

Minority Research Center on Tobacco & Addictions

Fiscal Year 2022-2023 Evaluation Report

November 2023

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Executive Summary

The Minority Research Center (MRC) was established in 2011 and is supported by the Arkansas Department of Health through Master Tobacco Settlement funds. The MRC provides support for research on tobacco use and substance abuse in minority populations and serves as a clearinghouse for research and information on tobacco prevention and cessation to local, state and national stakeholders. The MRC is led by Dr. Marian Evans who was appointed as interim part-time director for the MRC in May 2021.

In June 2023 MRC contracted with Insight to Impact Consulting to conduct a process evaluation of the MRC for fiscal year 2022-2023 (July 1, 2022 to June 30, 2023). The evaluation is based on the qualitative analysis of available primary documents. The report was created to assist in continuous improvement efforts, and as such is organized around the MRC's established workplan and indicators.

The evaluation finds that under the leadership of Dr. Marian Evans the MRC has made strides in improving collaboration with partners and engagement with stakeholders. The MRC works towards two sets of workplans – one for the Arkansas Tobacco Settlement Commission (ATSC) and the other for Arkansas Department of Health and aligned to goals and reporting for The National and State Tobacco Control Program (NTCP) at the CDC. While these workplans have some overlap, the MRC has expressed a need to increase alignment between the existing workplans. This report concludes that increasing alignment between the workplans will open opportunities to pursue strategic and evaluation planning.

The MRC has several notable strengths and opportunities for improvement highlighted within the report.

Strengths

- The MRC has provided a consistent funding mechanism for research on tobacco prevention and cessation in Arkansas minority communities since 2015. A total of 12 studies have been funded through the MRC RFP process.
- The MRC has a strong core staff. Dr. Marian Evans was appointed as interim director in May 2021, and Earnette Sullivan has served the MRC for seven years.
- The MRC has increased its efforts to increase collaboration between partners and engagement with stakeholders. The best example of this is the efforts to increase collaboration and alignment with the Minority Initiative Sub-Recipient Grant Office (MISRGO). Dr. Evans is also the coordinator of MISRGO.

Opportunities

- The MRC reports its progress against two workplans, one for the ATSC and the other for ADH, that have some overlap but are not completely aligned. The MRC could work to improve the strategic alignment of the workplans in order to improve operational efficiency and efficacy, while also providing positive benefits in the MRC's ability to clearly communicate its value to stakeholders.
- The MRC could improve its reach and engagement with key audiences by developing a clear communication plan which could focus on the visibility, clarity and cadence of communications.

- The MRC does not have an established evaluation plan. The MRC could consider developing a plan that includes monitoring and reporting on short, intermediate and long-term outcomes.

Finally, the report provides a series of recommendations developed through the evaluation.

Recommendations:

Improve Strategic Alignment of Existing Workplans

This evaluation report includes two separate workplans and associated indicators established with both the Arkansas Tobacco Settlement Commission and the Arkansas Department of Health. While these indicators have some overlap, there is still room for improved strategic alignment of the workplans. To the extent possible, it is recommended that the MRC work with these stakeholders to improve alignment to ensure more efficient and effective operation.

Develop an Evaluation Plan

As is the purview of this report and this author, it is recommended that the MRC develop more sophisticated evaluation instruments to track intermediate outcomes with the goal of eventually being able to track long term outcomes. Currently the MRC only tracks outputs (e.g., The number of meetings held). The MRC should consider developing a logic model as an important first step to inform the development of an evaluation plan. Key to this work is the development of a well-maintained system for collecting and analyzing the needed data.

Foster Stronger and More Sustained Partnerships

In order for the MRC to reach its goal of serving as a local, regional and national research and information clearinghouse it is recommended that the center work to foster stronger and more sustained partnerships with researchers, research institutions, and community organizations to amplify engagement and reach. This could include developing a collaborative research agenda across state-based institutions, convening researchers from across the state to discuss opportunities and barriers for their research, or facilitating conversations with community organizations around their successes and challenges in translating research into action.

Establish an Online Presence

The MRC does not have a written communication plan. A website is central to modern communication. The development of a website is strongly encouraged. A website could provide a central hub for communicating with stakeholders, and could serve as the primary clearinghouse for researched-backed information and best practices. A website potentially could free up staff capacity by being an always available and more-or-less passive resource. The MRC reports that it is working with The Design Group to redesign the center's website.

Introduction

The Minority Research Center (MRC) was established in 2011 and is supported by the Arkansas Department of Health through Master Tobacco Settlement funds. The MRC provides support for research on tobacco use and substance abuse in minority populations and serves as a clearinghouse for research and information on tobacco prevention and cessation to local, state and national stakeholders. In May 2021, Dr. Marian Evans was appointed as the new interim part-time director for the MRC. The MRC reports to a 4-member 15% Set-A-Side Committee advisory board on a quarterly basis and a 4-member national advisory board on an as-needed basis, both of which provide expertise and direction to the MRC.

In June 2023 MRC contracted with Insight to Impact Consulting, an evaluation firm based in Fayetteville, AR, to conduct a process evaluation of the MRC. This is the second year in a row that MRC has contracted with Insight to Impact Consulting. Process evaluations assess program implementation to determine if activities have occurred as expected and whether the intended outputs were produced. This report is written for and delivered to the Minority Research Center on Tobacco & Addictions at the University of Pine Bluff (MRC) and its stakeholders. This report provides an evaluation of activities planned and carried out by the MRC in the 2022-2023 Fiscal Year (July 1, 2022 to June 30, 2023). The evaluation utilizes qualitative evidence including content analysis of primary documents. The purpose of the evaluation is to support decision-making by the MRC and its stakeholders around continuous improvement efforts.

This report is organized around the workplans and indicators established by the MRC with its board and stakeholders, primary of which is the Arkansas Tobacco Settlement Commission (ATSC) at the Arkansas Department of Health (ADH). The MRC reports its progress on regular basis directly to:

1. The Arkansas Tobacco Settlement Commission (ATSC) (Appendix A – ATSC Workplan)
2. The Arkansas Department of Health and aligned to goals and reporting for The National and State Tobacco Control Program (NTCP) at the Centers for Disease Control (CDC) (Appendix B – ADH Workplan)

The ATSC workplan and included indicators are aligned to goals established by the ATSC and the NTCP, and to the overall mission and vision of the MRC (Appendix C - Mission and Vision).

One of the principal annual activities of the MRC is funding one year research grants that support emerging scholars and researchers from all disciplines to conduct evidence-based research on tobacco use prevention and cessation in minority populations. Typically, the MRC releases an RFP each year that funds 1-2 research projects. In the 22-23 FY, MRC did not release a new RFP instead utilizing a new approach of issuing continuation grants to the two 21-22 FY grant recipients, namely Dr. Caron Lott at Philander Smith College and Abbie Luzius at the Community Clinic NWA. It is recommended that the MRC evaluates whether the new approach, and longer performance term for grantees, leads to increased efficiency and efficacy, especially as it relates to the quality of the research that is produced.

This report is provided to the MRC and its stakeholders to assist in discussions and planning of continuous improvement efforts. The analysis and recommendations provided herein are based on the collected evidence, which at this time does not include outcome data.

Letter from the Minority Research Center on Tobacco & Addictions

To Our Stakeholders:

We are pleased to present our most recent evaluation report.

We are excited about all of the progress that the Minority Research Center on Tobacco and Addictions has made. Over the last few years, we have had a misalignment of our goals and what we actually report. We are currently working to resolve this misalignment without sacrificing efforts in our outreach.

We have also increased collaboration with our sister program, the Minority Initiative Sub-Recipient Grant Office. This collaboration will also assist the MRC in developing a more appropriately aligned evaluation report. As time progresses, the MRC will collaborate with the Graduate Addiction Studies Program to link students to tobacco related research.

Marian S. Evans

Marian S. Evans

Key Findings

The evaluation finds that under the leadership of Dr. Marian Evans the MRC has made strides in improving collaboration with partners and engagement with stakeholders. The MRC currently works towards two sets of workplans – one for the Arkansas Tobacco Settlement Commission (ATSC) and the other for Arkansas Department of Health and aligned to goals and reporting for The National and State Tobacco Control Program (NTCP) at the CDC. While these workplans have substantial overlap, the MRC has expressed a need to increase alignment between the existing workplans. This report concludes that increasing alignment between the workplans will open opportunities to engage in strategic and evaluation planning. The MRC would benefit substantially from engaging in and establishing strong plans that guide the work and lead to increased efficiency and efficacy.

Strengths

The MRC has consistently provided a funding mechanism for research on tobacco prevention and cessation in Arkansas minority communities. Since 2015, 12 studies have been funded through the MRC RFP process. Two studies from 2021 were issued continuation funding for 2022-2023 marking a new approach by the MRC. The studies provide an opportunity to learn effective strategies for tobacco prevention and cessation in diverse populations and contexts. The MRC is well positioned to strengthen their funding processes and leverage study findings to increase reach and impact.

The MRC appointed Dr. Marian Evans as interim director in 2021. Dr. Evans has worked to bring clarity and consistency to the work of the MRC by improving the alignment between the center's work and its workplans. Additionally, Earnette Sullivan has served as a staff member for the MRC for more than seven years, which provides institutional knowledge and consistency.

Since 2021, Dr. Evans has considerably increased alignment and collaboration between the MRC and the Minority Initiative Sub-Recipient Grant Office (MISRGO), both housed at UAPB. This process has been empowered by Dr. Evans' dual appointment. The MRC is seeking to strengthen alignment and collaboration with MISRGO while exploring opportunities to align with the graduate Addictions Studies program at UAPB.

Opportunities

This evaluation report includes two workplans established with and reported to key stakeholders. While these workplans and associated indicators have some overlap, there is opportunity for improved strategic alignment of the workplans. Aligning the workplans should lead to greater operational efficiency and efficacy, while also providing positive benefits in the MRC's ability to clearly communicate its value to stakeholders.

Evidence collected from primary documents and interviews demonstrates that the MRC could improve its reach and engagement with key audiences. The MRC has room to improve the visibility, clarity and cadence of communications, which will help it reach its goal of serving as a local, regional and national research and information clearinghouse. It is unclear at this time if the MRC is well-established as a primary point of contact for matters regarding tobacco

prevention and cessation either within the state or nationally, though the opportunity seems to be available for it to serve in such a role. A website would be a key component of this effort.

The MRC does not have an established evaluation plan that includes monitoring and reporting on short, intermediate and long-term outcomes. The MRC should consider developing a system for collecting, analyzing and reporting data. Developing an evaluation plan could greatly assist in developing and sustaining a strategic plan for the center.

Minority Research Center Indicators Reported to the Arkansas Tobacco Settlement Commission

The MRC has committed to a set of three (3) annual progress indicators that it reports directly to the Arkansas Tobacco Settlement Commission (Appendix A). Each indicator has been included in Table 1 below with context, such as dates, and a brief note on the status at the end of the 2022-2023 fiscal year. More detailed information is included in the rest of this section.

Table 1. Arkansas Tobacco and Settlement Commission (ATSC) indicators and status

Indicator	Context	Status as of June 30 th , 2022
By June 2023, the MRC will distribute requests for proposals (RFP) to fund research studies focused on: 1. Tobacco cessation among African-American women tobacco users, 2. Tobacco use among minority groups in a time of COVID-19, and 3. Tobacco and opioid use among minority youth and young adults.	<p>The MRC released a Request for Proposals (RFP) on December 13, 2021 with a submission deadline of February 10, 2022 (Appendix D – RFP 2021). Two responses were received and both proposals were funded in 2022.</p> <p>In 2023, the MRC issued continuation grants to the two 2022 grant recipients:</p> <ul style="list-style-type: none">• Caron Lott, Ph.D. (Philander Smith College) (Appendix E – RFP Response Lott)• Abbie Luzius (UAMS Ph.D. Candidate; Community Clinic NWA) (Appendix F – RFP Response Luzius)	<p>Completed.</p> <p>The MRC is supporting two research projects through continuation grants with an overall performance period of July 1, 2022 to June 30, 2024 (Appendix G – Lott 2023 Status Report and Appendix H – Luzius 2023 Status Report).</p>
By June 2023, the MRC will conduct three virtual and/or face-to-face meetings in minority communities to discuss tobacco usage among minority groups.		<p>Completed.</p> <p>The MRC collaborated with MISRGO on the 20th annual Clearing the Air in Minority Communities conference¹ held virtually on March 8, 2023. The MRC implemented the Hate the Vape tour visiting 3 schools across Arkansas in late April/early May 2023.</p>

1 <https://arcancercoalition.org/arkansas-cancer-summit/>

		<ol style="list-style-type: none"> 1. April 25, 2023 - Fordyce Middle School 2. May 1, 2023 - Wonder Jr. High School 3. May 9, 2023 - KIPP Middle School
By June 2023, the MRC will submit three open editorials to small town newspapers focusing on tobacco-related issues in rural communities in Arkansas.	The MRC worked with The Design Group, a marketing agency based in Little Rock, AR, to help develop and distribute the editorials.	<p>Completed.</p> <p>The MRC, with assistance from The Design Group, released 3 editorials, with one editorial published twice (Appendix I - Editorials):</p> <ol style="list-style-type: none"> 1. "Pregnancy the time to give up smoking" - Arkansas Democrat-Gazette, 4/13/2023² 2. "Tobacco, opioid addiction closely linked" - The Sentinel-Record, 4/30/2023³ 3. "Vaping dangers clear" <ol style="list-style-type: none"> a. Northwest Arkansas Democrat-Gazette, 5/15/2023⁴ b. Arkansas Democrat-Gazette, 5/15/2023⁵ <p>This indicator is on track to meet the fiscal year goal. The MRC worked with its media partner (Design Group) to develop op-eds on the topics of Pregnancy and Tobacco Use, Tobacco Products and Opioids, Vaping and Menthol-Flavoring, and Thirdhand Smoke. The op-eds are slated to be distributed in April during Minority Health Month.</p>

2 <https://www.arkansasonline.com/news/2023/apr/13/pregnancy-the-time-to-give-up-smoking/>

3 <https://www.hotsr.com/news/2023/apr/30/tobacco-opioid-addiction-closely-linked/>

4 <https://www.nwaonline.com/news/2023/may/15/vaping-dangers-clear/?opinion>

5 <https://www.arkansasonline.com/news/2023/may/15/vaping-dangers-clear/>

Indicator: Request for Proposals (RFP)

By June 2023, the MRC will distribute requests for proposals (RFP) to fund research studies focused on:

1. Tobacco cessation among African-American women tobacco users,
2. Tobacco use among minority groups in a time of COVID-19, and
3. Tobacco and opioid use among minority youth and young adults.

Status: Complete (with modification)

The MRC did not release a new RFP in FY 2022-2023. Instead, the MRC issued continuation grants to the 2022-23 recipients, Caron Lott, Ph.D. at Philander Smith College, and Abbie Luzius UAMS Ph.D. Candidate associated with the Community Clinic NWA. The continuation grants are a test for a permanent change in response to persistent challenges with "red tape" delaying funding availability for the research grant recipients. Funds were distributed to both researchers with an extended performance period from July 1, 2022 to June 30, 2024.

Dr. Lott (Philander Smith College) provided the following objective for their proposal:

"To understand African-American student's attitudes and behaviors toward tobacco use during COVID-19 [using a combination of interviews and focus groups]."

Abbie Luzius (Community Clinic NWA) provided the following objective for their proposal:

"The purpose of this study is to assess the impacts of attitudes, norms, and perceived behavioral control of one's ability to utilize tobacco treatment in a healthcare setting, and cessation success rates."

Both researchers provided status reports to the MRC which were due by September 30, 2023 (Appendix G – Lott Status Report and Appendix H – Luzius Status Report).

The MRC released the first RFP in 2015. In total, the MRC has funded 12 studies. The funding amount has remained \$9,900 for a 1-year research award.

Indicator: Face-to-Face Meetings with Community Organizations

By June 2023, the MRC will conduct three virtual and/or face-to-face meetings in minority communities to discuss tobacco usage among minority groups.

Status: Complete

The MRC collaborated with MISRGO on the 20th annual Clearing the Air in Minority Communities conference⁶ held virtually on March 8, 2023 (Appendix J – Clear the Air flyer).

The MRC also presented at 3 schools on the Hate the Vape tour:

1. April 25, 2023 - Fordyce Middle School
2. May 1, 2023 - Wonder Jr. High School
3. May 9, 2023 - KIPP Middle School

"Hate the Vape" is a counter tobacco vaping program specifically designed to empower and educate young individuals about the risks and consequences associated with vaping. The program targets students aged 13 to 18 and aims to combat the rise in tobacco vaping among teenagers and promote healthier lifestyle choices.

Indicator: Open Editorials

By June 2023, the MRC will submit three open editorials to small town newspapers focusing on tobacco-related issues in rural communities in Arkansas.

Status: Complete

The MRC worked with the Design Group, a marketing agency based in Little Rock, AR, to develop and disseminate editorials to media outlets.

The MRC and the Design Group finalized and placed four editorials across five publications (Appendix I - Editorials):

4. "Pregnancy the time to give up smoking" - Arkansas Democrat-Gazette, 4/13/2023⁷
5. "Tobacco, opioid addiction closely linked" - The Sentinel-Record, 4/30/2023⁸
6. "Vaping dangers clear"
 - a. Northwest Arkansas Democrat-Gazette, 5/15/2023⁹
 - b. Arkansas Democrat-Gazette, 5/15/2023¹⁰

6 <https://arcancercoalition.org/arkansas-cancer-summit/>

7 <https://www.arkansasonline.com/news/2023/apr/13/pregnancy-the-time-to-give-up-smoking/>

8 <https://www.hotsr.com/news/2023/apr/30/tobacco-opioid-addiction-closely-linked/>

9 <https://www.nwaonline.com/news/2023/may/15/vaping-dangers-clear/?opinion>

10 <https://www.arkansasonline.com/news/2023/may/15/vaping-dangers-clear/>

Minority Research Center Indicators Reported to the Arkansas Department of Health

The MRC has committed to a set of five (5) annual objectives and associated activities that it reports to the Arkansas Department of Health. The Arkansas Department of Health may or may not also utilize this data in its reporting to The National and State Tobacco Control Program (NTCP) at the Centers for Disease Control (CDC). Each annual objective is aligned to a corresponding NTCP Goal Area. Each annual objective has been included in the tables below with aligned NTCP goal areas and activities. The tables (Tables 2 – 6) include context, such as progress and dates, and a brief note on the status at the end of the fiscal year each activity. A workplan document detailing these five annual objectives is provided in the appendix (Appendix B - ADH Workplan).

The MRC has a stated objective of improving alignment between the workplan below and the workplan it has committed to with the Arkansas Tobacco Settlement Commission (ATSC).

Table 2-6. Arkansas Department of Health Indicators and Status

<p>MRC Annual Objective: By June 30, 2023, fund research projects up to \$9,999 that focuses on tobacco and opioid use prevalence among minority youth and young adults, address tobacco cessation use among African American women tobacco users and/or research to address tobacco cessation use among Hispanic women tobacco users.</p>		
<p>NTCP Goal Area: Decreased initiation of tobacco use among youth and young adults.</p>		
Activity	Context	Status as of June 30 th , 2022
Community Intervention(s): 1) Distribute request for proposals to fund priority areas.	<p>The MRC released the Request for Proposals (RFP) on December 13, 2021 with a submission deadline of February 10, 2022 (Appendix D). The two proposals funded in 2022 received continuation funding in 2023, with a performance period concluding in 2024 (performance period July 1, 2022 through June 30, 2024).</p> <p>Both researchers submitted status reports for FY 22-23 (Appendices G and H).</p>	Completed.
Community Engagement: 1) Educate participants about the burden of tobacco use and opioid use.	<p>The MRC released 3 editorials with 4 instances of earned media (Appendix I), collaborated on the 20th Clearing the Air in Communities of Color Conference with MISRGO (Appendix J), and</p>	Completed.

	visited 3 schools on the Hate the Vape tour.	
Educating Key Decision-Makers: 1) Share preliminary data analysis. 2) Submit abstracts and/or articles to peer reviewed conferences and/or journals for consideration.	Research projects from 2022 received continuation funding through 2024, consequently there are no final research articles to submit to peer reviewed conferences or journals. Researchers provided status reports that were due by September 30, 2023 (Appendices G and H).	Not Completed.
Mass-Reach Health Communications: 1) Advertise RFP within the state using traditional and non-traditional forms of advertising. 2) Submit write up to the Arkansas Department of Health to be included in the TPCP Times Newsletter.	The MRC did not release a new RFP for 2023, instead continuation grants were issued to 2022 recipients. The TPCP Times Newsletter does not exist.	Previously Completed.

MRC Annual Objective: By June 30, 2023, conduct six meetings in minority communities to discuss tobacco usage among minority groups.		
NTCP Goal Area: Decreased initiation of tobacco use among youth and young adults.		
Activity	Context	Status as of June 30 th , 2022
Community Intervention(s): Tobacco imagery surveillance in designated minority communities Community Engagement: 1) Continue surveying community partners and other stakeholders to identify the gaps in information related to tobacco imagery in minority communities and strategies to reduce aforementioned imagery. 2) Share results of survey with advisory boards and other stakeholders.	The MRC did not complete this activity.	Not Completed.
Educating Key Decision-Makers: 1) Develop a product summarizing the surveillance in minority communities (2) Submit 6 open-editorial to local newspapers	1) See above. The study was not completed, and consequently products were not developed summarizing the surveillance project. 2) The MRC submitted 3 editorials with 4 instances	Partially Completed.

	of earned media in 2023 (see table 1 and Appendix I).	
Mass-Reach Health Communications: 1) Advertise the product developed as a result of survey efforts to educate decision makers and stakeholders 2) Submit write up to the Arkansas Department of Health to be included in the TPCP Times Newsletter.	<p>1) See above. The study was not completed, and consequently products were not developed summarizing the surveillance project.</p> <p>2) The TPCP Times Newsletter does not exist.</p>	Not Completed.

<p>MRC Annual Objective: By June 30, 2023, partner with MISRGO to bring an expert to tour Arkansas schools and other youth focused organizations regarding e-cigarettes, vaping policies and the detrimental effects of menthol.</p> <p>NTCP Goal Area: Decrease tobacco use among adults and youth.</p>		
Activity	Context	Status as of June 30 th , 2022
Community Intervention(s): 1) Distribute pre and post assessments to participants to accompany the presentation developed by MISRGO.	A pre- and post-assessment was developed and administered at the 3 schools that were part of the Hate the Vape tour receiving x responses.	Completed.
Educating Key Decision-Makers: 1) Share preliminary data analysis. 2) Submit abstracts and/or articles to peer reviewed conferences and/or journals for consideration.	<p>1) Data has not yet been shared, though there are plans to share it at a later date.</p> <p>2) No abstracts or articles were submitted to peer reviewed conferences or journals.</p>	Not Completed.
Mass-Reach Health Communications: 1) Use data collected from the presentations to inform the development of a media campaign about the detrimental effects of vaping and menthol.	Pre- and post-assessment data was collected but it has not been shared externally.	Not Completed.

<p>MRC Annual Objective: By June 30, 2023, develop and implement an evaluation plan to evaluate operations and improve overall program performance.</p> <p>NTCP Goal Area: Surveillance and Evaluation</p>		
Activity	Context	Status as of June 30 th , 2022
Community Intervention(s): Continue to work with	MRC determined a process evaluation was more	Not Completed.

external evaluator to develop an outcome based evaluation plan, to conduct evaluation, to collect and analyze program outcome data, and to develop an evaluation report to improve overall program performance.	appropriate for 2022-2023. IIC was contracted to complete the process evaluation as evidenced by this report.	
Community Engagement: 1) Use information to identify and expand the capacity of the research agenda. 2) Engage stakeholders in the development of an evaluation plan. 3) Collaborate with stakeholders to develop a plan to address weaknesses based on evaluation findings.	Findings from this evaluation report will be shared with stakeholders. An evaluation planning process has not yet been started.	Not Completed.
Educating Key Decision-Makers: 1) Share evaluation results with internal and external advisory board members. 2) Disseminate findings and evaluation reports to 15% Set-Aside Advisory Board. 3) Disseminate findings and evaluation results with the Tobacco Prevention and Cessation Advisory Committee.	Findings from this report will be shared with the internal and external advisory board members and the Tobacco Prevention and Cessation Advisory Committee.	Not Completed.
Mass-Reach Health Communications: 1) Publicize findings via email	Findings from this report will be publicized via email.	Not Completed.

MRC Annual Objective: By June 30, 2023, strengthen relations with current stakeholders and develop relations with new stakeholders (including local, regional, and federal agencies, universities, and other significant parties).		
NTCP Goal Area: Sustainability		
Activity	Context	Status as of June 30 th , 2022
Community Engagement: 1) Sponsor at least 2 teleconferences with external advisory board members. 2) Expand promotion of the Minority Research Center	The MRC did not sponsor teleconferences in FY 2022-23. The MRC continues to work with the Design Group to create media. MRC website redevelopment is in progress.	Not Completed.
Educating Key Decision-Makers: Foster collaborative		

research that connects research scientists from various disciplines across institutions.		
Mass-Reach Health Communications: Use social media, local media, and the Center's website to highlight MRC achievements.	The Design Group is redeveloping the MRC website. The MRC has worked to identify areas to provide content that will showcase its work.	Not Completed.

Conclusions and Recommendations

The evaluation findings suggest that in a year of transition brought by the appointment of a new interim director and the ongoing impacts of Covid-19, the MRC still managed to make notable progress on its workplan for the 2021-2022 fiscal year. While not all activities were completed, for the most part the MRC made progress across its workplan that can be built upon in successive years. As with any center, especially one that aspires to serve as a clearinghouse at the local, state and national levels, there is always room for improvement. Key areas of improvement include communications, administrative processes, strategic alignment, and the center's approach to evaluation.

The recommendations provided below are based on a synthesis of available qualitative information collected as a part of this report and are provided as an external perspective.

Recommendations:

Improve Strategic Alignment of Existing Workplans

This evaluation report includes two separate workplans and associated indicators established with both the Arkansas Tobacco Settlement Commission and the Arkansas Department of Health. While these indicators have some overlap, there is still room for improved strategic alignment of the workplans. To the extent possible, it is recommended that the MRC work with these stakeholders to improve alignment to ensure more efficient and effective operation.

Develop an Evaluation Plan

As is the purview of this report and this author, it is recommended that the MRC develop more sophisticated evaluation instruments to track intermediate outcomes with the goal of eventually being able to track long term outcomes. Currently the MRC only tracks outputs (e.g., The number of meetings held). The MRC should consider developing a logic model to inform the development of an evaluation plan. Key to this work is the development of a well-maintained system for collecting and analyzing the needed data.

Foster Stronger and More Sustained Partnerships

In order for the MRC to reach its goal of serving as a local, regional and national research and information clearinghouse it is recommended that the center work to foster stronger and more sustained partnerships with researchers, research institutions, and community organizations to amplify engagement and reach. This could include developing a collaborative research agenda across state-based institutions, convening researchers from across the state to discuss opportunities and barriers for their research, or facilitating conversations with community organizations around their successes and challenges in translating research into action.

Establish an Online Presence

The MRC does not have a written communication plan. A website is central to modern communication. The development of a website is strongly encouraged. A website could provide a central hub for communicating with stakeholders, and could serve as the primary clearinghouse for researched-backed information and best practices. A website potentially could free up staff capacity by being an always available and more-or-less passive resource. The MRC reports that it is working with The Design Group to redesign the center's website.

Appendices

The appendices include a collection of primary documents provided by the MRC. As the format (.doc, .pdf, .xlx, etc) is not the same across the documents and quite a few of the documents are of substantial length this section is provided in a sequential order and without page numbers. Instead, please utilize the table below which displays the appendices in order to access the documents.

Table 3. Appendix Contents

- | |
|------------------------------|
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- ***INDICATOR:** By June 2023, the MRC will distribute requests for proposals (RFP) to fund research studies focused on: 1. Tobacco cessation among African-American women tobacco users, 2. Tobacco use among minority groups in a time of COVID-19, and 3. Tobacco and opioid use among minority youth and young adults.*
- ***INDICATOR:** By June 2023, the MRC will conduct three virtual and/or face-to-face meetings in minority communities to discuss tobacco usage among minority groups.*
- ***INDICATOR:** By June 2023, the MRC will submit three open editorials to small town newspapers focusing on tobacco-related issues in rural communities in Arkansas.*

Agreement #
Attachment#: 1

Action: New

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FY 23 Work Plan - University of Arkansas at Pine Bluff – Minority Research Center

NTCP Goal Area	Activity	Population(s) of Focus	Population Description	Start and End Date
UAPB Annual Objective	By June 30, 2023, fund research projects up to \$9,999 that focuses on tobacco and opioid use prevalence among minority youth and young adults, address tobacco cessation use among African American women tobacco users and/or research to address tobacco cessation use among Hispanic women tobacco users. (Data Source: Research Tracking Tool, 2016)	<input type="checkbox"/> Gender <input checked="" type="checkbox"/> *Age <input type="checkbox"/> Geographic Area <input checked="" type="checkbox"/> * Race/Ethnicity <input type="checkbox"/> Socioeconomic Status <input type="checkbox"/> Sexual Orientation/Gender Identity <input type="checkbox"/> Other:	African American, Marshallese, Asian and/or Hispanic youth (5-17) and young adults (18-24) MRC Sub-Recipient Grantees Colleges in Arkansas	Start: July 1, 2022 End: June 30, 2023 Responsible Position/Party Possible Partners
<p>• Community Intervention(s): 1) Distribute request for proposals to fund priority areas.</p>				
<p>• Community Engagement: 1) Educate participants about the burden of tobacco and opioid use.</p>				
<p>• Educating Key Decision-Makers: 1) Share preliminary data analysis. 2) Submit abstracts and/or articles to peer reviewed conferences and/or journals for consideration.</p>				
<p>• Mass-Reach Health Communications: 1) Advertise RFP within the state using traditional and non-traditional forms of advertising. 2) Submit write up to the Arkansas Department of Health to be included in the TPCP Times Newsletter.</p>				

 Do not make changes to the areas with red background. Please complete all areas highlighted in yellow.

FY 23 Work Plan - University of Arkansas at Pine Bluff – Minority Research Center

NTCP Goal Area	Decreased initiation of tobacco use among youth and young adults.		
UAPB Annual Objective	By June 30, 2023, conduct six meetings in minority communities to discuss tobacco usage among minority groups (Data Source: Minority Research Center report).		
Activity	Population(s) of Focus	Population Description	Start and End Date
<ul style="list-style-type: none"> Community Intervention(s): Tobacco imagery surveillance in designated minority communities 	<input type="checkbox"/> Gender <input type="checkbox"/> Age *Geographic Area <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Socioeconomic Status <input type="checkbox"/> Sexual Orientation/Gender Identity <input type="checkbox"/> Other:	African American, Marshallese, Asian and/or Hispanic adults Responsible Position/Party MRC Possible Partners MISRGO GASP Campaign for Tobacco Free Kids ADH Americans for Non Smokers Rights NAATN UAPB TV	Start: July 1, 2022 End: June 30, 2023
<ul style="list-style-type: none"> Community Engagement: 1) Continue surveying community partners and other stakeholders to identify the gaps in information related to tobacco imagery in minority communities and strategies to reduce aforementioned imagery. 2) Share results of survey with advisory boards and other stakeholders. Educating Key Decision-Makers: 1) Develop a product summarizing the surveillance in minority communities. (2) Submit 6 open-editorial to local newspapers. Mass-Reach Health Communications: 1) Advertise the product developed as a result of survey efforts to educate decision makers and stakeholders. 2) Submit write up to the Arkansas Department of Health to be included in the TPCP Times Newsletter. 			

Do not make changes to the areas with red background. Please complete all areas highlighted in yellow.

FY 23 Work Plan - University of Arkansas at Pine Bluff ~ Minority Research Center

NTCP Goal Area	Decrease tobacco use among adults and youth.		
UAPB Annual Objective	By June 30, 2023, partner with MISRGO to bring an expert to tour Arkansas schools and other youth focused organizations regarding e-cigarettes, vaping policies, and the detrimental effects of menthol.		
Activity	Population(s) of Focus	Population Description	Start and End Date
<ul style="list-style-type: none"> Community Intervention(s): 1) Distribute pre and post assessments to participants to accompany the presentation developed by MISRGO. Educating Key Decision-Makers: 1) Share preliminary data analysis. 2) Submit abstracts and/or articles to peer reviewed conferences and/or journals for consideration. Mass-Reach Health Communications: 1) Use data collected from the presentations to inform the development of a media campaign about the detrimental effects of vaping and menthol. 	<p>*Gender <input checked="" type="checkbox"/> Age <input type="checkbox"/> Geographic Area * Race/Ethnicity <input type="checkbox"/> Socioeconomic Status <input type="checkbox"/> Sexual Orientation/Gender Identity <input type="checkbox"/> Other:</p>	<p>Areas with high tobacco prevalence and high minority population and low socioeconomic status</p> <p>Possible Partners</p> <p>MISRGO GASP PAVE Fight 4 Wellness Design Group</p>	<p>Start: July 1, 2022 End: June 30, 2023</p> <p>Responsible Position/Party MRC</p>

Do not make changes to the areas with red background. Please complete all areas highlighted in yellow.

FY 23 Work Plan - University of Arkansas at Pine Bluff – Minority Research Center

NTCP Goal Area	Surveillance and Evaluation		
UAPB Annual Objective	By June 30, 2023 develop and implement an evaluation plan to evaluate operations and improve overall program performance.		
Activity	Population(s) of Focus	Population Description	Start and End Date
<p><i>An effective work plan will address each of the following strategies listed below and reflect specific activity for each approach.</i></p> <ul style="list-style-type: none"> • Community Intervention(s): Continue to work with external evaluator to develop an outcome based evaluation plan, to conduct evaluation, to collect and analyze program outcome data, and to develop an evaluation report to improve overall program performance. • Community Engagement: 1) Use information to identify and expand the capacity of the research agenda. 2) Engage stakeholders in the development of an evaluation plan. 3) Collaborate with stakeholders to develop a plan to address weaknesses based on evaluation findings. • Educating Key Decision-Makers: 1) Share evaluation results with internal and external advisory board members. 2) Disseminate findings and evaluation reports to 15% Set-Aside Advisory Board. 3) Disseminate findings and evaluation results with the Tobacco Prevention and Cessation Advisory Committee. • Mass-Reach Health Communications: 1) Publicize findings via email. 	<input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Geographic Area <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Socioeconomic Status <input type="checkbox"/> Sexual Orientation/Gender Identity * Other: General Population	Stakeholders <input type="checkbox"/> Responsible Position/Party MRC Staff Possible Partners Consultant	Start: July 1, 2022 End: June 30, 2023

25 Do not make changes to the areas with red background. Please complete all areas highlighted in yellow.

FY 23 Work Plan - University of Arkansas at Pine Bluff - Minority Research Center

NTCP Goal Area	Sustainability						
UAPB Annual Objective	By June 30, 2023 strengthen relations with current stakeholders and develop relations with new stakeholders (including local, regional, and federal agencies, universities, and other significant parties).						
Activity	An effective work plan will address each of the following strategies listed below and reflect specific activity for each approach.						
	<ul style="list-style-type: none"> Community Engagement: 1) Sponsor at least 2 teleconferences with external advisory board members. 2) Expand promotion of the Minority Research Center Educating Key Decision-Makers: Foster collaborative research that connects research scientists from various disciplines across institutions. Mass-Reach Health Communications: Use social media, local media, and the Center's website to highlight MRC achievements. 						
	<table> <thead> <tr> <th>Population(s) of Focus</th> <th>Population Description</th> <th>Start and End Date</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Geographic Area <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Socioeconomic Status <input type="checkbox"/> Sexual Orientation/Gender Identity * Other: General Population </td> <td> Stakeholders MRC Staff Web Developer Possible Partners UAMS UCA Henderson State University Philander Smith University Arkansas Baptist College Arkansas State University AR SOPHE AR Public Health Association ADH </td> <td> Start: July 1, 2022 End: June 30, 2023 Responsible Party MRC Staff Web Developer Possible Partners UAMS UCA Henderson State University Philander Smith University Arkansas Baptist College Arkansas State University AR SOPHE AR Public Health Association ADH </td> </tr> </tbody> </table>	Population(s) of Focus	Population Description	Start and End Date	<input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Geographic Area <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Socioeconomic Status <input type="checkbox"/> Sexual Orientation/Gender Identity * Other: General Population	Stakeholders MRC Staff Web Developer Possible Partners UAMS UCA Henderson State University Philander Smith University Arkansas Baptist College Arkansas State University AR SOPHE AR Public Health Association ADH	Start: July 1, 2022 End: June 30, 2023 Responsible Party MRC Staff Web Developer Possible Partners UAMS UCA Henderson State University Philander Smith University Arkansas Baptist College Arkansas State University AR SOPHE AR Public Health Association ADH
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<input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Geographic Area <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Socioeconomic Status <input type="checkbox"/> Sexual Orientation/Gender Identity * Other: General Population	Stakeholders MRC Staff Web Developer Possible Partners UAMS UCA Henderson State University Philander Smith University Arkansas Baptist College Arkansas State University AR SOPHE AR Public Health Association ADH	Start: July 1, 2022 End: June 30, 2023 Responsible Party MRC Staff Web Developer Possible Partners UAMS UCA Henderson State University Philander Smith University Arkansas Baptist College Arkansas State University AR SOPHE AR Public Health Association ADH					

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UNIVERSITY OF ARKANSAS AT PINE BLUFF™



Minority Research Center On Tobacco & Addictions

The mission of the Minority Research Center is to provide assistance to the state and nation in tobacco and other substance abuse research, prevention, education, technical assistance and evaluation, especially in regard to minority populations (Blacks, Hispanics, Marshall Islanders, and Asians.)

WHO WE ARE:

In 2011, leadership of the University of Arkansas at Pine Bluff 15% Set-A-Side Committee implemented the vision of a facility that would house all information and best practices regarding the impact of tobacco and addictions within minority communities.

This vision was soon translated into the Minority Research Center on Tobacco & Addictions (MRC).

WHY WE EXIST:

The tobacco use prevalence remains high for minorities, especially males, and the research on this population remains limited. According to the Arkansas Department of Health, as of 2011, the smoking rate for African American and Hispanic adults in Arkansas was approximately 27% and 15%, respectively. The national smoking rate for African American and Hispanic adults was approximately 26% and 20%, respectively. African American adults in Arkansas smoked at a slightly higher rate than the national average while Hispanic adults smoked at a lower rate. The MRC serves as a clearinghouse for conducting research and disseminating information involving minorities. The emphasis of the Center is to provide assistance to Arkansas and the nation in tobacco and other substance abuse research, prevention, education, technical assistance, and evaluation in regard to minority populations. The Minority Research Center on Tobacco & Addictions is funded by the Master Tobacco Settlement Agreement.

WHAT WE DO:

Our goal is to serve as a local, regional and national resource providing best practices and key learnings for eliminating the use of tobacco and other addictive substances within minority communities. Objectives include increasing knowledge about minority health disparities and addictions; increasing funding to researchers that will strengthen the capacity for addictions and community based participatory research; and collaborating with organizations whose goals include the radical reduction of smoking prevalence in minority populations.

**University of Arkansas at Pine Bluff
Minority Research on Tobacco & Addictions
Request for Proposals (RFP) 2022-2023**

In November 2000, Arkansans passed Initiated Act One, which directed a portion of Arkansas' Master Tobacco Settlement revenue to the Arkansas Department of Health for tobacco prevention and cessation programs including funding specifically for tobacco prevention and cessation programs in minority communities. The Arkansas Department of Health has partnered with the University of Arkansas at Pine Bluff since 2002 to implement tobacco prevention and cessation in minority communities.

The mission of the Minority Research Center on Tobacco & Addictions is to provide assistance to the state (Arkansas) and nation in tobacco and other substance abuse research, prevention, education, technical assistance, and evaluation, especially in regard to minority populations (Blacks, Hispanics, Marshall Islanders, and Asians).

In 2022-2023 the Minority Research Center (MRC) is offering a unique source of funding that supports emerging scholars and researchers from all disciplines, who are engaged in evidence linked research that directly contributes to the elimination of smoking and tobacco use among minority populations. ***The purpose of the award is to gather preliminary data or demonstrate proof-of-principle for tobacco-related research with potential for high impact among minority populations in Arkansas. The research priorities are:***

- Option I** – Research focused on tobacco use and mental health in Arkansas' minority population.
- Option II** – Research focused on tobacco use and Covid-19 in Arkansas' minority population.
- Option III** – Research focused on tobacco and opioid use in Arkansas' rural population.

Applicants may apply for funds under Option I through III.

Tobacco use remains the leading cause of preventable death and disease in the United States. Each year, over 400,000 people nationwide die from tobacco- related illnesses. In Arkansas, smoking claims more than 5,800 lives annually.

Target Population

Special populations that are disproportionately burdened by smoking are especially relevant. These include persons with chronic mental illness, substance use disorders, those in the criminal justice system, patients with chronic illnesses caused by smoking (e.g., COPD, cancer, heart disease), diabetes young adults, disadvantaged socioeconomic communities, who live in rural and/or medically underserved areas, racial and ethnic minority populations, etc.

During review the intended outcome of the project is given careful consideration and projects with the maximum likelihood of impact and measurement of outcomes will be given high priority.

Disease Burden Overview

At the forefront of the fight in Arkansas is the Tobacco Prevention and Cessation Program (TPCP) at the Arkansas Department of Health. Launched in 2001, the TPCP has several components aimed at reducing tobacco use by Arkansans. TPCP provides data and resources: https://www.healthy.arkansas.gov/images/uploads/pdf/Tobacco_Data_Deck_June_2018.pdf

Eligibility

Investigators from Arkansas not-for-profit organizations are eligible for Minority Research Center funding, including but not limited to colleges, universities, hospitals, laboratories, research institutions, community-based organizations, voluntary health agencies, health maintenance organizations and other tobacco control groups. Organizations cannot accept funding or support from the tobacco industry. The funding is open to investigators holding an MD, PhD, or equivalent. The PI must supervise the research project and any trainees directly.

Details on Grant Award Mechanisms

Option I: Research focused on tobacco use and mental health in Arkansas' minority population.

Purpose: To gather preliminary data or demonstrate proof-of-principle to support the feasibility of a new paradigm or research hypothesis. High quality of innovation and clear potential impact are two key components of this mechanism, with the ultimate goal of providing initial support for research with a strong rationale, resulting in funding leverage from other funding agencies.

Anticipated Number of Grants: 1

Maximum Award Amount per Year: \$9,999

Successful applicants under this RFP may be renewed for an additional year. However, present and future funding is contingent upon the availability of Minority Research Center funds.

Maximum Duration: 2 years

Allowable Direct Costs: Salaries, fringe benefits; supplies; equipment, travel.

Project-Related Travel: As needed (must be fully justified).

Indirect Costs: Not Allowable

Award Requirements:

- Applicants must have a PI-status at the sponsoring institution.
- Awardees are required to commit at least 5% of their research effort each year to activities supported by this award.
- All research must be conducted in Arkansas.
- No advance payments will be made. Grant amounts may be claimed only on a reimbursement basis. A separate financial record must be maintained by the awardee.
- The awardee must submit a final report on study results to the MRC within 3 months after the finalization of the study. Reprints of articles, published or in press or copies of draft manuscripts, should be included with all reports. From time to time, the MRC Program Manager may ask for information on study progress.
- Awardees are expected to publish their findings in scientific journals. In addition to manuscript publication, awardees may present their findings at scientific meetings. All publications that result from a project supported by the MRC must carry the following acknowledgment: "This research was supported by University of Arkansas at Pine Bluff, Minority Research Center on Tobacco and Addictions, which is supported by the Arkansas Department of Health, Tobacco Prevention and Cessation Program with Master Settlement Agreement dollars, to (name of Awardee)". Awardees will provide to the MRC organizers/members the opportunity to view manuscripts or abstracts 30 days prior to submission for publication or other public disclosure. MRC will review all manuscripts and abstracts and may provide comments on content. The Principal Investigator will consider any such comments in good faith, but is under no obligation to incorporate any MRC suggestion.

Option II: Research focused on tobacco use and Covid-19 in Arkansas' minority population.

Purpose: To gather preliminary data or demonstrate proof-of-principle to support the feasibility of a new paradigm or research hypothesis. High quality of innovation and clear potential impact are two key components of this mechanism, with the ultimate goal of providing initial support for research with a strong rationale, resulting in funding leverage from other funding agencies.

Anticipated Number of Grants: 2

Award Amount per Year: \$9,999

Successful applicants under this RFP may be renewed for an additional year. However, present and future funding is contingent upon the availability of Minority Research Center funds.

Maximum Duration: 2 years

Allowable Direct Costs: Salaries, fringe benefits; supplies; equipment, travel.

Project-Related Travel: As needed (must be fully justified).

Indirect Costs: Not Allowable

Award Requirements:

- Applicants must have a PI-status at the sponsoring institution.
- Awardees are required to commit at least 5% of their research effort each year to activities supported by this award.
- All research must be conducted in Arkansas.
- No advance payments will be made. Grant amounts may be claimed only on a reimbursement basis. A separate financial record must be maintained by the Awardee.
- The Awardee must submit a final report on study results to the MRC within 3 months after the finalization of the study. Reprints of articles, published or in press or copies of draft manuscripts, should be included with all reports. From time to time, the MRC Program Manager may ask for information on study progress.
- Awardees are expected to publish their findings in scientific journals. In addition to manuscript publication, Awardees may present their findings at scientific meetings. All publications that result from a project supported by the MRC must carry the following acknowledgment: "This research was supported by University of Arkansas at Pine Bluff, Minority Research Center on Tobacco and Addictions, which is supported by the Arkansas Department of Health, Tobacco Prevention and Cessation Program with Master Settlement Agreement dollars, to (name of Awardee)". Awardees will provide to the MRC organizers/members the opportunity to view manuscripts or abstracts 30 days prior to submission for publication or other public disclosure. MRC will review all manuscripts and abstracts and may provide comments on content. The Principal Investigator will consider any such comments in good faith, but is under no obligation to incorporate any MRC suggestions.

Option III: Research focused on tobacco and opioid use in Arkansas' rural population.

Purpose: To gather preliminary data or demonstrate proof-of-principle to support the feasibility of a new paradigm or research hypothesis. High quality of innovation and clear potential impact are two key components of this mechanism, with the ultimate goal of providing initial support for research with a strong rationale, resulting in funding leverage from other funding agencies.

Anticipated Number of Grants: 1

Amount per Year: \$9,999

Successful applicants under this RFP may be renewed for an additional year. However, present and future funding is contingent upon the availability of Minority Research Center funds.

Maximum Duration: 2 year

Allowable Direct Costs: Salaries, fringe benefits; supplies; equipment, travel.

Project-Related Travel: As needed (must be fully justified).

Indirect Costs: Not Allowable

Award Requirements:

- Applicants must have a PI-status at the sponsoring institution.
- Awardees are required to commit at least 5% of their research effort each year to activities supported by this award.
- All research must be conducted in Arkansas.
- No advance payments will be made. Grant amounts may be claimed only on a reimbursement basis. A separate financial record must be maintained by the Awardee.
- The Awardee must submit a final report on study results to the MRC within 3 months after the finalization of the study. Reprints of articles, published or in press or copies of draft manuscripts, should be included with all reports. From time to time, the MRC Program Manager may ask for information on study progress.
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Key Dates

RFP Issued

December 13, 2021

Application submission due

February 10, 2022

Awards Period

July 1, 2002- June 30, 2022

How to Submit

Requirements for Submission: Ensure that your proposal falls within the research priorities of the Minority Research Center on Tobacco & Addictions Request for Proposals. Non-human studies and educational programs fall outside of the scope of the MRC 2022-20232 RFP and will not be considered for an award. The application consists of 3 main sections:

- A. MRC Application Form
- B. Budget
- C. Supporting documents

Save proposal as a Word file and email it to sullivane@uapb.edu. Do not convert this application form to a PDF file. Include an abbreviated CV (no more than 5 pages) and a maximum of 5 supporting documents (optional).

Deadline for receipt of proposals is 5:00 PM CST on February 10, 2022.

Applications will be evaluated using the following 100 point scale:

- Research design - 35 points
- Feasibility of accomplishing the project - 20 points
- Investigators' qualifications - 10 points
- Significance of the project to a minority community – 25 points
- Probability for Significant Future Funding – 10 points

Applicants Notification: All applicants will be notified via email by the date noted above. If you have questions regarding this RFP, direct them to Earnette Sullivan, Program Manager at sullivane@uapb.edu.



Minority Research Center has awarded the following 2 proposals for our 2022-2023 RFP:

Principal Investigator:

Dr. Abbie Luzius, Community Development Manager
Community Clinic
614 E Emma Ave. Suite 300
Springdale, AR 72764

Abstract

Title: Assessing Attitudes, Norms, and Behavioral Control Among Minority Populations Using Tobacco Products and Their Attempts at Cessation

Rationale: Tobacco cessation programs or services within healthcare settings are successful, but this is not always true for minority/disparate communities. Tobacco cessation treatment does not always account for the cultural and subjective norms of a patient, the patient's attitudes, and their perceived control over a quitting. **Objective:** The purpose of this study is to assess the impacts of attitudes, norms, and perceived behavioral control of one's ability to utilize tobacco treatment in a healthcare setting, and cessation success rates. **Design:** This study will employ the Reasoned Action Approach (RAA) for multi-phased data collection. Data will be analyzed to identify overall attitudes, subjective norms and perceived control. These findings will inform a multivariate regression analysis to establish the areas that predict one's intention to quit smoking, and compare to the measured success rates as reported.

Setting: This study will take place within a Community Health Center among any of its fifteen locations across Northwest Arkansas. **Participants:** Adults, ages 18 years and older, who identify as Hispanic or Native Hawaiian/Pacific Islander. **Intervention:** Patient's enrolled in the Tobacco Cessation Program will receive counseling from the integrated behavioral health department and a consultation/regular follow-ups with an on-staff Doctor of Pharmacy (Pharm.D.), offering over-the-counter and prescription treatment options. **Measurements:** Patient attitudes, subjective norms, and perceived behavioral control will be measured at three different intervals along with long-term cessation. **Potential Limitations:** Cultural stigmas around the utilization of behavioral health services could pose a limitation to this study.

Principal Investigator:

Dr. Caron Lott,
Philander Smith College
900 West Daisy L. Gatson Bates Drive,
Little Rock, AR 72202

Abstract

Title: African-American college student's attitudes and behaviors about tobacco use during COVID-19.

Rationale:

Tobacco companies target African-American communities (Truth and initiative, 2020). There have been legal challenges to minimize the targeting of minority communities. Unfortunately for communities of color, COVID-19 occurred with devastating effects. African-American smoking rates are smoking much higher at 77.4% than their white counterparts at 23% (American Lung Association, 2020). In Arkansas, the overall smoking rates pre-COVID-19 had fallen to 20% (Aspire Arkansas, 2019).

Due to COVID-19, college students have higher levels of stress (Jacicovic, 2021). Additionally, this stress is causing students to exhibit behaviors and attitudes they have never experienced before. COVID-19 is making it difficult, for college students, who are finding ways to cope.

Smoking is one of the ways they cope with stress. Life has drastically changed as students try to maintain some normalcy. In another study about college students, smoking and COVID-19, smoking decreased, when COVID-19 first occurred, but the amount of smoking was the same (Sokolovsky et.al, 2021). Additionally, it stated when college students were exposed to news stories about COVID-19, smoking tended to increase.

Objective: To understand African-American student's attitudes and behaviors toward tobacco use during COVID-19. **Design:** A Qualitative narrative with a combination of virtual, and in person interviews/focus groups. **Setting:** Philander Smith College students and other African-American Pulaski County college students. **Participants:** 200 African-American traditional (ages 18-24) and non-traditional (ages 25 and up) college students. **Intervention:** Using this study to prevent, minimize and stop smoking. **Measurements:** To include central tendency, measures of variation and frequencies. **Potential Limitations:** Student's time and unwillingness to disclose personal information about the subject.

UNIVERSITY OF ARKANSAS AT PINE BLUFF™



MINORITY RESEARCH CENTER ON TOBACCO & ADDICTIONS

GRANT PROGRESS REPORT –FOR FY 2022-2023

ORGANIZATION: PHILANDER SMITH UNIVERSITY

A Grant Progress Report is required of each grant funded by the Minority Research Center on Tobacco & Addictions. Please complete each question and submit your report on or before September 30, 2023.

1. Research Priority Area: Option II – Research focused on tobacco use and Covid-19 in Arkansas' minority population.

Progress Made to Date:

As of May 30th and after. I have finished the Student Volunteer Research Assistant recruitment. I have been in regular contact with the four (4) institutions I have permission to conduct the research. U of A Little Rock, Shorter College, Philander Smith College and Arkansas Baptist College.

I have been in contact with the some of the institutions' administrators, staff and faculty. Surveys have been distributed and there have been a few surveys completed for the study> I am working with my volunteer assistants working to increase that number tremendously.

Now that I have two (2) hardworking students who will be my volunteer research students working with me, my efforts will increase to complete this study. We are also targeting outside of the institutions individuals in the Pulaski County area to participate as well. All is not lost, the momentum will begin with since I was able to have help to complete this study by the end of the grant year (2023-2024).

Difficulties Encountered:

With all of my institutions listed to conduct the research on campus, I found barriers to student participation. During the summer many faculty were out on summer break and there were less students on campus. When fall semester began at Shorter, they were in transition with their Academic Dean. This slowed progress with getting the surveys out to the students. I met with the new Dean as she had been there a week when I met with her the week of September 11, 2023. She said she would send the surveys out to the faculty.

At the other 3 institutions, it has been difficult to get students to participate. They are having trouble with students participating with on campus information they already distribute to the students. I will continue to work hard to have the numbers increased.

Modifications/Improvements:

I am going to modify my efforts with the surveys to be completed by meeting with individual faculty to help me with getting their students involved.

Communicating more to the institutions and individual faculty/staff regarding the study will help. I will do more of that in the coming weeks.

Will the research aims be met by June 30, 2024: Yes () No () If no, explain.

2. From July 1, 2022 to date, indicate how funding received from the Minority Research Center on Tobacco and Addictions have impacted the target population identified in your original proposal.

So far we have not expended the budget and still working toward the needs of getting the surveys out. I have used supplies, but have borrowed it from the PSU, I have not used the supply budget as of yet. I plan to buy supplies once the new funding comes through. The volunteer student researchers were just chosen, therefore that expense has not been taken out of the budget.

I did need to increase the stipend for my students since I have only 2 students and not 6 students. They are deserving of it as they are honor roll students and are very excited and motivated to conduct research with

me. There was an email sent last week with the revised budget requesting the amount be used for only two students instead of 6 students, due to low interest in recruiting efforts.

3. Identify the progress made toward significant future funding

Additional funding:

I have people who have said they would like to partner with me regarding this study in the future to have the research results to help them in advocating for decreasing tobacco use with their African-American students. It is in the infancy stage and more talks have to be had to determine what the future holds for partnerships and more research with the target population of traditional and nontraditional students who are African-Americans.

Keeping qualified staff:

The student volunteer assistants I believe will be worker bees and help a great deal to reach the intended goal to complete this study.

Leveraging resources:

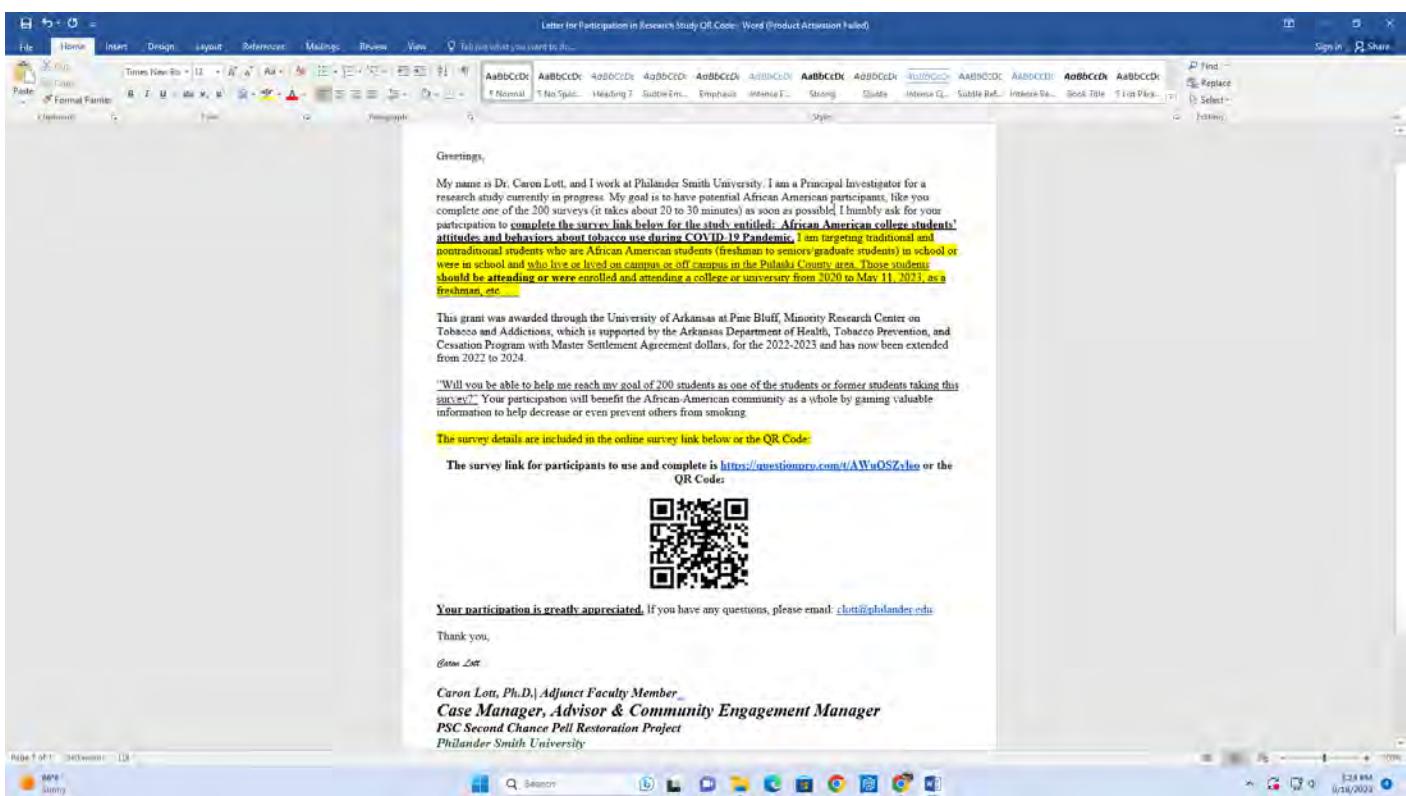
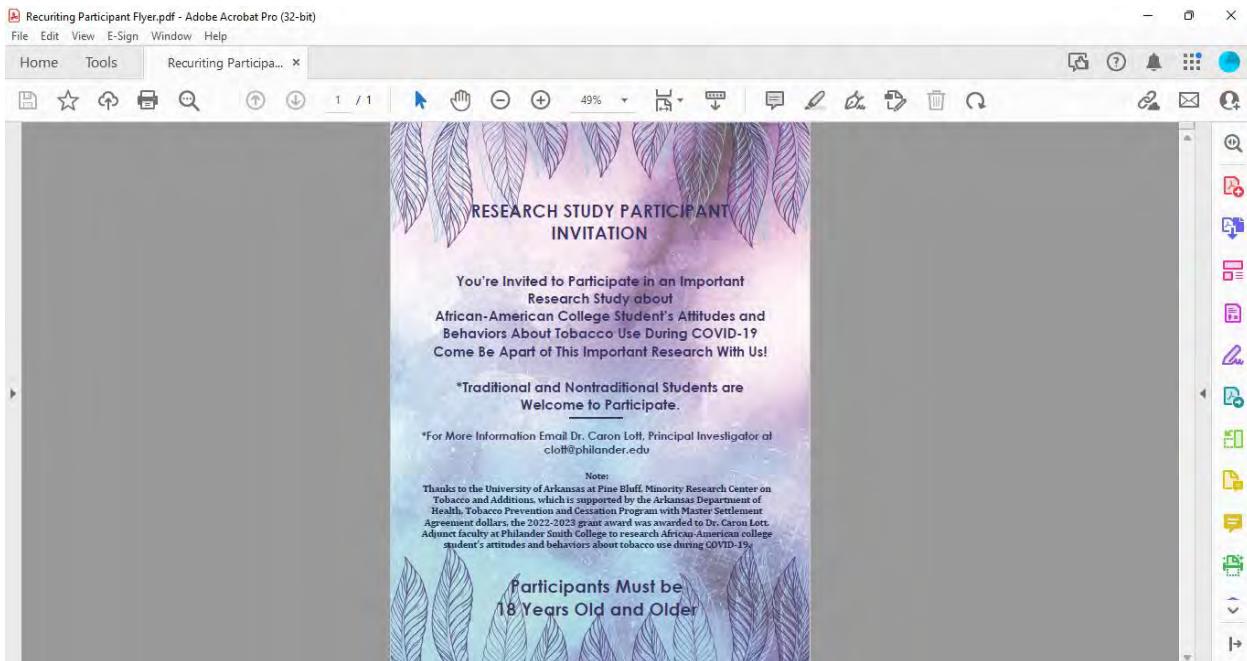
I have been using the people I know at the institutions to ask them to assist with having students complete the surveys for this study.

Incorporating services with programs that have a similar mission:

n/a

4. From July 1, 2022 to date, what marketing tools have been used to promote your grant? (Please provide copies and examples of any materials produced as a result of delivery of grant funds and sub-grantee activities.)

See the screen shots below, this is what I used to recruit participants.



- 5. From July 1, 2022 to date, what barriers did you face in implementing your activities during this fiscal year? As you continued to navigate during COVID-19, what adjustments were made to combat those barriers?**

There was a delay with the PSC (now PSU) IRB the committee meeting in timely manner to approve my research study. They were able to finally meet and my research was approved the close to the end of spring semester in 2022. The funding did not arrive to later for this grant.

Another issue was about meeting with the institutions and asking permission through their IRBs; it took a while to get cleared to conduct research on their campuses.

Recruiting students interested in being volunteer research assistants was a task too. Students did not jump at the opportunity, and therefore I did not receive as many assistants as hoped. I do have two (2) hardworking and reliable students who will be good, as well as motivated to accomplish our goal of completing this study by the deadline.

- 6. From July 1, 2022 to date, please provide any “lessons learned.”**

Some of the issues were beyond my control. The issues I could control, I think that if I would have been more proactive with the contacts I made initially to get these surveys distributed this process would have been faster as it relates to securing participants for the surveys.

Building a relationship with the students through their faculty would have been more helpful to start that process at the beginning, instead of waiting. Having a gathering of the faculty/staff at the institutions to educate them on the research study would have helped for them to find out the importance of this study. It would have been helpful for them to convey the same message to their students as I indicated in the marketing material used. This could have been a major help. The faculty hold the students captive every time they are in class and that is the best opportunity to have the students complete the surveys.

UNIVERSITY OF ARKANSAS AT PINE BLUFF™



MINORITY RESEARCH CENTER ON TOBACCO & ADDICTIONS

GRANT PROGRESS REPORT –FOR FY 2022-2023

ORGANIZATION: COMMUNITY CLINIC'S CENTER FOR RESEARCH, EDUCATION, AND OUTREACH (CREO)

A Grant Progress Report is required of each grant funded by the Minority Research Center on Tobacco & Addictions. Please complete each question and submit your report on or before September 30, 2023.

1. **Research Priority Area:** Assessing Attitudes, Norms, and Behavioral Control Among **Minority Populations** Using **Tobacco Products and Their Attempts at Cessation**

Progress Made to Date:

To date, CREO was able to create and implement a sustainable bilingual Tobacco Cessation program, which created an accessible priority population to complete the first phase of data collection. This phase collection qualitative data from a pre-developed open-ended questionnaire that is based on the recommendations of the Reasoned Action Approach (RAA) creator, Martin Fishbein. From this first phase of collection, researchers coded and completed a thematic analysis to interpret the commonalities among tobacco users seeking tobacco cessation services.

The next steps that were taken include the development of a close-ended survey in multiple languages to be deployed beyond the small sample that was included in the first phase. While the tool has been developed, the execution of the final survey has been suspended at this time.

Difficulties Encountered:

The start of a new program always creates a level of dissonance among the clinical teams that refer for new services, and the same goes for patients who are unaware of who something will function. Further, recruitment created a burden in the timeline to complete the first phase due to the voluntary nature of participation. Finally, the capacity of the both the research team and the clinical team was strained and made it difficult to reach saturation in a timely manner.

Modifications/Improvements:

To expedite the progress of the first phase of this project, new work flows were created among the clinical teams to add another layer of oversight ensuring that as many eligible patients were being reached as possible. This modification created an easier process that streamlined the referral, eligibility screening, survey execution, translation (when needed), and reporting processes.

Will the research aims be met by June 30, 2024: Yes () No () If no, explain.

2. From July 1, 2022 to date, indicate how funding received from the Minority Research Center on Tobacco and Addictions have impacted the target population identified in your original proposal.

The funding from the MRC has created an opportunity for the target population identified in this study by threefold. First, the funding initiated a system wide service offering for tobacco cessation services that created an evidence-based opportunity for every patient at Community Clinic to receive behavior change counseling and support services. Second, the funding created a mechanism to indirectly support the target population by funding the research project that not only implemented the new cessation services, but evaluates the impacts in a way that leads to better care for all. Finally, a financial incentive was offered for individual participation in the study, which not only offers small economic relief but also results in potentially life-saving services through tobacco cessation.

3. Identify the progress made toward significant future funding

Additional funding:

While future funding has not yet been secured, great strides have been made in creating a stable and accessible service that works to prevent poor health outcomes due to tobacco use. Moving forward, through grassroots efforts and word of mouth, Community Clinic will work to grow the program, and increasing sustainability through patient fees. The success of this program through this research will demonstrate to community leaders the efficacy of a community health center based approach.

In the next two years, researchers plan to apply for R21 funding through the National Institute of Health and Health Disparities to grow this original research and expand on the tobacco burden and related health behaviors that impact minority health outcomes.

Keeping qualified staff:

We have a team of culturally competent, community connected care teams that work in various capacities throughout the clinic system in part recruiting and suggesting cessation services, simultaneously holding a leadership role in their own community outside of work with their involvement in Community Clinic's tobacco cessation efforts.

CREO has begun working to grow its financial security through multiple streams to ensure the employment of its highly qualified staff.

Leveraging resources:

CREO and Community Clinic as a whole have a long history of leveraging our relationships with community partners to ensure no duplication of services as well as reaching the largest net of eligible patients/participants with organizations like ACOM, MEI, and HWOA.

Incorporating services with programs that have a similar mission:

Community Clinic and its newer research endeavors through CREO strive to not duplicate the services of others whom could benefit our patient population and often finds complimentary services and research projects with our partners at UAMS, though at this time, no tobacco related projects exist.

- 4. From July 1, 2022 to date, what marketing tools have been used to promote your grant? (Please provide copies and examples of any materials produced as a result of delivery of grant funds and sub-grantee activities.)**

Because this grant was used to fund the study that promoted the tobacco cessation services at Community Clinic, the only promotion that was done outside of word of mouth was a general flyer to advertise the Cessation Program itself. While the funding from the MRC was for the study of minority utilization of the program, this project influenced the clinic to upkeep this important and necessary program for all of Community Clinic's patients and therefore the creation and purchase of 'TCP' flyers were made. See page 5.

- 5. From July 1, 2022 to date, what barriers did you face in implementing your activities during this fiscal year? As you continued to navigate during COVID-19, what adjustments were made to combat those barriers?**

There are always many barriers to implementing new programs and this remains no different at Community Clinic, a large Federally Qualified Health Center. Establishing a culturally competent, bilingual, multidisciplinary team to serve a diverse group of patients takes time and planning. To combat those barriers, researchers collaborated with the Behavioral Health Director, who championed this initiative with the organization's leadership.

Finally, recruitment for any research project can be challenging, but with the right training of support staff to identify eligible patients expedites the recruitment phase to capture those participants. Additionally, recruitment was difficult because a 17 site medical system was a challenge to get face time with all care teams, thus we saw a disproportionate referral rate or lack thereof from some teams. To solve for this, reminders of the tobacco cessation program and the research study were sent out via email, mentioned in director and manager level meetings, and flyers were created.

- 6. From July 1, 2022 to date, please provide any "lessons learned."**

The most important lesson learned from the researcher was the need to better estimate timelines. This includes how long it will take to start a new tobacco cessation program, to train research assistants on recruitment, the completion of recruitment and time for data analyzation. The goals for this project were not unattainable, but it is clear that the amount of resources to complete this project fully in the grant period was insufficient and underestimated.



TOBACCO CESSATION PROGRAM

El programa para dejar de fumar proporciona un equipo de proveedores médicos, consultores de salud del comportamiento, y especialistas certificados en el tratamiento del tabaco. Este equipo se compromete a recetar un plan de tratamiento efectivo y eficiente que satisfaga las necesidades de cada paciente.

QUE SE PUEDE ESPERAR

- Una evaluación medica
- Asesoramiento individual
- Establecimiento de Metas
- Educación sobre la salud relacionada con el Tabaco
- Citas regulares por teléfono o zoom

¿ESTÁS LISTO PARA DEJAR DE FUMAR?

communityclinic
ccnwa.org



TOBACCO CESSATION PROGRAM

Community Clinic's Tobacco Cessation Program provides a team of medical providers, behavioral health consultants, and certified tobacco treatment specialists able to work with each patient to individualize an effective and efficient treatment plan to meet the whole persons' individual recovery needs.

WHAT TO EXPECT

- Medical Assessment
- Individual Counseling
- Goal Setting
- Tobacco-related Health Education
- Regular follow-up via phone call or zoom

ARE YOU READY TO QUIT?

communityclinic
ccnwa.org



November 3, 2023

To: Dr. Marian Evans | MISRGO
From: Stephanie Jackson | The Design Group
CC:
Re: **Pregnancy and tobacco use op-ed**

Pregnancy and tobacco use

Pregnancy is a critical time for both the mother and her developing child, and it is essential that women take extra care of their bodies during this period. Unfortunately, despite the well-documented risks, smoking during pregnancy remains a significant problem, particularly among Black and Hispanic women. This underscores the need for targeted efforts to combat this dangerous trend.

Simply put—it's dangerous to smoke while pregnant. The nicotine and other chemicals in tobacco can reduce the amount of oxygen that the baby receives, leading to serious health problems such as low birth weight, premature birth, and sudden infant death syndrome, or SIDS. In addition, smoking during pregnancy increases the risk of several health conditions for the mother, including complications during delivery and postpartum depression. However, many women continue to smoke. The Centers for Disease Control and Prevention (CDC) estimates of tobacco use before and during pregnancy showed one in 14 women who gave birth in the United States reported smoking during pregnancy, and they're highest among minority women.

The reasons for this disparity are complex and multifaceted. Research has shown that factors such as stress, poverty, and limited access to healthcare can contribute to higher rates of tobacco use among Black women. In addition, the tobacco industry has a long history of targeting communities of color with aggressive marketing campaigns, making it more difficult for Black women to quit smoking.

But, together with policy makers, physicians, community, and expectant mothers, we can take a comprehensive approach to address the root causes of this problem—through better access to high-quality healthcare, including prenatal care, and resources to help women quit smoking.

First and foremost, it is essential to ensure that all women have access to prenatal care. It can help identify and address any health issues early on. Women who receive prenatal care are more likely to quit smoking and make other positive lifestyle changes during pregnancy. And the American College of Obstetricians and Gynecologists recommends that healthcare providers screen all pregnant women for tobacco use and provide counseling and nicotine replacement therapy as needed.

In addition to prenatal care, it's critical to provide resources and support to help pregnant women quit smoking. This can include access to nicotine replacement therapy, counseling, and other evidence-based interventions. Through the Minority Initiative Sub-Recipient Grant Office, we provide grant funding annually to assist organizations in meeting the specific needs of Black and Hispanic women in our state. It is also imperative that pregnant women who need help to quit know this number to call to find help: 1-800-283-Well.

Finally, we must address the factors that contribute to higher rates of tobacco use among Black women. This includes addressing poverty, discrimination, and other social determinants of health that can make it more difficult for women to access healthcare and quit smoking. The American Lung Association has highlighted the need to address these factors in order to improve health outcomes for marginalized communities.

Tobacco use during pregnancy is a serious public health issue that threatens the life and health of both the developing child and the mother. By providing access to comprehensive prenatal care, resources to help women quit smoking, and addressing the contributing factors to higher rates of tobacco use among minority women, we can help expectant mothers put down the cigarettes and increase the health and wellbeing of all mothers and their children across our state.

Centers for Disease Control and Prevention: Smoking and Pregnancy:

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/>

American College of Obstetricians and Gynecologists: Tobacco, Alcohol, Drugs, and Pregnancy:

<https://www.acog.org/womens-health/faqs/tobacco-alcohol-drugs-and-pregnancy>

Arkansas Department of Health: Maternal and Infant Health:

<https://www.healthy.arkansas.gov/programs-services/topics/maternal-and-infant-health>

American Lung Association: State of Tobacco Control:

<https://www.lung.org/research/sotc/state-grades/arkansas>

World Health Organization: Social Determinants of Health:

https://www.who.int/social_determinants/en/

National Academies of Sciences, Engineering, and Medicine: Communities in Action: Pathways to Health Equity: <https://www.nap.edu/catalog/24624/communities-in-action-pathways-to-health-equity>

Tobacco products and opioids

Tobacco products and opioids are two of the most widely used addictive substances in the world. In the United States, Arkansas is one of the states with the highest rates of tobacco use and opioid addiction. The concerning link between these two substances has become increasingly apparent in recent years, as many individuals who are addicted to opioids also use tobacco products.

Tobacco use has long been recognized as a major public health concern, and for good reason. According to the Centers for Disease Control and Prevention (CDC), tobacco use is the leading cause of preventable death in the U.S., responsible for approximately 480,000 deaths each year. . In Arkansas, over 5,800 adults die from smoking related illnesses each year. Despite the well-known risks associated with tobacco use, many individuals in Arkansas continue to smoke or use other tobacco products.

Opioid addiction, on the other hand, has become a more recent crisis in the United States, with millions of people becoming addicted to prescription opioids, heroin, and synthetic opioids such as fentanyl. According to the National Institute on Drug Abuse, opioid addiction claimed the lives of nearly 50,000 Americans in 2019, and Arkansas has not been immune to this epidemic. In fact, the state has some of the highest rates of opioid prescribing and opioid-related deaths in the U.S..

While tobacco and opioid addiction are often discussed separately, there is a growing recognition that these two substances are closely linked. In fact, research has shown that people who are addicted to opioids are much more likely to also use tobacco products than the general population. One study published in the peer-reviewed research journal *Addiction* found that over 80% of people in treatment for opioid addiction were also tobacco users.

There are a number of reasons why tobacco and opioid addiction may be linked. One possibility is that nicotine, the addictive substance found in tobacco, can actually increase the effects of opioids in the brain, leading to a greater likelihood of addiction. Another possibility is that individuals who are predisposed to addiction may be more likely to become addicted to both substances. Additionally, smoking and opioid use may be associated with certain environmental or social factors, such as poverty or mental illness.

Regardless of the reasons for the link between tobacco and opioid addiction, it is clear that addressing both of these issues simultaneously is essential to improving public health. In Arkansas, there are several strategies that can be taken to reduce the rates of tobacco and opioid use. One important strategy is to improve access to evidence-based treatments for both addiction and chronic pain, such as medication-assisted treatment (MAT) for opioid addiction and nicotine replacement therapy (NRT) for tobacco addiction. This can help individuals who are struggling with addiction to achieve long-term recovery.

Another strategy is to increase public education and awareness about the dangers of tobacco and opioids. This can involve targeted campaigns to reach high-risk populations, such as teenagers and individuals with a history of substance use disorders. It can also involve efforts to reduce the stigma associated with addiction and encourage individuals to seek help when they need it.

Tobacco and opioid addiction are two major public health issues in Arkansas and throughout the U.S. The link between these two substances is increasingly recognized, and addressing both issues simultaneously is essential to improving public health. By improving access to evidence-based treatments, increasing public education and awareness, and enacting evidence-based policies, we can reduce the rates of tobacco and opioid addiction in Arkansas and help those affected achieve long-term recovery. If you find yourself addicted to tobacco, contact 1-800-283-WELL to speak to someone who can help you stop smoking.

Centers for Disease Control and Prevention (CDC). (2021). Smoking & Tobacco Use: Fast Facts. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

Centers for Disease Control and Prevention (CDC). (2019). Extinguishing the Tobacco Epidemic in Arkansas. <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/arkansas/index.html>
National Institute on Drug Abuse. (2021). Overdose Death Rates. <https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates>

Arkansas Department of Health. (2021). Arkansas Drug Overdose Data. <https://www.healthy.arkansas.gov/programs-services/topics/arkansas-drug-overdose-data>

Buckland, R., Williams, M., & Veronese, N. (2019). Cigarette smoking is associated with unhealthy patterns of opioid use among US adults. *Addiction*, 114(8), 1439-1447. doi: 10.1111/add.14624

Gubner, N. R., Zaller, N. D., Gill, M., Rich, J. D., & Winkelmann, T. N. A. (2020). Tobacco use and its association with illicit drug use among persons who use opioids illicitly: A systematic review. *Nicotine & Tobacco Research*, 22(10), 1691-1699. doi: 10.1093/ntr/ntaa024

National Institute on Drug Abuse. (2021). Medications to Treat Opioid Use Disorder. <https://www.drugabuse.gov/publications/research-reports/medications-to-treat-opioid-use-disorder>

Fiore, M. C., Jaén, C. R., & Baker, T. B. (2008). Treating tobacco use and dependence: 2008 update. Clinical practice guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

Campaign for Tobacco-Free Kids. (2021). Tobacco Taxes in the United States. <https://www.tobaccofreekids.org/assets/factsheets/0097.pdf>

National Conference of State Legislatures. (2021). Prescription Drug Overdose: State Laws. <https://www.ncsl.org/research/health/prescription-drug-overdose-state-laws.aspx>

Vaping and menthol-flavoring

The rise of vaping in recent years has been alarming, particularly among young people. Vaping, or using electronic cigarettes (e-cigarettes), has been touted by some as a safer alternative to traditional smoking, but the truth is that it is far from harmless. In fact, the dangers of vaping are becoming increasingly clear as more and more studies are conducted.

One of the most concerning aspects of the rise of vaping is the way in which it is being marketed to young people. Flavored e-cigarettes, particularly those with menthol flavoring, are often used to attract youth to vaping. This is a deeply concerning trend that needs to be addressed if we want to protect our children from vaping's harmful effects.

It's not just young children at risk from the ill effects of e-cigarettes, as pregnant women and their unborn baby can be negatively affected by the mother's vaping habit. [According to a recent article in the New York Post](#), an expectant mother from Little Rock admits on TikTok to being addicted e-cigarettes and not only vaping during her first pregnancy, but during her current second pregnancy as well. The perception that vaping e-cigarettes are a much safer alternative to smoking traditional, tobacco-burning cigarettes is deceiving and is backed up by research data from various sources. The Centers of Disease Control and Prevention states that nicotine and the flavorings from e-cigarettes can negatively affect pregnant women and their developing babies by damaging the baby's brain and lungs.

The use of menthol flavoring in e-cigarettes is especially troubling because it has long been used to make traditional cigarettes more appealing to young people. Menthol cigarettes have been found to be more addictive than non-menthol cigarettes, and they are also more appealing to young people who are just starting to experiment with smoking. This is why the use of menthol flavoring in e-cigarettes is so concerning: it is essentially just another way to market a dangerous product to young people.

The dangers of vaping are not just theoretical; they are very real and are impacting communities across the country. In Arkansas, for example, the use of e-cigarettes has been on the rise among young people in recent years. The rise of vaping in Arkansas has not gone unnoticed by public health officials.

According to a report from the Arkansas Department of Health, the percentage of high school students in the state who reported using e-cigarettes significantly increased from 16.7% in 2017 to 23.1% in 2019. In 2019, the state became the first in the country to ban the sale of flavored e-cigarettes. This was an important step in the right direction, but more needs to be done to address the root causes of the problem.

One of the reasons why e-cigarettes are so appealing to young people is that they are often marketed as a safer alternative to traditional smoking. This is a myth that needs to be dispelled if we want to protect our children from the dangers of vaping. E-cigarettes may not contain the same harmful chemicals as traditional cigarettes, but they still contain nicotine, which is highly addictive and can have serious health consequences.

Another reason why e-cigarettes are so appealing to young people is that they are often marketed as a way to rebel against authority. The use of e-cigarettes has become a kind of social signaling among young people to show they are cool or edgy. This is a deeply troubling trend that needs to be addressed if we want to protect our children from the dangers of vaping.

So what can be done to address the problem of vaping among young people? There are a number of steps that can be taken, but perhaps the most important is to continue to educate young people about the dangers of vaping. We need to make sure that young people understand that e-cigarettes are not a safe alternative to traditional smoking, and that they can have serious health consequences.

In addition to education, we need to continue to take steps to limit the availability of e-cigarettes to young people. This can be done through policies such as banning the sale of flavored e-cigarettes or raising the legal age at which people can purchase e-cigarettes.

Ultimately, the rise of vaping among young people is a deeply troubling trend that needs to be addressed if we want to protect our children from the dangers of nicotine addiction. The use of menthol flavoring in e-cigarettes is just one of many ways this dangerous product is being marketed to our youth, and it is up to all of us to take action to protect our children.

If you find yourself addicted to tobacco, contact 1-800-283-WELL to speak to someone who can help you stop smoking.

Arkansas Department of Health report: "2022 Tobacco Data Deck""

https://www.healthy.arkansas.gov/images/uploads/pdf/2022_Tobacco_Data_Deck.pdf

Editorial staff. (2022, September 23) "The Science Behind the Addictiveness of Menthol." Each Breath.

<https://www.lung.org/blog/menthol-addiction>

Grace, Asia. (2023, February 17) I'm pregnant and still vaping – stop shaming me for it. *New York Post*.

<https://nypost.com/2023/02/17/im-pregnant-and-still-vaping-stop-shaming-me-for-it/amp/>

Centers for Disease Control and Prevention (CDC) E-Cigarettes and Pregnancy.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/e-cigarettes-pregnancy.htm>

U.S. Food & Drug Administration. (2020, January 02). *FDA finalizes enforcement policy on unauthorized flavored cartridge-based e-cigarettes that appeal to children, including fruit and mint.* [Press Release]

<https://www.fda.gov/news-events/press-announcements/fda-finalizes-enforcement-policy-unauthorized-flavored-cartridge-based-e-cigarettes-appeal-children>

Centers for Disease Control and Prevention (CDC) Smoking & Tobacco Use.

<https://www.cdc.gov/tobacco/>

World Health Organization (WHO) report on the health effects of e-cigarettes

<https://www.who.int/news-room/q-a-detail/e-cigarettes-how-risky-are-they>

American Heart Association (AHA) report on the health effects of e-cigarettes

<https://www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco/is-vaping-safer-than-smoking>

Thirdhand smoke

Thirdhand smoke is a relatively new concept that has gained attention in recent years. It refers to the residual tobacco smoke that lingers on surfaces and in the air long after a cigarette has been extinguished. This lingering smoke can have serious health effects, particularly for children and non-smoking adults who are exposed to it. In Arkansas, as in many other states, there is a growing concern

about the dangers of thirdhand smoke and the need for increased public awareness and action to address this issue.

The effects of thirdhand smoke continue to be studied, but research has shown that it can be harmful to human health. The residue from tobacco smoke can contain more than 250 chemicals, many of which are known carcinogens. When these chemicals are inhaled or ingested, they can cause a range of health problems, including cancer, respiratory illnesses, and cognitive and behavioral issues. According to the Cleveland Clinic, one study found that exposure to thirdhand smoke may cause breaks and damage in human DNA. In addition to the health risks, thirdhand smoke can also leave a foul smell on surfaces, clothes, and furniture, making it unpleasant and difficult to remove.

While the dangers of thirdhand smoke are becoming better known, many people are still unaware of the risks. In order to address this issue, it is important for public health officials to increase education and awareness efforts. This could include public service announcements, educational campaigns in schools and community centers, and targeted outreach to high-risk populations such as pregnant women and families with young children.

In addition to education and awareness efforts, there is also a need for stronger policies to address thirdhand smoke. This could include laws requiring landlords to disclose whether a property has been previously occupied by smokers, as well as regulations mandating that all rental properties be thoroughly cleaned and decontaminated before new tenants move in. It could also include stricter regulations on smoking in public spaces, such as parks and beaches, where thirdhand smoke can accumulate and affect non-smoking individuals.

The dangers of thirdhand smoke are real and can have serious health consequences. While there is still much to be learned about this issue, it is clear that action is needed to protect the health and well-being of Arkansas residents. By increasing awareness and implementing stronger policies to address thirdhand smoke, we can ensure that everyone has the right to breathe clean air and live in a safe and healthy environment. It is time for Arkansas, and all states, to take this issue seriously and take action to protect the health of their residents.

If you find yourself addicted to tobacco, contact 1-800-283-WELL to speak to someone who can help you stop smoking.

American Lung Association. (2022). What is Thirdhand Smoke?

<https://www.lung.org/getmedia/94cf9865-ff8c-498b-96b9-564fde8efbd7/ala-thirdhand-smoke-aa-v2.pdf>

Centers for Disease Control and Prevention. (2022). Health Effects of Secondhand Smoke.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm

[Cleveland Clinic. \(2021, August 19\). The Dangers of Thirdhand Smoke – Especially to Children and Those Who Don't Smoke.](https://www.clevelandclinic.org/secondhand-smoke/)

<https://www.clevelandclinic.org/secondhand-smoke/>

Arkansas Children's Blog. Ask the Expert: The Dangers of Secondhand and Thirdhand Smoke. (2019, July 14).

<https://www.archildrens.org/blog/ask-the-expert-the-dangers-of-secondhand-and-thirdhand-smoke>

Mayo Clinic. (2022). Thirdhand smoke: What are the dangers? Retrieved from

<https://www.mayoclinic.org/healthy-lifestyle/adult-health/expert-answers/third-hand-smoke/faq-20057791>

Minority Initiative Sub-Recipient Grant Office (MISRGO)

The mission of the Minority Initiative Sub-Recipient Grant Office is to reduce tobacco use in minority communities. This will result in a reduction in the negative social, health and economic impact of tobacco use, the single most preventable cause of death and disease today.



UNIVERSITY OF ARKANSAS AT PINE BLUFF™



Minority Research Center
On Tobacco & Addictions

WHO WE ARE:

Since its inception in 2002, the MISRGO at UAPB and its sub-recipient agencies have been at the forefront in the fight to eliminate the negative effects of tobacco in Arkansas' minority communities. The results of these tobacco prevention and cessation interventions can be seen through the works of these grassroots organizations, in the areas of policy change, youth engagement, community engagement and mass health communications. We look forward to working with organizations that take the health effects of tobacco seriously and show a passion for achieving results as well as making a difference in their communities.

Minority Research Center On Tobacco & Addictions (MRC)

The mission of the Minority Research Center is to provide assistance to the state and nation in tobacco and other substance abuse research, prevention, education, technical assistance and evaluation, especially in regard to minority populations (Blacks, Hispanics, Marshall Islanders, and Asians.)

WHO WE ARE:

In 2011, leadership of the University of Arkansas at Pine Bluff 15% Set-A-Side Committee implemented the vision of a facility that would house all information and best practices regarding the impact of tobacco and addictions within minority communities.

This vision was soon translated into the Minority Research Center on Tobacco & Addictions (MRC).

PRESENTERS:



GENINE LATRICE PEREZ

CERTIFIED PREVENTION CONSULTANT

REGION 9

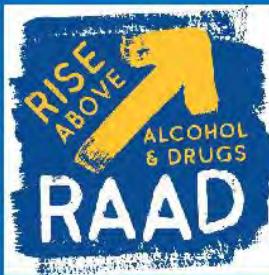
CONTACT

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• (501) 372-4242 ext. 752

• www.helpingfamiliesfirst.org

628 W. Broadway Street North
Little Rock, AR 72114

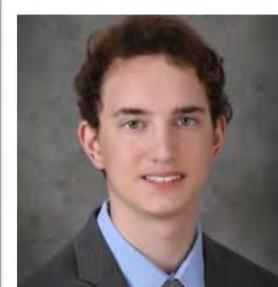


Genine devotes herself altruistically to serving her community as well as the state of Arkansas. She is an educator, motivational speaker, entrepreneur, leader, and visionary. Genine has committed her life to empowering people to thrive even if the environment dictates otherwise. Although she is dedicated to helping people from all walks of life, she is principally passionate about providing an excellent service to youth. As such with her musical craft, she has been listed on the Arkansas Arts Council Artist in Education (AIE) roster since 2005. Her AIE residency workshop invites students into the world of Jazz through historical accounts using music, creative writing, and dramatizations, while sharing key messages on the importance of good decision-making, dreaming the impossible dream, and maintaining a healthy lifestyle.

She works as a full-time prevention specialist for the Region 9 Regional Provider at Family Service Agency. She teaches prevention & literacy at an after school program, a proud matriculate of the University of Arkansas at Little Rock (UALR) where she received a Bachelor of Liberal Arts Degree and a Masters of Arts Degree in Professional and Technical Writing. She is an adjunct composition and business-writing instructor at UALR.

Not only is she an artist, educator, and community activist, she's a dream chaser and finds it comforting to help others fulfill their dreams. Thus, Purple Palace Productions has become her way of showing support to those who are breaking into entertainment, music, and the arts. Purple Palace Productions is where the love of people, support of the arts, and the uplifting of spirits is priority. She works hard to ensure that the venue, audience and the artists have a royal experience from start to finish.

Lastly, but not least, Genine is the proud mother of four children: Emmanuel, Olivia (deceased), Sophia, and Isabella, and one grandchild: Ximena. Above all, Miss Perez Loves the Lord and at any time you will catch her telling the world that #Daddyisdope!



Daniel Ament

As a junior at Grosse Pointe North High School, Daniel excelled in academics and athletics. Daniel's ultimate goal was to attend the U.S. Naval Academy located in Annapolis, Maryland, and then pursue a career in the military as a Navy Seal.

All that changed on September 5, 2019, when Daniel became very ill as a result of a severe illness due to vaping. He was 16 years old. After spending 29 days on life support, Daniel faced imminent death prior to receiving the gift of life with the first double lung transplant in the world from a vaping related illness on October 15, 2019. While Daniel is doing well, full recovery from a lung transplant can take months.

Today, Daniel is committed to sharing his story publicly and launching a non-profit organization that will encourage young people to live a healthier and happier lifestyle and improve overall mental wellness with training for counselors, coaches and parents to provide alternatives for coping with the pressures of being a teenager void of substances.