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R E P O R T



Evaluation of the Arkansas Tobacco Settlement Program

Progress During 2006 and 2007

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Prepared for the Arkansas Tobacco Settlement Commission

The research described in this report was sponsored by the Arkansas Tobacco Settlement Commission under Contract No. 4500160544. The research was conducted in RAND Health, a division of the RAND Corporation.

Library of Congress Cataloging-in-Publication Data

Evaluation of the Arkansas Tobacco Settlement Program : progress during 2006 and 2007 / Dana Schultz ... [et al.].

p. cm.

Includes bibliographical references.

ISBN 978-0-8330-4626-0 (pbk. : alk. paper)

1. Smoking cessation—Government policy—Arkansas—Evaluation. 2. Tobacco industry—Health aspects—Arkansas. 3. Tobacco industry—Law and legislation—Arkansas. 4. Health promotion—Arkansas. 5. Arkansas Tobacco Settlement Commission—Evaluation. 6. Remedies (Law) I. Schultz, Dana (Dana J.) II. Arkansas Tobacco Settlement Commission.

[DNLN: 1. Arkansas Tobacco Settlement Commission. 2. Smoking Cessation—methods. 3. Health Policy 4. Health Promotion—methods 5. Program Evaluation 6. Tobacco Industry—legislation & jurisprudence 7. Outcome Assessment (Health Care) 8. Tobacco Use Disorder—prevention & control 9. Smoking—prevention & control 10. Arkansas WM 290 E9192 2008]

RA447.A7E932 2008

338.4'7616865061009767—dc22

2008051947

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Published 2008 by the RAND Corporation

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SUMMARY

The Master Settlement Agreement (MSA), the historic agreement that ended years of legal battles between the states and the major tobacco companies, was signed on November 23, 1998. Under the terms of the MSA, Arkansas has a 0.828 percent share of the payments made to participating states over the next 25 years. Arkansas is unique in the commitment made by both elected officials and the general public to invest its share of the tobacco settlement funds in health-related programs. The Arkansas Tobacco Settlement Proceeds Act of 2000 (referred to hereafter as the Initiated Act), a referendum passed by the voters in the November 2000 election, specifies that the Arkansas tobacco funds are to support seven health-related programs:

- Tobacco Prevention and Cessation Program (TPCP)
- College of Public Health (COPH)
- Delta Area Health Education Center (Delta AHEC)
- Arkansas Aging Initiative (AAI)
- Minority Health Initiative (MHI)
- Arkansas Bioscience Institute (ABI)
- Medicaid Expansion Programs (MEP).

The Initiated Act was explicitly aimed at the general health of Arkansans, not just at the consequences of tobacco use. Only one of these programs, TPCP, is completely dedicated to smoking prevention and cessation; it does, however, receive about 30 percent of Arkansas' MSA funds. Some programs primarily serve short-term health-related needs of disadvantaged Arkansas residents (Delta AHEC, AAI, MHI, MEP); others are long-term investments in the public health and health research knowledge infrastructure (ABI, COPH).

The Initiated Act also created the Arkansas Tobacco Settlement Commission (ATSC) and gave it the responsibility for monitoring and evaluating the performance of the funded programs. As part of its evaluation function, the ATSC contracted with the RAND Corporation to serve as the external evaluator. RAND was charged with performing a comprehensive evaluation of the progress of the programs in fulfilling their missions, as well as the programs' effects on smoking and other health-related outcomes.

This report is the third official biennial report from the RAND evaluation. The report updates the information and assessments provided in our first and second biennial reports submitted to the ATSC in 2004 and 2006. Using the evaluation methods described in Chapter 1 and Appendix B, the present evaluation is designed to address the following research questions:

- Have the funded programs achieved the goals that were set for them for the past two years?
- How did the programs respond to the recommendations made in earlier evaluations?
- How do actual costs for new activities compare to the budget; what are the sources of any variances?
- What effects do the funded programs have on improving the health of Arkansans, in terms of smoking behavior, health outcomes related to tobacco use, and other health outcomes addressed by the programs?

The answers to these questions serve to generate recommendations for how the programs, the ATSC, and other Arkansas agencies might better fulfill the aims of the Initiated Act.

SUMMARY OF PROGRAM PERFORMANCE THROUGH 2007

Achievement of Initiation and Short-Term Goals Specified by the Act

The Initiated Act states basic goals to be achieved by the funded programs through the use of the tobacco settlement funds. It also defines indicators of performance for each of the funded programs—for program initiation and short- and long-term actions. In our prior reports, we reported our conclusion that TPCP, COPH, Delta AHEC, AAI, and ABI had achieved their initiation goals and short-term goals.

The MEP have now achieved their initiation goal because the ARHealthNetworks expansion program has been launched after receiving approval from the federal Centers for Medicare and Medicaid Services (CMS). They have also largely achieved their short-term goals of increasing the number of participants in the expanded programs, although there have been fluctuations in enrollment over time, particularly for the pregnant women’s program.

MHI has also now achieved the short-term goals specified in the Initiated Act: (1) prioritize the list of health problems and planned intervention for minority population(s); and (2) increase the number of Arkansans screened and treated for tobacco-related illnesses. Following RAND’s recommendation, MHI conducted several planning sessions to develop a list of potential programs. It terminated the hypertension screening and treatment programs and is now implementing a cadre of programs that focus on connecting individuals to already existing health resources, facilitating the development of policies to increase access to treatment, increasing prevention activities in the state, and facilitating the implementation and translation of research that can inform the development of public health programs.

Program Progress on Long-Term Goals Specified by the Act

The Initiated Act also specifies long-term goals for the programs supported by the tobacco settlement funds. These goals target “ultimate” outcomes for the improvement of the health and well-being of Arkansans, which are expected to take years to accomplish. In addition, the stated goals do not have measurable endpoints that can be used to determine the extent to which programs have achieved them.

In 2005, the ATSC formally approved the programs’ long-term goals, and it has continued to monitor their progress toward those goals. RAND has worked with each of the programs to establish two means of assessing progress toward these longer-term goals. First, each program has a set of specific programmatic goals that define the programs’ vision for their future scope of activities. The programmatic goals for each program are presented in Chapters 3 through 9, along with any associated process indicators and our assessment of their progress toward achieving these goals. Second, each program has specific outcome measures for assessing the effects of the programs on the most salient outcomes. The outcome measures for all of the programs are presented in Chapters 10 and 11. For the long term, the monitoring should be a two-step process, starting with tracking how well programs are moving toward their programmatic goals, then assessing how much effect this progress is having on their outcome

measures. If the level of activity is not affecting outcomes, then the long-term goals may have to be revised to target stronger interventions to ultimately affect outcomes.

Summary of Program Performance and Recommendations for Moving Forward

Overall, the seven tobacco settlement programs have continued to refine and grow their program activities during the last two years. In doing so, the programs have made a number of changes in their activities in response to the program-specific recommendations we presented in our 2006 biennial evaluation report. In Chapters 3 through 9, we provide an update on each program’s activities and describe the progress toward achieving their programmatic goals. We also present an analysis of spending trends for each program and provide recommendations for each program as it moves forward.

As described earlier, RAND worked with each of the programs to specify programmatic goals for program activities. These are reported in detail in the respective evaluations of the seven programs (Chapters 3 through 9) and summarized here. This time, all but one of the programs had accomplished or was on schedule to accomplish all of their programmatic goals (Table S.1). MEP did not achieve the desired utilization of benefits in the AR-Seniors program or increase enrollment in either that program or the pregnant women’s expansion program.

**Table S.1
Progress Toward Programmatic Goals**

Program	Total	Accomplished	Not Accomplished	On Schedule	Ahead of Schedule	No Longer Relevant
TPCP	5	4		1		
COPH	4	2		1	1	
Delta AHEC	8	4		3		1
AAI	6			6		
MHI	4			4		
ABI	3	1		2		
MEP	4	1	3			

Below, we briefly summarize each program’s status and progress during 2006 and 2007 and list our specific recommendations for each program.

Tobacco Prevention and Cessation Program (TPCP)

Overall, TPCP continues to actively pursue prevention and cessation efforts in accordance with the CDC program components. The community coalitions are maintaining their efforts to effect changes in their communities through education and advocacy. TPCP's funding of the Coordinated School Health Program is an innovative approach to building infrastructure within schools to address youth tobacco use and other health issues. The Arkansas Tobacco Control Board makes thousands of compliance checks of tobacco outlets all across the state each year, and violation rates are steadily declining. The two cessation programs have greatly increased their enrollment, although the quit rates for the Quitline have decreased recently. In terms of public awareness, the Stamp Out Smoking campaign shows strong recall among Arkansans and attracts a large amount of free media contributions, even though the media campaign has received less funding over time.

TPCP has met four of the five programmatic goals developed to guide their early implementation and is on schedule with the fifth. With the overall maturation of the program over time, several of the programmatic goals need to be reconsidered. Our recommendations for developing new strategic goals for the program and for other ways to strengthen the program's implementation are listed below.

- Develop new strategic goals in each program area, revisit the process indicators that track progress toward the goals, and integrate the tracking of process indicators into the Web-based reporting system.
- Strengthen the quality management process within TPCP and the communication of results to the advisory committee.
- Raise funding for the nine components of a comprehensive statewide tobacco control strategy to the level recommended for Arkansas by the Centers for Disease Control and Prevention (CDC) through either additional funds over and above those provided by the MSA or reallocation of existing TPCP funds from non-tobacco programs (continuation of a recommendation in the previous evaluation report).
- Reevaluate funded programs that are not within the scope of tobacco prevention and cessation programming, as defined by the CDC guidelines, for their value in contributing to reduction of smoking and tobacco-related disease (continuation of a recommendation in the previous evaluation report).
- Change the process TPCP must use to budget its funds to be in line with the other tobacco settlement programs (continuation of a recommendation in the previous evaluation report).
- Strengthen communication between TPCP staff and the TPCP advisory committee (continuation of a recommendation in the previous evaluation report).

College of Public Health (COPH)

Now in its seventh year, COPH has demonstrated steady growth in nearly all activities and has evolved into a fully-accredited institution. Its educational activities have centered on attaining full accreditation from the Council on Education for Public Health. It has grown its enrollment through a variety of recruitment efforts. In terms of its research activities, COPH has steadily increased the amount of grant funding, the number of submitted grants and the number

of ongoing projects. CPH has also maintained its efforts to serve as a policy and advisory resource to legislative committees and individual legislators.

CPH is doing well on goal attainment, having accomplished two of its programmatic goals and being on schedule or ahead of schedule on the other two. CPH has continued to meet or exceed all criteria set forth by the process indicators. Partly because of the reaccreditation process, CPH has been quite successful in monitoring and examining its own growth. Our recommendations for CPH recognize its growth since inception and its readiness for the next phase of implementation and evaluation.

- Continue to think about innovative and sustainable ways to increase contributions to CPH for faculty recruitment.
- Conduct strategic planning to develop areas of expertise in which CPH can excel.
- Continue to develop and support research, specifically grants and contracts.
- Measure the impact of CPH's community partnerships.

Delta Area Health Education Center (Delta AHEC)

Delta AHEC has continued to serve the region through its efforts to improve access to health care, provide services, and educate health care professionals. While it has been challenging to recruit primary care providers, Delta AHEC has had some success with nurses. After some initial positive efforts, participation in the physician programs tapered off in 2006 and 2007. For its service provision efforts, Delta AHEC has steadily increased its encounter rates both overall and across several of its programs. It continues to offer a wide range of health education services to residents of the region. In educating health care professionals, the total number of session encounters decreased in 2006 and 2007, in part due to staffing issues.

Overall, Delta AHEC has achieved four of its programmatic goals and is making progress and on schedule to accomplish three others. Our recommendations for increasing participation and recruitment efforts and for strengthening the program's evaluation are listed below.

- Increase efforts to recruit health students.
- Continue to increase resources to conduct program evaluation activities.
- Conduct a survey of knowledge gained in training sessions as part of its evaluation efforts.

Arkansas Aging Initiative (AAI)

The past two years have been successful for AAI. AAI has worked to increase access to quality, evidence-based education and clinical services for older Arkansans. AAI's clinical service efforts focus on expanding the work of the Centers On Aging (COAs), increasing service capacity, and reaching the minority community. For its education component, AAI has steadily increased its education encounters for each target group of health professionals. One notable strength of AAI is its wide base of collaborators. Not only does AAI collaborate with other agencies but it also collaborates with other tobacco settlement programs including Delta AHEC, MHI, CPH, and ABI.

AAI is on schedule to achieve all six of its programmatic goals. These goals are regularly updated as AAI reaches its objectives or finds new opportunities to expand its reach.

Specific recommendations for quality improvement within its programs, fundraising, and collaboration are listed below.

- Ensure that each COA establishes and maintains a formal quality improvement process to monitor, assess, and improve performance; establish a strategic plan for evaluation in which AAI's central administration assesses COA performance on a periodic basis (continuation of a recommendation in the previous evaluation report).
- Set more specific fundraising goals for each COA including identifying a short list of funding opportunities through the state and federal governments, foundations, and the private sector for each site and setting financial goals for each year (continuation of a recommendation in the previous evaluation report).
- Continue to push forward with collaborative efforts partnering with the other tobacco funding programs.
- Build on AAI's strategic plan to present a set of outcome measures that are representative of its work given its funding levels.

Minority Health Initiative (MHI)

MHI has made progress during the past two years as it has worked to respond to RAND's recommendations in the last evaluation report and the interim review. While MHI is not at the point one might expect for a five-year-old initiative, it is progressing well given the course corrections and leadership and staffing changes it has undergone. Programmatic approaches that were not cost-effective have been eliminated, while new programs are in development. Some of the new programs have been spawned from the original MHI programs while others have resulted from newly developed sources. MHI has continued with its screening efforts and screening rates have increased dramatically in 2006 and 2007. In terms of collaboration, AAI and MHI have joined forces in an effort to increase utilization of AAI services for the minority population in south Arkansas. To address sustainability, MHI has recognized the importance of supplementing the tobacco settlement funds and has committed to aggressively pursue proposal and funding opportunities. MHI has also worked to develop its monitoring and evaluation capabilities by implementing financial reporting and quality management processes as well as treatment and research databases.

MHI is in the process of developing a series of long-term goals with corresponding process indicators, which are slated to be completed during fiscal year (FY) 2008. Until those goals and indicators are completed, we used MHI's progress on its original programmatic goals to assess the status of MHI during this evaluation period. Overall, MHI is on schedule with each of those programmatic goals. We expect that the next one to three years will be a time of steady growth for MHI. Our specific recommendations for MHI are listed below. These recommendations recognize the changes and progress made since the interim review.

- Finalize strategic plan for FY 2008–FY 2011.
- Narrow MHI's focus to one or two health concerns.
- Examine the professional contract process and outcomes.
- Diversify the Arkansas Minority Health Commission (AMHC) board.
- Expand the After School Childhood Nutrition Education and Exercise Program (ASCNEEP).

- Improve program monitoring and evaluation.
- Seek supplemental funding for programs and services.
- Strategically fund pilot and demonstration programs.
- Collaborate with other tobacco settlement programs.

Arkansas Bioscience Institute (ABI)

ABI has continued to fulfill the expectations set forth in its mandate to foster the conduct of research through its member institutions. For its targeted research programs, ABI has increased research activities both overall and in three of the five research categories. ABI has maintained a steady level of collaboration among research institutions during 2006 and 2007, as seen in the number of collaborative projects. The amount of funding being used for collaborative research projects has also increased to almost 40 percent of the total funding. In terms of dissemination of research results, the number of publications, lectures and seminars, media contacts, and press releases rose steadily. As demonstrated by many of the institutes, community outreach activities have been increasing as well.

Overall, ABI accomplished one of its three programmatic goals and is on schedule with the other two. The amount of extramural funding received by ABI scientists during FY 2006 and FY 2007 continued to exceed funding received in past years. Further, ABI is on schedule with its efforts to support research with community impact and community outreach programs. Below are three recommendations that come out of our most recent evaluation process.

- Continue to foster collaborations that provide support especially to institutions with a lesser research infrastructure, so that they are able to lead projects and partner with more established institutions.
- Begin to focus and document collaborations that lead to partnerships with, or service toward, industry.
- Continue to obtain grant funding at a level that can support the infrastructure that has been established at the different institutions.

Medicaid Expansion Programs (MEP)

The MEP successfully launched their fourth program during this reporting period. The ARHealthNetworks program provides a limited benefits package to employees and their families age 19 to 64 with income at or below 200 percent of the federal poverty level (FPL) working in firms with between two and 500 employees. After a start-up period, enrollment has increased to 200–300 new subsidized enrollees per month. Aside from the new ARHealthNetworks program, enrollment in the Medicaid programs remained at consistent levels throughout 2006 and 2007. There is still a substantial need for more education and outreach so that the general population and providers can be reached and informed about the available programs. In addition, the Department of Human Services (DHS) needs to do more education of the enrollees to ensure that they understand their health care benefits under the expanded coverage programs.

Overall, MEP accomplished one of their programmatic goals. Individuals enrolled in the Pregnant Women’s Expansion program utilized services at the same or higher rate as others. However, this was not the case for the AR-Seniors program, where dually eligible individuals used more services. MEP did not accomplish either enrollment goal with slower than expected

growth in both the AR-Seniors program and the Pregnant Women’s Expansion program. Below are four recommendations that focus on developing new goals and process indicators for the MEP, conducting education and outreach for individuals and providers, and collaborating with other tobacco settlement programs.

- Develop new programmatic goals and revisit the process indicators that track progress toward the goals.
- Initiate an outreach campaign to inform both potential enrollees and providers about the availability of the Medicaid Expansion Programs.
- Allocate funds to educate newly enrolled and current enrollees in the Pregnant Women’s Expansion program and the AR-Seniors program regarding the services they are eligible to receive under their respective programs.
- Develop partnerships with some of the other tobacco settlement programs or other state or local organizations to educate and conduct outreach in communities.

SUMMARY OF PROGRAM EFFECTS ON OUTCOMES

An important part of any evaluation is the examination of the extent to which the programs being evaluated are having effects on the outcomes of interest. We assessed effects on both smoking outcomes and other program effects on non–smoking outcomes.

Program Effects on Smoking Outcomes

Our analysis of smoking behavior in Arkansas provides evidence of the continued effectiveness of the tobacco settlement programs on smoking outcomes, especially for the most vulnerable populations such as young people and pregnant women. Our main findings regarding smoking outcomes are summarized as follows:

- For the first time, we find that smoking rates for the adult population in Arkansas are significantly below what they were prior to the initiation of TPCP’s tobacco settlement programming. The 2007 smoking rate is approximately four percentage points lower than in 2002, which is equivalent to 16 percent fewer smokers. Although we cannot rule out that this is continuation of a preexisting trend, it nonetheless represents a major milestone for the health of Arkansans.
- We find that women are smoking significantly less than would be predicted by their baseline trend, while men are not.
- We continue to find that young people are smoking less than would be expected based on trends prior to the TPCP tobacco settlement programs. Many data sources confirm this finding. All of the following groups show substantial decreases in smoking:
 - Middle school students
 - High school students
 - Young adults, age 18 to 25
 - Pregnant teenagers
 - Pregnant women, age 20 to 29

- The dramatic improvement in compliance with laws prohibiting sales of tobacco products to minors has continued and has been verified by federal auditors.
- We find some very weak evidence that people who live in areas where the Arkansas Department of Health (ADH) focused its TPCP activity are less likely to smoke. An imbalance in TPCP resources among Arkansas counties continues, with resources distributed without apparent regard to need.
- There have been reductions in the hospitalization rates for a variety of diseases that are affected by smoking and by secondhand smoke. The strongest evidence is for reductions in hospitalizations for strokes and acute myocardial infarctions (heart attacks).

As in past years, our analysis of smoking rates for young adults, pregnant adults, and pregnant teenagers shows conclusively that these groups are smoking less than would be expected if there had been a continuation of the trends in rates that preceded the tobacco settlement programming. This year's report provides additional evidence from a new data source of decreased smoking among high school students. Reductions in smoking among young people are particularly advantageous because, as this population ages, these reductions will provide health dividends to the state for years to come. This optimistic conclusion is based on the assumption that young people will not initiate or resume smoking when they are older; such an assumption is supported by evidence in the literature. Although smoking rates for pregnant women remain below the baseline trend, we find that there have not been additional gains for this group since those made immediately after the initiation of programming. This trend should be monitored for additional progress in the future.

Program Effects on Non-Smoking Outcomes

Highlights of our findings regarding the effects of the tobacco settlement programs that have a direct impact on health outcomes other than smoking are as follows:

- *Delta AHEC.* The Delta AHEC has fully implemented a system to collect demographic and satisfaction data from participants in its community health education programs. It also has implemented systems for particular initiatives that collect outcomes data. It has demonstrated an ability to manage and analyze these data to monitor the effect of its programs and report their achievements to their funders and oversight groups. We encourage Delta AHEC to build on this foundation by collecting and analyzing outcomes data for its health professional education programs and for additional community education programs.
- *Minority Health Initiative.* Due to changes in program leadership and direction, MHI has not completed any evaluations of participant outcomes. However, MHI is in the process of collecting and analyzing outcome data for two of three new initiatives. MHI should work quickly to produce evaluations of the impact of its efforts on participants, so that it can leverage its activities to assist a greater portion of the populations at risk. We recommend additional collaborative efforts with programs that have completed successful evaluations and with researchers who can bring needed expertise.
- *Arkansas Aging Initiative.* There continues to be some evidence that the COAs have reinforced the decline in avoidable hospitalizations in the counties where they are

located. AAI has completed a small but valuable study of one of its health interventions and has made concrete progress on outcome evaluations of several other initiatives, including raising external funds for such studies. RAND recommends that these efforts be expanded, particularly into evaluations of educational programming.

- *Medicaid Expansion Programs.* Because the Medicaid Expansion Programs provide additional Medicaid benefits to eligible beneficiaries across the state, our outcome analysis examines potential program effects at the statewide level. We updated results on outcomes for the three operational programs—Pregnant Women’s Expansion, Medicaid-Reimbursed Hospital Care, and AR-Seniors—and introduce new outcome measures for ARHealthNetworks.
 - Pregnant Women’s Expansion Program. We no longer find that the expansion of benefits for pregnant women has led to increased prenatal care. In fact, there appears to have been a recent decrease in adequate prenatal care among women who are eligible for this benefit.
 - Medicaid-Reimbursed Hospital Care. The data continue to support our previous findings that one component of the expanded hospital benefits is associated with increased access to hospital care for conditions requiring very short stays. The other component that reimburses for hospital days 21 through 24 appears to be reducing the amount of unreimbursed care rather than increasing the amount of care overall.
 - AR-Seniors. An additional year of data confirms our previous finding that the AR-Seniors program has accelerated the decline in avoidable hospitalizations among the elderly.
 - ARHealthNetworks. Although the program is too new to have had a measurable impact on its target population, we propose to use avoidable hospitalization rates for people age 19 to 64 as a measure of program impact as the evaluation moves forward. We expect avoidable hospitalizations in the target age group to decline if ARHealthNetworks is increasing access to primary care.

For the two academic programs, COPH and ABI, we did not look at direct impact on health outcomes, but instead used more traditional academic outcome measures.

- *College of Public Health.* COPH’s number of scholarly publications continues to increase. In 2007, both the total number of publications and the number of publications in ranked journals increased substantially from previous years.
- *Arkansas Biosciences Institute.* ABI’s publication of research findings in top quality scholarly journals has increased dramatically over the past three years. Its research is being disseminated in top journals in a wide variety of scientific subjects.

POLICY ISSUES AND RECOMMENDATIONS FOR THE PROGRAMS

In our analysis, we identified five common themes across programs that merit attention. These themes are discussed in Chapter 12 and summarized here.

Managing Transitions and Change

Recommendation: With the programs continuing to grow and change, all of them need to develop methods to manage leadership transitions and programmatic changes.

While staffing and leadership changes are to be expected, particularly for programs operating within public agencies, policies, procedures, and processes should be well-documented to ensure institutional knowledge and program consistency over time. There are also programmatic changes as the programs develop and adapt their efforts over time. While the changes need to stay within the scope of the Initiated Act, programs also have to be responsive to changes in the environment and in the needs of the populations they are trying to serve.

Ongoing Strategic Planning

Recommendation: As the programs mature, each program and the ATSC itself should have in place a documented strategic plan and process that includes concrete objectives, strategies, and tasks.

As noted throughout this report, the programs continue to develop and mature. While several of the programs have undertaken strategic planning processes, all of them would benefit from a more formalized and ongoing process. The strategic planning should focus on cost-effective ways to implement strategies that are directly tied to the program's goals. The plans should also detail the specific strategies and tasks that address each objective.

Evaluation Development

Recommendation: Evaluation plans should evolve along with the programs and move toward measures of broader impact. As programming and activities develop over time, the programs should be urged to update the programmatic goals and the indicators used to measure progress toward these goals.

With program activities now well established, the programs should use the evaluation data to modify their programmatic goals and process indicators. For some programs, the goals and process indicators are no longer relevant given changes in program direction and the overall maturation of the program over time. Many of the programs have increased their technical capacity to the point where they can now fully track the effects of the programs and determine quality deficiencies and what to do about them. With more advanced data collection and analysis capabilities, the programs are better positioned to take the next step with their evaluation efforts. While some of them have begun to develop measures and approaches to measuring statewide impact, the programs need assistance in determining how to show the difference they are making statewide.

Collaboration

Recommendation: The seven tobacco settlement programs should be encouraged to intensify their collaborative efforts, especially as programs develop and adapt their programming to meet changing needs. The ATSC can help in this regard by continuing to convene meetings of the programs specifically on collaboration and requesting that the programs report on their progress on these efforts during the meetings.

As noted throughout this report, collaborative activity across the programs is increasing, although somewhat slower than would be expected given the synergies across the programs. In addition to new efforts, the joint activity already established can also be fruitfully increased. The ATSC can help with both approaches by continuing its efforts to convene meetings of the programs to discuss collaborative opportunities and requesting that the programs report back on their progress.

Sustainability

Recommendation: The ATSC and each of the seven programs should focus on sustainability with particular attention to funding stability and growth. As the tobacco settlement funds continue to fall below the amounts expected based on the MSA, some of the shortfall can and should be made up by aggressively seeking other funding sources to supplement the tobacco settlement funds.

While funds increased slightly for FY 2007 and increased about 13 percent for FY 2008, the total remains below the amounts expected based on the MSA. Uncertainties about future funding are even more apparent as the programs move into the next stage of program development. Some of the programs have been successful in securing additional funding while the other programs have either no or minor percentages of additional funding.

RECOMMENDATION FOR THE ATSC

Finally, we present our recommendation for the ATSC's ongoing management of program process.

Recommendation: The ATSC should continue to work toward establishing a complete reporting package through which the funded programs provide it with performance information on both their program activities and spending, which it should use for monitoring program performance on a regular basis. This package should build on the existing quarterly progress and financial reports to include systematic tracking of progress on the process indicators and a comprehensive annual report that assesses progress toward long-term goals and describes the challenges faced.

As the tobacco settlement programs have developed, RAND's role has evolved. In the prior evaluation reports, we presented recommendations to the ATSC for actions it could take to strengthen program reporting and accountability. With steps taken on some of these recommendations, the monitoring role has begun to shift away from the external evaluator into the hands of the ATSC. As the ATSC continues to expand its monitoring capabilities, an external evaluator will remain a necessary aspect of the program for the foreseeable future, although that body's role will continue to shift over time. One of the responsibilities of the external evaluator is to support the sponsoring organization (the ATSC) in making this evaluation function an integral part of its ongoing operation. RAND, if selected to continue in this role, will support each of the programs as they work to use their evaluation data to modify the programmatic goals and the process indicators used to measure progress toward those goals. RAND will also serve as an objective observer, reviewing performance reports the programs submit to the ATSC and assessing data on the programs' process indicators and progress toward programmatic goals. At the same time, as we noted in the last report, the emphasis of the external evaluator should increasingly focus on analysis of program effects on outcomes, a function that requires modeling and statistical expertise that is not yet within the capacity of the

ATSC. Finally, even if the ATSC is fully capable of evaluating the programs, an external organization must “watch the watchers” and provide oversight of the ATSC itself.

DISCUSSION

The seven programs supported by the tobacco settlement funds have continued to strengthen and expand their reach in support of improving the health of Arkansans. TPCP is making use of its available resources for smoking prevention and cessation programs that follow the CDC’s recommended guidelines. AAI, Delta AHEC, MHI, and MEP all are serving the short-term health-related needs of disadvantaged Arkansas residents through a variety of targeted programs and services. Both COPH and ABI are expanding public health education and public health and health research knowledge infrastructure in Arkansas. All of the programs have now achieved their initiation and short-term goals as specified by the Initiated Act. For the long term, all but one of the programs had accomplished or were on schedule to accomplish the programmatic goals developed to measure progress toward long-term outcomes. Our analysis of smoking behavior in Arkansas provides evidence of the continued effectiveness of the tobacco settlement programs on smoking outcomes, especially for the most vulnerable populations such as young people and pregnant women.

Arkansas has been unique among the states in being responsive to the basic intent of the master tobacco settlement by investing its funds in health-related programs with a focus on reducing smoking rates. We encourage the state policymakers to reaffirm this original commitment in the Initiated Act to dedicate the tobacco settlement funds to support health-related programming. To do justice to the health-related services, education, and research these programs are now delivering, they must be given the continued support and time they need to fulfill their mission of helping Arkansas to significantly improve the health of its residents. In addition, the programs must take the actions needed to ensure that issues identified in this evaluation are addressed to reinforce the effectiveness of Arkansas’ investment in the health of its residents.