

## Criterion VII: Service

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- ▶ **CRITERION VII: THE SCHOOL SHALL PURSUE AN ACTIVE SERVICE PROGRAM, CONSISTENT WITH ITS MISSION, THROUGH WHICH FACULTY AND STUDENTS CONTRIBUTE TO THE ADVANCEMENT OF PUBLIC HEALTH PRACTICE, INCLUDING CONTINUING EDUCATION.**

As a relatively new school, the UAMS College of Public Health (COPH) has an opportunity to be unusually mission-driven. During early planning, the COPH's Mission developed to focus on improving the health and promoting the well being of individuals, families, and communities in Arkansas. Early strategic planning for the College identified the large proportion of Arkansans with unhealthy lifestyles and risky health practices that accelerated the development of chronic diseases, rates of which are among the highest in the nation. In addition, "top-down" approaches to changing lifelong cultural practices were identified as less effective than approaches that involved individuals, families, and communities in developing approaches to encourage change. Thus, from the College's initial development, faculty and COPH leaders were cognizant of the importance of the cultural environment, envisioning that our faculty, staff, and students would seriously examine how to combine scholarly/intellectual interests with relevant and effective community-based practice.

The concept of *service* is incorporated into our Mission statement and into the very fabric of the College. Our faculty, our curriculum, our students, our governing system, our partners, our budgetary allocations, and our public statements on core values and approaches demonstrate that reality. As a reflection of our service commitment, one of the first actions taken by the new faculty was to adopt the 1996 statement of the National Policy Task Force on Community-Based Public Health as the cornerstone of this philosophy:

*...community lies at the heart of public health... interventions work best when they are rooted in values, knowledge, expertise, and interests of the community itself... health encompasses the physical, mental, spiritual, environmental, and economic well-being of a community and its members.*

*We recognize the power of equal partnerships, including community-based organizations, academic institutions, and health agencies addressing health issues of the community.*

*We understand that in order for these partnerships to be equal and for interventions to be community-based, community members must participate fully in the identification of health issues and the selection, design, implementation, and evaluation of programs that address them.*

The extent to which we believe that service should be integrated with COPH research and teaching programs is depicted in Figure VI-1 (Criterion 6). The reciprocal determinism between research, education, and service depicted in this figure is fundamental to the basic philosophy of the COPH. Underlying this philosophy is a commitment to conduct faculty and student research that focuses on collaborations with public health practice, overall healthcare practice, and communities and emphasizes the development of best practices for dissemination. This approach provides substantial opportunities to educate our degree-seeking students who participate in research projects and to develop best practices among our public health practice, healthcare practice, and community partners while addressing the scientific questions under study. Thus, we envision COPH research, service, and training activities to be mutually synergistic, allowing us to realize our Mission.

**VII.1. A description of the school’s service program, including policies, procedures, and practices that support service. If the school has formal contracts or agreements with external agencies, these should be noted.**

Since a major focus of the COPH is developing research and teaching programs that have relevance to fulfilling our Mission, we view service as an essential component of the COPH, and a number of the College’s policies, procedures, and practices have been specifically structured to support and encourage service as we summarize in Section VII.1.f below. Service is an important element of what the COPH does with our various partners as summarized in Appendix II.C. These collaborations result *directly* and *indirectly* in benefiting the population. Direct service results when the partnership clearly affects the health of the population. Indirect service to communities can also result, such as when programs are conducted to affect the knowledge and skills of healthcare and/or public health practitioners, thereby presumably indirectly benefiting the population. Methods that produce indirect results include work with partners to educate public health practitioners and allied health professionals about public health issues, typically through continuing medical education (CME) and/or continuing education (CE) programs, or through providing technical assistance. Service also can be categorized for the COPH by including that which is focused on: (a) partnerships; (b) UAMS and other institutions in the University of Arkansas system; (c) the Arkansas legislature, governor, and other elected officials; (d) Arkansas residents; and (e) state and national service to public health and the other related professions. These services are summarized separately below.

**VII.1.a Service Provided in Partnerships**

Appendix II.C summarizes COPH partnerships and identifies those that involve service components. Table VII-1 summarizes the service aspects of these partnerships and identifies those in which direct and indirect service to populations exist or are being planned.

**Table VII-1. Summary of Service Aspects of Partnerships**

<b>Institution/Agency/ Organization</b>	<b>Nature of Service</b>	<b>Description of Collaborative Service</b>
Arkansas Center for Health Improvement (ACHI)	Direct & indirect	Collaborative, evidence-based educational initiatives for communities, legislators, governor, other elected officials, state agencies, and state- and community-based organizations; weekly, jointly sponsored CME/CE grand rounds
Arkansas Cancer Research Center (ACRC)	Direct & indirect	Collaborative outreach/community education initiatives
Donald W. Reynolds Institute on Aging	Direct & indirect	Collaborative outreach/community education initiatives through Arkansas Aging Initiative
UAMS Department of Pediatrics	Direct & indirect	Collaborative, community-based participatory service initiatives ongoing; technical assistance also provided
Office of Regional Programs (ORP), including Area Health Education Centers (AHECs)	Direct & indirect	Collaborative community education and participatory initiatives; cosponsoring of CE/CME distance-learning programs; collaborative implementation of state-wide Arkansas Tobacco Cessation Network
UA Clinton School of Public Service	Direct & indirect	Clinton School students take elective coursework in COPH; planning underway for MPH/MPS combined program
Hendrix College	Direct	Providing technical assistance for Hendrix Wellness Center and Village; planning underway for BA/MPH program
Arkansas Department of Health and Human Services, Division of Health (DOH)	Direct & indirect	Several co-funded positions, blend service of DOH with those of the COPH; numerous community education & CE/CME collaborations; Providing technical assistance for a variety of DOH service programs and legislative initiatives

<b>Institution/Agency/ Organization</b>	<b>Nature of Service</b>	<b>Description of Collaborative Service</b>
Arkansas Commission for Minority Health (CMH)	Direct & indirect	Collaborative Community-based research programs
Arkansas Department of Environmental Quality (ADEQ)	Indirect	Technical assistance to ADEQ, thereby providing service to state
Act 1816 Committee	Direct & indirect	Committee working on health care programs for children in school, as well as health education needs with representation from the COPH
Act 1220 Committee	Direct & indirect	Committee developing nutrition and physical activity standards and policy recommendations that will directly affect children through school programs with representation from the COPH
Tobacco Coalition	Direct & indirect	Focuses on both policy and direct-service programs with representation from the COPH
Cancer Coalition	Direct & indirect	Focuses on both policy and direct-service programs with representation from the COPH
Oral Health Coalition	Direct & indirect	Focuses on both policy and direct-service programs with representation from the COPH
Cardiovascular Health (CVH) Coalition	Direct & indirect	Focuses on both policy and direct-service programs with representation from the COPH
Nutrition Intervention Research Initiative (NIRI), USDA	Direct & indirect	Collaborative, community-based participatory service initiatives ongoing; technical assistance also provided
Arkansas Children's Hospital (ACH)	Direct & indirect	Collaborative, community-based participatory initiative & CME/CE programs ongoing
Mid-Delta Community Consortium (MDCC)	Direct & indirect	Collaborative, community-based participatory service initiatives ongoing in Marvel and Phillips County, and throughout the Arkansas Delta region through Arkansas Delta Rural Development Network (ADRDN) activities; technical assistance also provided
Boys, Girls, and Adults Community Development Corporation (BGACDC) in Marvell, Arkansas	Direct & indirect	Collaborative, community-based participatory service initiatives ongoing; technical assistance also provided
Walnut Street Works	Direct & indirect	Collaborative, community-based participatory service initiatives ongoing; technical assistance also provided
We Care, Higgins Community, Pulaski County	Direct & indirect	Collaborative, community-based participatory service initiatives ongoing; technical assistance also provided
La Casa, Southwest Pulaski County	Direct & indirect	Collaborative, community-based participatory service initiatives ongoing; technical assistance also provided

### **VII.1.b UAMS and Other Arkansas Academic Institutions**

COPH faculty, staff, and students provide service to UAMS and other academic institutions in Arkansas by: (1) providing a new perspective on population approaches, prevention, and policy initiatives; (2) educating students and faculty in other colleges about public health through combined degree programs; (3) lecturing courses taught in other colleges; (4) offering seminars, colloquia, and CME/CE programs; and (5) representing COPH viewpoints on UAMS-wide committees. Each of these five areas is discussed below.

First, the COPH is commonly seen as serving to improve the health of Arkansans and bringing unique strengths and viewpoints to our academic health center, the UA system, and other state academic institutions. This service contribution is difficult to quantify without an elaborate evaluation; however, it is frequently acknowledged in the state. Three concepts have received most attention as contributing to changing perspectives:

- A primary focus on what is best for all, rather than just medical care of individuals and their families (the population or community-wide perspective)
- An emphasis on health promotion and primary prevention as the most cost-effective ways to achieve general health and well-being
- A fundamental commitment to policy development and the information-gathering that is necessary to develop sound policy, since good health is ultimately a reflection of a healthcare system that is functioning optimally.

Second, our combined degree programs can also be viewed as service since these efforts generally extend beyond what is formally required of a college and are largely based on a deep commitment to expand the state's network of public health infrastructure into areas outside traditional public health practice. Three combined programs are now in place: MD/MPH, JD/MPH, and PharmD/MPH, and preliminary discussions are underway with the UALR School of Social Work for a combined MSW/MPH program and with the UA Clinton School of Public Service for a combined MPS/MPH program.

Third, COPH faculty contribute service by providing invited lectures for courses in other UAMS colleges and at other institutions around the state, impacting both on students in these courses as well as the instructors. These lectures are listed in Appendix VII.C as part of a larger table on faculty presentations.

Fourth, the COPH sponsors a series of seminars, colloquia, and CME/CE programs which are advertised broadly with open invitations to attend, and faculty have been invited to present to a variety of other audiences. Some of these activities occur in concert with partners as has been previously summarized in Appendix II.C. Briefly, however, these activities include:

- Weekly Public Health Grand Rounds series, which often includes colloquia by faculty and DOH staff candidates, presented at the DOH with co-sponsorship by the COPH, DOH, and ACHI (see Appendix VII.A for a list of topics and presenters)
- Twice monthly Health Policy and Health Promotion Research Conference series over the past year (see Appendix VII.B for a list of topics and presenters)
- Invited presentations given by faculty to a variety of audiences, some of which involved formal CME or CE credits (see Appendix VII.C for a list of topics and presenters).

Fifth, COPH faculty serve on a wide variety of University-wide committees to ensure that COPH perspectives and values related to public health science and practice are incorporated into the activities, policies, and planning processes of UAMS. This includes participation in the major administrative, finance, academic, and research committees within the University. Faculty participation on these committees has been summarized in Criterion III, Table III.1.

### **VII.1.c Arkansas Legislature, Governor, and Other Elected Officials**

The state legislation that established the COPH specifically required that the college serve as a resource for the legislature, Governor, and other elected officials. A mutually beneficial relationship has developed in which college leaders and faculty work with elected officials on an almost weekly basis to provide information and technical assistance on a variety of public health issues. Following are some examples of numerous service contributions, ranging from the recurring contributions that help strengthen relationships to significant projects that showcase our young college's expertise while serving the populace.

- COPH faculty and staff attend regular meetings of the Arkansas Senate and House Public Health Committees during legislative sessions, as well as the Joint Interim Committee on Public

Health between sessions. Regular reports are given on ongoing work, such as public-health related committees established by the legislature, in addition to special project assignments. For example, Dean Raczynski and Dr. Christine Sheffer are on the regular Joint Interim Committee agenda to report on the progress of the College's tobacco cessation programs.

- College faculty participate in orientation for new legislators, informing them of the state's important public health issues. In the 2003 and 2005 biennium regular legislative sessions, each legislator received a working reference entitled *Public Health Information Book*.
- College leaders, faculty, and staff have assisted mayors and other elected officials in several Arkansas cities and towns considering smoking bans in restaurants, workplaces and public buildings.
- Two COPH faculty (Eduardo Ochoa, MD, [Dean's Office & HPM] and Creshelle Nash, MD, MPH [HPM]) conducted, published, and presented the wide-ranging, in-depth Arkansas Racial and Ethnic Health Disparity Study commissioned by the Arkansas Minority Health Commission and encouraged by the state legislature.
- A public health column written by college faculty is published each month in *City & Town*, the Arkansas Municipal League magazine which reaches hundreds of community and county officials statewide. Columns range broadly from tobacco cessation to safe drinking water, influenza, household dangers, and grantwriting.
- A COPH faculty member (Ty Borders, PhD [HPM]) is the state-wide coordinator of *Arkansas 2020*, a strategic planning effort commissioned by the legislature, in which faculty of Arkansas higher education institutions are working with all state agencies to examine the impact on state services of projected, future demographic changes and begin to prepare for anticipated program changes to meet future service demands.
- Faculty and staff serve on the following legislatively-mandated committees:
  - Act 1220 Advisory Committee which examines school health care, nutrition, and physical activity issues
  - Act 1816 Child Health Advisory Committee which coordinates efforts to combat the impact of inadequate health care on the educational performance of children
  - Act 1257 Youth Suicide Prevention Task Force and related Advisory Group
  - Act 1818 Child Death Review Panel
  - Act 663 Acute Stroke Care Task Force which focuses on stroke prevention, awareness and recovery services
  - Joint Interim Committee on Health Insurance and Prescription Drugs.

#### **VII.1.d Arkansas Residents**

Table VII-1 summarizes the direct and indirect service contributions provided by COPH faculty, staff, and students through established partnerships. Most notable among these are the partnerships that have been established directly with community-based organizations, including Mid-Delta Community Consortium (MDCC); Boys, Girls, Adults Community Development, Inc. (BGACDC) in Marvell, Arkansas; Walnut Street Works in Helena; We Care Association in Higgins Community, Pulaski County; and La Casa, Southwest Pulaski County. A description of these community-based organizations can be found in Appendix II.C.

Several of the College's research programs also provide significant service opportunities. The Witness Project is a culturally competent, community-based, breast and cervical cancer education and outreach program directed at rural and minority women for whom cancer may be too stigmatized to discuss. Cancer survivors and lay health advisors increase awareness, knowledge, and

access to screening and early detection among African-American women, using churches and community centers as trusted venues for reaching the women. Esperanza y Vida, modeled after The Witness Project, recently began serving the state's ever-growing Hispanic population, in which cervical cancer has twice the rate of occurrence and breast cancer has a higher mortality rate than among other groups.

The Arkansas Statewide Tobacco Programs and Services (AR STOPS), part of the COPH Center for the Study of Tobacco, is a multi-component program offering services to Arkansans. These programs were begun with funding from the DOH in July 2005 and currently include:

- The Smoke-free Workplace Assistance Program (SWAP) is designed to assist employers in developing and implementing smoke-free policies and to help employees utilize state-sponsored cessation services. In less than one year, over 4,000 employees have benefited from smoke-free policies through SWAP.
- The Provider Education Program trains healthcare providers in a 1-hour CME- and CE-approved session to make the treatment of tobacco use and dependence a part of a routine patient visit. Clinical interventions, adapted motivational interviewing techniques and how to use state-sponsored tobacco cessation services are included in the training, which has reached over 160 providers.
- The SOSWorks Fax-Back Referral Program links tobacco users to state tobacco cessation services through a fax submitted by their healthcare provider. In response to over 1,700 faxes, SOSWorks staff have referred clients to Quitline telephone counseling, local face-to-face sessions, or provided written information.
- Quitline counselors have provided smoking cessation counseling to over 3,600 clients.
- The Arkansas Tobacco Cessation Network is comprised of 12 sites around the state, primarily in AHEC clinics where clients can receive individual and group treatment through a Tobacco Specialist.

Through these and other AR Stops programs, thousands of Arkansans have received services, and many more have been impacted by family members, friends and coworkers who stopped smoking as a result of the services.

Other examples of efforts reaching Arkansas residents include: the iREACH behavioral weight loss research program that allows citizens to participate in an 18-month, no-cost program to change diet and exercise habits; the NEAR Health Careers project aimed at educating over 1,700 northeast Arkansas high school students on rural health careers; and the Arkansas Southern Rural Access Program which helped rural Delta communities address health care access issues.

#### **VII.1.e State and National Service to Public Health and Related Professions**

Examples of state service contributions with collaborative partners are summarized in Table VII.1. Service by individual faculty members at the state and national levels is also valued in tenure and promotion decisions (see Appendix III.A and Section VII.1.f below). A table of samples of this service is summarized in Table VII. 2 below.

**Table VII. 2 Examples of Service to State and National Public Health and Related Professions**

<b>Faculty</b>	<b>Service Role</b>
<b><i>Biostatistics</i></b>	
Paula Roberson, PhD	Served on numerous NIH grant review panels/site visit teams; 5 as chair in 2004-2005
	NIH Data Safety Monitoring Board(s) for 3 multi-site studies
	Joint Statistical Meetings, Caucus for Women in Statistics Roundtable Discussion Leader
	Reviewer for: American Journal of Physiology – Endocrinology and Metabolism; Pediatric Blood & Cancer
Zoran Bursac, PhD	Vice President – Central Arkansas Chapter of the American Statistical Association; Reviewer for: Journal of American College of Cardiology; Circulation
Keith Williams, MPH, PhD	Reviewer for: Current Medical Research and Opinion

<b><i>Epidemiology</i></b>	
Ellen Fischer, PhD	Reviewer for: American Journal for Epidemiology; American Journal of Psychiatry, Community Mental Health Journal; Medical Care; Social Psychiatry and Psychiatric Epidemiology
	Co-chair and Reviewer, South Central Mental Illness Research, Education and Clinical Center Pilot Studies Program
	Executive Committee, VA HSR&D Mental Health Quality Enhancement Research Initiative
Marsha Eigenbrodt, MD MPH	Reviewer: American Journal of Epidemiology; Diabetes Care; Circulation; Archives of Physical Medicine and Rehabilitation; CVD Prevention; European Heart Journal; Fundamentals of Acute Stroke Care
	Delta Stroke Consortium Committee, Secondary Stroke Prevention Workgroup
Martha Phillips, PhD MPH MBA	Expert Panel Member for Robert Wood Johnson Foundation’s Nutrition and Physical Activity Assessment and Policy in School; Expert Panel Member for CDC’s The Role of Schools in Addressing Childhood Overweight
Jianjun Zhang, MD MPH	Arkansas Central Cancer Registry Advisory Committee
<b><i>Health Policy and Management</i></b>	
Glen Mays, PhD MPH	AcademyHealth: 2006 Planning Committee for Annual Research Meeting; Executive Committee for 2004 Annual Research Meeting; Chair, Public Health Systems Research Affiliate; member of numerous advisory committees
	APHA: Health Administration Section, Chair of Program Committee for 2006 Annual Meeting; Health Administration Section Representative
	Institute of Medicine’s National Academy of Sciences, Member of Committee for Redesigning Health Insurance Benefits, Payments, and Performance Improvement Programs
	CDC: Expert Panel Member and Consultant for Futures Initiative; proposal review panel member; Advisory Committee member for National Public Health Workforce Research Agenda
Tyrone Borders, PhD	AcademyHealth, Health Systems Research Planning Committee for Annual Meeting;
	Advisory Board Member, Public Health Reports; Reviewer: Public Health Reports; Medical Care; American Journal of Preventive Medicine; Journal of Rural Health; Journal of General Internal Medicine; Journal of Aging and Health; Journal of Aging and Physical Activity; Journals of Gerontology: Social Sciences; Journal of the American Women’s Medical Association; International Journal for Quality in Health Care; BMJ-Health Services Research
Jean Hine, PhD	Arkansas 5 A Day for Better Health Steering Committee
Holly Felix, PhD	APHA’s Community Based Public Health Caucus, Programs and Publications Committee, Abstract Reviewer, Newsletter Committee
	Reviewer: Economic Development Quarterly, American Review of Politics
	Tri-State Health Policy Forum Working Group; Delta Research Collaborative (multi-state working group on public health and economic development in the Delta)
Carole Garner, MPH RD LD	National Alliance for Nutrition and Activity: Steering Committee, various task forces, APHA liaison, Association of State and Territorial Public Health Nutrition Directors liaison; APHA Food and Nutrition Section Council

	National 5 A Day Steering Committee and various subcommittees; Arkansas 5 A Day Coalition, founding member, various committees
	Arkansas Action for Health Kids, Chair
	Arkansas Nutrition Advocacy Council, Co-chair
	Arkansas Dietetic Association, Board of Directors since 1974
<b><i>Health Behavior and Health Education</i></b>	
Delia West, PhD	Grant reviewer for National Institutes of Health, Center for Scientific Review for National Institutes of Diabetes, Digestive and Kidney Disorders (numerous reviews)
	Editorial Board: Journal of Consulting and Clinical Psychology; Annals of Behavioral Medicine; Eating Behaviors
	Manuscript reviewer: Obesity Research; Health Psychology; Diabetes Care; Behaviour Research and Therapy; American Psychologist
	NASSO, The Obesity Society, Public Affairs Committee
Katharine Stewart, PhD MPH	Co-Chair, Society for Behavioral Medicine's Education, Training, and Career Development Council, and Chair of SBM Leadership Development Initiative
	ASPH, Chair of Associate Deans for Student Services Professional Development Group (2005); Planning Committee for Associate Deans' Retreat; Working Group for Public Health Nursing Leadership Initiative
	Grant Reviewer for National Institutes of Health: Study Sections BSPH & BSCH (HIV-related projects; ad hoc member); Special Emphasis Review Panels for AIDS Clinical Trials Network, NCCAM HIV-related RFA, and Centers for AIDS Research
	Conference Co-Chair, Elements of Success: An International Conference on Adherence to Antiretroviral Therapy (3 terms)
Christine Sheffer, PhD	Reviewer: World Conference on Tobacco or Health; National Conference on Tobacco or Health; Journal for the Poor and Underserved
Karen Kim, PhD	APHA's Community-Based Public Health Caucus, Presentation and Publications Work Group
	Reviewer: Health Education and Behavior; Annals of Behavioral Medicine; The Journal of Nutrition Education and Behavior; The Journal for the Scientific Study of Religion; Review of Religious Research; Health Education Research
<b><i>Environmental and Occupational Health</i></b>	
Tom Rimmer, ScD (EOH)	Arkansas Industrial Hygiene Association, Treasurer

### VII.1.f Summary of Service-related Policies, Procedures, Practices, and Formal Contracts and Agreements with External Agencies

Several formal policies and agreements within the COPH and between the COPH and outside partner agencies and organizations support a strong service commitment. Internal policies and the procedures and practices to which these policies lead include:

- **Office of Community-Based Public Health (OCBPH).** The Office of Community-Based Public Health (OCBPH) has four primary objectives (see Sections II.B.2.a and VI.1.a), all of which essentially support research, teaching, and service activities. The office is designed to develop and maintain close traditional community partnerships as well as to develop creative linkages with non-traditional partners, such as business organizations and economic development initiatives, in fulfilling its mission.
- **Committee on Community-Based Public Health.** The work of the Committee on Community-Based Public Health (CBPH) is outlined in the COPH Governance Document as follows (see Appendix II.B.): “The purpose of this Committee is to advance the College’s [COPH] interests in developing the demonstration centers for community-driven public health. The Committee will monitor and facilitate collaboration among the CBPH partners: community-based organizations, public health practitioners from the Department of Health and faculty from COPH. It is the Committee’s charge to see that the demonstration communities

are not (only) engaged... in service programs, but are driven by interests in excellent community teaching and service learning, as well as community-based participatory research. All recommendations that grow out of the Committee’s deliberations shall be reported simultaneously to the Dean and the community consortia.”

- **COPH Community-Based Public Health Principles.** The community-based public health principles define for COPH faculty, students, staff, and community partners the concepts and approaches to health improvement through a community partnership approach. This document is attached as Appendix II.D.
- **Faculty Appointment, Promotion, and Tenure Policy.** Service is an essential element for consideration of faculty promotion and tenure in the COPH, and it is relevant at all levels of faculty appointment. In the context of the centrality of the COPH Mission, service likely plays a larger role in decision-making about promotion and tenure in Arkansas than at more established schools of public health. The approved Appointment, Promotion and Tenure Policy contains the following statements (see full policy in Appendix III.A):
  - Assistant Professor: “Continued appointment at this rank requires success as a teacher, scholarly achievement, and *service* [italics added].”
  - Associate Professor: “Appointment... is appropriate for individuals who demonstrate excellence in scholarship and *service*, and that his or her *work has led or will lead, either collectively or individually, to improvements in public health practice* [italics added]. For continued appointment, candidates are expected to show evidence of... *demonstrated service* [italics added].”
  - Professor: “Appointment at the rank of professor is appropriate for individuals who are recognized nationally for excellence... and contributions in public health *service* [italics added]. To be promoted to professor, faculty members must demonstrate that their work has led to a *significant improvement in the public’s health* [italics added] or a significant advancement of the science or *practice* [italics added] of their discipline. Faculty members with the rank of full professor are expected to show evidence of national recognition of their leadership abilities through *continued service to their discipline and/or to public health* [italics added].”

In the promotion and tenure document “service” is defined as follows.

In a professional institution, the practice of science is pursued within a community of scholars who, through interdependence, build upon the innovations of each other, review each other’s contributions, determine when new knowledge exists, and work to translate that knowledge to benefit the larger society. Each member of the community of scholars therefore has an obligation and responsibility to work to the benefit of others.

Service may occur in three arenas: within the profession, within the university, or within the community-at-large (local, state, national or international, both public and private).

Examples, though not an exhaustive list, are listed below.

1. Service to the profession is described as
  - Membership in, or leadership of, a professional organization, committee, board, consortium, advisory group, task force, or other policy-making group
  - Election or appointment to a leadership position within a national or international scientific organization in recognition of outstanding research or practice accomplishments
  - Selection to serve as an editor or reviewer for scientific publications
  - Reviewing professional books

- Serving on review panel for grant or contract proposals; serving on site-visits or service on a monitoring board or panel
  - Participating on or consulting with accrediting or other educational review boards
  - Selection to serve on national task force or governmental advisory group or philanthropic organization in recognition of outstanding research or practice accomplishments and expertise
2. Service to the university is represented through
    - Membership on governing committees within COPH, UAMS, or UA
    - Service as director or member for an interdepartmental team within COPH or with other colleges within UAMS or institutions within the state
    - Service as director or member on a COPH/DOH project or team
    - Service in an administrative role for the department, a center, or the COPH
    - Other contributions to faculty governance and student life
  3. Service to the community-at-large is illustrated by
    - Membership on boards or committees in a professional capacity
    - Lectures in the community arising from your area of expertise
    - Provision of technical assistance or education to the community-at-large
- **MPH and DrPH Student Preceptorship and Integrative Experience Expectations.** The required three-credit-hour student preceptorship and the required three-credit-hour integrative experience project for gaining an MPH degree is an attempt to ensure that integrative experience and applied service are incorporated into the College’s professional education programs. The policies adopted by the COPH to define procedures and practices are contained in Appendix V.B. Close collaboration with the DOH, ADEQ, other state agencies, and community-based organizations, as described in Appendix II.C, will result in students becoming immersed in “real-world” public health practice settings, services, and issues. The DrPH program contains similar, but more intensive, requirements for practicum training and an integrative experience.

Several formal contracts and agreements between the COPH and outside partners also exist which support a strong service commitment. These are described in Appendix II.C, detailing the nature and scope of the agreements. All of the 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. However, the partnerships that involve signed contracts and/or agreements include:

- Arkansas Cancer Research Center (ACRC)
- Office of Regional Programs (ORP), including the Area Health Education Centers (AHECs)
- UA Clinton School of Public Service
- Bowen Law School, University of Arkansas at Little Rock (UALR)
- Arkansas Department of Health and Human Services Division of Health (DOH)
- Arkansas Commission for Minority Health (CMH)
- Nutrition Intervention Research Initiative (NIRI), United States Department of Agriculture (USDA)
- Mid-Delta Community Consortium (MDCC) (Subcontract in place to pay personnel from an MDCC-awarded HRSA grant)
- La Casa
- Committees created by state legislation which mandate representation from COPH include:
  - Act 1220 Advisory Committee examining school health care, nutrition, and physical activity issues

- Child Health Advisory Committee of Act 1816
- Youth Suicide Prevention Task Force of Act 1257
- Child Death Review Panel of Act 1818
- Acute Stroke Care Task Force of Act 663

**VII.2 A list of the school’s current service activities, including identification of the community groups and nature of the activity, over the last three years.**

As discussed in Criterion VI and depicted in Figure VI-1, we envision a reciprocal determinism between service, research, and training. Model rural and urban community sites demonstrate the interrelatedness of these components. Community-based partnerships and the nature of these partnerships have been previously described in Appendix II.C and include activities in the following four sites: Boys, Girls, and Adults Community Development, Inc. (BGACDC) in Marvell; Walnut Street Works in Helena; We Care Association in the Higgins Community of Pulaski County; and La Casa in Southwest Pulaski County. In addition, as also summarized in Appendix II.C, the Mid-Delta Community Consortium (MDCC) is also a major community-based organization partner with whom close collaborations are emerging in their activities throughout the Mississippi Delta region of Arkansas.

To illustrate the depth of these partnerships, a closer examination of Walnut Street Works (WW) in Helena is useful. The relationship began in 2002 when both organizations were involved in HRSA’s Delta State Rural Development Network Grant Program. COPH was instrumental in securing the grant for the state, and WW was a partner in the Tri-County Rural Health Network (TCRHN), which has been a local recipient of Delta State planning and implementation grants. COPH continues to collaborate with WW, both as an individual community-based organization and as a partner of TCRHN. In 2005, COPH assisted in the development of a proposal to the Robert Wood Johnson Foundation which resulted in a three-year contract of approximately \$950,000 (including Medicaid matching funds) for the WW/TCRHN to implement the Community Connector Demonstration, an innovative model using lay workers to connect elderly and adults with physical disabilities to needed long-term care services. COPH obtained separate funding of \$250,000 to conduct an evaluation of the impact and cost-effectiveness of the program. COPH had previously conducted an evaluation of the five-month pilot of the Connector Program, which provided preliminary data to support the RWJF proposal. Several manuscripts regarding this innovative demonstration are currently under development, and a number of national presentations have been made or are currently under consideration.

As with our other community partnerships, this relationship is mutually beneficial. In the last several years, WW/TCRHN staff have trained COPH staff, doctoral students, and other community partners in the Deliberative Democracy process, made presentations to COPH students on the Community Connector Model, and assisted the COPH in our successful submission of an application to Community Campus Partnership in Health for its initiative, *Developing Engaged Institutions to Address Racial/Ethnic Health Disparities*. WW/TCRHN was particularly helpful to the COPH in the development of an application to the CDC for a Prevention Research Center, which was approved but not funded. COPH has supported WW/TCRHN by providing data for program and grant development needs, by providing notices of funding opportunities, and by assisting in the development of grant opportunities. In addition, the COPH has hosted several retreats for community partners, including WW, to develop skills, exchange ideas, and develop strategic plans.

### **VII.3 A description of the school's continuing education program, including policies, procedures, and practices that support continuing education.**

The COPH envisions CME/CE programs as an essential component of changing the practice of both public health and healthcare practitioners and striving to accomplish our Mission. The College's current CME/CE activities can be categorized into four major areas: Public Health Grand Rounds; a Health Policy and Health Promotion Research Conference series; faculty-presented topics; and the Arkansas Public Health Institute.

- Public Health Grand Rounds – Grand Rounds are co-sponsored by the COPH and the DOH, and are presented weekly at the DOH (see Appendix VII.A for a copy of the CME/CE co-sponsored programs over the past two years).
- Health Policy and Health Promotion Research Conference – This conference is also co-sponsored by the COPH and the DOH, and has been offered 2-3 times monthly over the past year at the COPH (see Appendix VII.B for a copy of the CME/CE co-sponsored programs over the past year).
- Faculty-presented topics – Our faculty have also been involved in presenting to a variety of professional and lay groups (see Appendix VII.C for a summary of presentations by faculty over the past year). Many of these presentations are in response to an invitation to the particular faculty member. Some of these presentations have involved awarding CME or CE credits; however, some of these presentations have not involved actual CE credits.
- Topics of public health importance – In addition to these CME/CE programs offered with the above partners, the COPH is active in developing additional CE programs on other topics of importance that should be addressed, either in the context of these co-sponsored programs or those that require other formats. An example of the latter is the identification of a need for an annual conference that addresses the public education system's role in the fight against childhood obesity in Arkansas. Having played a critical role in the creation of Arkansas Legislative Act 1220 of 2003, the COPH recognized the need for further attention to the implementation of this new law combating childhood obesity. In collaboration with the Arkansas Center for Health Improvement and the DOH, the COPH organized a conference to equip attendees with information and tools to aid schools in creating healthier educational environments. Presented in 2005 and 2006, the conference audience of school administrators and wellness committee members included superintendents, principals, school nurses, teachers, physical education instructors, parents, and members of state and non-profit agencies. Specific topics covered each year varied with the perceived needs of Arkansas educators interviewed by the COPH. However, implementation of state and federal regulations concerning competitive food and beverage contracts, cafeteria meal programs, and physical activity were the overarching theme of both conferences. Another example of a jointly developed and presented conference focused on the uses of law to address obesity, which was co-sponsored by the COPH and the UALR Bowen School of Law. The conference featured national and local speakers with expertise in this rapidly growing area of legal study, including Carol Tucker Foreman (executive director of the Food Policy Institute), Margo Wootan (director of nutrition policy at the Center for Science in the Public Interest), James Tillotson (professor of food policy and international business at Tufts University), and Jason Smith (managing attorney of the Public Health Advocacy Institute at the Northeastern University School of Law and Tufts University School of Medicine). Attendance at these events is presented in Table VII-3.
- The Arkansas Public Health Institute (APHI) is a year-long intensive workforce development program offered to leaders and managers within the DHHS Division of Health, begun in 2005.

The APHI is administered by the COPH via a contract with DOH. Dr. Katharine Stewart, Associate Dean for Academic Affairs, coordinates the program in collaboration with Lewis Leslie, Director of DOH Workforce Development. The APHI enrolls approximately 50 participants each year, and includes four week-long sessions of coursework in public health sciences, public health management, community-based public health program design and evaluation, and change management. The program also requires all participants to work in teams to propose a business plan for a new program in the DOH that will address a critical need in the participants' geographical region or area of work responsibility. APHI participants may elect to receive continuing education credit (approximately 125 contact hours) or 3 hours of academic credit in the COPH that can be substituted for the Introduction to Public Health course in the MPH Core Curriculum. Attendance at the APHI is shown in Table VII-3.

**VII.4 A list of continuing education programs offered by the school, including number of students served, over the last three years.**

A list of the topics and presenters for co-sponsored CME/CE programs offered at weekly Grand Rounds for the past three years is provided in Appendix VII.A. A list of the topics and presenters for CME/CE programs offered at Health Policy and Health Promotion Research Conferences during the past three years is contained in Appendix VII.B. In January 2004, a system for tracking attendance was implemented, as reflected in the appendices. Appendix VII.D. provides the full outline of topics presented at the Arkansas Public Health Institute over the course of the program.

**VII.5 A list of other educational institutions, if any, with which the school collaborates to offer continuing education.**

As noted in the description of COPH partnerships in Appendix II.C and the sections above, CME/CE programs are

being offered with a variety of partners, most prominently the DOH. In addition, CME programs are being planned with the Office of Regional Programs and the Office of Continuing Education at the UAMS College of Medicine in order to directly access the healthcare practice community to a greater extent than previously done.

<b>Table VII-3. Attendance at selected COPH CE programs (non-weekly-conference-based).</b>			
<b>Program Name</b>	<b>Participants</b>		
	<b>2004</b>	<b>2005</b>	<b>2006</b>
National conf on legal issues related to obesity	-- <sup>1</sup>	71	-- <sup>1</sup>
State conference on obesity	-- <sup>1</sup>	165	160
Arkansas Public Health Institute	-- <sup>1</sup>	52	44

<sup>1</sup>Not conducted during this year.

**VII.6 Identification of the measures by which the school may evaluate the success of its service program, along with data regarding the school's performance against those measures over the last three years.**

Measures by which the COPH evaluates the success of service programs and performance over the past three years are summarized in Table VII-4.

**Table VII-4. Measures for Evaluating the Success of Service Programs and Performance Over the Past Three Years**

Measure	2004 <sup>1</sup>	2005	2006 <sup>2</sup>
Number of UAMS units with an existing or planned service partnership	16	6	6
Number of non-UAMS academic units with an existing or planned service partnership	13	6	6
Number of state agencies with an existing or planned service partnership	12	3	3
Number of legislative appointments with an existing or planned service partnership	2	5	5
Number of state-wide coalitions with an existing or planned service partnership	4	4	4
Number of federal organizations and programs with an existing or planned service partnership	5	4	4
Number of state-level nonprofit organizations with an existing or planned service partnership	7	2	2
Number of community-based nonprofit organizations with an existing or planned service partnership	7	5	5
Number of CME/CE programs offered	54	57	20

<sup>1</sup>2004 data include planned and existing partnerships; 2005 and 2006 data include existing partnerships only.

<sup>2</sup>Based on 3-month period (1/2006 – 3/2006).

### **VII.7 A description of student involvement in service.**

Students are integral to the COPH’s Mission, and they are encouraged to adopt and share our philosophy and values. The statement that “*we believe that, at its core, public health is about social justice, what’s best for all of us, not just a few,*” is one that is discussed in some depth with students in the Introduction to Public Health course, plus in small groups, seminars, and other classes. COPH students are encouraged to explore how such values play out in their personal lives and in the world of people where public health services are taught and practiced. The importance of service as a public health value or end, not just education in the narrower classroom context, is a primary COPH goal.

As a result, we expect that students will learn to value service. Evidence that students have a strong service orientation is provided by the many MPH students who elect to undertake service projects during their preceptorships and the many students who conduct service projects outside of their degree requirements. The preceptorship is possibly the best experience to model professional service in the required curriculum, because it allows students to explore in-depth the connections between public health practice and its approaches, and the core concepts and principles of the profession. Service learning in this context creates a win-win situation in which students derive a great deal of knowledge and experience they might not have received otherwise, while the community benefits from the services provided. Some examples of service learning experiences implemented by students through the preceptorships include: education demonstrations addressing community gardening and nutrition to children at the Dunbar Community Garden; development and presentation of a family relationship curriculum to teen mothers at Catherine's House (after-school program and day care for teen mothers); nutrition education for Latina children and parents at a community's local farmer's market in the Bronx, New York; participation in telephone counseling sessions for smoking cessation clients; presentations to elementary aged children about poison control and prevention; planning and implementation of health fairs throughout Arkansas (e.g. Lake Village; Fordyce; Helena; Texarkana); and assessment of curriculum content to address community-based education issues including an appraisal of potential community resources for establishing community based health education programs at the University of Nigeria Teaching Hospital in Enugu, Nigeria. The benefits expressed by students about such experiences were that

they helped increased problem solving abilities, sense of social and personal responsibility, empathy, personal self-efficacy for helping others, and fostered better communication and management skills.

Additionally, the Copenhaguen Student Council completes one volunteer service project each semester of the academic year. In September 2005, the Copenhaguen Student Council partnered with the UAMS Staff Nurse Advisory Council to assist Hurricane Katrina Evacuees living in Arkansas. A collection room was designated in the Copenhaguen building where items such as silverware, dishes, linens, towels, pillows, blankets, and small appliances were collected. The combined effort of the Copenhaguen Student Council and UAMS Staff Nurse Advisory Council amounted to four truckloads of food, bottled water, toiletries, clothes, toys and household items for local agencies gathering items for the displaced. The spring service activity was a day of volunteer service. Student Council members volunteered at La Casa, a community-based public health organization located in southwest Pulaski County which serves the Latino community. Students assisted members of La Casa as they surveyed the health needs of local residents by participating in the conduction of screenings including a health risk appraisal and tests to determine blood pressure, cholesterol, triglycerides, and glucose. Student Council volunteers found the day productive and plan to staff future La Casa community health outreach programs.

Finally, another aspect of service is that students are invited to serve on a number of Copenhaguen and campus committees while they are enrolled. These elected service roles include those on the Copenhaguen Student Council, the Copenhaguen Honors Council, the Copenhaguen Academic Standards Committee, the Copenhaguen Research Committee, the UAMS House of Delegates, and the UAMS Associate Student Government Council. These are described in more detail in Section IX.D.

#### **VII.8 Assessment of the extent to which this criterion is met.**

The Copenhaguen meets this criterion. The Copenhaguen has very active service programs, consistent with our Mission, by which faculty, staff, and students contribute to the advancement of public health practice, including continuing education. The Copenhaguen has a well-developed set of policies, procedures, and practices that support, promote, and reward service. The College has both formal and informal contracts and agreements with external agencies to support service to external partners, UAMS and other Arkansas academic institution units, the Arkansas legislature, the Governor, elected officials, Arkansas communities, and the public health profession at the state and national levels. The Copenhaguen also has a continuing education program with associated policies, procedures, and practices that support a variety of continuing education programs. The College collaborates with other educational institutions and agencies to offer continuing education in an effort to expand the impact of continuing education programs. Measures have been identified for evaluating the success of our service program, and data are provided on the College's performance in these measures. Copenhaguen students are actively encouraged to adopt a strong service orientation, and evidence of students' service commitment is provided by the number of students electing to undertake service-oriented preceptorship and integrative projects and by student service projects initiated outside of their degree program requirements.