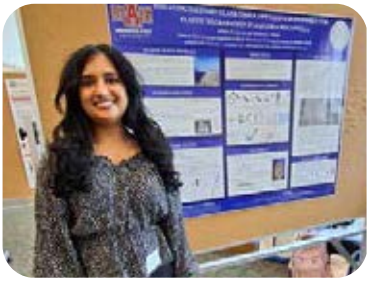

ARKANSAS TOBACCO SETTLEMENT COMMISSION

2024-2025 BIENNIAL REPORT

REPORT PRESENTED TO

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

REPORT PRESENTED BY

Arkansas Tobacco Settlement Evaluation Team
University of Central Arkansas
201 Donaghey Avenue
Conway, AR 72035

JUNE 2026

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ABOUT THE REPORT

PURPOSE

This report serves as the biennial evaluation of seven health programs funded through the Arkansas Tobacco Settlement Commission (ATSC) for 2024-2025. Programs include the Tobacco Prevention and Cessation Program (TPCP), Tobacco Settlement Medicaid Expansion Program (TS-MEP), Arkansas Biosciences Institute (ABI), Arkansas Minority Health Initiative (MHI), UAMS Fay W. Boozman College of Public Health (UAMS COPH), UAMS Centers on Aging (UAMS-COA), and UAMS East Regional Campus (UAMS East). Progress of each program is contingent upon established goals, long-term and short-term objectives, and indicators that operationalize these goals and objectives. In coordination with the ATSC, the University of Central Arkansas (UCA) evaluation team assists program directors and administrators in aligning indicators with program goals and objectives. Indicators are fulfilled through various program activities like education, research, and community and clinical services.

STRUCTURE

The report consists of five main parts: (1) an overview of the ATSC with a funding flowchart; (2) an infographic illustrating the combined efforts of the programs as they work to build a culture of health; (3) individual program evaluation; (4) a synthesis and conclusion to the biennial evaluation; and (5) a complementary qualitative report, followed by references. The program progress and evaluation section offers seven subsections, one for each of the ATSC-funded programs. These sections include an infographic with key accomplishments, program goals, long-term and short-term objectives, indicators and their associated activity, evaluator comments, and testimonials.

EVALUATION TIMING

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

- January-March Quarterly Report: Quarterly updates provided for all programs
- April-June Quarterly Report: Fiscal year evaluation of MHI and TPCP; Quarterly updates for all other programs
- July-September Quarterly Report: Fiscal year evaluation of ABI; Quarterly updates for all other programs
- Annual/Biennial Report, inclusive of October-December data: Review of most recent fiscal year evaluation of ABI, MHI, and TPCP; Calendar year evaluation of COPH, TS-MEP, UAMS-COA, and UAMS East

ABOUT THE ARKANSAS TOBACCO SETTLEMENT COMMISSION

ATSC MISSION

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

FUNDED PROGRAMS

Arkansas Biosciences Institute
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
Julie Harlan, Branch Chief

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

Tobacco Settlement Medicaid Expansion

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
Attorney with Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C
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

ATSC 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

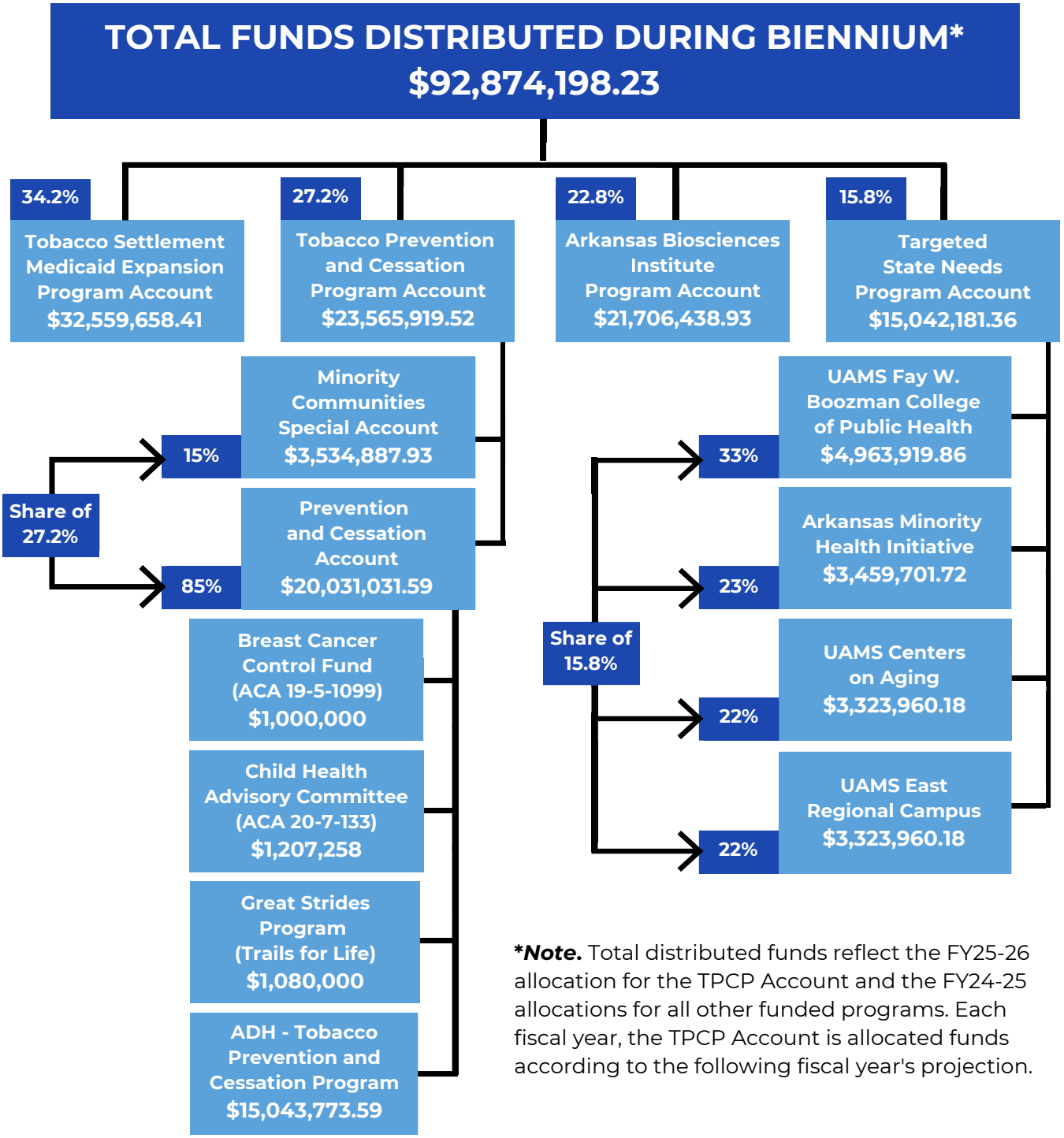
Ed Powers, PhD
Evaluator: UAMS Centers on Aging

Jacquie Rainey, DrPH, MCHES
Co-PI & Administrator; Evaluator: UAMS East Regional Campus

Rhonda McClellan, EdD
Co-PI; Qualitative Report

UNIVERSITY OF CENTRAL ARKANSAS

ATSC FUNDING: FLOWCHART



***Note.** Total distributed funds reflect the FY25-26 allocation for the TPCP Account and the FY24-25 allocations for all other funded programs. Each fiscal year, the TPCP Account is allocated funds according to the following fiscal year's projection.

ATSC FUNDING: DESCRIPTION

FUNDING FLOWCHART DESCRIPTION

The flowchart on the previous page illustrates the distribution of ATSC funds for FY24-25 (and FY25-26 for TPCP). As shown, ATSC funds are divided among four program accounts: Tobacco Settlement Medicaid Expansion Program, Tobacco Prevention and Cessation Program, Arkansas Biosciences Institute, and Targeted State Needs. The Targeted State Needs account is divided among four programs: UAMS Fay W. Boozman College of Public Health, Arkansas Minority Health Initiative, UAMS Centers on Aging, and UAMS East Regional Campus.

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

DATA REPRESENTATION

ATSC funding is awarded at the start of the fiscal year (July 1), but not all ATSC-funded programs are evaluated at the end of the fiscal year. As mentioned earlier, some ATSC-funded programs are evaluated at the end of the calendar year. Therefore, program data highlighted in this report cover FY24-25 (July 2023-June 2025) for ABI, MHI, and TPCP and cover the 2024-25 calendar years for TS-MEP, UAMS-COA, and UAMS East. The UAMS COPH is an exception as its indicator related to leveraged funds is evaluated at the end of the fiscal year, while its other indicators are evaluated at the end of the calendar year.

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); *UAPB programs funded via TPCP Account include Graduate Addiction Studies Program (GASP), Minority Research Center (MRC), Minority Initiative Sub-Recipient Grant Office (MISRGO)*

EDUCATION

234,637 ARKANSANS EDUCATED
(MHI, TPCP, UAMS-COA, UAMS EAST)

16%
% INCREASE IN ENCOUNTERS FROM 2024 TO 2025

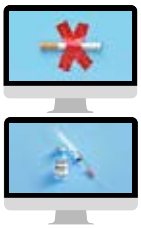

205 CERTIFICATES & DEGREES AWARDED
(COPH, GASP)

9,070 HEALTH PROFESSIONALS & STUDENTS EDUCATED
(ABI, COPH, GASP, UAMS-COA, UAMS EAST)

5,428 YOUTH ENGAGED IN UAMS EAST PRE-HEALTH PROFESSIONS PROGRAMS

84 COPH DISTANCE-ACCESSIBLE COURSES

43 COPH REMOTE PRESENTATIONS



AWARD FOR EXCELLENCE
During the biennium, **UAMS-COA** received national recognition with the 2024 Gloria Cavanaugh Award for Excellence in Training and Education.

- THREE+ CHAPTERS
- TWO CHAPTERS
- ONE CHAPTER

At the end of FY25, 92 Project Prevent chapters were active in 50 counties. These chapters engage youth in tobacco education and prevention activities.

SERVICE

7,011 CALLERS ENROLLED IN TOBACCO CESSATION VIA BE WELL ARKANSAS

35% QUIT RATE THROUGH BE WELL ARKANSAS IN FY25

1st ARKANSAS CONTINUES TO HAVE THE HIGHEST QUITLINE RATE IN THE NATION

90,484 VULNERABLE ARKANSANS SERVED BY TS-MEP

20,469 CLINICAL ENCOUNTERS
(UAMS-COA, UAMS EAST)

19,907 HEALTH SCREENINGS
(MHI, UAMS EAST)

91,830 EXERCISE ENCOUNTERS
(UAMS-COA, UAMS EAST)

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); *UAPB programs funded via TPCP Account include Graduate Addiction Studies Program (GASP), Minority Research Center (MRC), Minority Initiative Sub-Recipient Grant Office (MISRGO)*

RESEARCH

442 RESEARCH PROJECTS ON AVERAGE PER YEAR
(ABI, COPH)

1,262 PUBLICATIONS
(ABI, COPH)

95% % OF COPH PROJECTS FOCUSED ON ARKANSAS

63% % OF ABI PROJECTS THAT WERE COLLABORATIVE AMONG INSTITUTIONS

Research activities at **ABI** and **COPH** included a wide range of topics such as tobacco addiction, swine and poultry health, cognitive functioning, rice fortification, pediatric intensive care procedures, machine learning, breast cancer risk assessment, cardiovascular disease disparities, and health literacy, and among others.

4 PATENTS AWARDED TO ABI INVESTIGATORS

Patents are focused on reducing air pollution, biotechnology and therapeutic delivery, treatment for hyperparathyroidism, and advancements in wound healing through collagen binding agents.

COPH's Center for the Study of Obesity collaborated with UAMS Culinary Medicine to conduct a pilot healthy cooking demonstration at a Little Rock elementary school to teach healthy eating habits to students.

MINORITY RESEARCH CENTER FUNDS TWO PROJECTS

In FY25, two projects were funded by **MRC**. One study is an exploration of e-cigarette use among current and former African-American college students, led by Dr. Carmen Hardin at Philander Smith University. The other study is the Arkansas Collegiate Substance Use Assessment of Minority Tobacco and Addictions, led by Dr. Derek Slagle at University of Arkansas at Little Rock.

ECONOMIC IMPACT

ATSC-FUNDED PROGRAMS LEVERAGED

$335.2 MILLION

EQUAL TO $5.36 PER ATSC $1
(ABI, COPH, TS-MEP, UAMS-COA)

$1.1 BILLION

IN CUMULATIVE LEVERAGED EXTRAMURAL FUNDS FOR ABI SINCE 2001

$317.7 MILLION

TOTAL CLAIMS PAID BY TS-MEP

$503,800

REVENUE GENERATED FROM UAMS FAMILY MEDICAL CENTER

SAVINGS FOR BE WELL CALLERS

Arkansas smokers experience lifetime out-of-pocket costs of $166,090, increased healthcare costs of $151,908, and income loss of $507,799 (McCann, 2026). This equates to lifetime costs of $825,797 or $17,204 annually. In FY25, approximately 1,070 Be Well callers quit smoking. These Arkansans will save a combined $18.4 million in the coming year.

INDIVIDUAL PROGRAM EVALUATION

ARKANSAS BIOSCIENCES INSTITUTE

Alan Tackett, PhD, Director
Jimie Jarry, Program Coordinator
UCA Evaluator: Betty Hubbard, EdD, MCHES

ARKANSAS BIOSCIENCES INSTITUTE

STANDOUT ABI-SUPPORTED INVESTIGATORS FOR FY24-25

Travis Marisco, PhD
A-State
Research focuses on evolutionary ecology and invasive species biology.

Tamara Perry, MD
Arkansas Children's Research Institute
Research focuses on pediatric asthma in rural and underserved areas.

Fiona Goggin, PhD
University of Arkansas Division of Agriculture
Research focuses on mechanisms of plant defense against pests.

Khoa Luu, PhD
University of Arkansas
Research focuses on artificial intelligence, including use of AI to identify tobacco addiction and interventions.

Sean Taverna, PhD
University of Arkansas for Medical Sciences
Research focuses on chromatin biology and epigenetics.

223 RESEARCH PROJECTS ON AVERAGE

Research activities included a wide range of topics such as tobacco addiction, swine and poultry health, cognitive functioning, rice fortification, pediatric nutrition, machine learning, and cancer treatments, among others.

63% % OF PROJECTS THAT WERE COLLABORATIVE AMONG INSTITUTIONS

697 PUBLICATIONS

800 PRESENTATIONS

ABI-SUPPORTED INVESTIGATORS GATHERED FOR THE 2025 FALL RESEARCH SYMPOSIUM AT FRED W. SMITH CONFERENCE CENTER IN LITTLE ROCK

288 FULL-TIME EQUIVALENT EMPLOYEES SUPPORTED ON AVERAGE

4 PATENTS AWARDED

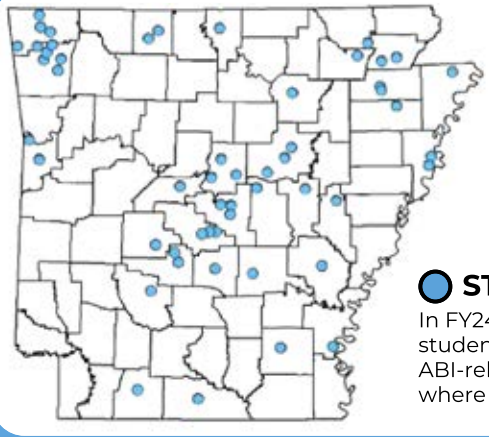
Patents are focused on reducing air pollution, treatment for hyperparathyroidism, biotechnology and therapeutic delivery, and advancements in wound healing through collagen binding agents.

$119.2 MILLION

LEVERAGED IN FY24-25, EQUAL TO $5.50 PER ATSC $1

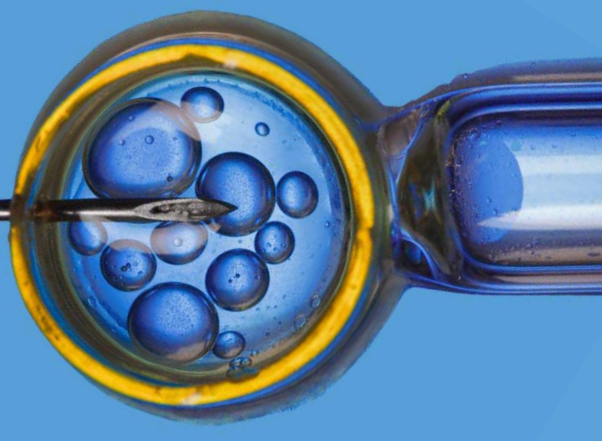
$1.1 BILLION

IN CUMULATIVE LEVERAGED EXTRAMURAL FUNDS SINCE 2001



STUDENT HOMETOWNS

In FY24-25, 784 high school and college students from 54 communities engaged in ABI-related research. The map indicates where these students call home.



PROGRAM DESCRIPTION AND GOAL

PROGRAM DESCRIPTION

The Arkansas Biosciences Institute (ABI), 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.

EVALUATOR SUMMARY AND COMMENTS

ECONOMIC IMPACT

The Arkansas Biosciences Institute consistently surpassed its benchmarks for extramural funding during FY24 and FY25. These funds, sourced from diverse national government and voluntary health agencies, were strategically utilized to advance the health of Arkansans. Key research areas included:

- Agricultural and Medical Integration: Research with direct clinical implications.
- Advanced Bioengineering: Focus on genetics and nanotechnology.
- Public Health: Combat tobacco-related illnesses and nutritional challenges like cancer and obesity.
- Plant Biotechnology: Specialization in metabolic engineering.

Funding Distribution: Under the Arkansas Tobacco Settlement Proceeds Act, ABI received 22.8% of the available distribution funds. Total funding amounted to $11,539,051 in FY24 and $10,167,387 in FY25. These funds were allocated to the member institutions as follows:

- Arkansas State University – 28.84%,
- University of Arkansas at Fayetteville – 15.39%,
- University of Arkansas Division of Agriculture – 15.39%,
- University of Arkansas for Medical Sciences and Arkansas Children's Hospital – 40.38%.

Return on Investment: The ABI continues to demonstrate a high return on investment (ROI) by successfully leveraging settlement funds to secure additional external grants. The FY25 ROI figure has been updated and corrected from the value reported in a previous report.

- FY24: Generated $5.24 for every $1.00 of settlement funding.
- FY25 (Updated/Corrected): Generated $5.80 for every $1.00 of settlement funding.

During the biennium, ABI hit a historic milestone and significant financial landmark; since its inception in 2001, the cumulative extramural funding leveraged by ABI has officially surpassed $1 billion.

OPPORTUNITIES

During the biennium, leadership focused on two primary opportunities to enhance research efficiency and outreach. In preparation for the upcoming FY26 annual report, a streamlined and automated digital template was developed for ABI research investigators. This updated intake process was designed to reduce form length and enhance clarity, ultimately improving efficiency and minimizing confusion for researchers and program managers. Additionally, there was a concerted effort to expand access to the All-Payer Claims Database via statewide workshops led by leadership from the Arkansas Center for Health Improvement and ABI. Following a successful inaugural workshop at the University of Arkansas at Fayetteville that sparked significant team interest, additional presentations were scheduled throughout the coming year to educate researchers on the extensive research and funding possibilities the database provides.

ARKANSAS BIOSCIENCES INSTITUTE

EVALUATOR SUMMARY AND COMMENTS

CHALLENGES

The programs faced hurdles during the biennium related to administrative complexity and underutilized research resources. Historically, the length and complexity of the existing investigator report form have made securing timely annual data from the five institutional partners a recurring challenge. To address these barriers, the implementation of a new digital intake process was specifically designed to facilitate a more efficient reporting cycle. Furthermore, while the All-Payer Claims Database serves as a dynamic tool for healthcare transparency and research, its adoption remained inconsistent across member institutions. This lack of utilization stemmed from a combination of low awareness within certain programs and researchers who found the database intimidating. In response, Dr. McGehee and Kenley Money developed a solution involving a series of workshops designed to demystify the resource and encourage broader institutional engagement.

EVALUATOR COMMENTS

The Arkansas Biosciences Institute demonstrated exceptional performance throughout the biennium by consistently meeting or exceeding all established performance indicators. A hallmark of this period was the Institute's remarkable fiscal efficiency. ABI leveraged $5.24 and $5.80 for every $1.00 in Tobacco Settlement funding during FY24 and FY25, respectively. The level of external funding garnered significantly surpassed its baseline targets. This financial strength supported a robust workforce and catalyzed scientific advancements across diverse domains including agricultural research with medical implications, bioengineering research, tobacco-related research, and nutritional research focusing on cancer prevention and treatment.

Scholarly output and collaborative efforts resulted in the filing of 28 patent applications and four patent awards. Further evidence of productivity by the programs during the biennium included 223 new and ongoing research projects on average each year. The research results were disseminated to the public through 143 media contacts and to the scientific community via 697 publications and 800 abstracts. Notably, inter-institutional partnership flourished, with collaboration efforts at 73% and 55% during FY24 and FY25, respectively. Furthermore, ABI successfully resumed its annual research symposium following the COVID-19 pandemic, providing a vital venue for investigators to disseminate cutting-edge research and forge professional networks aimed at improving the quality of life for Arkansans.

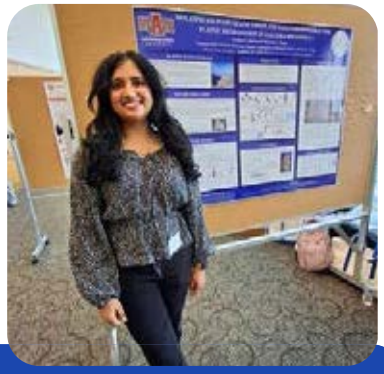
ABI SUPPORT FUELS STUDENT RESEARCH AND DISCOVERY

Each year, ABI member institutions offer research and professional development opportunities to hundreds of undergraduate and graduate students throughout the state. Mishka Jeevan, a biotechnology major at A-State, is one such student. Her experience with ABI deeply influenced her professional journey. “ABI has played a central role in shaping the scientist I am becoming and clarified the research-focused path I now hope to pursue,” Jeevan said.

Early in life, Jeevan was “fascinated by living systems—how organisms grow, adapt, and function in ways that seem both complex and coordinated.” As she got older, she was drawn to biology by a “deep curiosity about . . . how interconnected molecular systems cooperate to maintain health, and how disruptions in these systems lead to disease.” Jeevan’s curiosity led her to A-State, where she was supported by ABI through two internships in 2024-2025. Jeevan shared that her original goal was to contribute to precision medicine through clinical practice, but through her internships at the ABI, she discovered that she “feels most at home in the lab by working behind the scenes to develop the tools and innovations that clinicians rely on.” She added, “As an undergraduate student, it is hard to gain meaningful, hands-on research experience with real life applications. So I am thankful for these opportunities through the ABI.”

ABI supported Jeevan’s research at A-State’s Dolan Laboratory. The laboratory brings together undergraduate students from biotechnology, mechanical engineering, physics, chemistry, and biology to collaborate on solving complex problems. She said the collaborative environment strengthened “communication, adaptability, and mirrors the collaborative nature of real-world STEM professions.” The team’s research is focused on plastic biodegradation using waxworm larvae, which have “a promising biological solution” because they can biodegrade plastic.

Jeevan also discussed community engagement as an important component of this research. “Our work involves a partnership with the outreach coordinator at the A-State ABI, enabling us to bring authentic, hands-on science into K–12 classrooms,” she said. Through ongoing partnerships with Nettleton Junior High and Nettleton STEAM, undergraduates guide younger learners as they “design experiments, collect and analyze data, and troubleshoot their results—giving them access to real scientific inquiry.” Jeevan shared that this experience was “deeply meaningful” and it allowed her to share her passion and “help cultivate curiosity in future learners.”



A-State student Mishka Jeevan presented research at the 2025 ABI Fall Research Symposium.

In 2025, Jeevan also presented her work at the ABI Fall Research Symposium. “It was a great experience,” she said. “Seeing these techniques applied in real-life research to improve the health and well-being of Arkansans felt like a full-circle moment.” She also appreciated the opportunity to interact with other students and faculty from diverse fields. She described those interactions as “both inspiring and informative” and said the symposium helped strengthen her confidence as a young scientist while exposing her to future graduate and research opportunities.

ARKANSAS BIOSCIENCES INSTITUTE

EVALUATION OF PEFORMANCE 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.

#1 INDICATOR

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

MET - FY24

Activity: This indicator was met for the fiscal year. For FY 2024, ABI-supported research investigators received $5.24 for each $1 provided by the Arkansas Tobacco Settlement. Scientists from the five member institutions leveraged existing ABI funding to secure monies from numerous federal and philanthropic sources. These leveraged funds, in combination with monies provided through the Tobacco Settlement, were used to support agricultural, bioengineering, tobacco-related, and nutritional research as well as other areas of developing inquiry related to primary ABI-supported programs.

MET - FY25

Activity: The performance indicator for the current period was successfully met. For fiscal year 2025, research investigators supported by the Arkansas Biosciences Institute generated $5.80 in external funding for every $1.00 allocated via the Arkansas Tobacco Settlement. Scientists representing the five member institutions strategically used their foundational ABI funding as a catalyst to secure substantial extramural support from diverse federal agencies and philanthropic organizations. These leveraged resources, complemented by the distributions from the tobacco settlement, were instrumental in advancing comprehensive research initiatives in agricultural sciences with medical implications, cancer therapeutics, treatment of illnesses related to tobacco use, rural health solutions, and bioinformatics. Furthermore, this funding synergy fostered growth in research sectors vital to the overarching mission and primary programs of the ABI.

#2 INDICATOR

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

MET - FY24

Activity: This indicator was met for the fiscal year. During 2024, ABI-supported research scientists filed 19 patent applications and were awarded two. The foci of the patents were (a) an apparatus to reduce pollutants and white smoke and (b) a treatment for hyperparathyroidism to mitigate hair loss.

EVALUATION OF PEFORMANCE INDICATORS

MET - FY25

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 underscored the Institute's efficacy in translating laboratory discoveries into protected, commercially viable technologies. The awarded patents represented significant breakthroughs in biotechnology and therapeutic delivery as well as binding agents that target collagen within tissues. By securing these patents, ABI-supported investigators ensured that the scientific progress achieved through the Arkansas Tobacco Settlement remained a driver of economic development and medical advancement within the region.

#3 INDICATOR

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

MET - FY24

Activity: This indicator was met for the fiscal year. During FY24, the five institutions that comprise ABI made 72 media contacts. These contacts included 29 newspaper articles, 34 press releases, and nine television/radio broadcasts. These media contacts highlighted the research activities of ABI investigators and, therefore, increased the impact of the research activities conducted within the ABI umbrella of programs.

MET - FY25

Activity: The performance indicator for public dissemination was successfully met during the current fiscal period. Throughout FY25, the five 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 fostered greater public awareness of the state's scientific achievements but also underscored 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.

ARKANSAS BIOSCIENCES INSTITUTE

EVALUATION OF PEFORMANCE INDICATORS

SHORT-TERM OBJECTIVE

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

#4 INDICATOR

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

MET - FY24

Activity: This indicator was met for the fiscal year. During FY24, there were 208 new and ongoing research projects covering all five research areas: 51 projects within the Arkansas Children's Hospital Research Institute; 65 within Arkansas State University; 16 within the University of Arkansas, Division of Agriculture; 43 within the University of Arkansas at Fayetteville; and 33 within the University of Arkansas for Medical Sciences. All research projects were monitored to ensure that activities were timely, cost-effective, and within the scope of the researchers' defined agendas.

MET - FY25

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. Topics 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 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.

#5 INDICATOR

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

MET - FY24

Activity: This indicator was met for the fiscal year. In FY 2024, 393 publications and 415 abstracts/presentations were disseminated by ABI investigators. Approximately 37% of the publications were collaborative with other ABI researchers. Nine new/improved methods/tools to advance future scientific endeavors were created.

EVALUATION OF PEFORMANCE INDICATORS

MET - FY25

Activity: The ABI successfully met the requirements for this indicator. During 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 underscored a balanced approach to scientific inquiry through collaborative research. Approximately 43% of the published works resulted from internal collaborations among 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. Further, ABI contributed to the broader scientific landscape by developing five new or improved methodologies and tools. These innovations were specifically designed to streamline research processes and provide a foundation for future breakthroughs.

#6 INDICATOR

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.

MET - FY24

Activity: This indicator was met for the fiscal year. For FY 2024, there were 247 FTE jobs supported by ABI. Of these jobs, 84% were financed by extramural funds.

MET - FY25

Activity: The ABI successfully met this indicator. During this period, ABI's research initiatives and operations supported a total of 329.8 FTE positions, representing a significant contribution to the state's high-tech workforce. The sustainability of these positions was 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 level of financial support from extramural funding demonstrates ABI's effectiveness in leveraging state resources to attract external investment, thereby maximizing the economic and scientific impact of its workforce.

#7 INDICATOR

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

MET - FY24

Activity: This indicator was met. During FY 2024, there were 208 new and ongoing research projects within the member institutions. Of these projects, 73% were collaborative. In addition to cooperative efforts between ABI researchers, other partners included out-of-state investigators at institutions such as the University of Toledo, Duke University, Tufts University, and Georgetown University.

MET - FY25

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 was the 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

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH

Mark Williams, PhD, Dean
Liz Gates, JD, MPH, Assistant Dean for Planning and Policy
UCA Evaluator: Marc Sestir, PhD

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH

STANDOUT RESEARCH AWARDS FOR 2024-2025

Wendy Nembhard, PhD (left), Carol Cornell, PhD (right)
$5 Million Award
To support five years of research through the Arkansas Prevention Research Center for Women's Health

Ed Huang, PhD, leads interdiscplinary project
$3.6 Million Award
To better understand and address antibiotic resistance

Michael Thomsen, PhD (left), Gina Drobena, MD (middle), Pete DelNero, PhD (right)
$480,000 Award
To provide produce prescriptions and education to UAMS cancer patients during treatment to support nutritional needs and understand health outcomes

199 RESEARCH PROJECTS ON AVERAGE

Research activities included tobacco use in youth and adults, reduction of tuberculosis, breast cancer risk assessment, cardiovascular disease disparities, health literacy, and pediatric intensive care procedures, among others.

192 CERTIFICATES & DEGREES AWARDED

53% % OF GRADUATES WHO PLANNED TO STAY IN ARKANSAS

40% were undecided

95% % OF RESEARCH PROJECTS FOCUSED ON ARKANSAS

565 PUBLICATIONS

4.7 PUBLICATIONS PER FACULTY

84 DISTANCE-ACCESSIBLE COURSES

43 REMOTE PRESENTATIONS

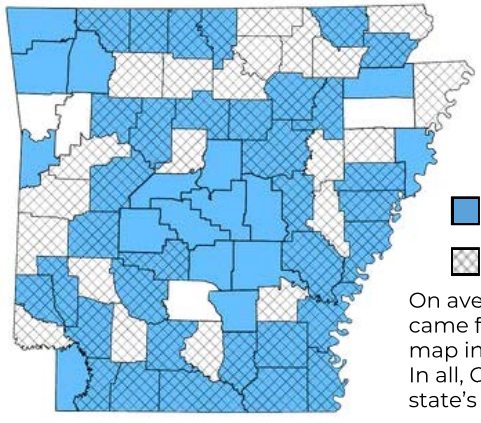
TOBACCO PREVENTION

MEASLES PREVENTION

COPH's Center for the Study of Obesity collaborated with UAMS Culinary Medicine to conduct a pilot healthy cooking demonstration at a Little Rock elementary school to teach healthy eating habits to students.

$23.9 MILLION

LEVERAGED IN FY24-25, EQUAL TO $4.92 PER ATSC $1



STUDENT HOME COUNTY

RURAL COUNTY

On average in 2024-2025, 33% of COPH students came from counties designated as rural. The map indicates rural counties with a crosshatch. In all, COPH students represented 50 of the state's 75 counties, including 33 rural counties.

PROGRAM DESCRIPTION AND GOALS

PROGRAM DESCRIPTION

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

PROGRAM GOAL

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

EVALUATOR SUMMARY AND COMMENTS

ECONOMIC IMPACT

The COPH used its tobacco funding effectively. During the 2024-2025 fiscal years, the College received a total of approximately $4,860,467.96 from the ATSC. The COPH used those funds to generate approximately $23,933,993.08 in extramural funding in the form of grants, contracts, tuition and fees, gifts, and investment revenue. In total, COPH generated $4.92 in extramural funding for each $1 in tobacco settlement funding. The tobacco settlement funds were also directly used, in conjunction with other funding, to address and improve public health in Arkansas through activities such as research to assess and promote the health of Arkansans, making health-related courses and presentations publicly available, and training students from across Arkansas in public health research and promotion.

OPPORTUNITIES

The COPH created and pursued a broad range of valuable opportunities in the 2024-2025 biennium. Three important opportunities are summarized below:

- The College of Public Health received funding from the National Institute of Allergy and Infectious Diseases (NIAID) and National Institutes of Health (NIH) to improve the effectiveness of the common antibiotic cefiderocol. The project received $3.6 million in funding to be distributed through August 2029.
- The COPH established the Arkansas Prevention Research Center for Women's Health in September 2024, using a five-year, $5 million grant from the Centers for Disease Control and Prevention (CDC). The center focuses on addressing the high rate of maternal mortality in Arkansas.
- The COPH's Center for the Study of Obesity collaborated with UAMS Culinary Medicine to conduct a pilot healthy cooking demonstration at a Little Rock elementary school to teach healthy eating habits to students.

CHALLENGES

The COPH faced several challenges in the 2024-25 biennium. Among the largest was transitioning to a new student information system, Workday. The College engaged in widespread training, testing, and migration of data to the new and improved system. Another significant challenge was the implementation of an accelerated Master's in Health Administration (MHA) program, utilizing an eight-week evening only format. This shift allowed for a broader range of Arkansans who have difficulty traveling or who work during the day to take advantage of the COPH's training in an efficient manner.

EVALUATOR COMMENTS

The College of Public Health successfully and effectively utilized tobacco settlement funds during the 2024-25 biennium. It met each indicator for each year, and continued to develop and improve its systems, resources, and outreach. The COPH conducted valuable public health research, engaged in substantial public communication and collaboration, and leveraged tobacco funds effectively to gain additional funding. It provided important training in public health to a broad population of Arkansas students, most of whom remained in the state as health professionals.

BARBER CONNECT ADDRESSES MEN'S HEALTH AND CELEBRATES BARBERSHOP TALK PROGRAM

In this testimonial, writer for the College of Public Health, Kev' Moye (2025), wrote about an event highlighting the Barbershop Talk program that focuses on men's health. Below we present an abbreviated version of Moye's work.

The UAMS COPH Barbershop Talk research team recently hosted its first-ever Barber Connect. The showcase took place at Little Rock's Mosaic Templars Cultural Center in October. It gave barbers who participate in the Barbershop Talk program the chance to network, learn more about men's health, receive health-related resources, plan the next phase of Barbershop Talk and also celebrate the project.

The study, which encourages men to avoid heavy alcohol consumption, launched in August 2023 and is currently in 45 Arkansas barbershops spanning 14 counties. Tamier Wells, MPH, Barbershop Talk research assistant, said the celebratory vibe of Barber Connect showed her another realm of the study's impact. "I was so happy seeing how much everyone enjoyed themselves," Wells said. "As a team, it inspires us knowing that the info we're giving people, the work we're doing throughout Arkansas is changing lives," she said. "Men are pillars in our communities. When men are healthy, we'll have healthier communities."

Darren McFadden was among the individuals promoting men's health during the daylong event. McFadden, a former National Football League running back who was twice a finalist for the Heisman Trophy while attending the University of Arkansas at Fayetteville, spoke about his path to overcoming alcohol abuse. "Quitting alcohol is something I'm more proud of than anything I've accomplished playing football," McFadden said during a Q&A with Tiffany Haynes, PhD, associate professor in the College of Public Health. McFadden, who said he first began drinking at 15 years old, also noted that he has been sober for over two years. He credits lived experiences, maturation, a desire to be a great family man, and a support group composed of people from various backgrounds as the keys to his sobriety. "I feel good," McFadden said with a big smile. "I got my numbers checked out during a health screening before the start of this session, right over there at the Arkansas Minority Health Commission booth, and they all looked good."

Darren McFadden gave testimony during Q&A with Tiffany Haynes, PhD, associate professor at UAMS COPH, at Barber Connect event.

In addition to McFadden, attendees at the morning session of Barber Connect also heard panel discussions on topics such as mental health and financial literacy. Also, numerous health organizations had information booths for the barbers to visit. During the evening portion of Barber Connect, a short film about Barbershop Talk premiered. The production featured interviews of participating barbers, some of their clients and the Barbershop Talk team.

BARBER CONNECT - CONT'D

Gary Ellison owns Skillz Barbershop in Little Rock. He was among the barbers who helped plan the initial outreach process of Barbershop Talk. Fittingly, his shop was one of the first to adopt the project. He admires how the study is built on relationships and info that tells men why and how to avoid heavy alcohol consumption. "People will trust their barber because we've been servicing them for years," Ellison said. "If someone comes through our doors and we approve of them, they'll get access to the clients. We as barbers are the gatekeepers of the shop. We can make it possible for people, like the Barbershop Talk staff, to connect with and educate our clients. With Barber Connect the organizers did a great job reiterating important things we've already learned and reminding us why the info offered through Barbershop Talk is so important," he added.

Carlin Brown is owner of Picture Perfect Barbershop, located in Conway. Brown also mentors several youth who attend Conway Junior High, so he sees the need for uplifting initiatives in Arkansas. He was quick to bring the Barbershop Talk project into his shop. "Barbershop Talk promotes men's health, that's something that we definitely need to improve," Brown said. "We have a lot of foot traffic at our shop. When the men come in, we give them the information, and they take it back to their homes, back to their communities. Suddenly this important health information is being spread around." As for Barber Connect, it was time well spent, he added. "It was like multiple events, multiple meetings merged into one, and I enjoyed it," Brown said.

Marvin Cawthon owns 5 Star Cutz, which has locations in Little Rock, Pine Bluff, and Sherwood. Cawthon admitted that initially he was skeptical about allowing a research program to be conducted at his shops. But once he recognized the benefits of the study and that the team members were personable and serious about addressing men's health in Arkansas, Cawthon put the project in each of his shops. "I'm a big supporter of Barbershop Talk," he said. "I love the program. It's laid back. It's not a program with folks in suits and ties and being all stiff. It's a program that people can relate to. . . . In addition to the great information, the research focuses on men's health with the intent of making us better and improving the quality of life for society."

Camille Hart, Barbershop Talk program director, greeted attendees as local barber Marvin Cawthon took a photo during Hart's speech.

In relation to promoting improved life for men and their families, Cawthon was a panelist on Barber Connect's financial information platform. He took delight in providing his financial expertise. "I appreciated how the event catered to barbers," he said. "It was about barbers, for barbers brought directly to barbers. I enjoyed Barber Connect. Even if they just do the exact same things for next year's Barber Connect, I'll come back."

UAMS FAY W. BOOZMAN COLLEGE OF PUBLIC HEALTH

EVALUATION OF PEFORMANCE INDICATORS

LONG-TERM OBJECTIVE

Elevate the overall ranking of the health status of Arkansans.

#1 INDICATOR

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

MET - 2024

Activity: This indicator was met for 2024. Faculty participated in an average of 76 activities per quarter, many of which are ongoing, with a consistent focus on Arkansas and Arkansans. Foci included community health engagement, service on state- and national-level health boards and partnerships with other academic institutions.

MET - 2025

Activity: This indicator was met for 2025. Faculty participated in an average of 130 activities per quarter, many of which are ongoing. Arkansas and the health of Arkansans were a consistent focus of these activities, which included public outreach, board and committee memberships at the state and national level, consultations, and partnerships with other academic institutions.

#2 INDICATOR

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

MET - 2024

Activity: This indicator was met. During the calendar year, the 60 COPH faculty collectively had a total of 248 publication credits in peer-reviewed journals, a ratio of 4.13 publications per faculty member.

MET - 2025

Activity: This indicator was met. During the calendar year, the 61 COPH faculty collectively had a total of 317 publication credits in peer-reviewed journals, a ratio of 5.2 publications per faculty member.

#3 INDICATOR

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

MET - 2024

Activity: This indicator was met for 2024. During the calendar year, College of Public Health faculty and students remained active in research that contributed to public health and furthered the health and well-being of Arkansans. Faculty were involved in 96 research grants and contracts, including improving veterans' health outcomes, improving health literacy, reducing cancer and cardiovascular disease disparities, and addressing pediatric obesity. Students engaged in an additional 98 research projects, with foci ranging from assessing health literacy in teens to reducing elder abuse.

EVALUATION OF PEFORMANCE INDICATORS

MET - 2025

Activity: This indicator was met for 2025. In 2025, COPH faculty and students continued to be active in research that positively contributed to public health and furthered the health of Arkansans. Faculty were involved in 124 research grants and contracts, including studying cancer development, improving pediatric care, reducing health disparities among Arkansans, improving breast cancer risk assessment, preventing tobacco use, and improving maternal health outcomes. Students engaged in an additional 80 research projects, including projects focused on reducing tuberculosis among Arkansans, studying E. coli concentrations, and improving well-being of cancer survivors.

#4 INDICATOR

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

MET - 2024

Activity: This indicator was met for 2024. In all, 93 of 96 (97%) of faculty research projects and grants and 97 of 98 (99%) of student research projects were based in Arkansas and/or had an Arkansas focus.

MET - 2025

Activity: This indicator was met for 2025. In all, 115 of 124 (93%) of faculty research projects and grants and 75 of 80 (94%) of student research projects were based in Arkansas and/or had an Arkansas focus.

#5 INDICATOR

The COPH makes courses and presentations available statewide.

MET - 2024

Activity: This indicator was met for 2024. During the calendar year the College of Public Health offered 31 distance-accessible courses on topics such as biostatistics, epidemiology, and social determinants of health. The COPH additionally made 19 presentations available, including talks on tuberculosis and Arkansas child nutrition.

MET - 2025

Activity: This indicator was met for 2025. During the 2025 calendar year the College of Public Health offered a total of 53 distance-accessible courses on topics such as rural health practices, tobacco prevention, and health data analysis. The COPH additionally made a total of 24 health-based presentations available, including improving Arkansas health, improving measles prevention, and wastewater monitoring for disease indicators.

#6 INDICATOR

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

MET - 2024

Activity: This indicator was met for 2024. During 2024, an average of 212 students originating from Arkansas attended COPH, with an average of 74 (35%) from counties classified as rural.

MET - 2025

Activity: This indicator was met for 2025. During 2025, an average of 170 students originating from Arkansas attended COPH, with an average of 52 (30%) from counties classified as rural.

EVALUATION OF PEFORMANCE INDICATORS

#7 INDICATOR

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

MET - 2024

Activity: This indicator was met for 2024. During the calendar year, COPH awarded degrees or certificates to 101 students; of that number, 15 (15%) were African American, seven (7%) were Hispanic/Latino, and 57 (57%) were white non-Hispanic. The remaining 22 (22%) either identified another racial/ethnic category or did not respond.

MET - 2025

Activity: This indicator was met for 2025. During the 2025 calendar year the COPH awarded degrees or certificates to 91 students. Of those 91 students, 23 (25%) were African American, 10 (11%) were Hispanic/Latino, and 41 (45%) were white non-Hispanic. The remaining graduates were Asian (nine students or 10%), bi- or multi-racial (five students or 5%), or did not report race/ethnicity (three students or 3%).

#8 INDICATOR

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

MET - 2024

Activity: This indicator was met for 2024. The COPH awarded degrees or certificates to 101 students; 56 (56%) reported intending to remain in Arkansas to either work in public health or pursue a further degree. Only 11 (11%) reported an intention to leave Arkansas, and the remaining 34 (34%) reported intentions that did not mention a state or data on their intentions was unavailable.

MET - 2025

Activity: This indicator was met for 2025. The COPH awarded degrees or certificates to 91 students in 2025, and 46 (51%) reported intending to remain in Arkansas to work in public health, pursue a further degree, or both. Only three graduates (3%) reported an intention to leave Arkansas; the remaining 42 (46%) reported intentions that did not mention a state or did not provide data.

EVALUATION OF PEFORMANCE INDICATORS

SHORT-TERM OBJECTIVE

Obtain federal and philanthropic grant funding.

#9 INDICATOR

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

MET - FY24

Activity: This indicator was met for the fiscal year. Data from July 1, 2023, to June 30, 2024 showed that the COPH received $2,638,798.96 from the ATSC in FY24 and utilized $2,516,040.17 during the fiscal year (the first year in the current biennium), while grants and contracts totaled $11,888,274.08. This indicates a 4.72:1 ratio of extramural award funding to tobacco funding. The remaining funds will roll over to FY25 in the amount of $122,758.79.

MET - FY25

Activity: This indicator was 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

Kenya Eddings, MPH, Director

UCA Evaluator: Denise Demers, PhD, CHES

ARKANSAS MINORITY HEALTH INITIATIVE

MHI REACHES ARKANSANS THROUGH MULTIPLE PLATFORMS

"Ask the Doctor" Radio Show:
Arkansans call in to ask health questions.

Educational Events:
Public health professionals share vital information directly with communities.

Mobile Health Unit:
The MHU delivers health screenings and education across the state.

Social Media:
Facebook and Instagram consistently informs and engages online audiences.

18,004
HEALTH SCREENINGS

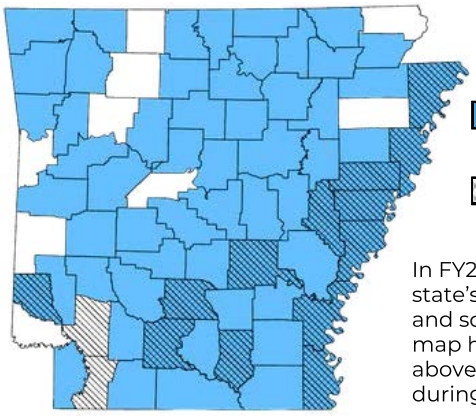
8,000
ARKANSANS EDUCATED

70%
% INCREASE IN HEALTH SCREENINGS FROM FY24 TO FY25

65%
% OF SCREENINGS THROUGH MOBILE HEALTH UNIT

CONTINUED REPUTATION OF FISCAL STEWARDSHIP

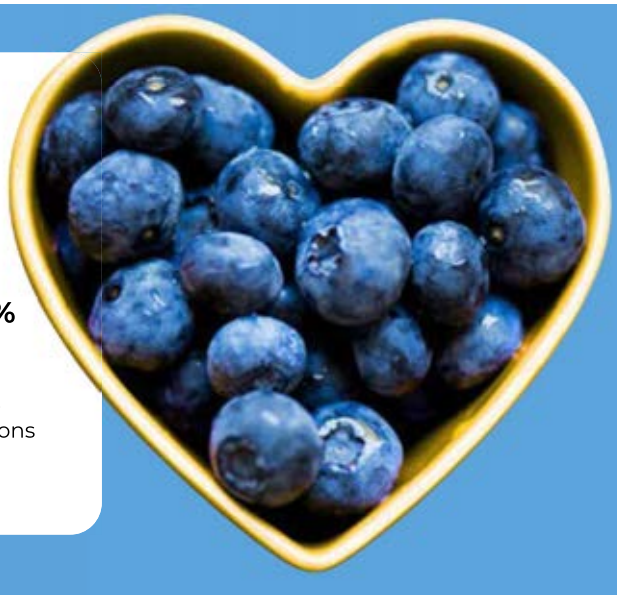
MHI received $3,459,691 from ATSC in FY24-25. The agency's vast reach and direct engagement of Arkansans, through consistent service provision, extensive partnerships, and multimedia campaigns shows good fiscal stewardship of tobacco settlement funds. **The improved health of Arkansans whose lives have been touched by MHI help lower healthcare expenditures in the state.**



COUNTY REACHED BY MHI & PARTNERS

COUNTY WITH MINORITY POPULATIONS ABOVE 40%

In FY24-25, MHI and partners reached 64 of the state's 75 counties and provided vital education and screenings for thousands of Arkansans. The map highlights counties with minority populations above 40%; MHI reached 11 of these 13 counties during the biennium.



PROGRAM DESCRIPTION AND GOALS

PROGRAM DESCRIPTION

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

PROGRAM GOAL

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

ARKANSAS MINORITY HEALTH INITIATIVE

EVALUATOR SUMMARY AND COMMENTS

ECONOMIC IMPACT

During FY24-FY25, the MHI received ATSC funds in the amounts of $1,839,162.91 and $1,620,528.81, respectively. The agency provided thousands of health screenings and educational opportunities to Arkansans across the state. In addition, MHI worked in continual collaboration with a variety of community, grassroots, nonprofit, and faith-based organizations to offer screenings and education to 64 counties and all congressional districts in Arkansas. Also, the MHI offered thousands of ads about important health-related issues for minority Arkansans via radio, TV, and social media. MHI's vast reach and direct engagement of Arkansans, through consistent service provision, extensive partnerships, and multimedia campaigns shows sound stewardship of tobacco funds. In addition, the improved health of Arkansans whose lives are touched by MHI help lower healthcare expenditures in the state.

OPPORTUNITIES

The MHI remained constant in its commitment to welcome new opportunities to partner with a variety of community and government organizations. These partnerships not only increased awareness and provided screenings that reduce death and disability due to lifestyle-related illnesses, but also increased morale among rural Arkansans. Also, the Mobile Health Unit (MHU) was integral in providing screenings and additional resources to hard-to-reach areas. The MHI put exceptional effort into its outreach in the realm of social media, producing consistent and meaningful engagement across all platforms. This effort remained robust as the MHI carries on with the opportunity to capitalize on topics and issues of great importance to minority Arkansans.

CHALLENGES

Although educating rural and disadvantaged communities is difficult, the overwhelming hurdles for MHI were personnel changes and discrepancies and equipment repairs. Also, in FY24-25, identifying an organization to administer the Arkansas Racial and Ethnic Health Disparities Study was a challenge. With administrative changes and rise in costs, conducting the study was financially prohibitive for the previous organization partner. As of FY26, the MHI has identified a research partner who is in the process of completing the study. Another challenge was the MHU needed repairs intermittently, which affected some of the screening processes. It should also be noted that MHI likely under-reported the number of Arkansans reached during the biennium.

EVALUATOR COMMENTS

During the biennium, MHI demonstrated resilience and rigorous fiscal responsibility in its management of ATSC resources, remaining solid in its mission to serve minority and rural Arkansans despite noted operational hurdles. To mitigate the prevalence of tobacco-related and chronic illnesses, the agency strategically expanded its reach through a growing network of partnerships and an enhanced digital footprint. In a climate of shifting engagement patterns, social media and virtual platforms served as vital lifelines, allowing MHI to disseminate evidence-based health strategies to underserved populations effectively. By integrating consistent health screenings with exceptional fiscal accountability, MHI continued to scale its impact and demonstrate high-value utility for all monies received.

TESTIMONIALS

COMMUNITY VOICES: THE IMPACT OF LOCAL HEALTH EVENTS

Throughout the biennium, the Arkansas Minority Health Initiative supported community health events and provided Arkansans with access to screenings, health education, preventive services, and community resources. Participant feedback demonstrates the value of these services and the impact of partnering with trusted local organizations to meet people where they are.

At a Crittenden County Wellness Fair, one participant described the event as "a fully loaded bite sized benefit to all in attendance, including ME!" and said, "If you are not taking advantage of the services offered by Crittenden County Cares, you are missing out!" Another attendee said that the "Screening Save" week helped the community "spread the word about the importance of regular health checks," while another shared, "This event was much needed in this community. I am so glad that I took my mom to be screened and told others about the opportunity for free services."

Participants at the annual Heart Health Walk, sponsored by Delta Sigma Theta, highlighted both the educational value and welcoming atmosphere. One attendee appreciated "the purpose of the event, the healthy snacks, and the heart health education materials," while another said, "The Delta S.T.E.P Team motivation and cheers was a great addition—it really brought the energy!"

At wellness events sponsored by Chicot Memorial Medical Center, participants expressed appreciation for access to preventive care like health screenings. One attendee said, "I'm looking forward to comparing my numbers today to last year's numbers," while another shared plans to use the smoking cessation information provided: "I'm going to give the stop smoking brochure to my husband. He's been smoking for years." Others expressed gratitude for screenings, saying, "Thank you for offering this for us" and "Thank you for checking my sugar and blood pressure."

At the I Care Community Outreach Health Fair, participants emphasized the importance of direct health services and broad community support. One attendee shared, "The health screenings really helped me know where my health is at," and another expressed gratitude for "the hygiene bags, food and clothes," adding, "It means a lot to have people who care and help out the community when you need it."

Together, these testimonials reflect the meaningful impact of community-based health events supported by MHI and its partners each year. Below are a few additional snapshots of the many health events and partnerships that MHI engaged in during the biennium.

"Learn More at the Grocery Store" at Edwards Food Giant in Brinkley
Partnered with Arkansas Hunger Relief Alliance

"Sunset Yoga in Da Park" at Little Rock River Market
Partnered with Mosaic Templars Cultural Center

Sebastian County Community Health Forum in Fort Smith
Partnered with End Overdose and other local organizations

ARKANSAS MINORITY HEALTH INITIATIVE

EVALUATION OF PEFORMANCE INDICATORS

LONG-TERM OBJECTIVE

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

#1 INDICATOR

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

MET - FY24

Activity: This indicator was met for FY24. The MHI remains vigilant in its efforts to improve the health of minority Arkansans by scheduling outreach initiatives and sponsoring multiple health fairs, educational events, and screening initiatives throughout the state. This has resulted in sustained progress toward increased awareness and screening opportunities. In addition to face-to-face encounters, MHI reaches thousands of Arkansas residents via multimedia efforts. See below for the FY24 efforts related to this indicator.

- In FY24, MHI developed a new “pocket pal” to share educational information via outreach events. Each screening participant is provided the pocket pal with their screening results plus printed education about what their numbers mean, what is desirable, and what is abnormal. They can take it home and refer back to it when needed. Additionally, they are encouraged to take their numbers to any follow up appointments they have to share with their healthcare providers.
- Though lower than FY23, the total number of health screenings (6,664) shows how the MHI and Mobile Health Unit (MHU) continue to raise awareness and provide access to screenings. The MHU has become a strong force for the MHI. Each quarter, the MHU provided anywhere between 45% to 90% of the total number of screenings. This year the MHU provided nearly 70% of screenings. This program has been a notable success and continues to bring screenings and educational opportunities to minority populations throughout the state, reaching 48 counties this year. In FY24, MHI also reported more than 2,300 Arkansans attended events, including 673 Arkansans in the final quarter of the fiscal year.
- In addition to screenings and community education, information offered through MHI’s multimedia outreach remains a constant force for raising awareness of healthy habits. The MHI continued its radio and television ads focusing on a variety of health topics including tobacco, cholesterol, nutrition, and exercise. The MHI also continued to use print media (El Latino), webpages (Fox16.com, KATV.com, and the AMHC website), and social media (Twitter and Facebook) to disseminate information. On its social media platforms alone, hundreds of thousands of impressions were reported during this fiscal year. The Let’s Chat radio segments and live Facebook events are two examples of the use of multimedia to interact with the public.

EVALUATION OF PEFORMANCE INDICATORS

MET - FY25

Activity: This indicator was met for FY25. The MHI remains vigilant in its efforts to improve the health of minority Arkansans by scheduling outreach initiatives and sponsoring multiple health fairs, educational events, and screening initiatives throughout the state. This has resulted in an increased number of screenings this year compared to FY24, as well as sustained progress toward increased awareness and screening opportunities. In addition to face-to-face encounters, MHI reaches thousands of Arkansas residents via multimedia efforts. See below for the FY25 efforts related to this indicator.

- Total screenings increased by 70% this fiscal year (6,664 to 11,340). This increase shows how the MHI and Mobile Health Unit (MHU) continue to raise awareness and provide access to screenings. The MHU continues to be a strong resource for the MHI. Each quarter, the MHU provided a majority of the total number of screenings. Furthermore, the number of educational encounters more than doubled with approximately 5,700 Arkansas residents attending events, up from 2,300 last year. The MHI brought screenings and educational opportunities to minority populations throughout the state, reaching 62 of the 75 counties this year.
- In addition to screenings and community education, information offered through MHI's multimedia outreach remains a constant resource for raising awareness of healthy habits. The MHI continued its radio and television ads focusing on a variety of health topics including tobacco, cholesterol, nutrition, and exercise. The MHI also continued to use print media (El Latino), webpages (Fox16.com, KATV.com, and the AMHC website), and social media (Twitter, Facebook, and Instagram) to disseminate information. On its social media platforms alone, hundreds of thousands of impressions were reported during this fiscal year. The Let's Chat radio segments and live Facebook events are two examples of the use of multimedia to interact with the public.

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.

#2 INDICATOR

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

UNMET - FY24

Activity: This indicator was not met for FY24. With continued education of minority Arkansans regarding high blood pressure and cholesterol, the two leading causes of stroke, MHI has remained vigilant in serving Arkansans. However, most markers for this indicator did not meet the indicator criteria. The MHI provided 1,825 blood pressure screenings and 1,371 cholesterol screenings this year, roughly 90% and 84% of the FY23 totals. Also, MHI reported 2,363 educational encounters in FY24, less than half of the encounters from FY23. During the fiscal year, the agency maintained a robust multimedia presence and also ran thousands of commercials focused on healthy eating and exercise, the importance of health screenings related to stroke, and tobacco prevention and cessation to avoid stroke risks. Minority Arkansans were also educated about stroke risks through community events.

EVALUATION OF PEFORMANCE INDICATORS

MET - FY25

Activity: This indicator was met. The MHI continued its education efforts of minority Arkansans regarding high blood pressure and cholesterol, the two leading causes of stroke. During FY25, the MHI increased both the number of blood pressure and cholesterol screenings throughout the state. They provided 2,471 blood pressure screenings (a 35% increase from FY24) and 1,930 cholesterol screenings (a 41% increase from FY24). Also, MHI reported over 5,700 educational encounters in FY25, more than double the encounters from FY24. During the fiscal year, the agency maintained a robust multimedia presence and also ran thousands of commercials focused on healthy eating and exercise, the importance of health screenings related to stroke, and tobacco prevention and cessation to avoid stroke risks. Minority Arkansans were also educated about stroke risks through community events.

#3 INDICATOR

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

UNMET - FY24

Activity: This indicator was not met. Hypertension is the leading cause of stroke. During FY24, the MHI provided 1,825 blood pressure screenings, which was 90% of the FY23 total. However, the number of educational encounters was down a substantial amount this fiscal year, which results in this goal not being met. Despite this, the MHI continues to provide thousands of paid television commercials throughout the state encouraging healthy behaviors related to hypertension. These commercials were aired on six television stations in central and northwest Arkansas. MHI reached several thousand Arkansans over the course of the year through its sponsored events and social media campaigns.

MET - FY25

Activity: This indicator was met. Hypertension (high blood pressure) is the leading cause of stroke. During FY25, the MHI provided 2,471 blood pressure screenings, which was 35% more than the FY24 total. Educational encounters also more than doubled. Additionally, the MHI continues to provide thousands of paid television commercials throughout the state encouraging healthy behaviors related to hypertension. These commercials were aired on six television stations in Central and Northwest Arkansas. The MHI reached several thousand Arkansans over the course of the year through its sponsored events and social media campaigns.

#4 INDICATOR

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

UNMET - FY24

Activity: This indicator was unmet. This year's screening numbers were substantially higher than FY20 and FY21 numbers, but due to the challenges MHI has faced in the last two fiscal years, the numbers have declined. In FY24, the MHI provided 84% of the total FY23 cholesterol screenings (1,633 in FY23 and 1,371 in FY24). The Mobile Health Unit provided nearly 70% of the total screenings. Educational encounters were overall down this year, less than half of the FY23 totals. Also, thousands of paid television commercials encouraging healthy behaviors were aired on six television stations in central and northwest Arkansas.

EVALUATION OF PEFORMANCE INDICATORS

MET - FY25

Activity: This indicator was met. This year's screening numbers were substantially higher than FY24 numbers, increasing cholesterol screenings from 1,371 to 1,930, a 41% increase. Educational encounters also more than doubled and thousands of paid television commercials encouraging healthy behaviors were aired on six television stations in Central and Northwest Arkansas.

#5 INDICATOR

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

UNMET - FY24

Activity: This indicator was unmet for the fiscal year. Glucose screenings increased almost 200% from FY21 to FY22. However, the numbers have leveled off, but still remain within over 75% of FY23 total. During this fiscal year, 1,546 blood glucose screenings were offered by the MHI, and the agency educated several thousand Arkansans on important health topics, although these numbers were less than half of FY23. Also, hundreds of thousands of paid television commercials encouraging healthy behaviors were aired on six television stations in central and northwest Arkansas.

MET - FY25

Activity: This indicator was met for this fiscal year. Glucose screenings increased 58% from FY24. During this fiscal year, 2,448 blood glucose screenings were offered by the MHI, and the agency educated several thousand Arkansans on important health topics. Also, thousands of paid television commercials encouraging healthy behaviors were aired on six television stations in Central and Northwest Arkansas.

#6 INDICATOR

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

UNMET - FY24

Activity: This goal was not met. This survey is completed every five years. In FY19, the UALR Survey Research Center conducted the most recent update of the Arkansas Racial and Ethnic Health Disparities Study. The next survey should have been completed in FY24, but the agency was unsuccessful in securing a partner to conduct the survey in a fiscally-responsible manner. The MHI continues to search for a viable organization to conduct this important research without it being cost-prohibitive. Despite this challenge, MHI consistently monitors health issues that are critical to minority Arkansans. These issues are translated into educational materials and multimedia ads. This year, MHI focused on topics of breast cancer, tobacco use, caregiving, HIV, diabetes, prostate cancer, and more.

UNMET - FY25

Activity: This goal was not met. This survey is completed every five years. In FY19, the UALR Survey Research Center conducted the most recent update of the Arkansas Racial and Ethnic Health Disparities Study. The next survey should have been completed in FY24, but the agency was unsuccessful in securing a partner to conduct the survey in a fiscally responsible manner. After much searching, the MHI has an organization to conduct this important research and should be finished within the next fiscal year.

EVALUATION OF PEFORMANCE INDICATORS

#7 INDICATOR

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

MET - FY24

Activity: This indicator has been met for FY24. Camp iCAN was implemented during the summer months of 2024 as a three-day program with activities, workshops, and exercises that promote healthy eating, physical activity, and self-confidence development. This year, 18 youths participated in the camp.

MET - FY25

Activity: This indicator has been met for FY25. Camp iCAN was implemented during the summer months of 2025 as a three-day program. This year, 32 youth participants in Jefferson County attended activities, workshops, and exercises that promote healthy eating, physical activity, and self-confidence development. 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

Julie Harlan, MCHES, Branch Chief
UCA Evaluator: Janet Wilson, PhD

TOBACCO PREVENTION AND CESSATION PROGRAM

41,095
ARKANSANS EDUCATED





7,011 CALLERS ENROLLED IN TOBACCO CESSATION VIA BE WELL ARKANSAS

35% QUIT RATE THROUGH BE WELL ARKANSAS IN FY25

1st ARKANSAS CONTINUES TO HAVE THE HIGHEST QUITLINE RATE IN THE NATION

13 GRADUATES
GASP

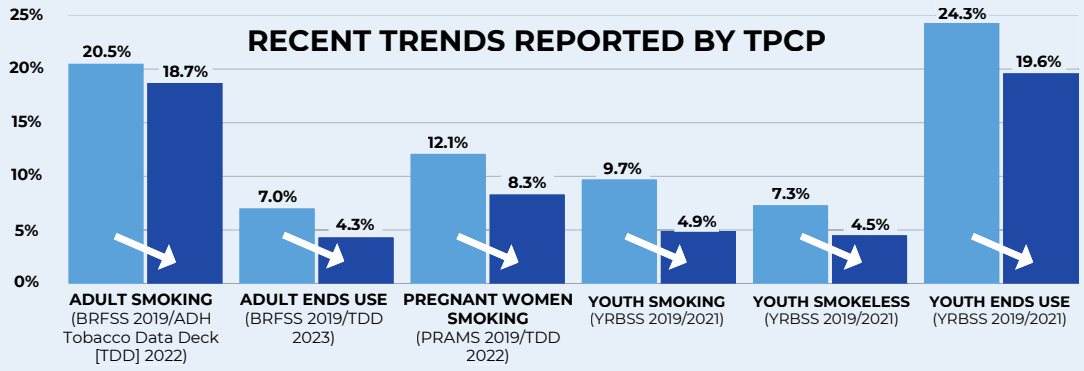
10 FAITH-BASED GROUPS ENGAGED
MISRGO

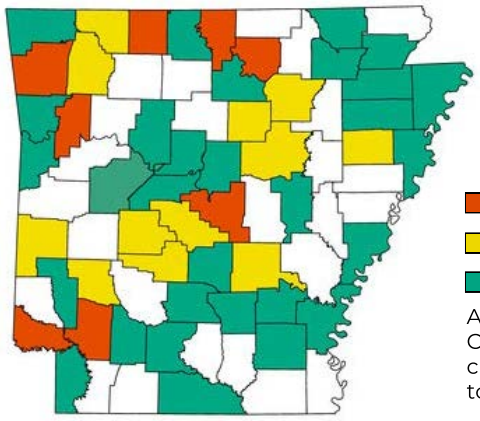
10 EDITORIALS TO RURAL NEWSPAPERS
MRC

SAVINGS FOR BE WELL CALLERS

Arkansas smokers experience lifetime out-of-pocket costs of $166,090, increased healthcare costs of $151,908, and income loss of $507,799 (McCann, 2026). This equates to lifetime costs of $825,797 or $17,204 annually. In FY25, approximately 1,070 Be Well callers quit smoking. These Arkansans will save a combined $18.4 million in the coming year.

RECENT TRENDS REPORTED BY TPCP

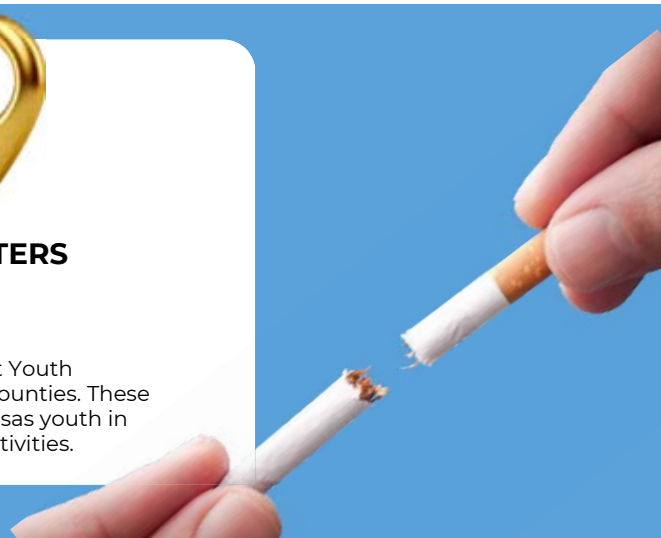




PROJECT PREVENT
PREVENTION • EDUCATION • LEADERSHIP

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

At the end of FY25, 92 Project Prevent Youth Coalition chapters were active in 50 counties. These chapters engaged hundreds of Arkansas youth in tobacco education and prevention activities.



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.

EVALUATOR SUMMARY AND COMMENTS

ECONOMIC IMPACT

In regards to funds received in FY24, the Tobacco Prevention and Cessation Program Account received $12,129,514.45 from the ATSC. This is a decrease of $1,636,371.94 from FY23. As directed by the Tobacco Settlement Proceeds Act, 15% of these funds ($1,819,427.17) was deposited into the Minority Communities Special Account at the University of Arkansas at Pine Bluff (UAPB). The remaining 85% ($10,310,087.28) was utilized by TPCP and partners. The Breast Cancer Control Fund received $500,000, the Child Health Advisory Committee received $603,629, the Great Strides Program (Trails for Life) received $540,000, and the Arkansas Tobacco Control received $800,000. Thus, the balance allocated to TPCP was $7,866,458.28.

In regards to funds received in FY25, the Tobacco Prevention and Cessation Program Account received $11,436,405.07 from the ATSC. This is a decrease of $693,109.38 from FY24. As directed by the Tobacco Settlement Proceeds Act, 15% of these funds ($1,715,460.76) was deposited into the Minority Communities Special Account at UAPB. The remaining 85% ($9,720,944.31) was utilized by TPCP and partners. The Breast Cancer Control Fund received $500,000, the Child Health Advisory Committee received $603,629, the Great Strides Program (Trails for Life) received $540,000, and the Arkansas Tobacco Control received $900,000. Thus, the balance allocated to TPCP was $7,177,315.31.

Smoking addiction comes at a cost for Arkansans. In “The Real Cost of Smoking by State” (see https://wallethub.com/edu/the-financial-cost-of-smoking-by-state/9520), Adam McCann calculates, by state, the financial costs of smoking across one’s lifetime as well as annually. He estimates that each smoker in Arkansas experiences lifetime out-of-pocket costs of $166,090 ($3,460 annually), increased healthcare costs of $151,908 ($3,165 annually), and income loss of $507,799 ($10,579 annually). These numbers place Arkansas 35th out of 50 states and the District of Columbia in the cost of lifetime smoking (the lower the ranking, the higher the cost). Thus, it is easy to see how the reduction of smoking in the state not only contributes to the health of Arkansans, but also to the financial health of the state of Arkansas as a whole.

OPPORTUNITIES

While funding levels from the Tobacco Settlement payments have fallen since the previous biennium (see the Evaluator Comments section), current programming has been varied and well received. The following is a summary of the training, presentations, and conferences offered in the second quarter of FY26. Project Prevent conducted three statewide meetings for a total of 87 attendees. They also will be collecting submissions until February for the statewide competition *Ready. Set. Record*. The Arkansas Tobacco Education Initiative (ARTEI) provided a wide range of presentations across the state on such topics as low dose cancer screenings, vaping, tobacco prevention and cessation, and Act 811. ARTEI visited schools at all levels including those at Rose Bud, Lonoke, Hector, and Pottsville, as well as nursing homes in such places as Russellville, Camden, and Magnolia.

EVALUATOR SUMMARY AND COMMENTS

OPPORTUNITIES - CONT'D

Finally, ARTEI's programming was a part of health coalition meetings in Yell and Pope counties, as well as health expos and fairs in Hot Springs, Booneville, and Little Rock. The 208 presentations to 8,523 attendees offered by Hometown Health Improvement (HHI) covered such topics as Coral's Reef, vaping for all ages, and Navig8, an adolescent treatment program. In addition to the programming highlighted above, TPCP donated financially to the Little Rock Zoo to support its Glo Wild lights display during the holiday season. This collaboration made it possible to distribute information at the zoo on Coral's Reef, handwashing, seatbelt safety, and vaping, as well as Be Well Arkansas and Be Well Baby information for adults.

CHALLENGES

An ongoing challenge in FY24-FY25 reported by TPCP sub-grantees related to scheduling for school and community presentations. Scheduling with schools needs to be early so as to not interfere with end-of-school activities. Additionally, some schools lacked appropriate space and/or technology for effective presentations. When working in the community, there were the additional challenges of educating about the dangers of vaping, without shaming the persons who utilize these products. While no new challenges were identified in the second quarter of FY26, the removal of the previous TPCP Branch Chief on September 15 of 2025 necessitated the hiring of a new Branch Chief. Julie Harlan took over this position on December 1, 2025.

EVALUATOR COMMENTS

When compared to the data presented in the 2022-2023 Biennial Evaluation Report, the 2024-2025 Biennial Evaluation Report reveals a success and a continued challenge. The success can be seen in the drop in the sales-to-minor violations. In 2022-2023, the state still struggled with elevated numbers that were in the teens (although still lower than the numbers in the COVID-19 years). As of the current report, the sales-to-minor violations are at 6.53%, or only 0.03% higher than the goal. The ongoing challenge, on the other hand, can be seen in the shrinking levels of funding. The Tobacco Settlement funding allocations for the past four years are as follows:

- FY22 = $15,210,375.91
- FY23 = $13,765,886.39
- FY24 = $12,129,514.45
- FY25 = $11,436,405.07

These reductions will necessitate strategic funding allocations for future programming.

Accomplishments in the second quarter of FY26 (October - December 2025) are as follows:
Tobacco Prevention and Cessation Program (TPCP): While long-term indicator activities are summarized in the fourth quarter of the fiscal year, progress made during the second quarter for TPCP and its sub-grantees is provided. Community sub-grantees conducted 292 presentations, with approximately 11,592 attendees, covering the following areas: economic burden of tobacco use, current and emerging tobacco/nicotine products, and dangers of exposure to secondhand smoke and strategies for decreasing exposure.

EVALUATOR SUMMARY AND COMMENTS

EVALUATOR COMMENTS - CONT'D

TPCP - Cont'd: Statewide sub-grantees conducted 19 presentations with approximately 615 attendees. Details for these trainings by community and statewide sub-grantees are discussed further in the Opportunities section. A total of 2,773 unannounced compliance checks were completed by the ATC with 181 sales-to-minor violations for a non-compliance rate of 6.53%. There were eight online complaints submitted and 65 that were called into the 1-877-ID-TEENS number. A total of 33 attendees received retailer training at five sessions. Be Well Arkansas (BWA) received 1,027 calls about tobacco cessation, hypertension, and/or diabetes. A total of 532 individuals enrolled in the tobacco cessation program. Also, the BWA Call Center mailed out 356 diabetes and/or hypertension pamphlets requested by callers. The quit rate is reported annually in the fourth quarter. In the second quarter, 26 women were enrolled in the Be Well Baby program. A total of 136 counseling sessions were conducted (three supplemental sessions, 81 prenatal sessions, and 52 postnatal sessions). Also, 136 educational packets were mailed for referrals. No new Project Prevent chapters were established in Red Counties during the quarter. Media activities from the ADH Health Communication multi-platform will be discussed annually in the fourth quarter report.

Graduate Addiction Studies Program (GASP): There were 18 students enrolled in the GASP between October and December of 2025. Four students graduated from the GASP in December 2025. While no students were provided with stipends during this quarter, stipend offers were extended to pay students for their participation in two projects during the Spring 2026 term. The first ongoing project is at the stage of creating a tobacco prevention curriculum for juvenile justice programs in Jefferson County. GASP students with demonstrated skills for curriculum development have been invited to participate. The second ongoing project led to the development of three virtual presentations focusing on tobacco and nicotine health hazards, as well as the hazards of marijuana use. Students with existing skills in media audio (as well as those willing to learn), have been recruited to complete voiceover content to be added to the presentations during the Spring 2026 term.

Minority Research Center (MRC): Progress continues on the grant that was funded for the 2025-2026 academic year. This project, potentially titled "Philander Smith University as a Hub to Promote Stress Management, Personal Resilience, and Empowerment to Deter Tobacco and Vaping Usage" is led by Drs. Carmen Harden and Caron Lott and involves two students and three faculty consultants. In November 2025, a new RFP was distributed for FY27. This RFP focuses on the following areas: tobacco use and mental health in Arkansas' minority population, the dual usage of combustible cigarettes and marijuana in Arkansas' minority population, the dual usage of combustible cigarettes and e-cigarettes/vapes in Arkansas' rural population, minority students and tobacco use, tobacco use in predominantly minority communities, and e-cigarette use only in predominantly minority serving communities. Also, planning continues for future winter and spring virtual and/or face-to-face meetings in minority communities and the submission of open editorials to small town newspapers regarding tobacco usage among minority groups and in rural communities in Arkansas.

EVALUATOR SUMMARY AND COMMENTS

EVALUATOR COMMENTS - CONT'D

Minority Initiative Sub-Recipient Grant Office (MISRGO): During the second quarter of FY26, six Hate the Vape tour presentations were made to youth in middle and high schools across Arkansas (Texarkana, Brinkley, Hot Springs, Springdale, and Little Rock). Testimonials from this highly successful tour are provided in the Testimonials section. Also, planning continues for the No Menthol Sunday activity that will occur in the last quarter of FY26. Other events in the works include the annual Clearing the Air in Communities of Color conference to be held in partnership with the Arkansas Cancer Coalition's annual conference. MISRGO's theme this year is "From Vision to Victory: Mobilizing Action for a Cancer-Free Arkansas." Finally, Dr. Marian Evans, program director of MISRGO, participated in a newspaper interview published in December with the Pine Bluff Commercial. In this article, she discussed strategies to be used during the holiday season to address stress, thus reducing the chance for returning to smoking and other harmful habits.

TESTIMONIALS

EARLY PREVENTION, LASTING IMPACT

The ongoing Hate the Vape tour sponsored by MISRGO received strong support from the youth participants:

- "A statement that had a very big impact on me was when Ms. Perez said, 'One vape is equivalent to 20 cigarettes.' That really had an impact on me because I know that cigarettes are bad, so think how bad a vape is."
- "The best statement that . . . meant the most to me was 'Why would they target the youth.' This meant a lot to me because they really want to ruin our life for money."
- "It is truly amazing that [Ms. Perez] is doing this tour, and probably is saving the kids' lives by educating us on the dangers of vaping. She was funny, engaging, and overall very kind to us. I am very sorry that she had to deal with smoking at a young age, but I think that because she had some personal experience, it was more relatable and personal. I was shocked to hear some of the facts that she shared, and how truly awful vapes are for you. Overall, it was one of the best presentations that have ever been given to me."

School officials continued to appreciate the programming provided by the Arkansas Tobacco Education Initiative (ARTEI):

- "Thank you so much for coming to speak with our students yesterday! I'm sorry I missed you before you left! We appreciate you!" - Principal Childress of Hector Schools
- "Great presentations! Very informative! Thanks for being so flexible and switching rooms in the middle of presenting." - Christy English, Rosebud Elementary Counselor

Margaret Yancey, a TPCP program coordinator at Izard County, offered a testimonial that highlights coordination among community members in an attempt to protect and educate youth and their families. Yancey shared, "Over the past year, Izard County has continued to make meaningful strides in reducing youth use of traditional tobacco products. While cigarette and smokeless tobacco use have declined since 2019, new challenges have emerged with the rise of vaping among young people. Recognizing this need, the Izard County Hometown Health Coalition, in partnership with the ICC [Izard County Consolidated] School District Project Prevent Chapter, launched a targeted initiative to educate elementary students and their families about the dangers of nicotine." Below provided are excerpts from Yancey describing the initiative:

- **Identified Need:** Recent Arkansas Prevention Needs Assessment (APNA) data revealed that, despite slight improvements from 2023 to 2024, Izard County's vaping rates among youth remain higher than statewide averages.
  - 2024 Lifetime Vaping: 13.1% (Izard County) vs. 12.5% (Statewide)
  - 2024 Past 30-Day Use: 10.8% (Izard County) vs. 8.9% (Statewide)
  - These statistics made it clear that early intervention was critical.
- **Project Summary:** To address this concern, the coalition hosted an engaging nicotine-prevention event at ICC Elementary School. This event was designed to reach both students and parents with age-appropriate, memorable education on the harms of nicotine and vaping.

TESTIMONIALS

EARLY PREVENTION, LASTING IMPACT - CONT'D

- **Key Activities:**
  - Facilitated a schoolwide assembly featuring the Coral Reefs nicotine prevention cartoon, an animated, child-friendly tool that resonates with K–4 students
  - Distributed educational letters to parents to reinforce the message at home
  - Incorporated the school's "Under the Sea" theme, offering a themed photo prop to make the event fun and interactive
  - Provided students with Coral Reef bags, stickers, crayons, and activity books to extend learning beyond the event
  - Highlighted ICC Project Prevent student leaders for their advocacy efforts
- **Partners Involved:** Izard County Hometown Health Coalition volunteers, ICC faculty and staff, Project Prevent Chapter, and Crowley's Ridge Development Council (CRDC)
- **Impact & Immediate Outcomes:** This event reached every K–4 student at ICC Elementary and provided them with foundational knowledge about the dangers of nicotine. Students engaged enthusiastically with the cartoon and activities, demonstrating their understanding through discussion and participation. Parents were informed and involved through direct communication and attendance. Project Prevent student leaders were celebrated for their dedication, inspiring younger students and strengthening the school's youth-led prevention culture. Additionally, through strategic social media use, the event reached over 2,000 community members, extending the message well beyond the school walls and raising countywide awareness.
- **Sustainability & Replication:** The successful collaboration between Project Prevent, ICC staff, CRDC, and coalition volunteers proved essential. This model, combining youth leadership, family engagement, and community partnerships, can be replicated throughout the district and in neighboring counties. Plans are already underway to continue hosting school events and educational assemblies to sustain momentum and reinforce nicotine prevention messaging.
- **Conclusion:** This initiative demonstrates that early, engaging, and collaborative education can make a powerful impact on youth nicotine prevention. By reaching students at a young age and involving parents and community partners, Izard County took strong, proactive steps to reduce vaping and build a healthier future for its children.

Students participanted at nicotine prevention event at Izard County Consolidated Elementary School

TOBACCO PREVENTION AND CESSATION PROGRAM

EVALUATION OF PEFORMANCE INDICATORS

LONG-TERM OBJECTIVE

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

#1 INDICATOR

By June 2025, the TPCP will work to decrease the current smoking/smokeless tobacco/Electronic Nicotine Delivery System (ENDS) use rate among youth (grades 9-12) from 13.7% to 11.7% for smoking, from 12.7% to 11.7% for smokeless tobacco, and from 13.9% to 12.9% for ENDS.

ON TRACK TOWARDS LONG-TERM GOAL - FY24

Activity: This indicator is on track towards the long-term goal. The following indicator data are taken from the results of the 2021 Youth Risk Behavior Surveillance Survey (YRBSS) for Arkansas. This is the most recent report available and the data were also used for the FY23 Q4 report. The Arkansas youth smoking rate is 4.9%. The baseline rate was 13.7%, while the goal is to decrease the number to below 11.7%. The Arkansas youth smokeless rate is 4.5%. The baseline rate was 12.7%, while the goal is to decrease the number to below 11.7%. The Arkansas youth Electronic Nicotine Delivery System (ENDS)/e-cigarette rate is 19.6%. This is higher than the baseline rate of 13.9%. Although the current rate is higher than that of the baseline and the goal of 12.9%, it does represent a decrease from the FY22 rate of 24.3%.

MET (GOALS 1 & 2); UNMET (GOAL 3) - FY25

Activity: This indicator met the long-term goals of decreasing the smoking rates and the use of smokeless tobacco rates for youth (grades 9-12), but did not meet the long-term goal for decreasing their Electronic Nicotine Delivery System (ENDS) use rate. The following indicator data are taken from the results of the 2021 Youth Risk Behavior Surveillance Survey (YRBSS) for Arkansas. The Arkansas youth smoking rate is 4.9%. The baseline rate was 13.7%, while the goal is to decrease the number to below 11.7%. The Arkansas youth smokeless rate is 4.5%. The baseline rate was 12.7%, while the goal is to decrease the number to below 11.7%.The Arkansas youth Electronic Nicotine Delivery System (ENDS)/e-cigarette rate is 19.6%. This is higher than the baseline rate of 13.9%. Although the current rate is higher than that of the baseline and the goal of 12.9%, it does represent a decrease from the FY22 rate of 24.3%.

#2 INDICATOR

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

ON TRACK TOWARDS LONG-TERM GOAL - FY24

Activity: This indicator is on track towards the long-term goal. The following indicator data are taken from the results of the 2022 Behavioral Risk Factor Surveillance System (BRFSS) for Arkansas. Information on the smoking rate of pregnant women is taken from the 2021 Pregnancy Risk Assessment Monitoring System (PRAMS). The recent adult smoking rate in Arkansas is 18.7%. The baseline from the 2017 BRFSS was 22.3% with a goal of less than 20.3%. The recent adult e-cigarette use rate in Arkansas is 10.4%. The baseline was 5.7% with a goal of less than 3.7%. The recent smoking rate of pregnant women in Arkansas is 12.1%. The 2017 PRAMS baseline was 13.9% with a goal of 11.9%.

EVALUATION OF PEFORMANCE INDICATORS

MET (GOALS 1 & 2); UNMET (GOAL 3) - FY25

Activity: This indicator has met the long-term goals of decreasing the adult smoking rate and the smoking rate of pregnant women, but has not met the long-term goal of decreasing the adult e-cigarette use rate. The following indicator data are taken from the results of the BRFSS for Arkansas. Information on the smoking rate of pregnant women is taken from the PRAMS. The recent adult smoking rate in Arkansas is 18.7% (2022 data). The baseline from the 2017 BRFSS was 22.3% with a goal of less than 20.3%. The recent adult e-cigarette use rate in Arkansas is 4.3% (2023 data). The baseline was 5.7% with a goal of less than 3.7%.The recent smoking rate of pregnant women in Arkansas is 8.3% (2022 data). The 2017 PRAMS baseline was 13.9% with a goal of 11.9%.

#3 INDICATOR

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

IN NEED OF IMPROVEMENT TOWARDS LONG-TERM GOAL - FY24

Activity: Progress is not being made for this indicator. As discussed in the FY23 report, this indicator was established in January 2020. With the onset of the pandemic, progress was severely limited in FY20 through FY22 when only 21 policies were established, and in FY23 when two additional policies were put in place. No new policies have been identified for FY24. Because annual work plans for TPCP and sub-grantees are focused more on activities supporting the short-term indicators, a meeting will be held in FY25 to discuss the status of this indicator upon reaching the goal date of June 2025.

UNMET; APPROVED FOR DELETION - FY25

Activity: The indicator has not met the long-term goal. As discussed in previous reports, this indicator was established in January 2020 and has never been an effective indicator of the work plans, activities, or programming of TPCP and its sub-grantees. A request was made and approved at the April 18, 2025, virtual meeting of the Arkansas Tobacco Settlement Commission (ATSC) to delete this indicator. Please see the Evaluator Comments section for additional information.

SHORT-TERM OBJECTIVE

Communities shall establish local tobacco prevention initiatives.

#4 INDICATOR

By June 2024/2025, 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.

MET - FY24

Activity: This indicator was met. In the final quarter of FY24, 6,036 Arkansans participated in 166 presentations covering such topics as the economic burden of tobacco use, emerging tobacco/nicotine products, and the dangers of exposure to secondhand smoke and strategies for decreasing exposure (additional information is in the Opportunities section). For FY24, a total of 695 presentations were made to approximately 22,619 attendees.

EVALUATION OF PEFORMANCE INDICATORS

MET - FY25

Activity: The goal for this indicator was met. During this quarter, approximately 1,094 youth and adults participated in 233 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 37 presentations to approximately 914 attendees while statewide sub-grantees conducted 18 presentations to approximately 279 attendees. See the Opportunities section for additional details on training sessions held by TPCP and statewide sub-grantees. For FY25, a total of 640 presentations were made to approximately 13,274 attendees.

#5 INDICATOR

By June 2024/2025, maintain the sales-to-minor violations at 6.5% or below (Baseline in FY19 = 6.3%).

MET - FY24

Activity: This indicator was met. For the first time post-COVID-19, the fiscal year ended with a sales-to-minor noncompliance rate below the goal of 6.5%, which is more reflective of the pre-COVID rates. In the final quarter of FY24, 1,106 compliance checks were completed by the ATC and there were 66 sales-to-minor violations for a noncompliance rate of 5.97% (the Q4 rate for FY23 was 11.41%). For FY24, ATC conducted 4,826 compliance checks with 435 sales-to-minor violations for a noncompliance rate of 9.01%. This quarter there were 40 online complaints submitted and 12 that were called in to the 1-877-ID-TEENS number. Finally, ATC held 141 training sessions for retailers and shop owners this quarter (for a total of 571 trainings offered in FY24).

UNMET - FY25

Activity: While the goal for this indicator was not met, it is only one-half of a percent higher than the goal, and two percent lower than the sales-to-minor violations in FY24 (9.01%). This quarter, 1,015 compliance checks were completed by the Arkansas Tobacco Control (ATC) and there were 78 sales-to-minor violations for a noncompliance rate of 7.68%. For FY25, ATC conducted 5,391 compliance checks with 380 sales-to-minor violations for a noncompliance rate of 7.05%. Also, this quarter there were 30 online complaints submitted and 12 that were called in to the 1-877-ID-TEENS number. Finally, ATC held six trainings for retailers and shop owners this quarter, for a total of 19 training sessions offered during FY25.

#6 INDICATOR

By June 2024/2025, Project Prevent will establish seven new school chapters within the Red Counties (Red Counties are those counties with low life expectancy).

UNMET - FY24

Activity: This indicator was not met for FY24. While the goal of this indicator is to establish seven new Project Prevent Chapters within Red Counties, none have been created during FY24. During FY23, one new chapter was created in a Red County, while in FY22 that number was four. Because this goal has not been met for three years, a meeting will be held in fall 2024 with TPCP and Project Prevent staff to discuss the challenges in setting up school chapters in Red Counties and the usefulness of this indicator. In Q4 of FY24, however, Project Prevent held a Zoo Day on April 4 with 241 attendees, while last quarter they hosted a statewide chapter meeting and the *Ready. Set. Record.* Film Festival.

EVALUATION OF PEFORMANCE INDICATORS

UNMET - FY25

Activity: The goal of this indicator was not met for FY25. No new chapters were set up in Red Counties during FY25. As mentioned in previous reports, a meeting was held on September 12, 2024, at which time a Project Prevent representative requested to keep this indicator one more year. Since no new chapters were established, meetings will be held in the future with representatives from TPCP and Project Prevent to discuss their current representation across the state in Red Counties and the identification of another indicator that would better measure their programmatic activities. Refer to the Opportunities section for additional information on their activities this quarter.

#7 INDICATOR

By June 2024/2025, ADH Health Communication will maintain a comprehensive, multiplatform media plan to prevent youth initiation, eliminate exposure to secondhand smoke, and promote cessation. (Report Annually)

MET - FY24

Activity: The goal for this indicator was met for FY24. From broadcast and print advertising in the underserved Red County areas to posting innovative youth prevention posters in schools, the ADH Health Communication program reached out to specific audiences with tailored messaging. For example, radio, television broadcasting, and print advertisements were utilized to reach the Hispanic populations in Northwest and Central Arkansas. Radio advertising was also scheduled for the growing Marshallese population in Northwest Arkansas. To reach sports enthusiasts, programming has been planned for state championship games through ESPN streaming and other sporting events. By strategically utilizing a variety of channels, the goal has been to effectively reach and engage with the target audiences, raising awareness about the risks of tobacco use among youth, minimizing exposure, and providing resources for cessation.

MET - FY25

Activity: The goal of this indicator was met for FY25. TPCP reported the following information about the ADH Health Communication multi-platform media plan: The Office of Health Communications sustains an annual multimedia communications plan and strategy. This comprehensive plan was developed to address youth prevention, cessation, and reduction of exposure related to tobacco and nicotine substances. The statewide campaign begins in August and concludes in May. The plan includes messaging on digital and social media platforms, as well as print, radio, broadcast, and out-of-home advertising. Some platforms include YouTube, Facebook, Snapchat, and Instagram, as well as selected print, broadcast, and streaming, targeting both youth and adults. Special efforts have been developed to reach rural areas and specific populations. From broadcast and print advertising in the underserved Red County areas or posting innovative youth prevention posters in schools, the program reached specific audiences with tailored messaging. For example, radio, television broadcasting and some print advertisements were essential tools for reaching the Hispanic populations in Northwest and Central Arkansas areas. Radio advertising was also scheduled for the growing Marshallese population in Northwest Arkansas. To reach sport enthusiasts, the programming has been planned for state championship games through ESPN streaming and other sporting events. By strategically utilizing a variety of channels, the goal is to effectively reach and engage with the target audiences, raising awareness about the risks of tobacco use among youth, minimizing exposure, and providing resources for cessation.

EVALUATION OF PEFORMANCE INDICATORS

#8 INDICATOR

By June 2024/2025, Be Well Arkansas will consistently maintain a tobacco cessation quit rate higher than the previous baseline level of 28% for those enrolled in the program. (Report Quarterly: # of callers requesting service; # of callers enrolled in tobacco cessation counseling {Reset Annually})

MET - FY24

Activity: This indicator was met. In Q4 of FY24, BWA received 2,117 calls inquiring about tobacco cessation, hypertension, and/or diabetes. A total of 993 individuals enrolled in the tobacco cessation program. For FY24, a total of 7,477 calls were received with a total of 3,956 eligible callers enrolling in tobacco cessation counseling. The quit rate for FY24 was 35.15% (slightly higher than 34.33% in FY23). Also, during Q4, the BWA call center staff mailed out 121 diabetes and 400 hypertension pamphlets as requested by callers. For FY24, a total of 1,934 diabetes and hypertension pamphlets were sent out.

MET - FY25

Activity: The goal for this indicator was met for FY25. During the quarter, Be Well Arkansas (BWA) received 1,612 calls inquiring about tobacco cessation, hypertension, and/or diabetes. A total of 799 individuals enrolled in the tobacco cessation program. For FY25, a total of 6,350 calls were received with a total of 3,055 eligible callers enrolling in tobacco cessation counseling; this is an enrollment rate of 48.11%. The tobacco quit rate for FY25 was 35%, which falls in line with the quit rate from the previous two years–34.33% and 35.15%, respectively. Also, during the fourth quarter the BWA call center staff mailed out 261 diabetes and 97 hypertension pamphlets as requested by callers. For FY25, a total of 1,487 diabetes and hypertension pamphlets were sent out to Arkansans who requested information.

#9 INDICATOR

By June 2024/2025, provide quarterly updates on the implementation of the Be Well Baby program.

MET - FY24

Activity: The goal for this indicator was met for FY24. In Q4, 31 women enrolled in the Be Well Baby program (for a total of 121 new enrollees during FY24). Be Well Baby provides enrolled participants with 34 prenatal and eight postpartum sessions. This quarter, 135 counseling sessions were conducted including 82 prenatal, 41 postpartum, and 12 supplemental counseling sessions among 123 enrollees. With each passing year, Be Well Baby keeps growing and reaching more mothers. In FY24, there were 121 enrollees with 484 counseling sessions provided, compared to FY23 with 107 participants receiving 367 counseling sessions and FY22 with 77 participants receiving 286 counseling sessions.

MET - FY25

Activity: The goal of this indicator was met for FY25. For the current quarter, 43 women were enrolled in the Be Well Baby program (for a total of 107 new enrollees during FY25). Be Well Baby provides enrolled participants with 34 prenatal and eight postpartum sessions. This quarter, 196 counseling sessions were conducted including 91 prenatal, 103 postpartum, and two supplemental counseling sessions. In FY25, enrollees received a total of 462 counseling sessions.

EVALUATION OF PEFORMANCE INDICATORS

#10 INDICATOR

By June 2024/2025, the MISRGO will work with five new faith-based churches/organizations to implement No Menthol Sunday (NMS) activities.

MET - FY24

Activity: The goal for this indicator was met for FY24. No Menthol Sunday (NMS) events were held on May 19, including a press conference and the invitation for participants to wear green in recognition of the national observance of the dangers of menthol-flavored tobacco and tobacco-related health concerns in communities of color. This year, MISRGO partnered with the Coalition for a Tobacco Free Arkansas. As a result, six churches (located in Pine Bluff, Little Rock, Dumas, Dermott, Lake Village, and McGehee) were involved in implementing NMS activities.

MET - FY25

Activity: The goal of this indicator was met. This year, MISRGO partnered with the Coalition for a Tobacco Free Arkansas to facilitate the annual wear green for No Menthol Sunday. Also, the partnership garnered a press conference that featured faith-based organizations. The Clearing the Way national theme aims to educate communities about the negative impact that commercial menthol products have on Black communities. Ministries included in facilitating the No Menthol Sunday program were Amos Chapel, Pleasant View Ministry, Greater Second Care Center, Sharing Love Outreach Ministries, and Sharing Love Ministers.

#11 INDICATOR

By June 2024/2025, the MISRGO will execute an annual event that supports the mission of the program and report on funded and non-funded attendees.

MET - FY24

Activity: The indicator was met. The 21st Clearing the Air in Communities of Color conference was held May 8. MISRGO partnered with the Arkansas Cancer Coalition as it celebrated its 25th Anniversary. The conference served as a pre-conference and included the following topics: “Pushing Cool: Big Tobacco”; “Racial Marketing and the Untold Story of Menthol”; “Understanding the Complex Dynamics of Cigarette Smoking and Its Impact on Substance Use and Crime”; “African-American College Student’s Attitudes and Behaviors about Tobacco Use during COVID”; “Assessing Attitudes, Norms, and Behavioral Control Among Minority Populations Using Tobacco Products and Their Attempts at Cessation”; and “A Conversation with Jay Francis Springs.” In all, 180 people registered for the conference and 94 individuals logged in the day of the event. Out of the 94 participants, nine were funded by MISRGO. In all, participants evaluated the conference as “very satisfactory” or “outstanding.”

MET - FY25

Activity: This indicator was met. The 22nd Clearing the Air in Communities of Color conference was held March 11 (virtual). MISRGO again partnered with the Arkansas Cancer Coalition as it held its 26th annual conference on March 12 (virtual). Panel discussion and speaker topics included the following: “Tobacco Use and Health Disparities”; “Organizations Working to Make a Difference in Tobacco-Related Health Disparities”; “Menthol Free Communities”; and “Minority Research Center on Tobacco and Addictions,” including the challenges and successes of tobacco-free policies on college and university campuses, and a personal account of the struggles and successes of becoming tobacco free. Of the 196 registrants for the conference, 187 were not funded by MISRGO and 112 had not previously attended a Clearing the Air Conference. Of the 58 individuals who completed the evaluation, 95% reported the conference to be either excellent (67.2%) or above average (27.8%).

EVALUATION OF PEFORMANCE INDICATORS

#12 INDICATOR

By June 2024/2025, the MISRGO will provide and report on technical assistance through direct stakeholders and property owners regarding reducing tobacco related disparities in Arkansas.

MET - FY24

Activity: The goal for this indicator was met for FY24. Earlier this fiscal year, MISRGO worked with its largest group of stakeholders (schools) and Ms. Teen Tours on the topic of "Hate the Vape." In October, the first workshop of the Cultural Conversations series examined "Black Lives, Black Lungs." More recently, MISRGO partnered with the Minority Research Center (MRC) to discuss tobacco products that may be hidden in plain sight and the disparity that exists in heavily minority-populated areas as it relates to tobacco advertising. MISRGO reports a total of two events and three meetings were conducted with community stakeholders on this topic.

MET - FY25

Activity: This indicator was met. Three Hate the Vape Tour locations were scheduled this quarter. The Tour is an interactive presentation that discusses the disparities in vaping use and abuse among youth in the state. This brought the total served to 75 counties, 16 presentations provided, and over 1,500 youth and 50 adults reached. These activities were in addition to statewide presentations at the Arkansas Prevention Summit held in Benton. Also this quarter, the final installment of the Cultural Conversations workshops was held. Yvonka Hall provided information about the work the Ohio Black Health Coalition is doing in regards to bringing awareness to harmful effects of menthol. Two previous Cultural Conversations talks in FY25 included a presentation by Richard Laraya entitled "Tobacco Prevention & Cessation in the Marshallese Community" and by Josie Shapiro entitled "To Vape or Not to Vape. . . . That is the Question?"

#13 INDICATOR

By June 2024/2025, 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.

MET - FY24

Activity: The goal for this indicator was met for FY24. As noted in previous reports, the funding for this RFP ends June 2024. A request to update this indicator with the new RFP was presented to and approved by the ATSC on April 10, 2024. The new research topics to be funded are as follows:

- Option 1 - Research focused on tobacco use and mental health in Arkansas's minority population;
- Option 2 - Research focused on the dual usage of combustible cigarettes and marijuana in Arkansas's minority population
- Option 3 - Research focused on the dual usage of combustible cigarettes and e-cigarettes/vapes in Arkansas's rural population.

MET - FY25

Activity: This indicator was met. As stated in previous quarterly reports, two proposals have been funded for FY25. One study is an exploration of e-cigarette use among current and former African-American college students by Principal Investigator Dr. Carmen Hardin, Philander Smith University. The other study is the Arkansas collegiate substance use assessment of minority tobacco and addictions by Principal Investigator Dr. Derek Slagle, University of Arkansas at Little Rock.

EVALUATION OF PEFORMANCE INDICATORS

#14 INDICATOR

By June 2024/2025, the MRC will conduct three virtual and/or face-to-face meetings in minority communities to discuss tobacco usage among minority groups.

MET - FY24

Activity: This indicator was met. The MRC and MISRGO have worked together this year to develop a presentation that examines the historical and current practices of tobacco companies targeting minority communities through tobacco advertising. Past presentations include one to the Future Builders, Inc. and the Black Family Wellness Expo. More recent presentations were made at the 25th Arkansas Cancer Summit and to the Northwest Arkansas Tobacco Free Coalition.

MET - FY25

Activity: The goal of this indicator was met. Information on the three meetings held in minority communities are as follows: (1) a face-to-face meeting with individuals attending the 3rd Annual Black Family Wellness Expo, (2) a face-to-face meeting during the Bowling for Babies event sponsored by the March of Dimes, and (3) a virtual meeting with the Northwest Arkansas Tobacco and Drug Free Coalition. Information shared addressed targeted marketing and how tobacco products can be hidden in plain sight.

#15 INDICATOR

By June 2024/2025, the MRC will submit three open editorials to small town newspapers focusing on tobacco-related issues in rural communities in Arkansas.

MET - FY24

Activity: The goal of this indicator was met for FY24. MRC submitted open editorials to the following newspapers: Chicot County Spectator, Evening Times, Advance Monticellonian, Helena Daily World, Clarion Publishing, Jonesboro Sun, and Stuttgart Daily Leader. The titles of the open editorials that were submitted are as follows: “Pregnancy and Tobacco Use,” “Tobacco Products and Opioids,” “Vaping and Menthol-Flavoring,” and “Thirdhand Smoke.”

MET - FY25

Activity: The goal of this indicator was met. MRC submitted open editorials to small town newspapers on the following three topics: “Why Tobacco Prevention Still Matters: Lessons from 20+ Years of Progress at UAPB”; “Countering Tobacco Industry Tactics: Why Representation and Research in Public Health Matter”; and “The Rise of Vape - and Why Community-Led Prevention is Still Our Best Defense.”

#16 INDICATOR

By June 2024/2025, GASP faculty and staff will report the number of new students recruited into their program, the number of students who have graduated from the program, and the number of students who have been provided a stipend.

MET - FY24

Activity: The goal was met. There were 27 students enrolled in the GASP during Q4, including four new students. This enrollment number is an increase from the 20 students who were enrolled at the same time last year. The GASP awarded 11 student stipends in the amount of $800 per stipend in the fourth quarter. Finally, six students graduated this quarter. For FY24, a total of 31 students were enrolled in the GASP, seven students graduated from the program, and a total of 15 student stipends in the amount of $800 per stipend were awarded.

EVALUATION OF PEFORMANCE INDICATORS

MET - FY25

Activity: This indicator was met for FY25. During this past year, GASP recruited nine new students into their program. During the April - June 2025 quarter, three students graduated from GASP for a total of six graduates during FY25. Finally, six students were provided with stipends in FY25.

#17 INDICATOR

By June 2024/2025, GASP faculty will identify programs interested in initiating tobacco prevention curriculum for juvenile justice programs in Jefferson County, Arkansas.

MET - FY24

Activity: The goal was met. GASP faculty member, Dr. Antimoore Jackson continued to lead this project. Dr. Jackson worked with GASP student stipend recipients until May to broaden a literature review and begin developing a Strategic Prevention Framework for an evidence-based tobacco prevention curriculum which may be implemented in the Jefferson County Juvenile Detention Center during FY25.

MET - FY25

Activity: The goal of this indicator was met for FY25. GASP faculty member, Dr. Antimoore Jackson, continues to lead this project. During the current quarter, as well as the 2024-2025 academic year, plans have continued for the development of a new tobacco prevention curriculum for detainees in the juvenile justice program in Jefferson County Arkansas. Development of a new curriculum is necessary because no existing tobacco prevention program for the target audience was identified in the literature review stage of this project.

#18 INDICATOR

By June 2024/2025, 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.

MET - FY24

Activity: The goal was met. GASP faculty member, Dr. Cheryl Golden continued to lead this project and she worked with GASP student stipend recipients until May to complete the three video presentations and begin preparations for releasing presentations in the fall semester.

MET - FY25

Activity: The goal of this indicator was met for FY25. GASP faculty member, Dr. Cheryl Golden, continues to lead this project. During the current quarter, as well as the 2024-2025 academic year, plans have continued to complete the three video presentations. The current stage of the project is the addition of voiceovers to the three videos.

Tobacco Settlement
Medicaid Expansion

TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM

Mary Franklin, Director,
Department of Human Services Division of County Operations
UCA Evaluator: Joe Howard, PhD

TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM

Tobacco Settlement Medicaid Expansion

BLUE UMBRELLA STORE FEATURES LOCAL ARTISTS

The Blue Umbrella store showcases arts and crafts made by Arkansans with developmental and intellectual disabilities. The store also offers job training and employment. Pictured below are a few of the store's artists.


Estie


Mamie


Palmer

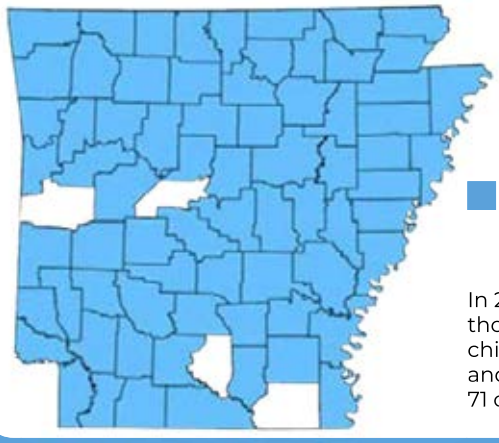
William

90,484
VULNERABLE ARKANSANS SERVED

8%
% INCREASE IN ARKANSANS SERVED FROM 2024 TO 2025

$317.7 MILLION
TOTAL CLAIMS PAID

$186.5 MILLION
LEVERAGED IN FEDERAL MATHCING FUNDS, EQUAL TO $5.73 PER ATSC $1



COUNTIES SERVED BY TS-MEP DDS SUPPORTS

In 2024-2025, TS-MEP served thousands of adults and children with development and intellectual disabilities in 71 of 75 counties.

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.

EVALUATOR SUMMARY AND COMMENTS

ECONOMIC IMPACT

For the past biennium, total claims paid for the TS-MEP populations were nearly $317.7 million with $145.7 million in 2024 and $172 million in 2025. The Tobacco Settlement funds are also used to pay the state share required to leverage approximately 70% federal Medicaid matching funds. This amounted to more than $186.5 million in federal matching Medicaid funds with $104.4 million in 2024 and $82.1 million in 2025, which has a significant impact on the health costs and health outcomes for the state of Arkansas.

OPPORTUNITIES

With the TS-MEP program, the Arkansas Department of Human Services (DHS) provides support for the four TS-MEP populations as well as the state's overall Medicaid efforts. The DHS has had the legislative authority for nearly 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 Arkansas Health and Opportunity for Me (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 decrease in Hospital Benefit Coverage may be the result of fewer qualified individuals requiring extended hospital stays. There was stability in the number of persons with developmental disabilities being served with all 500 TS-MEP funded slots being filled each quarter this year. The end of health coverage expansion during the public health emergency can possibly explain the continued increases that have been seen in the Pregnant Women Expansion population and ARSeniors population during the past biennium.

TESTIMONIALS

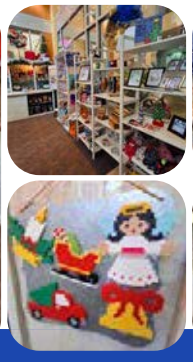
THE BLUE UMBRELLA – MORE THAN A STORE

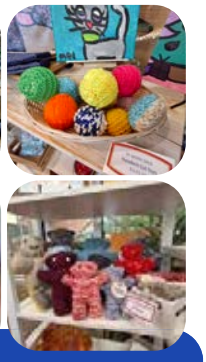
The Blue Umbrella store provides opportunities for individuals with developmental and intellectual disabilities to showcase their talents, earn income, and connect with Arkansans. For store manager Erin Skrodenis the store is about much more than selling products. “It's important to stress the connection that we have between the customers that come in and the artists, because the artists sometimes don't have a voice to speak with very well except for through what they create and what we can provide them here at the store,” Erin said. “This is a way to earn money, but also just to really show that these individuals that have a disability—they all have something to offer society. They all deserve the support that we can offer them.”

The store works with dozens of artists from across Arkansas, including independent artists and individuals connected to community providers and Human Development Centers. Erin said one of the most rewarding parts of her job is seeing artists find purpose through their craft. One artist who reflects that is Brian, a longtime knitter with autism. Brian creates one-of-a-kind items, including miniature hats for rubber ducks, and has described his ability to learn, remember, and adapt knitting patterns to create new designs. Erin explained that before becoming involved with Blue Umbrella, “[Brian] had been knitting for like 10 years. His sister said he just knits all the stuff all the time, but now that he's associated with us, he kind of knits for a purpose. Like, he knows, ‘Okay, I need to come up with this many things to bring.’ It's not just knitting aimlessly.” Erin also admires his resourcefulness. “One thing I like, because I love repurposing and upcycling, is that he'll go to Goodwill and buy sweaters and then unravel them and reuse them. It's pretty cool.”

Erin has also seen remarkable growth in Carol, an artist from the Conway Human Development Center (CHDC). “She's come a long way with her confidence and what she can do at the store, her motor skills and being able to take direction from start to finish.” Carol works mostly in glass beading and jewelry-making, and has taught classes in candle-making at CHDC. Erin described how Carol’s talents and curiosities have translated into helping others. After discovering another CHDC resident was hearing impaired, Carol began teaching herself sign language. “She would read books and look stuff up on the internet, and she started interpreting for this resident. She's even taught some of the staff sign language,” Erin shared. “She's a teacher and great at working on the crafts. She's come a long way in her skills and self-confidence. That's what we like to hear.”

Erin (left) and Velma are store managers at the Blue Umbrella.





Artists create everyday items, like Brian’s knitted cat toys (top right), and seasonal items, like holiday-themed fridge magnets.

The store also creates opportunities for customers to learn about the people behind the artwork and handcrafted items. “We try really hard to tell them about the artist that made that,” explained Velma Gonzalez, assistant store manager. “You can see when it kind of clicks.” She added, “These are real people. These aren't mass-produced items.” For Erin and Velma, those moments of connection are at the heart of Blue Umbrella’s mission—helping artists share their talents while ensuring their stories are seen and appreciated.

TOBACCO SETTLEMENT MEDICAID EXPANSION PROGRAM

EVALUATION OF PEFORMANCE INDICATORS

LONG-TERM OBJECTIVE

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

#1 INDICATOR

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

MET - 2024

Activity: This indicator was met. With the implementation of the ARHOME program, more individuals will have health coverage beyond the TS-MEP initiatives. Therefore, the TS-MEP long-term impact will be limited compared to the influences outside of the TS-MEP. From January 2024 to December 2024, TS-MEP provided expanded access to health benefits and services for 43,587 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is an increase of 3,742 persons served over the previous year.

MET - 2025

Activity: This indicator was met. From January 2025 to December 2025, TS-MEP provided expanded access to health benefits and services for 46,897 eligible pregnant women, seniors, qualified adults, and persons with developmental disabilities. This is an increase of 3,310 persons served over the previous year.

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.

#2 INDICATOR

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

MET - 2024

Activity: This indicator was met. Between January 2024 and December 2024, there were 7,358 participants in the TS-MEP initiative Pregnant Women Expansion (PWE) program. This is a significant increase of 2,866 women served over the previous year. This increase continues to reflect the lifting of the extended health coverage for pregnant women in other categories during the recent public health emergency. 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. The TS-MEP funds for the PWE program totaled $7,755,039 in 2024.

EVALUATION OF PEFORMANCE INDICATORS

MET - 2025

Activity: This indicator was met. Between January 2025 and December 2025, there were 7,660 participants in the TS-MEP initiative Pregnant Women Expansion (PWE) program. This is an increase of 302 women served over the previous year. The TS-MEP funds for the PWE program totaled $7,930,975 in 2025.

#3 INDICATOR

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

MET - 2024

Activity: This goal was met. In 2024, the TS-MEP initiative Hospital Benefit Coverage (HBC) provided inpatient and outpatient hospital reimbursements and benefits to 4,049 adults aged 19-64, an increase of 1,321 persons served over 2023. Overall, the HBC program had a significant decrease during the public health emergency. This decrease was due largely to suspended cost share requirements for day one hospitalizations. However, TS-MEP has seen steady increases since the lifting of the public health emergency. Traditional Medicaid covered 20 hospital days per year for qualified adults. The HBC program has increased the number of hospital days to 24 and reduced the copay on the first day of hospitalization from 22% to 10%. In 2024, TS-MEP funds for the HBC totaled $16,746,259.

UNMET - 2025

Activity: This indicator was unmet. In 2025, the TS-MEP initiative Hospital Benefit Coverage (HBC) provided inpatient and outpatient hospital reimbursements and benefits to 2,963 adults aged 19-64, a decrease of 1,086 persons served in 2024. This decrease may indicate that there were fewer adults requiring extended hospitalizations beyond 20 days. In 2025, TS-MEP funds for the HBC totaled $6,404,652.

#4 INDICATOR

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

UNMET - 2024

Activity: This indicator was not met. The ARSeniors program expanded Medicaid coverage to 30,152 seniors in 2024. This was a slight decrease of 452 seniors covered during 2023. 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. The TS-MEP funds for the ARSeniors program totaled $24,701,727 in 2024.

MET - 2025

Activity: This indicator was met. The ARSeniors program expanded Medicaid coverage to 34,249 seniors in 2025. This was a significant increase of 4,097 seniors covered during the previous year. This increase may reflect the lifting of the public health emergency. The TS-MEP funds for the ARSeniors program totaled $30,619,711 in 2025.

EVALUATION OF PEFORMANCE INDICATORS

#5 INDICATOR

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

MET - 2024

Activity: This indicator was met. In 2024, 2,028 individuals were provided services through TS-MEP funds. This is an increase of seven persons served from the previous year; however, this program continues to fill the 500 TS-MEP funded slots each quarter. While there are only 500 funded slots, there were more than 500 individuals served each quarter because of participant turnover. In 2024, a total of 204 children (18 and under) and 1,824 adults (19 and over) in 71 of 75 counties were provided services. The Community and Employment Support (CES) provides assistance for major life activities to individuals with intellectual or developmental disabilities. This includes activities such as living independently and working in a job in the community rather than an institutional setting. TS-MEP funding helps to reduce the waitlist for this population. The TS-MEP funds for the CES Waiver program totaled $96,086,735 in 2024.

MET - 2025

Activity: This indicator was met. In 2025, 2,025 individuals were provided services through TS-MEP funds. While a slight decrease of three over the previous year, the program's goal is to fill the 500 TS-MEP funded slots each quarter which was achieved. In 2025, a total of 163 children (18 and under) and 1,862 adults (19 and over) in 71 of 75 counties were provided services. The TS-MEP funds for the CES Waiver program totaled $117,022,026 in 2025.

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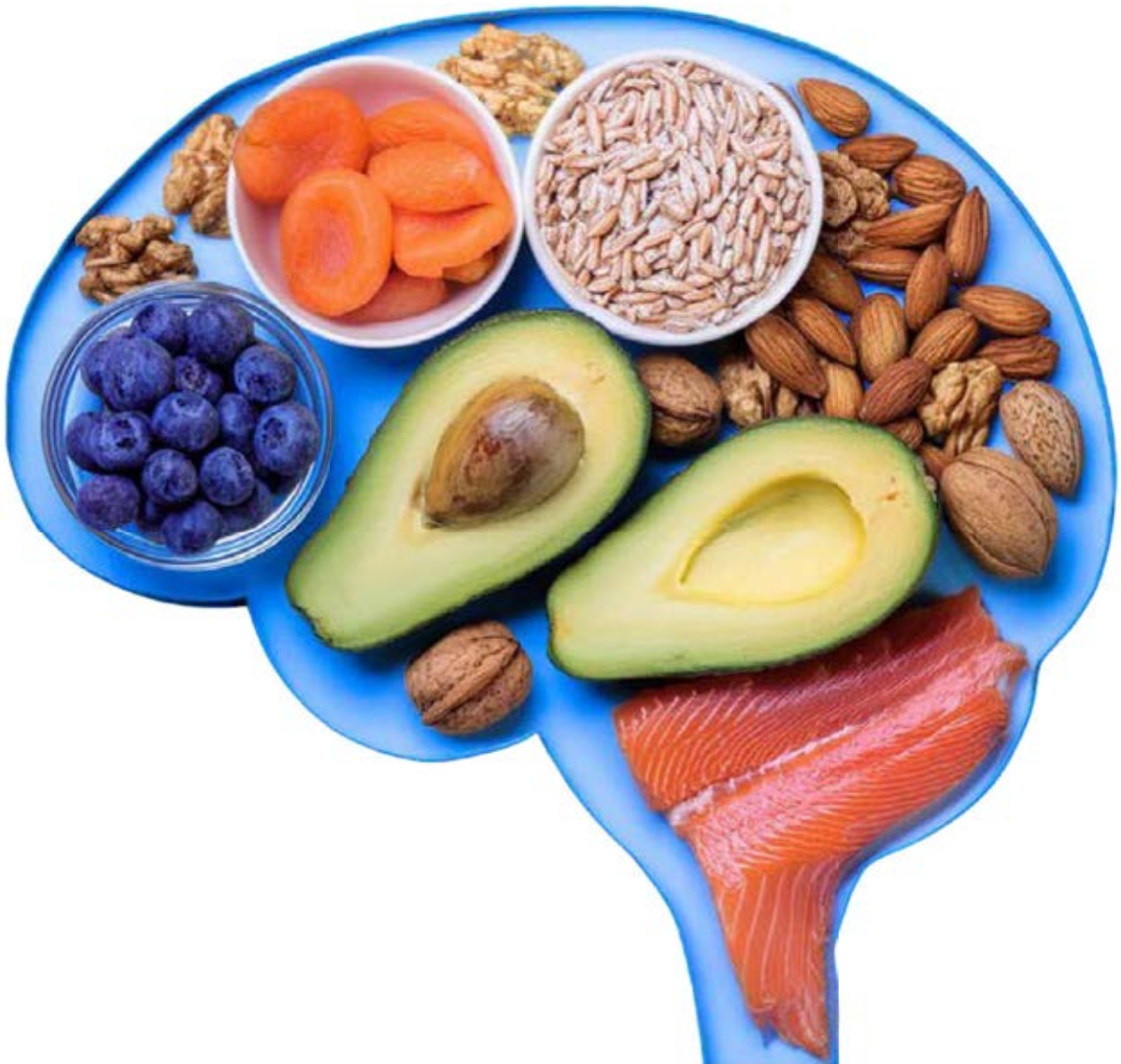
CENTERS ON AGING

UAMS CENTERS ON AGING

Amyleigh Overton-McCoy, PhD, GNP-BC, Director
UCA Evaluator: Ed Powers, PhD



UAMS CENTERS ON AGING

UAMS Donald W. Reynolds Institute on Aging
CENTERS ON AGING

96,162
ARKANSANS EDUCATED




2,380
HEALTH PROFESSIONALS & STUDENTS EDUCATED

UAMS-COA offers a range of training and educational opportunities. This promotion (left) highlights In-Home Assistant caregiver training, which provides instruction in home safety, personal care, and dementia care.

10,267
CLINICAL ENCOUNTERS

11,535
EXERCISE ENCOUNTERS

AWARDS FOR EXCELLENCE

UAMS-COA continued to receive recogniation for excellence in 2025. Following the 2024 Gloria Cavanaugh Award for Excellence in Training and Education, Dr. Amyleigh Overton-McCoy and Joyce Priddy were honored with Arkansas Nurse of the Year Awards.

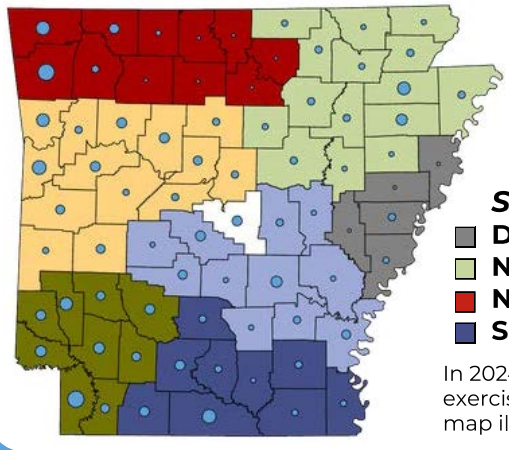

$5.6 MILLION
LEVERAGED IN 2024-25, EQUAL TO $1.68 PER ATSC $1

$1.4 MILLION
USDA GRANT TO SUPPORT DEMENTIA EDUCATION

BLANKET & SOCKS DRIVE

UAMS-COA's statewide Blanket & Socks Drive brought warmth to older adults across Arkansas. In South Arkansas, blankets were wrapped for distribution through a partnership with Magdeline House and accompanied by handmade student cards. In Northeast Arkansas, blankets and socks were distributed across eight counties, along with holiday cards created by students in Jonesboro.


$278,454
COMMUNITY PARTNER DONATIONS



ENCOUNTERS BY PARTICIPANTS' COUNTY OF ORIGIN
LARGER DOTS = MORE ENCOUNTERS

SERVICE AREAS

- DELTA
- NORTHEAST
- NORTHWEST
- SOUTH ARKANSAS
- SOUTH CENTRAL
- TEXARKANA
- WEST CENTRAL
- UAMS / LITTLE ROCK

In 2024-25, UAMS-COA reported 107,697 educational and exercise encounters with Arkansans from all 75 counties. The map illustrates the distribution of participants' county of origin.

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.

EVALUATOR SUMMARY AND COMMENTS

ECONOMIC IMPACT

It is difficult to estimate the precise economic impact of the UAMS-COA because it involves a combination of direct and indirect benefits derived from services provided by the agency. One direct benefit was the amount of new money brought to the state through federal and private grants focused on assisting aging populations. In 2024-2025, approximately $5.6 million of new money was brought to the state through grants and fundraising efforts. No other agency in the state is better situated to procure external support for seniors in the neediest regions of Arkansas. However, most of UAMS-COA's economic impact was realized indirectly. The most important indirect impact was realized by improving the quality of life for older Arkansans and helping to defer the most disabling effects of aging. Positive economic benefits were realized through reducing the time spent suffering with unmanaged chronic disease and increasing the length of time adults can remain independent, productive contributors to their communities. Elder independence not only impacted the seniors themselves but also their family members who can spend less time worrying about their aging relatives and experience fewer interruptions to their own work lives.

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

Another economic benefit is related to deferring the high costs of long-term care. One of the most consistent objectives across COA programs is to keep seniors healthy enough to remain independent as long as possible. Through its work across the state, UAMS-COA was able to identify the most critical threats to independence and to implement solutions that help offset those threats. The programs designed to improve in-home caregiving, expand resources for dementia treatment, prevent falls, monitor mental health, and address food insecurity are all examples of strategies aimed at preserving independence and extending the period in which seniors can stay in their own homes. In a state where the median daily cost of long-term care hovers around $300 per day for nursing homes (Genworth Cost of Care Survey for Arkansas, 2026), it is easy to see the potential savings associated with the UAMS-COA programs and services.

While it is nearly impossible to calculate the total economic impact of the UAMS-COA, it is easy to imagine what might happen to thousands of people if they were denied vital information, exercise opportunities, direct services, and community advocacy provided by this agency. The monies allocated by the Tobacco Settlement in 2024-2025 seems like a minimal investment considering the range and reach of services provided by this agency.

EVALUATOR SUMMARY AND COMMENTS

OPPORTUNITIES

The UAMS-COA continued 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:** The UAMS-COA ordinarily offers at least minimal services to residents in a majority of Arkansas counties. Investments in video conferencing and other alternative methods of contact have helped expand the agency's reach. Facebook presence for the UAMS-COA has expanded beyond 11,000 followers.
- **Quality of Services:** In 2024, the UAMS-COA was awarded the National American Society on Aging's Gloria Cavanaugh Award for Excellence in Training and Education. This award was granted in recognition of the agency's significant contribution to training and education in the field of aging. The quality of agency services has also been recognized by inclusion in the UAMS Vision 2029 plan for improving health in Arkansas.
- **Service Innovation:** The agency continued to innovate the delivery of services throughout the state. This included pursuit of a number of grants to fund innovative projects such as the FOUND project which provides wandering kits (scannable QR-enabled medical ID bracelets, educational materials, and instructional videos) to individuals with dementia, their caregivers, and first responders. These kits were designed to help quickly identify and safely return individuals who may wander due to dementia-related conditions. Another innovative project involved working with local churches to enlist and train respite care volunteers.
- **Raising Awareness:** The UAMS-COA continued raising awareness about the challenges of aging in Arkansas communities. Representatives from the agency continually pursued 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 2024 and 2025, UAMS-COA staff helped draw attention to issues such as food insecurity, dementia, ageism, elder abuse, and senior housing issues. Staff presented papers at academic conferences and were elected to executive positions on the Governor's Advisory Council on Aging. Also, the UAMS-COA director occupied a seat on the Alzheimer's Disease and Dementia Advisory Council.
- **Partnerships:** The UAMS-COA continued 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 were clinical partnerships with the Arkansas Alzheimer's Association, the UAMS Wound Clinic, and the AR Prostate Cancer foundation, research partnerships with the UAMS College of Nursing Hartford Center of Excellence in Geriatrics, and local service partnerships with the UAMS College of Physical Therapy in Northwest Arkansas and the UAMS College of Public Health. The UAMS-COA also partnered with the American Heart Association and DoorDash on a project to address food insecurity in Northwest Arkansas.
- **Enhanced Attention to Social Isolation among Older Adults:** The UAMS-COA increased attention on social interaction among older adults. The agency also made efforts to expand opportunities for more cross-generational interaction to help combat ageism and reduce the social isolation of Arkansas seniors.

OPPORTUNITIES - CONT'D

- **Enhancing the Geriatric Medicine Workforce:** UAMS-COA worked with multiple colleges and universities to recruit and train new geriatric specialists in different allied health fields. This included sponsoring fellowships for medical students and social workers. It also includes efforts to increase high school student interest in geriatric-related careers. During the biennium, UAMS-COA experimented with hiring community health workers to supplement programming in areas of the state where nursing professionals are hard to find.

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

CHALLENGES

The aging of the state's population coupled with a constantly changing national healthcare model continued to challenge all aspects of this agency's mission. The pressures on the clinical aspects of the agency were particularly acute. Labor market shortages in the healthcare system have added further strain to an already tenuous network of specialized care. Another traditional staple of the agency, CNA training, was also negatively impacted by new training regulations and broader health system trends. The UAMS-COA remained committed to supporting specialized geriatric treatment in the state, but external factors played an outsized role in determining how the support model operates. Other challenges are highlighted below.

- Staffing issues continues to be one of the largest threats to the flow of specialized elder services throughout the state. In 2024-2025, staff vacancies disrupted services in several COAs. The increased demand for healthcare professionals creates obstacles for hiring and retention, especially for hiring qualified professionals in rural counties and less-developed regions (e.g., specialists in dementia assessment and management are difficult to hire and retain).
- Adequate supervision of COAs in more remote regions of Arkansas has always been a concern of this agency. Efforts were made to address many of the issues, but retaining staff, keeping them trained, and monitoring activity across the COAs remained challenging.
- Changing racial and ethnic demographics of seniors in some areas of the state necessitate planning for more inclusive communication and the development of bilingual or multilingual materials and programs.
- Finding the time and other resources necessary to stay current with best practices in geriatric care is an enduring challenge. The UAMS-COA 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.

EVALUATOR SUMMARY AND COMMENTS

CHALLENGES - CONT'D

- Due to poverty, an underdeveloped infrastructure, and small and decentralized populations, the basic UAMS-COA model was more difficult to deploy in some areas of the state. For example, it is estimated that in 2024, residents of one-fifth of the 75 counties in Arkansas received few direct services from the UAMS-COA. 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 were unavailable to many in the state who lack reliable broadband Internet access. Evaluating the effectiveness of online delivery models continued to be a challenge.
- The agency continued developing the data collection and data processing capacity needed to fully assess program outcomes. Much progress was made on developing a new monitoring system, but the shift to digital training modes introduced new complications. Wellness outcomes are now routinely monitored among participants in the Drums Alive, Walk with Ease, Tai Chi, Ageless Grace, First-Responder Dementia Training, and Family Caregiving programs. The next challenge will be to maintain a consistent collection of data so that long-term assessment of outcomes is possible.
- It may be time to explore and introduce new evidence-based exercise options offered to seniors in the state. Participants have demanded more variety for several quarters but developing/implementing new programs was made more difficult by staff turnover. Some of the current options are hard to monitor for quality and safety using online interaction formats. It is important to continue efforts aimed at comparing the effectiveness of traditional modes of service delivery to newer modes of delivery.
- Many of the programs and services offered through the UAMS-COA have an indirect effect on senior health in Arkansas. The UAMS-COA continued efforts aimed at demonstrating the net positive impact (including the 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.
- As state and federal funding continued to evaporate, as older funding commitments end, and as inflationary pressures rise, maintaining external funding streams was 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 unpredictable supply costs, expensive labor, and erratic investment returns.

Many of this agency's external challenges remained the same or have increased in intensity over the last few years. Fortunately, the UAMS-COA embraced proactive strategies to confront most of its key challenges and continues to stay ahead of them.

EVALUATOR SUMMARY AND COMMENTS

EVALUATOR COMMENTS

Evidence indicates that the UAMS-COA continued 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 enhanced senior health in 2024-2025 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 among seniors 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 the last two years, the UAMS-COA continued to make progress in critical areas and met its goals.

TESTIMONIALS

SUPPORTING HEALTHY AGING ACROSS ARKANSAS

Across Arkansas, UAMS-COA provided education, training, and support services for older adults, caregivers, healthcare professionals, and community members alike. The participant feedback offered below highlights the impact of these programs on the lives of Arkansans.

For caregivers, education can provide confidence and self-efficacy while caring for a loved one. After attending a workshop at the South Central Center on Aging, one participant shared, “I have a mother with dementia and she will be living with me. . . . Before this class, my knowledge wasn’t very good, but I feel much more informed and comfortable with caring for her now.”

Participants also expressed thanks for the guidance and resources available through UAMS-COA. Following a consultation at the Schmieding Center, one participant noted, “How helpful and comfortable the consultation was. . . . I wish to thank you and compliment the Schmieding Center for such a valuable and accessible offering for resources and a conversation.” The participant added that “the references and new information shared yesterday . . . are invaluable” and concluded, “The organization achieves their mission broadly through their people.”

UAMS COA also helped older adults navigate important decisions about their healthcare. One participant who received Medicare enrollment assistance through the South Central COA stated, “Thank you so much for your help again this year. I really appreciate it. I tell everyone I know who has Medicare they need to call you if they need help.”

Professional training programs also made a vital impact on the care of older Arkansans. Following dementia training at the Schmieding Center, a law enforcement officer noted, “It gave good training on how to approach/make contact. Information on typical paths and trends of wanderers was helpful.” A participant in geriatric medicine training shared, “This experience has absolutely exceeded all expectations,” adding, “I have now begun to look into careers with the aging population because of this experience.”

For older adults participating in wellness activities, the benefits were immediate. One participant in the Drums Alive program at the West Central COA said, “This program makes me feel younger and more alive. It reduces discomfort in my joints. I can move around better.”

In all, these testimonials demonstrate how UAMS-COA helped Arkansans. Below are snapshots of notable events that UAMS COA hosted or participated in during 2025.

Tracye Rabun, at the South Central COA in Pine Bluff, shared information at the Southeast Arkansas District Health Fair.

Youth engaged with Embodied Labs virtual reality simulations during the Central AR Walk to End Alzheimer's.

West Central COA in Fort Smith educated participants on heat-related illness and protection from the sun.

EVALUATION OF PEFORMANCE INDICATORS

LONG-TERM OBJECTIVE

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

#1 INDICATOR

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

MET - 2024

Activity: This indicator was met. A total of 5,257 exercise encounters with seniors were counted in 2024. Exercise options have been curated by UAMS-COA to include evidence-based programs such as Ageless Grace, Tai Chi, Drums Alive, and Walk with Ease. Exercise programming addressed core concerns of the client population (e.g., physical activity, balance/fall prevention, and social isolation). A majority of encounters were in-person as opposed to Facebook or videoconference methods. Overall, UAMS-COA provided 978 hours of programming to seniors in 2024. 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.

MET - 2025

Activity: This indicator was met. A total of 6,278 exercise encounters with seniors were counted in 2025. Similar to 2025, curated exercise options include evidence-based programs such as Ageless Grace, Tai Chi, Drums Alive, and Walk with Ease. These activities targeted core health concerns of the client population (e.g., physical activity, balance/fall prevention, and social isolation). A majority of encounters were in-person as opposed to Facebook or videoconference methods. Overall, UAMS-COA provided 1,172 hours of programming to seniors in 2025. Post-participation data collected by UAMS-COA continued to demonstrate that substantial numbers of participants in exercise activities report increased activity levels, a substantial reduction in falls, and perceived reductions in pain.

#2 INDICATOR

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

MET - 2024

Activity: This indicator was met. In 2024, UAMS-COA offered evidence-based educational programs that addressed a range of health priorities related to aging. Staff provided 6,085 hours of educational offerings including hours in critical areas such as caregiving/dementia training (1,139 hours), healthy eating/food insecurity (126 hours), mental health/well-being (3,185 hours), and instruction in exercise/fall reduction (1,635 hours).

MET - 2025

Activity: This indicator was met. In 2025, UAMS-COA offered evidence-based educational programs that addressed a range of health priorities related to aging. Staff provided 5,787 hours of educational offerings including hours in critical areas such as caregiving/dementia training (2,752 hours), healthy eating/food insecurity (292 hours), mental health/well-being (1,846 hours), and instruction in exercise/fall reduction (899 hours).

EVALUATION OF PEFORMANCE INDICATORS

#3 INDICATOR

On an annual basis, the UAMS Centers on Aging will obtain external funding to support programs in amounts equivalent to ATSC funding for that year.

MET - 2024

Activity: This indicator was met. In 2024, UAMS-COA secured external support from various sources valued at $3,056,790. This exceeded the annual goal of $1,654,641 and represents a solid year of fundraising. In 2024, $1,591,809 was raised from nine grants. The most sizable grant was a $1,416,000 award from USDA to support virtual-reality-based dementia education. Aside from grants, a large stream of funding came from the Schmieding Foundation ($853,510) to support the Schmieding Center. Also, extramural funding included community partner donations ($126,756) and UAMS core support ($456,000). The agency received $28,334 through contractual service agreements with other agencies. Financial numbers indicate clear efforts to remain active in external fundraising. UAMS-COA had a successful year of external funding, surpassing the 2024 goal by $1,402,149.

MET - 2025

Activity: This indicator was met. In 2025, UAMS-COA secured external support from various sources valued at $2,542,080. This exceeded the annual goal of $1,943,796 and represents a solid year of fundraising. In 2025, $1,530,695 was raised from four different grants. The most sizable grant was a $1,416,000 award from USDA to support virtual-reality-based dementia education. Aside from grants, a large stream of funding came from the Schmieding Foundation ($278,827) to support the Schmieding Center. Also, extramural funding included community partner donations ($151,698) and UAMS core support ($456,000). The agency received $100,038 through contractual service and trade agreements with other agencies. Financial numbers indicate clear efforts to remain active in external fundraising. UAMS-COA had a successful year of external funding, surpassing the 2025 goal by $598,284.

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.

#4 INDICATOR

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

MET - 2024

Activity: This indicator was met for 2024. The UAMS-COA recorded 4,363 Senior Health Clinic (SHC) encounters during 2024 (all of these encounters were recorded at the Northeast COA). 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 meeting the stated goal in Northeast Arkansas. The UAMS-COA is technically “maximizing” SHC encounters and meeting the specific goal, 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 most of the state. It is time to revisit this particular objective and consider modifying the UAMS-COA approach to cultivating opportunities for specialized senior healthcare.

EVALUATION OF PEFORMANCE INDICATORS

MET - 2025

Activity: This indicator was met for 2025. The UAMS-COA recorded 5,904 Senior Health Clinic (SHC) encounters during 2025 (around three quarters of these encounters were recorded at the Northeast COA in Jonesboro). 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 technically "maximizing" SHC encounters. It is important to note that 2025 showed a significant increase in SHC encounters over 2024 because of the expanded capacity for SHC services in Northwest Arkansas (Schmieding). In 2024, it looked like the UAMS-COA would need to abandon its objective of cultivating opportunities for specialized senior healthcare. However, the 2025 addition of SHC services in the Northwest suggests that there still may be some room to grow with this objective.

#5 INDICATOR

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

MET - 2024

Activity: This indicator was met for 2024. The agency continued to prioritize the education of healthcare practitioners across the state. The UAMS-COA produced approximately 3,317 hours of educational presentations and specialized geriatric training opportunities attended by an average of 196 healthcare practitioners and students per quarter during 2024. A high proportion of the educational encounters were in-person and the heaviest contact with students and healthcare professionals occurred at the Schmieding Center in Northwest Arkansas.

MET - 2025

Activity: This indicator was met for 2025. The agency continued to prioritize the education of healthcare practitioners across the state. The UAMS-COA produced approximately 3,099 hours of educational presentations and specialized geriatric training opportunities attended by an average of 400 healthcare practitioners and students per quarter during 2025. Similar to 2024, a high proportion of the educational encounters were in-person and the heaviest contact with students and healthcare professionals occurred at the Schmieding Center in Northwest Arkansas.

#6 INDICATOR

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

MET - 2024

Activity: This indicator was met. Using live events, social media, and other means of communication, the UAMS-COA generated 39,520 community education encounters and 1,123 in-service encounters during 2024. Approximately 59% of these encounters occurred in person (24,067). Other encounters occurred via distance platforms such as Facebook.

MET - 2025

Activity: This indicator was met. Using live events, social media, and other means of communication, the UAMS-COA generated 56,642 community education encounters and 862 in-service encounters during 2025. Approximately 76% of these encounters occurred in person (43,676). Other encounters occurred via distance platforms such as Facebook.

EVALUATION OF PEFORMANCE INDICATORS

#7 INDICATOR

On an annual basis, the UAMS Centers on Aging will develop a list of health problems that should be prioritized and education-related interventions that will be implemented for older Arkansans.

MET - 2024

Activity: This indicator was met for 2024. A list of prioritized problems and interventions is generated every fiscal year. The list for FY25 was identical to the FY24 priorities and included 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. These emphases appear to be solidly aligned with national trends pertaining to health and wellness in older populations.

MET - 2025

Activity: This indicator was met for 2025. A list of prioritized problems and interventions is generated every fiscal year. The list for FY26 was identical to the FY25 priorities and included 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. These emphases continue to be solidly aligned with national trends pertaining to health and wellness in older populations.

UAMS

East Regional Campus

UAMS EAST REGIONAL CAMPUS

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UAMS EAST REGIONAL CAMPUS

UAMS East Regional Campus

89,370
ARKANSANS EDUCATED

27%
% INCREASE FROM 2024 TO 2025





5,428 YOUTH ENGAGED IN PRE-HEALTH PROFESSIONS PROGRAMS




1,903 HEALTH SCREENINGS



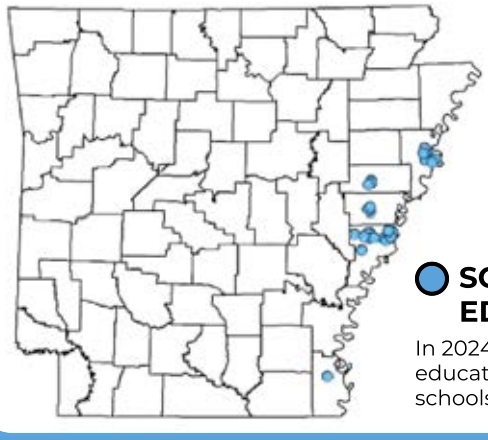

10,202 CLINICAL ENCOUNTERS

21%
% INCREASE IN PATIENTS SERVED FROM 2024 TO 2025

80,295 EXERCISE ENCOUNTERS



$503,800
REVENUE GENERATED FROM UAMS FAMILY MEDICAL CENTER



SCHOOLS THAT RECEIVED EDUCATIONAL PROGRAMMING

In 2024-25, UAMS East offered a diverse set of educational programs to students in 29 Delta schools, from pre-K to high school and beyond.

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.

EVALUATOR SUMMARY AND GOALS

ECONOMIC IMPACT

In FY 2024 UAMS East received $1,759,199.30. In FY 2025 this amount decreased to $1,550,080.60. Additional revenue was generated through the family medical clinic and from grants and contracts. By partnering with many other agencies, UAMS East was able to extend the reach of its services to more people in the Delta region. This cost-sharing has a significant impact on the breadth and depth of services that can be provided. For instance the telehealth services and expanded maternal services save the community the need for a physical facility and saves the patients the cost of travel to and from appointments.

OPPORTUNITIES

One of the most prominent opportunities during the biennium was the UAMS East partnership with UAMS Winthrop P. Rockefeller Cancer Institute to offer more cancer screenings at local events in the Delta. Another significant opportunity this reporting period came from King's Daughters and Sons Circle Number Two, a nonprofit organization that awards community grants in the Mississippi Delta. The grant provided support for exercise equipment to the Lake Village Community Outreach Center and to Chicot Memorial Medical Center for needed medical equipment.

CHALLENGES

The major challenge for this program was to maintain, and try to grow, programs and services with limited staff and resources. New opportunities and needs continued to emerge at the three campuses, and the program was trying to address these needs by partnering with other local, regional, and statewide organizations to deliver these crucial services to the Delta.

EVALUATOR COMMENTS

The UAMS East Family Medical Center (FMC) continued to demonstrate a steadfast commitment to the Patient-Centered Medical Home (PCMH) model, consistently delivering comprehensive primary, secondary, and tertiary prevention to the rural Delta population. The clinic showed notable momentum in maternal health, with the Healthy Start project providing prenatal and postpartum education, family planning, and navigation services to women. The number of clients served and the number of new patients entering the clinic were impressive. Although these numbers increased, they are not sufficient to apply for the Rural Residency Training track, so that goal is ongoing.

Despite occasional personnel transitions—specifically within the yoga instruction staff and the retirement of the pre-health professions recruiter—the program demonstrated institutional resilience by promptly restoring services and even expanding offerings. Recruitment to the pre-health professions programs was down during this period in part due to the retirement of the recruiter.

EVALUATOR SUMMARY AND GOALS

EVALUATOR COMMENTS - CONT'D

The UAMS East Regional Campus demonstrated an extensive commitment to public health education throughout the year, reaching over 50,000 encounters with youth and adults across the Delta. Additionally, the campus expanded its fitness and exercise programs to include more clients and more offerings.

The diabetes education and management programs continued to exceed expectations, and although the campus demonstrated significant community engagement and outreach efforts, the number of screenings were down from previous years. Staffing shortages required rearrangement of efforts to other areas.

Through partnerships with community organizations to provide diverse programs and services, UAMS East made a significant impact on the health and safety of the communities it serves. With the conversion of Helena Regional Medical Center to a Rural Emergency Hospital, offering limited services such as emergency medicine, X-ray and laboratory services, UAMS East helped to fill the gap in maternal and specialty care.

FROM THE DELTA TO MEDICAL SCHOOL: HOW UAMS EAST HELPED SHAPE A FUTURE PHYSICIAN

Growing up in the Arkansas Delta, Katherine Wright developed an early interest in healthcare through family influence and personal experience. She shared, “Growing up with pharmacists as parents, I naturally developed an interest in medicine. . . . I also grew up with a handful of medical issues for which I developed my own ‘innovative solutions.’ This partially stemmed from my passion for optimizing lifestyle variables, as well as my natural curiosity, ingenuity, and obligatory resourcefulness due to lack of specialty care in the Delta.”

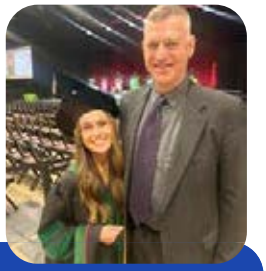
Living in a region with limited access to specialty care further shaped her perspective. “I wanted to improve the health of my underserved community and felt that the best way to do so would be by becoming a physician.” That goal was strengthened through participation in the UAMS East pre-health professions pipeline. “My overall experience was fantastic! Through the UAMS East pipeline program, I was able to participate in immersive summer camps targeting high-yield skills and hot topics in medicine. I also obtained feedback on my medical school application pieces and developed a lifelong system of mentorship.”

The influence of those experiences continued into medical school. “The UAMS East pipeline program certainly heightened my passion for serving underserved communities,” Wright explained. “Thus, upon entering med school, the Honors in Underserved Primary Care program immediately caught my eye—with its nuanced approach to closing care gaps and discerning fit in primary care.” Through that program, Wright gained experience serving communities across Arkansas. “I enjoyed networking with primary care physicians across the state. Through formal preceptorships and informal shadowing opportunities, I was able to join them on the front lines, actively closing care gaps through mobile clinics, health education, and other initiatives.” She also conducted research on “the impact of food deserts on the gut microbiome and hormone health.”

As a medical student, Wright helped launch a program focused on chronic pain management and functional movement at the 12th Street Clinic in Little Rock. She has also presented research on improving health outcomes in underserved communities. Looking toward the future, Wright hopes to use clinical care and education to improve health across Arkansas. “I hope to transfer this insight into future conversations as a comprehensive, longitudinal health coach—committed to improving education and access to care in the Delta, as well as across my home state.”

Wright (right) presented research with Honors sponsor Heidi Damron.

Wright and colleagues launched chronic pain program at clinic.



Wright celebrated graduation with her uncle, Dr. Bill Rollefson.

Wright credits UAMS East with helping her on her journey. “I am forever grateful for the ways UAMS East empowered me to make an impact in the health of Arkansans,” she said. “I look forward to giving back to my hometown through my clinical work and efforts to mentor future physicians.”

UAMS EAST REGIONAL CAMPUS

EVALUATION OF PEFORMANCE INDICATORS

LONG-TERM OBJECTIVE

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

#1 INDICATOR

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

MET - 2024

Activity: This indicator was met. This year there were 3,160 encounters with students for pre-health professional development and recruitment activities. This was a 46% increase from the previous year. UAMS East Regional Campus has demonstrated a robust commitment to health career education and student development this year through a diverse range of collaborative initiatives and educational programs. By partnering with multiple organizations, the campus has created comprehensive opportunities for students to explore and engage with potential healthcare careers. A significant focus has been on virtual and in-person events designed to inform students about health professions. The virtual "Find Your Future" events attracted students statewide, while partnerships with institutions like Phillips Community College and the University of Arkansas in Monticello provided immersive experiences such as business etiquette luncheons and "Day in the Life" programs. These efforts brought students from six counties together to explore potential career pathways. The campus also made substantial contributions to professional development through its involvement with HOSA – Future Health Professionals by supporting the 2024 convention. Additionally, the MASH (Medical Applications of Science for Health) Mini-MASH and CHAMPS camps were a highlight, with the newly-established Farm Bureau Fund for Excellence supporting summer programs that engaged 34 students in camps in Lake Village, West Memphis, and Dumas. Innovative approaches like launching a mobile van for hands-on activities and developing potential job shadowing opportunities with the East Arkansas Community Health Center underscore the campus's forward-thinking strategy in health career education. These initiatives not only provide valuable exposure to healthcare professions but also create pathways for students to explore their potential in the medical field.

UNMET - 2025

Activity: This indicator was not met. This year there were 2,268 encounters with students for pre-health professional development and recruitment activities. This was a 28% decrease from the previous year. Recruitment efforts included the “Find Your Future” virtual event and working with the Area Health Education Center (AHEC) Scholar’s Physician's Assistant students. The summer camps were a highlight with over 400 students in attendance.

EVALUATION OF PEFORMANCE INDICATORS

#2 INDICATOR

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

MET - 2024

Activity: This indicator was met. There were 14 students that received assistance from UAMS East Regional Campus this year. This was a 36% decrease from the previous year where 22 students received assistance.

MET - 2025

Activity: This indicator was met. There were 17 students that received assistance from UAMS East Regional Campus this year. This was a 21% increase from the previous year.

SHORT-TERM OBJECTIVE

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

#3 INDICATOR

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

MET - 2024

Activity: This indicator was met. The number of screenings in 2024 was 1,117. This was a slight decrease of 0.27% from the 1,120 screenings in 2023. Health screening efforts are captured below.

- UAMS East contributed to community health and wellness across multiple locations, demonstrating a comprehensive approach to public health education and screening. Through strategic partnerships with local medical centers, businesses, and community organizations, the campus has delivered extensive health education and screening services to diverse populations.
- In Lake Village, the campus implemented a worksite wellness program funded by the Arkansas Minority Health Commission, collaborating with Chicot Memorial Medical Center and Superior Uniform Group. The April event at Superior in Eudora saw 78 employees participating in health screenings and receiving education on wellness behaviors and health risk reduction. Participants received critical information about tobacco cessation, nutrition, and health resources.
- Also, the Helena Campus conducted free biometric health screenings for workers at United Initiators, including glucose, heart rate, blood pressure, BMI, cholesterol, and waist circumference measurements. The Lake Village campus further extended its community outreach by performing screenings at the Susan G. Komen Rally for a Cure in Lake Village, blood pressure checks at the Community Outreach Center, and hosting a Community Health and Wellness Fair at the Catholic Church Fellowship Hall, which attracted 96 attendees.
- UAMS East in Helena provided residents attending the Phillips County Farmers' Market with screenings through the Mobile Van Outreach program. All of these initiatives culminated in an impressive 1,117 health screenings conducted during the year, highlighting UAMS East's commitment to promoting preventive healthcare and supporting community wellness.

UNMET - 2025

Activity: This indicator was not met. The number of screenings performed in 2025 was 786. This was a decrease of 29.6% from the previous year. Even though this indicator was not met, there were significant efforts toward providing education and screening for chronic diseases. Health screening efforts are captured below.

- Throughout the year, UAMS East Regional Campus, in strategic partnership with Chicot Memorial Medical Center and various other organizations, implemented a comprehensive series of community-based health interventions across Southeast Arkansas. These initiatives prioritized the mitigation of chronic diseases—specifically hypertension, diabetes, and cardiovascular disease—through biometric screenings and the distribution of medical equipment, such as blood pressure monitors that were funded by the Blue & You Foundation. By targeting diverse environments the program successfully administered hundreds of screenings. These efforts were augmented by specialized awareness campaigns, such as World Stroke Day and National Prostate Health Month, which facilitated critical diagnostic services like Prostate-Specific Antigen (PSA) testing and colorectal cancer screening kits to underserved populations.
- The educational and clinical outreach included worksite wellness programs and community forums. By engaging employees at industrial sites like Superior Uniform Group and United Ignitors, UAMS East provided essential health risk assessments, including BMI, glucose, and cholesterol monitoring, alongside education on tobacco cessation and nutritional guidelines. This multi-sectoral approach, involving collaborations with the Arkansas Prostate Cancer Foundation and the American Heart Association, underscores UAMS East's commitment to improving regional health outcomes through early detection, preventative education, and the strengthening of local healthcare resource networks.

#4 INDICATOR

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

MET - 2024

Activity: This indicator was met. In 2024, there was an increase of 9.4% in the number of encounters at health promotion, education, and prevention programs. There were 39,339 encounters in 2024 compared to 35,953 in 2023. There were 20,105 encounters for youth compared to 19,234 encounters for adults. These efforts are described below.

- UAMS East has sustained its partnership with East Central Arkansas Community Corrections (ECACC). Through this collaboration, the West Memphis campus has delivered critical childcare safety and parenting education to inmates and community members. The comprehensive four-class series addresses vital topics including infant/child death prevention, proper car seat usage, and CPR techniques.
- The campus has implemented several targeted programs for youth, including the Food, Fun, and Fitness camp in Lake Village, which teaches adolescents crucial life skills for optimal health, with emphasis on nutrition awareness and energy management. Additionally, the Kids for Health program has reached hundreds of elementary students through its 10-week curriculum focused on disease prevention and health promotion.
- School-based interventions have been successful, with the campus providing vaping prevention education to over 400 students using modified versions of evidence-based curricula. These programs address chemical awareness, addiction mechanisms, health consequences, and resistance to peer pressure. Complementary initiatives have included hygiene education for younger students, incorporating hands-on activities.

- **Activity Cont'd:** The campus has organized and participated in numerous community events, including back-to-school functions that reached over 1,000 families in multiple locations. The May Day Health Education Event and the Fall Festival each attracted approximately 300 participants, offering health education, wellness information, and recreational activities through collaborative efforts with community partners.
- Professional development has been another focus, with the campus providing American Heart Association CPR and First Aid certification for health providers and community members. Nearly 250 individuals have received training, including high school seniors.
- Specialized programs have addressed critical health concerns, including breast cancer education and prevention for women, NARCAN training for school faculty through the Opioid Partnership and Task Force, and Alzheimer's education in collaboration with the Arkansas Alzheimer's Association. The annual Alzheimer's Walk raised over $6,000 to support local caregivers and families through mini-grants.
- The campus has maintained active car seat safety initiatives, providing checks, installations, and education for parents in need of appropriate car seats. Through partnership with the Child Passenger Safety Education Program of Arkansas Children's, the West Memphis location continues to serve as a satellite site for this crucial service.
- UAMS East has demonstrated exceptional commitment to community health education through its extensive promotion and prevention programs. These initiatives have successfully reached over 39,000 participants across multiple quarters, reflecting the campus's dedication to serving diverse groups throughout eastern Arkansas.

MET - 2025

Activity: This indicator was met. In 2025, there was an increase of 27% in the number of encounters at health promotion, education, and prevention programs. There were 50,031 encounters. There were 26,434 encounters for youth and 23,597 encounters for adults. These efforts are described below.

- Utilizing evidence-based curricula such as the Diabetes Empowerment Education Program (DEEP) and the Safe Dates program, UAMS East addressed critical health disparities related to chronic disease management and interpersonal safety. A significant emphasis was placed on high-impact emergency preparedness, evidenced by the widespread distribution of Narcan kits and comprehensive training sessions conducted in partnership with the Arkansas Opioid Recovery Partnership (ARORP). Furthermore, the campus provided vital logistical support to vulnerable populations through its Prescription Assistance Program, which facilitated pharmaceutical savings, thereby mitigating financial barriers to essential medication adherence.
- Strategic outreach efforts were tailored to diverse groups, ranging from pediatric hygiene and "Kids for Health" tobacco prevention initiatives to specialized rehabilitative programs within correctional facilities. By providing parenting and child safety classes to inmates at the East Central Arkansas Community Corrections (ECACC) center, UAMS East facilitated the development of essential life skills aimed at successful societal reentry and family reunification. These initiatives were complemented by maternal health advocacy via Community Action Boards and collaborative partnerships with Arkansas Children's Hospital for the Child Passenger Safety Education (CPSE) program. Through these multi-sectoral engagements—including virtual "Baby Safety Showers" and targeted mental health workshops—the campus has established a framework for health promotion that addresses both the clinical and social determinants of health within the region.

EVALUATION OF PEFORMANCE INDICATORS

#5 INDICATOR

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

MET - 2024

Activity: This indicator was met. In 2024, there were 39,113 total exercise encounters. This was an increase of 2.4% from the previous year. Of these encounters, 27,146 were at the Fitness Center or the outdoor track in Helena and 11,967 were from exercise classes and community events. Efforts are described below.

- The UAMS East Regional Campus demonstrated an unwavering commitment to community fitness through its comprehensive exercise programs and facilities. The campus consistently maintained impressive quarterly engagement, with Fitness Center and walking track usage averaging approximately 6,800 encounters per quarter throughout the year.
- Group exercise programs formed a cornerstone of their community outreach, with Yoga classes regularly attracting over 400 participants quarterly. The Silver Sneakers program, designed for older adults, consistently served 200-300 participants each quarter, promoting healthy aging.
- The Lake Village location established valuable community partnerships, particularly with the Community Outreach Center and McGehee Methodist Church. These collaborations expanded access to fitness equipment and specialized classes, generating approximately 2,200 exercise visits quarterly. The variety of offerings, including Senior Fitness, Spinning, Step Aerobics, Muscle Madness, and Tabata Tuesday, ensured programming appeals to diverse fitness interests and ability levels.
- Annual fitness events further underscored UAMS East's community engagement, with the Blues Festival 5K run/walk and the Firecracker 5K attracting over 50 participants each. These events not only promoted physical activity but served as platforms for disseminating health information and resources.

MET - 2025

Activity: This indicator was met. In 2025, there were 41,182 total exercise encounters. This was an increase of 5.3% from the previous year. Of these encounters, 27,263 were at the Fitness Center or the outdoor track in Helena and 13,919 were from exercise classes and community events.

- UAMS East maintained a high-volume infrastructure for community physical activity, consistently recording between 6,600 and 7,100 fitness center and walking track encounters per quarter. This robust engagement was supported by a diverse curriculum of group exercise modalities, including Yoga, Silver Sneakers, and high-intensity options such as Spinning and Muscle Madness. Furthermore, the clinical impact of these services was exemplified by longitudinal, one-on-one exercise coaching for participants with disabilities, which has yielded significant functional mobility gains, transitioning patients from wheelchair dependence to unassisted ambulation.
- Strategically, UAMS East leveraged a decentralized partnership model to extend its reach into rural Southeast Arkansas, particularly through the Lake Village Community Outreach Center and collaborations with church and civic organizations. By providing essential infrastructure—ranging from resistance bands and aerobic platforms to life-saving Automated External Defibrillators (AEDs)—the campus successfully facilitated sustained exercise programs in the community. These efforts were complemented by large-scale community engagement events, such as the annual Firecracker 5K and the "Walking on Sunshine" fundraiser for Alzheimer's Arkansas. This multifaceted approach, combining facility maintenance, equipment provision, and organized advocacy, underscored a comprehensive public health strategy aimed at reducing sedentary behavior through enhanced environmental access and social support.

EVALUATION OF PEFORMANCE INDICATORS

#6 INDICATOR

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

UNMET, ONGOING - 2024

Activity: The indicator was not met for 2024; it is ongoing. The number of new patients increased this year by 28.33%. This increase must continue to provide a large enough patient population to support the Rural Residency Training Track.

UNMET, ONGOING - 2025

Activity: The indicator was not met for 2025; it remains ongoing. The number of new patients seen in the clinic increased this year by 11.26%. This increase must continue to provide a large enough patient population to support the Rural Residency Training Track.

#7 INDICATOR

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

MET - 2024

Activity: This indicator was met. In 2024 there were 4,170 patient encounters at the clinic. This was a 5.84% increase from the 3,940 encounters in 2023. The number of new patients increased this year by 28.33%. In 2024, there were 453 new patients seen at the clinic.

- The UAMS East Family Medical Center (FMC) continued to exemplify its commitment to comprehensive healthcare as a patient-centered medical home clinic serving rural Delta communities. With consistent quarterly patient visits averaging over 1,000 encounters, the center successfully integrated primary, secondary, and tertiary prevention measures to improve health outcomes in underserved Arkansans.
- The clinic's holistic approach was evidenced by its health coaching services, which provided specialized support for smoking cessation, weight management, and chronic disease control. The innovative Good Food Rx "food as medicine" program further demonstrated the center's commitment to addressing social determinants of health through nutritional intervention.
- Particularly noteworthy was the center's expansion into pediatric and maternal care through the THRIVE P-5 initiative, which integrates early childhood development expertise into family medicine. This program facilitated critical services including developmental screenings, autism assessments, and newly implemented prenatal care, significantly improving healthcare access for families with young children.
- The center's excellence was reflected in its provider scorecards, showing consistent improvement in key metrics including hypertension control and tobacco screening and counseling. Community outreach remained a priority, with events like the Teddy Bear Clinic and mobile mammography services extending the center's impact beyond clinical walls.

MET - 2025

Activity: This indicator was met. In 2025 there were 5,032 patient encounters at the clinic. This was a 21% increase from the 4,170 encounters in 2024. The number of new patients increased this year by 11.26%. In 2025, there were 504 new patients seen at the clinic.

- **Activity Cont'd:** Across the reported quarters, the facility maintained a robust clinical volume, averaging over 1,250 patient visits per period, including a significant influx of new patients and the integration of virtual health modalities. Performance metrics remained a core strength of the center; internal scorecards and Press Ganey surveys consistently reflected satisfaction rates exceeding 90–99%, particularly regarding provider performance, ease of scheduling, and wait times. Furthermore, the clinic successfully met or exceeded benchmarks for critical health indicators, including HbA1c monitoring, tobacco screenings, and diabetic foot examinations, highlighting a data-driven approach to chronic disease management.
- Strategic growth this year was characterized by the expansion of specialized services and community-based health initiatives. Through the THRIVE P-5 grant and partnerships with the UAMS Institute of Community Health Innovations, the clinic significantly enhanced its pediatric and maternal health offerings, incorporating developmental and postpartum depression screenings into standard well-child visits. Additionally, the continuation of the Dr. Burdine Satellite Transplant Clinic and the collaborative engagement with the Delta Kidney Alliance emphasized the center's role in mitigating geographical barriers to specialized care. By offering on-site labs and follow-up for transplant patients, UAMS East effectively addressed the socioeconomic challenges of transportation and travel costs inherent to the region.

#8 INDICATOR

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

MET - 2024

Activity: This indicator was met. This year there were 554 diabetes education encounters. Educational programs were offered at community venues such as senior living centers and schools. The Diabetes Empowerment Education Program (DEEP) continued to be offered in West Memphis.

MET - 2025

Activity: This indicator was met. This year there were 767 diabetes education encounters. This is a 38% increase over the previous year. Diabetes support groups were offered through the FMC and educational programs were offered at a number of different community venues. The Diabetes Empowerment Education Program (DEEP) continued to be offered in West Memphis.

SYNTHESIS AND CONCLUSION

SYNTHESIS AND CONCLUSION

During the evaluation period, ATSC-funded programs reported a variety of activities, outcomes, opportunities, and challenges. This report has highlighted information drawn from program reports, testimonials from participants and agency representatives, and evaluator observations. In the following sections, we synthesize reported economic impacts, program opportunities and challenges, and evaluator comments across funded programs. We then summarize achievement of program indicator goals during the biennium.

SYNTHESIS OF ECONOMIC IMPACTS

A synthesis of economic impacts reported by programs during the biennium revealed impacts in four primary areas: leveraging external funds, investing in preventive health, investing in research and workforce development, and supporting vulnerable populations.

Leveraging External Funds

Several ATSC-funded programs reported continued success in leveraging Tobacco Settlement dollars to secure additional resources for Arkansas. Through extramural grants, federal matching dollars, fundraising efforts, contracts, and other external support, programs expanded services, research, workforce development, and public health initiatives throughout the state. ABI, COPH, TS-MEP, and UAMS-COA all reported substantial achievements in securing funds beyond their ATSC allocations.

Investing in Preventative Health

Many programs reported economic benefits associated with prevention and early intervention. Through tobacco cessation efforts, health screenings and chronic disease prevention, maternal health services, caregiver support, and healthy aging initiatives, programs aimed to reduce future healthcare costs while improving quality of life for Arkansas individuals, families, and communities. Program evaluators frequently emphasized that investments in preventative health often produce benefits that extend well beyond the reporting period.

Research and Workforce Development

Economic impacts also were reported through investments in research and workforce development primarily through ABI and UAMS programs. ABI and COPH continued generating public health research and supporting scientific discovery, while also preparing the next generation of scientists and public health practitioners. UAMS-COA and UAMS East continued to provide training to healthcare professionals and students to strengthen the state's healthcare workforce. These investments help ensure that Arkansas communities have access to a well-informed and prepared healthcare workforce into the future.

Support for Vulnerable Populations

Several programs noted investments in populations that often face barriers to healthcare access. MHI, TS-MEP, UAMS-COA, and UAMS East all reported activities aimed at improving access to services among rural populations, minority communities, pregnant women, older adults, and individuals with intellectual and developmental disabilities. These tobacco-funded efforts reduce long-term economic burdens on families and communities by improving health outcomes today.

SYNTHESIS AND CONCLUSION

SYNTHESIS OF PROGRAM OPPORTUNITIES

A synthesis of opportunities reported by ATSC-funded programs during the biennium revealed opportunities in four primary areas: partnerships and collaboration, innovation and research, expanded access to services, and healthcare workforce development.

Partnerships and Collaboration

Several programs reported new and continuing partnerships across public and private sectors: educational institutions, healthcare systems, nonprofit organizations, community groups, and government agencies. ABI continued to promote collaboration among researchers across its member institutions. MHI reported expanding partnerships with community, grassroots, nonprofit, and faith-based organizations to increase outreach and education. UAMS-COA noted dozens of partnerships aimed at addressing issues such as dementia care, food insecurity, fall prevention, and caregiver support. ATSC-funded programs consistently emphasized that partnerships enhanced their ability to share resources and reach broader populations.

Innovation and Research

Programs reported a variety of opportunities related to research and innovation. ABI supported interdisciplinary research in areas such as agriculture, nutrition, bioengineering, and tobacco-related diseases. COPH secured millions of dollars in grant funding for projects addressing maternal health and antibiotic resistance. UAMS-COA pursued innovative initiatives such as volunteer respite care programs and wandering kits to support dementia care. Several programs also acknowledged the importance of identifying new approaches to persistent public health challenges like heart disease.

Expanded Access to Services

Many programs reported opportunities that increase access to services among underserved Arkansans. MHI continued expanding reach through the deployment of its Mobile Health Unit and multiple partnerships. These efforts bring vital health screenings and education to underserved populations across the state. In addition, UAMS East reported opportunities related to telehealth, maternal health services, and cancer screening initiatives in the Delta region. UAMS-COA also described expanded virtual programming and outreach designed to reach older adults in rural, hard-to-reach communities. Programs frequently identified technology and delivery of mobile services as important tools for overcoming barriers to healthcare access.

Healthcare Workforce Development

Several programs reported opportunities related to training and workforce development. ABI, COPH, UAMS-COA, and UAMS East all supported educational activities, research opportunities, and professional training designed to boost Arkansas's healthcare workforce. Evaluators explained that these efforts contribute to the development of future healthcare professionals while helping address workforce shortages throughout the state.

SYNTHESIS AND CONCLUSION

SYNTHESIS OF PROGRAM CHALLENGES

A synthesis of challenges reported by ATSC-funded programs during the biennium revealed challenges in four primary areas: funding pressures, staffing shortages, healthcare system changes, and barriers to service delivery.

Funding Pressures

ATSC-funded programs continued operating within a declining tobacco settlement funding environment, and TPCP reported that this requires careful prioritization of resources. Several programs discussed funding concerns as it relates to program sustainability. UAMS-COA described an increasing reliance on external support through grants, contracts, donations, and volunteer support to sustain programming, while ABI noted concerns about the stability of research funding in the future. Many programs acknowledged the need to continually pursue external opportunities while balancing increasing costs.

Staffing Shortages

Staffing concerns were frequently reported. Programs described challenges in recruiting and retaining qualified health professionals, particularly in rural regions and specialized fields like geriatrics. UAMS-COA reported ongoing workforce shortages affecting service delivery in several areas of the state. UAMS East noted limited staffing as a challenge to expanding programs and services in the Delta. Personnel transitions were also noted by MHI, COPH, and TPCP during the reporting period.

Healthcare System Changes

Programs also reported difficulties related to changing healthcare systems, health policies, and health service models. TS-MEP continued adapting to shifts in Medicaid coverage associated with the ARHOME program and changing enrollment patterns among covered populations. COPH described institutional challenges associated with new academic programs and student information systems. Evaluators acknowledged that healthcare systems continue to evolve, which requires programs to remain flexible.

Barriers to Service Delivery

Several programs reported challenges associated with serving hard-to-reach populations across the state. Programs noted barriers related to transportation, broadband access, health provider shortages, inadequate healthcare infrastructure, and poverty. UAMS-COA identified the specific challenge of reaching older adults in rural and underserved communities, and MHI, TPCP, and UAMS East described similar challenges with delivering services and education across large geographic areas.

SYNTHESIS AND CONCLUSION

SYNTHESIS OF EVALUATOR COMMENTS

A synthesis of evaluator comments revealed four common themes: stewardship of tobacco settlement funds, broad impacts on the health and well-being of Arkansans, organizational resilience and adaptability, and a continued commitment to serving Arkansas communities.

Stewardship of Tobacco Settlement Funds

Evaluators consistently reported that programs used their tobacco settlement funds effectively and responsibly. Several evaluators noted that programs met or exceeded performance indicators during the biennium. Also, many programs demonstrated strong fiscal stewardship by leveraging external support in the form of grants, contracts, fundraising, and federal matching dollars. Evaluators frequently noted the ability of programs to maximize tobacco settlement funds despite ongoing budget cuts and increasing operational costs.

Broad Health and Well-Being Impacts

Evaluators highlighted the multitude of ways ATSC-funded programs contribute to the health and well-being of Arkansans. ABI continued advancing health-related research, with a majority of projects leveraging collaboration across member institutions. COPH supported education, workforce development, and public health research, while also serving the community by translating research into practical, localized programs. MHI continued providing health screenings, education, and outreach throughout the state. TPCP maintained its statewide tobacco prevention and cessation efforts, with continued emphasis on youth prevention. TS-MEP supported healthcare access for vulnerable populations. UAMS-COA continued influencing health outcomes through education, outreach, direct services, and support for older adults and their caregivers. UAMS East also continued impacting health outcomes through health education and exercise opportunities, pre-health professions programs, maternal health services, and primary care at the Family Medical Center.

Organizational Resilience and Adaptability

Evaluators described programs as resilient and adaptable despite noted challenges. For example, MHI continued expanding outreach despite personnel changes and equipment challenges with the Mobile Health Unit. UAMS East maintained and expanded services through staffing transitions, and UAMS-COA continued meeting program goals despite workforce shortages in several regions of the state. Evaluators noted that, generally, programs adapted to changing conditions while continuing to serve their target populations.

Commitment to Arkansas Communities

Evaluators consistently emphasized the commitment of ATSC-funded programs to improve the health of Arkansas communities. Particular attention was given to populations that experience barriers to healthcare access, like rural populations and older adults. Collectively, evaluators concluded that ATSC-funded programs continue to play an important role in addressing the state's health needs and improving quality of life in Arkansas communities.

SYNTHESIS AND CONCLUSION

SUMMARY OF INDICATOR PERFORMANCE ACROSS PROGRAMS

In the first year of the biennium (FY24/2024), 82% of indicators met annual goals, while 13% were unmet. The remaining indicators (three multi-year goals for TPCP) were either on track (two indicators) or in need of improvement (one indicator) to meet the long-term goal (see Table 1). In the second year of the biennium (FY25/2025), 86% of indicators met annual goals, while 14% were unmet. A summary of indicators that were unmet or in need of improvement is provided on the next page.

TABLE 1

Indicator Performance Across Programs

PROGRAM	EVALUATION PERIOD	TOTAL INDICATORS	GOAL MET	GOAL UNMET	ON TRACK	IN NEED OF IMPROVEMENT	OVERALL PERFORMANCE
ABI	FY24	7	7	--	--	--	100% Met
	FY25	7	7	--	--	--	100% Met
COPH	2024*	9	9	--	--	--	100% Met
	2025*	9	9	--	--	--	100% Met
MHI	FY24	7	2	5	--	--	29% Met
	FY25	7	6	1	--	--	86% Met
TPCP	FY24	18	14	1	2	1	78% Met
	FY25	18	14.34	3.66	--	--	80% Met
	Total Short-Term Indicators	*15*	*13*	*2*	--	--	--
	Long-Term Indicator #1	*1 (with 3 goals)*	*0.67*	*0.33*	--	--	--
	Long-Term Indicator #2	*1 (with 3 goals)*	*0.67*	*0.33*	--	--	--
	Long-Term Indicator #3	*1*	--	*1*	--	--	--
TS-MEP	2024	5	4	1	--	--	80% Met
	2025	5	4	1	--	--	80% Met
UAMS-COA	2024	7	7	--	--	--	100% Met
	2025	7	7	--	--	--	100% Met
UAMS EAST	2024	8	7	1	--	--	88% Met
	2025	8	5	3	--	--	63% Met
TOTAL PER YEAR	*2024/FY24*	*61*	*50*	*8*	*2*	*1*	*82% Met*
	2025/FY25	*61*	*52.34*	*8.66*	--	--	*86% Met*
COMBINED FOR BIENNIUM							*84% Met*

*A majority of COPH indicators (8 of 9) are evaluated at the end of the calendar year, while the indicator related to leveraging extramural funds is evaluated at the end of the fiscal year.

SYNTHESIS AND CONCLUSION

REVIEW OF UNDERPERFORMING INDICATORS

Minority Health Initiative

- **FY24:** Five indicators for MHI were unmet. Four indicators related to screenings and education were not met. Although screening numbers were on par with FY23, education encounters were less than half of the total in FY23. Challenges related to staff turnover prevented the agency from gaining a wider reach. Also, the indicator related to the Arkansas Racial and Ethnic Health Disparities Study, which is to be conducted every five years, was not completed by the end of FY24 because the agency was unsuccessful in securing a partner to conduct the survey in a fiscally-responsible manner.
- **FY25:** The indicator related to the Arkansas Racial and Ethnic Health Disparities Study continued to be unmet this year. The survey is to be conducted every five years and 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.

Tobacco Prevention and Cessation Program

- **FY24:** One indicator for TPCP was unmet. This indicator is to establish seven new Project Prevent Chapters within Red Counties, yet none were created in FY24. TPCP reports that because this goal has not been met for three years, a meeting was held in fall 2024 with the agency and Project Prevent staff to discuss the challenges in setting up school chapters in Red Counties and the usefulness of this indicator going forward. Results of this meeting will be reported in an upcoming evaluation report. Also, one of the long-term indicators (related to new tobacco/smoke-free policies) was reported as in need of improvement toward the 5-year goal. Progress is not being made towards this goal and no new policies have been identified for FY24. Because annual work plans for TPCP and sub-grantees are focused more on activities supporting the short-term indicators, a meeting will be held upon reaching the goal date of June 2025.
- **FY25:** Under TPCP's long-term indicator #1 and #2, the subgoals related to ENDS/e-cigarette use rates in youth and adults were not met. ENDS/e-cigarette use continues to be a challenging health problem in Arkansas and across the country. Despite reported rates being higher than baseline goals, TPCP acknowledges that youth ENDS/e-cigarette is down almost five percentage points from the FY22 rate. TPCP continues to work diligently to educate and serve youth and adults to prevent ENDS/e-cigarette initiation and use. TPCP's long-term indicator #3, related to comprehensive smoke-free/tobacco-free policies was unmet for the fiscal year. As discussed in previous reports, this indicator has not been useful in meeting the long-term objective. At the April 2025 ATSC meeting, a request to delete the indicator was approved and will take effect at the start of FY26.

SYNTHESIS AND CONCLUSION

REVIEW OF UNDERPERFORMING INDICATORS - CONT'D

Tobacco Settlement Medicaid Expansion Program

- **2024:** One indicator for TS-MEP was unmet. The ARSeniors program saw a slight decrease (of 1.5%) in the number of seniors served compared to last year. This decrease may be the result of stabilizing numbers after several quarters of increasing numbers.
- **2025:** One indicator for TS-MEP was unmet. The Hospital Benefit Coverage (HBC) program saw a moderate decrease (of 26%) in the number of qualifying adults being served by the program. This decrease may be the result of fewer qualified individuals requiring extended hospital stays.

UAMS East Regional Campus

- **2024:** One indicator for UAMS East was unmet. The indicator pertains to creation of a Rural Residency Training Track. This continues to be a goal of the program, as it was part of the Tobacco Settlement Proceeds Act of 2000. Progress is being made as the number of new patients at the UAMS Family Medical Center continues to grow. This growth is critical to establishing the training track.
- **2025:** Three indicators were unmet for UAMS East. First, the indicator pertaining to creation of a Rural Residency Training Track continues to be unmet and ongoing. The number of new patients seen in the clinic increased by 11.26% in 2025. This increase must continue to provide a large enough patient population to support the Rural Residency Training Track. Second, the number of health screenings performed decreased by 29.6% from the previous year. The program evaluator noted that despite the indicator being unmet, there were significant efforts toward providing screening and education for chronic diseases. Lastly, the number of encounters with students engaged in professional development and recruitment activities decreased by 28% from the previous year. Recruitment was down, in part, due to the retirement of the recruiter. Despite personnel transitions, UAMS East pre-professions programming reached more than 2,200 students in 2025.

CONCLUDING REMARKS

During the biennium, ATSC-funded programs reported a wide range of activities and efforts to improve health, expand healthcare access, support research and workforce development, and address the needs of vulnerable populations across the state. In addition, programs reported ongoing challenges related to funding constraints and workforce shortages, changing healthcare systems, and barriers to service delivery, especially in rural regions. Despite these challenges, evaluators report that most programs met or exceeded annual performance indicators and all programs continued pursuing opportunities to strengthen their reach and impact on Arkansas communities.

In this report, program indicators, select testimonials, and evaluator observations have provided important information about the performance of ATSC-funded programs. The qualitative report that follows complements this formal evaluation and offers additional context and a fuller understanding of the experiences of program participants and providers and the overall impact of ATSC-funded programs across Arkansas.

COMPLEMENTARY QUALITATIVE REPORT

GREATER THAN THE SUM OF ITS PARTS: WHEN SEVEN PROGRAMS BECOME ONE SYSTEM

BY RHONDA MCCLELLAN & EMILY LANE

QUALITATIVE REPORT:
WHEN SEVEN PROGRAMS BECOME ONE SYSTEM

INTRODUCTION

Numbers inform and voices compel. The complementary qualitative report of the ATSC Biennial Report serves as a reminder that giving space for the many stakeholder voices provides a fuller portrayal of impact, values, and reasoning for the programs' activities. These narratives compel a richer understanding of what has come before and the paths unfolding toward each program's future. From a 10,000-foot view of these multi-layered perspectives, we offer three themes resonating from the data, and the implications of what we heard. Taken together, these themes tell a story not just about seven programs doing good work, but about the potential of a coordinated system that could elevate the health of Arkansans.

METHODS

This qualitative analysis relied on several primary and secondary data sources procured during the biennium:

- Questionnaire responses from directors of five of the seven ATSC-funded programs (ABI, TPCP, TS-MEP, UAMS-COA, UAMS East);
- Interview transcripts from the director of MHI and the assistant dean for planning and policy at UAMS COPH;
- Testimonials written or audio-recorded transcriptions from more than 100 stakeholders including those who participated in events and programs; who provide expertise in the areas of healthcare and caregiving, K-12 education, community leadership and development; and who represent program staff;
- Legislative and mandate documents, including the Initiated Act 1 of 2000 (Tobacco Settlement Proceeds Act) and subsequent amendments;
- Supplementary documents submitted by program directors that summarize program challenges, opportunities, and economic impacts.

Following Braun and Clarke's (2006) six-phase reflexive thematic analysis (TA) and Xu's (2026) framework, we used a hybrid approach that combined generative AI with researcher-led analysis. In Phase 1 (familiarization of data), we independently reviewed all data sources without AI to ensure our breadth and depth of understanding. In Phase 2, rather than developing formal codes, we approached the analysis with guided questions that were aligned with evaluation priorities, such as program alignment to legislative mandates and coordination among programs (personal communication, Martha Hill, 7 April 2026). In Phase 3, Anthropic's Claude (Sonnet 4.6) model was introduced in our analysis to generate initial themes based on these priorities. These provisional themes were then systematically reviewed in Phases 4 and 5, evaluated against the full dataset to ensure accuracy and alignment with both the evidence and our professional experience evaluating the ATSC-funded programs over the past decade. This process is a reflexive, researcher-led approach to analysis. Initial themes were refined and consolidated from nine themes to three to enhance usability in this Biennial Report. Throughout our analytical process, we drove all decisions while AI served as a supportive tool.

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FINDINGS

Three themes are presented from individual to system-level, reflecting the cumulative effects carried from micro-level stakeholder experiences and health literacy to macro-level population health impact. Each theme is introduced and described below using direct quotations from research participants and stakeholder testimonials. These themes conceptualize a single argument: ATSC-funded programs demonstrate a remarkable reach and resilience within their individual mandates, and the next chapter of this system's impact depends on those programs finding each other more formally.

Theme One: Multigenerational and Geographic Reach

Understanding the impacts of program reach means more than counting participants at events or in classrooms. It means acknowledging that program participants go on to share knowledge, to educate and empower others, raise healthier families, build stronger communities, and influence local policies. Participants, informed by ATSC-funded programs, have the potential to alter known social determinants of well-being. These multiplier effects branch out across generations and outlast any single program or event.

Multigenerational Reach

Testimonials captured from ATSC-funded programs with strong outreach directives consistently illustrate how health knowledge transfers across generations and social networks. A participant who completed the Diabetes Empowerment Education Program (DEEP) through UAMS East described what she gained not in terms of her own management but in terms of her family: "I didn't know anything about diabetes and my mom just found out she is a diabetic, and diabetes runs in my fiancée's family. You taught me so much. When I get home, I know how to better take care of my mom." Similar patterns emerged in child safety programs through UAMS East, where mothers who had recently delivered babies were observed relaying safe sleep guidelines to family members caring for their infants while the mothers remained in a correctional facility. Beyond family-level impacts, school-based tobacco prevention activities through TPCP also generated strong student engagement, with counselors requesting that vaping education demonstrations return annually due to student interest and responsiveness. Student testimonials frequently reflected a deeper understanding of the health consequences of vaping and nicotine addiction after participating in these activities, suggesting that prevention messages were being retained and discussed beyond the classroom setting. Together, these examples suggest that ATSC-funded efforts often extend beyond direct participants and into the wider social environments in which participants live.

> ***"I have eight grandchildren and a special needs grandson I take care of. Plus, my husband had cancer. He is now cancer free! Since I have changed my eating habits, I feel awesome! This class has helped my entire family."***
> **— UAMS East Good Food Rx participant**

Like caregivers, law enforcement officers who have participated in dementia training through UAMS-COA will utilize knowledge gains to assist Arkansans–and their families–over the remainder of their careers. After completing the training, two officers reported a shift in perspective about how to interact with persons in public. A sheriff's deputy explained that he will no longer assume that a disoriented person is intoxicated, rather he acknowledges that the person may have dementia and he will approach these interactions differently. Another officer echoed this sentiment, "This [training] opened my eyes into not always assuming someone is drinking or on drugs." These important realizations will affect every person living with dementia that these officers encounter in the future, including their own families.

Multigenerational impact also occurs through scientific discovery and workforce development. Through ABI-supported research, graduate students, postdoctoral fellows, and early-career investigators contribute to projects addressing chronic disease, nutrition, maternal health, and other challenges in Arkansas. These investments generate knowledge that extends beyond a single study, influencing future research, healthcare practice, and policy decisions. Like the educational pathways supported by UAMS COPH and UAMS East, ABI's contributions often unfold over years as discoveries are translated into practical applications and future research.

UAMS COPH's multigenerational research operates on the professional and policy level. Arkansas Representative Aaron Pilkington, and COPH alum, described how the Master of Health Administration program prepared him for the "practical application" of healthcare and helped him "understand how to improve rural health and how to work in a rural state." He went on to sponsor the Healthy Moms Healthy Babies bill and establish the UAMS Milk Bank, both of which impacts mothers and babies throughout the state. Another COPH alumnus, Tionna Jenkins, shared how her life experiences along with her COPH education influenced her professional path. Early in life, she recognized the health disparities that rural Arkansas communities face, and as an adult she lost her parents to preventable chronic illnesses. Jenkins shared, "I've always wanted to find solutions to chronic health issues. . . . I want that to be part of my legacy. That is why I chose public health." Jenkins' partners with businesses and communities to address food deserts.

These accounts share a common theme: an investment in one person becomes an investment in every person they reach–for the rest of their lives. No indicator captures this return, and it is one of the ATSC programs' significant impacts.

Geographic Reach

Across Arkansas, the question facing many rural communities is not which provider to choose from, but whether any provider exists. Without ATSC-funded programs, these Arkansans put it plainly: "If not for these programs, what exists here?" These programs are described as "needed," "essential," "a blessing," and necessities for their communities. These services are a relief for healthcare voids, which exist because of funding cuts. As one director noted, "UAMS has become the main center for providing community outreach, education, and prevention programs in many of our communities, since many other programs and services have been cut." This is not a program claiming credit, it is a program acknowledging an uncomfortable structural reality.

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Our questionnaires document that in Phillips and Lee counties, pregnant women must travel over 45 minutes for OB services because of the absence of local providers, which UAMS East's Centering Pregnancy model and Family Medical Center OB expansion are directly addressing. Because of the developing healthcare cuts, ATSC-funded programs have continued to offer, and have introduced services, into areas where alternatives have collapsed.

> ***"Around 90% of the time the community reaches out to us to ask us to bring the Mobile Health Unit to their neck of the woods. We have had cases where we've had three and four events in one day."***
> **— MHI Director, interview transcript**

The UAMS East testimonials most directly document access deprivation through participant language.

- "Thank God for you all being in our community."
- "This clinic is a blessing to our community and me."
- "Dr. Norris is the best [doctor] I have ever had."

The medical student's rotation testimonial named this explicitly: "There is definitely an art to caring for the fairly complex patients you see in a rural setting without the endless resources available in more urban environments." This testimony, from a trainee rather than a patient, documents that rural healthcare complexity is recognized and valued at the professional formation level, not just as a service gap but as a distinct clinical skill set that UAMS East is teaching.

Geographic reach has also increased the linguistic reach of programs. The MHI director specifies that MHI visits all 75 counties at least once per fiscal year, has expanded to Marshallese radio, added a second Hispanic radio station, and services in northeast Arkansas and El Dorado with additional programming. This intentional geographic expansion into linguistic minority communities, such as the Marshallese and Spanish-speaking, represents access deprivation addressed at the cultural and linguistic dimension, not just the spatial one.

Less than a decade ago, programs created incentives and resources for participants to come to them. Program directors described budgeting for transportation vouchers, providing shuttles to and from clinics, and establishing structures where participants would be compelled to visit. Program leaders explain how technology and mobile units have shifted the focus from bringing people to the services to taking services to the participants. ATSC-funded programs have substantially evolved their delivery methods and now have further geographical reach and impact. Geographic access has become not only about covering physical space but also establishing and sustaining resources in locations once believed to be too remote.

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Geographic, Generational Greater Need

The geographic analysis documents that Arkansas's highest-need counties have the highest rates of diabetes, heart disease, obesity, maternal mortality, and tobacco-related disease in the United States. These Delta counties are also where the ATSC system's place-based investment is most concentrated. This is not accidental. Three of the seven ATSC-funded programs were specifically mandated to serve high-disparity populations: MHI for minority health, UAMS East for the Delta, and UAMS-COA for older adults who disproportionately face the health consequences of lifetimes of inadequate access.

UAMS East, alone, reported that new dimensions of service delivery included Narcan training in Phillips, Lee, and St. Francis counties; OB services expanding because pregnant women had no local provider; an orthopedic outreach clinic because specialty travel is a barrier. Each new service represents a need that was there before the service existed. Each one UAMS East added did not eliminate the need for the next one: "Many times, the resources available to provide programming in prevention were too small in comparison to the magnitude of the problem. . . . We do not have enough staff employed to really change the statistics. While we have made some serious strides in education and prevention, there is a lot more work to do." This is not a program underperforming, it is a program confronting an honest reality: the need is larger than the resources of any single program, however committed, to address alone.

The MHI visits all 75 counties at least once per fiscal year. The director specifically spoke of Crittenden County and what absence means at the community level, noting, "Around 90% of the time, the community reaches out to us to bring the mobile health unit to their neck of the woods. We have had cases where we've had three and four events in one day. The 'Screen & Save' week helped the community spread the word about the importance of regular health checks. This event was very much needed in this community. One of our participants told us that her mother had needed a screening but had no opportunity to receive one." Education, prevention, resources, and service delivery, if not taken into a variety of communities by multiple ATSC-funded programs, would fall short.

> ***"Without UAMS East Regional Campuses in the areas, working diligently towards improving the health of Arkansans, the statistics might not improve at all."***
> **— UAMS East questionnaire response**

The evidence shows that concentration of programs is not the same as sufficiency of resources and that the gap between need and capacity in these communities is only closeable through the kind of coordinated, multi-expert, multi-institutional effort that the system has not yet organized itself to deliver.

Theme Two: Mandate Fulfillment and Constraints

Every ATSC-funded program is fully aware of its mandate. The challenge has been to fulfill the mandate under staffing and resource conditions that constrain execution. This system-wide pattern has affected both research and service-delivery programs. While this is not a new development, it has been acutely felt during the 2024-2025 biennium. Program leaders described how these challenges compound with "interrupted federal funding," limiting their capacity to "move the needle" and to do so using "current evidence-based practices."

Independence Was the Default, Not a Mistake

The ATSC-funded programs were designed in 2000 when public health and human services were typically organized around separate programs with distinct mandates, agencies, and performance frameworks. Each program was assigned to an institutional home with its own governance, its separate reporting system, and its own indicator set. The original legislation detailed no convening mechanism, no shared reporting infrastructure, and no incentive for coordination. This design was standard for the time.

The mandate fulfillment evidence is strongest where programs have had the most time to build community relationships and adapt delivery to the local conditions and needs. UAMS East's mandated functions are usually met and often exceeded. The outreach programs and the Family Medical Center have expanded from primary care into OB services, orthopedic outreach, specialty access, and care management. TPCP's fulfillment is the most quantifiable. Arkansas tobacco use declined from 25.9% in 2013 to 15% in 2023. This reduction represents hundreds of thousands fewer tobacco users in a state of three million. MHI's mandate is fulfilled across all four mandated elements (i.e., blood pressure screening, glucose monitoring, educational encounters, intervention programs). Although not evaluated, when the MHI participant receives health monitoring devices to use at home, attends educational health seminars, visits a nurse in the Mobile Health Unit, and is treated, the full cycle of health literacy within a functioning system is set in motion: from awareness and self-monitoring to treatment.

The UAMS COPH interview provides another example of mandate fulfillment through adaptation. Program leadership reflected on how the College has expanded beyond its original core public health disciplines to include doctoral training, environmental health sciences, healthcare analytics, maternal and child health initiatives, and emerging areas such as climate and rural public health. While the educational landscape has changed substantially since the Tobacco Settlement Proceeds Act was adopted, the College's approach has remained consistent with its original purpose: preparing Arkansas's public health workforce, advancing research, and serving as a resource to communities and decision-makers across the state. The interview suggests that fulfillment of the mandate has required not only maintaining programs, but continually evolving them to address changing public health needs.

The evidence identifies constraints that operate through four distinct mechanisms across multiple programs. The infrastructure collapse, staffing insufficiency, federal funding disruption, and expanding healthcare needs, all influence programs' capacities to fulfill their mandates.

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Infrastructure collapse has reshaped what mandate fulfillment can look like. UAMS-COA's and UAMS East's original models envisioned hospital-partnered specialty clinics. As partner hospitals faced financial volatility and closed, that delivery mechanism became untenable. UAMS-COA's response involved a shift from clinic volume to workforce transformation. The Education-First model and the Geriatric 4Ms framework resulted during this shift. A UAMS-COA respite participant suggested only one improvement, "The only improvement would be to have it even more often. And it is much appreciated that it is free." This program is so effective and so valued that more of it is the only request by this participant. Programs that generate these testimonial are demonstrating effectiveness constrained by capacity, not programs needing redesign. UAMS East, originally envisioned as a partner to West Memphis healthcare system and hospital, had to pivot from outreach, satellite campus, and community center to one that offered medical services themselves. UAMS East water crisis response, a team improvising a self-contained water system to reopen a clinic ahead of city water restoration, document an organization functioning at or beyond sustainable operational limits while maintaining commitment to its mission. These efforts are preserving legislative intent while shifting the delivery mechanism and product.

Staffing insufficiency is documented across several funded program. UAMS East's pre-professions recruiter position has been vacant since August 2025 after the incumbent retired, with HR processes delaying replacement for an extended period. The program was operating with one dedicated full-time health educator and a director carrying dual responsibilities. The leadership commented: "We do not have enough staff employed to really change the statistics." Also, MHI has cycled the same television commercials for four years without a media specialist to produce new content. UAMS-COA was awarded $10.7 million for digital equality for older adults and was later informed the funding was being held up by the current federal administration. A grant of that scale, awarded then suspended, is not merely a funding loss; it is organizational disruption. Staff expectations, program planning, and community communication had all been organized around its delivery. TPCP similarly identifies "interrupted federal funding that helped support mandated activities and staffing" as a primary barrier. Difficulty attending events and inability to promote programming with available time suggest a program at the edge of functional capacity.

Finally, mandate scope has evolved because of shifting state-level needs and legislative vision. TSMEP's original mandate was superseded by the Affordable Care Act and replaced with 500 Developmental Disabilities waiver slots. The Blue Umbrella, which emerged from that replacement, now supports people with intellectual disabilities as artists, workers, and full community members. The store manager described the need as "independence. We are actively working to promote the people that we believe in." The constraint patterns matter as a structural finding: each of these programs is working at or near the edge of its individual capacity, with limited funding and staffing, amidst shifting complexities, needs, and vision.

Theme Three: From Silos and Solo Efforts to Collaboration and Coordination

The ATSC-funded programs with complementary missions, overlapping service populations, and shared legislative origins have largely operated independently, with relatively few documented examples of formal inter-program coordination, referral systems, or joint service delivery.

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Because of their mandates and the geographic clustered disparities in Arkansas, ATSC-funded programs can often be found within the same communities, serving the same participants with complementary, but disconnected, functions. They share a geographic footprint. They serve overlapping populations. They sometimes compete for the same funding. Their programs are commendable, their expertise essential, their innovations impressive. Their value and impact would multiply if they systematically communicated and coordinated planning, knowledge and expertise, and services. Efforts would be more "wrap-around," linked across the full arc of the participant's need.

The UAMS COPH assistant dean for planning and policy articulated this most clearly: "seven spokes on a wheel" each approaching the same public health goal from a different angle, noting that overlap is expected because "we were all established out of the mandate to improve preventive and public health." She drew a careful distinction between intersection: programs that cross paths and sometimes collaborate, and those that overlap, implying duplication. In 2000, the legislators who wrote Initiated Act 1 likely intended the former. What 25 years of independent operation has produced is something closer to isolation by default.

Importantly, UAMS COPH leadership cautioned against interpreting program intersections as duplication, noting that programs established under the Tobacco Settlement Proceeds Act were intentionally designed to approach public health improvement from different directions. The existence of shared populations, geographic footprints, or health priorities does not necessarily indicate redundancy. Rather, these points of intersection may represent opportunities for complementary action, where programs maintain their unique expertise while contributing to broader public health goals. This distinction is important because the evidence does not suggest that programs are duplicative; it suggests that they often work alongside one another without a formal structure for communication or coordination.

> ***"Programming appears independent and collaboration could be stronger in some areas. Programs remain somewhat siloed and competing mandates and requirements of individual programs can inhibit collaboration."***
> **— TPCP questionnaire response**

No program's formal indicators include metrics for coordination activities or inter-program referrals. The indicator framework incentivizes individual program performance and provides no mechanism for recognizing collaboration. This structural indifference to coordination is the proximate cause of the isolation that the qualitative data documents. There is no failure in design or will, but an absence of expectation. TPCP leadership was most candid: "Programs remain somewhat siloed and competing mandates/requirements of individual programs can inhibit collaboration." UAMS East raised an operational concern: "We have observed other UAMS programs provide programming in the area without contacting the local center."

The UAMS COPH representative acknowledged that "we don't have the amount of communication that makes us realize this person is working on this, and we're working on this." Some program leadership still characterize their program as unique and non-overlapping without engaging the coordination opportunity (TSMEP).

Consider what coordination could look like in practice. MHI brings mobile screening capacity and community trust across all 75 counties. UAMS East brings a Family Medical Center, community health workers, diabetes education, and a patient-centered medical home. A Delta resident who encounters MHI at a community event connects to UAMS East for follow-up care and has received more than either program could provide individually. They multiply their capacity. One documented exception, recorded by UAMS East, noted that "UAMS East is providing office space for COA newly hired program coordinator who will serve the UAMS East Regional Campus. Keri Clemons began her work and training in March. We are excited to have this collaboration." Two ATSC-funded programs share physical space in the Delta. No new funding, no new legislation, no new governance structure, just institutional willingness within a shared parent organization.

The opportunities identified through this evaluation extend beyond service-delivery programs. Each ASTC-funded program contributes distinct expertise, data, community relationships, and professional networks that could inform the work of the others. Research findings generated through ABI-supported projects may have relevance for prevention, education, and clinical programs operating throughout Arkansas. Likewise, the experiences of service-delivery programs may help inform future research priorities and workforce development efforts. The qualitative evidence suggests that greater awareness of these complementary strengths may be as valuable as formal referral systems, particularly in a statewide network where programs share a common legislative origin and a shared commitment to improving the health and well-being of Arkansans.

Why Coordination Is a Resource, Not Just an Efficiency

The dominant framing of inter-program coordination in public health is efficiency: coordination reduces duplication and stretches existing resources. That framing is accurate but incomplete. In the highest-need communities, coordination is not primarily about efficiency. Coordination is about bringing more resources, more expertise, and more reach to communities that need more than any single program can provide. Coordination, in this context, is additive rather than substitutive.

The UAMS COPH Prevention Research Center's hypertension-in-pregnancy research, operating in rural south Arkansas, the Delta, and southwest Arkansas, is explicitly designed around this additive principle. It is testing three different community engagement models simultaneously because the principal investigator recognizes that no single approach will work in every community: "In south Arkansas, in Union County we're partnering with a healthcare provider. In the Delta, we're heavily relying on community partners. In the southwest part of the state, we're collaborating with the Arkansas Health Department's clinics." Varied expertise, varied outreach, deployed in response to community-specific conditions, this is the mechanism for reaching into communities that a single institutional approach cannot access.

QUALITATIVE REPORT:
WHEN SEVEN PROGRAMS BECOME ONE SYSTEM

Almost by accident, a client at an MHI event discovered the TPCP stop-smoking pamphlet. The client commented in a worksite wellness testimonial, “I’m going to give the stop smoking pamphlets to my husband. He’s been smoking for years.” The client’s comment is the closest the testimonial record comes to documenting inter-program awareness. TPCP materials present at an MHI event is exactly the low-cost coordination mechanism this evaluation has identified. Such occurrences appear to be informal.

The value of these connections extends beyond efficiency. As COPH faculty member Alexandra Marshall noted at the Maternal and Child Health Summit, “We must find ways to combine our strengths and resources and focus on a shared vision. When we combine our powers and work together, we’ll then have a higher rate of success at improving maternal and child health.” While her comments were directed toward maternal and child health, the principle applies more broadly across the ATSC system. The qualitative evidence suggests the greatest opportunities for future impact may come from connecting existing strengths in research, education, prevention, healthcare access, workforce development, and community engagement in ways that allow programs to remain distinct while becoming more aware of one another's work.

OBSERVATION FROM THE EVIDENCE	IMPLICATION
Programs continue to fulfill their legislative mandates.	The Tobacco Settlement Proceeds Act remains a relevant framework for improving health in Arkansas.
Programs have adapted to changing healthcare and public health environments.	Flexibility and innovation have allowed programs to remain effective despite changing circumstances.
Resource and staffing constraints affect nearly every program.	Continued investment remains important to sustaining impact.
Programs possess complementary expertise, relationships, and resources.	Opportunities exist for greater communication, shared learning, and coordination.
Many health challenges exceed the capacity of any single program.	Future gains may come from connecting existing strengths across the ATSC-funded system.

System Resilience through Public Health Care: One System

Read together, the three themes reveal an ATSC system that is simultaneously more effective than its indicators measure, more constrained than its mandates acknowledge, and more capable of transformation than 25 years of siloed operations support. The multigenerational and geographic reach evidence establishes that this system’s investments compound across time and travel further than any indicator accounts for. The impact of the ATSC-funded programs cannot be fully captured through the evaluation of set indicators. The return of this investment is generated in lives, careers, organizational culture, and communities.

QUALITATIVE REPORT:
WHEN SEVEN PROGRAMS BECOME ONE SYSTEM

The mandate fulfillment and constraint evidence establishes that programs are doing what they were designed to do, and that the circumstances in which program staff do it have changed throughout the 25 years. Yet this is not a system that has failed its mandate. Rather, it is a system that has adapted to changing healthcare needs, demographic shifts, evolving technologies, and emerging public health challenges while remaining aligned with the legislative vision established through the Tobacco Settlement Proceeds Act. The individual programs face mandates written in 2000 and operate responsively for Arkansas's evolving healthcare and public health needs. Programs have sought out, for the most part, partnerships and resources outside of their institutional bases and have preserved the legislative intent while abandoning and transforming delivery mechanisms and services that circumstances have made obsolete.

The collective experiences of funded programs suggest that adaptation has become one of the defining characteristics of the ATSC-funded system. Programs have expanded services, developed new educational models, adopted emerging public health priorities, responded to changing community needs, and leveraged partnerships to extend their reach. While these adaptations differ across programs, they reflect a shared commitment to improving health outcomes and reducing disparities among Arkansas populations.

A common thread among the programs is that they develop people, not simply serve them. They educate future health professionals, support caregivers, advance scientific discovery, connect individuals to healthcare services, promote healthier behaviors, and strengthen communities across Arkansas. Through different mechanisms and mandates, they each contribute to the broader public health infrastructure envisioned by the Tobacco Settlement Proceeds Act.

The qualitative evidence suggests that one of the greatest opportunities for the future lies not in creating new programs, but in strengthening awareness of the resources, expertise, and relationships that already exist within the ATSC system. The programs bring complementary strengths in research, education, prevention, healthcare access, workforce development, and community engagement. As opportunities emerge for greater communication and shared learning among programs, the potential exists to create a more connected system while preserving the unique missions that have made each program successful.

ASTC-funded programs are designed to serve, and they do so when the need is more than the current resource and coordination levels provide. This is not a design failure. The evidence presented suggests that Arkansas does not need a different system. Arkansas needs more of this one, better connected within itself. The programs need to unleash the potential they have when working more closely with one another, a wrap-around system from research to healthcare provider preparation, from innovative evidence-based practices to community-focused outreach and education, from the prenatal to the aging population throughout all 75 counties.

By continuing to support program innovation while exploring opportunities for greater communication, coordination, and shared learning, the ATSC-funded programs may be positioned to extend their collective impact even further in the years ahead.

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THANK YOU

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