Do you remember 1972, either from your own memories or from the history books? It was the year that the Dow Jones closed above 1000 for the first time. Five White House operatives were arrested for burglarizing the offices of the Democratic National Committee in what would soon become known as “Watergate” and eventually bring down a President. It was the year that Mark Spitz won a record-setting seven gold medals in the Summer Olympics at Munich, an occasion that was otherwise largely overshadowed by the massacre of 11 Israeli athletes by terrorists. We watched as Apollo 17 carried men for the last time (to date!) to walk on the moon, and when Alabama Gov. George Wallace was shot while campaigning in Maryland for the Presidency. On the lighter side, Nike introduced running shoes for the first time, and “Pong” became our collective distraction as the first commercially successful video game, released that year by Atari. Oh, and don’t forget - gas cost 55 cents a gallon!

In the summer of 1972, I returned from my Junior Year abroad in England to finish my bachelor’s degree with another semester at Tulane University, and then got on with the start of my medical career: mopping the operating room at Lakeside Hospital in New Orleans! Medical school was on my personal plan for the next year, but I knew nothing at the time of the recent birth of the then “newest specialty” and my future career of Family Medicine, nor of the early efforts at The University of Alabama by Dr. William R. Willard and colleagues “to train a new type of doctor – a family physician.” In 1972, I certainly had no inkling about completing a Family Medicine residency in Tuscaloosa, nor a clue that I might pursue an academic career as a family physician. And, certainly I could not have dreamed of returning to Tuscaloosa 40 years after the founding of the College of Community Health Sciences (CCHS) as its dean.

Pearl S. Buck’s observation that “If you want to understand today, you have to search yesterday” rings true. I have found myself intrigued by the early history of the College, and by Dr. Willard’s prior work with the American Medical Association in the mid 1960s – work culminating in a report, “Meeting the Challenge of Family Practice,” and more popularly known simply as “The Willard Report.” I commend it to you, as it is as remarkably relevant today as it must have sounded extreme in 1966. It describes the family physician as “the physician of first contact… [who] evaluates the patient’s total health needs,…[and] assumes responsibility for the patient’s total health care within the context of his environment, including the community, and family or comparable social unit.” “The family physician is the integrator of health services received by the patient. He also interprets them to the patient…This function has increased in importance as medicine has become more highly specialized and complex…” “The family physician provides leadership to the many allied personnel who offer services for his patients… He must have training in the medical school and hospital under conditions in which the health care team approach to patient care is demonstrated effectively…” Non-gender sensitive language from the 1960s aside, some 50 years later there is still not a better contemporary description of the role of the primary care physician in the medical home setting then this visionary, timeless elucidation.

Despite the clarity of this vision of the quintessential family doctor and the need for proper training of more, starting CCHS for that purpose, in a community setting with little medical education track record was no easy feat. Dr. Willard and the College founders often bucked many of the trends of medical education of the time out of their firm belief in the need for a different model: “There were no faculty with the [Family Medicine] experience that you could recruit. You had to go out and bring in practicing...
Despite the intense developing emphasis of those times on disease-oriented research as the solution to our society’s health woes, Dr Willard believed that it was critical for training to encourage “continuity [of] care that emphasizes the family as a unit [and] that emphasizes prevention,” and to look “at the health of a group of people versus an individual; diagnosing the community, if you will. What are its health problems, what are its health resources, its needs? How can these be met? What are the social and cultural factors that bear on disease in that community?” And he recognized that working in silos, as was so often the model of the academic center, may not be in the best interest of our patients: “How do you get the doctor, the nurse, the laboratory technician, the social worker and the others cooperating and working together for the benefit of the patient? And unfortunately, our educational system fragments them. They rarely have contact with one another in any organized way during their educational program.”

In its first 40 years, the College of Community Health Sciences has more than met the basic litmus test set out by Dr Willard in the 1970s. He said that “If in 10 years we cannot demonstrate that we’ve had some significant impact on the health care in rural Alabama, then there’s really not much justification for our existence.” Measured by the production of family physicians and rurally placed doctors, CCHS is clearly a huge success for the state of Alabama. The College’s Family Medicine Residency has graduated more than 400 family physicians. About 55 percent of our residency graduates remain in the state to practice, and about half of them practice in rural areas in Alabama and elsewhere. In fact, 1 in 7 of all practicing family physicians in Alabama is a graduate of our residency.

Yet, 40 years later, so many of the same challenges remain: Is the patient centered medical home the model and path for elevating primary care to its essential place within our system? How do we transform our practices, including at CCHS, to be safer, more effective and patient centered and financially sustainable? What should our medical student curriculum and residency look like and what are the critical skills and knowledge that our graduates will need in the future? How can we promote true inter-professional training across the health professions? Where will we find the faculty that we will need if we are to ramp up the production of family physicians and other primary care doctors? What are effective strategies for a community-based academic medical center to engage with community partners in to improve population health, particularly in chronically impoverished and underserved communities such as the Alabama Black Belt?

As we enter our fifth decade at the College, with a proud if not challenging 40 years under our belt, we remain focused on and very optimistic about our mission: “To provide the physicians and expertise needed for accessible, high quality and compassionate health care for the citizens of Alabama.” I am privileged to have been selected to help guide this next step of the journey. I believe that Dr. Willard would be pleased by our path and achievements so far.

Richard M. Streiffer, MD
Dean, College of Community Health Sciences
## Table of Contents

**Fall 2012 • Volume 20 Number 13**

<table>
<thead>
<tr>
<th>Page</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Dean’s Message</td>
</tr>
<tr>
<td>5</td>
<td>Forty Years of the College of Community Health Sciences</td>
</tr>
<tr>
<td>9</td>
<td>Congratulations on 40 Years of Service</td>
</tr>
<tr>
<td>11</td>
<td>Training a New Type of Doctor</td>
</tr>
<tr>
<td>18</td>
<td>Forty Years of Leadership</td>
</tr>
<tr>
<td>26</td>
<td>Training Doctors for a New Model of Care</td>
</tr>
<tr>
<td>31</td>
<td>Devoted to Family Medicine</td>
</tr>
<tr>
<td>35</td>
<td>Trailblazer</td>
</tr>
<tr>
<td>38</td>
<td>Education and Training</td>
</tr>
<tr>
<td>40</td>
<td>Rural Programs</td>
</tr>
<tr>
<td>44</td>
<td>Research</td>
</tr>
<tr>
<td>46</td>
<td>University Medical Center</td>
</tr>
<tr>
<td>48</td>
<td>Health Sciences Library</td>
</tr>
<tr>
<td>49</td>
<td>Student Health Center</td>
</tr>
<tr>
<td>51</td>
<td>Community Outreach</td>
</tr>
<tr>
<td>54</td>
<td>Alumni</td>
</tr>
<tr>
<td>61</td>
<td>Advancement</td>
</tr>
<tr>
<td>70</td>
<td>College Briefs</td>
</tr>
<tr>
<td>71</td>
<td>Accolades</td>
</tr>
</tbody>
</table>

*Dean: Richard Streiffer, MD  
Editor: Leslie Zganjar, MPA  
Graphics Design: Pam Winters, University Printing, The University of Alabama  
Cover Design: Pam Winters, University Printing, The University of Alabama  
Contributing Writers: Brad Fisher, Elizabeth Hartley and Linda Jackson*
In the late 1960s, a public outcry arose in response to the country’s acute need for more physicians. In response to that demand, the College of Community Health Sciences was established at The University of Alabama. Many areas of Alabama, particularly small towns and rural communities, suffered from a serious lack of health care. The distribution of doctors was not the only reason for the physician shortage. Many of the new doctors being trained were choosing the more prestigious specialties and subspecialties of medicine, and were choosing to practice them in the more urban areas of the state.

With a mandate from the state Legislature to improve health care in Alabama, the College looked to Family Medicine to achieve its goals. The College was committed not just to training more physicians but also to cultivating doctors with the desire to serve the state’s smaller, underserved communities. What was needed was a special kind of doctor trained in the area of Family Medicine – general practitioners who would choose to practice in the state’s small towns and rural communities and who were equipped to treat the myriad of medical problems found there. The College was established to fulfill the need for more family doctors for Alabama.
The College became official with the arrival of William R. Willard, MD, a nationally recognized leader in Community and Family Medicine, who came from the University of Kentucky in 1972 to lead the College as its first dean. Willard wasted no time developing College disciplines to meet the needs of the state. Family Medicine, Pediatrics, Internal Medicine, Obstetrics-Gynecology, Psychiatry, Behavioral Science and Surgery all became part of the new curriculum. A Family Medicine Residency was started within two years. The first class of medical students who completed their clinical training at the College graduated in 1976, and the first class of residents in 1977. For the training of medical students, the College is a branch campus of The University of Alabama School of Medicine, which is headquartered in Birmingham.

An important part of the College’s program is an outpatient clinic that forms the base of a clinical teaching program, where residents and medical students are trained under the supervision of College specialists.

The College’s first clinic, the 30,000-square-foot, multispecialty Family Practice Center, opened in 1975 on University Boulevard directly across the street from DCH Regional Medical Center, which partners with the College to train medical students and residents. The opening was attended by numerous dignitaries, including Lady Bird Johnson, wife of former President Lyndon B. Johnson. Administrative space was also a necessity and in 1974 Nott Hall was renovated and enlarged to accommodate the College’s administrative offices.

“Getting that College organized in the early years was one of the toughest jobs because we were trying to train a new type of doctor – a family physician,” Willard said in a 1979 interview.

By 1981, the College had a permanent faculty of 30 and more than 100 volunteer physicians who helped educate and train residents and medical students. The small number of patients that had trickled into the Family Practice Center in the 1970s had grown to more than 26,000 patient visits per year and the increase required the temporary use of five double-wide trailers, set directly behind the Family Practice Center, for clinical activities.

The Family Practice Center was renamed Capstone Medical Center in 1982 and work began to expand the facility and add more than 7,000 square feet of clinical space. The expanded clinic opened in 1985 with new exam rooms, a new Ob-Gyn suite, a minor surgery/procedures room and new waiting rooms. By 1993, the number of patients had grown to more than 13,800 and they made almost 70,000 office visits per year.
A key College initiative during the 1990s was a deliberate attempt to strengthen the rural medicine pipeline. Through the establishment of a series of programs designed to find and nurture students from rural areas, the Rural Health Leaders Pipeline continues to recruit rural students who wish to return to their hometowns or other rural and underserved communities to practice medicine. Hundreds of Alabama high school and college students have taken advantage of these programs and are now practicing in rural Alabama communities.

“We need more family doctors in every type of community. But rural towns are perpetually underserved and there are special challenges for them to be able to attract the right type of doctor who will come, stay and really integrate into the community,” says College Dean Richard Streiffer, MD.

By 1996, the College had 35 full-time faculty, 46 part-time faculty and 95 staff members, including the nursing staff at Capstone Medical Center. The teaching skills of College faculty were widely respected, as evidenced by those recognized with University of Alabama National Alumni Association awards for excellence in teaching. Current and former faculty who have received the award include: Elizabeth Cockrum, MD, Harry Knopke, MD, James Leeper, PhD, Robert Pieroni, MD, and William Winternitz, MD.

In 1999, the College continued its commitment to rural outreach by establishing an annual Rural Health Conference dedicated to identifying issues and proposing solutions for improving the health concerns of Alabama’s rural citizens. As a corollary to this effort, the College created the Institute for Rural Health Research in 2001. The Institute traces its roots to an effort by the College in the 1980s to support ongoing research – the Research Consulting Laboratory, later renamed Health Research Consulting Services. The College’s first big research grants came in 1985 when six projects were funded for a total of $760,000. In recent years, the Institute has been awarded numerous state and federal grants to research a variety of health issues.

Steps were taken to technologically modernize teaching and clinical care at the College with the introduction of an electronic medical record at Capstone Medical Center in 2002. An EMR is a paperless patient medical record that is immediately available to a patient-care team. The College has since outgrown that initial EMR and a new system was implemented last year.
Work began in 2002 on a new building for the College to provide an optimal environment for teaching, patient care, research and service. The College’s 72,000-square-foot main building opened in 2005 at its current location on the corner of University Boulevard and Fifth Avenue East, and its outpatient clinic was renamed University Medical Center. Also during this time, the University’s Student Health Center became part of the College and an 18,000-square-foot facility was added to the College’s main building. Today, the Student Health Center is the medical home for the University’s 30,000 plus students.

In recent years, the College has developed fellowships through its Tuscaloosa Family Medicine Residency to enhance the education of Family Medicine physicians. The College offers fellowships in Sports Medicine, Hospital Medicine, Emergency Medicine, Obstetrics, Behavioral Health, Rural Public Psychiatry and Academic Medicine. The College also has two endowed chairs – the Gerald Leon Wallace Endowed Chair in Family Medicine and the Endowed Chair of Sports Medicine for Family Physicians. This year, the College increased the number of residents it accepts into its Family Medicine Residency, and plans call for further expansion in the future.

During its 40-year history, the College has contributed greatly to improved health care in Alabama. More than 760 medical students have received their third and fourth years of training at the College. More than half of these graduates have chosen careers in primary care and those who choose to specialize in other areas of medicine are well prepared to do so.

The College’s Family Medicine Residency has seen similar success, placing more than 400 Family Medicine physicians into practice, with more than half of those in Alabama and the majority of those in towns with fewer than 25,000 residents. In fact, 1 in 7 Family Medicine physicians practicing in Alabama graduated from the College’s residency.

As the College embarks on its fifth decade, one thing has become clear: the goal set by the College in 1972 to place more doctors in the state’s small towns and rural and underserved communities is being met. A vision that began with the dedication and determination of a small group of administrators, faculty, physicians and other supporters is today producing needed primary care physicians for Alabama. That vision continues to guide the College as it educates and trains physicians in new models of patient care now and for the future.

“The challenges of providing good, affordable health care for all Americans is still with us,” says David Mathews, president of the Kettering Foundation and a former University of Alabama president who was instrumental in the creation of the College. “And the guiding vision for the College of Community Health Sciences is as relevant today as it was at its founding.”
In 1972, The University of Alabama attracted Dr. William Willard to come and develop what would become the College of Community Health Sciences. His efforts were made possible because of the dedication of many local and regional doctors who, at the time, recognized the need for *A Special Kind of Doctor* who would embrace the beauty of our rural areas and want to find that special place to be a part of families and their communities. When you think of family physicians, they are the ones who are naturally a part of the whole life cycle of a family and community.


Because of committed physicians who cared about our rural areas, proactive legislators like Senator Richard Shelby, then-University of Alabama President David Mathews and the leadership of a visionary physician, Dr. William Willard, also known as the “father of Family Medicine in the United States,” we at The University of Alabama are here today to proudly celebrate 40 years of responding to the challenge. Currently, 1 in 7 practicing family physicians in Alabama were trained at the College. You have served our University and our state well. Congratulations.

On behalf of The University of Alabama family, I wish you the very best as you celebrate 2012 with Dr. Richard Streiffer as your new dean. Dr. Streiffer is one of us as a graduate of the College’s Family Medicine Residency in 1980. Since then, he has distinguished himself as an excellent practitioner and as an innovator, starting two residency programs in Family Medicine and being recruited to his undergraduate institution at Tulane University in New Orleans to build the first Family Medicine Department in the School of Medicine there into one of distinction. He has been recognized as both a scholar and teacher with awards from the School of Medicine at Tulane and the Presidential Award for Scholarship at Tulane. He is known nationally for his professional service to the discipline of Family Medicine. I believe that he will continue the vision that Dr. Willard and others began in 1972 and bring energy and direction as the College of Community Health Sciences addresses the challenges and opportunities for continued success in today’s health care environment.
On the 40th Anniversary of The University of Alabama College of Community Health Sciences, I would like to extend my sincere congratulations on this milestone and reflect upon the great achievements of the College.

The College has made a significant impact on Alabama and has changed our state’s health care for the better. Through research, education and service to the community, this fine institution of learning has truly made a difference in the lives of many Alabamians, particularly those in rural areas and small towns.

Providing quality health care is something our country prides itself on and I commend those who are dedicated to this cause for their hard work, persistence and commitment to their communities.

It is my hope that the College continues to produce top-notch researchers, dedicated students and valuable health care services for many more years to come.
In a 1979 television interview, William R. Willard, MD, founding dean of the College, talks about training a new type of doctor – a family physician.

Host: Dr. William R. Willard recently retired from his post as dean of the College of Community Health Sciences at The University of Alabama. In his tenure there, and as dean at several other university medical departments across the country, he has built a tremendous reputation as a medical educator. He has been one of the main generators of the concept of Family Medicine. He is, in short, an accomplished professional in the field of medical education and public health.

Let’s take a quick look at his years before coming to Alabama.

Upon graduating from Yale University in 1934, Willard began work with the Maryland State Health Department. Then came World War II. He joined the Army’s Public Health Service Branch where he was trained for the invasion of Japan. Upon Japan’s surrender, he was sent instead to Korea, where he served as head of the military government’s Department of Public Health and Welfare. After his discharge, he was offered a position at Yale with the Department of Public Health. After five years at Yale, spending some time as assistant dean, he received an offer to become the dean of Syracuse University. At the end of another five-year period at Syracuse, he left to start a new school of medicine at the University of Kentucky. While serving at the University of Kentucky, he built quite a medical complex and was within a few years of retirement when he received a telephone call from a former co-worker at Syracuse. Point In Question, A University of Alabama television production, talked with Dr. Willard about the consequences of that phone call.
Interviewer: Why did you come to Alabama? You were within a couple of years of retirement at Kentucky. You had built a very important medical complex there. Did you see something unique in the plan and the need in Alabama?

Willard: There were several factors. I was nearing retirement at Kentucky. One begins to wonder what you are going to do. I just couldn’t see myself sitting around relaxing or maybe writing a few papers and doing whatever it is people do. Earlier, I had read an article about catfish farming. I knew not a thing about farming. We (he and his wife) took a summer vacation and toured catfish farms. We went to processing plants, experimental plants. We went to Arkansas, Mississippi, parts of Texas and Alabama. We said this is what we will do and we started looking around for land. About that time, Howard Gundy, the (University’s) academic vice president, gave me a call. Howard had been on the faculty of Social Work at Syracuse University when I was there and we knew each other. He remembered me and asked if I would come down for a consultation visit. I wasn’t very sure what the consultation was about, something to do with medicine, but it was a little hard to be clear on the telephone. But I agreed to come. I guess I had been here 10 minutes when I figured out they were looking for somebody. In the course of time, it turned out they offered me a job. But I made it very clear. I’ve only got a couple of years and I am interested in a catfish farm. During the course of the discussions, I asked the (University of Alabama) president how much money he had to launch a medical education program and he said, ‘Well, the Legislature appropriated $435,000.’ I said, ‘Well, that’s a good start of money, but that won’t get you very far.’ He said, ‘It is just start-up money.’ I said, ‘Will the governor tell me this?’ He said, ‘Oh, we will see.’ The next day, we were on the plane to Montgomery with the president and he picked up two of his and Gov. (George) Wallace’s friends, one of them being Victor Poole, our local banker. On the way down, he said, ‘You know, we might have some property in Moundville that would interest you.’ So after we had our conversation with Gov. Wallace, which went quite well, I went down to Moundville and took a look. I persuaded my wife to come down and take a look. And after pondering a bit, we decided we would come.

Interviewer: So you thought you only had two years left of active service in academic medicine. And you added five to that.

Willard: Well, that’s right. Retirement age was 65 in Kentucky. I was assured it was the same here. I wasn’t smart enough to ask the question. And (University of Alabama) President (David) Mathews didn’t volunteer anything different. And I think it was three months after I’d been here that I discovered that the 65 didn’t apply. And now, somehow, I’ve been on the job about seven years.

Interviewer: But they have been seven pleasant years, haven’t they? Can you trace the development of your College of Community Health Sciences?

Willard: In many ways, this has been the most difficult of the jobs I’ve had. But at the same time, I think it may be one of the more rewarding ones. Because I think we have an opportunity to make a significant impact on an important social problem and that is the health care of the smaller towns and rural areas, which the medical education establishment and really no one else had really tried to solve. I tell you, getting that College organized in the early years was one of the toughest jobs because we were trying to train a new type of doctor – a family physician. There were no faculty with the experience that you could recruit. You had to go out and bring in practicing physicians who weren’t always comfortable in the academic world. If you went to the academic medical centers, which we had done to some extent, you get someone with a traditional orientation. So this is a very unique faculty. I thought we would never get the first full-time faculty member, but you keep plugging along and you get a few and it gets a little easier to get the next one. We’re now to the point where five or six more positions and we’ll have a pretty well-balanced, rounded complement. And I think I will feel at that point that I’ve created something here that’s got the manpower and got the organization and got the momentum and got the philosophy that, when and if the right person comes along, it can go forward.

Interviewer: What is a family practice physician?

Willard: Well, it’s used often times synonymously with a general practitioner. I’d say the family physician is the modern version but there is a significant difference. The family physician is hopefully trained and will practice in a way that provides continuity of care that emphasizes the family as a unit; that emphasizes prevention, rehabilitation and comprehensive care. This may be
involved in a number of fields like medicine, Pediatrics, minor surgery, Obstetrics and so forth. This contrasts with the general practitioner who provides episodic care; that is when you get sick you go to him but the follow up, the continuity, the comprehensiveness is not necessarily there. I have to qualify this by stating that there are many general practitioners who really practice what we would call Family Medicine. But by and large, training programs, until just recently, haven’t been geared to apply this philosophy and this approach to care.

**Interviewer:** Along with the development of the specialty of the family practice physician has been the concept of Community Medicine. How are the individuals and the concept related and perhaps could you explain Community Medicine. What does that mean?

**Willard:** This is interesting. It really goes back to my days at Kentucky. There are two things we did at Kentucky that were first in the United States. One was the establishment of an academic Department of Community Medicine. The second was an academic Department of Behavioral Science. Community Medicine is often thought of by some people as public health, but it’s more than that. It’s really looking at the health of a group of people versus an individual; diagnosing the community, if you will. What are its health problems, what are its health resources, its needs? How can these be met? How does a community need to be organized? What are the social and cultural factors that bear on disease in that community? It’s not involved really with the individual patient and his family but with a whole group of people. And it requires some difficult disciplines to do it well.

**Interviewer:** Is that a further step in specialization of medicine? Or is that a step back toward generalization of medicine?

**Willard:** I don’t know that it fits in either. There is a specialty called public health and Preventive Medicine for which physicians well trained in Community Medicine can qualify. I think it’s really a bringing together, in a sense, of the medical establishment and the public health establishment with some additional disciplines for a comprehensive view of the community. Unfortunately, historically, public health and Community Medicine have been artificially separated with public health departments emphasizing prevention and letting practitioners take care of ordinary illness. But you really can’t make that distinction because they are so interwoven.

**Interviewer:** Is medical practice becoming too specialized? Or is that a necessary trend?

**Willard:** Both. I don’t think anybody would question the importance of specialization and the great biomedical research efforts that this country made after World War II. As a result, (there was) really a dramatic change in the practice of medicine and in what physicians can do for patients. On the other hand, there have not been enough generalists, so that the person who doesn’t need the specialist, the person who is living in the smaller towns and rural areas and the person in the ghettos of cities
are not really getting served. We’ve had an imbalance. We need them both. And I think the nation is now only beginning to attack this problem of proper balance.

Interviewer: Is it a problem that can be attacked through education alone?

Willard: Education can be an important component. I think part of the problem, and I won’t say the whole problem, has really been the medical education establishment. And I don’t think one ought to blame the medical education establishment because they did really what the public demanded as indicated by how tax dollars were appropriated. They were appropriated for biomedical research, which led inevitably to specialization and sub-specialization. So a change in the educational pattern is one important component of the solution to the problem. I think we’re beginning to see that happen, certainly in Alabama. The College of Community Health Sciences is certainly one example of that change.

Interviewer: This matter of education … some folks have looked at this medical need as a need to educate doctors, to train physicians. But there’s something more to it than that, that you’ve mentioned on various occasions, the whole business of patient education, health care management education, training support personnel, such as nurses and other people who work with doctors and who can and should play primary roles in the delivery of health care. How do you feel about this whole item of a general sort of broad education for the public as opposed to the specific training of a doctor to do a job?

Willard: They’re both necessary. And I think the whole allied area to which you referred is of growing importance. It used to be around the turn of the century that there were maybe two support persons for every physician. Now there’s 15 or 20. And there’s over 150 different occupations listed under health for the federal government. Well, these are important because health is much more than a doctor problem. And many of these can do specialized tasks better than the doctor can, such as a laboratory technician. But there’s the question of economics, the financing of health care. There’s the question of, since so much of medical care is now paid for by the government, governmental policies and regulations are an important factor. Third-party payment mechanisms are important factors. How medical practice is organized, how it is to be financed, how communities are organized. All these things have a bearing on the problem. And unless one takes a really comprehensive view of it, one isn’t going to solve the problem of the health care of the American people just by training doctors.

Host: One problem in the training of doctors for health care in our American society is the geographic distribution of these physicians. Many medical experts feel that there’s not a shortage of doctors numerically, but that the numbers are in the wrong place. For example, Alabama has about one-third the physicians in relation to population compared to the national average. And, within the state, the distribution of physicians is poor. Approximately 80 percent of the doctors licensed in the last five years have elected to practice in the five major Alabama cities. One explanation for this geographic distribution probably is that the major medical centers are located in or near major metropolitan areas. Students in a profession generally tend to settle near the place of their schooling. Figures indicate that physicians usually practice within 50 to 75 miles of the place where they were trained. This matter of distribution has been a major concern to the public and members of the medical profession for the past decade. And in a larger sense, it forces the medical profession to decide whether or not it is really meeting public health needs. In one word – accountability.

Interviewer: Do you see this movement toward accountability as being a continuing sort of thing, and is it accomplishing anything? Is the movement toward accountability changed in any way the education of physicians and the practice of physicians?

Willard: I think it’s an important factor. Medical education is often considered to be one of the most expensive forms of education. Certainly, the nation is greatly concerned about the escalating health care costs and I think will be called increasingly to task to justify what we’re doing. And there are lots of efforts along this line. For example, medical audits, quality control standards are the sort of things that are beginning to be invoked; the necessity for recertification in a specialty in order to continue practicing or be licensed. These are trends along that line. And I think in the case of the College of Community Health Sciences, if in 10 years
we cannot demonstrate that we’ve had some significant impact on the health care in rural Alabama, then there’s really not much justification for our existence.

**Host:** During our conversation with Dr. Willard, he discussed some of the major trends in medical education he has observed during his career.

**Willard:** I think there are several things that have happened. About the earliest one I can recall is really in the late 1940s. This is all apart from numbers of new schools and things of that sort. It was an effort at Western Reserve to break down departmental barriers and get interdisciplinary training to show the inter-relationships between anatomy, biochemistry and clinical medicine, for example. And that’s had a significant impact on medical schools. Western Reserve’s pattern has rarely been followed exactly but it’s had its impact. The second thing that I think is important ... we’ve seen the development of the behavioral sciences and Psychiatry as important components of the curriculum. We’re now recognizing the impact of social and environmental factors and their influence on human response to illness. Physicians need to know these and you’re now finding that in practically every medical school curriculum, to some degree or another, these elements are now being taught. A third factor is Community Medicine. It’s a relatively new discipline and like new disciplines it has many definitions and it’s going to take awhile, just as it’s taking with Family Medicine, to shake it down into a well defined, commonly understood body of knowledge. But I think this is important. And probably, the fourth thing that is happening, not very much, we’ve been giving this lip service for many years, and that’s the team concept. How do you get the doctor, the nurse, the laboratory technician, the social worker and the others cooperating and working together for the benefit of the patient? And unfortunately, our educational system fragments them. They rarely have contact with one another in any organized way during their educational program. And I guess the final factor, which is really part of good medical practice, is in increasing emphasis on personalized care as well as a concern about the cost of care. Students and those in specialty training are now being asked questions, during training, about what’s this procedure going to cost? What’s its cost-benefit to the patient? These are all factors that I think have been developing in medical education.

**Interviewer:** If you could go back to Day One, start your life, your career all over again, is there any of it that you would do differently?

**Willard:** I don’t really think so. I think like most people, I prepared for a profession, and I prepared a little differently than the average medical student because I did elect a public-health training, so I brought perhaps a little different perspective. But then one takes advantage of the opportunities as they come, and I have been very fortunate in that I have had many good opportunities. There have been some that have been very hard to choose between. But, I don’t look back. You make the decision and you go forward, and I don’t really regret any of these decisions. I think the world, although it’s getting tremendously more complex and the problems difficult, the challenges and the opportunities in this field are tremendous. And if I were a youngster coming along now, exactly what I’d do I don’t know, but I think I’d like to fill approximately the same role of trying to provide some leadership in improving education in health services to the people.

This anniversary is an appropriate occasion to reflect a bit on the founding vision of the College of Community Health Sciences and the challenges it has faced.

The College is rooted in the 1970s, a decade when racial segregation was losing its hold on the state’s political system and the University could reach out to all Alabamians. And reach out it did.

During the 1970s, changes came from every quarter of the University. In the 15 years after desegregation, 42 of the then 56 academic programs (dating back to 1894) were established. Most of these ventures pointed outward, dealing with public issues like the use of mineral resources, community development, the well-being of children and the elderly and environmental protection. New divisions at the University emerged to respond to these problems, including the New College, the Women’s Studies Program, the Family Practice Center, the School of Communication and the Graduate School of Library Service.

There is no better example of this decade of change than the College of Community Health Sciences (CCHS). In the 1960s, Alabama needed more than 1,000 doctors just to reach the national average, and some counties had only one or two doctors. The number of primary care physicians was also declining. To make matters worse, most members of the state medical association were trained outside Alabama; consequently, the state was in the unenviable position of relying on others to provide its doctors.

A popular assumption at the time was that adding more doctors would increase competition for patients, driving physicians to establish practices in small towns in rural Alabama. Planners at the University, however, moved in a different direction. As the medical school dean in Birmingham, Cliff Meador, observed, the state’s problem was not simply a lack of doctors; it was too little medical care for the sick, coupled with too little preventive care for the well. Alabama’s crisis called for a different kind of medical practice coupled with more comprehensive health care. Some journalists agreed. Ray Jenkins of the Alabama Journal recognized that the state’s problems demanded more than simply increasing the number of physicians without regard for what they practiced or the condition of the total health care system. These ideas resonated with the University planners in Tuscaloosa.

The Alabama chapter of the American Academy of Family Physicians advocated a program in Family Medicine reinforced by community-based health care. And Dr. John Burnum on The University of Alabama planning team in Tuscaloosa favored a two-year clinical residency program that would draw medical school graduates from across the country.

When completed, the plan called for a University-wide, multifaceted initiative to improve health care for all Alabamians, with an emphasis on serving those in rural areas. This broader vision came, in part, from the recognition that considerable academic resources existed in Tuscaloosa that should be put to use in combating the state’s crisis. CCHS was to demonstrate how the University as a whole could respond to the needs of the state as a whole.

Since the problems of health care came from everywhere, it seemed logical to conclude that the solutions must as well. Having facilities ranging from law and business to social work and education put the University in a position to help provide what the fragmented arrangement for health care needed: forces working in concert with one another. The premise was that if collaboration among the professions began on campus, it should carry over to the state.
In late 1970, the general outline of what was to become CCHS was far enough along for The University of Alabama and the University of Alabama at Birmingham to sign a cooperative agreement. The plan called for a family practice residency program in Tuscaloosa plus continuing medical education and graduate courses tied to other University programs. In addition, Birmingham’s third- and fourth-year medical students would rotate through Tuscaloosa’s Druid City Hospital, now DCH Regional Medical Center.

The distinction between medicine and health was critical since the former is the purview of physicians and the latter involves a much broader array of professional as well as community actors. This vision appealed to the Legislature and the College had no difficulty in getting its initial funding. CCHS was to be a college for community health rather than a medical school.

The University was fortunate to attract a dean who was one of the nation’s leading authorities on community health, Dr. William R. Willard. Willard recruited an able faculty made up of a mixture of the state’s leading practitioners and stellar academics. They created a Family Medicine residency that was the principal means for addressing the scarcity of physicians in rural areas. The program was designed to put doctors in small towns across the state as quickly as possible.

A key strategy for CCHS was to enlist faculty from the University’s other schools and colleges who could contribute to meeting the state’s health care crisis. The School of Business, Social Work and Education played key roles. Their faculties planned projects to complement the work of CCHS. And when a School of Nursing was created in 1976, its faculty collaborated with CCHS. Other divisions, like the School of Law, created their own outreach programs to complement what CCHS was doing. The College also became involved in joint undertakings with the Alabama Cooperative Extensive System at Auburn, and Stillman College and Shelton State Community College in Tuscaloosa.

In 1975, I took a leave of absence from the University to serve in the U.S. Department of Health, Education and Welfare. In Washington, D.C., I saw just how important the words “community” and “health” were in the College’s name. Those two words were in the banners flown by a highly respected group of health professionals who advocated major changes in the health care system: redesigning hospitals, creating networks of community centers tied to regional hospitals, encouraging team practice and using professionals trained in fields other than medicine. The objective of the proposals was to give everyone access to the highest quality care at the most reasonable costs.

The federal government made the connection between community and health in 1964 when neighborhood health centers were authorized in the Community Action Program. The idea behind the program was to involve community organizations and citizens in developing comprehensive care, which extended to social as well as medical services.

Change is inevitably controversial, and the Community Action Program eventually ended. The philosophy that inspired these federal initiatives had much in common with the philosophy of health care that informed the work of the College, which was clearly at the cutting edge of a national effort to improve the country’s health care system.

The University of Alabama has every right to be proud of the CCHS faculty, who have ably carried out difficult but important missions, and to salute the faculty members in other colleges who have been stalwart allies. The challenge of providing good, affordable health care for all Americans is still with us. And the guiding vision for the College of Community Health Sciences is as relevant today as it was at its founding.

David Mathews, PhD, is President of the Kettering Foundation.
Richard Streiffer, MD, became the ninth leader of the College of Community Health Sciences in April 2012. He continues a strong tradition of leadership from physician-educators who have guided the College during the past 40 years.

William R. Willard, MD
1972-1979

T. Riley Lumpkin, MD
1979-1980
(Interim Dean)

Wilmer J. Coggins, MD
1980-1990

Roland P. Ficken, PhD
1990-1996

Robert M. Centor, MD
1996-1998
(Interim Dean)

William A. Curry, MD
1998-2004

E. Eugene Marsh, MD
2004-2011

Thaddeus Ulzen, MD
2011-2012
(Interim Dean)

Richard H. Streiffer, MD
2012-present

William R. Willard, MD
1972-1979

40 YEARS OF LEADERSHIP
Dr. David Mathews called me to his office at the Rose Administration Building and told me I was to be the interim dean of the College. At the time, the College was under scrutiny from the medical school at Birmingham and the Joint Commission for Accreditation of Hospitals, known as the JCAH.

I turned my attention to the dean of The University of Alabama School of Medicine, James Pittman, since I knew Dr. Pittman in his role as dean. Having worked with the JCAH as a surveyor, I was familiar with the process of a survey. One of the first items on my agenda was to get the College ready for a visit from the JCAH. The organization was created to show if your medical school was meeting all the obligations of an accredited college of medical education.

All members of our teaching staff worked hard to bring everything into the letter of intent to meet the Quality of Medical Care quote: “We have given the Health Professions access to the most secret and sensitive places in ourselves and entrusted to them matters that touch on our well-being, happiness and survival. In return, we have expected the profession to govern itself so strictly that we need have no fear of exploitation or incompetence. The object of Quality of Assessment is to determine how successful they have been in doing so, and this purpose of quality monitoring is to exercise constant surveillance so that departure from standards can be detected early and quickly corrected.” This statement from the Quality of Medical Care by Avedis Donabedian in 1978 is our guide to the quality of care.

So, our goal as we undertook it from Dr. David Mathews after Dr. Willard’s retirement was and is meeting some of the medical needs of Alabama, especially in the rural areas.

I was honored and considered it a privilege to be a small part of meeting this need in Alabama and to be an interim dean of the College.

Dr. T. Riley Lumpkin, MD, is retired and lives in Tuscaloosa.
The most appealing aspects of the College of Community Health Sciences and the factors that influenced my decision to join the College were the enthusiasm of the medical students and the quality of the family practice residents.

As I began my new position, I realized there were areas that needed immediate attention. The medical student program was under scrutiny by the Liaison Committee on Medical Education (LCME), the accrediting body for education programs at U.S. medical schools, and my first priority was ensuring the quality of the third and fourth years of medical school on the Tuscaloosa Campus.

The second priority was the Family Practice Center (later renamed Capstone Medical Center and now University Medical Center). The new contemporary building’s exterior consisted of large panels of a stone aggregate material touted as long wearing and low-maintenance that would not need painting. Unfortunately, by 1981 the sides of the building were peeling off and large, expensive repairs were required. This was worrisome since the College was working to improve its reputation with many key groups, including the LCME. I worried that the various publics important to the College might think symbolically and equate the deteriorating exterior of a major patient care and teaching building with the status of the College. The repair of the building was delayed by legal issues, so I appealed to the Board of Trustees and University administrators and with their support repairs were promptly made.

One of the biggest challenges I faced was the College’s finances. I realized that one way to increase income was by capturing a percentage of patient fee income at Capstone Medical Center. Most medical schools, both public and private, had created nonprofit entities to accomplish similar goals and provide additional benefits. The fixed, noncompetitive salaries of physician faculty could be supplemented and additional fringe benefits provided, which are key to recruitment efforts since faculty salaries often lag behind private sector physician incomes. Patient care services could also be supplemented and new equipment and supplies purchased for the medical center.

By June 1981, the College had organized the nonprofit Capstone Health Services Foundation with its own board of directors and a small management staff. The foundation allowed for the collection of patient fee income and today contributes a substantial portion of the College’s annual budget.

Funding from research grants was significant during the years I was dean. In 1985, six projects were funded for a total of $760,000, in addition to funding from the Ford Foundation for a study of rural Alabama pregnancies and infant health, and the Josiah Macy Jr. Foundation for the BioPrep program. At the time, the Macy grant was the largest private foundation grant ever received by the University. BioPrep, a joint effort of the College and area high schools, sought to increase the number of students from rural and disadvantaged communities who might choose health care careers and then return to these areas to practice. The program helped increase student competency in math and science, expanded students’ knowledge of the health care system and increased their appreciation for the rural and underserved communities where they were raised. External funding could also be credited to an effort designed to support research at the College – the Research Consulting Services and has since evolved into the Institute for Rural Health Research.

In October 1984, LCME conducted a comprehensive review of The University of Alabama School of Medicine (UASOM) program. The team was impressed with progress made at all three campuses (Birmingham, Tuscaloosa and Huntsville) – the financial support that had developed, the well-managed clinical services program and the high quality of the faculty and staff. The LCME team also noted the large number of graduates who had entered primary care practice, particularly in Alabama. In June 1985, UASOM received full accreditation for a six-year period and was permitted to admit 165 students, up from its previous 150 limit. An LCME review in 1990 was even more impressive and accreditation was extended for seven years. Particularly satisfying was the team’s laudatory remarks about the branch campuses in Tuscaloosa and Huntsville.

The Family Practice Center was expanded and a new Obstetrics-Gynecology suite, with six exam rooms and facilities for gynecological surgical procedures, opened. In 1985, the center became the nation’s first university-sponsored, non-hospital-based outpatient clinic to be accredited by the Joint Commission on Accreditation of
Hospitals and Ambulatory Health Services. Accreditation is considered a benchmark of quality.

A significant health care need in rural Alabama was obstetrical care, and one of the nation’s first Obstetrics-Gynecology fellowships for Family Medicine physicians was developed at the College by Dr. Paul Mozley. Fellowships are important because they signal the maturity of a medical education institution.

A primary function of medical programs is to serve communities and the College played a large role in this respect when AIDS made its appearance at the University in 1987. I co-chaired a committee that studied AIDS implications and recommended a policy for the University. Education of medical students and residents about HIV/AIDS was a high priority. Conference and educational seminars by me and other College faculty helped educate University faculty, staff and students. The College’s Health Sciences Library developed an AIDS information center with scientific papers, informational brochures and audiovisual materials available to University personnel and the public.

I announced my retirement in 1990. I felt that concerns from 1981 had been resolved – the medical student program was secure and highly regarded and the family practice residency was successful.

Wilmer Coggins, MD, died September 9 in Tuscaloosa. He is remembered for his service to the College and his dedication to improving access to health care for the underserved, particularly those living in rural areas.

Roland P. Ficken, PhD
Dean, 1990-1996

On this 40th anniversary of the College of Community Health Sciences, I share some reflections from the Dean’s Office from 1990 to 1996.

It may be appropriate to borrow from Charles Dickens’s opening words in the Tale of Two Cities: “It was the best of times and it was the worst of times.” The worst of times for the College were the fiscal problems. The first half of the decade of the 1990s brought with it two periods of proration for The University of Alabama. The second one was the most difficult for the College because we suffered the highest percentage budget reduction of any division on the campus.

That being said, at the same time other matters were becoming more positive. In 1992, University President E. Roger Sayers, PhD, announced a capital campaign, and while many of us were novices in such an effort, we had one significant outcome: Ms. Celia Wallace made the very generous gift of $1 million to endow the first chair in Family Medicine in the College and one of the earliest such endowed chairs in the country. We remain grateful to her. Dr. Alan Blum now holds the chair.

Relationships with DCH Regional Medical Center in Tuscaloosa were improving and Bryan Kindred, chief operating officer, was much a part of that. A new dean at The University of Alabama School of Medicine in Birmingham, Harold Fallon, MD, was appointed and he and William Deal, MD, the associate dean, were supportive of the College.

So the best of times appeared to be on the horizon. By the end of 1995, DCH doubled its support to the College. Then, with the appointment of a new president at The University of Alabama following Dr. Sayers’s retirement, Andrew Sorensen, PhD, came with enthusiastic support for the College. Dr. Sorensen, recognized the need for new and expanded facilities for the College and the effort he put into that goal helped to make it possible for the next dean, William Curry, MD, and the College’s administrative officers to move forward with the planning and development of what is now an outstanding clinical and academic facility.

All of this aside, the most important part of the first half of the decade of the 1990s is that the College never lost sight of its goal to continue the effort to provide and improve health care in the rural communities of Alabama. The College’s founding dean, Dr. William R. Willard, reminded me more than once, “The principal job of the administration is to help make it possible for the faculty to do their work.” It is an outstanding faculty and outstanding students and family practice residents that have created the success the College can celebrate on its 40th anniversary.

Roland Ficken, PhD, is retired and lives in Tuscaloosa.
The years 1998 to 2004 at the College of Community Health Sciences (CCHS) were marked by transitions and challenges met and overcome by our faculty and staff. We faced aging facilities that endangered residency accreditation, a limited clinical base, inadequate finances, difficulties in student and resident recruitment, an underfunded agreement with our hospital partner, a challenged research model and an underappreciated role within the University and the School of Medicine system.

We began with comprehensive strategic planning, which led to new structures of leadership and new systems of management. We planned and negotiated an improved process for branch campus student admission, eliminating the unsatisfying recruitment model and replacing it with an internal match at the time of admission that guaranteed a larger pool of students. We also negotiated much improved residency funding from DCH Regional Medical Center, based on a model proposed by John Maxwell, now director of the University’s Student Health Center. We expanded our clinical operations and stabilized finances, and we initiated a new faculty practice plan.

Over those years, we named new chairs in every department of the College and brought forward a new generation of leadership across our programs. Our team, led by the late Marc Armstrong, MD, associate dean for Clinical Affairs, planned, funded and built our new 72,000-square-foot main building, replacing most of our space in Nott Hall and the DCH Educational Tower. We integrated the Student Health Center into our clinical operations and began construction of a new 18,000-square-foot student health building adjacent to our new facilities. It was not easy, but we selected and implemented our first electronic medical record under the leadership of Michael Taylor, MD, a professor in the Department of Pediatrics.

This program has had a major positive impact on the Tuscaloosa campus as well as rural medicine in Alabama. The success of the Tuscaloosa program eventually influenced the Huntsville Campus to add another rural medical student program.

During my two years, I was able to recruit William (Bill) Curry, MD, as a full-time faculty member. Bill had worked part time for many years while practicing in Pickens County. Soon after Bill’s arrival, I worked to convince The University of Alabama president and provost and the School of Medicine dean that Bill should become the College’s dean. Bill brought a great understanding of Alabama’s needs and a wonderful sensibility about the opportunity that the College had to advance its mission.

I have great memories of my short time working at the College. The experiences that I received there became invaluable when I become the interim dean and then permanent dean of the Huntsville Campus. The Tuscaloosa Campus continues to provide an outstanding clinical experience for its students. As one of the earliest regional campuses in North America, it remains a model for newer programs.

Congratulations on your 40th anniversary.
Programs across the College showed continued success. The Rural Scholars programs under the direction of founder John Wheat, MD, a professor in the Department of Community and Rural Medicine, filled critical needs of the state for rural physicians, gaining national recognition and statewide appreciation. The vision by Jim Leeper, PhD, a professor in the Department of Community and Rural Medicine, for the Institute for Rural Health Research (IRHR) established the Institute as a vital resource to the College, the University and the state under the founding leadership of John C. Higginbotham, PhD. Our annual Rural Health Conference found a home in IRHR.

Elizabeth Rand, MD, and Eugene Marsh, MD, were able leaders as academic associate deans, and Cathy Gresham, MD, a professor in the Department of Internal Medicine, managed the unending flow of bright young students through our programs. As associate deans for Clinical Affairs, Armstrong and Elizabeth Cockrum, MD, brought more access and productivity to our clinical practices, and John Maxwell provided administrative skills and sound judgment to support them. The successful incorporation of the Student Health Center into CCHS was largely due to John’s talent.

Our Obstetrics program experienced a shortfall of patients and faced even worse challenges under a new Medicaid managed care program, but by joining other partners we started the Alabama Health Network, which made major contributions to maternal and child health for the western part of the state. In our new building, The Betty Shirley Clinic launched our Department of Psychiatry into a renaissance. All our departments continued to grow and to gain well-deserved praise for excellence in teaching, training and patient care. Challenges remained, but our foundation was solid and our direction was sound.

Being dean of CCHS was one of the great honors of my life, and I am grateful for the opportunity to have served with the committed faculty and staff of the College. I am delighted that we can celebrate the hard work, accomplishments and relationships formed by our work with each other, with students and residents and with partners across the state and nation. Congratulations to everybody, Happy Birthday CCHS and many happy returns!

William Curry, MD, is Associate Dean for Primary Care and Rural Health at The University of Alabama School of Medicine in Birmingham and a professor in the Division of General Internal Medicine.
In the roughly 18 months of serving the College of Community Health Sciences as interim dean, a number of events and developments are noteworthy. My tenure began during the period in which health care reform had become very topical, which it still is. From the College’s perspective, the most important aspects of health care reform are the strong recognition of the need to develop primary health care disciplines as part of the drive to produce better health outcomes for our citizens. This is extremely important since we know that countries with better health outcomes have higher ratios of primary care physicians per capita than we do. Within the United States, areas of better health outcomes have more primary physicians per capita.

With this in mind, our desire has been to expand our Family Medicine Residency and to create a rural training track, which will eventually lead to our meeting that aspect of our mission in the shortest possible time. We have been approved for additional positions in the residency program and this year has seen the admission of our first expanded class of 15 first-year Family Medicine residents. While we recognize that the rural need is great, we have come to the realization that Tuscaloosa County does not have enough primary care physicians, and as we expand we are looking for ways to reorganize our residency training program in partnership with DCH Regional Medical Center to meet both our immediate local needs and the statewide need for more rural primary care physicians.

In the past year and a half, we have tried to adhere more closely to the longitudinal design of the program by supporting scholarships for the students and also providing more funding to support the outreach and pipeline efforts of the Rural Medical Scholars Program. It has been clearly established that recruiting rural youth who are interested in medicine and other health care disciplines is the best starting point for ensuring that trained physicians are relocated to underserved communities within our state.

During this period, we have also established our Global Health Program to address the increased demand for international learning and service experiences by medical students that he participated in during my tenure, he was asked about the most meaningful accomplishment he could recall during his successful career in academic medicine. He responded, without hesitation, that what meant the most to him was “his relationships with his patients.” My experience has been similar, but I would add relationships with co-workers and other CCHS supporters as the most meaningful things to me in my role as dean.

CCHS is a special place—a place to train “a special kind of doctor,” a place where I was blessed to work with many special people and a place that will always occupy a special place in my heart. Thank you for allowing me to be a small part of the incredible legacy of the College of Community Health Sciences.

E. Eugene Marsh, MD, is Senior Associate Dean at Pennsylvania State University College of Medicine, University Park Regional Campus, and Associate Director of the Penn State Hershey Medical Group.
pre-med, medical students and residents. To this end, we have established the first pre-med international health credit course for University of Alabama students and our first group of students had a month-long experience in Ghana, Africa, in June. There is good evidence that students who undertake international experiences are informed by the similarities between those environments and our own local underserved rural areas and are the kinds of students who are likely to choose to continue to work in rural areas.

Our medical students continue to engage in organized scholarly activities and this has resulted in an increased number of high-quality poster presentations for students in our annual Research Day, which saw its fourth edition this year.

In our continued effort to strengthen our educational programs with more community involvement and support, we have focused the activities of our Board of Visitors on helping us seek corporate donors who share and understand the economic importance of the vision of improving health care in Alabama. By working closely with the community members of the Board of Visitors to strengthen our Rural Medical Scholars Program and the TERM program (Tuscaloosa Experience in Rural Medicine), we expect more corporate support in the near future. Improved financial support for both of these programs will result in the likelihood of greater student participation in these programs as the debt load from the cost of medical education will be reduced by such support.

The clinical practice at University Medical Center, which is the center of our teaching program, continued to grow during my tenure. In June 2011, we implemented our new electronic medical record system, which replaced the previous one we had outgrown. The transition from the old to the new system occurred smoothly. We were able to “go live” in all divisions on the same day and were able to serve our usual volume of patients during the transition.

In 2011, Dr. Jimmy Robinson was named Endowed Chair of our Sports Medicine Program. This is a great boost for our Sports Medicine Fellowship, which has already placed two graduates in rural communities.

This past year also saw the re-alignment of the relationship between the College and DCH Regional Medical Center in connection with the hospitalist service. This service is vital to the practice of medicine in our community. It is also an important teaching service for our students and residents. Our new relationship with DCH and The University of Alabama administration in the oversight of the hospitalist service will allow the service to grow to meet hospital and community demands, while preserving its core value as a teaching service for the College.

Our telemedicine service has grown in the number of sites we are able to serve. Currently, the Department of Psychiatry and Behavioral Medicine is the exclusive provider of telemedicine services from the College. However, we are considering expanding telemedicine services in primary care disciplines and Obstetrics in our large catchment area. This is an area of growth in the coming years.

My tenure as interim dean ended about a year after Tuscaloosa experienced a major disaster brought on by tornadoes on April 27, 2011. Following the destruction and loss of life, the medical staff of the College, along with other health care providers in the community, teamed up to respond to the immediate needs of the citizens of Tuscaloosa. While this was a difficult period, it brought out a renewed spirit with which medicine is practiced in the community. In the ensuing weeks, the College coordinated a University-wide mental health response in collaboration with the schools of Social Work and Nursing, the College of Human Environmental Sciences and the Department of Psychology. With the state Department of Mental Health, we were awarded a grant of approximately $500,000 for Project Rebound UA (see related story on page 51), which permitted us to provide continued support to students and other members of the University community who continued to deal with after effects of the tornadoes.

I look forward to continued work in other roles in the College and welcome Dr. Richard Streiffer as the ninth dean of the College of Community Health Sciences. I believe that in Dr. Streiffer we have found a nationally recognized leader in the field of Family Medicine to lead the College in its mission. We know that the College will continue to be recognized as a site for excellent medical student education and the leading site for the training of family physicians in Alabama.

Thaddeus Ulzen, MD, is the College’s Associate Dean for Academic Affairs and Professor and Chair of the Department of Psychiatry and Behavioral Medicine.
Before joining the College, Richard Streiffer, MD, was founder, professor and past chair of the Department of Family and Community Medicine at Tulane University School of Medicine in New Orleans. He is a graduate of Tulane University and the Louisiana State University School of Medicine and completed a residency in Family Medicine at the College. Streiffer spent several years in rural practice in Mississippi and began his teaching career at the University of Mississippi. He later served as director of the Mercy Family Medicine Residency in Denver. Streiffer worked as the pre-doctoral education director in Family Medicine at LSU School of Medicine and as founding director of the Baton Rouge General Medical Center’s Family Medicine Residency. He has been awarded grants that focus on primary care education and development of a rural physician workforce. In 2011, Streiffer received the Teaching Scholar Award from Tulane’s School of Medicine and the President’s Award for Excellence in Graduate and Professional School Training, a university-wide award given to Tulane faculty members who have a sustained and compelling record of excellence in teaching and learning and an ongoing commitment to educational excellence.

**Interviewer:** You are a native of New Orleans and completed medical school there, but you did your residency training at the College’s Family Medicine Residency. What is it like to return?

**Streiffer:** I never would have thought it likely, actually, years ago. But it was a comfortable place to be 30 something years ago as a resident and to live. The College has always been a model of education that I’ve come back to; it did a lot of things right way back then, at the beginning of Family Medicine. This full circle … I never would have thought that I would be working in this type of position. But I’m excited about it. It’s definitely an institution that is totally in sync with where my career has been and my priorities so I’m excited about it.

**Interviewer:** Why did you choose the College’s Family Medicine Residency for your residency training?

**Streiffer:** When I was finishing medical school in 1977, Family Medicine was a new discipline. There had only been residencies around for half a dozen years. There were not that many of them at the time. I only looked in
the Southeast and pretty much looked at every program in the Southeast. Many of the programs were add-ons to existing residency infrastructures. This was an interesting place, Tuscaloosa, because it was created just to do Family Medicine. And on top of that it was dedicated primarily with an emphasis on training rural physicians. I’m a city guy, I was born in New Orleans, and what did I know about rural except that the summer after my first year at medical school, I had started to become interested in this new field called Family Medicine. I arranged to spend some time in the summer with three general practitioners in rural Mississippi. It turned out to be a formative experience. I saw the type of practice that rang true to me.

Interviewer: As a new graduate of the College’s residency, you entered rural practice in Collins, Miss. Were you prepared during your residency training for the work that you would do there?

Streiffer: During residency, I became good friends with one of my classmates, Eddie Walker, and our wives became friends. Eddie and I were very much opposite. He was from the country and I was from the city but we had a lot, otherwise, in common, and decided we would go into practice together. So we looked around and ultimately identified Collins to go into practice. Because we knew we were going to practice together, we had about a year to get ready and to be sure that we got the skill set that we needed, for example in Obstetrics and cesarean sections. I think we felt very well prepared for practice, at the clinical part at least. We weren’t well prepared for small town medical politics. It’s always an educational experience entering a community and being the new guys in town. That was a learning experience on the job, but we were very well prepared by the College’s residency for the clinical side. While in Collins, we became interested in having medical students in our office and that was what really led to me teaching full time. I developed relationships with the University of Mississippi where I had my first teaching position.

Interviewer: You later worked in Colorado, where you helped an isolated rural mountain county with no doctors create and operate a rural clinic. What were some of the challenges you faced?

Streiffer: The program at Colorado was an urban program, though it served an inner city and underserved population. It was part of a hospital system, however, that had connections into rural Colorado – a satellite location up in the mountains and a helicopter emergency transport system that was really the only one in Colorado. They would fly into the mountains and evacuate patients with medical problems. It was through that connection that we learned about Park County, which was the size of Rhode Island but sparsely populated with a mountain chain that went right through the middle of it and represented, in the winter, a physical barrier from getting anywhere else. Park County had one traffic light and I don’t think it was working at the time. For many years, there was a hospital and one doctor and the hospital functioned because he was there. My recollection is that he died and the county went through a series of efforts to recruit other doctors and had National Health Service Corps physicians who came but who weren’t really ever fully integrated into the community and who didn’t stay. Desperate for doctors, the county put a banner across the highway that went through the county – “Park County Needs a Doctor” – that was featured on the CBS Morning News. So our health system responded, because of its helicopter service and other mountain area relationships. Park County was probably a place that needed to give up the concept of ever attracting a doctor because it was not economically sustainable. One of the important lessons that I took away was that not every place is going to be right for the same model of practice, that is, a physician-driven practice. What we were able to do was to work with the local community to re-open the community clinic and attract two mid-level providers, at the time one nurse practitioner and one physician’s assistant. Our job was to go up to the mountains every week. Another faculty member and I would alternate the three-hour drive and we usually brought a resident with us, and we’d help them with their policies, their procedures, their clinic issues, supervise the nurse practitioner’s and physician’s assistant’s care and challenging patients, and help them bring some sort of health care into this huge, desolate rural area.

Interviewer: To what do you attribute your desire to focus your work and career in the areas of Family Medicine and rural practice?

Streiffer: I think I always knew that Family Medicine was the right discipline for me. I’m a generalist by nature and that fits with Family Medicine. I’m much more interested in the human aspects of medical practice than in the basic science aspect. That’s not to say that I ignore the basic
On Rounds

sciences because everything we do is founded on that. The educational components of Family Medicine, being an educator, working with people about lifestyle and so forth, has always been fundamental. So it was always a good match for what I wanted to do. And the rural component, again, really started with this experience way back at the beginning of medical school that just intrigued me. And honestly, I consider myself a failure because I went to a rural community and I did rural practice but I didn’t stay, which is the same failure we’ve seen in so many other places, for example, with a lot of the National Health Service Corps physicians who have similar romantic fantasies that don’t really fit who they are and who their family is. Rural life wasn’t right for our family in the long term. And partially in compensation for my own failure, as well as a genuine appreciation for the need, I’ve tried to continue to work in different ways to help rural communities address their workforce needs through the development of rural family physicians. We need more family doctors in every type of community. But rural towns across the country are perpetually underserved and there are special challenges for them to be able to attract the right type of doctor who will come, stay and really integrate into the community.

Interviewer: You have been awarded grants for work that focuses on primary care education and development of a rural physician workforce. What kind of research mission would you like the College to have?

Streiffer: Medical schools have an obligation to continue to work on new knowledge, both the development of new knowledge and the application of knowledge, with the focus of improving the health of people and communities. A place like the College of Community Health Sciences, based in the community and with a primary care mission, has a unique opportunity and, perhaps one would say, an obligation to focus what it does in terms of scholarship on the needs of communities. The College should not be a place where basic science research is done, in the traditional medical school and National Institutes of Health-funded basic science research sense. It’s not what the College is about. Instead, I see it as a place where academic physicians and health care professionals can engage with the community, however you define community, to figure out ways to systematically help communities with their needs and ultimately improve the health of their citizens. This is a different type of research because it involves going out to the community to ask, ‘What are your biggest priorities and how can we bring resources from an academic center to the table to help you address them?’ And then, we need to measure what we’ve done and learn from that. That’s really the type of research we’re talking about – community-based measurement of improvement of health, or improvement of health systems delivery, or improvement of health processes over time at that community level. One of the big problems in medicine in the United States today is that knowledge doesn’t get to the community, doesn’t get disseminated effectively. Why is that? What are the barriers? It’s not just the education of physicians or the continuing education of physicians. There are other barriers that are in the way. And many of the barriers to improved health are not within the traditional realm of medicine. They’re within the realm of the social sciences. You may know the right thing to do with diabetes and with diabetic patients. But if patients don’t have access to the right foods because there’s no grocery store in a community, or because there’s no transportation for folks in a rural community to get to the grocery store or to get to the nutritionist for education sessions, then the issue is transportation or groceries and not the right protocol to use in managing diabetes. Our obligation as a College is to take that very broad perspective, apply science, apply health systems, borrow from the social sciences and the helping professions and bring together community-academic partnerships that can really help communities at the level where they need and want help.

Interviewer: You helped pass legislation that created the Governor’s Interagency Task Force on the Future of Family Medicine in Louisiana and served as co-chair of the panel. You are active nationally with the Society of Teachers of Family Medicine. Does the medical community and government value Family Medicine?

Streiffer: I would say there’s a disconnect between how Family Medicine is valued and perceived at a community level versus how it is valued and perceived at the traditional academic medical center level. Medical centers are historically tertiary-oriented, and understandably. They have been funded by the government, by the National Institutes of Health, to do very high-level science, and primary care is foreign to that environment. We’re a discipline that’s about being in the community and working the front lines with people. Primary care has not always been valued and is not particularly well understood in these very traditional, tertiary academic health center environments. One of the things that the American Academy of Family Physicians’
Future of Family Medicine Project found, back around 2000, was this disconnect. Unfortunately, though, the reality is that academic health centers are where we train physicians. Breaking into the academic health centers to demonstrate the importance of primary care, being an advocate within academic health centers, with students, about the legitimacy of primary care as a career choice and how critical it is to the health system of the United States is a role that many of us who have been Family Medicine educators have had to take on. It’s a role that’s not always been fun or rewarding because it’s a challenging environment. But actually I think that today we are facing the most optimistic future that Family Medicine has had since its birth in the late 1960s and early 1970s. The government at many levels and big health systems at many levels have come to understand that a more vigorous expansion and support of primary care is absolutely critical if we are going to improve health care at the same time that we lower the cost. We can’t keep going the way we’ve been going with unrelenting increases in cost. We’re not delivering efficient and effective health care for the dollars that we spend because we have not as a society invested in primary care to the extent that we need to. Business now gets this and has made the case for why they are investing in primary care within their own companies. They ultimately pay the health care bills and they want to see their money used more efficiently and more effectively, or else they will further lose their world-wide competitiveness.

Interviewer: How do you convince students to choose Family Medicine and primary care? Does it have to be a conviction within them?

Streiffer: There’s not a single answer to that. Many people envision the process of producing doctors as a pipeline. And I think it’s an analogy that works. The pipeline to Family Medicine and primary care starts very early, especially for certain types of communities – rural communities, underserved communities, minority communities. There are a lot of young people, say in rural communities, who don’t see themselves as someone who could become a doctor because they go to small high schools and they may not have a strong science program or they may not have exposure to health professionals. Yet they’re bright and they can do it. And even more importantly, they want to continue to live in that type of community long term. So there’s got to be an interest developed early on that, ‘You, too, can become a health professional or physician.’ That’s the early pipeline. That interest has to be maintained and supported through high school and to college so that people are prepared to do the work that they’re going to have to do in medical school. The next important step is the admissions process in medical school. A lot of people would argue, and the research would suggest, that this might actually be the single most important point to influence the type of doctors you ultimately produce. By and large we have accepted people into medical schools who are dominated by those from urban backgrounds and from families of professional parents or dual professional parents. They are people who’ve grown up in cities and have urban values and are a privileged subset of society. They are not likely to ultimately return to or go to places like rural Alabama or inner city United States to practice. Now, I admit, that’s an over statement that won’t be 100 percent true, but as a generalization, it is accurate. And they often come into medical school with the vision of doctors that is based on their life experience, which is a sub-speciality-oriented doctor. And they’re not a diverse population that comes to medical school. They tend to be dominated by upper middle class folks, predominantly Caucasian and, until recently, predominantly male. The United States population doesn’t look like that anymore.
We’re a very diverse population. Minorities have continued to be underrepresented in medical education, as are kids from rural origins. If we’re going to change the type of doctors that come out at the end of the pipeline, we’ve got to change the type of people who get in to begin with, both based on diversity and based on their future career interests. Not everyone who comes into medical school saying, ‘I want to be a family physician,’ will end up being a family physician. But rarely do you find people who come in saying, ‘I want to be a sub-specialist’ and change to wanting to be a family physician. So the admissions process is important. Once they’re in medical school and in training, you’ve got to keep them interested. You can’t dominate their experience with a different worldview that undermines the prior interest in primary care and going back to rural areas. And that’s what academic health centers all too often have done. They’re dominated by good people who are sub-specialists or who are basic science oriented, with a relative rare family physician. One of the real unique advantages of the College is that it is community-based and everyone is clear about the mission of training family doctors, even if they’re an internist or a pediatrician or a surgeon. And that’s one reason the College has produced so many medical students who have gone on to primary care careers. The other thing is that not everybody needs to become a primary care doctor. We need all types of specialists. But the thing that we often forget is that the core skills of being a doctor are really what we do in primary care day in and day out. As Family Medicine educators and primary care educators, we have an important contribution to make to the general professional training of every future physician. At Tulane (University), I often told our faculty, ‘Look, most of the people from here are going to sub-specialize. It’s sort of the culture. But we can help them be enlightened specialists by exposing them to the value of primary care and by helping them to develop skills that are best learned in primary care settings.’

**Interviewer:** What is your vision for the College and its role in preparing students and clinicians for the future of health care?

**Streiffer:** The United States has a relatively poorly performing health system. We spend more money on health care by far than any other country in the world on a per capita basis. Yet, we’re ranked low compared to comparable industrialized countries. We are also fraught with danger in our health care system. The Institute of Medicine has reported on this extensively, about the numbers of patients who are harmed for lack of safety measures, the inefficiency of delivering preventive services and so on. So there are huge opportunities for improvement. There’s no doubt that one of the fundamental changes that needs to happen is to base our health care system increasingly on primary care because primary care is the only area that’s been shown to improve access to care and to improve performance with regard to quality measures at the same time that it reduces cost. In Alabama, a big part of the mission of developing primary care falls to the College and other community-based medical education entities. What’s also clear is that the way we deliver care today is part of the inefficiency, so the delivery methods have to change. This is where the concept of the patient centered medical home is being talked about. It’s a concept that is based on years of research, and it’s so clear that improved access and comprehensiveness in care with measurement of quality and continuing improvement and a team-based approach are going to be essential. Unfortunately, we continue to train doctors in the traditional model of medicine, one that is based more on the episode of care, on acute care; we want doctors to “see more” patients. The medical home model may, in fact, demand that doctors care for fewer patients but more comprehensively. We have trained doctors to be staunchly independent, to make their own decisions, to react – and there will always be the need to do that in some settings. But we can’t deliver the care that people need by ourselves. We need nutritionists, we need social workers, we need case managers to help with the complex problems so many people in our society have today. So there’s got to be some fundamental changes in the skill set of doctors coming out of our training programs if they’re going to function effectively in these new models of delivery, to improve the safety of health care and to lead the implementation of these models in their own communities. That’s really what the charge is for the next decade, for the College to look hard at the model of how we train our doctors and anticipate the right type of skill set, the right type of training environment to prepare the doctor not just for today but for 20 years from now.
William Owings, MD, has devoted his life to the practice and teaching of Family Medicine. For almost 32 years, he has operated a private practice in Brent and Centreville in rural Alabama. But Owings was destined early on to become even more involved in improving the quality of health care in West Alabama.

Nearly four decades ago, Owings received a letter inviting him and others to a meeting in Tuscaloosa to discuss how to improve health care in West Alabama. It was there that Owings first met William R. Willard, MD, founding dean of the College.

“At that first meeting, we met at the Tuscaloosa Public Library and the meeting ran from about 7 p.m. until 11:30 p.m. The reason we met that long was because we all had so many things that we wanted to accomplish,” Owings says.

During this meeting, they listed and prioritized their goals and adopted their name, The West Alabama Comprehensive Health Planning Council. Among their goals: creation of a district health department for West Alabama; implementation of an emergency medical system and the procurement of radio equipment, ambulances, and emergency vehicles so that paramedics could communicate with area hospitals and each other on the same frequency; and the establishment in Tuscaloosa of a branch campus of The University of Alabama School of Medicine.
“That’s how I first got involved with the College,” says Owings, a professor in the College’s Department of Family Medicine. “I was part of the group that was interested in getting a family practice residency and a branch of the medical school here in Tuscaloosa.”

It was through this group that Owings met Willard, who talked with him about becoming a faculty member at the College with the provision that he could continue his private practice and provide a site through which medical students and residents could experience rural medicine. Owings recalls that Willard would not have it any other way. As plans for a new college began to take shape under the leadership of Willard and other community leaders, a family practice residency was established with Druid City Hospital in Tuscaloosa, now DCH Regional Medical Center, and the first residents were soon recruited.

Owings took medical students and residents into his practice during their rotations, providing them an opportunity to experience the practice of Family Medicine in a rural area. His assistance did not stop there. He helped students and residents rent apartments for their families in Centreville and Brent if they needed a place to stay. If an apartment was not available, Owings let students and residents stay with him in his home. He not only wanted to help medical students and residents; he wanted them to know what it was like to be part of the community.

Over the years, countless medical students and residents have rotated through his practice. “I also put a telephone in an apartment I was renting but I didn’t list the phone under my real name,” Owings recalls. “When I was in medical school at Tulane University (in New Orleans), we used to have nurses page Dr. Jack Sorbetter followed by a room number to let all of the medical students, interns and residents know where the poker game would be played that evening. So that’s what I listed the telephone under – Dr. Jack Sorbetter.”

In addition to providing medical students and residents with a rotation site in a rural area, Owings early on traveled to Tuscaloosa one day each week to teach at the College. Having been a part of the College from its early beginnings, Owings says he is excited about helping the College celebrate its 40th anniversary this year. “I think when the decision was made to found a medical school here, that no one but Dr. Willard could have done it,” Owings says. “He (Willard) was one of the fathers of Family Medicine. His vision was to develop a place where we could train Family Medicine physicians to practice in small towns and provide medical care to rural areas of Alabama. And that is exactly what he accomplished.”
JOHN BURNUM, MD

A native of Tuscaloosa with a medical degree from Harvard Medical School, Burnum had practiced medicine in his hometown since 1954. With an impressive clinical and research record, he had gained the respect of many in the community and at The University of Alabama School of Medicine. In 1969, he was asked to serve as special assistant for Medical Affairs for The University of Alabama. At the same time, he was also asked to serve DCH Regional Medical Center in Tuscaloosa as the director of Medical Education, thus becoming a vital link between community physicians, DCH, and The University of Alabama School of Medicine. Burnum played a major role in the formation of the College. He helped secure funding for the medical program in Tuscaloosa and worked tirelessly to increase support for it. In late 1999, Burnum retired from his private practice of 35 years and joined the College full time as a scholar in residence, dedicating himself to the teaching of medical students and beginning Family Medicine practitioners. His appointment in the Department of Internal Medicine was such that third- and fourth-year medical students had clinical experiences with him. His return to full-time academic pursuits at the College was a major boost to its teaching program. Burnum passed away in 2005.

WILLIAM deSHAZO, MD

deShazo began his career as a general practitioner in Atmore, Ala. He joined The University of Alabama Russell Student Health Center as a staff physician in 1972 and was recruited in 1975 by the College’s founding dean, William R. Willard, MD, to be one of the College’s first faculty members. From 1975 to 1978, deShazo served as director of the College’s Tuscaloosa Family Medicine Residency. He served as chair of the Department of Family Medicine from 1977 to 1980 and as team physician for The University of Alabama Athletic Department from 1972 to 1985. He served as personal physician to former head football coach Coach Paul “Bear” Bryant, as well as team physician for the football, basketball and baseball teams. deShazo introduced the Sports Medicine rotation into the College’s curriculum. He continued to work part time in the College’s Family Medicine clinics from his retirement in 1988 until 1996. At the request of College residents, Department of Family Medicine faculty established the William F. deShazo Award, which is presented each year to the outstanding resident in Family Medicine upon completion of the three-year program. deShazo passed away in 2006. The Dr. Bill deShazo Sports Medicine Center opened in 2008 in University Medical Center, which is operated by the College.
WILLIAM WINTERNITZ, MD

Winternitz joined the College in 1977. A native of Connecticut, Winternitz was the son of two physicians and had an impressive medical and academic background. He received his medical degree from Johns Hopkins University, where he also completed a residency. Opting for a career in academic medicine, he returned to New England where he spent nine years at Yale University as a research fellow and then as an assistant professor of Internal Medicine. After completing a fellowship at the University College Hospital Medical School in London, he joined the faculty at the University of Kentucky as chief of the Endocrinology Division, where he worked closely with William R. Willard, MD, and was influenced by Willard’s belief that medical education needed to broaden its horizons beyond individual patients and their illnesses. Willard was the College’s founding dean. Winternitz served as chair of the College’s Department of Internal Medicine and director of Medical Student Affairs. Winternitz was a valuable addition to the teaching efforts of the College; his strength as a classical clinician and teacher who taught by example was recognized by students, faculty and residents as representing the best in academic medicine. Under his direction, the Department of Internal Medicine was recognized for its strong and dedicated cadre of teachers. Winternitz is retired and lives in Tuscaloosa.

ROBERT PIERONI, MD

Pieroni joined the College in 1974 after graduating with a medical degree from The Pennsylvania State University and completing a residency in Massachusetts. Certified in both Family Medicine and Internal Medicine, Pieroni was a valuable addition to the teaching efforts of the College. In 2002, Pieroni received the National Alumni Association’s Outstanding Commitment to Teaching Award, The University of Alabama’s highest honor for excellence in teaching. According to a colleague at the time, “His vast knowledge of medicine coupled with his perpetually inquisitive mind provide the background for a teaching experience that, in my opinion, few students ever encounter.” Pieroni served on numerous College, University, community, state and regional committees, including committees with DCH Regional Medical Center in Tuscaloosa, the Tuscaloosa Veterans Administration Medical Center, the American Society of Internal Medicine, the National Institutes of Health and the Food and Drug Administration. Pieroni retired in 2005 after more than three decades with the College. In 2008, he and his wife established the Robert E. Pieroni, MD, and Family Endowed Scholarship to promote the education of medical students at the College.

SAMUEL GASKINS, MD

Gaskins received his medical degree from Virginia Commonwealth University, Medical College of Virginia in Richmond, Va., and completed a family practice residency at Riverside Hospital in Newport News, Va. He joined the College in 1979 and served as director of its Family Medicine Residency over a period of 20 years. He first served from 1981 to 1994 and during that time the attrition rate in the residency was quite low. By 1999, the 25th year of the program, there were 258 graduates, making it one of the most productive programs in the Southeast. By this time, leadership for the residency was again provided by Gaskins, who served as director of the program from 1999 to 2003. Gaskins retired from the College in 2005.
In 1976, just a dozen years after former Alabama Gov. George Wallace’s infamous stand at the schoolhouse door to block entry of two African-American students to The University of Alabama, Sandral Hullett, MD, was accepted into the College’s Family Medicine Residency.

Hullett, an Alabama native and a graduate of the Medical College of Pennsylvania, was the first female and only the second African American accepted into the residency.

“It was a challenging time; you have to prove who you are and what you can do. I was uncertain about everything and wanted to do well but God works in mysterious ways. I ended up in the right place,” Hullett says.

She graduated from the residency in 1979 and went on to have a successful career as a rural practitioner in Alabama. She has received both statewide and national recognition for her work and has garnered a national reputation for her expertise in rural health.

Hullett, who grew up in Birmingham, Ala., says her decision to go into medicine was influenced by her mother. “When I was growing up, my mother always told me she thought I should study medicine.” Hullett’s interest in medicine was further peaked when she worked as a research assistant at Columbia Presbyterian Hospital in New York City for several physicians involved in breast cancer research. She had taken the job because she wanted to experience life in another part of the country.

“I would work on these research projects for months at a time,” she says, “and later began to work on co-authoring a paper on our research findings.” When the head of the research department told Hullett he would not let someone with only a bachelor’s degree co-author a paper, she got the final push she needed to study medicine.

“I felt at that moment that I was in a dead-end job and decided it was time to go back to school,” Hullett says. She also decided that medicine, rather than research, was the right career path for her because she preferred working with people than with test tubes.

In medical school, Hullett was one of only three students in her class who focused on the study of Family Medicine. “Most people then thought that Family Medicine was the field you went into because you didn’t know anything,” she says. “My mentor was in Preventive Medicine, though, which is similar to Family Medicine, and I really liked the idea of getting to be like an old-fashioned family doctor.”

After medical school, Hullett applied to a number of Family Medicine residencies. Initially, she did not consider any in Alabama, but “then I asked myself, ‘Why
am I looking to train in a place that I’m not going to stay in?’ I decided to interview back home in Alabama.”

Hullett was accepted into the College’s Family Medicine Residency. She says the residency director then, William deShazo, MD, of whom she has fond memories, worked hard to ensure that she was made to feel comfortable.

“Dr. deShazo was the one who took me around places when I interviewed and also took time out of his day to drive me around to look at houses after I was accepted to the program,” Hullett says. “Dr. deShazo’s influence and being accepted into the Tuscaloosa Family Medicine Residency program are some of the best things that have happened to me.”

Hullett admits her time as a resident at the College was challenging, but also rewarding. She says she had to work hard to prove that she was as capable as the other residents.

“I asked a lot of questions and someone took that as a sign that I didn’t know anything,” she says. Three months later, that same person asked Hullett to help care for one of his patients. Once she had the chance to show him what she was capable of, Hullett earned his trust and he never again questioned her abilities.

There were humorous times as well. During Hullett’s residency training, male residents slept in a trailer just outside DCH Regional Medical Center when they were on call at the hospital. Hullett was the only female resident. “The guys weren’t sure where to put me in that trailer with all of those men,” Hullett says.

Luckily, DCH had just built a new medical tower and, after some discussion, the residents decided it would be best to let Hullett sleep in the tower. Later, all the residents were allowed to sleep in the tower and the hospital also provided the residents with their own break room.

“Those were some of the best times,” Hullett recalls. “The whole experience during my residency felt very family-oriented.” She says the residents even got to know each other’s families. “Our favorite show to watch together was Saturday Night Live. This was a program you did not miss, if possible.”

After graduating from the residency, Hullett took a position with Greene County Hospital in Eutaw, Ala., where she stayed for 23 years. She also served for many years as medical director of West Alabama Health Services in Eutaw and as a preceptor in Eutaw for a large number of medical students, residents and other health care providers.

In everything she does, Hullett raises awareness about rural health, a major health concern in Alabama, and she continues to live by the belief that what one person does can make a difference in people’s lives.

Hullett credits the College’s faculty with her success as a Family Medicine physician. “Dr. deShazo was always around to help and give advice, and Dr. (William) Willard (the College’s founding dean) used to always have a picnic party at his house for new folks.” Hullett says it was at those picnics that Willard would talk with the medical students and residents and emphasize the importance of physicians understanding and reaching out to their communities.
Forty years ago, The University of Alabama and DCH Regional Medical Center in Tuscaloosa joined together on a bold medical experiment. The question was whether the University could provide medical students and family practice residents the clinical experience they needed at a community hospital rather than at a traditional medical school.

The affiliation of the College and DCH Regional Medical Center carried some risk for both parties, according to David Rice, MD, retired vice president of Medical Affairs at DCH and a former adjunct professor at the College.

Could the University find a nurturing atmosphere for its students outside the confines of a medical school? Could the College recruit students and faculty interested in teaching and training in this new environment? For DCH’s part, how would an influx of medical school faculty, students and residents change the culture of the hospital? DCH’s medical staff and administration also had to work out issues of changing referral patterns and governance.

These were big questions, and it was not always easy sledding, but Rice says it is now clear to all parties that the College-DCH partnership has been positive for DCH, the University and the community.

Rice says the College brought a new vibe to the hospital. “It’s sort of like what a college brings to a college town,” Rice says. “The College brought in visiting lecturers and experts that a community hospital wouldn’t have access to.”

Many local physicians participated in teaching students and residents, he says. “Rounding with really sharp students and residents really keeps you on your toes.” Rice says. “And some top-rated students have come through the program over the years.”

Rice believes medical students and residents benefited from completing their clinical rotation at a community hospital. “Their experience at a community hospital exposed them to a different philosophy, a combination of academia and real-time medicine,” Rice says.

Working at a community hospital allows students and residents to work with practitioners who have developed long-term relationships with their patients. Because the typical academic medical center is a tertiary referral center, patient relationships tend to be more short-term and episodic, according to Rice.

“It can be helpful for students and family practice residents to work closely with physicians in private practice, because that is what they aspire to do when they graduate,” Rice says. “They get to experience that first-hand during their training.”

West Alabama has also benefited greatly from the College’s four decades of service. As planned, many communities in West Alabama are now served by graduates of the College’s Tuscaloosa Family Medicine Residency. And through its Rural Medical Scholars Program, the College is helping ensure that young people with a dream to practice medicine in a rural community find their way to Tuscaloosa, where The University of Alabama and DCH Regional Medical Center continue to work together to make that dream a reality.
The College has expanded the size of its Tuscaloosa Family Medicine Residency, matching 15 residents this year, up from 12.

“We are starting to look carefully at our curriculum and making plans and adjustments to both enrich the curriculum and allow us to accommodate more interns,” says residency Director Chelley Alexander, MD, who also chairs the College’s Department of Family Medicine. “Expanding our program has the potential to have a profound impact on the Family Medicine workforce in the state.”

Alabama 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. Several Family Medicine programs have closed in Alabama over the last decade, resulting in a loss of Family Medicine residency positions. Ten years ago, there were nine Family Medicine residencies in the state, graduating 59 Family Medicine physicians per year. As of 2009, the total number of Family Medicine residencies in the state had declined by 20 percent, graduating only 47 residents per year.

“We are confident that this program expansion will help address the HPSA trend,” says College Dean Richard Streiffer, MD.

Adds Alexander: “The Tuscaloosa program has an admirable track record with 67 percent of our 411 graduates practicing in HPSA areas. Fifty-five percent of our graduates stay and practice in Alabama, and 90 percent of graduates who are from Alabama stay to practice in Alabama.”

While no legal barriers exist to prevent a residency from growing, there are practical barriers, namely funding and accreditation. Medicare is a main source of graduate medical education funding through a complicated formula that pays hospitals based on their Medicare inpatient mix, among other things, and the number of resident “slots” they had in place during the base year 1997. Hospitals, in turn, are expected to pass on the graduate medical education money they receive to the sponsor of the program, in this case the College, to support costs the sponsor incurs from operating the training program.

The total number of resident slots were frozen nationwide and within each hospital by law in 1997, making it practically impossible for affordable graduate medical education expansion. In 2009, the Centers for Medicare and Medicaid Services created a one-time reallocation of unused slots to allow select programs to expand based on priority need. The College’s Family Medicine Residency jumped at the chance and applied for an increase in positions through the Affordable Care Act signed on March 23, 2010.

Residency programs that have a large percentage of their graduates serving in HPSAs were given a preference. “Our program also currently has a rural training track, which was another criterion that they were looking for,” Alexander says. The Rural Residency Training Track is located at a clinic in Centreville, Ala., and provides resident physicians 24 months of hands-on experience in a primary care practice in a rural community.

In anticipation of receipt of additional resident slots, it was necessary to address the regulatory barrier
of accreditation. Under the leadership of then residency Director John B. Waits, MD, the College applied for and in early 2011 received approval from the Residency Review Committee for the residency to potentially expand to a total 48-resident program. The residency learned later that it was awarded eight additional residency slots, bringing the total approved and funded residency slots to 44. The program has also requested, but not yet received final notice about, an additional four slots to bring the residency to the 48 total slots.

This is not the first time the College’s residency has taken on additional residents. The program temporarily took on an extra five residents when the Carraway Family Medicine Residency in Birmingham, Ala., closed in 2008.

“We are very excited about the prospect provided by the expansion to carefully re-examine our curriculum modes and settings of training as well as our strategic priorities so that we continue to not just train more family physicians but physicians who are fully prepared for the future medical home model practice and as leaders where they are needed,” Alexander says.

Adds Streiffer: “We see the opportunity of the expansion to further develop our rural training track as well as to think creatively and in partnership with others so that we train residents in settings that optimally prepare them with skills most needed in the future.”

**Medical Student Orientation**

Thirty-eight University of Alabama School of Medicine students who will spend their third and fourth years of clinical training at the College recently attended an orientation session in Tuscaloosa.

For the training of medical students, the College is a branch campus of the School of Medicine, along with Huntsville and Montgomery. Medical students complete the first two years of basic sciences courses at the Birmingham campus, where the School of Medicine is headquartered, and then choose to complete the third and fourth years of the medical school curriculum at any one of the four campuses.

At the Tuscaloosa campus, clinical education is oriented to primary care while also providing exposure to other specialties and subspecialties. A key part of the College’s mission is improving health care in rural and underserved areas of Alabama, and its academic programs include an emphasis on primary care specialties, including Family Medicine, general Pediatrics and general Internal Medicine.

Since its founding, 767 medical students have received their third and fourth years of clinical training at the College, with more than half choosing careers in primary care. “Here you get to see what primary care is really like, and that’s important even if you go into another specialty,” says Heather Taylor, MD, associate director of Medical Student Affairs for the College.

The Tuscaloosa program class size is approximately 35 students each year, resulting in a high level of personal interaction among medical students, resident physicians and faculty, Taylor says.

Alabama continues to have a serious primary care physician shortage, ranking the state ninth out of 50 in terms of the most underserved states based on Health Professional Shortage Area scores.

As she begins her Pediatrics residency, Ashley Brown is glad to have spent her clinical years at the College, where she gained extensive firsthand experience in patient care.
Programs to help rural students become physicians and other health care providers are in place at the College as part of the Rural Health Leaders Pipeline. The pipeline is a sequence of programs created to identify and assist rural Alabama students interested in health care careers and encourage them to return to their hometowns or other rural communities to practice primary care.

The Rural Health Leaders Pipeline, created in 1993, is exclusively for rural Alabama students and includes the Rural Health Scholars Program, the Rural Minority Scholars Program and the Rural Medical Scholars Program.

Central to the pipeline philosophy is retaining students’ rural identity through the education process with experiences in rural communities, community service, contact with rural professionals and agromedicine training, says John Wheat, MD, a professor in the College’s Department of Community and Rural Medicine and founder of the pipeline programs.

Studies show that rural students are more likely to return to rural communities to practice medicine. Research also shows that special tracks that admit rural students and focus curriculum on rural practice in primary care specialties, such as Family Medicine, general Pediatrics and general Internal Medicine, are strategies that work. Rural Medical Scholar Dana Todd, MD, of Greensboro, Ala., and currently a resident in the College’s three-year Tuscaloosa Family Medicine Residency, plans to return to her hometown community to practice.

The College continues to increase the number of primary care physicians practicing in rural Alabama.
“As a physician, I could practice medicine anywhere, but I wanted to know that I’m making a difference in the lives of my patients,” she says. “Returning home to work gives me a wonderful opportunity to do so. I have always dreamt of becoming a small town doctor. The Rural Medical Scholars Program has helped in transforming this dream into a reality.”

The need for physicians is great in Alabama, particularly in the state’s rural communities. According to the Alabama Rural Health Association, 60 of Alabama’s 67 counties have a shortage of primary care physicians. To eliminate shortage designations, Alabama needs an additional 128 primary care physicians, but 402 are needed to provide optimal care.

The shortage of rural physicians (51 of Alabama’s 55 rural counties have a shortage of primary care physicians) is expected to worsen as the state’s population ages, physicians who are currently practicing retire and fewer physicians choose to practice in the state’s small towns and rural areas. Statistics show that more than half of Alabama’s primary care physicians are over the age of 50.

A look at the Rural Health Leaders Pipeline:
The Rural Health Scholars Program is a five-week summer program for 11th grade high school students who have an interest in becoming rural health care professionals. Students take college courses for credit, participate in seminars with practicing health care professionals and visit health care facilities.

The Rural Minority Health Scholars is a five-week summer program for high school graduates from rural Alabama who plan to enter college in the next academic year. Students 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).

The Rural Medical Scholars Program is a five-year track of medical studies leading to a medical degree, including a year prior to entry into medical school and four years of medical school. College seniors or graduate students from rural areas are eligible to participate in this highly selective program, which focuses on rural primary care and Community Medicine and gives students experience in rural settings through field trips, service projects and shadowing of rural physicians. Of the 165 rural Alabama students who have entered the program since its founding, more than 60 percent have completed their training and are practicing in rural communities in Alabama as primary care physicians.
I do not come from a medical family and, in fact, I was the first in my family to attend college. There is no college or medical school close to my one-stoplight rural hometown. I did not have an enlightening exposure to the medical field through a serious illness in my family. Regardless, I knew from an early age that I wanted to be a doctor.

Though I toyed with the idea in Kindergarten of being a bank teller, I realized after a while that you do not actually get to keep any of that money, and the drive-through vacuum tubes would probably eventually lose their wow factor. So, I have stuck with the doctor plan. It turns out this is not the typical background for MDs, so luckily I have had some direction along the way to guide me through this tortuous path.

During the summer before my senior year of high school, I spent five weeks on The University of Alabama campus taking classes with my peers in the College’s Rural Health Scholars Program (RHSP). The RHSP is a group of 25 students selected from rural areas across the state who have an interest in medicine as a profession. I had taken classes at the local junior college during high school, but being three hours away from home on a major college campus was a world of difference. Afterward, I received offers from several universities but I had enjoyed my summer at The University of Alabama so much that I chose to go back. My peers, counselors and the RHSP staff were the primary reasons why. This program understood me, we had mutual goals and I knew I had a support group from day one of college that would stick with me for the rest of my educational experience.

My expectations were met and I received part-time work, volunteer experiences and some meet-and-greets that I would have never had without the RHSP. I was continually encouraged to keep after my goals and was later accepted into the College’s Rural Medical Scholars Program (RMSP), part of a “pipeline” of programs created for students with my background and interests.
The RMSP provided me early admission to medical school and a year of graduate work in Community Medicine, Environmental and Occupational Health, Epidemiology and other topics that a country doctor might need but may not get from a traditional medical school curriculum. As friends from my RHSP class drifted away, peers from the RMSP took their place as friends with similar goals and challenges. I entered day one of medical school with colleagues that I had already spent a year with, which is an advantage in a class of 160 ruthlessly competitive Type-A young adults.

I completed medical school at The University of Alabama, entered the College’s Family Medicine Residency and am now ready to start my practice as a rural family doctor. Through the College’s pipeline programs, I have continued to be provided opportunities to incorporate rural aspects into my education and training. I have met many current RHSP and RMSP students and have, I hope, been as helpful to them as those ahead of me were in getting me to this point. Since graduating from medical school, I have seen and heard a lot of discouraging things about rural medicine and primary care but I have never felt pressured to change my goals and have never become lost in the wilderness of medical education because of the support I continually receive from the College’s rural programs.

Without the help and influence of the College’s rural programs early in my career, I would probably still be in medicine but I would likely have been uprooted to a place far from home possibly super-specializing in something less fulfilling and trying to climb the ladder as folks do in many careers, including medicine. I encourage students to participate in, legislators and administrators to support and peers to cultivate the rural health programs in their areas. I appreciate the College, the University and the community’s support of our own programs and invite you to celebrate these as part of the College’s 40 years of success in its mission to serve Alabama’s health care needs.

Josh Bell, MD, from Rainsville, Ala., completed his Family Medicine residency training at the College in June with plans to enter practice in rural Alabama. He completed his undergraduate work at The University of Alabama, graduating with honors in three years with degrees in philosophy and economics. As a freshman, he won the Chemistry Student of the Year Award, the ten Hoor Prize for Excellence his sophomore year, and was the first student to complete an honors thesis in Philosophy in his senior year. Bell received the Alumni Leadership Award and was tapped for membership in the University’s top honor societies. He served as the community service chairman and president of the University’s Rural Health Student Association and played trumpet in the University’s Million Dollar Marching Band. In 2008, Bell received the National Student Achievement Award from the National Rural Health Association.

RURAL MEDICAL SCHOLARS VISIT WASHINGTON

The College’s class of Rural Medical Scholars joined members of the Medical Association of the State of Alabama and the Alabama Academy of Family Physicians in Washington, D.C., earlier this year to meet with the state’s congressional delegation and learn about federal health care policy and legislation.

“The most important thing I took from this trip is the responsibility that all physicians, specifically rural physicians, have for advocating on behalf of their community,” says Rural Medical Scholar Wil Gilmore. “Doctors are naturally looked at as leaders of the community. We have to use our voice to promote the well-being of our community.”

Adds Lauren Gibson, also a Rural Medical Scholar: “Attending this convention changed my view of the medical field. I now see that physicians’ responsibilities extend far beyond the clinic.”
A recently funded multi-year grant will examine the role that African American congregations can play in reducing HIV/AIDS-related stigma in rural Alabama.

Pamela Foster, MD, deputy director of the College’s Institute for Rural Health Research, is principal investigator of the $530,368 grant from the U.S. Centers for Disease Control and Prevention. Foster is also an associate professor in the Department of Community and Rural Medicine. Susan Gaskins, DSN, a professor in the University’s Capstone College of Nursing, is senior investigator on the project.

The purpose of the four-year study, funded by the CDC’s Minority AIDS Research Initiative, is to conduct and evaluate an HIV/AIDS anti-stigma related intervention among 10 African American congregations in rural Alabama. The goal of the project, “Faith-Based Anti-Stigma Intervention Toward Healing HIV/AIDS” (Project FAITHH), is to decrease individual and community-wide stigma in these congregations.

As part of their research, Foster, Gaskins and graduate research assistant Myra Vickery will conduct day-long HIV/AIDS seminars and a seven-week, anti-stigma intervention that has been adopted by a ministerial group in Ghana, Africa. Project activities in the targeted congregations will measure changes in HIV/AIDS knowledge and related stigma. Other partners include the Alabama/NW Florida Regional Minister of Disciples of Christ and the Alabama Consumer Advisory Board, whose membership includes HIV positive individuals.

In addition to decreasing stigma and increasing HIV knowledge, Project FAITHH hopes to increase the number of prevention activities in which congregation members participate, as well as increase the number of HIV positive people who become members of the participating churches.

Foster says finding effective strategies to decrease stigma is a major challenge in HIV/AIDS prevention research. In addition, few strategies have been tested in rural African American communities in the Deep South, particularly among faith-based leaders and their congregations, where stigma may be higher. “We know from previous research that HIV positive persons value spirituality in their overall healing process. However, they have often not become active members of rural congregations because of the stigma,” Foster says.
A team of University of Alabama researchers that includes an assistant professor in the College was awarded funding to build a video-based decision-support system aimed at improving diagnosis time for rural Alabama children showing signs of Autism Spectrum Disorders (ASD).

“This is a research project, but it is also big for rural health and engaging underserved areas around the state,” says Dan Albertson, PhD, the primary investigator for the research project.

Albertson is an assistant professor and coordinator for Distance Education in the University’s School of Library and Information Studies. Lea Yerby, PhD, a member of the research team and an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, says the project could greatly improve quality of life for children with ASD.

“The project uses new technology to give rural children access to quality developmental health care,” says Yerby. “This access allows for early identification of autism and will hopefully remove the disparity of diagnosis delay and direct the children to early intervention, which will give them the same fighting chance for quality of life and success as children in Tuscaloosa or Birmingham.”

Autism is a developmental disorder that interferes with people’s social and communication skills. One reason for the gap between autism diagnosis ages in rural and urban areas is a lack of resources. Diagnosis services do not exist in many rural areas, so families must travel to bigger cities to get their children tested for ASD.

The research project involves processing and organizing videos to assist physicians with making appropriate referrals for children who demonstrate early red flags for autism. The funding of $49,532 for the project is provided by the Southeastern/Atlantic Region of the National Network of Libraries of Medicine, part of the National Library of Medicine, through a subcontract with the University of Maryland, Baltimore.

Doctors will be provided equipment to make recordings of patients showing signs of autism and will be able to securely send the videos for analysis to The University of Alabama’s Autism Spectrum Disorders Clinic, a collaboration of the Departments of Psychology and Communicative Disorders in the College of Arts and Sciences and the Department of Pediatrics in the College of Community Health Sciences.

The clinic will return processed versions of the videos with comments and red-flag indicators from psychologists and speech therapists, creating an organized database of various types of behaviors to look for as well as system support to diagnose and treat patients exhibiting these behaviors.

Angela Barber, PhD, leads the team of professionals at the Autism Spectrum Disorders Clinic, providing feedback to physicians regarding children’s videotaped observations. She also trains a staff member at each participating physicians’ office to collect a natural sample of a child’s communication and play skills.

“This study will identify children earlier who are at risk for autism or communication impairments, thereby significantly enhancing a child’s potential to have optimal communication, social and educational outcomes,” Barber says.

The study is slated to work with two physicians in Pickens County, Julia Booth, MD, and Cathy Skinner, MD, who practice at Carrollton Medical Center in Carrollton, Ala. Both physicians are graduates of the College’s Tuscaloosa Family Medicine Residency and also serve as preceptors for the College’s medical students and residents.

Project investigators hope to expand the project to Primary Care of Monroeville in Monroeville, Ala., Physicians there are also graduates of the College’s residency.
University Medical Center, which is operated by the College, is participating in a patient centered medical home model of care pilot program approved for the Tuscaloosa area by the state’s Medicaid program.

The pilot program is a modified version of a patient centered medical home that has proven successful in North Carolina, providing significant savings to the Medicaid program there while improving quality of care in asthma and diabetes.

A patient centered medical home is a team-based approach to providing comprehensiveness in patient care with quality measures and continuous improvement. For example, patients with diabetes or high-blood pressure are cared for and managed by a team of health care professionals that not only evaluate and prescribe medication but ensure that patients are educated about the condition and its complications and the range of available interventions.

Prior to its participation in the pilot program, the College worked closely with the state’s Medicaid program, Maude Whatley Health Services, the Tuscaloosa County Public Health Department, DCH Regional Medical Center in Tuscaloosa and private physician practices in West Alabama to develop a provider-designed, non-profit network that now serves approximately 30,000 patients in a six-county area – Bibb, Fayette, Greene, Hale, Pickens and Tuscaloosa.

The network, called MedNet West, has contracted with the state’s Medicaid program to perform three critical tasks:

First, hire care managers to identify high-risk patients, accept referral of high-risk patients and work closely with providers to identify and eliminate barriers to care. The care managers also work with the College’s Pediatrics and Family Medicine Departments to incorporate quality improvement measures into medical practice.

Second, hold medical management meetings every several months that include all providers, along with care managers, pharmacists, hospital personnel and other community partners. In these meetings, University Medical Center’s performance measures are compared with those of MedNet West members. As the largest practice in the network with nearly 10,000 patients, University Medical Center’s performance on these measures could have a significant impact on the network.

Third, improve quality of care and reduce costs in certain target areas, including diabetes, asthma, emergency room overuse, high-cost high-risk patients and other areas selected by providers in the network.
“This is an exceptional chance for us to be involved in transforming care for patients all over Alabama,” says Chelley Alexander, MD, associate professor and chair of the College’s Department of Family Medicine. “This offers us an opportunity to work within the context of our community to improve care, reduce cost and participate in the development of a patient centered medical home in our area.” Alexander serves as medical director for MedNet West.

Other College faculty who have been active in the pilot program are Elizabeth Cockrum, MD, associate dean for Clinical Affairs and a professor and chair of the Department of Pediatrics; John B. Waits, MD, an associate professor in the Department of Family Medicine; Heather Taylor, MD, an assistant professor in the Department of Pediatrics; and Julia Boothe, MD, adjunct faculty in the Department of Family Medicine. Waits and Boothe are also members of the MedNet West Board of Directors.

MedNet West is one of three networks created as part of the Alabama Medicaid program’s Patient Care Networks program. These independent, nonprofit, patient-centered health networks now provide coordinate care to about 90,000 Medicaid recipients in eastern, western and northern parts of the state.

Early numbers indicate that the Patient Care Networks program is working. The cost of providing care to Medicaid patients in the network areas has decreased by 7.7 percent so far in 2012, compared to 0.6 percent in other parts of the state.

An outpatient clinic that allows for clinical teaching has always been an important component of the College. The Family Practice Center, a 30,000-square-foot facility, opened in 1975 just three years after the College was formed. The Family Practice Center was expanded and renamed the Capstone Medical Center in 1982. Today, the outpatient clinic, now called University Medical Center, is housed within the College’s current location, an approximately 90,000-square-foot facility that also includes the College’s academic and research divisions and the University’s Student Health Center.
The Health Sciences Library is working to preserve the College’s history. The library has begun digitizing historical documents and creating a repository that will be available online to College faculty, staff, medical students and residents, alumni and other interested individuals. The library is also collecting historical items with plans to display those items in the College’s building.

The College was founded four decades ago and in that time many historical documents and items have been produced by or donated to the College. The historical documents include manuscripts, doctor notes, drawings, photos, video clips, newsletters, correspondence and office memos. Among the historical items are medical equipment, doctor bags and surgeon kits.

The Health Sciences Library was originally located in the University’s main Gorgas Library. In the late 1970s the Health Sciences Library was brought closer to the educational and clinical activities it supported when an educational tower was built jointly by the College and DCH Regional Medical Center in Tuscaloosa with space for teaching, faculty development, residents and a new Health Sciences Library. At the time, the library had about 3,500 bound volumes.

Today, the library print collection includes about 6,000 books, 10,000 bound journal volumes and more than 50 print journal subscriptions with an emphasis on primary care and clinical medicine. Online access to more than 11,000 health care electronic journal titles is available, plus thousands of electronic books and numerous databases, including DynaMed, UptoDate and MD Consult. The primary users of the Health Sciences Library are faculty, staff, residents and medical students of the College, but the library also serves the entire University campus, DCH, Bryce Hospital and functions as a resource library for West Alabama health professionals.

The library occupies space on the first floor of the College and has a consumer health resource center that is open to the public and named in honor of Harvey Brown Searcy, MD, a practicing Tuscaloosa physician during the early 1900s.
The University of Alabama Student Health Center, which is operated by the College, will host the Southern College Health Association annual meeting in April, 2013, at the Sandestin Golf and Beach Resort in Sandestin, Fla.

Keynote speakers include Len Kravitz, PhD, program coordinator of Exercise Science in the Department of Health, Exercise and Sports Sciences at the University of New Mexico. The title of his keynote address is “Exercise is Medicine.” Also providing a keynote address is Kitty Harns, PhD, the associate dean for Outreach and Engagement in the College of Human Sciences at Texas Tech University. The title of her address is “Collegiate Recovery Communities: A Systems-based Approach to Student Health and Wellness.”

John Maxwell, director of the Student Health Center, is currently vice president of the Southern College Health Association and will become president at the annual meeting next year.

For the first time, directors, administrators and trainers at student health centers have been invited to the annual meeting as attendees and to provide presentations. In addition to providing urgent care, many student health centers on college and university campuses also provide preventive and primary care.

The University of Alabama Student Health Center became part of the College in 2005 and is the medical home for the University’s more than 30,000 students. The center also provides nutritional therapy, psychiatry services, gynecological care and ADHD treatment.

The Student Health Center is a member of the Southern College Health Association, which is part of the American College Health Association. The Southern College Health Association includes the states of Alabama, Georgia, North and South Carolina, Tennessee, Mississippi and Florida and works to represent and serve professionals who provide health services and programs to members of higher education communities.
An initiative started by University of Alabama students with assistance from the Student Health Center to educate college students about the dangers of binge drinking has gone statewide.

Student teams at the University of Alabama at Birmingham, Auburn University, Alabama State University, Troy University and the University of South Alabama brought the message of LessThanUThink to their campuses this year.

LessThanUThink is a student-created advertising and public relations campaign to address the awareness and attitudes of binge drinking among college students. Delynne Wilcox, PhD, assistant director of Health Planning and Prevention in the Student Health Center’s Department of Health Promotion and Wellness, and Teri Henley, an instructor in advertising and public relations at The University of Alabama, are assisting the students. Also assisting is Margaret Garner, RD, LD, the College’s assistant dean for Health Education and Outreach and director of the Department of Health Promotion and Wellness. The Student Health Center is operated by the College.

The new LessThanUThink teams hope to increase by 10 percent this year the number of students at participating campuses who associate the over-consumption of alcohol with negative social and physical consequences, and who will consider monitoring their own drinking habits. The teams also hope to increase by 20 percent the number of students aware of the negative consequences of over-consumption of alcohol.

Research has shown that the LessThanUThink campaign has increased awareness of the definition of binge drinking among University of Alabama students from 7 percent to 29.5 percent, and 47.7 percent of students say they are aware of the definition as a direct result of the campaign.

Former NBA star Shaquille O’Neal was on The University of Alabama campus earlier this year to star in and direct a public service announcement video for the LessThanUThink campaign. O’Neal and The Century Council, a key funder of the campaign, are partnering to fight binge drinking on college campuses. The Century Council is an independent, not-for-profit organization funded by the spirits industry that works to stop drunk driving, underage drinking and binge drinking.

O’Neal, who recently attended film director’s school, worked alongside University of Alabama students to bring their voices to life by producing a student-created video. The video utilized the campaign’s approach of using humor to highlight the negative consequences of binge drinking.

Students from the 2011 fall semester’s LessThanUThink team campaigned to bring O’Neal to the University through the “#GetShaq2UA” initiative on Twitter. O’Neal responded with a tweet and announced he would visit the University in 2012.
Project Rebound at The University of Alabama was launched in response to the April 27, 2011, tornadoes and provided crisis counseling to University students impacted by the deadly storms. The program was completed in June.

The goal of Project Rebound UA was to help students experiencing emotional and other issues resulting from the tornadoes, which killed more than 50 people in Tuscaloosa, including six University of Alabama students. The project was funded with a $536,000 grant from the Federal Emergency Management Agency awarded to a partnership of the College’s Institute for Rural Health Research and the Alabama Department of Mental Health.

Twenty University of Alabama graduate students from different areas of study served as crisis counselors for Project Rebound UA. They were trained by FEMA to respond to crises, both for individuals and groups of people. Each day, Project Rebound UA counselors fanned out across campus and started conversations with students in an effort to gauge their need for further assistance, including community services, mental health assistance or medical treatment.

Disasters cause loss and upheaval and survivors can suffer loss of safety, security, property, community, health, friends and loved ones. They can experience increased risk for anxiety, depression, post-traumatic stress disorder and other health conditions.

Rather than offering traditional psychiatric counseling, the crisis counselors simply listened to students and worked to connect them to the resources they might need. They asked students how they were coping and offered them a chance to talk about what they might be going through, reassuring students that what they were feeling was common and part of the recovery process.

Project Rebound UA represented the first time that FEMA has provided funding for an outreach effort focused specifically on a university campus, according to project director Melanie Tucker, PhD. Tucker is an assistant professor in the College’s Institute for Rural Health Research and Department of Community and Rural Medicine.

“It really is unique,” says Lisa Turley, state director for Project Rebound. “And part of the uniqueness was the way that the student team reached out to other students using Twitter, Facebook and texting.”

Turley says this type of outreach proved beneficial to students. Students were comfortable with social media communication and it helped lay the groundwork for easier face-to-face communication with the crisis counselors.

FEMA has since added a texting component to its national Distress Help Line.

Turley says FEMA plans to use Project Rebound UA as a blueprint for similar outreach efforts at other university campuses.
The Moundville Medical Clinic in Hale County, Ala., received a $10,000 grant to help provide medical supplies and care to patients with diabetes.

The grant was written by Heather Whitley, PharmD, who is affiliated with the College as an assistant clinical professor in the Department of Community and Rural Medicine. Whitley’s primary appointment is as a clinical assistant professor of Pharmacy Practice at Auburn University’s Harrison School of Pharmacy. She is director of the Moundville clinic’s diabetes program.

A total of $75,000 was awarded to six nonprofit organizations across the country, including the Moundville clinic. The money was awarded by the Diabetes Hands Foundation and raised through a grassroots online diabetes awareness campaign called Big Blue Test, which is supported by Roche Diabetes Care. Diabetes Hands Foundation is a nonprofit organization that runs online communities to raise diabetes awareness.

“The Big Blue Test grant enabled us to provide free lab tests and individualized clinical pharmacy diabetes education and nutritional counseling to underserved people, including those impacted by the (April 2011) tornadoes,” says Whitley, who is also a Certified Diabetes Educator.

Adds Manny Hernandez, president of the Diabetes Hands Foundation: “Because of these six extraordinary charities, thousands of people had the insulin, supplies and care they need to survive.”

Whitley says the Moundville Medical Clinic used its grant money to increase the diagnostic rates of people with diabetes by purchasing hemoglobin A1C point-of-care testing devices. The A1C test is a simple finger prick with immediate results; no blood work has to be sent to a laboratory. Whitley says, “Twenty-seven percent of Americans are unknowingly living with diabetes; they haven’t been diagnosed yet. Their disease state is unknowingly progressing and causing damage.”
could find out they have diabetes, they could begin treatment and hopefully reverse the damage before it is too late. We anticipate that 10 percent of people tested will be diagnosed with diabetes.”

The clinic also used its grant money to test patients already diagnosed with diabetes and to help them with follow-up care to improve their quality of life. Whitley says frequent testing is the best way to monitor how the disease is progressing. “We can help people make lifestyle changes and begin treating problems. Then patients are less likely to go blind, less likely to have an amputation, less likely to need dialysis, and less likely to have a heart attack or stroke.”

The project began in March at the Moundville Medical Clinic and will last for one year. The clinic serves approximately 2,000 rural patients, many of whom are uninsured, underinsured, medically indigent or medically underserved. As a result of the project, clinic patients impacted by the devastating tornadoes that struck Alabama on April 27, 2011, received free testing and evaluation that they otherwise might not have been able to afford, Whitley says.

The Big Blue Test takes place every November leading up to World Diabetes Day on Nov. 14. The campaign reinforces the importance of exercise in managing diabetes. Through the Big Blue Test, people with diabetes are asked to test their blood sugar, get active for 14 minutes or more, to test again and to share the results at Bigbluetest.org. The website aggregates all of the data collected. In the past three years, exercise decreased participants’ blood sugar level between 15 percent and 20 percent.

The Big Blue Test sponsor was Roche Diabetes Care. Each entry in the Bigbluetest.org, up to the first 8,000 participants, resulted in a donation from Roche to directly benefit approximately 8,000 underserved people with diabetes. Roche’s support enabled the Diabetes Hands Foundation to provide the $75,000 in funding to the six organizations, which are focused on assisting underserved areas with a high incidence of diabetes.

In 2011, Alabama was identified by Trust for America’s Health as having the highest national prevalence of diabetes, at 12.2 percent, compared to the national average of 8.3 percent. The Black Belt region of Alabama, where the Moundville clinic is located, has an even higher prevalence of diabetes in the state at 14 percent.
The College celebrates its 40th anniversary this year and one family has been there since nearly the beginning.

Richard Rutland, Jr. MD, was an early faculty member and practiced for years in Fayette, Ala. He is now retired. His son-in-law, Michael McBrearty, MD, was the first graduate of the College’s Tuscaloosa Family Medicine Residency. Today he practices in Fairhope, Ala. His son, Sean McBrearty, MD, who completed his third and fourth years of medical school at the College, is a recent graduate of The University of Alabama School of Medicine. McBrearty is currently in his second year of residency in Family Medicine in Colorado.

All three men knew early on that medicine, particularly Family Medicine, was their calling.

“I came into this world knowing that I wanted to be a doctor,” says Rutland, who grew up in Eufaula, Ala. He says his inspiration to study medicine came from his family physician, Paul Salter, MD, whom Rutland describes as a “true, old-fashioned family doctor.” Rutland says he had diphtheria as a child; even so, Salter made sure his young patient stayed in good health. “Dr. Salter always had some neat trick for making me feel...
better,” Rutland says. “Because of his warmth, his caring and his love of medicine, I decided that I, too, wanted to become a physician.”

During Rutland’s high school years, World War II broke out and like many young men his age, he wanted to serve. He participated in an accelerated program with the Navy, called V-12. He did his pre-medical studies at both The University of Alabama and Duke University and was then accepted at Tulane University School of Medicine. After graduating from Tulane, he completed an internship in Birmingham, Ala., at the Jefferson Hillman Hospital and then began his active duty in the Navy. Following his Navy commitment, he began residency training, which he completed in Colorado. He then began his practice in Fayette.

Since the beginning of his private practice, Rutland has been devoted to improving Family Medicine training and increasing the delivery of quality health care to the rural citizens of Alabama. Rutland was one of a handful of physicians who made his practice available for preceptorships to any medical student desiring a Family Medicine experience. He said in the early 1970s, any Family Medicine training was considered strictly elective and the rotations were sought only by those committed to doing primary care.

Rutland was encouraged by the Willard Report, authored by William R. Willard, MD, the College’s founding dean. With great enthusiasm, Rutland began making trips to Tuscaloosa to garner support for a family practice training program and requested the help of such individuals as John Burnham, MD, and other medical leaders in Tuscaloosa. Rutland was a member of the search committee for the College’s first dean. Willard was convinced to come out of retirement, after completing a long tenure as dean of the University of Kentucky Medical School, and help the fledgling Tuscaloosa program gain its footing. The College was given its name, the College of Community Health Sciences, by Willard.

Rutland was persuaded by Willard and supported by his Fayette colleagues to become the College’s acting residency director following its approval in 1973. Upon learning of Rutland’s leadership role, Michael McBrearty agreed to transfer following his internship year in Oklahoma City and join the first class of College residents. McBrearty had experienced a medical school preceptorship with Rutland and was anxious to come back and be a part of building the Tuscaloosa program.

Rutland reminisces about his Family Medicine career saying, “I loved this time in my life and my involvement with the Alabama Academy of Family Physicians. In the early years of the academy, we helped to form chapters all over the state and began providing Continuing Medical Education meetings to benefit our members.” With his usual modesty, Rutland fails to mention that he served as president of the Alabama chapter of the American Academy of Family Physicians in 1961. He was elected as a delegate to the AAFP for a number of years and was selected as the Good Housekeeping AAFP Family Doctor of the Year in 1989. He has received numerous honors at both the state and local level, as a civic leader in Fayette County as well as for his tireless work in Family Medicine, especially rural medicine.

Next Generation

Michael McBrearty was born in Virginia, but as the son of a military father called many places home – Virginia, Georgia, Germany and Texas. When his father retired, the family settled in Huntsville, Ala.

McBrearty completed his undergraduate studies at The University of Alabama, opting for Chemistry and
Math degrees but with a keen interest in medicine. “Because so few people got into medical school, I was told I needed to get my degree in something I could actually use in case medical school didn’t work out.” Hopeful, McBrearty applied to medical school but was able to apply to only one, The University of Alabama School of Medicine, which is headquartered in Birmingham with branch campuses in Tuscaloosa, Huntsville, and Montgomery. He was accepted. “When I went for my interview at UAB, I felt like the registrar took pity on me because I told her that UAB was the only medical school to which I had applied.”

McBrearty says he was destined to become a doctor, partially influenced by his father. “There were seven kids in my family and my father had a specific career plan for each of us. He wanted my older brother to be a priest, me to be a doctor and so on. I was the only child who ended up following the career path Dad had laid out. Obviously, medical school was on my radar screen from an early age.”

After graduating from medical school, McBrearty began his residency in Family Medicine at The University of Oklahoma Hospitals and Clinics in Oklahoma City. At the time, there were no Family Medicine residencies in Alabama. During that intern year, Rutland, who had just assumed the acting residency director position at the College, called and asked if McBrearty would be interested in joining this first residency class. After some consideration, McBrearty decided that coming back home to Alabama and this new opportunity were too appealing to pass up. Having earlier enjoyed a preceptorship with Rutland and knowing that he was going to be the residency director was exciting to McBrearty.

Another deciding factor in choosing to move was that the University of Oklahoma Hospital and Clinics allowed interns to take part in the various rotations in their hospital, but following the intern year would not grant admitting privileges to the family practice residents or their attending staff, saying the experience would be better in the community hospitals. Although that may indeed be true, the fact that the Family Medicine Department was treated as a stepchild, in McBrearty’s words, made it less appealing to be associated with such an institution.

McBrearty opines, “It’s amazing how things work out. Not only did I come back and get an excellent education and contribute to the program in Tuscaloosa, but I also met my future wife, who happens to be Rutland’s daughter.”

McBrearty, who finished his residency training in 1976, moved to Fairhope where he continues to practice. Over the years, he has been active in the Alabama chapter of the American Academy of Family Physicians, having served as its president in 1982, and has been a long-standing board member and current secretary/treasurer of that organization. He has been industrious in trying to advance the specialty of Family Medicine having, with other members of the academy, made several trips to talk with insurance companies about compensation. He serves as the chairman of the Family Practice Rural Health Board and has served on the board for more than 20 years. He also served as a counselor in the Medical Association of the State of Alabama.

Third Generation

Sean McBrearty began his medical career as a participant in the College’s Rural Medical Scholars program, directed by John Wheat, MD. McBrearty completed his undergraduate degree in Biology at the University of Mississippi in Oxford, accepted a position in the Rural Medical Scholars Program and completed his first two years of medical school at The University
Michael McBrearty remains involved with the College. He currently serves on the Board of Visitors, a panel of alumni, donors and friends working to support the College’s efforts to educate and train family physicians.

“The biggest problem we face in Family Medicine is that there is such an overwhelming demand for primary care physicians in this state and, in fact, the nation that we cannot meet,” McBrearty says. “The College has focused so much on meeting the demand and has been recognized nationally as a stellar example of how to get rural students and minority students interested in studying medicine, becoming physicians and going back to serve rural Alabama.”

Sean McBrearty adds, “Helping to bring quality health care to the smaller towns in Alabama is at the forefront of what the College does. This focus is evident in the number of College-trained family physicians practicing throughout the state, especially in rural Alabama.”

Rutland shares their opinions and their pride in the College. “The College was a part of my life even before it became a reality. I had been dreaming about this type of training when I was studying to be a doctor. It is extremely gratifying that this program provided an opportunity for my son-in-law and my grandson to become the kind of doctors that this country needs most,” he says.

Rutland concludes, “I take pride in the fact that my family has had generations of physicians and I am truly thankful that the College has been such an important part of my life.”
“I originally went to medical school thinking that I wanted to be a pediatrician, after having had a fabulous experience shadowing Dr. Ashley Evans in the Pediatrics High Risk Clinic at Capstone Medical Center (now University Medical Center) when I was still an undergraduate,” Cook says.

She soon realized that “what I loved about my experience in the High Risk Clinic was not the Pediatrics specifically, but the complexity of the cases we saw and the teamwork that was involved in helping those patients heal and succeed.”

So, Cook decided to pursue Internal Medicine. “I found that the specialty of Internal Medicine offered me the opportunity to work with a team to care for complex patients on a daily basis as the ‘quarterback’ for each adult patient’s overall medical care,” she says.

Today Cook works as a Hospitalist and medical director of Trinity Hospital Group in Birmingham, Ala. Originally from Tuscaloosa, Cook received her undergraduate degree in Interdisciplinary Studies from The University of Alabama. “I was a New College graduate with a depth study at one point titled Entropy, Simplicity, and Sustainability. I don’t recall if that title ended up as the official one, but I liked it none-the-less.”

Cook says she chose medicine as a profession because there were too many lawyers in her family and she wanted to try something different. She chose The University of Alabama School of Medicine because of its excellent reputation. She was a student at the College from 2004-2006, her last two years of medical school. The School of Medicine is headquartered in Birmingham and the College is a branch campus.

“The College was great because it provided me with great one-on-one training with attending physicians in each specialty. You have a lot of autonomy as a student at the College that you are not granted at the Birmingham campus, mostly because of the number of residents and fellows in Birmingham who are seeking autonomy and attention from their attendings,” Cook says.

She also credits the College for placing a “true emphasis on bringing quality health care to the people who need it most.”

“Bench research and highly specialized care are certainly important components of the overall quality of the medical system, but our focus should be on efficiently and effectively bringing the knowledge and treatments that we already know work to as many people as possible,” Cook says. “That aspect of health care is emphasized in the educational program and goals of the College.”

Cook is currently pursuing her Master’s of Science in Health Care Management at the Harvard School of Public Health in Boston, Mass. She is immersed in classes with other physicians and dentists who have an interest in today’s health care issues.

Anne Laura Cook, MD

Hospitalist, Medical Director, Trinity Hospital Group, Birmingham, Ala.
Medical Student, College of Community Health Sciences, 2004-2006
“Many of my relatives were an influence on me, as many relatives are in medicine,” Dozier says when asked why he chose medicine as a profession. “Their positive impact on the lives of others was a great influence on me.”

Dozier says he decided to focus on Family Medicine so that he could care “for the entire individual” and so that he could successfully practice in a small town setting – specifically his hometown of Thomasville, Ala., where he practices with his wife, Daveta Dozier, MD.

Frank Dozier earned an undergraduate degree in Biology with a minor in English from The University of Alabama. He was accepted to The University of Alabama School of Medicine and spent his last two years of medical school, 1980-1982, at the College. The School of Medicine is headquartered in Birmingham and the College is a branch campus.

Dozier completed the College’s three-year Family Medicine Residency in 1985.

“The College gave me such a unique opportunity to pursue my interests,” he says. “The College experience was different from a large medical center in that the Family Medicine residents were not in competition for other residents for patients. Many of the patients we cared for were treated only by the residents and their attending and we were all able to get a lot of hands-on education.”

Dozier says through more intimate relationships with patients, medical students and residents were able to experience “the entire process of the care of patients.”

He says the education and training he received at the College have benefited him greatly as a practicing physician. “The College gave me such a unique opportunity in the way that students have increased responsibility of care of patients and can even do procedures under the guidance of their attending physician that would never be available in larger teaching facilities.”

Dozier says medical students and residents also get to interact with community physicians and are “exposed to the special responsibilities and rewards of being in private practices. Students also gain a more realistic outlook on non-academic medicine at the College than they would if they were at a larger academic center.”

Frank Dozier, MD
Family Medicine Physician, Thomasville, Ala.  
Medical Student, College of Community Health Sciences, 1980-1982  
Graduate, Tuscaloosa Family Medicine Residency, 1985
“I always admired my personal family physician growing up and I believe he was a very strong influence on my decision to be a family physician,” Yerby says.

Yerby’s interest in medicine was further peaked during a 10th grade Human Physiology class at Fayette County High School in Alabama. After graduating high school, Yerby enrolled at The University of Alabama with the intent to later enter medical school. He earned an undergraduate degree in Chemistry.

“After I graduated from The University of Alabama, coming to the College of Community Health Sciences for my medical school training was an easy decision,” Yerby says. “I much preferred being in the Tuscaloosa environment because the smaller community setting gave me much more of a hands-on experience in training than my Birmingham classmates got. The contact and interaction I got with my instructors was much more personal as well. I really believe that those factors, along with an emphasis on rural medicine, are extremely beneficial to students who attend the College today as well.”

The University of Alabama School of Medicine is headquartered in Birmingham; the College is a branch campus. Yerby was a medical student at the College from 1987-1989. He completed the College’s three-year Family Medicine Residency in 1992 and today practices in Fayette, Ala.

In addition to the influence of his own family physician, Yerby says he chose Family Medicine “because I enjoy the variety of patients and problems that you encounter on a daily basis.”

Yerby recommends that University of Alabama medical students strongly consider the College for their third and fourth years of medical school, as he did. “The value of the College to the community, the region and to the state of Alabama is immeasurable. Many of our leaders in medicine in this state have been trained at the College or served as faculty members there.”

He adds: “If we are going to see the medically underserved areas of our state progress in the future, the influence of the College will be very important as we move forward.”

Fred Yerby, MD
Family Medicine Physician, Fayette, Ala.
Medical Student, College of Community Health Sciences, 1987-1989
Graduate, Tuscaloosa Family Medicine Residency, 1992
Bill and his wife, Madeleine Hill, have always been community-oriented. In fact, their passion for giving back to others is how they met. Bill seemed destined to practice medicine even before he was born. He is the third of four generations of physicians in his family. His mother and father are graduates of Johns Hopkins University School of Medicine in Baltimore, Maryland, and his son is a physician in California. Bill’s father, M.C. Winternitz, MD, was dean of Yale School of Medicine from 1920 to 1935 and during that time admitted to the school William R. Willard, MD, who would later become the College’s founding dean. Willard and the younger Winternitz would also later cross paths.

Bill graduated from Johns Hopkins School of Medicine and left in 1950 to complete a fellowship at Yale University, where he ultimately stayed nine years. After leaving Yale, he was recruited by founding dean Willard to the faculty of the University of Kentucky College
of Medicine at its beginning. Bill remained at the UK College of Medicine 17 years until 1977, when Willard, who had moved to Tuscaloosa to begin another new medical school, invited Bill to join the faculty at The University of Alabama College of Community Health Sciences. The idea of moving to Alabama had never crossed Bill’s mind, but looking back he says he is glad he came.

About this time, Madeleine Hill, who worked in regional health planning for the West Alabama Health Council, was developing a hospice program in collaboration with local agencies and a non-profit board assembled for the purpose. After several years of planning, Hospice of West Alabama prepared to initiate service and hired Madeleine as its first executive director. She worked with Hospice of West Alabama for four years and, during that time, met Bill. They married in 1984.

Madeleine remains active in the West Alabama community and has helped establish other community services, including West Alabama AIDS Outreach and Caring Congregations/Caring Days.

She says she and her husband agree that at times, “you have to take a deep breath and take a plunge to reach into unknown territory.” They did that when the College needed a new teaching and clinical facility.

“I was very fond of (former College Dean) William Curry, who is responsible for getting the (College’s current) building done,” Bill says. “I made a large pledge and paid it over several years and I had never done that before. It was money well spent.” Madeleine accepted the daunting task of chairing the Building Fund Committee to raise the money needed to construct the College’s 72,000-square-foot main building.

About 30 years ago, Bill also founded the College’s First Friday Lecture, now known as the William W. Winternitz Conferences. The lecture series features prominent speakers who address such topics as ethics, communication and, in particular, the arts to expose medical students and residents to enriching non-medical but relevant subjects. “We’ve had everything from dancers to history to poetry readings,” Bill says. The conference series is a source of pride for both Bill and Madeleine and for good reason, they say, because it helps educate and sensitize well-rounded medical students and residents.

Bill and Madeleine continue to support the College, most recently with a generous pledge of seed money for a new Geriatrics initiative. “There is an acute need for any viable medical school to address the surge in (aging) population that we are experiencing,” Madeleine says.

Bill and Madeleine hope their contribution can also help the College create awareness about the need for specialized study of Geriatrics to deal with the distinct issues of older adults and to promote care of their health. They also hope their efforts will help the College attract future medical students and residents interested in a sub-specialty of Geriatrics. “It is hard to treat older persons in a hurry,” Bill says. “There is an obvious need for increased care of these people and there has been for a long time.”

The College greatly appreciates the generous service and support that Bill and Madeleine have provided over many years. With their efforts and the efforts of others like them, the College hopes to grow its Geriatrics initiative into a model Geriatrics program.

PRE S E RV ING T HE COL LE GE ’ S H IST O RY

Time spent with John and Cindy Markushewski passes quickly and enjoyably as they tell stories and share memories about their life together. Each question prompts a quick smile between the couple and John’s reply, “I have a story about that.”

John and Cindy met while he was a resident in the College’s Family Medicine Residency. Cindy worked for Robert Pieroni, MD, a professor in the College’s Department of Internal Medicine, filing articles from medical journals and writing questions and answers for Pieroni’s books, which prepare medical students and residents to take their licensing exams. John and Cindy were introduced at one of the College’s noon lectures.
and later attended the residents’ Halloween party together, with John dressed in a bumble bee costume made from surgical scrubs. Their first official date was to an Alabama basketball game.

The couple married in March 1983. While John served active duty in Korea as staff family physician and officer-in-charge of Emergency Services at Osan Air Base, Cindy earned her first master’s degree in Rehabilitation Counseling.

In 1984, the Markushewskis moved to Germany so that John could continue his service as staff family physician and later as officer-in-charge of Emergency Services at Bitburg Air Force Base. Cindy worked as a testing specialist at nearby Spangdahlem Air Base. Their first child, Mary, was born in Germany and an article in the Stars and Stripes military newspaper featured her as the first child born in a military birthing bed overseas.

The family moved stateside in 1988 to Dyess Air Force Base in Texas. The couple’s second child, Lucas, was born on base that same year. John served as chief of Hospital Services and staff family physician while Cindy worked as a rehabilitation specialist for Cigna, a global health insurance and health services company.

Beginning in 1990, John spent 14 years in the Air Force Reserve as a family physician and flight surgeon based in Columbus, Miss. He was also in private practice in Sulligent, Ala., with fellow residency alumnus John Hollis, from August of 1990 until August of 1991. That year the Markushewskis arrived in Decatur, Ala., where John practiced with another residency alumnus, Larry Sullivan, at Decatur General Hospital. John later joined the Emergency Department at Huntsville Hospital, where he currently practices, and the family moved to Huntsville in July 1996. John was called into active duty after the September 11, 2001, attacks on the United States and spent 11 months at Keesler Air Force Base in Biloxi, Miss.

John has served as team physician for Huntsville’s professional hockey team, the Huntsville Havoc, since 1997 and also serves as medical director for EMS, the Huntsville City Fire Department and the Madison County Association of Volunteer Fire Departments. He has provided countless other volunteer and teaching services to the Huntsville community. Cindy earned her Master of Library Science Degree in 2009 and is now a Research Librarian at the National Children’s Advocacy Center in Huntsville.

In honor of the 40th anniversary of the College, John and Cindy have generously supported the creation of a Special Collection in the College’s Health Sciences Library. When asked why they decided to make such a commitment, John says, “The College of Community Health Sciences gave me a well-rounded residency education. It provided the foundation and experiences to prepare me for Air Force Family Medicine and Emergency Department Medicine in remote areas. Cindy’s love of the library tipped our interest to fund this project.”

Cindy adds, “Alabama has a strong medical history and people don’t always realize or appreciate the contributions made by the College of Community Health Sciences to this history over the past 40 years.” She hopes the Special Collection will also provide internships for School of Library and Information Studies students as the future of library science lies in digitalization and having world-wide access to information.

The College thanks the Markushewskis for their generous gift and support in funding the creation of the College’s Special Collection.
Thank you to all of our donors and friends who gave to the College of Community Health Sciences in 2011 through cash donations, in-kind gifts, estate gifts or matching funds. The gifts benefit faculty, medical students and residents by providing resources for scholarships, classrooms, clinics and research.

**Rural Health Contributions:**
Reverend James Carstensen
Ms. Angela Dee
Mr. and Mrs. J. Roy Dee

**Sports Medicine Program Contributions:**
Mrs. Martha Coleman deShazo
Drs. Daveta and Frank Dozier
Dr. Wayne Allen Goodson*
Dr. Johnstone Pow Hollis
Dr. Nicholas A. Knight*
Dr. George Michael Maitre, Sr.*
Dr. and Mrs. E. Eugene Marsh, III
Mr. Hollis Stuart Maxwell*
Mr. John Beatty Maxwell, Jr.*
Mr. and Mrs. George L. McCrary, Jr.*
Dr. Rhett B. Murray*
North Alabama Neurological, P.A.*
Mrs. Voncile Roberts Pearce*
Mrs. Sara D. Phillips*
Dr. Joel D. Pickett*
Dr. James Sanderson, Jr.
Mr. William Britt Sexton*
Dr. Dale Edward Trammell*

*Gifts made through the Crimson Tide Foundation in the Department of Intercollegiate Athletics

**Educational and Support Fund Contributions:**
Dr. Denise M. Brown
The Caring Foundation
Mrs. Margaret McKenzie Howell
Mr. and Mrs. John D. Kasberg
Dr. and Mrs. E. John Markushevski
Mr. John Beatty Maxwell, Jr.
Nick's Kids Fund
Dr. and Mrs. Robert E. Pieroni
Reese Phifer, Jr. Memorial Foundation
Mrs. Betty B. Shirley
Mr. and Mrs. Lewis Minor Stewart, Jr.

**2011 Lister Hill Society Gifts:**

**Benefactor**
Ms. Kelly A. Bownes
Dr. and Mrs. Ray Brignac
Capstone Health Services Foundation
Dr. Wilmer J. Coggins
Dr. Anne-Laura Rhodes Cook
Mr. and Mrs. Brad Cork
Dr. Frank Leonard Dozier
Dr. Roland P. Ficken
Mrs. Dianna H. Flemming
Dr. Lucius Bedford Freeman
Mr. Thomas P. Hester
Dr. William A. Hill, Jr.
Dr. T. Riley Lumpkin
Dr. Michael Leigh McBrearty
MedPlan Recruiting, Inc.
Mr. and Mrs. Guy E. Moman, Jr.
Mrs. Voncile Roberts Pearce
Dr. Robert A. Posey
Professional Medical Associates, P.C.
Dr. Sage B. Smith, Sr.
Mr. James Albert Stroud
Dr. William Larry Sullivan
Dr. Michael A. Taylor
West Alabama Family Practice & Sports Medicine
Dr. Mark Sloan Williams
Mr. Michael J. Williams
Dr. William W. Winternitz
Mrs. Susan Scott Woods
Dr. Frederick Lee Yerby
Patron
Dr. Thomas A. Bartlett
Dr. Michael Francis Blum
Dr. Amanda Davis Chavers
Dr. Cathy L. Gresham
Dr. Andrew O. White
Sustaining:
Dr. John Michael Belyeu
Dr. Sarah L. Bisch
Dr. Julia Lett Boothe
Dr. Dale Christensen
Dr. Sam D. Davis, Jr.
Dr. Michael F. Devenny
Dr. Eric W. Graves
Mr. James I. Harrison, Jr.
Mrs. Erin Lawson
Dr. Lawrence James Parker, Jr.
Dr. William Ford Simpson, Jr.
Dr. Karen Elizabeth Stone
Dr. Richard H. Streiffer
Tuscaloosa Newborn Medicine, P.C.
Dr. William Edward Walker
Active:
Dr. Bobbi Brister Adcock
Dr. L. Scott Atkins, Jr.
Dr. J. Trent Beaton
Dr. William Reid Bell, III
Dr. William Richard Bonner
Mrs. Dorothy Deramus Boyd
Dr. and Mrs. Ernest C. Brock
Mr. John Albert Burchfield
Mr. Luke Cates
Mrs. Camille Wright Cook
Dr. G. Nelson Cooper, Jr.
Dr. William A. Curry
Mrs. Alice Stuart Davis
Mr. Charleigh Robert Davis
Dr. Rod M. Duraski
Mrs. Camille Maxwell Elebash
Dr. Ashley Evans
Mr. Thomas B. Fanning
Dr. Jerry Andrew Fikes
Dr. Marc F. Fisher
Dr. Pamela H. Foster
Dr. Matthew Gaines Freeman
Dr. Carolyn Northcutt Gibson
Dr. Amanda A. Hajjar
Mr. Dayton Foster Hale, Sr.
Dr. William R. Harvey, III
Mr. John B. Hicks
Mrs. Jean Jolly Hinton
Mrs. Kim Smith Hudson
Dr. Russell Leon Ingram
Dr. Robert B. Ireland, Jr.
Mr. Samuel E. Jackson, Jr.
Dr. Joseph T. Johnson
Mr. Bryan N. Kindred
Mrs. Doris J. Knight
Mr. and Mrs. James E. Leitner
Dr. Velimir A. Luketic
Dr. and Mrs. John A. Mantle
Dr. E. John Markushevski
Dr. Jeffrey W. Mathis
Mrs. Mary Anne Norton Meredith
Mr. James P. Merrell
Dr. Ronald Terry Olivet
Dr. William Orange Owings
Mr. and Mrs. Timothy M. Parker
Dr. Rufus Cornelius Partlow, Jr.
Ms. Terria Wood Plott
Dr. Angela Adams Powell
Mrs. Paula Fink Quarles
Dr. and Mrs. Jovencio E. de los Reyes
Dr. Luther W. Richardson, Jr.
Mrs. Carol Russell
Dr. Jon Emory Sanford
Mrs. Betty B. Shirley
Dr. John G. Simmons
Mr. and Mrs. George B. Gordon
Dr. Arvid Grubbs
Commander Lee A. Hallman
Mrs. Charles E. Hilburn
Mrs. Judith W. Hodges
Drs. Patricia and Guy Hubbs
Ms. Linda Pearson Jackson
Mrs. Shelley Edwards Jones
Dr. George Bradley Kaiser
Dr. Richard Mark Kendrick
Drs. Melissa and Bernard Kuhajda
Mr. Russell S. Lee
Dr. Michael C. Lindberg
Dr. Ernest Edward Martin, Jr.
Dr. David Hamilton Maxwell
Dr. Louis H. McCormick
Dr. James D. McKinney
Mr. James R. Meherg
Mrs. Evelyn Dunnam Mettee
Mr. Robert Wayne Monfore, Jr.
Dr. David Donald Nelson
Dr. Charles T. Nevels
Dr. David Alan Norman
Dr. Beverly C. Phifer
Dr. and Mrs. Robert E. Pieroni
Mr. Victor Phillips Poole, Sr.
Dr. and Mrs. Richard Rutland
Dr. and Mrs. Frank D. Scutchfield
Mrs. Jane Cason Simpson
Mr. John L. Slaughter
Stone Mountain Family Practice
Dr. Jason Howard Todd
Dr. Randall W. Weaver
Ms. Sherry D. Wedgeworth
Drs. Patricia and John Wheat

Supporter:
Dr. John Earl Brandon
Dr. James L. Carroll
Mrs. Jan Chaissin
Dr. Elizabeth White Cleino
Mr. Lawrence Davis
Dr. Paul Michael Davis, Jr.
Dr. Edwin Dennard
Mrs. Carolyn P. Dominick
Dr. Mark S. Eich
Mrs. Janet Speed Faucett
Dr. Robert Lee Fitts
Drs. Susan and Samuel Gaskins
Mrs. Sharon S. Glenn
Mr. and Mrs. George B. Gordon
Dr. Arvid Grubbs
Commander Lee A. Hallman
Mrs. Charles E. Hilburn
Mrs. Judith W. Hodges
Drs. Patricia and Guy Hubbs
Ms. Linda Pearson Jackson
Mrs. Shelley Edwards Jones
Dr. George Bradley Kaiser
Dr. Richard Mark Kendrick
Drs. Melissa and Bernard Kuhajda
Mr. Russell S. Lee
Dr. Michael C. Lindberg
Dr. Ernest Edward Martin, Jr.
Dr. David Hamilton Maxwell
Dr. Louis H. McCormick
Dr. James D. McKinney
Mr. James R. Meherg
Mrs. Evelyn Dunnam Mettee
Mr. Robert Wayne Monfore, Jr.
Dr. David Donald Nelson
Dr. Charles T. Nevels
Dr. David Alan Norman
Dr. Beverly C. Phifer
Dr. and Mrs. Robert E. Pieroni
Mr. Victor Phillips Poole, Sr.
Dr. and Mrs. Richard Rutland
Dr. and Mrs. Frank D. Scutchfield
Mrs. Jane Cason Simpson
Mr. John L. Slaughter
Stone Mountain Family Practice
Dr. Jason Howard Todd
Dr. Randall W. Weaver
Ms. Sherry D. Wedgeworth
Drs. Patricia and John Wheat
As the College celebrates its 40th anniversary, it acknowledges the vital role that volunteers have played in its success. The Lister Hill Society best exemplifies the important work that continues to be done by the College’s cadre of dedicated volunteers.

The Lister Hill Society was originally formed in 1975 as a way for individuals and businesses to contribute to the College’s mission of improving the quality of and access to health care in Alabama, particularly in the state’s rural communities. The group is named for former state Sen. Lister Hill, who was a staunch supporter of health programs in Alabama. William Anderson, MD, served as the first president of The Lister Hill Society. A radiologist and University of Alabama alumnus, Anderson started what would be three decades of successful support from the community. The Tuscaloosa News, B.F. Goodrich, The Tuscaloosa County Commission, First National Bank of Tuscaloosa and City National Bank of Tuscaloosa were involved in the Lister Hill Society from the beginning.

“The First State Bank of Tuscaloosa originally requested that I join Lister Hill,” says Tommy Hester, who has been involved for years with The Lister Hill Society and who has served on the Lister Hill Board. “They wanted to help get the message out about health problems in the South, especially in rural areas.”

Hester is familiar with life in Alabama’s rural communities. He grew up in Moundville at a time when the population was 900 and there were only three doctors.

“These doctors were wonderful. They never rushed you through their office and they always made you feel as if they cared about you,” he says. Experiences and memories like these sparked a passion in Hester that led to his involvement with the Lister Hill Society.

In 1995, with support from Jack Warner, then chairman of the board of Gulf States Paper Company, The Lister Hill Society started an annual fundraiser. The group was then under the leadership of William Winternitz, MD, a faculty member in the College’s Department of Internal Medicine, and the late Wilmer Coggins, MD, former dean of the College. Donations to The Lister Hill Society quadrupled, and the organization was able to fund scholarships, support medical student and resident travel to national meetings and provide start-up money for College research projects.

In 1999, Michael Taylor, MD, a professor in the College’s Department of Pediatrics, approached The Lister Hill Society about upgrading the College’s computer system. Local physicians William Shamblin, MD, a Lister Hill Board member at the time, and his brother, James Shamblin, MD, both made generous donations to create a state-of-the-art computer laboratory for medical students at DCH Regional Medical Center in Tuscaloosa. The laboratory was named in honor of their father, Roscoe Shamblin, MD.

With an invitation from Hester and her own passion for health care in rural Alabama, Anne Monfore joined The Lister Hill Society in 1997 and has also served as a member of the Lister Hill Board. She says The Lister Hill Society offers a way to provide medical care for many people who would not otherwise have access to care.

With the involvement of Hester, Monfore and others, The Lister Hill Board raised funds for the renovation of Willard Auditorium at DCH, construction of the College’s state-of-the-art teaching and clinical facility, and establishment of the College’s Dr. Bill deShazo Sports Medicine Center, as well as a Sports Medicine Fellowship and an Endowed Chair of Sports Medicine for Family Medicine Physicians.

The Lister Hill Board officially disbanded in 2009, but The Lister Hill Society remains the annual fund for the College. The Lister Hill Board was replaced in 2010 with a Board of Visitors, which includes nearly 40 alumni, donors, friends and others who serve as an advisory panel to the College’s dean. The current chair of the Board of Visitors is Frank Dozier, MD, a Family Medicine physician practicing in Thomasville, Ala., and an alumnus of the College’s Tuscaloosa Family Medicine Residency.
Celebrating 40 Years of the College

The College held a weekend reunion April 20-21 to celebrate its 40th anniversary. On April 20, friends of the College and alumni and their families were welcomed with an evening of outdoor food and fun on the College’s grounds, where they enjoyed catching up with old friends and classmates. On April 21, College alumni and friends had breakfast with the College’s new dean, Richard Streiffer, MD, and heard from John Frey, MD, a professor of
Family Medicine at The University of Wisconsin, who gave a guest lecture titled “Finding the Way Forward.” In the evening, alumni, donors, friends and faculty of the College celebrated at Bryant-Denny Stadium’s The Zone on The University of Alabama campus with dinner, dancing and a presentation of the history of the College and its future.
High Rankings for Rural Medicine, Primary Care

U.S. News and World Report has once again ranked The University of Alabama School of Medicine as one of the top medical schools for rural medicine and primary care.

The School of Medicine ranked 12th nationally in both rural medicine and primary care, due in part to the efforts of the College, which is a branch campus of the School of Medicine. The College places a special emphasis on the training of primary care and rural physicians.

Last year, the School of Medicine ranked 16th nationally in rural medicine and 23rd nationally in primary care.

“We are part of quite a small number of elite, very effective rural-oriented programs and medical schools in the country,” says College Dean Richard Streiffer, MD. “We also know that the combined and sustained efforts, particularly from the Tuscaloosa and Huntsville campuses and all of our rural partners, are major contributors to these positive statistics for Alabama.”

The College provides the last two years of clinical education and training for a portion of medical students enrolled at the School of Medicine, which is headquartered in Birmingham. The College also provides residency training through its Tuscaloosa Family Medicine Residency. The three-year residency program includes a Rural Residency Training Track, which enables resident physicians to gain 24 months of hands-on experience in a rural clinic. The residency is the first in the state to provide an accredited rural training track for family physicians.

Rural programs for medical students at the College include the Rural Medicine Clerkship, Rural Family Medicine Clerkship, Rural Medical Scholars and the Tuscaloosa Experience in Rural Medicine.

No Flu Zone

University Medical Center and the Student Health Center, which are both operated by the College, led a University-wide campaign to vaccinate faculty, staff and students against the flu.

In September, nurses from both medical centers traveled to buildings across campus to provide free flu shots to University employees and students. By the end of September, approximately 6,300 employees and students had received the vaccine. In October, nurses set up vaccination stands in University dormitories.

“Our goal was to knock on doors and make this as easy and convenient as possible,” says Elizabeth Cockrum, MD, the College’s associate dean for Clinical Affairs.

College nurses also provided flu shots in October at the University’s Employee Health Fair and Student Health Fair.

In past years, approximately 1,500 flu shots were provided to University faculty and staff, mostly through the Employee Health Fair, and the Student Health Center provided about 2,000 shots to students. This year, University administrators considered the barriers to employees and students getting flu shots and cost and convenience topped the list, Cockrum says.

The University purchased a total of 8,000 inoculations to provide free to faculty, staff and students.

Emergency Preparedness Topic of Conference

Emergency preparedness and response was the focus of the 13th annual Rural Health Conference presented by the College’s Institute for Rural Health Research.

The conference, “Rural Rebound: Emergency Preparedness and Crisis Response,” was held April 20 at the Ferguson Center on The University of Alabama campus.

The conference featured keynote speakers James Spann, chief meteorologist for ABC 33/40-TV in Birmingham, Ala., and Daniel Dodgen, PhD, of the Office of the Assistant Secretary for Preparedness and Response in Washington, D.C. Dodgen is director of the Division for At-Risk Individuals, Behavioral Health and Community Resilience in the Office of Policy and Planning.

Conference breakout session topics included mental health response and treatment, emergency medical services preparedness and response, information resources for disaster management, pharmacy and medication needs and research topics in preparedness and response.

The conference came nearly a year after the April 27, 2011, tornadoes that devastated parts of Tuscaloosa and many other areas of Alabama. Health care providers and others who assisted victims of the tornadoes were honored at the conference as part of its first Rural Health Heroes Awards.
“I was truly overwhelmed,” Brandon says about being inducted into the hall of fame. “I feel truly blessed to be part of this outstanding community and to be part of something really unique.”

The induction ceremony was attended by a number of Gordo High School’s former football coaches, including Waldon Tucker, the most winning high school football coach in Alabama.

Brandon believes his most important duty as team physician is to make the call about whether a player should play and relieve the coach of that decision.

Brandon played football at Tuscaloosa High School. After graduating from Tulane University School of Medicine in New Orleans, Brandon began residency training at the College’s Tuscaloosa Family Medicine Residency and worked under his mentor, University of Alabama football team physician William deShazo, MD. After completing his residency, Brandon settled in Gordo and built a small town family practice that includes community sports medicine.

John Brandon, MD, medical director of the College’s Rural Medical Scholars Program and a practicing family physician in Gordo, Ala., was inducted into the Gordo High School Sports Hall of Fame earlier this year.

Brandon believes he is the first person who has never played or coached at Gordo High School to be inducted into the hall of fame. But he has been on the sidelines as a team physician for every Gordo High varsity game since he opened is practice in Gordo in 1981, for a total of 375 games. He has been on the sidelines for most junior varsity games and other sporting events as well. During his time as team physician, Gordo High School has won two football state championships and three baseball state championships.

Heather Taylor, MD, a pediatrician and assistant professor in the College, was honored with the prestigious Leonard Tow Humanism in Medicine Faculty Award at The University of Alabama School of Medicine commencement on May 20.

The award, presented by the Arnold P. Gold Foundation, recognizes a faculty member who best demonstrates the foundation’s ideals of outstanding compassion in the delivery of care, respect for patients, their families and health care colleagues, as well as demonstrated clinical excellence. The Gold Foundation sponsors the annual award at 94 of the nation’s medical schools.

“As important as scientific knowledge and technical skills are to modern doctoring, the relationship between the practitioner and the patient remains paramount,” says College Dean Richard Streiffer, MD. “Dr. Taylor is an outstanding example of a physician who balances the high-touch skills of effective communication, empathy and compassion with clinical excellence.”

Taylor is the first female from The University of Alabama School of Medicine to receive the award, and only the second faculty member from the College to do so. The College is also a branch campus of the School of Medicine, which is headquartered in Birmingham.

“I was very surprised,” Taylor says. “I think it means the most to me knowing that it came from students. The Class of 2012 was a very smart, very accomplished and a very diverse group of students and they were a fun group to teach.”

Recipients of the award must also demonstrate such professional behavior as being approachable and accessible to students and welcoming opportunities for teaching and mentoring.

“It is particularly noteworthy for her to be recognized for this honor as a faculty member at the Tuscaloosa branch campus, as only a subset of School of Medicine students has regular contact with our faculty,” Streiffer says. “Clearly, she is impressive and an outstanding role model for students.”
ACCOMPLISHMENTS

Julia Boothe, MD, adjunct faculty in the College’s Department of Family Medicine and a graduate of the College’s Tuscaloosa Family Medicine Residency, received a 2012 Medical Student Educators Development Institute Fellowship from the Society of Teachers in Family Medicine Conference.

Margaret Garner, MS, RD, LD, the College’s assistant dean for Health Education and Outreach and an associate professor in the Department of Family Medicine, was elected Director at Large for the board of directors of the Academy of Nutrition and Dietetics (formerly the American Dietetic Association). She began serving a three-year term in June. The academy’s board of directors serves as the governing body for the academy, which has among the largest membership of food and nutrition specialists with more than 72,000 members. Garner is also director of the Department of Health Promotion and Wellness at the Student Health Center and is director of Nutrition and Education Services for University Medical Center. The College operates both the Student Health Center and University Medical Center.

A journal article by Melanie Tucker, PhD, an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, was one of only four nationwide selected by Medscape Reference as top articles expected to impact the practice of Family Medicine. Tucker’s article, “EMR use among rural and urban Alabama family medicine physicians,” was also recently published in the Southern Medical Journal. Articles recognized by Medscape Reference/Practice Changing Articles/Family Medicine Edition are selected based on a rigorous review process conducted by physician experts. Tucker is also director of the College’s Division of Clinical Investigations.

Thadeus Ulzen, MD, professor and chair of the College’s Department of Psychiatry and Behavioral Medicine, and Lloyd Williamson, MD, an assistant professor in the department, were named Distinguished Fellows by the American Psychiatric Association. They both work with Tuscaloosa area patients through the Betty Shirley Clinic at University Medical Center, which is operated by the College. Distinguished Fellow is an honorary designation recognizing physicians for their dedication to the profession of Psychiatry. It is the highest membership honor the APA bestows. Distinguished Fellow is awarded to outstanding psychiatrists who have made significant contributions to the psychiatric profession. Ulzen and Williamson received the distinction in May in Philadelphia.

The Diabetes Initiative Education Team, or Project DIET, has been recognized as an “Up and Coming Organization” with its recent receipt of a University of Alabama Student Government Association SOURCE Award. Pamela Foster, MD, MPH, deputy director of the College’s Institute for Rural Health Research and an associate professor in the Department of Community and Rural Medicine, serves as advisor to the group. Project DIET is a student-run initiative that trains undergraduate and graduate students to educate community members in Alabama’s Black Belt region about diabetes management.

APPOINTMENTS

Jared Ellis, MD, an assistant professor in the College’s Department of Family Medicine, has been appointed assistant director of the College’s Family Medicine Residency. The residency is among the largest and most successful Family Medicine residencies in the country and has placed more than 400 physicians into practice.

AWARDS

Noted Civil War scholar George C. Rable, PhD, the Charles Grayson Summersell Chair in Southern History at The University of Alabama, received this year’s Burnum Distinguished Award. The award is one of the highest honors the University bestows on its faculty. Established by Celeste Burnum and the late John Burnum, MD, a long-time faculty member in the College, the award is presented annually to a professor who is judged by a faculty selection committee to have demonstrated superior scholarly or artistic achievements and profound dedication to the art of teaching. For the past 36 years, Rable has researched and taught the history of the American Civil War. He has held the Summersell chair since 1998. His most recent book, God’s Almost Chosen Peoples: A Religious History of the American Civil War, was published in 2010 and has been reviewed as “brilliant and groundbreaking.”
The Student Health Center’s annual Rising Tide Student Tailgate received the Medallion Award at the annual meeting of the Public Relations Council of Alabama. Rising Tide offers an alcohol-free tailgate for students every year and collaborated with the award-winning LessThanUThink campaign to receive the Medallion Award. LessThanUThink is a collaborative effort of the Student Health Center’s Department of Health Promotion and Wellness and the University’s Department of Advertising and Public Relations in the College of Communication and Information Sciences. LessThanUThink is a student-created advertising and public relations campaign to alert college students to the dangers of binge drinking. Delyanne Wilcox, PhD, assistant director of Health Planning and Prevention for the Student Health Center’s Department of Health Promotion and Wellness, is assisting the students. The Student Health Center is operated by the College.

**PRESENTATIONS**

**Pamela Foster, MD, MPH,** deputy director of the College’s Institute for Rural Health Research and an associate professor in the Department of Community and Rural Medicine, provided a presentation at the National Partnership for Action Plan Forum: Reducing Health Disparities by Promoting Health Equity in Alabama. The forum was held at the Birmingham Civil Rights Institute. Foster’s presentation was titled “Strengthening Community Mobilization and Capacity Building Efforts to Address Health Disparities in Minority Communities.”

Foster presented “The Evolution of the Engaged Scholar: Lessons Learned and Implications for the Future” as part of the Fostering Community and Academic Partnerships to Eliminate Health Disparities in Minority and Underserved Populations Symposium hosted by Tuskegee University. The purpose of the symposium was to bridge the gap between the academic and local communities in regard to health disparities information and its application and translation for consumers, health care practitioners and educators.

**PUBLICATIONS**


**Melanie Tucker, PhD,** an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, authored “Learner Satisfaction Commentary,” to be published in *Southern Medical Journal*. Tucker is also director of the College’s Division of Clinical Investigations.
IN THE NEWS

College faculty and staff are often asked on to share their expertise with the media ...

WVUA Television – The University of Alabama
Spring 2012

Lea Yerby, PhD, explained what the Patient Protection and Affordable Care Act means for consumers and why the U.S. Supreme Court was asked to review the health care reform legislation during interviews with WVUA Television on March 26. She was asked back on June 30 and July 2 to discuss the Supreme Court ruling that upheld much of the new health care law. Yerby is an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research.

Pamela Foster, MD, was interviewed by WVUA on June 22 about National HIV Testing Day (June 27). Foster is an associate professor in the Department of Community and Rural Medicine and deputy director of the Institute for Rural Health Research. She is an HIV/AIDS researcher and a member of the West Alabama AIDS Outreach (WAAO) board of directors. In addition, Lea Yerby, who is president of WAAO, talked about National HIV/AIDS Testing Day during an interview on June 27 with Fox 6 WBRC in Birmingham, Ala. Yerby is an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research.

Rural Roads – The National Rural Health Association
Fall 2011

For an article in Rural Roads fall 2011 issue titled “Looking Back on 30 Years of Rural HIV/AIDS,” Pamela Foster, MD, talked about the stigma associated with the disease. Foster is an associate professor in the College’s Department of Community and Rural Medicine and deputy director of its Institute for Rural Health Research. She is an HIV/AIDS researcher.

What still causes stigma? “I think it’s the characterization of the disease in the ’80s and the fact that many people feel they’re not at risk because they’re not a gay white male. There’s also great homophobia in the community, so it’s hard to even have a conversation about HIV because the stigma about homosexuality prevents people from opening up. In Alabama, none of the AIDS service organizations even have signs up. In Selma, I passed by one and couldn’t find it because you can’t have signs out in small rural towns because of the stigma.”

How have you tried to reduce stigma? “I’ve been looking to church pastors to decrease stigma and provide leadership because it’s (church) an important part of black communities, especially in the South. I’ve been able to get into the communities and get a network of pastors involved. We’ve been able to do short training sessions to break the ice, usually with the whole congregation. We describe the science of the disease and the epidemic, how it’s changed. We try to decrease stigma using stories and testimonials. If people talk, it allows them to speak about their own experiences.”

How has the disease evolved? “With the advent of retrovirals, people are living longer. The over-50 population is increasing, which has caused AIDS to go from an acute disease to more of a chronic disease. Men and women are now infected, and it’s become more of a disease of color, affecting more blacks and Latinos. And cities over 500,000 get most of the prevention dollars but more attention needs to be paid to the rural South. Statistics show the epidemic is spreading in the rural South in particular.”

Alabama Public Radio
Fall 2011

Melissa Cox, director of the College’s Hale County Health Scholars Program, talked about the program during an interview on Alabama Public Radio that coincided with National Rural Health Day on Nov. 17, 2011, a day designated to highlight the unique health care needs of Alabama’s rural citizens. The Hale County Health Scholars Program is designed to encourage high school students in Hale County to examine and consider careers in health care. The program selects 10 Hale County 10th grade students from Sunshine High School, Hale County High School and Greensboro High School who participate in a monthly activity related to health careers, including field trips to health facilities, visits to farms to examine issues related to agromedicine, seminars with health professionals and opportunities to shadow a health professional in a rural area.
Former Dean Wilmer J. Coggins, MD, is remembered for his service to the College and his dedication to improving access to health care for the underserved, particularly those living in rural areas. Coggins, who served as dean from 1980 to 1990, died Sept. 9 at Hospice of West Alabama in Tuscaloosa. He was 87.

While dean, Coggins helped build a strong clinical experience for medical students and a large Family Medicine Residency. Student enrollment in the College increased significantly, and graduates chose residencies in primary care specialties at rates above the national average and in Family Medicine at twice the national average. Many are now practicing in small towns and rural communities in Alabama.

Also during his tenure as dean, the College’s Family Practice Center (now University Medical Center), a clinical training site for medical students and residents, was expanded and became the nation’s first university-sponsored, non-hospital-based outpatient clinic to be accredited by the Joint Commission of Hospitals and Ambulatory Health Services. Accreditation is considered a benchmark of quality.

A significant health care need in rural Alabama at the time was Obstetrics care, and one of the nation’s first Obstetrics-Gynecology fellowships for Family Medicine physicians was developed by the College and continues today. Coggins also strengthened the College financially and bolstered relations with DCH Regional Medical Center in Tuscaloosa.

Coggins was born Feb. 20, 1925, in Madison Fla. After graduating from Georgia Military Academy in College Park, Fla., he entered Duke University as a pre-medical student in 1942. His undergraduate education was interrupted by World War II. After a year of active service, he returned to Duke University to enter medical school. He received his medical degree in 1951 and he and his wife completed internships at Georgetown University Medical Center in Washington, D.C.

A residency in Internal Medicine was interrupted when Coggins contracted tuberculosis and required 18 months of rest. He and his wife returned to Florida and began a private practice, first in Boca Grande and then in Madison. In 1962 the family moved to Gainesville, where Coggins completed his residency in Internal Medicine.

Coggins joined the University of Florida College of Medicine and became director of the General Medical Clinic and later director of the University Health Service, which provided care to the university’s student. He joined a medical project in rural health care that shifted outpatient training for medical students to a network of rural clinics where no other acute care facilities were available.

Coggins was president of the American College Health Association and received the organization’s Ruth Boynton Award for distinguished service. He was designated a Laureate of the American College of Physicians, Alabama Chapter.

Leta Joyce Hathcock Bunch, an adjunct professor of Nursing at the College for many years, died Sept. 4 in Tuscaloosa. She was 78.

Bunch was born in Smithville, Miss., on February 8, 1934. After graduating with honors from Smithville High School, Bunch enrolled in the nursing program at Memphis Baptist Hospital. She received her Registered Nurse Diploma from the Mobile Alabama County Hospital in 1958 and was honored by her graduating class with the Florence Nightingale Nursing Award.

After marrying, she and her husband moved to Tuscaloosa and she began her nursing career at Druid City Hospital, now DCH Regional Medical Center.

Bunch rose to supervisor and head nurse of the Emergency Room. In 1978, she accepted the position of adjunct professor of Nursing at the College and used her experience to train a new generation of nurses and family practice physicians.

In the early 1980s, Bunch took on the role of primary instructor of first responders and trained the first generation of EMT-Paramedics in Tuscaloosa County, and she continued to teach CPR and first responder classes throughout the 1980s. She later became a home health care nurse with Amedisys in Tuscaloosa, where she worked until 2011.