

NORTH TEXAS HEALTH & SCIENCE

Fall 2007

The Quarterly Magazine of UNT Health Science Center

Meeting the needs of
SPECIAL POPULATIONS



MESSAGE from the PRESIDENT



Welcome to the third issue of North Texas Health & Science!

We appreciate the comments we've received from our readers and hope you'll continue to enjoy learning more about us. There is so much information to share when you're Fort Worth's medical school and more!

Our cover feature highlights our unique training program for medical students who plan to practice medicine in small towns and rural areas. The Texas College of Osteopathic Medicine's Rural Osteopathic Medical Education program (ROME) prepares students from their very first days of medical school to master the rigorous demands of being a country doctor in the 21st Century.

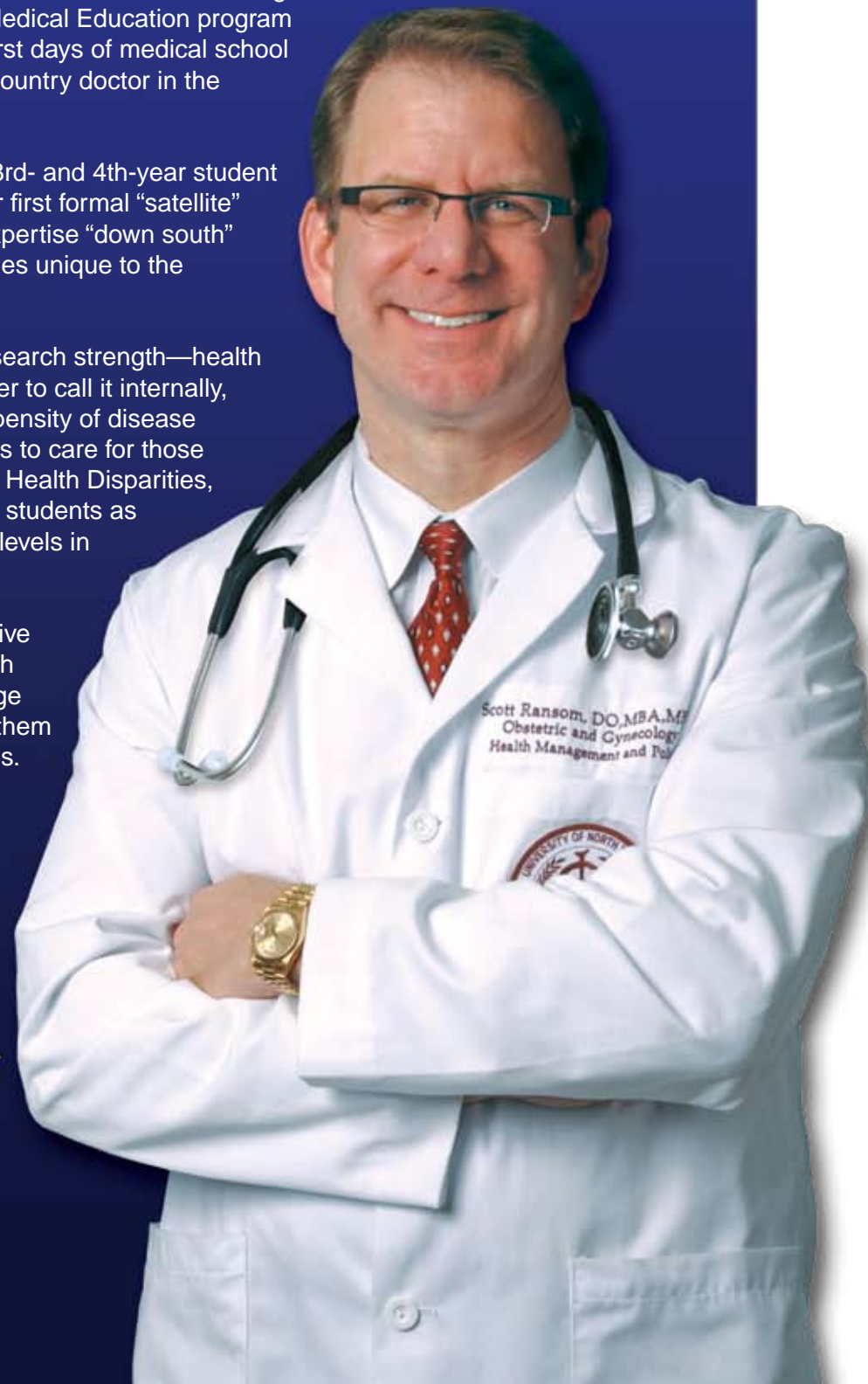
We also feature TCOM's newly established 3rd- and 4th-year student rotations operation in Corpus Christi. It's our first formal "satellite" rotations program, taking our North Texas expertise "down south" to supplement it with the learning opportunities unique to the Coastal Bend area.

We will tell you about one of our areas of research strength—health disparities. Health disparities—or as we prefer to call it internally, health equities—is the study of both the propensity of disease among certain populations, as well as access to care for those groups. As the NIH-funded Texas Center for Health Disparities, we run programs for the profession, our own students as well as outreach programs to students at all levels in the community.

Finally, this issue highlights our comprehensive educational outreach programs. We work with students from elementary school up to college undergraduates to provide opportunities for them to learn about science and health professions.

Please don't hesitate to call upon me if you have comments or suggestions. E-mail me at Scott.Ransom@hsc.unt.edu.

I look forward to hearing from you!



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North Texas Health & Science is published quarterly for the UNT Health Science Center community and friends by the Marketing & Communications Department.

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Phone 817.735.5190
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MASTER PLAN UPDATE



What does tomorrow hold for the UNTHSC campus?

The Health Science Center has reached the final stages of its master planning phase with Carter::Burgess and Polshek Partnership Architects, and soon some very visible changes will be seen on campus. To this point in time, the master plan has been on paper only, but construction will soon begin on the new buildings on our West Campus.

The following should answer some of the common questions about the Health Science Center's plans for future growth and change.

Q: Is the fence between the campus and the neighborhood staying?

A: Yes. The neighborhood residents made it very clear that the fence was to remain, and we are not taking it down.

Q: What will be the height of buildings, especially on the west side?

A: The tallest buildings in our new construction will not exceed six stories high and will be in the interior part of the property. The structure closest to the neighborhood will be a parking garage with a 30-foot inset from the curb. It will not exceed two stories. Proposed landscaping between the parking structure and the neighborhood also will camouflage the appearance of the building from the neighborhood.

Q: Are parking changes planned?

A: Yes. The parking structure formerly used by the Osteopathic Medical Center of Texas (OMCT) will be refurbished and put into use again. We will also construct a new parking structure, which will not exceed 30 feet. These will accommodate drivers who used the spaces in the old OMCT parking lot, as well as future needs.

Q: What is the status of Montgomery Street?

A: Montgomery Street will remain open to public traffic. We intend to construct landscaped islands down the middle of the street, with 12-foot-wide lanes for traffic on either side of the islands. Our intent is to slow the traffic on Montgomery without hindering traffic flow.

Q: How will the design "fit" the neighborhoods?

A: New buildings will blend in with our current buildings and fit the appearance of the Cultural District, other planned new construction in the area, and the neighborhood to our west. Several green spaces that will be open to pedestrian traffic from our surrounding neighborhoods also are planned. These will be designed as destination points for our students, faculty, staff and neighbors.

Q: What will happen to the "edges" of campus? Will they be bought up?

A: The current property provides for at least 15 years of growth, and there are no current plans to expand into the neighborhoods.

Q: Will all of the demolition being planned for the Cultural District be done at the same time?

A: No, but the construction projects may overlap. Visible changes on our west property will begin in early 2008, with new construction following quickly after demolition.

Q: Will there be student housing in the plans?

A: No.

Q: Will there be retail development on campus?

A: The State of Texas does not wish to compete with the private sector. Museum Place and other retail developments nearby should be able to handle this type of activity.

Q: What will happen to the Osteopathic Medical Center building?

A: The OMCT building will be demolished in early 2008 to make room for more modern, up-to-date

structures. Studies of the building were conducted in the beginning stages of the master plan process, and it was determined that it would cost more to refurbish the old building than to construct a new one. We plan to preserve significant parts of the building and salvage anything in the building that is usable.

Steps to prepare to demolish the old OMCT building began in October, marking the beginning of Phase I of new construction on campus. The hospital will be taken down in early spring 2008, and construction of the first new building will begin immediately thereafter.

Phase I also will include construction of a second new building, narrowing Montgomery Street, adding trees to campus, demolition of the one-story buildings in front of the library and replacing them with a water feature, and designating the entrance to campus at the Camp Bowie Boulevard/Montgomery Street intersection with new signage. These changes are expected to take approximately five years to complete, at which point Phase II of construction will begin. ■



Photo: Carter::Burgess

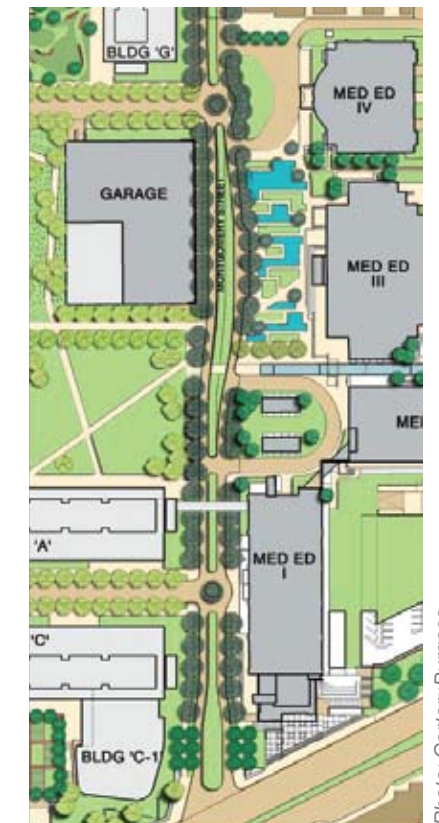


Photo: Carter::Burgess

Meeting the needs of **SPECIAL POPULATIONS**

What do you get when you cross an obstetrician,
an emergency room doctor,
a public health official,
a psychiatrist and
a high school sports team doctor?

A rural family physician.



When in ROME . . .



The Texas College of Osteopathic Medicine (TCOM) is preparing medical students to play all these roles, and more, with Rural Osteopathic Medical Education of Texas (ROME) – a new curriculum developed by the Department of Family and Community Medicine's Division of Rural Medicine. ROME's goal is to improve the health of Texans by preparing more physicians for practice – and life – in small towns and underserved areas.

Along with coursework focused on rural health issues from epidemiology to ethics, ROME students will spend as much as a year during their four years of medical school in hospitals and clinics that serve rural communities across the state. They'll be learning from local doctors – many of them former TCOM students themselves – and learning to love life outside the big city.

THE ROME STUDENT

Like many of his fellow ROME students, the small-town lifestyle is nothing new to second-year TCOM student Matt Maruska. He grew up in Taylor, Texas – a town of about 15,000 – and wants to spend his career and raise his family in the same environment.

ROME aims to identify more students like Maruska, who have the right mindset, skills and willingness to practice medicine outside the urban grid. Those are the students who are likely to become Texas' next generation of rural doctors.

"It's important that we expose students to the rural lifestyle. If they're truly interested in rural medicine, ROME can adapt their education to fulfill their needs as rural physicians."

-- Robert DeLuca, DO



Robert DeLuca, DO

Dr. Robert DeLuca is a 1984 TCOM graduate who has been practicing for more than 20 years in Eastland, Texas, population about 3,800.

Before he graduates, Maruska will spend a lot of time with Dr. DeLuca – five months in all. Eastland is

the location of Maruska's family medicine continuity site, a key component of each ROME student's rural training that's geared to helping them understand and appreciate living and working in a rural community.



Robert DeLuca, DO, and Matt Maruska, TCOM '10

WEARING MANY HATS

Maruska got his first look at the life of a small-town doctor during a four-day visit to Eastland this summer. He hit the ground running with a packed schedule of rounds at Eastland Memorial Hospital, seeing patients at the Eastland Family Health Clinic and visiting residents at local nursing homes. All of this, of course, was routine for his supervising physician Dr. DeLuca.

"This visit to Eastland was really my first experience seeing what rural doctors do on a daily basis, and I was blown away by it," said Maruska, who describes himself as the kind of guy who likes to stay busy. But wearing all those hats is part of what attracts

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many to the job. Rural family physicians generally treat a wider variety of conditions and regularly perform procedures that urban doctors might refer to specialists, such as colonoscopies, spinal taps and fracture care. They also handle plenty of emergencies, like snake and animal bites, which happen more often in the country, and farming accidents.

Preparing ROME students for all this means additional coursework and opportunities for extra hands-on experience early in their medical training. On his first day in Eastland, Maruska assisted with a leg amputation – a procedure other medical students may not witness until they enter clinical training in their third or fourth year, if then.

A CONNECTION TO THE COMMUNITY

Aside from valuable medical experiences in the clinics and hospitals, ROME's rural immersion gives students the unique opportunity to become a part of the community.

Visits to continuity sites are structured so that students spend time not just with the doctors, but also with the people who live there. Students are encouraged to learn about the area, socialize with the doctors outside the office and do volunteer work. Each ROME student talks with local residents about specific health issues and concerns, and then helps them find solutions.

A desire for personal involvement is another characteristic of many ROME students. It's something Maruska values highly, and something Dr. DeLuca demonstrates on a daily basis. Maruska heard stories from many Eastland residents about how Dr. DeLuca has cared for their families for years – and saved some of their lives. "I could tell right off the bat

that Dr. DeLuca had a special relationship with his patients. They would confide in him things about their lives that didn't have anything to do with their visits," Maruska said. "That is how I want to practice medicine."

ON THE HORIZON

Maruska is a member of the first class of 11 ROME students. Along with their rural family medicine rotations in their clinical third and fourth years, they'll be the first to experience rural-based specialty rotations in surgery, internal medicine, pediatrics and obstetrics. And, in their fourth year, they'll further expand their medical experiences with international rotations in places such as rural Kenya. ROME will be the first curriculum to require international rotations at TCOM.



Maruska's classmates have just begun their second year at TCOM, and the second class of 12 ROME students has just started their first. John Bowling, DO, assistant dean for rural medicine, said the goal is to increase the number of ROME students to 15 percent of the total medical student body. (Fifteen percent of the current DO student body of 594 would be 89.) Along with more students, Dr. Bowling said they want to add more full-time faculty devoted to rural medicine.

"If we can grow this program in resources and students, it will really make a difference in healthcare for the people of rural Texas," he said.

"TCOM has always been a leader in placing graduates in rural Texas. ROME will ensure we maintain that leadership, and that our graduates are prepared for careers as rural family physicians." ❏

◀ *Matt Maruska, TCOM '10, "scrubs in" before assisting with a surgery at Eastland Memorial Hospital.*



Second-year ROME student Diane Havalda interviews her dad, Dr. James Havalda, in downtown Taylor, Texas.

Rural Medicine Runs in the Family

I'M DIANE HAVALDA, second-year medical student. You might say I had a head start at becoming a rural physician. Even though I spent eight years as an engineer in the high-tech industry before I decided I wanted to be a doctor, I've been learning from an experienced rural doctor my whole life.

My dad is Dr. James Havalda. He's the only surgeon in Taylor, Texas, a town of about 15,000, 20 miles northeast of Austin. Over the past 43 years, he's practiced medicine in rural areas in four different countries, including his native Czechoslovakia.

I'm in my second year of the ROME curriculum at the Texas College of Osteopathic Medicine, and although I'm getting a top-notch education, I still have plenty of questions for dad. I sat down with him and we talked about life as a rural doctor.

Diane: Why did you settle in Texas?

Dad: While in service with the U.S. Army, I was assigned to Brooke Army Medical Center in San Antonio. I liked Texas, so I came back.

Diane: Why did you choose to practice in a rural community?

Dad: I've always practiced in a rural community, from the time I left medical school and started practicing in Czechoslovakia until now. I like small towns.

Diane: What's the biggest benefit of working in a rural community?

Dad: The benefit is that you practice medicine to the full extent of what you are capable. In a big city you have restrictions. You are limited by the numerous subspecialties. Now, because of technology, we can do just as much in a rural community as in a big city. We can do lab tests at the clinic and get results quickly by fax or online. And, more testing equipment has been made portable, such as MRI machines in trailers, so it can be available at our clinic.

Diane: What's the biggest challenge with being the only surgeon in town?

Dad: Continuity of coverage is the biggest challenge. I cannot be there all the time. I need

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to have time off for different things, including education and vacation. We have a surgeon from a nearby rural hospital who is willing to cover when I am off.

Diane: What have been the greatest improvements in medicine in your lifetime?

Dad: Pharmaceuticals have really made the biggest difference in what we do and do not do. For example, proton pump inhibitors and statins have changed the way medicine is practiced. With statins, people are not dying as often from heart attacks and strokes, and bypasses are becoming less common. Medicine has taken a whole different direction since the introduction of new pharmaceuticals. It is fortunate that rural physicians can use these new pharmaceuticals as effectively as subpecialists. This puts rural medicine on even ground with its urban counterparts.

Diane: What's the future of rural medicine?

Dad: I see a bright future for rural medicine. I see it developing into a distinct specialty at the same level of any other medical specialty.



Second-year medical student Diane Havalda and ROME were featured in the July 2007 issue of *Texas Medicine*, the monthly magazine of the Texas Medical Association:

“Getting Back to the Country: New TCOM Program Prepares Physicians for Rural Practice”

“Ms. (Diane) Havalda says she didn't realize just how much work the ROME program was going to be, but she says it will pay off when she opens her own practice, hopefully in a small town somewhere in Central Texas... ‘There's such a need,’ she said. ‘And, it's such a great life’.”

Did you know...

Texas needs primary care doctors, particularly in rural areas.

- 118 of Texas' 254 counties – almost half – are designated by the U.S. Health Resources and Services Administration as Health Professional Shortage Areas for primary medical care. Three-fourths of those 118 counties are rural. Among the criteria for designation as a shortage area: a population to primary care physician ratio of 3,000-3,500:1.
- 26 Texas counties – mostly along the border and “out west” – have no primary care physicians at all.
- Texas ranks 45th in the nation for the number of physicians per 100,000 residents. There are fewer than 160 physicians for every 100,000 Texans – one physician for every 625 people. The national average is 198 physicians per 100,000 – one physician for every 505 people.
- One-fourth of all Texans over 65 live in rural communities.
- Physicians have a significant impact on the economic health of rural communities. According to the Federal Office of Rural Health Policy, one rural physician generates more than five full-time jobs and \$233,000 in local economic activity. Each time a citizen of a rural community leaves town for healthcare, that's money lost to the community.
- Although family physicians serve as the foundation of the medical care system in most small towns, only 7.5 percent of family medicine training in the U.S. has traditionally taken place on-site in rural areas.

Sources: U.S. Department of Health and Human Services, Office of Rural Community Affairs, and UNTHSC Department of Family and Community Medicine/Division of Rural Medicine

ROME: More than just a rural exposure

“Nowhere else in the country does a medical school assign students to train in the same community over all four years. That is what makes ROME unique.”

-- John Bowling, DO, assistant dean for rural medicine

Texas College of Osteopathic Medicine formalized its longstanding commitment to training rural physicians in 1996 when it created a unique rural medicine track in the Department of Family Medicine to provide family medicine training with a rural emphasis. TCOM's new Rural Osteopathic Medical Education (ROME) curriculum includes those track activities, plus

- 160-280 extra hours of classroom instruction
- a unique continuity-of-care experience in which a student will return to the same rural medical practice training site throughout his or her four years of medical school for mentoring, community activities and clinical rotations

ROME students receive advanced courses in:

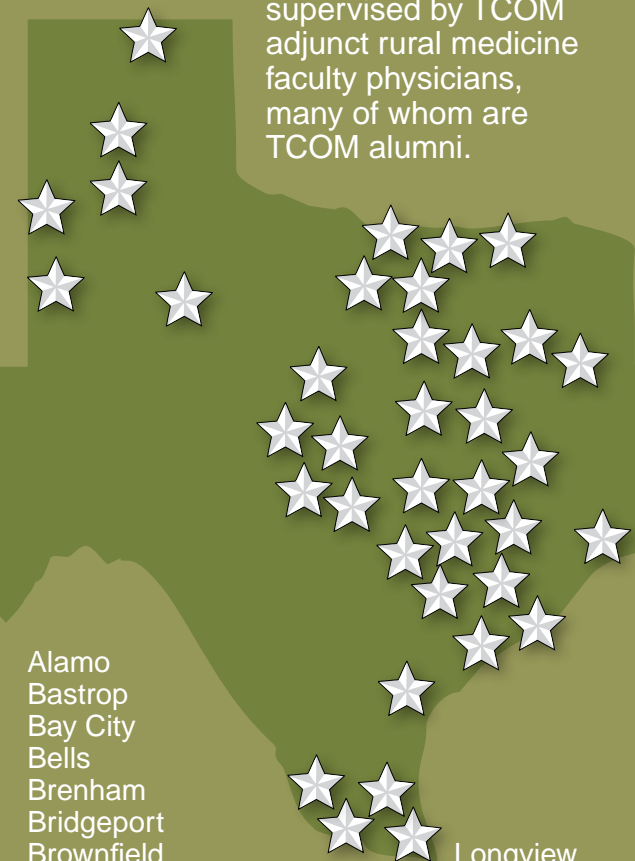
- Public Health/Preventive Medicine
- Environmental Medicine
- Advanced Emergency Medicine
- Orthopedics
- Psychiatry
- Pediatrics
- Critical Care Medicine
- Community Medicine
- Health Policy
- Telemedicine

The ROME program is a parallel medical school curriculum. That means that if a ROME student decides rural medicine wasn't the right choice, he or she must withdraw, complete a readmission process and reenter the regular TCOM curriculum.

Graduates of the ROME program don't have to choose family medicine as a practice specialty. The ROME program provides a solid foundation of knowledge and skills for any future physician who wants to serve a rural or underserved population, regardless of specialty. Rural practitioners of family medicine, obstetrics/gynecology, pediatrics, general internal medicine and general surgery are particularly needed in Texas.

As part of the interview process, applicants to the ROME program must complete a two-day shadowing/interview experience off-campus with a private practice physician who is a member of TCOM's rural faculty.

As of October 2007, TCOM's Division of Rural Medicine has 38 student training sites in Texas. Students at these sites are supervised by TCOM adjunct rural medicine faculty physicians, many of whom are TCOM alumni.



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|-------------|-------------|-------------|
| Alamo | Giddings | Longview |
| Bastrop | Goldthwaite | Mission |
| Bay City | Goliad | Perryton |
| Bells | Gonzales | Plainview |
| Brenham | Groesbeck | Rising Star |
| Bridgeport | Justin | San Saba |
| Brownfield | Katy | Sweeny |
| Comanche | La Feria | Sweetwater |
| Crockett | Liberty | Taylor |
| Cuero | Littlefield | Tulia |
| De Leon | | Whitesboro |
| Dublin | | |
| Eagle Lake | | |
| Eastland | | |
| Edna | | |
| Fairfield | | |
| Gainesville | | |

Learn more:
Rural Osteopathic Medical Education Program
817-735-2275
www.hsc.unt.edu/ruralmed/rome

Expanding our Reach

New TCOM satellite rotation program serves Coastal Bend area

"When I look back, I'm definitely glad I chose to come here. I wouldn't do it differently, and I wouldn't change it. I have been able to do things here that the students in Fort Worth never get to do."

-- Jeri Rose, TCOM '08



Photo: Dr. Bruce Dubin

Jeri Rose, fourth-year medical student, was one of nine pioneering Texas College of Osteopathic Medicine (TCOM) students this past year who chose to go to the Coastal Bend area of Texas for their third and fourth year rotations. The new satellite rotation program is a partnership TCOM has with hospitals in Corpus Christi and the Coastal Bend area.

Rose said she has learned more in her year of training in Corpus Christi than can be contained in a medical textbook.

Dr. Bruce Dubin, TCOM's associate dean of academic affairs and medical education, said the premise of the Corpus Christi rotations is simple: Students train in the area in which they're most likely to practice. He said this specialized training is a benefit of the unique partnership TCOM has established with Driscoll Children's Hospital, Bay Area Hospital and Christus Spohn Hospital.

"Here you're truly a member of the team, and you carry the load of an intern," Rose said. "You have the opportunity to learn first hand rather than just

observe. That has made my time here wonderful, and I keep telling the students in the years below me that they will be exposed to and get to experience things here they will never see again — things third-year students never get to do.

"There are procedures students don't get to attempt until their residencies, and we do them here as third years with the attendings. That is something that is invaluable."

Rose said she feels this hands-on approach to medical education has already made her more comfortable treating patients and more competent as a physician.

"Our Corpus Christi presence is one more opportunity that our students have to learn how to best serve the people of Texas and develop the primary care skills our medical school has long focused upon," said Dr. Marc B. Hahn, TCOM dean.

"Our programs, faculty and students are committed to bringing the finest quality of care to all Texans. We are proud to have the opportunity to serve the Coastal Bend area by partnering with local physicians and hospitals to educate the doctors of tomorrow who may end up practicing in that region."

Dr. Dubin said the new satellite program will ultimately help not just the students, but all of Texas.

"There's a need for an increased number of physicians in the Coastal Bend area," he said. "We also have a population of students coming from that area. It's optimal for them to train closer to their homes, where they are likely to return to practice.

"It's also an ideal opportunity to enhance their quality of care by training them for the specific needs of that area."

He said the Corpus Christi rotations are similar to the ROME program (see pg. 6 feature story) in that students receive training in the specific skill sets necessary to serve in certain areas of the state.

TCOM students on rotation in Corpus Christi learn how to overcome the challenges of treating the area's population — a large Hispanic population which may not always have the opportunity to immediately seek treatment for medical problems — during their third and fourth years of medical school by working side by side with physicians who already practice in the area.

Rose said the Coastal Bend population has a high number of patients who may not seek treatment for the two most prevalent diseases in the area — diabetes and cirrhosis — until the late stages of the diseases, which can present treatment challenges to physicians trying to care for them.

"For instance, most all of the patients we see have

diabetes, and they are often in its advanced stages — they've had it for four years or more and many may not be able to comply with their treatment," Rose said. "Diabetes, especially in Texas, is a growing problem. We get first-hand experience learning how to treat it.

"We have a lot of high-risk obstetrics patients, too. Many of these women have had no prenatal care or may have language barriers to communicate what they had in terms of prenatal care because the medicine in Mexico is so different. They come in during the late stages of their pregnancies, and we have no idea if they have had complications to that point."



Photo: Dr. Bruce Dubin

From the left, TCOM student doctors Kate Steinberg, Kenneth Corley, Jason Sapp and Dustin DeMoss.

She said a high number of the Coastal Bend patients speak only Spanish, and the Hispanic culture — whether native Texan or from Mexico — places her, as a physician, in a place of authority for which she had to prepare herself.

"You learn a different way to approach and interact with your patients," she said. "With the Hispanic and Mexican cultures, there is a lot more family involvement. There could be 10 family members in a hospital room all expecting answers immediately. They want to know, 'Will my loved one be OK? When can my loved one go home?'"

"They expect you to help them to make decisions. It's a professional role, but they want your personal

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opinion. As a physician I tell them I'm there to give them as much information as I can, but I can't give them my opinion. I can't make this decision for them. Sometimes it's difficult to get this across to them. When you work with a different culture, it can be difficult to know what they expect from you.

"A lot of our patients speak Spanish only, so half the time, I'm working through a translator, which for me makes it a lot more difficult to get a patient history," she said. "The flow of the interview is a lot more difficult to maintain, and sometimes the meaning of the questions and responses aren't the same."

Rose said other aspects of the program impress her and further expand her level of education as well, such as the amount of time the faculty allows the students to study.

an emergency medicine journal that is due to be published soon.

But it's not just clinical experiences that help the TCOM students learn how to best serve the Coastal Bend community. In addition to their rotations and study time, these students also participate in community health education projects.

"With us being so involved in the community, we know where our patients are coming from and what they're going through," Rose said. "I can better understand our patients' situations and treat them with more empathy."

Rose said she and her fellow medical students develop and deliver anti-smoking and other health-related programs for the local elementary schools. They also take similar educational programs into nursing homes and other community institutions.

"Not only do physicians in these types of areas need to deliver the highest quality of clinical care possible, but they also must have the ability to design their care methods to fit the unique lifestyle of these populations," Dr. Dubin said. "Our students receive hands-on training in how to best serve the people of the Coastal Bend area through a combination of medical training and community involvement."

"Our students tell me they feel their quality of education on these specialized rotations has been super, and a great deal of them feel like they've contributed to the community there. Many of them are now looking for residencies and careers in the Coastal Bend area."

Rose said she will spend her fourth year of medical school in the Coastal Bend area. She said she also would like to spend her emergency medicine residency in either Corpus Christi or in Temple at Scott & White.

"Sometimes my husband and I look at each other and say, 'What are we doing here?' I mean, we had a house in Fort Worth and a life, and we left it all to come here," Rose said. "I'm definitely glad we wound up here, though. I absolutely love it."

HEALTH DISPARITIES AFFECT QUALITY OF LIFE FOR TEXANS



What we're doing about it

Health disparity (hēlth dī-spār'ī-tē) 1. The condition or fact of overall condition of an organism being unequal in treatment, type or degree at a given time: DIFFERENCE. 2. Incongruity or unlike health care.

Published reports on health care equality in Texas show striking differences in health status, access to care, and risk factors between the state's racial and ethnic minorities and its general population. For example, some populations have a higher mortality rate for heart disease, stroke, diabetes, HIV and tobacco-related diseases than others.

Health disparity is more than just a rural vs. urban or rich vs. poor issue. Responsibility for leveling the inequality lies with physicians, government programs and administration, and individuals. Just as the road to a cancer cure has been long, fixing the health disparity issue is complicated.

At the University of North Texas Health Science Center, we are striving to improve the equality of health care and treatment by training future health professionals to recognize health disparities and educate minority populations about their particular risk factors. Our community-based, participatory approach blends UNTHSC's long history of public health support with health disparity research and recommendations to make a difference in the Dallas-Fort Worth area and beyond.

In order to attain an America in which all populations have an equal opportunity to live long, healthy and productive lives, UNTHSC has developed and administers innovative programs specifically tailored to improve the health of Texas' minority populations.



UNTHSC co-founded the annual Hispanic Wellness Fair in 1999 to provide check-ups and immunizations to the Tarrant County community.



Marissa (Garza) Charles, DO, TCOM '05, with student doctor Jennifer Farrell, TCOM '09, who is spending her third and fourth year rotations in the Coastal Bend area.

Photo: Dr. Bruce Dubin

"Everyone here — the attendings, the residents, the program directors — is solely geared around our learning," she said. "They treat us like equals, but they also understand that we are students, and our number one priority is to learn. Each patient is an opportunity for us to have discourse and have an educational experience. They also give us a lot of outside time to study."

She added that another unique aspect of the Corpus Christi rotation program is the opportunity the students receive to participate in research. In fact, she has been involved in a case report for

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TEXAS CENTER FOR HEALTH DISPARITIES

In 2005, the The National Center for Minority Health awarded UNTHSC a five-year grant to establish one of two EXPORT (Excellence in Partnerships for Community Outreach on Disparities in Health and Training) centers in Texas to help educate students, physicians and the community about disparities in healthcare and how to overcome them.



Dr. Jamboor Vishwanatha

"In the past, we didn't always include different racial groups or genders in health research," said Dr. Jamboor Vishwanatha, dean of the Graduate School of Biomedical Sciences. "Since the National Institutes of Health (NIH) mandated that clinical trials include different races and genders, we have gained more insight into the importance of treating individuals and their differences.

"Healthcare providers can manage the biological and even the behavioral aspects of health treatment," Dr. Vishwanatha continued. "But the social aspects including living conditions, access to health care and insurance are out of our control, in many cases. Still, we must be aware of these things, as well as biological, behavioral, racial and gender-specific differences, in treating patients.

"As medical professionals, we must continue to educate the community about behavior that leads to health problems. Health disparity is a multi-faceted problem, and it will take a long time to overcome," Dr. Vishwanatha said.

In June, almost 300 medical professionals, students and UNTHSC staff attended the second annual Texas Conference on Health Disparities sponsored on the UNTHSC campus by the EXPORT center. The conference featured guest speakers Dr. Barbara Ross-Lee, vice president of Health Sciences and Medical Affairs and Dean of the School of Allied Health and Life Sciences at the New York Institute of Technology, and Dr. Leobardo Estrada, professor at the University of California-Los Angeles.

Dr. Ross-Lee challenged the group to be agents of change in seeing through a bigger lens to "bring the health vulnerable to higher ground." She emphasized treating and understanding individual differences and beginning the evolution to improved healthcare for all Americans. 📖



Dr. Marc B. Hahn and Dr. Barbara Ross-Lee

Did you know...

- In 2004, the combined "minority" populations of Texas surpassed the non-Hispanic white population.
- The Hispanic population is projected to become the majority population in Texas by the year 2026.
- The death rate for Texas Hispanics and African Americans is 2.5 times higher than non-Hispanic whites for diabetes and nearly twice as high for cardiovascular diseases and cancer.
- Through its Texas Center for Health Disparities, UNTHSC has academic research affiliations with Southern University, Baton Rouge, La.; Jackson State University, Jackson, Miss.; Tuskegee University, Tuskegee, Ala.; Texas Southern University, Houston; Prairie View University, Prairie View, Texas; Texas A&M University - Corpus Christi, Corpus Christi, Texas; Texas A&M University - Kingsville, Kingsville, Texas; University of Texas - Brownsville, Brownsville, Texas; St. Mary's University, San Antonio, Texas; and Texas Wesleyan University, Fort Worth, Texas.

NEWS

UNIVERSITY of NORTH TEXAS HEALTH SCIENCE CENTER



DNA lab appears in USA Today



USA Today recently featured the University of North Texas Center for Human Identification, which includes the DNA Identity Lab at the Health Science Center. The article noted that the Center's DNA analysis work and the Combined DNA Index System (CODIS) help law enforcement officials identify "found" remains.

The story highlighted the case of Melodie Rowe, a 17-year-old girl who went missing from her Syracuse, N.Y., home in September 1972. Her remains were recovered 30 years ago from a makeshift grave near Syracuse, but it wasn't until her remains were sent to the UNTCHI that she was identified.

As a result, New York state police are re-investigating Rowe's case — this time as a homicide.

Did you know...

The UNTCHI receives National Institute of Justice, Federal Bureau of Investigation and Department of Justice funds as well as money from the State of Texas for work on missing persons cases. It is one of only three centers dedicated to missing persons DNA analysis in the U.S., and the only academic institution with authorization to upload information into the national Combined DNA Index System (CODIS). In addition to its work with federal, state and local law enforcement agencies, the Center also provides all of the missing persons work for the National Center for Missing and Exploited Children.

Richard S. Kurz, PhD, chosen dean of the School of Public Health



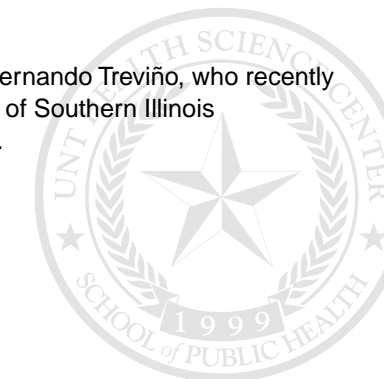
A national search that began in March successfully ended in July with the announcement that the former dean of St. Louis University's School of Public Health would join our School of Public Health this fall. The announcement came just two months after the school earned the longest-term reaccreditation awarded

by the Council on Education for Public Health — seven years.

Dr. Kurz was dean for eight of his 29 years at St. Louis. During his tenure, research funding increased from \$500,000 to \$40 million and student enrollment increased 40 percent. As dean, he led four individual and seven joint public health degree programs.

Dr. Kurz has served on the Association of Schools of Public Health executive committee and as chair of the board of the Association of University Programs in Health Administration. He is currently a member of the Commission on Accreditation of Healthcare Management Education. Dr. Kurz received the 2002 Certificate of Merit Award from the Missouri Public Health Association.

Dr. Kurz replaces Dr. Fernando Treviño, who recently was named chancellor of Southern Illinois University-Carbondale.





Katrina: Two years later

On Aug. 29, 2005, Hurricane Katrina made landfall on the Louisiana/Mississippi Gulf coast, drowning this delta area once so rich in culture and life.

In the wake of the storm, thousands of victims were left with questions — where do I go? What do I do? Where can I eat and sleep?

But for some, the most harrowing question of all was the one that needed the quickest answer — where is my missing loved one?

“As soon as I heard Katrina had hit right there, I got together with Steve Gammon and Linda LaRose to make sure we had DNA kits ready to mail out,” said George Adams, program project manager for the University of North Texas Center for Human Identification. “We were ready to go in under 24 hours.”

The lab’s quick action was a relief to Deedra Hughes, DNA technical leader for the Mississippi Crime Lab in Jackson, Miss., who said the disaster left her to answer questions from people who were missing loved ones.

THE FATED DAY

“That first day, I was here, and it was constant phone calls coming in — ‘What do we do? Where do we give samples?’” Hughes said. “It was heartbreaking. I was here crying on the phone because the calls didn’t stop. All of our agencies were searching and collecting bodies before they deteriorated. We had no idea who was going to do the testing or how it would get done. The state of Mississippi does not have a DNA collection kit in place. We don’t have anything for collecting remains. We didn’t have time to piecemeal a kit or purchase what we needed for kits. That wasn’t an option.”

UNTCHI STEPS IN TO HELP

When Adams called and let Hughes know that the kits were ready to be sent, she asked for them immediately.

“They stepped in and said, ‘Hey, we’re here,’” she said. “I was overwhelmed. It was a burden lifted to know the kits were there and were ready and uniform. And to pick up the phone and have a contact — to have George — was just such a relief. They stepped in when it was total chaos and made it easier.”



UNIVERSITY OF NORTH TEXAS

Center for Human IDENTIFICATION



Laboratory of Forensic Anthropology • Laboratory for Molecular Identification

Samples from 389 missing Mississippi persons were sent to UNTCHI, and all of the DNA analysis for them was done free of charge — the testing was funded by the National Institute of Justice (NIJ).

“Mississippi was the only state who took us up on the offer,” Adams said. “Deedra collected the samples and sent them to us, and we turned them around in short order under direction of the NIJ. They told us to make these cases top priority.”

Hughes said people in the DNA lab also made themselves available to help her answer questions for the families waiting to hear about missing loved ones.

“I called after hours. I called on Saturdays. I left messages,” she said. “We had upset family members wanting testing rushed. So I would call them (the UNTCHI team) and apologize because we didn’t want to bother them, but asking, ‘Is there any way you could rush this?’ They were right on top of it. Not one time

did they say ‘no’ to anything we asked. It was just such a relief.”

Hurricane Katrina killed nearly 2,000 in Mississippi and Louisiana.

IF IT HAPPENS AGAIN

Adams said the lab always has 1,000 DNA sample collection kits on hand for just such a disaster, should something similar happen again.

“We try to keep an inventory for a mass disaster,” he said. “We can send them anywhere in the country — we should be able to respond as long as we have an address to send them to. As soon as a natural disaster hits, we’re ready to roll anywhere in the country.”

STUDENT CLINICIAN CEREMONY



TCOM students celebrated the beginning of their third year of medical school and the entrance into their clinical rotations at the third annual Student Clinician Ceremony on June 20.

Alumni

UPDATE

ALUMNI NEWS



Mark Baker, DO, '76, a TCOM clinical associate professor of radiology and member of the UNT Health Science Center Foundation Board of Directors, was re-elected to the American Osteopathic Association Board of Trustees during its annual business meeting in Chicago in July.

Steven Bander, DO, '82, was inducted as a fellow in the American College of Osteopathic Family Physicians this spring. Dr. Bander has a private practice in Wylie, Texas, and is a member of the Texas Osteopathic Medical Association Board of Trustees.



Bascom Bradshaw, DO, TCOM '01

Bascom Bradshaw, DO, '01, was named the 2007 US Army Aerospace Medicine Specialist of the Year by the Society of U.S. Army Flight Surgeons at the Aerospace Medical Association's annual meeting in New Orleans this spring. The award is presented by the society to a physician who has been residency-trained in aerospace medicine and has made significant contributions to Army aviation medicine in the past year. Dr. Bradshaw has been serving as a professor of aeronautical science for undergraduate and graduate courses in aerospace psychology and human factors at the U.S. Army's extension campus in Wiesbaden, Germany. Recently he relocated to be director of health services for the Army garrison at Doha, Qatar, in the Persian Gulf.

LeeAnn Braun, MPH, '99, has been involved in outcomes research and Phase 3 clinical research at Eli Lilly & Company for seven years. She was recently promoted to a research scientist role in molecular epidemiology.

Jack Brose, DO, '76, dean of the Ohio University College of Osteopathic Medicine (OUCOM), has completed an unprecedented third consecutive term as chairman of the Ohio Council of Medical School Deans. In 2006, Dr. Brose's service on behalf of Ohio's medical schools, along with "his extraordinary vision and commitment to osteopathic education, and for embracing alumni as an integral part of the college community," earned him OUCOM's Alumni Society Special Recognition Award.

Martha Dodson, DO, '93, MPH '01, is a ringside physician for USA Boxing and has been at the U.S. Olympic Training Center as a volunteer sports medicine physician in the Olympic Sports Medicine Clinic. She provided ringside medical coverage to the U.S. Boxing Olympic Trials in Houston in August. Earlier, Dr. Dodson was the USA team physician for the U.S. Cadet Team to the Hayder Aliyev Cup in Baku, Azerbaijan, which is a 14-nation invitational boxing tournament.

Kyla Hagan, MPH, '04, is an epidemiologist with the Alaska Native Epidemiology Center, one of 11 tribal epidemiology centers established by the Indian Health Service.

Laura Hempstead, DO, '87, was elected president of the Missouri Society of the American College of Osteopathic Family Physicians. Dr. Hempstead practices in Lee's Summit, Mo.

Khiya Marshall, MPH, '03, DrPH, '06, is an Oak Ridge Institute for Science and Education (ORISE) research fellow in the Prevention Research Branch of the Division of HIV/AIDS Prevention in the National Center for HIV, STD and TB Prevention, Centers for Disease Control and Research and Prevention, in Atlanta, Ga. ORISE is a U.S. Department of Energy Institute that focuses on scientific initiatives to research health risks from occupational hazards,

assess environmental clean-up, respond to radiation medical emergencies, support national security and emergency preparedness, and educate the next generation of scientists.

Don Michael, MPH, '03 is a captain and public health officer in the U.S. Air Force, responsible for disease surveillance and outbreak investigation, medical intelligence, food safety, entomology, occupational health and medical readiness. He's stationed at Wright-Patterson Air Force Base in Dayton, Ohio.

Jana Peretti, PA, '01, has joined the pediatric cardiac surgery group at Rainbow Babies & Children's Hospital in Cleveland, Ohio. Rainbow is a world leader in the treatment of children with cancer, heart disease, cystic fibrosis and pulmonary disease, sickle cell

disease, kidney disease, immunology, and endocrine and metabolic disorders. *U.S. News & World Report* rated Rainbow number four of all pediatric hospitals in America for 2007.

Amber Salter, MPH, '05, won the Best Poster Presentation by a Young Researcher from the University of Texas Southwestern Medical Center. Her subject: neurodegeneration of the retina in multiple sclerosis patients.

Irvin Zeitler Jr., DO, '79, was appointed by Gov. Rick Perry to the Texas Medical Board. He has served on one of the medical board's district review committees since 1988, having been appointed by three different governors. Dr. Zeitler is vice president of medical affairs at Shannon Medical Center in San Angelo.

WE'RE HERE FOR YOU!

It doesn't matter what degree you hold from the Health Science Center.... rely on Krista Gordon and Denise Armstrong to be your personal connections to your alma mater, your alumni organization, and the latest alumni-student initiatives.

Got a personal or professional achievement to brag about? Send them an e-mail. Want to help organize a class reunion? Call them. Want to get in touch with a classmate? Let them know. Have an idea for a new alumni activity? Well, you get the idea.

Gordon, assistant director for alumni relations, is no newcomer to the Health Science Center. She's been here since 2002, working in the national Osteopathic Research Center (ORC) and earning her Master of Public Health degree (in 2006). As the ORC's senior editorial assistant, she attended national medical conferences, coordinated special projects with funding agencies and advisory boards, prepared research grant proposals and journal articles, and established great working relationships with students, alumni, administrative leaders and national partners. When promoted to grants and project manager in 2006, she became the ORC's lead research coordinator.

Armstrong, administrative assistant, is a former small business owner who previously worked at the Health Science Center as an administrative services officer, and before that as a key team member in various health care, technology and oil enterprises. 📧



Krista Gordon, left, and Denise Armstrong direct the Health Science Center's alumni relations programs.

WHAT'S NEW WITH YOU?

Keep in touch: alumni@hsc.unt.edu
817-735-2278 or 800-687-7580
www.hsc.unt.edu/alumni

Stay up to date with campus news at: www.hsc.unt.edu/news/connections/campusconnection/

View and share Class Notes: www.hsc.unt.edu/alumni

In Remembrance

Clifford Charles (Chuck) Ferrell, DO, '88, died April 30, 2007, in Fort Worth, Texas.

Bobby Joe Mayberry Jr., DO, '90, died July 28, 2007, in Rockport, Texas.

John Priestley, DO, '87, died Jan. 11, 2007, in Campbell, Calif.

PHYSICIAN USING NEW SURGICAL ROBOT

For women requiring a hysterectomy or myomectomy, much of the pain and complexity of the surgery can be minimized, thanks to a UNT Health gynecologist and the latest in surgical technology.

Salvatore LoCoco, MD, has recently brought the expertise to his patients in Tarrant County, as the JPS Health Network has purchased two da Vinci S surgical robots. The four-armed robots are the first in Fort Worth and are being utilized at JPS Hospital and the JPS Health Network Diagnostic & Surgery Hospital of Arlington.

The surgical robots allow surgeons to work in confined areas of the human body. The robotic arms have mechanical wrists, allowing for 360-degree rotation while the physician operates the robot from a console located remotely from the operating table. Surgery with incisions just large enough for insertion of the robotic arms allow for less blood loss and shorter patient stays in most cases.

“Anything we can do to help health care be more cost efficient is good,” Dr. LoCoco said. “We are decreasing the length of stay and recovery time for the patient.”

The first two patients he operated on stayed in the hospital for just 24 hours as opposed to three to four days.

Other medical specialties, such as urology, have been using the da Vinci system for prostatectomies. Now, physicians such as Dr. LoCoco can provide the benefits of this technology to women needing hysterectomies, myomectomy, or removal of uterine fibroids.



Surgeons can manipulate the da Vinci surgery robot from a remote console in the OR while seeing the surgical field in a magnified, dimensional view.

UNT HEALTH REPRISSES MEDICAL PARTNER ROLE FOR 3-DAY WALK

Physicians and nurses from UNT Health and the UNT Health Science Center once again served as the official medical partner for the DFW Breast Cancer 3-Day walk benefiting Susan G. Komen for the Cure and the National Philanthropic Breast Cancer Fund this October in Dallas.

This was the second year for UNT Health to be the medical partner for the 60-mile event, which this year took place through the streets of Dallas from Oct. 26-28.



Our 2006 Medical Team volunteers.

Leading the medical crew was Brent Sanderlin, DO, co-medical director; Judy Steudeman, RN; and Robert Adams, DO.

Some 5,000 walkers were estimated to participate in the Dallas/Ft. Worth event. Last year, the walkers covered the 60 miles around the Metroplex, beginning and ending at Texas Stadium. The Dallas/Ft. Worth venue is one of 12 conducted across the country.

UNT HEALTH NAMES RANDY JONES PRESIDENT



Randall F. Jones, MPA, FACHE, FACMPE, has been named president and chief executive officer of UNT Health, the physician practice affiliated with the Health Science Center. Jones joined UNTHSC in 2000 as executive director for clinical operations and business services and was promoted to vice president of practice

operations and chief administrative officer in late 2001. Most recently he served as interim president and CEO for the physician group during its nation-wide search.

Jones will be responsible for all strategic planning, practice operations, finance, risk management, quality improvement, marketing, communications, business development, and the development of successful clinical partnerships with area health-related organizations. He will work with the UNT Health board to ensure the highest clinical quality, service and financial performance.

“Randy clearly has a firm understanding of the operations of a large academic physician practice,” President Scott Ransom said. “This, coupled with his familiarity with the medical staff and physicians in Tarrant County made him the optimal selection to lead UNT Health.”

During his tenure at UNT Health, Jones has helped the 160-plus physician multi-specialty practice more than double its revenue growth. Jones has also implemented an electronic medical record system throughout the group practice as a Siemens beta site and developed a self-insurance program for professional liability coverage for employed physicians and allied health providers.

Jones holds a bachelor’s degree in business from the University of Nebraska-Omaha; a master’s degree in finance and economics from the University of Oklahoma; and is currently a doctoral candidate at the Medical University of South Carolina. Board certified in health care management and physician group practice management, Jones has been named a fellow of both the American College of Healthcare Executives and American College of Medical Practice Executives.

NEW PHYSICIANS, LOCATIONS EXPAND OUR PRESENCE

UNT Health has added longtime Fort Worth rheumatologist **R. Larry Marshall, MD**, to its faculty and group practice.



Dr. Marshall joins the Department of Internal Medicine as an associate professor and will see patients in rheumatology at the Patient Care Center on the UNT Health Science Center campus.

Prior to arriving at UNT Health, Marshall was in private practice in Fort Worth. He has also served as a staff rheumatologist at the U.S. Naval Hospital in San Diego, Calif.

After receiving his medical degree from the University of Tennessee Medical School, Memphis, Marshall completed a rotating internship at JPS Hospital before

servicing a general surgery residency at Methodist Hospital, Dallas, and his internal medicine residency at the U.S. Naval Hospital, San Diego. He also received subspecialty training in rheumatology at the Naval Hospital.



UNT Health has appointed **Susan Conroy, DO**, (TCOM '99) an internal medicine physician, as attending physician for its newly acquired clinic, UNT Health at Hulen, Internal Medicine and Family Medicine.

The location at 4925 S. Hulen was previously managed by Plaza Medical Center but transferred ownership to UNT Health in July. The clinic will continue to serve as a training clinic for internal medicine and family practice residents.

In the COMMUNITY

REACHING OUT TO STUDENTS AND TEACHERS AT ALL LEVELS

UNTHSC programs offer public school, undergrad students and teachers unique opportunities to learn more about health science

Summer doesn't mean that Health Science Center faculty get a break. In fact, many of its faculty and staff continue teaching, but these lessons are probably not your father's idea of "summer school."

Students were busy this summer in labs and classrooms around campus, studying everything from the effect of disease on the human lung to avian flu — and even what medical school is really like. This hands-on outreach effort offers a variety of programs designed to benefit minority students at all education levels.

Dr. Robert Kaman, director of outreach for the Health Science Center's Graduate School of Biomedical Sciences, said the goal of the Health Science Center's outreach programs is to increase the number of underrepresented minority students entering biomedical science and health professions.

MKITS

For example, the center's gross anatomy lab was just one stop on the More Knowledge in the Sciences (MKITS) students' weeklong science boot camp lessons in June on avian flu. The North Side High School ninth graders also heard lectures by HSC faculty, participated in question-and-answer sessions, and learned how to use the lab for research.

When asked what they enjoyed about the camp, the students replied, "Getting to see a real cadaver, because that way I didn't just learn through pictures and lectures. I got to see the real thing."

J.P. Elder Middle School sixth graders also visited the anatomy lab, receiving hands-on experience with human cardiopulmonary organs and more for a week in June.

Drs. Harold Sheedlo, Armando Rosales, Robert Routh and Rusty Reeves were asked to present the structure and success of the MKITS program to a National Science Foundation group in Las Vegas, Nev., this summer.

Other outreach programs are conducted throughout the school year and are ongoing.

ADOPT-A-SCHOOL

UNTHSC works with Fort Worth ISD's North Side High School, Dunbar High School, and middle and elementary schools. Faculty, students and staff from the Health Science Center serve as mentors, present classroom demonstrations and lectures, and host students on campus visits.

High school students rotate through the center's clinics and laboratories during their junior year for six-week preceptorships.

The Adopt-a-School program reaches students as young as elementary age during the school year and teaches them about health science work through their high school years. The MKITS program furthers this goal with summer science boot camps and other educational tools.

Adopt-a-School is also enhanced with UNTHSC's Project SCORE (Schools' Cooperative Opportunities for Resources and Education).

PROJECT SCORE

This program trains and supports biomedical graduate students to serve as enhanced curriculum resources in collaboration with FWISD high school biology students and teachers.

Designated as "fellows" and supported by a National Science Foundation initiative, eight Graduate School of Biomedical Sciences students

work in pairs for 10 hours per week in one of four FWISD high school biology classrooms to develop more effective inquiry-based, hands-on laboratory exercises.

COLLEGIATE G-FORCE PROGRAM

We assist and serve North Side and Dunbar High Schools' Go Centers to mentor Fort Worth Independent School District students on career exploration, higher education and financial aid.

Our local mentoring teams (known as the "G-Force") include students pursuing a professional degree from the Graduate School of Biomedical Sciences, the School of Public Health and/or TCOM. Members of the G-Force work in a Go Center for at least two hours per month, in addition to their normal studies.

Sponsored by the Texas Higher Education Coordinating Board and funded through the Collegiate G-Force Work-study Program, the "Education: Go Get It!" campaign forms Go Centers to serve as "hubs" to a number of high school college preparation programs. These centers focus on first-generation college students, especially African Americans and Hispanics.

JAMP

Another of UNTHSC's outreach programs that gives undergraduate students a first-hand look at medical careers is the Joint Admission Medical Program (JAMP).

Created in 2000 by Senate Bill 940 of the 77th Texas Legislature, JAMP was designed to support and encourage economically disadvantaged students to go into medical careers in Texas, said Leila Torres,



Fort Worth ISD sixth graders learn how to use microscopes as part of the More Knowledge in the Sciences (MKITS) program.

JAMP program coordinator for the Health Science Center.

JAMP students must be sophomores in college when they apply and must have entered a Texas four-year institution immediately after graduating from a Texas high school. They must be Pell Grant-eligible and provide an explanation as to why they believe they are economically disadvantaged. They must have at least a 3.0 science grade point average (GPA) and a 3.25 overall GPA.

"When the program was created, the hope was that these students would not only be trained in Texas — during medical school and in residency — but that they would practice in Texas, even returning to their home area to serving the communities they grew up in," Torres said. "Many of them come from rural and underserved areas of Texas."

The six-week JAMP course serves as a "mini medical school" for the pre-medical students to experience what they can expect in medical school. Students take a physiology/anatomy course, ethics course, MCAT prep course, medical terminology course, and a few other workshops. All of the courses are taught by UNTHSC faculty, and the students shadow our faculty physicians.

"When the students arrive for the first day of the summer program, they are nervous, excited and sometimes close-minded," Torres said. "During that

Continued on page 26



Continued from page 25

first week, they also become overwhelmed as they realize all that is expected of them and how much they will need to accomplish over the course of six weeks.

"The one thing I have seen consistently over the course of the program, though, is their motivation and tenacity for medicine. Due to the exposure of the summer components, their drive for medicine is enhanced, and they begin to understand the realities of this endeavor and open their minds to the various possibilities in practicing medicine.

"At the end of the program, they are often changed individuals. It is powerful to witness this change as they leave more mature, humbled, and thinking more deeply of medicine."

In return for their hard work and dedication, JAMP students receive a scholarship each semester, a summer stipend while attending the summer program, mentoring by faculty at both their institution and the medical school, and, if all requirements are met, guaranteed acceptance to a Texas medical school. UNTHSC has participated in the JAMP program since 2003, when medical schools statewide admitted the first JAMP students. In fact, members of the first class of JAMP students have returned to UNTHSC as medical students in the Texas College of Osteopathic Medicine (TCOM).

"It is amazing to remember these students when they were here for the summer as college students — watching them come back for their interviews and then interacting with them as TCOM students," Torres said. "It demonstrates that this program is incredible and helps to lay a foundation of success, which is good because the state wants to develop more minority physicians in hopes that they will go back to their communities and serve them."

SMART

With a grant from the National Institutes of Health, up to 20 college freshmen and sophomores from around the country are selected to spend 10 weeks during the summer in the labs of the Health Science Center.

They conduct focused research projects, attend the biomedical sciences class and prepare an oral and written presentation at the conclusion of their study. Then their written presentation, in the form of an abstract, is submitted to the Annual Biomedical Research Conference for Minority Students.



Kevin Bien Vo, a 2005 McNair scholar, and Khaisha Johnson, a 2005 SMART scholar, work together on a research project.

HBCU-STP

Our Historically Black College or University (HBCU) Undergraduate Collaborative Summer Training Program (STP) collaborates with HBCUs to give African-American students research laboratory experience in preparing for graduate research careers. UNTHSC faculty and senior graduate students provide academic advising, study strategies assistance and tutoring, research techniques, research presentation skills, and other information.

STP students commit to moving to Fort Worth and attending the Summer Training Program full time for 10 weeks. As part of the program, students work with faculty mentors who have similar research interests; receive a \$5,000 stipend; complete a GRE prep course; receive two semester credit hours in biomedical sciences that may be transferred to their undergraduate institution; write a paper based on research results; develop a computer-assisted oral presentation; and create a research poster to be presented at the end of the summer program.

MCNAIR SCHOLARS

McNair Scholars are first-generation college students from across America who are determined to have successful careers as physicians, researchers or educators.

They have competed for – and won – a handful of sought-after scholarships that place them at the side of experienced biomedical professionals and role models for 10 weeks. Health Science Center faculty and staff have been their mentors for eight years, and we "graduated" our eighth class on July 27.

The Ronald E. McNair Achievement Program is funded by the U.S. Department of Education in memory of the African American physicist and astronaut, Dr. Ronald McNair, who was killed in the space shuttle Challenger mission of 1986. Additional funding is provided by the Health Science Center's Graduate School of Biomedical Sciences and Miller Brewing's REACH community investment program.

The McNair program is one of 13 nationally recognized initiatives conducted by the Graduate School of Biomedical Sciences that encourage minority and disadvantaged students from the elementary school level through graduate school to pursue futures in medicine and science.

On the curriculum for the Health Science Center's 19 McNair scholars this year were the Texas Conference on Health Disparities, distinguished visiting speakers, graduate courses in physiology, the Kaplan Graduate Record Examination prep course, and seminars on subjects ranging from laboratory animal medicine to money management. Each scholar also worked full-time with a faculty mentor on a research project, the results of which will be published in the McNair Scholars Journal and presented at the Annual Biomedical Research Conference for Minority Students.

Where do McNair Scholars come from? The colleges attended by this year's class include UT Austin, Baylor, Texas A&M, Tuskegee University, Grambling State University, Xavier, Juniata College, St. Mary's University, Brown University and Texas Woman's University.

Where do McNair Scholars go? Recent higher education destinations have included Harvard Medical School, Vanderbilt University, Baylor University, the Vollum Institute at the Oregon Health and Science University, the University of Texas Medical Branch at Galveston, and the Health Science Center's own Graduate School of Biomedical Sciences and Texas College of Osteopathic Medicine.



The 2007 McNair Scholars

STAR FELLOWS

In addition to sharing valuable information and studying differences in health care treatment, the Texas Center for Health Disparities conducts a Steps Toward Academic Research (STAR) Fellowship program, recognizing researchers working toward health equity.

This program offers new faculty members a full year of collaborative training and interaction with faculty from the UNTHSC and other institutions to foster health disparities research initiatives.

Ten faculty members are selected to join the all-expense-paid STAR Fellowship Program each year, while maintaining their regular faculty positions. The STAR program combines on-site faculty development and education with distance learning techniques that include video conferencing, on-line digital meetings, and “store-and-forward” technology.

Successful completion of the STAR Fellows Program offers each fellow the opportunity to apply for community-based health disparities research project grants each year.



This year's STAR Fellows are:

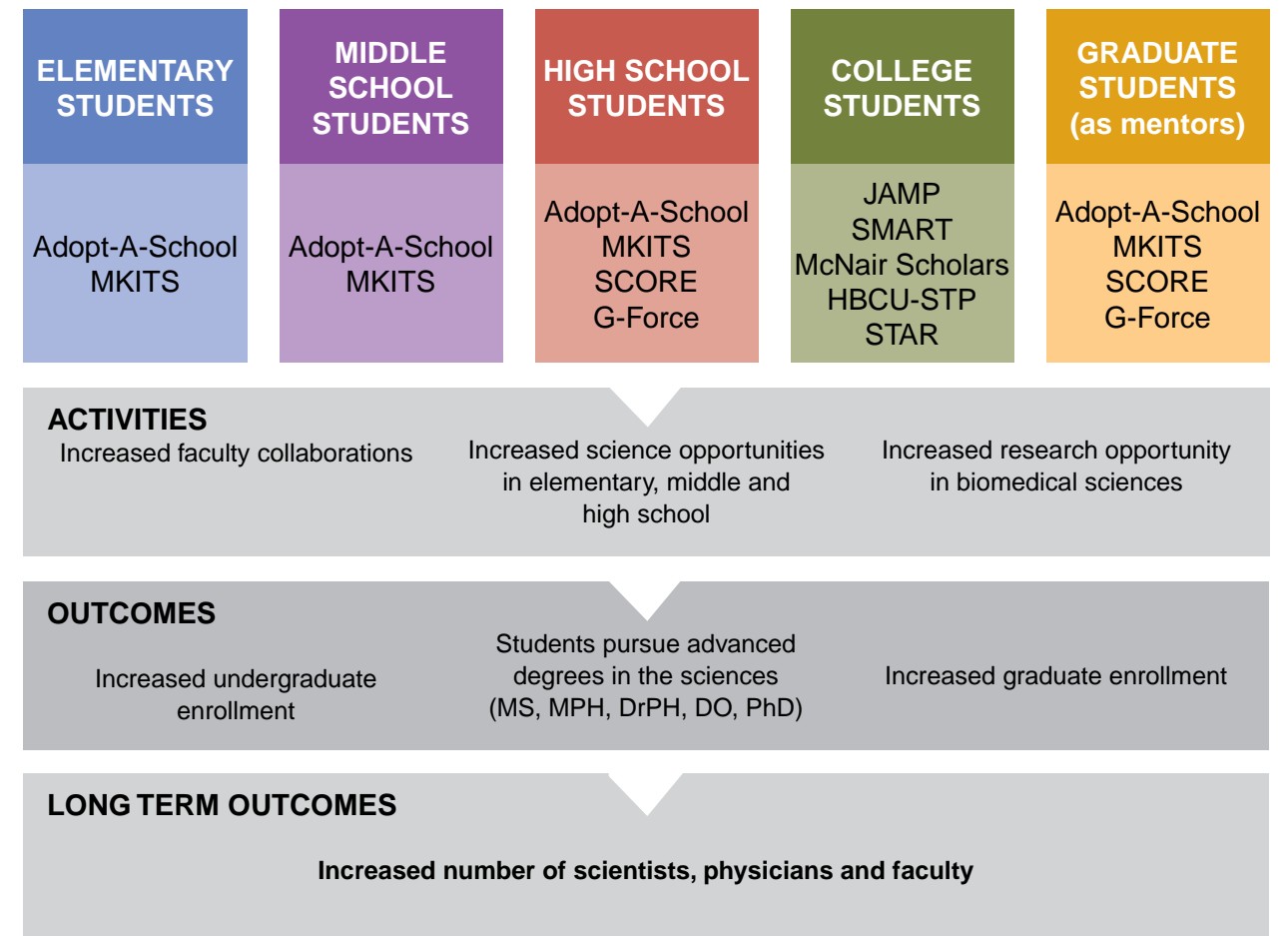
- Elissa Purnell**, assistant professor, Savannah State University, Savannah, Ga.
- Martin Farias III**, assistant professor, Texas A&M Health Science Center, Kingsville
- Gregory Buck**, assistant professor, Texas A&M University, Corpus Christi
- Adarsh Gupta**, assistant professor, University of Medicine and Dentistry of New Jersey, Newark
- Jacqueline Kaari**, assistant professor, University of Medicine and Dentistry of New Jersey, Newark
- Saraswathy Nair**, assistant professor, University of Texas at Brownsville
- Gerson Peltz**, associate professor, University of Texas at Brownsville
- Glenn Martinez**, associate professor, University of Texas Pan American, Edinburg
- Stephen Matthew**, research assistant professor, UNTHSC
- Fang Fang Zhang**, assistant professor, UNTHSC

Also pictured are **Dr. Bruce Dubin**, **Dr. Jamboor Vishwanatha** and **Dr. Robert Kaman**.

OUR EDUCATIONAL OUTREACH PROGRAMS

University of North Texas Health Science Center has received prestigious recognition for its longstanding history of programs aimed at increasing diversity within the scientific community. These awards include the Award for Excellence in Minority Recruitment from the National Association of Graduate Admissions Professionals, designation as an NIH-Minority Access Role Model Institution, and the President's Award for Excellence in Science, Mathematics and Engineering from the National Science Foundation.

The GSBS Office of Outreach administers programs whose principal goal is to increase the numbers of under-represented, disadvantaged or first-generation college students entering the health professions and the biomedical sciences.



Applause

UNTHSC FACULTY AND ALUMNI TAKE TOP AOF HONORS

Faculty and alumni of the University of North Texas Health Science Center brought home top honors this summer and fall from the American Osteopathic Foundation.



The AOF presented **Dr. Bruce Dubin**, associate dean for academic affairs and associate professor of internal medicine, its Educator of the Year award. The award honors an individual who not only emulates the osteopathic profession's high standards of excellence in teaching, but also exemplifies a significant and long-standing contribution

to the academic advancement of osteopathic students and the profession.



Dr. John Licciardone, professor of manipulative medicine and director of clinical research at the Osteopathic Research Center, received the Gutensohn-Denslow Research Award, which is given to a researcher who has proven accomplishments in research, education and service.



Dr. Mark Sanders, a 1998 Texas College of Osteopathic Medicine graduate and assistant professor of family and community medicine, received the Wyeth Emerging Leader Award. This award is given to osteopathic physicians in practice fewer than five years who have a strong commitment to the osteopathic profession and exhibit the

exemplary characteristics of emerging leaders within the profession.



Dr. Christine Estrada, who earned her master of public health degree here and is currently a palliative medicine fellow in our Department of Family and Community Medicine, received the Merck Outstanding Resident of the Year Award. This award is given to osteopathic physicians currently in their second through last year

of an American Osteopathic Association-approved residency program who go above and beyond to bring a sense of pride to the osteopathic profession.

FACULTY MEMBER EARNS ACOFP HONOR



Phillip Saperstein, DO, professor of family and community medicine, was named Family Physician of the Year by the Texas Society of the American College of Osteopathic Family Physicians at its annual conference in Fort Worth in July. Dr. Saperstein practices at the UNT Health Seminary Clinic.

SAVE the DATE



November 22-23

Thanksgiving Holiday
University and clinics will be closed

December 24-28

Christmas Holiday
University will be closed
Clinics will be closed the 24th and 25th only

December 31 – January 1

New Year's Holiday
University will be closed
Clinics will be closed Jan. 1 only

For more information about any news item or event, please e-mail news@hsc.unt.edu.

HONORING OUR PAST



Our heritage is a source of great pride for all of us. From our early days as solely the Texas College of Osteopathic Medicine to the multi-entity Health Science Center we are today, our history is a great, inspirational story. To honor our past as we embark on our future, we are developing a “history wall” complete with photos, documents and artifacts from our first 37 years. If you have something you would like to submit for consideration for permanent inclusion on this hallway art piece, please contact Shea Patterson-Young at 817-735-0301.

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