has been a significant rise in e-cigarette/vaping use among youth nationwide. The 2018 National Youth Tobacco Survey (NYTS) reported that 1.5 million more students used e-cigarettes in 2018 than in 2017. This reflects a 78% increase among students in high school and a 48% increase among students in middle school. This higher level of e-cigarette/vaping use is also tied to an increase in the consumption of any tobacco product, thus potentially wiping out any progress seen recently in the reduction of youth tobacco use prevalence and smoking prevalence in Arkansas. The TPCP is sensitive to this link and is actively implementing interventions to address these issues.
- The Project Prevent Youth Coalition (PPYC) reported that 20 of the 35 chapters attended the annual conference. Barriers to attendance were reported as funding and the distance to the conference was “too far.” As noted in the July-September 2018 quarterly report, the PPYC will work to identify future funding opportunities for travel to assist all PPYC chapters wanting to attend the conference and look at more centrally located venues to hold the event.
- The School-Based Health coordinator reported that due to illnesses reported by the Clinton SWAG (Student Wellness Advocacy Group) advisors, both advisors stepped down. The coordinator is working with the district staff to find a new advisor.

- During the reporting period, the TPCP ended the contract with National Jewish Health (NJH) as the state Quitline vendor and implemented the Be Well Arkansas Call Center (Be Well) to act as the state's tobacco Quitline. From July to November 2018, the TPCP worked diligently to overcome challenges with securing and setting up software to handle incoming calls and to track required data/metrics to meet Quitline requirements. Unforeseen issues with the fax referral transition proved to be challenging, but eventually both the Quitline number and fax referral issues were resolved and a successful transition occurred from NJH to Be Well. From November 5, 2018 to December 24, 2018, Be Well received 1,344 calls, with 305 people enrolled in the counseling program for tobacco cessation.
- The TPCP experienced a challenge/setback in cessation activities when partnering with the University of Arkansas at Little Rock (UALR) to provide training on Brief Tobacco Intervention and referrals to the Quitline for healthcare providers within the federally qualified health centers in the Red Counties (counties with low life expectancy). Due to unforeseen circumstances, the main contractor for this activity experienced staffing issues when the program coordinator resigned, and UALR eventually ended the contract. In order to keep the already implemented activity in motion, the TPCP approached the Arkansas Cancer Coalition, one of the TPCP's sub-grantees funded through the Master Settlement Agreement, to assist with continuing efforts in six sites that service approximately 5,000 low-income Arkansans.

OPPORTUNITIES:

- The Minority Sub-Recipient Grant Office program manager reported on the opportunity in December to provide a refresher course (webinar) for sub-grantees on advocacy. It was a great opportunity, given the recent elections, to remember the guidelines for engaging/educating policymakers.
- The Project Prevent Youth Coalition coordinator relayed that the annual conference received "really great feedback." The youth-led portions of the conference were by far the favorite. The coordinator will continue to use this model with updates to breakout sessions and themes each year.

- The School-Based Health coordinator reported the School-Based Health Centers are expanding the brief tobacco intervention model using 2 As & R (Ask, Advise and Refer) throughout the state in the form of webinars and in-person training sessions in schools.
- Funding of SWAG (Student Wellness Advocacy Group) through Arkansas Department of Health School-Based Health is providing the following opportunities in promoting student wellness: education on proper hydration, sugar-sweetened beverage reduction, and nutrition; developing informational boards with displays of the amount of sugars hidden in snacks and beverages frequently consumed by youth; mental health and grief counseling during the holidays; writing for and receiving a Blue & You Grant to replace water fountains with a bottle filling station; and starting "toilet tales" to provide health educational materials in bathroom stalls, to name a few. In addition, the School Health Services office took advantage of an opportunity to conduct tobacco education for 5th, 6th, and 11th graders in a number of their Southeast Arkansas schools: Dermott, Lake Village, Hamburg, and Portland. This was accomplished through contact by the provider Mainline.
- A Graduate Addiction Studies Program student has been planning her research project using the "Health Rocks" program. The student will utilize pre and post data collection for the effectiveness of the substance use prevention program for at-risk youth in Pine Bluff. "Health Rocks" is a grant-funded program through the 4-H, which promotes tobacco/nicotine and other substance use prevention for youth in Arkansas.
- On July 15, 2018, the TPCP participated in the national "Tips From Former Smokers" media tour. The Tips campaign was developed through the Centers for Disease Control and Prevention, Office of Smoking and Health. The campaign "profiles real people who are living with serious long-term health effects from smoking and secondhand smoke exposure" (CDC.gov). Participation in the campaign allowed an opportunity to educate Arkansans locally on the health burden of tobacco use and increase tobacco cessation through promoting the Quitline. News coverage of the Tips campaign in Arkansas can be found at http://www.kait8.com/story/38429784/womans-face-shows-real-life-cost-of-smoking/.

- In September of 2018, the TPCP contracted with MD Anderson to provide Tobacco Treatment Specialist training to local health unit nurses and chronic disease staff; 39 individuals were trained.
- During 2018, the TPCP partnered with University of Arkansas for Medical Sciences to conduct two annual trainings, resulting in over 300 physicians, nurses, respiratory therapists, pharmacists, and other healthcare providers receiving CEUs for tobacco cessation/counseling training sessions.
- On December 5, 2018, the TPCP was able to partner with the Arkansas Department of Health's Hometown Health Initiative (HHI) Section to provide a joint training to HHI staff. Staff included Health Educators, Community Health Promotion Specialists and Community Health Nurse Specialists. The "Train the Trainer" event was an opportunity for the TPCP and the HHI to educate attendees on tobacco prevention and education topics for both youth and adult populations. Additionally, the collaboration provided an opportunity for HHI staff to share presentations among newer staff who did not have experience or knowledge of training material for pre-school and elementary grades, and TPCP staff were able to share newly developed training materials (PowerPoint presentations and handouts) for middle school and high school youth as well as a presentation for the adult population. Approximately 47 HHI staff and partners attended the training.

EVALUATOR COMMENTS

A couple of significant changes occurred during the calendar year 2018. The first pertains to changes in personnel. Lana "Joy" Gray was appointed Interim Branch Chief during the July-September quarter, with this position becoming permanent during the October-December quarter. Shelia Garrett continued to serve as Associate Branch Chief during this time. Additionally, Rebecca "Beccy" Secrest became the contact person during the October-December quarter. The second change pertains to a major overhaul (and then a minor update) of the indicators utilized to assess the programming implemented and supported by the TPCP. The number of indicators increased from 10 to 36 during the January-June quarters, then after the

minor update, the number of indicators settled at 33 (four long-term and 29 short-term) for the July-December quarters. One final note concerns the reporting periods for the TPCP versus the annual evaluation report. The TPCP works from a fiscal year (hence the June deadlines) while the annual evaluation report works from a calendar year. So, while the discussion of the change in indicators above may be rather lengthy, the timing of it allowed us to work within the fiscal year of the TPCP.

TPCP Performance Indicators and Progress

Overall Program Goal: To reduce the initiation of tobacco use and the resulting negative health and economic impact.

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

- ***Indicator****: By March 2020, decrease the tobacco use prevalence (cigarette, smokeless, and cigar) in youth by 7% (a decrease from 32% to 29.8%) (Data Source: Youth Risk Behavior Surveillance System [YRBSS] 2017).*
    - **Activity**: This goal has been met. Youth Risk Behavior Surveillance System (YRBSS) data for 2017 were released June 14, 2018, indicating youth tobacco prevalence (cigarette, smokeless, and cigar) to be 23.1%, which is well below the goal of 29.8%. The baseline of 32% had been set in 2013.

- ***Indicator****: By March 2020, decrease tobacco use among disparate populations (LGBT, Hispanics, African Americans, and Pregnant Women) by 2% (Data Source: Adult Tobacco Survey 2016, LGBT Survey 2014, Vital Statistics Data 2013/2016).*
    - **Activity**: There are no new data to report for LGBT, Hispanic, or African American populations. The 2014 LGBT survey noted a smoking prevalence rate of 37% and smokeless rate of 24%. The 2016 Adult Tobacco Survey noted the Hispanic smoking prevalence of 13% and African American smoking prevalence of 21.3%. However, new 2017 Vital Statistics data for pregnant women indicated that after a .8% increase in 2016 (from 13.1% in 2013 to 13.9% in 2016), the smoking prevalence rate has dropped to 13.5%, reflecting a slight, yet positive, shift. This goal is still in progress.

- ***INDICATOR**: By March 2020, decrease smoking prevalence among youth by 7% (a decrease from 19.1% to 17.8%) (Data Source: YRBSS 2017).*
    - **ACTIVITY**: This goal has been met. Youth Risk Behavior Surveillance System (YRBSS) 2017 data were released June 14, 2018 indicating the youth smoking prevalence has decreased from 15.7% in 2015 to 13.7% in 2017. The baseline of 19.1% had been set in 2013.

- ***INDICATOR**: By March 2020, decrease the adult (18+) smoking prevalence by 8.5% (a decrease from 23.6% to 21.6%) (Data Source: 2016/2017 BRFSS).*
    - **ACTIVITY**: Progress is being made towards this goal. The 2016 baseline rate for adult (18+) smoking prevalence was 23.6%. Data from the 2017 Behavioral Risk Factor Surveillance System (BRFSS) showed a 1.3% reduction to 22.3% in the adult (18+) smoking prevalence.

SHORT-TERM OBJECTIVE

Communities shall establish local tobacco prevention initiatives.

- ***INDICATOR (JANUARY-JUNE)**: By June 2018, 100 new smoke-free/tobacco-free policies will be implemented across Arkansas (Data Source: TPCP Policy Tracker).*
    - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. Overall, during FY 2018, 160 new smoke-free policies were implemented across Arkansas. The TPCP reported 66 policies across workplaces; parks, festivals, and farmer's markets; and faith-based institutions. The MISRGO reported 94 policies across workplaces and faith-based institutions. Additionally, both groups worked with multi-unit housing impacting nearly 400 residents. Specifically for the January-June 2018 reporting periods, 74 new smoke-free/tobacco-free policies were implemented. Of these, the Tobacco TPCP reported 24 total policies covering seven workplaces; three parks, festivals, and farmer's markets; two faith-based organizations; and 10 multi-unit housing affecting 782 residents. The MISRGO reported 50 total policies covering 30 workplaces, 19 faith-based organizations, and one multi-unit housing covering 200 residents.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, 100 new smoke-free/tobacco-free policies will be implemented across Arkansas (Data Source: TPCP Policy Tracker).*
    - **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. While updated totals will be available in the April-June 2019 quarterly report, during this period, 10 new policies were implemented (eight were in faith-based institutions and two were in multi-unit housing affecting 552 units and approximately 2,456 residents).

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, decrease sales to minor violations from 11% to 9% (Data Source: Monthly Arkansas Tobacco Control Reports).*
    - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. During FY 2018, there were 5,958 sales to minor compliance checks with 426 sales to minor violations for a non-compliance rate of 7.2%, which is well below the goal of 9%. Additionally, 56 educational sessions for tobacco retail owners and/or clerks were offered during FY 2018 for a total number of 1,647 attendees. Specifically for the January-June 2018 reporting periods, there were 2,707 sales to minor compliance checks with 207 sales to minor violations for a non-compliance rate of 7.6%, which is below the goal of 9%. During this period, 17 education sessions were offered for tobacco retail owners and/or clerks for a total of 822 attendees.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, decrease sales to minor violations from 11% to 9% (Data Source: Monthly Arkansas Tobacco Control Reports).*
    - **ACTIVITY (JULY-DECEMBER)**: This goal has been met. Between July to December 2018, there were 3,546 sales to minor compliance checks with 228 sales to minor violations for a non-compliance rate of 6.4%. This non-compliance rate is even better than the 7.6% reported in the first half of 2018 (see above). During this time, eight educational sessions were provided for tobacco retail owners and/or clerks for a total number of 392 attendees.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, increase by 25% the proportion of youth and young adults up to age 24 who engage in tobacco control activities to include point of sale,*

counter marketing efforts, and other advocacy activities to increase tobacco free social norms (Data Source: Monthly Youth Prevention Program Participation Reports).

- **ACTIVITY (JANUARY-JUNE)**: During the January-June reporting period, 62 youth and young adults engaged in Project Prevent Youth Coalition (PPYC) projects. Overall during FY18, the goal of involving 373 youth and young adults in PPYC projects was almost met with a total of 314 students. While the goal was not met for FY18, the TPCP worked diligently to involve youth and young adults in tobacco control activities.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, increase by 25% the proportion of youth and young adults up to age 24 who engage in tobacco control activities to include point of sale, counter marketing efforts, and other advocacy activities to increase tobacco free social norms (Data Source: Monthly Youth Prevention Program Participation Reports).*
  - **ACTIVITY (JULY-DECEMBER)**: This goal has been met. For FY 2019, the target number is 452 youth and young adults. While student involvement in PPYC activities came up just short of the goal in the first half of 2018 (see above), already in the second half (July-December) nearly twice as many youth and young adults have been involved. A total of 781 students have participated in PPYC activities. Additionally, there are 48 PPYC Chapters (35 funded PPYC, seven SWAG [Student Wellness Advocacy Group], and six Community/Grantee).

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, increase the number of callers-referrals to the Arkansas Tobacco Quitline to 300 for Hispanics; 3,200 for African Americans; 500 for LGBT; 150 for pregnant women, and 10 for School-Based Health Clinics (SBHC) (Data Source: ATQ Demographic Report for Quarter).*
  - **ACTIVITY (JANUARY-JUNE)**: This goal was not met. In FY18, the number of callers/referrals to the Arkansas Tobacco Quitline was as follows: 177 for Hispanics; 1,371 for African Americans; 272 for the LGBT population; 65 for pregnant women; and zero for School-Based Health Clinics. Specifically for the January-June 2018 reporting periods, the number of callers/referrals to the Quitline was as follows: 86

for Hispanics; 758 for African Americans; 116 for the LGBT population; 25 for pregnant women; and zero for School-Based Health Clinics.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, increase number of healthcare providers, traditional and nontraditional, by 550 who have been reached by TPCP trainings (Data Source: TPCP Healthcare Provider Training Tracker).*
    - **ACTIVITY (JANUARY-JUNE)**: This goal was met. Overall in FY 2018, a total of 1,332 healthcare providers including mental health providers, substance abuse providers, social workers, doctors, pharmacists, and nurses were trained in Brief Tobacco Intervention and Tobacco Treatment Specialist Training, being smoke-free during pregnancy, and marketing tactics aimed at youth. An additional 188 youth were trained at the Youth Prevention Summit about the history of tobacco industry's misleading messages and marketing tactics. Specifically during the January-June report periods, 666 healthcare providers, mental health providers, substance abuse providers, social workers, doctors, pharmacists, and nurses were trained. Additionally, the 188 youth were trained during this period at the Youth Prevention Summit.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, increase number of healthcare providers, traditional and nontraditional, by 550 who have been reached by TPCP trainings (Data Source: TPCP Healthcare Provider Training Tracker).*
    - **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. Information on provider trainings will be available in the second half of FY 2019.

- ***INDICATOR (JANUARY-JUNE)****: By September 2017, Act 1220 will complete assessment of thirty (30) School-Based Health Clinics (SBHC) for up-to-date tobacco use Vital Signs protocol (2As and R - Ask, Advise and Refer, the recommended model for a brief tobacco intervention commonly used by healthcare providers).*
    - **ACTIVITY (JANUARY-JUNE)**: This indicator was completed in the second quarter of FY 2018 with a follow-up in the fourth quarter. Of 29 School-Based Health Clinics (SBHC), 24 responded via Survey Monkey at the State-Sponsored SBHC Training

that was held November 8, 2017. Eleven of them reported that they were currently providing tobacco intervention services and referring to the Tobacco Quitline. This same group was reassessed on May 2, 2018 to determine if they continued the recommended model for brief tobacco intervention commonly used by healthcare providers. Sixteen SBHCs indicated they were referring to the Tobacco Quitline.

- ***INDICATOR (JANUARY-JUNE)****: By December 2017, Act 1220 will implement Vital Signs protocol (2As and R - Ask, Advise and Refer, the recommended model for a brief tobacco intervention commonly used by healthcare providers) in School-Based Health Clinics (SBHC) identified through the assessment process.*
    - **ACTIVITY (JANUARY-JUNE)**: This indicator was completed in the second quarter of FY 2018. The initial assessment was conducted November 8, 2017. The Program Research and Development Coordinator with the TPCP, for the Center for Health Advancement, Arkansas Department of Health, provided a presentation for SBHC staff with the latest tobacco prevention information and encouraged SBHCs in their tobacco prevention efforts. A follow-up distribution of customized SBHC Tobacco Quitline Fax Referral Forms to 29 SBHCs was completed on December 5, 2017.

- ***INDICATOR (JANUARY-JUNE)****: By February 2018, establish referral mechanism for those seeking tobacco cessation services ages 13+ identified through Vital Signs protocol (2As and R - Ask, Advise and Refer, the recommended model for a brief tobacco intervention commonly used by healthcare providers).*
    - **ACTIVITY (JANUARY-JUNE)**: This indicator was completed during the January-March quarter, with a follow-up conducted during the April-June quarter. Arkansas Tobacco Quitline Fax Referral Forms have been provided to each School-Based Health Clinic (SBHC) and tailored to each individual clinic. They were asked to provide the referral form to their physical and mental health providers as well as anyone else who may be referring people to the Tobacco Quitline. An additional survey was conducted on May 2, 2018 and there were 16 SBHCs reporting that they were referring to the Quitline at that time.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the TPCP will collaborate with ten pharmacies to support tobacco cessation and treatment (Data Source: TPCP report).*
    - **ACTIVITY (JULY-DECEMBER)**: This goal has been met. During this time, 30 pharmacists and pharmacy technicians attended training in support of the tobacco cessation pharmacy pilot project.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the TPCP will develop a task force for investigating and making recommendations regarding tobacco use by pregnant women and their families (Data Source: TPCP report).*
    - **ACTIVITY (JULY-DECEMBER)**: Progress is being made towards this goal. After approval of this new indicator, it became apparent that there is no need for the development of a task force as the Arkansas Department of Health (ADH) is in the process of developing a program called "Be Well Baby: Tobacco Free" that will, in part, address tobacco use by pregnant women and their families. The TPCP is writing a Request for Proposal that will be released in the spring of 2019 to begin the process of implementing the "Be Well Baby: Tobacco Free" evidence-based program. The program offers prenatal and postpartum cessation counseling sessions with carbon monoxide testing and validation of abstinence with pregnant tobacco users. Diaper vouchers are given to participants who remain nicotine-free at each visit after their baby is born. The TPCP's plan is to implement the program in the Local Health Units within ADH; however, the TPCP will continue to research other potential partners along the way.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the ADH's Healthy Active Arkansas program effort will develop four tobacco cessation worksite messaging e-blasts and distribute through the ADH A-HELP and C-HELP communication channels.*
    - **ACTIVITY (JANUARY-JUNE)**: This goal was almost met. Three out of the four tobacco cessation worksite messages were sent out through the Arkansas Department of Health's (ADH) A-HELP (Arkansas Healthy Employee Lifestyle Program) and C-HELP (Community Healthy Employee Lifestyle Program) communication channels on the following dates: April 21st, May 31st, and June 21st.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the ADH's Healthy Active Arkansas program effort will develop four tobacco cessation worksite messaging e-blasts and distribute through the ADH A-HELP and C-HELP communication channels.*
    - **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. One e-blast was sent on September 13, 2018 via the Arkansas Department of Health's (ADH) A-HELP (Arkansas Healthy Employee Lifestyle Program) email to all ADH employees. The topic was "Benefits of Quitting Smoking."

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the ADH's Healthy Active Arkansas program effort, in collaboration with the TPCP, will develop and share eight tobacco and obesity related content and post on ADH social media accounts.*
    - **ACTIVITY (JANUARY-JUNE)**: This goal was met during FY 2018. Posts during the January-June period pertained to the "My Reason to Write" contest and "World No Tobacco Day." These posts led to 1,370 views and 67 interactions (likes, shares, and retweets).

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the ADH's Healthy Active Arkansas program effort, in collaboration with the TPCP, will develop and share eight tobacco and obesity related content and post on ADH social media accounts.*
    - **ACTIVITY (JULY-DECEMBER)**: This goal has been met for FY 2019. During the July-December reporting periods, three posts were made on the Arkansas Department of Health's Facebook page concerning lung cancer and smoking, facts about e-cigarettes, and COPD and smoking. On the Healthy Active Arkansas site, five posts were made concerning Ready/Set/Record supporting the PPYC and the Be Well Arkansas program. These posts have led to 8,724 views.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the ADH's Healthy Active Arkansas program effort will report the number of tobacco-free policies at worksites, communities, and municipalities who have been reached through the ADH Arkansas Healthy Employee Lifestyle Program (A-HELP) and Community Healthy Employee Lifestyle Program (C-HELP) programs.*

- **ACTIVITY (JANUARY-JUNE)**: There are no data to report for this indicator. This is a new indicator (since January 2018), so it will take time to generate data.

- ***INDICATOR (JULY-DECEMBER):*** *By June 2019, the ADH's Healthy Active Arkansas program effort will report the number of tobacco-free policies at worksites, communities, and municipalities that have been secured through the ADH Arkansas Healthy Employee Lifestyle Program (A-HELP) and Community Healthy Employee Lifestyle Program (C-HELP) programs.*
  - **ACTIVITY (JULY-DECEMBER)**: Progress is being made towards this goal. As noted above, this is a new indicator. While no new policies were reported during this time period, through C-HELP (Community Healthy Employee Lifestyle Program), Central Arkansas Water (on October 29, 2018) and Hope Chamber of Commerce (on December 4, 2018) were provided information on tobacco cessation as part of a wellness program.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, maintain and monitor referrals for those seeking tobacco cessation services ages 13+ identified through Vital Signs protocol (2As and R - Ask, Advise and Refer, the recommended model for a brief tobacco intervention commonly used by healthcare providers).*
  - **ACTIVITY (JULY-DECEMBER)**: This goal has been met, although it is an ongoing indicator. School-Based Health Clinic (SBHC) referrals are documented through Be Well Arkansas and reported by the Be Well Arkansas Call Center. For October-December 2018, the number of fax referrals was zero, the number of online intakes was 69, and the number of incoming calls was 1,304.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, successfully implement 24 new minigrants for Project Prevent Youth Coalition (PPYC) Clubs within school systems for tobacco prevention and advocacy.*
  - **ACTIVITY (JULY-DECEMBER)**: Progress is being made towards this goal. During the October-December 2018 quarter, there were 11 minigrant applications (seven reported under the PPYC). The SWAG (Student Wellness Advocacy Group) advisor

training was provided to 11 schools' SWAG advisor teams. The training provided information on the purpose of the SWAG—goals, projects, activities, and reporting—and contact information for the SWAG Coordinator and PPYC Coordinator. There were 153 participants in SWAG.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, report the number of new trails funded.*
    - **ACTIVITY (JANUARY-JUNE)**: This goal was not met. The Great Strides Program (which encourages physical activity in communities statewide through the creation of walking trails) did not receive funding, so there are no data to report for this indicator.

- ***INDICATOR (JANUARY-JUNE)****: By October 2017, the TPCP will develop informed interview questions to ascertain the number of programs and academic institutions across the state that are implementing effective evidence-based curricula and/or lesson plans focusing on treating tobacco use.*
    - **ACTIVITY (JANUARY-JUNE)**: Progress was being made towards this goal during this period of time; however, it was never completed. The TPCP was working to identify individuals who would be able to assist in developing interview questions as well as identify the best contact person within each academic institution to interview regarding the implementation of effective evidence-based curricula and/or lesson plans focusing on treating tobacco use.

- ***INDICATOR (JANUARY-JUNE)****: By January 2018, the TPCP will conduct 15 informed interviews at eight different academic institutes covering all public health regions to ascertain the number of programs and academic institutions across the state that are implementing effective evidence-based curricula and/or lesson plans focusing on treating tobacco use.*
    - **ACTIVITY (JANUARY-JUNE)**: This goal was not met. This indicator could not be addressed until the previous indicator was completed.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the TPCP will determine where academic gaps are through analysis of the informed interviews and work with institutions to incorporate effective evidenced based curriculum and/or lesson plans.*

- **ACTIVITY (JANUARY-JUNE)**: This goal was not met. This indicator could not be addressed until the previous two indicators were completed.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the MISRGO will work with four new faith-based churches/organizations to implement No Menthol Sunday (NMS) activities (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).*
  - **ACTIVITY (JANUARY-JUNE)**: This goal was met. In fact, the MISRGO was able to triple the number of faith-based churches they worked with (12 versus the goal of four) to implement No Menthol Sunday activities.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the MISRGO will work with four new faith-based churches/organizations to implement No Menthol Sunday (NMS) activities (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).*
  - **ACTIVITY (JULY-DECEMBER)**: Progress is being made towards this goal. During this time period, MISRGO has worked with one faith-based organization to implement No Menthol Sunday activities.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the MISRGO will provide the Annual Clearing the Air in Communities of Color Conference and report the number of funded and non-funded attendees (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).*
  - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. The MISRGO provided the Annual Clearing the Air in Communities of Color Conference on May 17, 2018. There were 13 funded and 93 non-funded attendees.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the MISRGO will provide the Annual Clearing the Air in Communities of Color Conference and report the number of funded and non-funded attendees (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).*
  - **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. Last year the conference was held in May; thus, it is expected that this goal will be met later in FY 2019.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the MISRGO will report technical assistance provided through direct efforts to Public Housing Authorities to implement the Federal*

Smoke-free HUD rule (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).

- **ACTIVITY (JANUARY-JUNE)**: This goal has been met. As written, this indicator reflects an ongoing activity of the MISRGO to provide technical assistance to Public Housing Authorities as they implement the Federal Smoke-free HUD rule.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the MISRGO will report technical assistance provided through direct efforts to Public Housing Authorities and other multi-unit housing establishments to implement smoke-free policies (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).*
  - **ACTIVITY (JULY-DECEMBER)**: This goal has been met. As written, this indicator reflects an ongoing activity of the MISRGO to provide technical assistance to Public Housing Authorities as they implement the Federal Smoke-free HUD rule. During this time period, three technical assistance meetings with landlords of several properties were held. Policy and lease addendums were provided for review.

- ***INDICATOR (JANUARY-JUNE)****: By December 2017, the MISRGO will work with stakeholders to develop a statewide plan for reducing tobacco related disparities in Arkansas.*
  - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. The MISRGO worked with other statewide organizations and one national partner to garner feedback for the development of a statewide plan for reducing tobacco-related disparities in Arkansas.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the MISRGO will monitor and report progress of implemented Arkansas State Plan for Reducing Tobacco Related Disparities.*
  - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. By the end of this time period, the plan was in review for additional input.

- ***INDICATOR (JULY-DECEMBER)****: By December 2018, the MISRGO will continue to work with stakeholders to solidify a statewide plan for reducing tobacco related disparities in Arkansas (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).*

- **ACTIVITY (JULY-DECEMBER)**: This goal has been met. The plan's goal is to achieve health equity and eliminate disparities in tobacco. The plan has been sent to stakeholders and to the 15% Set-Aside Advisory Committee members for feedback.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the MISRGO will present plans and suggestions for statewide implementation of programs to reduce tobacco related disparities (Data Source: Minority Sub-Recipient Grant Office [MISRGO] report).*
  - **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. During this time, the MISRGO has given two presentations to 72 attendees (at the HIV/Tobacco Symposium and a meeting with the 15% Set-Aside Advisory Committee). The presentations included information on statewide programs, imagery in minority communities, and possible advocacy work of local communities to address the removal of advertising in local areas. Although solicited, the MISRGO did not receive feedback from the attendees.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the MRC will conduct six town hall meetings focused on tobacco industry advertising in minority communities (Data Source: Minority Research Center [MRC] report).*
  - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. During FY18, the MRC hosted six town hall meetings/webinars on tobacco imagery in rural areas which consisted of the following towns: Magnolia, Gould, De Queen, Helena-West Helena, southwest Little Rock, and Pine Bluff. The meetings were advertised in the local newspapers and information postcards were mailed. Additionally, the MRC worked with MISRGO sub-grantees in the area to help with recruitment. In addition to sharing tobacco-related information within these communities, partnerships with the mayor were fostered in many of these towns.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the MRC will conduct six town hall meetings focused on tobacco industry advertising in minority communities (Data Source: Minority Research Center [MRC] report).*

- **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. Data regarding town hall meetings will be provided later in FY 2019.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the MRC will submit six open editorials to small town newspapers focusing on tobacco related issues in rural communities in Arkansas (Data Source: Minority Research Center [MRC] report).*
  - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. The MRC submitted six open editorials to the newspapers where the town hall meetings were held (Magnolia, Gould, De Queen, Helena-West Helena, southwest Little Rock, and Pine Bluff).

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the MRC will submit six open editorials to small town newspapers focusing on tobacco related issues in rural communities in Arkansas (Data Source: Minority Research Center [MRC] report).*
  - **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. Data regarding editorials to small town newspapers will be provided later in FY 2019.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the MRC will apply for one external grant opportunity focusing on tobacco related issues in minority and disparate populations (Data Source: Minority Research Center [MRC] report).*
  - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. The MRC submitted a proposal to the UAMS Winthrop P. Rockefeller Cancer Institute. While representatives of the Institute reported being very impressed with the quality of the proposal, it was not funded.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the MRC will apply for one external grant opportunity focusing on tobacco related issues in minority and disparate populations (Data Source: Minority Research Center [MRC] report).*
  - **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. Data regarding applications for external grant opportunities will be provided later in FY 2019.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the MRC will prepare one white or research paper submitted for conference abstract or publication (Data Source: Minority Research Center [MRC] report).*
    - **ACTIVITY (JANUARY-JUNE)**: Progress was made towards this goal. During this time period, the MRC was waiting for data analyses by the statistician before submission for review of publication.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the MRC will prepare one white or research paper submitted for conference abstract or publication (Data Source: Minority Research Center [MRC] report).*
    - **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. Data regarding the preparation of a white or research paper will be provided later in FY 2019.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the MRC will participate in two meetings with the Research Advisory Board for the purpose of collaboration and enhancement of MRC efforts (Data Source: Minority Research Center [MRC] report).*
    - **ACTIVITY (JANUARY-JUNE)**: While the goal of two meetings was not met, the MRC did hold a telephone meeting with the National Advisory Board who was updated on the work of the MRC. Board members were asked to review and provide feedback to enhance the future work plans of MRC members.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the MRC will participate in meetings with Advisory Boards for the purpose of collaboration and enhancement of MRC efforts (Data Source: Minority Research Center [MRC] report).*
    - **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. Data regarding Advisory Board collaboration will be provided later in FY 2019.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the MRC will increase African American male referrals by 75 to the Quitline recruited through the barber shops initiative to implement ask, advise, refer (2As and R).*

- **ACTIVITY (JANUARY-JUNE)**: There are no data to report. This is a new indicator (since January 2018), so it will take awhile to generate data.

- ***INDICATOR (JULY-DECEMBER)****: By June 2019, the MRC will distribute request for proposals (RFP) to fund research studies focused on: 1) alternative smoking device prevalence among minority youth and young adults; 2) tobacco cessation among minority pregnant women and/or minority women preparing for pregnancy, decreasing tobacco use among minority adults; and 3) decreasing minorities' exposure to secondhand smoke (Data Source: Minority Research Center [MRC] report).*
  - **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. Data regarding RFPs to fund research studies will be provided later in FY 2019.

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

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, Graduate Addiction Studies Program (GASP) staff will prepare two white or research papers submitted for conference abstracts or publication (Data Source: Graduate Addiction Studies Program [GASP] report).*
  - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. Two white papers were presented during this time period.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the GASP will recruit eight new students into their program (Data Source: Graduate Addiction Studies Program [GASP] report).*
    - **ACTIVITY (JANUARY-JUNE)**: No data were available for this indicator. Since this is a new indicator, and students are admitted in the first and third quarters of the fiscal year, it will take awhile to generate data.

- ***INDICATOR (JULY-DECEMBER)****: By June 30, 2019, the GASP will recruit a minimum of six new students into their program (Data Source: Graduate Addiction Studies Program [GASP] report).*
    - **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. Data will be reported later in FY 2019.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, the GASP will graduate a minimum of seven students from their program (total number from the May and December graduations).*
    - **ACTIVITY (JANUARY-JUNE)**: No students graduated during this time. Students graduate during the second and fourth quarters of the fiscal year. Since this is a new indicator (since January 2018), it will take awhile to generate data.

- ***INDICATOR (JULY-DECEMBER)****: By June 30, 2019, the GASP will graduate a minimum of three students from the program (Data Source: Graduate Addiction Studies Program [GASP] report).*
    - **ACTIVITY (JULY-DECEMBER)**: Progress is being made towards this goal. During this time period, one student graduated from GASP.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, GASP staff will identify and submit two grant applications (Data Source: Graduate Addiction Studies Program [GASP] report).*
    - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. During this time, two grant applications were submitted.

- ***INDICATOR (JULY-DECEMBER)****: By June 30, 2019, GASP faculty will submit a minimum of two grant applications that focus on tobacco prevention and cessation (Data Source: Graduate Addiction Studies Program [GASP] report).*

- **ACTIVITY (JULY-DECEMBER)**: This goal is in progress. Data regarding grant applications will be provided later in FY 2019.

- ***INDICATOR (JANUARY-JUNE)****: By June 2018, GASP staff will provide stipends for up to fifteen students enrolled in the GASP. Will provide specific details about stipend requirements including support activities (Data Source: Graduate Addiction Studies Program [GASP] report).*
  - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. During this reporting period, GASP awarded six stipends totaling $10,800 in the spring 2018 semester. To receive a stipend award, the student must be in good academic standing including earning a final semester grade of "B" or above in all GASP courses. Students receiving stipend awards aided the GASP in areas of student recruitment; faculty grant projects; social media projects; the presentation of an alcohol, tobacco, and other drugs awareness program to student athletes on the UAPB campus; and Red Ribbon Week activities at an elementary school in the Arkansas Delta.

- ***INDICATOR (JULY-DECEMBER)****: By June 30, 2019, the GASP will provide up to fifteen stipends to students enrolled in the GASP (Data Source: Graduate Addiction Studies Program [GASP] report).*
  - **ACTIVITY (JULY-DECEMBER)**: Progress is being made towards this goal. Ten student stipends were awarded during this time period. Students planned and organized presentations on health risks of tobacco/nicotine use for minority communities.

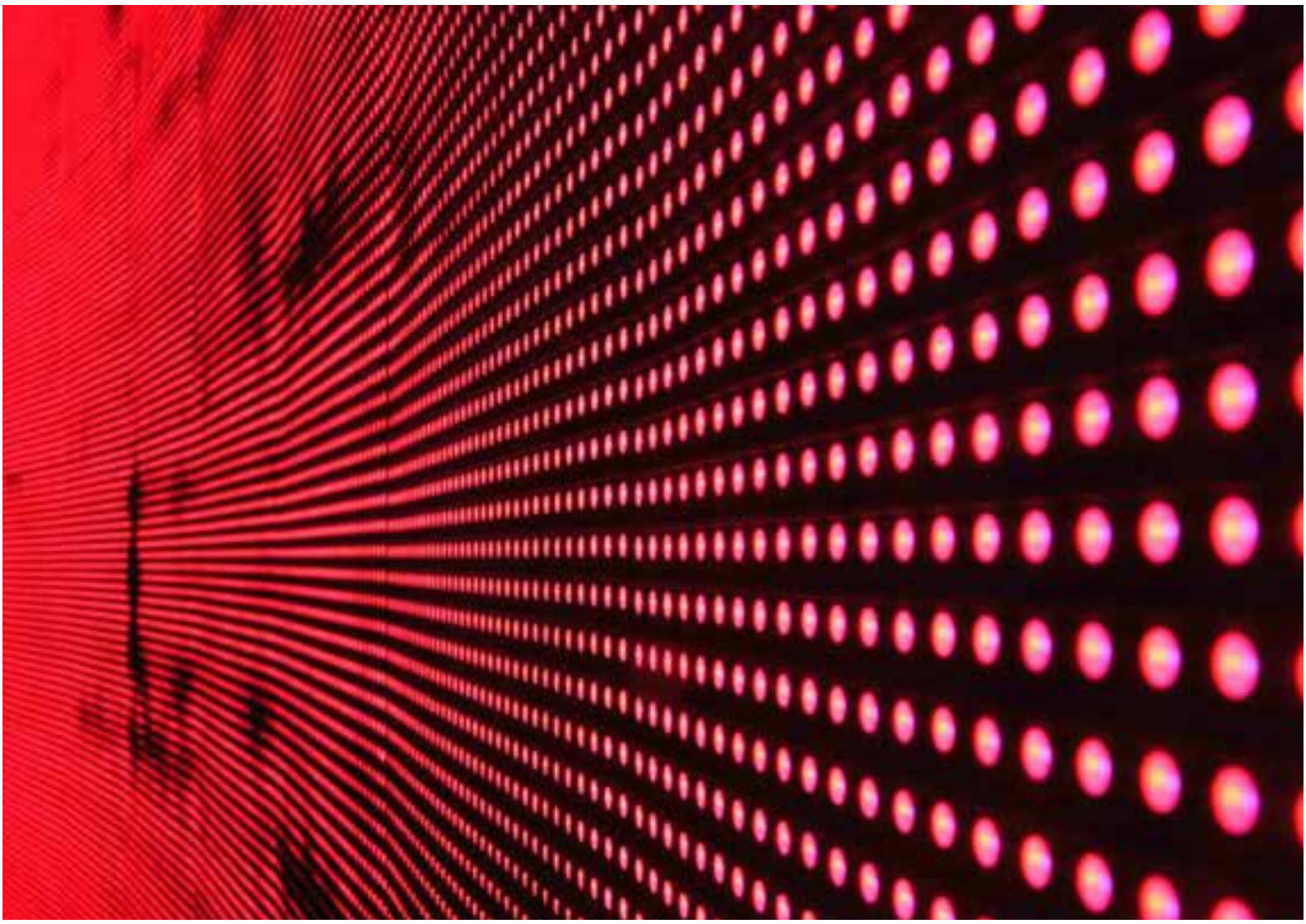
- ***INDICATOR (JANUARY-JUNE)****: By June 2018, GASP staff will identify up to six new intern sites for students (Data Source: Graduate Addiction Studies Program [GASP] report).*
  - **ACTIVITY (JANUARY-JUNE)**: This goal has been met. Six new intern sites were identified during this time period.

- ***INDICATOR (JULY-DECEMBER)****: By June 30, 2019, GASP faculty will identify and propose at least three new student internship agreements with substance use treatment facilities in*

Arkansas that are currently utilizing medication assisted therapy for tobacco products and other drugs (Data Source: Graduate Addiction Studies Program [GASP] report).

- **ACTIVITY (JULY-DECEMBER)**: Progress is being made towards this goal. During this time period, one new internship site was identified.

- ***INDICATOR (JULY-DECEMBER)****: By June 30, 2019, GASP students will visit a minimum of ten minority and high-risk communities to present current information on the health risks of tobacco and nicotine use (Data Source: Graduate Addiction Studies Program [GASP] report).*
  - **ACTIVITY (JULY-DECEMBER)**: Progress is being made towards this goal. During this time period, two presentations were made in North Little Rock at Heritage House, which is part of the North Little Rock Housing Authority. A total of 24 attendees were present across the meetings to participate in the discussion of the risks of tobacco and nicotine use.



TPCP Testimonials

Sub-grantee Kickoff: Reflections from TPCP Staff and Sub-grantees

Conversations were held with Tennille Stanger, Community Outreach and Prevention Section Chief, on the goals of the kickoff event held on August 22nd and Jessica Ealy, Health Equity and Cessation Coordinator, about her role with the TPCP.

Ms. Stanger relayed, "This is the kickoff event for our sub-grantees. It happens every year . . . the TPCP provides sub-grantees with the resources they need to carry out their work plan activities." Additionally, she noted that each sub-grantee has an individual work plan and works within the community they serve to engage different groups in order to achieve work plan goals. "This is the time at the beginning of the fiscal year where we can get everyone together to provide direction and resources and to ensure we are all on the same page about action steps when moving forward to implement interventions throughout the year."

Ms. Ealy provided a brief summary of her position and experiences with the TPCP, "I'm a health program specialist with the TPCP. I primarily function as the lead for identifying and providing technical assistance on emerging trends in tobacco and nicotine products, advertisements, pricing, placement, and distribution. I also manage the work plan activities and grant reporting for two of our sub-grantees, Arkansas Children's Hospital Brief Tobacco Intervention and Arkansas Cancer Coalition." Ealy stated, "Tobacco prevention is one of our nation's most successful public health initiatives, so I thought it would be a great experience to begin my public health career in this vital area of the field."

A representative of one sub-grantee group discussed the importance of the kickoff event and their group's overall work in the state, “This meeting gives us a good baseline of where we need to focus on for the year. Today has been very informative. I've learned a lot already. . . . We focus on prevention and work with schools, and that's such a big and important part. Because if we can stop kids from smoking, we can stop smoking in the country. We also do a lot of policies. We work with faith-based and housing mostly, smoke-free/tobacco-free policies. . . . [This work] is really important. I have three kids, and I don't want them to smoke and vape. We've lost family members from lung cancer, and I just want to prevent them from starting. I'm paid to prevent that, and that's what I do, not just for my kids, but for all kids.”

Tobacco Settlement Medicaid Expansion Program (TS-MEP)

Mary Franklin, Director, DHS Division of County Operations

UCA ATSC Evaluator: Joseph Howard, PhD

Arkansas Department of Human Services

Tobacco Settlement Medicaid Expansion











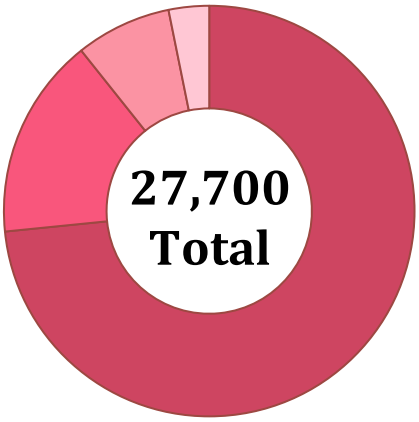
VITAL SUPPORT SERVICES

TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM (TS-MEP)

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Tobacco Settlement Medicaid Expansion

SERVING VULNERABLE POPULATIONS

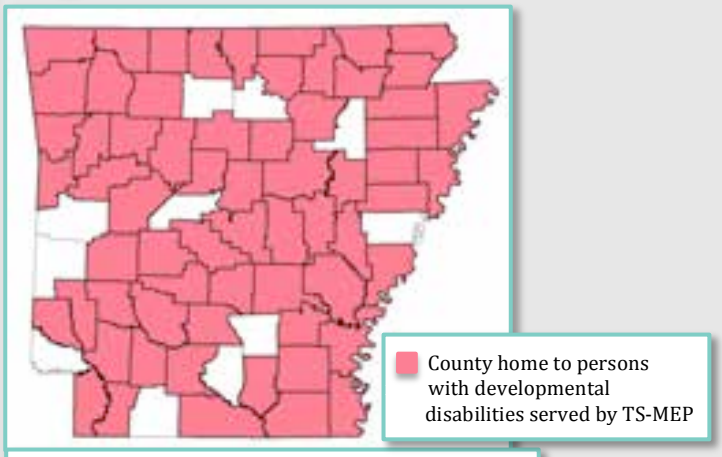
Number of Arkansans Benefitting from TS-MEP Services



- Seniors - 20,334
- Pregnant Women - 4,399
- Extended Hospital Coverage - 2,086
- Developmental Disabilities - 881

Increased coverage by 3.8% from 2017 levels

DD POPULATION



Throughout 2018, TS-MEP **served 881 individuals** with developmental disabilities across 64 of 75 counties—highlighted in pink.

ECONOMIC IMPACT

Total claims paid were $31.2 million, which leveraged $19.7 million in federal Medicaid matching dollars.

TS-MEP Evaluator Summary & 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 (a) adults with intellectual and developmental disabilities and (b) 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.

Economic Impact: From January 2018 to December 2018, total claims paid for the TS-MEP populations were nearly $31.2 million. The Tobacco Settlement funds were also used to pay the state share required to leverage federal Medicaid matching funds. This amounted to more than $19.7 million in federal matching Medicaid funds.

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. As noted, there have been some challenges in reporting; however, the DHS is working to accurately reflect the use of TS-MEP funds.

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

EVALUATOR COMMENTS

The TS-MEP has been impacted by the significant changes in the healthcare system. In 2018, the three initial populations (Pregnant Women Expansion, ARSeniors, and Hospital Benefit Coverage programs) had significant increases or decreases due to issues with reporting. With these corrections, the PWE and ARSeniors should better reflect the services provided to these individuals using TS-MEP funds. The Hospital Benefit program will still need to address the issue in reporting to ensure this number is valid. With the new population (persons with developmental disabilities), progress has been made and reductions have been made to the waiting list as these individuals are provided with community and home services.

TS-MEP Performance Indicators and Progress

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

LONG-TERM OBJECTIVE

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

- ***Indicator****: Demonstrate improved health and reduced long-term health costs of Medicaid eligible persons participating in the expanded programs.*
    - **Activity**: With the implementation of the Arkansas Works program, more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term impact will be limited compared to the influences outside of the TS-MEP. From January 2018 to December 2018, the TS-MEP provided expanded access to health benefits and services for 27,700 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is an increase from 26,646 persons served in 2017. The indicator was met.

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****: Increase the number of pregnant women with incomes ranging from 138-200% of the FPL enrolled in the Pregnant Women Expansion.*

- **ACTIVITY**: Between January 2018 and December 2018, there were 4,399 participants in the TS-MEP initiative Pregnant Women Expansion program. This program provides prenatal health services for pregnant women with incomes ranging from 138–200% FPL. The TS-MEP funds for the Pregnant Expansion program totaled $4,848,224 in 2018. With the implementation of Arkansas Works and other healthcare options provided through the federally facilitated marketplace for this population, a significant decline in the number of participants in the TS-MEP Pregnant Women Expansion program was anticipated. However, there was a significant increase of women served in 2018. This significant increase was due to a reporting error identified by DHS, which caused an underreporting previously in the number of women being served by PWE. The indicator was met.

- ***INDICATOR**: Increase the average number of adults aged 19-64 years receiving inpatient and outpatient hospital reimbursements and benefits through the Hospital Benefit Coverage.*
  - **ACTIVITY**: From January 2018 to December 2018, the TS-MEP initiative Hospital Benefit Coverage increased inpatient and outpatient hospital reimbursements and benefits to 2,086 adults aged 19-64 by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. This is a significant decrease from the number of adults served in the previous year. Please note that due to changes in the DHS reporting data warehouse, the number of participants for this program is still being validated. In 2018, TS-MEP funds for the Hospital Benefit Coverage totaled $5,882,878. With the changes in data reporting, this indicator was not met.

- ***INDICATOR**: 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**: The ARSeniors program expanded Medicaid coverage to 20,334 seniors between January 2018 and December 2018. This was a significant increase from 2017. In previous reports, the DHS did not include AR Seniors participants that were also Medicare recipients. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered

by Medicare are available to ARSeniors. Examples of these benefits are nonemergency medical transportation and personal care services. TS-MEP funds for the ARSeniors program totaled $14,267,921 in 2018. The indicator was met.

- ***INDICATOR:*** *Increase the average number of persons enrolled in the Developmental Disabilities Services, Community and Employment Supports (ECS Waiver) and note the number of adults and children receiving services each quarter by county.*
    - **ACTIVITY:** In 2018, many individuals were allocated waiver slots and provided services as this new population began to be fully served. These were increases in waiver slots and services each quarter. In the first quarter, 321 individuals were allocated waiver slots with 117 individuals provided services. In the last quarter, 417 individuals were allocated waiver slots and 306 individuals were provided services using TS-MEP funds. In 2018, services were provided to individuals in 64 of the 75 counties in the state. TS-MEP funds for the CES waiver program totaled $6,158,422 in 2018. This indicator was met.

UAMS Centers On Aging (UAMS-COA)

Jeanne Wei, MD, PhD, Director (Outgoing)

Angela Norman, DNP, GNP-BC, Director (Incoming)

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

UCA ATSC Evaluator: Ed Powers, PhD













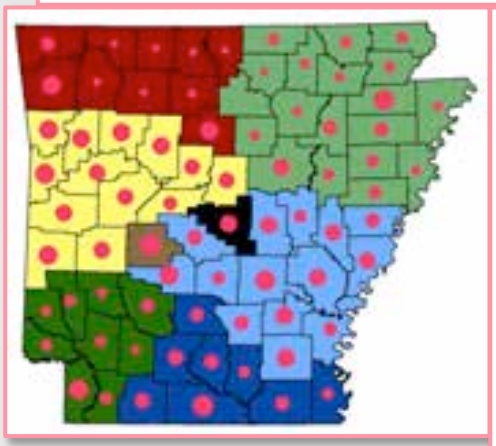
Aging Never Looked So Good

UAMS Centers on Aging (UAMS-COA)

UAMS
Donald W. Reynolds Institute on Aging

Lifelong Learning

The UAMS-COA reported **128,743 community education and exercise program encounters** in 2018. The map illustrates these encounters per county. The photographs highlight an educational session on Parkinson's disease at the Texarkana COA, and an exercise class held at the South Arkansas COA.



- Community education and exercise program encounters per county in 2018 – *Larger dots represent more encounters; smallest dots represent 1-8 encounters.*
- Northwest Regional service area
- Northeast Regional service area
- West Central Regional service area
- Oaklawn Regional service area
- UAMS service area
- South Central Regional service area
- Texarkana Regional service area
- South Arkansas Regional service area

Quality Care

The UAMS-COA assisted local healthcare providers in maintaining Senior Health Clinic encounters through continued positive relationships. In all, the UAMS-COA **reported nearly 29,000 encounters** at clinics, nursing homes, and inpatient facilities.

14,488 education encounters with healthcare professionals and students

25,571 Health Clinic Encounters

2,162 Nursing Home Encounters

1,260 Inpatient Encounters

Economic Impact

$6.6 Million Leveraged

The UAMS-COA leveraged monies from a variety of sources including **volunteer hours and donations totaling $305,565.** Overall, the UAMS-COA leveraged more than **$4 for every ATSC $1.**

UAMS-COA Evaluator Summary & Comments

Program Description: The purpose of the UAMS Centers on Aging (UAMS-COA) 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.

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

Another way to assess the economic impact of UAMS-COA directives is to consider the high costs of long-term care. One of the most consistent objectives across COA programs is to keep seniors healthy enough to remain independent as long as possible. Through its work with older adults across the state, the UAMS-COA is able to identify the most critical threats to independence and implement solutions that help offset those threats. UAMS-COA initiatives to improve in-home caregiving, prevent falls, and address food insecurity are all examples of strategies aimed at preserving independence and maintaining seniors in their homes longer. It is easy to see the economic savings associated with the UAMS-COA strategy relative to the high average daily cost of long-term care ($169 per day average for nursing homes in Arkansas according to the Genworth Cost of Care survey, 2018).

The UAMS-COA receives slightly more than 3% of ATSC funds annually (approximately $1.7 million for calendar year 2018). This relatively small funding stream provides a broad range of services to the state including:

- Training healthcare providers to respond to the unique needs of seniors;
- Preparing workers for the emerging geriatric services sector;
- Directing older Arkansans to appropriate clinical services;
- Elevating community awareness about aging;
- Helping older Arkansans stay in their homes and age-in-place;
- Providing health enrichment activities for older Arkansans; and
- Attracting grant funding to improve geriatric healthcare approaches.

Overall, COA programming enhances the quality of life for older adults in Arkansas by prioritizing geriatric healthcare, by providing opportunities for seniors to continue being active, and by helping to ensure a sufficient number of qualified workers to staff the growing geriatric services sector. Quality of senior healthcare is an important determinant in retirement decision-making. The UAMS-COA is positioned to help Arkansas enhance senior health and advance its current low position in national rankings of desirable states to retire (McCann, 2019). The ability to attract and retain healthy retirees is likely to become a more pressing economic concern in future years as larger cohorts of baby boomers reach retirement age.

CHALLENGES: The UAMS-COA faces a number of important issues related to the operation of both clinical and educational aspects of its mission.

- Ongoing transitions in the national healthcare model continue to be the primary challenge to the clinical aspects of this agency's mission. The UAMS-COA continues targeting better ways to ensure that seniors in Arkansas have the best possible access to healthcare services in places where Senior Health Clinic access is unavailable.
- Successfully expanding the basic UAMS-COA model has been more difficult in the resource-deprived and sparsely populated portions of the state. More effort is needed to find efficient and effective delivery models for serving seniors in impoverished, hard-to-reach communities in the state.

- The agency does not currently have the data collection and data processing capacity needed to fully assess program outcomes. Updating the agency's existing database is a necessary first step for monitoring routine COA activities. Another step involves forming partnerships with other agencies who have the capacity to review evidence on exercise and educational outcomes related to specific activities and programs offered by COAs.
- 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.
- Finding the time and other resources necessary to keep current with best practices in geriatric care is another ongoing challenge. It is especially challenging to establish practices that work well specifically for Arkansans.
- The agency must continue to confront issues related to new leadership and rebranding (the change from the AAI to the UAMS-COA).
- The agency continues to deal with the paucity of specially trained geriatric physicians in the state. The retirement of board certified geriatrician Dr. Dale Terrell is likely to impact the South Central COA.

Overall, the UAMS-COA recognizes its key challenges and appears to be actively formulating strategies to address them.

OPPORTUNITIES: Dr. Angela Norman was named the new director of the UAMS-COA. Her training along with a legacy of work with state agencies and nonprofit organizations across the region should ensure a continuation of quality leadership for the Centers on Aging.

During 2018, the UAMS-COA was able to offer at least minimal services to residents in 74 of the 75 counties in Arkansas. The agency continues to advance its approach to technology through the use of Blackboard Collaborate to expand educational programming throughout the state. Also related to advancing the use of technology, the UAMS-COA is working to complete a new database that will make it easier to track activities and services provided to support seniors across the state. Finally, it is important to note that the UAMS-COA is capitalizing on opportunities to establish or sustain a number of partnerships that contribute positively to the health of older Arkansans. For example, in 2018 the UAMS-COA:

- Worked with multiple state partners to increase awareness of senior hunger and develop strategies for reducing food insecurity across the state;
- Developed programs to ensure statewide antibiotic stewardship for long-term care in partnership with the Arkansas Healthcare Association, the Office of Long-term Care at the DHS, and the Arkansas Department of Health;
- Provided training in chronic pain self-management through a partnership with the Arkansas Cooperative Extension Services;
- Partnered with the Arkansas Coalition for Obesity Prevention to provide immersion training aimed at creating healthier lifestyles and healthy aging;
- Sustained partnerships with the Arkansas Healthcare Association and Arkansas Quality Partners to secure better outcomes among older Arkansans living with dementia;
- Continued working with Arkansas Care Transitions to reduce hospital readmissions among older adults;
- Dr. Jeanne Wei will be leading the COAs in grant activities in partnership with the Arkansas Department of Health to promote an evidence-based physical activity program for older adults living with arthritis. She also has taken the lead on another grant to improve education related to opioid use problems among the elderly throughout the state;
- Implemented evidence-based STEADI (Stopping Elderly Accidents, Deaths, and Injuries) training/protocol with Access Medical Clinics. For patients 65 years and older identified as at-risk for falls, quality measures over a three month period improved from 20% to 100%; and
- The UAMS-COA initiated a partnership with the DHS to create a statewide caregiver coalition to offer caregiver training, respite training, and support groups.

EVALUATOR COMMENTS

The evidence presented suggests that the UAMS-COA continues to advance the state's agenda for successful senior health services, knowledge, and programming. During 2018, the agency continued senior health improvement efforts by:

- Creating alliances between nonprofit, for-profit, and state-funded agencies to better address the needs of older adults in Arkansas;

- Providing a broad range of educational and exercise opportunities to seniors in the state;
- Educating communities about chronic disease prevention and management options;
- Recognizing the necessity of fall prevention education for seniors and mobilizing resources to meet the need;
- Raising awareness of key senior health issues among Arkansas healthcare providers;
- Focusing on dementia care and building dementia-friendly communities;
- Raising awareness about food insecurity among seniors; and
- Developing senior home healthcare training and resources for Arkansas.

Overall, the UAMS-COA exceeded performance expectations during this reporting period. The agency has met short-term goals and is maintaining momentum toward its long-term goals.

UAMS-COA Performance Indicators and Progress

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

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

- ***Indicator****: Provide multiple exercise activities to maximize the number of exercise encounters for older adults throughout the state.*
    - **Activity**: A total of 20,966 exercise encounters with aging Arkansans were facilitated by the UAMS-COA during 2018. Multiple exercise opportunities have been offered at a broad range of times and across many counties in the state. This indicator has been met.

- ***Indicator****: Implement at least two educational offerings (annually) for evidence-based disease management programs.*
    - **Activity**: The UAMS-COA continued to provide evidence-based educational offerings that address a range of health issues related to aging. In 2018, a total of 107,777 education encounters were counted across various events and communities throughout Arkansas. Much of the education in 2018 was aimed at fall prevention (STEADI—Stopping Elderly Accidents, Deaths, and Injuries), healthy diets (Cooking Matters), managing diabetes (using the Diabetes Empowerment Education Program), and understanding dementia. All of these are evidence-based programs designed to

target specific problems that the UAMS-COA directors have identified among seniors living in Arkansas. This indicator has been met.

- ***INDICATOR**: On an annual basis, UAMS Centers on Aging will obtain external funding to support programs in amounts equivalent to ATSC funding for that year.*
    - **ACTIVITY**: The UAMS-COA and its affiliates continued to be productive in securing external funding. The largest stream of external funding in 2018 was derived from community foundations (Oaklawn and Schmieding), which provided $4,463,775 to support the Oaklawn COA and the Schmieding Center endowments. An additional large portion of external funding included the $1,664,593 raised from five different grants to support UAMS-COA programming. The bulk of this funding streamed from a Schmieding Home Caregiver Training grant that comprised $1,612,943 or about 97% of the grant funding this year. However, the UAMS-COA was also able to obtain a number of additional grants from agencies including the United Way, Delta Dental, SHIIP, and the Merkle Foundation. Aside from community foundations and grants, other external funding streams in 2018 included $216,318 gained through contractual service agreements, $278,981 from hospital and community partner donations, $456,000 in UAMS core support, and an estimated $26,584 worth of volunteer hours supplied to COAs. Overall, the UAMS-COA leveraged $6,650,251 in external funding during 2018. This amounts to more than four times the $1,695,778 in funding for the 2018 calendar year provided through the ATSC. This indicator has been met.

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**: Assist local healthcare providers in maintaining the maximum number of Senior Health Clinic encounters through a continued positive relationship.*

- **ACTIVITY**: The UAMS-COA recorded 25,571 Senior Health Clinic encounters during this reporting period. The UAMS-COA also added 2,162 nursing home encounters and 1,260 inpatient encounters during 2018. This indicator has been met.

- ***INDICATOR****: Provide education programming to healthcare practitioners and students of the healthcare disciplines to provide specialized training in geriatrics.*
    - **ACTIVITY**: The UAMS-COA produced educational presentations and in-service training opportunities attended by 7,238 medical professionals and paraprofessionals during 2018. The UAMS-COA also provided educational encounters with 7,250 healthcare students in the state. This indicator has been met.

- ***INDICATOR****: Provide educational opportunities for the community annually.*
    - **ACTIVITY**: The UAMS-COA generated 107,777 community education encounters across Arkansas during this reporting period. This indicator has been met.

- ***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**: Planning for the 2019 fiscal year began in March 2018 with a meeting of COA directors who were asked to consider the specific health problems of the region served by their agencies. The planning process was completed in June 2018, and a list of prioritized problems and interventions was generated. The list included a continued emphasis on diabetes, a renewed emphasis on management of cardiovascular disease, and a newly elevated emphasis on fall prevention. The agency also continued pursuing objectives related to dementia education and food insecurity. This indicator has been met for 2018.

UAMS-COA Testimonials

The COA participants reported a number of positive outcomes illustrating the impact of the agency on individual lives. Here are a few examples of what people said about UAMS-COA:

- Schmieding (West Central) COA: "The presentation was extremely informative and professional. The speaker exhibited a great deal of patience and empathy in explaining the various issues and aspects of a complicated medical problem. It was delightful to be with her as she enlightened the audience with all the complicated aspects of Alzheimer's and dementia."
- South Central COA: "This is the best training I've ever had. I learned all of this in my CNA training I had years ago. We were taught a lot more detail in this class. I wish I had been through this one first."
- Schmieding (West Central) COA: "A student from the Schmieding Home Caregiver Training program graduated recently with funding provided by the DHS and the Goodwill program. She was a SNAP (food stamp) recipient and was able to attend our program free due to this funding opportunity. After she completed her training, she took and passed her CNA exam then applied for a job in a local nursing home in Jonesboro. She was hired with an hourly salary of $14 an hour."

Participants of Schmieding Home Caregiver Training program

- COA Northeast (in conjunction with diabetes education initiative): "I would have never had the opportunity to have this lab work had [COANE] not come out and set up and made it so accessible. Thank you. This might have just saved my life."
- South Arkansas COA: "I have been out of commission for awhile and have truly missed the programs SACOA provides. The programs give me encouragement to live a healthier life, get out of my house and be around others. I appreciate [SACOA] providing these programs for us because they help keep us on our toes."

UAMS East Regional Campus

Becky Hall, EdD, Director

Stephanie Loveless, MPH, Associate Director

UCA ATSC Evaluator: Jacquie Rainey, DrPH, MCHES

Developments From The Delta

UAMS East Regional Campus

UAMS East Regional Campus

Youth Development

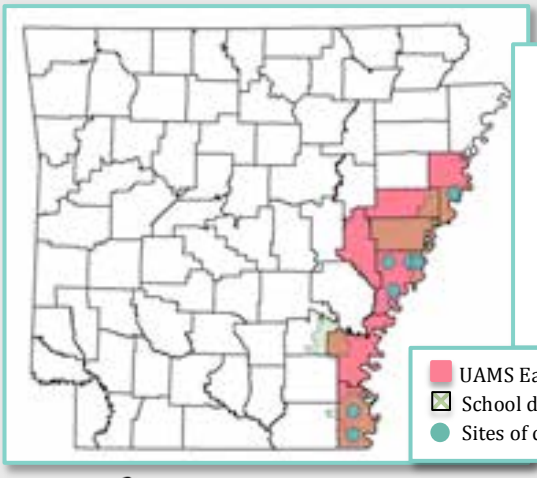
2,679 student encounters in pre-health professions activities; 27,247 youth education encounters

Serving Community

1,844 Health Screenings

8,011 Consumers of Medical Library

Partnering with Phillips County Opioid Task Force—64 agencies and community members



The UAMS East Regional Campus reported more than **27,000 community education encounters for youth** through programs like Kids for Health. They also reported nearly **35,000 community exercise encounters**. The map illustrates the 7-county service area (in pink), highlighting (a) the five school districts where Kids for Health programs were hosted (green hash marks) and (b) the seven communities where exercises programs were held (green dots).

Medical Center

Family Medical Center in Helena reported an average of 1,000 patient visits and 70 new patients per quarter.

Economic Impact

Leveraged $140,000 through grants and support from Arkansas Coalition Against Sexual Assault

UAMS East Regional Campus
Evaluator Summary & 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 (AHEC) 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 a primary care provider in underserved counties.

Economic Impact: The UAMS East Regional Campus received a little over $1,470,000 from the Arkansas Tobacco Settlement this calendar year. Additional support for the UAMS East Regional Campus activities came from a contract with Arkansas Coalition Against Sexual Assault (ACASA) to provide rape crisis services in the amount of $42,750. The UAMS East Regional Campus also received several grants. The Walton Foundation awarded the UAMS East Regional Campus a $64,000 grant for the Teen Pregnancy Prevention Program. Other grants included a Giving Tree grant, Arkansas Minority Health Commission grant, and the Arkansas Healthy LIFE matching grant in the amount of $35,342.

The additional impact of the healthcare services provided at the clinic and the prevention of disease and disability that has been enhanced through community health education cannot easily be quantified. Whether or not prevention and early detection of disease saves money is still up for debate. However, we do know that prevention and early detection of disease improves health outcomes and improves quality of life. The UAMS East Regional Campus has been doing this in a very efficient manner.

CHALLENGES: Providing educational programs in the community continues to be a challenge with limited staff. Efforts have been underway to prioritize programs and concentrate resources in areas of greatest need and potential benefit. The family practice medical clinic is still establishing a presence in the community and building up the practice. Although located in an underserved area, developing a new clinic and a new patient population has been a challenge.

OPPORTUNITIES: This year there were opportunities to partner with new organizations including the Student National Pharmaceutical Association and Student National Medical Association from the UAMS to host *Raising Exposure & Awareness of Careers in Health* (REACH) Delta for high school students. The UAMS East Regional Campus is partnering with the Phillips County Opioid Task Force, made up of 64 local agencies and community members, to combat the opioid epidemic in the county. New partnerships have been developed to recruit and retain health professionals in the Delta area.

EVALUATOR COMMENTS

Two indicators were eliminated this year as the programs they were measuring were discontinued. Four indicators were modified to reflect the new focus on providing direct clinical services and education rather than community-based education and health promotion. The addition of clinical services required the redistribution of staff and resources and thus a revision to existing indicators. However, the changes to these indicators will not go into effect until calendar year 2019. The indicator related to the number of screenings is an example of an indicator that was not met this year. This indicator was not met due to a reduction in staff

available to conduct screenings, and has been revised to reflect this change for 2019. Overall, The UAMS East Regional Campus has been providing healthcare and health education and disease prevention to citizens in the Delta region of Arkansas. They have been successfully working with schools and the community to reduce the risk of drug use and teen pregnancy, providing opportunities to practice healthy lifestyles through exercise and nutrition education, providing secondary prevention through early detection of risk factors for disease, and offering a medical home for patients in this medically underserved region of the state. The UAMS East Regional Campus has met its goals to recruit and retain healthcare professionals and to provide community-based healthcare and education to improve the health of residents in the Delta.

UAMS East Regional Campus Performance Indicators and Progress

Overall Program Goal: To recruit and retain health care professionals and to provide community-based health care and education to improve the health of the people residing in the Delta region.

LONG-TERM OBJECTIVE
Increase the number of health professionals practicing in the UAMS East Regional Campus service areas.

- ***Indicator****: Increase the number of students participating in UAMS East Regional Campus pre-health professions recruitment activities.*
    - **Activity**: Skill building camps such as M*A*S*H, CHAMPS, and Club Scrub were continued this year for approximately 100 students interested in learning about healthcare careers. Other activities included A Day in the Life, Health Explorers and presentations about healthcare careers to school and community groups as well as career fairs. In 2018, there were 2,679 student encounters compared to 4,236 in 2017. This was a decline of 37%. The focus of recruitment changed this year, with more emphasis on college students preparing for graduate programs in medicine or other healthcare professions. These activities are usually conducted one-on-one rather than as a group, thus decreasing the number of students served. This indicator was not met.

- ***Indicator****: 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**: In 2018 there were 39 students who received assistance. These were students in programs of nursing, dietetics, and medicine. This was an 18% increase over the number of students who received assistance in 2017. This indicator was met.

SHORT-TERM OBJECTIVE

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

- ***INDICATOR****: Increase or maintain the number of clients receiving health screenings, referrals to primary care physicians, and education on chronic disease prevention and management.*
    - **ACTIVITY**: The total number of health screenings conducted this year was 1,844. Of those screened, 1,035 screenings were determined to be abnormal and participants were counseled regarding their results and referred to a healthcare provider for follow-up. These screenings were held in numerous locations and various venues including worksites, schools, senior centers, and community outreach centers. This outreach enabled many participants to be screened for a potential health condition that might not have been seen by a healthcare provider at a clinic. Screenings provided at different events included: blood pressure, cholesterol, BMI, waist circumference, PSA blood tests, HIV and breast cancer screening. The number of community-based screenings conducted in 2018 was down by 20% from 2017, when 2,291 screenings were performed. This indicator was not met.

Blood Pressure - 294	Cholesterol - 220
Glucose - 66	BMI - 76

Table 1. Abnormal Screenings Results for Selected Tests.

- ***INDICATOR****: Maintain a robust health education promotion and prevention program for area youth and adults.*
    - **ACTIVITY**: A strong health education and promotion program was continued in the UAMS East Regional Campus service area. The number of youth encounters was 27,247 while 2,777 adult encounters were reported by the various programs. Programing efforts included education on smoking cessation, diabetes, nutrition and cooking, exercise, parenting, CPR certification and Basic Life Support, teen

pregnancy prevention, child safety, and lifestyle balance and choices. The total number of encounters was down, for both the adults and youth, by approximately 18%. However, over 30,000 educational encounters provide evidence of a robust community education program. This indicator was met.

- ***INDICATOR**: Increase the number of clients participating in exercise programs offered by UAMS East Regional Campus.*
    - **ACTIVITY**: Fitness center encounters were increased this year by 14%. This increase reflected a total of 30,684 encounters with clients at the Helena Fitness Center. The number of community-based encounters remained relatively stable with 34,905, up slightly from the previous year of 34,039. This indicator was met.

- ***INDICATOR**: Provide crisis assistance to rape victims as needed.*
    - **ACTIVITY**: There were 173 calls/texts to the hotline and approximately 300 youth educated on healthy relationships, cyber-bullying, and sexual assault. This indicator was met. This program was discontinued in September 2018.

- ***INDICATOR**: Increase or maintain the number of clients in Chicot and Phillips counties receiving prescription assistance.*
    - **ACTIVITY**: This indicator was not met. This program was discontinued in December 2017.

- ***INDICATOR**: Provide medical library services to consumers, students, and health professionals.*
    - **ACTIVITY**: Library services were provided to 7,696 consumers, 93 healthcare providers, and 222 students. This is a decrease from the 8,984 patrons served in 2017. This indicator was met.

- ***INDICATOR**: Plan and implement a Rural Residency Training Track for Family Medicine in Helena, in partnership with the UAMS South Central residency program.*

- **ACTIVITY**: The planning for the Residency Training Track is well under way. The UAMS East Regional Campus will begin the application process for the Rural Residency Training Track in Family Medicine in early 2019. This indicator is in progress.

- ***INDICATOR****: Provide targeted clinical care in Helena.*
  - **ACTIVITY**: In late 2017, the UAMS East Regional Campus in Helena opened the Family Medical Center to expand clinical and education services in the Delta. A full-time family practice physician and staff operate the clinic. Since the clinic was opened there have been a number of changes. The inaugural physician left the practice and was replaced in April 2018 with a new physician who did not have an established practice. Therefore, a dedicated effort has been made this year to market the clinic to the local community. The clinic serves as a patient-centered medical home where patients can be referred to two health coaches for smoking cessation, weight loss, chronic disease management, a registered dietician for diabetes education and nutritional counseling, and an APRN certified diabetes educator for counseling. During the last quarter, the clinic had 936 patient visits with approximately 60 new patients. This indicator was met.

- ***INDICATOR****: Provide diabetes education to community members and increase the proportion of patients in the diabetes clinic who maintain an A1C below seven.*
  - **ACTIVITY**: Diabetes education has continued through the clinic as well as the community-based diabetes prevention program. Diabetes education and nutrition counseling were provided monthly through the services of a contracted registered dietician. The diabetes education classes were four weeks long and included a pre and post-class A1C measure. There were a total of 52 patient encounters related to diabetes with 122 HbA1C tests performed. Fifty-three percent of those tests were elevated above the recommended level of seven. Although diabetes education was provided, the proportion of patients that maintained an A1C at the recommended level was less this year than last year. Therefore this indicator was not met.

UAMS East Regional Campus Testimonial

Praise from Clients and Community Partners

- Smoking Cessation Client, Marianna: "I have smoked for over 55 years and spent the majority of my paycheck on cigarettes. I am now saving my money that I spent to buy a car to get to work instead of riding my bike. I appreciate help and encouragement in quitting."
- Health Coaching Client, Kelly Leopard: "Thanks for working with me and Todd. I didn't understand what we needed to do to help him lose weight or even how to begin this process. You have given us some great information and idea of where to begin. He has to lose this weight, and we are going to give this all our effort."
- Third Grade Student, Carson Woods: "Thanks for sending our Kids for Health teacher. We love Kids for Health. My favorite was learning about the heart. We enjoyed learning how to take care of our bodies."
- James Patrick Smith, Helena Chief of Police: "Dear Mrs. Boyd, on behalf of the Helena-West Helena Community and Helena-West Helena Police Department, I would like to thank you and your organization for helping make our second Blue Line Picnic a success. I have heard many great things from visitors, community members, and community leaders. Thank you for making this event successful."
- Christy Standerfer, PhD, Faculty Director, University of Arkansas Clinton School of Public Service: "Emily, Jason, and I appreciate very much [the UAMS East Regional Campus's] willingness to help us with our research related to prioritizing diabetes in Arkansas. As we indicated, we will be sharing ideas from various meetings we held across the state with the Chronic Disease Prevention and Control Branch at the Arkansas Department of Health and will be following up in early fall with those who attended meetings. Thanks again and have a most lovely summer!"

Participants at Diabetes Education program

CONCLUSION

Throughout 2018, efforts of ATSC-funded programs have improved the overall health and well-being of Arkansans. This report has shown (1) the collective impact of program efforts, (2) how program efforts contribute to a Culture of Health, (3) and individual program progress according to ATSC-approved indicators. To conclude this report, we review the full economic impact of ATSC funds in the state; synthesize challenges, opportunities, and evaluator comments across programs; and return to the Culture of Health conversation to summarize lessons learned through our exploration of efforts by ATSC-funded programs.

Review of Economic Impact

In 2018, ATSC-funded programs were awarded more than $47 million to carry out their vital work to improve health and well-being in the state. Not only did these programs make great strides towards improved health and well-being, they also leveraged $77.3 million in extramural funds, for a return of $1.64 for every ATSC dollar invested. ATSC funds also supported hundreds of jobs in the state and one start-up enterprise. Further, healthcare costs have been affected by decreases in smoking and tobacco use prevalence, an increase in medical coverage, a continued commitment to providing preventative health services and ensuring that older Arkansans remain independent as they age—all of which contribute to lower hospitalization rates, fewer seniors utilizing long-term services, and overall reductions in healthcare costs.

Overall, investment of ATSC funds in the state has bolstered community development and contributed to a Culture of Health. Program efforts helped to, among other things, improve walkability and food access, inspire behavior changes, enhance community conversations, develop student and youth leaders, engage cross-sector partners, address needs of vulnerable and marginalized populations, and reduce overall healthcare costs. Most importantly, ATSC-funded programs reached across every county to improve the health and well-being of Arkansans; their full economic impact is immeasurable.

Synthesis of Program Challenges and Opportunities

A synthesis of challenges reported by ATSC-funded programs showed primary problems related to funding, staffing, and program implementation and tracking. Though the list below is not exhaustive, these challenges represent the most significant barriers noted by one or more ATSC-funded program:

- Budgetary constraints and limited opportunities to attain extramural funds,
- Difficulties associated with retirement and resignation of program administrators and employees,
- Lack of specially trained physicians in geriatrics,
- Limited staff and retention in rural areas,
- Restricted ability to provide health and education services in rural areas,
- Complications in implementation of new programs and services,
- Transition of services and performance measures given competing state-level programs,
- Changes in national and state policy affecting provisions and models for service, and
- Lack of ability to fully assess program outcomes.

Although ATSC-funded programs faced many challenges in 2018, leaders across these organizations were diligent in formulating and employing solutions—and have seen success in their efforts. For example, the state tobacco Quitline vendor ended their contract with the Tobacco Prevention and Cessation Program (TPCP), and the TPCP implemented the Be Well Arkansas Call Center (Be Well) to act as the state's tobacco Quitline. Unforeseen technical issues made transitioning to Be Well problematic, but after persistence by TPCP staff, the technical issues were resolved and successful transition took place in early November. Between November and December, more than 1,300 calls were made to the new Quitline, with 305 individuals gaining enrollment in a counseling program for tobacco cessation.

A synthesis of opportunities reported by ATSC-funded programs revealed primary prospects related to new and increased partnerships, unique health provider training activities, and continued commitment to serve vulnerable Arkansans. The list below encompasses the major opportunities faced by ATSC-funded programs in 2018:

- New research opportunities developed through partnerships and grant awards,
- An increase in partnerships with community-based organizations,

The formation of the Arkansas All-Payer Claims Database opens up a multitude of unique research opportunities for Arkansas Biosciences Institute.

- Enhanced access to health services for underserved populations in minority and rural communities,
- Unique training and advocacy opportunities for public health workers (including pharmacists) and community partners,
- Growing commitment to youth engagement in tobacco prevention and cessation activities across multiple programs,
- New avenues for health communications via multimedia platforms,
- Increased push for using technology (e.g., Blackboard Collaborate and telehealth counseling) to reach vulnerable communities and population groups as well as track program activities and outcomes,
- Establishment of programs and partnerships to address antibiotic and opioid use, and
- Continued commitment to provide better outcomes (like food security) for populations with the greatest needs.

Several opportunities reported by programs directly addressed challenges noted above. For example, the challenge of reaching those in rural areas was addressed, in part, with the debut of a new mobile health unit. The challenge of assessing program outcomes was addressed with the development of a new database. The challenge of budgetary constraints was addressed through an establishment of new cross-sector partnerships—and associated networks and resources.

Debut of mobile health unit
Photo Credit: THV11 Digital

Synthesis of Evaluator Comments

ATSC-funded program evaluators at the University of Central Arkansas provided summary comments about their respective programs. Evaluators highlighted topics previously mentioned in the section on challenges and opportunities, like transitions in leadership and staffing difficulties as well as a sustained commitment to serving vulnerable populations in the state. Evaluators of the Arkansas Biosciences Institute and the College of Public Health noted new and unique opportunities for research and the continued advancement of science to improve

the health of Arkansans. Several evaluators discussed the utility of partnerships in the realization of program goals as well as the focus of program efforts towards underserved groups. Some evaluators discussed modifications to program indicators—some indicators already put in place and others to take effect in 2019—as well as future needs for program directors to consider indicator modifications, given changes in the healthcare system or updated program objectives. Evaluators were explicit in discussing the overall commitment and success of programs to work towards goals, addressing challenges as they arose, and remaining purposeful in targeting populations most in need.

In all, 87% of program indicators were met or making significant progress in 2018 (see Table 2). Note that the TPCP modified select program indicators and added several new indicators that took effect on January 1, 2018. The TPCP also modified their indicators, consolidating a few related indicators, and these changes took effect on July 1, 2018. Given the indicator changes for this program, indicator progress for TPCP (and aggregate progress across all programs) is reported in two periods: January through June and July through December.

Some program indicators were not met in 2018. For the TPCP, some indicators were not met because they were new, and not enough time had passed for sufficient data to be collected for evaluation. Progress on these indicators will be reported in 2019. Other TPCP indicators showed that progress was made, but the stated goal was not achieved within the allotted time frame. One TPCP indicator was not met because the program was not funded (Great Strides program). Two other TPCP indicators were not met because their progress was contingent on another indicator that was still in process.

Other programs also had indicators that were not met. The TS-MEP experienced changes in their reporting system that resulted in the hospital reimbursement population being much less than it was in 2017; the number for 2018 is still being validated and will be updated in 2019. Two indicators for the UAMS East Regional Campus were discontinued (prescription assistance and crisis hotline), and others were not met due to a re-routing of resources away from outreach programs to the UAMS Family Medical Center. As a result, some outreach efforts were diluted. In late 2018, the UAMS East Regional Campus proposed indicator modifications to adjust to their new goals and flows of resources to both clinical and outreach-oriented programs. These modifications will take effect in January of 2019.

Finally, though not mentioned in evaluator comments, it is worth noting that ATSC Director Matt Gilmore resigned his position at the end of 2018, taking on an assignment with the Arkansas Department of Health. The director position is expected to be filled in 2019.

Program	Total Indicators	Indicators Met	Indicators in Progress	Indicators Unmet, No Data, or Needs Adjustment	Overall Progress
ABI	8	8	--	--	100% met
COPH	9	9	--	--	100% met
MHI	7	4	3	--	100% met or in progress
TPCP (Jan.-June)	36	21	3	12	67% met or in progress
TPCP (July-Dec.)	33	9	24	--	100% met or in progress
TS-MEP	5	4	--	1	80% met
UAMS-COA	7	7	--	--	100% met
UAMS East Regional Campus	11	6	1	4	64% met or in progress
TOTAL (Jan.-June)	***83***	***59***	***7***	***17***	***80% met or in progress***
TOTAL (July-Dec.)	***80***	***47***	***28***	***5***	***94% met or in progress***
Average Overall Progress	***--***	***--***	***--***	***--***	***87% met or in progress (on average across all quarters)***

Table 2. Indicator Progress Across Programs.

Returning to Culture of Health

In 2018, ATSC-funded programs put forth hearty efforts through education, service, research, and economic impact. Programs promoted health as a shared value, engaged in partnerships across public and private sectors, contributed to the creation of healthier and more equitable communities, and helped to strengthen the integration of health services and systems. ATSC-funded programs also concentrated much of their work on serving those most in need, helping to address health disparities in the state. Outcomes of these program efforts were improved population health, well-being, and equity—the benchmark for creating a Culture of Health. In sum, the investment of ATSC dollars in the state has greatly enhanced overall health and well-being, and more than satisfied the original impetus of the Tobacco Settlement Proceeds Act of 2000.

REFERENCES

Arkansas Prevention Needs Assessment. (2016). *Tobacco Data Deck: Arkansas Prevention Needs Assessment* [Synopsis]. Retrieved from https://www.healthy.arkansas.gov/images/uploads/pdf/Tobacco_Data_Deck_June_2018.pdf

Bryson, J. M., Crosby, B. C., & Stone, M. M. (2006). The design and implementation of cross-sector collaborations: Propositions from the literature. *Public Administration Review*, *66*(s1), 44-55.

Bryson, J. M., Crosby, B. C., & Stone, M. M. (2015). Designing and implementing cross-sector collaborations: Needed and challenging. *Public Administration Review*, *75*(5), 647-663.

Campaign for Tobacco Free Kids. (2019). *Sources: State toll of tobacco*. Retrieved from https://www.tobaccofreekids.org/problem/toll-us/sources

Centers for Disease Control and Prevention. (2018). *Opioid overdose: Understanding the epidemic*. Retrieved from https://www.cdc.gov/drugoverdose/epidemic/index.html

Centers for Disease Control and Prevention. (2018). *Smokefree policies improve health*. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/improve_health/index.htm

Centers for Disease Control and Prevention. (2019). *Tips from for smokers: About the campaign*. Retrieved from https://www.cdc.gov/tobacco/campaign/tips/about/index.html

Centers for Disease Control and Prevention. (2018). *Tobacco industry marketing*. Retrieved from https://www.cdc.gov/tobacco/fact_sheets/tobacco_industry/marketing/index.htm

Genworth Financial Inc. (2018). *Cost of care survey 2018*. Retrieved from https://www.genworth.com/aging-and-you/finances/cost-of-care.html

Healthy Active Arkansas (2019). *About HAA*. Retrieved from https://healthyactive.org/

McCann, A. (2019). *Best states to retire*. Retrieved from https://wallethub.com/edu/best-and-worst-states-to-retire/18592/

McElfish, P. A. (2016). Marshallese COFA migrants in Arkansas. *The Journal of the Arkansas Medical Society*, *112*(13), 259-262.

Miller, W. P., & Moon, Z. K. (2017). *Rural profile of Arkansas 2017*. Fayetteville, AR: University of Arkansas, Division of Agriculture. Retrieved from https://www.uaex.edu/publications/pdf/MP541.pdf

Robert Wood Johnson Foundation & RAND Corporation. (2018). *Moving forward: An update of Culture of Health measures.* Retrieved from https://www.rwjf.org/content/dam/COH/PDFs/FromVisiontoActionV2Final.pdf

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