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

TELEMEDICINE
MAKING CONNECTIONS

Fall 2013
Our Mission

We are dedicated to improving and promoting the health of individuals and communities in Alabama and the region through leadership in medical education and primary care; the provision of high quality, accessible health care services; and scholarship.

We accomplish this mission by:

- Shaping globally capable, locally relevant and culturally competent physicians through learner-centered, community-based medical education and mentoring.
- Addressing the physician workforce needs of Alabama and the region with a focus on comprehensive Family Medicine residency training.
- Engaging communities as partners, particularly in rural and underserved areas, in efforts that improve the health of Alabama's citizens.
- Providing high quality, patient-centered, efficient clinical services.
- Fostering scholarship in relevant and innovative community-oriented research to influence population health and support community providers.

Our Core Values are:

- Integrity
- Social accountability
- Learning
- Innovation
- Patient-centeredness
- Transparency
- Interprofessional collaboration
**SEX, LIES AND MISSION STATEMENTS**

**Mission Statement** - defines what an organization is, why it exists, its reason for being; serves as a filter to separate what is important from what is not; clearly states which markets will be served and how; communicates a sense of intended direction to the entire organization.

In 1972, the College of Community Health Sciences was founded to address a need.

The year before, in March 1971, University of Alabama President Dr. David Mathews addressed a “Conference on Community Medicine” convened in Tuscaloosa, noting that “We are 1100 physicians short in Alabama today.... [It’s] alarming to look at the crisis in health care facing the cities and towns of Alabama outside of the larger metropolitan areas [where, as examples, in] Chilton County there are seven physicians to serve 26,000 people. And in Wilcox County there are five physicians for 19,000 people.” He said that “a breakthrough is desperately needed” and that Alabama was “on the brink of a major breakthrough in medical education....”

The College of Community Health Sciences – the community-based, regional medical campus in Tuscaloosa, with its focus on training family doctors, particularly for the small towns of rural Alabama – was to be that breakthrough. “We have come to the conclusion that the most critical problem is in community medicine and that the best approach is through a clinical program,” Mathews said. “We are committed, then, to dedicate anything we do in medical education to the improvement of community medicine. That, we have reasoned, should be our specialty, our ‘major,’ our emphasis.”

Such began the original charge to what would become the College of Community Health Sciences (CCHS). Just prior, in 1969, the newest specialty of “Family Practice” was born, based on the oldest medical tradition of the generalist, personal physician. Family Medicine, as we now call the discipline, came about in large part because of the 1966 work of an American Medical Association committee, chaired by a pediatrician and public health doctor named William R. Willard. Meeting the Challenge of Family Practice or, as it was more popularly known, “The Willard Report,” laid the groundwork for a specialty that would aim to create “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.” That was what rural Alabama, and truthfully, all of Alabama and the United States needed then, as today.

In 1972, The University of Alabama was fortunate to recruit Dr. Willard as CCHS’s founding Dean. He brought his extraordinary vision and laid the groundwork to advance the mission of the College. During interviews in the 1990s, Dr. Willard noted of those early days that “my hope was not just to train family physicians and other personnel for Alabama. I hoped we could motivate students to provide humane and personalized comprehensive medical care as primary care physicians and to engage in significant public service.”

That we have done. Since CCHS’s origins, some 400+ family physicians have completed our residency program, 92 percent of them are practicing in the South, 85 percent in the Southeast, 50 percent in Alabama and 50 percent are in rural practice. Our medical student program steers graduates into primary care disciplines at a rate nearly three times the current national average. Our award winning rural pipeline program is nationally renowned, and through the placement of nearly 50 doctors into rural Alabama, it alone has had an estimated economic impact approaching $200 million on a 20-year cumulative legislative investment of under $6 million. Tens of thousands of individuals have been the beneficiaries of the compassion, care and concern of the trainees who have launched forward from these halls, CCHS has provided “the physicians and expertise needed for accessible, high-quality and compassionate health care for the citizens of Alabama... with a special emphasis on rural areas. “

So, why a new mission statement? Is not the need still there for family physicians, perhaps more so than ever? And for those practitioners to be capable, and motivated to be immersed into the culture and service of their communities? Do not meaningless “mission statements abound” often “not worth the paper they are written on and [not to] be taken with any degree of seriousness.”
Health care is changing, and undoubtedly while the decade will bring a revolution in technological advancement in medicine, it will also bring a radical change in our basic approach to health care. The country cannot afford otherwise. We must simultaneously pursue these three aims: improvement in health outcomes, improving the patient experience of care, and the reduction in per capita costs of care.

Our reactive focus on illness care must shift increasingly upstream to address the too-often-missed opportunities in prevention. Communities must engage to address the underlying social determinants that place our country in the lowest quartile of the health rankings of industrialized nations. Our haphazard, anecdotal, non-evidence-based style of practice must develop uniformity and incorporate a systems approach. Solo led teams of health professionals must develop uniformity and incorporate a systems approach. Solo led teams of health professionals will feel the impact. Physicians will be rewarded for quality and outcomes, not volume; for improvements in population health measures, not as much for (the often redundant and unjustified) procedures. Reimbursement and incentive systems will change, I am convinced, supporting these shifts, though not as fast as many of us would hope, nor without resistance and cries bemoaning the changes.

In this coming world, our “reason for being” at CCHS, our “business,” is no longer just producing doctors. Rather, that fundamental educational activity becomes one essential tactic that moves us toward our new reason for being: improving the health of the population. The traditional tri-fold arms of academic medicine – scholarship, provision of clinical service and medical education – are still at the foundation of the mission, now coupled with the community engagement and social accountability envisioned in Drs. Mathews’s and Willard’s original vision for CCHS. Our “product” must also be different, possessing a new skill set, a new attitude and a new self-image of the role of doctor. Practices will feel different, function differently and be accessible in new ways compared to the past. Data on the population will drive a pro-active approach that allows us to identify and target services and strategies more effectively. New health professionals (like navigators, coaches and community workers) and new places of health care service (including the home and work place) will become common. Our training approaches and venues must adapt.

How well does the mission statement drive these proposed results: articulating the interests of key stakeholders, providing a sense of purpose and direction, promoting shared values and behaviors and sharpening an organization’s focus? Is it just an exercise in futility, a “mission impossible” or worst, just an outright lie? Or is the mission statement the “sex drive” of the organization that motivates its members for action?

The answer depends on us. The mistake would be to place the mission statement on the wall, on the web and in our literature, and then forget it for another 40 years. We have not done that in our 40 years so far, and it is my intent that we remain true to our mission for another. Our new mission statement will be a living, breathing document. It will be on our meeting agendas and minutes. It will drive our priorities, our behaviors and our impetus for action. We will measure our success with it as our standard. Every member of our College family will see his or her place in contributing to achieving the mission, and be able to articulate in his/her own way our “reason for being.”

In another 40 years, the University and communities in Alabama will look back, as we do today, and judge our achievements in the service of the State and the region by our faithfulness to our mission.
## TABLE OF CONTENTS

**FALL 2013 • VOLUME 21 NUMBER 14**

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Dean's Message</td>
</tr>
<tr>
<td>6</td>
<td>Cover Story</td>
</tr>
<tr>
<td>14</td>
<td>Through the Doors</td>
</tr>
<tr>
<td>16</td>
<td>Residency</td>
</tr>
<tr>
<td>19</td>
<td>Medical Education</td>
</tr>
<tr>
<td>20</td>
<td>Faculty Spotlight</td>
</tr>
<tr>
<td>22</td>
<td>Rural Programs</td>
</tr>
<tr>
<td>26</td>
<td>Student Health</td>
</tr>
<tr>
<td>29</td>
<td>Research</td>
</tr>
<tr>
<td>34</td>
<td>College Briefs</td>
</tr>
<tr>
<td>37</td>
<td>Advancement</td>
</tr>
<tr>
<td>38</td>
<td>New Faculty and Staff</td>
</tr>
<tr>
<td>40</td>
<td>Graduation and Convocations</td>
</tr>
<tr>
<td>48</td>
<td>Accolades</td>
</tr>
</tbody>
</table>

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CONNECTING WITH COMMUNITIES THROUGH TELEMEDICINE

WITH A LACK OF NEARBY MENTAL HEALTH CARE PROVIDERS, ONE RURAL COUNTY SOUGHT THE COLLEGE’S HELP IN PROVIDING TELEPSYCHIATRY TO CHILDREN IN THE COMMUNITY

By Brett Bralley Jaillet

Before the summer of 2010, a child in rural DeKalb County, Alabama, who needed to see a psychiatrist had one local option: to try to get an appointment with a doctor at the nearby community mental health center in Fort Payne. However, the psychiatrist there was available only once a week and often completely booked weeks in advance. Anything that demanded more urgent attention required a longer drive outside of the county. And with the cost of fuel and time needed for the drive—and with required follow-up visits—the costs could quickly add up.

Today, children in the community have another option: a visit to the DeKalb County Youth Service Center. Two Tuesday afternoons a month, young patients are assessed by Lloyda Williamson, MD, a child and adolescent psychiatrist and associate professor in the College’s Department of Psychiatry and Behavioral Medicine.

And Williamson doesn’t need to leave her Tuscaloosa office. She communicates from the College with the young patients through video conferencing equipment that is located in a small room at the DeKalb County Technical Center, a school just a parking lot away from the youth service center. With each assessment, Williamson recommends treatment plans, medication to the child’s pediatrician, if necessary, and schedules a follow-up appointment, if needed.

Providing health care through telemedicine is not new to the College. Rural areas often are not able to attract the needed number of physicians to their communities, plus the often limited resources of community residents make it challenging for them to travel to the nearest physicians available. So the College, through the use of telemedicine, provides telepsychiatry and diabetes education services to a number of rural communities across the state, with plans to expand to even more locations.

A key part of the College’s mission is to help improve the health of individuals and communities in rural Alabama. The College’s telemedicine efforts began in 2007 when it partnered with the Alabama Department of Mental Health, the West Alabama Mental Health Center in Demopolis and others on a $1.2 million grant awarded by the Bristol-Meyers Squibb Foundation with the goal of improving mental health care in the state’s rural and impoverished Black Belt region. With the grant, the College provides telepsychiatry care in five rural West Alabama counties, including Choctaw, Green, Hale, Marengo and Sumter.

The College’s Institute for Rural Health Research
was awarded a nearly $100,000 grant in 2009 from the U.S. Department of Agriculture’s Distance Learning and Telemedicine Grant Program. The funding allowed the College to purchase video conferencing equipment, including cameras and monitors, for the clinics in rural Alabama with which the Institute had partnered on the grant. These clinics include the Capstone Rural Health Center in Walker County, Pickens County Medical Center in Pickens County and Monroeville Primary Care in Monroe County.

Last year, a nearly $20,000 gift from the Verizon Foundation enabled the College to expand its program in Tuscaloosa that teaches diabetic patients how to better manage their disease. (See story on page 10.) The College’s Diabetes Self-Management Education Program is now offered via telemedicine at the Sumter County Health Center in York, Alabama, and the Pickens County Medical Center in Carrollton, Alabama. The College plans to further expand the diabetes education program in the state and is beginning efforts to offer the program in Livingston in Sumter County, as well as at sites in Clarke, Lamar and Walker counties.

College Connections

What was rather new to the College in its work in DeKalb County was that a rural community identified a specific need for telepsychiatry and approached the College to help meet that need. There is no full-time psychiatrist in the county of 70,000 and no one close by with experience in child psychiatry.

The first connection from DeKalb County was made by Angela Wilson, a local activist who is passionate about mental health care. Wilson had long researched the topic of local mental health care options by contacting social service agencies in her area.

“What my research showed was that the void in our community was access to quality psychiatric care,” she says. “We had social workers — and we do need more counseling services available — but we really needed someone who could make quality assessments, prescribe the proper medications, if necessary, and then follow up on a consistent basis.”

Wilson saw the need for both children and adults alike, and she also recognized a particularly great need with those who were incarcerated.

But she first decided to address the lack of a child and adolescent psychiatrist in the community. To do that, she joined with Thomas Whitten, MSW, a licensed clinical social worker and director of the DeKalb County Youth Services.

Whitten works with at-risk children and adolescents who have had behavioral issues in school. Some even have juvenile charges. There was a great need for a psychiatrist to assess and diagnose these youth, he says.

Wilson and Whitten needed to determine how they could bring a psychiatrist or psychiatric care to these children in need. Through Wilson’s time spent on a state subcommittee examining mental health in Alabama, she had become familiar with the idea of telemedicine. She was able to see a demonstration of how the technology worked at a conference she attended.

“I thought, ‘We have got to have that, but how can we do it?’” Wilson recalls. “Then I thought of The University of Alabama.”

TELEMEDICINE SERVICES AT A GLANCE

The College provides telepsychiatry and diabetes education services to a number of rural areas across the state. Here’s a quick glance at where:

Telepsychiatry:
- DeKalb County Youth Services in Rainsville
- West Alabama Mental Health Center, with sites in the counties of
  - Marengo
  - Choctaw
  - Greene
  - Hale
  - Sumter

Diabetes Self-Management Education Program:
- Sumter County Health Center in York
- Pickens County Medical Center in Carrollton
- Efforts underway to expand the program to Clarke, Lamar and Walker counties
Wilson had already learned about the College's work with the West Alabama Mental Health Center. So she drove from Fort Payne to Tuscaloosa one day to make face-to-face contact.

First Wilson met with Thad Ulzen, MD, chair of the Department of Psychiatry and Behavioral Medicine at the College and associate dean for Academic Affairs. Ulzen recognized her goal, Wilson says, and he connected her with Amelia de los Reyes, RN, the coordinator of the College's telemedicine program. The two women worked together to find both the right space and equipment to provide telepsychiatry services to DeKalb County.

Finding those two items at remote locations can prove to be difficult, de los Reyes says, as she Kelley Pernes-Behrens, former executive director of the West Alabama Mental Health Center, confers via a telemedicine system with Thad Ulzen, professor and chair of the College's Department of Psychiatry and Behavioral Medicine.

Whitten prepares for a patient telepsychiatry session at the DeKalb County Technical Center.

Physician Connections

The final step was to work with a physician at the College, and when Ulzen introduced Williamson to the project, she was immediately on board.

"Telemedicine definitely improves access for individuals in rural areas, particularly those who don't have the means to travel or take time away from work," Williamson says. Both Williamson and Ulzen provide assessments to patients.

Williamson says typically, Whitten is involved in patient appointments. He meets with patients to do a screening evaluation, and he may speak with Williamson beforehand to offer any thoughts or observations. Communicating with patients via video conferencing equipment can at times have its challenges, Williamson says, but having Whitten present on the other end helps.

"He's able to note subtle shifts with the patient and call my attention to that afterwards," she says.

But apart from that, any challenges in communicating with the patient are the same ones she would face if the children were in her office.

"The conversations (with the patients) have flowed very easily," she says. "There have been a few children who were hesitant to speak up at first, but soon warmed up. But those are some of the same things you'd experience face-to-face. Some literature shows that people are more comfortable talking in this setting because they are less likely to run into me in their community."

Since late summer of 2010, more than 200 patients have been assessed by Williamson, some with occasional follow-ups. Others are also being seen by Marisa Giggie, MD, an assistant professor in the College's Department of Psychiatry and Behavioral Medicine who specializes in forensic psychiatry.

Whitten says the program has made a tremendous impact on the children and adolescents at the youth services center as well as throughout the community. While some children he sees may have the resources to
find a psychiatrist elsewhere, many of them would not have any other option.

“Most of these cases are children and adolescents who would not otherwise be served,” he says. “We’ve been able to intervene on several cases where adolescents needed to be evaluated for ADHD or depression or some other disorder.”

Williamson says the ultimate goal for the College is to create an entire telemedicine department.

“As we look to expand telemedicine services at the College, we need to determine which methods to use to assess the needs of various communities in our state,” she says.

To further explore the options of telemedicine, Williamson visited the University of Kentucky in Lexington with the help of a $2,500 Southeast Conference Visiting Faculty Travel Grant. She met with administrators and physicians involved in the school’s telemedicine program, visited clinics and learned about the program’s overall structure. (See story on page 11.)

“In order for the goal of a telemedicine department at the College to become a reality, funds will need to be obtained to assist in establishing a strategic plan for developing, staffing and sustaining a telemedicine department,” Williamson says.

And Wilson also has future plans. Now she is the chair of her local mental health center, the CED Mental Health Center, and one of her primary goals, in addition to utilizing telemedicine in more capacities, is establishing a crisis care center. Such a center would create a place for those who need urgent attention, instead of rotating them through an emergency room at a hospital, she says.

But in the meantime, she is proud of what the telepsychiatry program in DeKalb County has accomplished.

“Not to mention the impact of knowing that one of the finest educational institutions is helping us in these efforts – I mean, what is that worth?” she says. “My prayers have been answered.”

LESSONS IN TELEPSYCHIATRY

Three faculty members of the College published a paper that describes the real-life successes and challenges of the partnership of a community practice and a community-based mental health clinic in providing telepsychiatry services to underserved areas in Alabama.

The paper was published in the Community Mental Health Journal this year and online in 2012. The paper is co-authored by: Thad Ulzen, MD, professor and chair of the College’s Department of Psychiatry and Behavioral Medicine; Lloyd Williamson, MD, an associate professor in the Department of Psychiatry and Behavioral Medicine; Pamela Payne-Foster, MD, an associate professor in the College’s Department of Community and Rural Medicine; and Kelley Parris-Barnes, director of the Alabama Department of Child Abuse and Neglect.

Telepsychiatry provides access to patients in underserved areas by using remote computer technology as an alternative to office visits, allowing a psychiatrist to interview and evaluate patients directly or consult with the patient’s primary care physician.

The paper offers lessons learned for mental health practitioners who may be considering the benefits and challenges of forming a similar telepsychiatry program.

In addition to psychiatry, the College uses telemedicine technology to provide a diabetes education program to rural clinics. The College plans to expand its telemedicine services.
EXPANDING ACCESS TO DIABETES EDUCATION

By Leslie Zganjar

The College is expanding, through telemedicine, a program that teaches diabetic patients how to better manage their disease.

The College's Diabetes Self-Management Education Program is now provided to the Sumter County Health Center in York, Alabama, and the Pickens County Medical Center in Carrollton, Alabama, via the College's telemedicine program.

The College plans to further expand the diabetes education program and has begun efforts to offer the program, via telemedicine, in Clarke, Lamar and Walker counties.

Funding to expand the program is being provided in large part by a nearly $20,000 gift from the Verizon Foundation. The expansion is a partnership of the Verizon Foundation, the College, MedNet West and Whatley Health Services.

Telemedicine is a rapidly developing application of clinical medicine where information is transferred through interactive audiovisual media for the purposes of consulting and conducting remote medical examinations or providing health education to patients.

For rural populations that are geographically isolated, and for rural patients who are physically or financially unable to travel long distances, telemedicine can improve access to care. The Sumter County Health Center and Pickens County Medical Center are located in rural areas and were chosen for the diabetes education program because of a high incidence of diabetes there.

The Diabetes Self-Management Education Program at the two centers consists of three classes a month, with each class lasting three hours. The program emanates from the College and is conducted by healthcare providers there – a physician, nurse practitioner, pharmacist, nutritionist and social worker.

Patients in York and Carrollton were recruited into the program through referrals from area physicians who care for Medicaid patients. The program is currently open only to Medicaid recipients. The first class was held at the Sumter County Health Center in January and there are 19 patients participating. Classes began at the Pickens County Medical Center in Carrollton in August.

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

Self-management education is an essential component of diabetes treatment, according to the ADA. Patients in ADA-recognized and similar programs are taught self-care skills that promote better management of diabetes treatment regimens. With increased knowledge, patients can assume a major part of the responsibility for their diabetes management and possibly prevent some of the acute and chronic complications of diabetes.

“Our staff works diligently every day to provide the best education possible to our patients,” says Angela Hammond, CRNP, CDE, a nurse practitioner at...
University Medical Center who teaches in the program. University Medical Center is part of the College.

The College’s diabetes education program earned national recognition from the ADA last year for providing high-quality education services to patients. (See story on page 12).

“We firmly believe that utilizing technology and resources like this program will help address a rapidly growing epidemic, and we applaud The University of Alabama for leading the way,” says Jonathan LeCompte, president of the Georgia/Alabama region for Verizon Wireless.

PROVIDING SPECIALTY CARE IN RURAL AREAS

Telemedicine is a key component to providing specialty care in rural areas, says Lloyda Williamson, MD, an associate professor in the College’s Department of Psychiatry and Behavioral Medicine.

Medical services in rural counties are generally provided by primary care physicians, says Williamson, who also directs the College’s telemedicine program. Rural patients needing specialty services often have to drive to larger medical centers.

“People in rural Alabama often have difficulty with transportation, so they may not be able to access those larger facilities, or they might put off obtaining those services until their illness becomes more severe, and they end up dealing with complications,” she says. “If someone was able to go to a physician’s office or a community hospital and have access not only to that primary care physician, but also one or more specialists via video conferencing, it just simplifies the process.”

With the help of a $2,500 Southeast Conference Visiting Faculty Travel Grant, Williamson had an opportunity to see how telemedicine programs work in other places. She selected the University of Kentucky in Lexington because the school’s program has been established for many years. For three days in April, Williamson met with administrators and physicians involved in the school’s telemedicine program, visited the telemedicine clinics and learned more about the program’s financial, organizational and technical structure.

“Telemedicine can be used multiple ways – providing clinical services, providing education and support to individuals in rural Alabama and providing education to medical students and clinicians,” she says.

Telemedicine services not only increase access to specialists but are also cost effective. An individual spends more time and money each time he or she leaves rural Alabama to go to a larger city to have an appointment with a specialist.

The College, which also functions as a regional campus for medical students at the University of Alabama School of Medicine, provides telemedicine services in psychiatry and diabetes education in a number rural areas, including Greene, Hale, Sumter, Marengo, Choctaw, Pickens and DeKalb counties. The goal is to expand telemedicine at the College to become a “true department,” Williamson says.

“We have to figure out what the needs are in rural Alabama, how to connect with people, both clinicians and individuals, what services we should provide and how we involve specialists in Tuscaloosa to partner with us to provide those services,” she says. Collaboration may also occur with specialists outside of Tuscaloosa, she says.

By Kim Eaton
The College's Diabetes Self-Management Education Program has earned national recognition from the American Diabetes Association for providing high-quality education services to patients.

The program received the ADA's Education Recognition Award.

"Receiving this recognition is a wonderful honor," says Angela Hammond, CRNP, CDE, a nurse practitioner at University Medical Center who teaches in the program and who works with the center's diabetic patients. "Our staff works diligently every day to provide the best education possible to our patients."

University Medical Center, a multi-specialty clinic, is part of the College.

The ADA Education Recognition effort is a voluntary process that assures that approved education programs have met the national standards for diabetes self-management education programs. Programs that achieve education recognition status have a staff of knowledgeable health professionals who provide state-of-the-art information about diabetes management for participants.

Self-management education is an essential component of diabetes treatment, and education programs that meet the ADA's national standards have greater consistency in the quality and quantity of education offered to people with diabetes.

Patients in ADA-recognized programs are taught self-care skills that promote better management of diabetes treatment regimens. With increased knowledge, patients can assume a major part of the responsibility for their diabetes management. Unnecessary hospital admissions and some of the acute and chronic complications of diabetes may be prevented through self-management education.

"The recognition process gives professionals a national standard by which to measure the quality of the services they provide," Hammond says. "And it helps patients to identify these quality programs."

The ADA Education Recognition status is awarded for four years.

According to the American Diabetes Association, diabetes is the sixth leading cause of death for Alabamians, which is as much as 44 percent higher than diabetes-related deaths in the United States.

Nationwide, there are 25.8 million people, or 8.5 percent of the U.S. population, who have diabetes, the ADA says. Each day, approximately 5,205 people are diagnosed with diabetes. Many will first lean that they have diabetes when they are treated for one of its life-threatening complications -- heart disease and stroke, kidney disease, blindness, and nerve disease and amputation. Diabetes contributed to 231,404 deaths nationwide in 2007, making it the seventh leading cause of death in the United States, according to the ADA.

The ADA is the nation's leading non-profit health organization supporting diabetes research, advocacy and information for health professionals, patients and the public.
More than 400 people attended a free community screening of the film ESCAPE FIRE: The Fight to Rescue American Healthcare at the Bama Theatre in downtown Tuscaloosa in March that organizers say was held to start a local conversation about the healthcare system.

“Our goal is to begin to change the conversation in the community,” said Richard Streiffer, MD, dean of the College and one of the organizers of the event. Other sponsors were The University of Alabama’s Capstone College of Nursing, School of Social Work, Culverhouse College of Commerce and Business Administration and the Office of Health Promotion and Wellness.

“We are all involved in training health professionals for the future,” Streiffer said. “We have the ability to change the conversation in a meaningful way.”

ESCAPE FIRE is a feature-length documentary that examines the nation’s healthcare system. The movie was an official selection of the 2012 Sundance Film Festival.

According to the ESCAPE FIRE website, the film looks at “the powerful forces maintaining the status quo, a medical industry designed for quick fixes rather than prevention, for profit-driven care rather than patient-driven care. But the current battle over cost and access does not ultimately address the root of the problem: we have a disease-care system, not a health care system.”

According to the U.S. Centers for Disease Control and Prevention, much of healthcare spending in the United States goes to treating preventable diseases, such as heart disease and type 2 diabetes.

The screening was followed by a panel discussion with local health care experts Bryan Kindred, CEO of DCH Health System; Deborah Tucker, CEO of Whatley Health Services; Charles Morgan, senior executive vice president and general counsel of Phifer Inc.; Linda House Moncrief, benefits and wellness director for the city of Tuscaloosa; and Allen Perkins, MD, professor and chair of the Department of Family Medicine at the University of South Alabama College of Medicine. Panelists said the nation’s healthcare system can change, but leaders need to start the conversation and people need to take the initiative for their own health.

Tucker said the public needs to be educated about health care issues and encouraged to embrace healthier lifestyles. Moncrief said the city of Tuscaloosa is looking into “wellness vendors” to work with employees to help reduce the number of those who are overweight or smoke and to help them make healthy choices. The hope is that health-care costs can be reduced and that city government can set an example for the community, she said.

Cuts in Medicare and Medicaid are hurting rural hospitals and will likely impact community clinics like those operated by Whatley Health Services, where more than 50 percent of patients are uninsured, Tucker and Kindred said. He added that small hospitals often have to provide for the daily medical needs of rural Alabamians.

Film directors Matthew Heineman and Susan Froemke said, “Americans are still unclear about what is broken and how best to move forward. ESCAPE FIRE seeks to explore possibilities to create a sustainable system for the future and to dispel misinformation in order to create a clear and comprehensive look at healthcare in America.”
As part of a campus-wide celebration looking at the progress made in diversity since integration at The University of Alabama – 50 years after the infamous “stand in the schoolhouse door” by then-Gov. George Wallace, Sr. – the College hosted a daylong symposium examining diversity in medicine and medical education.

College faculty, staff, resident physicians and medical students attended the symposium as did premedical UA students and area high school students who are participating in the College’s Rural Health Leaders Pipeline, a series of programs designed to recruit students from rural Alabama and help them prepare to become rural physicians and other health professionals.

The symposium was comprised of two panel discussions as well as two keynote speakers. A mentoring and networking session completed the event. The symposium opened with remarks from Samory Pruitt, PhD, vice president for Community Affairs at the University, and Richard Streiffer, MD, dean of the College.

Streiffer noted that the day should be about looking back and commemorating the progress made, but also paying attention to areas that still need improvement. “We are honoring the past and celebrating where we have come, but we also are acknowledging where we still need to go as a health profession as well as a society,” Streiffer said.
The word “diversity” was pulled apart and examined throughout the event, starting with a look back at the beginnings of racial diversity at UA. Sandra Hullett, MD, former CEO and medical director of Cooper Green-Mercy Hospital in Birmingham and the first African-American female resident at the College, shared her memories of Wallace’s opposition to integration and how that affected her life and medical career.

“There’s a lot that can change in a lifetime,” Hullett said. “This University has shown that it has a commitment to try to be diverse and to allow people with the qualifications to come here and have an opportunity to succeed.”

Art Dunning, PhD, professor and senior research fellow for the University of Alabama Education Policy Center, shared his global perspective, having kept up with the progress of the Civil Rights movement by reading national newspapers while stationed in Taiwan with the U.S. Air Force during the Cold War. Diversity is not just about racial integration, he said, but also about a rounded worldview.

“I had something most people didn’t have,” he said. “I had been to Asia, and I knew that where we were was not the whole world.”

The definition of diversity was examined even more by the first keynote speaker, Jeannette South-Paul, MD, the Andrew W. Mathieson Professor and chair of the Department of Family Medicine at the University of Pittsburgh School of Health Sciences.

In her talk, “The Future of Diversity in Medical Education,” South-Paul echoed that diversity extends beyond race, and she delved into topics of gender, religion, socioeconomic status and disabilities. She also talked about how health care providers can better serve the population through patient-centeredness and cultural competency, both of which are key parts of the College’s mission.

“We must keep our community front and center,” she said. “We have got to understand the importance of working with one another and understanding one another because we are going to take care of each other.”

South-Paul also shared her connection to a rural doctor in Alabama. Her parents had just moved to Hale County and, with her mother pregnant with her, were shown kindness by a white family doctor who delivered South-Paul in his office when no other doctor would see an African-American woman.

A second panel examined the beginnings of diversity at the College, and included speakers who were among the first African-American members of the College: Carol Johnston, MD, a physician in Alabaster, Alabama, and one of the first African-American medical students; two of the first African-American residents, Vernon Scott, MD, CEO of the Alabama Multi-specialty Group in Tuscaloosa, and Herbert Stone, MD, CEO of the Mobile Emergency Group in Mobile, Alabama; and Earnestine Tucker, CRNP, clinical supervisor for UA’s Working on Womanhood Program and one of the College’s first African-American staff members.

Stone was the second keynote speaker at the symposium with his address, “So You Want to be a Doctor.” Afterward, he shared in mentoring and networking activities with high school students interested in the medical profession.

The symposium also included the Trailblazer Awards presentation, which honored a large group of individuals who paved the way in bringing diversity to the College, including many of the symposium speakers. Each recipient was honored for the work and courage demonstrated as leaders in diversity at the College.
New residency director Richard Friend, MD, went through a bit of a transitional period when he first arrived at the College. He spent half of his time at the College and half of his time wrapping up his tenure at Louisiana State University, where he not only served as the director of the Rural Family Medicine Residency in Bogalusa, which is part of the LSU system, but was co-founder of the program.

But a busy back-and-forth schedule didn’t stop Friend from getting to know the residents, faculty and staff at the College while drafting a strategic plan to move its Tuscaloosa Family Medicine Residency – which is one of the largest of its kind in the country – forward, starting with an expansion from 36 to 44 resident slots.

"I think we have a real opportunity to become the preeminent family medicine residency in the country," says Friend, now in Tuscaloosa full time. "A time of change can sometimes be an uncomfortable time for a lot of people, but I really enjoy these kinds of opportunities."

Friend moved from Illinois to New Orleans as a child, and though he wasn’t always sure what he wanted to do, part of the influence to become a physician came from his uncle, Herbert Rothschild, a noted pediatrician in New Orleans who was among the first in the country to use penicillin with children.

Friend attended Tulane University and earned his bachelor’s degree in psychology. Shortly after he graduated, he went to medical school at LSU and specialized in family medicine during his residency in Shreveport, Louisiana.

“I like the idea of caring for the whole patient and the opportunity to make a difference in the lives of each patient,” Friend says. “I really enjoyed the variety of what I was learning [in medical school], and I didn’t want to stop doing any of the facets of what I had studied, so I just continued with family medicine.”

Friend’s devotion to rural family medicine can be seen throughout his career, from a private practice in Raceland, Louisiana, and then in Ocean Springs, Mississippi (though Hurricane Katrina quickly finished what he had started in Ocean Springs), to weekend nights spent in rural emergency rooms. Emergency medicine is one of his special interests, he says.

“It allows me to keep up my skills and take care of critically ill patients, and I hope to bring that portion of my experience to the curriculum for the residents,” he says.

Friend helped design, develop and implement the
"I think we have a real opportunity to become the preeminent family medicine residency in the country."

Richard Friend

Rural Family Medicine Residency in Bogalusa in 2006, which is the largest of its kind in the LSU system. He served as the director from 2008 until this year, and he also secured the largest Title VII grant in Louisiana in 2010—a $3 million Affordable Care Act Primary Care Residency Expansion grant with a five-year budget to expand the program from 12 to 24 residents.

"That's the kind of thing we need to do here," he says. "We need to grow and produce more providers—and more quality providers—not just for the state but for the country."

It's that drive to see an increase in rural physicians, coupled with a passion for teaching, that fuels Friend's love for working with residents. "There's always a need for more family doctors, from primary care to rural physicians," he says. "The aging population, which includes aging physicians and practices, is really going to put a stress on health care delivery in the next decade, so we have to turn out as many competent, well-trained rural family physicians as possible."

Chief Resident Mark Christensen, MD, says he recognizes Friend's drive to take the College's Family Medicine Residency to the next level.

"In the short time I've come to know Dr. Friend, he has impressed me with his ability to challenge the status quo and push the residency to be the best in the nation," Christensen says. "His familiarity with all the facets of family medicine, combined with his willingness to teach inpatient and outpatient procedural skills, such as central lines and critical care, make him an asset to our program, which prides itself on the ability to train highly competent physicians to practice the entire scope of family medicine anywhere in rural Alabama and beyond."

Now settling into the Tuscaloosa lifestyle, three of Friend's four children have joined him, along with his wife, who has accepted a faculty position at the University's Capstone College of Nursing.

"I feel like all the different roles I've held have really prepared me for this position and to help this institution move forward in a short period of time," Friend says. "I've felt comfortable here from day one, and I feel like there is tremendous support here. [Residents] only get three years of training to prepare them for the rest of their career, so if we can provide them with excellent training and be excellent role models and resources for the rest of their career, then I think we've done a good job."
William Clifford, MD, recently returned to the College’s Tuscaloosa Family Medicine Residency after spending four months in Afghanistan with the Alabama Army National Guard.

In addition to his family medicine training, Clifford serves as the lead flight surgeon for Army National Guard Aviation Units in Alabama.

Clifford is a graduate of the University of Alabama School of Medicine. He received his clinical training at the College, which also functions as a regional campus of the School of Medicine.

While in medical school, Clifford joined the Alabama National Guard and, simultaneously with his medical studies, attended the Officer Basic Leadership Course. He then attended the U.S. Army Flight Surgeon School where he graduated among the top of his class.

While in Afghanistan, Clifford was the only American physician for United States and Allied NATO forces on the U.S. Army base in Kabul. With the help of medics, Clifford provided trauma, emergency, aviation and primary care medical services to all allied personnel, including injured Afghans. He coordinated the evacuation of injured and ill personnel from the U.S. treatment facility to NATO hospitals and served as the medical liaison for public health teams.

Reflecting back on his time in Afghanistan, Clifford remembers sitting in the back of a C-17 diving onto the airfield thinking, “Things will never be the same. They never will,” he says.

Clifford’s service has had a significant impact on his life. “When you witness the incredible sacrifices being made every day by young Americans, you realize how blessed we are.”

While in medical school, Clifford joined the Alabama National Guard and, simultaneously with his medical studies, attended the Officer Basic Leadership Course. He then attended the U.S. Army Flight Surgeon School where he graduated among the top of his class.

After completion of his residency, Clifford plans to apply for a military fellowship program that will enable him to serve while continuing to work as a flight surgeon for the Army National Guard.

By Amy Saxby

RESIDENCY FILLS 2016 CLASS

The College’s Tuscaloosa Family Medicine Residency recently welcomed 14 new residents into its Class of 2016. Here’s a look at class members, and where they completed medical school:

- Tope Afon, MD – Morehouse School of Medicine, Atlanta, Georgia
- Chandra Americhetty, MD – Medical University of the Americas, Neris, West Indies
- Sirisha Chada, MD – American University of Antigua, St. George, Antigua
- Mary Margaret Clapp, MD – University of South Alabama, Mobile, Alabama
- Jason Clemons, MD – University of Alabama School of Medicine, Birmingham, Alabama
- Eric Curley, MD – University of Texas Southwestern Medical Center at Dallas Southwestern, Dallas, Texas
- Timothy Eckford, MD – Saba University, Saba, Dutch Caribbean
- Michael Gabriel, MD – The Commonwealth Medical College, Scranton, Pennsylvania
- Katie Gates, MD – University of Alabama School of Medicine, Birmingham, Alabama
- Ambreen Mardhani, MD – American University of Antigua, St. George, Antigua
- Bhavika Patel, MD – American University of Antigua, St. George, Antigua
- George Petty, MD – University of South Alabama, Mobile, Alabama
- Jerry Shen, MD – Temple University, Ambler, Pennsylvania
- Ross Summerford, MD – University of Alabama School of Medicine, Birmingham, Alabama
- James Hwang, MD (second-year resident) – St. Matthew’s University, West Bay, Cayman Islands
For six University of Alabama School of Medicine students chosen as the inaugural Primary Care Scholars, being part of a community and providing care over the life of a patient motivated them to enter a field that many students have turned away from in recent years.

"Primary care is about building relationships with patients," says Nick Darby of Florence, Alabama, who will spend his third and fourth years of medical school at the College, which also functions as a regional campus of the School of Medicine. "I really want to go back to my hometown, and primary care is definitely an avenue to do that. I may want to work in one of the smaller communities outside of Florence. I have a lot of common interests with the people there."

The American Association of Medical Colleges projects the United States will face a shortage of 45,000 primary care physicians by 2020. But Darby and Amber Beg of Tuscaloosa, who will also complete her last two years of medical school at the College, are bucking a trend of growing interest in such specialties as emergency medicine and anesthesiology, which offer higher salaries or more stable work hours, or both.

Medicine, says Beg, "is more than testing for diseases and treating symptoms. Illness doesn’t happen in a vacuum. If you’re well integrated in a community, you can work with community leaders to provide better care for your patients. Primary care physicians are well positioned to do this."

The Primary Care Scholars Program was designed by William Curry, MD, a former community physician who is now associate dean for Primary Care and Rural Health in the School of Medicine. Curry is a former dean of the College.

The Primary Care Scholars Program’s highly selective process chose two first-year medical students, based on merit, for each of the three medical school campuses – Birmingham, which is the main campus, and Huntsville and Tuscaloosa, which are regional campuses. Two additional students will be chosen for the Montgomery campus after it begins enrolling students in 2014. The program provides an annual scholarship of $10,000, mentoring, career modeling and academic opportunities, such as summer workshops and a summer immersion program where the students will work in a clinical setting.

"The program was created to foster and encourage the students to maintain an interest in primary care – family medicine, internal medicine, pediatrics and a combination of adult and pediatric medicine – throughout their four years in medical school," says B. Earl Salser Jr., MD, director of the Primary Care Scholars Program. Based on data, he says "If there’s no exposure to primary care until the third or fourth year (of medical school), the students begin to focus on other specialties and lose their initial interest in primary care fields."
Born and raised in Tuscaloosa, Daniel Avery, MD, has dedicated his career to Alabama. "This is my home," he says. "We have tremendous needs here, so why would I want to practice anywhere else?"

Avery is a professor and the chair of the College’s Department of Obstetrics and Gynecology, as well as a professor and the division chief of pathology in the Department of Surgery. He also recently completed his term as the chief of staff and president of the joint medical staffs at DCH Regional Medical Center in Tuscaloosa.

But before his time at the College, he spent plenty of time practicing in rural Alabama, which he recounts in his recently-published memoir, Tales of a Country Obstetrician: Unforgettable Stories about Practicing Medicine in Alabama. From his first childhood memories...
of playing with a toy doctor’s kit to training medical students and resident physicians in the fields of family medicine and obstetrics and gynecology, the memoir is a collection of journal entries he started writing as a resident physician and continued through his career. They include funny observations, interesting stories and accounts about patients, colleagues, students and friends who have influenced him.

“I think everybody thinks about these things and experiences them, but only a few physicians actually write them down,” Avery says. “It’s been an opportunity to think back and enjoy where I was at the time, the patients I delivered and the patients I took care of. It’s all been very pleasant for me.”

Avery’s interest in medicine began at a very young age. He knew, even as a child, that he wanted to be a physician. Part of that desire stemmed from the amount of time he spent alongside his family doctor, James Sherwood, while growing up. “I was heavily influenced by him,” Avery says.

When Avery was young, he fell quite ill for a prolonged period of time, though he eventually recovered. But he still got to know Sherwood through church, school and the hospital. When Avery was in medical school, he was able to work alongside Sherwood and learn from him.

As a teenager, Avery worked multiple jobs, including at a pathology laboratory, a downtown clothing store, an ambulance company and a funeral home. He saw lots of sick and injured patients, which kept his interest in medicine alive. After high school, he attended The University of Alabama and studied chemistry and pathology. He went on to train as a physician’s assistant and worked for a hospital as well as the Alabama Department of Forensic Sciences.

But he knew he wanted to pursue medicine, and, though it took a few tries — the dean of admissions at the time even told him he would be better off spending his application fee taking his wife out to dinner — he was accepted into the University of Alabama School of Medicine, and he completed his clinical training at the College in 1982, just 10 years after its founding. “We got to do a lot of things [at the College] that we probably wouldn’t have gotten to do anywhere else,” Avery says.

His exposure to teaching as a medical student sparked a passion for working with students, and it stayed with him through the 20 years he was in private practice, part of which was spent in Birmingham and the other part in rural Winfield, Alabama, at the Carraway Northwest Medical Center. “Working in a rural area, you do a lot more things — a lot more primary-type care. I made house calls, saw patients in nursing homes, rode with patients in ambulances, worked in the ER and did a lot of things you generally would not do in Tuscaloosa or Birmingham. There was a need that needed to be met.” Most rural physicians have a much greater expanse of medical care needs that they are called on to perform than city physicians, Avery says.

When the Winfield hospital stopped its OB/GYN services and the obstetrics malpractice insurance carrier went bankrupt, Avery found himself searching for a new opportunity. So he came home to Tuscaloosa to pursue his love of teaching that first began when he was at the College. Now he enjoys working with medical students and residents, instilling in them the importance of communication and observation when treating patients. “As you get older, you realize you are training the next generation of physicians who are going to be taking care of you, so I have a vested interest in them,” he says. “They keep me on my toes. They’ll ask questions that sometimes I have to go home and look up. Students let you have fun but keep you current.”
The College’s Rural Health Leaders Pipeline was recognized nationally with an Outstanding Rural Health Program Award from the National Rural Health Association. The award was presented in May at the NRHA’s 36th Annual Rural Health Conference in Louisville, Kentucky.

The pipeline is a series of programs designed to recruit students from rural areas in Alabama and help them prepare to become rural physicians and other needed health professionals. Hundreds of Alabama high school and college students have participated in the programs and are now practicing in rural Alabama communities. Studies show that rural students are more likely to return to rural areas to practice.

“The Rural Health Leaders Pipeline program personnel are delighted to have the NRHA’s validation of their work to engage rural students in the health professions,” says John Wheat, MD, founder and director of the pipeline. “After 20 years, the efforts are bearing fruit with rural health professionals, including more than 50 rural physicians, contributing to the health care, economic development and leadership in rural Alabama.”

The Rural Health Leaders Pipeline includes: the Rural Health Scholars Program, a five-week summer program on the UA campus for 11th grade high school students who take college courses for credit, participate in seminars with practicing health care professionals and visit health care facilities; the Rural Minority Health Scholars Program, a five-week summer program on campus for high school graduates from rural Alabama who take classes and tutorials to enhance their knowledge and test-taking skills so that they can achieve competitive scores on the Medical College Admission Test (MCAT); and the Rural Medical Scholars Program, a five-year track of medical studies leading to a medical degree that focuses on rural primary care and community medicine and gives students experience in rural settings through field trips, service programs and shadowing rural health professionals.

Of the 165 rural Alabama students who have entered the Rural Medical Scholars Program since its founding, more than 60 percent have completed their training and are practicing as primary care physicians in rural communities in Alabama.
The pipeline also has outreach programs for 10th and 11th grade students in rural Alabama counties. The West Alabama Scholars Program is currently operating in Hale, Fayette and Pickens counties.

The NRHA is a nonprofit organization that works to improve the health and well-being of rural Americans and provide leadership on rural health issues through advocacy, communications, education and research. NRHA membership is made up of 22,000 organizations that share an interest in rural health.

High school students who are participating in the College’s West Alabama Health Scholars Program were honored at a luncheon in March at the Hotel Capstone on The University of Alabama campus.

The West Alabama Health Scholars includes Fayette County Health Scholars (10th graders), Hale County Health Scholars (10th and 11th graders) and Pickens County Health Scholars (10th graders).

College Dean Richard Streiffer, MD, said programs like the West Alabama Health Scholars are important because they produce rural physicians. “These are areas that are perpetually short of health professionals,” he said.

Ray Stewart, MD, a graduate of the College’s Tuscaloosa Family Medicine Residency and its first Sports Medicine Fellow, spoke at the luncheon. Now a family medicine physician in Gordo, Alabama, he said the College’s rural programs “made all the difference in what I was able to accomplish.”

“That concept of a community leader, a community doctor, who people look to for guidance, this is what I want to do,” Stewart said. “Becoming a rural family physician is a journey we go through to get back to our community. And you learn how important you can become to these patients and their families.”

Like Stewart, Dana Todd, MD, also participated in the College’s rural programs as a high school student. She recently graduated from the College’s Family Medicine Residency and has returned to her hometown of Greensboro, Alabama, to practice.

“What is important to me is to take care of my community. I’m going back to my community and that is most rewarding,” she told the students.

Caleb Wyatt, a Hale County Health Scholar, said the West Alabama Health Scholars Program allows students “to see what doctors go through and the impact they have on people’s lives.”

Ridge Payne, also a Hale County Health Scholar, said the program is key to letting students know about the medical profession. “Thank you for giving me and all of us the opportunity to make our town and every other town in Alabama better.”

By Leslie Zganjar
Partnering with rural communities to reduce obesity was the topic of the 14th Annual Rural Health Conference hosted by the College and its Institute for Rural Health Research.

The conference, “The Weight of our Rural Communities: Partnering to Reduce Obesity,” was held in February at the Ferguson Center Student Union on The University of Alabama campus.

The conference featured two keynote speakers: Michael Minor, EdD, national director of H.O.P.E. Health and Human Services Partnership of the National Baptist Convention, USA, Inc., the nation’s largest African American religious denomination; and Ravi Patel, founder of the Nashville Mobile Market.

In addition, the conference provided breakout sessions focusing on nutrition, physical activity and clinical aspects of obesity.

Sheena Quizon Gregg, RD, chair-elect of the Alabama Obesity Task Force, opened the conference and provided sobering statistics about the state, where a third of adults are considered obese. Obesity can lead to myriad of health problems, including diabetes and high blood pressure, said Gregg, who is also assistant director of Nutrition Education for the College.

“We need to make a healthy lifestyle a choice for our communities,” she said.

Keynote speaker Minor talked about how simple changes can make a big difference. “At my church, we started by changing the menu and bringing in healthy choices. We banned fried chicken.” Instead, the church began serving baked chicken when it provided meals for congregants. “Since it was free, people ate it and they liked it and they tried it in their homes. So the church became a place that modeled healthy behavior.”

Exercise is also a focus of the church, Minor said. “We have a walking track that cost us zero. I realized that if you have a parking lot and lights, you have a track. The solutions are right where we are.”

In addition to being a pastor, Minor is an advisor and advocate for local, regional and national faith-based health and wellness initiatives. In 2008, he chaired “Healthy Congregations – Northwest Mississippi,” which grew from a regional initiative to a national one in collaboration with the U.S. Department of Health and Human Services. Minor has worked with First Lady Michelle Obama’s Let’s Move Initiative!

In November 2012, Cooking Light magazine selected Minor as one of 20 national food heroes.

Patel founded the Nashville Mobile Market and currently serves as its executive director. The market strives to encourage healthier eating and decrease chronic conditions, such as obesity, diabetes and high-blood pressure, by providing access to healthy groceries for residents of Nashville’s food deserts. A food desert is a geographic district with limited access to foods needed to maintain a healthy diet. Through a mobile grocery store, the Nashville Mobile Market provides fresh produce, lean meats, dairy products and select non-perishable items.
"Being far from grocery stores puts you at twice the risk of being obese," Patel said.

He said the Mobile Market has also added a community kitchen. "We worked with community people. We took their recipes and, with the help of dieticians, made them healthier."

The Mobile Market, which started in 2011, has 14 stops. The first day, the market had 16 customers every two hours; today, the market has 80 customers every two hours.

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

Daniel Partain, a fourth-year medical student who is completing his clinical training at the College, received the Institute for Rural Health Research’s first annual William A. Curry, MD, Rural Health Lecture Award at the 14th Annual Rural Health Conference.

The College also functions as a regional campus of the University of Alabama School of Medicine and provides clinical education and training for a portion of third- and fourth-year medical students. The Institute is part of the College and both host the annual conference.

The Curry award honors a medical student at the College who demonstrates an academic interest in rural medicine and is engaged in rural research or scholarly activity in a rural setting. The award is designed to encourage medical students to pursue experiences in rural medicine.

As part of the award, Partain spoke during a breakout session at the conference, "The Weight of our Rural Communities: Partnering to Reduce Obesity," held in February at the University’s Ferguson Center Student Union. His lecture was titled "The Obesity Epidemic in Fayette County, Alabama."

Partain earned a bachelor’s degree in Molecular Biology from the University of Wisconsin. He is expected to complete his medical degree in 2014.

William Curry, MD, is a former dean of the College and founder of the annual Rural Health Conference. He currently serves as associate dean for Primary Care and Rural Health at the School of Medicine’s main campus in Birmingham.

The Institute for Rural Health Research conducts research to improve health in rural Alabama.
STAYING STRONG THROUGH RECOVERY

STUDENT HEALTH CENTER’S COLLEGIATE RECOVERY COMMUNITY MARKS FIRST ANNIVERSARY

By Brett Bralley Jaillet

A
fter years of suffering from substance abuse and addiction, University of Alabama student Jesse Smith decided to forgo a semester of classes and instead spend time at the Addiction Recovery Center at the University of Alabama at Birmingham. By the time his treatment ended, Smith had spent about four months away from Tuscaloosa, and he was hesitant about returning to campus – a place where he feared plenty of triggers could send him back into relapse.

“I thought about transferring to UAB because I was starting to establish a community there with the people I met in recovery,” he says. “People were telling me it would be difficult to go back to school and continue my recovery in Tuscaloosa.”

But he decided to take the chance and return. Shortly after his arrival, he got in touch with John Maxwell, then director of the Student Health Center, and Greg Snodgrass, who had recently joined Maxwell after being recruited from Texas Tech University, where a program for college students in recovery was serving as the national model for others like it. Maxwell and Snodgrass wanted to use that model to form a program within the College, which operates the Student Health Center.

The program would provide a place for students to thrive after recovering from an addiction. They would be able to commune with other students, participate in sober, social activities and have a home base.

The idea to start such a program at The University of Alabama began with Maxwell. Through his time spent at the Student Health Center, he saw the need for some sort of recovery system on campus. In recovery himself, he visited with several students who had suffered from addictions, saw the challenges they faced and he wanted to be able to provide a network of support. So he was advised by a friend to pay a visit to Texas Tech and observe its system in place. The experiences there and the community he saw brought him to tears, he says.

“Nobody grows up thinking, ‘Oh, I want to become an alcoholic or a drug addict,’” Maxwell says. “People make mistakes, and they are able to correct those mistakes. When you get a prize like coming to a recovery center and hanging out with people who have dealt with the same problems you have, the sky’s the limit.”

With the help of Snodgrass, who had long had a relationship with Texas Tech – he was part of its recovery

From left, Adam Downs, Jesse Smith and Greg Snodgrass.
program while earning his undergraduate degree – the Collegiate Recovery Community at UA opened the doors of a little house off of University Boulevard in October 2012 with Snodgrass as the director and Smith as one of its founding members.

The inside of the house is updated, inviting and offers students a kitchen, a computer lab, a relaxing lounge area and plenty of meeting space. “This is really like their Ferguson Center,” Maxwell says, referring to the student union building on the University’s campus. The CRC hosts dinners once a week, multiple 12-step recovery meetings, and weekly evening get-togethers where students, friends and families gather to share stories and celebrate success.

Adam Downs, director of Substance Abuse Counseling and Recovery Services at the College, says having a central meeting spot like the CRC is crucial. “There’s something very special about being able to walk into a building, look around and know everyone there shares something very similar to you,” he says. “That’s a very safe place. You can turn on the game knowing no one is going to crack open a beer or walk in drunk.”

Downs works with the CRC as an administrative liaison. He leads seminars, plays a role in strategic planning and educates the UA campus about the services the CRC provides. Downs also experienced the CRC at Texas Tech himself, and he understands just how crucial it can be for students to have success following their addiction.

“Universities are high-risk environments for substance abuse and, because of that, people – particularly young people – who have entered into recovery from their addiction are often very intimidated about returning back to a university setting or going to one if they’ve never been before,” he says. “These are exceptional students. If there’s not a program in place to help support them in their recovery, then they won’t go.”

“Exceptional,” Downs says is not a term he uses lightly – and with an average GPA of 3.7 in 2012, the CRC students at The University of Alabama have indeed demonstrated that they are excelling. To be part of the CRC, the students undergo an application process to assess their goals in both their recovery and academics, and they must have a minimum GPA of a 3.0, says Snodgrass. Each student who is accepted receives a scholarship every semester.

Once accepted, students attend meetings and seminars, participate in community service projects (the students have formed the group Alabama Students About Service, or ASAS), gather for social activities (like sober tailgates on the University’s Quad during football season) and work with each other in their recovery.

CRCs across the country work with each other, too. By building relationships with other CRCs, Snodgrass says, they can share ideas, improve their programs, and
also build a web of support for students who choose to attend elsewhere after their time at UA.

"We want our students to diversify their resume and education, and once they have an undergraduate degree here, we would love for them to have support throughout the country," he says.

But while students are here, they are seeing the benefits of the support, says Smith, now a senior and about to earn a degree in consumer sciences with an emphasis in financial planning.

"It’s been a great supplement to my recovery," Smith says. "It has helped me bridge the gap between that and my education. I don’t know whether or not I would still be in recovery if it wasn’t for the Collegiate Recovery Community."

GROWING A RECOVERY COMMUNITY

The University of Alabama played host in late May to a gathering of Collegiate Recovery Communities from Southeast universities, some with their CRCs well-established on their respective campuses and others just starting out.

The gathering was the Second Annual Southern Regional CRC Spring Summit, held May 23-24 on the UA campus. The goal of the summit was to exchange ideas, ask questions of students and faculty and learn the best practices and principles to apply when establishing and growing a recovery community on a university campus.

The summit began the evening of May 23 with a dinner followed by a University of Alabama Recovery Night, which is held each Thursday from August to May (and once a month during the summer months) at the UA CRC. Students gather with friends and family to share stories of their struggles and successes.

The UA CRC is part of the Student Health Center, which is operated by the College.

The summit continued May 24 with a variety of presentations and panel discussions, including a talk given by Teresa Johnston, MA, LPC, an adjunct professor at Kennesaw State University in Georgia and director of the Center for Young Adult Addiction and Recovery at KSU. Johnston offered advice and strategies to starting a recovery community, using the KSU CRC as an example.

The summit also included discussion by a panel of students who are members of CRCs across the Southern region of the United States, from Texas Tech University to the University of Southern Mississippi to Georgia Southern University.

Kimberly Burrow, a master’s student in social work, represented UA on the student panel and says the summit provided an opportunity for students, faculty and staff to network and share experiences.

"We touched on many key issues that CRC staff need to know to continue to build their community as well as what to keep in mind once a CRC is established," she says.

Greg Snodgrass, director of the UA CRC, says the number of CRCs across the country has tripled over the last few years. "It’s encouraging to know that schools are supporting recovery on major campuses throughout the United States."

By Brett Bralley Jaillet
Researchers from The University of Alabama were awarded a three-year, nearly $900,000 grant from the National Institutes of Health to develop and support collaborative research between academic researchers and residents of Alabama communities disproportionately impacted by poor health.

The grant project, "UNITED: Using New Interventions Together to Eliminate Disparities," is a partnership of UA's Colleges of Community Health Sciences and Communication and Information Sciences and the Black Belt Community Foundation. The foundation is a nonprofit organization that works to improve the health and quality of life of citizens living in the 12 Black Belt counties it serves.

The grant's principal investigators are: John C. Higginbotham, PhD, associate dean for Research and Health Policy for the College of Community Health Sciences and director of the Institute for Rural Health Research; Kim Bissell, PhD, associate dean for research for the College of Communication and Information Sciences and director of the Institute for Communication and Information Research; and Felecia Jones, MBA, executive director of the Black Belt Community Foundation.

The grant was funded by the Community Based Participatory Research Initiative of the National Institute on Minority Health and Health Disparities, an institute of the National Institutes of Health.

Community-based participatory research, or CBPR, is research that is conducted as an equal partnership between traditionally trained research scientists and community members. CBPR is unique in that it allows community members to participate fully in all aspects of the research process.

"Communities have lots of great ideas about how to deal with issues, but they do not always have the resources to put those ideas into action," Higginbotham says. "With this project, we hope to create an infrastructure that will bring together the expertise of the community with academic partners and, together, develop ways to improve the health of communities, particularly in regard to obesity and related diseases."

According to the U.S. Centers for Disease Control and Prevention, more than 32 percent of the population in the state of Alabama is considered obese, greater than the national average of 27 percent. These percentages are higher in some Black Belt counties, ranging between 39 percent and 47 percent for adults and greater than 20 percent for school-age children, according to the CDC.

These percentages suggest that adults and children in the Black Belt, which is plagued with high unemployment and limited access to health care, are at a disproportionately higher risk for obesity-related health conditions, such as diabetes, heart disease and cancer.

"Alabama has one of the highest childhood obesity rates in the nation, so this project will work to develop that community-based infrastructure that will help parents, educators and community members learn about
From left, the grant’s principal investigators, Felecia Jones, Kim Bissell and John C. Higginbotham.

health, nutrition and exercise,” Bissell says. “Leaders in Black Belt counties will be working with us to develop this infrastructure.”

The University’s three-year planning grant will focus on reducing obesity in rural Alabama and will create a research training program to provide education and training to academic researchers interested in conducting community-based participatory research in the rural Black Belt and to build the CBPR capacity of Black Belt residents.

A research incubator will be developed to guide future research projects aimed at addressing obesity within the project’s defined Black Belt communities. A dissemination network will be developed to facilitate public awareness of this project and its goals, and a community advisory board will be established to provide oversight for all aspects of the project.

A UNITED EFFORT

Project UNITED is partnering with the Sunshine School in Newbern, Alabama, to address the needs related to reducing obesity in that community. The school has taken note of several areas in which the project can help, including organizing a health fair with screening for children and parents, repairing the school playground and building a track around the football field.

The Sunshine School is a K-12 school in the Black Belt region of Alabama with 245 students.

A health fair was held September 27 at the school. Students and parents had the opportunity to be screened for cholesterol, blood pressure and weight.

Project UNITED plans to work with Druid City Garden Project in Tuscaloosa to plant a garden on the school premises. The Druid City Garden Project uses school gardens, farm stands and educational programs to help communities in Alabama build vibrant food systems, establish healthier eating habits and help reduce childhood obesity rates.

Additionally, workshops designed to enhance the research knowledge and skills of community members, as well as university faculty as it relates to community-based participatory research, will be held.

By Amy Saxby
FEWER FAMILY PHYSICIANS OFFER MATERNITY CARE, RURAL AREAS SUFFER

By Kim Eaton

Family medicine physicians play a vital role in the health care of rural communities. From birthing babies and performing routine physicals to addressing the problems that come with age, a family doctor is trained to care for most of the health needs of his or her patients.

Despite that training, the number of family physicians providing maternity care, or obstetrics, is declining, a trend that is concentrated in rural, underserved areas. As of 2012, only about 10 percent of these doctors were offering obstetrics, says Daniel Avery, MD, professor and chair of the College’s Department of Obstetrics and Gynecology.

Avery and associate professor John McDonald, MD, also in the Department of Obstetrics and Gynecology, address the issue of why family physicians have stopped providing maternity care and offer suggestions on how to alleviate the problem in their report, “The Declining Number of Family Physicians Practicing Obstetrics: Reasons, Recommendations and Considerations.”

“Half of the counties in the United States have no OB provider,” Avery says. “That leaves some 10 million women in the reproductive age with no local access to OB services. These women might not be able to afford to take off work or have transportation to travel to a town that does offer maternity care, so they don’t get adequate care.”

Not only are there economic factors at play, but not having a local obstetrics provider makes getting prenatal care, as well as delivery, challenging, increasing the risk of premature delivery and complications at pregnancy, he adds.

While fewer medical students are choosing OB/GYN as a career, even fewer are choosing to locate in rural, underserved areas when they finish their residencies. These smaller communities, because of their demographics, typically cannot support specialty practices, like OB/GYN.

“The only practical answer is to increase the number of family docs practicing OB,” Avery says.

He says the College founded one of the nation’s first obstetrics fellowships in 1986 to provide additional OB training for family physicians, in large part because of a lack of maternity care in rural Alabama.

There are several reasons family physicians have stopped practicing obstetrics, but some of the more common ones include the fear of being sued, psychological stress, a more demanding schedule and financial concerns. In addition, some small hospitals have dropped obstetrical services, while other hospitals have made it difficult for family physicians to obtain privileges to deliver babies by implementing policies that, for example, require family physicians to have completed a three-year residency program specializing in obstetrics and gynecology.

Fear of litigation is a concern for many medical practitioners, but especially those who practice obstetrics, Avery says. Most OB/GYNs in Alabama report they have been sued at least once, which results in higher costs for malpractice insurance. On the other hand, family physicians in Alabama are rarely sued and their malpractice insurance is a fraction of what OB/GYNs pay, he adds.

“It just makes good business sense for family physicians to practice obstetrics,” Avery says. “Whereas a small community may not financially be able to support an OB/GYN, it might be able to support two or three family physicians who also practice obstetrics.”
Physicians practicing obstetrics have hectic schedules, which leads to very little time at home. Family medicine is typically outpatient; family physicians may have to be on call at night, but they do not often have to wait all night for a baby to be born and then, when daylight comes, go back to an office full of patients, Avery says.

One way to alleviate that problem is physician support. Collaborative partnerships with other physicians who can provide call coverage, sick leave or vacation time would greatly increase a family physician’s quality of life, Avery says.

“I love being a physician,” he says. “It’s what I always wanted to do. But it is very stressful. It’s a lot of time and there’s a lot of worry that goes along with it.”

“We really need to encourage medical students who are interested in doing OB,” Avery adds. “We need to encourage medical students and residents alike, nurture their interest because having family medicine physicians do obstetrics is the only answer for addressing the obstetrics need in rural, underserved areas in Alabama.”

The College hosted its Fifth Annual Research Day in April. The event gave faculty, staff, resident physicians, medical students and graduate students an opportunity to display their research efforts and inform the College and the University of their findings.

Among the presenters was Caroline Boxmeyer, PhD, who won first place in the faculty division for her research on “Improving Self-regulation in Preschool Children: Physiological Moderation of Preventive Intervention Effects.” Boxmeyer is an associate professor in the College’s Department of Psychiatry and Behavioral Medicine and a research scientist at UA’s Center for the Prevention of Youth Behavior Problems.

“There is increased recognition that the best way we can help children prepare for school and for life is not just to teach them the ABCs, but to help them learn to manage their own feelings and behaviors, to understand the feelings of others and to be able to work well with others,” Boxmeyer says.

The study showed a positive impact on children’s behavior and the classroom environment and also changed children’s physiological responses to stress.

Jessica Powell of Samantha, Alabama, won first place in the graduate student division for her research, “Developing a Standard of Universal Postpartum Depression Screening in the Rural Primary Care Setting.” Powell is now a first-year medical student at the University of Alabama School of Medicine and is completing her clinical training at the College, which also functions as a regional campus of the School of Medicine.

There were 76 participants and 31 posters presented to make this year’s Research Day the largest to date.

Paige Partain was awarded first place in the medical student category for her research, “The Associations between Health Risk Behaviors, Executive Function Deficits, and ADHD Symptoms in University Students.” Partain is a fourth-year medical student at the School of Medicine and is completing her clinical training at the College.

By Amy Saxby
The College has implemented a tobacco-free policy for its campus. The policy affects the College’s buildings and grounds, including green spaces, walkways, employee parking and patient and public parking. It applies to College faculty, staff, residents and medical students, as well as patients, visitors, vendors and guests.

“As a College of health professionals, we are first and foremost a promoter of health and well-being for our patients, but also for ourselves as a workplace family,” says Dean Richard Streiffer, MD. “It is important that we demonstrate a commitment to health and provide an environment that fosters prevention as well as medical education.”

The College provides medical education to resident physicians through its Tuscaloosa Family Medicine Residency. As a regional campus of the University of Alabama School of Medicine, the College provides clinical training for a cohort of third- and fourth-year medical students. In addition, the College operates University Medical Center and the University’s Student Health Center, providing health care to the local community, University employees and the University’s 34,000 plus students.

Streiffer says the College is committed to assisting its faculty, staff, residents and medical students who wish to quit with tobacco cessation skills that can be obtained through referrals to resources within the College and to those available at the University.

“We recognize that this is a challenge and we want to be helpful and supportive as they make personal changes in tobacco use,” Streiffer says.

Nationwide, there is a trend among colleges, universities and health-care campuses toward implementing tobacco-free policies. According to the American Lung Association, there are 290 colleges and universities that prohibit smoking and all forms of tobacco use everywhere on their campuses.

Tobacco has been shown to be one of the most avoidable causes of premature death and disability from a variety of cancers, chronic lung disease and cardiovascular disease. Tobacco-related illnesses account for the deaths of more than 440,000 adults in the United States each year, according to the U.S. Centers for Disease Control and Prevention.

Exposure to secondhand smoke is an equally serious problem and causes an estimated 3,400 lung cancer deaths annually among adult nonsmokers in the United States, according to the CDC.

Meanwhile, studies show that tobacco-use policies have been found to change tobacco use behavior in workplaces.
MEDICAL STUDENTS ATTEND ORIENTATION

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

The College also functions as a regional campus of the School of Medicine.

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 three School of Medicine’s campuses – Birmingham, Tuscaloosa and Huntsville.

At the Tuscaloosa campus, clinical education is oriented to primary care while also providing exposure to other specialties.

“This marks a transition point,” Cathy Gresham, MD, the College’s director of Medical Student Affairs, told the students. “You have been introduced to clinical medicine, and you have been with and around patients. This is a transition from books and modules to being more of an apprentice. This is the next step of your journey.”

HIGH RANKING IN PRIMARY CARE

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

The School of Medicine ranked 10th in primary care out of 114 accredited institutions nationwide, according to the news magazine’s 2013 survey results.

The College places a special emphasis on the training of primary care physicians. In its role as a regional campus of the School of Medicine, the College provides the last two years of medical education and clinical training for a cohort of medical students. The College also operates one of the nation’s largest family medicine residencies as well as the Rural Health Leaders Pipeline, a series of programs designed to recruit rural Alabama students interested in health careers and encourage them to return to their hometowns or other rural communities to practice primary care.

Primary care includes the specialties of family medicine, general pediatrics and general internal medicine.

COLLEGE PARTNERS ON TEAM CARE GRANT

The College is partnering with the University’s Capstone College of Nursing on a grant to implement a collaborative team-based approach to working with rural patients who have multiple chronic conditions.

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

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

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

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

According to the Department of Health and Human Services, multiple chronic conditions are associated with substantial health care costs in the United States. Approximately 66 percent of the total health care spending is associated with care for more than one in four Americans with multiple chronic conditions.
CARING FOR RURAL VETERANS

The University of Alabama and the U.S. Department of Veterans Affairs have partnered together to create a trained workforce capable of meeting the medical and mental health needs of veterans in rural communities.

The grant is a joint effort of the Tuscaloosa VA and the College of Community Health Sciences, Capstone College of Nursing, School of Social Work and the UA Department of Psychology.

The VA’s Office of Rural Health and Office of Academic Affiliations awarded five sites, Tuscaloosa being one, a three-year grant to develop and implement the Rural Health Education and Training Initiative.

The grant focuses on a collaborative, team-based approach to health care, often referred to as interprofessional care, with an emphasis on serving veterans in rural communities, says Kristin Pettey, rural consultant for the VA Southeast Network. Students in various disciplines – medical, nursing, psychology, social work – will train at the VA in order to learn about veteran care and veteran culture.

"Of the veterans we have, about half are considered rural," Pettay says. "Having the opportunity to provide instruction on veteran culture and what it means to care for veterans is very important."

"There are different experiences a veteran might have lived through, especially if that veteran was in a combat situation," Pettay continues. "There could be PTSD, exposure to different chemicals, possible traumatic brain injury. Just knowing what to look for and how to gain a veteran’s trust is key."

HONOR SOCIETY SELECTS MEDICAL STUDENTS

Three University of Alabama School of Medicine Students who are completing their clinical training at the College were elected to the Gold Humanism Honor Society. The students, all in their fourth year of medical school, are: Sam Ford, Paige Partain and Daniel Partain.

The College also functions as a regional campus of the School of Medicine.

The honor society is comprised of individuals recognized for practicing patient-centered medical care and modeling the qualities of integrity, excellence, compassion, respect and empathy.

Students are nominated by their peers, and a selection committee then evaluates their academic eligibility, program director evaluations and willingness to serve if elected.

Cathy Gresham, MD, the College’s director of Medical Student Affairs, says the award is important because "it recognizes the evidence of treating all patients with respect, empathy and dignity regardless of social status, means or life experiences."

IMPROVING STUDENT HEALTH

The University of Alabama Student Health Center hosted the 2013 Southern College Health Association Conference in Sandestin, Florida, in April. The Student Health Center is part of the College.

"Ride Your Wave and Chart Your Course" was the theme of this year’s conference. "We are focusing on the needs of the individuals and their colleges and universities as we chart the course to improve the services of student health care," says John Maxwell, SCHA president-elect.

The SCHA, a regional affiliate of the American College Health Association, is a professional organization through which colleges and universities work together to promote student health.

This year’s conference included more than 30 breakout sessions and featured three keynote speakers: Max Rogers, MD, an obstetrician and gynecologist and former fighter pilot in the U.S. Marine Corps, who spoke about the necessity of "high reliability teams and processes for achieving flawless health care"; Ivana Grahovac, MSW, director of the Center for Students in Recovery at the University of Texas at Austin, who shared tips on building sustainable, welcoming and inclusive collegiate recovery communities for students in recovery; and Len Kravitz, PhD, coordinator of Exercise Science at the University of New Mexico’s Department of Health, Exercise and Sports Sciences, who provided an update on physical activity guidelines, the benefits of exercise and strategies to help patients adhere to exercise programs.

The SCHA’s membership includes 137 universities and colleges in Alabama, Georgia, Florida, North Carolina, South Carolina, Tennessee and Mississippi, as well as schools from the West Indies, Virgin Islands and Puerto Rico.
Family medicine physicians, residents and medical students from across the state of Alabama gathered together for the annual meeting of the Alabama Academy of Family Physicians (AAFP) held in June in Sandestin, Florida.

In addition to an exhibition throughout the four-day event, the College, which also functions as a regional campus of the University of Alabama School of Medicine, hosted a day of lectures at the conference. Faculty physicians presented new information respective to their specialties.

"Over the years, the offerings have shifted so that now a majority of the educational sessions are conducted by family doctors and other primary care physicians from the faculties of our state's family medicine training programs," said College Dean Richard Streiffer, MD.

First to lecture from the College were Cathie Scarbrough, MD, and Chelley Alexander, MD. They provided updates on a variety of topics, including acne treatments for children and adolescents, guidelines in diagnosing and treating ear infections and diagnosing type 2 diabetes in children.

They also shared apps for iPhones and Android phones that they have found useful in their practices, including Pedi STAT, which serves as a reference for pediatricians, BiliCalc, which helps determine when to use phototherapy on a patient, and Glucose Buddy, which helps diabetes patients track sugars, blood pressure, weight and medications.

Alexander is chair of the Department of Family Medicine and Scarbrough is assistant director of the College's Tuscaloosa Family Medicine Residency.

Scott Arnold, MD, chair of the Department of Internal Medicine, presented new findings in hypertension, coronary artery disease, endoscopies and vaccines.

Sports Medicine Fellow Zack Boylan, MD, followed Arnold with a presentation on pre-participation exams in sports and their importance in screening and diagnosing conditions in young athletes, in addition to screening for general health and starting a discourse with athletes about healthy habits.

Finally, Anne Halli-Tierney, MD, a geriatrician and assistant professor in the Department of Family Medicine, addressed issues surrounding memory loss and dementia in geriatric care. She also discussed methods of testing and treatment.

"This has been a great venue for faculty to demonstrate their expertise while also helping to keep the content of the education highly relevant to the needs of family physicians," Streiffer said.

NEW SCHOOL OF MEDICINE DEAN

Selwyn M. Vickers, MD, has been named the next dean of the University of Alabama School of Medicine, which is headquartered in Birmingham. The College functions as a regional campus of the School of Medicine for the training of medical students.

Vickers is a member of the prestigious Institute of Medicine of the National Academy of Sciences. He is a surgeon, pancreatic cancer researcher, pioneer in health disparities research and a native of Alabama. He will begin his new post October 15.

Vickers, 53, joined the School of Medicine as a young faculty member, beginning in 1994, and he directed the section of gastrointestinal surgery there from 2000 to 2006. He is currently the Jay Phillips Professor and chair of the Department of Surgery at the University of Minnesota Medical School.

Vickers was born in Demopolis and grew up in Tuscaloosa and Huntsville. He earned baccalaureate and medical degrees from the Johns Hopkins University and completed surgical training there, including a chief residency. He completed two summer post-graduate research fellowships with the National Institutes of Health and training at John Radcliffe Hospital of Oxford University, England. He was an instructor of surgery at Hopkins for a year before coming to the University of Alabama School of Medicine as an assistant professor.

While at the School of Medicine, Vickers was co-director of the Minority Health and Research Center and the Pancreaticobiliary Center.
Members of the College’s Board of Visitors joined friends, alumni and faculty and staff at a cocktail reception following the board’s October meeting last year. The reception was held at the Tuscaloosa home of John and Ann Maxwell. The Board of Visitors includes alumni, donors and friends who serve as an advisory panel for the College and help provide opportunities for medical students and residents.
Caroline Boxmeyer, PhD, a clinical psychologist, has joined the College as an associate professor in the Department of Psychiatry and Behavioral Medicine. She will also continue as a research scientist for the University's Center for the Prevention of Youth Behavior Problems. In her new position, Boxmeyer will provide psychological services to adults, children and families in the College’s Betty Shirley Clinic. She will also provide training in mental health assessment and intervention to the College’s medical students and resident physicians. Boxmeyer received her undergraduate degree in psychology from Princeton University and her PhD in clinical psychology from the University of California in San Diego. She completed a clinical psychology internship at the University of Alabama at Birmingham. Her practice and research interests include developing and testing preventive interventions to promote positive social and emotional development in children and supportive parent-child relationships. “My early work taught me the important role of research in helping to identify best practices and in disseminating knowledge to others.”

Richard Friend, MD, has joined the College as director of its Tuscaloosa Family Medicine Residency. He also serves as vice chair of the Department of Family Medicine-Clinical Operations. Friend earned an undergraduate degree in psychology at Tulane University in New Orleans. He graduated with honors from Louisiana State University School of Medicine in New Orleans and completed a family medicine residency at the LSU School of Medicine in Shreveport. Friend was in private practice for 10 years before joining the LSU School of Medicine as an assistant professor of Family Medicine and assistant director of the LSU Rural Family Medicine Residency in Bogalusa. He later was director of the residency. Friend has also served as a medical director for nursing homes, a home hospice and a home health company, held numerous leadership roles at Bogalusa Medical Center and has been the recipient of federal grants.

Adam Downs, MA, LMFT, has joined the College as director of Substance Abuse Counseling and Recovery Services in the Student Health Center and as an instructor in the Department of Psychiatry and Behavioral Medicine. Downs will conduct clinical evaluations and provide counseling for patients in the Student Health Center, as well as design, implement and expand programs to enhance substance abuse recovery throughout the University. Downs earned a bachelor’s degree in Human Development and Family Studies with a specialization in substance abuse studies from Texas Tech University. He earned a master’s degree in Marriage and Family Therapy from Michigan State University and is currently a doctoral candidate in Couple and Family Therapy at the university.

H. Joseph Fritz, MD, has joined the College as an assistant professor in the Department of Family Medicine, where he will work with resident physicians in hospital and clinic settings. Fritz received his medical degree from the University of Alabama School of Medicine and completed his residency training at the College’s Tuscaloosa Family Medicine Residency. Fritz has been in private practice in Tuscaloosa since 1978. While he worked with residents and medical students during his years in practice, he says he is looking forward to the transition to an academic setting. Fritz says he believes wholeheartedly in the mission of the College, which focuses on the training of primary care physicians. “Family physicians are in a unique position to impact patients’ health. The faith they [patients] place in you is humbling.”
Anne Halli-Tierney, MD, has joined the College as an assistant professor in the Department of Family Medicine. She will see patients and instruct residents in the College's Family Medicine Clinic and Geriatrics Clinic. Halli-Tierney earned her medical degree from the University of Alabama School of Medicine, completing her last two years of medical school at the College, which also functions as a regional campus for the School of Medicine. While a medical student, she received the College's Outstanding Research Award and was an American Federation of Aging Research Scholar. Halli-Tierney completed a residency in general internal medicine at the Alpert School of Medicine at Brown University in Providence, Rhode Island. She also completed a clinical geriatrics fellowship and an advanced geriatrics fellowship at the Alpert School of Medicine. Prior to joining the College, Halli-Tierney was an assistant clinical instructor at the Alpert School of Medicine.

Harriet Myers, PhD, a clinical psychologist, has rejoined the College as an associate professor with joint appointments in the Department of Family Medicine and the Department of Psychiatry and Behavioral Medicine. She will work with residents in the College's Tuscaloosa Family Medicine Residency and will have a clinical practice at University Medical Center. Myers has a bachelor's degree and a master's degree in nursing and received her doctoral degree in psychology from The University of Alabama. From 1986 to 2000, she was an assistant professor in the College's Department of Psychiatry and Behavioral Medicine. Prior to returning to the College, Myers served as the associate dean of students at the Ross University School of Medicine in the West Indies and was the founding president of the Chamberlain College of Nursing campus in Miramar, Florida. Myers says her interpersonal approach to therapy helps chronically ill patients and their doctors manage medical conditions and recognize underlying issues that may affect patient outcomes. “These tools allow patients to find ‘wellness’ even when dealing with a chronic illness.”

David Nichols, MBA, has joined the College as its first ever chief operating officer. In the new position, Nichols will incorporate strategic direction and operational tactics to help the College achieve its mission of education, clinical service and scholarship. Nichols earned his bachelor's degree in Health Care Management from The University of Alabama and his Masters of Business Administration degree from the University of Houston. He spent 13 years in administrative roles at the University of Texas MD Anderson Cancer Center and served for 14 years as senior executive officer at the University of Alabama School of Medicine's main campus in Birmingham, responsible for the operational and financial performance of the Department of Medicine. Most recently, Nichols worked as a health care and business development consultant for academic medical centers and private medical practices. “It is my hope that our methods of service delivery, program expansion, customer satisfaction, communication and business orientation become recognized as a model that can be replicated at all sites of service and held out as an example for how such services should be implemented at other organizations.”

Cathie Scarbrough, MD, has joined the College as an assistant professor in the Department of Family Medicine. She is also assistant director of the College’s Tuscaloosa Family Medicine Residency. Scarbrough earned her medical degree from the University of Tennessee in Memphis and completed her residency at In His Image Family Medicine Residency in Tulsa, Oklahoma. Scarbrough will see patients and instruct residents in the College’s Family Medicine Clinic and will see patients in the Faculty-Staff Clinic two days a week. For the last two years, Scarbrough has had a family medicine practice at St. Vincent’s Family Care in Pell City, Alabama. Prior to that, she served as a faculty member at St. Vincent’s East residency program in Birmingham. Scarbrough says she chose the specialty of family medicine because she can care for patients of all ages. “I like the family connection and the continuity of care found in family practice.”
This has been an amazing journey for you,” Michael Taylor, MD, told the 2013 graduates of the Tuscaloosa Family Medicine Residency. “This is about celebrating the end of a long journey and the transition to something new.”

Taylor was the guest speaker at the College’s residency graduation. The event was held June 29 at the North River Yacht Club in Tuscaloosa and honored 12 graduating residents. Graduates and guests were welcomed by new residency Director Richard Friend, MD.

The residency is a three-year program that provides specialized training in the discipline of family medicine. The College’s residency is one of the oldest and largest of its kind in the nation.

Taylor is a former professor and chair of the College’s Department of Pediatrics and also served as assistant dean for Information Technology. He retired from the College in January after almost 22 years of service.

“This is an extraordinary time to be in medicine,” Taylor said, noting that vaccines have nearly eliminated deaths from chicken pox and significantly reduced deaths from cervical cancer. He encouraged graduates to “stay happy in medicine” and avoid listening to those who claim medicine is not as good as it should be or that insurance companies do not adequately reimburse physicians.

“Ignore that. Think about why you got into medicine. You will have to work with the system, but you are mostly working with patients. Don’t focus on your income or injustices in life or you will become cynical.”

He advised graduates to find balance “in your professional and personal life. Get involved in your community. Laugh a lot. “I know each of you will be successful,” he continued. “My wish for you is that you are always blessed with abundant happiness.”

Taylor is now a professor of pediatrics and division chief of the Violence Intervention and Prevention Program at the Medical University of South Carolina in Charleston. His clinical passion is the evaluation, support and care of abused children. While at the College, he was the only board certified and child abuse pediatrician in Alabama and one of only 234 in the United States, according to the American Board of Specialties. He was also founder and medical director of the West Alabama Child Medical Evaluation Center.
Awards Presented to Residents

Raven Ladner, MD, and Kelly Shoemaker, MD - William R. Willard Award
Sarah Mauthe, MD - Internal Medicine Intern Award
Elizabeth Marshall, MD - Internal Medicine Best Resident Award
Scott Boyken, MD - Pediatrics Award
Amanda Stevens, MD - Psychiatry Award
Haley Overstreet, MD - Psychiatry R3 Award
Shelley Waits, MD - Obstetrics and Gynecology Award

Shelley Waits, MD - Research/Scholarship Award
Shelley Waits, MD - Society of Teachers in Family Medicine Resident Award
Shelley Waits, MD - William F. deShazo III Award

Awards Presented to Faculty

Cathie Scarbrough, MD - Family Medicine Teaching Award
Kristie Graettinger, MD - Non-Family Medicine Teaching Award
Steven Coppock, MD - Emergency Department Teaching Award

The Next Step...

Residents of the Class of 2013 spent the past three years at the College. Many have relocated to communities in Alabama to practice family medicine.

Brent Ballard, MD - Winfield, Alabama
Scott Boyken, MD - Sports Medicine Fellowship at the College of Community Health Sciences
Scott Kemp, MD, and Matthew Satcher, MD - Tuscaloosa, Alabama
Townes Leigh, MD - Sports Medicine Fellowship in Birmingham, Alabama
Elizabeth Marshall, MD - Tuscaloosa, Alabama

Hailey Overstreet, MD - Austin, Texas
Amish Patel, MD - Knoxville, Tennessee
Amanda Stevens, MD - Tuscaloosa, Alabama
Dana Todd, MD - Greensboro, Alabama
Todd Vaughan, MD - Livingston, Alabama
Shelley Waits, MD - Obstetrics Fellowship at the College of Community Health Sciences
Convocation Honors Medical Students

Dean Richard Streiff, right, helps Chris Rigell hold two of the awards Rigell received.

Thirty-one University of Alabama School of Medicine students who completed their third and fourth years of medical school at the College were honored May 17 at Senior Convocation, held at the Hotel Capstone on The University of Alabama campus.

The College, which also functions as a regional campus of the School of Medicine, provides the last two years of medical school for a portion of students. The 31 students were among 169 who graduated from the School of Medicine during a ceremony in Birmingham on May 19.

Members of the College’s Class of 2013 were introduced at the convocation by Cathy Gresham, MD, the College’s director of Medical Student Affairs, and Heather Taylor, MD, associate director of Medical Student Affairs. “I don’t think we could be prouder of a group of physicians we are sending out into the world,” Taylor said.

The convocation keynote address was given by Tuscaloosa Mayor Walter Maddox, who recalled that during the 2011 tornado that devastated the city, citizens came together and helped one another. “The people we serve are often teaching us lessons that we can hold dear for the rest of our lives,” he told the graduates.

Awards were also presented at the convocation.

Awards Presented

By Academic Departments

Emad Elsamadicy, MD - Robert F. Gloor Award in Community Medicine, for excellent performance in Community and Rural Medicine

Jason Clemens, MD – Family Medicine Award, for excellence in Family Medicine

Chris Rigell, MD – William W. Winternitz Award in Internal Medicine, for outstanding achievement in Internal Medicine during the third and fourth years

Brooke Bell, MD – Neurology Award, for outstanding academic and clinical performance during the Neurology Clerkship

Adam Scott, MD – Pediatrics Recognition Award, for outstanding interest and ability in helping parents and their children reach their full personal, social and educational potential

Shaundra Harris Blakemore, MD – Adolescent Medicine Recognition Award, for recognition of interest and skill in working with the adolescent population

Kevin Greer, MD, and Chris Rigell, MD – Peter Bryce Award in Psychiatry, for excellence exhibited by a medical student, both academically and clinically, during his/her Psychiatry Clerkship

Emad Elsamadicy, MD, and Krishna Shah, MD – Finney/Akers Memorial Award in Obstetrics and Gynecology, for outstanding academic and clinical success in Obstetrics and Gynecology

Jessica Grayson, MD, and Chris Rigell, MD – Dr. William R. Shamblin Surgery Award, for the highest scholastic achievement during the third-year Surgery Clerkship
Jessica Grayson, MD – Glasgow-Rubin Citation for Academic Achievement, awarded by the American Medical Women’s Association to recognize female class members graduating in the top 10 percent of their class

Brittney Anderson, MD – Larry Mayes Memorial Award, for a rising senior to complete an international elective or an elective in an underserved area of this country

Kevin Greer, MD – Student Research Award, to recognize the pursuit of one or more research projects leading to a presentation or publication during the clinical years of medical training

Chris Rigell, MD – Scholastic Achievement Award, for superior performance in the clinical curriculum

Chris Rigell, MD – William R. Willard Award, for outstanding contributions to the goals and mission of the College of Community Health Sciences as voted by the College faculty

Jessica Grayson, MD, and Chris Rigell, MD – Magna cum Laude

Kevin Greer, MD – Cum Laude

Maury Minton, MD – Resident Recognition Award, for outstanding contributions to undergraduate medical education

Chris Rigell, MD – James H. Akers Memorial Award, for a graduating senior to recognize dedication to the art and science of medicine as voted on by the senior class

Heather Taylor, MD – Faculty Recognition Award, for outstanding contributions to undergraduate medical education during students’ junior year

A. Robert Sheppard, MD – Patrick McCue Faculty Recognition Award, for outstanding contributions to medical education during students’ senior year

Adam Scott, MD – The Next Dr. Patch Adams

Jonny Kentros, MD – Most Hours Logged Sleeping in a Hospital

Osamuede Osemwota, MD – Most Likely to Skip a Mandatory Meeting

Jessica Grayson, MD – Most Likely to See Your Patients before You Did

Brandy Milstead, MD, Katie Cates, MD, and Jason Clemons, MD – The Super Style Award, for the student who always arrived well dressed and groomed

Adam Scott, left, receives the Next Dr. Patch Adams award from Class President Emad Elsamadicy.

Emad Elsamadicy, right, passes the mantle of class president to Brittney Anderson.

Class President Emad Elsamadicy, left, presents the Most Likely to See Your Patients before You Did award to Jessica Grayson.
The Class of 2013

Their undergraduate studies ranged from the fields of Biology, Chemistry, and Engineering to the fields of Math, Psychology, and Zoology. In their former lives, they taught physiology in Singapore, investigated illegal dump sites, assisted in the design of the tallest office building in the state of Alabama, coached high school soccer, and studied the merits of a multimillion dollar manufacturing plant expansion. This class boasts five collegiate varsity athletes, three Eagle Scouts, and four students who have founded their own non-profit organizations. Among the graduates is the 2007 Great South Atlantic Conference Player of the Year, a national champion cheerleader, an inventor who had his design featured in McCormick by Design Magazine, a musical theater star, the founder of Exit 45 Film Festival, a student recognized as one of the nation’s most distinguished high school students, a National Football Foundation Scholar Athlete of the Year, and a swimmer who posted the ninth fastest 50 meter freestyle time in his school’s history. Members of the class have ridden a bull in a rodeo and run with the bulls in Pampiona. They participated in medical and relief mission trips to Sudan, Belize, China, Guatemala, Tanzania, Zambu, India, Mexico, Nicaragua, Dominican Republic, and Kenya. There are three accomplished computer programmers, champion multi-sport intramural athletes, a singer who has performed the national anthem for three Major League Baseball teams, a starting quarterback, and an author whose work was included in a Best Writer’s Symposium. Their musical talents include guitar, electric bass, violin, piano and drums and in their spare time they have restored classic cars, directed their own short films, become certified scuba divers, learned everything there is to know about NASCAR, and traveled the world looking for close encounters with exotic animals. They have taught themselves ceramics, motorcycle repair, carpentry, astronomy, painting, and photography. Their research interests have ranged from obesity, pediatric sepsis, skeletal muscle aging, autism, cystic fibrosis, lupus, and cervical cancer screening to bird flu, the battery life of deep brain stimulators, pancreatic cancer, Alzheimer’s, and the temperature-dependent sex determination of sea turtles. They can boast 21 medical school scholarships, 27 peer-reviewed publications, and 51 research presentations. They have matched into 13 different fields and are attending residencies in 12 different states.

If you are impressed and a little bit intimidated…then you understand what it has been like being their teacher the past couple of years.

Heather M. Taylor, MD
Thirty-one University of Alabama School of Medicine students who recently completed their third and fourth years of medical school at the College all received residency placements. Medical residencies provide in-depth training in a medical specialty.

"It was a tight match but the best year ever for the Tuscaloosa campus," says Heather Taylor, MD, the College's associate director of Medical Student Affairs.

The College also functions as a regional campus of the School of Medicine and provides clinical training for a portion of medical students. The students graduated from the School of Medicine, which is headquartered in Birmingham, in May.

Three students were matched with the College’s Tuscaloosa Family Medicine Residency while the remaining students were placed across 12 different states.

Altan Ahmed, MD
Diagnostic Radiology – University of Florida Medical Center/Shands Hospital, Gainesville, Florida

Brooke Bell, MD
Anesthesiology – UAB Health System, Birmingham, Alabama

Jonathan Black, MD
Surgery – University of North Carolina Hospitals, Chapel Hill, North Carolina

Denise Boykin, MD
Internal Medicine – Baptist Health System, Inc., Birmingham, Alabama

Adam Carroll, MD
Family Practice – UAB-Huntsville Family Medicine Residency Program, Huntsville, Alabama

Nathan Carter, MD
Internal Medicine – University of South Alabama Hospitals, Mobile, Alabama

Jason Clemens, MD
Family Medicine – Tuscaloosa Family Medicine Residency, Tuscaloosa, Alabama

Jason Crowell, MD
Neurology – University of Virginia Medical Center, Charlottesville, Virginia

Nicholas Deep, MD
Otolaryngology – Mayo Graduate School of Medicine, Scottsdale, Arizona

Emad Elsamadicy, MD
OB/GYN – Vanderbilt University Medical Center, Nashville, Tennessee

Katie Gates, MD
Family Medicine – Tuscaloosa Family Medicine Residency, Tuscaloosa, Alabama

Jessica Grayson, MD
Otolaryngology – UAB Health System, Birmingham, Alabama

Kevin Greer, MD
Anesthesiology – University of Virginia Medical Center, Charlottesville, Virginia

Shaundra Harris Blakemore, MD
Pediatrics – UAB Health System, Birmingham, Alabama

Ashley Jackson, MD
Internal Medicine – UAB-Huntsville Internal Medicine Residency Program, Huntsville, Alabama

Patrick Jones, MD
Emergency Medicine – Texas A&M-Scott & White, Temple, Texas

Jonny Kentros, MD
Anesthesiology – UAB Health System, Birmingham, Alabama
Members of the College's 2012-13 Rural Medical Scholars Program and two Rural Community Health Scholars were recognized at the 17th Annual Rural Health Scholars Convocation held in April at the Hotel Capstone on The University of Alabama campus. The 12 students earned certification in Rural Community Health.

F. Douglas Scutchfield, MD, who served as associate dean for Academic Affairs for the College from 1975 to 1979, gave the convocation keynote address. He told students that doctors who practice in rural areas must also be leaders in their communities. (See story on page 47).

Scutchfield, now the Peter Bosomworth Professor of Health Services Research and Policy at the University of Kentucky College of Public Health, received the Rural Medical Scholars Program Distinguished Service Award at the convocation.

The Rural Community Health Scholars Program is for graduate students and trains future health-care providers to become community health leaders. The training prepares them to develop and maintain community health centers and other health-care practices and to engage in community affairs that advance community health. Graduates of this program have entered the fields of nursing, public health and physical therapy, as well as medicine.

The Rural Medical Scholars Program is for college seniors or graduate students and is a five-year track of medical studies that leads to a certificate or master's degree from The University of Alabama and a medical degree from the University of Alabama School of Medicine. The program focuses on rural primary care and community medicine and gives students experiences in rural settings through field trips, service projects, research and shadowing of rural physicians.

Members of the 2012-13 class of Rural Medical Scholars began their first year of medical school earlier this summer at the University of Alabama School of Medicine's main campus in Birmingham. They will return to the College for clinical training during their final two years of medical school. For the training of medical students, the College is a regional campus of the School of Medicine.

By Linda Jackson
Doctors who practice in rural areas must be leaders in their communities and not only care for their patients but work to address poverty, education and economic development issues, said Dr. F. Douglas Scutchfield, the Peter Bosomworth Professor of Health Services Research and Policy at the University of Kentucky College of Public Health.

"Anything that impacts patients' health and well-being is the responsibility of all of us and requires you to play a role in your community," he told students and guests during the College's 17th Annual Rural Health Scholars Convocation held at The University of Alabama in April.

Scutchfield was the guest speaker at the convocation, which recognized 12 students who have completed a course of study that provides certification and a master's degree in Rural Community Health. The course of study prepares students for further health professional training and, for some, is part of a five-year medical education track and is completed in the year prior to entry into medical school.

Scutchfield was also presented with the College's Rural Medical Scholars Program Distinguished Service Award, given annually to recognize an individual's commitment to rural health care over a career.

"I feel myself in a privileged position to be part and parcel with individuals who have been recognized before," he said.

Scutchfield served as chair of the College's Department of Family Medicine in 1974 and as the College's first associate dean for Academic Affairs from 1975 to 1979. He was hired by the College's founding dean, William R. Willard, MD.

"Dr. Willard understood the role of communities and the importance of communities. That's why he wanted to create a College of Community Health Sciences," Scutchfield said. "We were impressed with the opportunity to create rural private care physicians, and we created a group who were competent, caring physicians. We created physician leaders."

He told the students that "you will have leadership thrust upon you. You are likely to be on the Board of Health, on the Medical Board, on the state chapter of the American Academy of Family Physicians. Poverty and education are not seen as a responsibility of doctors, but it is for those who are leaders of their communities. It's hard to exercise if there are no sidewalks, so you are the one who will need to say, when a new subdivision is going up, where are the sidewalks? You have a responsibility to work for economic development. Your leadership role requires you to look beyond the patient in front of you, while taking good care of the patient."

Scutchfield, who holds a faculty appointment in the University of Kentucky College of Medicine, is also director of the National Coordinating Center for Public Health Services and Systems Research, which is funded by the Robert Wood Johnson Foundation. He was the founder of the Graduate School of Public Health at San Diego State University and the School of Public Health at the University of Kentucky.

His research and teaching focuses on preventive medicine and public health. He has served as president of the American College of Preventive Medicine and the Association of Teachers of Preventive Medicine.
Ellis, Hammond Selected for Prestigious Fellowships

Jared Ellis, MD, and Angela Hammond, CRNP, were accepted into prestigious fellowship programs with North Carolina universities.

Ellis is associate director of the College’s Tuscaloosa Family Medicine Residency and an assistant professor in the Department of Family Medicine. Hammond is a nurse practitioner in the College’s Faculty-Staff Clinic, a walk-in clinic for University of Alabama faculty, staff and their families.

Ellis will train at the University of North Carolina, Chapel Hill, as part of its 35th Faculty Development Fellowship Class. The class is a mid-career program for medical educators with a history of developing graduates for careers as leaders in family medicine education. The program is a one-year commitment, including six weeks in the family medicine residency program at Chapel Hill, and includes training and experiential projects in medical education, teaching, management and scholarship.

Hammond will join the Duke-Johnson & Johnson Nurse Leadership Program at Duke University. The program provides leadership and management training to advanced practice nurses. The program’s focus is to better equip its fellows to increase operational efficiency and improve patient outcomes, with a focus on underserved populations.

“I am looking forward to gaining knowledge and creating beneficial programs for our College and patients,” Hammond says.

ACCOMPLISHMENTS

Two psychiatrists in the College’s Department of Psychiatry and Behavioral Medicine have been recognized by the American Psychiatric Association for their dedication to the profession of psychiatry.

Marisa Giggie, MD, an assistant professor in the department who also practices at the College’s Betty Shirley Clinic, received the status of Fellow. JE. Keeton, MD, an adjunct faculty member in the department, received the status of Distinguished Fellow. Giggie and Keeton were formally recognized at the APA’s Annual Meeting in San Francisco in May.

“I am honored and humbled to be given the distinction of Fellow by the APA,” Giggie says. “Serving my patients has been one of the greatest privileges of my life.”

The designation of Fellow recognizes early career APA members who have demonstrated a commitment to their profession and to the ongoing work of the association.

The designation of Distinguished Fellow is awarded to psychiatrists who have made significant contributions to the psychiatric profession in such areas as clinical excellence, teaching, scientific and scholarly publications and volunteering in mental health and medical activities of social significance. Distinguished Fellow is the highest membership honor the APA bestows.

Keeton was also recently recognized by the Alabama Psychiatric Physicians Association (APPA) for more than 50 years of service to the psychiatric profession.

“Dr. Keeton continues to be engaged in new developments, such as telepsychiatry, even at this late stage in his career,” says Thad Ulzen, MD, professor and chair of the Department of Psychiatry and Behavioral Medicine.

Both the designation of Fellow and Distinguished Fellow require review from a member’s state association, as well as approval by the APA’s Membership Committee and Board of Trustees. The state association for Alabama is the APPA.

“Dr. Keeton and Dr. Giggie have achieved distinction in special areas of psychiatry and possess depth of
knowledge and breadth of skills that are recognized and highly respected," says APPA President Jacqueline Maus Feldman, MD.

Pamela Payne-Foster, MD, an associate professor in the College’s Department of Community and Rural Medicine and deputy director of the Institute for Rural Health Research, was approved for the Fulbright Specialist Roster. The roster is a list of candidates eligible to be matched with requests from overseas academic institutions for Fulbright Specialists with particular expertise. Payne-Foster’s research focus is HIV/AIDS, particularly in rural and underserved communities. The Fulbright program is sponsored by the Institute of International Education’s Council for International Exchange of Scholars.

Anne Halli-Tierney, MD, an assistant professor in the College’s Department of Family Medicine, has been accepted into the Grant Generating Project, a mid-career, primary care research fellowship based at Virginia Commonwealth University in Richmond, Virginia. The Grant Generating Project seeks to equip family medicine researchers with the skills they need to successfully develop and submit grants for research funding. Once learned, these skills continue to help generate new funds for family medicine research and training and can be generalized to benefit both the participant and his or her supporting department.

Over the course of one year, participants of the project will select a mentor, write a concept paper and develop a proposal to be submitted to a funding agency. Halli-Tierney’s concept paper outlines an innovative project called “Real-time Telemonitoring of Home Health Patients with Chronic Illness.” At the end of the fellowship program, Halli-Tierney plans to submit her proposal to the Agency for Healthcare Research and Quality for funding consideration.

In her paper, Halli-Tierney explains, “Using established home health provider relationships and resources available through our existing medical training centers, we plan to establish a technology-based intervention that will provide patients and home health care providers with point-of-care assistance from a physician in order to streamline medication adjustment. The intervention will facilitate day-to-day management of complicated, burdensome chronic illnesses such as congestive heart failure and diabetes.”

Since its establishment in 1995, alumni of the Grant Generating Project have reported more than $700 million in funded grants as either principal investigators, co-investigators or in other significant roles. Sources of funding include the National Institutes of Health, various state and local government entities, pharmaceutical companies, charitable organizations and numerous private foundations.

Allison Welch, director of Billing and Compliance for the College, has earned the designation of Certified Healthcare Auditor. The certification process trains health care professionals responsible for conducting risk or compliance audits. The goal is to help them understand government expectations when performing internal audits, develop leadership skills required to responsibly manage an audit team, learn how to analyze audit data and prepare audit reports and understand international and Office of Inspector General auditing standards. “I chose to pursue the certification in an effort to improve upon my auditing skills, knowledge of government requirements for health care entities and to be proactive in preventing and preparing for Recovery Audit Contractor audits,” Welch says. She participated in a course sponsored by the American Institute of Healthcare Compliance Inc., which concluded with the certification exam.

**APPOINTMENTS**

Scott Arnold, MD, an associate professor in the College’s Department of Internal Medicine, has been named chair of the department. Arnold has served as interim chair, since the retirement of Vijay Sundar, MD, in May.

Karen Burgess, MD, an associate professor in the College’s Department of Pediatrics, has been named chair of the department. Burgess has served as interim chair since the retirement of Michael Taylor, MD, in January.

Jared Ellis, MD, an assistant professor in the Department of Family Medicine, was named associate director of the College’s Tuscaloosa Family Medicine Residency, responsible for day-to-day operations of the residency. Cathie Scobourgh, MD, an assistant professor in the Department of Family Medicine, was named assistant residency director. She will be primarily responsible for curriculum coordination, innovation and implementation. The three-year residency provides training for physicians in the specialty of family medicine.
AWARDS

The Student Health Center's Department of Health Promotion and Wellness was recently recognized by the BACCHUS Network for its efforts in peer health education. The Student Health Center is part of the College.

The department's Health Hut was recognized with the Outstanding Prevention Programming Award, given to only three programs based on the number of students reached, health topics covered and unique method of peer education.

The Health Hut is a health education outreach program that provides students with prevention and intervention activities focused on healthy living. The hut is placed at different locations on campus five days a week and is staffed by student interns who cover a different health topic each week with an activity, game or handout.

The BACCHUS Network selected Sarah Chaffee, a Health Hut intern, as Outstanding Alumni. Jessica Vickery, MPH, CHES, advisor to the Health Hut since 2011, was selected as Outstanding Advisor. She was also selected as the Alabama State Coordinator for the BACCHUS Network, responsible for connecting with other Alabama university and college peer health education groups to expand the network.

"Developing relationships with other schools allows us to look at new ways to provide our campus with peer health education, as well as see what health issues different campuses are facing and how we can effectively tackle them," Vickery says.

The BACCHUS Network is a university and community-based network that focuses on health and safety initiatives. The network includes thousands of student leaders and advisors on more than 320 college campuses.

University Medical Center received the 2012 University of Alabama Health Fair Champion Award in recognition of its efforts to provide health education and resources to the University community. The University's HealthCare Insurance Administration, which presented the award, cited University Medical Center's leadership role in the University's efforts last year to provide free flu shots to thousands of UA employees and students.

Nurses from University Medical Center and the Student Health Center, which are operated by the College, traveled to buildings and dormitories across campus last September and October to make it easier and more convenient for faculty, staff and students to get flu shots. The nurses also provided flu shots at the University's Employee Health Fair and the Student Health Fair. Approximately 8,000 inoculations were purchased by the University and given free to employees and students.

In addition, for the past 17 years, University Medical Center has partnered with the Healthcare Insurance Administration to promote greater health awareness through the annual Employee Health Fair.

"As one of our original partners, we truly believe that your hard work and dedication has helped the health fair to continually grow and become a success each year," said John Kasberg, senior insurance administrator with the Healthcare Insurance Administration. "We are also especially grateful for University Medical Center's campus-wide influenza immunization program."

Heather Taylor, MD, an assistant professor in the College's Department of Pediatrics, received the 2013 Argus Award for the Best Tuscaloosa Clinical Instructor. Additionally, the College's Department of Surgery was selected as the Best Tuscaloosa Department.

The Argus Awards are presented by students of the University of Alabama School of Medicine to recognize mentors, professors, courses and course directors for their outstanding service to medical education. The College also functions as a regional campus of the School of Medicine and provides the last two years of medical school for a portion of medical students.

"We value our teaching efforts at the College, and it is particularly rewarding for one of our faculty and one of our departments to be recognized like this since only a subset of medical students receives their clinical training here," says College Dean Richard Streiffer, MD.

This is the second year in a row that Taylor has received the Argus Award for Best Tuscaloosa Clinical Instructor. The College's Department of Surgery is chaired by Joseph Wallace, MD.

The Argus Society was started in 1996 to recognize faculty members who exhibit excellence in medical education.
PRESENTATIONS

John Wheat, MD, a professor in the College’s Department of Community and Rural Medicine, provided a keynote address at the Georgia Summit on Primary Care in Morrow, Georgia. The May 16 summit brought together Georgia public officials, healthcare systems administrators, medical educators and researchers, and Area Health Education Center Network leaders to find ways to meet Georgia’s need for primary care doctors. Wheat founded the College’s Rural Health Leaders Pipeline, a series of programs designed to recruit students from rural Alabama into primary health-care professions.

PUBLICATIONS

Daniel Avery, MD, professor and chair of the College’s Department of Obstetrics and Gynecology, co-authored with Dan Avery III, John McDonald, MD, an assistant professor in the Department of Obstetrics and Gynecology, and Joseph Wallace, MD, professor and chair of the College’s Department of Surgery, “Cellulitis Following Newborn Circumcision,” published in the American Journal of Clinical Medicine, 2012.

Daniel Avery, MD, professor and chair of the College’s Department of Obstetrics and Gynecology, co-authored with Dan Avery III, Marion Reed, MD, an assistant professor in the Department of Obstetrics and Gynecology, and Joseph Wallace, MD, professor and chair of the College’s Department of Surgery, “Andenocarcinoma Arising in a 3 Millimeter Thick Endometrium,” published in the American Journal of Clinical Medicine, 2012.

Daniel Avery, MD, professor and chair of the College’s Department of Obstetrics and Gynecology, co-authored with John Wheat, MD, a professor in the College’s Department of Community and Rural Medicine, James Leeper, PhD, a professor in the Department of Community and Rural Medicine, Jerry McKnight, MD, a professor in the College’s Department of Family Medicine, BG Ballard and J. Chen, “Curriculum factors predicting Family Medicine specialty choice: An exploratory study among Rural Medical Scholars,” published in the American Journal of Clinical Medicine, 2012.

Daniel Avery, MD, professor and chair of the College’s Department of Obstetrics and Gynecology, authored Tales of a County Obstetrician: Unforgettable Stories about Practicing Medicine in Alabama, 2012.

Alan Blum, MD, a professor in the College’s Department of Family Medicine, authored “A bedtime story about medicine’s coming of age,” published in Canadian Medical Association Journal, 2012; Blum authored “Responses to article regarding a diagnostic approach to pruritus,” published in American Family Physician, 2012.

Marilyn Bulloch, PharmD, a clinical assistant professor in the College’s Department of Internal Medicine, co-authored with Dana Carroll, PharmD, a clinical assistant professor in the College’s Department of Family Medicine, “When one drug affects 2 patients: a review of medication for the management of nonlabor-related pain, sedation, infection, and hypertension in the hospitalized pregnant patient,” published in the Journal of Pharmacy Practice, 2012.


Susan Guin, CRNP, an assistant professor in the College’s Department of Community and Rural Medicine, co-authored with John Wheat, MD, a professor in the Department of Community and Rural Medicine, RS Allinder, GJ Fanucchi, OS Wiggins and GJ Johnson, “Participatory research and service-learning among farmers, health professional students, and experts: an agromedicine approach to farm safety and health,” published in the Journal of Agromedicine, 2013.

Tred Ulzen, MD, professor and chair of the College’s Department of Psychiatry and Behavioral Medicine, co-authored with Lloyd Williamson, MD, an associate professor in the Department of Psychiatry and Behavioral Medicine, Pamela Payne-Foster, MD, an associate professor in the College’s Department of Community Medicine, co-authored with Linda Williamson, MD, a professor in the College’s Department of Medicine, and an assistant professor in the College’s Department of Family Medicine, “Andenocarcinoma Arising in a 3 Millimeter Thick Endometrium,” published in the American Journal of Clinical Medicine, 2012.


Heather Whitley, PharmD, an assistant clinical professor in the College’s Department of Community and Rural Medicine, authored “Active-learning diabetes simulation in an advanced pharmacy practice experience to develop patient empathy,” published in the American Journal of Pharmacy Education, 2012.

IN THE NEWS

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

Tornado’s emotional effects still felt
The Tuscaloosa News, April 26, 2013

On the second anniversary of the monster tornado that struck Tuscaloosa in 2011, The Tuscaloosa News published a story about lingering psychological scars and interviewed Nancy Rubin, PsyD, a psychologist and professor in the College’s Department of Psychiatry and Behavioral Medicine.

“Many of the people who lived through the tornado are very aware of the anniversary,” Rubin said. “What people aren’t aware of is that the body very well understands that there is an anniversary coming up and if family members died or there was a loss, there could be stress, unease, or a feeling of off balance that could be related to the anniversary.”

Rubin treated many people immediately after the tornado and continues to see patients who are feeling the effects.

Everyone responds differently, and what works to get a person past such an event as the April 27 tornado varies, Rubin said. “Some people find the honoring of those who died helpful, while for others it’s too painful. Some find the images of the tornado help, while for others it’s too painful. People process it differently.”

She said there are healthy ways to get past painful anniversaries and memories of disasters like the April 27 tornado. “There are the basics – to take care of yourself, eat right, exercise, stay connected to supportive people, and also be aware of what helps you and what doesn’t help.”

Guest Column: Public health policies are not new; they save lives, funds
The Tuscaloosa News, March 4, 2013

Pamela Payne-Foster, MD, wrote a guest column for The Tuscaloosa News about public health policy in the wake of the New York Supreme Court’s overruling of Mayor Michael Bloomberg’s push to decrease the size of sugary drinks in New York City. Payne-Foster is deputy director of the College’s Institute for Rural Health Research and an associate professor in the Department of Community and Rural Medicine.

She said the mayor’s proposal was one way to solve a major health issue.

“The public health policy to decrease the size of sugary drinks comes at a time in U.S. history when the dramatically increasing obesity epidemic is not only affecting our health but is also costing us dearly. The estimated annual health care cost of obesity-related illnesses is a staggering $190 billion, or nearly 21 percent of annual medical spending in the United States. Childhood obesity alone is responsible for $14 billion in direct medical costs.”

Payne-Foster said public health policy approaches to behavior change are not new and are implemented because they are often successful and have positive outcomes.

“Probably the greatest public health policy success story was the passage of mandatory seat belt laws and installation by the car industry of innovative passive car seat belts. Data shows that it has increased seat belt usage and has ultimately saved many, many lives.”

Guest Column: To segregate or not to segregate: that is the question
The Gadsden Times, November 16, 2012

Pamela Payne-Foster, MD, wrote a guest column for The Gadsden Times about a lawsuit challenging Alabama’s policy of segregating HIV-positive inmates. The policy “not only segregates and stigmatizes prisoners as HIV-positive, but also limits certain freedoms allowed other prisoners,” such as work release or group worship, she wrote.
Payne-Foster is deputy director of the College’s Institute for Rural Health Research and an associate professor in the Department of Community and Rural Medicine.

She explained that the policy was implemented in the early 1980s “when we didn’t know much about what was causing this new mysterious disease.” In 1985, 38 states practiced some form of residential segregation for AIDS prisoners. Currently, Alabama is the only state that has residential segregation of prisoners by HIV status.

“One could argue for abandoning the practice at three levels: medical, economic and lastly ethical,” Payne-Foster wrote. “From a medical standpoint, we now know that the virus that causes the disease, the mode of transmission and harm reduction techniques … can greatly reduce transmission of the virus. The National Prison Project of the ACLU Foundation and other activist groups in 2003 authored a study on the cost implications of continuing the policy. The study found that the Alabama Department of Corrections could save $306,000 to $393,000 each year if inmate segregation were eliminated. And there are serious ethical and moral issues in continuing to stigmatize those where the science is available for a person who is diagnosed to live a long, long life even as they live in prison.”

UA professor connects health habits to obesity
The Crimson White, October 9, 2012

Alan Blum, MD, professor and Gerald Leon Wallace MD Endowed Chair in Family Medicine for the College, said sugar and salt-laden snacks and a lack of physical education in grade schools are key reasons for the nation’s high obesity rates. He also cited as culprits family lifestyle choices, such as excessive hours spent indoors in front of televisions and computers in lieu of outdoor physical activity.

Alabama is the fourth fattest state in the nation, according to the U.S. Centers for Disease Control and Prevention, with 32 percent of the adult population considered obese in 2011. The Crimson White added that while obesity rates for college students are lower than the state average, young adults are not exempt from the trend and that statistics show that 18 percent of adults aged 18 to 29 are obese.

Sheena Gregg, RD, assistant director of Nutrition Education for the College, said the daily balancing act of academic, extracurricular and work commitments can make it difficult for students to develop and maintain healthy habits.

“She学生们 are usually coming in from this highly structured high school schedule, where they were in school eight to nine hours a day and many had sports practice in the evening after school,” Gregg said. “It can be overwhelming for some people to move into college where you have to decide when, what and how much to eat, as well as when to get physical activity, and they have to balance it all around class and homework.”

RETIREMENTS

Michael Taylor, MD, retired from the College on January 31 after almost 22 years of service. Taylor was a professor and chair of the Department of Pediatrics and held other titles during his time at the College, including assistant dean for Information Technology, adjunct associate professor of Psychology, medical director of The University of Alabama’s ADHD Clinic and founder and medical director of the West Alabama Child Medical Evaluation Center. “We are very appreciative of Mike’s many contributions to the College over the years, and we will miss him a great deal,” says College Dean Richard Streiffer, MD.

Taylor’s clinical passion is the evaluation, support and care of children who have been or may have been abused. While at the College, he was the only board certified child abuse pediatrician in Alabama and one of only 234 in the United States, according to the American Board of Medical Specialties. Taylor is now a professor of pediatrics and division chief of the Violence Intervention and Prevention Program at the Medical University of South Carolina in Charleston.
John Maxwell, who served as director of the Student Health Center and who founded the College’s Collegiate Recovery Community, retired in April after 25 years with the University. During those years, Maxwell served as the chief administrative officer for University Medical Center and was later promoted to director of the Student Health Center. Both are part of the College. In 2006, Maxwell received one of the University’s top awards for outstanding work – the Dr. Minnie C. Miles Endowed Excellence Award – for his efforts in developing plans for the new facility for the Student Health Center, providing a smooth transition to the new building, navigating through a conversion to electronic health records and leading efforts that resulted in a three-year accreditation for the center. One of Maxwell’s passions while working in student health was providing a community for students in addiction recovery. He often opened his home to recovering students for dinners and social gatherings to provide fellowship and a close-knit support system. “John was a longtime, loyal College leader who left a big pair of shoes to fill,” says College Dean Richard Streiffer, MD. “We really appreciate what he has contributed, particularly in building the Student Health Center and its programs into the nationally recognized center that it is today.”

Vijay Sundar, MD retired in May after 27 years with the College. She was an associate professor and chair of the Department of Internal Medicine. She was also a supervising physician for the College’s Department of Psychiatry and Behavioral Medicine and an adjunct assistant professor of Psychology in the University’s College of Arts and Sciences. Her research interests included Endocrinology and obesity prevention. Sundar spearheaded the College’s Continuing Medical Education efforts and she was involved with its Capital Campaign. She continues to sit on the College’s Board of Visitors, a group of volunteers that assists in the development, strategic planning, advancement and leadership of the College. During her tenure at the College, Sundar was honored with a Faculty Recognition Award by graduating medical students and nominated numerous times for the Argus Award, given annually to the best teacher on all three University of Alabama School of Medicine campuses: Birmingham, Tuscaloosa and Huntsville. “Dr. Sundar contributed so much over the years,” says College Dean Richard Streiffer, MD. “We wish her well in retirement, but hope she will decide to still spend some time now and then joining us at conferences, doing morning report and perhaps teaching in the medicine clinic.” Sundar says she plans to continue, on a volunteer basis, her passion of teaching medical students and resident physicians at the College.
IN MEMORY

T. Riley Lumpkin, MD, one of the first faculty members of the College who went on to serve as interim dean, passed away August 14 at his home in Tuscaloosa. He was 87 years old. Lumpkin was also a founding member of the Good Samaritan Clinic in Tuscaloosa, a non-profit free health clinic that gives primary care to the impoverished and uninsured.

Lumpkin was hired in 1973 by the College's founding dean, William R. Willard, MD. Lumpkin served as director of the College's Family Practice Center when it first opened. He later assumed responsibility for the College's continuing medical education program as assistant dean for Continuing Medical Education.

Lumpkin served as interim dean of the College after Willard's retirement in 1979. Willard would later write of Lumpkin that he was "well received in Tuscaloosa, unfailingly cheerful and always popular." Lumpkin said in an interview last year: "I was honored and considered it a privilege to be an interim dean of the College."

A native of Tuskegee, Alabama, and a graduate of The University of Alabama, Lumpkin served in the Korean War and then attended the University of Alabama School of Medicine. He received his medical degree in 1958.

Following an internship at Mobile General Hospital, Lumpkin entered general practice in Tuskegee. He practiced in Tuskegee and then in Enterprise, Alabama, for 17 years before coming to the College's faculty full-time.

Lumpkin was president of the Alabama Association of Family Physicians from 1968 to 1969 and chair of the organization's Board of Directors from 1969 to 1970. He also served as president of the Medical Association of the State of Alabama.

Lumpkin retired from the College in 1991.

"He was a wonderful teacher and an even better physician," says John Brandon, MD, medical director of the College's Rural Medical Scholars Program. "He will be greatly missed by so many folks around our community and our entire state."

John Packard, MD, an internist and cardiologist who established the College's undergraduate medical education program, died July 12 in Homewood, Alabama. He was 93 years old.

Packard served as the College's associate dean for Clinical Affairs and professor and chair of Internal Medicine from 1973 to 1976. He was recruited from the Alabama Regional Medical Program in Birmingham.

According to A Special Kind of Doctor, Packard was "much admired by [the College's founding Dean William R.] Willard and was asked to develop the undergraduate program as coordinator of education programs for the College. His office was structured to serve University of Alabama medical students on the Tuscaloosa campus, helping them to function as effectively as possible while achieving their educational goals."

Packard was born in Saranac Lake, New York, in 1920. He graduated from Yale University and Harvard Medical School, interned at Columbia-Presbyterian Hospital in New York City and was a medical resident at Peter Bent Brigham Hospital in Boston.

A veteran of WWII and the Korean conflict, Packard completed military service as a Flight Surgeon in the U.S. Navy in 1954. He was in private practice in internal medicine and cardiology in Pensacola, Florida, from 1954 to 1968, then moved to Birmingham as director of the Alabama Regional Medical Program, professor of Medicine and associate dean of the Alabama School of Medicine. In 1973, he joined the College.

Packard left the College in 1976 and accepted the position of director of Medical Education at the Birmingham Baptist Medical Centers, retiring in 1992.

"I am pleased that I got to have some contact with Dr. Packard during my training," says Daniel Avery, MD, professor and chair of the College's Department of Obstetrics and Gynecology. "His educational record is impressive. He was tall and towering above students, yet he was gentle and genuinely interested in those learning."

Randall Dwight Ayers, MD, a clinical associate professor of medicine at the College, died on July 10. He was 66 years old.

Ayers, who practiced rheumatology in Tuscaloosa for 35 years, grew up in Sand Mountain, Alabama. After high school, he attended The University of Alabama and received a degree in Chemistry. He completed medical school at the University of Alabama School of Medicine in 1973.

Ayers was a Fellow of the American College of Physicians and a Fellow of the American College of Rheumatology. He also served on the Medical Assurance of Alabama Board.

Ayers was an avid outdoorsman, gardener and beekeeper, and volunteered with Habitat for Humanity. He was an active member of First Presbyterian Church in Tuscaloosa and made multiple trips to Kenya to assist in bringing water to the Tumutumu Hospital.
ENGAGING COMMUNITIES AS PARTNERS IN EFFORTS THAT IMPROVE THE HEALTH OF ALABAMA’S CITIZENS