

HEALTH GAINS IN THE STATE

ARKANSAS TOBACCO SETTLEMENT COMMISSION QUARTERLY REPORT: JANUARY-MARCH 2019

ATSC-funded programs: Arkansas Biosciences Institute (ABI), UAMS Fay W. Boozman 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

3,801 Healthcare Professionals and Students Educated
(COPH, TPCP, UAMS-COA)



The COPH offered 12 distance education courses.

Courses covered various topics such as Chronic Disease, Biostatistics, and Environmental and Occupational Health.

Through community and school-based programs, professional development opportunities, and other educational events, ATSC-funded programs reach thousands of Arkansans each quarter.

49,211 Community Education Encounters including 28,298 Youth
(MHI, TPCP, UAMS-COA, UAMS East Regional Campus)



Tobacco Control Conference, hosted by TPCP sub-grantees



National Association of Social Workers Conference, co-sponsored by the MHI



The UAMS-COA increased focus on youth outreach.



Cook Smart Eat Smart and pre-health professions program at UAMS East Regional Campus



SERVICE

27,529 Exercise Encounters
(UAMS-COA, UAMS East Regional Campus)



6,093 Health Clinic Encounters
(UAMS-COA, UAMS East Regional Campus)



3,288 Health Screenings
(MHI, UAMS East Regional Campus)



OUR HOUSE

The COPH is partnering with Our House to offer the Home Together program to provide access to behavioral health services for homeless and near homeless pregnant women and new mothers with young children. These services help families avoid homelessness and reach self-sufficiency.



7,505 vulnerable Arkansans were covered by TS-MEP services, a 3.4% increase from the previous quarter.



The TPCP and the Minority Sub-Recipient Grant Office implemented 22 new smoke-free/tobacco-free policies in workplaces and faith-based institutions. The TPCP also worked to implement a citywide T-21 policy in Harrison, raising the minimum age to purchase tobacco products to 21.



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RESEARCH



The **ABI** secured access to the Arkansas All-Payer Claims Database, allowing investigators to conduct previously inaccessible policy analysis. The database also supports price and program quality transparency and enables researchers to determine ways to improve patient care. ABI researchers have increasingly accessed the database, so much so that an upgrade to the server was required.

The **COPH** reported **46 research projects, all based in Arkansas.**

Topics include **tobacco use prevention, breast cancer risks, and housing insecurity, among others.**



The **COPH** and College of Pharmacy at the UAMS has established the Center for Dietary Supplements Research to provide regulatory agencies, industry and the public with credible information and assessments related to the safety of dietary supplements. This research is vital, as dietary supplements are not required pre-market testing for safety or efficacy.



Ongoing **ABI** research topics include **obesity prevention, groundwater assessments, autism, genomics, and poultry vaccines, among others.**

ECONOMIC IMPACT

\$6.47 Million Leveraged

This quarter, the **TS-MEP, UAMS-COA, and UAMS East Regional Campus** reported leveraged funds totaling \$6,473,993, which is **\$1.67 for every ATSC dollar.**

ATSC funding is leveraged in a way that makes Arkansas a **destination for science and knowledge-based jobs.**



\$9.59 Million in Total Claims Paid by the TS-MEP

Researchers at the **ABI** continue to invest their funding to initiate pilot projects, gain access to core laboratories, hire research technicians, purchase new equipment, and build collaborations. These efforts result in strong preliminary data and provide the infrastructure to make extramural grant applications successful.

Arkansas Tobacco Settlement Commission
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TESTIMONIALS



ABI: Lawrence E. Cornett, PhD, Associate Vice Chancellor for Research at the UAMS discussed the legacy of ABI investigator, Mark Smeltzer, PhD, Professor of Microbiology and Immunology and Professor of Orthopaedics. Cornett said, “Dr. Smeltzer has created a remarkable legacy as a researcher and member of the graduate faculty in his support of students. . . . Smeltzer has always had at least one and often more doctoral students and has helped more MD/PhD students prepare to be clinician-scientists than any other faculty member. . . . [This] is an intentional commitment to preparing the next generation. His students. . . have success all over the country.”

COPH: Margarete Kulik, PhD reflected on the support of COPH, “I am grateful to the COPH . . . for giving me the opportunity to be a faculty member with the Department of Health Behavior and Health Education and the Center for the Study of Tobacco where I can continue my work, which will decrease smoking and the use of other tobacco products, the prevalence of cancers and other diseases caused by such products, as well as reducing disparities in health outcomes related to tobacco use.”

MHI: Health fair attendee Larry explained the value of health fairs, “I suffered with headaches, and never found out why. A nurse told me today that my sugar was high. My doctor never told me . . . I don’t know if I had ever been checked. . . . [The nurse] told me to have my doctor test my blood sugar. I was obedient and . . . told by my doctor that I was a diabetic. I had to see a dietician, follow her instructions, and was given medication. My routine has kept me off of using insulin. Thank God for health fairs.”

TPCP: Claudia Rodas, tobacco control advocate and Director of the Southern Region for the Campaign for Tobacco-Free Kids discussed the work of tobacco control groups, like the TPCP, in Arkansas, “There’s a great infrastructure . . . people that are doing great work. . . . The community is doing really great things with what’s being provided to them. . . . There’s a very strong tobacco industry influence in this state. . . . [This] event has just built this positive vibe . . . people are celebrating and getting excited about it. These groups are some of the very groups that say, ‘Hey, we’re working together, we’re sharing with each other.’”

TS-MEP: There are no testimonials this quarter.

UAMS-COA: Schmieding COA hosted an Older Adult Experience at Northwest Arkansas Community College, and one participant shared praise, “Thank you for letting us come in and play games with everyone (older adults during Fun Friday). It was a fun experience. Everyone was so kind and amazing. . . . It is awesome how you provide classes to help families out with their loved ones.”

UAMS East Regional Campus: A participant in a worksite wellness program stated, “Thank you for your encouragement, support, and motivation in making me see the better me I could be. I am finally taking time for myself. . . . I appreciate you continually working with us at Barton School through the How Healthy is your Faculty program. I have quit smoking. I am eating healthier and have never felt better.”

**INDEPENDENT EVALUATION OF THE ARKANSAS TOBACCO
SETTLEMENT COMMISSION FUNDED PROGRAMS**

January - March 2019 Quarterly Report

Indicator Activity

Prepared by

**Arkansas Tobacco Settlement Commission Evaluation Team at the
University of Central Arkansas**

Presented to

Arkansas Tobacco Settlement Commission

Report Prepared August 2019

**ARKANSAS TOBACCO SETTLEMENT COMMISSION EVALUATION TEAM
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SPECIAL THANKS

The evaluation team at the University of Central Arkansas would like to thank all who participated in this evaluation, including commission members, program directors, and coordinators. We appreciate the time and effort each program has made in improving the health of Arkansans.

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ARKANSAS BIOSCIENCES INSTITUTE INDICATOR ACTIVITY

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 at 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; and
- Other areas of developing research that are related or complementary to primary ABI-supported programs.

OVERALL PROGRAM GOAL: To develop new tobacco-related medical and agricultural research initiatives to improve the access to new technologies, to improve the health of Arkansans, and to 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 leveraged funding from a baseline of \$3.15 for every \$1.00 in ABI funding.
 - **ACTIVITY:** Research investigators at the five ABI institutions continue to invest their funding to initiate pilot projects, gain access to core laboratories, hire research technicians, purchase new equipment, and build collaborations. These efforts result in strong preliminary data and provide the infrastructure to make extramural grant applications successful. Activities to accomplish this indicator are in progress. Data will be provided by each member institution at the end of FY19.

- **INDICATOR:** ABI-funded research will lead to the development of intellectual property, as measured by the number of patents filed and received.
 - **ACTIVITY:** Research projects, which may lead to unique intellectual property and commercial applications that are eligible for patent protection, are in progress. Applications for patents are ongoing. Results of these filings will be reported at the end of FY19.

- **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:** The research investigators at the five member institutions continue to participate in research that has the potential to produce opportunities for businesses within the state. This indicator is in progress. Data will be reported at the end of FY19.

- **INDICATOR:** The ABI will promote its activities through various media outlets to broaden the scope of impact of its research.
 - **ACTIVITY:** Efforts to promote investigative successes in the scientific community through newspaper articles, press releases, news conferences, and radio/television contacts are in progress. Importantly, investigators publish their results in peer-reviewed journals and textbooks, the primary mechanism through which research is

disseminated to the scientific community. Data regarding the distribution of information about ABI research activities will be reported at the end of FY19.

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:** The funding allocated to each of the five member institutions continues to advance the research agendas of ABI investigators. The research is monitored to ensure that activities are timely, cost-effective, and within the scope of the researchers defined agenda. Data regarding specific activities of each institution will be provided at the end of FY19. This indicator is in progress.

- **INDICATOR:** The ABI and its member institutions will systematically disseminate research results, and ensure that at least 290 publications and 370 presentations are delivered each year. These include presentations and publications of results, curricula, and interventions developed using the grant funding; symposia held by investigators; and the creation of new research tools and methodologies that will advance science in the future.
 - **ACTIVITY:** Ongoing efforts ensure that ABI-supported research is disseminated to the public and scientific community. The writing and submission of research reports for FY 2019 are in progress. Data regarding the number of publications and presentations will be reported at the end of FY19.

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

- **ACTIVITY:** The ABI and the associated extramural funds continue to support a range of knowledge-based positions including research support personnel, post-doctoral research fellows, biostatisticians, and animal care technicians. Full-time equivalent jobs directly supported with ABI and extramural research funding will be reported at the end of FY19. This indicator is in progress.
- **INDICATOR:** The ABI will facilitate and increase research collaboration among member institutions, as measured by both ABI and extramural funding of research projects that involve researchers at more than one member institution.
 - **ACTIVITY:** The ABI continues to provide support and facilitate research collaboration in order to solve the multifaceted health problems that affect the health of Arkansans. Specific data regarding the building and success of these interdisciplinary collaborations will be reported at the end of FY19.

CHALLENGES: The ABI continues to focus on long-term agricultural and biomedical research initiatives. ABI-supported research investigators use their ABI allocation as seed funding to develop larger extramural grants from outside agencies such as the National Science Foundation, the USDA, Department of Defense, and the National Institutes of Health. However, as federal funding agencies and foundations face stagnant or decreasing budgets, fewer research grants are funded or are funded at lower levels. This reduction significantly impacts the grant funding coming to our state.

OPPORTUNITIES: A collaboration between the ABI and two additional state agencies (the Arkansas Insurance Department and the Arkansas Center for Health Improvement) provides access to a remarkable shared research tool, the Arkansas All-Payer Claims Database (APCD). The APCD is the centerpiece of the Healthcare Transparency Initiative Act, passed during the 2015 legislative session of the 90th General Assembly. This comprehensive database allows ABI investigators to conduct previously inaccessible policy analysis, for example, examining the efficacy of the Arkansas Works program. The database also supports price and program quality transparency and enables researchers to determine ways to improve patient care. Recently, researchers have increasingly accessed the database, so much so that an upgrade to the server

was required to increase its capacity. During the coming years, the APCD will enable investigators to provide research results that can help improve the health and quality of life for Arkansans.

TESTIMONIALS: *Mark Smeltzer, Building a Legacy*

Mark Smeltzer, PhD, Professor of Microbiology and Immunology and Professor of Orthopaedics, has been an invaluable member of the research community at the UAMS since 1993. His work focuses on bacterial infections and the immune responses they generate at the molecular level, with an emphasis on *Staphylococcus aureus* infections in bone and indwelling orthopaedic devices such as hip and knee implants.

Smeltzer and his team collaborate with investigators from around the state to explore new solutions to this problem, often using ABI core facilities to apply cutting-edge approaches like proteomics and nanotechnology. Their goals are both to improve the efficacy and delivery of conventional antibiotics and to explore novel ways of fighting orthopaedic *S. aureus* and other constantly adapting infectious bacteria.

Their success has been recognized by numerous external funding awards, most notably \$21 million to date through the National Institutes of Health Centers of Biomedical Research Excellence (COBRE) program to establish a Center of Biomedical Research Excellence in Microbial Pathogenesis and Host Inflammatory Response (\$10 million for Phase I).

“Dr. Smeltzer has created a remarkable legacy as a researcher and as a member of the graduate faculty in his support of students,” said Lawrence E. Cornett, PhD, Associate Vice Chancellor for Research at the UAMS. “During the entire time he has been here, Smeltzer has always had at least one and often more doctoral students and has helped more MD/PhD students prepare to be clinician-scientists than any other faculty member.”

“This doesn’t happen accidentally, and it is an intentional commitment to preparing the next generation. His students have gone on to have success all over the country,” Cornett continued. Smeltzer has also had an impact on many junior investigators through the COBRE award, which

is intended to build the careers of young researchers by providing them not only with financial support but also scientific and administrative mentorship. “The research funds go to them,” Smeltzer explained. “I just administer the program and try to provide them with the things they need to be successful.”

The best evidence of success is that junior investigators eventually get their own independent grants and “graduate” from the COBRE program, making space for new young investigators, which also demonstrates the worthiness of the program for the renewal of the grant to Phase II.

Smeltzer pointed out that the ABI not only contributes funding for these junior investigators through the COBRE’s pilot grant program, but also has helped create a research environment in which the COBRE could be awarded in the first place. “You have to be in a position where you can be competitive, and the ABI provides that underlying support. And if you don’t have the support beneath you, you can’t reach higher,” he said.

EVALUATOR COMMENTS: The investigative researchers at ABI member institutions consistently demonstrate strengths in research, team building, publications, and education. Their collaborative efforts enable scientists, researchers, and clinicians to tackle important healthcare challenges such as cancer, obesity, and nutrition. Funding provided by the Arkansas Tobacco Settlement Commission is leveraged in such a way that Arkansas increasingly has become a destination for science and a growth center for knowledge-based jobs and industry. Many of the researchers not only contribute to the current body of knowledge but also serve as mentors to students who will be the next generation of scientists who explore ways to improve the quality of life for Arkansans. In summary, the activities of ABI researchers illustrate that all indicators will be achieved by the end of the current fiscal year.

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH INDICATOR ACTIVITY

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

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

LONG-TERM OBJECTIVE: Elevate the overall ranking of the health status of Arkansans.

- **INDICATOR:** Through consultations, partnerships, and dissemination of knowledge, the COPH serves as an educational resource for Arkansans (e.g., general public, public health practitioners and researchers, and policymakers) with the potential to affect public health practice and policy and population health.
 - **ACTIVITY:** Fifty-two activities were reported by faculty covering a wide variety of contributions. A majority of these, 37 activities, had statewide audiences while nine activities had national audiences. The remaining six activities were focused on central Arkansas. These included presentations to health professionals and policymakers as well as lay audiences; serving as consultants, or on expert panels, task forces, committees or board of directors; or partnering with public health practitioners or a

community organization that has a health-related mission. This indicator has been met.

- **INDICATOR:** Faculty productivity is maintained at a level of two publications in peer-reviewed journals to one FTE for primary research faculty.
 - **ACTIVITY:** The outcomes of this indicator are summarized annually in the fourth quarter. The indicator is in progress.

- **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:** Forty-six ongoing research projects are being conducted by faculty and/or students. A wide range of health topics are being investigated including, but not limited to, hypertension and cardiovascular disease, prevention of tobacco use, healthcare issues, hospital management, housing insecurity among pregnant mothers and babies, and several cancer studies including breast cancer risks. This indicator has been met.

- **INDICATOR:** COPH faculty, staff, and students are engaged in research that is based in Arkansas.
 - **ACTIVITY:** One-hundred percent of COPH research projects are either based in Arkansas or have an Arkansas focus. This indicator has been met.

- **INDICATOR:** The COPH makes courses and presentations available statewide.
 - **ACTIVITY:** Twelve distance-accessible courses are available statewide on a variety of topics. Examples of topics include: *Biology for Public Health: Chronic Disease; Biology for Public Health: Infectious Disease; Biostatistics; Healthcare Systems; and Environmental and Occupational Health*. In addition, eight presentations were made available remotely. Some examples of the presentations included: emergency medical services, racism and bias in healthcare, diabetes prevention, and wellness promotion. This indicator has been met.

- **INDICATOR:** Twenty percent of enrolled students come from rural areas of Arkansas.
 - **ACTIVITY:** Twenty-four percent of students (54 of 224 total students) enrolled were from rural counties in Arkansas. This indicator has been met.

- **INDICATOR:** Graduates' race/ethnicity demographics for Whites, African-Americans, and Hispanics/Latinos are reflective of Arkansas race/ethnicity demographics.
 - **ACTIVITY:** These data are not reported this quarter, but will be included in the next quarterly evaluation report. This indicator is in progress.

- **INDICATOR:** The majority of alumni stay in Arkansas and work in public health.
 - **ACTIVITY:** These data are not reported this quarter, but will be included in the next quarterly evaluation report. This indicator is in progress.

SHORT-TERM OBJECTIVE: Obtain federal and philanthropic grant funding.

- **INDICATOR:** The COPH shall maintain a 1.5:1 ratio of total annual fiscal year extramural award funding to annual fiscal year tobacco settlement dollars.
 - **ACTIVITY:** These data are not reported this quarter, but will be included in the 2018-19 biennial evaluation report. This indicator is in progress.

CHALLENGES: The UAMS Fay W. Boozman College of Public Health is continuing to search for a new COPH Dean to replace founding Dean Jim Raczynski, Ph.D., who stepped down on December 31, 2018. The final candidate for the position was interviewed, and a decision is expected in the coming months.

OPPORTUNITIES: A new center to provide regulatory agencies, industry and the public with credible information and assessments related to the safety of dietary supplements has been established by the Colleges of Public Health and Pharmacy at the UAMS. The Center for Dietary Supplements Research is co-directed by Bill Gurley, Ph.D., and Igor Koturbash, M.D., Ph.D., and provides expert opinions, risk communication, and professional and educational services related to the safety of dietary supplements.

Gurley is a professor and Vice Chair of the Department of Pharmaceutical Services in the College of Pharmacy and is the Chair of the UAMS Institutional Animal Care and Use Committee. Gurley has been conducting research into the safety of dietary supplements for more than 20 years. Koturbash is an Associate Professor and Vice Chair of the Department of Environmental and Occupational Health in the College of Public Health.

About 70% of adults in the United States consume dietary supplements, 20% of which include herbal dietary supplements. “Unlike conventional medications, dietary supplements are not required to undergo pre-market approval testing for safety or efficacy,” said Koturbash, “Thus, the potential for harm from such products is not evident until the public has consumed them.” In recent years, there has been an increase in adverse effects from these supplements. Over the last decade alone, there has been a significant increase from—7% to 20%—in liver injury from herbal dietary supplements.

Dietary supplements marketed for weight loss and exercise performance enhancement are of particular concern as many of these products have been linked to severe heart and liver damage. A number of these products have already been taken off the market. One of them, OxyELITE Pro—New Formula (OEP-NF), a dietary supplement linked to a series of severe liver injuries, was the subject of research recently conducted by Gurley and Koturbash.

“These facts make it evident that more regulatory oversight is needed for these products,” said Gurley. “It is likely that the 1994 Dietary Supplement Health and Education Act will soon undergo revisions to address the need for pre-market safety assessments of these products.”

This new dietary research center will be a resource for information and technical expertise on these products, while at the same time working with industry experts, regulatory agencies, researchers, and the public to deliver evidence-based, accurate information. “The center specializes in various critical issues regarding single- and multi-component dietary supplements, from conducting pre-clinical toxicological safety assessments to generating expert reports and scientific publications,” Gurley said.

The center will be housed in the College of Public Health and will maintain three core units: a Pharmacological Core, a Toxicological Core, and an Administrative Support Core. Gurley will lead the Pharmacological Core and Koturbash will lead the Toxicological Core. Others involved in the center include:

- Mitch McGill, Ph.D., Assistant Professor in the Department of Environmental and Occupational Health in the College of Public Health, will provide expertise on hepatotoxicity, or drug-induced liver injury;
- Marjan Boerma, Ph.D., Associate Professor in the Department of Pharmaceutical Sciences in the College of Pharmacy, will provide expertise on cardiotoxicity, or drug-induced damage to the heart muscle; and
- Joseph Su, Ph.D., Professor in the Epidemiology Department in the College of Public Health and co-leader of the Cancer Prevention and Population Sciences Program in the UAMS Winthrop P. Rockefeller Cancer Institute, will provide expertise on the epidemiology of dietary supplements.

TESTIMONIALS:

Home Together Program, Providing Services for Homeless Women and Children

The UAMS Fay W. Boozman College of Public Health is partnering with Our House on a new program to provide access to behavioral health services for homeless and near homeless pregnant women and new mothers with young children. The new Home Together program will involve the expansion of the Central Arkansans Family Stability Institute (CAFSI), an existing Our House program that provides services to homeless families to help avoid homelessness and reach self-sufficiency.

The Home Together program is funded by a five-year, \$2.5 million grant from the Substance Abuse and Mental Health Services Administration, a division of the U.S. Department of Health and Human Services. The grant will double the number of families Our House serves through the CAFSI program from 90 per year to 180 per year over five years, effectively totaling about 880 families, or 3,000 individuals.

In addition to behavioral health services, the Home Together program will provide integrated primary care, case management, assistance in connecting to services like the Supplemental Nutrition Assistance Program (SNAP) and Transitional Employment Assistance programs, tobacco cessation, classes in financial empowerment and parenting, and prevention of HIV and STIs. The program will also provide mothers with priority access to Our House’s early childhood education for young children and their out-of-school-time program for youth ages 6-17.

Cindy Crone, of the UAMS Fay. W. Boozman College of Public Health, received the grant and will oversee the program, and Our House will be the direct service provider. Crone said the grant will increase the capacity of the program’s community partners and providers to coordinate with each other and the population they serve. She emphasized the importance of communication among them to ensure the families receive the health services and social support necessary to become self-sufficient and stable.

Crone said they expect the program to help lower the barriers that often limit homeless or near homeless pregnant and new mothers from receiving the services they need. “We expect our outcomes to be good [and] our interventions to make a difference, but also to lower costs,” Crone said. “Costs should be lowered in time, in dollars, and in delays that can be critical in the life of a pregnant woman, a newborn, a child, and in the life of a family as a whole.”

Tobacco Control Research to Influence Effective Intervention and Policy

On March 26, the COPH hosted new faculty member Margarete Kulik, PhD, during a Public Health Seminar (held on the second and fourth Tuesday each month during spring and fall semesters). At the seminar, Kulik discussed three recently published, multidisciplinary studies focused on tobacco control and implications for effective intervention and policy. The variables across the three studies were smokers’ quit attempts and cigarettes per day—first on a state by state level, then among those with psychological distress, and among racially/ethnically diverse smokers.

The results of the three studies refuted current literature arguing that a “hardening” among smokers occurs. Kulik explained, “It has been hypothesized that as the number of smokers

declines, the remaining smoking population would increasingly be comprised of those who are unable or unwilling to quit, so-called ‘hardcore smokers.’ Under the hardening hypothesis, as smoking prevalence falls, the remaining smokers would be less likely to make quit attempts and successfully quit, and would smoke a constant or increasing number of cigarettes per day.”

Kulik continued, “My project set out to systematically examine if hardening of the smoking population is really occurring. We found that as smoking prevalence declined over time, on the population level, there was softening instead of hardening, i.e. remaining smokers were making more quit attempts and were smoking fewer cigarettes per day. This was true on US state level, for those with psychological distress (who usually have a higher smoking prevalence than those without distress), and for smokers of different races and ethnicities.”

Kulik reflected on the research implications, “These analyses are highly significant for identifying entry points for effective tobacco control interventions and local and national health policies. . . . tobacco control policies have benefitted all subgroups of smokers we examined. Interventions are still needed to reduce the baseline differences in smoking prevalence. For example, although smoking more heavily than the general population, smokers with psychological distress, like the general population, are softening over time. To improve health outcomes and increase health equity, tobacco control policies should continue moving all subgroups of smokers down these softening curves, while simultaneously incorporating appropriately tailored quitting help into mental health settings. As the population of smokers is softening over time, our findings also cast doubt on the need to promote smokeless tobacco and electronic cigarettes, which are being marketed as devices for hardened smokers.”

Kulik and her colleagues’ work on smokers with psychological distress was given attention in the media, selected for publication in the *American Journal of Preventive Medicine*, and designed to count as Continuing Medical Education (CME) credits for medical professionals. These CMEs help incorporate research recommendations into medical practice.

Kulik further explained the significance of the third study, “The paper analyzing softening in different racial and ethnic groups of smokers identifies those groups which might need more

tailored quit smoking programs in order to reduce their smoking prevalence. . . . This finding is relevant to those who offer such programs on the community level.”

When asked to discuss how the COPH has supported her research, Kulik reflected, “I am grateful to the COPH and the Cancer Institute for giving me the opportunity to be a faculty member with the Department of Health Behavior and Health Education and the Center for the Study of Tobacco where I can continue my work, which will decrease smoking and the use of other tobacco products, the prevalence of cancers and other diseases caused by such products, as well as reducing disparities in health outcomes related to tobacco use. The COPH is giving me the platform to do so on the local, state, and national levels and beyond.”

EVALUATOR COMMENTS: The COPH is meeting or exceeding each indicator this quarter. Overall, the education, research, and community involvement of the faculty and students of the COPH is impressive. Several of their studies with high-risk populations in Arkansas have the potential to yield important healthcare findings in the future.

ARKANSAS MINORITY HEALTH INITIATIVE INDICATOR ACTIVITY

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

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

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:** The MHI continues to make progress toward their goal by documenting 210 cholesterol screenings this quarter. High levels of cholesterol are directly related to stroke.

- **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:** During this quarter, the MHI made progress toward the goal of greater hypertension awareness in minority Arkansans by documenting 334 blood pressure

screenings. They also remain committed to distributing tailored educational literature to reduce or prevent hypertension. Included in the educational packets are “What’s Your Number” fact sheets regarding blood pressure, glucose, and cholesterol. Moreover, television commercials targeting hypertension spanned five stations with over 485 commercials in total.

- **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:** This quarter, a total of 1,221 preventive screenings that may impact heart disease were provided, including screenings for blood pressure, heart rate, cholesterol, glucose, height/weight, and BMI. This indicator is in progress.

- **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 this quarter, the MHI persisted in providing health education literature through sponsorships, partnerships, and collateral requests on diabetes as well as on other risk factors such as nutrition, weight/BMI, and physical activity, which all may impact glucose levels. Additionally, 270 glucose screenings were documented. This indicator is in progress.

SHORT-TERM OBJECTIVE: Prioritize the list of health problems and planned interventions for minority populations and increase the number of Arkansans screened and treated for tobacco, chronic, and lifestyle related illnesses.

- **INDICATOR:** The MHI will 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 initial Economic Cost of Health Inequalities report was completed in 2014. The next report is scheduled for 2019. The MHI began collecting data in 2018, and is making progress towards this indicator.

- **INDICATOR:** The MHI will increase awareness and provide access to screenings for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group.
 - **ACTIVITY:** The MHI is on track and making progress with this goal. This quarter, they provided 2,724 preventative health screenings and educated 4,881 Arkansans at educational events. The MHI continues to make progress by partnering with grassroots, nonprofit, government, and faith-based organizations. They secured 14 partnerships this quarter, offering events in 13 counties. To increase tobacco awareness, the MHI is collaborating with ADH Tobacco Prevention and Cessation Program to distribute 5,000 fact cards. This quarter, they have already distributed over 900 fact cards. Additionally, the MHI avidly promotes better health and greater awareness through radio, print, and television media. During this quarter, 3,218 of these health promotion announcements focused on preventative screenings, nutrition, physical fitness, tobacco, and cancer. Of these, 489 commercials focused specifically on tobacco cessation and cancer directly related to tobacco use, and 557 focused on childhood obesity, BMI screenings, healthy cooking and eating, and the importance of daily physical activity. In conclusion, the MHI continues progress toward this goal with their social media campaigns (mainly through Facebook and Twitter). Top Twitter quarterly post reached 1,650 people, while the top Facebook quarterly post reached 2,085 people.

- **INDICATOR:** The MHI will develop and implement at least one pilot project every five years to identify effective strategies to reduce health disparities among Arkansans.
 - **ACTIVITY:** Plans are underway for Camp iCan, a partnership with UAMS East Regional Campus in Helena as well as the Cooperative Extension Service and the Arkansas Department of Health. The camp will be similar to MHI's Camp iRock, hosted in 2017, which focused on the health of young girls in the Delta region—an

underserved area of the state. Camp iCan is scheduled for later in 2019 and will work to educate and empower young boys and girls in the Delta. This indicator is in progress.

CHALLENGES: Annually, more than 1.5 million Americans suffer heart attacks and strokes. Of the African-American population, nearly 44% of men and 48% of women have some sort of cardiovascular disease, including heart disease and stroke. Minority Arkansans continue to see high rates of cardiovascular disease, and are ranked fifth highest in the nation. With heart disease remaining the number one cause of death in Arkansas, the MHI continues to see challenges in educating minorities in rural counties and throughout the state. However, the MHI continues to provide awareness activities, screenings, and messaging via various media outlets in an effort to decrease these staggering statistics.

OPPORTUNITIES: The MHI utilizes 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. In addition, the MHI Mobile Health Unit in partnership with the Food Bank provides preventative screenings to Arkansans who may not have had access to screenings before.

TESTIMONIALS:

Reflection from National Association of Social Workers Conference

In March, the MHI was a co-sponsor of the annual meeting of the National Association of Social Workers held in Little Rock. The conference theme this year was “Social Work Heroes: Celebrating Courage, Hope, and Leadership,” and one attendee reflected on what the theme meant to her. Brittany, a graduate student studying social work, stated, “I don’t think social work is a title, nor is it a career. I think it’s a heart . . . a spirit. . . . In social work we just believe in inclusion and togetherness . . . I think that’s the best part about being here. We’re united and we’re among literally the best people in the business, and it’s not a very profitable business. We’re here because we’re genuinely interested in enriching the lives of others.”

Brittany also reflected on the value of her conference experience overall, “While as students we don’t get Continuing Education Credits, it is still good for us going into our practice and into our

career to have as much information as possible and to be around individuals that could really help you in a lot of ways. And it's not about getting ahead career wise, but building those relations in this community . . . a sense of community.”

Community Health Fairs Improve Lives

Two testimonials to follow highlight the real impact that health fairs have on an individual's overall health and well-being. These testimonials were gathered at a fair hosted through the Lupus Foundation, a partner of the MHI.

First we highlight John who stated, “At the fair I was told that my blood pressure was high. I did have a feeling that something was wrong with my body, so naturally, I complained. However, I did follow the nurse's instructions and walked around and returned to her booth. I was told to see my doctor and have things checked out. . . . I did not follow her instructions. Two weeks later I was in the emergency room with heart problems. I was given emergency open-heart surgery. The health fair gave me a warning and I paid no attention to it. Health fairs are good to have and attend.”

Attendee Larry explained the value of his health fair experience, “I suffered with headaches, and never found out why. A nurse told me today that my sugar was high. My doctor never told me my blood sugar was high . . . I don't know if I had ever been checked. I walked around and returned for another test by the nurse. She told me to have my doctor test my blood sugar. I was obedient and requested the doctor to check me out. . . . I was told by my doctor that I was a diabetic. I had to see a dietician, follow her instructions, and was given medication. My routine has kept me off of using insulin. Thank God for health fairs.”

EVALUATOR COMMENTS: As the MHI maintains their constant increase in a variety of outreach events, number of partnerships, screenings, and media coverage, it is certain that they will reach their indicator goals through the specified activities listed above. They remain committed to the health of all Arkansans, but specifically to minority Arkansans.

TOBACCO PREVENTION AND CESSATION PROGRAM INDICATOR ACTIVITY

PROGRAM DESCRIPTION: The Arkansas Department of Health (ADH) Tobacco Prevention and Cessation Program (TPCP) includes community and school education prevention programs, enforcement of youth tobacco control laws, tobacco cessation programs, health communications, and awareness campaigns. The TPCP also sponsors statewide tobacco control programs that involve youth to increase local coalition activities, tobacco-related disease prevention programs, minority initiatives and monitoring, and evaluation. The TPCP follows the Centers for Disease Control and Prevention (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.

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, released June 14, 2018, indicate the youth tobacco use prevalence (cigarette, smokeless, and cigar) to be 23.1%.

- **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:** This goal is still in progress. There are no new data to report for LGBT, Hispanic, or African-American populations. The 2014 LGBT survey indicates a smoking prevalence rate of 37% and smokeless rate of 24%. The 2016 Adult Tobacco Survey notes a smoking prevalence rate of 13% for Hispanics and 21.3% for African-Americans. New 2017 Vital Statistics data for pregnant women indicate that after a 0.8% increase in 2016 (from 13.1% in 2013 to 13.9% in 2016), the smoking prevalence rate has dropped to 13.5%.
- **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) data for 2017 were released June 14, 2018. They indicate that youth smoking prevalence has decreased from 15.7% in 2015 to 13.7% in 2017. The baseline of 19.1% was 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:** This goal is still in progress. In 2016, the baseline rate for adult (18+) smoking prevalence was 23.6%. Data from the 2017 Behavioral Risk Factor Surveillance System (BFRSS) indicate a 1.3% reduction to 22.3% in adult (18+) smoking prevalence.

SHORT-TERM OBJECTIVE: Communities shall establish local tobacco prevention initiatives.

- **INDICATOR:** By June 2019, 100 new smoke-free/tobacco-free policies will be implemented across Arkansas (Data Source: TPCP Policy Tracker).
 - **ACTIVITY:** This goal is in progress. During the first three quarters of FY19, 32 new smoke-free/tobacco-free policies have been implemented across the state. This quarter, the Minority Sub-Recipient Grant Office (MISRGO) reported 11 new policies, nine within workplaces and two within faith-based institutions. Additionally during this quarter, the TPCP reported 11 new policies, seven within workplaces,

three in faith-based institutions, and one citywide T-21 policy in Harrison, which became effective January 1, 2019. Finally, during this quarter, statewide legislation for T-21 (Act 580, which amends the age at which a person may purchase tobacco products, cigarette paper, alternative nicotine products, and e-cigarettes) was passed. The implementation date for this new legislation is September 1, 2019.

- **INDICATOR:** By June 2019, decrease sales to minor violations from 11% to 9% (Data Source: Monthly Arkansas Tobacco Control Reports).
 - **ACTIVITY:** This goal has been met. During this quarter, there were 1,586 sales to minor compliance checks with 96 sales to minor violations for a noncompliance rate of 6.1%. To date for FY 2019, there have been 5,132 sales to minor compliance checks with 324 sales to minor violations for a noncompliance rate of 6.3%. Additionally during this quarter, 13 educational sessions were offered for tobacco retail owners and/or clerks for a total of 501 attendees. For FY 2019, a total of 23 educational sessions have been held for 893 attendees.

- **INDICATOR:** 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:** This goal has been met. For FY 2019, the target number is 452 youth and young adults. In this quarter alone, the Project Prevent Youth Coalition (PPYC) coordinator reports that 1,098 youth were engaged in education opportunities such as JUUL presentations, youth led activities, and advocacy training. The to-date number of youth and young adult participants is 1,879. Additionally, there were 30 new chapter members recruited (the to-date number of new chapter members is 811). Currently there are 48 PPYC Chapters (35 funded PPYC, seven SWAG [Student Wellness Advocacy Group], and six Community/Grantee).

- **INDICATOR:** 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:** This goal is in progress. To date there have been seven trainings for 290 healthcare providers.

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

- **INDICATOR:** 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:** This goal is in progress. As mentioned in previous reports, the Arkansas Department of Health (ADH) is in the process of developing a program called “Be Well Baby: Tobacco Free” that will address, in part, tobacco use by pregnant women and their families. Additional information on the status of this program will be provided in the next quarterly report.

- **INDICATOR:** By June 2019, 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:** This goal is in progress. To date, there have been two e-blasts. On March 15, 2019, an e-blast was sent to all ADH employees via A-HELP (Arkansas Healthy Employee Lifestyle Program). The email, titled “Smoking in Arkansas - Get Help Quitting”, included the following message: “Did you know that Arkansas is currently 5th in the nation in adult smoking prevalence? If you don’t smoke, don’t start. If you do, get help quitting for good. To get help, contact Be Well Arkansas by calling 1-

833-283-WELL, visiting www.bewellarkansas.org, or texting the phrase 'Be Well' to 1-501-588-8445." There were 971 views of this message.

- **INDICATOR:** By June 2019, 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:** This goal has been met. During this quarter, 17 posts were made on ADH's Facebook page: nine on general quitting, two on smoking and cancer, one on online help with quitting, four on eCigs/JUULs, and one on smoking and heart disease. A total of 25 posts have been made to date. Posts this quarter have led to 10,143 views (with 18,867 to-date views).

- **INDICATOR:** By June 2019, 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:** This goal is in progress, but will be considered to be met in the fourth quarter when we report the final number of tobacco-free policies secured during FY 2019. While no new policies were reported during this quarter, tobacco cessation was discussed as part of a wellness program at the Fort Smith Chamber of Commerce on January 28, 2019 and at Coleman Pharmacy in the city of Alma on February 28, 2019 during a presentation on C-HELP.

- **INDICATOR:** 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:** 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. Currently, the TPCP is not able to identify individual sources of the referrals, but is working on the programming to do

this in the future. For January-March 2019, the total number of fax referrals was 805, the number of online intakes was 347, the number of incoming calls was 1,502, and the number of individuals enrolled was 664. An additional activity completed by SBHCs this quarter was the distribution of 181 Ask, Advise and Refer Pocket Cards with Arkansas Be Well contact information at the 2019 School-Based Health Alliance of Arkansas Spring Symposium.

- **INDICATOR:** By June 2019, successfully implement 24 new minigrants for Project Prevent Youth Coalition (PPYC) Clubs within school systems for tobacco prevention and advocacy.
 - **ACTIVITY:** This goal is in progress. While no new minigrants were implemented this quarter, the School Health Services (SHS) program provided technical assistance to SWAGs (Student Wellness Advocacy Groups) regarding both PPYC and SWAG projects, activities, and statewide meetings. They provided tobacco education materials and examples of best practices, as well as coordinated speakers on JUULing. Eleven SWAGs participated in PPYC meetings with a total of 71 members participating. Eight of the SWAGs participated in PPYC activities with approximately 160 youth engaged in activities. The PPYC recognizes and documents activities reported by SHS for tobacco control efforts during the reporting period as the Statewide Youth Coalition.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the fiscal year fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. Last year the conference was held in May; thus, it is expected that this goal will be met in the fourth quarter of FY19.

- **INDICATOR:** 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:** This goal has been met. As written, this indicator reflects an ongoing activity of the Minority Sub-Recipient Grant Office. To provide technical assistance to Public Housing Authorities as they implement the Federal Smoke-free HUD rule. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** 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. A final update will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** By June 30, 2019, the 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal has been met. During this quarter, eight stipends were awarded to students enrolled in the Graduate Addiction Studies Program. The to-date number of stipends awarded is 18.

- **INDICATOR:** 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:** This goal is in progress. Final indicator information will be provided in the FY19 fourth quarter report.

- **INDICATOR:** 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:** This goal is in progress. During this quarter, GASP students made contacts, scheduled dates, and prepared presentations to be delivered during the fourth quarter. Final indicator information will be provided in the FY19 fourth quarter report.

CHALLENGES: TPCP sub-grantees and partners report an epidemic of JUUL use among youth, and a high amount of requests from schools has been noted to provide educational presentations as well as resource materials. To assist with the high rate of requests for speakers and educational materials, the TPCP has developed PowerPoint presentations and handouts to provide education on JUUL and other Electronic Nicotine Delivery Systems (ENDS) and emerging tobacco/nicotine/ENDS products. The JUUL is a brand name of an ENDS product otherwise known as an e-cigarette with one pod delivering as much nicotine as a pack of cigarettes.

OPPORTUNITIES:

- During the month of February, the Arkansas Cancer Coalition collaborated with Dr. Joseph Banken and Lee County Cooperative Clinic to provide Motivational Interviewing (MI) training to increase tobacco cessation efforts amongst clinic staff. The participants included the clinic's doctors, nurses, patient care representatives, and health educators. Overall, 13 people were trained on MI for tobacco cessation and on how to effectively use carbon monoxide monitors to increase cessation efforts. The clinic adjusted their electronic medical records to reflect (a) that patients are counseled on the dangers of tobacco use as well as relapse prevention, (b) if a carbon monoxide monitor test was conducted and the level, (c) if the patient was referred to the Be Well Helpline, and (d) if the patient was prescribed nicotine replacement therapy.
- The Madison County Health Coalition, TPCP sub-grantee, reported their youth team recorded a video for the Project Prevent Youth Coalition's annual event, *READY. SET. RECORD.* The video grabbed the attention of a local media channel, which conducted an interview with the youth who created the video. The channel ran the interview on March 12, 2019, during the 6:00 p.m. news.
- Conway's Healthy Cats Student Wellness Advocacy Group (SWAG), participated in *Capitol Go!* The Healthy Cats SWAG booth provided information on good nutrition and proper hydration. The students and their advisor later met with the Secretary of State, John Thurston, to present information on the importance of hydration and brought attention to the need for a water fountain/water bottle filling station at the State Capitol Building. The SWAG later met with Governor Asa Hutchinson and discussed the importance of healthy lifestyles.
- The Youth group IGNITE (four members) along with their youth coordinator attended the signing of Act 580 (Act 580 amends the age from 18 to 21 to purchase tobacco products, cigarette paper, alternative nicotine products, and e-cigarettes.) IGNITE is a Boone County Youth Coalition consisting of primarily Harrison High School Students but branching out to the six school districts in Boone County. The youth group is currently under North Arkansas Partnership for Health and is engaged in both the Boone County Substance Abuse Prevention Coalition and Boone County Drug Free Communities Grant.

- On January 1st, 2019, the City of Harrison implemented a Tobacco 21 ordinance.
- During March, the Arkansas Cancer Coalition and the Arkansas Tobacco Control Coalition partnered to hold the 3rd Annual Tobacco Control Conference. Conference sessions/highlights included education about available tobacco cessation resources and training opportunities, updates on strategies communities can implement to decrease tobacco/nicotine use among youth, and the latest news on electronic cigarettes such as JUULs. Approximately 108 individuals attended the conference. Keynote speaker for the conference was Claudia Rodas from Campaign for Tobacco-Free Kids.
- The School-Based Health Center (SBHC) Advisor and Act 1220 Coordinator conducted in-person tobacco presentations reaching approximately 310 middle school and high school students plus teachers at schools in Hamburg, Dermott, and Star City on JUUL: 411 and Dangers of Nicotine and Tobacco. They also distributed 278 Ask, Advise, and Refer Pocket Cards to teachers' lounges, SBHCs, and students.
- GASP faculty were invited to present at the 63rd Annual University of Arkansas at Pine Bluff (UAPB) Rural Life Conference on the topic of opiate use in rural communities.
- At the invitation of the ADH, GASP faculty submitted proposal parameters for an opiate education/prevention program to be presented for the UAPB campus.
- GASP faculty submitted a proposal for presentation at the 2019 Mary E. Benjamin Access to Education Conference on the topic of vaping/e-cigarette use.

TESTIMONIALS:

Words from a Tobacco Control Advocate

In March, Claudia Rodas, tobacco control advocate and Director of the Southern Region for the Campaign for Tobacco-Free Kids, gave the keynote address at the 3rd Annual Tobacco Control Conference, hosted by the Arkansas Cancer Coalition and Arkansas Tobacco Control Coalition—TPCP sub-grantees. Rodas discussed the conference and the advocacy support of her group, “I think the event has just built this positive vibe that I’m getting here that people are celebrating and getting excited about it. These groups are some of the very groups that say, ‘Hey, we’re working together, we’re sharing with each other.’ [Our work is] just making sure that they can work together and that they are comfortable and there’s a platform for them to advocate for the issue. So, we become that advocacy. We teach about all the things you’re doing, great, but

how do you make change in your community when it comes to laws and regulations. That's where we come in."

Rodas also noted the good work happening in Arkansas as a result of programs like the TPCP, "I think there's a great infrastructure . . . great people that are doing great work. . . . The community is doing really great things with what's being provided to them. . . . There's a very strong tobacco industry influence in this state. They hire a number of lobbyists for the tobacco industry even when we're not even pushing any law, you know! So there's a few states that I work in, Arkansas, Missouri, Oklahoma, they just, the tobacco industry, has such a strong hold. . . it's very difficult to combat that. And so, I'm hoping that the work that we're doing to continue to educate and push really gives them the confidence to fight back. . . and move Arkansas up the ladder on the good things."

Praise from Program Participants

During March, the TPCP held a Tobacco Treatment Specialist (TTS) training. A former TTS trained lifestyle coach attended a previous TTS training and the following was noted for the March training explaining why the organization sent other lifestyle coaches to the TTS training: "Anni liked your workshop so much!" Additionally, the organization noted that the TPCP was cutting edge and a participant reported, "From our lifestyle coaching this year, we had 11 people quit tobacco, and we are determined to get out into our community and do the same thing! With your help we can do so much more!"

The SBHC Advisor and Act 1220 Coordinator received positive feedback on JUUL and Dangers of Tobacco education conducted in southeast Arkansas schools. Students found it informative and some even wanted Be Well Arkansas contact information to take home to family members.

EVALUATOR COMMENTS: While the long-term indicators reflect clear success in decreasing youth tobacco use prevalence (cigarette, smokeless, and cigar) and smoking prevalence, much concern has been expressed this quarter by TPCP sub-grantees and partners regarding levels of e-cigarette use (for example, brand name JUUL), especially among youth (see Challenges section above). The TPCP has been responsive by working with the Arkansas Department of Health's

Healthy Active Arkansas campaign creating social media posts concerning e-cigarette use and developing Powerpoint presentations and handouts for those groups requesting more information on e-cigarettes and other ENDS (Electronic Nicotine Delivery Systems) products. Additionally, TPCP's sub-grantees and partners have provided information to well over 1,000 youth concerning the perils of JUULing.

TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM INDICATOR ACTIVITY

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

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

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

OVERALL PROGRAM GOAL: 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. During this quarter, TS-MEP provided expanded access to health benefits

and services for 7,505 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is a significant increase of 255 persons served over the previous quarter. Total claims paid for the TS-MEP populations this reporting period were \$9.59 million. Additionally, TS-MEP funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This amounted to more than \$5.73 million in federal matching Medicaid funds during this quarter, which has a significant impact on health costs and health outcomes for the state of Arkansas. This indicator is 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:** During this quarter, there were 1,290 participants in the TS-MEP initiative Pregnant Women Expansion program. This is an increase of 59 women being served from the previous quarter. This program provides prenatal health services for pregnant women with incomes ranging from 138-200% FPL. The TS-MEP funds for the Pregnant Women Expansion program totaled \$1,432,639 in this quarter. This indicator has been 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:** During this quarter, the TS-MEP initiative Hospital Benefit Coverage provided inpatient and outpatient hospital reimbursements and benefits to 586 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 an increase of 63 in the number of adults served over the previous quarter. TS-MEP funds for the Hospital Benefit Coverage totaled \$1,790,329. This indicator has been 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 5,301 seniors during this quarter. This is an increase of 111 persons from the previous quarter. Qualified Medicare Beneficiary recipients below 80% FPL automatically qualify for ARSeniors coverage. Medicaid benefits that are not covered by Medicare are available to ARSeniors. Examples of these benefits are non-emergency medical transportation and personal care services. TS-MEP funds for the ARSeniors program totaled \$3,881,295 during this quarter. This indicator has been met.

- **INDICATOR:** Increase the average number of persons enrolled in the Developmental Disabilities Services, Community and Employment Supports (CES Waiver) and note the number of adults and children receiving services each quarter by county.
 - **ACTIVITY:** During this quarter, 425 individuals were allocated waiver slots with 328 individuals provided services through TS-MEP funds. This is an increase in the number of persons enrolled and served from the previous quarter. In this quarter, there were a total of 144 children (18 and under) and 184 adults (19 and over) in 63 counties that were provided services. TS-MEP funds for the CES waiver program totaled \$2,342,493 in this quarter. This indicator has been met.

CHALLENGES: As a result of the implementation of the Arkansas Works program, traditional Medicaid expenditures have decreased. Many Medicaid-eligible adults aged 19-64 years old 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 TS-MEP. As of now, successful performance has been measured by growth in the number of participants in the TS-MEP initiatives. The Arkansas Department of Human Services (DHS) may need to continue to explore new performance measurements for the TS-MEP initiatives as individuals are transitioning into new coverage groups.

OPPORTUNITIES: With the TS-MEP program, the 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.

TESTIMONIALS: There are no testimonials for this quarter.

EVALUATOR COMMENTS: The TS-MEP has been impacted by the significant changes in the healthcare system. During this quarter, the three initial populations (Pregnant Women Expansion [PWE], ARSeniors, and the Hospital Benefit Coverage programs) have remained relatively stable with increases in the number of individuals served by these programs. With the new population (persons with developmental disabilities), progress has been made and reductions are being made to the waiting list and community and home services are being provided for these individuals.

UAMS CENTERS ON AGING INDICATOR ACTIVITY

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.

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 5,337 exercise encounters with aging Arkansans were facilitated by the UAMS-COA during this reporting period. Multiple exercise opportunities (including evidence-based programs such as Walk With Ease and Tai Chi) 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 continues to offer evidence-based educational programs that address a range of health issues related to aging. This quarter, a total of 12,160 education encounters were counted across various events and communities throughout Arkansas. Much of the education this quarter was aimed at fall prevention (STEADI—Stopping Elderly Accidents, Deaths, and Injuries), healthy diets (Cooking Matters), and understanding dementia. There was an additional push this quarter to

target younger groups (K-12 audiences) and increase awareness about aging issues. This indicator has been met.

- **INDICATOR:** On an annual basis, the UAMS Centers on Aging will obtain external funding to support programs in amounts equivalent to ATSC funding for that year.
 - **ACTIVITY:** The UAMS-COA and its affiliates continue to be productive in securing external funding. During this quarter, \$306,453 was raised from two grants to support UAMS-COA programming (the Schmieding Home Caregiver Training grant and a United Way grant). The agency also received \$19,628 through contractual service agreements. The largest stream of external funding this quarter was derived from community foundations (Oaklawn and Schmieding), which provided \$130,254 to support the Oaklawn COA and the Schmieding Center endowments. Additional extramural funding included hospital and community partner donations (\$73,168), UAMS core support (\$114,000), and the value of volunteer hours supplied to the COAs (\$4,600). Overall, the UAMS-COA leveraged \$741,177 above the \$452,294 in quarterly funding provided through the ATSC (more than two times the initial ATSC funding). This indicator is on track for meeting or exceeding the annual goal.

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 5,185 Senior Health Clinic encounters during this reporting period. The UAMS-COA also added 576 nursing home encounters and 315 inpatient encounters during the quarter. 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 1,522 medical professionals and paraprofessionals during this reporting period. The UAMS-COA also provided educational encounters with 1,735 healthcare students in the state. This indicator has been met.
- **INDICATOR:** Provide educational opportunities for the community annually.
 - **ACTIVITY:** The UAMS-COA generated 12,160 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 includes a continued emphasis on diabetes, a renewed emphasis on management of cardiovascular disease, and a newly elevated emphasis on fall prevention. The agency also continues pursuing objectives related to dementia education and food insecurity. This indicator has been met for 2018, and is in progress for 2019.

CHALLENGES: Ongoing demographic transitions coupled with an unstable national healthcare model continue to be the primary challenges 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. Some of the most pressing challenges this quarter are described below:

- Successfully expanding the basic UAMS-COA model is more difficult in the resource-deprived and sparsely populated portions of the state. More effort is needed to find 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. The UAMS-COA is making progress toward a better data collection system and they expect to have the new system in place by the end of FY 2019.
- Many of the programs and services offered through the UAMS-COA have an indirect effect on senior health in Arkansas. The UAMS-COA continues to grapple with demonstrating the net positive impact (including the economic impact) of services provided by the agency.
- Dr. Norman stepped down as director of the UAMS-COA to take a position elsewhere. Dr. Overton-McCoy has taken over as the new director. Leadership changes can be troubling. However, Dr. Overton-McCoy's credentials and length of experience with the agency are expected to result in a relatively smooth transition.
- As state and federal funding continues to evaporate, and as older funding commitments end (e.g., Schmieding), maintaining external funding streams is more important than ever. The UAMS-COA is currently finding funds through grants, service contracts, donations, and volunteer support. However, these tend to be short-term solutions. Ensuring necessary levels of support over the long term remains a challenge.
- Finding the time and other resources necessary to keep current with best practices in geriatric care is another ongoing challenge.
- Obstacles to senior clinic development and access continue to emerge. These are national concerns and the UAMS-COA must seek creative ways to encourage growth in medical resources specifically related to senior health in Arkansas.

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

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

- Leadership: Dr. Overton-McCoy was named the new director of the UAMS-COA. Her clinical work and prior experience managing data for the UAMS-COA should ensure a continuation of quality leadership.
- Distribution of services: During this reporting period, the UAMS-COA was able to offer at least minimal services to residents in 64 of the 75 counties in Arkansas.
- Technology: The agency continues to advance its approach to technology to expand public access to information and educational programming throughout the state. Also related to advancing the use of technology, the UAMS-COA is working to create a new database that will make it easier to track activities and services provided to support seniors across the state.
- New grants: External funding from the Hillman Foundation has allowed fuller implementation of the SUCCESS caregiver program aimed at supporting family caregivers. Dr. Jeanne Wei has been effective in writing grants (in partnership with the Arkansas Department of Health) to promote evidence-based exercise activities for older adults living with arthritis. Dr. Wei has also secured additional funding to support opioid awareness education among older adults.
- Partnerships: The UAMS-COA continues to be effective establishing partnerships with other agencies to help serve the needs of Arkansas seniors. This quarter, the UAMS-COA has partnered with the Office of Long-Term Care, the Arkansas Healthcare Association, DHS, the Arkansas Minority Barber and Beauty Shop Health Initiative, Alzheimer’s Arkansas, Healthworks Fitness Centers, interfaith agencies, regional hospitals, and private medical centers on various projects. The UAMS-COA has also partnered with Arkansas State University and other universities to help increase geriatric expertise among current and future healthcare workers.

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

TESTIMONIALS: *Praise from Program Participants*

Older Adult Experience at Northwest Arkansas Community College: “Thank you for letting us come in and play games with everyone (older adults during Fun Friday). It was a fun experience. Everyone was so kind and amazing. You were really helpful in giving us the history and showing

us around. I think it is awesome how you provide classes to help families out with their loved ones.” – Schmieding COA

“When I first started the program (DEEP—Diabetes Empowerment Education Program), I did not check my sugar regularly. "After viewing the blood bags, I at least check my sugar once a day and sometimes twice a day!" Another participant reported, “I learned so much during Fraud BINGO about the resources that are available to report Medicare fraud as well as tips to help detect fraud and abuse.” – Texarkana COA

Participant in Rock Steady Boxing expressed his gratitude for bringing Rock Steady Boxing to El Dorado. He told us how the program has changed his quality of life. He now has more strength in his legs that enables him to move around better without using a cane. Another participant said this program has kept him active, slowed the progression of the disease, and keeps him fighting. – South Arkansas COA

A COA employee was asked by St. Bernard’s Senior Health Clinic to visit with one of their patients concerning her Medicare coverage. The patient was very confused and did not know what insurance coverage she had or medications she took. The COA employee was able to intervene and provide assistance. The patient's demeanor became calmer and the clinic was able to better communicate with her. – COA Northeast

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 this reporting period, 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;
- Helping to educate future healthcare workers about the special needs of older adults;
- Providing a broad range of educational and exercise opportunities to seniors in the state;
- Recognizing the necessity of fall prevention education for seniors and mobilizing resources to meet the need;
- Working to develop better models of long-term care in Arkansas;

- 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 mobilizing community partners to help offset food insecurity in the state;
- Developing and expanding senior home healthcare training and resources for Arkansas.

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

UAMS EAST REGIONAL CAMPUS INDICATOR ACTIVITY

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 providers in underserved counties.

OVERALL PROGRAM GOAL: To recruit and retain health care professionals and to provide community-based healthcare 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:** The UAMS East Regional Campus in Helena and Lake Village hosted Day in the Life events for 84 students. Also, Helena and Lake Village campuses held two Club Scrub events for 22 middle school students. The UAMS East Regional Campus Recruiting Specialist provided Health Explorers to 433 participants and

networked with 751 additional students. The UAMS East Regional Campus in Lake Village hosted CHAMPS camp for seven students during the student's spring break. The CHAMPS is considered a stepping stone for the M*A*S*H summer program. Activities for the CHAMPS included icebreaker activities, tour of Chicot Memorial Medical Center, CPR, and presentations by local state troopers about making positive life choices. Throughout the program, students learned about heart health using the American Heart Association's "Life Simple 7 for Kids" program. The UAMS East Regional Campus also is pleased to announce that former M*A*S*H student and current University of Arkansas Phillips Community College (UAPCC) nursing student, Kyle Thomas, received a local scholarship from the Warriors for Walt Nursing Scholarship. Kyle graduated in May with an Associate's Degree in Nursing from UAPCC. This indicator is in progress.

- **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:** The UAMS East Regional Campus supported three students in the RN to BSN program and three additional nursing students not enrolled in the UAMS nursing program. The UAMS East Regional Campus helped three students secure funding for nursing scholarships through the Helena Health Foundation. This indicator has been met.

SHORT-TERM OBJECTIVE: Increase the number of communities and clients served through the UAMS East Regional Campus.

- **INDICATOR:** Maintain the number of clients receiving health screenings, referrals to primary care physicians, and education on chronic disease prevention and management within 10% of the previous year.
 - **ACTIVITY:** The indicator is in progress. Sixteen health screenings events were held for 546 participants in three different cities. The UAMS East Regional Campus provides screenings, education, and referrals to local primary care providers if needed.

- The UAMS East Regional Campus in Lake Village partnered with the University of Arkansas Cooperative Extension in Chicot County and the Arkansas Minority Health Commission to implement five events for the fifth round of the Healing Hearts Worksite Wellness Initiative. Those events were held at Chicot Memorial Medical Center and Dermott Schools for 99 employees. All participants took part in health screenings and were provided opportunities and resources to enable them to engage in wellness behaviors and health risk reduction.
- The UAMS East Regional Campus in Helena participated in an on-site worksite wellness event with a local hardware company. Forty employees received free biometric screenings; consultation and follow-up were offered to all employees.
- The UAMS East Regional Campus in West Memphis participated in two community health and wellness fairs and sixty participants received information on nutrition and exercise.
- The UAMS East Regional Campus in Helena participated in the Delta Sigma Theta Helena Alumnae Chapters “A Red Hat Brunch.” This year the presentation focused on prevention and early detection of chronic diseases. Participants received free health screenings and were provided information about heart disease, diabetes, and chronic disease management. Forty women were in attendance.
- The UAMS East Regional Campus in Helena participated in the Arkansas Community Corrections Reentry Health Fair. This event was held at the Helena Community Library for individuals who had prior convictions but who have re-entered the community. Free health screenings were offered to 15 men and women.
- See Table 1 for abnormal screenings results.

Table 1. Abnormal Screenings Results for Selected Tests

Blood Pressure - 164	Cholesterol - 65
BMI - 16	Waist Circumference - 20

- **INDICATOR:** Maintain a robust health education promotion and prevention program for area youth and adults.
 - **ACTIVITY:** This indicator is in progress. This quarter, the UAMS East Regional Campus provided health education promotion and prevention programs for a total of

29,681 youth and adults. There were 56 events held in eight cities for a total of 3,371 adults. For youth, there were 300 events held in eight cities for a total of 25,910 youth.

- The UAMS East Regional Campus in West Memphis taught the Kids for Health program in five West Memphis schools for 18,212 youth. This quarter, there were a total of 21,390 encounters in the Kids for Health program.
- The UAMS East Regional Campus in Lake Village held Foodolgy for 27 youth in McGehee. The youth were presented information about My Plate and also participated in various types of exercise.
- The UAMS East Regional Campus in Lake Village also held Cook Smart, Eat Smart for 59 adults at CB King Adult Center in Arkansas City.
- The UAMS East Regional Campus in Lake Village and Desha Cooperative Extension Service partnered to provide this educational program on healthy and budget friendly meals.
- The UAMS East Regional Campus in West Memphis offered court mandated parenting classes in two locations in West Memphis. Participants are required to attend a minimum of eight classes.
- The UAMS East Regional Campus in West Memphis provided nutrition education and food preparation demonstrations to youth as part of the Crittenden County Extension Service's Cooking Club in Marion, Arkansas.
- The UAMS East Regional Campus in West Memphis presented to 55 Marion High School students on the importance of educational attainment and career achievement.
- Also, the UAMS East Regional Campus in West Memphis attended the Arkansas State University Mid-South Annual Health Fair. Staff spoke with 27 students on sexual health and tobacco prevention.
- The UAMS East Regional Campus Walton Funded Teen Pregnancy Prevention Program continued offering its Making Proud Choices Program this quarter to 210 students in Phillips County schools. Making Proud Choices is an evidence-based curriculum that empowers young people in grades 7-12 to change their behavior and lower risks by abstaining from sex. Also, the Teen Pregnancy Prevention Program offered 172 youth in 5th and 6th grades a program entitled Yes You Can...Commit to

- Character. This medically accurate curriculum focuses on empowering students at an early age to realize the importance of making healthy decisions, see the value in avoiding high-risk behaviors, and develop a positive vision for the future.
- The UAMS East Regional Campus Teen Pregnancy Prevention Coordinator organized two focus group sessions for 17 youth at Marvel-Elaine High School. Mathematica Policy Research, a research organization, conducted the focus groups with the purpose to learn how teens in the community felt about teen pregnancy, health clinics, condoms, personal values about sex and abstinence, comfort levels talking to parents, knowledge about STI prevention and exposure to sex education programs. Data will be used to guide outreach personnel on adopting programs and services that best fit the needs, interests, and issues of the population.
 - The UAMS East Regional Campus offered American Heart Basic Life Support to 11 healthcare providers. They also provided Baby Safety Showers to 14 women and/or caregivers.
 - UAMS East Regional Campus car seat technicians installed 16 car seats correctly for safety shower participants.
 - The UAMS East Regional Campus finished its 16-week Group Lifestyle Balance program with five participants who lost a combined weight of more than 20 pounds.
 - The UAMS East Regional Campus Opioid Task Force continues to meet monthly. This quarter, the Phillips County Opioid Awareness and Prevention Initiative set dates for their Drug Take Back event and finalized plans for their open community event to be held in April. Also, this quarter, the committee members held community events focusing on an Arkansas public awareness campaign called “A Dose of Reality,” a program offering information about the issues with opioid addiction and prevention. This program has been organized by the Arkansas Department of Health and the Arkansas Department of Human Services and other partners across the state.
 - The UAMS East Regional Campus in Helena conducted the Classics program. This health education program is designed for seniors 60 and above. The weekly meetings consist of exercise sessions, a health education lesson, and social activities such as

Bingo, Scrabble, or cards. This program is conducted in Helena and Marvell. The Marvell Classics average age is 90.

- **INDICATOR:** Maintain the number of clients participating in exercise programs offered by the UAMS East Regional Campus within 10% of the previous year.
 - **ACTIVITY:** This quarter, the UAMS East Regional Campus Fitness Center encounters totaled 9,215. A total of 12,977 adults and youth participated in various exercise programs throughout the service area. The UAMS East Regional Campus in Helena and Lake Village promote exercise and wellness through various outreach programs including PEPPi, Silver Sneakers, Zumba, Easy Does It and Yoga. This indicator is in progress.

- **INDICATOR:** Provide medical library services to consumers, students, and health professionals.
 - **ACTIVITY:** The UAMS East Regional Campus Medical Resource Library provided support to healthcare professionals and students through literature searches and teaching materials. This quarter, 92 nursing students and 26 other healthcare professionals utilized the library. The UAMS East Regional Campus Library also provided support to 2,632 consumers. The UAMS East Regional Campus also assisted Helena Regional Medical Center with information on safety to approximately 400 participants. The UAMS East Regional Campus Library assisted 31 UAPCC nursing students with articles for writing assignments. The UAMS East Regional Campus Library provided local school nurses with 1,400 health education brochures for use in educating parents. This indicator has been 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 UAMS Chancellor Cam Patterson, MD, visited the UAMS East Regional Campus in January, meeting with representatives from the medical and business communities. During his presentation, he stated that the health of the Delta must be improved in order to improve Arkansas's health statistics. One of his goals

for UAMS Regional Programs is to increase the number of residency programs. By increasing residency programs, an increased number of doctors will locate in the more rural parts of Arkansas. Dr. Patterson would like to see a Rural Residency Training Track located in the Delta. This indicator is in progress.

- **INDICATOR:** Increase the number of patient encounters by 5% annually at the UAMS Family Medical Center in Helena
 - **ACTIVITY:** The UAMS East Regional Campus Family Medical Center continues to serve the area as a patient centered medical home clinic, where patients can be referred to two health coaches for smoking cessation, weight loss and chronic disease management, a registered dietician for diabetes education and nutritional counseling, and an APRN certified diabetes educator for diabetes counseling. The Family Medical Center had a total of 908 patient visits in 61 days this quarter. Also, a total of 123 patients were provided on-site lab work by the Phlebotomist. This includes 74 HbA1C tests. This quarter, the UAMS Family Medical Center had 69 new patients. Of the 69 new patients, 37 were patient referrals and 32 patients chose the clinic because of the new marketing plan. The Family Medical Center health coaches have provided one-on-one counseling to patients referred for health changes. This quarter, smoking cessation was provided to four clients. Clients attend weekly sessions for eight to ten weeks. Weekly sessions include education, helpful tips, motivation, and nicotine patches. Two of the four clients have quit smoking. Also this quarter, health coaching for weight loss was conducted for three clinic patients. This indicator is in progress.

- **INDICATOR:** Provide diabetes education to community members and increase the proportion of patients in the diabetes clinic who maintain an A1C below seven.
 - **ACTIVITY:** The UAMS East Regional Campus provided 30 HbA1C tests to patients who are participating in the Diabetes Prevention Program. There were 30 baseline HbA1C tests, above the goal of seven. No follow-up results were reported during this quarter. Diabetes Education and Nutrition Counseling have been provided on a

monthly basis. Eleven classes have been offered with 27 participants either in group sessions or one-one sessions. This indicator has been met.

CHALLENGES: The UAMS East Regional Campus in Helena is working to build the practice at the UAMS Family Medical Clinic. It has taken time to get the Medical Center patient population established. It has been an on-going process. The campus changed physicians and staff have been working diligently on new marketing ideas for the clinic. Also, staffing is a challenge. With fewer funds and staff in outreach, the campus is not capable of providing the same amount of programs it was once providing.

OPPORTUNITIES:

- The UAMS East Regional Campus in Lake Village received a \$2,816.55 grant from the Southeast Arkansas Community Foundation, an affiliate of the Arkansas Community Foundation. Funds will be used to provide additional fitness equipment and provide up-to-date Automated Electronic Defibrillator simulation equipment for CPR and First Aid.
- The UAMS East Regional Campus in Helena was asked by Walton to prepare a grant proposal to fund a teen health clinic.
- The Arkansas Minority Health Commission, the UAMS East Regional Campus, Cooperative Extension Service, and the Arkansas Department of Health will be offering Camp iCan for 30 youth in June in Helena.
- The UAMS East Regional Campus in Helena is collaborating with the UAMS-COA to hire a Geriatric Nurse to provide aging programs to Helena and surrounding areas.
- The UAMS East Regional Campus Director is now serving as a member of the Infant Child Death Review Committee. The committee meets quarterly to review deaths of infants and children in an effort to make recommendations on ways to prevent similar deaths. As a result of this collaboration, the UAMS East Regional Campus in West Memphis is presenting programs on safe sleep practices.
- The UAMS East Regional Campus has hired a full-time Health Educator for the West Memphis office. Caitlin Howe, MPH, a contract worker in Helena accepted the position and is full-time at West Memphis.

TESTIMONIALS: *Praise from Program Participants*

“Thank you so much for helping me with my paper, Mrs. Cathy. I really appreciate you so much and just wanted to call and let you know that.” – Ashlee Merritt, UAPCC Nursing Student

“The spirit of this office is positive from the moment you walk in, through to the back and when you check out. We felt we had visited with friends.” – UAMS East Family Medical Clinic patient

“Stephanie, thank you for your encouragement, support, and motivation in making me see the better me I could be. I am finally taking time for myself and have never felt better. It took me a while to see and understand that I needed to make changes. I appreciate you continually working with us at Barton School through the How Healthy is your Faculty program. I have quit smoking. I am eating healthier and have never felt better.” – How Healthy is your Faculty participant

“I stopped drinking pop in January and I limit my carb intake now. I also started baking all our meats instead of frying. I was so happy to see how my cholesterol had dropped from last year... and my husband was really proud of me.” – N.F., Dermott School

EVALUATOR COMMENTS: The UAMS East Regional Campus is making progress on all indicators. The HbA1C indicator data are now being collected in a manner to allow for patient follow-up to more accurately reflect the outcomes of the diabetes education program. Therefore, this quarter’s data will act as a new baseline for evaluative purposes. The clinic is continuing to expand the number of new patients enrolled. The community-based prevention programs all exceeded the number of encounters they had last year during this quarter. The UAMS East Regional Campus is continuing to expand the number of partnerships they have to better serve the Delta population.

Indicator Progress across Programs

Across all ATSC-funded programs, 100% of indicators have been met or are in progress (see Table 1). Evaluators report stable service provision, consistent progress in attaining and exceeding goals, and, in some cases, a notable increase in program activities or outcomes. Evaluators also report consistent collaboration across public and private sectors, with the community, and between ATSC-funded programs. ATSC-funded programs continue to tackle important health challenges and enhance quality of life for all Arkansans through education, service, research, and economic impact.

This report has shown that ATSC-funded programs educate and mentor public health professionals, students, and youth—doing so through wide-ranging modes of outreach, from direct health programming and training to public meetings and various multimedia platforms. ATSC-funded programs serve Arkansans by offering clinical and other health services, implementing health policies, targeting pervasive health disparities, and emphasizing the well-being of vulnerable populations. ATSC-funded programs also dedicate a vast amount of resources to research and the production of new knowledge that can inform efforts of public health professionals; the work of researchers at the ABI and COPH have made Arkansas a destination for science and a grower of innovation. Finally, ATSC-funded programs routinely leverage funds from external sources, facilitate new business enterprises, and generally impact the economy by protecting and promoting good health.

Despite the robust efforts by ATSC-funded programs, challenges remain. Programs routinely report the challenge of a changing healthcare system and shrinking budgets from grant-givers. In terms of health challenges, heart disease continues to be a major problem—and public health target—in the state. The TPCP also noted a concerning trend affecting youth in Arkansas: although smoking and tobacco use prevalence has decreased in recent years, the use of electronic nicotine delivery systems like the JUUL has been increasing at an alarming rate. The TPCP is working diligently to educate young people through schools and other community outreach efforts. ATSC-funded programs, fortunately, have been shown to be mindful and masterful when addressing health or program challenges.

Program	Total Indicators	Indicators Met	Indicators in Progress	Indicators Unmet, No Data, or Needs Adjustment	Overall Progress
ABI	8	--	8	--	100% in progress
COPH	9	5	4	--	100% met or in progress
MHI	7	--	7	--	100% met or in progress
TPCP	33	10	23	--	100% met or in progress
TS-MEP	5	5	--	--	100% met
UAMS-COA	7	5	2	--	100% met or in progress
UAMS East Regional Campus	9	3	6	--	100% met or in progress
<i>TOTAL</i>	<i>78</i>	<i>28</i>	<i>50</i>	<i>--</i>	<i>100% met or in progress</i>

Table 1. Indicator Progress Across Programs.