Telepsychiatry:
Moving Care Closer to Rural Patients
IMPROVING ACCESS TO MENTAL HEALTH CARE FOR RURAL ALABAMA

The World Health Organization reports that neuropsychiatric disorders make up 40 percent of global disease burden. More than 50 percent of all counties in the United States have no mental health professionals. In Alabama, 42 percent of the state’s population lives in a federally designated mental health professional shortage area.

Mental health services are in even shorter supply in rural communities. According to the U.S. Department of Health and Human Services, rural Americans are disproportionately poor, elderly, young and chronically ill – groups that are at greater risk for mental health problems.

Unfortunately, this situation has remained static and, in some cases, has even worsened over the past 50 years.

Today, mental health issues occupy between 30 percent and 40 percent of a primary care physician’s time. But the current reimbursement structure does not incentivize primary care physicians to pay attention to these problems, even though mental health issues have a direct impact on the physical health of patients. Outcomes for physical illnesses are worsened by the presence of untreated co-morbid psychiatric conditions. The rate of recognition of mental health issues by primary care physicians is about 50 percent.

In rural areas, the availability and quality of mental health care is often poor. Minority children in rural areas are at greatest risk. Prevalence estimates of childhood psychiatric disorders are generally about 20 percent, and nearly 75 percent of 21-year-olds with a psychiatric condition had problems as children.

There is a need to address this disparity. A population-based approach focused on universal, clinical and targeted interventions offers the best hope, particularly for children in rural settings. Preventive approaches, such as parent training, are often less costly and more sustainable than clinical approaches and ongoing treatment.

Increasing the supply of mid-level health professionals to work with primary care physicians in rural areas and providing incentives for rural primary care physicians to provide mental health medications are also solutions to improving the quality and availability of mental health care in rural areas. Yet another solution is using technology to provide specialist consultation in a fast and effective manner.

The College of Community Health Sciences is spearheading a number of initiatives to help address the tremendous need for access to mental health care in rural areas. We have expanded our telepsychiatry program and have integrated it with our fellowships in Behavioral Health in Family Medicine and Rural Public Psychiatry. We believe this will help recruit and retain primary care physicians trained in mental health as well as psychiatrists with specific training in public sector psychiatry.

Providing reasonable support for all levels of practitioners in rural areas, leveraged by technology, offers the best hope for increasing the application of evidence-based interventions.

We have a great deal of work ahead, but collaboration between the state and its universities offers the best hope of a sustainable plan for alleviating the mental health disparities that affect our rural communities. As such, the best approach to improving the mental health of citizens in rural Alabama rests on a carefully thought-out integration of primary care and community-based mental health care.
ON THE COVER

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Thaddeus Ulzen, MD, FRCP(C), FAPA, associate dean for academic affairs and professor and chair of the College’s Department of Psychiatry and Behavioral Medicine, was named interim dean of the College late last year.

Ulzen takes over for E. Eugene Marsh, MD, who accepted positions as senior associate dean at Pennsylvania State University College of Medicine and associate director of the Penn State Hershey Medical Group.

Ulzen says that as interim dean, he plans to provide continued support for the strategic growth of the College’s rural medical education and training programs, including the Rural Medical Scholars Program and the Tuscaloosa Experience in Rural Medicine curriculum. He also will seek to expand the number of rural sites available for family medicine residency training.

“During my period of service as interim dean, I will be devoted to promoting and supporting the critical role of the College as a leader in the training of primary care physicians for rural Alabama,” Ulzen says.

Psychiatry Leader

At the College, Ulzen has led an expansion of the Department of Psychiatry and Behavioral Medicine to include additional faculty and a telepsychiatry service that links sites in rural West Alabama and DeKalb County to psychiatrists at University Medical Center, which the College operates. The department also has introduced a fellowship in behavioral health for family medicine physicians and a rural public psychiatry fellowship for psychiatrists.

Prior to joining the College in 2005, Ulzen was associate professor and interim chair of the Department of Psychiatric Medicine at the Brody School of Medicine at East Carolina University. He had previously been vice chair and director of the University Psychiatry Center. Before that post, Ulzen was a faculty member at the University of Toronto, where he also was appointed psychiatrist-in-chief of the George Hull Centre for Children and Families.

Ulzen graduated with distinction from the University of Ghana Medical School in 1978. He completed an internship and worked as a pediatric senior house officer for the Ministry of Health in Ghana, serving a rural population, before joining the University of Toronto psychiatry residency program in 1980. He obtained his specialist certificate in psychiatry from the Royal College of Physicians and Surgeons of Canada and a postgraduate diploma in child psychiatry from the University of Toronto. Ulzen also completed additional training in clinical psychopharmacology at the Clarke Institute of Psychiatry in Toronto.

Accolades and Interests

Ulzen is a fellow of the Royal College of Physicians of Canada, a Foundation Fellow of the Ghana College of Physicians and Surgeons, and a fellow of the American Psychiatric Association. In 2002, he was awarded the Nancy C.A. Roeske Certificate of Excellence in Medical Education by the American Psychiatric Association. He also received a Yale/Johnson & Johnson Award as a Physician Scholar in International Health in 2007.

He is a member of the Canadian Psychiatry Association, the Canadian Academy of Child Psychiatry, and the American Academy of Child and Adolescent Psychiatry.

Ulzen has a particular interest in the integration of mental health and primary care in rural and underserved communities, both locally and internationally. His other academic interests include childhood disruptive behavior disorders, mental health of incarcerated adolescents, paranoid spectrum disorders, mental retardation, and models of mental health consultation to primary care physicians.
In Alabama, 42 percent of the population lives in a federally designated mental health professional shortage area. In the state’s rural communities, mental health services are in even shorter supply.

Thaddeus Ulzen, MD, a psychiatrist and interim dean of the College, knows these statistics all too well. Not only is there tremendous need for mental health services in rural areas, he says, but mental health challenges there are often greater because, with less access to care, patients may present later with more complications. In addition, rural residents often have no choice but to seek help from their primary care physicians, who are already overwhelmed with heavy patient loads, he says.

Ulzen says for rural populations that are geographically isolated or financially unable to travel long distances to urban areas for care, moving mental health services closer through telepsychiatry is invaluable to improving access.

The College began work on a telepsychiatry program in 2007 when it partnered with the Alabama Department of Mental Health, West Alabama Mental Health Center and others on a $1.2 million grant awarded by the Bristol-Meyers Squibb Foundation to improve mental health services in Alabama’s rural and impoverished Black Belt region. The grant enabled the College to begin providing telepsychiatry services to assist the Demopolis-based West Alabama Mental Health Center, which has facilities in five rural West Alabama counties.

Two years later, the College’s Institute for Rural Health Research was awarded a $99,800 grant from the U.S. Department of Agriculture’s Distance Learning and Telemedicine Grant Program to purchase cameras, monitors and other equipment to bring telepsychiatry services to rural Alabama clinics that parterned with the Institute on the grant. The clinics include Capstone Rural Health Center in Walker County, Carrollton Primary Care in Pickens County, Cahaba Medical

 Telepsychiatry: Moving Mental Health Care Closer to Rural Patients

By Leslie Zganjar
Care in Bibb County and Monroeville Primary Care in Monroe County.

Last year, the College began providing telepsychiatry services to DeKalb County Youth Services.

Today, the College continues efforts to expand its telepsychiatry program with plans to provide services to additional sites in DeKalb County and sites in Etohaw and Cherokee counties, to Northwest Alabama Mental Health Center and to other mental health centers, county jails and youth services facilities in Alabama that have asked the College to provide adult and child telepsychiatry to their clients.

Lloyd Williamson, MD, a psychiatrist and assistant professor in the College’s Department of Psychiatry and Behavioral Medicine, currently provides telepsychiatry services to Dekalb County Youth Services. In the past, she has provided telepsychiatry services to patients of West Alabama Mental Health Center. She says with fewer medical students choosing psychiatry as a specialty, and with the recognized need for mental health care, particularly in rural communities, “we are going to have to think outside the box and telepsychiatry is one way to do this.”

A Growing Need

Telepsychiatry is a growing trend in mental health care and regarded as one of the most promising telehealth applications. Telepsychiatry allows qualified mental health providers to remotely deliver mental health services to individuals with limited access to care, including those living in rural or underserved communities.

Mental health providers use video conferencing over a broadband network connection to conduct virtual sessions with patients located at remote sites. Patients and providers are connected through the use of computer cameras and microphones. Treatment is up close and personal. “You can talk back and forth in real time,” Williamson says.

The rise in telepsychiatry has come largely out of need. Mental illness is common problem in the United States. According to the National Institute of Mental Health, one in every four American adults aged 18 and older (58 million people) experiences a mental illness or substance-related disorder each year. Approximately 10 percent suffer severe, chronic and debilitating conditions, including schizophrenia, bipolar disorder, depression, anxiety and drug addition, the NIMH says.

Children are also affected. The American Academy of Child and Adolescent Psychiatry says between 7 million and 12 million youths suffer from mental, behavioral or developmental disorders. A recent survey funded in part by NIMH indicates that 50 percent of children in the United States who have certain mental issues, such as generalized anxiety disorder and depression, are not being treated by a psychiatrist or other mental health professional.

The picture is grim in rural areas. According to the U.S. Department of Health and Human Services, 60 percent of rural Americans live in a designated mental health professional shortage area where many communities have limited or no access to psychiatrists, psychologists and social workers. Frequently, rural Americans suffering from mental illness go untreated.
Children in rural areas are at greatest risk, Ulzen says. Prevalence estimates of childhood psychiatric disorders are generally about 20 percent, and nearly three-quarters of 21-year-olds with a psychiatric issue had problems as children, he says.

Zelia Baugh, MSW, LCSW, leads the Alabama Department of Mental Health. She says more than half of Alabama’s 4.5 million residents are in need of some mental health services but ongoing state budget shortfalls are leaving thousands of citizens without access to mental health services.

“There is a psychiatrist shortage in Alabama. The average wait to see a psychiatrist is three months. And we have a strained public health system that only provides services for 33 percent of adults with serious mental illness,” Baugh says. “There are other challenges, especially in rural Alabama where people, if they are able, have to travel long distances to have their mental health needs met.”

Enhancing the Mission

The College was founded nearly 40 years ago with a mission to train primary care physicians to practice in rural communities and to support them in their efforts. The telepsychiatry program is helping the College enhance and expand this mission, Ulzen says.

Several days each week, Elaine Leynes, MD, the College’s Rural Public Psychiatry fellow, sees patients at West Alabama Mental Health Center in Demopolis, which has facilities in five surrounding rural counties – Choctaw, Greene, Hale, Marengo and Sumter. Using telepsychiatry, Leynes can consult directly with psychiatrists at University Medical Center, which the College operates.

Last year, the College began offering telepsychiatry services to DeKalb County Youth Services and hopes to soon provide telepsychiatry services to the DeKalb County Jail, the DeKalb County Juvenile Court and to Northwest Mental Health Center, which has locations in Fayette, Lamar, Marion, Walker and Winston counties. Plans are underway to bring telepsychiatry services to Capstone Rural Health Center, Carrollton Primary Care, Cahaba Medical Care and Monroeville Primary Care. The clinics also serve as rural health training sites for the College’s medical students and residents.

In addition, the College is working to integrate its Behavioral Health in Family Medicine Fellowship and Rural Public Psychiatry Fellowship with its telepsychiatry program. Williamson says telepsychiatry needs to be introduced into the medical curriculum and needs to be a priority in medical education.

“Telepsychiatry needs to be integrated into the general medical curriculum from the very beginning,” adds Marisa Giggie, MD, a psychiatrist and assistant professor in the Department of Psychiatry and Behavioral Medicine. “We need to expose students early in their training and their residencies.”

Giggie, who specializes in child, adolescent and forensic psychiatry, also works with county jails in Alabama to conduct psychiatric assessments and evaluations of juvenile offenders using telepsychiatry. She hopes the College’s telepsychiatry efforts will eventually reach all rural and underserved areas throughout the state.

“Telepsychiatry truly does help improve their access to care,” she says. And for medical students and resident physicians, “they receive exposure to a technology that is expected to be used more widely in the future.”

There are a few barriers to providing telepsychiatry services. Reimbursement is sometimes difficult to receive, especially from third-party payers. But those involved with telepsychiatry say both patients and providers are satisfied with the care they are receiving and giving.

Giggie says she was apprehensive at first about telepsychiatry. “You observe much through eye contact and body language, but I was surprised at how satisfying it was. I am glad I can provide treatment to someone who might not otherwise get treatment.”
The presence and proper use of an Automatic External Defibrillator can make the difference between life and death in a cardiac emergency. An AED can determine if a person in cardiac distress needs an electric shock, and then deliver that shock.

Efforts to place AEDs in buildings across The University of Alabama campus began last year and as awareness of the AED grows, so are the number of faculty and staff being trained to use the devices.

The idea for placing AEDs on campus came about as the University critiqued itself on the Chain of Survival set forth by the American Heart Association’s Emergency Cardiovascular Care Committee. The chain has five steps: call 911, perform CPR, use an AED, have paramedics close enough to respond quickly and be near a hospital. After reviewing these steps, it was determined that the only step lacking was the AED.

The first installment of AEDs on campus began in July 2009 when the College’s Capstone Foundation and EMPACT West Alabama, a non-profit organization that provides emergency medical and community training programs, provided financial support to purchase 75 AEDs to install in high-traffic buildings on campus.

The installation of AEDs in existing buildings is a continuing effort. New construction bids must include an AED to ensure that all new buildings will have them.

Each building with an AED has a minimum of four people who have been trained to use the device. Although only four people per building are required to be trained, there are sometimes 12 to 20 who come for training.

Glenn Davis, EMT-P, director of the EMS program in the College’s Institute for Rural Health Research and who assists EMPACT West Alabama, says he recently held a training session for Gorgas Library and 25 people showed up. “People in the buildings have enthusiastically adopted the AED and the training that comes with it,” Davis says.

To date, there have only been two instances on campus when an AED has been used on a person in cardiac arrest, and both were successful in saving those people’s lives.

The University works in compliance with the guidelines of the Emergency Cardiovascular Care Committee for the Public Access AED Program. The environmental health safety program sends inspectors to check AEDs in conjunction with their other annual safety checks across campus. All AEDs are located within public view in buildings.

“It has been a team effort to get the AEDs in buildings on campus, and it is great to see people on campus gather around something that can save a life,” Davis says.
The College welcomed the first fellows in its Rural Public Psychiatry Fellowship and Behavioral Health Fellowship in Family Medicine.

Elaine Leynes, MD, is the Rural Public Psychiatry fellow. Leynes received her medical degree from the University of Santo Tomas in the Philippines. She completed a residency in adult psychiatry, followed by a fellowship in child and adolescent psychiatry and a Veterans Affairs post-traumatic stress disorder fellowship, all at the University of Iowa.

Michael Williams, DO, is the Behavioral Health in Family Medicine fellow. Williams received his medical degree from the Chicago College of Osteopathic Medicine. He completed an internship at University Community Hospital/Centurion Hospital and a family medicine practice residency at Jackson Memorial Hospital, both located in Florida.

Leynes and Williams began the year-long fellowships in October 2010.

The Behavioral Health Fellowship trains family medicine physicians, especially those planning to practice in rural areas, to better care for patients with psychiatric concerns. Fellows spend three days a week at one of two rural sites – Cahaba Mental Health Center in Selma or West Alabama Mental Health Center in Demopolis. Fellows also complete rotations at the Tuscaloosa Veterans Affairs Medical Center and at a juvenile detention center.

The Rural Public Psychiatry Fellowship is for physicians who have completed an accredited psychiatry residency. The goal of the fellowship is to provide administrative training and public psychiatric experience for psychiatrists interested in practicing or serving in a community setting. The fellowship requires that fellows spend two days a week at either Cahaba Mental Health Center or West Alabama Mental Health Center and complete rotations at Tuscaloosa Veterans Affairs Medical Center and a juvenile detention center. Rural Public Psychiatry fellows also have the opportunity to intern at the Alabama Department of Mental Health to observe or shadow an agency administrator.

On April 27, 2011, Tuscaloosa was the victim of the largest tornado disaster ever reported in Alabama. Forty-three people were killed, including six University of Alabama students, scores were injured, hundreds sustained significant property damage and thousands were psychologically impacted.

The College responded. Physicians, nurses and other health-care workers from University Medical Center and the Student Health Center converged on the emergency department at DCH Regional Medical Center to help in those first hours. In the days following the storm, they offered their services at Red Cross shelters and in stricken areas of the city. The College operates both University Medical Center and the Student Health Center.

Temporary Emergency Counseling Services, a coordinated effort of University of Alabama mental health professionals, marshaled approximately 100 mental health volunteers in the weeks after tornado to provide crisis counseling to those affected by the deadly storm, including University students, faculty and staff, state employees and members of the Tuscaloosa community.

Services were provided by mental health faculty from the College as well as the University’s School of Social Work, Capstone College of Nursing and College of Education. Services were offered at no charge from May 2 to May 20 at the following locations: University Medical Center’s Faculty-Staff Clinic and Betty Shirley Clinic, the Psychology Clinic and Counselor Education on the University’s campus for faculty, staff and their dependents; the University’s Counseling Center and Student Health Center for University students; and Bryce Hospital and Temporary Emergency Services for members of the Tuscaloosa community and state employees.

In addition, employees of the College of Community Health Sciences collected and donated food, clothing, toiletries, diapers, books and children’s games to storm shelters throughout the city.
Growing up in Alabama, University of Alabama students Jon Lauer and Elyse Love could not imagine living in a town without a hospital – until they began a research project revealing the plight of expectant mothers in rural areas of the state.

Lauer and Love have researched the factors causing infant mortality in Alabama’s 67 counties. Lauer, a junior from Madison majoring in Mathematics, and Love, a junior from Bessemer majoring in Biology, completed the research project in the University’s Computer-Based Honors Program last year.

Many expectant mothers in rural counties lack access to prenatal care and often cannot afford to travel to a hospital in another county to deliver their babies. As a result, Alabama has consistently been in the top 10 of the highest infant mortality rates in the country.

Upon learning of Alabama’s infant mortality rate, Lauer and Love instantly developed an interest in the project. “This wasn’t necessarily the type of project you read about,” Love says. “As a pre-med student, we always hear about sickness, but we never think about the lack of doctors as an issue. I had never imagined there were areas without hospitals before.”

Lauer and Love worked closely with John B. Waits, MD, an associate professor in the College’s Department of Family Medicine and director of the College’s Tuscaloosa Family Medicine Residency, and James Leeper, PhD, a professor in the College’s Department of Community and Rural Medicine.

Lauer and Love studied and collected fetal mortality, perinatal mortality, demographic and economic statistics from 1980 to 2005 to pinpoint the main causes of Alabama’s high infant mortality rate. The rate is defined as the number of infant deaths per 1,000 live births. They also studied the presence of obstetric care in the rural areas.

Through their research, they found that rural counties in the state were much worse off than urban counties, particularly around the Black Belt area. Some areas had high infant mortality rates because there were low populations in the counties, but there were still a sizeable number of infant deaths.

One of the bigger problems was the absence of prenatal care. Many mothers could not afford to drive to the next county to receive prenatal care. In several instances, mothers would call an ambulance when the baby was set to arrive so that they were provided with a ride to the nearest hospital.

Lauer was surprised by the results of the research. “The most shocking thing I learned about infant mortality is that about one-third of counties in Alabama don’t have a single practicing OB/GYN. Obviously, this can cause problems for a woman who has to travel a large distance to deliver her baby simply because she lives in a rural county,” he says.
Leeper has been involved with infant mortality projects for years, and Lauer and Love used some of his previous research in their analysis.

“We have a team of faculty, graduate students and medical residents who are continuing to expand upon this project, both quantitatively and qualitatively,” Leeper says.

Ideally, a statistically-backed link between lack of obstetric care in certain counties and corresponding high infant mortality rates will be established after controlling for demographics and economics.

Love, who says she has dreamed of attending medical school for as long as she can remember, plans on entering medical school after graduation. “This project was more of a side note to my main career goal. It reminded me why health care is so important and reassured me that I was going along the right path.”

Lauer enjoyed collecting numerous data from across the state. “I enjoyed the analysis portion of the project the most. As a math major, I liked crunching numbers to receive the results of our research.

“This project really opened my eyes to the seriousness of the infant mortality issue in Alabama. I really did not know that infant mortality was such a prevalent problem in the 21st century anywhere in the United States until I began working on this project,” Lauer says.

Lauer plans to attend graduate school and study Mathematics. He hopes to earn his doctorate in Mathematics and become a college professor.

PARTNERING IN AUTISM SCREENING

College physicians and medical students associated with pediatrics and rural health settings will soon be provided with additional opportunities to learn how to identify and screen for early signs of Autism Spectrum Disorders.

The research project is an expansion of the West Alabama Autism Outreach Program and seeks to provide additional medical training to improve early screening diagnosis and intervention for children with ASD in West Alabama.

Laura Klinger, PhD, an associate professor in the University’s Department of Psychology, is the project’s principal investigator. Lea Yerby, PhD, an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, is a co-investigator and will coordinate recruitment and retention of participating rural health physicians.

The project will include the College’s Department of Pediatrics, medical students and family medicine physicians who serve as preceptors for medical students working in rural health settings.

The Department of Pediatrics has five pediatricians and a nurse practitioner and in 2009 provided medical care to 664 two-year-old children. There are approximately 74 medical students in their third and fourth years who receive training at the College each year. Medical students in their third year of training complete eight-week rotations at the Department’s Pediatric Clinic and at rural family practice clinics. Family medicine physicians at clinics throughout the state who serve as preceptors for medical students will also be involved in the project.

As part of the project, screening measures will be distributed to parents attending 18- and 24-month well-child visits at the Pediatric Clinic and rural health sites. During the project, it is estimated that 500 children aged 18 months to 24 months will be screened at the Pediatric Clinic and a similar number at participating rural health sites. Project staff will initially collect the measures, score them and provide a brief summary to physicians. The goal of the project is to gradually support physicians as they incorporate the screening instruments into their practices.

In addition, a free continuing medical education workshop will be offered to participating physicians and third- and fourth-year medical students. The workshop will provide an overview of early symptoms of ASD, surveillance procedures and screening instruments.
The College’s Institute for Rural Health Research is part of a research project investigating the role that geography plays in the use of mental health-care services by elderly and underserved populations.

Giyeon Kim, PhD, an assistant professor in The University’s Center for Mental Health and Aging and the Department of Psychology, is the principal investigator of the $25,000 pilot project, “The Role of Geography on Racial Disparities in Mental Health Services.” The project was funded by the University of Alabama at Birmingham’s Deep South Resource Center for Minority Aging Research.

Jason Parton, MS, MA, an epidemiologist and data project director for the Institute, is providing expertise and analysis utilizing GIS to identify and differentiate geographic and racial disparities.

The goal of the research is to improve understanding of the complex relations between race and geographic factors with respect to the use of mental health-care services in elderly populations, and to use this information to develop guidelines and intervention strategies to improve the quality of mental-health care among disadvantaged populations. By applying GIS techniques, the research will also identify geographic “hot spots” of disparities in the use of health services.

According to the Institute of Medicine, racial and ethnic minorities have lower levels of access to mental health-care services relative to non-minorities.

Grant to Support Diabetes Work

Heather Whitley, PharmD, BCPS, CDE, who is affiliated with the College as an assistant clinical professor in the Department of Community and Rural Medicine, received a $25,000 grant to support her diabetes care work at the Capstone Rural Health Center in Parrish, Alabama.

The grant funding is part of the American Pharmacists Association Foundation’s new effort, Project IMPACT: Diabetes, IMProving America’s Communities Together, which seeks to integrate pharmacists into health-care teams to address challenges faced by patients living with diabetes.

In March, the APhA selected 25 organizations that work to improve care for people disproportionately affected by diabetes to be part of Project IMPACT. Among the organizations selected was the Capstone Rural Health Center, a nurse-managed facility that provides family-centered primary care by faculty of The University’s Capstone College of Nursing to 2,000 patients, most of whom are uninsured, underinsured, medically indigent and/or medically underserved.

The Capstone Rural Health Center also partners with Auburn University’s Harrison School of Pharmacy to provide diabetes services through the Patient Safety and Clinical Pharmacist Services Collaborative (PSPC).

Whitley’s primary appointment is as a clinical assistant professor of Pharmacy Practice at the Harrison School of Pharmacy.

As part of the PSPC project, Whitley spends one day a week at the Capstone Rural Health Center meeting with patients and assessing their health status, educating them about managing their diabetes, and consulting with dieticians, case managers and center staff. Whitley also supervises doctor of pharmacy students who assist her at the health center and who collect and evaluate data related to improvements in patient-oriented and diabetes-related outcomes, as well as adverse drug events that were prevented, detected or treated.

Project IMPACT is supported by an initiative of the Bristol-Myers Squibb Foundation, Together on Diabetes, which provides resources and grant support to innovative practice sites across the country. The APhA Foundation was selected as a grantee in Together on Diabetes, a five-year, $100 million initiative to improve health outcomes of people living with Type 2 diabetes by strengthening patient self-management education, community-based supportive services and broad-based community mobilization.
College Hosts First Rural Health Care Minority Summit

Family physician and author Rani G. Whitfield, MD, of television’s “Hip Hop Doc,” was a keynote speaker at the first Rural Health Care Minority Summit hosted by the College in January.

The summit, titled “The Pact: Making a Promise, Filling a Dream,” was hosted by the College in conjunction with the Student National Medical Association. It was held at the Ferguson Center on The University of Alabama campus.

The goal of the summit was to inspire students, especially minorities, to consider becoming health-care professionals in rural Alabama, particularly the Black Belt region, says Pamela Foster, MD, MPH, who organized the event. Foster is deputy director of the College’s Institute for Rural Health Research and an assistant professor in the Department of Community and Rural Medicine.

The summit was attended by high school and college students who were provided education and networking opportunities through a spectrum of leaders in rural health, including health-care professionals, researchers and community leaders.

There is a shortage of primary-care physicians nationwide and an even more desperate need for doctors in rural areas. Sixty of Alabama’s 67 counties are federally designated as complete or partial shortage areas for primary care physicians, and the Alabama Department of Public Health has estimated that the state needs at least 400 more primary-care physicians.

According to research by the Center for Business and Economic Research at the University, in the 12 counties that make up the heart of Alabama’s Black Belt region, there are only 348 licensed doctors, or 1.5 physicians for every 1,000 residents.

“There is a shortage of physicians who will practice in rural Alabama, and an even greater shortage of minority physicians who will serve in areas of the state like the Black Belt,” Foster says.

Medical schools have found that students from rural backgrounds are more likely to return to their home towns or similar rural settings.

Whitfield says when he used to DJ parties in high school and college he realized “how effective music was in bringing people together.” Today, as the Hip Hop Doc, he uses music, particularly rap, to educate youths about health issues. “Too many young people are dying of preventable and treatable illnesses like diabetes, HIV/AIDS and high blood pressure.”

Whitfield is known for his appearances on CNN, BET’s “106th Park,” iVillage and other national talk and news shows. His home and practice are in his native Baton Rouge, Louisiana.

Also providing a keynote address was Tom Ellison, MD, of Doctors for America, who spoke about rural health care and health-care reform.

Other speakers included: Vincent Bivins, MD, a urologist in private practice in Birmingham, Alabama; Dana Todd, MD, a resident in the College’s Tuscaloosa Family Medicine Residency; and Keisha Lowther, a physician at the Maude Whatley Clinic in Eutaw, Alabama. They spoke about support systems that helped them get into and through medical school and become successful practitioners. Breakout sessions addressed such subjects as going to college and preparing for a career in health care.

In addition, John Brandon, MD, medical director of the College’s Rural Medical Scholars Program, provided an overview of the College’s Rural Health Leaders Pipeline programs, which seek to find and nurture rural Alabama students who are interested in becoming physicians and health professionals and practicing in their home towns or other rural communities in the state.
Future Rural Physicians

In an effort to encourage rural children to see themselves growing up to be health professionals, students in the College’s Rural Medical Scholars Program and the Rural Community Health master’s degree concentration visit rural elementary schools and present puppet shows about health careers.

Last fall, students presented shows at Fayette Elementary, Berry Elementary, Pickens Academy, Reform Elementary and Gordo Elementary. They also talked about their reasons for choosing a career in health care and answered questions.

“Last year, 457 students saw our puppet show,” says Melissa Cox, outreach coordinator for the College’s Rural Health Leaders Pipeline, “including children at Choctaw Elementary, Greensboro West Elementary, Sumter Academy and Parrish Elementary. We were also invited to the Hale County Technology Center to give a presentation to the health sciences classes. The students there were mostly sophomores and juniors. We talked about the programs in the College’s rural pipeline for high school juniors (Rural Health Scholars), minority high school graduates (Rural Minority Health Scholars) and the Rural Medical Scholars Program for students headed to medical school. We also talked about when to take the ACT, opportunities for scholarships, loans and grants, and the importance of volunteering or shadowing in their chosen field.”

Katie Gates and Ryan Christmas present puppet shows to encourage health-care careers.

Master’s Program Growing

Two dozen students, including 10 of the College’s Rural Medical Scholars, are taking rural community health courses this year as part of a Master of Science in General Studies in Human Environmental Sciences degree program.

The Rural Community Health concentration is a joint effort of the University’s College of Community Health Sciences and College of Human Environmental Sciences and is designed to provide the knowledge needed for future Alabama physicians and health-care providers to develop and maintain practices and become health leaders in the rural communities where they might one day practice.

The master’s program has grown from six students when it began in 2005. Founders of the degree program attribute the enrollment growth to a partnership with Alabama A&M University that began in 2009 and brought A&M students into the program, a concerted effort to recruit more minority students from Alabama’s Black Belt region and a realization by students that the curriculum is a valuable stepping stone for rural and minority students preparing to enter health professions.

James Leeper, PhD, a professor in the College of Community Health Sciences’ Department of Community and Rural Medicine, led efforts to develop the master’s program curriculum in rural community health.

“The master’s program addresses specific rural health needs in Alabama,” says John Wheat, MD, a professor in the College’s Department of Community and Rural Medicine who worked with Leeper to help establish the Rural Community Health concentration. “It prepares students for expanded roles in rural community health and strengthens their preparation for medical education.”

Admission to the master’s degree program is open to selected students who are interested in rural health, as well as to students who have completed their undergraduate work and been admitted to the College’s Rural Medical Scholars Program, a five-year medical education track for 10 rural students each year that leads to a medical degree.
Are turmeric capsules good for pain? What can one expect from a personal trainer? How much calcium should a person consume each day?

At a time when people are encouraged to take charge of their health and become informed health care consumers, accurate information is not always easy to find, especially with the wealth of health information that is available online.

To help the University and the Tuscaloosa community access reliable health information, the College’s Health Sciences Library has launched a new health blog. The Hog was created as a way for the library to provide Tuscaloosa residents a place to both gain knowledge about their health and have their questions answered.

Current posts contain health articles, resources and answers to reader questions. The Hog also highlights campus resources, such as the Outdoor Recreation Program and the personal training program offered by the Student Recreation Center.

Although the blog is still in its beginning stages, Susan DeBruin, Health Sciences Library assistant, says the library has set a goal to post three to five times per week and has maintained that goal.

DeBruin is in charge of technical updates, maintenance and blog posts. She uses resources from the Health Sciences Library to write the posts, and Nelle Williams, MSLS, Health Sciences Library director, uses expertise from 29 years as a medical librarian to review posts dealing with specific health information.

While DeBruin is currently the main contributor to The Hog, guest authors are invited and welcomed. Guest Author posts will be reviewed by DeBruin and Williams in order to maintain accuracy.

“We hope that The Hog also will be a great healthy living resource for the people in our community,” DeBruin says.

To read The Hog, go to healthblog.ua.edu. Faculty and staff wishing to contribute to The Hog should send potential articles and contact information to DeBruin at smdebruin@cchs.ua.edu or call 348-1360.

The College’s Health Sciences Library had added Procedures Consult to its offering of electronic resources.

Procedures Consult is an online multimedia procedures training and reference tool that helps physicians, medical residents and students prepare for, perform and test their knowledge of medical procedures.

The resource provides illustrations and multimedia for various procedures; indicates when patient consent is required; includes indications, contraindications, anatomy and equipment; and offers self-directed training and testing with results that can be tracked.
It’s Coming!

We want you to join us!

Please Save the Date to Celebrate!

April 20-21, 2012

Help us spread the word to those who may be out of touch with the College.
Marisa Giggie, MD, a child and adolescent psychiatrist, clearly has a love for what she does and a desire to help each and every patient who walks through the doors of University Medical Center’s Betty Shirley Clinic. Her office is warm and inviting and filled with the types of toys that would put any child at ease during a visit.

Still, Giggie’s path to the College, which operates University Medical Center and where she is an assistant professor in the Department of Psychiatry and Behavioral Medicine, did not begin in the field of psychiatry.

Giggie, originally from New York, received a bachelor’s degree in Economics from Smith College in Northampton, Massachusetts. An interest in urban planning, homelessness and housing issues led her to seek a master’s degree in Public Affairs from the Lyndon B. Johnson School of Public Affairs at The University of Texas at Austin. Work on her master’s degree, however, sparked an interest in health care.

After completing her master’s degree, Giggie worked in public policy, focusing on issues that hinder access to such basic human needs as housing and health care. Through her work, she learned that many of the nation’s homeless suffer from mental illnesses and other basic but unmet health care needs. She began to target her energies to issues related to access to primary health care in rural areas, access to basic health care needs and policies related to health care. But the more work and research she did in these areas, the more frustrated she became. Giggie realized that she wanted to do more than research these issues; she wanted to have a direct impact on people’s lives. So she enrolled at the Medical College of Pennsylvania in Philadelphia.

At the time, her husband was working on his doctorate at Princeton University in Princeton, New Jersey. The couple later moved to Philadelphia for Giggie to attend medical school. Her husband was offered a teaching position at the University of Texas at San Antonio after graduation, and Giggie completed her final year of medical school, a residency, a two-year child psychiatry fellowship and a one-year study of forensic psychiatry at the University of Texas Health Science Center in San Antonio.

Giggie’s interest in psychiatry, particularly child and adolescent psychiatry, started when she was a medical student. She knew that if she was going to pursue a career
in psychiatry, she wanted to work with children and assist on the prevention side of mental illness.

“I wanted to try and minimize the impact of mental illness on children as they grow older, that’s what swayed me,” she says. “I went into psychiatry specifically to practice child psychiatry.” Giggie says she enjoys learning about child developmental issues and realizing the positive impact that can be made in a child’s life and, ultimately, in their adult life, particularly with early treatment. She also finds fulfillment working closely with children’s families to positively impact their lives as well.

Giggie and her family moved to Alabama four years ago when her husband was offered a faculty position in the University’s Department of History. Giggie accepted a position at the Taylor Hardin Mental Health Center, working with criminally insane patients, conducting forensic evaluations and treating patients experiencing schizophrenia or chronic mental illness.

**Telepsychiatry Truly Does Help Improve Access To Care. – Marisa Giggie, MD**

Two years ago, Giggie joined the College’s Department of Psychiatry and Behavioral Medicine. She sees patients at the Betty Shirley Clinic as well as at the University’s Student Health Center, which is also operated by the College. In addition, Giggie works at Brewer Porch Children’s Center in Tuscaloosa with the Adolescent Adaptive Skills Treatment Program, which assists children suffering from mental illness who are not able to function in a school setting, and with the Community Autism Intervention Program. She is also researching violence prevention among university students and is planning an article reviewing state and federal laws related to campus violence.

**Telepsychiatry**

Since her arrival at the College, Giggie has also been involved in the College’s telepsychiatry efforts. Telepsychiatry provides patients, particularly those in rural areas, with access to care and services that they might not have access to or that they might have to travel long distances to receive. Giggie works closely with West Alabama Mental Health Center in Demopolis, which serves five neighboring rural counties, to develop telepsychiatry initiatives at University Medical Center. In addition, Giggie works with fellows in the College’s Rural Public Psychiatry Fellowship and Behavioral Health Fellowship in Family Medicine and with county jails in Alabama to conduct psychiatric evaluations of juvenile offenders. The two fellows also work from satellite offices in Butler and Thomasville, Alabama. Giggie hopes that the College’s telepsychiatry efforts will eventually expand to provide services to rural and underserved areas throughout the state.

“Normally, a lot of those people would have to wait months for a psychiatric appointment, or they would have to travel long distances, so it (telepsychiatry) truly does help improve their access to care,” Giggie says.

Telepsychiatry also helps the College, enhance its ability to provide care for rural areas of Alabama and fulfill its mission of training primary care physicians to practice in rural communities and to support them in their efforts. And, medical students and resident physicians receive exposure to a technology that is expected to be used more widely in the future.

**Hands-on Teaching**

Giggie says she appreciates the hands-on teaching that medical students receive at the College, as well as the one-on-one contact they have with resident physicians, attending physicians and faculty. “There is such great, open communication here at the College. In a larger research setting, it can sometimes be intimidating to approach faculty, but our faculty embrace the students and residents. It’s also very community-based here so the students are able to get much more clinical experience.”

Giggie says medical students who are interested in psychiatry, or other specialty areas, will have many opportunities at the College to pursue those interests. She says because the College offers multiple psychiatry settings that students are exposed to during their rotations, students “really have an opportunity to see a lot of different aspects of the field, and that’s great because psychiatry is such a diverse field.”

Even as medical students, they can have a direct impact on people’s lives, which is what Giggie loves most about her work. “I like seeing my patients get better, and seeing that you are affecting someone positively,” she says.
Despite better treatment, breast cancer is still the most common cause of death for women, and each year 20,000 new cases are diagnosed, says Wendy Chen, MD, MPH, an assistant professor of medicine at Harvard Medical School and at the Breast Oncology Center at the Dana Farber Cancer Institute.

Most breast cancer cases are diagnosed in women older than 50, but 8 percent of women age 40 and younger are diagnosed and 20 percent between the ages of 41 and 50 are, she says.

Chen says the Nurses’ Health Study, which began in 1976 and gathered data from 121,700 female nurses between the ages of 30 and 55 in 11 states, shows that hormonal and lifestyle factors can affect breast cancer risk. Women whose menarche age is older and who have their first child at a younger age (less than 25 years) have a reduced risk of breast cancer, but “the age of menarche is younger today than it used to be” and “women are having children later,” Chen says.

She says the study shows that maintaining a healthy weight, being physically active and limiting alcohol consumption can help reduce breast cancer risk.

There are methodological challenges in studying the link between nutrition and breast cancer risk, Chen says. She says many food items are “inter-related. People who eat red meat may not eat a lot of vegetables, so there is a breast cancer risk as a result of red meat because they’re not eating vegetables.” She also says people who eat a healthy diet tend to exercise more.

Chen says genetics explains between 5 percent and 10 percent of breast cancer cases in the United States, and having a relative with breast cancer explains 15 percent of cases. “The risk factors I described – obesity, lack of physical activity, alcohol – can explain half of breast cancer cases.”

The impending “silver tsunami” will require interdisciplinary team care for elderly hospitalized patients in an effort to improve care and outcomes and reduce costs, says Kellie Flood, MD, an associate professor of Medicine in the Division of Gerontology, Geriatrics, and Palliative Care at the University of Alabama at Birmingham.

Starting this year, the outer edges of the silver tsunami, when the first baby boomers begin reaching the age of 65, will hit hospitals, she says, adding that more than half of older hospitalized patients suffer from two or more chronic conditions and consume a large portion of the nation’s health-care budget.

“We cannot continue to do things the way we are doing them,” Flood says. “We need new models of care in hospitals.”

ACE units are one such model. ACE is short for Acute Care for Elders. Flood says ACE units are interdisciplinary, which is critical because elderly patients often present at the hospital with several geriatric syndromes, among them dementia, delirium, frailty, depression and mobility issues. “The more syndromes they bring, the increased risk for adverse outcomes,” Flood says. She says geriatric syndromes often go unrecognized because hospitals are focused on acute care. She adds that 20 percent of older adults are readmitted to the hospital 30 days after their initial discharge.

ACE unit teams include geriatric physicians, nurses, pharmacists, psychologists, dieticians and social work case managers. The goals of ACE units are to: prevent,
Our culture does not promote listening. We think leaders are talkers. And we think we know what to listen for," says Mark Nelson, PhD, vice president for Student Affairs and vice provost for Academic Affairs at The University of Alabama.

Nelson says listening is about seeking information. "Most of us are very confident in our first impressions, but as listeners we have to receive the message and then ask questions. Listening is not a passive thing you do but an environment you create, and you have to create an environment that is conducive to listening."

Non-verbal communication is important, Nelson says, because only 7 percent of communication is with words, while 55 percent is with facial expressions and 38 percent with voice tone. "So 93 percent of communication is non-verbal."

Nelson says many medical malpractice claims "have a poor communication theme to them" but there are ways to avoid communication errors: resist time pressure; make eye contact; sit at the same eye level and do not hover over the client; express patience through speech tone, volume and speed; resist distractions; do not speak or offer solutions too soon; use the powerful phrase "Tell me more"; maintain a non-judgmental attitude as you listen; use speech encouragers like nodding; and develop the habit of asking "What other questions do you have today?"

The Alice McLean Stewart Endowed Lecture on Addiction was established by the late Alice McLean Stewart to promote addiction education within the College. Stewart taught in Tuscaloosa city schools and at Partlow State School for more than 20 years.

Effective Communication: The Power of Listening

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Addressing Alcohol Issues in Primary Care

Up to one third of primary care patients abuse or are dependent on alcohol, but only a fraction receive assessment and referral, says Teresa Bryan, MD, an associate professor of General Internal Medicine at the University of Alabama at Birmingham.

The National Commission on Prevention Priorities ranks alcohol screening among the top five prevention priorities, but a majority of people who abuse or who are dependent on alcohol do not seek treatment and do not believe they need treatment. The reasons, according to a 2007 Substance Abuse and Mental Health Services Administration study: no insurance coverage, no transportation, not ready to stop using, possible negative effect on employment, and not sure where to go for treatment.

The National Institute on Alcohol Abuse and Alcoholism defines a standard drink as one with 12 grams of alcohol, such as a 12-ounce beer or 5-ounce glass of wine. Advised limits for healthy men is 14 drinks per week and four per day, and for healthy women 7 drinks per week and three per day.

Bryan says physicians should consider screening if there is a family history of alcohol abuse, if patients have health problems that might be alcohol induced or if patients have an illness that is not responding to treatment, such as pain, depression or gastrointestinal disorders. She says the five As of intervention are: ask, advise, assess the patients willingness to quit, assist the patient in making a change, and arrange a specialty assessment.

Bryan says studies show that intervention can lower alcohol use by three to four drinks a week. "Screening and brief interventions make a difference."
ColleGE PRePARES fOR 40Th aNNIVERSaRY CELEBrATIoN

The College will celebrate its 40th anniversary next year with a weekend reunion in Tuscaloosa scheduled for April 2012.

The anniversary celebration will kick off Friday evening, April 20, with a casual social event. Saturday, April 21, will include an opportunity in the morning for attendees to hear from speakers and earn Continuing Medical Education units, a more formal social event in the evening and fun activities in between for attendees and their families.

A video invitation was created and sent earlier this year encouraging alumni, donors, retired and former faculty and staff, and other friends of the College to attend the anniversary celebration. Former deans and current medical students, residents, faculty and staff were featured in the video talking about what it means and has meant to be part of the College. The video is the first in a series that will be sent throughout the year.

In addition, a 40th anniversary logo was created for the College, and a 40th anniversary website is currently being designed.

HIgh RANNKINGS fOR ScHool OF MEDICINE

The University of Alabama School of Medicine’s programs in rural medicine and primary care were ranked prominently by U.S. News and World Report’s America’s Best Graduate Schools for 2010.

The School of Medicine ranked 16th nationally in rural medicine and 23rd nationally in primary care, due in part to the efforts of the College, which is the Tuscaloosa branch campus of the School of Medicine. The College, as part of its mission, places a special emphasis on the training of rural primary care physicians.

Rural medicine programs at the College include the Rural Medicine Clerkship, Rural Family Medicine Clerkship, Rural Minority Health Scholars, Rural Health Scholars, Rural Medical Scholars and the Tuscaloosa Experience in Rural Medicine curriculum, known as TERM. The College’s Institute for Rural Health Research focuses its research efforts on health issues that impact people who live in rural areas.

The College provides the last two years of clinical education and training for a portion of medical students enrolled at The University of Alabama School of Medicine, which is headquartered in Birmingham with branch campuses in Tuscaloosa and Huntsville.
MENTAL HEALTH TOPIC OF CONFERENCE

Zelia Baugh, MSW, LCSW, commissioner of the Alabama Department of Mental Health, was a keynote speaker at the 12th annual Rural Health Conference held April 25-26 at the Bryant Conference Center on The University of Alabama campus.

The conference featured a luncheon panel discussion that focused on telepsychiatry efforts in rural Alabama, as well as breakout sessions that included such topics as child and adolescent mental health, geriatric mental health, substance abuse, and community mental health and screening.

The conference is hosted by the College and its Institute for Rural Health Research. The title of this year’s conference was “Rural Mental Health: Tackling the Silent Epidemic.”

Also providing a keynote address was Richard M. Allman, MD, the Parrish Endowed Professor of Medicine and director of the Division of Gerontology, Geriatrics and Palliative Care at the University of Alabama at Birmingham.

The Institute for Rural Health Research was established in 2001 and conducts research to improve health in rural Alabama.

COLLEGE PART OF NETWORK TO BRING MORE PHYSICIANS TO RURAL WEST ALABAMA

The College has partnered with the Rural Alabama Health Alliance and other organizations to form the West Alabama Rural Medical Care Alliance to address primary-care physician shortages in 13 West Alabama counties.

Organizations in the WARMCA network include hospitals, community health and mental health centers, medical training institutions, medical residency programs and regional civic and economic development entities.

The target counties are Bibb, Choctaw, Dallas, Fayette, Greene, Hale, Lamar, Marengo, Perry, Pickens, Sumter, Tuscaloosa and Wilcox, which are mostly classified as medically underserved areas and health manpower shortage areas for primary care, mental health care and dental care.

Community hospitals in Hale, Greene and Sumter counties have agreed to provide training experiences for resident physicians and medical students seeking rural rotations, and to bolster incentives for students who choose rural training sites. Whatley Health Services will provide multiple training sites in their clinics, many of which are located in the network’s target area. Primary-care physicians at rural hospitals, health clinics and in private practice will serve as preceptors and community-based faculty.

The network will also work with area schools to encourage students to enter health careers. Research has shown that an effective method for persuading healthcare professionals to practice in rural and underserved areas is to recruit and train individuals from these communities.

“By working in communities that need doctors, physicians-in-training become familiar with local cultures and begin to form professional relationships upon which to base future practices,” says Willie Dunn, president of the Rural Alabama Health Alliance.
The College’s Institute for Rural Health Research was recognized for its work with the Governor’s KidCheck Health Initiative during 2010.

KidCheck was created in 2008 to increase health care access for children in rural and underserved areas of the state. Under the program, registered KidCheck schools set aside a day during the school year for free health screenings, which include height and weight measurements, body mass index measurements, heart and lung checks, and vision and dental screenings. After each student finishes the screenings, the results are checked by a nurse or other trained individual. Parents receive a written report of the results, and serious findings are addressed the same day.

In 2009, a total of 17,000 children in grades K-12 received the free health screenings as well as referrals for follow-up care.

The Institute manages and analyzes data collected at registered KidCheck schools. Institute Director John C. Higginbotham, PhD, MPH, who is also the College’s associate dean for Research and Health Policy, and Jason Parton, MS, MA, an epidemiologist and project director for the Institute, worked with the KidCheck program last year.

The College began offering a new course, “Health Policy and Planning,” in the spring 2011 semester. The purpose of the course is to help students understand the role of politics, government relations and effective advocacy planning in the betterment of public health.

The course was developed and taught by John Wheat, MD, MPH, a professor in the College’s Department of Community and Rural Medicine, and Lea Yerby, PhD, an assistant professor in the department and in the College’s Institute for Rural Health Research.

Wheat is the founder and director of the College’s Rural Health Leaders Pipeline, a sequence of programs to help rural students enter health professions and prepare for rural service.

Yerby, whose doctorate is in Health Education and Health Promotion, completed a Health Policy Fellowship in Washington, D.C., as a health advisor for a U.S. Senator serving on the Health, Education, Labor and Pensions Committee.
David Dixon, PhD, a University of Alabama chemistry professor whose research has been lauded by the U.S. Department of Energy and who recently co-authored an article describing a potentially transformative development for hydrogen-powered automobiles, is this year’s winner of the Burnum Distinguished Faculty Award.

The award was established by Celeste Burnum and the late John F. Burnum, MD, of Tuscaloosa to recognize and promote excellence in research, scholarship and teaching. John Burnum was a long-time faculty member in the College who played a major role in its creation.

The Burnum Distinguished Faculty Award is presented annually to a professor who is judged by a faculty selection committee to have demonstrated superior scholarly or artistic achievements and profound dedication to the art of teaching. It is one of the highest honors the University bestows on its faculty.

Dixon has published more than 560 papers on a wide range of topics and is considered a world leader in the application of numerical simulation to chemical problems. He has supervised more than 40 University of Alabama undergraduate student researchers, 13 doctoral students and three post-doctoral fellows. His research is presently supported by nearly $1.5 million annually in external funding.

Dixon earned his Bachelor of Science degree from the California Institute of Technology in Pasadena and his doctorate from Harvard University in Boston. He was an assistant professor of chemistry at the University of Minnesota for six years before joining du Pont’s central research staff in 1983. He later served as research leader in computational chemistry with du Pont before joining the Pacific Northwest National Laboratory in 1995 as an associate director of the William R. Wiley Environmental Molecular Sciences Laboratory. Dixon joined The University of Alabama in 2004.
Jared Ellis, MD, has joined the College as an assistant professor in the Department of Family Medicine. Ellis will also see patients in the Family Medicine Clinic and the Faculty-Staff Clinic. Both clinics are located at University Medical Center, which is operated by the College. Prior to joining the College, Ellis worked with the Southwest Alabama Physicians group practice in Jackson. Before that, he was an associate professor of Family Medicine at the University of South Alabama and a clinical preceptor for the University of Alabama at Birmingham. Ellis is a member of the American Medical Association and the American Academy of Family Physicians. He graduated from Mississippi State University with a bachelor’s degree in biochemistry. He earned his medical degree at UAB and completed residency training at the University’s Huntsville Family Medicine Residency.

Suhua Fan, MA, MSLIS, has joined the College as an assistant professor and Technical Services and Systems Librarian in the Health Sciences Library. Prior to joining the College, Fan was an assistant professor and Catalog Librarian for University Libraries at The University of Alabama. Before that, she was a reference librarian and Literacy Program instructor for the Broward County Library (West Regional Branch). She also served as a teaching assistant in the Department of East Asian Languages and Cultures at the University of Illinois at Urbana-Champaign. Fan received a Master of Science in Library and Information Science and a Master of Arts in Teaching English as an International Language from the University of Illinois at Urbana-Champaign. She earned a Master of Education in Foreign Language Teaching and a Bachelor of Arts in English from the National Taiwan Normal University in Taipei, Taiwan.

Allyson Welch, BS, has joined the College as the Coding/Compliance and Business Office director, bringing with her 15 years of medical practice management and experience. Prior to joining the College, Welch was senior director of business operations at Medsym in Tuscaloosa, a national medical billing company, where she was responsible for the accounts receivables of 13 specialty practices. Before that, she was an administrator at Diagnostic Health in Tuscaloosa, where she was responsible for the overall operations and marketing of the center. She served as director of operations at Cypress Partners in Columbus, Georgia, where she helped develop and implement in-house billing systems, and was center manager for MedQuest Associates in Charlotte, North Carolina, where she was responsible for overall operations of the imaging center, human resources functions and maintaining compliance with OSHA regulations. Welch earned a Bachelor of Science degree in Health Care Management from The University of Alabama and is currently enrolled in the University’s Executive MBA program.
When asked why he placed the College in his last Will and Testament, David Maxwell, MD, quickly states that he is a third generation graduate of The University of Alabama and his daughter is fourth generation.

Maxwell has served students at The University of Alabama as a physician in the Student Health Center for 21 years. After completing medical school at the University of South Alabama and a family medicine residency at the University of Alabama at Huntsville, he practiced in his hometown of Atmore, Alabama, for six years. He was looking for something different when he saw a job advertisement for a student health physician at Auburn University and thought that might be interesting to do at The University of Alabama.

Shortly after, he saw a job advertisement for a student health physician at The University of Alabama. It was a Tuesday in May and Maxwell was already planning to come to campus on Friday. He called the Student Health Center to ask if he could stop by. When he arrived, a full interview was scheduled for him, and he was offered the position the following Tuesday.

Maxwell says he has chosen to direct his gift to the College because he believes in its mission of providing primary care physicians for Alabama. “Tuscaloosa is the apex of this effort in the state and I am happy to invest in it,” he says. Maxwell says he also appreciates University of Alabama President Robert Witt’s vision for the University, including his plan for increasing enrollment, and Maxwell says he hopes to support that effort as well.

Maxwell says working at the Student Health Center has been interesting. Students certainly present with ordinary symptoms, he says, but adds that there is interesting pathology as well. He says he enjoys the academic environment and easy access to medical lectures and academic faculty.

The College thanks Maxwell for his generous commitment to its mission and future.
The College’s Board of Visitors includes 39 alumni, donors and friends who will help the College increase its statewide recognition and efforts to become a leader in health-care reform by finding cost-effective ways to increase access to high-quality primary care in Alabama.

The board will also serve as an advisory panel for the College’s dean and will help provide opportunities for medical students and residents. The board is guided by the dean and board chair James Shotts, MD.

The Board of Visitors held its first meeting in September 2010 during which two round-table discussions were held. The first discussion covered such topics as changes in health care and frustrations of consumers and health-care professionals. During the second round table discussion, topics included patient compliance and responsibility. Information from both discussions will be used to help guide board members as they move forward with their mission. University Provost Judy Bonner attended the meeting, which concluded with a tour of the Bryant-Denny Stadium expansion and a cocktail party at the home of Camille Cook to welcome new board members and to give them a chance to meet College faculty and staff.

The second Board of Visitors meeting was held in March. At that meeting, there was a panel discussion titled “Family Medicine 2011 and Beyond.” The panel was facilitated by board member Mark Williams, MD. Panelists included Eddie Harris, vice president of Network Contracting with BlueCross BlueShield of Alabama; Pamela Foster, MD, MPH, deputy director of the College’s Institute for Rural Health Research and an assistant professor in the Department of Community and Rural Medicine; Frank Dozier, MD, a family medicine physician in private practice in Thomasville, Alabama, and a graduate of the Tuscaloosa Family Medicine Residency; and Eric Law, MD, chief resident of the Tuscaloosa Family Medicine Residency.

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Members of the College’s Board of Visitors joined other friends, alumni and faculty and staff of the College at a cocktail reception following the board’s September 2010 meeting. The reception was held at the home of Camille Cook.
Special Thanks

Thank you to all of our donors and friends who gave to The University of Alabama College of Community Health Sciences/School of Medicine, Tuscaloosa Campus in 2010 through cash donations, in-kind gifts, estate gifts or matching funds. The gifts benefit faculty and students by providing resources for classrooms, clinics and research.

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Dr. Alan J. Maxwell
Mr. and Mrs. Lewis L. McAllister, Jr.
Dr. James D. McKinney
Medical Associates of West Alabama, P.C.
Dr. Denise Joseph Nakos
Dr. Ronald Terry Olivet
Mr. and Mrs. Timothy M. Parker
Dr. Rufus Cornelius Partlow, Jr.
Ms. Terria Wood Plott
Dr. Kenneth Wayne Ponder
Dr. Angela Adams Powell
Dr. Luther W. Richardson, Jr.
Mrs. Carol Russell
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Dr. Herbert A. Stone
Dr. Felix M. Tankersley
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Drs. Guy Ward and Patricia A. Hubbs
West Alabama Nephrology
The College of Community Health Sciences was established at The University of Alabama in the early 1970s to respond to the state’s acute need for more primary care physicians, particularly in the small towns and rural communities in Alabama that suffered from a serious lack of health care.

As the College approaches its 40th anniversary, the impact of this mission is evident. The College has provided more than 700 medical students with their third and fourth years of clinical training, and has placed nearly 400 family medicine physicians into practice, with more than half of those in Alabama and the majority in towns with fewer than 25,000 residents.

Perhaps nowhere is this impact more apparent than in Monroeville, Alabama. Every alumnus of the College’s Tuscaloosa Family Medicine Residency who is originally from Monroeville has returned there to practice—Sage Smith, MD, Angela Powell, MD, Charles Eddins, MD, and Emily Williams, MD.

“Monroeville is my hometown,” says Eddins, a 1991 residency graduate. “I enjoyed coming back to practice where I knew many of the people who would become my patients.”

In the late 1960s, the Alabama Legislature asked The University of Alabama to find solutions to the lack of health care in rural Alabama. Through the combined efforts of Gov. George Wallace, Richard Shelby, then University of Alabama President Frank Rose and many others, the College of Community Health Sciences was created.

With a mandate from the state Legislature to improve rural health care in Alabama, the College looked to family medicine to achieve its goals. The College was committed not just to training more physicians but also to cultivating health care professionals with the desire to serve smaller, rural communities.

The College became official with the arrival of William R. Willard, MD, a nationally recognized leader in family medicine who was recruited from the University of Kentucky in 1972 by then University of Alabama President David Mathews to lead the Tuscaloosa program as its first dean. With 43 years of medical experience, Willard had strong opinions about medical education and his influence is still felt today.

Not long after his retirement, Willard spoke extensively about the College during a television interview. He said: “We have an opportunity to make a significant impact on an important social problem and that is the health care in small towns and rural areas which the medical education establishment and no one else have tried to solve.”

The College has worked for nearly four decades to solve that problem. “The Tuscaloosa residency program had a major thrust in preparing medical students to go into small towns in Alabama,” Eddins says.
Powell, a 1996 graduate of the Tuscaloosa Family Medicine Residency, says she is proud to practice in a rural setting.

“My decision to practice in a small town had more to do with my childhood and my hopes for my children,” she says. “I was raised in a small town and loved the relationships and lifestyle that I enjoyed during my childhood. I wanted to raise my family in a rural community. I can practice in any setting but really wanted to live in a small town. The relationships and knowing how your care impacts a patient, their family, their friends and our community is very satisfying.”

The Tuscaloosa Family Medicine Residency is one of several programs the College offers to help improve the quality of life and health of rural Alabamians. Williams, a 2005 graduate of the College and 2008 graduate of the residency, was introduced to the College through its Rural Medical Scholars Program, a five-year medical education program that leads to a medical degree and is exclusively for rural Alabama students.

“The Rural Medical Scholars Program at the College has helped shape my entire education and plans to become a family physician in rural Alabama,” Williams says. “I am the ‘poster child’ for the rural pipeline. I was born in Monroe County Hospital and grew up in Excel. It has been extremely rewarding to care for the people of my community.”

As rewarding as their work is, there are also challenges that rural physicians face. According to Smith, a 1981 graduate of the College and a 1984 residency graduate, in primary care “you are required to deal with the full spectrum of medical care. This will definitely keep you on your toes and it requires an MD to stay familiar with diagnosis and treatment of a wide array of medical procedures. You are also required to treat family, friends and associates. This is certainly important to note since you will have an emotional stake in these patients.”

Adds Williams: “Access to primary care and limited transportation are some of the daily struggles that my patients face. Although it seems trivial to some, this is a major problem for many.”

Eddins says the College’s residency does an excellent job preparing medical students and resident physicians for the challenges they will face practicing in rural areas, and the strong support of the Monroeville community also helps its physicians meet these challenges. “Unlike many residency programs, the Tuscaloosa program stressed the importance of teaching us office practice techniques and procedures, as well as inpatient hospital training,” he says.

The Monroeville physicians have given back to the College by helping to bring in rotating medical students and TERM students to Monroeville to experience daily physician office life. The Tuscaloosa Experience in Rural Medicine, or TERM program, provides enhanced training in rural medical practice by introducing students to rural health issues from the perspective of practicing physicians and providing students with clinical experiences at rural primary-care practices.

“We can foster and promote interest in medicine as a career and aid students with financial needs incurred in the pursuit of this career,” Smith says. “I have always been ready to accept and expose medical students to my life and practice in Monroeville. Usually, they leave with a favorable idea and general understanding of what a good quality of life you can have in a town with Monroeville’s qualities.”

Smith is not the first in his family to provide healthcare services to the residents of Monroeville. R.A. Smith, MD, opened a medical practice in Franklin in 1912, moving it to Huxford in 1924 and finally to Monroeville.
Beverly Flowers Jordan, MD, a graduate of the College and its Tuscaloosa Family Medicine Residency, was elected president of the Alabama Academy of Family Physicians for 2010-2011.

The AAFP provides educational programming for its members and represents family medicine physicians and their patients in the legislative, regulatory and public arenas. The association has 800 family physician members and more than 350 student and family medicine resident members.

Jordan, a native of Jack, Alabama, was among the first graduating classes of the College’s Rural Medical Scholars Program, a five-year medical education track for students from rural Alabama that leads to a medical degree. As a Rural Medical Scholar, Jordan served on the state AAFP board of directors as a medical student representative. She later served as president of the AAFP Resident Section.

After finishing her three-year family medicine residency, Jordan completed a Primary Care Sports Medicine Fellowship at the American Sports Medicine Institute in Birmingham, Alabama. She also holds an American Board of Family Medicine Certificate of Added Qualifications in Sports Medicine.

Jordan currently practices at Professional Medical Associates in Enterprise, Alabama.

Have news to share with your fellow graduates? If you have news about new jobs, promotions, retirements, honors and achievements, marriages, births and deaths, send the information to OnRounds by mail, fax or e-mail. Entries must include graduation year. (We reserve the right to shorten and edit entries to conform to space constraints and style guidelines.)

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Accolades

AVERY APPOINTED CHIEF OF STAFF

Daniel M. Avery, Jr., MD, FACOG, FACS, professor and chair of the College’s Department of Obstetrics and Gynecology, was appointed Chief of Staff at DCH Regional Medical Center in Tuscaloosa.

DCH Regional Medical Center serves as a referral hospital for patients in West Central Alabama and is the primary hospital for the College’s Tuscaloosa Family Medicine Residency. The medical center has 658 beds and has been designated as a level II trauma center.

Avery is an OB/GYN physician with more than 30 years experience. He also serves as medical director of the laboratory and assistant director of Student Affairs for the College, and is the division chief of pathology in the College’s Department of Surgery. He is board certified in Obstetrics and Gynecology, Gynecologic Endoscopy, Forensic Medicine and Family Medicine Obstetrics.

Avery received the 2009 Thomas Ebner Award from the American Academy of Medicine and the American Association of Physician Specialists for founding the American Board of Family Medicine Obstetrics.

He also received the 2009 APGO Excellence in Teaching Award by the Association of Professors of Gynecology and Obstetrics. He was named a Distinguished Physician Leader by the American Board of Physician Specialists in 2009. He is the Founding Chair of the American Board of Family Medicine Obstetrics, located in Tampa, Florida.

Avery is the editor of two medical journals and serves on the editorial review boards of five journals.

ACCOMPLISHMENTS

John Megis, MD, a clinical associate professor in the College’s departments of Family Medicine and Community and Rural Medicine, was re-elected vice speaker of the Congress of Delegates, the governing body of the American Academy of Family Physicians. Megis has been in private practice in Centreville since 1982.

Cynthia Moore, assistant director of the College’s Rural Scholars Program, was elected secretary of The University of Alabama Black Faculty and Staff Association for 2010-2012. The association serves as an advocate for educational equity with emphasis on African-American students and the professional needs of its members. In her role with the Rural Scholars Program, Moore provides advice and counseling on topics ranging from career goals, scholarship applications, class schedules and test-taking. The program was developed to guide students from rural Alabama into careers in health care.

William Owings, MD, a professor in the College’s Department of Family Medicine, was recognized by the American College of Surgeons for his instruction of more than 100 Advanced Trauma Life Support courses. Owings has been teaching at the College since 1974 and has instructed resident physicians in minor surgery techniques and procedures. He earned his medical degree from Tulane University in 1958 and completed a general surgery residency at St. Francis Hospital in Wichita, Kansas.

Daniel C. Potts, MD, an associate professor in the College’s Department of Neurology and a partner at Alabama Neurology and Sleep Medicine, was chosen one of America’s Most Compassionate Physicians for 2010. The award is based on reviews written by patients who cite physicians for the compassion that accompanies their care. Of the nation’s 720,000 active physicians, less than 3 percent were accorded this honor by their patients last year.
Kyle Reaves, a Rural Health Programs student assistant, and Susanna Tubbs, a Rural Medical Scholar, were recognized at an April luncheon sponsored by the University’s Office of Human Resources for Student Employee of the Year honorees. The Rural Health Programs, which include the Rural Medical Scholars Program, are operated by the College. Reaves was nominated by faculty and staff of the Rural Health Programs, where he has worked since 2007. He is a senior majoring in business and premedical studies. Tubbs was nominated by the University’s Alabama Innovation and Mentoring of Entrepreneurs (AIME) program, where she has been a student assistant since 2008. She will enter medical school this summer. Of the 4,000 student assistants on campus annually, 55 were recognized at this year’s luncheon.

Melanie Tucker, PhD, CCRC, an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, was recognized by the Minority Health and Health Disparities Research Center at the University of Alabama at Birmingham for completing its Health Disparities Research Training Award Program. In addition to her faculty appointment, Tucker is also a senior clinical research associate in the College’s Division of Clinical Investigations.

Heather Whitley, PharmD, BCPS, CDE, who is affiliated with the College as an assistant clinical professor in the Department of Community and Rural Medicine and who works with the Institute for Rural Health Research, was selected to be featured on the American College of Clinical Pharmacy website in recognition of her contributions to the ACCP and the pharmacy profession. The recognition program identifies ACCP members who have made notable contributions through committee work, publications or presentations. Whitley’s primary appointment is as a clinical assistant professor of Pharmacy Practice in Auburn University’s Harrison School of Pharmacy.

Timothy W. Winkler, MD, associate chair and assistant professor in the College’s Department of Surgery, received board certification in undersea and hyperbaric medicine from the American Board of Preventive Medicine. This subspecialty certification recognizes the regular use of hyperbaric oxygen therapy for a variety of disorders.

Lea Yerby, PhD, an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, was accepted as a participant scholar for the National Institute on Minority Health and Health Disparities (NIMHD) summer Translational Health Disparities Course: Integrating Principles of Science, Practice and Policy in Health Disparities Research.

APPOINTMENTS

Pamela Foster, MD, MPH, deputy director of the College’s Institute for Rural Health Research and an assistant professor in the Department of Community and Rural Medicine, was appointed to the Tuscaloosa Infant Mortality Commission, the Alabama Health Advisory Board, the NAACP Advisory Board, and Project SAVED, a U.S. Centers for Disease Control and Prevention-funded HIV/AIDS capacity building project in 11 Southeastern states.

Michelle Harcrow, PhD, assistant director of Health Promotion for the Student Health Center’s Department of Health Promotion and Wellness, was appointed to serve on the research committee for the American College Health Association’s Health Promotion Section.

James Leeper, PhD, a professor in the College’s Department of Community and Rural Medicine, was elected to serve on the American Public Health Association’s Inter-Sectional Council. The APHA, an organization of public health professionals, works to protect all Americans, their families and their communities from preventable, serious health threats and strives to assure that community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States.

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AWARDS

Heather Taylor, MD, an assistant professor in the Department of Pediatrics, won “Best Clinical Instructor – Tuscaloosa Branch Campus Award” as part of the Argus Society Awards. The Department of Pediatrics received the “Best Clerkship Award” for the Tuscaloosa branch campus. The Argus Society of The University of Alabama School of Medicine was formed by the student body in 1996 to honor faculty and programs that exhibit excellence in medical education. The College is the Tuscaloosa branch campus of the School of Medicine.

John Wheat, MD, MPH, a professor in the College’s Department of Community and Rural Medicine and founder and director of the College’s Rural Health Leaders Pipeline programs, was presented with the Alabama Farmers Federation’s highest honor last year, the Service to Agriculture Award.

“Dr. Wheat has been rural Alabama’s friend and advocate for many years, working hard behind the scenes to bring more doctors to small towns all across the state,” says Federation President Jerry Newby.

Wheat started the pipeline programs in 1996. The three-part pipeline includes the Rural Health Scholars Program, the Minority Health Scholars Program and the Rural Medical Scholars Program. The programs were developed to guide students into careers in rural health care.

Project Health, The University of Alabama’s health education student organization, received two national awards at The BACCHUS Network General Assembly in Indianapolis, Indiana, late last year. Project Health received the Outstanding Network Affiliate Award, which is the highest honor The BACCHUS Network gives, as well as a programming award for creativity in fundraising for its Healthy Indulgence Bake Sale. The BACCHUS Network is the national peer education organization for college students. As a campus affiliate of BACCHUS, Project Health’s mission is to promote health and wellness by providing students with peer support, education and awareness about important health issues for college students. Michelle Harcrow, PhD, assistant director of Health Promotion for the Student Health Center’s Department of Health Promotion and Wellness, is the lead advisor for Project Health. The Student Health Center is operated by the College.

PRESENTATIONS

Elizabeth Cockrum, MD, FAAP, and John Wheat, MD, MPH, spoke at the West Alabama Business Leaders’ Summit on Early Childhood Investment in Tuscaloosa in October 2010. Cockrum, a pediatrician and the College’s associate dean for Clinical Affairs, and Wheat, a professor in the College’s Department of Community and Rural Medicine and director of its Rural Health Leaders Pipeline programs, were members of a health panel that addressed issues of child health, including access to health insurance for preventive health checkups and the importance of vaccinations in reducing medical costs.

Lea Yerby, PhD, an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, was a keynote speaker at the 25th Annual Conference of the Alabama Primary Health Care Association held September 21-24, 2010, in Mobile, Alabama. Yerby’s keynote address focused on health care reform and its potential impact on rural health policy.

Thaddeus Ulzen, MD, interim dean of the College, was a panelist at the Health Care Reform Summit for Senior Executives and State Leaders February 17 at the Grand Cahaba Conference Center in Birmingham. The summit, hosted by The University of Alabama Culverhouse College of Commerce and Business Administration and co-hosted by the College of Community Health Sciences and the University’s Capstone College of Nursing, was held to engage business, government and community leaders in identifying issues and solutions integral to the health care debate. Ulzen was part of the Health and Health Care Reform: A Panel Discussion and spoke about the importance of primary care. He says while primary care is vital, only 7 percent of medical school graduates choose primary care. “We have to incentivize students to go into primary care and then we have to redesign the system to focus on primary care,” Ulzen says.

PUBLICATIONS

Daniel M. Avery, Jr., MD, FACOG, FACS, professor and chair of the College’s Department of Obstetrics and Gynecology, authored “Review of Medical and Surgical Management of Postpartum Hemorrhage,” published in the Winter 2011 issue of the American Journal of Clinical
Dwight Hooper, MD, MBA, an associate professor in the College’s Department of Obstetrics and Gynecology, “Invasive Squamous Cell Carcinoma of the Cervix Following HPV Immunization in a Nineteen-Year-Old Woman,” published in the Winter 2011 issue of the American Journal of Clinical Medicine; and co-authored with Krista Cooper, Jason M. Parton, MA, MS, an epidemiologist and data project director for the College’s Institute for Rural Health Research, and John C. Higginsbotham, PhD MPH, the College’s associate dean for Research and Health Policy, “The Role of Physician Experience in Pelvic Examination Accuracy,” published in the Winter 2011 issue of the American Journal of Clinical Medicine.

Pamela Payne Foster, MD, MPH, deputy director of the College’s Institute for Rural Health Research and an assistant professor in the Department of Community and Rural Medicine, co-authored with Krista Cooper, Jason M. Parton, MA, MS, an epidemiologist and data project director for the College’s Institute for Rural Health Research, and John O. Meeks “Assessment of HIV/AIDS Prevention of Rural African American Baptist Leaders in Alabama: Implications for Effective Partnerships for Capacity Building in American Communities,” published in April in the Journal of the National Medical Association; co-authored with Amand Salanitro, Monika Safford, Thomas Houston, Jessica Williams, Fernando Ovalle, Jeroan Allison and Carlos Estrada “Patient Complexity and Diabetes Quality of Care in Rural Settings,” published in March in the Journal of the National Medical Association; and co-authored with Rebecca Kelly, Felecia G. Wood and Dana M. Lewis “Learning and Living with Diabetes: Development of a College Diabetes Seminar Course,” published in January in Diabetes Spectrum.


Susan Gaskins, PhD, co-authored with Pamela Payne Foster, MD, MPH, deputy director of the College’s Institute for Rural Health Research and an assistant professor in the Department of Community and Rural Medicine, Richard Sowell, Tim Lewis, Antonio Gardner and Jason M. Parton, MA, MS, an epidemiologist and data project director for the College’s Institute for Rural Health Research, “Reasons for HIV Disclosure and Non-Disclosure: An Exploratory Study of Rural African American Men,” to publish in September in Issues in Mental Health Nursing.

John Wheat, MD, MPH, a professor in the College’s Department of Community and Rural Medicine and founder and director of the University’s Rural Health Leaders Pipeline programs, co-authored with James Leeper, PhD, a professor in the College’s Department of Community and Rural Medicine, John E. Brandon, MD, medical director of the College’s Rural Medical Scholars Program, Susan M. Guin, MSN, CRNP, an assistant professor in the College’s Department of Community and Rural Medicine and associate director of the University’s Rural Health Leaders Pipeline programs, and James R. Jackson “The Rural Medical Scholars Program Study: Data to Inform Rural Health Policy,” published in the Journal of the American Board of Family Medicine; and co-authored with James Leeper “Undergraduate Rural Medical Education Program Development: Focus Group Consultation with the National Rural Health Association Rural Medical Educators Group,” published in The Journal of Rural Health.

Heather Whitley, PharmD, BCPS, CDE, who is affiliated with the College as an assistant clinical professor in the Department of Community and Rural Medicine and who works with the Institute for Rural Health Research, authored “Monetary Value of a Prescription Assistance Program Service in a Rural Family Medicine Clinic,” published in 2011 in The Journal of Rural Health.
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