

Criterion VI: Research

- ▶ **CRITERION VI: THE SCHOOL SHALL PURSUE AN ACTIVE RESEARCH PROGRAM, CONSISTENT WITH ITS MISSION, THROUGH WHICH ITS FACULTY AND STUDENTS CONTRIBUTE TO THE KNOWLEDGE BASE OF THE PUBLIC HEALTH DISCIPLINES, INCLUDING RESEARCH DIRECTED AT IMPROVING THE PRACTICE OF PUBLIC HEALTH.**

Strategic planning for research programs has been on-going from the initial identification of the College of Public Health's (COPH) Mission through the present time. Total research funding in the COPH has risen markedly from virtually nothing at our inception to over \$5.2 million in annual research funding. As newly hired faculty become more established, funding and number of projects are expected to increase. The COPH has elected to address our mandate, reflected in our Mission statement (see Section I.1), to improve the health and quality of life of Arkansans by emphasizing key areas identified for research, training, and service including:

- Community-based initiatives as a means of providing cost-effective programs to address the disease prevention needs of Arkansans
- Collaborations with public health practitioners, particularly those in the Arkansas Department of Health and Human Services Division of Health (DOH) and in other agencies and organizations, to help create models of quality public health programs and more readily disseminate best practices identified in research through the Arkansas public health practice community
- Interdisciplinary research, because we strongly believe that the answer to current public health research questions is best addressed through interdisciplinary collaboration that leads to transdisciplinary approaches addressing current public health issues and modeling this collaboration for our students and trainees
- Translational research, since we strongly believe that basic and clinical research findings need to be translated to the population level in order to best achieve our Mission, while communities need to be involved in better informing clinical and basic research
- Prevention of the major sources of morbidity and mortality for Arkansans, i.e., cardiovascular disease and cancer, resulting substantially from obesity and tobacco product use
- Racial and ethnic minority health disparities through research programs (in addition to educational and service programs) to address the significant health disparities in Arkansas and target subgroups with the greatest needs

As in our teaching and service programs, the COPH focuses on the three core functions in public health during development of our research programs: 1) assessment or surveillance of the issues that pertain to a healthy condition; 2) policy development, to adjust and correct the system whereby health improvement can be realized; and 3) assurance that all people have access to needed programs and services. Fundamental to our philosophy is our endorsement of the reciprocal determinism between research, education, and service, depicted in Figure VI-1. The COPH aspires to conduct research that focuses on

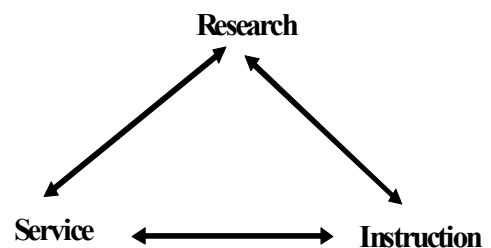


Figure VI-1. Reciprocal determinism among research, instruction, and service.

collaborations with public health and overall healthcare practices as well as communities. This approach provides tremendous opportunities to educate not only our degree-seeking students who participate in such projects but also our public health practice, healthcare practice, and community partners while simultaneously addressing the scientific questions under study. The applied research at the heart of our Mission will also, undoubtedly, involve service to the populations that are involved.

VI.1 A description of the school's research activities, including policies, procedures, and practices that support research and scholarly activities.

Several key policies relate to our research endeavors along with key procedures and practices incorporated into the functioning of the COPH. Relevant policies and procedures and practices are described below.

VI.1.a Policies

Six important policies are key to the realization of identified research priorities: 1) the UAMS policy of Indirect Cost Recovery (ICR) return to the COPH; 2) the adoption of a matrix structure, consisting of departments and centers to ensure interdisciplinary collaboration to further public health science and address key identified public health issues important to Arkansans in meeting the COPH Mission; 3) the development of a COPH Research Committee to improve the quality and quantity of research; 4) a faculty incentive policy designed to provide rewards for faculty who meet certain criteria related to research, service, and teaching, and to enable faculty to accrue funds in discretionary-use accounts to assist them in developing their academic programs; 5) the COPH Policy for Community-Based Public Health Practice, including community based public health practice which is being implemented for research purposes; and 6) the COPH Community-Based Public Health Committee.

First, by agreement with the Chancellor, 30% of the COPH's ICR is returned to the Dean for use in funding COPH programs. A portion of these funds is returned to PIs, as described below, as part of the COPH incentive policy. A portion will also be returned to PIs' departments. This ICR policy provides the COPH with an incentive to participate in research and an opportunity to add to funding.

Second, the matrix structure of the COPH (see Section II.B.3 and Table II-1) was developed as a formal mechanism to ensure an interdisciplinary complement of faculty expertise in three areas, obesity, tobacco use, and maternal and child health issues, to address the major sources of morbidity and mortality in Arkansas. This structure is probably similar to the structure that has emerged in other schools of public health or other academic units that have interdisciplinary collaboration at their core in research endeavors. Research teams organized around centers commonly develop to foster interdisciplinary research (as well as educational and service programs) in many academic units. What may be somewhat unique in the COPH is that we have had the luxury of receiving core funding for an inaugural faculty, enabling us to form a clear Mission for the College and to begin making decisions consistent with this Mission, including the matrix structure and the emphasis on interdisciplinary activity. Departments within the COPH still provide for discipline-specific leadership and identification as well as academic homes for the COPH academic programs (i.e., MS, PhD). For each interdisciplinary center, a program director has been identified. Delia West, PhD, a leading obesity researcher, serves as the Director of the Center for the Study of Obesity. Warren Bickel, PhD, a leading addictions researcher, was recruited in collaboration with the Department of Psychiatry to serve as the Director of the university-wide Center for Addictions Research (CAR) and as Director of the COPH Center for

Study of Tobacco, which is organizationally under the umbrella of the CAR. Finally, the Center for Maternal and Child Health Issues has recently been formed with Richard Nugent, MD, MPH, serving as director.

Third, a COPH Research Committee has been created to address research policies in the College (see COPH Governance Document in Appendix II.B.) and to develop and coordinate investigative studies within the COPH. The Committee stimulates and fosters student research and identifies potential financial support for such programs, and monitors and makes recommendations to the DEC about infrastructure needs to support research productivity. The committee also recommends to the DEC and the Dean any new COPH interdisciplinary centers. In this manner, it is charged with identifying new and emerging research opportunities for the College. Consistent with the COPH Mission, proposals for interdisciplinary and community-based research activities are encouraged. The Committee promotes the use of research support programs within UAMS, such as the computer facility, bioinstrumentation, informatics, and animal care facilities. Finally, it continually assesses the appropriateness of research space allocations and makes recommendations to the Dean for changes as it sees appropriate. In sum, while open to input from all faculty, the Research Committee is charged with reviewing and improving the quality and quantity of research activities within the COPH.

Fourth, the incentive policy for faculty is designed to: 1) reward faculty for engaging in key activities (research, teaching, and service) deemed important for the COPH to pursue our Mission; and 2) provide an opportunity for individual faculty to build discretionary funds, allowing them to control resources in guiding the development of their activities in directions consistent with their academic freedom, e.g., by providing “bridge” funds to support key staff or allow faculty to pursue sabbaticals that enhance and enrich their academic experiences. Salary “off-set” from extramural sources provides the basis for a faculty bonus. A proportion of the indirect cost recovery returned to the COPH will be placed in the discretionary fund accounts for individual faculty use. This incentive policy is provided in Appendix III.B.

Fifth, a policy for the COPH Principles of Community-Based Public Health was established to guide faculty, staff, and students in the practices to be established with all programs involving communities (see Appendix II.D). Given the priority of a community-based participatory approach in meeting the COPH Mission, these guiding principles are at the heart of much of what the COPH does, and they establish the expectations for our community partners.

Finally, our Governance Document established the Community-Based Public Health Committee (CBPHC) (see Appendix II.B) to advance COPH interests in developing the demonstration sites for community-driven public health. The CBPHC is charged with monitoring and facilitating collaboration among the CBPHC partners. While these community collaborations are not envisioned as being exclusively research but as involving both service and instructional aspects, the Committee and the partnerships it is designed to oversee provide an important resource for developing research programs.

VI.1.b Procedures and Practices

In addition to the six policies described above that influence our research procedures and practices, there are several procedures and practices both at UAMS and within the COPH that affect research programs.

UAMS Procedures and Practices

In addition to centralized wet-lab space maintained by the university, six laboratories have been designated for use by COPH faculty as the need arises (see Section IV-5). UAMS maintains several offices and centers that provide central support for research. First, the Office of Research and Sponsored Programs (ORSP) is directed by the Vice Chancellor for Academic Affairs and Research Administration. Other research support committees or offices within the ORSP include the Human Research Advisory Committee (HRAC – the Institutional Review Board [IRB] at UAMS), the Office of Research Compliance (ORC), the Automated Research Information Administrator (ARIA) system, and the Office of Clinical Trials (OCT). In addition, under the supervision of the Vice Chancellor for Finance and Chief Operating Officer, UAMS maintains the Restricted Funds Accounting (RFA) Office for accounting of grants and contracts. The NIH-funded UAMS General Clinical Research Center (GCRC), which reports to the Dean of the UAMS College of Medicine, is accessible to all UAMS Principal Investigators. Each of the research support services is described in greater detail below.

Office of Research and Sponsored Programs (ORSP). The Mission of the ORSP is to mediate the grants and contracts process and facilitate ethical research. The OSRP includes the Human Research Advisory Committee (HRAC), the Office of Research Compliance (ORC), the Automated Research Information Administrator (ARIA) system, and the Office of Clinical Trials (OCT).

Human Research Advisory Committee (HRAC). HRAC is the Institutional Review Board (IRB) at UAMS. The purpose of HRAC is to protect the rights and welfare of research subjects. The HRAC has the authority to approve, disapprove, or require modifications of research activities that fall within its jurisdiction. The advisory committee may work in conjunction with other university or institutional committees; however, it reviews research projects independently based upon the principle that human participants will be adequately protected. All research projects involving human subjects must be submitted to the HRAC via the ARIA system (see description below).

Office of Research Compliance (ORC). The primary purpose of the ORC is to support those activities that protect human research subjects and elevate the general level of research through systematic evaluation of research activities. The main functions of the ORC include auditing, education, and advisory consultation efforts that promote research compliance and integrity. The ORC functions as the auditing and compliance body for the UAMS HRAC. The ORC is a component of the campus Human Research Protections Program (HRPP). ORC reports directly to the senior campus research official, the Vice Chancellor for Academic Affairs and Research Administration. Compliance courses include a HRAC web-based program, *Researchers On-line Compliance Courseware*; a web-based program for *HIPAA Issues in Human Subject Research*; live educational forums for investigators and coordinators; and one-on-one educational sessions as required. Regulatory consultation is also available to provide guidance on research-related regulatory issues through: 1) preparatory study reviews prior to FDA or NIH audits; and 2) the distribution of new information from federal regulatory agencies and others related to human subject research. Human research quality improvement activities include assistance with establishing study-specific data safety monitoring plans and assistance with establishing department-level quality improvement plans for research data and safety monitoring.

Automated Research Information Administrator (ARIA). Automated Research Information Administrator (ARIA) is a database, web-based application system run on an internal server. The overall objective of ARIA is to provide an integrated environment to exchange information between ORSP, HRAC, OCT, and animal, biosafety, and laboratory committees for UAMS campus-wide research. ARIA is designed to be a major component for the information technology needs of administrators, researchers, and institutions while maintaining an emphasis on compliance with regulatory requirements. ARIA provides on-line regulatory training and certification for researchers and research staff and allows for the on-line entry, management, and processing of IRB applications, certifications, and periodic re-review.

Office of Clinical Trials (OCT). The Office of Clinical Trials (OCT) represents a joint effort by the University of Arkansas for Medical Sciences (UAMS), the Central Arkansas Veteran's Healthcare System (CAVHS), and the Arkansas Children's Hospital Research Institute (ACHRI) to create an environment in which industry-supported clinical research involving new drugs, devices, and biologics will be conducted in an ethical and efficient manner by highly-trained, qualified investigators and clinical research coordinators in accordance with appropriate federal and state laws, regulations, and guidelines, as well as local IRB policies. The OCT maintains a service-oriented approach, assisting wherever possible to improve the general environment for clinical trials. In addition, the Office develops useful educational programs and services for investigators and coordinators and seeks to streamline the processes involved in the approval, implementation, and conduct of clinical trials.

Grants Accounting/Restricted Funds Accounting (RFA) Office. The RFA Office is responsible for monitoring and reporting on restricted contracts, gifts, and other sponsored awards in addition to grants. This office is part of the UAMS Finance Department and is under the direction of the UAMS Vice Chancellor and Chief Finance Officer. One function of this office is to assist principal investigators and their business officers with activities involved in the post-award administration of grants, contracts, or other restricted awards. To aid in this effort, this office reviews transactions such as amended payroll certifications, interdepartmental transfers, purchase requests, and budget revisions that are to be posted to these accounts.

General Clinical Research Center (GCRC). Although NIH has announced plans not to renew GCRCs, the currently funded UAMS GCRC provides a resource for investigator-initiated, human-based research serving the entire UAMS faculty including the Colleges of Medicine, Nursing, Public Health, and Pharmacy, the VA Hospital, and Arkansas Children's Hospital. The GCRC provides investigators with specialized research space, dedicated research nursing support, dietary consultation and metabolic kitchen, biostatistical support, informatics consultation, and specialized core laboratories. The GCRC is dedicated to training new clinical investigators through: 1) courses; 2) grants to post-doctoral fellows and junior faculty; and 3) GCRC rotations. GCRC educational efforts address the needs of faculty, post-doctoral fellows, and pre-doctoral students of all disciplines. UAMS applied for and has been awarded a planning grant (P-20) for a Center for Translational Science Award (CTSA), and several COPH faculty have been in key leadership positions during the preparation of this application. It is anticipated that the COPH will continue to be actively involved in planning for the CTSA, and that the center or institute which evolves will serve as a resource for COPH faculty, staff, and students.

College of Public Health Procedures and Practices

In addition to the COPH policies to support and promote research described above in Section VI.1.a, a number of other procedures and practices exist within the COPH to support faculty in the development of research initiatives, including: 1) an on-going strategic planning process for research infrastructure; 2) centralized pre-award budget and grant preparation; 3) technical writing and editing; 4) post-award budget monitoring and fiscal management support; 5) centralized human resource administration; 6) a centralized Office for Community-Based Public Health to provide technical expertise in community based participatory methods; 7) systematic efforts to co-fund positions with our major public health practice partners; and 8) a weekly research colloquium, co-sponsored by the COPH and the DOH. Each of these eight areas is described below.

Strategic Planning Process. A strategic planning process was initiated at the COPH inception to guide our development. Upon assuming his position in September 2002, COPH Founding Dean, James Raczynski, PhD, carried the process forward with strategic planning retreats in October 2002, November 2003, and October 2004. Additional retreats are being planned for September 2006 and then again in January of 2007. During the October 2002 retreat, several areas of need related to research were identified and planning committees were formed to address the major issues. The strategic planning process has been incorporated in COPH procedures and practices as an iterative planning process to: 1) identify areas that need to be addressed or developed; 2) involve input from faculty and constituents; 3) identify and implement solutions; and 4) monitor, analyze, and re-address solutions/needs, if necessary, based on outcomes (see Criterion X for more detailed description). The 2002 strategic planning retreat led to establishing a Research Infrastructure Working Group to provide the Research Committee established in our Governance Document (see Section VI.1.a and Appendix III.A) with broader input and guidance for infrastructure needs, priorities, and potential partners. In addition to the provisions already made by the COPH to support pre-award and post-award grants management, fiscal management, and human resources activities, the Research Infrastructure Working Group is addressing other needs, including survey research methods and capability, health communications, evaluation research methods, and data management and programming capability.

Centralized Budget and Grant Preparation. Based on early recommendations from the Research Infrastructure Working Group, an office for centralized pre-award budget and grant preparation has been developed under the direction of COPH Administrator, Mr. Rod West. Under Mr. West's direction, this office includes 3.0 FTE of administrative staff skilled in assisting faculty with centralized pre-award budget and grant preparation, and post-award administration. These individuals are trained about federal policies, regulations, and procedures so that they can relieve faculty from the burden of non-scientific aspects of grants and contracts preparation as well as assist with the development of new faculty investigators.

Office of Grants and Scientific Publications. UAMS has a centralized Grants and Scientific Publications office for assistance in technical writing and editing grants and contracts. The COPH has invested in the salary support of 0.5 FTE for this office in order to provide COPH faculty with editing and technical assistance in the preparation of grants and contracts and, if needed, manuscripts and technical reports.

Post-award Budget Monitoring and Fiscal Management. Post-award budget monitoring and fiscal support for faculty is also provided at the College for research-funded faculty under the direction of the COPH Administrator. Working closely with the UAMS RFA office, the COPH administrative staff

assist investigators in account reconciliation and budget projections and act as liaison to the university's RFA office to ensure the timely filing of financial status reports and other fiscally related requests and progress reports as needed.

Human Resource Administration. While UAMS maintains a centralized Human Resource Office, the COPH also currently employs an administrator who spends part of her time coordinating human resource matters to assist faculty and staff, including establishing new positions, posting positions, maintaining all personnel records, and counseling faculty and staff on employees' rights and personnel-related policies and procedures. Effort for this position will increase as the COPH grows.

Office of Community-Based Public Health. The Office of Community-Based Public Health (OCBPH) has four primary objectives (see Section II.B.2.a): 1) develop and maintain close partnerships, based on the COPH Principles of Community-based Public Health (see Appendix II.C), with a limited number of Arkansas communities to serve as model programs of community-based participatory public health, expanding these partnerships as resources permit; 2) coordinate with the COPH Community-Based Public Health Committee (see Section III.2.f) to facilitate COPH and community-wide activities identified by the committee to foster and facilitate collaboration among communities and partners and within the faculty to support community teaching and service learning experiences and community-based participatory research; 3) provide a resource for COPH faculty, students, and staff on community-based public health theories and methods and for assistance in developing and implementing new community-based learning, service, and participatory research programs; and 4) develop grant applications and conduct funded projects involving community-based participatory research. Going beyond traditional public health community partners, the OCBPH is charged with developing creative linkages with non-traditional partners, such as business organizations and economic development initiatives. The OCBPH currently consists of a faculty-level Director (M. Kate Stewart, MD, MPH) as well as 2.5 FTEs of community liaison staff effort.

Co-funding Positions With Major Public Health Practice Partners. With the COPH Mission to improve the health and quality of life of Arkansans, COPH planning identified the need to develop strong collaborations with public health practice and healthcare practice partners in all of our programs, including those directed at research initiatives. Prominent among others who serve in these co-funded positions with the DHHS Division of Health (DOH) are: Dr. Paul Halverson, who serves both as the Chair of the COPH Department of Health Policy and Management and as Director of the DOH; and Dr. Joe Bates who is COPH Associate Dean for Public Health Practice and serves as Deputy Director and Chief Science Officer for the DOH. These co-funded positions increase the collaborations between the COPH and these partner units and agencies in research programs as well as in service and training endeavors. To actualize these partnerships, systematic efforts are in progress to co-fund positions, particularly with major public health practice partners (e.g., DOH, Area Health Education Centers [AHECs]). For example, a joint recruitment effort resulted in hiring a cancer epidemiologist, Dr. Jianjun Zhang, with funding support from the College, the DOH, and the Arkansas Cancer Research Center. Several positions, including that of Dr. Charles Cranford, Executive Director of the AHEC program and Vice Chancellor of Regional Programs, have also been co-funded with the AHEC program.

Research Colloquium Series. A weekly Health Policy and Health Promotion Conference series was initiated in 2002–2003 to promote interdisciplinary research collaboration and stimulate excellence in research (see Appendix VII.B for a list of presenters and topics). This series is co-sponsored by the COPH and DOH.

VI.2 A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

Community-based participatory programs in all areas of research, service, and instruction have been identified from the earliest planning of the COPH as essential for meeting our Mission. This focus led to early recognition of the importance of close collaboration with communities, agencies, and organizations that are actively engaged in similar community-based, participatory initiatives.

VI.2.a Community-based

In recognizing the importance of community-based approaches as the major means for realizing the COPH's Mission, the benefit of close partnerships directly with communities was highly important for COPH research as well as service and training programs. Hence, a variety of direct partnerships have been developed with communities, as has been summarized in Appendix II.C. As discussed previously, these partnerships are facilitated by the OCBHP and the Community-Based Public Health Committee (see Section III.2.e), the activities of which are guided by the COPH Principles of Community-Based Public Health Research, Service and Training (see Appendix II.D). Briefly, these community-based partners include the following, with those involving formal, signed contracts and agreements noted:

- **Mid-Delta Community Consortium (MDCC) in Arkansas' Delta Region** – Partnerships in the Arkansas Delta region are being forged in collaboration with the MDCC (see subcontract for personnel from an MDCC-awarded HRSA grant in Resource File). The MDCC charter specifically included the ability to receive grants and to oversee and develop additional consortium arrangements with other associations and organizations locally, statewide, or regionally. The chartered members were: (1) the Rural Health Initiative of the UAMS College of Public Health; (2) the Boys, Girls, Adults Community Development Center in Marvell, a major community-based organization partner of the COPH; (3) the Delta AHEC in Helena; (4) the Phillips County Health Unit of DOH; and (5) the Phillips Community College of the University of Arkansas.
- **Boys, Girls, and Adults Community Development Corporation (BGACDC) in Marvel, AR** – In addition to the collaboration of the COPH in Phillips County through its inclusion in the catchment area for the MDCC consortium, the COPH is also directly involved in the town of Marvel, AR, through a collaboration with the BGACDC (see Appendix II.C). Other units and agencies involved in this collaboration include DOH, the Delta AHEC, the Hometown Health Improvement program of the Phillips County Health Department, and the Phillips Community College of the University of Arkansas. COPH faculty members in the area have already conducted focus group research, examining perceptions of health and health care; other research projects are being planned, and faculty are involved in a number of other research projects and pending projects.
- **La Casa, Southwest Pulaski County** – La Casa, a fairly new organization, is the COPH's major community-based organization partner in the Little Rock area. La Casa is based in southwest Pulaski County where there has been a very rapidly growing Hispanic community. Some founding members of the organization are, or formerly were, members of the League of United and Latin American Citizens, a prominent policy development group. The Arkansas Minority Health Commission and the DOH are also involved in this partnership with La Casa. Two collaborative projects with local funding have been implemented, addressing tobacco and general health education, and a collaborative National Institute on Drug Abuse application has been submitted. Other collaborative research projects are in the planning phase.

- **Walnut Street Works in Phillips, Monroe, and Lee Counties, AR** – Walnut Street Works and its affiliates, the **Tri-County Rural Health Network** and **Habitat for Humanity**, serve communities in Phillips, Monroe, and Lee Counties through a variety of programs that address health care, affordable housing, racial disparities, and community empowerment.
- **We Care, Inc., Higgins Community, Pulaski County** – We Care, a community-based organization that has been in existence for nearly 15 years, is at the hub of the metropolitan community of Higgins in southeast Pulaski County. Other agencies and programs involved in this partnership include DOH and the southeast Pulaski County Hometown Health Improvement Initiative. Collaborative research projects with We Care, Inc. are in the planning phase.

VI.2.b Collaborations with Health Agencies and Community-based Organizations

The COPH has developed a variety of collaborations and partnerships with health agencies and community-based organizations to foster activities related to service and training as well as research. These partnerships with major and developing academic units, agencies, and organizations are summarized in Appendix II.C. Most of these partnerships are formal in the sense that they involve joint appointment of faculty and/or administrative staff, either with or without financial commitments, or formal, signed agreements, such as contracts, Memoranda of Understanding, and the like. Briefly, these formal partners, not counting university-based health units, include the following:

- Arkansas Advocates for Children and Families (AACF)
- Arkansas Children’s Hospital (ACH)
- Arkansas Department of Environmental Quality (ADEQ) – see tuition discount documentation in Resource File
- Arkansas Department of Health and Human Services, Division of Health (DOH)
- Arkansas Minority Health Commission (AMHC) – see subcontract and tuition discount documentation in Resource File
- Boys, Girls, Adults Community Development Corporation (BGACDC) in Marvell, Arkansas
- Community Health Centers of Arkansas (CHCA), DHHS-supported
- La Casa, Southwest Pulaski County
- Mid-Delta Community Consortium (MDCC) – see subcontract in place to pay personnel from an MDCC-awarded HRSA grant in Resource File
- National Center for Toxicological Research (NCTR), FDA
- Nutrition Intervention Research Initiative (NIRI), USDA
- South Central Mental Illness Research, Education, and Clinical Center (MIRECC), VA Medical Center, North Little Rock
- Walnut Street Works, Phillips County

VI.3 A list of current research activity, including amount and source of funds, over the last three years.

A list of current and recently completed (as of 1/01/06), extramurally funded research projects along with identifying major partners who are involved is contained in Table VI-1.

Table VI-1. Listing of Current or Recently Completed and Active Extramural Awards.

PI	Title	Funding Period	Source	Total Award	Partners Involved
Dr. Ty Borders	Diabetes	10/05-4/06	Ark Div of Health	40,000	DOH
Dr. Zoran Bursac	Technical Services	7/04-6/06	Ark Minority Health	12,000	AMHC
Dr. Morris Cranmer	Technical Services for EHOH Dept	5/04-6/06	Ark DHHS DOH	105,822	DOH
Dr. Morris Cranmer	Technical Services for Div of Health	8/05-6/06	Ark DHHS DOH	35,000	DOH
Dr. Marsha Eigenbrodt	Improving Vascular Measures of Cardiovascular Disease	4/04-3/06	NIH	284,000	
Dr. Deborah Erwin	Response, Resistance, and Metastasis of Locally Advanced Breast Cancer	9/04-9/07	DOD/New York U	45,308	
Dr. Deborah Erwin	Centers of Excellence in Cancer Communication Research	9/03-8/08	NIH/St. Louis U	59,937	
Dr. Deborah Erwin (Dr. LeaVonne Pulley, current PI)	Esperanza Y Vida	5/03-4/07	Komen Found	500,000	
Dr. Deborah Erwin	Cancer Information Service	1/05-1/10	NIH/UK	697,550	
Dr. Alesia Ferguson	Experimentally Measuring Chemical Adhesion to the Human Skin	11/04-6/06	UAMS/ABI	140,454	
Dr. William Golden	NCC Chair	7/05-12/06	NCC	60,000	
Dr. Paul Halverson	PCS agreement	5/04-6/06	DHHS Div of Health	288,281	DOH
Dr. Karen Kim	Community Health Scholars	12/05-11/06	Kellogg Found	5,000	BGACDC
Diane Mackey, J.D.	Legal and Policy Issues Related to Obesity	1/05-12/05	Blue and You Found	30,000	
Diane Mackey, J.D.	MOA with UALR law school	7/04-6/06	UALR	85,000	
Dr. Glen Mays	Center for Studying Health Care Change	5/04-4/06	RWJF	76,061	
Dr. Glen Mays	RWJ-Developing a typology of the structure and dynamics of the public health delivery system	8/05-7/07	RWJF	276,310	
Dr. Glen Mays	Community Connector Demonstration Project	12/05-4/09	Ark DHHS	249,738	Walnut St. Works
Dr. Glen Mays	Assistance in creating a Data Matrix for National Network of Public Health Institutes	8/05-6/06	Ark Div of Health	20,250	
Dr. Creshelle Nash	Colorectal cancer and patterns by race	4/04-3/06	NIH	50,000	
Dr. Creshelle Nash	Ark. Racial & Ethnic Health Disparities Research Program	7/03-6/06	Ark Minority Health Commission	362,000	AMHC
Dr. Creshelle Nash	CVD Evaluation	4/05-6/06	Ark DHHS DOH	65,368	DOH
Dr. LeaVonne Pulley	Etiology of geographic and racial differences in stroke	8/03-1/06	NIH/UAB sub	110,050	
Dr. LeaVonne Pulley	Technical Services	7/04-6/06	Ark Minority Health Commission	25,000	AMHC
Dr. LeaVonne Pulley	Arches Project	9/05-8/07	Ark DHHS DOH	27,590	DOH
Dr. James Raczynski	Act 1220 supplement	2/05-1/07	RWJ	119,000	DOH
Dr. James Raczynski	Act 1220 Evaluation	2/04-1/07	RWJ	1,581,689	DOH
Dr. James Raczynski	Lower Mississippi Delta Nutrition Intervention Research Project	9/03-9/06	USDA	410,000	BGACDC
Dr. James Raczynski	Cancer Registry and Various Healthy Arkansas Projects with DOH	7/03-6/06	Ark DHHS DOH	705,000	DOH
Dr. Christine Sheffer	Arkansas Tobacco Cessation Network	7/05-6/07	Ark DHHS DOH	1,962,586	DOH

PI	Title	Funding Period	Source	Total Award	Partners Involved
Dr. Christine Sheffer	Quitline & related projects	9/05-6/06	Ark DHHS DOH	737,000	DOH
Charlie Stayton	Arkansas Witness Project-AVON	1/03-12/05	Avon Foundation	100,684	
Charlie Stayton	The Witness Project-Ark Div of Health	2/03-6/06	Ark DHHS DOH	280,000	DOH
Dr. Katharine E. Stewart	Enhancing Parenting Skills Among HIV+ Mothers	3/03-2/06	NIH/UAB sub	88,797	
Dr. Katharine E. Stewart	Development, Implementation, & Evaluation of Ark Academy for Public Health Leadership	7/04-6/06	Ark DHHS DOH	172,000	DOH
Dr. Katharine E. Stewart	Patient-Centered Medication Adherence Intervention for Schizophrenia	9/05-6/07	NIH/VA	29,175	VA
Dr. M. Kate Stewart	Southern Rural Access Program	4/04-3/06	RWJF	752,338	MDCC
Dr. M. Kate Stewart	MDCC Rural Health Outreach	9/01-8/06	HRSA/MDCC	795,806	MDCC
Dr. M. Kate Stewart	Linking Family Planning Clients to Healthcare	12/05-11/06	NIH/UAB	72,593	DHHS, Division of Medicaid
Dr. M. Kate Stewart	Family Planning Waiver	7/03-6/07	Ark DHHS	1,030,000	DHHS
Dr. Alan VanBiervliet	Evaluation of "Clear Speech" to enhance multimedia eHealth programs	7/05-6/07	NIH	142,000	DOH
Dr. Alan VanBiervliet	Technical Services for DOH	7/04-6/06	Ark. DHHS DOH	43,000	DOH
Dr. Alan VanBiervliet	DOH technical services	9/04-6/06	Ark DHHS DOH	32,000	DOH
Dr. John Wayne	PHMRP		Ark DHHS DOH	63,000	DOH
Dr. Delia Smith West	Behavioral Consultant to the LookAHEAD Study Weight Loss Subcommittee	9/03-7/06	NIH/Wake Forest	91,590	
Dr. Delia Smith West	Program to Reduce Incontinence through Diet and Exercise (PRIDE)	7/04-6/06	NIH/UCSF	102,000	
Dr. Delia Smith West	Web based weight loss	5/05-4/10	NIH/U of Vermont	1,374,185	
Elaine Wootten	Sound Partners	1/05-12/05	Benton Found	7,500	
Dr. Jianjun Zhang	Patterns and trends of incidence of mortality of lung, pancreatic, and colorectal cancer in Arkansas	7/04-6/06	UAMS/ABI	30,600	DOH
Dr. Jianjun Zhang	Augmentation of Prostate Cancer Screening data	4/04-6/06	Ark DHHS DOH	80,000	DOH
TOTAL				\$14,453,262	

VI.4 Identification of measures by which the school may evaluate the success of its research activities, along with data regarding the school’s performance against those measures over the last three years.

Measures to be used in evaluating the effectiveness of the COPH in our research programs are summarized in Table VI-2, along with our performance on these measures over the past three years. With hiring new, full-time faculty, we anticipate continued rapid changes in these measures over the next 3-5 years as faculty continue submitting grants and contracts, and our extramural funding increases.

VI.5 A description of student involvement in research.

Students are involved in research in four ways: 1) MPH students may become involved during their integration projects; 2) DrPH students may become involved in research during their capstone projects; 3) academic degree students (MS, PhD) are required to participate in research; and 4) students from all degree programs may become involved through research assistantships and paid staff positions. Each of these issues are addressed in the sections below.

First, our Master of Public Health (MPH) degree requires a Public Health Integration Project (PBHL 5983). This project requires the submission and approval of an appropriate “product” that reflects students’ ability to integrate the core areas of public health knowledge as they apply to a public health problem. The nature of the product must be such that it gives the Integration Project Advisory Committee (IPAC) the opportunity to evaluate the student’s competence in the following domains: the ability to: (1) define a public health issue; (2) collect, summarize, and interpret information relevant to the issue; (3) integrate the core areas of public health knowledge in the context of the public health issue addressed; and (4) communicate effectively in writing as well as orally (organize and document the critical elements of the argument, accurately and clearly present critical information). Examples of appropriate types of product of the integration experience include: (1) a manuscript appropriate for submission to a peer-reviewed journal (students who choose this option are encouraged to actually submit the manuscript with the course advisor as a co-author); (2) a technical report (narrative appropriate for submission by the grantee agency to the funding or oversight agency); (3) a research proposal (narrative appropriate for submission to a granting agency); (4) a public policy proposal (e.g., proposal and rationale for a new law or regulatory program to address a public health problem); or (5) other products that are roughly equivalent in scope and required effort to examples 1– 4, above, and that allow faculty to assess the student’s competence in the domains outlined above may be submitted with the prior approval of the IPAC. A number of our MPH students and recent graduates have presented at national meetings and had abstracts published, and several recent MPH graduates have had peer-reviewed

Table VI-2. Measures for Evaluating COPH Research Performance and Accomplishments over the Past 3 Years

Measure	FY 03–04	FY 04–05	FY 05–06 ¹
Number of new proposals submitted	36	60	70
Total costs of submitted proposals	8,623,405	20,410,797	24,000,000
Number of proposals funded	20	33	50
Total costs of proposals funded	3,466,775	7,274,005	14,500,000
Total research expenditures	3,003,234	4,150,651	5,341,000
Total research expenditures per faculty FTE	\$97,350	\$104,419	\$116,109
Average percentage of faculty FTE extramurally supported	41.8%	49.9%	51.4%
Number of publications per faculty FTE	1.3	1.8	--- ²

¹Based on fiscal year’s activities from 7/1/05 through 1/01/06.

²Data collected annually so not yet available for this fiscal year.

articles accepted for publication or actually published. As our number of MPH students and graduates increases, we anticipate that the number of student presentations and publications will increase.

Second, our DrPH program also incorporates a culminating experience that requires students to synthesize and integrate knowledge and apply theory and principles learned to an area of public health practice relevant to the health needs of Arkansans (PBHL 970V: Doctoral Capstone Project). Hence, as with our MPH programs, we anticipate that many of our DrPH students' capstone projects will involve research elements.

Third, we currently have two academic programs (Master of Science in Occupational and Environmental Health – MS OEH and Doctor of Philosophy (PhD) in Health Systems Research) and an additional PhD program being developed, all of which have explicit requirements for student research. The few students in the MS OEH program do present at national professional meetings and publish. As the PhD programs develop and more academic degree-seeking students are enrolled, we anticipate that student involvement in research will concomitantly expand.

Finally, our research projects are still evolving, but we are beginning to see more opportunities for student research assistantships. Currently, at least 15 students are involved in research projects in either Research Assistant, Graduate Assistant, or regular staff positions. As we develop new research programs, we anticipate many more students participating in paid assistantships or staff positions, enabling them more active involvement in research.

VI.6 Assessment of the extent to which this criterion is met.

This criterion is met. The COPH is rapidly developing active research programs, consistent with our Mission, through which our faculty and students are beginning to contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health. The College has developed policies, procedures, and practices that support research and scholarly activities. Current research programs, consistent with our Mission include community-based research activities as well as those which involve collaboration with health agencies and community-based organizations. Formal research agreements are now in place with 36 agencies, units, or organizations (see Appendix II.C); not counting partnerships with university-affiliated health units, 13 of these formal partnerships are with community health agencies or community-based organizations. Measures have been identified by which the COPH may evaluate success of research programs and the College's performance. Students are involved in research, although student involvement is anticipated as increasing in future years as greater numbers of full-time students enroll, faculty research programs continue to develop and more academic degree-seeking students are enrolled.