

NORTH TEXAS HEALTH & SCIENCE

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Magazine of the UNT Health Science Center



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MESSAGE FROM THE PRESIDENT

The UNT Health Science Center continues to expand its capacity to provide solutions for healthier communities. UNTHSC attracted a record enrollment of 1,760 this fall, and we're preparing to open a new UNT System College of Pharmacy in 2013. This college, authorized in the last state legislative session, will enable students who complete the pre-pharmacy programs at UNT Denton, UNT Dallas and other institutions to earn their Doctor of Pharmacy degree on the UNTHSC campus. You'll be hearing much more about this as we approach the opening.

We take a closer look at osteopathic medicine in this issue, exploring the benefits of Osteopathic Manipulative Treatment and the scientific research behind osteopathic medicine.

You'll see a story about Alakananda Basu, PhD, who mentored Fort Worth Country Day School student Shree Bose to first place in the international Google Science Fair.

We also take a look at two of our many community outreach programs. The first, called "Stomp for Life!," fights childhood obesity by equipping Fort Worth schoolchildren with drumsticks, brooms and other props to perform rhythmic routines while learning about nutrition. The children give the program a resounding "high-five" for fun and education.

Our Building Bridges program trains refugees, who fled their home countries in fear for their lives, to become community health workers. They then are able to help their fellow refugees access health care, assisting them in their native language.

Finally, I share a few perspectives on health care following an unforgettable adventure in Africa. I was fortunate to join a group that initially planned to scale Mount Kilimanjaro in Tanzania; however, the more powerful experience occurred later when we helped a mother and her baby. The experience reinforced in my mind more than ever the importance of essential health care services – and I look forward to helping the UNT Health Science Center reach new heights in primary care.



A handwritten signature in black ink that reads "Scott B. Ransom, DO, MBA, MPH".

Scott B. Ransom, DO, MBA, MPH



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PhD, professor in
Molecular Biology
and Immunology,
with Shree Bose.
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Mentoring a

“I have mentored high school students before. It’s potential, not experience, that counts.”

~Alakananda Basu

Alakananda Basu, PhD
Dept. of Molecular Biology
and Immunology

Alakananda Basu, PhD

Google Science Fair Winner

A Fort Worth high school student is the Grand Prize winner in the first international Google Science Fair, under the mentorship of a UNTHSC professor.

Alakananda Basu, PhD, professor in Molecular Biology and Immunology, guided Shree Bose, 17, who made headlines around the world with her project on the effect of the chemotherapy drug cisplatin on ovarian cancer cells.

Basu, a widely published researcher, clearly has an eye for scientific talent. “I have mentored high school students before,” she noted. “It’s potential, not experience, that counts.

“Kids are very smart, and it’s always a learning experience for me. All students teach me something.”

A lot of hard work preceded Bose’s win, and Basu seems especially skilled at helping young people persevere. “She tells you that you can’t give up,” said Soumya Krishnamurthy, graduate student in Basu’s lab. “That’s a big lesson.”

From the outset, Bose showed initiative. The Fort Worth Country Day School student approached Basu in an email asking if she could work in her lab.

“Shree impressed me, so I gave her the option of working on one of my projects,” Basu said. “It was a more complicated project, but I thought she could handle it.”

Basu paired Bose with graduate student Savitha Sridharan, who spent a significant amount of time training and supervising Bose.

“I am very proud of Shree because she was so motivated. But I would be just as proud of her even if she hadn’t won the Google award.”

The award includes a \$50,000 scholarship, a 10-day National Geographic tour to the Galapagos Islands and a choice of four experiences, including a trip to the particle accelerator lab in Geneva, Switzerland. Bose is also featured prominently in Google’s online video about the competition.

Bose devoted two months to the project, daily spending hours in the lab and becoming even more fascinated with the work. The best part? “Seeing the real-world implications of what we were finding,” Bose said.



Shree Bose and Alakananda Basu were recognized recently at a reception conducted at the Fort Worth Museum of Science and History.



U.S. Sen. John Cornyn joined representatives from Google and community leaders in honoring Bose and Basu.

“Shree got very nice results,” Basu said. Basu helped Bose pare down volumes of information into a succinct presentation, which Bose further refined.

The ovarian cancer project is one of several Basu has conducted in human disease. Early in her career, she knew she wanted to focus on curing diseases



Alakananda Basu with students Savitha Sridharan, Kirti Jain, Soumya Krishnamurthy, Deepanwita Pal and Archana Archana.

because her niece was born with a congenital blood disorder. The professor has published numerous papers and books based on her findings.

In addition to being an influential researcher, Basu, her students say, is an exceptional mentor. Sridharan: “She’s always there to guide you. You can go to her with any question.”

Krishnamurthy said Basu puts things in perspective when the experiments don’t work out as planned. “There are days you jump for joy because you get results, and there are days that are frustrating. She tells you that a PhD program is full of ups and downs – it’s a big roller coaster.”

In addition to mentoring her graduate students and Bose, Basu has always mentored in the Health Science Center’s outreach programs to encourage underrepresented and disadvantaged students to study the sciences.

“I love science,” she says, “not as a job, but as a passion.”

Fortunately for Bose and her other students, Basu loves to share her passion as much as practice it.

“Sometimes people do not want to accept high school students because they have no experience, and teaching them requires some time commitment,” she says. “However, these young scientists also need a place where they can experience the excitement of scientific research. I do not underestimate these young kids since I have seen great potential in them.”

What the project means for treating ovarian cancer

Alakananda Basu was looking for just the right project for Fort Worth high school student Shree Bose to pursue in summer 2010, and researching the long-term effectiveness of the chemotherapy drug cisplatin on ovarian cancer was the option Bose was most excited about.

The drug is effective in treating the disease, but the cancer cells grow resistant over time. Through the project Bose would explore ways to counteract this.

Bose’s research was focused on studying the role of AMPK (the adenosine monophosphate-activated protein kinase), which plays an important role in maintaining cellular energy levels, in cisplatin resistance. The experiments she conducted showed that inhibiting AMPK makes the drug-resistant cells sensitive to cisplatin. This means that inhibiting AMPK may be a way to make drug-resistant ovarian cancer cells begin responding to treatment again.

“We still need to do more studies,” Basu said. “We need to do more clinical samples and animal studies to see what happens when we inhibit AMPK. This also sends a cautionary note – we need to know more about the patient’s biology before we hit her with drugs.”

UNTHSC Embraces Osteopathic Medicine

The UNT Health Science Center has a long history of supporting osteopathic medicine, a distinctive form of medical care founded on the philosophy that all body systems are interrelated and dependent upon one another for good health. In addition to using all of modern medicine's tools – including prescription medications and surgery – osteopathic physicians also use Osteopathic Manipulative Treatment (OMT), the practice of using manual techniques to address the body's structural and functional issues.

The Health Science Center began more than 40 years ago with the opening of the Texas College of Osteopathic Medicine (TCOM), the foremost osteopathic medical school in the country. TCOM students practice in a new, state-of-the-art OMT lab, and they continue to score among the highest in the nation on the osteopathic medicine licensing exams.

“As an osteopathic physician myself who still practices, I am very proud of this profession,” said UNTHSC President Scott B. Ransom, DO, MBA, MPH. “Osteopathic physicians are taught to address the whole patient – not just the symptoms. It is a very rewarding and satisfying way to practice medicine.”

Said TCOM Dean Don Peska: “It is worthwhile to note that the origins of osteopathic medicine are steeped in the American experience. Having

its origins in the Midwest, osteopathic medicine has evolved as a unique expression



A.T. Still, founder of osteopathic medicine



TCOM's first anatomy class in 1970.

of modern health care with a determined emphasis in humanism and a culture of primary care.”

Osteopathic medicine was developed in 1874 by Andrew Still, MD, himself a physician who practiced in Missouri, following the deaths of his three children from meningitis. Still believed that correcting problems in the body's structure improved the body's ability to function and heal itself. He also promoted the idea of preventive medicine and encouraged physicians to focus on the whole patient, not just the disease.

Reflecting the philosophy of treating the whole person, many DOs do serve in primary care fields: Family medicine, general internal medicine, obstetrics/gynecology and pediatrics. But many others apply osteopathic principles in specialty practices such as surgery, anesthesiology, sports medicine, geriatrics and emergency medicine.

Aspiring physicians find it an attractive field.

“I wanted to pursue a lifelong career that would combine my passions for continued learning, social interaction and service,” said Madeline Tarrillion, (TCOM '12). “Osteopathic Medicine is one of the few careers that completes this task. I cannot think of medicine without focusing on the patients, and I believe that is the core of osteopathic medicine.”



The Osteopathic Medicine Difference —

That the mind, body and spirit are all integral to health recently has become common sense, although in some circles it's still a fairly new idea. Osteopathic physicians embraced this integrative philosophy 140 years ago, along with recognizing the body's innate ability to heal and the relationship of anatomy and physiology. It's what drew David Mason, DO, associate professor and chair, Department of

Osteopathic Manipulative Medicine, to the profession. "I liked the way my original osteopathic physician role models treated their patients," he says. "They were respectful; they explained things and didn't just say, 'Do what I say.'"



David Mason, DO

— Mind, Body, Spirit

Mason was intrigued by the key difference between osteopathic physicians and their MD-degreed counterparts: Osteopathic physicians supplement traditional medicine with osteopathic manipulative treatment (OMT), manual techniques that address the body's functional and structural issues.

“When patients come to me, I do a thorough history and physical exam to find out who they are and what brought them to my office,” Mason said. “I will then formulate an individualized treatment plan addressing the mind, body and spirit – medication, diet, exercise, preventive care, what kinds of tests are appropriate – and I will incorporate osteopathic manipulative techniques to help normalize the patient's body if I think that's needed.”

OMT involves using the hands to evaluate and treat patients. It addresses dysfunctions in the musculoskeletal structure, and it can optimize the body's ability to reduce inflammation and fight infection. Studies show that OMT is especially effective in treating lower back pain, pregnancy back pain, ear infections, pneumonia and asthma.

“It's not true that OMT is only for musculoskeletal disorders,” Mason said. “I wouldn't use it to treat high blood pressure, but if someone with high blood pressure has a musculoskeletal dysfunction, I would use it to support the body's ability to heal itself.”

For instance, OMT can improve lung function in an asthma patient by addressing the rib cage and diaphragm while reducing inflammation, he said.

Mason said he even noticed a difference in osteopathic medical schools vs. MD schools when he was deciding where to enroll. “Students were happier in osteopathic medical schools, and they were excited about what they were learning. Then I found out 60 percent of osteopathic medical school graduates go into primary care, and that's what I wanted to do.”

As he began practicing family medicine, Mason noticed that the top three patient ailments were back pain, neck pain and upper respiratory infections. “I started treating them with OMT, and patients got better and started sending me other patients.

I realized I could benefit from more training so I could make the more difficult conditions better, too.”

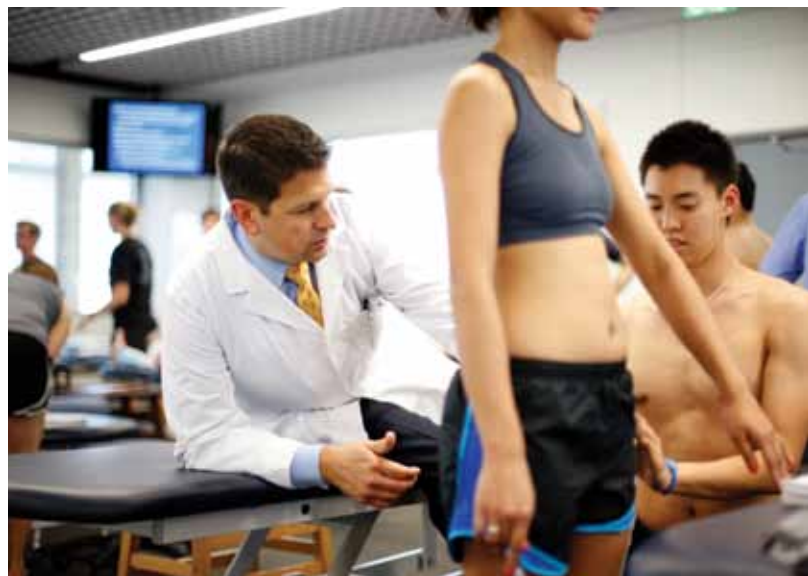
Mason became an expert on OMT. As a physician and professor, he is grateful both for his patients and students. “Lifelong learning is required in this profession, and I wouldn't know what I need to learn without them.”

And he shares his point of view with students.

“Patients are looking for non-pharmacological ways to be treated and become healthy. The ability to use OMT will set you apart from other practitioners and provide an extra tool and an extra aid to help get patients better.

“Patients tell me all the time they don't want another pill. Sometimes medication is needed, but OMT helps the body use the medicine more effectively. OMT offers osteopathic physicians the opportunity to better care for their patients, and I teach that by example. OMT is safe and effective and often a good alternative and always a good adjunct to medical care.

“My goal is to teach students that you don't have to be an OMT specialist to use manual techniques and principles. You'll be an even better doctor if you do.”



Mason teaches students OMT techniques.

The Science Behind Osteopathic Medicine

Can it be proven that osteopathic manipulative treatment (OMT) works? Definitely, says John Licciardone, DO, MS, MBA, who is well on his way toward doing just that.

Licciardone is associate dean for clinical research at the Texas College of Osteopathic Medicine (TCOM) and executive director of The Osteopathic Research Center (ORC). Among his accomplishments:

- His study demonstrating the benefits of OMT for low-back pain in pregnant women was published in the American Journal of Obstetrics and Gynecology and featured on the Modern Medicine website. This research was also featured as a research spotlight on the National Center for Complementary and Alternative Medicine (one of the National Institutes of Health) website.
- His meta-analysis (analysis of separate but similar studies) on OMT and low-back pain showed the techniques to be effective. That was enough to convince the California Medical Association to pass a resolution recommending that health insurance providers reimburse physicians for the treatment. The same study prompted the American Osteopathic Association to issue its first clinical practice guidelines for osteopathic physicians in treating low-back pain.
- He is principal investigator in the largest clinical trial ever conducted on using OMT, the OSTEOPATHIC Trial, which is slated to unveil its low-back pain results in early 2012.

All of this is welcome news for those who suffer with chronic lower back pain.

“It can be a challenge to get recognition of the important research we do in chronic pain,” Licciardone said. “Chronic pain is not cancer or heart disease. But anybody who has ever had chronic pain knows what a difficult condition it is to live with. Much of our research is funded by the National Institutes of Health. That’s the equivalent of having the ‘Good Housekeeping Seal of Approval’ for research.”

The research effort started in 1996, when the then Health Science Center president and TCOM dean discussed OMT at a Macy Foundation meeting. “One of the attendees said that if we could prove that OMT works, all MDs should learn it,” Licciardone said, and he was tabbed to begin an OMT clinical research program.

Since individual colleges of osteopathic medicine generally can conduct only small-scale studies with relatively few participants, the osteopathic profession decided in 2002 to open a national center for osteopathic research on the Health Science Center campus. The ORC is now one of the UNT Health Science Center Health Institutes of Texas research institutes.

They are not easy studies to conduct.

“Clinical trials are relatively easy when testing a drug,” Licciardone said. “Pills and placebos look exactly the same – you just recruit people for the

trial. OMT is a personalized intervention, and that creates issues. There may be a lot of variability in treatments provided for patients.”

The ORC is the only research center in the world conducting clinical studies of OMT that are large enough to potentially demonstrate definitive results. Licciardone is training a network of osteopathic physician fellows to do clinical research through a program partially funded by the Osteopathic Heritage Foundation.

The patient-oriented research fellowship program, and its affiliated Consortium for Collaborative Osteopathic Research Development-Practice Based Research Network (CONCORD-PBRN), is hosting its first group of 14 fellows this

year. They participate in six extended weekend seminars that cover 162 hours of instruction. The first class completes the didactic phase of the program in December.

The ORC has focused largely on low-back pain, but Licciardone said more research is needed on OMT’s benefits for other conditions, such as neck pain, fibromyalgia and respiratory conditions. The ORC is sponsoring an international conference on musculoskeletal health this spring (more information below).

It has been a 15-year quest that Licciardone says will continue for him. Why?

“Because I still haven’t figured out all the answers,” he said.

Investigating more than OMT

Through its health services and policy research unit, The Osteopathic Research Center determines and evaluates unique practice characteristics of osteopathic physicians.

“We have shown that DOs are more likely to treat chronic low-back pain and that they prescribe NSAIDs (non-steroidal anti-inflammatory drugs such as ibuprofen) less often,” says center Executive Director John Licciardone.

“Patients benefit from osteopathic manipulative treatment (OMT) and are not exposed to treatments that may have adverse side effects.”

The ORC also researches the underlying mechanisms of osteopathic manipulation. Research conducted by Lisa Hodge, PhD, evaluates the effectiveness of OMT on the immune response during infection, inflammatory diseases and cancer. The project is funded by the National Institutes of Health and the Osteopathic Heritage Foundation.

Mark Your Calendar

Using Manual and Conventional Therapies to Enhance Musculoskeletal Health

April 27-29, 2012

Hilton Hotel
Fort Worth, Texas

CONFERENCE HIGHLIGHTS

Presentation of the Inaugural
Murray Goldstein, DO Lecture

Keynote Address by
Josephine P. Briggs, MD,
Director, National Center for
Complementary and
Alternative Medicine
National Institutes of Health

Results from the
OSTEOPATHIC Trial,
a 455-subject randomized,
controlled trial of manipulation
for chronic low back pain



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Overcoming Mountains *and much more*

When UNTHSC President Scott Ransom, DO, climbed Africa’s tallest peak, Mount Kilimanjaro, this summer, who knew that he would cherish other memories of the Tanzania trip even more?

Ransom, a practicing obstetrician; wife Elizabeth Ransom, MD, a chief quality officer at Texas Health Resources (THR) and a practicing otolaryngologist; two of their three children, and other physicians and volunteers were on a quest much more ambitious than conquering the 19,341-foot mountain.

Nine months earlier, when the Ransoms and other climbers launched this adventure, they decided to give something back to the local African community. Dr. Elizabeth Ransom suggested that the 11 members of the climbing team and nine other volunteers develop a clinic and work with the local Masai people to improve their access to health care services. The result was the construction of a much-needed clinic for a region that had no health care services.

The grand opening of the Open Arms Clinic was a tribal splendor. Joining the 20 American volunteers were village elders dressed in colorful robes and armed with spears, councilmen from the Tanzanian government, and a past prime minister.

The Masai women arrived at the ceremony singing, chanting and dancing – shoulder-to-shoulder. Doug Hawthorne, president and CEO of THR, a major supporter and spokesman for the clinic and the volunteers, provided inspirational words to highlight a vision of better health for the Masai people. Tribal elders and African leaders then expressed their thanks for the clinic and medical providers. The next day, the clinic opened its doors to a long line of patients waiting to be seen.

Dr. Scott Ransom was teaching several volunteers how to assess vital signs and triage patients when his wife insisted he needed to see a patient right away — a young pregnant woman.

The woman had been in labor three days, and hadn’t felt the baby move in two days. On initial assessment the patient’s cervix was completely dilated, yet Ransom didn’t know if the baby was alive or dead due to a lack of any fetal monitoring equipment.

What are the odds that an obstetrician would be in this isolated area of Tanzania when this young woman so desperately needed one? Probably about the same odds that a highly trained neonatologist would also be there to attend to the baby who, if alive, likely would need immediate care. Darryl



Scott Ransom, DO, and Elizabeth Ransom, MD, at the newly opened Open Arms Clinic after delivery of Baby Elizabeth.



Masai villagers at the Open Arms Clinic grand opening.

Miao, MD, a Fort Worth neonatologist, was one of the Mount Kilimanjaro climbers and one of the 20 Americans who opened the clinic.

After assessing the pregnant woman, Ransom explained the clinical situation to Dr. Miao and asked that he get ready to help with the baby after delivery.

The doctors quickly prepared for the delivery. Clamps for the umbilical cord? None. Suture? Only very fine suture, not suitable for the job. Needle driver? Not available. Forceps? Again, none. Ransom and Miao scrambled for substitutes.

It was Dr. Miao's wife, Winjie Tang Miao, president of Texas Health Harris Methodist Hospital Alliance, doubling as the newly opened clinic's administrator and quick problem-solver, who figured out possible substitutes to support the delivery and resuscitation of the expected newborn.

"I used every maneuver that I knew to deliver the baby safely," Ransom said. Dr. Elizabeth Ransom assisted with the delivery, and the young mother came through the ordeal well. The baby was delivered without injury and a heart rate of 100; but she wasn't breathing and had no muscle tone. Meconium fluid (a sign of a distressed infant) was removed from the baby's mouth with medical sponges and a syringe, since no suction bulbs were available. There was also no resuscitation equipment, which the infant desperately needed.

The only option was mouth-to-mouth resuscitation in a land where AIDS is prevalent.



The new mother holding Baby Elizabeth with her sister and Darryl Miao, MD.



Winjie Tang Miao (right) and Sarah Ransom play with Masai children at Open Arms Clinic.



Open Arms Clinic volunteers: Ed Marx; Talitha Marx; Jon Sullivan; Nanette Sullivan; Scott Ransom, DO; Sarah Ransom; Elizabeth Ransom, MD; Matthew Troup; Winjie Tang Miao; Melissa Troup; Christopher Ransom; Dr. Ruth; Doug Hawthorne; Martha Hawthorne; Darryl Miao, MD; Yuri Cook, MD; Julie Marx; Scott Spencer; Carrie Spencer; and David Spencer.

Using only a plastic bag with a slit in it to limit exposure, Miao began breathing into the baby's mouth. Five, 10, and then 15 minutes passed with little response from the infant.

The doctors didn't know it, but in the adjacent examination room several Masai villagers and American volunteers were praying for the baby, mother, and doctors. Miao and the Ransoms were all thinking the same thing: Two lives are at stake here, plus if anything happens to the mother or baby, this clinic will be considered cursed and no one will come for treatment in the future.

Then, 20 minutes after mouth-to-mouth was initiated, "the baby started crying and then began screaming so all in and around the clinic could hear," Ransom said. "It was music to our ears."

After the new baby and mother were closely observed and cared for throughout the day, the mother asked the translator to ask Elizabeth Ransom her name. Her baby would be named for the American woman who helped her through her first and very challenging delivery. "Baby Elizabeth" was the clinic's official first patient and would serve as a symbol to all of the American volunteers and Masai people of the purpose of the newly established clinic.

It had been Elizabeth Ransom's idea to start the clinic nine months earlier, which was about the same



Tanzanian children greet American volunteers.

time the baby was conceived. "Everything happened in parallel. The baby and the clinic were conceived around the same time, and the delivery of Baby Elizabeth provided an emotional bond between the Masai people and the Americans," Ransom said.

The doctors all kept a close eye on the new mother and Baby Elizabeth. The baby's grandmothers arrived and ceremoniously rubbed lotion on her head "in such a loving way," Ransom said. "There was an incredible connection between the two grandmothers and the baby."

"When we first arrived, the villagers were suspicious," Ransom said. "They wondered if the Americans were trying to make money from the villagers. We reassured them the care would be free and that we were there only to serve. As we left, we



Scott Ransom (far right) atop Mt. Kilimanjaro with family, friends and colleagues.

had a meeting with 15 Masai elders in their robes carrying spears, and everyone was thanking one another.”

The meeting with the village elders included transitioning the clinic to “Dr. Ruth,” a young physician trained in Kenya, who had agreed to provide care at the Open Arms Clinic for two years.

“While we had an impact during the time we were in Africa, Dr. Ruth will be the anchor in providing health care services and improving the health of the Masai people,” Ransom said.

The Ransoms’ first reason for traveling to Africa was to scale Africa’s tallest mountain and one of the Seven Summits. All eleven members of the climbing group, including all the Ransoms, successfully summited Kilimanjaro – a remarkable achievement given that the usual success rate in those attempting it is about 40 percent. But the summit of their trip?

“Having a successful outcome for Baby Elizabeth and her mother and watching the bonding among the family members was a very emotional time,” Ransom said. “There was definitely divine intervention in guiding the clinic opening and assuring that just the right mix of doctors was available to provide assistance, at the precise moment in time, to save the life of the new baby and the mother.

“Maybe Baby Elizabeth will become a student at TCOM or one of our other schools in about 20 years. Or maybe, she will become a key leader to help the African people.”

Bringing the lesson home

The Masai are among Africa’s oldest ethnic groups, a pastoral band of cattle herders. Average life expectancy is 41, and the maternal and infant mortality rate is so high that babies aren’t officially recognized until they are three months old. UNTHSC President Scott Ransom, DO, MBA, MPH was warned that the children would look younger than their actual age, while adults would look older.

“A 40-year-old could look 80,” he said.

Still, Ransom was troubled by a father who brought his two children to the clinic. Their mother had died during childbirth two years prior, and the man was concerned because the children weren’t growing. Through a translator he said the family each ate a small bowl of porridge for breakfast and nothing else.

“He just didn’t understand,” Ransom said.

“We explained they needed to eat more to grow. Fortunately, there was food available to the family, but he did not understand the nutritional needs of his kids.”

The doctors saw more than 350 patients before they left the Open Arms Clinic. As they headed for the airport, a long line of people were outside the clinic waiting for it to open.

“All those people waiting for care, and Lord knows what they needed,” Ransom said. “We in America have everything in comparison to the Masai villagers – clean water, reliable sources of food, health care services, transportation and all the modern conveniences. Yet the Masai people seemed very happy.

“We have specialties like transplant and cardiac surgery in America, and it’s great that we have those experts. But basic health care services are so important. It made me think of this institution, the UNT Health Science Center, and it recharged my batteries and will serve as my personal inspiration to help guide this institution to become the best in the world at primary care. There are communities in Texas that desperately need the physicians, physician assistants, physical therapists, public health experts, scientists and other health professionals that we train.

“I looked into the eyes of my Masai patients, and found that they are just like us. They could be my next-door neighbor. We all need basic health services.”

TCOM students working in Africa

Two Texas College of Osteopathic Medicine (TCOM) students also recently traveled to Africa to provide much-needed health care to people there. One made her first trip to South Sudan and the other returned to her “home” in Nigeria. Now both, back in TCOM, are already making plans to go back.

Nnenna Ejiesieme Egbuoma, Nigeria

Even though second-year TCOM student Nnenna Ejiesieme was born and raised in Texas, she considers Nigeria her home.

“My family is from Nigeria, and we visit every year,” Ejiesieme said. “It’s what I’m familiar with and it’s my culture.”

Through involvement with the Igbo Community Association of Nigeria (ICAN), Ejiesieme’s family keeps a close connection with their Nigerian home. ICAN, a network of Nigerians living in the Dallas-Fort Worth region, raises funds to support education, health and infrastructure projects in communities back home.

“There is a limited amount of resources and an extraordinarily high level of need,” Ejiesieme said. “You can see the magnitude of the need firsthand when you are there.”

Last year, Ejiesieme’s father, who is a nurse, decided to address some of that need with a health fair in his home town of Egbuoma. Ejiesieme’s family dubbed it “Project Heartland” and got to work raising money and collecting medicine and hygiene products like deodorant, toothbrushes and toothpaste. When the family made their annual trip to Africa in December, they set up shop in a local school and opened their doors to the people of Egbuoma.

Along with providing medicine, vitamins and hygiene products, Ejiesieme’s family and other medical professionals checked each patient’s blood sugar and blood pressure and offered health education.

“We saw way more people than we thought we would ever see – beyond what anyone could have



anticipated,” said Ejiesieme. “The health fair was scheduled for one day and it stretched out to three. We saw almost 1,000 people.”

Project Heartland was such a success that Ejiesieme is making big plans for this year. With a focus on babies and mothers, she is already raising money and collecting vitamins, diapers and baby formula to take to Nigeria.

She is also trying to get her TCOM classmates involved. Someday she’d like to take a group of medical students along to help with Project Heartland. She also plans to continue her work in Nigeria through medical school and beyond.

“I hope that when I’m done with medical school and my residency that I can start a clinic and school there and will be able to practice medicine in the U.S. and in Nigeria,” Ejiesieme said. “I want to travel and see the world through the medical professional’s eyes.”

Liz Levacy Kajo-Keji, South Sudan

Medical mission work had always been a goal for first-year TCOM student Liz Levacy, MS ('11), but she never thought she would achieve that goal in Africa.

"Africa was not a place that I felt like I was called to," said Levacy, who plans to specialize in ophthalmology. "I always wanted to go to South America to treat people."

But when Levacy moved to Fort Worth to attend the UNT Health Science Center, she connected with the Fort Worth-based Radler Foundation, a faith-based organization that performs aid work in East Africa. The foundation recently sent its first medical outreach team to South Sudan, and when they found out that Levacy was about to start medical school, they invited her to join them.

Levacy traveled to Kajo-Keji, South Sudan, in June to observe and assist the team of nurse practitioners, physician assistants and Sudanese health care workers. The team treated as many as 60 patients a day. They provided basic health education and treated common but potentially deadly ailments like malaria and staph infections.

As the first point of contact for the arriving patients, Levacy greeted them and took their weight and temperatures. Through these interactions with villagers, who had traveled dozens of miles by foot to receive the most basic medical care, she found a new inspiration.



"A couple of older men from one of the villages asked, 'You want to be a doctor – what are you going to do for us in five or eight years?'" Levacy said. "And then it hit me.

"I am going to be an ophthalmologist. Glaucoma is the leading cause of blindness in the world, especially among people of African descent. It's preventable; they just need to be treated and educated," Levacy said. "I can bring that knowledge to help them."

With that new goal, she already has set her sights on returning to South Sudan, possibly for third- or fourth-year rotations or post-graduate work.



In addition to assisting the medical team, Liz Levacy documented the trip by taking photos of the people and places she encountered. She took this picture of Moggi, a Sudanese clinical officer in Kajo-Keji (left), and assists with health screenings (right).

Stomp-ing for life

*I'm draggin' on, can't get my butt to move,
Cause I drank too many sodas and I'm eatin' fried food.*





Susan Franks, PhD

There's a lot of stomping going on in four Fort Worth community center gyms, but it's all authorized in the name of fighting childhood obesity.

The brainchild of Susan Franks, PhD, the program, called Stomp for Life!, combines nutrition information and physical activities using props such as brooms and drumsticks in the manner of the traveling entertainment group STOMP. But these routines are performed to rap songs with lyrics like:

I'm draggin' on, can't get my butt to move, Cause I drank too many sodas and I'm eatin' fried food.

"The kids love it," said Jasmine Chambers, recreation programmer for the City of Fort Worth. And the messages apparently are sinking in. Chambers said the kids' parents report that the children continually ask in the grocery store as their parents toss food into the basket, "How many grams of fat does that have?" and "How many carbs are in that?"

It's all by design. Franks, associate professor in Family Medicine and member of the Texas Prevention Institute, is breaking new ground by using the power of music to directly influence

brain activity to improve retention of nutrition information and to help form healthy habits. The participants, ages 9 through 12, learn educational lyrics and movement based on rhythms known to enhance learning and motivation.

**"Today was a fun way to learn about health." "I learned to eat healthy."
"I love Stomp for Life. It's awesome and fun. I wish I could come every day."**

~ The Kids

"We chose to work with this age group because that's the age when kids want to start making their own decisions," Franks said.

Each child is measured before and after the 12-week program in order to evaluate the impact of the program on changes in weight, physical activity, dietary choices and motivation for healthy living.

She collaborated with UNT Denton's Kris Chesky, PhD, director of the Texas Center for Music and Medicine, and Debbi Jo Utter of Dance Concept of Fort Worth to develop the music and movement routines.



Debbi Jo Utter



Toyya Goodrich, DO, UNT Health Pediatrics, checks a student's blood pressure.

“A big hurdle that you have to overcome in health promotion programs for kids is their perception that the information is boring and irrelevant to their lives,” Franks said. “One of

the goals of Stomp for Life is to positively engage the kids in learning about physical activity and nutrition topics. I wanted to make healthy living fun, relevant and exciting!”

The program is funded by the Coca-Cola Foundation and the UNT Health Science Center Foundation through December 2011, and Franks is seeking additional funding now. Also supporting the program are these businesses: Academy Sports + Outdoors, Albertsons, Brookshire’s Food and Pharmacy, Central Market, Costco, Fiesta, Fort Worth Museum of Science and History, Fort Worth Zoo, M&M Merchandisers Inc., Mimi’s Café, Pier 1 Imports, Red Lobster, Romano’s Macaroni Grill, Target, Tom Thumb, Walgreens and Wal-Mart.

What do the kids think? Here are a few quotes from the anonymous surveys they complete after each session:

“Today was a fun way to learn about health.”

“I learned to eat healthy.”

“I love Stomp for Life! It’s awesome and fun. I wish I could come every day.”



Reception honors founder Carl E. Everett Namesake of the Everett Education and Administration Building

The UNT Health Science Center has recognized one of its founders, Carl E. Everett, DO, by naming the Education and Administration Building for him. Everett was honored at a July 15 reception, where a plaque bearing his likeness was unveiled. It is displayed in the building's second-floor entrance.

"Dr. Everett has made, in my opinion, the most incredible contributions to this institution over the last 40 years of any person, period," said UNTHSC President Scott Ransom, DO, MBA, MPH.

Everett was born in 1914 in Mountain View, Ark. He earned a bachelor's degree from the University of Oklahoma and a doctor of osteopathy degree from the Kansas City College of Osteopathic Medicine in 1939, now called Kansas City University of Medicine and Biosciences-College of Osteopathic Medicine. He practiced medicine in Missouri for the next decade.

Everett brought his young family to Fort Worth in 1949 because of his friendship with Roy Fisher, founder of the Fort Worth Osteopathic Hospital.

In addition to his long association with the Texas College of Osteopathic Medicine, Everett served a lengthy term on the board of directors of the Osteopathic Medical Center of Texas and a year as chief of staff.

"Carl was always instrumental at bringing people together," recalled Tim Sullivan, son of Everett's longtime business partner Dorothy Sullivan, whom Everett first met when she was an administrator of the osteopathic hospital on Montgomery Street. Together they built and managed a series of nursing homes across North Texas.

"Dr. Everett has made, in my opinion, the most incredible contributions to this institution over the last 40 years of any person, period."

~Scott Ransom

At their Western Hills Nursing Home in Fort Worth, Everett and Sullivan partnered with three DOs and three MDs and opened it for TCOM students to use for their geriatric rotations. Everett hired the MDs in part so that osteopathic students could gain experience working with MDs as colleagues, something he felt would become increasingly common during their careers.

Visit here to see a video of the ceremony:
www.hsc.unt.edu/news/newsrelease.cfm?ID=1015

Research

Taking a bite out of myths about Lyme disease

A tick bite that brings on illness calls for immediate treatment. For the patient, wondering whether it's the much-publicized Lyme disease can be frightening. Add to that a widely endorsed belief that Texas has no ticks carrying Lyme disease, and you have a scary situation.

Phillip Williamson, PhD, is helping sort it out. Since 2004, he has directed Texas' only lab that analyzes Texas ticks and tracks tick-borne diseases. He is assistant professor of the Health Science Center's Forensic and Investigative Genetics Department, and director of the Center for Tick-borne Diseases. Williamson is one of Texas' top experts in tick-borne diseases and researches patterns in reported cases of Lyme disease in the state.

"There's a misconception that there is no vulnerability for Lyme disease here in Texas," he said. "The black-legged deer tick, which commonly carries Lyme disease in the Eastern U.S., isn't the most common pest in Texas. Ninety-five percent of the ticks in Texas are the Lone Star tick. We have documented people in Texas who haven't left the state, yet experience symptoms similar to Lyme disease after being bitten by the Lone Star tick. These symptoms are usually categorized as Southern Tick Associated Rash Illness or STARI, for which doxycycline is prescribed." Doxycycline is an antibiotic often prescribed for Lyme disease patients.

Last year, research by Williamson, several of his colleagues and collaborators at UNT's Denton campus was published in *Emerging Infectious Diseases*. Their research showed that people in Texas and the Southern U.S. may experience tick-related illnesses very similar to Lyme disease that seem to be transmitted by ticks other than the normal Lyme vector. And those suffering from these illnesses have the right to be treated for tick-borne diseases.

That's where Texas legislation passed in the



Phillip Williamson, PhD

latest session will make a difference. Until June 2011, the few physicians in Texas who treated Lyme-like symptoms and reported it were subject to having their credentials questioned.

Standard treatment following a tick bite would be two weeks of antibiotics. However, longer-term, more aggressive treatment with antibiotics can help treat Lyme disease in some people.

Williamson's research is helping the state medical board and physicians better understand tick-borne diseases and create treatments that will prevent debilitating effects. The new legislation allows physicians in Texas to treat chronic Lyme disease and attend continuing medical education courses to learn more about the disease.

UNT Health Science Center researcher links onset of risky drinking to start of freshman year

College freshmen increase risky drinking immediately after they start school, Scott T. Walters, PhD, of the School of Public Health writes in a study published recently in the journal *Addictive Behaviors*.

Walters, professor of Social and Behavioral Sciences, co-authored the article –“Use and correlates of protective drinking behaviors during the transition to college: Analysis of a national sample” – with Norma Nguyen, then his research assistant; Todd M. Wyatt of Outside the Classroom Inc.; and William DeJong at the Boston University School of Public Health. The authors studied 76,882 first-year students from 258 colleges nationwide in the three months just before and after the start of the school year.

The survey asked about drinking, as well as protective behaviors to minimize its impact. The report notes that although heavy alcohol use has consequences, college students can reduce their risk by using cautionary strategies and by not drinking in high-risk situations. Those strategies include mixing drinks with less alcohol, alternating nonalcoholic and alcoholic beverages, avoiding drinking games and using a designated driver. The survey also inquired about behaviors specifically intended to get someone drunk, such as drinking earlier in the evening or doing “shots” of alcohol.

“This was a particularly unique data set, in that nearly every other survey of college drinking is conducted after school begins,” Walters said. “We know that students drink more in college than they do in high school, but we don’t know exactly when this increase occurs. Because students completed this survey in the weeks just before and after the start of school, it tells us exactly what happens to drinking after school starts.”

The study found that behaviors to limit drinking and to avoid driving while intoxicated declined over the course of the data collection period, while students’ intent to get drunk and their peak blood alcohol concentration levels increased immediately after the start of school.

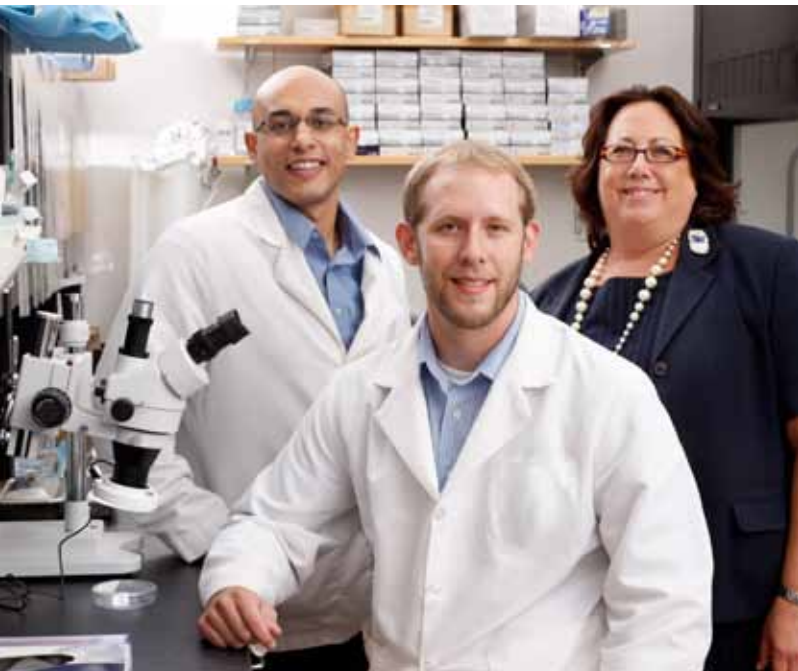


Scott Walters, PhD

“Toward the end of summer, students become progressively less careful about their drinking,” Walters said. “This trend starts well before school begins. But certain kinds of risky behaviors, like doing shots or drinking before going out for the evening, only increase after school starts.”

In most areas, women were more likely to use protective behaviors than men. However, women were equally likely to engage in risky behaviors and showed similar increases after the start of school. Race/ethnicity and intent to join a fraternity or sorority had negligible effects on protective behavior scores.

With its conclusions that many first-year college students begin extreme drinking in the first few weeks after classes start while simultaneously disregarding protective behaviors, the study reinforces the importance of prevention efforts during the first few weeks of college, including alcohol education programs, social-norms marketing campaigns and visible law enforcement.



Diaa Osman, Daniel Gehlbach and Peggy Smith-Barbaro, PhD

Students research complementary and alternative therapies

Students at the Texas College of Osteopathic Medicine have an unusual opportunity to research complementary and alternative therapies as part of their training. These treatments may include such practices as acupuncture, herbal therapy, prayer and meditation, and body manipulation.

The Complementary and Alternative Medicine Short-Term Research Rotation (CAMSTRR) is a competitive, optional eight-week rotation at the end of the third year and start of the fourth year. It begins with 64 hours of course work in research fundamentals, including hypothesis formulation, research protocol development, data analysis techniques and research ethics.

Each student is assigned a mentor whose research correlates with the student's career goals. In the mentor's lab, the student gets seven weeks of hands-on experience with the nitty-gritty of bench research, learning one or more state-of-the-art research techniques.

"The overall goal is that some of the students will go on to a career in medical research," says Peggy Smith-Barbaro, PhD, who directs the CAMSTRR program.

CAMSTRR requires two of a medical student's eight elective rotations, but that has not proved to be a deterrent. The program has existed for three years, and applications have increased each year. Ten students were chosen from 23 applicants for the 2011 rotation.

Smith-Barbaro says some students apply because they're curious about certain CAM practices, while others want to learn how the evidence that advances medical science is accumulated. For Diaa Osman, a TCOM student who already holds a degree from the Canadian College of Naturopathic Medicine and hopes to do clinical research in endocrinology and nutrition, CAMSTRR neatly melded his interests. "I thought this would be an excellent opportunity to get a basic foundation in how to go about working within the milieu of research."

Osman worked in the lab of Meharvan Singh, PhD, chair of Pharmacology and Neuroscience, who is studying phytoestrogens and their effect on neurobiology.

Daniel Gehlbach, who hopes to become a pathologist, did his CAMSTRR rotation with Lisa Hodge, PhD, associate professor of Molecular Biology and Immunology, who is studying the effect of osteopathic manipulative treatment on the immune system. The treatments are believed to boost circulation of cells that were in lymph nodes, thus increasing the body's ability to fight infection or cancer. "Eight weeks of research isn't a lot of time, but it's enough to give you the flavor of research," Gehlbach says.

The CAMSTRR program is funded by the National Center for Complementary and Alternative Medicine branch of the National Institutes of Health (NIH). Students who participate in CAMSTRR receive NIH fellowship funding for the two months of the program, as well as a reimbursement of two months' TCOM tuition — a nice perk of the rotation. But maybe it's the experience doing bench research, not the money, that motivates applicants.

"I love to watch the students' faces as they get involved in research," Smith-Barbaro says. "Some say they will never do research again, but for lots of them, their faces light up when they talk about what they've learned."

Two UNTHSC faculty study telehealth’s potential for reducing number of hospitalizations for home health patients

Health monitoring via telecommunications can help recipients of home health care stay out of the hospital, according to recently published articles by two School of Public Health faculty members.

One of the articles, whose lead author is José A. Pagán, PhD, chair of the Department of Health



José A. Pagán, PhD



Hsueh-Fen Chen, PhD

Management and Policy, focuses on diabetics and was published in the July 2011 *Journal of Primary Care and Community Health*. Pagan’s co-authors for the article –“An Integrated, Clinician-focused Telehealth Monitoring System to Reduce Hospitalization Rates for Home Health Care Patients with Diabetes”– are Hsueh-Fen Chen, PhD, assistant professor of Health Management and Policy, and M. Christine Kalish, MBA, from the Brittain-Kalish Group consultancy. The study that inspired the article showed that substantially fewer diabetics were hospitalized while using telehealth monitoring systems during their first 30 days of home health care. This could help reduce the high costs of hospitalization related to diabetes. “Telehealth” means the use of telecommunications and information technology to assess, diagnose, consult,

monitor and provide information and interventions to patients across distance.

The study focused on 2009 data related to 699 Medicare beneficiaries receiving home health services in Texas and Louisiana, some of whom received care via telehealth.

Of those studied, the hospitalization rate for non-telehealth patients during the first 30 days of home health care was 19 percent, with the rate for telehealth patients being 12 percentage-points lower.

Chen was the lead author for the other article, with Pagán and Kalish as co-authors. They found that the 30-day hospitalization rate for home health care patients could be reduced to 10.3 percent from 17.1 percent through the use of an integrated, clinician-focused telehealth monitoring system.

Of those studied, the hospitalization rate for non-telehealth patients during the first 30 days of home health care was 19 percent, with the rate for telehealth patients being 12 percentage-points lower.

This article, “Telehealth and Hospitalizations for Medicare Home Healthcare Patients,” was published in the June 2011 issue of *The American Journal of Managed Care*.

The article was based on a study of 5,873 Medicare beneficiaries receiving home health care services through a network of community-based home health agencies operating in Texas and Louisiana. The findings may lead to substantial cost savings given that, for example, it costs approximately \$7,200 to treat a readmitted Medicare patient.

The study notes that “(f)or both home health agencies and Medicare administrators, the problem of how to reduce hospitalization rates to improve quality of care for home healthcare patients continues to be a significant challenge,” with telehealth being a promising and cost-effective solution.

In the Community

Helping the homeless get back on their feet

Willie James Harris faced a tough road. By the time he wound up living on the street, he'd been in and out of prison a few times. A drinker at age 11, he started hard drugs at 16. By middle age he was an addict and a convicted felon and eventually homeless.

But he's thankful for what he has now: a roof over his head, and his life.

"It's only with God's grace that I'm still here," he says.

At age 52, he seems to have turned his life around. He lives in transitional housing at the Union Gospel Mission of Tarrant County, and he has a plan. "I want to get a job, get certified to drive a truck. I need to work."

There are obstacles. It's a tough economy. And like most formerly homeless folks, he has health problems.

Which is what brings him to the Healing Shepherd Clinic across the street from the mission, and to Richard Baldwin's examination room.

Here, Harris has found an ally. "He's the only doctor I know who listens," Harris says of Baldwin, DO, UNTHSC associate professor of family medicine. Baldwin volunteers each Tuesday morning at the clinic, seeing 10-20 patients.

Harris has been seeing Baldwin for several months. "He tells you why you should take certain medications, what good it will do for you. He explains."

Baldwin says modestly, "I'm a teacher forever."

The medical care at the clinic is free. Patients take their prescriptions to be filled at John Peter Smith Hospital, and they are referred to specialists, imaging and labs via the JPS system as well. Mental health issues frequently contribute to homelessness; Tarrant County Mental Health Mental Retardation has a clinic next door.

Baldwin began volunteering at Healing



Richard Baldwin, DO

Shepherd two years ago, after hearing an appeal at his church from Medical Director Alan Davenport, MD.

"Most of what I do here is family practice and urgent care," Baldwin says. "Many of my patients have neglected and abused themselves for years. They're in a recovery phase but have a lot of ground to make up."

Harris, whose health history includes lung problems, says Baldwin helped him get minor surgery at JPS. When he visits Healing Shepherd Clinic, "I always ask to see Dr. Baldwin specifically."

And the doctor says the work is highly rewarding. "At my age I can't do much overseas mission work. But I can reach out, right here in my own community. The patients are incredibly appreciative. Much of the medical care they have had in the past has been in a crisis. They've been, of necessity, more or less managed rather than treated. And they don't expect much. They're surprised and grateful."



Baldwin examining large calluses on patient Celia Schmitz's foot.

On the Tuesday morning of this interview, Baldwin's patients include a woman suffering pain from large calluses on her feet. She had foot surgery 20 years ago, and her weight distribution isn't correct, so Baldwin refers her to a podiatrist.

Says Sakal Kiv, a student in HSC's Graduate School of Biomedical Sciences who is considering medical school and has been shadowing Baldwin at the clinic since May: "Dr. Baldwin has compassion; he doesn't just go through the motions."

Baldwin: "All the patients have interesting experiences, but I'm not here to get their whole stories. They run the gamut from well-educated and well-spoken to very disadvantaged. Many people really are just one paycheck away from being on the street."

Often the clinic's patients are hungry for health information. "They're proud of the results they are able to get by having accurate information about their health."

Baldwin says his work at the clinic helps him professionally. In the straightforward manner that endears him to patients, he observes, "As human

beings, we never do anything that's totally unselfish." He believes he has more credibility with his medical students if they know he sees patients regularly.

Baldwin praises the clinic staff. "I'm the 'hit-and-run driver'; I 'sideswipe' a patient and say what should happen. The staff implement it. They help the patients with special needs like expensive meds, hospitalization, durable medical equipment."

UNTHSC has been involved with the clinic from its inception. In 2008 the funding foundation (the Nancy and John Snyder Foundation) requested a needs assessment. This was taken on by Sue Lurie, PhD, assistant professor in the School of Public Health, and former colleague Ximena Rojas and their public health students. This fall, Lurie and Baldwin will make a follow-up progress report.

Meanwhile, Harris, fresh from his visit with Baldwin, is happy with his own progress. "I have a clean bill of health. I should be able to work. My cholesterol is down, too."

"I wish Dr. Baldwin had a practice outside this clinic that I could visit when I'm living on my own."

Refugees learn community health skills and educate their peers

They leave their home countries because they fear they will die in a firestorm of political unrest. Refugees from Somalia, Iraq and other far-flung places, they arrive in America where it's safer, but where they face difficulties of a different kind.

"Many aren't connected to health services. They don't speak the language," says Amy Raines-Milenkov, DrPH, assistant professor of obstetrics and gynecology at the UNT Health Science Center and founder of a refugee training program.

The refugees' obstacles are numerous. "They may not have a job. They live in poor neighborhoods, and transportation is a problem. And they don't know their rights. For some, even the concept of rights is difficult, because they had no rights in their home countries."



Amy Raines-Milenkov (back row, center) with graduates of the program.

Each year the Department of State and other government agencies place more than 1,500 political refugees in Tarrant County. Local resettlement organizations help them adjust, but assistance ends for many refugees during their first year while they are still learning a new language and lifestyle.

That's why Raines-Milenkov started Building Bridges, to train refugees as community health workers. This prepares them for potential jobs in hospitals and other places, and also equips them to convey the information they learn to their fellow refugees — in their native language. They also learn how to use local resources.

"We bridge the gaps with the community health worker model," Raines-Milenkov said. "And we teach them their rights and how to advocate for their rights."

The program launched this year, and the first refugees graduated this summer. Now Raines-Milenkov and her colleagues are conducting focus groups to identify needs that aren't being addressed and to learn what the refugees want most in their new community. This will lead to classes within the local refugee communities on subjects such as diabetes or reproductive health.

The program's first year was funded by a grant from the UNT Health Science Center Foundation and is a collaboration with the Texas Refugee Immigrant Women's Association. Raines-Milenkov is seeking funding to continue the program.

The refugees are "groups of people who have been through a lot and made many sacrifices to come to the United States," she said. "It doesn't have to be as hard for them as it is. They come from places with wars and difficult political situations. We don't have the capacity to change that, but we do have the capacity to change the way we welcome them, to organize services to meet their needs.

"These are very resilient people. They enrich your life. The community doesn't realize how much they struggle here needlessly."

Three tales of resilience, in their own words

Woman from Iraq

“It was not safe to live in Iraq. People would kidnap adults and small children, put bombs on them and put them in busy streets. My kids and I were afraid. We couldn’t go to school or church. It wasn’t safe to be near windows.”

She and her family made the “very, very hard decision” to leave Iraq, leaving behind parents, an aunt and cousins. They lived in Turkey for a year until the United Nations placed them in the United States.

“What we learned from Saddam [Hussein] is that America is a bad country. We were afraid of what we would see. But we met the people and they are friendly and helpful. It was not easy when we arrived — new culture, new life, new language. It was like being upside down.

“It is not easy to mix with other people, but we speak more English than before. We have American friends. Our kids are happy and learned English. Here you have democracy, freedoms.”

Woman from Burma

“There was no opportunity, no human rights in Burma. Armies wasted the farms and killed the animals. They forced us to be porters. We escaped at night on foot [to Thailand]. We had as much as we could carry. It took one month to get there.

“I spent eight years in a refugee camp in Thailand. The camp was much better, but there were few opportunities. We lived in a tent. It was boring because there were no

opportunities. We had to bring in the lanterns at night because of the enemies. We had to be prepared to escape at any time.

“Here you can build your life. I like that.

There is more freedom, human rights, opportunity.

“We have been here for three years. We struggle with health. In Burma you can go to the hospital whenever you need to. Here we are scared to go to the hospital because they charge a lot. For me, I am glad to be here. My mom doesn’t want to stay here because of the health [care]. But she came here for us, her children and our future.”

Woman from Somalia

“There is a lot of war in Somalia, no government and it’s not safe to stay there. We escaped to Kenya in the 1990s. Kenya was not that bad like my country — there was no war and they have a government — but we were on the border and close to Somalia. We spent 18 years in a refugee camp. It was very difficult. People don’t work, and there is not enough food and education.

The United Nations said it would be better in America and put us in the program.

“We arrived Aug. 6, 2003. It was difficult. America is very different from my country, but it was OK. My dad works for the jail, and my mom works for the airport.

“I am looking for a job. I want to go to college so I can get a better job in the future. I am glad, so proud, that I am here.”



“Healthy Moms – Healthy Babies – Health Community” partnership joins national Infant Mortality Learning Collaborative

Racial and ethnic factors affecting infant mortality are the focus of the work that Richard S. Kurz, PhD, will contribute to the “Healthy Moms – Healthy Babies – Healthy Community” (HMHBHC) initiative.

Infant mortality is a persistent problem in Tarrant County and was explored in detail during the last two UNTHSC North Texas Health Forum symposiums, in 2010 and 2011.

Kurz, dean of the School of Public Health, is principal investigator on the grant-funded initiative. He is part of a local team tied into a national network; five teams were selected across the U.S. to participate in the Partnership to Eliminate Disparities in Infant Mortality Action Learning Collaborative (ALC).

The ALC, funded by the W.K. Kellogg Foundation, is a partnership among three organizations: CityMatCH, the National Organization of Urban Maternal and Child Health Leaders; the Association of Maternal and Child Health Programs; and the National Healthy Start Association. The goal is for the multidisciplinary state and local teams to strengthen partnerships, build community participation and create strategies to address infant mortality in communities where it is highest.

Ann Salyer-Caldwell, MPH, RD, LD, associate director, community health promotion, Tarrant County Public Health Department, and Sam B. Cooper III, LMSW-IPR, Texas Title V MCH director for the Texas Department of State Health Services, lead the Texas team. Joining them and Kurz on the team are the Rev. Ralph W. Emerson, senior pastor, Rising Star Baptist Church in Fort Worth, and Lauren King, representing Healthy Start Association.

The Texas HMHBHC is in a planning phase with funds to carry through December. Additional funding sources are being identified.



A guiding principle for the initiative is that many factors are involved when a baby dies before his or her first birthday — environment, biology, behavior, individual and group socioeconomic characteristics. Therefore, the broad view of the baby’s circumstances must consider such factors as the mother’s health before and during pregnancy.

HMHBHC is led by a community oversight board of state, county and city lawmakers, local clergy, service agencies including the Boys & Girls Clubs and March of Dimes, and members representing education, health and health care.

The initiative’s first steps included sponsoring eight focus groups to discuss perceptions, health habits and ideas of what makes a healthy pregnancy. The results were presented at a community forum Sept. 15 at Rising Star Baptist Church.

Details: <http://hsc.unt.edu/research/tpi/HealthyMomsHealthyBabiesHealthyCommunity.cfm>



JAMP summer internship participants

Summer programs bring students from across the nation to UNTHSC

Outreach to undergraduate students from diverse ethnic and socioeconomic backgrounds is a Health Science Center priority that brought dozens of young people to the campus for four summer programs this year.

One of the programs, the Joint Admission Medical Program (JAMP) Summer Internship, was in the Texas College of Osteopathic Medicine, and the other three were in the Graduate School of Biomedical Sciences.

Through the GSBS programs – Summer Multicultural Advanced Research Training (SMART), the Ronald E. McNair Post-Baccalaureate Achievement Program and the Historically Black Colleges and Universities (HBCU) training program – more than 50 undergraduates from across the nation studied here for 12 weeks. The students were mentored by a faculty member, focused on various disciplines in biomedical research, experienced professional development and participated in the annual UNTHSC Health Disparities Conference.

They then had the opportunity to present their research at either the Annual Biomedical Research Conference for Minority Students or the Society for Advancement of Chicanos and Native Americans in Science Conference.

SMART has been a fixture at the Health Science Center for 20 years, McNair for 13 and HBCU for two. The programs serve as a recruitment pipeline and help increase diversity in biomedical sciences.

“I am very proud of the graduate school’s faculty and institutional leadership for their commitment to promoting diversity in the biomedical sciences,” said Harlan Jones, PhD, assistant professor of Molecular Biology and Immunology and director of Recruitment and Minority Affairs. “As a former product of outreach programs, I know that these experiences can lead to successful outcomes for aspiring students.”

In JAMP’s ninth year, TCOM welcomed 28 college sophomores from across Texas, selected through a rigorous application process. They spent five weeks in Medical College Admission Test (MCAT) prep courses, graduate-level physiology and medical ethics courses, clinical preceptorships and mentoring by TCOM students. They also worked on community service projects, participated in an evening theater arts offering, and attended skills and career workshops and numerous team-building activities.

Fernando Vasquez, assistant director of Medical Admissions and JAMP coordinator at the

Health Science Center, said the statewide two-year undergraduate program has provided hundreds of economically disadvantaged students with additional academic preparation, mentoring and financial support over the past nine years.

“By focusing on student success, JAMP has positioned itself to be a viable pathway for students who otherwise may not have considered medical school,” he said. “JAMP is now a recognized and formidable program that enhances the educational opportunities for these students who have the academic talent and motivation to succeed, while diversifying the face of medicine.”

JAMP recently received the 2010 Texas Higher Education Star Award from the Texas Higher Education Coordinating Board.



Scott Ransom receives award honoring his support of the Boy Scouts of America, Longhorn Council, from John Coyle.



UNTHSC students provided health screenings at this summer's Hispanic Wellness Fair. More than 5,000 people attended the event.

Center for Sleep Medicine receives provisional accreditation

UNT Health's Center for Sleep Medicine received provisional accreditation from the American Academy of Sleep Medicine (AASM) on Aug. 12. The announcement was made by Sherif Al-Farra, MD, the center's medical director and a pulmonologist on the internal medicine department staff. Al-Farra also is a diplomate of the American Board of Sleep Medicine.

The AASM recognizes that new sleep disorder centers often cannot meet some standards for full accreditation. "Provisional accreditation affirms that a facility has met core accreditation standards and is on the path to full accreditation," the AASM says. "This designation gives the practice six months to build a history of quality patient care in order to meet all the standards required for full accreditation."

Al-Farra and the staff at the Center for Sleep Medicine expect to apply for full accreditation after the criteria are met. They can now see Medicare and most Medicaid plan patients.

The Center for Sleep Medicine is at 3632 Modlin Ave., close to the UNT Health Science Center campus, and can be reached at 817-732-4428.

UNT Health now offers dermatology services for patients

TCOM graduate S. Robert Harla, DO ('91), has joined with UNT Health to direct a dermatology clinic at the Patient Care Center, 855 Montgomery St., in Fort Worth. The clinic sees patients just once a week but plans to add more appointment slots.

Harla is director of TCOM's Dermatology Residency Program. He also has clinics in Keller and Grapevine, but those are not aligned with the UNT Health practice.

Harla graduated with honors from TCOM and completed his internship and residency at Dallas Family Hospital from 1991-1995. He received his board certification in dermatology in November 1995.



UNT Health at Alliance was a top-level sponsor of the first Rock the Park health fest, held Sept. 24 in Keller, Texas. Staff and physicians greeted most of the 15,000 festival-goers at Bear Creek Park with balloons, tote bags, water bottles and information on the women's health and primary care center.



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News

TCOM students honored by AHA for saving classmate

TCOM student **Troy Dawley** knows he has friends he can count on, especially when his life depends on it. When he collapsed playing basketball earlier this year, four of his classmates performed CPR and used an AED to restart his heart.

Those friends – **Anthony Arredondo, Steven Maher, John Smith** and **Justin White** – in September received the American Heart Association’s Heartsaver Hero Award at the annual Heart Walk in Fort Worth. More information is available in the last issue of *North Texas Health and Science*, available here: http://www.hsc.unt.edu/news/documents/Magazine_2011_vol2_sm.pdf



Troy Dawley, Steven Maher, John Smith, Anthony Arredondo and Justin White were honored by the American Heart Association.

White Coat ceremony welcomes 350 into profession

The Health Science Center welcomed 350 new students into the medical profession July 23 as part of its annual White Coat ceremony.

Most of them were Texas College of Osteopathic Medicine (TCOM) students; 70 were incoming Physician Assistant Studies students; 40 were Physical Therapy students. The students donned white coats symbolizing their future medical careers and took an oath acknowledging their responsibilities and willingness to assume their professional obligations.

Bernard Rubin, DO, MPH, division chief of rheumatology at the Henry Ford Health System in Detroit, Mich., was keynote speaker. Rubin worked 26 years for UNTHSC before moving to Michigan.

Gail Strange, former chair of the University of North Texas System Board of Regents, was honored with the TCOM Founders’ Medal, and **Kenneth Barr**, former mayor of Fort Worth, received the Mary E. Luibel Distinguished Service Award.



Russell Gamber, DO, MPH, assists student with her white coat.

G.I. Jobs names UNTHSC military-friendly school

Once again, *G.I. Jobs* magazine ranks UNTHSC in the top 20 percent of colleges, universities and trade schools doing the most to help military service members and veterans continue their education.

The magazine named UNTHSC a 2012 Military Friendly School, a distinction it has held for the last several years. *G.I. Jobs*’ criteria include extraordinary efforts to recruit students who have military experience, and offering them scholarships

and discounts, veterans' clubs, full-time staff support and military credit.

The 2012 list follows extensive research and a nationwide survey of more than 8,000 schools. In addition to being listed in the 2012 Guide to Military Friendly Schools, UNTHSC will be listed at www.militaryfriendlyschools.com

Cardarelli receives \$1.4 million CPRIT grant for cancer prevention

Kathryn Cardarelli, PhD, received a \$1.4 million grant from the Cancer Prevention Research Institute of Texas for a comprehensive breast cancer prevention program for high-risk women in Dallas County. The program will enroll a minimum of 600 women during three years for the study, provide 850 mammograms and clinical breast exams and provide breast health educational material to more than 2,000 women.

The program will engage a diverse group of partners, including universities, nonprofit organizations, multiple health care systems, a governmental housing agency and a cancer advocacy group. The goal is to create cancer prevention models that can be used in similar Texas communities to reduce breast cancer disparities for minority and low-income women.

UNTHSC professor named to two gas well drilling committees

A Health Science Center professor will contribute his expertise to urgent issues surrounding urban gas drilling. **David A. Sterling**, PhD, was recently appointed to both the Dallas Gas Drilling Task Force and the Barnett Shale Monitoring Focus Group of the Texas Commission for Environmental Quality (TCEQ).

Sterling is a professor and chair of the Department of Environmental and Occupational Health Sciences and acting chair of the Department of Epidemiology at the UNT Health Science Center's School of Public Health.

The Dallas task force will help craft recommendations to City Council on zoning and gas permitting ordinances. The TCEQ group will



Photo by Derik Moore

UNTHSC, UNT Health and TCU partnered for breast cancer awareness at the TCU game on Oct. 1. Jean Tips, vice president, Marketing and Communications for UNTHSC, helped hand out "weepuls" to Frog fans.

propose monitoring sites for gas well drilling in the Barnett Shale, a geologic formation underlying Tarrant and nearby counties and containing large amounts of natural gas.

TCU football T-shirt sales benefit UNTHSC program for moms, babies

TCU fans in Fort Worth this fall bleed purple for a good cause. Through the purchase of a 2011 Texas Christian University football season T-shirt for \$10, \$2 of the sale will benefit "Healthy Moms, Healthy Babies, Healthy Communities," a program coordinated by UNTHSC to help reduce infant mortality rates.

You can purchase the 2011 season shirt online at <http://gofrogs.cstv.com/> and at Sports Authority, Albertson's, the TCU Bookstore and the Amon G. Carter Stadium.

Alumni

Alumna brings community SMART Camps to UNTHSC

Melissa Oden came back home to the Health Science Center this summer, and she brought a team of “disease detectives” with her.

Oden (MPH '06) is vice president of program development for Girls Inc. of Tarrant County and also president-elect of the School of Public Health Alumni Association. She leads a series of Summer Multicultural Advanced Research Training camps that give girls the opportunity to solve problems, ask questions and explore science, math and technology as career fields.

“I had the curriculum for a Disease Detectives

camp,” she said, “and I wanted to forge a partnership with the Health Science Center. I thought, ‘What better place to have this camp than at a first-class health education facility.’”

The young detectives gathered in the newly opened Medical Education and Training Building for the week-long camp. Aided by student field instructors from the School of Public Health, they learned to deal with a fictional disease outbreak, created professional posters and presented them to a group of faculty judges, and completed the program by receiving their own white coats.



TCOM celebrates homecoming, honors two alumni

The Texas College of Osteopathic Medicine's Homecoming 2011 drew celebrants from the classes of 1976, 1981, 1986, 1991, 1996, 2001 and 2006.

John A. Brose, DO ('76), earned the Dean's Award for Distinguished Service. He is dean of the Ohio University Heritage College of Osteopathic Medicine and recipient of the Ohio Academy of Family Physicians "Ohio Educator of the Year" award. Brose has authored many academic and research publications.

Sharon Gustowski, DO ('01), MPH ('01), received the Dean's Award for Philanthropy. Gustowski is board certified in Neuromusculoskeletal Manipulative Medicine and in Osteopathic Manipulative Medicine. She is a former faculty member at Touro University Nevada College of Osteopathic medicine and a past president of the Nevada Osteopathic Medical Association. Currently she is a TCOM assistant professor.



Felicia Cheng-Young, DO; Bernadette Kohn, DO; Harriette O'Connor, DO; and K. Jane Scott, DO - all from the class of 1981 - celebrate the event's red-carpet theme with a white-coated trophy.



John Brose, DO, earned the Dean's Award for Distinguished Service.



Sharon Gustowski, DO, received the Dean's Award for Philanthropy.



Alumnae met a robotic "patient" on a tour of the Simulation Lab.

Facility Update

MET Building dedicated, sets the gold standard for energy efficiency



The Medical Education and Training Building (MET), dedicated this summer, is the UNT System's first facility to earn the gold level of "green building" certification from Leadership in Energy and Environmental Design. The MET's Gold designation exemplifies the UNT System's commitment to sustainability, which has set a minimum standard of at least LEED Silver designation for all new construction.

The UNT System Board of Regents and several elected officials attended the formal dedication Aug. 18 during a Regents' meeting on the Health Science Center campus.

The MET is at Montgomery Street and Camp Bowie Boulevard, the location of the former Osteopathic Medical Center of Texas. It has more

than 112,000 square feet and encompasses state-of-the-art training labs and classroom space with a 500-seat lecture hall.

The Texas College of Osteopathic Medicine (TCOM), the Department of Osteopathic Manipulative Medicine (OMM) and the Department of Physical Therapy (PT) moved offices and equipment into MET's recently finished top three floors.

Level three consists of offices for the TCOM dean and administrative staff. Level four features OMM training rooms, simulation labs, a standardized patient center and small group study rooms.

Physical therapy classrooms are on level five, along with offices for OMM and PT faculty.

As the physician shortage worsens in Texas, UNTHSC strives to do all it takes to provide the primary care physicians and rural medical experts the state desperately needs. The MET Building represents a \$41.9 million investment that UNTHSC has made in the health of Texans and the nation.



Lee Jackson, UNT System chancellor, addresses guests.



The newly opened MET Building is located at Montgomery Street and Camp Bowie Boulevard.

NORTH TEXAS HEALTH & SCIENCE



About the UNT Health Science Center

The UNT Health Science Center, located on 33 acres in Fort Worth's Cultural District, is exclusively a graduate-level university focusing on the life sciences. It is home to the Texas College of Osteopathic Medicine (TCOM), the Graduate School of Biomedical Sciences, the School of Public Health and the School of Health Professions, which includes the departments of Physician Assistant Studies and Physical Therapy. The Health Science Center is dedicated to improving the health and quality of life for North Texas and beyond through education, research and community outreach. UNT Health, our faculty physician group, is one of the largest multi-specialty physician practices in Tarrant County. TCOM, our cornerstone school, is nationally ranked for Primary Care and Geriatrics by *U.S. News & World Report*, as is our Physician Assistant Studies program.

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To Your Health and a

Healthier Community.

The UNT Health Science Center invites you to attend its annual *To Your Health* gala, celebrating leadership in health science while supporting student programs for our School of Health Professions.

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Saturday, November 5, 2011

6:30 pm

Renaissance Worthington Hotel

For more information,
please call 817.735.2445

www.hsc.unt.edu/toyourhealth