



2005 Annual Report

Louisiana Cancer Research Consortium



LCRC 2005 ANNUAL REPORT

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Background

The vision of the Louisiana Cancer Research Consortium is to build on the strengths of LSU Health Sciences Center of New Orleans and Tulane University Health Sciences Center, to develop an internationally recognized cancer research, education, and treatment resource for our region.

Cancer is becoming the single largest health expense in the U.S. Twenty percent of every healthcare dollar in 2001 was spent on cancer. According to American Cancer Society statistics, Louisiana has the highest cancer mortality rate in the nation. Annually, the state loses approximately \$400 million in lost productivity due to early death from cancer.

Because of these trends, and the fact that there is no National Cancer Institute (NCI)-Designated Cancer Center in Louisiana, Mississippi, or Arkansas, the Louisiana Legislature took a bold step and passed Senate Bill 73 during the 2002 Special Session. This landmark legislation created the Louisiana Cancer Research Consortium in New Orleans, a 501(c)(3) corporation that can accept both public and private funds to support cancer research.

The Consortium provides a structure in which Louisiana State University Health Sciences Center-New Orleans and Tulane University Health Sciences Center —the state's two leading health sciences research institutions — work closely together and coordinate research efforts.

During the 2002 Regular Legislative Session, the Louisiana Legislature continued to demonstrate its generous commitment to the fight against cancer by increasing the tax on a pack of cigarettes. Three cents of the 12-cent increase is dedicated to fund infrastructure and program development for the consortium. House Bill 157, sponsored by Representatives Mitch Landrieu, Karen Carter, and Senators John Hainkel and Diana Bajoie, has an effect of more than \$10 million annually and created a bondable revenue stream to further our cause for innovative cancer research and patient care.

Year in Review

The State of Louisiana continued its commitment to fighting cancer by investing a portion of its cigarette tax receipts in the Louisiana Cancer Research Consortium (LCRC). While State cigarette tax receipts represent the foundation of the Consortium's funding in its formative years, LCRC is dedicated to developing a balanced portfolio of financial support. To date, the Consortium has also received significant amounts of federal funding, as well as private donations and corporate sponsorships.

Dr. Rhonda Yusuff joined the LCRC in July 2005, as the Associate Director for Scientific Administration. Having worked for other NCI-designated Cancer Centers, she brings extensive experience in developing infrastructures to support all cancer research activities that are aligned with the NCI guidelines, in order for the LCRC to compete for its first NCI Cancer Center Support Grant.

Dr. Yusuff was most recently employed at the Medical University of South Carolina Hollings Cancer Center and prior to the Hollings Cancer Center she was at the Lee Moffitt Cancer Center & Research Institute at the University of South Florida.

Project Status on Building the Cancer Center

The Consortium is constructing a 160,000 sq. ft., 9 floor building for cancer research that will combine the cancer programs of LSU Health Sciences Center – New Orleans and Tulane University. The Center will include three bottom floors for parking, five research floors, and an administrative and vivarium floor.

LCRC received approval from the New Orleans City Council for a map change request after several meetings with neighborhood groups and city council members. In March 2005, the final piece of land was acquired by the LCRC for the cancer center site.

Design

In May 2005, the LCRC Board approved the Schematic Design and Cost Estimate for the 160,000 square foot cancer center,



VIEW OF THE CANCER CENTER FROM INTERSTATE 10

and authorized starting the Design Development Phase. Just prior to Hurricane Katrina, the Design Development Phase was completed and Hillier Architects was to begin the Construction Document Phase, which would have allowed LCRC to begin construction in October or November 2005. Also, the project team was beginning to develop the pile-testing program. The purpose of this test was to test the bearing capacity of the soils. Unfortunately, the storm impacted these schedules, and currently the building of a cancer center has been postponed until further notice.

Business Plan/Financing

A very successful business plan meeting was held on July 25, 2005, with the LCRC leadership, scientific leadership, project manager, business plan consultant, and bankers. The meeting resulted in finalizing key remaining issues regarding the business and operational plans. In addition, bond counsel and the underwriters outlined their schedule for securing bond financing.

Construction

Due to Katrina, the construction on the cancer center has been temporarily postponed. Once the LCRC Board of Directors decides that the time is appropriate to move forward again with the building portion of the project, site preparation, demolition and removal of the asphalt covering the site can begin.



Within a few hours on the morning of August 29, 2005, Hurricane Katrina changed our lives forever.

Research Update

Oliver Sartor, M.D., Director
LSUHSC's Stanley S. Scott Cancer Center

Roy S. Weiner, M.D., Director
Tulane Cancer Center

We were suddenly thrust into the greatest natural disaster in our nation's history and every member of our partnership was forced to face unprecedented personal and professional challenge. Our faculty and staff were scattered throughout the country; infrastructure at both institutions was damaged; months and even years of research was at risk as our city filled with water and refrigeration failed. The stakes were as high as they can be and the tasks nearly incomprehensible. But with great challenge comes great opportunity, and with hard work and planning, great reward.

We are extremely proud to say that the Louisiana Cancer Research Consortium (LCRC) has weathered the storm. Through the ingenuity and diligence of our incredibly devoted faculty and the academic leadership of our respective institutions, we have overcome several short-term challenges and are working diligently to handle longer-term issues.

We are also proud to say that despite the challenges and setbacks brought on by Hurricane Katrina, the LCRC made incredible strides in 2005.

Recruitment

Louisiana State University Health Sciences Center and Tulane University Health Sciences Center recruited 23 outstanding researchers and physician scientists into our ranks by the summer of 2005. These key hires were recruited here from places like Harvard, Yale, the Mayo Clinic, and M.D. Anderson. They are here because they see great opportunity and great promise in the mission and vision of the LCRC, and their presence will allow for significant development of our scientific and clinical research programs.

Federal Grant Support

Our federal grant support grew by 33% in the past year, with combined NIH funding climbing to \$21.1 million in 2005 compared to \$15.9 million in 2004. These increases came despite heightened competition for a shrinking pool of federal grant dollars and are a testament to the outstanding science being performed by our LCRC researchers.

Other Areas of Progress

We have seen continued development and expanded joint use of our Core facilities as collaboration continues at a faster pace. We have also enjoyed increased support from the community as we work harder to raise awareness about the cancer burden in our area and how a successful LCRC can help to ease the burden for citizens across the Gulf Coast.

We have had a remarkably productive year, but Hurricane Katrina has forced us to re-focus and re-evaluate our plans for going forward...

Emphasis on Faculty Retention

Immediately following Hurricane Katrina, our first priority was to locate each of our LCRC faculty members. Demonstrating incredible resilience and dedication, most had found temporary homes and productive environments with colleagues around the country. They immersed themselves in new clinics, experiments, reports, and new grants - even while coping with the devastation they and their families suffered on a personal level. We have a

truly outstanding group of dedicated cancer researchers.

Many LCRC faculty members began returning to their research laboratories in early November 2005 to start the long and continuing process of cataloging damages and resuming experiments. In reality, the full effect of this storm on LCRC research and researchers will not be known until all of our members are back in their labs, in their classrooms, in their clinics, and in their homes. It is our hope that this will take place over the next 6 - 8 months, the exact timing determined by a combination of facility readiness, staff availability, and housing in New Orleans, as well as by school schedules for their children. We fully expect to be confronted with short-term, mid-term, and long-term needs as this takes place. We fully expect sober reassessment of research plans and some changes in research priorities, well justified by Katrina-related loss of irreplaceable samples, precious time, and competitive focus.

Our challenge for the next year, therefore, has shifted from recruitment of new faculty to retention of the outstanding scientists who already call the LCRC home. However, our goal remains programmatic growth. We must find the resources to make the LCRC and New Orleans attractive and provide them with the wherewithal to maximize their, and our, productivity. Retaining good people will require exciting plans, extraordinary resources, and compelling reasons for staying here. We will have to provide resources above and beyond the ordinary space, equipment, postdoctoral trainees, technical help and all must be the best available.

Toward that end, the LCRC Immediate Response Program (IRP) was established within weeks of the storm to provide immediate financial support to meet the research needs of eligible LCRC basic, clinical, and population researchers and their trainees. The IRP is an emergency mechanism whereby LCRC scientists can formally request financial assistance to reactivate their research projects in the aftermath of catastrophic loss. The maximum IRP award is \$25,000, and the funds can be used for emergency expenses in a temporary laboratory or replacement of lost reagents, supplies, animals, specimens, data, or critical small equipment. To date, 44 LCRC researchers applied for and were awarded emergency funding through this new program.

Central to the LCRC is our clinical program. It has been ravaged by damage to facilities and a dispersion of our patients. Here again, we are re-grouping and continuing to pursue our mandate to improve cancer care and to make that improved care accessible to as many people in our region as possible. We, no doubt, will emerge with new alliances to achieve those goals. Many are already underway. One of our biggest challenges is supporting our clinical faculty members while they rebuild their patient populations and their clinical revenue stream.

Making the Most of Post-Katrina Recovery Opportunities

At a recent meeting of the American Association of Cancer Institutes, three of our External Scientific Advisory Board Members - Drs. Harold L. Moses, director emeritus of the Vanderbilt-Ingram Comprehensive Cancer Center; H. Shelton Earp, III, director of the Lineberger Comprehensive Cancer Center at the University of North Carolina; and Faye Austin, senior vice president for research at the Dana Farber Cancer Institute and associate director for administration in the Dana Farber/Harvard Cancer Center Consortium - renewed their commitment to our success and their willingness to advise us on how we may obtain and invest recovery resources.

At the same meeting, Drs. Andrew von Eschenbach, Linda Weiss, and Ernest Hawk (the highest leadership of the NCI and its Centers Program) all expressed support and pledged their assistance in providing resources to recover our scientific losses. In response to their most welcome pledge, we drafted a formal request for \$1 million in hurricane assistance from the NCI to help restore our progress toward becoming an NCI-designated cancer center. We have been informed that the initial response to our request has been positive.

Other organizations have reached out as well. The American Association for Cancer Research developed a special "Saving the Science" emergency grant fund that provided \$2,000 grants for scientists and clinicians who were forced to relocate their research efforts at other universities. Other granting institutions, including the NIH, offered to extend grant deadlines or provide grant supplements or fully funded grant extensions, allowing

those recipients who had been affected by the storm an opportunity to make up the time they lost because of Katrina and its consequences.

This show of national support and commitment to our recovery efforts has been greatly encouraging. We have in turn encouraged our researchers to pursue these and all other opportunities for Katrina-related recovery resources. With our resolve and with pledges such as these to aid us in rebuilding the scientific community in New Orleans, we are fully confident that we will succeed in restoring our science and regaining our trajectory toward designation as an NCI Cancer Center.

Post-Katrina Challenges Heighten Community Awareness / Enthusiasm

We have been very fortunate to enjoy continued strong enthusiasm and community support for the LCRC this year.

New Orleans Public Belt Railroad Second Annual LCRC Golf Classic

We would like to give special thanks to the good people at the **New Orleans Public Belt Railroad (NOPB)** whose **Second Annual LCRC Golf Classic** was a tremendous success. Held on Monday, April 11, 2005, at English Turn Golf & Country Club, the tournament attracted over eighty golfers who helped to raise \$30,000 for the LCRC's cancer research programs. In 2004, the NOPB's inaugural golf tournament raised \$25,000, bringing the two-year total for this event to \$55,000. Through the tireless efforts of every member of the NOPB family, we are able to elevate cancer research here in Louisiana to an even higher level of importance, and we pledge to put every penny of their support to good use as we move closer to providing an NCI-designated center to our citizens.

Cancer Crusaders

We would also like to thank the members of the Cancer Crusaders, who have been raising funds for cancer research at both Tulane and LSU for over two decades. Although some of their major fundraising events were canceled due to Hurricane Katrina, their hard work and selfless dedication had achieved recordbreaking success prior to

the storm. We are fortunate to have such a dynamic group of supporters behind us, and we are extremely grateful for the constant encouragement they provide.

Saks Fifth Avenue's Key to the Cure

Another fundraising event impacted by Hurricane Katrina was Saks Fifth Avenue's (SFA) 2005 Key to the Cure Charity Shopping Weekend, which was supposed to kickoff with a Gala in New Orleans on Thursday, October 27. Although the 2005 event was canceled, Saks recently announced they would be hosting Key to the Cure following the re-opening of their New Orleans store. We are grateful to the SFA organization for their steadfast support of our efforts. Over the past five years, thanks in great part to the tremendous SFA staff, our dedicated committee members, our tireless co-chairs, and our generous corporate, foundation and individual sponsors, Key to the Cure has raised over \$330,000 for cancer research here in New Orleans.

We are indeed fortunate to have the good will and support of such wonderful people, and we are confident that support will be greater now than ever before, as our needs are greater now than ever. The organizations, corporations, foundations, and individuals who provide us their time, their energy, and their financial contributions are devoted to cooperative cancer research and the prospect that together Tulane and LSU can accomplish what neither could on its own. The prospect of working together to conquer cancer and ease the cancer burden in our area is based not in a building, but in the ingenuity and work of our devoted faculty who are busy in their laboratories every day. We want our supporters to know that this has not and will not change. We are more intent than ever on collaboration and discovery and on bringing an NCI-designated cancer center to Louisiana. With their continued help, we can and will succeed.

Board Members

Paul K. Whelton, M.D., M.Sc., Chairman

Senior Vice President for Health Sciences, Tulane University Health Sciences Center

John Rock, M.D., Vice-Chair

Chancellor, LSU Health Sciences Center

Donald Vandal, Secretary/Treasurer

Deputy Commissioner of Administration, Board of Regents

Norman Francis, Ph.D.

President, Xavier University

Alan M. Miller, Ph.D., M.D.

Associate Senior Vice President for Health Sciences, Tulane University Health Sciences Center

Mike Olivier

Secretary, State of Louisiana Department of Economic Development

Mary Ella Sanders, M.D.

Vice Chancellor of Clinical Affairs, LSU Health Sciences Center

Ms. Carroll Suggs

Ashton Ryan, Jr.

President and Chief Executive Officer, First Bank and Trust

Alexander Washington, M.D.

Head of Hematology/Oncology, Methodist Cancer Center

INTERNAL LEADERSHIP

Oliver Sartor, M.D., Co-Scientific Director

Director, Stanley S. Scott Cancer Center, LSU Health Sciences Center - New Orleans

Roy Weiner, M.D., Co-Scientific Director

Director, Tulane Cancer Center, Tulane University Health Sciences Center

Charles L. Brown, M.D., Chairman of the Steering Committee

Tobacco Prevention and Smoking Cessation Program

Steve Moye, President / CEO

Deborah Reeder, Chief Financial Officer

Scientific Steering Committee

Roy Weiner, M.D. and Oliver Sartor, M.D. - Co-directors

Prescott Deininger - Associate Director

Laura Levy, Ph.D. - Associate Director

Alan Miller, M.D., Ph.D. - Associate Director

Terry Fontham, D.PH. - Associate Director

Pelayo Correa, M.D. - Deputy Director

Wayne Vedekis, Ph.D., Associate Director

Stephen Hill, Ph.D. - Program Leader

Tyler Curiel, M.D., Ph.D. - Program Leader

Augusto Ochoa, M.D., Ph.D. - Program Leader

Jennifer Hu, Ph.D., MPH - Program Leader

Jill Gilbert, M.D. - Program Leader

Krzysztof Moroz, M.D. - Core Director

Weiping Zou, M.D., Ph.D. - Core Director

Edward Peters, DDS, MPH - Core Director

Wayne Backes, Ph.D. - LSU Representative

Charles Hemenway, M.D., Ph.D. - Tulane Representative

External Scientific Advisory Board

Harold Moses, M.D., Chair

Director, Vanderbilt-Ingram Cancer Center

Chairman, NCI Cancer Centers Review Committee

Faye Austin, Ph.D.

Senior Vice President for Research, Dana Farber Cancer Institute

Associate Director for Admin. Dana Farber/Harvard Cancer Center (Consortium)

Paul A. Bunn, Jr., M.D.

Director, University of Colorado Cancer Center

President, American Society of Clinical Oncology

Steven T. Rosen, M.D.

Director, Northwestern University Cancer Center

Thomas A. Sellers, Ph.D., M.P.H.

Associate Center Director, Cancer Control Division

Associate Director, Moffitt Research Institute

H. Shelton Earp, III, M.D.

Director, UNC Lineberger Comprehensive Cancer Center

Report of Independent Certified Public Accountants

REBOW & COMPANY

CERTIFIED PUBLIC ACCOUNTS
CONSULTANTS

A PROFESSIONAL CORPORATION

Independent Auditor's Report

Board of Directors

Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center

We have audited the accompanying statement of financial position of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center (a non-profit organization) (the "Center") as of June 30, 2005, and the related statements of activities and cash flows for the year ended. These financial statements are the responsibility of the Center's management. Our responsibility is to express an opinion on these financial statements based on our audit. The summarized comparative information for the year ended June 30, 2004 has been derived from the Center's financial statements for the year ended June 30, 2004. These financial statements were audited by other auditors. Those auditors expressed an unqualified opinion on those financial statements in their report dated August 26, 2004.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center as of June 30, 2005, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note K to the financial statements, on August 29, 2005, Hurricane Katrina caused catastrophic property damage to New Orleans. New Orleans has been evacuated and as a result, the Center has temporarily relocated its operations. The impact of the hurricane on the Center's future revenues and its operations is indeterminable at this time. In addition, any uninsured loss to property and equipment is not estimable as of the date of our report.

In accordance with Government Auditing Standards, we have also issued our report dated August 19, 2005, on our consideration of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

Our audit was performed for the purpose of forming an opinion on the basic financial statements of Louisiana Cancer Research Center of LSU Health Sciences Center in New Orleans / Tulane Health Sciences Center taken as a whole. The accompanying combining statement of activities and the other supplementary information required by the State of Louisiana is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Ss/ Rebow & Company

August 19, 2005

(except for Note K, as to which the date is August 29, 2005)

Statement of Activities and Changes in Net Assets

Year ended June 30, 2005

	Cancer Research	Smoking Cessation	Property & Equipment	Total LCRC
REVENUE				
State Grants	\$ 10,610,833	\$ 7,239,167	-	\$ 17,850,000
Other Income	156,517	25,978	-	34,684
TOTAL REVENUE	10,767,350	7,265,145	-	18,032,495
EXPENSES				
Cancer Research Programs	3,883,779	-	-	3,883,779
Smoking Cessation Programs	-	6,259,061	-	6,259,061
General & Administration	720,027	387,067	-	1,107,094
TOTAL EXPENSES	4,603,806	1,755,755	-	11,249,934
INCREASE IN NET ASSETS	6,163,544	619,017	-	6,782,861
Property & Equipment (net) Capitalized	(3,727,644)	-	3,727,644	
Net assets, beginning of year	15,235,171	10,420,065	1,260,614	226,915,850
Net assets, end of year	\$ 17,671,071	\$ 11,039,082	\$ 4,988,258	\$ 33,698,411

The Louisiana Campaign for Tobacco-Free Living

Charles L. Brown, Jr., M.D.,
Chairman of the Steering Committee



The Louisiana Campaign for Tobacco-Free Living (TFL) is funded by HB 157, Act 19 of the 2002 Session of the Legislature. The program's goals are to create and sustain a comprehensive tobacco use prevention and cessation program across Louisiana. This is the fourth program report to the Joint Legislative Committee on the Budget, the Louisiana Board of Regents, and the Department of Economic Development, and covers the period from January 1, 2005 to December 31, 2005.

The Louisiana Cancer Research Consortium (LCRC) Board appointed a Steering Committee for TFL with statewide representation of professionals from the public health sector, universities, the state board of education, and other private agencies. Based upon the recommendations of the Steering Committee, the LCRC agreed to a 3-year contract with the Louisiana Public Health Institute (LPHI) to develop and implement the program. LPHI and LCRC began the contract on July 21, 2003.

In what can best be described as a truly eventful year, and for the first time since its inception, TFL used its full budgetary resources to make progress on its four major goals:

- Eliminate exposure to secondhand smoke
- Prevent youth initiation of tobacco use
- Promote smoking cessation among youth and adults
- Eliminate tobacco-related disparities

TFL continues to develop and expand current programming with the ultimate goal of making Louisiana a smoke-free state.

Community and State Programs

In accordance with the best practices of the CDC's Comprehensive Tobacco Control Programs, TFL's community and statewide programs involve organizations throughout the state. In 2005, a granting effort was created to engage non-traditional individuals, groups and organizations in tobacco prevention activities throughout Louisiana. The goal of all funded activities is to raise awareness and share knowledge of the effects of secondhand smoke as well as to reduce exposure to secondhand smoke.

Requests for proposals (RFP) were announced in December of 2004. An overwhelming 125 applicants responded at the community level and 17 applications were received at the statewide partnership level. After careful consideration and

review by an external peer review panel, a total of 71 community grants and five partnership grants were funded:

47 Program Community Grants (up to \$10,000 each)	\$433,039
24 Planning Community Grants (up to \$2,500 each)	\$60,000
5 Statewide Partnership Grants	\$633,232
Total Grant Funding in 2005	\$1,126,271

Through this granting program, TFL has increased its reach and influence throughout the state by mobilizing and engaging a very diverse group of individuals, organizations and communities to reduce the burden of tobacco use in Louisiana. The anti-tobacco movement has now been introduced throughout the entire state.

The Louisiana Tobacco Quitline and Cessation Services

In April 2005, the Louisiana Public Health Institute on behalf of TFL entered into a contractual agreement with the American Lung Association of Louisiana to expand services for the statewide toll-free tobacco cessation Quitline. The agreement was in effect for the last quarter of the TFL fiscal year (April-June) and expanded service hours to include weekends, intensive proactive counseling and enhanced measurements for deliverables such as the live response rate, call abandonment rate and the voicemail initiated return rate.

In addition to expanding the Quitline services, TFL began promoting the line through a television media campaign during this same time period. This effort resulted in 774 calls to the Quitline in the fourth quarter of this fiscal year compared to 740 calls during the first, second and third quarters combined.

To sustain the momentum generated by the Quitline, TFL developed and disseminated a request for proposal (RFP) to give national quitline service providers an opportunity to bid for the Louisiana contract. The RFP resulted in proposals from five nationally recognized vendors:

- American Cancer Society
- American Lung Association
- Free and Clear
- National Jewish Medical Center
- The Mayo Clinic

A diverse, independent panel unanimously selected the American Cancer Society (ACS) as the Louisiana Tobacco Quitline service provider. ACS has provided telephone counseling services to Louisiana residents since August 1. Call activity increased initially based on a new media campaign which was interrupted with hurricanes Katrina and Rita. Since October the media campaign has been active with a consistent increase in the use of the quitline. Total calls to the quitline over the five months were approximately 3500 averaging 700 per month—coming from every parish in the state.

Public Hospital-Based Cessation Program (Tobacco Control Initiative)

The goal of the Tobacco Control Initiative (TCI) is to implement and evaluate evidence-based multi-level tobacco cessation services within Louisiana's public hospital system. There are ten (10) public hospitals throughout the state serving approximately 25% of Louisiana's residents.

Objective: Increase awareness of the dangers of secondhand smoke in the state hospital system and promote smoke-free environments.

Memorandum of Understanding (MOU)

Memoranda of Understanding have been executed and outline the collaboration between TCI and the Louisiana public hospitals. In addition, each MOU includes the HIPAA Business Association Agreement, which allows access to patient data and hospital information systems.

Employee Cessation Services

Hospital-based marketing campaigns regularly alert staff to the availability of TCI cessation services. In response to the demand for these services, TCI offers morning and evening cessation classes.

Policy Review

As part of the policy revision plan, TCI has reviewed and summarized all existing policies regarding smoke-free environments, and identified the protocol to modify the policies. In conjunction with Tobacco Team members at each facility, TCI will propose a comprehensive policy that addresses smoke-free environments for patients and employees, identifies existing cessation services, and strategies to assist administrators with policy enforcement.

Objective: Provide program to address smoking cessation and chronic diseases exacerbated by smoking.

Patient Survey

The patient survey was administered in 100% of the public hospitals. Results were analyzed and reported. The survey identified the prevalence and patterns of tobacco use within each facility, and indicated that on average 32% of patients accessing the public hospital for primary care were current tobacco users. Findings assisted in the development of pilot programs.

Pilot Programs

Prior to hospital-wide implementation of cessation services, all facilities implemented pilot programs to identify and address barriers. Findings from each pilot informed the modification and implementation of services to meet the needs of each facility's unique population.

Existing Cessation Services

During the reporting period, cessation services were available in 8 of 10 hospitals. Services combine behavioral counseling with pharmacotherapy and social support, and include 4 – 5 face-to-face encounters accompanied by an equal number of telephone follow-up calls. Referral sources include inpatients, outpatients, self/community referrals and employees.

Standardization

TCI has standardized an integrative process of care, behavioral counseling curriculum, referral, assessment, and patient management forms, and the database. In addition, training for all staff has been standardized to ensure substantive orientation and education to tobacco control.

Human Resources

To carryout the program goal, TCI staff are based at each facility. Essential functions include facilitating behavioral counseling, telephone follow-up calls, patient recruiting, internal marketing to patients and providers, convening tobacco teams and data collection and reporting. Staff are required to participate in weekly conference calls which highlight best practices, protocol adherence, and process improvement opportunities.

Comprehensive training and development activities are provided to enhance the skill level of TCI Field Staff. Training includes program orientation, computer-based tobacco control education, behavioral counseling curriculum, Motivational Enhancement Therapy, social marketing, team building, and Database Management.

Objective: Establish program evaluation for the hospital cessation programs.

TCI conducts ongoing evaluation to measure indicators including, but not limited to the following:

- Number of public hospitals offering tobacco cessation resources.
- Percentage of HCSD patients who use tobacco
- Percentage of patients who make a quit attempt
- Percentage of patients identified as tobacco users
- Percentage of patients referred to tobacco cessation service
- Percentage of patients who are ready to quit within 30 days
- Percentage of patients who receive an appointment for cessation classes
- Percentage of patients scheduled for cessation classes who attend at least one class
- Delay (in days) between date of referral and date of first cessation class
- Percentage of patients referred who receive a prescription for Wellbutrin

Media Campaign and Counter-Marketing

Through research conducted in early 2005, TFL determined people in our state did not know the facts about the harmful effects of secondhand smoke. With this in mind, the objectives of the 2005 media campaign were:

- to convince people that tobacco smoke is a dangerous threat to their health by providing compelling facts about secondhand smoke within both working and living environments
- to establish TFL as a resource that can help when persons are ready to do something about secondhand smoke
- to begin to change attitudes about secondhand smoke and to challenge individuals to take action both personally and within their community

The TFL media campaign consisted of both paid and earned activities in 2005.

Paid Media Campaign

With a focus on secondhand smoke, three dramatic public service announcements were created for television supported by similar messages for radio, outdoor and theater. These messages targeted adults aged 18 and greater and appeared in the spring and fall.

To measure the effectiveness of the campaign, impressions were used. Impressions are a media term to describe and quantify the number of individuals who have an opportunity to be exposed to a media message. Impressions include duplication so one person may view or hear a TFL message multiple times.

Total statewide impressions for the February-June SHS messages were 409,550,795 with breakdown by market and media:

Media Market	TV Impressions (50% of budget)	Radio Impressions (29% of budget)	Outdoor Impressions (21% of budget)
Alexandria	8,540,098	4,100,457	13,680,000
Baton Rouge	22,074,645	9,503,480	41,040,000
Lafayette	16,264,918	10,729,076	6,142,500
Lake Charles	6,768,561	4,035,350	11,869,200
Monroe	14,135,453	6,165,553	4,500,000
New Orleans	80,089,060	32,296,938	50,964,606
Shreveport	36,833,675	15,681,916	14,135,310
Totals	184,706,410	82,512,770	142,331,616

Total statewide impressions for the November-December SHS messages were 528,035,900 and breakdown by market and media:

Media Market	TV Impressions (52% of budget)	Radio Impressions (48% of budget)	Outdoor Impressions (0% of budget)
Alexandria	5,159,600	23,548,700	--
Baton Rouge	8,631,300	81,044,400	--
Lafayette	10,221,600	76,425,000	--
Lake Charles	3,213,700	38,058,400	--
Monroe	5,863,600	36,059,900	--
New Orleans	31,728,500	133,741,300	--
Shreveport	12,444,500	61,895,400	--
Total	77,262,800	450,773,100	--

In 2005, TFL began managing the Louisiana Tobacco Quitline. A media campaign was specifically launched in August to promote cessation and increase call activity to the toll-free 1-800-QUIT-NOW help line. Television and outdoor messages were developed and scheduled for August-December.

Total statewide impressions for the Quitline campaign were 305,020,365 and breakdown by market and media:

Media Market	TV Impressions (73% of budget)	Radio Impressions (0% of budget)	Outdoor Impressions (27% of budget)
Alexandria	11,043,900	--	18,240,000
Baton Rouge	16,030,900	--	63,138,462
Lafayette	16,809,800	--	13,162,500
Lake Charles	8,039,600	--	18,463,200
Monroe	9,656,500	--	8,571,429
New Orleans	50,677,000	--	6,370,575
Shreveport	31,161,000	--	33,655,500
Totals	143,418,700	--	161,601,665

There have been 3,496 total calls to the Louisiana Tobacco Quitline as a result of the media campaign. The breakdown by month:

August	1,914 callers
September	289 callers*
October	462 callers
November	488 callers
December	343 callers

*Paid media campaign suspended due to hurricane disasters

Earned Media Campaign

A statewide media tour during 2005 brought TFL's mission and message to local media and generated headlines across Louisiana. Shreveport's bold action to become the first city in Louisiana to adopt a comprehensive clean indoor-air ordinance initiated a statewide movement and garnered media attention in all corners of the state. Ongoing media advocacy efforts created awareness and stirred community support for clean indoor-air ordinances that followed in Lafayette, Mandeville, East Baton Rouge, and Grambling.

Total earned media in 2005 includes more than 150 published stories and greater than ten million media impressions statewide:

Number of published stories in newspaper and magazines (statewide)	157
Number of additional placements on TV, radio, etc. (statewide)	30
Number of total annual impressions (statewide)	10,701,840
Total Publicity Value in 2005	\$551,753

Media Campaign Evaluation

TFL's media campaign has focused on delivering information about the dangers of second-hand smoke to non-smokers. TFL's rationale for this approach is that non-smokers are more likely to support ordinances and policies that support smoke-free environments if they know the dangers and are given cues to act. Cues to act are intended to urge non-smokers to make choices about their personal environments (e.g., not allowing people to smoke in their homes, cars, or around their children) and also to support local ordinances and policy initiatives to create smoke-free environments in their communities.

TFL commissioned a market research study following TFL's media campaign to track the impacts of the campaign on Louisiana residents. Results of the study indicate that Louisianans now know more facts about the dangers of second hand smoke, are more likely to engage in personal and community environmental change actions, and are more aware of The Louisiana Campaign for Tobacco-Free Living than they were a year ago. Research determined:

- While almost two thirds of respondents reported that they were unaware of any organization that educated the public about the dangers of secondhand smoke, the highest increase in respondents awareness was awareness of Louisiana Campaign for Tobacco-Free Living. This result was obtained without prompting respondents with the names of specific organizations (unaided awareness).
- In a separate section of the study, respondents were provided with three different organizations and asked their awareness of each. The highest, most improved organization was the Louisiana Campaign for Tobacco-Free Living, which increased from 27% to nearly 59% total awareness.

Our research indicates that TFL's media campaign is making inroads in Louisianan's knowledge of the dangers of secondhand smoke, the likelihood that they will take action to create smoke-free environments, and raising awareness for the initiative. While

TFL still has work to do, further media campaigns are expected to continue to increase community awareness, concern, and action to reduce secondhand smoke as well as raise awareness of the role of the organization in the anti-smoking movement.

Clean Indoor Air Ordinances and Local Policy

Prior to 2005, TFL was only able to secure voluntary business policies which covered a limited number of employees and patrons.

As the year began Louisiana's smoke-free policies included:

- Three hospitals which had smoke free campuses
- Smoke-free New Orleans Audubon Zoo, UNO Lakefront arena and Louisiana Super Dome
- Smoke-free Washington Parish Prison and Opelousas Jail
- Hundreds of smoke-free restaurants

In 2005, tobacco control in Louisiana moved from managing only voluntary smoke-free business policies to also managing campaign driven smoke-free policies directed at local government councils. In Louisiana the tobacco control movement has developed a foothold by creating local laws protecting smoke-free indoor air.

During 2005, the smoke-free policies enacted in Louisiana included:

- Local ordinances in eight Louisiana communities (Baker, Baton Rouge, Gibsland, Grambling, Lafayette, Mandeville, Shreveport and Sulphur) providing protection to approximately 744,364 citizens
- Smoke-free K-12 campuses in the Lafayette Parish School System that covers 28,613 students and 4,100 employees (32,713 total persons)
- State Capitol building is smoke-free with a policy for more than 400 full-time employees and an unknown number of seasonal support staff and visitors
- Three additional hospital campuses are smoke-free (Mary Bird Perkins Cancer Center, Our Lady of the Lake Regional Medical Center and Baton Rouge General)

This movement has just started and will further impact the state in 2006.

Annual Tobacco Control Summit

The second annual statewide Louisiana Summit for Tobacco-Free Living was held March 23, 2005 and hosted by Southern University in Baton Rouge. Attendance included over 200 partners, supporters and tobacco control advocates across the state.

The day-long event opened with a provoking presentation by Dr. Stanton Glantz, from the University of California in San Francisco entitled "Secondhand Smoke: Biology, Economics and Politics." The luncheon keynote speaker, Dr. Fred Cerise, Secretary, Louisiana Department of Health and Hospitals (DHH) highlighted the problems tobacco use poses for the state's healthcare system.

The objective of the 2005 Summit was to create a unified voice against smoking in the state by advancing the understanding of the impact of secondhand smoke on all persons in Louisiana.

Conclusion

The second full year for The Louisiana Campaign for Tobacco-Free Living has shown significant growth. The grants to both community-based and statewide partner organizations have stimulated many grass root anti-smoking initiatives. Quantification of these efforts will occur in 2006. The Tobacco Control Initiative (TCI) in the state hospital system is now in place in all of the ten hospitals. Cessation services are available in eight of the ten hospitals.

The statewide media campaign using television, radio, billboard and newspaper has been successful from several view points. The public service messages are clever and attract attention. They have won awards from their peers. Most importantly, they have raised the awareness of TFL in the state and have been directly responsible for increasing calls to the Louisiana Tobacco Quitline. In addition, the media campaign has enhanced our success in the passage of clean indoor air ordinances in eight Louisiana communities. Many more ordinances will be introduced in 2006.

The aim for TFL is to change the social norms about tobacco use in the state. Through a comprehensive program, this is now being done. All aspects of TFL have matured to the point where we believe a significant decrease in tobacco use can be demonstrated in the near future.

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