

ARKANSAS TOBACCO SETTLEMENT COMMISSION
EXECUTIVE SUMMARY HIGHLIGHTS
OCTOBER 1-DECEMBER 31, 2011
SUSAN HANRAHAN, CHAIR (hanrahan@astate.edu)

DELTA AREA HEALTH EDUCATION CENTER (AHEC)

In this quarter

- . Six residents from UAMS Family Medicine will complete a rotation in Helena
- . "Keeping the Promise" outreach for Veterans included 27 agencies with over 80 Vets attending
- . Prescription Assistance Program provided clients a quarterly savings of \$430,000 (\$2M for year)
- . Kids for Health (30 min health ed program for K-6) was taught to over 20,000 students
- . Almost 12,000 people used the fitness center during this quarter

ARKANSAS BIOSCIENCES INSTITUTE (ABI)

For the calendar year

- Funded 82 research projects with continuing support for 87
- Had 43 collaborative research projects
- 73% of projects had external funding totaling 42.8M (4:1 leverage factor)
- Authored/co-authored 409 papers and 54 book chapters and books
- Presented 294 national/international lectures
- Eight patent filings and three patent awards

FAYE BOOZMAN COLLEGE OF PUBLIC HEALTH (COPH)

In Fall 2011

- 227 students enrolled representing 51% of Arkansas counties
- 40% of students are minority (28% Black, 8% Asian, 2% Latino and 2% Native American)
- 4 program graduates (2 MPH/2 MHSA)
- New grant funding for the quarter totaled \$139,167
- Currently there are 48 active contracts and research grants totaling \$34M
- New chair of epidemiology began employment Jan 16, 2012

ARKANSAS MINORITY HEALTH COMMISSION (MHI)

In this quarter

- Provided 1658 prevention screenings
- 7279 citizens encountered at events where literature was available
- Held the National Latino AIDS Awareness Day (400 in attendance)
- Ask the Doctor (KIPR Power 92; Large listener base) --Downloads/ emails/ calls have increased

MEDICAID EXPANSION PROGRAM (MEP)

In this quarter

PG Women Expansion-1100 active cases/mth; 155 new cases/mth; 26% minority
Hospital Benefits Coverage- served almost 7000 recipients
65 and Over Expansion— 4800 clients/mth; 31.6% minority
AR HealthWorks—15,711 enrolled at Dec 31; averaging over 800 new members/mth
All four Medicaid Expansion initiatives leveraged over \$11.2 M in federal match this quarter
DHS received 8 Mobile Enrollment Vans with satellite link to assist with outreach and enrollment

TOBACCO PREVENTION AND CESSATION PROGRAM (TPCP)

In this quarter

Springdale school district reports 60 teachers are using HealthTeacher.com
There were 827 young adult callers to the Arkansas Tobacco Quitline
1600 students responded to a contest on how to make the world smokefree by 2030
5000 Health Dept employees and partners receive info about tobacco cessation mthly
“I Can’t Imagine” media campaign launched featuring Ronnie Brewer

ARKANSAS AGING INITIATIVE (AAI)

In this quarter

Approximately 11,000 visits to the Senior Health Centers
Community education encounters—over 11,000
Health professions and student education encounters—over 3500
Minorities accounted for 25.3% of all encounters
Presented at three national conferences
Acquired external funding over \$85,000



Arkansas Tobacco Settlement Commission

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VACANT
Grants Coordinator

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ATSC Program Quarterly Report – October – December 2011

The Arkansas Tobacco Settlement Commission (ATSC) was created under the Arkansas Tobacco Settlement Proceeds Act of 2000, along with seven funded programs including the Department of Health's Tobacco Prevention and Cessation Programs, the UAMS Fay W. Boozman College of Public Health, the UAMS Delta Area Health Education Center, the UAMS Arkansas Aging Initiative, the Minority Health Initiative, the Arkansas Biosciences Institute, and the Department of Human Service's Medicaid Expansion Programs.

The ATSC is charged with monitoring and evaluating the programs created through the Act. Quarterly reports from each of the programs assist the ATSC, and the ATSC's contracted Independent Evaluator, in regularly reviewing current program activities and progress, the programs' short and long-term goals, and program finances.

The following tables provide the information and data the Commission's Independent Evaluator uses in reviewing the activities of the ATSC Programs. These reports are submitted each quarter by the ATSC Programs and then provided to the ATSC Commissioners, the Legislative Public Health Committee, the Commission's Independent Evaluator, and the general public.

For more information, and to view other materials and information related to the Commission and Programs, including an online grants database and county-level investment information, please visit:

www.atsc.arkansas.gov



Delta Area Health Education Center (Delta AHEC)

Reporting Period: October-December 2011

Total Fiscal Year Budget: \$ 439,566 (25% of annual budget)

PROGRAM OVERVIEW

The Delta Area Health Education Center (Delta AHEC) is a seven county, health education outreach of the University of Arkansas for Medical Science, serving Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis Counties. This program was designed to increase access to health care by recruiting and retaining health care professionals and to provide health care to the whole family through community based health care and education. The program is headquartered in Helena with offices in Lake Village (Delta AHEC South and West Memphis (Delta AHEC North).

Mission: To improve the health of the Delta's people through the production of health care professionals and the health education of citizens.

Goals:

Since its establishment, the goals for the Delta AHEC have been:

- To recruit and retain health care professionals
- To provide community based health care and education

Foci:

In support of its goals, Delta AHEC provides services supporting the following foci:

1. To support the continuing education of health care professionals
2. To support the education of health professions students and family practice residents
3. To introduce youth to careers in health professions
4. To improve health behaviors in regards to physical activity and nutrition
5. To improve management of chronic health problems
6. To increase participation in culturally sensitive health education programs.

Activity Area: EDUCATION TO HEALTH CARE PROFESSIONALS: These programs contribute to Delta AHEC's goals to recruit and retain health care professionals. Outcomes for this activity area are typically attendance at programs for health professionals supplemented by program specific outcomes reflecting the objective of the program. (See the Education to Healthcare Professionals Participation Table as well as outcomes below). **Activity Area Fiscal Year Budget: \$ 6,211 (1.5%)**

Care Learning for Health Professionals: Web-based training modules for hospital employees (e.g., hand hygiene, blood borne pathogens, abuse, and neglect).
Outcomes: Encounter numbers are below.

Continuing Education: Programs for health professional via Rural Hospital distance education.
Outcomes: Encounter numbers are below.

CPR for Health Professionals: American Red Cross/American Heart Association training.
Outcomes: 100% participants certified in Healthcare Provider CPR. Encounter numbers below.

Library Services for Health Professionals: Teaching models, videos, brochures, DynaMed provided to 1 physician and 2 nurses.

Outcomes: Encounter numbers are below.	
Library Services for Health Professions Students/Residents: Training in research methods and assistance in obtaining information provided for Phillips College nursing students and medical terminology students.	
Outcomes: Encounter numbers below.	
Telemedicine: Consult or patient follow-up visits with UAMS physicians without travel.	
Outcomes: Encounter numbers below.	
EDUCATION TO HEALTHCARE PROFESSIONALS ENROLLMENT AND ATTENDANCE DATA TABLE	
<i>Programs to provide educational activities for area health professionals and health professions students:</i>	
19	Care Learning for Health Professionals
38	Continuing Education for Health Professional (CME approved)
17	CPR for Health Professionals
195	Library Services for Health Professionals
241	Library Services for Health Professions Students/Residents
64	Public Education for Health Professionals (no CME)
<i>Programs to provide support services for health professionals and their patients:</i>	
0	Telemedicine Consults
Activity Area: ACCESS TO HEALTH CARE: These programs contribute to Delta AHEC's goals to recruit and retain health care professionals. Outcomes for this activity area are the number of students enrolled in particular programs at various academic levels. (See the Access to Health Care Enrollment and Attendance Table as well as outcomes below). Activity Area Fiscal Year Budget: \$ 25,787 (5.9%)	
Community Health Applied in Medical Public Service (CHAMPS): 1-week summer recruitment program for junior high school students in rural south Arkansas communities.	
Outcomes: Encounter numbers below.	
Health Professional Recruitment Programs: Activities to stimulate and reinforce interest in health careers during K-12th grades. Programs this quarter included "Health Careers."	
Outcomes: Encounter numbers below.	
Medical Application of Science for Health Program (M*A*S*H): Teens experience the real world of health careers during 2-week summer program provided in rural communities.	
Outcomes: Encounter numbers below.	
UAMS College of Medicine Programs/Health Professions Internships: Host preceptorships and selective rotations for senior medical students and supervised clinical rotations for interns and residents.	
Nursing Programs: Clinical precepting and primary advisement provided at the Delta AHEC.	
Outcomes: Encounter numbers below.	

ACCESS TO HEALTH CARE ENROLLMENT AND ATTENDANCE DATA TABLE	
<i>Programs to increase the number of health professionals practicing in underserved areas in the Delta:</i>	
6	RNs preparing for BSN
0	BSNs preparing for MNSc
2	MNSc preparing for administration (Family Nurse Practitioner)
0	Nursing students doing clinical rotations at the Delta AHEC
0	UAMS College of Medicine medical student/resident programs

1	Health Professions Internships (Registered Dietician)
<i>Programs to acquaint K-12 youth with health careers:</i>	
N/A	Community Health Action in Medical Public Service (CHAMPS)
1157	Health Professional Recruitment Programs (K-12 th grade)
N/A	Medical Application of Science in Health (MASH)

<p>Activity Area: SERVICES TO COMMUNITIES AND CLIENTS THROUGHOUT THE DELTA REGION: These programs contribute to Delta AHEC's foci to increase the capacity of participation in culturally sensitive health promotion and health education programs, to improve health behaviors related to chronic health problems, and to improve health behaviors in regards to physical activity and nutrition. Outcomes for this activity area are typically attendance/participation numbers supplemented by program specific outcomes reflecting the objective of the service. (See Services to Communities and Clients Participation Data Table as well as outcomes below).</p> <p>Activity Area Fiscal Year Budget: \$ \$ 426,685 (97%)</p>	
<p>AR Kids Outreach: Information about health insurance available through AR Kids Insurance. Outcomes: Parents learned about insurance and received applications. Encounter numbers below.</p>	
<p>Asthma: Education for parents, teachers and children with asthma, using the Arkansas Respiratory Health Association curriculum. Participants learned about home care and asthma triggers. Outcomes: Encounter numbers below.</p>	
<p>Breast Health/Prevention: Arkansas Affiliate of Susan G. Komen for the Cure provides free mammograms, diagnostics, and ultrasounds for underinsured and uninsured women through Access Project Pink. Outcomes: Encounter numbers in health screening data table.</p>	
<p>Child Passenger Safety: Monthly home and child passenger safety education in a fun setting. Expectant mothers receive shower gifts of home safety items, a convertible car seat, and one-on-one education about installation. Outcomes: In 2011, 273 pregnant women and their partner or guest received education about infant home safety, safe sleep and car seat safety. One mother having her 5th child said, "Thanks for conducting such a wonderfully informative workshop on safety."</p>	
<p>CLASSICS: Weekly education program for senior citizens with exercise, using Richard Simmon's video, and presentations on different topics. Outcomes: Encounter numbers below.</p>	
<p>Community Center Usage: Facility made available for health related community activities. Outcomes: Encounter numbers below.</p>	
<p>CPR/First Aid for Consumers: American Red Cross/American Heart Association training. Outcomes: Encounter numbers are below.</p>	
<p>Diabetes Education: Individual/group education and counseling by Certified Diabetes Educators in Helena, West Memphis, and Texarkana. Clinic is an American Diabetes Association affiliate. A1c testing every 6 months. Outcomes: Tests given and ↓A1c levels reported semi-annually.</p>	
<p>Fitness Center: Member services include inside and outside walking trails, exercise equipment, exercise classes, and personal training. Outcomes: Participants increased endurance, strength, and flexibility. Encounter numbers below.</p>	
<p>Fitness/Exercise Programs: Tai Chi, Silver Sneakers, yoga, Zumba, and water aerobics. Outcomes: Programs offered in Helena, Lake Village, and Marvell. On Saturday, December 10th Zumba fitness participants attended a Christmas party at the Delta AHEC that included a gift exchange, food and dancing. Total encounters for all programs below.</p>	
<p>Health Education for Adults: Weight loss programs and health related information provided</p>	

about various topics. MyPlate is a new initiative to help consumers make better food choices and illustrates the five food groups using a familiar mealtime visual, a place setting.

Outcomes: In addition to information on “flu prevention, planning, and care,” at least 39 adults received flu shots. Encounter numbers below.

Health Education for Adolescents/Children: Health education programs, including exercise programs, are provided as needed to targeted audiences in community-based organizations, school, churches, and other locations. For example, “Girls Just Wanna Run” for ages 8-12 combines running/exercise with lesson on nutrition, self esteem, body image, and respect. “Campaigner’s Club” meets weekly to encourage fun without engaging in risky behaviors. “Smart Girls” for ages 8-12 meet weekly at the Boys & Girls Club for lessons on self-esteem, respect, leadership and confidence.”Why Try” classes required by Teen Court help students get back on track academically and socially.

Outcomes: Encounter numbers below

Health Fairs/Screenings: Health fairs are a tool to engage community and distribute information on health related topics. Screenings for high blood pressure, cholesterol, glucose, HIV and sickle cell trait as needed.

Outcomes: Individuals with abnormal results are counseled and referred to PCP and/or Diabetes Clinic. Encounter numbers below and in health screening data table.

Kids for Health: Health education program for K-6th graders taught by 6 Delta AHEC Outreach Health Facilitators using standardized video-based health curriculum. Pre/post-tests in Lee, Phillips, and Monroe counties demonstrate effectiveness.

Outcomes: Encounter numbers below.

Library Services for Consumers include journals, books, DVDs; training in library use/internet services; literature searches on request.

Outcomes: Encounter numbers below.

Nutrition Counseling: Individual and group instruction on fats, making favorite foods healthier, importance of rest when dieting.

Outcomes: Encounter numbers below.

Parenting/Pregnancy/Prenatal Care: Classes on parenting/child safety topics. “Remembering Angels” grief counseling to parents dealing with the loss of a child. Delta AHEC-N counselors visit mothers in the hospital before discharge and later in their homes.

Outcomes: ↑of parenting/child safety topics by 85% by pre/post test. Encounter numbers below.

Prescription Assistance: Assist clients with applications for free medicine.

Outcomes: \$430,597 total savings to clients this quarter. Encounter numbers below.

Substance Abuse: Counseling and educational classes.

Outcomes: Encounter numbers below.

Tobacco Cessation/Prevention: Counseling and educational classes on cessation aides, how smoking affects the body and those around the smoker.

Outcomes: Prescription assistance used for cessation aides. Encounter numbers below.

Veterans’ Community Based Outpatient Clinic:

Outcomes: Encounters (patient visits) below. To date, 740 veterans are enrolled.

Worksite Wellness: “How Healthy is Your Industry/Faculty” programs are delivered on-site by 2 outreach workers who are trained to provide health education and health assessment.

Outcomes: Encounter numbers are below.

COMMUNITY HEALTH SCREENING DATA TABLE

	Blood Press	Chol	HIV	Diabetes Screening (glucose)	BMI Weight	Sickle Cell	Mammogram vouchers		Total
							Given	Redeemed	

Abnormal Results	335	39	1	78					453
Total Screenings	420	49	3	420					892

*Most screenings included blood pressure, glucose, and BMI.

** We do not have access to the results of the mammograms redeemed.

SERVICES TO COMMUNITIES AND CLIENTS PARTICIPATION/ENCOUNTER DATA TABLE

<i>Programs and services to increase the capacity of participation in culturally sensitive health promotion and health education programs:</i>	
15	CPR/First Aid for Consumers
1,500	Community Center Usage/Encounters
1003	Health Education for Adolescents
902	Health Education for Adults
3,130	Health Education for Children
550	Health Fairs/Screenings
286	Worksite Wellness (How Healthy is Your Industry/Faculty?)
0	AR Kids Outreach
23,375	Kids for Health
662	Prescription Assistance/Emergency Medicines
141	CLASSICS/Geriatrics
1	Tobacco Cessation/Prevention
776	Veterans' Community-Based Outpatient Clinic (patient visits)
<i>Programs and services to improve health behaviors related to chronic health problems:</i>	
2	Asthma
137	Diabetes Formal Education
44	Diabetes Screening/Outreach
3	Hypertension/Cardiovascular Health/congestive heart failure education classes
62	Sickle Cell/HIV Awareness
0	Substance Abuse Prevention
75	Self-Management of Chronic Disease (other)
332	Consumers provided with library services
<i>Programs and services to improve health behaviors in regards to physical activity and nutrition:</i>	
11,848	Fitness Center Encounters
7,301	Other Exercise Programs
170	Nutrition (includes Group sessions and 1-on-1 counseling)
<i>Programs and services to improve health behaviors related to pregnancy, teen prevention, and parenting skills:</i>	
0	Babysitting
45	Child Passenger Safety
149	Prenatal Care/Healthy Parenting
14	Teen Pregnancy Prevention

Activity Area: OTHER ACTIVITIES THIS QUARTER:
Leadership/Advisory Board Activities:

Delta AHEC board meeting was held on October 31, 2011 with 15 members present. Board Chair Dr. P. Vasu welcomed and introduced members. Dr. Becky Hall presented "The State of the Delta AHEC." Discussion was held on ways to better inform the community concerning AHEC activities and programs, as well as fundraising. The next meeting will be May 9th 2012.

Delta AHEC hosted the Arkansas Tobacco Settlement Commission (ATSC) Board in Helena on October 11 as a part of their site visit listening tour. More than 20 people heard a presentation of the work of the Delta AHEC.

On October 17, the Helena Chamber of Commerce held a press conference at the Delta AHEC regarding 3 new businesses coming to the area. Governor Mike Beebe was in attendance as well as State Representative Clark Hall and other elected officials. Governor Beebe asked for a tour of the building during his visit.

On October 19, the Chamber of Commerce held a second press conference at the Delta AHEC to announce a new micro-lending agency that opened in Helena. Representatives from the Delta Regional Authority and other state dignitaries were in attendance.

On November 15, Dr. Becky Hall and recruiter Janet Ligon met with health care providers from Eastern Arkansas and Little Rock, including Dr. Dan Rahn, UAMS Chancellor, and Dr. Paul Halverson from the Arkansas Department of Health. The event was organized by Senator Jack Crumbly of the Senate Public Health Committee. Discussion was held on strategies to recruit and retain physicians and other health care professionals to the Delta and for improving the health of Delta residents.

After representatives from the UAMS Family Medicine Residency Program met with Dr. Becky Hall and senior management of the Helena Regional Medicine Center, plans were finalized to send 1st year family practice residents to Helena for one-month ob/gyn rotations, starting in January 2012. Six residents will rotate during the next six months. This will be a required rotation for the residents.

Collaboration & Cooperation:

"Keeping the Promise' to the Veterans of the Arkansas Delta and Surrounding Areas," a collaboration between the Helena Outpatient Veterans Clinic-Delta AHEC, Arkansas Department of Veterans Affairs, and Memphis VA Medical Center, was held on Saturday, October 29th at the UAMS/Delta AHEC. Veterans were educated about local clinic awareness, benefits available to them, and updates to their VA healthcare, and health screening and information on employment were provided. A short program included Presentation of Colors by Forrest City High School JROTC, singing of National Anthem by Ollie White, Invocation by Rev. Nathaniel Hull, Opening Remarks by Mayor Willis, and special guest speaker Donna Savoy, CBOC Administrator, Memphis VAMC. A total of 27 agencies participated in the outreach fair. Lunch was provided by State Representative Clark Hall, prepared by Helena-West Helena Fire Department and served by Helena VA Clinic staff. Invitations were mailed to 2, 234 identified veterans and attendance by 83 veterans from Arkansas, Mississippi, and Tennessee was recorded.

UAMS Delta AHEC South, Desha Hometown Health Improvement Initiative, the Greater Delta Alliance for Health, Arkansas Department of Health, and Daughters of Charity partnered to facilitate an "Explore My Plate" event on November 3rd at the Dumas Community Center. More

than 120 participants collected educational information and healthy snacks at colored-coded tables representing the different food groups.

Delta AHEC and AHEC South Central hosted a Day in the Life Variety in Stuttgart with 58 students from 5 different high schools. The pre-professions recruiter spoke to the West Memphis 8th grade career orientation classes with a total of 120 students and MedPro Ed students in grades 10th - 12th. She also spoke to 6 classes of 7th graders about health careers and hosted a business etiquette luncheon for AIM students in Lake Village.

Media & Public Relations:

Extensive marketing efforts to promote the VA Clinic included distribution of clinic enrollment and outreach fair information by clinic staff as below:

Oct 1 – “Sharing the Rainbow” health fair organized by Arkansas Department of Health

Oct 6-8 – “King Biscuit” Blues Festival

Oct 17-21 – Memphis VAMC mass mailing to 2,234 veterans

Oct 24 – Mailing to all Helena-West Helena churches

Oct 29 – Eastern Arkansas Veterans Outreach Fair – publicity included PSA on local radio stations, presentations on 3 morning shows, advertisement on local television; local newspaper reported the event.

Dec 7 – Noon lunch and in-service provided to local DME representatives

Dec 8 – Participated in ARVets Center Grand Opening in Little Rock

Dec 15 – Homeless Centers tour

Dec 20-30 – Personal invitation by phone/mail to all registered Philips County veterans

Dec 22 – Launched Force 3 radio advertisements in Arkansas, Mississippi, and Tennessee to run for 2 months.

Continuous Quality/Program Improvement:

Based on recent surveys, there was a need for more parenting information and education. In February 2012, Delta AHEC will begin offering monthly Childbirth Education Groups. Each group meeting will have two sessions: “Healthy Pregnancy” and “Labor/Birth” and with topics such as breastfeeding, nutrition, birth options, relaxation techniques, stages of labor and newborn care. These groups will be free and open to any woman who is at least 8 weeks pregnant, and the father of the child, or whoever will be in the hospital with the mom during labor, is encouraged to attend.

Similarly, Delta AHEC South is now offering Prepared Childbirth Classes at Chicot Memorial Medical Center on the 2nd Thursday of each month. Topics include stages of labor, pain management, breathing, Cesarean birth, post-delivery care, newborn care and lactation, and attendees tour the labor and delivery facilities.

On October 24, Regional Programs staff conducted a day long Annual Review. This is a part of our strategic planning process. Regional Programs staff, including Vice Chancellor Dr. Mark Mengel, heard reports from the various departments of the Delta AHEC, including Delta AHEC North and South offices. A list of quality improvement recommendations was developed and is being used as a blueprint for future plans.

On November 4th, Dr. Mark Mengel, Vice Chancellor for Regional Programs, met with Delta AHEC supervisors and Dr. Becky Hall, Director, to conduct a SOAR analysis. Strengths, opportunities, aspirations and results were identified and discussed. Recommendations were made by Dr. Mengel.

Arkansas Biosciences Institute

Reporting Period: October - December, 2011

Total Fiscal Year Budget: \$ 10,147,701

Mission Statement/Program Overview

Arkansas Biosciences Institute, the agricultural and biomedical research program of the Tobacco Settlement Proceeds Act, is a **partnership of scientists** from Arkansas Children's Hospital Research Institute, Arkansas State University, the University of Arkansas-Division of Agriculture, the University of Arkansas, Fayetteville, and the University of Arkansas for Medical Sciences.

In accordance with the Tobacco Settlement Proceeds Act, the purpose of the Arkansas Biosciences Institute is to conduct:

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

ABI's program goals are to:

- Increase funding on an annual basis to conduct research through the five member institutions
- Increase dissemination of research findings, policy-relevant information, and technical assistance to relevant government and community organizations

Activity Area: Encouragement and conduct of research through the five member institutions

Activity Area Fiscal Year Budget: \$ 10,147,701 (100%)

UPDATE for ABI Funded Projects

OUTCOMES: The five ABI member institutions use their ABI funding to support research projects in the five areas outlined in the Act. For FY2011, ABI funding supported 82 research projects, with continuing support for another 87 on-going projects, for a total of 169 research projects. For FY2012, member institutions have funded 91 agricultural and biomedical research projects.

UPDATE for Collaborative Projects

OUTCOMES: ABI encourages and fosters collaborative research among the five member institutions. Collaborative research brings together investigators from various disciplines and institutions for team-science approach to research. Collaborative research is especially critical for institutions with less research infrastructure.

For FY2011, there were 43 collaborative research projects, representing almost 25 percent of all ABI projects for FY2011.

UPDATE for External Grants

OUTCOMES: Investigators supported by the Arkansas Biosciences Institute utilize funding to conduct research experiments, purchase laboratory equipment, and/or to support personnel such as laboratory technicians, generally with an overall goal to generate preliminary data that will strengthen extramural grant applications.

For FY2011, approximately 73 percent of research projects had external funding, totaling \$42.8 million from outside sources.

UPDATE for Peer-Reviewed Papers Accepted for Publication

OUTCOMES:

ABI-supported investigators reported authoring or co-authoring 409 papers in FY2011. In addition to papers, ABI-supported investigators authored 54 book chapters and books in FY11.

Table 1. Amount of funding/ number of projects awarded for ABI research (FY2011)

	ABI Total	ACHRI	ASU	UA-Ag	UAMS	UAF
Number of ABI funded projects	169	26	57	19	35	32
Number of external grants/contacts	194	72	45	21	33	23
ABI Funding	\$10,147,701	1,365,744	2,926,597	1,561,731	2,731,898	1,561,731
Extramural Funding	\$42,805,491	13,954,143	9,018,655	2,446,550	13,562,236	3,823,907
Total Funding (ABI + Extramural)	\$52,953,192	15,319,887	11,945,252	4,008,281	16,294,134	5,385,638
Ratio (Extramural funding:ABI)	4:1	10:1	3:1	1.6:1	5:1	2.5:1

Table 2. Portions of funding being used for collaborative research projects (FY2011)

	ACHRI	ASU	UA-Ag	UAMS	UAF	% total funding
ABI Funds	\$480,000	110,407	1,094,563	40,000	575,408	24.4%
Extramural funds	\$13,080,286	170,291	2,149,724	77,645	1,370,078	39.4%

Table 3. Number of collaborative research projects (FY2011)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Other
ACHRI		1		18	1	0
ASU	1		1	2	1	12
UA-Ag	2	1			7	4
UAMS					1	1
UAF	1			1		3

Table 4. Jobs created by ABI and extramural funding (FY2011)

	ACHRI	ASU	UA-Ag	UAMS	UAF	Total
ABI Funded FTE employment	4.8	39.2	16.4	9.9	14.3	84.6
Extramurally funded FTE employment	92.7	29.6	19.6	71.7	41.5	255.1

Table 5. Peer Reviewed Papers and Books/Book Chapters (FY2011)

	ABI Total
Peer Reviewed Papers	409
Books/Book Chapters	54

Activity Area: Systematic dissemination of research results to the public and the health care community

UPDATE for Service and Promotional Activities:

OUTCOMES: ABI member institutions have continued to increase their service and promotional activities to disseminate research findings. For FY2011, activities included:

- 294 National and international lectures or seminars
- 75 Media contacts (print, television, radio)
- 72 Press releases

UPDATE for Entrepreneurial Activities:

OUTCOMES: ABI-supported investigators often see their research move from the laboratory into the work place, transferring their research into practice. Each year ABI investigators report any entrepreneurial activity such as patent filings, patent awards, and start-up companies that may be related (even in a small part) to their past ABI funding. For FY2011, investigators reported eight patent filings and three patent awards.

Patents Received:

Inhibition of Wet Type Age Related Macular Degeneration (AMD) by Adiponectin or Acrp30; US patent number 7,964,557. N. Bora, et al.

Method for Detecting and Unknown Contaminant Concentration in a Substance; US patent number 7,939,343. Y. Li and X. Su.

Methods and Kits for Assaying Acetyl Transferase or Deacetylase Activity; US patent number 7,670,795. A.J. Tackett, et al.

UPDATE for Students Working on ABI Projects:

OUTCOMES: Arkansas high school, college, and graduate school students work in ABI laboratories on special projects, research projects, and internships throughout the year. This provides for many students their first experience with a fully equipped working laboratory. For FY2011, there were 197 Arkansas students from 35 counties working in ABI laboratories. Data is listed in Table 8.

Table 6. Service and Promotional Activities by institution (FY2011)

	ACHRI	ASU	UA-Ag	UAMS	UAF	ABI total
Research Publications	144	72	80	178	73	547
Lectures and seminars	49	36	55	113	41	294
In-Person media contacts	32	14	2	22	5	75
Press releases	9	44	0	12	7	72

Table 7. ABI Entrepreneurial Activities (FY2011)

	ABI Total
Patents Received	3
Patents Filed	8

Table 8. Arkansas Counties represented by students working in ABI labs (FY2011)

Ashley Co.	2
Baxter Co.	1
Benton Co.	11
Boone Co.	1
Chicot Co.	1
Clark Co.	3
Clay Co.	1
Cleburne Co.	2
Craighead Co.	40
Crawford Co.	1
Crittenden Co.	2
Desha Co.	2
Drew Co.	1
Faulkner Co.	9
Franklin Co.	1
Garland Co.	8
Greene Co.	9
Howard Co.	1
Independence Co.	4
Jefferson Co.	4
Lonoke Co.	1

Mississippi Co.	4
Monroe Co.	1
Ouachita Co.	1
Phillips Co.	1
Pope Co.	1
Pulaski Co.	50
Randolph Co.	4
St. Francis Co.	1
Saline Co.	2
Sebastian Co.	7
Sharp Co.	2
Union Co.	2
Washington Co.	14
White Co.	2
TOTAL	197

Program Specific Recommendations: The following section provides our response to recommendations provided by the Independent Evaluator in the bi-annual report.

Recommendation (1): Strengthen efforts to foster collaborations among ABI institutions.

UPDATE: For FY2012, ABI Administration sponsors conferences and speakers that bring together ABI investigators, concentrating on more specific research areas:

- ABI Fall Research Symposium – September 2011
- BioVentures Private Equity Roundtable Meeting in Little Rock – October 2011
- BioNanoTox International Research Conference at UALR – November 2011
- Central Arkansas Brain Bee – February 2012
- Arkansas Stem Cell Coalition and Conference – April 2012
- American Council for Medicinally Active Plants Conference at ASU – May 2012

Recommendation (2): Continue to obtain grant funding at a level that can support the infrastructure that has been established at the member institutions.

UPDATE: ABI-supported investigators continue to leverage their ABI dollars to attract extramural (grant) funding from agencies and foundations.

For FY2011, approximately 73 percent of ABI research projects had extramural funding for the year. Extramural funding totaled \$42.8 million for FY2011 for an overall 4:1 leverage factor.

Recommendation (3): Focus on sustainability at each ABI institution by increasing external funding

UPDATE: ABI-supported investigators rely on external funding to expand their agricultural and biomedical research. Since inception, ABI investigators have received more than \$350 million in external funding from agencies such as the National Institutes of Health, the National Science Foundation, US Department of Agriculture, and the Centers for Disease Control and Prevention and from foundations such as the American Heart Association and the American Cancer Society.

ABI institutions will continue to rely on related external funding for agricultural and biomedical research.

Fay W. Boozman College of Public Health
Reporting Period: October – December 2011
Total Fiscal Year Budget 2012: \$2,320,619

Mission Statement/Program Overview

The mission of the Fay W. Boozman College of Public Health is "to improve the health and promote the well-being of individuals, families and communities in Arkansas through education, research and service."

COPH's goals are to:

- Increase the number of Arkansas counties in which students receive public health training.
- Maintain a high level of graduates entering the public health field.
- Maintain minority enrollment in the degree programs at or above the minority population of the State (based on latest census data)
- Ensure that by the time they graduate, COPH students report that they have achieved 80% or more of the learning objectives associated with their selected degree programs.
- Ensure that during their tenure at the COPH, students and faculty provide service and consultation to public health-related agencies and communities throughout Arkansas.
- Increase extramural grant and contract funding for research by 20% above that achieved in 2004-2005.
- Provide research findings, policy-relevant information, and technical assistance to relevant government and community organizations.

Activity Area: Education

The Tobacco Settlement Proceeds Act denotes that the purpose of the College of Public Health (COPH) is to conduct activities to improve the health and healthcare of citizens of Arkansas. "These activities should include but not be limited to, the following functions: faculty and course offerings in the core areas of public health, with courses offered both locally and statewide via a variety of distance learning mechanisms." 19-12-114 (c)(1). Educating and re-training a public health workforce is the primary way the COPH shall fulfill its purpose.

Activity Area Fiscal Year Budget:

\$ _____ (_____%)

UPDATE FOR ENROLLMENT FALL 2011 - 2012

(GEOGRAPHICAL REPRESENTATION)

AHEC REGION	# OF STUDENTS	Percentage
Central	69	30%
Northwest	5	2%
Northeast	14	6%
Southwest	6	3%
South	3	1%
Delta	7	3%
South Central	30	13%
North Central	12	5%
Out of State	63	28%
Foreign Country	18	8%
Total	227	100%

Students enrolled originated from 38 of the 75 counties (51%). Most of out of State Students now reside in AR

OUTCOMES: During the Fall 2011 semester, total student enrollment was 227 with students enrolled originating from 38 of the 75 counties (51%). During the Spring 2010/2011 semester, the COPH had 208 students originating from 36 of the 75 counties. The slight increase in counties represented is too small to be significant. The COPH is working diligently to increase enrollment from around the state and has plans to offer the post baccalaureate certificate on-line by Fall 2013.

UPDATE for **Graduate employment in public health field: Fall 2011-2012 (4 graduates)**

# of Graduates by Degree	Work Status	% of known employed in a public health related field
MPH 2	1 known	100% of those whose employment is known works in a public health related field
MHSA 2	1 known	

OUTCOMES: **Number of graduates; Percentage Employed in Public Health -Related Field**

A high percentage of the COPH graduates are employed in a public health related field. 100% of the 2 graduates in December 2011, whose employment is known, are working in a public health related field.

UPDATE for Enrollment (Minority Representation): See Table 1 below providing minority enrollment numbers and percentages for this Fall Semester (October – December 2011 reporting period).

OUTCOMES:

AR Minority Population (2010 Census Data)	Black - 15%	Hispanic - 6%	American Indian - 1%	Asian - 1 %
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The percentage of African American enrollment and Asian American enrollment continues to greatly exceed the percentage of the African American and Asian populations in Arkansas. According to the 2010 Census, Hispanic's comprise 6% of the Arkansas population. In the Fall 2011-2012 class, 4 (2%) of COPH students are Hispanic. In addition to our standard recruitment strategies, the COPH takes advantage of research programs focused on this community to increase the Latino educational awareness of available programs; and, the COPH administrators are working closely with Assistant Dean for Minority Affairs, Dr. Eddie Ochoa, a respected and community engaged Hispanic Physician, to develop a strategy to improve Latino enrollment.

UPDATE for Student Competency: Competencies for all 22 programs are being revised and updated by faculty and a tool to obtain this information is being developed. Exit interview questions have been tweaked and properly positioned to capture information needed and to best ensure that students complete the survey in a deliberate and thorough manner; however, an insufficient number of students completed the survey to ensure that the results are representative. The exit interviews will again be given to the May 2012 graduates upon completion of their degree program and the information will be compiled annually. Plans are being developed to ensure a high response rate.

OUTCOMES: Percentage of learning objectives, across all degree programs, for which students rate themselves as "competent" or "very competent" in COPH exit interviews will be provided in the April – June 2012 quarterly report.

UPDATE for Service and consultation provided by Students: Information is maintained on student preceptorships, integration projects, and capstone projects (including organizations/agencies served, region of AR affected, project titles) completed by students per semester and is available upon request. The COPH has 86 registered Preceptorship/Integration sites. See table 2 below to find the number of projects done in this reporting period and the statewide/county impact of the project done.

OUTCOMES: With the exception of one project, the student preceptorship projects, Integration projects, and capstone projects undertaken this fall semester will provide valuable insight that can be utilized by all Arkansas counties. A Preceptorship project specific to Washington County will provide valuable insight to the USDA Food and Safety Inspection Service in this County.

Table 1

Race/Ethnicity	Black	Asian, Other	Latino	Native American
Number & Percent Enrolled	63 28%	19 8%	4 2%	4 2%
Total Number of Enrolled Students Fall 2011/2012:			227	

Table 2
Fall 2011-2012

PRECEPTORSHIP PROJECTS			INTEGRATION PROJECTS			CAPSTONE PROJECTS		
Number of projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served	Number of Projects	Number of Sites	Counties Served
18	17	17 Statewide 1 County Specific	9	9	9 Statewide	4	4	4 Statewide

Activity Area: Research

The tobacco settlement proceeds Act of 2000 denotes that the COPH should obtain federal and philanthropic grants, conduct research, and other scholarly activities in support of improving the health and healthcare of the citizens of Arkansas." 19-12-114 9 (c) (2)

Activity Area Fiscal Year Budget: \$ _____ (____%)

UPDATE for New Grant and Contract Funds Received: In this reporting period (Oct. - December 2011), the COPH faculty submitted 6 grants/contracts for funding (\$1,082,170). Three (3) of the 6 grants were funded (\$77,283) and two (2) were not funded. The remaining 3 submittals are pending. In addition, 2 previously submitted grants were funded (\$61,884) during this quarter bringing the total funding for the quarter to \$139,167.

OUTCOMES: RAND set a goal for the COPH to increase extramural grant and contract funding for research by 20% above that achieved in 2004-2005. The new grant and contract funding in FY 2004-2005 totaled \$9,540,802 which brought the active research grant and contract total to \$20,190,725. The new grant and contract funding in FY 2010-2011 totaled \$7,110,592 which brought the total active research grant and contract total to approximately \$34 million.

UPDATE for FTEs Created by Research Funding:

OUTCOMES: Number of FTE's supported by Research is reported bi-annually. As of December 31, 2011, the COPH is supporting approximately 63 FTE's through research funding. See Table 1, COPH Faculty Grants and Projects table below.

UPDATE for Publications:

OUTCOMES: Number of peer-reviewed papers accepted for publication is reported annually. 2011 information will be reported in the Jan-March 2012 quarterly report.

UPDATE for Publications in Ranked Journals:

RAND provides this assessment annually based on a formula they utilize.

OUTCOMES: Information will be reported in the Jan – March 2012 quarterly report.

UPDATE for Faculty PIs or Co-PIs: As of December 31, 2011, the COPH has 54 full-time and part-time faculty; 37 of whom are research faculty.

OUTCOMES: The COPH faculty is doing an outstanding job teaching and providing research. Due to growth, faculty turn-over, and the Council on Education for Public Health (CEPH) faculty requirements, additional position(s) are currently needed in the Departments of Epidemiology and Health Policy and Management. Dr. Eric Johnson, the new chair of the Department of Epidemiology will come on board January 16, 2012 and will lead recruitment efforts in that department. Recruitment in the Department of Health Policy and Management will be curtailed until a replacement is recruited for the Chair of the Department.

UPDATE for Ongoing Research Projects: As of December 31, 2011, the COPH has 48 active grants and contracts (42 active **research** grants) totaling approximately \$34 million. See Tables 1 and 2 below.

OUTCOMES: The total number of faculty PI's on active grants and contracts this quarter is 23. 12 of the 23 are PI's on more than one grant/contract.

Table 1
COPH Faculty Grants and Projects October – December 2011

Number of Grants Submitted:	6 (\$1,082,170)
Number of Grants Funded:	5 (\$139,167) (3 previously submitted)
Total Ongoing <u>Research</u> Projects:	42
Number of FTE's supported by Research:	63

Activity Area: Service

Initiated Act 1 specifically states that the COPH should "serve as a resource for the General Assembly, the Governor, state agencies, and communities. Services should include, but not limited to the following: consultation and analysis, developing and disseminating programs." 19-12-114 (c) (2)

Activity Area Fiscal Year Budget: \$ _____ (_____ %)

UPDATE for Talks, Lectures, Community Service Projects/Special Projects: This information is provided annually. Information will be provided for FY 2011 in the January – March 2012 report. See table 1 below to see 2010 information.

OUTCOMES: This information is provided annually. Information will be provided for FY 2011 in the January-March 2012 report. See table 1 below to see 2010 information.

UPDATE for Faculty Presentations, Conferences: In addition to the faculty presentations, faculty talks and lectures provided by COPH faculty outside of UAMS and ADH (information provided annually), COPH sponsors a Tuesday conference weekly in partnership with the AR Department of Health (ADH) in the 2nd floor conference room of the COPH building. The ADH sponsors a Thursday conference weekly at the ADH and the COPH is a sponsoring partner. In addition, faculty provide presentations for various conferences and other UAMS colleges.

OUTCOMES: During this October-December reporting period, faculty/visiting faculty have presented at 10 conferences hosted at the COPH. Approximately 150 people attended these presentations.

UPDATE for Influence on State Policy: The COPH faculty and staff are active in both State and Federal Policy. The Department of Health Policy and Management and the Dean's Office are the leaders in this arena; however, various research grants include briefing legislators on policy initiatives and advocacy training. Dr. Glen Mays worked with the US President on Health Care Reform, and with the Governor's Office and DHS on Medicaid policy. The Dean's office ensures staff monitor the legislative sessions and faculty is available to provide expert testimony/research when needed. The Dean's Office is advocating FOR continued funding for Prevention Research Centers (PRC) at the 2010 levels on the federal level.

OUTCOMES: 88th General Assembly: Act 89 (dental hygienist perform hygiene procedures in public settings), Act 90 (Authorize trained physicians & nurses to apply a fluoride varnish to children's teeth), Act 197 (Requires community water systems serving more than 5,000 people to fluoridate the water system) Act 909 (Creates an Adult Center for Sickle Cell Anemia at UAMS).

Table 1

Year	Talks and Lectures	Community Service Projects	2011 State policies influenced by COPH
2010	160	148	Act 89, Act 90, Act 197, Act 909,

Program Specific Recommendations: The following section provides our response to recommendations provided by the Independent Evaluator in the bi-annual report.

Recommendation 1: Maintain the growth trajectory of student enrollment from across the state and faculty research.

UPDATE: The COPH will continue to promote and encourage faculty research, and educational programs, and provide convenient classes through distance-accessible formats (WebCT, weekend executive formats, directed study, etc.) to maintain the growth trajectory of student enrollment from across the state. A distance accessible Post-Baccalaureate Certificate is being developed and is anticipated to be available to students by 2013. In the Fall 2011/2012 semester, the COPH offered 12 courses by way of WebCT, weekend format, and /or directed study courses. UAMS Chancellor Rahn has pledged campus support to enhance distance educational technology technical assistance for COPH courses.

Recommendation 2: Continue to build COPH's major programs, especially epidemiology and biostatistics.

UPDATE: A faculty member has been hired for the biostatistics position and two faculty have been hired in the Department of Environmental & Occupational Health position; The Chair of the Department of Health Policy and Management departed in September and no additional positions will be recruited for that department until a new Chair is recruited. An Epidemiology Chair has been hired and is in the process of interviewing additional faculty positions for this department.

Recommendation 3: Develop a student tracking system that provides more current and accurate information about student enrollment.

UPDATE: UAMS had planned to purchase a University-wide student information tracking system, but budget concerns have resulted in delays in the purchase of a system. A university-wide system will ultimately be implemented. Because of the COPH's anticipation of this university-wide system, the College continues to utilize its current system and has not invested scarce resources in an alternative advanced tracking system which might not be compatible with a new, university-wide system. Recently, UAMS IT has hired an employee to oversee the selection and implementation of a student information system, so progress is being made to implement such a system campus-wide.

Arkansas Minority Health Commission (MHI)

Quarterly Report

Reporting Period: 2nd Quarter – FY2012 – October – December

Total Fiscal Year Adj. Budget: \$1,877,466.00

2nd Quarter Budget Spending: \$425,192.60

PROGRAM OVERVIEW

Arkansas Minority Health Commission (AMHC) was established to:

- Increase awareness and provide access to screening for disorders disproportionately critical to minorities but will also provide this service to any citizen within the state regardless of racial/ethnic group;
- Develop intervention strategies for these illnesses; and
- Develop and maintain a database that will include; biographical data, screening data, costs, and outcomes.

AMHI KEY FOCI FOR 2010-2012

- HIV/AIDS Outreach Initiative & Sickle Outreach Initiative
- Health Care Workforce Diversity
- Minority Health Navigation System
- Fitness and Nutrition

AMHI GOALS FOR 2010 -2012

AMHI's goals for 2010 through 2012 include, but are not limited to;

- Increase the number of minority Arkansans that obtain recommended health screenings;
- Increase education and awareness regarding disparities and equity in health and health care services by partnering with appropriate organizations;
- Establish a comprehensive system among agencies of coordination and collaboration surrounding minority health disparities and
- Influence public policy towards an equitable health care system for all Arkansans

ACTIVITY AREA: OUTREACH - MHI's outreach activities increase awareness and provide access to screening for disorders disproportionately critical to minorities as well as to any citizen within the state regardless of racial/ethnic group. Outcomes for this activity area are typically the number of attendees and screenings.

AMHC Quarterly Forum: The Lake Village Public Forum entitled: "*Building a Healthier Community*" was held at Our Lady of the Lake Parish Hall in Lake Village, Arkansas on October 21, 2011. The forum was attended by members of the Commission, city and county officials, health care clinicians and administrators and concerned members of the community. Commissioner Vivian Flowers introduced government officials, special guests and presided over the forum. A presentation on Chicot County health statistics was presented by Dena Poteat from Arkansas Department of Health.

AMHC Quarterly Health Fair: The “Building a Healthier Community” Health & Wellness Expo was held at Our Lady on the Lake Parish Hall in Lake Village, Arkansas on October 22, 2011. Over 300 people attended this event and participated in mass flu clinic and medical screenings.

OUTCOMES (See *Outreach Data Table on pages 2, 3*)

Collaborative Community Health Fairs: AMHC participated in nine community health fairs/events representing 15 counties: Chicot, Pulaski, Saline, Jefferson, Clark, Hempstead, Howard, Little River, Miller, Faulkner, Nevada, Pike, Ouachita, Drew, and St. Francis counties. The total numbers of preventive screenings provided at Community Health Fairs/Events were 1,658. An estimated 7,279 were in attendance at collaborative events and had exposure to AMHC information/brochures and/or collaterals. Pre- and Post-data information are gathered after each event.

OUTCOMES: (See *Outreach Data Tables on pages 2, 3*)

Equipment Loan Program: Cholesterol and Glucose machines were utilized at St. Luke Baptist Church Life Fair, Little Rock (Pulaski County) in October.

OUTCOMES: (See *Outreach Data Table on pages 2, 3*)

**PUBLIC EDUCATION/OUTREACH DATA TABLE
OCTOBER - DECEMBER 2011**

ACTIVITY	BLOOD PRESSURE	CHOLESTROL	GLUCOSE	HIV	SICKLE CELL	BREAST EXAMS	TOTAL SCREENINGS
AMHC Quarterly Health Fair & Public Forum	179	0	145	46	9	19	398
Community Health Fairs	44	0	31	0	0	0	75
Equipment Loan Program	0	2	2	0	0	0	4

Additional Screening Data

Vision	Dental	Immunization	Weight	Total Screenings
0	0	1,181	0	1,181
				Total All Screenings 1,658

DATE	EVENT/ORGANIZATION	COUNTY IMPACTED	CITIZEN ENCOUNTERS/ ATTENDANCE
10/8/11	Women's Council on African American Affairs	Pulaski, Saline, Jefferson	227
10/15/11	Arkansas Black Hall of Fame Induction Ceremony	Statewide	900
10/15/11	National Latino AIDS Awareness Day	Statewide	400
10/21/11	Nonviolence Youth Summit Part V	Pulaski, Clark, Hempstead, Howard, Little River, and Miller	350
10/22/11	AMHC Quarterly Health Fair	Chicot	300
10/28/11	LULAC Scholarship Gala	Faulkner, Pulaski, Saline	220
11/8/11	8th Annual Mass Flu Clinic	Pulaski	1,375
11/12/11	Munns Chapel Baptist Church Women's Conference	Nevada, Hempstead, Pike, Miller, Ouachita, Columbia, Howard, Clark, & Drew	126
11/12/11	Annual Freedom Fund Banquet/Drew County Branch 6042 NAACP	Drew	125
11/13/11	Full Moon Walk	Pulaski	2,000
12/1/11	National AIDS Awareness Day	Statewide	1,100
12/15/11	An Evening to Heal A Heart 10 Year Anniversary/Women's Council on African American Affairs	Pulaski, Jefferson, & St. Francis	156
			Total Citizen Encounters 7,279

HIV/AIDS Outreach Initiatives:

HIV Prevention (Grants) Project: No HIV grantees this period. The FY2013 HIV Prevention Grant RFP will be released March, 2012. Discussions are in process with ADH HIV/STD/Hepatitis C Section for possible joint RFP and event collaborations during FY2013 and remainder of FY2012.

Arkansas HIV/AIDS Minority Taskforce (Act 842; Amended by Act 1230 of 2011): The HIV/AIDS Minority Taskforce met twice this quarter and will begin a series of Public Forums in the counties determined to be at high risk for increased numbers of HIV cases. The Task Force will begin Public Forums in February 2012.

National Latino AIDS Awareness Day (NLAAD): By the end of 2010, Arkansas's cumulative total HIV cases were 7,923 of which 272 (3.3%) reported to be Hispanic. This number may seem low; however HIV/AIDS diagnosis for Hispanics in Arkansas has been on the incline in recent years. Limited access to prevention and care, cultural barriers, language barriers, and immigration status continues to contribute to this disparity. The Arkansas Minority Health Commission (AMHC) partnered with Arkansas Human Development, JCCSI, 2nd Baptist Church, Ventanilla de Salud, UAMS, ADH, and Latino leaders to host NLAAD on October 15, 2011 in Little Rock with 400 in attendance. The day consisted of a breakfast with Latino leaders discussing the root causes of stigma and discrimination associated with HIV and a community health fair with free health screenings (including HIV) and 35 health vendors providing vital information to this targeted community. 46 people were tested for HIV. An additional 35 people were referred to ADH for testing.

World AIDS Day: AMHC presented a World AIDS Day Gospel Awareness Concert on December 1st at St. Mark Baptist Church. Educating through the church is an avenue encouraged by the AMHC. The theme for this year was "Getting to Zero" (Zero New HIV Infections, Zero AIDS Related Deaths and Zero Discrimination). Educational presentations were provided by gospel artists Evangelist Lemmie Battles and Vashawn Mitchell who shared personal testimonies of losing 12 friends to AIDS and HIV/AIDS statistics with the audience. During the event the audience was asked to sign a 4 ft by 8 ft pledge. An estimated 1,100 people in attendance at the event made the pledge to "Get to Zero!!!"

Sickle Cell Outreach Initiatives:

Arkansas Nurses Association (ARNA): ARNA received a grant to complete the evaluation of an on-line continuing education Sickle Cell course. The face to face questionnaires for the one day seminar were completed in October. Each objective was rated using a Likert scale of 1-5, with one being poor and five being excellent. The overall score was 4.8 (96%) for satisfaction of information/knowledge received at the seminar. During the month of November, a six month follow-up questionnaire was mailed to 79 nurses to review frequency and usage of the acquired Sickle Cell Disease (SCD) awareness information in their everyday work. Results of the questionnaire will be presented in the next quarterly report.

Future Builders, Inc.: The final stages of the SCD campaign, symposium/outreach initiatives and fact sheet was developed in October. Activities during the month of November included distribution of SCD information to 373 people, development of website and completion of SCD testimonial video that will be distributed at public events and on YouTube.

Nutrition & Physical Fitness Overarching Focus:

Camp iRock: AMHC in collaboration with Arkansas Children's Hospital and Girl Scout-Diamond of Arkansas, Oklahoma and Texas held its first follow up meeting on October 1, 2011 for the 40 girls that participated in the June 2011 camp. 21 girls attended the follow up meeting and from the 21 girls that attended the meeting 14 of them had lost BMI, 2 girls had maintained their BMI, and 5 gained in BMI (but only 2 gained a lot). A monthly newsletter has been developed to keep the girls informed of upcoming events and to keep them encouraged in between follow up meetings. 10 girls from the first year camp will be selected to serve as mentors for the 2012 Camp iRock to be held June 3-9, 2012. They will be selected from a review panel based on the following criteria: must have maintained or dropped BMI,

must be able to document their nutritional and physical changes made, must submit short written essay about their experiences (nutrition and physical changes) and why they want to be a Mentor for Camp iRock 2012, and must attend follow up meetings. A second follow up meeting was held January 7, 2012.

Shape UP Arkansas Radio Challenge: AMHC partnered with Cumulus Broadcasting to launch a statewide 13-week fitness challenge in lieu of the Arkansas Minority Health Summit (April 2012) that will focus on Nutrition and Physical Fitness. Nine applicants selected to participate in the fitness challenge will weigh in on a monthly basis, receive fitness tips/educational materials and participate in healthy food demonstrations. The winner will be announced at the Arkansas Minority Health Summit scheduled for April 20, 2012. The contest received more than 229 interested listeners on Cumulus Broadcasting station websites, with 56 actually entering the contest.

Media/Communications:

Ask the Doctor: Radio show on KIPR Power 92 featuring AMHC Medical Consultant, airs the third Tuesday of each month (7am to 9am). Power 92 listeners (70,000+) call in or email questions. Important AMHC news and events are highlighted. Listeners have the ability to listen to past shows on www.power92.com. An average of 40 down loads, emails and calls per month is received within the week prior to and following the show. The show is gaining exposure now that a link to download the show has been posted on the home page of www.power92.com along with other radio station promotions during this reporting period. Speakers during this quarter were:

- October** - Guest: Dr. Ronda Henry Tillman, UAMS - Topic: Breast Cancer Awareness
- November** - Guest: Dr. Eddie Ochoa, Arkansas Children’s Hospital - Topic: Pediatric Care
- December** – Guests: Sandra Mitchell, Better Community Developers, Courtney Hampton, ADH HIV/STD/Hepatitis C Section - Topic: HIV/AIDS

The Minority Report: two newsletter were disseminated via email this quarter to public health and grassroots community participants on AMHC listserv.

Facebook: updated regularly to inform the community of AMHC news, events, as well as recent news coverage. (www.facebook.com/arminorityhealth) AMHC has 884 fans with 215 active users. This is an increase of 42 fans from last quarter. AMHC’s goal is 5000 fans. To increase the number of fans, AMHC’s medical consultant will begin to provide the Director of Communications factoids regarding news in health care reform and other news related to minority health.

MEDIA DATA TABLE

Activity	Quantity	Counties Reached
Newspaper Coverage (including articles in AA, Hispanic, Asian American newspapers/magazines)	3	Chicot, Pulaski, Benton and Washington
# print advertisements/e-blasts	23	Statewide
Radio spots(contract, NLAAD and World AIDS Day)	720	Washington, Benton, Pulaski, Faulkner, Sevier
Television Coverage and Spots (spots for NLAAD and interviews for this quarter)	34	(Statewide) KARK, Fox 16, Univision
Facebook postings	22	Statewide

ACTIVITY AREA: RESEARCH - MHI's research activities support its mandate to gather and analyze information regarding disparities in health and health care access and to publish evidence-based data, define state goals and objectives and develop pilot projects for decreasing disparities. Outcomes for these activity areas are typically the number of new publications and presentations from these data.

Arkansas Racial and Ethnic Health Disparity Survey: Data analysis was completed with the support of the Department of Biostatistics at the College of Public Health to explore the association between perceived provider discrimination, healthcare utilization and health status in racial and ethnic minorities. We have identified significant racial differences with respect to perceptions of discrimination within the health care system. These perceptions of discrimination when seeking health care do not vary by education, gender or income. As a result, we recommend this core issue be addressed in all health care transformation efforts in Arkansas.

Outcomes: To date this work continues to inform activity to improve minority health. Specifically, in this period:

- This paper will be submitted to Ethnicity and Disease next quarter.
- This study is informing the development of the Arkansas Health Equity Collaborative activities.

ACTIVITY AREAS: PUBLIC POLICY – MHI's public policy activities support its mandate to make specific recommendations relating to public policy issues and its goal to influence public policy towards an equitable health care system for all Arkansans. Outcomes for this activity area measure MHI's impact on policy through the number of meetings held/ attended: and other potential means of impacting policy (e.g., contacts with policy makers, meeting attendance, and changes to policies related to minority health issues).

Affordable Care Act Involvement: The implementation of the Affordable Care Act (ACA) is an important step in Arkansas's progress towards health improvement in underserved communities. The Arkansas Minority Health Commission along with its partners is actively engaged in Health care reform planning and implementation in Arkansas.

During this period, we have formed the Arkansas State Health Equity Collaborative (ASHEC) funded by the National Association for State Health Policy. The purpose of this technical assistance grant is to advance health equity through the implementation of state health care reform. Our activities are centered on three activities: 1) Engaging the public in policy development and implementation; 2) Adopting and integrate eligibility systems; and 3) Using data to address health disparities.

Outcomes: Activities of the ASHEC in this quarter:

- Established a work plan (see attachment)
- Identified key personnel and organizations
- Developed messaging, logo and newsletter
- ASHEC meetings and presentations:
 - **December 13th**-UAMS – Little Rock, AR - 35 in attendance
 - **December 16th** - AR Delta Rural Development Network Conference- Fargo, AR - 40 in attendance
- National Webinar Participation

Minority Health Consortium: The AMHC Consortium met November 22, 2011 to deliberate on legislative policy initiatives in preparation of the 2013 legislative session and to provide an update on the following areas the Consortium has been working on:

- Meeting with Insurance Commissioner
- Health Care Reform Update

- Development of Minority Health Consortiums Across the State
- Arkansas Blue and You Grant

In attendance was one legislator who updated the consortium on the lack of movement with the Arkansas Insurance Exchange in association with the Federal Affordable Care Act. AMHC Executive Director/Consortium Facilitator and two consortium partners provided a report on the meeting with the Arkansas Insurance Commissioner in September to assess issues surrounding the exchange pertinent to minority communities. The Consortium decided to develop an educational campaign for minority communities in Arkansas to outline the impact of health care reform.

The Consortium will start meeting monthly beginning January 2012 in preparation for the legislative session. Each member was asked to submit legislative priorities by the next meeting. The Consortium plans to have its legislative educational agenda for 2013 set by July 31, 2012.

AMHC Public Health Leaders Roundtable: The 3rd Public Health Leaders Roundtable was held on November 8, 2011 at UAMS. The Roundtable was attended by 40+ public health leaders, legislators, along with the addition of education leaders representing the Arkansas Department of Education (ADE), Arkansas Department of Higher Education (ADHE), Little Rock School District (LRSD), and STEM program. The Roundtable is an action-driven entity of state leaders created to more broadly focus state resources on health equity in Arkansas. Convened regularly to ensure accountability and shared responsibility, the Roundtable initiative is currently focused on healthcare workforce diversity. A follow-up meeting is scheduled for January 31, 2012. This meeting will be held at the UAMS Spine Institute and consist of presentations from ADHE representatives, culminating with the facilitators leading the Roundtable work group through the process of narrowing the scope of focus to work towards measurable action steps to share with the Surgeon General of the United States, Dr. Regina Benjamin, at the AMHC Summit on April 20, 2012. Therefore, the Roundtable work group seeks to focus state collaborators and resources on national health goals with particular attention to addressing minority health needs, health care workplace diversity and eradicating health disparities in Arkansas.

ACTIVITY AREA: PILOT PROJECTS - These projects are established to test new strategies, materials, and theories related to the health of minorities in the state using evidence-based programs and materials. Thus pilot projects activities support MHI's mandate to develop intervention strategies, make specific recommendations relating to public policy issue, and develop pilot projects for decreasing disparities. Outcomes for this area are project specific. However, all outcomes data will be reported quarterly and to the independent evaluator semi-annually for the final report.

Gaps in Service – Northwest Arkansas:

Arkansas Minority Health Commission provided funding to the Marshallese Task Force to develop a handbook to assist with the acculturation process of people moving from the Republic of the Marshall Islands to Arkansas. The program began in July 2009 and ended in June 2010. The following information is from the final report received in December 2011.

- 1) Develop an acculturation tool for Marshallese coming to live in Arkansas using the acculturation handbook developed in Hawaii as a guide,
- 2) Provide an electronic version of this tool on the Arkansas Minority Health Commission's website, the Jones Center for Families' website, and links from other sites.
- 3) Publicize this website in local and Marshallese venues such as yokwe.net.
- 4) Print 250 copies in English and 500 in Marshallese.
- 5) Coordinate the content of the handbook with the DVD being produced by the Jones Center for families of Marshallese moving to Arkansas.

Outcome: The Task Force printed 1,225 copies in Marshallese rather than the proposed 500 and 575 copies printed in English rather than the 250 copies budgeted in the proposal due to a compassionate local

printer. Through Dr. Trotter's efforts, they received \$3,000 from the U.S. Department of Health and Human Services – Region VI (AR, LA, NM, OK and TX) which enabled them to print 560 additional copies of the booklet in Marshallese. A portion of the grant funds were also used to purchase a TV/DVD player for the RMI Consulate in Springdale, AR for viewing of the DVD developed by the Jones Center designed to accompany the acculturation booklet. The booklets were posted on yokwe.net on August 12, 2010 and a link to the booklet was posted on the Jones Center's main web page on September 1, 2010. AMHC prepared a press release concerning the posting of the booklet on the Jones Center's website. The program increased public's access to information through the 2,360 booklets that were printed and access to both versions of the booklet on numerous websites. In the past few days the "hits" on yokweonline@posterous for the booklet was 77,999! The Jones Center received calls from other states regarding publication of the booklet.

The following websites have posted the booklets for viewing and downloading:

www.hawaiiiprc.org The Hawaii Parent Information Resource Center, Honolulu, HI

www.supports.com Arkansas Support Network, Springdale, AR

www.healthy.arkansas.gov Arkansas Department of Health, Little Rock, AR

yokweonline@posterous.com A Marshallese website

University of Arkansas for Medical Sciences Center on Aging Initiative "Healthy Lifestyles

This program was created to improve the lifestyles of patients of the Delta Center on Aging Senior Health Clinic by helping each patient demonstrate improvement in at least one of the areas of weight, blood pressure, lipid levels, glucose level or physical activity. The program is a nutritional, physical activity and disease self management that focus on the elderly population under physician supervision.

Outcome: Forty participants formed 4 teams made up of ten members. Out of the four groups, three have already completed the program. The final report for this project regarding the progress of the four groups is due January 30th, 2012.

Southeast Targeted Area Resources for Health (STAR Health):

The primary purpose of STAR Health is to pilot a Community Health Workers' initiative in three Arkansas Delta counties (Chicot, Desha and Lincoln) in an effort to improve community health outcomes in these counties with large African American populations.

Outcome: Star Health provided services to 1,650 participants (AA: 1083, White: 409, Hispanics: 103, Unknown: 55, Other: 0,) Female: 1,313, Male: 313 and Unknown: 24. Through individual contacts Community Health Workers (CHWs), along with AmeriCorps volunteers assisted with finding primary care physicians, increased awareness on prostate cancer, developed a Health & Wellness Class focusing on Chronic Disease Self Management, and implemented the Prescription Assistance Program. The CHWs also collaborated with the local health department in identifying recent births. Follow up calls were made to recruit new moms into the Mom and Me program, a program that ensures that mom and baby are connected to needed services. As of December, 168 moms are enrolled into the program. Arkansas Black Hall of Fame inductee Kathryn Hall-Trujillo visited Arkansas in October 2011, where she was on a panel discussing the Birthing Project at the Arkansas Department of Health.

PROGRAM SPECIFIC RECOMMENDATIONS – The following recommendations were provided by the ATSC Independent Evaluator, RAND, in an effort to assist MHI in strengthening its program offering and internal capacity.

Rec (1): Maintain legislative focus on HIV/AIDS, sickle cell, health workforce diversity and system navigation issues. *(See activities above)*

Rec (2): Continue to strategically fund pilot and demonstration programs. AMHC Board of Commissioners approved seed funding as a pilot project to see the establishment of the UAMS Sickle Cell Adult Clinic resulting from Act 909 of 2011. AMHC will continue partnership with a commitment to see the opening of the Sickle Cell Adult Clinic. In addition, see continued activities under the Pilot Projects Activity Area above.

Rec (3): Use the Outreach Initiative Grants as well as other opportunities to partner with other Tobacco programs to reach program goals. See University of Arkansas for Medical Sciences Center on Aging Initiative Healthy Lifestyles section of report. The Arkansas Minority Health Commission will continue to collaborate with UAMS COPH on the PHACS online health care resources project. www.uams.edu/phacs.

Rec (4): Continue to forge collaborations with agencies and programs that have completed successful evaluations and with researchers who can bring needed expertise to these efforts.

The Arkansas Minority Health Commission (AMHC) has established professional service contracts with Dr. Creshelle Nash, Medical Consultant and Dr. Shawn Bediako, Sickle Cell Researcher. The AMHC also has a contract for a data analyst and epidemiologist with UAMS College of Public Health. This contract will provide an analysis of services provided by the Commission in FY 2011.

Rec (5): Take the next step with outreach grantees to ensure proper reporting, evaluation and monitoring. Grantees are required to submit supporting documentation with invoices. Project Managers compare invoices with scope of work outlined in grant for accuracy. Progress or lack of Progress is noted and submitted to grantee for a corrective action plan. A budget/invoice template was created by accounting to assure accurate reporting of expenditures for the quarter.

Update on Alliance on Community Health (FY2009 – 2010 former grantee) -theft of state funds case: No further actions during this reporting period. AMHC remains in constant contact with the Union County Sheriff's and Circuit Court. The next court date established is for Thursday, February 16, 2012. AMHC Director will attend.

Rec (6): Seek supplemental funding for programs and services. AMHC did not receive funding from Arkansas Blue and You to develop a minority health consortium in Phillips, Lee and Jefferson counties. The AMHC will continue to explore grant opportunities.

Medicaid Expansion Program

Reporting Period: October 1, 2011 – December 31, 2011

Total Fiscal Year Program Budget: \$70,309,743

Total Fiscal Year Administrative Budget: \$3,006,408 (4.3% of budget)

Mission Statement/Program Overview

The goal of the Medicaid Expansion Program is to create a separate and distinct component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding health care coverage and benefits to targeted populations as established by Initiated Act 1 of 2000.

Population 1: To expand Medicaid coverage and benefits to pregnant women.

Population 2: To offer expanded inpatient and outpatient hospital reimbursements and benefits to adults age 19-64.

Population 3: To expand non-institutional coverage and benefits to Medicare beneficiaries age 65 and over.

Population 4: To provide a limited benefits package to adults age 19-64.

Activity Area: Pregnant Women Expansion. This program expands Medicaid coverage and benefits to pregnant women by increasing the income eligibility limit from 133% to 200% of the federal poverty level. The program was implemented November 1, 2001.

Activity Area Fiscal Year Program Budget:	\$ 5,903,796 (8%)
Tobacco Settlement Proceeds	\$1,719,185
Leveraged Federal Funds	\$4,184,611

UPDATE for Pregnant Women Expansion: This expansion initiative is averaging approximately 1,100 active cases per month with 155 of those being new cases added each month.

OUTCOMES:

- Cumulative Program Participants –

October	19,334
November	19,462
December	19,611
- Proportion of Minority Participants - 26%

Activity Area: Hospital Benefit Coverage. This program offers expanded inpatient hospital reimbursements and benefits to adults age 19-64 by increasing the number of benefit days from 20 to 24 and decreasing the co-pay on the first day of hospitalization from 22% to 10%. The program was implemented November 1, 2001.

Activity Area Fiscal Year Program Budget:	\$ 8,927,809 (13%)
Tobacco Settlement Proceeds	\$2,599,778
Leveraged Federal Funds	\$6,328,031

UPDATE for Hospital Benefit Coverage: This program continues to assist beneficiaries who require extended hospital stays.

OUTCOMES:

▪ Number of recipients benefiting from 4 extra days-	October	2,339
	November	1,816
	December	2,757

Note: Number reflects recipients with claims paid during the month.

Activity Area: ARSeniors. This program expands non-institutional coverage and benefits to Medicare beneficiaries age 65 and over. The program was implemented November 1, 2002 at 75% of QMB and was increased to 80% of QMB effective January 1, 2003.

Activity Area Fiscal Year Program Budget:	\$7,911,382 (11%)
Tobacco Settlement Proceeds	\$2,303,794
Leveraged Federal Funds	\$5,607,588

UPDATE for 65 and Over Expansion: The tape matches with SSA for the Part D Low Income Subsidy are being worked by the staff in the new Access Arkansas Center in Batesville. (The Department is continuing to send letters to individuals to inform them of the QMB Program. QMB recipients below 80% of the FPL qualify automatically for ARSeniors coverage.)

OUTCOMES: Current program participants –	October	4,826
	November	4,841
	December	4,856
Proportion of Minority participants -	31.6%	

Activity Area: ARHealthNetworks (Age 19 to 64 Expansion). This program provides a limited benefits package to adults age 19 to 64. The ARHealthNetworks Program was implemented in January 2007.

Every 12 months ARHealthNetworks covers:

- 7 Inpatient Days
- 2 Major Outpatient Services, including emergency room and major services performed in the office.
- 6 Provider Visits
- Two Prescriptions Per Month
- Maximum Annual Benefit of \$100,000
- Renewable each 12 months

Activity Area Fiscal Year Program Budget:	\$47,566,756 (68%)
Tobacco Settlement Proceeds	\$14,227,343
Leveraged Federal Funds	\$33,339,413

Trainings Held (ARHealthNetworks)

NovaSys Health continues to communicate with its agents via telephonic questions and answers, as well as several face-to-face meetings with agents who are full-time marketers of the ARHealthNetworks product.

NovaSys Health staffed booths at AR Medical Society meetings in Springdale (northwest AR), Jonesboro (northeast AR), and Little Rock (central AR) in order to make sure that physician offices were aware of ARHealthNetworks and how it can help improve collection rates by helping enroll previously uninsured patients/members. These events were attended by over 200 physician's offices.

NovaSys Health staffed booths at the Arkansas Hospital Association interacting with hospitals all over the state. The strategy is to ensure that physician's offices are aware of ARHealthNetworks and how it can help improve collection rates by helping enroll previously uninsured patients/members. This event is represented by nearly every hospital (approximately 100) in the state.

OUTCOMES:

Quarter ending enrollment:	15,711
Gross New Members Per Month compared to Goal of 400:	October 797
	November 767
	December 845

Expenditures (in October 1, 2011 through December 31, 2011) and Allocation of Leveraged Federal Dollars

	Total	Tobacco	Federal
Pregnant Women	\$ 1,273,742	\$ 373,079	\$ 900,663
In-Patient Hospital	\$ 1,881,069	\$ 550,965	\$ 1,330,104
ARSeniors	\$ 2,016,533	\$ 1,154,092	\$ 862,441
ARHealthNetworks	<u>\$10,894,850</u>	<u>\$ 2,991,914</u>	<u>\$ 7,902,936</u>
Sub-Total Program	\$16,066,194	\$ 5,070,050	\$10,996,144
Administration	\$ 413,240	\$ 206,620	\$ 206,620
Total	\$16,479,434	\$ 5,276,670	\$11,202,764

Program Specific Recommendations: The following section provides our response to recommendations provided by the Independent Evaluator in the bi-annual report.

Rec (1): Determine the extent of need for each component of MEP and each program's effectiveness in meeting that need.

UPDATE: The data reflects the steady growth in enrollment in the ARSeniors and ARHealthNetworks initiatives and consistent utilization of Pregnant Women and In-Patient Hospital services.

Rec (2): Assess and track service use for the Pregnant Women's Expansion Program and the AR-Seniors Program.

UPDATE: As documented in previous status reports, the Department is confident in the saturation rate for the Pregnant Women's Expansion since more than two-thirds of births in Arkansas are paid by Medicaid. Efforts to develop new program goals and assessment measures for this initiative include discussions regarding specific pre-natal services critical to healthier births as well as increasing participation through the system enhancements described in the responses to Recommendations 3 and 4.

Rec (3): Improve the enrollment process

UPDATE: DHS continues to make significant progress in our efforts to modernize and streamline the application process for the core public assistance programs (Medicaid, Supplemental Nutrition Assistance and Transitional Employment Assistance). Modernization efforts include conversion to electronic case records to support a shift to universal caseloads, web-based applications and the construction of a high-volume processing center in Batesville. The Processing Center is now open and fully functional. DHS now has 8 Mobile Enrollment Units that will begin travelling to community events throughout the state to enroll Arkansans in health and nutrition programs. The Department is also in the process of developing a new eligibility and enrollment system designed to simplify and automate the customer's application experience. These enhancements will increase program access and create greater efficiencies in the administration of the program.

Rec (4): Increase capacity for conducting education and outreach to increase service utilization and enrollment for the programs

UPDATE: In addition to the outreach activities reported for the ARHealthNetworks Program, the Department has been promoting the new Access Arkansas website for on-line applications. The website was included in the press announcements for the grand-opening of the Access Arkansas Center in Batesville in September and in Mid-February with the unveiling of the new Mobile Enrollment Units.

Rec (5): Develop partnerships with other tobacco settlement programs or other state or local organizations to educate and conduct outreach in communities (continuation of recommendation from prior evaluation report).

UPDATE: The improvements in the enrollment processes described above create an environment that is conducive to enhanced collaboration opportunities. The ability to apply for health and nutrition assistance through the new Access Arkansas website allows "partners" to provide this enrollment service at any event with on-site computer access. The Department has already been contacted by several Tobacco Settlement partners regarding joint opportunities for outreach events throughout the state.

TOBACCO PREVENTION AND CESSATION PROGRAM

Arkansas Department of Health
FY2012 – Quarter 2 (Oct – Dec 2011)

Total Budget: **\$17,052,017.00**

Mission Statement: To reduce disease, disability and death related to tobacco by: Preventing the initiation of tobacco use among young people; promoting quitting among young people and adults; eliminating non-smoker's exposure to environmental smoke; and identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

Program Component Description:	Administrative Program Support
<i>Budget: {CDC recommendation – 4%}</i>	\$682,714 (4%)

The administrative section provides financial budgetary and audit support for all aspects of the Tobacco Prevention and Cessation Program (TCP). In addition, all human resources support is under this section. Salaries, fringe and indirect costs for the TCP staff funded by MSA are also included.

Goal:	Administrative
To provide administrative support so that the program is able to achieve its mission while performing within its budget with a well-functioning team.	

Quarterly Progress:

1	Recently filled vacant position: Administrative Health Program Specialist Current vacant position: Policy Health Program Specialist Youth & School Health Program Specialist Administrative Specialist II Director
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Program Component Description:	State and Community Programs
<i>Budget: {CDC recommendation –42%}</i>	\$7,768,148 (46%)

Goals: *PREVENT INITIATION OF TOBACCO USE AMONG YOUTH AND YOUNG ADULTS
ELIMINATE EXPOSURE TO SECOND HAND SMOKE*

To decrease the number of youth who take up tobacco (smoking or smokeless). The average age of initiation of tobacco use is around 12-13 years of age and approximately 90% of smokers have started before the age of 18. The Surgeon General has determined that there is no safe level of secondhand smoke. TCP will work to eliminate all exposure to secondhand smoke.

Measurable Objectives & Progress:	State and Community Program grants
1	Objective: By end of the 2013 legislative session, all exemptions in Act 8 will be removed, resulting in a

	comprehensive 100 percent smoke-free workplace law. (Act 8 exemptions – ACA §§ 20-27-1801 et seq.) Outcomes: TBD end of 2013 legislative
2	Objective: By December 31, 2012, 10 businesses (restaurants and bars) who currently fall under Act 8 of 2006 exemptions, will voluntarily adopt a smoke free work place policy. (Baseline data to be developed) Outcome: no new Q2
3	Objective: By December 31, 2012, two communities will pass smokefree local ordinances stronger than Act 8. (No communities in 2009 – Arkansas Department of Health TPCP) Outcomes: no new Q2
4	Objective: By June 30, 2013, 90 percent of homes and cars will be smoke-free. (83 percent of homes and 77 percent of cars in 2008 – Arkansas Adult Tobacco Survey) Outcome: 2010 NATS: due out soon; Law Enforcement Training Academy in Camden has implemented Act 811(2011) education in their curriculum; Sixty-seven individuals have signed a petition advocating that Act 811 be included in the electronic and printed driver's manual.
5	Objective: By June 30, 2013, Reduce by 1% the number of pregnant women who use tobacco. (14.8%--2009 AR Birth Certificate Data) Outcome: 2010: 13.7% who smoke; ; Pregnancy Pilot: 6 new enrollees into program Qtr2: 10 new enrollees into program
6	Objective: By June 30, 2014, the number of school districts implementing comprehensive evidence-based interventions recommended by the CDC's <i>Guidelines for School Health Programs to Prevent Tobacco Use and Addiction</i> , including policies and curriculum, will increase to 10 percent of all school districts. (6 percent in 2009-10) Outcome: 1 school implemented tobacco prevention/intervention in In-House School Suspension Qtr 2: Springdale SD reports 60 new teachers are utilizing HealthTeacher.com, with 5 of these reporting using anti-tobacco lessons.
7	Objective: By June 30, 2013, 15 CSH schools (currently funded by TPCP) will report having a comprehensive tobacco school policy. (Baseline data 12 comprehensive policies in FY 11, TPCP) Outcome: no new comprehensive policies Qtr 2: no new comprehensive policies; Schools not currently funded by TPCP: SHARE Foundation partnered with 6 Union County Wellness Committees to advocate for comprehensive tobacco policies. Four Wellness Committees are reviewing policies for consideration. Wellness Committees will make recommendations of policies to school boards.
8	Objective: By June 30, 2014 decrease the smoking prevalence of youth from 23.5% to 20.4. (Data Source YTS)Outcome: 2010 AYS 23.5%; ANNUAL reporting
9	Objective: By June 30, 2014, decrease the smoking prevalence of the LGBT population in Arkansas by 1% (Baseline data to be developed by June 30 2013) Qtr2: On November 29, 2011, Gustavo Torrez from the Network for LGBT Health Equality conducted a capacity building workshop hosted by MISRGO
10	15% Minority Initiative \$1,804,072 to: Minority Initiative Sub-recipient Grant Office (MISRGO) Objective: By June 30, 2014, decrease the smoking prevalence of African American males in Arkansas from 29.3% to 27.3% (2008 Arkansas Adult Tobacco Survey: 29.3%) Outcomes: 2010 NATS data due soon; MISRGO presented outline for the development of Research Center at UAPB to senior leadership at Arkansas Department of Health
11	Objective: By June 30, 2014, decrease the smoking prevalence of Hispanic males in Arkansas from 24.3% to 23.3% (2008 Arkansas Adult Tobacco Survey: 24.3%)

	Outcomes: NATS 2010 due soon
12	<p>Objective: Lower the white adult male smokeless prevalence rate from 14.4% to 13.4% by December 2013. (2010 BRFSS: 14.4%)</p> <p>Outcome: 2011 BRFSS due Spring/Summer 2012; 6 seminars with 147 attendees were hosted in the 5 PH regions (Jonesboro, Pine Bluff, Russellville, Hope, Little Rock)</p>
13	<p>Objective: Decrease high school male smokeless prevalence rate from 24.8% to 23.8% by December 2013. (Baseline data: BRFSS 2010 = 24.8%)</p> <p>Outcome: Data will be obtained annually.</p>
14	<p>Other:</p> <ul style="list-style-type: none"> • 2 businesses implemented a tobacco free policy, 1 business agreed to adopt a tobacco free policy, and 1 park agreed to implement a tobacco free parks policy. • 2 churches adopted a smoke free church campus policy. (one church has over 300 members) • A Tobacco Free Wellness Team was created at St. Bernards Medical Center to discuss ways to implement a new no tobacco policy for the patients. The new no tobacco policy was created, presented, and made effective December 16, 2011. • An "Ask, Advise, Refer" policy packet was created to be given to clinics along the Matthews Medical Mile. • St. Bernard's Hospital and First Care Clinic agreed to start implementing an 'Ask, Advise, Refer' policy • 2 companies changed their policy so that they no longer hire people who smoke starting in Jan 1 2012. • Two companies will offer people who smoke and are currently employed a Cessation program. • Crosby National, Jacksonville, an employer (medium sized 101 employees), conducted 4 classes for employees covering Tobacco education and policy. Outcomes: Total # of participants – 18, Total # who called ATQ – 16, Total # set quit date – 16, Total # completed classes – 18 • TPCP collaborated with ADH/HR trainers to incorporate SOS in new employee orientation

Program Component Description:	CESSATION
Budget: {CDC recommendation – 31%}	\$4,806,509 (28%)

Cessation of tobacco use is a key aspect of a strong tobacco control program that drives changes in behavior, health outcomes and social norms changes.

Goal: Promoting quitting among young people and adults

Measurable Objectives & Progress:		CESSATION
1	<p>Objective: By 2012, providers in 50 percent of public and private healthcare systems will document tobacco use as a vital sign and will deliver the US Public Health Service AAR (ask, advise, refer) intervention to tobacco users at every patient visit. (TPCP HCP report 2010: 39% 'document'; 7% 'always refer')</p> <p>Outcome: STOP – System Training Outreach Program is implemented across the northeast and central public health regions.</p>	
2	<p>Objective: By June 30, 2014, the reach of the Arkansas Tobacco Quitline (ATQ) will increase to a minimum of 5 percent of all people who smoke. (ATQ reports: 4.2% in FY2009; 4.1% in FY2010; 3.2% in FY2011)</p> <p>Outcome: ATQ is reaching 2.5% to date</p>	
3	<p>Objective: By June 30, 2014, the number of healthcare providers making patient fax referrals to the</p>	

	Arkansas Tobacco Quitline will increase by 10 percent annually. (FY2011: 6444)Outcome: 1571 Q2 FY2012
4	Objective: By June 30, 2014, Arkansas Tobacco Quitline calls from young adult tobacco users aged 18-30 years old will increase by 20 percent. (ATQ reports: 5,156 FY2010; 3,876 callers in FY2011) Outcome: 827 callers Q2 FY2012
5	University of Arkansas at Pine Bluff - Addiction Studies Program Outcome: no new activity this quarter

Program Component Description:	Health Communications
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Budget: {CDC recommendation - 14%}	\$2,356,798 (14%)
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This component provides critical health communications and media outreach that supports the TPCP and its statewide and community programs. Areas include encouraging tobacco users to call the quitline, discouraging youth from using tobacco, and reaching out to assist pregnant women and smokeless tobacco users. Materials are distributed throughout the state to provide educational support for initiatives such as educating health care professionals on evidence-based methods to help patients stop smoking. Community outreach support and educational materials are also provided at community events, coalition activities and public health forums.

Goal: To provide well-designed, persuasive health communications to motivate change.

Measurable Objectives & Progress:	Health Communications
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	CJRW \$1,300,000
1	Big Tobacco is Not Your Friend” Project Prevent Youth Media and Grassroots Campaign During the quarter, TPCP developed and launched three ads in English and three in Spanish. The spots were aired in general and minority markets through broadcast and cable television. Online ads were also purchased, and a Facebook page, website and grassroots program were launched. Outcomes: This campaign and all other SOS programs generated \$82,626 in free print and broadcast coverage. Over 150 youth participated in the grassroots program and produced five videos, the sosprojectprevent website has received 4303 hits to date and the Project Prevent Facebook page now has 96 friends.
2	Promotion of the Arkansas Tobacco Quitline: To promote cessation among adults, we continued to advertise the Quitline on broadcast and cable television. The campaign will air from September 12 to the end of June 2012. Outcomes: Averaged 244 calls against target 267.
3	Essay and Poetry Contest: The “My Future is Clear” contest targets youth from grades 2-9. The campaign launched on September 12 and ended on October 14. Outcomes: Over 1600 students responded with an essay or poem on what they would do to make the world smoke-free by 2030. Print clips for the 2011 Essay and Poetry Contest generated \$7,249.80 in total PR value.
4	Television Appearances: Carolyn Dresler, MD and staff from the Arkansas Department of Health were interviewed for television, radio and print media. Issues discussed included the impact of tobacco use on mental health patients, Arkansas’ lung cancer rates, Project Prevent, and state funding for tobacco control. Outcomes: Nine interviews on Daily Citizen, KATV, KARN, KARK, KTHV, Fox 16, and ADH’s internal podcast network.
5	Earned media: Six press releases were distributed during the quarter. They announced the Mental Health

	<p>press conference, the launch of the Essay and Poetry contest, the Great American Smokeout and Arkansas Tobacco Prevention Day. A New Year's press release was also used to encourage tobacco users to quit in 2012.</p> <p>Outcomes: Print coverage of all earned media: \$15,555.12; Broadcast coverage: \$72,960; total earned media: \$88,515.12</p>
6	<p>Electronic Media: Information was distributed to TPCP stakeholders through the following channels: ADH website, Facebook and Twitter, SOS e-newsletter, Facebook and website, and Dr. Halverson's Friday Letter. The ADH TPCP website was updated to include web pages focused on media and training resources.</p> <p>Outcomes: Over 5000 ADH employees and partners received information about TPCP at least once/month.</p>
7	<p>Awards for Excellence in Communication: On October 20, 2011 the Stamp Out Smoking (SOS) campaign was also awarded five 2011 Bronze Quill awards during the Arkansas Chapter of the International Business Communicators annual awards ceremony. SOS also received five national awards for outstanding creative and media materials from the National Public Health Information Coalition.</p>
8	<p>15% MI media</p> <p>Goal: To support the Tobacco Prevention and Cessation Media/Marketing campaign by using evidence-based strategies to reduce tobacco use in Arkansas' minority communities.</p> <p>Earned Media: Press releases were distributed to promote the launch of the "I Can't Imagine" media campaign and to announce the "Outing Tobacco" LGBT workshop. Six (6) on air interviews were hosted in Little Rock, Texarkana, El Dorado and Helene-West Helena, encouraging the minority community to quit smoking.</p> <p>Community-based Sponsorships: Strategic sponsorships were made at events where there was a high attendance of African American and Hispanic males, specifically targeting those aged between 15-54. Over 14,000 participants in the target audience were reached.</p> <p>Paid Media: During the quarter the "I Can't Imagine" media campaign was launched. The campaign features former Arkansas Razorback and current Chicago Bulls player Ronnie Brewer and appeals to young African American males. The campaign was aired in November and December.</p>

Program Component Description: Surveillance and Evaluation

Budget: {CDC recommendation-9%} \$1,437,848 (9%)

The surveillance and evaluation program provides the evidence base to support the program and to indicate where needs are in the state.

Goal: Surveillance and Evaluation

The surveys include the YTS, ATS, BRFS, YRBS, PRAMS and the evaluation programs include the quality management review, the on-line reporting program, the overall-program evaluation and support of the MSA overall evaluation requests. Other surveys are performed to assist the program, such as the pregnant women survey, the comprehensive clean indoor air law opinion survey, the healthcare provider survey, etc.

Measurable Objectives & Progress: Specific Component Name

1	<p>Arkansas Tobacco Control : (\$700,000 for FY2012) 7% non-compliance from compliance checks</p>
2	<p>The 2010 YTS report was completed and posted on ADH website: www.healthy.arkansas.gov</p>

Arkansas Aging Initiative

Reporting Period: Oct – December, 2011

Total Fiscal Year Budget: \$1,547,079

PROGRAM OVERVIEW

The AAI is an infrastructure of eight satellite Centers on Aging located across the state. This program is designed to address how to care for the burgeoning number of older adults in rural community settings through two primary components: an infrastructure that partners to provide quality interdisciplinary clinical care and innovative education programs for older adults and their families, professionals and students of the health and social services disciplines, and the general public.

Mission

- To improve the health of older Arkansans through interdisciplinary geriatric care and innovative education programs
- To influence health policy affecting older adults

Goals

- Clinical Services: Older Arkansans will receive evidence-/consensus-based health care by an interdisciplinary team of geriatric providers;
- Education: The AAI will be a primary provider of quality education for older people living in the state of Arkansas;
- Promotion: The AAI will employ marketing strategies to build program awareness;
- Policy: The AAI will inform aging policies at the local, state, and/or national levels;
- Sustainability: The AAI will have permanent funding sufficient to continue implementation of its programs; and
- Research: The AAI will evaluate selected health, education, and cost outcomes for older adults who are provided services and education.

Abbreviations for AAI Regional Centers

SACOA- South Arkansas Center on Aging (Eldorado)

DCOA – Delta Center on Aging (West Memphis plus a Helena/West Helena Satellite)

COA-NE – Center on Aging-Northeast (Jonesboro)

SCCOA- South Central Center on Aging (Pine Bluff)

WCCOA – West Central Center on Aging (Fort Smith)

OCOA – Oaklawn Center on Aging (Hot Springs)

TRCOA - Texarkana Regional Center on Aging – Texarkana

Schmieding – Springdale

 Schmieding Bella Vista – Schmieding Satellite in Bella Vista

 Schmieding Harrison – Schmieding Satellite in Harrison

 Murk Family Center on Aging – Schmieding Satellite in Mt. Home

SHC – Senior Health Clinic

**Activity Area: Clinical Services –
Activity Area Fiscal Year Budget: \$773 (0.05%)**

KEY INFORMATION: *Our hospital partners own and operate the clinics. The only contribution from the Tobacco Settlement Dollars is for the work that Associate Director Dr. Larry Wright does with the potential Mountain Home Senior Health Center which for the past fiscal year was approximately 6 hours. The work with St. Joseph Hospital in Hot Springs is covered by the Oaklawn Center on Aging that does not receive tobacco dollars.*

Update for Clinical encounters and SHC's: The clinics were operated as usual, this quarter.

Outcomes: Total visits by SHC staff were 10,914 for October, November and December. Table 1 below provides the details of the type of visits per site.

Update for provider FTE's (MD's and APN -advanced practice nurses):

Outcomes: Full time equivalents for medical doctors and advanced practice nurses (FTE's for MD's and APN) working in the clinical settings are collected annually. The data for FY 2011 are presented in the table below. Data are reported during the first quarter annually for the previous FY.

Update on creation of new SHCs:

Outcomes: Discussions are still occurring at the local levels in Hot Springs for the Oaklawn Center on Aging and at Mt. Home for the Baxter County Regional Medical Center. A preliminary meeting with Baxter County Regional Hospital occurred in August, 2011 and plans for a clinic to open in the Spring of 2012 look promising.

Update on partnership with Arkansas Nursing Homes:

Outcomes: All COAs continue to provided educational activities for many nursing homes related to evidence-based practices (refer to Table 3 under in-services and paraprofessional educational encounters). The number of standards of care used in nursing homes associated with COA's are reported annually. The data for FY 11 are presented in the Data for Clinical Services table below. Data are reported during the first quarter annually for the previous FY.

Update on evidence-based guidelines in SHC

Outcomes: The number of SHC's supported with materials to implement evidence-based guidelines are reported annually. The data for FY 11 are presented in Table 2.

Table 1: Per COA clinical visit details

	SACOA	DCOA	COA -NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista
SHC	950	456	1723	1065	735	1557	1362	886
NH	57	210		158	76		337	170
Inpatient	243	99		294			330	
Home	10	102		1			92	1

Table 2: Data for Clinical Services FY 2011

	SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	Schmieding Bella Vista	OCOA
APN FTE's	1	0	1	1	1	1.4	3	1	NA
MD FTE's	1	1	3	1	1	1.9	5	1	NA
# of nursing homes assisted to improve quality of care as indicated by the Advancing Excellence Campaign	2	3	2	2	2	2	2	2	NA
COAs with nursing home practice: Has it implemented at least one standard of care for nursing home residents? (Yes/No)	No	Yes	Yes	Yes	Yes	No	Yes	Yes	NA
# of evidence-based guidelines in use at SHC's	0	6	4	4	1	1	1	2	NA

Activity Area: Education –
Activity Area Fiscal Year Budget: \$1,090,691 (70.5%)
Update on educational encounters for each target population group:

Outcomes: Data presenting educational encounters for each target group are collected each quarter. A summary of the data is in Table 2 and details are in Table 3. Total encounters for October, November and December 2011 were 14,651, and of those, 25.3% were to minorities.

Table 3: Summary of Education Encounters

Target Audience	Encounters
Community (includes community members & exercise	8030
Health care professionals	1995
Health and social service students	339
Paraprofessional (includes in-services)	575

Table 4: • Total Education Encounters for this quarter was 14,651 of those 25.3% to minorities.

AAI Site	Health Professionals	In-services	Para Professionals	Community	Exercise	Students	Totals
SACOA	69	68		676	126		939
<i>Minorities</i>	19	34		151	28		232
DCOA	26	224		147	1324		1721
<i>Minorities</i>	14	210		116	840		1180
DCOA-Helena		201		197	401		799
<i>Minorities</i>		183		123	97		403
COA-NE	626		23	806		140	1595
<i>Minorities</i>	17		1	42		24	84
TRCOA	439		13	341	331		1124
<i>Minorities</i>	90		9	158	12		269
Schmieding	292		341	649			1282
<i>Minorities</i>	1		68	57			126
SCSHE-Bella Vista		38		373			411
<i>Minorities</i>		1		3			4
SCSHE-Mtn. Home	35	38	63	512	574		1222
<i>Minorities</i>	1			1			2
SCSHE-Harrison			19	664		14	697
<i>Minorities</i>							0
SCCOA	418	48		1727	63	185	2441
<i>Minorities</i>	125	35		960	32	93	1245
WCCOA	78	68		609	275		1030
<i>Minorities</i>	8			18	4		30
Oaklawn	12	49		1329			1390
<i>Minorities</i>	2	34		98			134
Total Ed Encounters	1995	734	459	8030	3094	339	14651
Total Minority Encounters	277	497	78	1727	1013	117	3709

Activity Area: Promotion –
Activity Area Fiscal Year Budget: \$146,973 (9.5%)

Update on AAI's visibility through media to academic/professionals and lay public:

Outcomes: The Centers on Aging were involved in the following during October, November and December, 2011: 10 newsletters, 27 newspaper articles or press releases, 7 radio spots, 61 TV spots, 2 journal articles and 42 mailings. There was also 3 national presentations completed this fall; one at the National Evaluation Conference in Washington DC, one at the Geriatric Society of America in Boston, and one in Scottsdale, AZ on "Emergent Themes From Students Involved in An Older Adult Interdisciplinary Service Learning Project".

Activity Area: Policy –
Activity Area Fiscal Year Budget: \$61,883 (4%)

Policy Update: (impact on aging policies at the local, state and national levels)

Outcomes: The Regional Community Advisory Committees are actively involved in working with their legislative leadership in preparation for the upcoming Session of the Arkansas General Assembly. Three committees have proposals requesting legislative appropriations for their Centers on Aging.

Activity Area: Sustainability – (Leveraged Funds)
Activity Area Fiscal Year Budget: \$154,708 (10%)

Update: (revenue from sources other than tobacco funds)

Outcomes: The total funding obtained to support operating expenses (from all sources) are reported quarterly. The total for all sites during this quarter (October, November and December) was **\$86,626**. Dollars per site are detailed below in table 5. Advisory Committees are also working on local fund-raising activities to raise private monies to augment the COA operating budgets that were reduced due to declining tobacco revenues. Individual committee members continue to increase the advocacy role of the Centers on Aging by participating in more civic and community activities while at the same time including community leaders in the activities of the Center.

Table 5: Leveraging: Revenue from sources other than tobacco funds that supported the COAS during this quarter:

SACOA	Delta	COA-NE	SCCOA	WCCOA	TRCOA	Schmieding	OCOA
\$12,028	\$5,373	\$2,410	\$ 900	\$7,400	\$19,450	\$37,579	\$1,486

Activity Area: Research & Evaluation –
Activity Area Fiscal Year Budget: \$92,051 (5.95%)

Update: Regarding outcome and evaluation research

Outcomes: Evaluation activities continued to focus on educational programs from October, November and December, 2011. Dr. Vuk, the AAI evaluator, focused this quarter on developing a draft of the evaluation plan (based on new goals and strategies) that includes Logic model with long term goals.

Program Specific Recommendations: The following recommendations were provided by the Independent Evaluator.

Rec (1): Develop and implement an assessment of the optimal mix of professionals needed to maximize encounters in the most cost effective manner to maintain high quality care for seniors.

UPDATE: Data for professional mix is collected on an annual basis; FY 11 numbers are included in this report, Table 2.

Rec (2): Continue to make progress in training COAs in use of evidence-based guidelines and developing partnerships with nursing homes.

UPDATE: As part of the Chronic Disease Model implementation, evidence-based guidelines are continually encouraged for use in the SHCs. At this time, 4 SHCs are involved with Medicare Pay-4-Performance activities. All COAs continue to provide education and in-service activities for many nursing homes related to evidence-based practices.

Rec (3): Maintain work with strong Regional Community Advisory Committees and promotion efforts through media outlets and professional publications, focusing on involvement in policy and clinical services.

UPDATE: The Regional Community Advisory Committees are actively involved in working with their legislative leadership in preparation for the upcoming Session of the Arkansas General Assembly. Three committees have proposals requesting legislative appropriations for their Centers on Aging. All committees are working on local fund-raising activities to raise private monies to augment the COA operating budgets that were reduced due to declining tobacco revenues. Individual committee members continue to increase the advocacy role of the Centers on Aging by participating in more civic and community activities while at the same time including community leaders in the activities of the Center.

There were over 149 different media activities this quarter focusing on community and professional programs, events, and educational endeavors.

Rec (4): Continue monitoring contact with legislators. Focus on a finite set of legislative issues and provide timely information as lawmakers make decisions relevant to AAI target population.

UPDATE: Regional Advisory Committee members continue to meet with their area legislators on policy matters affecting the importance of continuing the Tobacco Settlement Funds as outlined in the original Initiated Act. Regional Advisory

Committee members also worked with their local legislators in seeking financial support for their respective Centers on Aging.

Rec (5): Develop a plan for sustainability that includes identifying multiple reimbursement streams and continue to seek grants leveraged funding to expand services.

UPDATE: The AAI continues to seek contracts, grants, and gifts from a variety of sources. See leveraging data, Table 5, for the outcome of these efforts for October, November and December, 2011.