



Arkansas Tobacco Settlement Commission

*July-September 2025
Quarterly Report*





Report Presented To

Arkansas Tobacco Settlement Commission
101 East Capitol Avenue, Suite 108
Little Rock, AR 72201

Report Presented By

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ARKANSAS™

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ABOUT THE ARKANSAS TOBACCO SETTLEMENT COMMISSION



MISSION

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

FUNDED PROGRAMS



Arkansas Biosciences Institute

- Alan Tackett, PhD, Director
- Jimie Jarry, Program Coordinator

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



UAMS Fay W. Boozman College of Public Health

- Mark Williams, PhD, Dean
- Liz Gates, JD, MPH, Assistant Dean for Planning and Policy

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



Arkansas Minority Health Initiative

- Kenya Eddings, MPH, Director

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



Tobacco Prevention and Cessation Program

- Marika Curengton, Grants Coordinator

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



Tobacco Settlement Medicaid Expansion Program

- Mary Franklin, Director, Department of Human Services Division of County Operations

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



UAMS Centers on Aging

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

UAMS-COA Goal: To improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs and to influence health policy affecting older adults.



UAMS East Regional Campus

- Stephanie Loveless, MPH, Director

UAMS East Goal: To recruit and retain healthcare professionals and to provide community-based healthcare and education to improve the health of the people residing in the Delta region.

ATSC COMMISSIONERS AND STAFF

Martha Hill, Commission Chair

Counsel
Attorney General Appointee



Ken Knecht, MD, Commission Vice Chair

Physician, Arkansas Children's Hospital
Senate President Pro Tempore Appointee

Justin White, MD, Commissioner, Executive Committee Member

Emergency Physician
Healthcare Professional selected by Speaker of the House of Representatives

Andrea Allen, Commissioner

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

Jerri Clark, Commissioner

Director of School Health Services, Arkansas Department of Education (ADE)
ADE Permanent Designee

Jennifer Fowler, Commissioner

Director, Arkansas NSF EPSCoR at Arkansas Economic Development Commission (AEDC)
AEDC Permanent Designee

Mary Franklin, Commissioner

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

Nick Fuller, Commissioner

Deputy Director, Arkansas Department of Higher Education (ADHE)
ADHE Permanent Designee

Cristy Sellers, Commissioner

Director of Center for Health Advancement, Arkansas Department of Health (ADH)
ADH Permanent Designee

Zsanica Wiggins, Administrative Analyst

EXTERNAL EVALUATION TEAM

Emily Lane, PhD, MFA

Project Director

Betty Hubbard, EdD, MCHES

Evaluator: Arkansas Biosciences Institute

Marc Sestir, PhD

Evaluator: UAMS Fay W. Boozman College of Public Health

Denise Demers, PhD, CHES

Evaluator: Arkansas Minority Health Initiative

Janet Wilson, PhD

Evaluator: Tobacco Prevention and Cessation Program

Joseph Howard, PhD

Evaluator: Tobacco Settlement Medicaid Expansion Program

Ed Powers, PhD

Evaluator: UAMS Centers on Aging

Jacque Rainey, DrPH, MCHES

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

Rhonda McClellan, EdD

Co-PI; Qualitative Report



COMBINED EFFORTS TO BUILD A CULTURE OF HEALTH



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

EDUCATION



COMMUNITY ENCOUNTERS
COPH, MHI, TPCP, UAMS-COA, UAMS EAST

24,635



HEALTH PRACTITIONERS & STUDENTS EDUCATED
ABI, COPH, GASP, TPCP, UAMS-COA, UAMS EAST

755



STUDENTS ENGAGED IN PRE-HEALTH PROFESSIONS
UAMS EAST

421



9 DEGREES AWARDED BY UAMS COPH



100%

OF GRADUATES PLAN TO WORK OR STUDY IN ARKANSAS



18 STUDENTS ENROLLED IN UAPB GRADUATE ADDICTION STUDIES PROGRAM



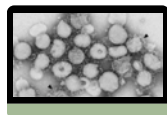
11 DISTANCE-ACCESSIBLE COURSES THROUGH COPH



OBESITY



WATER SAFETY



MEASLES

SERVICE

11,893

VULNERABLE ARKANSANS SERVED THROUGH TS-MEP



11,859

EXERCISE ENCOUNTERS
MHI, UAMS-COA, UAMS EAST



2,872

HEALTH SCREENINGS
MHI, UAMS EAST



3,259

CLINIC ENCOUNTERS
UAMS-COA, UAMS EAST



825

ARKANSANS ENROLLED IN TOBACCO CESSATION VIA BE WELL ARKANSAS

135

COUNSELING SESSIONS FOR WOMEN ENROLLED IN BE WELL BABY



COMBINED EFFORTS TO BUILD A CULTURE OF HEALTH



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

RESEARCH



ABI-supported research for FY25 included studies related to tobacco addiction, pediatric obesity, seed yield and heat tolerance, disease ecology and evolution, invasive insects that threaten Arkansas rice, and probiotics to reduce antibiotic resistance, among others.



NEW & ONGOING RESEARCH PROJECTS IN FY25

238

PERCENTAGE OF RESEARCH PROJECTS THAT WERE COLLABORATIVE

55%



RESEARCH PUBLICATIONS IN FY25

304



RESEARCH PRESENTATIONS IN FY25

385



UAMS

Fay W. Boozman College of Public Health



RESEARCH TOPICS

Research activities at **UAMS COPH** included a wide range of health-related topics, such as early cancer identification, reducing adverse maternal outcomes, treating pediatric obesity, and improving transition from prescription opioids.



RESEARCH PROJECTS FOCUSED ON ARKANSAS

92%



Photo Credit: Kev' Moye

In this photo are a few of the contributors to the Hope for Cancer Produce Prescription initiative. The project is a collaboration between the **UAMS COPH** Center for the Study of Obesity, UAMS Culinary Medicine program, and clinical oncology social workers. The research will help determine the effectiveness of food-as-medicine interventions.

ECONOMIC IMPACT



\$39.6 Million

TOTAL CLAIMS PAID

TS-MEP



\$27.4 Million

FEDERAL MATCHING FUNDS LEVERAGED

TS-MEP



\$58.9 Million

LEVERAGED IN FY25

ABI

Arkansas Biosciences Institute



\$5.17 per ATSC \$1



\$12 Million

LEVERAGED IN FY25

COPH

UAMS
Fay W. Boozman College of Public Health



\$5.42 per ATSC \$1



\$648,567

LEVERAGED

UAMS-COA

UAMS | Donald W. Reynolds Institute on Aging



\$44,515

COMMUNITY PARTNER DONATIONS

CENTERS ON AGING

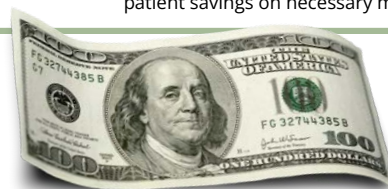


\$180,000

PATIENT SAVINGS FOR PRESCRIPTIONS

UAMS EAST

In Lake Village, UAMS East provided support to the Prescription Assistance Program at Chicot Memorial Medical Center, which served 64 patients and filled 65 prescriptions, resulting in nearly \$180,000 in patient savings on necessary medications.



COMBINED EFFORTS TO BUILD A CULTURE OF HEALTH



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

TESTIMONIALS



ABI: Gurav Gajurel, PhD, recently graduated from the Molecular Biosciences program at A-State and shared his gratitude for ABI: “When I began the PhD program, I had no idea how deeply ABI would shape my journey. . . . [ABI] became a space that challenged me, encouraged me, and helped me become the scientist I am today. . . . Thanks to ABI’s support and incredible facilities, we published seven peer-reviewed papers, shared our work at national conferences, and mentored other students along the way. . . . ABI taught me how to follow my curiosity with purpose, think critically, communicate clearly, and lead with heart.”



UAMS COPH: Arkansas Representative Aaron Pilkington, alumnus of the COPH’s Master of Health Administration program, had this to say about the program. “The professors were very knowledgeable. I loved the summer residency programs for administrators. That was a great way to get hands-on experience on how healthcare works. . . . If you want to understand how to improve rural health and how to work in a rural state, it’s a great program. . . . If you want a program that’s focused on practical application, it’s the program for you.”



Arkansas MHI: Recovery Jam is an annual event sponsored by Better Community Development, Inc., and supports and celebrates sobriety and recovery. One participant shared, “The event was alive with color, music, and people who genuinely cared. I was pleased to hear that there are programs all over the state of Arkansas that make me feel seen and supported. I even got to talk to folks about long-term recovery options that I had no idea about.”



TPCP: Linda Morgan, homeless shelter and encampment program manager, sent out an email to Arkansas Tobacco Education Initiative (ARTEI) following an ADH event, “I want to express my appreciation for your outstanding efforts at the ADH Vine and Village Day event. Your hard work and dedication to helping one of the most vulnerable populations may have made a significant difference in many of their lives. Yesterday was not only a working event in which you gave your time, but the energy levels and sincerity displayed were top-notch. It was truly a pleasure to see your commitment to helping others.”



UAMS-COA: A former staff member at the Schmeiding Center shared: “Looking back, my experience at the Schmeiding Center left me with a newfound appreciation for the resilience and humanity of dementia patients. . . . left with a greater understanding of how much these patients need community, compassion, patience, and a sense of joy in their everyday lives. Through this experience, I saw how dementia reshapes people’s lives but also how support systems like the Schmeiding Center offer them a space to laugh, play, and feel connected.”



UAMS East: A patient at the UAMS FMC reflected, “My experience was great! Dr. Martin was very attentive and listened carefully. She asked many questions and took her time with me. She is the best doctor I’ve had since I moved here seven years ago.”



PROGRAM PROGRESS AND EVALUATION



ARKANSAS BIOSCIENCES INSTITUTE PROGRAM DESCRIPTION AND GOAL

PROGRAM DESCRIPTION

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

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

PROGRAM GOAL

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



ARKANSAS BIOSCIENCES INSTITUTE

EVALUATOR SUMMARY & COMMENTS

OPPORTUNITIES

In preparation for the upcoming FY26 annual report, leadership is developing a streamlined, automated template for ABI research investigators. This updated digital intake process will be designed to reduce form length and enhance clarity, ultimately improving efficiency and minimizing confusion for both researchers and the ABI program manager.

CHALLENGES

Historically, securing timely annual report data from the five institutional partners has presented a recurring challenge, primarily due to the complexity and length of the existing investigator report form. The implementation of the new digital intake process will be specifically designed to address these barriers and facilitate a more efficient reporting cycle.

EVALUATOR COMMENTS

The Arkansas Biosciences Institute showed exceptional performance throughout the 2025 fiscal year, successfully meeting or exceeding every performance indicator. A primary highlight of this period was the institute's fiscal efficiency. ABI generated \$5.17 in external funding for every \$1.00 allocated via the Arkansas Tobacco Settlement, significantly surpassing the \$3.15 baseline target. This financial leverage supported a robust workforce of 329.8 full-time equivalent (FTE) positions, with 78% of these roles supported by extramural grants and contracts. Additionally, ABI's efficacy in translating laboratory discoveries into commercial assets was shown by nine new patent filings and two successful patent awards in fields such as biotechnology and therapeutic delivery.

Scholarly dissemination and inter-institutional collaboration also reached notable heights during FY25. ABI investigators produced 304 peer-reviewed publications and delivered 385 professional presentations, exceeding the established targets for scientific output. Beyond sheer volume, the collaborative nature of this research was a standout feature. Fifty-five percent (55%) of the 238 active research projects were conducted as partnerships across the five member institutions, more than doubling the initial target range of 20% to 25%. These initiatives spanned diverse scientific domains including pediatric diseases, tobacco-related health impacts, and nutritional research using ABI's foundational funding as a catalyst for scientific advancements and improved health outcomes across the state.

ARKANSAS BIOSCIENCES INSTITUTE TESTIMONIAL

ABI-SUPPORTED INVESTIGATOR SHARES GRATITUDE

Gurav Gajurel, PhD, graduated from the Molecular Biosciences program at A-State in May of 2025 and shared his gratitude for ABI's support: "When I began the Molecular Biosciences PhD program at A-State, I had no idea how deeply ABI would shape my journey. Coming from Nepal with a passion for natural products, I was looking for a place to grow, and I found that and so much more at ABI. It became a space that challenged me, encouraged me, and helped me become the scientist I am today. Under the guidance of Dr. Fabricio Medina-Bolivar, I studied the anti-inflammatory and antibacterial properties of plant-based compounds like prenylated stilbenes and isoflavonoids from hairy root cultures. It was thrilling to blend my curiosity for drug discovery with advanced tools like proteomics and transcriptomics. Thanks to ABI's support and incredible facilities, we published seven peer-reviewed papers, shared our work at national conferences, and mentored other students along the way."

Gajurel added, "Some of my proudest moments—receiving the Molecular Biosciences Outstanding Graduate Student Award, the Cellular Toxicology Award from the Society for In Vitro Biology (SIVB), and representing ABI at conferences like the American Council for Medicinally Active Plants and the Arkansas INBRE—were all made possible because of the support I found within the ABI. ABI was not just about the science, it was about the people and the conversations. It offered more than labs; it gave me a table to sit around with colleagues and friends to share ideas, ask questions, and push each other forward. Some of our best ideas started with those informal chats. ABI taught me how to follow my curiosity with purpose, think critically, communicate clearly, and lead with heart. ABI did not just support my PhD—it left a lasting footprint on my scientific path. Wherever I go next, I'll carry ABI's influence with me."

ARKANSAS BIOSCIENCES INSTITUTE

EVALUATION OF INDICATORS

LONG-TERM OBJECTIVE

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 #1

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.



FY25 EVALUATION: Met

Activity: The performance indicator for the current period was successfully met. For fiscal year (FY) 2025, research investigators supported by the Arkansas Biosciences Institute (ABI) generated \$5.17 in external funding for every \$1.00 allocated via the Arkansas Tobacco Settlement. Scientists representing the five member institutions strategically utilized their foundational ABI funding as a catalyst to secure substantial extramural support from a diverse array of federal agencies and philanthropic organizations. These leveraged resources, complemented by the primary distributions from the tobacco settlement, were instrumental in advancing comprehensive research initiatives in agricultural sciences, bioengineering, tobacco-related health impacts, and nutritional research. Furthermore, this funding synergy fostered growth in research sectors vital to the overarching mission and primary programs of the ABI.



INDICATOR #2

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



FY25 EVALUATION: Met

Activity: The performance indicator for intellectual property development was successfully met during the current reporting period. For FY25, research scientists supported by the ABI continued to expand the state's innovation portfolio, accounting for nine new patent filings and the successful receipt of two patent awards. These metrics underscore the institute's efficacy in translating laboratory discoveries into protected, commercially viable technologies. The awarded patents represent significant breakthroughs in biotechnology and therapeutic delivery as well as binding agents that target collagen within tissues. By securing these patents, ABI-supported investigators ensure that the scientific progress achieved through the Arkansas Tobacco Settlement remains a primary driver of economic development and medical advancement within the region.

ARKANSAS BIOSCIENCES INSTITUTE

EVALUATION OF INDICATORS



INDICATOR #3

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



FY25 EVALUATION: Met

Activity: The performance indicator for public dissemination was successfully met during the current fiscal period. Throughout FY25, the five constituent institutions of ABI facilitated a total of 71 strategic media contacts. These contacts used a multi-channel communication approach, including formal press releases, print journalism features, and broadcast segments across television and radio platforms. By proactively managing these media relations, the ABI amplified the reach and perceived impact of the research activities conducted under its institutional umbrella. This level of engagement not only fosters greater public awareness of the state's scientific achievements but also underscores the value of the research programs. Such consistent outreach ensures that the milestones reached by ABI investigators are recognized at local, state, and national levels, reinforcing the institute's role as a leader in bioscience innovation.

SHORT-TERM OBJECTIVE

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 #4

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.



FY25 EVALUATION: Met

Activity: This performance indicator was successfully met for FY25. Throughout this period, ABI managed a robust portfolio of 238 new and ongoing research projects involving all five institutions. Areas of scientific inquiry included diverse areas such as pediatric diseases, telemedicine, environmental impacts, and efforts to enhance the efficacy of drug treatments. To maintain high standards of institutional accountability, every project underwent rigorous administrative oversight. This monitoring process ensured that all research activities remained fiscally responsible, adhered to established timelines, and stayed within the programmatic scope of the researchers' defined agendas.

ARKANSAS BIOSCIENCES INSTITUTE

EVALUATION OF INDICATORS



INDICATOR #5

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.



FY25 EVALUATION: Met

Activity: The ABI successfully met the requirements for this indicator. Throughout FY25, ABI investigators demonstrated a high level of scholarly productivity, disseminating a total of 304 peer-reviewed publications and delivering 385 abstracts and professional presentations at various forums. The nature of these publications underscores a balanced approach to scientific inquiry through collaborative research. Approximately 43% of the published works resulted from internal collaborations between ABI researchers, highlighting the institute's commitment to cross-disciplinary synergy. In all, 57% of publications were produced through independent research initiatives, demonstrating the specialized expertise of individual investigators. Furthermore, ABI contributed to the broader scientific landscape by developing five new or improved methodologies and tools. These innovations are specifically designed to streamline research processes and provide a foundation for future scientific breakthroughs.



INDICATOR #6

Employment supported by the ABI and extramural funding will be maintained at a baseline of 200 full-time equivalent (FTE) with at least 65% of the FTE supported by extramural funds.



FY25 EVALUATION: Met

Activity: The ABI successfully met the requirements for this indicator during FY25. Throughout this period, ABI's research initiatives and operations supported a total of 329.8 Full-Time Equivalent (FTE) positions, representing a significant contribution to the state's high-tech workforce. The sustainability of these positions is further highlighted by the funding composition. Approximately 78% of FTE roles were supported by external grants and contracts. The remaining 22% were maintained through internal ABI allocations or core funding. This high reliance on extramural funding demonstrates ABI's effectiveness in leveraging state resources to attract external investment, thereby maximizing the economic and scientific impact of its workforce.



INDICATOR #7

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



FY25 EVALUATION: Met

Activity: This indicator was met, as ABI successfully facilitated a total of 238 research project collaborations, encompassing both newly initiated and ongoing scientific endeavors across its five member institutions. A distinguishing characteristic of this reporting period is the robust level of internal synergy: approximately 55% of these initiatives were identified as collaborative research conducted in partnership with other ABI institutions. This strategic emphasis on cross-institutional cooperation highlights the institute's commitment to pooling regional expertise and resources, thereby maximizing the collective impact of its scientific output.

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH PROGRAM DESCRIPTION AND GOAL

PROGRAM DESCRIPTION

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

PROGRAM GOAL

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



**Fay W. Boozman
College of Public Health**

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH EVALUATOR SUMMARY & COMMENTS

OPPORTUNITIES

The UAMS COPH has pursued and created a variety of opportunities to further its mission of excellent health education, research, and service. Many of those opportunities are summarized elsewhere in the report. Below, an example of these opportunities is summarized by Kev' Moyer (2025a), a journalist working for UAMS.

COPH partners with UAMS Culinary Medicine to Study Effect of Nutritional Support in Cancer Care

The UAMS Fay W. Boozman College of Public Health's Center for the Study of Obesity, along with the UAMS Culinary Medicine program and clinical oncology social workers, are collaborating to conduct the study, "Hope for Cancer: Healthy Outcomes Through Produce Prescriptions and Education."

A produce prescription helps a patient who is experiencing food insecurity receive regular access to healthy, fresh foods. "The partnership combines a service to UAMS patients in addition to gaining an understanding of how a produce prescription can improve health outcomes, combined with state-of-the-art nutrition education provided through UAMS's Culinary Medicine program," said Michael Thomsen, PhD, director of the obesity center. "The ultimate goal is to address food insecurity needs of cancer patients and survivors."

Joining Thomsen on the project are Gina Drobena, MD, program director for Culinary Medicine, and Peter DeNero, PhD, MPH, assistant professor in the UAMS College of Medicine's Division of Community Health and Research in the Department of Internal Medicine. "This research will help determine the effectiveness of food-as-medicine interventions in reducing financial and dietary barriers during and after treatment," Drobena said. "Additionally, the study aims to identify best practices for integrating nutrition support into oncology care and explore how similar programs can potentially benefit other chronic disease populations."

The study, funded by the National Institute of Food and Agriculture for \$480,000, launched in January and will continue through January 2027. The project provides produce prescriptions to participating UAMS cancer patients, 18 and older, to support their nutritional needs during treatment into survivorship. Participants in the UAMS project receive produce to provide a proper supplementation of healthy foods. Nutrition and healthy eating are important for healing, DeNero shared. The project is part of a national initiative through the United States Department of Agriculture's Gus Shoemaker Nutrition Incentive Program (GusNIP). Participating researchers place their findings into a nationwide GusNIP produce prescription program database. With the info, the program aims to determine the overall impact of produce prescriptions.

"People understand that nutritious food is a critical part of health, but they don't always know how the cancer center can support healthy eating," DeNero said. "The Hope for Cancer program directly responds to the issue by providing fruits and vegetables that patients can take home with them, making it one step closer to enjoying healthy meals." Drobena noted that many UAMS cancer patients face nutritional insecurity. Data show how living in a food insecure situation undermines treatment outcomes and recovery. "Proper nutrition is essential for managing treatment side effects, supporting immune function and improving overall well-being," she said.

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH EVALUATOR SUMMARY & COMMENTS

OPPORTUNITIES (CONTINUED)

“Additionally, financial and logistical barriers often limit access to healthy foods. Through providing fresh produce prescriptions and culinary medicine education, this study explores a sustainable, food-as-medicine approach to addressing these challenges. Participants also receive culinary medicine education to support long-term healthy eating,” Drobeno added. “By reducing financial barriers to nutrition and empowering patients with practical skills, the program hopes to enhance treatment outcomes and overall well-being.”

Patients in the project must meet the qualifications for food assistance or have a healthcare need that has a nutritional requirement. Patients are screened by UAMS’s clinical oncology social workers or dietitians to determine eligibility for the program. Meanwhile, the culinary team provides guidance on how to prepare produce in ways that will meet the patients’ needs. UAMS’s Culinary Medicine program values the opportunity to collaborate and advance food-as-medicine initiatives, said DelNero. “This grant leverages the amazing strengths from UAMS’s clinical oncology social workers, the College of Public Health, and Culinary Medicine. It’s exciting to work together to support our patients and our community.”

This unified effort is vital to expanding good health outcomes for patients. “This joint effort allows us to provide valuable, practical nutrition support to patients at UAMS while also contributing to research that can shape future oncology care,” Drobeno said. “We are excited to be part of a study that has the potential to improve long-term health outcomes and expand access to nutrition-focused interventions for vulnerable populations.” Thomsen is also enthused with how this study will give patients access to quality, fresh produce as they strive to overcome cancer. “Cancer is an expensive disease to have,” he said. “Food insecurity among cancer patients tends to be very high. There’s a need to amplify the support for this patient population. We don’t want people having to choose between medicine and the nutrition needed to support their health.”

CHALLENGES

The UAMS CPH continues to face and engage with challenges in its mission. One challenge has been the ongoing modernization of instructional and administrative technology. Beginning in August 2025, UAMS transitioned all student information and related functions to the Workday Student information system. Faculty, staff, and students completed multiple training sessions to support a smooth transition. As with any major system change, however, some challenges have emerged in achieving full functionality. College faculty and staff continue to collaborate with the university transition team to identify areas where the system may require adjustments and to determine what additional training may be needed to ensure faculty, staff, and students can use Workday Student efficiently and effectively.

EVALUATOR COMMENTS

The CPH remains on track to meet all of its annual goals. During the July-September quarter, faculty and students continued to serve Arkansas and Arkansans through community outreach, involvement with health-focused organizations, and conducting health-related research on a wide array of topics and foci. The College has also made courses and presentations publicly available online. Over the course of the last fiscal year, the CPH has continued to actively supplement tobacco settlement dollars with extramural grants and awards at a rate substantially exceeding the target.

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH TESTIMONIAL

COLLEGE OF PUBLIC HEALTH ALUM ADVOCATES FOR ACCESS TO CARE IN ARKANSAS

The UAMS COPH has engaged in significant community outreach during the July-September quarter. A testimonial to such outreach—an Arkansas legislator and COPH alumnus' efforts to improve Arkansas healthcare—is summarized below by Kev' Moye (2025b), a journalist for the college.

Arkansas Representative Aaron Pilkington, MHA, has been involved with the healthcare industry for most of his life, which factored greatly into his drive to improve the health of Arkansas's women and children. "I've been around hospitals, clinics throughout my life," he said. "It was almost a foregone conclusion that I'd work at one. I've witnessed how hospitals improve lives."

Pilkington, an alumnus of the UAMS Fay W. Boozman College of Public Health's Master of Health Administration program, is the vice president of strategic communications for ARcare, a federally qualified health center that serves Arkansas and parts of Kentucky and Mississippi. When asked about his role and the value of ARcare, Pilkington said having quality clinics and hospitals is vital to Arkansans. "We have a lot of health issues that we must fix," Pilkington said. "Helping the state's hospitals are a great way to start that process."

"I love working for ARcare because we serve the least, the last, and the lost," he said. "Working in rural health, there's a massive public health aspect to it. We're the only provider in a lot of communities. A lot of the time we're the first line of defense against public illness, public disease." ARcare and how it addresses access to care also assists Arkansans financially, Pilkington added. "When you have a community that's sick, where people aren't taking care of themselves and chronic diseases are prevalent, it costs the community money," he said. "Money is being spent on curing sickness and not on other things that improve a family's quality of life. If everyone has a mentality to address their health, economically we're better off," he added. "As taxpayers, a lot of money goes toward health."

Being a healthcare professional and having a public health education impacts Pilkington's viewpoint. But his stance is also shaped by being exposed to the health field at an early age, including volunteering at a hospital as a youth. A native of Mena, Arkansas, Pilkington's grandfather and father were hospital administrators. Their duties gave him an introduction to public health and an inside look at the impact of local hospitals and clinics. "The hospital was a pillar in our community," he said. "It was one of our largest employers. Hospitals affect the vitality of a community."

Early on, Pilkington decided that he wanted to be a health administrator. After graduating from high school, he went to Washington & Jefferson College, a private liberal arts college in Pennsylvania. Once he earned a bachelor's degree in 2013, Pilkington returned to Arkansas to pursue a master's degree. Enrolling in the College of Public Health's MHA program made sense on multiple levels, he said.

"I knew I wanted to live and work in Arkansas," he said. "I thought it was best to go to school in the state I planned on living in for the rest of my life. Also, UAMS's MHA program being accredited by the Commission on Accreditation of Healthcare Management Education, was important to me as well."

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH TESTIMONIAL

TESTIMONIAL (CONTINUED)

Pilkington has fond memories of his time in the program, especially a summer residency he did at Unity Health in Searcy. "I liked how the professors were very knowledgeable," he said. "I loved the summer residency programs for administrators. That was a great way to get hands-on experience on how healthcare works."

The residency further prepared Pilkington to help community members, especially those who live in rural areas. "If you want to understand how to improve rural health and how to work in a rural state, it's a great program," he said. "If you want a program that's focused on practical application, it's the program for you. If a person wants to run clinics or hospitals, the UAMS MHA program is the one for you." He completed the program in 2015. Pilkington uses his education to help him execute his ARcare duties and to also advocate for Arkansans as a state representative for District 45, located in Pope and Johnson counties.

A member of the House's public health committee, he has been involved with numerous legislative developments that directly address maternal health, including the formation of the UAMS Milk Bank. He also wrote the Healthy Mom's Healthy Babies bill. Pilkington says it is all a matter of fulfilling his dream of improving the health status of a state he adores. "As an elected official, the most rewarding part is seeing the fruits of those labors come to fruition and help the people of Arkansas," he said. "It's common for people to wait until they're about to become a parent to begin talking about prenatal health and postnatal health. However, people need to have those conversations much sooner, make lifestyle changes much sooner, to help us improve maternal health."

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH

EVALUATION OF INDICATORS

LONG-TERM OBJECTIVE

Elevate the overall ranking of the health status of Arkansans.



INDICATOR #1

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.



PROGRESS: On Track

Activity: This indicator is on track to meet the annual goal. In the July-September quarter College of Public Health faculty reported involvement in 52 health-focused organizations, committees, task forces, and panels. The scope of these groups range from local to international, but most have a primary focus on Arkansas and Arkansans. In their associations with these organizations, COPH faculty served a wide variety of health-related roles such as membership on advisory boards, task forces and coalitions, and participated in health-related activities such as professional presentations and consultancies.



INDICATOR #2

COPH faculty productivity is maintained at a level of two publications in peer-reviewed journals per one full-time equivalent (FTE) employee for primary research faculty.



PROGRESS: On Track

Activity: This indicator is on track to meet the annual goal. Data for this indicator are reported in the October-December quarter and will be presented in the 2024-2025 Biennial Report.



INDICATOR #3

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



PROGRESS: On Track

Activity: This indicator is on track. In the July-September quarter, COPH faculty were involved with 50 grants and research projects, 46 (or 92%) of which were based in and/or focused on Arkansas. COPH students were involved in an additional 11 research projects, 10 (91%) of which were based in and/or focused on Arkansas. These grants and research projects cover a broad range of health-related topics, including early cancer identification, reducing adverse maternal outcomes, treating pediatric obesity, and improving transition from prescription opioids.



INDICATOR #4

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



PROGRESS: On Track

Activity: This indicator is on track to meet the annual goal. In the July-September quarter, nearly all active research projects and grants (56 of 61, or 92%) were based in Arkansas.

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH EVALUATION OF INDICATORS



INDICATOR #5

The COPH makes courses and presentations available statewide.



PROGRESS: On Track

Activity: This indicator is on track. During the quarter the COPH made 11 courses and five presentations remotely available to the public. Topics included the relationship between obesity and sleep deficits, public health response to measles in Arkansas, and recreational water safety.



INDICATOR #6

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



PROGRESS: On Track

Activity: This indicator is on track to meet the annual goal. Of the 157 students enrolled at the COPH during the quarter, 46 (29%) were from Arkansas counties classified as rural.



INDICATOR #7

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



PROGRESS: On Track

Activity: This indicator is on track. Of the nine students that graduated during the summer period covered in the July-September quarter, three (33%) were white non-Hispanic, three (33%) were Black, one (11%) was Asian, and two (22%) did not report race or ethnicity.



INDICATOR #8

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



PROGRESS: On Track

Activity: This indicator is on track. Of the nine graduates this quarter, all (100%) reported an intent to stay in Arkansas, either to work in public health or pursue further education in the state.

SHORT-TERM OBJECTIVE

Obtain federal and philanthropic grant funding.



INDICATOR #9

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



FY25 EVALUATION: Met

Activity: This indicator has been met. Data from July 1, 2024, to June 30, 2025 showed that the COPH received and utilized \$2,221,669.00 from the ATSC in FY25, while grants and contracts totaled \$12,045,719.00. This indicates a 5.42:1 ratio of extramural award funding to tobacco funding.

ARKANSAS MINORITY HEALTH INITIATIVE PROGRAM DESCRIPTION AND GOAL

PROGRAM DESCRIPTION

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

PROGRAM GOAL

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



ARKANSAS MINORITY HEALTH INITIATIVE EVALUATOR SUMMARY & COMMENTS

OPPORTUNITIES

This quarter the MHI took the opportunity to partner with the Association of Black Cardiologists. This partnership allowed participants to be screened for HDL, LDL, and triglycerides during their health screening service. Prior to the partnership, only total cholesterol was able to be screened for. This added information will help minority Arkansans understand the deeper meaning of cholesterol and how to improve their health.

CHALLENGES

Heart disease is a large burden for minority Arkansans, and the MHI continues to battle against heart disease and other health outcomes faced by vulnerable populations. The MHI also continues battling staffing challenges. This means MHI staff wear many hats and perform multiple tasks with few resources. This challenge resulted in fewer in-person outreach activities and a heavier reliance on multimedia efforts to reach Arkansans.

EVALUATOR COMMENTS

The MHI's efforts are exemplary in many ways. Despite the difficulties with turnover, lack of staffing, and people wearing multiple hats, the agency continues its robust outreach efforts and has maintained its screening numbers as well as a wide-reaching multimedia campaign. The MHI educates thousands of Arkansans each quarter on crucial topics regarding overall health, nutrition, physical activity, tobacco use, breastfeeding, and mental health, among other topics. The method for which the agency continues to capitalize on partnerships with other health and community organizations is impressive, as it is always seeking new opportunities to collaborate with others to improve program impact and reach. Overall, the MHI remains committed to providing vital services and information that help minority Arkansans reduce death/disability due to tobacco, chronic, and other lifestyle-related illnesses.

ARKANSAS MINORITY HEALTH INITIATIVE TESTIMONIALS

PROGRAM PRAISE FOR COMMUNITY EVENTS

A participant from a Carnell Russ Foundation event shared the following in a letter of appreciation: “It was such a pleasure to meet you [MHI director] in person after you spoke at the Carnell Russ event this past weekend! I just wanted to take the time to thank you and the Arkansas Minority Health Commission for all you do for the community. I was the recipient of the cute little tomato and cucumber seeds complete with the little pot and soil that were given out at your April Arkansas Minority Health Conference. I learned a lot from the speakers at the event but have learned even more about growing my own vegetables after receiving the seeds and planter. I knew nothing about growing vegetables! But I got them started and asked questions of my gardening friends, and they have produced! The first cucumbers were so tiny—we gave them the name CuteCumbers—ha. Pictures of my gardening journey are attached and I definitely plan to give it a go next year too! Thank you again and many blessings to you.”



Two participants attending the annual Recovery Jam event, focused on sobriety and recovery, shared the following praise:

- “The event was alive with color, music, and people who genuinely cared. I was pleased to hear that there are programs all over the state of Arkansas that make me feel seen and supported. I even got to talk to folks about long-term recovery options that I had no idea about.”
- “Recovery Jam wasn’t just an event, it was a reminder that healing can be beautiful, creative, and shared. I will carry that with me.”

ARKANSAS MINORITY HEALTH INITIATIVE EVALUATION OF INDICATORS

LONG-TERM OBJECTIVE

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



INDICATOR #1

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



PROGRESS: On Track

Activity: This indicator is on track towards the fiscal year goal. The MHI continues its robust campaign to raise awareness and provide access to screenings throughout Arkansas. The agencies efforts and accomplishments are highlighted below.

- Compared to this time last year, screening numbers remained consistent. The agency provided 2,651 screenings this quarter. One noteworthy community event this quarter was the annual Recovery Jam sponsored by the Better Community Development, Inc. This event supports and celebrates sobriety and recovery. Over 600 Arkansans attended and 355 health screenings were offered. This quarter, the MHI reported approximately 2,000 educational encounters with Arkansans, almost double the encounters from this time last year. The MHI continues to partner with agencies that value health and work to provide education and health screenings to their populations. With the help of MHI sponsorship, three organizations provided nearly all of the educational encounters this quarter.
- Through MHI's media outlets, the agency offered more than 1,000 health-related paid commercials directly related to healthy eating, exercise, blood pressure, stroke, tobacco, and other diseases that disproportionately impact minorities. These commercials aired on six television stations in central, southeast, and northwest Arkansas. This number is comparable to the same time last year. The MHI's social media outlets garnered thousands of social media impressions. Social media campaigns increased awareness related to a variety of health topics most critical to minority populations including mental health, tobacco, breastfeeding, prostate cancer, immunization, heart disease, and healthy eating. Combined, these subjects received more than 340,000 Facebook views, more than 400 radio commercials and more than 300,000 over-the-top streaming impressions.
- The MHI also leverages their continued partnership with the Arkansas Medical, Dental, and Pharmaceutical Association (AMDPA) which provides a physician twice per month on radio stations that target the minority communities served. A renewed partnership with a bilingual physician (Spanish/English) makes it possible to target Spanish speaking populations. During this quarter these physicians provided health education and answered questions from callers on the specific topics of prostate cancer, mental health, and immunizations.
- Lastly, MHI continues to provide personal protective equipment and sanitizers for healthy living. This quarter MHI staff distributed over 1,000 sanitizers and 1,100 masks in Drew, Jefferson, and Pulaski County.

ARKANSAS MINORITY HEALTH INITIATIVE EVALUATION OF INDICATORS

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 #2

The MHI will maintain the number of health screenings and educational encounters related to stroke awareness for minority Arkansans within a 10% variation of the previous fiscal year.



PROGRESS: On Track

- **Activity:** This indicator is on track to meet the fiscal year goal. During the quarter, 638 blood pressure screenings and 406 cholesterol screenings were provided. These numbers are both within 10% from last year. The MHI also educated more than 2,000 Arkansans and paid for over 1,000 commercials that impacted thousands of minority Arkansans related to healthy eating, physical activity, tobacco, blood pressure, and stroke awareness, all directly related to stroke awareness.



INDICATOR #3

The MHI will maintain the number of health screenings and educational encounters related to hypertension awareness for minority Arkansans within a 10% variation of the previous fiscal year.



PROGRESS: On Track

- **Activity:** This indicator is on track to meet the fiscal year goal. MHI provided 638 blood pressure screenings this quarter and reached 2,000 Arkansans at community events. Furthermore, more than 1,000 paid commercials targeting minority communities aired and focused on healthy eating, exercise, and the benefit of getting regular health screenings and check-ups.



INDICATOR #4

The MHI will maintain the number of health screenings and educational encounters related to heart disease awareness for minority Arkansans within a 10% variation of the previous fiscal year.



PROGRESS: On Track

- **Activity:** This indicator is on track to meet the fiscal year goal. MHI provided 406 cholesterol screenings this quarter. The MHI also educated approximately 2,000 Arkansans and tallied 1,000 television commercials that focused on topics like healthy eating, physical activity, tobacco, and blood pressure. Furthermore, the MHI continues to provide awareness for heart disease through social media outlets and radio programs. The Southern Ain't Fried Sundays (SAFS) program is a longstanding program encouraging healthy eating with a 21-day Meal Plan offered. This quarter the program reached over 100 Arkansans, 13 of which signed up for the program. The SAFS Facebook following also increased this quarter to 371 followers.

ARKANSAS MINORITY HEALTH INITIATIVE EVALUATION OF INDICATORS



INDICATOR #5

The MHI will maintain the number of health screenings and educational encounters related to diabetes awareness for minority Arkansans within a 10% variation of the previous fiscal year.



PROGRESS: Met

Activity: This indicator is on track to meet the fiscal year goal. In total, 400 glucose screenings were offered by the agency. This is lower than this quarter last year, but the MHI is still on track to remain within 10% of the previous fiscal year. Additionally, several thousand more minority Arakansans were reached through MHI's multimedia platforms. The agency uses TV, radio, and social media to educate and interact with Arkansans across the state. Diabetes is always a top priority in MHI's health education efforts.



INDICATOR #6

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.



PROGRESS: In Need of Improvement

Activity: This indicator is in need of improvement towards the five-year goal. Because of a change in the organization willing to complete the survey and assessment, MHI has not been able to accomplish this goal. The data provided from this formal survey of racial and ethnic minority disparities is important to the operations of the MHI. Although it was not completed in the previous five year window (which ended in FY24), the MHI has made considerable effort to complete the report in a timely manner. An organization has been chosen and is in the process of finishing this report before the end of FY26. Though it may be a six-year span between the last finished survey, the MHI will use the data to inform new partnerships, modifications, and practices. Updates will be provided in an upcoming evaluation report. The MHI continues to assess needs and determine critical health issues for the populations that the agency serves. This is done through community interactions at in-person events, interactions via social media and radio shows like "Ask the Doctor", and diverse organizational partnerships.



INDICATOR #7

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



PROGRESS: On Track

Activity: This indicator is on track. This quarter, Camp iCAN was offered to 22 youth participants in Faulkner, Jefferson, and Pulaski Counties. This is a three-day program with activities, workshops, and exercises that promote healthy eating, physical activity, and self-esteem. During this annual camp, 66 screenings were provided. Camp iCAN is hosted annually in the summer months and has been a consistent project that supports youth health education. The MHI identifies effective strategies and broadens its partnerships each year to reach youth through Camp iCAN. Lessons learned and relationships formed during these camps can reduce health disparities in Arkansas, especially when youth share what they have learned with their families and friends.

TOBACCO PREVENTION AND CESSATION PROGRAM PROGRAM DESCRIPTION AND GOAL

PROGRAM DESCRIPTION

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

PROGRAM GOAL

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



TOBACCO PREVENTION AND CESSATION PROGRAM EVALUATOR SUMMARY & COMMENTS

OPPORTUNITIES

Two sub-grantees of TPCP report an assortment of activities during the current quarter. A number are highlighted below:

- The Arkansas Tobacco Education Initiative (ARTEI) participated in 21 different events this quarter including worship center events at The Worship Center Kingdom Community Fest and the Sheridan First Assembly Back to School Block Party, the Arkansas Tech University Wellapalooza, and numerous other meetings including the Simmons Brand Employee Health Fair, Little Rock Midtown Health Alliance meeting, and the Be Well Summer Health Showcase. Additionally, they provided vaping presentations at Smith Drug Company and Conagra.
- Although schools were not in session for most of this quarter, Project Prevent was still able to provide 29 presentations to approximately 742 attendees.

CHALLENGES

ARTEI staff reported a couple of challenges during the first quarter. First, scheduling events at the end of the summer or beginning of the school year can be challenging as organizations and schools tend to be busy at that time. Thus, they plan to talk to the school staff about timeframes that would work best for them to help both ARTEI and the schools do a better job planning out visits in upcoming years. Second, ARTEI staff report that presenting to a group of adults about the dangers of vaping is tricky because they do not want the audience to feel they are shaming them for their lifestyle choices. Most adults who are addicted to nicotine products are already experiencing societal pressures to quit, so the team always wants to present the information in a helpful (non-shaming) way.

TPCP staff report that there have been a lot of changes within their department this quarter that interfered with their ability to provide any presentations and projects (see Evaluator Comments for additional information). However, they plan to provide, during the next quarter, the GloWild Christmas event at the Little Rock Zoo sponsored by Be Well Arkansas. Additionally, TPCP had planned to offer a Tobacco Treatment Specialist class in February, but due to budget cuts, they will be unable to offer this training. TPCP hopes they will be able to provide this class again in October 2026.

EVALUATOR COMMENTS

During the current and previous quarters, TPCP experienced some changes that interfered with their ability to provide some of their usual presentations and projects. For example, funding losses and delays (primarily related to funds from the Centers for Disease Control and Prevention) have interfered with their offerings of the Tobacco Treatment Specialist classes. Changes in personnel assignments impacted the access to data for the evaluation of this program for the FY25 fourth quarter report. Finally, the removal of TPCP Branch Chief Joy Gray on September 15th will necessitate a search for a replacement. It is expected that as the funding and personnel issues are resolved, programming will return to normal. Already, access to the evaluation data has become easier with the return of Marika Curengton in the role of grants coordinator.

TOBACCO PREVENTION AND CESSATION PROGRAM TESTIMONIALS

PRAISE FOR ARTEI PARTICIPATION IN LOCAL HEALTH EVENTS


The Arkansas Tobacco Education Initiative (ARTEI) offers two testimonials:


- Following the end of the Vine and Village ADH event, Linda Morgan, homeless shelter and encampment program manager, sent out an email to participating vendors stating, "I want to express my appreciation for your outstanding efforts at the ADH Vine and Village Day event. Your hard work and dedication to helping one of the most vulnerable populations may have made a significant difference in many of their lives. Yesterday was not only a working event in which you gave your time, but the energy levels and sincerity displayed were top-notch. It was truly a pleasure to see your commitment to helping others."
- Isaac, the small business development and community engagement coordinator with Plaza Frida, shared: "On behalf of Plaza Frida, I would like to sincerely thank you for your participation in the Health Fair organized by the Arkansas Department of Health on Saturday, August 2nd. Your contribution and dedication brought valuable resources and information to our community. We truly appreciate the impact the American Lung Association makes in promoting health and wellness, as well as your willingness to collaborate and support initiatives that benefit the public. Thank you once again for your time, dedication, and the positive difference you helped create."


TOBACCO PREVENTION AND CESSATION PROGRAM EVALUATION OF INDICATORS


LONG-TERM OBJECTIVE

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

 **INDICATOR #1**
By June 2030, the TPCP will work to decrease the current smoking/smokeless tobacco/Electronic Nicotine Delivery System (ENDS) use rate among youth (grades 9-12) from 13.7% to 11.7% for smoking, from 12.7% to 11.7% for smokeless tobacco, and from 13.9% to 12.9% for ENDS.


 **PROGRESS: On Track**
Activity: This indicator is on track to meet the long-term goal. An annual summary of progress towards this goal will be provided in the fourth quarter of FY26.


 **INDICATOR #2**
By June 2030, 1) the TPCP will work to decrease smoking use among adults (18+) from 22.3% to 20.3%, 2) decrease ENDS use among adults (18+) from 5.7% to 3.7%, and 3) decrease the pregnancy smoking rate from 13.9% to 11.9%.

 **PROGRESS: On Track**
Activity: This indicator is on track to meet the long-term goal. An annual summary of progress towards this goal will be provided in the fourth quarter of FY26.

SHORT-TERM OBJECTIVE

Communities shall establish local tobacco prevention initiatives.

 **INDICATOR #3**
By June 2026, 500 presentations will be conducted to educate the public and decision makers on the economic burden of tobacco use, current and emerging tobacco/nicotine products, implementing smoke-free/tobacco-free policies, and dangers of exposure to secondhand smoke.

 **PROGRESS: On Track**
Activity: This indicator is on track to meet the fiscal year goal. During this quarter, approximately 747 youth and adults participated in 31 presentations covering such topics as the economic burden of tobacco use, current and emerging tobacco/nicotine products, dangers of exposure to secondhand smoke, and strategies for decreasing exposure. Community sub-grantees conducted 29 presentations to approximately 742 attendees while statewide sub-grantees conducted two presentations to approximately five attendees. See the Opportunities section for additional details on programming provided by TPCP and statewide sub-grantees.

TOBACCO PREVENTION AND CESSATION PROGRAM EVALUATION OF INDICATORS



INDICATOR #4

By June 2026, maintain the sales-to-minor violations at 6.5% or below (Baseline in FY19 = 6.3%).



PROGRESS: On Track

Activity: This indicator is on track to meet the fiscal year goal. This quarter, 5,492 compliance checks were completed by the Arkansas Tobacco Control (ATC) and there were 380 sales-to-minor violations for a noncompliance rate of 6.99%. Also, this quarter there were 71 online complaints submitted and 85 that were called in to the 1-877-ID-TEENS number. Finally, ATC held 26 trainings for retailers and shop owners with a total of 296 attendees.



INDICATOR #5

By June 2026, Project Prevent will establish seven new school chapters within the Red Counties (Red Counties are those counties with low life expectancy).



PROGRESS: In Need of Improvement

Activity: This indicator is not on track to meet the fiscal year goal. No new Project Prevent chapters were established in Red Counties during the current term. As discussed in the previous report, no new chapters were established in FY25 either. Meetings will be held in the future with TPCP and Project Prevent personnel to discuss their current representation across Red Counties and identify another indicator that would better reflect their programmatic activities. See the Opportunities section for additional information on Project Prevent activities this quarter.



INDICATOR #6

By June 2026, ADH Health Communication will maintain a comprehensive, multiplatform media plan to prevent youth initiation, eliminate exposure to secondhand smoke, and promote cessation. (Report Annually)



PROGRESS: On Track

Activity: This indicator is on track to meet the fiscal year goal. The media plan is reported annually; therefore, an update will be provided in the fourth quarter report for FY26.



INDICATOR #7

By June 2026, Be Well Arkansas will consistently maintain a tobacco cessation quit rate higher than the previous baseline level of 28% for those enrolled in the program. (Report Quarterly: # of callers requesting service; # of callers enrolled in tobacco cessation counseling {Reset Annually})



PROGRESS: On Track

Activity: This indicator is on track to meet the fiscal year goal. During this quarter, Be Well Arkansas (BWA) received 1,501 calls inquiring about tobacco cessation, hypertension, and/or diabetes. A total of 825 individuals enrolled in the tobacco cessation program. Also, the BWA call center staff mailed out 94 diabetes and 284 hypertension pamphlets as requested by callers.

TOBACCO PREVENTION AND CESSATION PROGRAM EVALUATION OF INDICATORS



INDICATOR #8

By June 2026, provide quarterly updates on the implementation of the Be Well Baby program.



PROGRESS: On Track

Activity: This indicator is on track to meet the fiscal year goal. For the current quarter, 19 women were enrolled in the Be Well Baby program. Be Well Baby provides enrolled participants with four prenatal and six postpartum sessions, with additional supplemental sessions available if necessary. This quarter, 134 counseling sessions were conducted including 84 prenatal, 45 postpartum, and five supplemental counseling sessions. Additionally, there were 134 educational (referrals) packets mailed out this quarter.



INDICATOR #9

By June 2026, the MISRGO will work with five new faith-based churches/organizations to implement No Menthol Sunday (NMS) activities.



PROGRESS: On Track

Activity: This indicator is on track to meet the fiscal year goal. Planning is underway for the No Menthol Sunday activities which will be held in May of 2026.



INDICATOR #10

By June 2026, the MISRGO will execute an annual event that supports the mission of the program and report on funded and non-funded attendees.



PROGRESS: On Track

Activity: This indicator is on track to meet the fiscal year goal. Plans are underway for the 23rd Clearing the Air in Communities of Color Conference to be held on March 10, 2026. MISRGO will continue its partnership with the Arkansas Cancer Coalition's Cancer Summit for this event.



INDICATOR #11

By June 2026, the MISRGO will provide and report on technical assistance through direct stakeholders and property owners regarding reducing tobacco related disparities in Arkansas.



PROGRESS: On Track

Activity: This indicator is on track to meet the fiscal year goal. MISRGO continues to partner with Teen Tours Society. Fall events include the Hate the Vape tour with young stakeholders in schools and youth-based service organizations. This interactive presentation allows youth to engage and learn about the dangers of vaping.

TOBACCO PREVENTION AND CESSATION PROGRAM EVALUATION OF INDICATORS



INDICATOR #12

By June 2026, the MRC will distribute requests for proposals (RFP) to fund research studies focused on: (1) tobacco use and mental health in Arkansas's minority population, (2) the dual usage of combustible cigarettes and marijuana in Arkansas's minority population, and (3) the dual usage of combustible cigarettes and e-cigarettes/vapes in Arkansas's rural population.



PROGRESS: On Track

Activity: This indicator is on track. One research grant has been awarded for the 2025-2026 academic year. The project utilizes data collected from last year's funded grant to examine tools to deter tobacco and vaping usage while addressing the topics under options one and three. The potential title of the project is "Philander Smith University as a Hub to Promote Stress Management, Personal Resilience, and Empowerment to Deter Tobacco and Vaping Usage." Project team members include Dr. Carmen Harden (principal investigator [PI]), Dr. Caron Lott (co-PI), two student assistants (criminal justice majors), and three faculty consultants (psychology, sociology, and consulting backgrounds). The timeframe for the project is one year.



INDICATOR #13

By June 2026, the MRC will conduct three virtual and/or face-to-face meetings in minority communities to discuss tobacco usage among minority groups.



PROGRESS: On Track

Activity: This indicator is on track. The MRC continues to collaborate with MISRGO on the Hate the Vape tours providing pre- and post-assessments. In addition to the Hate the Vape tours, the MRC will schedule additional face-to-face and virtual meetings in the spring, as well as an event scheduled for March.



INDICATOR #14

By June 2026, the MRC will submit three open editorials to small town newspapers focusing on tobacco-related issues in rural communities in Arkansas.



PROGRESS: On Track

Activity: This indicator is on track. Plans are in place for the MRC to meet with its media partner to identify topics for the op-eds to be submitted for minority health month in April 2026.



INDICATOR #15

By June 2026, GASP faculty and staff will report the number of new students recruited into their program, the number of students who have graduated from the program, and the number of students who have been provided a stipend.



PROGRESS: On Track

Activity: This indicator is on track. This quarter, a total of 18 students were enrolled in the GASP. Because graduation occurs during the second and fourth quarters of the fiscal year, no students graduated from the GASP this quarter. The Student Stipend Program for the fall 2025 semester was planned during this quarter. Award decisions will be provided in the next quarterly report.

TOBACCO PREVENTION AND CESSATION PROGRAM EVALUATION OF INDICATORS



INDICATOR #16

By June 2026, GASP faculty will identify programs interested in initiating tobacco prevention curriculum for juvenile justice programs in Jefferson County, Arkansas.



PROGRESS: On Track

Activity: This indicator is on track to meet the fiscal year goal. Dr. Jackson, the faculty leader for this project, returned for the 2025-2026 academic year on August 19th. Plans began in September for the next steps in the project and for identifying the students who will work with the faculty leader this year.



INDICATOR #17

By June 2026, GASP faculty and students will develop three virtual presentations to share with the University of Arkansas at Pine Bluff community. Two presentations will focus on tobacco and nicotine health hazards and cessation resources, and one presentation will focus on health hazards and addiction symptoms of marijuana use.



PROGRESS: On Track

Activity: This indicator is on track to meet the fiscal year goal. Dr. Golden, the faculty leader for this project, returned for the 2025-2026 academic year on August 19th. Plans began in September for the next steps in the project and for identifying the students who will work with the faculty leader this year.

TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM PROGRAM DESCRIPTION AND GOAL

PROGRAM DESCRIPTION

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

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

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

PROGRAM GOAL

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



Tobacco Settlement Medicaid Expansion

TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM EVALUATOR SUMMARY & COMMENTS

OPPORTUNITIES

With the TS-MEP program, the Arkansas Department of Human Services (DHS) provides support for the four TS-MEP populations as well as the state's overall Medicaid efforts. The DHS has had the legislative authority for more than twenty 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 ARHOME program. As the state of Arkansas continues to explore opportunities for Medicaid reform, new possibilities for using TS-MEP funds may emerge.

CHALLENGES

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

EVALUATOR COMMENTS

The TS-MEP has been impacted by the significant changes in the healthcare system. The decreases in the Hospital Benefit Coverage population may be the result of stabilizing numbers after several quarters of increasing numbers being served. There was also stability in the number of persons with developmental disabilities being served with all 500 TS-MEP funded slots being filled again during this quarter. The lifting of the extending of health coverage during the public health emergency can possibly explain the continued increases in the ARSeniors population and the Pregnant Women Expansion population during this quarter.

TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM EVALUATION OF INDICATORS

LONG-TERM OBJECTIVE

The Arkansas Department of Human Services will demonstrate improved health and reduce long-term health costs of Medicaid eligible persons participating in the expanded programs.



INDICATOR #1

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



PROGRESS: On Track

Activity: This indicator is on track to meet the annual goal. With the implementation of the ARHOME (Arkansas Health and Opportunity for Me) program, more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term impact will be limited compared to the influences outside of the TS-MEP. During this quarter, the TS-MEP provided expanded access to health benefits and services for 11,893 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is a slight increase of 48 persons served over the previous quarter. Total claims paid for the TS-MEP populations this reporting period were \$39.6 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 \$27.4 million in federal matching Medicaid funds during this quarter, which has a significant impact on health costs and health outcomes for the state of Arkansas.

SHORT-TERM OBJECTIVE

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



INDICATOR #2

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



PROGRESS: On Track

Activity: This indicator is on track to meet the annual goal. During this quarter, there were 1,928 participants in the TS-MEP initiative Pregnant Women Expansion (PWE) program. This is an increase of 113 women being served from the previous quarter. The TS-MEP continues to provide vital services to thousands of pregnant women each year. This program provides prenatal health services for pregnant women with incomes ranging from 138-214% of the federal poverty level (FPL). Before the TS-MEP funding, the income limit for pregnant women was at or below 100% FPL. In this quarter, the TS-MEP funds for the PWE program totaled \$2.1 million.

TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM EVALUATION OF INDICATORS



INDICATOR #3

The TS-MEP will increase the average number of adults aged 19-64 years receiving inpatient and outpatient hospital reimbursements and benefits through the Hospital Benefit Coverage.



PROGRESS: In Need of Improvement

Activity: This indicator is in need of improvement. The TS-MEP initiative Hospital Benefit Coverage (HBC) provided inpatient and outpatient hospital reimbursements and benefits to 658 adults aged 19-64. This is a decrease of 154 people served. The HBC program had a significant decrease during the public health emergency, due largely to suspended cost share requirements for day one hospitalizations. However, we had seen steady increases since the lifting of the public health emergency in 2024. The decrease this quarter may be the result of adjusting to the new health environment. Traditional Medicaid covered 20 hospital days per year for qualified adults. The HBC program has increased the number of hospital days from 20 to 24 and reduced the copay on the first day of hospitalization from 22% to 10%. TS-MEP funds for the HBC totaled \$3.5 million this quarter.



INDICATOR #4

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



PROGRESS: On Track

Activity: This indicator is on track. The ARSeniors program expanded Medicaid coverage to 8,800 seniors this quarter. This is an increase of 89 seniors. The ARSeniors program serves Arkansans 65 years or older that have incomes at or below 80% of the federal poverty level. Arkansas Medicaid benefits that are not covered by Medicare are available to ARSeniors participants. Some examples of these benefits are coverage for physician, lab, pharmacy, and inpatient services. Additionally, the ARSeniors program pays the Medicare premium to the Social Security Administration (SSA) for qualified seniors. As a result, the SSA does not withhold this premium from these seniors in their SSA benefits. TS-MEP funds for the ARSeniors program totaled \$7.9 million during this quarter.



INDICATOR #5

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



PROGRESS: On Track

Activity: This indicator is on track. This quarter, 507 individuals were provided services through TS-MEP funds. This is the same number of persons served from the previous quarter; however, this program continues to fill the 500 TS-MEP funded slots each quarter. There were 507 unique individuals served this quarter because of participant turnover. This quarter, 41 children (18 and under) and 466 adults in 69 of 75 counties were provided services. The CES waiver provides assistance for major life activities to individuals with intellectual or developmental disabilities. This includes activities such as living independently and working in a job in the community rather than an institutional setting. TS-MEP funding helps to reduce the waitlist for this population of Arkansans. TS-MEP funds for the CES waiver program totaled \$26 million in this quarter.

UAMS CENTERS ON AGING PROGRAM DESCRIPTION AND GOAL

PROGRAM DESCRIPTION

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

PROGRAM GOAL

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



UAMS CENTERS ON AGING EVALUATOR SUMMARY & COMMENTS

OPPORTUNITIES

The UAMS-COA continues to seek and find ways to cope with changes in healthcare systems and the needs of the older people in Arkansas. Some of the most encouraging opportunities are described below.

- *Distribution of services:* While the UAMS-COA headquarters are located in Little Rock's Donald W. Reynolds Institute on Aging, additional COAs are located in El Dorado, Fort Smith, Helena-West Helena, Jonesboro, Pine Bluff, Springdale, and Texarkana. This enables the agency to address the distinct needs that emerge in different regions of Arkansas. Investments in social media and other alternative methods of contact have helped expand the agency's reach to seniors, caregivers, healthcare professionals, first responders, and students living in 70 of the 75 counties in Arkansas. This includes portions of the state that have been traditionally underserved by other state agencies.
- *Service innovation:* The agency continues to innovate the delivery of services throughout the state. This includes the following: (a) expansion of caregiver support initiatives, including training and resources to reduce caregiver strain; (b) offering programs on healthy lifestyle and dementia education to the public, free-of-charge; (c) leveraging virtual education tools to improve accessibility and reach; and (d) expansion of UAMS Northwest Campus into the Schmieding Center to better serve Northwest Arkansas.
- *Raising awareness:* The UAMS-COA continues raising awareness about the challenges of aging in Arkansas communities. Representatives from the agency continually pursue public relations opportunities to combat ageism, encourage successful aging practices, distribute information about Medicare, promote elder-care as a function of healthy communities, and generally celebrate the contributions of older adults in the state. During this quarter, the UAMS-COA staff have helped draw attention to issues such as food insecurity, dementia, ageism, elder abuse, and senior housing issues. Staff have also provided training to first responders in the state designed to help them better recognize and provide services for people with dementia. Representatives from the UAMS-COA share their expertise by presenting at conferences including the American Society on Aging and the Institute for Digital Health and Innovation.
- *Partnerships:* The UAMS-COA continues to foster partnerships with other agencies to lead the state with respect to mitigating falls, expanding geriatric caregiver training, reducing hunger among seniors, and increasing awareness of chronic disease. Particularly promising are partnerships with the Arkansas Alzheimer's Association, the UAMS Hartford Center of Excellence in Geriatrics, the HealthCare Association, and the Rural HealthCare Association.
- *Enhancing the geriatric medicine workforce:* The UAMS-COA works with multiple colleges and universities across the state to recruit and train new geriatric specialists in different allied health fields. This includes sponsoring fellowships for medical students and social workers. It also includes efforts to increase high school student interest in geriatric-related careers.
- *Enhanced attention to social isolation among older adults:* The UAMS-COA has increased attention on social interaction among older adults. The agency has also made efforts to expand opportunities for more cross-generational interaction to help combat ageism and reduce the social isolation of Arkansas seniors.

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

UAMS CENTERS ON AGING EVALUATOR SUMMARY & COMMENTS

CHALLENGES

Several challenges were reported by UAMS-COA, and they are summarized below.

- The aging of the state's population coupled with a quickly changing national healthcare model continues to challenge the core mission to "improve the health status of older Arkansans." The pressures on the clinical aspects of the agency are particularly acute. Labor market shortages in the healthcare system have added further strain to an already tenuous network of specialized care. Outside of UAMS in Little Rock, there is limited access to specialized geriatric clinics, and despite the increasing need, formerly reliable funding streams are diminishing. UAMS-COA remains committed to supporting an aging population with educational programs and specialized geriatric treatment, but external factors are playing an outsized role in determining how the support model operates.
- Staffing issues continue to be one of the largest threats to the flow of specialized elder services. Despite progress made by recently filling vacant leadership positions, new vacancies continue to interrupt the field operations of the agency. Increased demand for healthcare professionals creates obstacles for hiring and retention, especially for hiring qualified professionals in rural counties and less-developed portions of the state (e.g., specialists in dementia assessment and management).
- Adequate supervision of COAs in more remote regions has always been a concern. Efforts have progressed with respect to many of the issues, but weak technological infrastructure in Arkansas and rising costs make staff training and activity monitoring across the COAs more difficult than ever.
- Changing racial and ethnic demographics of seniors in some areas necessitate planning for more inclusive communication and the development of bilingual or multilingual materials and programs.
- Due to poverty, an underdeveloped infrastructure, and small and decentralized populations, the basic UAMS-COA model is more difficult to deploy in some areas of the state. While services are distributed across several regional COAs, older adults who do not live in close proximity to a COA likely experience difficulties engaging with services. More effort is needed to find effective modes of delivery for serving seniors in impoverished, hard-to-reach communities. An increasing volume of COA client services, out of necessity, has shifted to an Internet-based model. However, client services are unavailable to many in the state who lack technology skills or lack reliable broadband access.
- The agency continues improving the capacity needed to fully assess program outcomes, but the shift to digital training modes has introduced new complications. Wellness outcomes are now routinely monitored among participants in the Drums Alive, Walk with Ease, Tai Chi, Ageless Grace, and First Responder Dementia Training. The next challenge will be to maintain a consistent collection of data so that long-term assessment of outcomes is possible. Declines in federal funding coupled with inflationary pressures increase the difficulties associated with this challenge.
- It is time to introduce new evidence-based exercise options offered to seniors. Participants have been demanding more variety for several quarters, but funding strains and staff turnover that is partially the result of these strains have made developing/implementing new programs more difficult. Some of the current exercise options are hard to monitor for quality and safety using online interaction formats. Evaluating the comparative effectiveness of traditional versus emerging service delivery models is essential, but adequate comparison remains problematic under existing limitations.
- Many of the programs and services offered through UAMS-COA have an indirect effect on senior health in Arkansas. UAMS-COA continues efforts aimed at demonstrating the net positive impact (including economic impact) of services provided by the agency. However, valid return-on-investment models have not yet been sufficiently developed. Continued staffing concerns along with changes in the healthcare landscape have stalled development of these return-on-investment models.

UAMS CENTERS ON AGING EVALUATOR SUMMARY & COMMENTS

CHALLENGES (CONTINUED)

- As state and federal funding continues to evaporate, as older funding commitments end, and as inflationary pressures rise, maintaining external funding streams is more important than ever. At stake is the continuation of critical programs related to the health and well-being of older adults across Arkansas. The UAMS-COA is currently meeting the funding challenge through a patchwork of grants, awards, service contracts, donations, and volunteer support. However, worries remain about the sustainability of such efforts. The continuous search for new funding is exhausting and depends heavily on the talent and extraordinary effort of the current leadership. Ensuring necessary levels of support over the long-term remains a challenge especially in an economy with high labor costs and erratic investment returns.
- Finding the time and other resources necessary to stay current with best practices in geriatric care is an enduring challenge. The UAMS-COA has put great effort into staying connected with professional organizations at the regional and national levels. In order to maintain its high quality programming, the agency is encouraged to continue allocating resources for professional development among the directors and staff.

Many of this agency's external challenges remain the same although some obstacles to agency services have increased in intensity over the last few quarters. Fortunately, the UAMS-COA recognizes its key challenges and continues finding short- and middle-term strategies to address them.

EVALUATOR COMMENTS

Evidence suggests that the UAMS-COA continues fulfilling its mission to advance the state's agenda for successful senior health services, knowledge, and programming in Arkansas. Despite numerous strains on conventional service modalities, the UAMS-COA has enhanced senior health this quarter through the following activities:

- Maintaining alliances between nonprofit, for-profit, and state-funded agencies to better address the needs of older adults in Arkansas;
- Utilizing digital resources on aging-related issues that help reach broader audiences;
- Educating the community about the special needs of older adults;
- Conducting research on the effectiveness of senior support activities and models;
- Keeping seniors active by providing exercise opportunities across the state (through multiple platforms);
- Recognizing the necessity of fall prevention and healthy exercise education for seniors and mobilizing resources to meet the need;
- Leading efforts in mental health and suicide prevention in the state;
- Enhancing the healthcare workforce with geriatric training for medical professionals;
- Providing information to family caregivers to help increase the quality of in-home senior care;
- Focusing on dementia care and building dementia-friendly communities; and
- Addressing needs such as social isolation and hunger among older adults.

Despite the fact that staffing issues disrupted some of the daily operations in parts of the state this quarter, the UAMS-COA continues to make progress in critical areas and is well situated to meet its annual goals.

UAMS CENTERS ON AGING TESTIMONIAL

THE JOY OF PATIENT CARE

A former staff member at the Schmeiding Center shared the following reflection: "Looking back, my experience at the Schmeiding Center left me with a newfound appreciation for the resilience and humanity of dementia patients. I went in expecting to assist older, dull patients in cognitive exercises but instead encountered an amazing community of lively friends and left with a greater understanding of how much these patients need community, compassion, patience, and a sense of joy in their everyday lives. Through this experience, I saw how dementia reshapes people's lives but also how support systems like the Schmeiding Center offer them a space to laugh, play, and feel connected."

UAMS CENTERS ON AGING EVALUATION OF INDICATORS

LONG-TERM OBJECTIVE

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



INDICATOR #1

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



PROGRESS: On Track

Activity: This indicator is on track to meet the annual goal. A total of 1,803 exercise encounters with senior Arkansans were counted during this reporting period. Exercise opportunities were well distributed with encounters counted at all regional Centers on Aging. Exercise options have been curated by the UAMS-COA to include evidence-based programs such as Ageless Grace, Tai Chi, Drums Alive, and Walk with Ease. Exercise programming addresses many of the core concerns of the client population (e.g., physical activity increases, balance/fall prevention, and social isolation). A majority of the 1,803 encounters (75%) were live, in-person experiences as opposed to Facebook or videoconference methods. Overall, the UAMS-COA provided approximately 381 hours of exercise programming to seniors this quarter. Post-participation data collected by UAMS-COA demonstrate that substantial numbers of participants in exercise activities report increased activity levels, a substantial reduction in falls, and perceived reductions in pain.



INDICATOR #2

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



PROGRESS: On Track

Activity: This indicator continually meets expectations and is on track for the year. During this period, the UAMS-COA offered evidence-based educational programs that addressed a range of health priorities related to aging. This quarter, UAMS-COA staff provided 2,042 hours of educational offerings related to the management of chronic diseases related to aging. This includes hours in critical focal areas such as caregiving/dementia training (995 hours), healthy eating/food insecurity (113 hours), mental health/well-being (865 hours), and instruction in exercise/fall reduction (69 hours).

UAMS CENTERS ON AGING EVALUATION OF INDICATORS



INDICATOR #3

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.



PROGRESS: Exceeding Expectations

Activity: This indicator exceeds expectations. In this quarter, the UAMS-COA developed external support from various sources valued at approximately \$648,567. This amount exceeds the quarterly goal of \$485,949 and represents a solid quarter of fundraising. During this quarter, \$393,330 was raised from three different grants to support programming. The most sizable grant received this quarter was a \$354,000 award from USDA for continued support of virtual-reality-based dementia education. Aside from grants, another large stream of funding came from the Schmieding Foundation that provided \$73,706 to support Schmieding Center operations. Additional extramural funding included community partner donations (\$44,515) and UAMS core support (\$114,000). The agency also received \$7,490 through contractual service agreements with other agencies and \$15,000 for helping develop and promote the Arkansas Caregiver Resource Guide. Financial numbers indicate clear efforts to remain active in external fundraising. Overall, the UAMS-COA had a successful quarter of external funding by leveraging \$162,618 above the \$485,949 fund leveraging goal for the quarter.

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 #4

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



PROGRESS: In Need of Improvement

Activity: This indicator is in need of improvement. The UAMS-COA recorded 1,895 Senior Health Clinic (SHC) encounters during the current quarter. These encounters were recorded at two of the regional COAs (Schmieding/Northwest and Northeast). There were no recorded nursing home, inpatient, or home visits during this period. Due to external factors that have limited availability of specialized geriatric care in the state, the UAMS-COA is only able to meet the stated goal in selected areas of Arkansas. The UAMS-COA is technically “maximizing” SHC encounters, but this is only due to the diminished capacity of such encounters. Despite its best efforts, the agency is no longer capable of sustaining the legacy model of SHC services throughout the state. We will be revisiting this particular objective in future quarters and consider modifying the UAMS-COA approach to cultivating opportunities for specialized senior healthcare.

UAMS CENTERS ON AGING EVALUATION OF INDICATORS



INDICATOR #5

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



PROGRESS: On Track

Activity: This indicator is on track. The agency continues to prioritize the education of healthcare practitioners across the state. The UAMS-COA produced approximately 524 hours of educational presentations and specialized geriatric training opportunities attended by 129 healthcare practitioners and students during this reporting period. A high proportion of the educational encounters were in person and, in this quarter, a majority of encounters were concentrated in three COAs (South Arkansas, Northeast, and West Central).



INDICATOR #6

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



PROGRESS: On Track

Activity: This indicator is on track to meet the annual goal. Using live events, social media, and other means of communication, the UAMS-COA generated 8,807 community education encounters and 292 in-service encounters during this reporting period. Approximately 63% of these encounters occurred in person with other encounters occurring via distance platforms (e.g., 2,669 encounters were recorded from Facebook).



INDICATOR #7

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.



PROGRESS: Met

Activity: This indicator has been met for the year and no further progress is needed. Planning for FY26 was completed during the final quarter of FY25. After evaluating the previous year's challenges and success, a list of prioritized problems and interventions for the current year was generated. The list is identical to the FY24/FY25 priorities and includes a continued emphasis on fall reduction and healthy activity, an emphasis on healthy eating and food insecurity, caregiving/dementia training, and mental health/well-being.

UAMS EAST REGIONAL CAMPUS PROGRAM DESCRIPTION AND GOAL

PROGRAM DESCRIPTION

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

PROGRAM GOAL

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



UAMS EAST REGIONAL CAMPUS EVALUATOR SUMMARY & COMMENTS

OPPORTUNITIES

Both staff members at UAMS East at West Memphis attended the Sudden Unexpected Infant Death Investigation (SUIDI) training, which helps the agency be more informed when performing its duties on the Infant Child Death Review Committee for District 1.

Chicot Memorial Medical Center (CMMC) and UAMS East Regional Campus Lake Village was awarded grant funds of \$9,900.00 from the King's Daughters and Sons Circle Number Two to support community health. The funding was used to purchase one Octane Rower and Ultimat flooring for the Community Outreach Center, enhancing opportunities for wellness and fitness in the Lake Village area. In addition, the grant will provide a portable Vital Signs Monitor and a Mac Medical Warming Cabinet for the Nursing Department at CMMC, further strengthening patient care and clinical training resources. These additions will not only improve the health and wellness resources available to our community but also ensure that the hospital nursing staff has the tools they need to continue delivering high-quality care. The partnership between CMMC and UAMS East Regional Campus Lake Village remains focused on improving health outcomes across Southeast Arkansas through patient care, education, and outreach.

UAMS East Lake Village has entered a new partnership with the UAMS Winthrop P. Rockefeller Cancer Institute. Rachel Will, a representative with the cancer institute, has participated in recent outreach events, including the Community Health & Wellness Expo, PSA screenings for men at Superior Uniform Group, and events at Chicot Memorial Medical Center. Will provided participants with colorectal cancer awareness materials and free at-home screening FitKits. The partnership promises to support the community by sharing valuable resources and information.

CHALLENGES

The UAMS East Regional Campus pre-professions recruiter retired at the end of August, leaving her position unfilled. The grant that funds this position is waiting until they receive information about their level of funding for the upcoming cycle before re-hiring this position. Other enduring challenges include meeting the needs of clients and communities with limited staff and continuing to grow programs with limited budget and staffing.

EVALUATOR COMMENTS

During the third quarter of 2025 (July-September), the UAMS East Regional Campus executed a comprehensive strategy focused on pipeline development, community health, and clinical services, demonstrating significant engagement across its service area. The campus drove substantial community health initiatives, combining direct screenings with large-scale educational outreach. The clinic continues to meet or exceed Patient-Centered Medical Home (PCMH) benchmarks in providing direct clinical care. Health coaches supported 19 patients and successfully guided two patients through the smoking cessation program. Finally, while the foundation for a Rural Resident Training Track (RRTT) is still being prepared, the immediate focus remains on increasing patient volume to meet application requirements.

UAMS EAST REGIONAL CAMPUS TESTIMONIALS

PROGRAM PRAISE

- A UAMS East staff member shared, "While working with an expectant mom on a seat for her infant, we discovered that her 3-year-old was riding in the vehicle with just a seat belt. We were able to educate her and provide her with a proper seat to keep the toddler safe as well."
- A participant at a diabetes education class stated, "I enjoyed learning all about diabetes. Learning more than I knew to keep me on the lookout for myself and other family members."
- A patient at the UAMS FMC shared, "My experience was great! Dr. Martin was very attentive and listened carefully. She asked many questions and took her time with me. She is the best doctor I've had since I moved here seven years ago."

UAMS EAST REGIONAL CAMPUS EVALUATION OF INDICATORS

LONG-TERM OBJECTIVE

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



INDICATOR #1

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



PROGRESS: On Track

Activity: This indicator is on track. The UAMS East Regional Campus has been busy with health career fairs this quarter. UAMS East education coordinators met in early August for a two-day planning for the upcoming year. Plans were made to have the Find Your Future Virtual Day in November. The UAMS East recruiter attended an AHEC Scholars Physician's Assistant recruitment in August and successfully recruited all 21 members of the new incoming class into the Scholars program. The program goal is to have 120 students from the UAMS College of Medicine, College of Pharmacy, or Physician Assistant Program. Recruitment continued through the partnership with ArkACRAO College fair. This year, there were over 400 local students in attendance at the regional fair. Information and literature were given to promote UAMS and its different professional schools. This quarter, UAMS East staff attended the UAMS-sponsored etiquette luncheon for a local high school. Students had the opportunity to learn real-life social skills on manners, etiquette, and how to behave in formal settings.



INDICATOR #2

The UAMS East Regional Campus will continue to provide assistance to health professions students and residents, including RN to BSN and BSN to MSN students, medical students and other interns.



PROGRESS: On Track

Activity: This indicator is on track. UAMS East Regional Campus Lake Village provided a UAMS 4th Year Medical student with a family medicine rotation in Lake Village. Currently the campus has one student in a UAMS master's program.

UAMS EAST REGIONAL CAMPUS EVALUATION OF INDICATORS

SHORT-TERM OBJECTIVE

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



INDICATOR #3

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



PROGRESS: On Track

Activity: This indicator is on track. As part of National Prostate Health Month, UAMS East in Lake Village, Chicot Memorial Medical Center (CMMC), and the Arkansas Prostate Cancer Foundation collaborated to offer two free PSA (Prostate Specific Antigen) screenings to CMMC employees, residents, and employees at Superior Uniform Group; 39 men took part and were provided screenings and education on prostate cancer and stroke. They also received a FitKit (colorectal in-home screening kit) and colorectal cancer information from a representative from the UAMS Winthrop P. Rockefeller Cancer Institute. UAMS East in Lake Village provided free blood pressure checks and health information to staff and community members at Little Jacob Learning Center. Fifty-two people were screened at this event. UAMS East in Lake Village partners with the Chicot County Community Outreach Center to provide blood pressure monitors and educational resources to the center. This quarter, 162 blood pressure checks were provided as well as 10 BMI, 10 glucose, and 39 PSA screening for a total of 221 health screenings. UAMS East abnormal screenings include: blood pressure (26), BMI (4), and glucose (4).



INDICATOR #4

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



PROGRESS: On Track

Activity: This indicator is on track. This quarter, the UAMS East Regional Campus network provided health education, promotion, and prevention programs to 12,575 individuals, including 7,225 youth and 5,350 adults. The following is a summary of activities.

- UAMS East in Helena led broad community health initiatives, beginning with two Back to School events that provided over 650 families with supplies and information on UAMS services. Youth-focused programming was a priority, with 240 children participating in the Kids for Health tobacco-prevention program.
- Key partnerships included hosting the UAMS Mobile Mammography Van for local screenings and collaborating with Alzheimer's Arkansas for a caregiver workshop. The campus also provided training for 45 community members and 15 healthcare providers in CPR/First Aid. The campus trained 32 Phillips County residents in the use of NARCAN.
- In Lake Village, UAMS East championed healthcare access and affordability by providing support to the Prescription Assistance Program at CMMC. This quarter, the initiative demonstrated a remarkable financial impact on the community by serving 64 patients and filling 65 prescriptions, resulting in nearly \$180,000 in patient savings on vital medications.

UAMS EAST REGIONAL CAMPUS EVALUATION OF INDICATORS

INDICATOR #4 (CONTINUED)

- **Activity:** The West Memphis campus focused on youth and family education and reached over 600 people with car seat safety and smoking prevention materials at a Back to School Bash and engaged 75 college students at a separate resource fair. For a younger audience, 170 junior high students were educated on healthy relationships using the Safe Dates curriculum.
- A significant effort was dedicated to the East Central Arkansas Community Corrections Center (ECACCC), where the team held a resource fair for 500 residents and conducted numerous classes, including 180 encounters for parenting and 90 encounters for child safety. It also continued the DEEP (Diabetes Empowerment Education Program) at the ECACCC, resulting in 135 patient encounters.
- UAMS East also advanced child passenger safety by conducting car seat checks, distributing six seats, and demonstrating proper use to over 30 women at a community baby shower. This team provided 55 encounters for parenting classes to parents with children in DHS custody.
- To guide future strategy, UAMS East Helena launched a Community Action Board, bringing together over 20 stakeholders to improve maternal and child health in the area.



INDICATOR #5

The UAMS East Regional Campus will maintain the number of clients participating in exercise programs offered by UAMS East Regional Campus within 10% of the previous year.



PROGRESS: On Track

Activity: This indicator is on track. Fitness and wellness engagement remained high this quarter with UAMS East Fitness Center/walking track encounters at 6,630. UAMS East continued its group exercise classes. Yoga was conducted for 279 participants and Silver Sneakers for 333 participants. UAMS East Lake Village helps provide support and education to members of the Community Outreach Center. Through this partnership, they have helped provide exercise equipment and classes. This quarter, there were 2,466 encounters. Also, UAMS East Lake Village supports fitness classes at the McGehee Methodist Church, and 230 women participated in classes. Some classes provided were Senior Fitness, Spinning, Step Aerobics, and Muscle Madness. Also, UAMS East Lake Village, invested in fitness equipment to support a new exercise facility in Dermott. In addition, an AED was provided for the center to enhance safety. UAMS East Lake Village looks forward to the addition of more state-of-the-art equipment that will benefit residents across Southeast Arkansas. UAMS East hosted its annual Walking on Sunshine with Alzheimer's Arkansas. Over 40 community members and civic groups joined at UAMS Walking Track for this worthy cause. UAMS East Lake Village hosted its 15th annual Firecracker 5K with 78 participants.



INDICATOR #6

The UAMS East Regional Campus will plan and implement a Rural Residency Training Track for Family Medicine in Helena, in partnership with the UAMS South Central residency program.



PROGRESS: In Need of Improvement

Activity: This indicator is in need of improvement. UAMS East Family Medical Center (FMC) is slowly trying to build the foundation for the RRTT. The FMC must increase patient volume before applying. Patient volume has increased, but the agency is not at the level to begin a program.

UAMS EAST REGIONAL CAMPUS EVALUATION OF INDICATORS



INDICATOR #7

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



PROGRESS: On Track

Activity: This indicator is on track. The UAMS FMC 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. The FMC had a total of 1,364 patient visits in 64 days of clinic. This includes virtual visits, transplant labs, and nurse and provider visits. There were 137 new patients this quarter. Other activities are highlighted below.

- UAMS FMC staff is utilizing primary, secondary, and tertiary prevention measures to improve the health of the rural Delta population. UAMS FMC continues its commitment to the Patient-Centered Medical Home program (PCMH). UAMS East health coaches provided coaching to 19 clinical patients. Also, health coaches provided smoking cessation to six patients. This is an 8-week smoking cessation coaching program. Two patients completed the program and quit smoking successfully. Three patients are still participating while one patient dropped out.
- UAMS FMC's RN and community health worker, who are working through the P5 THRIVE grant with the UAMS's Institute of Community Health Innovations, continued reaching out to pediatric clients in the clinic by connecting families with the resources that are needed and meeting PCMH metric compliance.
- UAMS FMC Primary Care and Population Health Service Line Provider Scorecard metrics are met with percentages at, or in many cases above, the expected percentages. The clinical staff strive to provide quality care, meeting benchmarks and standards of care.
- UAMS East FMC continues the Dr. Burdine Satellite Transplant clinic in Helena. Patients have labs drawn at the FMC, and follow-up is provided on-site, which is beneficial to patients because of the lack of transportation and travel costs.
- This quarter, UAMS FMC clinical maternal and women's health services provided 10 new OB patients with services and support. Also, through a partnership with the Arkansas Center for Women & Infants' Health, UAMS East is providing social and emotional support for women enrolled in Healthy Start. Healthy Start is a project designed to help moms get the care and support they need to have healthy babies. This includes help with connecting to prenatal care providers, healthcare navigation, prenatal and postpartum education, as well as family planning. This quarter, the Healthy Start staff have provided care to 26 women. Also, 15 women participated in group education classes. Through these classes, women were provided pack-n-plays to encourage safe sleep environments, wall outlet covers, and diapers.



INDICATOR #8

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



PROGRESS: Exceeding Expectations

Activity: This indicator is exceeding expectations. UAMS East provided diabetes education and outreach to 75 community members. Also, UAMS East provided a Diabetes Support Group class to 20 community members. UAMS East at West Memphis provided DEEP to 135 participants. This program focuses on the effects of diabetes, risk factors, meal planning, and nutrition.

REPORT SUMMARY

SUMMARY OF INDICATOR PERFORMANCE ACROSS PROGRAMS

Across the seven ATSC-funded program, 92% of performance indicators were met or reported as on track or exceeding expectations toward annual goals (see Table 1). In all, 8% of performance indicators were reported as in need of improvement toward annual goals. Additionally, the Arkansas Biosciences Institute was evaluated for its FY25 performance this quarter, and Table 1 reflects that ABI met 100% of its indicators for the fiscal year.

TABLE 1

Progress across Programs

Program	Indicators	Met	Unmet	Exceeding Expectations	On Track	In Need of Improvement	Overall Progress
ABI (FY25 Evaluation)	7	7	--	--	--	--	100% Met
COPH	9	1	--	--	8	--	100% On Track or Better
MHI	7	--	--	--	6	1	86% On Track or Better
TPCP	17	--	--	--	16	1	94% On Track or Better
TS-MEP	5	--	--	--	4	1	80% On Track or Better
UAMS-COA	7	1	--	1	4	1	86% On Track or Better
UAMS East	8	--	--	1	6	1	88% On Track or Better
COMBINED	60	9	--	2	44	5	92% On Track or Better

EXPLANATION OF INDICATORS IN NEED OF IMPROVEMENT

MHI: One indicator was reported as in need of improvement for MHI. The Arkansas Racial and Ethnic Health Disparities Study, which is to be conducted every five years, was not completed in the last 5-year cycle (which ended in FY24). The MHI’s external evaluator reports that the agency has made considerable effort to complete the report in a timely manner. An organization has been chosen and is in the process of finishing the report, which should be published before the end of FY26.

TPCP: The indicator evaluating new Project Prevent chapters in Red Counties was reported as in need of improvement. No new chapters were established in the first quarter of FY26, which reflects an ongoing challenge. TPCP’s external evaluator reports that future meetings will be held between TPCP and Project Prevent personnel to discuss the program’s representation across Red Counties and identify another indicator that would better capture Project Prevent programmatic activities.

SUMMARY

EXPLANATION OF INDICATORS IN NEED OF IMPROVEMENT (CONTINUED)

TS-MEP

One TS-MEP performance indicator was reported as in need of improvement. The Hospital Benefit Coverage population saw a decrease of 154 adults being served compared to the previous quarter. The external evaluator for TS-MEP reports that this continued decrease may be the result of adjusting to a new health environment. The evaluator also reports, generally, that successful performance of TS-MEP has been measured by growth in the number of participants in the four covered populations. Arkansas DHS may need to explore new performance measurements for the TS-MEP initiatives as individuals are transitioning into new coverage groups under programs, chiefly ARHOME.

UAMS-COA

One indicator under the UAMS-COA, related to senior health clinic (SHC) encounters, was reported as in need of improvement. UAMS-COA reported 1,895 total SHC encounters, recorded at two centers (Schmieding/Northwest COA and Northeast COA). There were no recorded nursing home, inpatient, or home visits during this quarter. The external evaluator for this program reports that despite best efforts, UAMS-COA is no longer capable of sustaining the legacy model of SHC services throughout most of the state, and it is time to revisit this objective and consider modifying the agency's approach specialized senior healthcare.

UAMS East

The indicator related to building a foundation for a Rural Residency Training Track at the UAMS Family Medical Center (FMC) was reported as in need of improvement. The FMC must increase patient volume to meet a baseline volume before applying. The external evaluator reports that patient volume at the FMC has increased slightly, but not at the level to begin a program.

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