ON ROUNDS
COLLEGE OF COMMUNITY HEALTH SCIENCES
UNIVERSITY OF ALABAMA SCHOOL OF MEDICINE • TUSCALOOSA REGIONAL CAMPUS

2013 Community Report
CCHS GRADUATES CARING FOR THEIR COMMUNITIES
DANA TODD, MD
Greensboro, Alabama

THE UNIVERSITY OF ALABAMA
OUR MISSION

WE ARE DEDICATED TO PROMOTING AND IMPROVING THE HEALTH OF INDIVIDUALS AND COMMUNITIES IN ALABAMA AND THE REGION THROUGH LEADERSHIP IN MEDICAL EDUCATION AND PRIMARY CARE; THE PROVISION OF HIGH QUALITY, ACCESSIBLE HEALTH CARE SERVICES; AND SCHOLARSHIP.

OUR CORE VALUES

INTEGRITY • SOCIAL ACCOUNTABILITY • LEARNING INNOVATION • PATIENT-CENTEREDNESS TRANSPARENCY • INTERPROFESSIONAL COLLABORATION
# On Rounds

## Table of Contents

**Spring 2014 • Volume 22 • Number 15**

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td><strong>Dean’s Message</strong></td>
</tr>
<tr>
<td>6</td>
<td><strong>Cover Story</strong></td>
</tr>
<tr>
<td>20</td>
<td><strong>A Strategy for the Future</strong></td>
</tr>
<tr>
<td>24</td>
<td><strong>Residency Expansion</strong></td>
</tr>
<tr>
<td>30</td>
<td><strong>Medical Student Education</strong></td>
</tr>
<tr>
<td>34</td>
<td><strong>Longitudinal Learning</strong></td>
</tr>
<tr>
<td>36</td>
<td><strong>Rural Health Programs</strong></td>
</tr>
<tr>
<td>41</td>
<td><strong>A Model for Primary Care</strong></td>
</tr>
<tr>
<td>43</td>
<td><strong>Continuing Medical Education</strong></td>
</tr>
<tr>
<td>48</td>
<td><strong>Meeting a Need</strong></td>
</tr>
<tr>
<td>50</td>
<td><strong>Impact Through Outreach</strong></td>
</tr>
<tr>
<td>54</td>
<td><strong>Telemedicine</strong></td>
</tr>
<tr>
<td>58</td>
<td><strong>Student Health</strong></td>
</tr>
<tr>
<td>62</td>
<td><strong>A Patient-Centered Medical Home</strong></td>
</tr>
<tr>
<td>65</td>
<td><strong>Collaborating in Research</strong></td>
</tr>
<tr>
<td>68</td>
<td><strong>Rural Health Conference</strong></td>
</tr>
<tr>
<td>70</td>
<td><strong>Grants and Publications</strong></td>
</tr>
<tr>
<td>72</td>
<td><strong>Board of Visitors</strong></td>
</tr>
<tr>
<td>75</td>
<td><strong>Alumni News</strong></td>
</tr>
<tr>
<td>78</td>
<td><strong>Supporters</strong></td>
</tr>
</tbody>
</table>

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A MESSAGE FROM
THE DEAN

ACADEMIC MEDICAL CENTERS HAVE A CRITICAL role, even a duty I would argue, to contribute to improved population health. At The University of Alabama College of Community Health Sciences, we accept and pursue that mission through a four-dimensional strategy:

- *Education of the physician workforce, in particular family physicians;*
- *Contribution to the body of health care knowledge;*
- *Engagement with communities; and*
- *Provision of direct health care services to the community.*

As was our charge from our founding in 1972, all aspects of this mission take on a focus in serving the primary care needs of the state and region, with an emphasis on rural areas.

The need that University and State leadership saw in the early ’70s, and that led to our creation as one of the country’s first regional medical campuses, remains. In fact, despite remarkable advances in technology and treatment options, arguably the world’s best trained physician workforce, and an abundance of overall health care resources, optimal access to health care as well as population health alludes the United States when comparing important health outcomes and measures to those of other industrialized countries. Then, as we know all too well, Alabama’s population health ranking has been perpetually near the bottom of all states. Further, when you take into account the money spent in the United States on health care to achieve these rather poor outcomes—twice as much per capita as the nearest contender—it’s clear that our health system ranks among the world’s least efficient healthcare systems.

The irony is that successful strategies for improving the health of populations are well known and have been studied, validated and described across many settings worldwide. They are straightforward, rational and, with the political will, are achievable, especially in the world’s wealthiest country: decent, safe living conditions; facilitation of sound lifestyle, including access to nutritious food, moderate physical activity, avoidance of smoking and moderation in use of alcohol; accessibility to family planning services; a focus on effective preventive services, including vaccinations; and financial and geographic access to quality health care, particularly and most importantly, primary care.

We would do well to regularly remind ourselves of this goal of improved population health, the means to it and of our organizational responsibility to contribute. Advancing Primary Care, the 20th Report to Congress of the Council on Graduate Medical Education, explicitly asserts, ‘Medical schools have an implied societal contract to produce
physician resources in response to society’s health care needs.” We at CCHS recognize that the work that we do is largely financed through public funds—including Medicare, Medicaid, the State of Alabama and federal grants—and hence it is our obligation as a socially accountable organization to be responsive to this investment by the public.

This core value of CCHS—social accountability—is what underlies this inaugural “Community Report.” In our 42 years, we have perhaps too infrequently taken the time to systematically report to the community, both to apprise others of our work and to encourage feedback to the College to further inform our priorities. This publication, which will become a regular report, presents a snapshot of our achievement in fulfillment of our mission. From reading the story of Dana Todd, MD, a 2013 graduate of our Family Medicine Residency whose commitment to her rural hometown of Greensboro, Ala., is demonstrated by her determination since high school to become a family physician and return home to practice; to recognizing the contribution to health care delivery in Tuscaloosa represented by the nearly 8,000 admissions by CCHS to DCH Regional Medical Center and the 63,753 patient visits to our own medical practice at University Medical Center; to learning about our developing partnerships with rural Alabama communities to address obesity, and the lives we are changing in rural communities by bringing mental health care and diabetes education through telemedicine; to seeing the map of the 423 practicing family physicians who are a product of our training program, including 224 who practice in Alabama, half of those in rural communities—we are pleased to tell the story of our College’s contribution to addressing population health.

I invite you to read on, to learn of the collaborations between CCHS and many communities and organizations throughout Alabama, to discover where engagement has made a difference and how medical education can be responsive to the social contract of accountability. We encourage your comments, and we thank you for your support and guidance as we strive to improve and expand our impact on population health in Alabama and the region.

—RICHARD STREIFFER, MD
DEAN, COLLEGE OF COMMUNITY HEALTH SCIENCES
As home to one of the nation’s largest family medicine residencies, a multi-specialty community practice that forms the base for a clinical teaching program, and faculty and physicians engaged in research, The University of Alabama College of Community Health Sciences has a widespread impact across the state and the region. From the residents of a rural community 100 miles from the University who visit a family doctor trained at the College’s Family Medicine Residency, to the 33,000 plus students who frequent the Student Health Center, the College is meeting its mission of improving and promoting the health of individuals and communities in Alabama and the region.

In addition to the Family Medicine Residency, which is currently training 42 physicians to be family doctors, the College offers fellowships in a variety of specialties and provides clinical training for third- and fourth-year medical students enrolled at the University of Alabama School of Medicine. The College is also home to the Rural Health Leaders Pipeline, a series of nationally-recognized programs that recruit students from rural Alabama and train them to return to their hometowns as physicians.

University Medical Center, West Alabama’s largest community practice operated by the College, saw more than 63,000 patient visits in 2013. The Student Health Center, also operated by the College, is the medical home for students enrolled at the University and with its own pharmacy filled more than 33,000 prescriptions in 2013. The College also cares for communities through telemedicine services and outreach. And College faculty continue to immerse themselves in research to improve the health of communities and individuals in Alabama, and continue to publish in top-tier, peer-reviewed journals and present their findings at state, national and international conferences.

The College will continue to dedicate itself to its mission of improving and promoting the health of individuals and communities in Alabama through leadership in medical education and primary care, the provision of high quality, accessible health care services and scholarship.
WE OPERATE ONE OF THE NATION’S LARGEST FAMILY MEDICINE RESIDENCIES

A REGIONAL CAMPUS OF THE UNIV. OF ALABAMA SCHOOL OF MEDICINE

STUDENT ENROLLMENT:
- SCHOOL OF MEDICINE: 11 students have completed their third and fourth years of medical school at the Tuscaloosa Regional Campus.

COMMUNITY PRACTICE
- COLLEGE OF COMMUNITY HEALTH SCIENCES

NEARLY 800 STUDENTS have completed their third and fourth years of medical school at the Tuscaloosa Regional Campus.

STUDENTS WHO ENTER FAMILY MEDICINE RESIDENCIES
- NAT'L AVERAGE
- TUSCALOOSA

UNIVERSITY MEDICAL CENTER AND STUDENT HEALTH CENTER OUR CLINICAL ENTERPRISE

UNIVERSITY MEDICAL CENTER
- WEST ALABAMA'S LARGEST COMMUNITY PRACTICE

UA STUDENT VISITS IN 2013
- STUDENT ENROLLMENT: 33,382
- HEALTH CENTER VISITS: 43,400

63,753 PATIENT VISITS AT UMC IN 2013
WHO ARE FAMILY PHYSICIANS?
Family physicians provide a personal medical home for people of any age. Family physicians complete at least three years of specialty training, learning how to deliver a range of acute, chronic and preventive medical care services. In addition to diagnosing and treating illness, managing chronic illnesses and coordinating care with other specialists, family physicians also provide routine check-ups, health risk assessments, immunization and screening tests and personalized counseling on maintaining a healthy lifestyle. From heart disease, stroke and hypertension, to diabetes, cancer and asthma, family physicians provide primary care for the nation’s most serious health problems.

While most medical specialties tend to cluster in urban areas and near academic health centers, family physicians are more likely than other physicians to work in areas with the greatest need, for example rural areas and health professional shortage areas—federally designated areas with the lowest ratios of health providers to the population.

DO FAMILY PHYSICIANS GENERATE ECONOMIC BENEFITS FOR ALABAMA?
In addition to the health care services they provide, family physicians are significant generators of economic activity in local communities. Family physicians provide employment, purchase goods and services and even generate income for other health care organizations, such as hospitals and nursing homes.

Source: American Academy of Family Physicians

A recent study by the Robert Graham Center for Policy Studies evaluated the impact of family physicians on a state-by-state basis. The study found that in Alabama, family physicians have an economic impact of $776,585 per doctor, per year. The total impact of family physicians in Alabama is estimated to be $779,691,512 per year. (These figures do not account for a family physician's contribution to the generation of income for other local health care organizations such as hospitals and nursing homes.)
One community at a time, these residency and medical student graduates from the College are improving health across Alabama.
For Dana Todd, MD, it was always about going back home. "That was always my objective," she says. "I decided to go to medical school so I could come back and be a physician at home. It never occurred to me to go anywhere else."

Home for Todd is Greensboro, Ala., a rural community of just more than 2,700 people. A small historic downtown is surrounded by old homes, a few businesses and country roads leading into and out of town. Todd works at the Hale County Health Center (a division of Whatley Health Services, Inc.), where she has been practicing with Gerold Sibanda, MD, since July 2013 after she graduated from the Family Medicine Residency operated by the College of Community Health Sciences. Half of her time is spent there, in a brand new building with modern architecture and updated technology. The other half of her time is spent at Whatley Health Services in Eutaw, Ala., a slightly older and smaller building that services a wide range of patients from Eutaw and the surrounding areas, where Todd works alongside a physician's assistant. "The people I see and treat—I've known them forever," she says.

Todd's journey to becoming a family physician began back when she was a student at Greensboro West High School. She was handed a pamphlet one day about the Rural Health Scholars Program, a five-week program for high school students and one of several programs that make up the Rural Health Leaders Pipeline, which is operated by the College and designed to train rural primary care physicians. She decided to give it a go.

"I learned about the lack of health care providers and resources in smaller towns, and I got to meet people who were physicians who came from small towns and went back to those small towns to practice," Todd says. "We learned about what it took to actually be a doctor."

While attending college at Alabama A&M University in Huntsville, she participated in the Rural Minority Scholars Program at UA for three consecutive summers. The faculty and staff with the Rural Health Leaders Pipeline were her support system, she says, especially when it was time to apply to medical school. "Even with a 4.0 GPA, the [Medical College Admission Test] was a challenge," she says. "I didn't do well, and I was so distraught. I called [John] Wheat, [MD, director of the Rural Health Leaders Pipeline], and he helped me figure out what to do next." With the guidance of Wheat, Todd figured out that her next step was the Rural Medical Scholars Program.

"I'm really, really proud of that program," says Todd. "I feel like it was made for people like me—people from smaller towns who don't have a lot of access to the same education opportunities, so they don't do as well on tests like the MCAT. It levels the playing field."

With this program, scholars enroll at UA in the year prior to entry to medical school at the University of Alabama School of Medicine (UASOM), which is headquartered in Birmingham, and take coursework related
to rural health and primary care in rural areas. Then, provided the students meet the entrance requirements for admission at UASOM, the scholars secure a spot in the following year’s medical student class. After studying for two years at the UASOM campus in Birmingham, the students return to the College, which also functions as the Tuscaloosa Regional Campus for UASOM, for their clinical training in their third and fourth years. After her clinical training, Todd decided to continue her stay at the College and focus on family medicine. She was accepted into and completed the College’s three-year Family Medicine Residency.

“The variety you see in family medicine is what makes it so intriguing,” she says. “You can walk in one room and see a newborn, then walk in another and see a 50-year-old with diabetes, and then walk in another room and see an 80-year-old with Alzheimer’s.” Both the hands-on experience during her training and her relationships with her attending physicians confirmed Todd’s decision to be a family physician. “Through shadowing and clinical rotations, I saw how my attendings interacted with their patients,” she says. “They knew them medically and as people and what was going on behind the scenes. That really stood out to me.”

Now, less than a year into her post-residency career, Todd says she loves being back at home and has plans to better educate her community. Hale County ranks high above the national and the state rates of obesity with 44 percent of adults reporting a body mass index of greater than or equal to 30, according to a Community Health Needs Assessment by Hale County Hospital, released in September 2013. The assessment also reported a high rate of premature death and preventable hospital stays compared to the rest of the state and to the country.

“The biggest thing for me is focusing on prevention for my patients and tackling some of the health disparities in our community,” she says.

While Todd says being a leader in health care in her community can be challenging, she says she is glad to be serving the place that raised her. “Working in a small town is a whole different kind of mindset, but this is the way I grew up. It’s home.”
Julia Boothe’s first glimpse into the health care professions was working as a candy striper at West Alabama Hospital (now Northport Medical Center).

From then on, she became increasingly interested in medicine, and from practicing in rural Pickens County to working with medical students and residents at the College, she says she’s constantly continuing her medical education.

Originally from Northport, Ala., Boothe began shadowing family medicine residents at the College as an undergraduate at The University of Alabama, where she graduated with a bachelor’s degree in biology. “I really enjoyed the breadth and depth of medicine that the residents were practicing,” she says.

Boothe was a Rural Medical Scholar at the College, and she completed her master’s in public health at the University of Alabama at Birmingham. She graduated from the University of Alabama School of Medicine in 2002, completing her third and fourth years of clinical training at the College, which also functions as the Tuscaloosa Regional Campus for the School of Medicine. Boothe graduated from the College’s Family Medicine Residency in 2008.

It was during her time at the College when she developed a love for Pickens County—she did a rotation there as a medical student and moonlighted as a resident. So she jumped at the opportunity to practice in Carrollton, Ala., where she stayed for eight years before moving to Reform, Ala., two years ago.

She now collaborates with Kim Carver, CRNP, at Reform Primary Care, a clinic that treats more than 3,000 patients—many who deal with diabetes, hypertension and other conditions associated with those chronic illnesses, Boothe says.

“We have really focused on tobacco cessation education and routinely cheer with a patient as they make healthier choices and get better results,” Boothe says.

In addition to working with the Reform community and the surrounding areas, she’s continued to work with the College as a preceptor. In 2008, she started directing the clerkship for the Department of Family Medicine at the College, and she is an attending physician once a week in the Family Medicine clinic, too.

“I have continued to be active with the College because of the excitement from learners,” she says. “When you teach someone a new procedure or direct them to the diagnosis, it is a great lift to my spirits and spurs my own continuing education.”

She often harkens back to her time at the College when she is with her own patients, she says.

“The College has most importantly taught me to communicate,” she says. “At times I need to decode what my patient is referencing during a visit. Quite often, they just need a concerned, listening ear.”
Since graduating from the College’s Family Medicine Residency, the Bevels have been impacting Tuscaloosa in two major ways: Erica Day-Bevel, MD, works primarily with children and women at Alabama Multi-Specialty Group, P.C., and Justin Bevel, MD, works night shifts at the Tuscaloosa Veterans Affairs Medical Center as a medical officer. The couple met while in medical school at Meharry Medical College in Nashville, Tenn. Justin, a year ahead of Erica, applied to the College’s Family Medicine Residency for its national ranking and because it was unopposed—the same reasons Erica chose to go there, too, which worked well for the couple once they both matched, since Tuscaloosa is Erica’s hometown. She says she has always wanted to give back to her community.
“Growing up, I saw there was a need in Tuscaloosa,” Erica says. “There weren’t many family practitioners here, and I’d know people who would try to get in to see a doctor, but then there wouldn’t be any immediate availability. And I have always wanted to give back to my community in some form.”

While Erica completed her pre-med studies at The University of Alabama, she met and shadowed Vernon Scott, MD, one of the College’s first African-American graduates of the residency. She says she looked up to him and decided to go to the same school he went for his medical training, so she found herself at Meharry.

Now, her working relationship with Scott continues, as she cares for patients at the practice he founded in 1984. “The way he takes time with his patients, you know he’s doing something right,” Erica says. “He has such a good rapport with the community.”

Erica sees about 15 patients or so a day and has about 300 total on her panel. She says she has goals of educating and helping with prevention in the Tuscaloosa community and the surrounding areas the practice serves.

“Sometimes people let conditions go unseen or untreated because they either don’t have a means or an avenue to receive help,” she says. “I want to continue to give back to my community with speaking engagements and small group forums to educate and motivate all people, but especially young women.”

Across town, Justin, originally from New York City, had already ventured to the South when he attended Oakwood University in Huntsville, Ala., on a scholarship. His original career goal was to be an educator, so he worked as a teacher in inner-city Brooklyn, N.Y., schools after graduation. In the end, he says, he felt he wasn’t quite cut out for the job.

“I realized I needed to be able to make more of a difference,” he says. “I was just in the middle of something that I felt undereducated and unprepared for. I think a lot of teachers can feel like that, especially in tough situations like this one.”

So he applied to medical school, and fell in love not only with Meharry when he went to interview, but also with Erica, whom he met after he arrived.

Now, in addition to working at the VA, occasionally working for different agencies as a hospitalist one month or an emergent care doctor another, and joining the National Guard as an occupational physician for pilots, he still wants to go back to teaching in some capacity, he says.

But for now, the couple have a 2-year-old daughter and enjoy their downtime together—a rarity with their opposite schedules—whether they are simply relaxing or bouncing ideas off one another.

“I see children and women, and he doesn’t get that opportunity at his job, so I keep him up to date with pediatrics,” Erica says. “And he tells me about what is going on in hospice care and community nursing homes, which he sees at the VA, and I don’t see in my practice. That’s the beauty of family medicine.”

**VERNON SCOTT**

-TUSCALOOSA-

Vernon Scott, MD, is the CEO and founder of Alabama Multi-Specialty Group, P.C. He recruited Erica Day-Bevel, MD, to work in his practice after she completed her residency at the College.

Scott graduated from Stillman College in Tuscaloosa in 1974, went to Meharry Medical College in Nashville, Tenn., and came back to Tuscaloosa, about an hour’s drive from his hometown of rural Greensboro, Ala., to complete his residency in 1981. He was one of the first African-American residents to graduate from the College’s Family Medicine Residency. “Growing up in rural Alabama, I wanted to be as independent as I could be,” he says. “I wanted to be able to do as many skills and perform on as many stages as I could.”

For three years he worked at the West Tuscaloosa Community Health Center (now the Maude L. Whatley Health Center), and then founded his own private practice in 1984, which eventually grew when he added an internist and a pediatrician in 1996, forming the base of the practice he runs today. Now, the practice, which consists of five physicians (his daughter being one of them), services a patient base of more than 15,000. Scott focuses on adults and internal medicine while others in his practice focus on women’s health and pediatrics. “Family medicine has given me the flexibility to put down roots where I want to and be independent to see a wide variety of patients.”
Every Monday, Tuesday and Thursday at 6:45 p.m. on the dot, Lee Armistead, MD, and about 20 or so others walk into a concrete-floored, unfinished space with walls lined with strength-training equipment, weights, mats, resistance bands, a pull-up bar and even a projector with a DVD collection of intense workout series.

They pop in whatever disc they’re on, and get to work. Armistead, a graduate of the College’s Family Medicine Residency, works next door as a family physician at the Gilbertown Family Medical Center, a practice that serves the 15,000 who live in Choctaw County.

He formed the exercise group about three years ago, after he realized that, at 280 pounds, he wasn’t practicing what he was preaching to his patients. “As physicians, we’re examples to our communities,” he says. “I knew I needed to make a change, so I started eating better and exercising.”

As he started to shed the pounds, his patients, family and friends started to notice the difference, and they wanted in on his secret. So he invited them to join in.

“I enjoy it,” says Armistead, who has lost 60 pounds so far. “I don’t know if I’d call it a community service or anything—I just have 20 people who are working out with me.”

Over the last three years, more than 100 people have been involved, he says. And in a town like Gilbertown, located in a county that has an obesity rate of 38 percent (higher than both the state and national average of 33 percent and 24 percent respectively, according to the Alabama Department of Public Health), preventive measures like exercise and eating right can work wonders.

That’s what Armistead’s focus is: prevention against rampant issues like obesity and diabetes. “It’s not just about me working out,” he says. “Fighting against these issues that are getting worse rather than getting better is the mentality of my whole practice.”
"I love my doctor," says Shelia Smith, formerly a waitress at Nessa's Restaurant in Collinsville, Ala., where Frannie Koe, MD, is the only family physician in town.

Smith is not alone. Five to seven new patients arrived nearly each day at the Wills Valley Family Medicine office in this small DeKalb County town to see Koe within a year of her arrival in 2007. Her practice has grown since then, but she is still accepting new patients and has hired a second nurse practitioner, Jonette Jones.

Koe is a graduate of the College's Family Medicine Residency. Prior to that, she participated in the College's Rural Medical Scholars Program, which recruits and supports rural students who want to become rural physicians.

DeKalb County, Ala., in the northeast corner of the state, is home to part of the scenic Lookout Mountain Parkway and is primarily rural. There are 2,000 farms in the county, although most are roughly 100 acres in size. A major employer in town is Koch Foods, a chicken processing factory.

Koe's clinic, which is staffed with two nurse practitioners, is located in town, helping her feel “even more part of a community,” she says. She also bought 76 acres in Sand Mountain, right outside the city limits, where she lives and that she named Eco-Ridge Farm. She has planted a large garden and makes meals from its bounty, often sharing her produce with patients as part of efforts to teach them to eat a healthy diet.

Koe says she chose a rural lifestyle. As she was finishing residency training at the College, she looked for both a small-town practice site and land she could buy. The sense that she has settled in for the long haul appears to have won over the town and is bringing in more patients as residents see that Koe is in Collinsville to stay. Residents had seen a number of doctors come to and leave the community over the years.

Koe has embraced the community as her own. She attends the high school's homecoming parade, has spoken at local meetings, participated in the local Quilt Walk and Homes Tours to fund new library resources and has attended the local churches to meet her neighbors.

And in addition to caring for her patients, she provides diabetes group visits at her practice modeled after “Centering Health Care,” which she learned about at a recent Rural Health Conference hosted by the College. She subsequently attended a seminar in Boston to learn how to run her own “Centering Health Care” group and started her first group in July 2011. She started her second two-year program in October 2013. She credits these sessions with helping at least 10 patients improve their condition to the point that they no longer need diabetes-related medication.

Koe provides free sports physicals to Collinsville children and makes house calls as needed. She employs an interpreter to help with Spanish-speaking patients. She also started an autoimmune disorder group since it is often difficult for patients to get to a rheumatologist.
due to distance. The closest rheumatologist, in Gadsden 30 miles away, recently retired. Koe trained with noted rheumatologist Lewis Heck, MD, at University of Alabama at Birmingham while a medical student.

On her website, willsvalleyfamilymedicine.com, she posts healthy eating advice and encourages pharmaceutical sales representatives and home health care workers who bring food to "please bring fresh fruits and vegetables in lieu of sugary treats."

Koe attends conferences to learn more about community-based efforts to curb obesity and to encourage healthy eating by offering local produce for sale. She conducts tours of her farm and teaches her diabetic patients how to save money growing healthy food without tilling or using any heavy equipment. She and her staff help support a school garden project, and Koe hopes to find grants to fund similar gardens at the nursing homes she serves.

"There is only one stop between home and the office," Koe says of her five-mile commute to her farm just outside the city limits. On her way to work and back each day, she passes hay bales and cows in the fields, the mountain ridges in the background and the small homes and barns of her neighbors who have become her patients.

She says it's exactly what she dreamed about while in medical school and residency training.

**JOHN BRANDON**

MORE PATIENTS WITH LIMITED INCOME IN PICKENS COUNTY NOW have the opportunity to receive primary health care thanks to a grant awarded late in 2013 to Family Practice Center in Gordo, Ala.

The center received a $702,125 grant from the federal Health Resources and Services Administration through the Tuscaloosa-based Whatley Health Services Inc. Family Practice Center is the medical practice of John Brandon, MD, a graduate of the College's Family Medicine Residency. Fellow residency alumnus Ray Stewart, MD, also practices there.

Brandon says the grant will assure that the Family Practice Center has a solid foundation for years and decades to come. He says the center has always provided free and/or discounted care. "Now we will have the resources to continue all our same services and to expand them to more folks, as appropriate."

Brandon opened the practice in 1985. It is located at the intersection of U.S. Highway 82 and Alabama Highway 86 and is open weekdays and a half-day on Saturday. He says current patients will see no changes in operations and in the quality family health care they have come to expect.

Deborah Tucker, CEO of Whatley Health Services Inc., says Whatley is excited to expand its official service area into Pickens County and strengthen primary health care services there.
CARSON PENKAVA
— TUSCALOOSA —

AS A CHILD, CARSON PENKAVA, MD, NEVER PLANNED A CAREER IN MEDICINE, EVEN THOUGH HIS father was a physician. But in high school, Penkava found his priorities and interests shifting.

"I wanted to leave work every day feeling I had made at least one person’s day better," he says. "I needed my vocation to be both mentally challenging and exciting. Medicine filled all of those requirements, and I’m proud to have followed in my father’s footsteps."

Penkava grew up in Evansville, Ind., After attending Washington and Lee University in Lexington, Va., he migrated south to Alabama, where he completed medical school and a residency at the University of Alabama School of Medicine. His third and fourth years of medical school were spent at the College of Community Health Sciences, which also functions as a regional campus of the School of Medicine, where he received his clinical training.

He now practices in the Emergency Department at DCH Regional Medical Center in Tuscaloosa. Penkava says he enjoyed every clinical rotation as a medical student, "and I was particularly drawn to the challenge of intensive care. By practicing emergency medicine, I am able to utilize knowledge from nearly every specialty to diagnose patients while also managing the critically ill."

He says he obtained resident-level experience while a medical student at the College.

"I often had one-on-one instruction from an attending (physician). I also developed a close relationship with many of them, which is something that makes those 3 a.m. phone calls from the ED a little less awkward."

Penkava credits the College for providing a true emphasis on increasing access to primary care both locally and statewide.

"From an emergency physician perspective, patients with primary care tend to use the emergency department less often. Without CCHS, our Emergency Department would be significantly more crowded."

ALLISON CUNNINGHAM
— TUSCALOOSA —

ALLISON CUNNINGHAM, MD, ALWAYS KNEW SHE WANTED TO BE A PEDIATRICIAN.

Even though she studied engineering for a time in college, and eventually majored in nutrition, she still went on to medical school.

"I have known since I was 6 years old that I wanted to be a pediatrician," she says.

The Tuscaloosa native received her medical degree from the University of Alabama School of Medicine. She completed her clinical training (third and fourth years of medical school) at the College of Community Health Sciences, graduating in 1992.

"I learned a lot at CCHS," Cunningham says. "It was great to be first-assist in surgeries. I also felt like I had really good hands-on experience in non-surgical areas like internal medicine."

She completed pediatric residencies in Birmingham and Oklahoma. Today, she practices back home at Tuscaloosa Pediatrics.

Cunningham says the College is vital to the state because it trains future physicians for Alabama communities.
THE COLLEGE'S STRATEGIC PLAN FOCUSES ON IMPROVING THE HEALTH OF INDIVIDUALS AND COMMUNITIES IN ALABAMA.

By Leslie Zganjar

The College of Community Health Sciences began a strategic planning process in fall 2012 to develop a five-year plan that builds on the College's deep roots in primary care and family medicine education while responding to the changing health care needs of communities.

A plan was developed during an intensive nine-month process, in consultation with the firm GEAR Inc. and guided by a Core Team and Steering Committee that included College faculty, clinical staff, administrators, alumni, community leaders and others.

The goal was to create a shared vision of how best to achieve the College's mission of primary care, education and research in a health care environment that is shifting from reactive and illness care to prevention, and to develop a road map for how the College can achieve that vision.

Now the College is transitioning the work of strategic planning into the work of implementation.

"This is the beginning of a journey," says Dean Richard Streiffer, MD.

The College's previous mission statement focused on providing "the physicians and expertise needed for accessible, high-quality and compassionate health care for the citizens of Alabama ... with a special emphasis on rural areas." Since its founding in 1972, more than 400 family physicians have completed the College's residency, with 50 percent practicing in Alabama and half of those in rural areas. The
College's medical student program steers graduates into primary care specialties at a rate more than twice the national average, and its award-winning rural pipeline program has placed nearly 50 doctors into rural practice.

Today, the mission is not just producing doctors but improving the health of Alabama's population, coupled with community engagement and social accountability.

"The strategic plan is intended to be a living, breathing document that guides the work of the College," Streiffer says. "The strategic plan, and the initiatives that comprise it, will ultimately be integrated into the everyday work of the College."

The strategic planning process began with individual interviews of College faculty, staff and alumni, and stakeholders across The University of Alabama and the community. Focus groups were conducted with residents and medical students. Based on the results, a survey was developed and administered to College faculty and staff, select faculty of UA and the University of Alabama School of Medicine, residents, medical students, alumni and community members.

More than 350 respondents completed the survey, including all College faculty. Survey results, coupled with an in-depth analysis of the College, were used to create strategic options that were the centerpiece of a strategic planning retreat and used to shape the College's strategic plan. The all-day retreat was held in March 2013, and the 100 plus attendees hashed through various strategic planning options.

"Engaging as many people and their thinking as possible, and really welcoming their input, was vital to developing a meaningful strategic plan," Streiffer says.

The planning process was undertaken with the expert assistance of CFAR consultants Jessica Geiben Lynn and Christopher Hugill. From offices in Philadelphia and Boston, CFAR serves clients across a range of industries worldwide, including health care, life sciences, higher education, nonprofits and family and closely held enterprises. The firm's approach combines an understanding of business with insights into the human systems that make up organizations.

The College's plan contains four strategic priorities: build on the strong foundation of the Family Medicine Residency; provide an innovative and community-oriented undergraduate medical education experience; transform the clinical enterprise to deliver exceptional patient-centered care; and foster a passion for scholarly pursuit in line with the College's mission. Four Strategic Action Teams, or StATs, were formed and charged with...
**STRATEGIC PLAN 2013**

<table>
<thead>
<tr>
<th>PRIORITY R</th>
<th>PRIORITY M</th>
<th>PRIORITY C</th>
<th>PRIORITY S</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Build on the Foundation of the Family Medicine Residency</strong></td>
<td><strong>Create Innovative Community-Oriented Undergrad Medical Education Experiences</strong></td>
<td><strong>Transform the Clinical Enterprise to Deliver Exceptional Care</strong></td>
<td><strong>Foster Scholarly Pursuit in Line with Our Mission</strong></td>
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<tr>
<td>Enhance the quality of the Residency through expanded community-based practice experience and continued emphasis on rural communities to prepare physicians for the new world of health care.</td>
<td>Focus medical student education at OCHS through the adoption of innovative, community-oriented learning models, and primary care and population-focused learning opportunities.</td>
<td>Organize clinical quality teams and tools to lead a transformation of the clinical practice to improve outcomes through better quality, safety and standardization at lower cost.</td>
<td>Create the infrastructure and support systems that enable rigorous and relevant scholarship, with a focus on knowledge and research regarding population health and medical education.</td>
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<tr>
<td><strong>R1:</strong> Conduct a needs assessment and environmental scan to determine the current state, educational priorities and community-based opportunities for residency; and then, transform the curricular structure to address program growth and evolution of family medicine training.</td>
<td><strong>M1:</strong> Design and initiate plans for preclinical year strategies that encourage the pursuit of primary care and prepares all students for future practice.</td>
<td><strong>C1:</strong> Identify and develop physician leadership for the clinical transformation.</td>
<td><strong>S1:</strong> Align scholarship incentives, for example, promotion and tenure expectations, scholarly activity funding and clarified research priorities, in order to support and encourage faculty to do scholarship and research.</td>
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<td><strong>R2:</strong> Expand the family medicine faculty to meet the needs of a growing residency; recruit additional full-time faculty with interest in obstetrics, procedures, emergency medicine and population health; and integrate community-based faculty.</td>
<td><strong>M2:</strong> Access the resources, processes, accreditation and other requirements needed to designate the Tuscaloosa campus as a separate medical education track, and initiate a planning process.</td>
<td><strong>C2:</strong> Invest in the infrastructure, information technology and informatics, as well as the faculty and employee training, to enable clinical quality improvement.</td>
<td><strong>S2:</strong> Designate, and increase where needed, human resource capacity to support faculty, residents and medical students in scholarly activity.</td>
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<td><strong>R3:</strong> Diversify clinical experiences by opening new continuity clinic sites to further serve rural, University of Alabama and other populations.</td>
<td><strong>M3:</strong> Design and initiate plans for clinical year strategies that encourage the pursuit of primary care and prepares all students for future practice.</td>
<td><strong>C3:</strong> Build and prepare teams to integrate clinical quality practices across the clinical enterprise.</td>
<td><strong>S3:</strong> Develop a strategy to capitalize on the data, particularly clinical and educational data, available to OCHS faculty.</td>
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<tr>
<td><strong>R4:</strong> Provide more comprehensive training and faculty development for all preceptors in health management skills.</td>
<td><strong>M4:</strong> Design and initiate an expanded and enhanced longitudinal integrated curriculum (LIC) into the experience at OCHS.</td>
<td><strong>C4:</strong> Achieve a patient-centered medical home model by obtaining certification from a national accreditation organization, thereby embracing an evidence-based care model.</td>
<td><strong>S4:</strong> Promote scholarly development plans for individuals and interdisciplinary teams.</td>
</tr>
<tr>
<td><strong>R5:</strong> Transform family medicine clinics to be exceptional learning labs; develop and integrate practice management, team-oriented practice and clinical quality through the residency experience; incorporate technology.</td>
<td><strong>M5:</strong> Design and initiate plans for premed clinical year strategies that encourage the pursuit of primary care and prepares all students for future practice.</td>
<td><strong>C5:</strong> Remain continually sensitive to the needs assessments of communities we serve, effectively matching our care with the most pressing health issues.</td>
<td><strong>S5:</strong> Foster and support dissemination of scholarly results and activities.</td>
</tr>
<tr>
<td><strong>R6:</strong> Create a marketing plan to improve residency recruiting.</td>
<td><strong>M6:</strong> Create new and strengthen existing service learning opportunities for premedical and medical students.</td>
<td><strong>C6:</strong> Initiate expanded/enhanced clinical services to The University of Alabama population, including services offered by OCHS’s pharmacy.</td>
<td><strong>S6:</strong> Create a centralized repository for research and scholarship.</td>
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**Strategic planning retreat**

As part of the College's strategic planning process, a retreat was held on March 14, 2013, in downtown Tuscaloosa. There were 100 plus attendees. The retreat was facilitated by the College's strategic planning consulting firm, CFAR.

Those who attended the retreat advised the College's strategic planning Steering Committee on the College's opportunities and challenges as represented in two different scenarios. Steering Committee members and College Dean Richard Streiffer, MD, then channeled this feedback into the crafting of the resulting strategic plan.

The first scenario focused on the College becoming a national leader in rural medical education, creating nationally competitive, future-focused family medicine and rural practice programs with innovative curricula and emphasizing population health. Under this scenario, the College created its own track for medical students, with a longitudinal integrated curriculum, its own admissions process and a dual degree (MD and Master's in Population Health). Retreat participants were most excited about advancing rural programs and the College's own admissions track for medical students.

The second scenario focused on the College becoming a national example of a premier primary care network, leveraging its relationships with community doctors to create a robust primary care network, providing expanded population health management care and becoming the provider of choice for the city of Tuscaloosa. Retreat participants were most excited about increased access to health care through technology, expanded pharmacy services and new revenue streams.
"The strategic plan, and the initiatives that comprise it, will ultimately be integrated into the everyday work of the College."

—RICHARD STREIFFER, MD
Dean, College of Community Health Sciences

implementing each priority. Here are highlights of work completed by the STATs in 2013:

The Residency STAT created a curriculum committee and a marketing plan to improve residency recruiting. A clinical rotation in emergency medicine was added, and an emergency medicine fellowship for primary care physicians is under consideration. Work is underway to add community medicine, dermatology and practice management experience for residents. The College's Department of Family Medicine added five new faculty who are working closely with residents.

The Medical Student STAT is implementing the Tuscaloosa Longitudinal Community Curriculum, which will give third-year medical students an opportunity to live and train in communities under the supervision of practicing primary care physicians, be involved in the comprehensive care of patients over time and to have long-term relationships with patients' physicians.

The Clinical STAT is advancing a patient-centered medical home (PCMH) model of care within University Medical Center, which the College operates. A PCMH provides a team-based approach to comprehensive patient care. Led by a physician and including such health professionals as nurses, social workers, psychiatrists, nutritionists and pharmacists, the PCMH organizes primary care to emphasize coordination and preventive care.

The Scholarship STAT is working to create a passion for research at the College. A monthly lecture series began in February 2014 featuring College and University faculty who present their research. The College participates in a research breakfast program with other colleges on campus to share research and find ways to collaborate. A Summer Scientific Writing Workshop is planned for College faculty.

Groups represented at the strategic planning retreat:
Family Medicine Residency Continues Expansion

RESIDENCY LEADERSHIP PUSHING TO GROW PROGRAM TO ADDRESS PRIMARY CARE PHYSICIAN SHORTAGE IN ALABAMA.

By Brett Jaille

BARELY A YEAR INTO HIS TENURE AT THE COLLEGE of Community Health Sciences, Residency Director Richard Friend, MD, is already making headway toward his plans to grow the College’s Family Medicine Residency into the preeminent family medicine residency in the country and to address the growing demand for primary care physicians in Alabama and nationwide.

When Friend started full time in May 2013 (he first worked part time starting in December 2012), one of his priorities as director was expanding the residency from 36 to 44 slots. Currently, the College is approved for 48 slots as it seeks additional funding for the residency.

The goal to expand the residency is the College’s response to Alabama’s and the country’s growing need for primary care physicians. The national demand, which is projected to grow more rapidly than physician supply, is expected to reach a potential shortage of 20,400 physicians by 2020, according to a November 2013 analysis from the Health Resources and Services Administration.

The state of Alabama also has a serious primary care physician shortage, ranking nine out of 50 in terms of the most underserved states based on Health Professional Shortage Area (HPSA) scores.

“I think we need to continue to respond to the needs of the community and the state,” Friend says. “We need to look at potential expansion in the future as a means to meet the growing demand for well-trained family physicians.”

Expanding the residency has long been an interest of the College, and though it has run across some hurdles, it has seen growth before. No legal barriers exist to prevent a residency from growing, but funding and accreditation can stand in the way. In 1997, the total number of resident slots were frozen nationwide and within each hospital by law, making it practically impossible for affordable graduate medical education expansion.

So when the Centers for Medicare and Medicaid Services created a one-time reallocation of unused slots in 2009 to allow some programs to expand, the College jumped at the chance and applied for more positions through the Affordable Care Act signed in 2010.

The residency leadership at the time applied for and received approval from the Residency Review Committee to potentially expand to a 48-slot program. The residency
then learned it was awarded eight additional residency slots, bringing the total approved and funded residency slots from 36 to 44.

Since that growth, more faculty have been added as more residents have joined the program. In the last three years, the residency has seen seven newcomers: Jared Ellis, MD, associate residency director and assistant professor in Family Medicine; Catherine Scarbrough, MD, assistant residency director and assistant professor in Family Medicine; Harriet Meyers, PhD, an associate professor with joint appointments in Family Medicine and Psychiatry and Behavioral Medicine; as well as Jennifer Clem, MD, an assistant professor; H. Joseph Fritz, MD, an assistant professor; Drake Lavender, an assistant professor and Anne Halli-Tierney, MD, a geriatrician and assistant professor, all in Family Medicine.

Friend says there has also been a significant increase in interest in the program from medical students. The residency received about 2,000 applications for 15 slots in 2013—a 30 percent increase from 2012.

Part of that may be due to the fervent recruitment and promotion of the program. Chief residents Mark Christensen, MD, JD, Engelbrecht, MD, and Jonathan Parker, DO, have led the efforts to improve the marketing strategy and digital presence of the residency.

Or it may be that more are recognizing the importance of family doctors, Friend says. According to the Merritt Hawkins 2013 Review of Physician and Advanced Practitioner Recruiting Incentives, health care employers recruited more family physicians than any other specialty in 2012 and 2013.

“We all know there are not enough family physicians to meet current demand,” Friend says. “We’re seeing salaries for family physicians rise while salaries for specialists are declining. We’re seeing more qualified medical students who previously chose specialty care going into primary care.”

And for those medical students, Friend says there has been talk of creating a rural track for the program.

Residents would complete their first year in Tuscaloosa and the second and third years in rural communities as a way to increase the number of providers for those communities.

“That’s our job,” Friend says. “I think we have the infrastructure to provide outstanding physicians to these communities, and I think part of our mission is to enhance our training and provide physicians for these communities—well-trained family physicians.”

*Under a scenario in which the rapidly growing nurse practitioner and physician assistant supply can effectively be integrated, the shortage of 20,400 physicians in 2020 could be reduced to 6,400 primary care practitioners, according to the HRSA analysis.*
ON ROUNDS | EDUCATION

TUSCALOOSA
FAMILY MEDICINE
RESIDENCY

FOUNDED IN
1974

423 GRADUATES IN 29 STATES

53% IN ALABAMA
85% IN SOUTHEAST
89% IN SOUTH
25% NOT FROM ALABAMA

The 224 Family Medicine Residency graduates practicing in Alabama are in 48 of the state's 67 counties

51 STAFF
FROM DCH REGIONAL MEDICAL CENTER GRADUATED FROM THE RESIDENCY

2014 INCREASE IN NUMBER OF RESIDENTS PER YEAR

36
44

THE UNIVERSITY OF ALABAMA
Fellowships

THE COLLEGE OFFERS A NUMBER OF FELLOWSHIP PROGRAMS THAT PROVIDE FAMILY MEDICINE PHYSICIANS WITH ADDITIONAL TRAINING IN ANOTHER SPECIALTY AREA.

By Leslie Zganjar

The Obstetrics Fellowship for family medicine physicians is the oldest such training program in the country. The fellowship was created in 1986 to address the overwhelming need for obstetric care in rural and remote areas of Alabama. While family medicine physicians had delivered babies and provided maternity care for decades, the declining interest in obstetrics and lack of rural maternity care, not only in Alabama but in the rest of the country, was the impetus behind the College developing the fellowship. During the yearlong fellowship, fellows master high-risk, operative obstetrics and office obstetric and gynecologic procedures, including ultrasound, colposcopy, cryotherapy and endometrial biopsies.

More than half of family medicine physicians who complete the College’s Obstetrics Fellowship, 65 percent, are also providing obstetrical care in rural Alabama. And there is an economic benefit that accompanies the increased health benefit. Recent studies show that a family medicine physician practicing obstetrics produces $1.4 million in economic benefits to the community each year. As the attrition of obstetricians in the United States exceeds the number of obstetricians completing residencies and entering practice, programs that train family medicine physicians to provide quality obstetrical care will continue to grow in importance.

The University Hospitalist Fellowship for family medicine physicians is a yearlong fellowship that offers training at DCH Regional Medical Center in Tuscaloosa, a tertiary-care facility with 560 beds. Physicians who practice hospital medicine work within hospitals, caring for patients from the time they are admitted to the time they are discharged. Hospitalists provide much of the hospital care once handled by patients’ primary care physicians.

The growth of the specialty has been fueled by several trends, the main one being that the demands on office-based physicians’ time have significantly increased and many have less time to travel to facilities where their patients are hospitalized and make rounds. In addition, research has shown that as medicine becomes more complex, physicians who have constant exposure to acute illness can improve efficiency and consistency of care, and lower costs. Research also suggests greater satisfaction among hospitalized patients who are cared for by hospitalists. In addition, the College’s hospitalist fellowship is one of only a few nationwide that includes a rural focus. Many of the family medicine physicians who complete the program go on to work in rural areas and as rural hospitalists.

2013 RESIDENCY GRADS IN CCHS FELLOWSHIPS

SCOTT BOYKEN, MD — Sports Medicine Fellowship
TOWNES LEIGH, MD — Sports Medicine Fellowship
SHELLEY WAITS, MD — Obstetrics Fellowship
The yearlong Behavioral Health Fellowship trains family medicine physicians, particularly those planning to practice in rural communities, to better care for patients with mental health and psychiatric concerns. The fellowship provides training for family medicine physicians in evaluation and treatment of psychiatric problems, as well as autism, ADHD, eating disorders, personality disorders and managing chronic pain.

Family medicine physicians say that as much as half of their patient caseload can involve psychiatric and mental health issues. The fellowship is for physicians who have completed an accredited family medicine residency. Fellows spend three days a week at one of two rural sites in the state—Cahaba Mental Health Center in Selma and 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 a yearlong program for physicians who have completed an accredited psychiatry residency. The goal of the fellowship is to provide administrative training and public psychiatry experience for psychiatrists interested in practicing or serving in a community setting. Fellows spend two days a week at either of two rural sites in Alabama—Cahaba Mental Health Center in Selma and West Alabama Mental Health Center in Demopolis—and complete rotations at the 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.

Family medicine physicians are often called on to serve as team physicians for high school sports programs in their communities. To help them fill that role, the College's Sports Medicine Fellowship offers education, training and certification in state-of-the-art sports medicine care. Fellows work with The University of Alabama athletic team physicians, coaches, trainers and athletes, and also with local high school athletes. Fellows see patients at the College’s Dr. Bill deShazo Sports Medicine Center, located within University Medical Center, which is operated by the College. The Sports Medicine Center is named in honor of the late William F. deShazo, MD, a longtime faculty member at the College who chaired its Department of Family Medicine, directed its Family Medicine Residency and introduced the sports medicine rotation into the College’s curriculum. deShazo was also the team physician for the UA Athletic Department from 1972 to 1985 and served as a personal physician to former head football Coach Paul “Bear” Bryant.

The Sports Medicine Fellowship is part of the College’s Dr. Patrick Lee Trammell Sr. Excellence in Sports Medicine Program, named in honor of the quarterback who led the Crimson Tide to the 1961 national championship. Trammell received his undergraduate degree from UA in 1963; three years later, he graduated from the University’s School of Medicine. As he prepared to start his residency, he was diagnosed with cancer and died at the age of 28 in 1968.

As part of the College’s Sports Medicine Program, an endowed chair was established. James Robinson, MD, currently holds the chair and is leading the College’s efforts in sports medicine research and strengthening its sports medicine training. He has served as head team physician for UA since 1989.

THE FUTURE
The College has proposed additional fellowships in Geriatrics and Addictionology.
Patient Simulation Training

Patient simulators are increasingly being used to teach medical procedures to health professionals, allowing them to perfect their skills on manikins before putting them into practice.

The College of Community Health Sciences, in partnership with DCH Regional Medical Center in Tuscaloosa, created a patient simulation laboratory in 2012. The lab provides an opportunity for current and future health professionals to develop essential clinical skills in a safe environment before they work with patients.

Called the Quest Center, short for Quality Care Utilizing Education Simulation and Training, the lab, located at DCH, contains several patient simulation training rooms complete with manikins, medical equipment and monitors.

The goal of the Quest Center is to enhance patient care, safety and outcomes from the pre-hospital setting through admission, treatment and discharge using simulation technology. The center provides a realistic environment for training, replicating a hospital setting and giving health professionals the chance to learn, practice and master techniques for patient care. Life-sized robotic patients mimic a multitude of patient conditions and responses and are used to teach the taking of vital signs, cardiopulmonary resuscitation and the use of defibrillators. There are video and audio recordings of sessions to evaluate the training and its outcomes.

— Leslie Zganjar

Learning Through Interprofessional Collaboration

Students at the College of Community Sciences are learning what it is like to work in interprofessional health care teams as part of a research project.

The teams are comprised of graduate-level students from the College and the School of Social Work as well as nurse practitioner students at the Capstone College of Nursing. The project is the primary component of a three-year grant the College is partnering on with the College of Nursing to implement a collaborative team-based approach to working with rural patients who have multiple chronic conditions. The College of Nursing received the $997,173 grant from the U.S. Department of Health and Human Services in 2013.

Each nurse practitioner student will be assigned patients, from rural areas, who have multiple chronic conditions, and they will follow those patients for up to a year. The students will then present the patient to the interprofessional team via telemedicine.

The team will meet on a weekly basis to develop a plan to improve the patient’s quality of life and decrease problems associated with multiple chronic conditions. That plan will then be presented to the patient’s primary care provider, who will decide whether or not to implement the team’s recommendations.

Chronic conditions are those that last a year or more and require ongoing medical attention. They include both physical conditions, such as arthritis, cancer and HIV infection, as well as mental and cognitive disorders, such as ongoing depression, substance addiction and dementia. Multiple chronic conditions are two or more chronic conditions that affect a person at the same time.

— Leslie Zganjar
THE COLLEGE’S APPROACH TO MEDICAL EDUCATION TAKES STUDENTS BEYOND CLINICAL TRAINING TO BECOMING COMMUNITY LEADERS.  By Amy Saxby

THE EDUCATION AND IMPACT OF MEDICAL students at the College of Community Health Sciences extends beyond the clinical training they receive through learner-centered, community-based education and mentoring.

In its role as a regional campus of the University of Alabama School of Medicine, the College provides clinical training for a portion of third- and fourth-year medical students. During their third year, medical students on the Tuscaloosa campus complete rotations or clerkships in family medicine, internal medicine, pediatrics, obstetrics and gynecology, surgery, neurology and psychiatry. Students are also required to complete a scholarly research project. Past projects have ranged from conducting complex research that has resulted in presentations and journal publications, to a training video that teaches parents and children how to properly use an asthma inhaler.

Outside of the clinical setting, medical students at the College are provided numerous opportunities to enhance their education. Dean Richard Streiffer, MD, created the College’s first Dean’s Hour, a monthly lecture and learning session that focuses on issues outside of the medical school curriculum but important to future physicians. Guest speakers have included insurance and financial specialists and the mayor of Tuscaloosa.

“Although they must focus on their clerkship requirements, including taking call at the hospital and preparing for a national subject exam at the end of each block, [the students] find time to pursue personal interests and give back to the community,” says Brook Hubner, an administrative specialist for Medical Student Affairs, who works closely with the students.

Last year, medical students initiated, developed and implemented a service learning component that incorporates a hands-on, practical approach to learning within the current curriculum.

This year’s students are continuing that initiative. As
First-year medical student Theresa Berry practices drawing blood at a skills workshop for medical students held at the College.

a result, “their clerkship curriculum is not just delivered as a lecture or from reading a book,” Hubner says. For example, “They learn about dementia and the challenge of caregivers, family members and patients alike by spending time at Caring Days.”

Caring Days, an adult daycare center in Tuscaloosa that works to enhance the quality of life for individuals with memory disorders, is the community partner for the College’s psychiatry and neurology clerkships. Other community partners of the College’s clerkships are Hospice of West Alabama, Turning Points, which provides services for victims of domestic violence and sexual assault, and the Tuscaloosa City and County School Systems.

Heather Taylor, MD, assistant director of Medical Student Affairs and the faculty advisor for the student service learning initiative, says the initiative “fits well into the mission of our College by connecting our students to the community in a way that is, hopefully, mutually beneficial—our students have experiences that enrich their clinical rotations, and the agencies and individuals they are serving hopefully benefit from the work the students are doing.”

In November 2013, medical students teamed with the College’s Family Medicine Residency during National Primary Care Week to offer free health screenings to the Tuscaloosa community. At a local shopping center’s fall festival, the students tested shoppers’ weight, blood pressure and blood sugar levels.

The medical students are also reaching out in a mentorship role to first- and second-year medical students at the School of Medicine’s main campus in Birmingham. In August 2013, they organized a skills workshop for the Birmingham students on the Tuscaloosa campus and used patient manikins and other equipment to assist in teaching the younger students such skills as suturing, baby delivery, drawing blood and inserting IVs.\(\text{\textsuperscript{3}}\)
## MEDICAL STUDENT 2013 MATCH

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<thead>
<tr>
<th>SPECIALTY (NO. OF STUDENTS)</th>
<th>LOCATION MATCHED</th>
<th>SPECIALTY (NO. OF STUDENTS)</th>
<th>LOCATION MATCHED</th>
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<td>UAB Health System (Birmingham, Ala.); University of Virginia Medical Center (Charlottesville, Va.)</td>
<td>OB/GYN (2)</td>
<td>Vanderbilt University Medical Center (Nashville, Tenn.); University of Mississippi Medical Center (Jackson, Miss.)</td>
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<td>Dermatology (2)</td>
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<td>Orthopedic Surgery (2)</td>
<td>UAB Health System (Birmingham, Ala.); University of Arkansas Medical Center (Little Rock, Ark.)</td>
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<td>Otorlaryngology (2)</td>
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<td>UAB Health System (Birmingham, Ala.); University of Arkansas Medical Center (Little Rock, Ark.); FSU Sacred Heart Hospital (Pensacola, Fla.)</td>
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<td>Physical Medicine and Rehabilitation (1)</td>
<td>Mt. Sinai Hospital (New York, N.Y.)</td>
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<td>Internal Medicine (4)</td>
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<td>Surgery (1)</td>
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**MATCH UP:** Medical students learned on March 15, 2013, through the National Residency Match Program where they would spend the next stage of their graduate medical education and training. "It was a tight match but the best year ever for the [UASOM] Tuscaloosa Regional Campus," says Heather Taylor, MD, assistant director of Medical Student Affairs for the College.
Tuscaloosa Mayor Walter Maddox spoke recently at Dean's Hour and asked medical students for their help—now and when they become practicing physicians. Dean's Hour is a monthly forum for medical students created by the College of Community Health Sciences in 2013 to raise students' awareness of community health issues.

"We have a large portion of our population in poverty, without access to health care, mental health care, transportation and technology," Maddox said, "What role do you your College playing in these topics? What could we step up and do that we're not? Are there city programs where you can help?"

Maddox suggested medical students might be able to help the city provide free medical screenings in low-income areas.

"How can you help us be more engaged in primary care?" he asked.

Maddox, who is 41 years old, recalled that when he was younger, he at one time weighed 290 pounds. He started jogging and, over the course of five years, lost 75 pounds.

"As we try to become more preventive in our health-care model, what, as a community, might we do to encourage our citizens to have a more active lifestyle? I am interested in your points of view," he said.

Maddox also talked about the recent hospitalization of his mother and the physicians who cared for her.

"There's nothing more comforting than when you are with health professionals who are competent and have your best interest at heart. Don't ever lose touch of that human element," he said. "Whether you realize it or not, people look at you differently. You hold their attention, and your opinion matters."

— LESLIE ZGANJAR

THE COLLEGE PROVIDED
EDUCATIONAL OPPORTUNITIES
FOR THESE OTHER STUDENTS IN 2013

UA undergraduate shadow students - 125
UA Capstone College of Nursing students - 70
UA School of Social Work, College of Education and Department of Psychology students - 50
UA student employees, including graduate research assistants, work-study students and student interns - 40
Tuscaloosa city and county schools' Health Occupations Students of America (HOSA) students - 40
Auburn University Harrison School of Pharmacy students - 39
UA student volunteers - 20
Physician assistant and nurse practitioner students - 15
Shelton State Community College (Tuscaloosa) nursing students - 15
Visiting medical students - 5
AN INNOVATIVE PROGRAM THAT ENABLES third-year medical students to train in community settings over a period of months under the supervision of experienced primary care physicians will be piloted this spring at the College of Community Health Sciences.

The Tuscaloosa Longitudinal Community Curriculum (TLC) will expose students to community medicine with longitudinal connections to patients and providers, and opportunities to experience the broader professional roles of physicians.

This education model, known as a longitudinally integrated clerkship or LIC, allows medical students to live and train in a community for a period of months, be involved in the comprehensive care of patients over time and to have long-term relationships with patients' physicians. In the most common LIC model, students each have a principal preceptor and learn by working with that physician through a variety of "threaded" experiences where students follow a patient through the healthcare system, along with short intensive "bursts" of learning with a specific specialty physician, and even self-directed "mini blocks" with a teacher.

What is fundamentally different about the LIC model is that medical students meet their required clinical competencies across multiple specialties simultaneously, longitudinally and in the community setting, says College Dean Richard Streiffer, MD. This is different, he says, from the traditional separate and sequential discipline-specific block rotations,
and from the largely hospital-centric experiences of most medical school curriculum.

"It mimics the way physicians in practice themselves learn," he says.

Students in TLC\(^2\) will experience full spectrum care in a community environment that is reflective of where most medicine is practiced. Students will participate in continuity of care of patients over weeks or months of a disease process, and see patients longitudinally and in multiple settings, including outpatient clinics, inpatient units, emergency rooms, nursing homes and patient homes.

"Students come to understand health and disease in the context of where their patients live and in the variety of locales where health care services are delivered," Streiffer says. Students will also interact one-on-one with physicians in different specialties and with other health professionals.

While LICs have been part of medical education for some time, medical schools are beginning to create these programs as evidence of their effectiveness and benefits accumulates, and medical students who have participated in LICs say they feel better prepared to care for patients. Studies show that LIC students perceive better clinical education and access to patients, are more likely than students in traditional clerkships to understand longitudinal processes of chronic disease as opposed to simply managing episodes of care, and that the continuity with patients promotes patient-centered attitudes.

The length of the experience also allows time for students to become involved in the community, complete a community scholarly project, develop trusting and respectful relationships as a team member with physicians, clinic and hospital staff and patients, learn about the business of providing health care services and appreciate the rewards and challenges of primary care.

"One of the other benefits," Streiffer says, "is that students who complete LICs enter primary care at a rate higher than traditional students, that being an outcome we want as it is consistent with the mission of our College."

The College previously offered a 16-week, LIC-like program called TERM (Tuscaloosa Experience in Rural Medicine). Lauren Davidson Linken, MD, who will be an obstetrics fellow at the College in 2015, participated in the TERM program and says she did it "to see the medical field in a different way than I had previously seen at big tertiary care centers."

"I was surprised by the variety of cases I was able to be involved with and the variety of physicians I was able to work with, all in one small town. I had the opportunity to work with family medicine, obstetrics, pediatrics, internal medicine, general surgery, dermatology and pathology," says Linken, who is completing a family medicine residency at the University of Massachusetts.

She recalls a patient she cared for while in the TERM program. The patient was diagnosed with an incarcerated ventral hernia by her family physician and referred to a local surgeon. Linken assisted the surgeon with the patient's consultation and scrubbed in for surgery. Later, she and the pathologist looked at the patient's specimen slides under the microscope. This longitudinal, multidisciplinary, "threaded" experience is not feasible in the usual rotation model of medical student education.

"This experience came up in all of my residency interviews, and it was great to tell how I had been affected by the relationships I developed with my patients—relationships that can only develop in a continuity setting, a setting that does not exist in the standard medical school curriculum."

The College of Community Health Sciences, which will begin as a pilot program in May, will have other special curriculum components in primary care leadership, community engagement and population health that will be delivered through onsite and teleconferred seminars throughout the nine-month experience. Admission to TLC\(^2\) is through a competitive selection process and limited to six students in the first year. Pilot placements are in both rural and urban Alabama communities.

The College, which also functions as a regional campus of the University of Alabama School of Medicine, provides the third and fourth years of medical education and clinical training for a cohort of School of Medicine students, emphasizing education that aligns with the College's mission to improve the health of Alabama's population and provide primary care physicians for the state. But TLC\(^2\) is not just for students interested in primary care.

"We know that this type of program will prepare future physicians with vigorous general professional clinical training," Streiffer says, along with skills in community engagement, leadership and population health, enabling them to be highly qualified for residencies and future practice in fields in addition to primary care, including emergency medicine, pediatrics, general surgery, OB/GYN and psychiatry.
Pipeline Places Physicians in Rural Communities

FROM HIGH SCHOOL TO MEDICAL SCHOOL, RURAL HEALTH LEADERS PIPELINE STUDENTS ARE TRAINED TO WORK AS HEALTH CARE PROFESSIONALS IN THEIR HOMETOWNS.

By Leslie Zganjar

FOR NEARLY TWO DECADES, THE RURAL HEALTH Leaders Pipeline has recruited rural Alabama students and helped them prepare to become physicians and other needed health professionals.

Hundreds of high school and college students have participated in the pipeline programs, which are part of the College of Community Health Sciences, and are now practicing in rural Alabama communities. Studies show that students from rural areas are more likely to return home to practice.

"After 20 years, the efforts are bearing fruit with rural health professionals, including more than 50 rural physicians, contributing to the health care, economic development and leadership in rural Alabama," says John Wheat, MD, who founded the pipeline in 1996 and who continues to serve as director. Wheat is also a professor in the College’s Department of Community and Rural Medicine.

The Rural Health Leaders Pipeline is often cited as a model at the national level for how to successfully produce physicians for rural communities, and in 2013 was recognized with an Outstanding Rural Health Program Award from the National Rural Health Association, a non-profit organization that works to improve the health and well-being of rural Americans.

The Rural Health Leaders Pipeline includes the:

Rural Health Scholars Program, a five-week summer program on The University of Alabama campus for 11th grade high school students who take college courses for credit, participate in seminars with practicing health care professionals and visit health care facilities.

Rural Minority Health Scholars Program, a five-week summer program on campus for high school graduates from rural Alabama who take classes and tutorials to enhance their knowledge and test-taking skills so that they can achieve competitive scores on the Medical College Admission Test (MCAT).

Rural Medical Scholars Program, a five-year track of medical studies leading to a medical degree that focuses on rural primary care and community medicine and gives students experiences in rural settings through field trips, service programs and shadowing rural health professionals. Students in this program can enter as seniors in college or as graduate students and earn a master’s degree in Rural Community Health before entering medical school. The master’s degree program is also open to other graduate students interested in rural health fields.

The Rural Medical Scholars Program is the centerpiece of the pipeline. To date, 183 rural Alabama students from 52 of the state’s 67 counties have been admitted to the program. It takes a minimum of seven years for students to complete medical school and a residency to become primary care physicians, so many are still in training.

While fewer medical students nationally are choosing primary care specialties, especially in rural areas, the numbers are different for the Rural Medical Scholars Program. Sixty-three percent of graduates have chosen to practice primary care (family medicine, general internal medicine, general pediatrics), with the vast majority of those in family medicine. And 89 percent of those graduates practice in Alabama, with more than half in rural communities.

The Rural Health Leaders Pipeline also has outreach programs for 10th grade students in rural Hale, Fayette and Pickens counties as part of the West Alabama Health Scholars Program, and the pipeline provides health career outreach programs for elementary and middle school students.
A Rural Physician Generates $1 Million/Year to Local Economy

In their first 10 years as practicing physicians (2004-2013), program graduates have contributed a cumulative $270 million to Alabama’s rural economy. The state has invested less than $7 million in the Rural Medical Scholars Program and the College’s supportive rural health programs.

Founded in 1996 as a five-year program of study (MD and MS) to produce physicians for rural Alabama.

Admitting on average 10 rural Alabama students per year, about 50 have entered practice in rural Alabama communities.

College Program

Enrolled 100
Rural Minority Health Scholars to date

High School Program

Enrolled 500
Rural Health Scholars to date

90% are in family practice
50% are in rural practice

Rural Medical Scholars practicing rural primary care in Alabama
THE HALE COUNTY HEALTH SCHOLARS PROGRAM, WHICH INTRODUCES ALABAMA HIGH SCHOOL students to health care professions and the needs in their communities, honored its first nine students to complete the program at a ceremony in 2013 with Gov. Robert Bentley as the keynote speaker.

The graduation luncheon acknowledged high school seniors who were selected from across Hale County in 2011 based on their academic record, volunteer activities, leadership skills and essays about their future plans. Once a month, the students participated in activities related to health careers, including visits to local health care facilities, agro-medicine field trips to farms, seminars with health professionals and skills workshops.

The Hale County Health Scholars Program is one of three West Alabama Health Scholars programs (the others are in Fayette and Pickens counties) operated by the College of Community Health Sciences. The programs—initiated by the West Alabama Health Development Partnership—are designed to introduce high school students to health care professions and the needs in their communities. The programs are conducted by local leaders in health care and education sectors working with the Alabama Cooperative Extension System, the state of Alabama, the Appalachian Regional Commission and The University of Alabama.

Bentley offered words of encouragement to the students, saying that while they are at the very beginnings of their
careers in health, they have the opportunity to succeed and give back to their communities.

"[The Rural Medical Scholars Program] is a program that really shows results," he said. "But it takes time—it’s not something that obviously occurs in a year or two or three. It takes a long time to prepare for a medical career. But the program has been in place for several years, and as we look at the maps across Alabama, and we see the physicians that have been produced, it makes me very proud of this program and proud to have been part of it."

The Rural Medical Scholars Program, the culminating program in the College’s Rural Health Leaders Pipeline, is a five-year track of medical studies leading to a medical degree, including a year prior to medical school and four years of medical school. College seniors and graduate students from rural areas are eligible to participate. The Hale County Health Scholars Program is part of the pipeline.

Also present at the luncheon were Jimmy Lester, state program manager for the Appalachian Regional Commission; Jim Byard, director for the Alabama Department of Economic and Community Affairs; Tom Lackey, administrator for Hale County Hospital; Tyrone Smith, coordinator for the Hale County Cooperative Extension Service; and Jenny Hughey, teacher for the Hale County School System. Each also addressed the students, offering words of praise and encouragement.

Bentley said that the Appalachian Regional Commission, upon his recommendation, intends to offer funding for another year to the College to continue the Hale County Health Scholars Program.

The graduates also gave speeches sharing their thoughts on the program and what they have received from it.

Shaquila Washington, a senior at Sunshine High School, said that being a Hale County Health Scholar has helped her decide to pursue a career in health care after she graduates high school, and she attributes a large part of that decision to the shadowing opportunities the program offers.

"I’d say to any of the scholars coming after us that if you have a chance to shadow, go for it. It opens up a different view of something you might want to do. Besides hearing someone talk about what they do, you can be there to see and know if you want to do it, too."

She also offered thanks to those who lead the program.

“You opened up so many doors for us,” she said. “You showed us things that we probably wouldn’t have seen if we were just at school on a day-to-day basis, not involved with anything. So thank you for giving us this opportunity.”

The West Alabama Health Scholars programs are a community-based component of the Rural Health Leaders Pipeline. The pipeline is a series of programs that help rural Alabama students prepare for careers in medicine and other health fields and enter practice in rural areas of the state. These programs were created to address the chronic shortage of health professionals in rural and underserved areas of Alabama.
Rural Medical Scholars Return Home to Practice

SEVERAL RURAL MEDICAL SCHOLARS WHO completed their family medicine residency training at the College of Community Health Sciences in 2013 have returned home to practice.

Brent Ballard, MD (Winfield), Brandon Slagley, MD (Greenville) and Dana Todd, MD (Greensboro) are now family physicians in their hometowns.

These communities will benefit from The University of Alabama Rural Medical Scholars Program (RMSP), which was established at the College in 1996 to help rural Alabama students do that very thing—go home or to a similar rural area of the state that needs a primary care physician.

Other Rural Medical Scholars who settled near home in 2013 include: Chris Clayton, MD, from New Hope in Madison County, now a family physician in Scottsboro in Jackson County in the northeast corner of Alabama; Noah Lott, MD, from Cullman County, now in family practice in Tuscaloosa; and Bret Henderson, MD, from Escambia County in south Alabama, now practicing obstetrics and gynecology in Mobile.

Rural Medical Scholars, who are eligible for the program because they are from rural areas of Alabama, typically practice in their home towns after they finish training.

About 90 percent of medical graduates from the RMSP practice in Alabama—the majority in rural Alabama. Several RMSP graduates who have become surgeons or other specialists have also returned to their rural home towns.

— LINDA JACKSON

Thomas Receives Alfa Scholarship

SCOTT THOMAS, A 2012 RURAL MEDICAL SCHOLAR FROM ASHFORD, ALA., was awarded the Alfa Rural Medical Scholarship in 2013. The College of Community Health Sciences's Rural Medical Scholars Program is a five-year track of studies leading to a medical degree, including a year prior to entry into medical school. The program is exclusively for rural Alabama students who plan to become rural primary care physicians.

Thomas is now a student at the University of Alabama School of Medicine, which is headquartered in Birmingham. He will complete his third and fourth years of medical school at the College, which also functions as a regional campus of the School of Medicine, and trains a cohort of medical students.

"Growing up in a small town, I saw what rural physicians mean to their communities," Thomas says.

He graduated from The University of Alabama in 2007 with a bachelor's degree in business administration with a focus on health care management. While a student at UA, Thomas participated in a medical mission trip to a small town in Peru, which sparked an interest in helping rural and underserved populations in Alabama. After graduating, he earned a master's degree in health care organization and policy from the UAB School of Public Health. Thomas then worked for two years as a program director of the Alabama Comprehensive Cancer Control Program before pursuing a medical degree. The Alfa Rural Medical Scholarship is funded by Alfa Insurance and the Alabama Farmers Federation. The two organizations created the endowed scholarship fund for medical students who plan to enter rural practice.

— LINDA JACKSON
SELWYN VICKERS, MD, NEW SENIOR VICE president and dean of the University of Alabama School of Medicine, headquartered in Birmingham, visited the College of Community Health Sciences on Nov. 8, 2013, for a luncheon and meet-and-greet conversation.

Vickers, a native of rural West Alabama who grew up in the Tuscaloosa area, assumed his new position in October 2013. He is a renowned surgeon, pancreatic cancer researcher and pioneer in health disparities research.

"I can't tell you how pleased I have been to hear all the work your dean and your faculty and your staff are doing not only to prepare to train students, but to prepare to take care of people in this part of Alabama and to prepare to be part of a more global force to deal with primary care," Vickers said about the College, which also functions as the Tuscaloosa Regional Campus of the School of Medicine, training a cohort of third- and fourth-year medical students.

Vickers started by speaking about his love for his home state of Alabama. "The opportunity to do something significant in my home state that could not only affect the state, but affect the Southeast and the country, was something I just couldn't pass up," he said about his decision to return to Alabama after serving since 2006 as the Jay Phillips Professor and Chair of the Department of Surgery and associate director of Translational Research at the Masonic Cancer Center, both at the University of Minnesota.

"It's with that background that I come in as dean having the passion for education, for research and also for clinical care."

Previously, Vickers directed the section of Gastrointestinal Surgery and was co-director of the Minority Health Research Center and the Pancreaticobiliary Center at the University of Alabama School of Medicine. He joined the School of Medicine after earning baccalaureate and medical degrees from Johns Hopkins University, which is where he completed his surgical training, including a chief residency.

Vickers addressed a variety of issues, including the
“We want to show the rest of the country that what we can do can be modeled elsewhere, because we want the best for all of our people—not just those who can afford it or who have access to health care.”

—SELWYN VICKERS, MD
Dean, the University of Alabama School of Medicine

Affordable Care Act and what it means to physicians and health care providers, as well as the global issue of health care and the role that the College, the School of Medicine and the state play in it.

He also discussed Alabama’s current state of health and what physicians can do to improve it.

“If you can improve the lives of individuals who are really suffering for multiple reasons, you can change the lives of many people in the entire state,” he said. “The challenge of primary care is the willingness to engage a population to own its health, to be preventive, to be thoughtful and design delivery mechanisms that can truly touch the population of our state that needs it the most.

“We want to show the rest of the country that what we can do can be modeled elsewhere, because we want the best for all of our people—not just those who can afford it or who have access to health care.”

Vickers then fielded questions from College faculty, staff, residents and medical students.

Q: How can we change the conversation about the Affordable Care Act so that it steers away from all the negativity that’s out there?

A: What was driving the act is the fundamental belief that the rise of the health care cost curve was going to kill us and kill our economy. And right now I think one of the measures we have to take is to help people understand that the care we give now is being paid by many people in a very inefficient and painful way—what’s occurring does not occur for free.

You notice that I haven’t called it Obamcare. We have to talk about it in terms of care for our country—not in terms of a president or label of an individual.

And if we can’t get ourselves to be more efficient, there will be less money in our system. We have to have the conversation both about how we become more efficient and how we make modifications so that we don’t hurt ourselves trying to do good. We can’t stick our heads in the sand—we have to do something.

Q: I’m concerned about the amount of physicians and medical students who, after they graduate, we export to other states. The critical need for all specialties in this state has increased. What can we do?

A: I think, to start, it’s a bit of a problem of having some success, because our medical school has a national profile. We have the opportunity to not only attract students from out of state, but they then have the opportunity of going out of state once they are done. We don’t want to lose that.

But part of getting people to stay is creating a practice environment that is attractive for them. It’s really about creating an environment that doctors have a reason and a willingness to go practice in. That is, having a doctor go to a small area and not be the only one there and to have the ability to deliver the care that the area deserves and desires to have. I am talking about the bigger picture of fighting for the necessary social and ally services to make a physician successful in a small environment. That’s what we need to fight for.

Q: I’m a fourth-year medical student and with this third or fourth year for all of us here and the more formative years of our education, what advice would you have for us at this time as we choose our careers?

A: The first thing is to focus not on what you want to do but on your patients. You should make your patient the center of your attention, because every rotation will be the best rotation when you do. After every rotation I did in medical school, I was fortunate enough to be asked if I had ever thought about that as a career, because I chose to focus on the patient. I thought for that rotation, I was going to be a psychiatrist. Or for that rotation, I was going to be a pediatrician. Focus on excelling in knowing your patient—that’s something nobody will have the ability to do quite like you.
Jared Ellis, MD, associate director of the College’s Family Medicine Residency and associate professor in Family Medicine, presents a Grand Rounds lecture at DCH Regional Medical Center in November 2013. Ellis presented with Chief Resident Mark Christensen, MD, at the second of the monthly lecture series established in 2013.

Continuing Education for Physicians

THE COLLEGE PROVIDES CONTINUING MEDICAL EDUCATION THROUGH REGULAR LECTURES FOR FACULTY AND COMMUNITY PHYSICIANS.

By Andrew Richardson

THE COLLEGE OF COMMUNITY HEALTH SCIENCES PROVIDES CONTINUING MEDICAL EDUCATION to its faculty as well as to community physicians in Tuscaloosa. The William W. Winternitz Conference Series and a number of other endowed lectures have been offered by the College for many years. Last year, the College added to those educational opportunities with a Grand Rounds series at DCH Regional Medical Center that is open to all health care providers.

The College is continuing to look for ways to serve the community with continuing medical education and to expand these programs into rural areas of the state.

GRAND ROUNDS

The College began a new Grand Rounds lecture series in the fall 2013 for faculty, community physicians and other health care professionals. The new series takes place every third Tuesday at 7:30 a.m. in Willard Auditorium at DCH Regional Medical Center in Tuscaloosa. Each department of the College prepares case-based presentations on a patient, and medical students, resident physicians, nurses and others involved in the patient’s care assist with the presentation.

Grand Rounds is intended to provide continuing education for physicians about changing medical practices while simultaneously promoting interprofessionalism and education for medical students, residents and the community. Catherine Scarbrough, MD, an assistant professor in the College’s Department of Family Medicine, and assistant director of the College’s Family Medicine Residency, helped organized the first event. “We are excited about this new series,” she says.
ON ROUNDS | EDUCATION

The inaugural Grand Rounds session was on Oct. 15, 2013, with Robert Centor, MD, a former interim dean of the College and the current associate dean of the University of Alabama School of Medicine at the Huntsville Regional Campus. Centor had medical students and residents present a case step-by-step while he provided his thoughts and opinions.

Jared Ellis, MD, and Mark Christensen, MD, presented Grand Rounds in November 2013 for the College's Department of Family Medicine on a case involving West Nile Virus. Ellis is an assistant professor in the department and associate director of the College's Family Medicine Residency, and Christensen is a chief resident. In December 2013, the Department of Psychiatry and Behavioral Medicine presented a lecture titled "Unsafe at Home?" Lloyd Williamson, MD, Caroline Boxmeyer, PhD, both associate professors in the department, Cynthia Tyler, MSW, a social worker at University Medical Center, which the College operates, and Kelly Roszcynialski, a third-year medical student at the College, provided the presentation.

ENDOWED LECTURES

MONTHLY:
William W. Winternitz Conference Series is a series of lectures that feature prominent speakers who address such topics as ethics, communication, professionalism and quality improvement. The series is named in honor of William W. Winternitz, MD, a distinguished member of the College's faculty, who is now retired.

ANNUALLY:
The Earnest Cole Brock III Endowment for Continuing Medical Education was established by Ernest Cole Brock Jr., MD, and his wife, Hannah, with the goal of helping educate health professionals about the treatment of concussions and other sports injuries. Brock, of Tuscaloosa, is a retired orthopedic surgeon. The fund was established to honor the memory of his son, Ernest Cole Brock III, who died in 1999 at the age of 36.

2013 LECTURES:
“Update on Sports Concussion”
James Johnston, Jr., MD
Assistant Professor of Pediatric Neurosurgery
University of Alabama at Birmingham

“Steroids and Stimulants in Sports”
Kim LeBlanc, MD, PhD, FAAFP, FACSM
Executive Director, Clinical Skills Evaluation Collaboration
Philadelphia, Penn.

David and Natica Bahar Memorial Lecture was established in memory of the late David and Natica Bahar. David Bahar was a clinical professor in the College’s Department of Internal Medicine.

2013 LECTURE:
“Management of Complicated Skin and Skin Structure Infections”
William Geisler, MD, MPH
Associate Professor of Medicine and Epidemiology
University of Alabama at Birmingham

Dr. Joe W. and Virginia Hursey O’Neal Endowed Lecture was established by Joe O’Neal, MD, to support the teaching of cancer prevention and early detection and to honor the memory of his wife, Virginia Hursey O’Neal, who passed away in 2001 after battling breast cancer. Joe O’Neal is a retired general surgeon in Tuscaloosa.

2013 LECTURE:
“Breast Cancer Screening and Prevention”
Helen Krontiras, MD
Associate Professor of Surgery
University of Alabama at Birmingham

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. A lecture was not presented in 2013.
Sports Smarts
BROCK LECTURE SERIES EDUCATES ABOUT ATHLETIC INJURIES.

By Amy Saxby

THE AVERAGE COLLEGE FOOTBALL PLAYER is exposed to a thousand head impacts per season, and these repetitive sub-concussive impacts have been linked to the development of post-traumatic stress disorder, parkinsonian movement disorder, cognitive decline and early dementia, according to James Johnston, MD.

Johnston, an assistant professor in the Division of Neurosurgery at the University of Alabama at Birmingham, provided the inaugural lecture in January 2013 of the College’s Ernest Cole Brock III Lecture Series.

“Football needs to study itself to make it safer,” Johnston said. “If they don’t, then someone will do it for them.”

Ernest Cole Brock, Jr., MD, and his wife, Hannah, understand the importance of educating individuals about concussions and other athletic injuries and have established a permanent fund to support a continuing medical education lecture series on the topic at the College.

The fund was created to honor the memory of the Brocks’ son, Ernest Cole Brock III, who died in 1999 at the age of 36.

The elder Brock, a retired orthopedic surgeon in Tuscaloosa, grew up in Fairfield, Ala., and entered the United States Airforce in 1943 at the age of 18. Brock fought 32 combat missions as a gunner in Guam and Japan before returning to the United States and accepting a scholarship to play football at Wake Forest University in North Carolina.

Brock had plans to be a football coach and science teacher until he suffered a career-ending leg injury in his second year and, upon graduation, chose to enter medical school at Wake Forest instead.

After medical school, Brock completed a four-year residency in orthopedic surgery at University Hospital in Birmingham before joining the hospital’s staff, where he served as the doctor for high school football players at Legion Field.

“[Orthopedic surgery] is a good field to be in,” Brock says. “Most of the patients are young and can heal.”

In 1960, just one and a half years later, Brock started a practice in Tuscaloosa for orthopedic surgery and sports medicine. It was during this time that he began traveling as a surgeon with The University of Alabama football team and former head coach Paul “Bear” Bryant.

“I enjoyed working for the team, and Coach Bryant was nice to work for,” says Brock.

He remained in practice in Tuscaloosa until he retired in 1992.

The Ernest Cole Brock III Lecture Series held its second lecture in December 2013.

Kim LeBlanc, MD, PhD, FAAFP, FACSM, spoke about the use of steroids and stimulants in sports. LeBlanc is executive director of the Clinical Skills Evaluation Collaboration in Philadelphia, Penn.
Learning About Global Health

STUDENTS AND FACULTY GAIN A DIFFERENT PERSPECTIVE ON HEALTH CARE BY VISITING GHANA, WEST AFRICA, AND HAVANA, CUBA.

By Leslie Zganjar

GHANA, WEST AFRICA

THE COLLEGE OF COMMUNITY HEALTH Sciences offers an annual study abroad program to Ghana that allows pre-medical and students in other health-related fields an opportunity to experience the West African country’s healthcare system.

The UA in Ghana program is a two-to-four week educational medical mission that takes place at a local community medical center in Elmina, Ghana, where a full range of health problems are seen. Students are provided a primary care experience through observation and participation in a traditional daily clinic at the District Health Center, and by taking part in public health outreach to outlying rural communities. There are also visits to a psychiatric hospital and leprosarium.

Thad Ulzen, MD, professor and chair of the Department of Psychiatry and Behavioral Medicine at the College and a native of Ghana, accompanies the students. He says the program is important because it shows students “the influence of cultural values on health, a patient’s environmental context for health and different views on illness and treatment.”

Ulzen says students also get to see a universal healthcare system run on a $6 per capita budget.

UA student Brian Carr participated in the UA in Ghana program in 2013. He says the District Health Center served 120,000 patients, mostly from rural areas, and there were no physicians nor a centralized sewage system in the city of Elmina. But he says there were nurses and physicians’ assistants who worked at the center, which, in addition to primary care, also provided maternity and well baby care, HIV care and had a laboratory.

“This experience reaffirmed my choice to go into medicine,” he says.

The College offers the program as part of UA’s Study Abroad Capstone International Academic Program. In addition to pre-medical students, other

Brittney Anderson (top row, second from left), a fourth-year medical student at the College, with medical students she met from University of Cape Coast while traveling in Ghana to complete an international elective.
students who participate in the program include pre-dental and pre-physical therapy students and those studying psychology and sociology.

Brittney Anderson, a fourth-year medical student at the College, traveled to Ghana in January 2014 to complete an international elective as part of the Larry Mayes Memorial Scholarship she was awarded.

She experienced clinical work in local hospitals, clinics and laboratories in Ghana.

It was her second trip to Ghana; she visited the West African country for nine weeks in 2007 while an undergraduate student at Duke University.

Upon completing her medical training, Anderson plans to practice medicine in a Black Belt county of Alabama, close to her home.

**Havana, Cuba**

Three College faculty members and a resident physician from the College’s Family Medicine Residency traveled as part of a University of Alabama team to Cuba for six days in January 2014 to observe the country’s healthcare system.

The College group learned about the structure of the Cuban healthcare system and how it delivers care, particularly at the community level; established relationships with the Cuban Health Ministry and Medical Science University; and explored the development of a “pipeline” with the Latin American Medical School in Havana. Such a pipeline would help medical students in Havana make summer visits to UA and the College and graduates to consider the College’s Family Medicine Residency. The pipeline could also offer the Latin American Medical School in Havana as a medical school option for Alabama students, perhaps those from underserved and rural Black Belt communities.

“The Cubans have systematically built a rational, resource-frugal, yet effective healthcare system that ranks just below the United States in the World Health Organization rankings despite drastic differences in resources, infrastructure and philosophy,” says College Dean Richard Streiffer, MD, who participated in the Cuba trip.

He says like the mission of the College, the Cuban healthcare system is based on the family medicine-nurse team and neighborhood-centered primary care, as well as on a strong public health orientation.

“Cuba has largely eliminated the severe disparities of access, advancing the overall health of their population to near that of the United States and all at a fraction of the per capita costs seen in the United States,” Streiffer says. “The lessons potentially to be learned from collaborating with the Cuban healthcare and medical education systems seem particularly applicable to Alabama, a state with more than its share of health disparities, poor outcomes and resource-poor communities.”
FOR ABOUT AS LONG AS DAN Avery, MD, has been practicing medicine, he has had ties to Winfield, Ala.

His relationship with the small rural town in Marion County started during his residency, when he practiced in the Carraway Northwest Medical Center Emergency Department. He worked part time in obstetrics and gynecology, until after his fellowship training, when he moved to Winfield to work full time.

After several years of private practice, the Winfield hospital stopped its OB/GYN services and the obstetrics malpractice insurance carrier went bankrupt, so Avery moved back to his hometown of Tuscaloosa, where he is now professor and chair of the College
of Community Health Sciences’s Department of Obstetrics and Gynecology. He also serves as a professor and the division chief of pathology in the Department of Surgery.

Still, once a week, he drives a winding two-lane highway for about 60 miles until it brings him into a downtown made up of a few blocks of antiques stores, an old-fashioned theatre, and the like. A left-hand turn takes him to Women’s Clinic of Winfield: a small building adjacent to Northwest Medical Center. Avery practices here with William Lenahan, MD, with whom he has worked off and on throughout his career. Why he’s kept his ties to Winfield is simple, Avery says: The provision of OB/GYN and prenatal care to rural areas is critical.

“It’s the greatest need in the state,” Avery says. “And the essence of that need is in rural Alabama.”

According to the Alabama Department of Public Health, the lack of OB/GYN services in rural counties makes it challenging for rural residents to receive adequate prenatal care. In Alabama, 25.9 percent of the live births in 2012 occurred with less than adequate prenatal care, according to the ADPH and the Adequacy of Prenatal Care Utilization (Kotelchuck) Index.

The lack of adequate prenatal care can lead to problems and complications, according to the U.S. Department of Health and Human Services’ Office of Women’s Health. Babies of mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care, the department says.

Avery sees about 25 patients a day when he is in Winfield; he has about 4,000 patients there total. And in Marion County, only 17.7 percent of births occurred with less than adequate prenatal care—the lowest percentage reported in its region, according to the index.

In a recent report with College associate professor John McDonald, MD, Avery concluded that only 10 percent of trained family physicians offer obstetrics care. He also noted that fewer medical students are choosing OB/GYN as a specialty, and even fewer are settling in rural, underserved areas to practice. While he says smaller communities often cannot support specialty practices like OB/GYN, more family physicians should offer obstetrics to help alleviate the issue.

The role a family physician plays in a community is a big one, he says. For him, visits to Winfield are like going back home. “When I come here, I’m seeing folks I’ve taken care of for a long time,” Avery says. “Some of my patients I delivered, and now they are having children.” That lifelong relationship with his patients is what he loves about his practice. “That’s what we are trying to teach our residents—it’s the long-term commitment to a place that counts.”

THE ECONOMIC BENEFIT OF FAMILY PHYSICIANS PRACTICING OBSTETRICS

Family physicians who also practice obstetrics in rural areas produce significant economic benefits to the communities where they work, according to a study by the College. A rural family physician practicing obstetrics produces an annual economic benefit of $1.4 million to the community—$1 million for practicing family medicine and another $488,560 for practicing obstetrics. Physician practices support jobs, purchase goods and services, and generate tax revenue. They benefit hospitals, pharmacies and other health professionals.

“Family physicians generate income by caring for patients, but they also hire and pay staff to run their offices, and the procedures they perform provide revenue for hospitals,” says Dan Avery, MD, professor and chair of the College’s OB/GYN Department, who conducted the study with John McDonald, MD, an associate professor in the department.

Rural family physicians practicing obstetrics also benefit communities by reducing “complicated deliveries, pre-term deliveries and higher costs of obstetrical care attributed to neonatal intensive care and poor perinatal outcomes,” according to the study. They can also earn up to $52,000 more than family physicians who don’t practice obstetrics, the study shows.

The College’s Obstetrics Fellowship provides training for physicians who have completed a family medicine residency. The fellowship is one of the oldest of its kind in the country, founded in 1986, and has a high rate of rural placement of graduates—65 percent practice obstetrics in rural communities.

The Alabama Family Practice Rural Health Board funds the fellowship and has contributed $616,385 over 26 years, along with a $100,000 scholarship it provides to a medical student who commits to practicing family medicine in a rural area of Alabama after residency training. The cumulative effect of fellowship graduates practicing both family medicine and obstetrics in a rural area over the 26 years studied was $246 million, which means the board’s $716,385 investment has resulted in a $343 benefit to the community for every dollar invested, the study shows.

“It’s a pretty good investment for a community,” McDonald says.

— LESLIE ZGANJAR
A crowd of about 200 students from Kindergarten to twelfth grade made its way into a school gym in rural Newbern, Ala. They wandered to displays at about 15 or so tables set up along the gym walls. They planted spinach seeds in decomposable pots of soil at one table, competed in jump rope contests at another and marveled at the amount of sugar in a single Pop Tart at another.

In between the activities, they had their glucose levels tested, their body mass indexes measured and their blood pressure checked.

This was the Sunshine School Health Fair held on Sept. 27, 2013, organized by the College of Community Health Sciences’s Institute for Rural Health Research and open to students, parents and the surrounding community of Newbern.

The outreach project was part of a $900,000 grant from the National Institutes of Health to develop and support collaborative research between academic researchers and residents of Alabama communities disproportionately impacted by poor health.

It was also one of several ways the College impacts surrounding communities—from Newbern in Hale County to The University of Alabama community and the city of Tuscaloosa.
A student gets his blood pressure checked at the Sunshine School Health Fair, an outreach project organized by the College as part of its Project UNITED grant. The grant was funded to develop and support collaborative research between academic researchers and residents of Alabama communities disproportionately impacted by poor health.

SUNSHINE IN NEWBERN

The Project UNITED grant, as it is called, that made the Sunshine School Health Fair possible, was funded by the Community Based Participatory Research Initiative of the National Institute on Minority Health and Health Disparities, part of the NIH.

The grant focuses on reducing obesity in rural Alabama through community-based participatory research. The Sunshine School was one of the sites chosen by the Project's community advisory board for a pilot study, says John C. Higginbotham, PhD, associate dean for Research and Health Policy for the College, director of the Institute for Rural Health Research and one of the grant's principal investigators.

The school came up with a list of ways Project UNITED could help, including the organization of a health fair, which Principal Charla Jordan said was a success in educating both students and the community about health.

“As a kid, you hear about issues like high blood pressure and associate that with adults,” Jordan said. “But here they are learning and realizing that these things are possible with young kids as well.”

Michele Montgomery, PhD, RN, assistant professor at the UA Capstone College of Nursing, said she screened children who had elevated blood pressure and needed to be referred to a physician. For this reason alone, Montgomery says, the health fair was a benefit to the children.
ON ROUNDS | HEALTH CARE

Natasha Aduloju-Ajijola, a doctoral student in Health Education and Health Promotion at UA, teaches portion control to students at the Sunshine School Health Fair.

“You don’t know if they are getting a regular health checkup,” she said. “Like these kids (with elevated blood pressure)—they may not have noticed otherwise if not getting a physical. Health behaviors they develop now—like healthy eating and exercise—will help them later in life.”

Eunice Briggins, a mother of three who currently attend Sunshine School and two who have already graduated, said she came for her health screening to support the school, and she’s glad she did.

“I now know I need to cut down on my salt intake with my girls and me to lower my blood pressure,” she said, as she turned to her daughter beside her. “Did you know you’re only supposed to eat one Pop Tart out of the package?” she asked with a laugh.

Briggins says she’s glad the health fair was held because it’s a way to keep students and families healthy.

“That’s especially if they aren’t going out to get checked,” she said. “Some people don’t have transportation.”

A HEALTHY TUSCALOOSA

When Midtown Village, a frequented shopping center in Tuscaloosa, held its annual fall festival Nov. 2, 2013, the College saw it as an opportunity to work toward a healthier community. The College, in recognition of National Primary Care Week, organized free health screenings that were conducted by its medical students, resident physicians and faculty physicians.

Raven Ladner, MD, a resident at the College who played a large role in organizing the event, said about 50 people were screened. “We screened people from 8 years old to people in their 60s,” she said.

Brittney Anderson, president of the College’s 2014 class of medical students, said that, in addition to serving the Tuscaloosa community, the goal was to inform the area of the services provided by the College. “Through this opportunity, we were able to provide a great service to our neighbors, practice our skills and really promote the mission of the College,” she said.
FIGHTING THE FLU

During several fall months in 2013 at UA, nurses from University Medical Center and the Student Health Center—both operated by the College—and from the Capstone College of Nursing set up tents, held signs and administered flu shots to students, faculty and staff.

The shots were free to the UA community as part of a University-wide effort led by the College to vaccinate employees and students against the flu. Tents were set up at different locations around campus, including the Quad and residence halls, with the goal of making getting vaccinated as easy and convenient as possible. This was the second year the College led such an effort. At the end of the campaign, which started Sept. 10, 2013, and went through November, more than 7,500 vaccinations were administered.

Vaccinations were also offered at UMC’s Faculty-Staff Clinic and the SHC for free while supplies lasted.

Beth Fuller, CRNP, a nurse practitioner at UMC, said establishing a presence on campus promoted the importance of getting vaccinated. “Making the vaccine readily available increases the number of faculty, staff and students who will be vaccinated and, therefore, will hopefully prevent the number of flu cases in our community,” Fuller said. “Flu prevention keeps the community healthier and working.”

Left: College residents and medical students conduct free health screenings at the Midtown Village fall festival in Tuscaloosa. Below: The College led the University-wide effort to vaccinate against the flu by setting up locations around campus, including this one on the Quad.
Bringing Specialty Care to Rural Communities

The College provides psychiatric care and diabetes education through telemedicine, and its programs are continuing to expand. By Brett Jailuret

A key part of the College of Community Health Sciences's mission statement is to improve the health of individuals and communities in rural Alabama. Often, these rural areas aren't able to attract the needed physicians and specialists to their communities—plus limited resources can make it challenging for residents to travel to the nearest physician available.

So the College, through the use of telemedicine, provides telepsychiatry and diabetes education services to a number of rural communities across the state, with plans to expand to even more.

The College’s telemedicine efforts began in 2007 when it partnered with the Alabama Department of Mental Health, the West Alabama Mental Health Center in Demopolis and others on a $1.2 million grant awarded by the Bristol-Meyers Squibb Foundation with the goal of improving mental health care in the state’s rural and impoverished Black Belt region.

With the grant, the College provides telepsychiatry in five rural West Alabama counties: Choctaw, Green, Hale, Marengo and Sumter.

Then, the College’s Institute for Rural Health Research was awarded a nearly $100,000 grant in 2009 from the U.S. Department of Agriculture’s Distance Learning and Telemedicine Grant Program. The funding allowed the College to purchase video conferencing equip-
The College provides telepsychiatry and diabetes education services to a number of rural areas across the state.

**TELEMEDICINE 2013**

The College provides telepsychiatry and diabetes education services to a number of rural areas across the state.

**DIABETES SELF-MANAGEMENT EDUCATION PROGRAM**

Sumter County Health Center (York): 24 patients
Pickens County Medical Center (Carrollton): 10 patients
Family Medical Center (Thomasville): 11 patients
TOTAL: 45 patients

Efforts underway to expand the program to Lamar and Walker counties

**TELEPSYCHIATRY**

DeKalb County Youth Services (Rainsville): 200 plus patients
West Alabama Mental Health Care Center with sites in the counties of:
- Marengo
- Choctaw
- Greene
- Hale
- Sumter
  240 patients

**A LIFE CHANGED BY EDUCATION**

When Barbara Fulghum was diagnosed with type 2 diabetes in 2011, she was devastated. After taking care of her mother and her grandmother, who also had the disease, she feared the complications she saw them experience.

But now she says both her outlook and her lifestyle have changed thanks to the Diabetes Self-Management Education Program offered by the College in her area through telemedicine.

"It's really a healthy lifestyle," she says. "And I can adapt."
When first diagnosed, Fulghum says she received a prescription after an emergency room visit, but she didn’t know how to manage her diabetes. “I knew I needed education,” she says.

So she reached out to her doctor’s office and was eventually referred to a class offered in her rural hometown of York, Ala. Fulghum, along with 24 other patients, make up the Diabetes Self-Management Education Program at the Sumter County Health Center, which had its first class in January 2013.

It was the location where the College first started offering diabetes education services through telemedicine after receiving a gift from the Verizon Foundation that enabled the expansion of its Tuscaloosa program. Classes began at Pickens County Medical Center in Carrollton, Ala., in August 2013 and Family Medical Center in Thomasville, Ala., in November 2013.

Patients in York, Carrollton and Thomasville were recruited into the program, taught from Tuscaloosa by Angela Hammond, CRNP, CDE, a nurse practitioner at University Medical Center, which is operated by the College, through referrals from area physicians who care for Medicaid patients. The program is currently only open to Medicaid recipients.

Frank Dozier, MD, the chairman of the Board of Visitors for the College as well as a family medicine physician at the Thomasville location, requested that the program be brought to his practice.

“Every physician needs it,” Dozier says about the program. “It works. This is the future. The College is involved in it. We’re in the right place.”

Diabetes is the sixth leading cause of death for Alabamians, according to the American Diabetes Association. Diabetes-related deaths in rural Alabama are as much as 18 percent higher than in the state’s urban areas, and are as much as 44 percent higher than diabetes-related deaths in the United States, according to the ADA.

Since Fulghum has been attending the classes, she says she has lost 25 pounds with the knowledge she has gained and healthy eating tips she has learned.

She says she hopes more people who are able to participate in the program decide to join. “A lot of people in our community suffer from diabetes,” she says. “I think not only can they benefit from this class but also people who are their caregivers.”

She also says she does not worry the way she used to about suffering from complications she saw her mother and grandmother face.

“I feel like I now know enough to avoid them,” she says. “My whole lifestyle has changed.”

Three and a half years ago, two residents of DeKalb County in Alabama saw a dire need in their community. Angela Wilson, a local mental health care activist, and Thomas Whitten, MSW, a licensed clinical social worker and director of DeKalb County Youth Services, found that children and adolescents in their community, particularly youth offenders, needed a psychiatrist who could provide assessments, recommend prescriptions, if necessary, and follow up consistently.

The closest psychiatrist in the area was in Fort Payne and often booked months in advance. The best answer for them was telemedicine.

Now, twice a month, young patients are assessed through telepsychiatry.
by Lloyda Williamson, MD, child and adolescent psychiatrist and associate professor in the College’s Department of Psychiatry and Behavioral Medicine. Patients communicate with Williamson from the DeKalb County Technical Center through teleconferencing equipment. Marisa Giggle, MD, an assistant professor in the department who specializes in forensic psychiatry, has also assessed patients.

Three years after its implementation, more than 200 evaluations have been provided, according to a recent report from Whitten to the Appalachian Regional Commission, which provided grant money to expand services. All cases have been linked with a community provider for follow-up treatment, the report said. Whitten’s report attributes the success to a few factors: the donation of telemedicine equipment by the College, the approval of grant funding through the Appalachian Regional Commission, the frequent communication between the College and the site, and quality improvement efforts, including satisfaction surveys of parents. “The overall project has been successful from the provider aspect, the community aspect and most importantly the patient aspect,” Whitten said in the report. “These are children and youth who would not have been served otherwise.”

In addition to DeKalb County, telepsychiatry services are provided through the West Alabama Mental Health Center with sites in Marengo, Choctaw, Greene, Sumter and Hale counties. In 2013, about 240 patients were seen at these sites (between January and October). This is an increase from about 160 patients in 2012. Faculty from the College’s Department of Psychiatry and Behavioral Medicine also provided, using telemedicine equipment, training for the West Alabama Mental Health Center’s social workers, psychologists and mental health workers at all of its sites.

Clockwise: Thomas Whitten, MSW, and Amelia de los Reyes, RN, telemedicine coordinator for the College, with telemedicine equipment at the DeKalb County Technical Center; Lloyda Williamson, MD, conducts a telepsychiatry session with a patient; Whitten prepares for a patient telepsychiatry session at the DeKalb County Technical Center.
HE HEARTBEAT OF HEALTH CARE
for The University of Alabama, the UA Student Health Center, currently serves a student body of more than 33,000. And the number of student visits to the SHC each year is keeping on track with increasing enrollment—about 43,400 visits were recorded for the fiscal year of 2013.

The Student Health Center, operated by the College of Community Health Sciences, sees about 200 students per day, providing them with treatment for chronic conditions and acute illnesses, vaccinations and allergy shots, women’s health services, mental health counseling and more.

The SHC is adjacent to University Medical Center, also operated by the College, which provides students access to on-site laboratory and x-ray services, nutrition counseling and sports medicine by referral.

The SHC also has its own pharmacy that allows students to fill prescriptions from both the SHC and outside physicians. On average, the pharmacy fills about 35,000 prescriptions a year, says Margaret Garner, MS, RD, LD, interim executive director of the SHC.

“When a family is considering where their student may go to study, there are three major concerns of the parent: academic standing of the institution, safety and health care away from home,” Garner says. “I am proud of the long history of excellent care and service to UA students by the Student Health Center.”

The SHC, which is one of 200 of its kind in the nation accredited by the Association for the Accreditation of Ambulatory Health Care Centers, leads a variety of efforts to maintain a healthy student body. Peer health
A Healthy UA

THE STUDENT HEALTH CENTER IS THE HEALTH CARE HUB FOR THE UNIVERSITY OF ALABAMA STUDENT BODY.

By Brett Jaiilet

educators inform students about healthy habits, students recovering from substance abuse have found a home where they can thrive, and nurses have vaccinated the UA community against the flu.

“A site visitor at our last accreditation visit commented that we were a model for others,” Garner says. “We try to live up to that every day, and our motto says it all: student first, student friendly, student focused.”

A HOME FOR RECOVERY

Three addiction specialists were hired by the Student Health Center in 2013 to lead one of its newest efforts—the Collegiate Recovery Community. Modeled after the Texas Tech University program, the CRC at UA opened its doors in October 2012 with Greg Snodgrass, MSW, recruited from Texas Tech, as its director.

Now, in its second year, the CRC, located off of University Boulevard near the College, is both a building and a community where recovering students can thrive academically and socially. The CRC hosts dinners once a week, multiple 12-step recovery meetings and weekly evening get-togethers where students, friends and families gather to share stories, celebrate success and simply be social in an alcohol- and drug-free environment.

Snodgrass presented the College’s monthly William W. Winternitz Conference Series lecture (see page 44 for more about the lecture series) in January 2014 and spoke about the importance of establishing communities for students in recovery on college campuses.

“It’s difficult on a college campus without support,” he said. “When you walk into our building, you feel safe.
soon as you walk through that door, that’s the feeling you get.”

Adam Downs, LMFT, also hired in 2013 as director of Substance Abuse Counseling and Recovery Services at the College, says having a central meeting spot like the CRC is crucial. “Universities are high-risk environments for substance abuse and, because of that, people—particularly young people—who have entered recovery from their addiction are often very intimidated about returning back to a university setting or going to one if they’ve never been before,” Downs said.

Julie Ferguson, LCSW, was also hired in 2013 as the program coordinator for the CRC. To be in the program, students undergo an application process to assess their goals in both their recovery and academics. Once they’re in it, students have maintained high GPAs—the average for spring 2013 was a 3.7 and a 3.6 for fall.

To be part of the CRC, students must participate in community service projects. The students have formed the group Alabama Students about Service. Kimberly Burrows, a MSW student with a 4.0 GPA and a graduate assistant for the CRC, spoke with Snodgrass at the Winternitz lecture.

“I had my first drink at 16,” she said. “Alcohol and drugs became my whole life.”

Burrows received her bachelor’s degree from UA in 2003. In December 2010, she became sober and has been ever since. The CRC played a big part in that, she said.

“The CRC helps support me in my recovery,” she said. “The CRC helps me in going back to school. It helps students continue on their path of recovery. It’s a safe place. What’s important is the fellowship and support I get. I need to be around people in recovery.”

**KEEPING STUDENTS IN THE KNOW**

Five days a week for more than 60 hours a week, UA students known as peer health educators can be found around campus, offering their fellow students tips and advice for healthy living.

These educators are part of Project Health, a UA student organization housed in the Student Health Center’s Department of Health Promotion and Wellness. One of the biggest efforts of Project Health and the peer health educators is the Health Hut. Strategically placed at different locations on campus—from the UA Recreation Center to the Ferguson Center Plaza—the Health Hut gets more than 32,000 visits a year, says Jessica Vickery, assistant director of Health Education and Promotion.

“The Health Hut’s focus is daily outreach to raise awareness and to help students build skills that will aid them in making healthy lifestyle choices,” Vickery says.

Project Health began at the SHC in 2006, and the Health Hut was introduced in 2011. Vickery, who began in fall 2011, says that the Health Hut quickly grew from 28 hours a week to 46 hours a week, biweekly topics to weekly topics and 14 interns to 34.

Today, peer health educators are made up of 42 Health Hut interns, 51 health ambassadors and 70 health advocates.

In addition to the Health Hut, peer health educators develop and
implement programs for residence halls, student groups and classes as well as host weekly outreach events like Healthy Hump Day (a table set up every Wednesday to highlight a different health awareness week or month) and Swagon (much like the Discovery Channel series Cash Cab, where students answer questions about health topics for prizes while hitching a ride to class).

“These [peer health educators] receive intensive training each semester on leadership, outreach skills, material development, program planning, health education theory and presentation skills,” Vickery says. “They also have weekly meetings where they learn about a different health topic that they will be covering each week.”

Their hard work and Vickery’s has paid off: The BACCHUS Network awarded Project Health the Outstanding Peer Education Group award at its national conference in November 2013 in Reston, Va. Project Health was one of six programs of its kind to receive the award out of 250, and one of two with student bodies greater than 12,000. This is the highest award Project Health can win.

Regionally, Project Health won the Outstanding Affiliate award (the highest regional award) at the BACCHUS Network Area conference, which includes schools in Alabama, Mississippi and Tennessee.

“Students are able to relate to our student staff and have meaningful conversations in a way that is different than I or any of my colleagues could,” Vickery says. “Without Project Health, our campus would not be as health conscious as it is.”

PROJECT HEALTH 2013

PEER HEALTH EDUCATORS:
42 Health Hut interns, 51 health ambassadors, 70 health advocates
THE HEALTH HUT: 967 hours, 105 days, 32,154 student visits
HEALTHY HUMP DAY: 175 hours, 22 days, 4,571 student visits
OUTREACH EVENTS: 85 hours, 22 days, 2,903 student visits
A Patient-Centered Medical Home

UNIVERSITY MEDICAL CENTER IS WORKING TO IMPLEMENT A TEAM APPROACH TO CARE WITH THE PATIENT AT THE CENTER.

By Leslie Zganjar

IMAGINE A DOCTOR'S OFFICE WHERE EVERYTHING revolves around the patient. That's exactly what Chelley Alexander, MD, envisions for University Medical Center.

Alexander, chair of the Department of Family Medicine at the College of Community Health Sciences, which operates UMC, is helping lead a pilot program that will create such a model of care at the multi-specialty medical center.

The model is called a patient-centered medical home (PCMH). The name can be confusing because in this case, a medical home is not a place but rather a philosophy of providing care that is readily accessible, coordinated and with an emphasis on prevention, education and managing long-term chronic conditions.

A PCMH provides a team-based approach to comprehensive patient care. Led by a physician and including such health professionals as nurses, social workers, psychologists and psychiatrists, nutritionists and pharmacists, the PCMH is a way of organizing primary care to emphasize holistic care by a team of professionals who coordinate care and teach self-care skills. The goal is to provide a higher quality of care at a lower cost, and to improve the care experience for patients and providers alike.

UMC began working with MedNet West on the pilot
program several years ago. MedNet West is provider-designed, nonprofit network that serves more than 14,000 Medicaid patients in an eight-county area—Bibb, Fayette, Greene, Hale, Lamar, Pickens, Sumter and Tuscaloosa counties.

The network was created by Whatley Health Services, Inc., the College, the Tuscaloosa County Public Health Department, private physician practices in West Alabama and DCH Regional Medical Center, in partnership with the Alabama Medicaid Program.

Alexander, an associate professor at the College and a family physician at UMC, also serves as medical director of MedNet West.

As part of the pilot program, MedNet West contracts with the state's Medicaid program to perform several tasks at UMC. First, care managers identify and accept referral of high-risk patients, and work closely with providers to eliminate barrier to care. “Patients who formally frequented the emergency room are often found to have barriers, like a lack of transportation or air conditioning, that when removed, markedly improve patients' ability to care for their diseases, which in turn improves their quality of care,” Alexander says.

Second, regular medical management meetings are held by care teams that provide physicians with data on their population of patients showing, for example, the percentage of patients who have had flu shots.

“Providers are thrilled to finally have data on their patients,” Alexander says. “When the group identifies an area that needs improvement, such as the number of inappropriate ER visits, the group brainstorms and then implements changes to ensure improvement. They feel empowered to make a difference.”

She says providers also receive updates about medical problems that have clear, quality guidelines, such as asthma or congestive heart failure, which are common reasons for preventable hospitalizations in West Alabama.

All the attention to patients is not an extravagance. Head off problems in the doctor's office often keeps patients out of the emergency room or from being readmitted to the hospital, both of which are costly forms of health care. The PCMH has also been shown to help patients manage their own chronic health conditions, which account for an estimated 75 percent of all U.S.
health care spending.

"The MedNet West pilot has proven that changing our model of care, even slightly, can improve the quality of care and reduce cost," Alexander says.

According to preliminary data, the UMC pilot has resulted in a reduced cost of 5.8 percent compared to non-pilot areas in Alabama, saving the state's Medicaid program $3.5 million in 2012 and 2013, or approximately $331 per enrollee per year. Much of the savings is due to improved access to a health-care team for patients with chronic conditions, preventing unnecessary emergency room visits and hospitalizations.

In February 2014, the start of a PCMH was implemented within UMC's Family Medicine Clinic. Among the changes: physicians were provided with report cards showing their performance on prevention (scheduling mammograms), and chronic disease management (getting diabetic patients on lipid-lowering therapy). Teams of providers also evaluate, for example, group visits and additional self-care training for patients.

"The teams will provide better continuity of care for patients and will work together to transform care for our patients," Alexander says.

The PCMH model is also becoming part of the College's curriculum. "We want to teach our medical students and residents how to study their care of populations of patients—to look at their panel of patients and identify strong and weak areas, and by identifying best practices, help each other put processes in place to make quality improvement continuous," Alexander says.

She says the next steps are to fully implement the PCMH model in all UMC clinics—pediatrics, internal medicine, OB/GYN, psychiatry, sports medicine and the Faculty-Staff Clinic.
FACULTY AND STUDENTS OF THE COLLEGE of Community Health Sciences are working with other University of Alabama faculty in complementary disciplines on health-related research projects.

Such interdisciplinary collaboration provides opportunities for researchers to learn how approaches from different but relevant disciplines might be applied to existing problems and lead to the development of innovative and ground-breaking solutions. In addition, research teams comprised of members with an expertise in related disciplines may offer greater options in obtaining research funding. The National Institutes of Health now supports projects that ask for researchers in different disciplines to work together.

Here is look at some of the College's interdisciplinary scholarship and research that began in 2013:

**PARTNERING ON TEAM CARE GRANT**

The College has partnered with the UA's Capstone College of Nursing on a grant to implement a collaborative team-based approach to working with rural patients who have multiple chronic conditions.

The College of Nursing received the $997,173 grant from the U.S. Department of Health and Human Services in 2013.

Chronic conditions are those that last a year or more and require ongoing medical attention. They include both physical conditions, such as arthritis, cancer and HIV infection, as well as mental and cognitive disorders, such as ongoing depression, substance addiction and dementia. Multiple chronic conditions are two or more chronic conditions that affect a person at the same time.

The primary component of the three-year grant is the development of interprofessional teams. These teams include graduate-level students from the College and UA's School of Social Work as well as nurse practitioners at the College of Nursing who will take the lead on the project.

Each nurse practitioner student will be assigned patients from rural areas who have multiple chronic conditions, and they will follow those patients for up to a year. The students will present the patient to the interprofessional team via telemedicine. The team will meet on a weekly basis to develop a plan to improve the patient’s quality of life and decrease problems associated with multiple chronic conditions. That plan will then be presented to the patient’s primary care provider, who will decide whether or not to implement the team's recommendations.

According to the U.S. Department of Health and Human
Services, multiple chronic conditions are associated with substantial health care costs in the United States. Approximately 70 percent of the total health care spending is associated with care for more than one in four Americans with chronic conditions.

STUDYING THE PSYCHOLOGICAL EFFECTS OF THE TUSCALOOSA TORNADO

The College and UA’s Department of Psychology are working on a project that examines the effects of the 2011 Tuscaloosa tornado on the long-term functioning of participants in a preventive intervention trial already underway.

The grant, awarded to the Psychology Department in 2013 and titled “Natural Disaster Effects on Aggressive Children and their Caretakers: Outcomes Across Time,” is funded by the National Institute on Drug Abuse, the Office of Behavioral and Social Science Research and the Office of Disease Prevention, all part of the National Institutes of Health.

John Lochman, PhD, professor and Saxon Chair of Clinical Psychology in the Department of Psychology, is the principal investigator. Caroline Boxmeyer, PhD, an associate professor in the College’s Department of Psychiatry and Behavioral Medicine, is a co-investigator.

Prior to the tornado in Tuscaloosa on April 27, 2011, Lochman, Boxmeyer and colleagues were implementing a study of the Coping Power preventive intervention for aggressive, at-risk elementary students and their families. They had gathered pre-tornado data on the social, emotional and family functioning of study participants, as well as physiological measures of the children’s stress reactivity.

“This grant will provide valuable information on how the tornado exposure affected the long-term functioning of the study participants and will examine whether the preventive intervention had protective effects on participants’ ability to cope with the trauma of the tornado,” Boxmeyer says.

The 2011 tornado in Tuscaloosa was a large and violent EF4 tornado that devastated portions of the city, killing more than 50 people, including six UA students.

IMPROVING SCHOOL READINESS, FAMILY WELL-BEING

More than 500 Head Start pre-schoolers across seven West Alabama counties and their families will benefit from a $2.2 million grant awarded to a group of UA researchers.

“The grant seeks to improve the school readiness of Head Start preschoolers in West Alabama and the overall well-being of their families,” says Ansley Gilpin, PhD, an assistant professor in UA’s Department of Psychology and one of five UA researchers involved in the project.

Other researchers include Boxmeyer; Lochman; Jason DeCaro, PhD, associate professor of anthropology; and Jan Brakefield, PhD, assistant professor of consumer sciences, who will provide the classroom and family-based curriculum.

The classroom curriculum, known as Promoting Alternative Thinking Strategies, or PATHS, focuses on creating a positive classroom environment, teaching children how to appropriately control their emotions and thinking through difficult situations.

The parent curriculum, based on the Coping Power parent program, will help parents manage the stress of parenting and understand ways of supporting their child’s social and emotional development at home. Parents will also be provided with job and financial management skills.

The training is expected to begin in August 2014. Following implementation of the program and a review of its effectiveness, the efforts could serve as a national model for Head Start programs, Gilpin says. UA researchers will pool their findings along with researchers from Northwestern, the University of Oregon and the University of Southern California.

The grant was provided by the U.S. Department of Health and Human Services’ Administration for Children and Families.
Bringing Alabama Communities and UA Researchers Together

By Leslie Zganjar

UNIVERSITY OF ALABAMA RESEARCHERS were awarded a major grant from the National Institutes of Health in 2013 that is bringing rural Alabama communities and UA researchers together in projects to reduce obesity.

“UNITED: Using New Interventions Together to Eliminate Disparities,” is a partnership of the College of Community Health Sciences, the College of Communication and Information Sciences, and the Black Belt Community Foundation. The nonprofit foundation works to improve the health and quality of life of citizens living in the 12 Black Belt counties it serves. Project UNITED is a three-year, $900,000 grant.

Partnering with communities is at the heart of Project UNITED. This type of research, known as community-based participatory research, or CBPR, is conducted as an equal partnership between researchers and community members. CBPR is unique in that it allows communities to participate fully in all aspects of the research.

“Communities have lots of great ideas about how to deal with issues, but they do not always have the resources to put those ideas into action,” says John C. Higginbotham, PhD, principal investigator and associate dean for Research and Health Policy at the College. “With this project, we are creating an infrastructure that will bring the expertise of the community together with academic partners and develop ways to improve the health of communities, particularly with regard to obesity and related diseases.”

Through Project UNITED, a research training program has been created for community residents and UA researchers to build their CBPR capacity. Eleven Black Belt residents from the counties of Choctaw, Greene, Macon, Marengo, Pickens, Sumter and Wilcox are participating in the project. Ten faculty from across UA are also participating and represent the departments of Psychology, Sociology and Biology in the College of Arts and Sciences; the departments of Health Science, Nutrition and Human Development in the College of Human Environmental Sciences; the Department of Family Medicine in the College of Community Health Sciences; and the Capstone College of Nursing.

A “mini research school” was held at the Black Belt Community Foundation headquarters in Selma in September 2013 to introduce the community scholars to the project and to such topics as the importance of data, how to develop a research question, fundamentals of grant writing and cultural competency.

The scholars met again in December 2013 and developed four research projects that they will pursue in different Black Belt counties: social influence on the quality of health care and obesity prevention (Tuskegee, Macon County); nutritional and motivational aspects of obesity prevention, including organic foods, nutrition and health promotion (Sumter, Greene County); family influences on healthy lifestyle choices (Choctaw, Pickens County); and genetic predisposition and homelessness and depression effects on obesity (Macon County).

According to the U.S. Centers for Disease Control and Prevention, more than 32 percent of Alabama’s population is considered obese, above the national average of 27 percent. In some Black Belt counties, obesity rates range between 39 percent and 47 percent for adults, and greater than 20 percent for school-age children, according to the CDC.
Improving Rural Health

THE COLLEGE'S RURAL HEALTH CONFERENCE SERVES AS A PARTNERSHIP WITH RURAL COMMUNITIES.

By Leslie Zganjar

PARTNERING WITH RURAL COMMUNITIES to reduce obesity was the topic of the 14th Annual Rural Health Conference in 2013.

The annual Rural Health Conference is hosted by the College of Community Health Sciences and its Institute for Rural Health Research. The conference is attended by health care providers, community leaders, researchers, government officials, policymakers and representatives of faith-based organizations who hear from prominent speakers in the field and share information and knowledge about rural health issues.

The Institute for Rural Health Research conducts research to improve health in rural Alabama. Last year's conference, "The Weight of our Rural Communities: Partnering to Reduce Obesity," featured keynote speakers Michael Minor, EdD, national director of H.O.P.E. Health and Human Services Partnership of the National Baptist Convention, USA, Inc., the nation's largest African American religious denomination; and Ravi Patel, founder of the Nashville Mobile Market.

Minor, a pastor, talked about how simple changes can make a big difference. "At my church, we started by changing the menu and bringing in healthy choices. We banned fried chicken." The church now serves baked chicken to congregants. "Since it was free, people ate it and they liked it so they tried it in their homes. The church became a place that modeled healthy behavior." The church has also created a walking track in the parking lot. Patel founded the Nashville Mobile Market, which encourages healthier eating by providing access to healthy groceries for residents of Nashville's food deserts (a geographic area with limited access to healthy food). Through a mobile grocery store, fresh produce, lean meats, dairy products and select non-perishable items are provided. "Being far from grocery stores puts you at twice the risk of being obese," Patel said.

Conference breakout sessions, which included speakers from some of Alabama's rural communities, focused on nutrition, physical activity and clinical aspects of obesity.

Obesity can lead to numerous health problems, including diabetes and high blood pressure. In Alabama, one-third of adults are considered obese, according to the U.S. Centers for Disease Control and Prevention.
The primary users of the Health Sciences Library are faculty, staff, residents and medical students of the College of Community Health Sciences, but the library also serves the entire University of Alabama campus, DCH Regional Medical Center and functions as a resource library for West Alabama health professionals and the public.

The library has a consumer health resources center named in honor of Harvey Brown Searcy, MD, a practicing Tuscaloosa physician during the early 1900s.

The library has begun digitizing historical documents and creating a repository that will soon be available online.
ON ROUNDS | SCHOLARSHIP

RESEARCH GRANTS

COLLEGE OF COMMUNITY HEALTH SCIENCES

NEW IN 2013
- Developing Effective, Sustainable CBPR to Reduce Obesity in Rural Alabama – $900,000, National Institute on Minority Health and Health Disparities
- Regional EMS Administration and Technical Support – $222,622, Alabama Department of Public Health
- Rural Health Initiatives (2) – $100,000, Alabama Family Practice Rural Health Board
- Pursuing a Career in Family Medicine: When did I know? – $30,000, Alabama Family Practice Rural Health Board
- Southeastern Conference Visiting Faculty Travel Grant – $2,500

ONGOING IN 2013
- Rural Health Initiatives (1) – $1.09 million, Alabama Family Practice Rural Health Board
- Faith-Based Anti-Stigma Intervention Toward Healing – $370,050, U.S. Centers for Disease Control and Prevention
- A Randomized, Double Blind, Placebo-Controlled, Phase 3 Study – $41,525, Furinex Pharmaceuticals
- A Randomized, Observer Blind, Controlled, Multicenter Study of GSK Biologicals’ according to a one-dose schedule administered subcutaneously at 12-15 months of age, concomitantly with hepatitis A vaccine, varicella vaccine and pneumococcal conjugate vaccine but at separate sites – $120,000, GlaxoSmithKline Biologicals
- Secure Website Creation for Data Collection, Analysis and Reporting – $15,000, Alabama Department of Mental Health
- Alabama Child Death Review System Annual Report – $15,000, Alabama Department of Public Health
- Mental Health/Mental Retardation Board Data Center – $5,000, Alabama Department of Mental Health

PROJECTS WITH OTHER UA DEPARTMENTS AND COLLEGES

NEW IN 2013
- Natural Disaster Effects on Aggressive Children and their Caretakers/Department of Psychology – $1.9 million, National Institute of Child Health and Human Development
- Improving Family Wellbeing and Child School Readiness/College of Human Environmental Sciences – $477,950, U.S. Department of Health and Human Services
- Advancing Nursing Education: Inter-professional Collaboration/Capstone College of Nursing – $324,559, Health Resources and Services Administration

ONGOING IN 2013
- Tinnitus Retraining Therapy Trial/Department of Communicative Disorders – $3.1 million, National Institute on Deafness and other Communicative Disorders
- Preventing Substance Use through Hybrid Web and In Vivo Delivery of Coping Power/Department of Psychology – $591,162, National Institute on Drug Abuse
# Projects, Consultations with Other Universities and Agencies

## New in 2013
- RCM1 Pharmaceutical Research Center – Florida A&M University
- Center of Excellence for Cancer Research, Training and Community – Florida A&M University
- Deep South Resource Center for Minority Aging Research – the University of Alabama at Birmingham

## Ongoing in 2013
- Impact of Remote Familial Risk Assessment and Counseling – University of Utah
- Rural Health Education and Training Program Grant – Tuscaloosa Veterans Affairs Medical Center
- Delta Minority Rural Health Pipeline Program – University of Mississippi Medical Center
- HCOP Post-Baccalaureate Program – the University of Alabama at Birmingham

## CCHS Faculty Journal Publications - 2013

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Journal</th>
<th>Vol./Issue</th>
<th>Department</th>
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<tbody>
<tr>
<td>Leeper C, McCluskey S, Leeper J, Snyder ED</td>
<td>Impact of Service Learning on Medicine Clerkship Performance</td>
<td>Medical Education</td>
<td>May; 47(5):523</td>
<td>Community and Rural Medicine</td>
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<td>Ulzen T, Williamson L, Foster PP, Parris-Barnes K</td>
<td>The Evolution of a Community-Based Telepsychiatry Program in Rural Alabama: Lessons Learned, a Brief Report</td>
<td>Community Mental Health Journal</td>
<td>Feb; 49(1):101-5</td>
<td>Psychiatry and Behavioral Medicine</td>
</tr>
</tbody>
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THE BOARD OF VISITORS AT THE COLLEGE OF COMMUNITY HEALTH SCIENCES IS A GROUP of 33 volunteers, including alumni, donors and friends of the College, whose purpose is to help the College develop relationships and partnerships with communities in Alabama and organizations at the state and national levels. The board also advises the College on long-range planning, assists the College in securing financial resources and helps develop opportunities for medical students and residents.

MEET THE CHAIRMAN

"WE KNOW WHEN WE WAKE UP IN THE morning, we are going to make a difference," says Frank Dozier, MD.

With 19 percent of the country’s population living in rural areas and only 4 percent of doctors practicing there, Dozier believes his presence as a family physician is invaluable to the rural Thomasville, Ala., community where he practices.

Dozier is also chair of the College’s Board of Visitors.

"Some parts of Clarke and Wilcox counties are very third world. Instead of doing missionary work in West Africa, we’re doing it in West Alabama," Dozier says.

A graduate of the College’s Family Medicine Residency, Dozier was raised in a housing project in Thomasville. He worked at his uncle’s oil company fixing tires, welding and doing other manual labor jobs. When he broke his arm playing football, “I realized I would not be able to rely solely on my muscles for work; I would need an education,” Dozier says.

Although he struggled through high school, Dozier’s principal saw potential and encouraged Dozier to attend The University of Alabama.

Dozier wanted to be a family medicine physician but did not believe his grades were good enough to get into medical school. So, he chose to puruse a degree in accounting. When a fellow student challenged Dozier in biology class, he discovered he had a knack for the subject and quickly changed his major and began planning for medical school.

Dozier attended the University of Alabama School of Medicine. He spent his first two years in Birmingham at the main campus and his final two clinical years at the College, which also functions as the School of Medicine’s Tuscaloosa Regional Campus. He met his wife, Daveta, in medical school. They would complete residency together and now share a private practice in Thomasville.

The Doziers, who were dating at the time, entered the College’s Family Medicine Residency after looking at several other residency programs.

“Some say not to do your post-graduate work at the same place you went to medical school, but I felt
Tuscaloosa was the best,” Dozier says. He believes his residency training prepared him for the transition into a family medicine practice in a rural community.

As with any career, Dozier faced many challenges and made numerous adjustments, but “having a family practice background gives you the ability to mold and to move and to change,” Dozier says.

With no plans to retire, Dozier envisions his practice will continue to grow. “I’m going to practice until I can’t physically.”

Dozier has one son and two daughters, the youngest of which is currently in the College’s Rural Medical Scholars Program with the intention of becoming a family physician.

EDDIE SHERWOOD, VICE PRESIDENT OF BBVA Compass Bank in Tuscaloosa and vice-chair of the College’s Board of Visitors, has been immersed in the College since he was a young boy.

Sherwood’s father, a local surgeon, trained resident physicians in the College’s Family Medicine Residency during his rounds at DCH Regional Medical Center. Often, Sherwood’s father would invite the residents to his house for a meal. It was then that Sherwood’s passion for the College was sparked.

“I have great associations with the College due to my father’s love for it,” he says.

Sherwood chose a different career path than his father.

He graduated from The University of Alabama with a degree in business administration and entered the banking industry. Over the next nine years, he worked for First Alabama Bank, National Bank of Commerce and Cadence Bank.

He was then offered a job as a pharmaceutical representative, and his largest client was Capstone Medical Center, now University Medical Center, the College’s multi-specialty medical center that serves UA and the West Alabama community. Sherwood often brought lunch to UMC and in the process got to know 11 classes of residents.

In 1990, Sherwood opened his own business, Capstone Paper and Chemical. Following that, he began working for BBVA Compass Bank, where he has been for 16 years. Sherwood currently works in commercial lending.

“University Medical Center should be a benchmark for other organizations to come to and find out how it’s so successful,” Sherwood says. “It should be on the map as one of the best practice centers in the country.”

While Sherwood remains active with the College, he also serves as president of the board of the Arc of Tuscaloosa, a non-profit organization that provides services to Tuscaloosa County adults with intellectual disabilities. He also works with Hospice of West Alabama.

Additionally, Sherwood maintains a passion for those living with multiple sclerosis and has established a foundation to help comfort those who cannot afford the medicine they need to cope with the disease. Sherwood himself lives with multiple sclerosis, although he does not show visible signs of the disease.

Sherwood has two children: William, 22, a UA graduate who is working on a master’s degree in structural engineering at the University of Texas; and Victoria, 20, who is attending Millsaps College in Jackson, Miss. His wife, Amy, works for the College as director of Nursing and Quality Improvement and director of Health Informatics.
ON ROUNDS | ADVANCEMENT

MEET THE BOARD

Susan Austin-Warner, PhD
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Jennifer Bolton, MD
Self-employed, Tuscaloosa, Ala.

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Trinity Hospital Group, Birmingham, Ala.

Amelia de los Reyes, RN
College of Community Health Sciences, Tuscaloosa, Ala.

Frank Dozier, MD
Family Medical Center, Thomasville, Ala.

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College of Community Health Sciences (retired), Tuscaloosa, Ala.

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Sowing Seeds for Hope, Marion, Ala.

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College of Community Health Sciences (retired), Northport, Ala.

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Sage Smith, MD
Monroeville Medical Clinic, Monroeville, Ala.

Vijay Sundar, MD
College of Community Health Sciences (retired), Tuscaloosa, Ala.

Michael Taylor, MD
Medical University of South Carolina, Mount Pleasant, S.C.

Lisa Russell Underwood
College of Community Health Sciences (retired), Tuscaloosa, Ala.

Mike Williams
The Westervelt Company, Tuscaloosa, Ala.

Mark Williams, MD
North Mississippi Health Services, Indian Springs, Ala.

William Winternitz, MD
College of Community Health Sciences (retired), Tuscaloosa, Ala.

Frederick L. Yerby MD
Fayette, Ala.

Not pictured:
Brad Cork
Phifer Inc., Tuscaloosa, Ala.

Beau Freeman, MD
Self-employed, Montgomery, Ala.

Susan Wood
Tuscaloosa, Ala.
Alumni News

Frannie Koe, MD, was invited to speak in the summer of 2013 at Botucatu Medical School of the State University of São Paulo in Botucatu, Brazil, where she did a pediatric rotation while a resident at the College’s Family Medicine Residency. Koe also spoke at a foundation begun by a Japanese family from Pompeia, a small town in Brazil. Koe’s daughter, Beth, and son-in-law, Carlos, now live in this small town and work for the foundation. Carlos is an agronomist specializing in the latest farm technology and precision agriculture. He is working with Koe to develop a website to help small organic farmers and gardeners with record keeping, contacting each other for support and selling and buying goods.

Frances “Frannie” Koe, MD (formerly Frannie Sides)
Rural Medical Scholar, 1999 – 2000
Medical Student, 2002 – 2004
Family Medicine Resident, 2004 – 2007

After completing residency at the University of Florida, Kelli Harris Tapley, MD, and her husband, Jerome, returned to Birmingham, Ala., where she began practicing at St. Vincent’s with Birmingham Pediatrics. The couple has been involved in organizing a program within their church that partners with CarePoint in eS’Khaleni, Swaziland, South Africa. Kelli Tapley is planning a medical mission to the area soon. Kelli and Jerome have with two children: Madeline, age 7 and Harper, age 3.

Kelli Harris-Tapley, MD
Rural Medical Scholar, 2000 – 2001
Medical Student, 2003 – 2005

SEND US YOUR NEWS

We want to hear from former residents, medical students and graduates of our rural health programs. Send us news about jobs, promotions, retirements, honors and achievements, marriages, births and deaths. You can send the information by mail, fax, email or via our website at cchs.ua.edu/alumni — just be sure to include your graduation year. (We reserve the right to shorten and edit entries to conform to space constraints and style guidelines.)

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Tuscaloosa, AL 35487-03261

Fax items to (205) 348-9417
Email items to bjaillet@cchs.ua.edu
Go online at cchs.ua.edu/alumni
Residency Grad Honors Father with Sports Medicine Support Fund

By Amy Saxby

THE COLLEGE OF COMMUNITY HEALTH Sciences's Sports Medicine program and fellowship continue to receive support, most recently with the W.H. Walker Endowed Support Fund. The fund was established in April 2013 by William E. Walker, MD, in honor of his father, William Henry Walker. The fund will provide support for the College’s Patrick Lee Trammell Sports Medicine Program and the Sports Medicine Fellowship for Family Physicians.

The elder Walker was born in 1922 in Ashland, Miss., one of eight children. He finished the eighth grade, spent his days working on the family farm and joined the Navy as soon as he was old enough. After his tour was over, the World War II veteran settled in Hattiesburg, Miss., where he married Clara Anderson and together they had two children, Brenda and William.

The father worked as an oil field driller and crane operator for 38 years. He never had the chance to be involved in organized athletics, but always made time to be involved in sporting activities with his children. His “approach to sports was much like his approach to life: he was tough, honest, dependable, gave maximum effort and expected the same from others,” his son says.

The father supported the son, a graduate of the College’s Family Medicine Residency, in both academics and athletics and was instrumental in encouraging him to complete his residency.

When the elder Walker passed away in 2012, the son believed he would have wanted to support the sports medicine program and fellowship at the College. “Had my father had the chance, he would have done the same thing,” William E. Walker says in explaining the decision to establish the endowed fund in his father’s honor.

After graduating from the College’s residency in 1980, the younger Walker practiced family medicine for two years in Collins, Miss., before venturing into emergency medicine. He spent one year in Laurel, Miss., before moving to Forrest General Hospital in Hattiesburg, where he currently works.

Additionally, he has served 13 years as team physician for Oak Grove High School near Hattiesburg and finds great value in his experience with the team.

“I should pay them to let me train with them. The coaches, staff and kids give to me much more than what I provide for them.”

He says the College’s Family Medicine Residency not only prepared him for a career in family medicine but was also “the best training for emergency medicine. The Family Medicine Residency provides a well-rounded experience to just about everything,” he says.

The residency is one of the oldest and largest such residencies in the United States. Since its founding in 1974, the residency has placed 423 family medicine physicians into practice in 29 states.
SCHOLARSHIPS

The College of Community Health Sciences awards a variety of scholarships to medical students each year. Here is a look at scholarships awarded in 2013:

HOUSTON AND VONCILE PEARCE ENDOWED SCHOLARSHIP ($495 EACH)
The Rural Medical Scholars 2013-2014 class was awarded the Houston and Voncile Pearce Endowed Scholarship. The scholarship was endowed in 2009 and is intended to support students in the program. The Pearces owned a number of radio stations across the Southeast, and both were inducted into the Alabama Broadcasters Association Hall of Fame in 2008. The students who received the scholarship are: Muhammad Ata, Nicholas Cobb, Kathryn Cox, Julie Dozier, Jacob Guin, Whitney Hudman, Bhavika Patel, Marshall Pritchett III, Dwain Strickland, Myra Vickery, Dana Watson and Jared Willis.

DR. ROBERT PIERONI, MD, AND FAMILY ENDOWED SCHOLARSHIP ($1,000)
Jason Clemons, a fourth-year medical student at the time, was the first recipient of the Dr. Robert Pieroni, MD, and Family Endowed Scholarship. Clemons has since joined the College’s Family Medicine Residency. Pieroni and his wife, Dorothy, established and approved the scholarship in 2012. The award supports medical students enrolled in the College, which also functions as the University of Alabama School of Medicine’s Tuscaloosa Regional Campus, who intend to enter generalist or primary care, and the award considers both merit and financial need. Pieroni was a faculty member at the College for many years, and he continues to be active in his support of the College.

THE FRANK FITTS, JR., ENDOWED SCHOLARSHIP ($5,000)
Two awardees were selected for The Frank Fitts, Jr., Endowed Scholarship. Caroline Price and Erica Young are both third-year medical students at the College, which also functions as the University of Alabama School of Medicine’s Tuscaloosa Regional Campus. The scholarship was created in 1993 by Cynthia Ford (Fitts) Thomas in honor of her late husband, Frank Fitts, Jr., great grandson of J.H. Fitts, who established The University of Alabama’s first endowed scholarship in 1903. The intent of the scholarship is to address the needs of medical students who graduate with a high debt load.

DR. SANDRAL HULLET ENDOWED SCHOLARSHIP ($1,000)
Brittney Anderson, a fourth-year medical student, was the awardee for the Dr. Sandral Hullett Endowed Scholarship. The scholarship was established by The University of Alabama to support African-American students and is named in honor of Sandral Hullett, MD, one of the first African-American residents in the College’s Family Medicine Residency. Hullett went on to have a successful career as a rural practitioner and is considered a national expert on rural health. She was named rural doctor of the year by the National Rural Health Association in 1988. Hullett was also a long-time member of The University of Alabama Board of Trustees.

LARRY MAYES SCHOLARSHIP ($1,000)
The Larry Mayes Scholarship was awarded to Brittney Anderson, a fourth-year medical student. Friends and associates of Larry Mayes, a medical student who passed away while traveling abroad, created the scholarship in 1986 in his memory. Consideration is given to third- and fourth-year medical students who elect a community medicine experience in an underserved area in the United States or abroad. Anderson is currently traveling and studying in Ghana, West Africa.

REESE PHIFER JR. MEMORIAL FOUNDATION ENDOWED SCHOLARSHIP ($1,000)
The Reese Phifer Jr. Memorial Foundation Endowed Scholarship was established in 2011 and the final donation was made in December 2013. Susan Cork established the scholarship to support medical students who intend to enter the College’s Family Medicine Residency and who have an interest in spending part of their residency years training in Fayette, Ala. Funding for the scholarship came from the Reese Phifer Jr. Memorial Foundation, which donated $25,000 over three years. The College matched those funds as part of its 40th anniversary celebration in 2012. The University of Alabama Board of Trustees is expected to approve the endowment, with a total of $51,331.28, in 2014. The first scholarship awardee will be selected in early 2015.
Thank you to all of our donors and friends who gave to the College of Community Health Sciences in 2013 through cash donations, in-kind gifts, estate gifts or matching funds. The gifts benefit faculty, medical students and residents—and ultimately communities throughout Alabama—by providing resources for scholarships, classrooms, clinics and research opportunities for future primary care physicians.

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