

POST

THE

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Celebrating 50 Years

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ON THE COVER: Insurance, access, gender, ethnicity, socio-economic status and even geography are threads in the complex web of health disparities. UF researchers are studying differences in the incidence, prevalence, mortality and burden of diseases in certain populations to tease out the causes of health-care inequalities. Story on page 10.

Dental students give sole for March of Dimes

Giving families of prematurely born babies a reason to smile, the College of Dentistry’s team UF Smile raised thousands of dollars for the March of Dimes WalkAmerica 2006, which took place March 26.

Nearly 60 dental students made the trek to set a new college record for number of participants and contributions. They raised \$2,400 – \$800 more than last year – and for the first time achieved “Battered Boot” status, which requires teams raise more than \$2,000.

“It was really neat,” said Stephanie Dexter, 26, a fourth-year dental student and captain of UF Smile. “I think it’s fun.” Dexter has participated in the Gainesville March of Dimes event since her freshman undergraduate year.

The March of Dimes works to improve the health of babies by preventing birth defects, premature birth and infant mortality.

Team UF Smile traversed the 9-mile course in about four hours, hotfooting it through Gainesville beginning at Westwood Middle School before touching base at Santa Fe Community College, heading on to Gainesville Regional Airport and sliding into home back at Westwood.

Dental senior and UF Smile member Justin Chisari, 24, said he became interested in the March of Dimes after learning about the link between periodontal disease and premature delivery. He has participated in the walk throughout his four years of dental school.

“I can make a difference not only by raising money to help conquer the battle against prematurity but also, as a future dentist, to advise pregnant women on the risks of periodontal disease and help promote their oral health,” Chisari said.

— Adrianna C. Rodriguez



PHOTO BY SAM BRILL

UF dental sophomore and March of Dimes dental coordinator Stephanie Dexter (center) takes an ice cream break with husband Rick Dexter (left) and classmate Justin Chisari to refresh after the four-hour, 9-mile March of Dimes walk-a-thon held March 26.

YOU HAVE BEEN HEARD! HSC LIBRARY STAYS OPEN UNTIL MIDNIGHT, AGAIN



PHOTO BY SARAH KIEWEL

After a student revolt led by Alberta, the HSC Library responded to popular demand and has returned to its former closing time. In January the HSC Library started closing at 10 p.m. instead of midnight. After receiving a large number of complaints about the policy, the library administration made the change. Now students can once again burn the up-to-midnight oil from Sunday through Thursday. For the complete schedule, visit www.library.health.ufl.edu/tempnote_hours_1.html.

UF PROTON THERAPY INSTITUTE LAUNCHES WEB SITE

The UF Proton Therapy Institute in Jacksonville has launched a Web site, www.floridaproton.org to offer a detailed description of what proton therapy is and how it works.

The therapy, a precise radiation treatment that destroys cancer cells and minimizes damage to healthy tissue, helps reduce cancer treatment side effects and decreases patients' risk of developing complications from the treatment later in life. The 98,000-square-foot facility houses both conventional radiation and proton therapy. Scheduled to begin accepting patients in July, the facility can, once it reaches full capacity, deliver proton therapy to up to 200 patients a day.

Florida Proton, located on the Jacksonville campus of the UF Health Science Center and Shands Jacksonville, is the only proton therapy center in the Southeast and one of only four nationwide.

SKIN CANCER ON THE AGENDA

In Florida, about 3,000 new cases of skin cancer will be diagnosed this year. The UF College of Medicine department of surgical oncology's upcoming Skin Care Symposium will be a forum to discuss current approaches to dealing with this dangerous illness. The May 6 symposium at the Ocala Hilton will provide an up-to-date, comprehensive analysis of the advances that are improving the diagnosis, treatment and prevention of skin cancer. For more information, call (352) 265-0169.

ON THE SURFACE OF THE SUN TERRACE

Its bubbled, faulty old surface has been removed, but the Sun Terrace will likely be under renovation through the summer, according to A. Miles Albertson, associate director of facilities planning and construction for UF's Health Science Center.

Facilities is taking bids to find the best new waterproofing material, one that will be durable for years to come, Albertson said. He added that the project's completion date is dependent on finding the right coating.

The company that put the old surface down in early 2000 completed the recent stripping process free of charge because the material began to crack and bubble almost immediately after it was first applied.

As part of the project, Albertson said the concrete may be stained to reduce the glare, and a Physical Plant Department landscape architect will reconfigure the layout of planters and walkways to complete the area's whole new look.

PHHP TEAMS PURSUE TRIVIA CONTEST TITLE

Thinking caps were firmly in place at the first-ever College of Public Health and Health Professions Trivia Night held April 7. Teams of faculty, staff and students representing the college's departments squared off to see who knows the most about Florida history, pop culture, science, sports and geography. Ultimately, the department of clinical and health psychology team took home first prize — food and drink vouchers donated by the Swamp Restaurant.

Through entry fees, Trivia Night helped the graduating class of 2006 raise \$750 toward a class gift, which the students plan to present to the college at commencement on May 4.

Below is a sampling of Trivia Night questions for all the trivia buffs out there. Answers appear on the back page of this issue.

1. Which Florida river flows north instead of south?
2. In the board game Monopoly, what space is landed on most frequently?
3. Name that phobia: latrophobia.
4. What nation produces more major league baseball players per capita than any other on Earth?
5. Which Midwestern state led the United States in wine production before Prohibition?

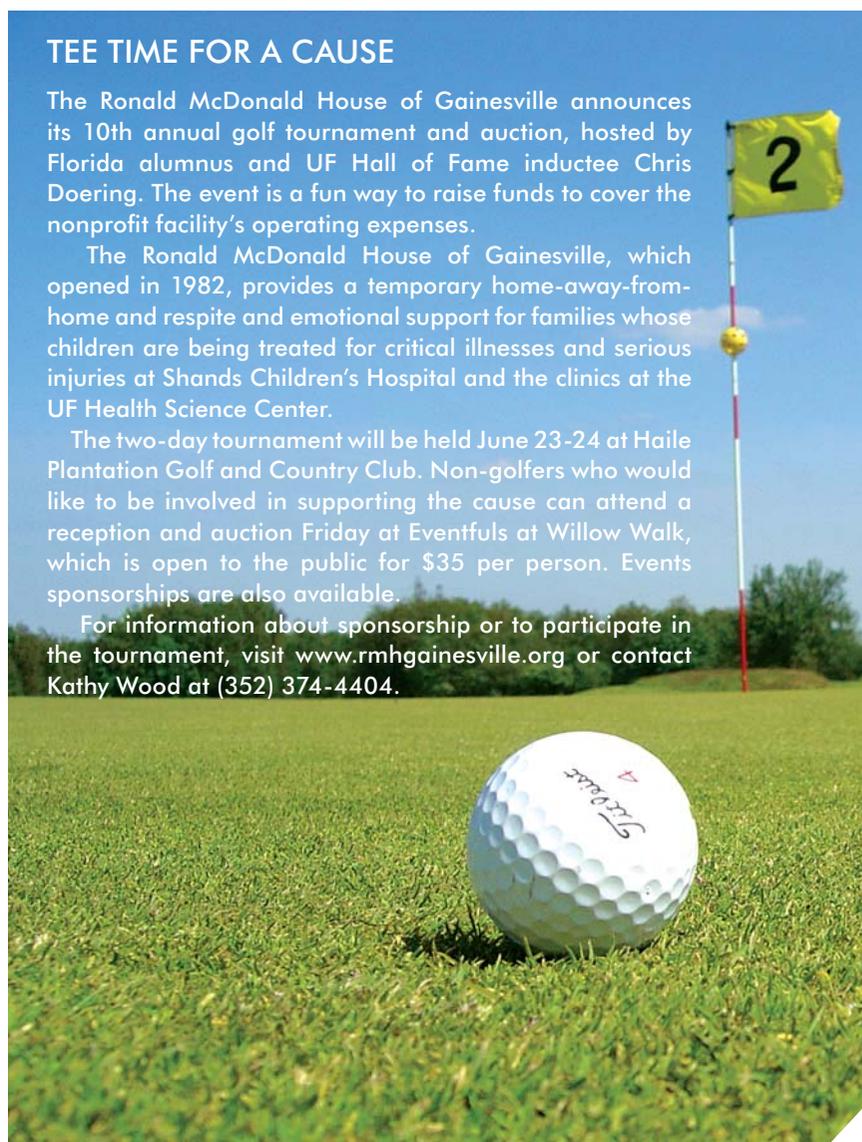
TEE TIME FOR A CAUSE

The Ronald McDonald House of Gainesville announces its 10th annual golf tournament and auction, hosted by Florida alumnus and UF Hall of Fame inductee Chris Doering. The event is a fun way to raise funds to cover the nonprofit facility's operating expenses.

The Ronald McDonald House of Gainesville, which opened in 1982, provides a temporary home-away-from-home and respite and emotional support for families whose children are being treated for critical illnesses and serious injuries at Shands Children's Hospital and the clinics at the UF Health Science Center.

The two-day tournament will be held June 23-24 at Haile Plantation Golf and Country Club. Non-golfers who would like to be involved in supporting the cause can attend a reception and auction Friday at Eventfuls at Willow Walk, which is open to the public for \$35 per person. Events sponsorships are also available.

For information about sponsorship or to participate in the tournament, visit www.rmhgainesville.org or contact Kathy Wood at (352) 374-4404.



Science, prayer and healing

On the frontier of science lie the questions only the most adventurous of medical explorers undertake to answer. One such question perpetually on the horizon is whether prayer can heal. A study conducted by Harvard researchers recently published in the *American Heart Journal* used scientific methods to learn whether a group of Christian strangers praying for heart bypass surgery patients could help the patients heal. The answer, in this case, was no. Other studies have had varied results. For insight on the efficacy of the scientific study of prayer and healing, The POST turns to Allen Neims, M.D., Ph.D., director of UF's Center for Spirituality and Health. He has answers, too, only many of them are in the form of a question.



PHOTO BY SARAH KEVREL

Q Can you be healed by prayer?

I would have to say, what do you mean by heal? What do you mean by prayer? If you asked five different people you'd get five different answers. You'd get answers that range from physical to emotional. We as a society don't spend enough time with these differences. Western science means cure, not heal. I'm a firm believer in "Thy will be done." For one thing, how are we to know what is the "right" outcome from a medical treatment?

Q How would you define prayer?

Prayer to different people means different things. It could be called spirituality, meditation, "intentionality," or distance intentionality, such as in this case. People in this study were directed to single-mindedly focus on an intention for a certain period of time, such as "help this person have a successful surgery with no complications." That could be praying or using intentionality. In this case, all participants were Christian, but that doesn't mean their intentions were all delivered in the same manner. In science – in all this – the word prayer in itself can lead to emotional responses. A study must try to get away from the word.

Q Can prayer be studied scientifically and should it be?

I trust life, and that we are supposed to ask and answer questions. It is doable scientifically. From a technical point of view, you can set up a study and measure the result. From a critical perspective, we could raise questions about any scientific study and its methods. But it can be done. This particular study measured an outcome. And it came out to show virtually nothing. There have been many studies on the topic; this is one of the best, from a scientific standpoint. But the results only apply to their context. The key is not to extrapolate the results too far.

The scientist is an explorer, and, as an explorer, how can you not explore this mystery? As scientists, do we have the right tools? Who knows? But we move toward a deeper understanding. The draw to do this kind of research is the

same as the draw to learn about what is on the other side of the ocean. This is at the edge of hard science. This is much harder than studying drugs. You don't know if you are going on a stupid voyage, or will discover the world is not flat. Should this get funding from the government? I support people taking these journeys into risky waters.

Q What is the value of these results?

The results are only what they are, and should be looked at in that sense. The study is meaningful only in its context. The argument about this study comes because its results step on people's belief systems. Some critics could say we wasted \$2.4 million and shouldn't do it again. Others think something else. What does it mean? Let's say this study had come out with positive results. Leaving God out of it – that is an astounding finding and even more astounding than Einstein's Theory of Relativity. If you could do this with your brain ... Wow! Now there is something to study for the next 5 million years. We wouldn't know how to begin to study that!

There is an inner journey that every human, even scientists, make as they go through life. The awe, mystery and that inner journey is part of being a human being – that is not lessened by this study. Becoming aware of our own inner beliefs and how they influence us will make it easier for people to talk about emotionally charged topics. Diversity of thought and experience, appreciating everyone's inner journey, is what makes this fun. If we can't figure out how to talk about this without killing each other or calling each other names, then we are in trouble. Prayer did not heal people in this circumstance, and that should help people examine what they believe.

Q Does this study answer the question once and for all?

Does it speak to whether there is a God? No. Does it answer whether this works? Not really. For example, this study doesn't look at personal prayer, if a relative or loved one is praying for the sick person. It doesn't look at other illnesses. There are many ways to look at the question. **P**

Spring cleaning:

Medical students spend break helping in New Orleans

By April Frawley Birdwell

The side of the highway stretched out into pitch-black nothingness. Probably just trees blocking the light, the students guessed as they drove into the city of New Orleans last month. It was pretty late, after all.

The UF medical students didn't get a good look at the hurricane-battered city until the next morning, when the sun rose. They didn't see any trees along the highway.

"It was miles and miles of empty homes," remembers Mike Shapiro, a second-year medical student. "And all the damaged cars were lined up under the highway."

While other medical students traveled to needy countries to work in clinics or enjoyed a week away from medicine, Shapiro and 14 other UF medical students spent Spring Break gutting and cleaning homes damaged in the floods that followed Hurricane Katrina in New Orleans. "I just kept thinking it could have been us," said Nicole Sammons, a second-year medical student who organized the trip. "Most people have put it out of their minds that it actually occurred."

Originally, the students had hoped to use their budding medical skills in the area, but when that didn't pan out, they decided to contribute in any way they could, Sammons said.

The United Methodist Church gave the UF students assignments each day, sending them to a damaged church and several local homes. With little experience in gutting homes, the first day was tough, the students said. But they quickly developed a rhythm.

"By the end we were a well-oiled machine," Shapiro said. "We were all working efficiently."

Second-year student Shawn Patterson added, "A job that was supposed to take two days was only taking us a day. You learn as you go along."

In some of the houses where they worked, pots and pans still lay in the kitchen, filled with floodwater from the storm. Shapiro said it was surreal shoveling out closets stuffed with clothes and objects once considered precious. But the students salvaged what they could, setting aside children's drawings, birth certificates and other objects as they hauled out moldy carpet, warped furniture and rotten refrigerators.

The students even helped one family get its angel back. The New Orleans family had a large collection of angels they were hunting for in their house. The UF students were able to recover one of them.

"It was a little touch of humanity," Shapiro said.

But with as much work as they accomplished in the week, working on a church and clearing out homes, the students say they still can't believe how much still needs to be done in the city, or how desolate it was.

In neighborhoods filled with hundreds of homes, they were often the only people on the street. That's why they were surprised one hot day when they heard the familiar chiming of an ice cream truck.

So will they be switching their career plans to construction? Probably not. But Patterson said he does plan to return to the city to help out this summer with other medical students.

The students also plan to continue helping people in need in the United States next year. They have dubbed their new mission trip "Project Friend," Sammons said.

"We figured why not start here?" Sammons said. **P**



PHOTO BY SARAH KEVREL



1. Shawn Patterson, Nicole Sammons and Mike Shapiro were among the 15 UF medical students who spent Spring Break working on damaged houses in New Orleans. Sammons organized the trip. 2. Shapiro stands amid the debris still left in the city. 3. Medical students worked all week in the city, gutting and clearing out a church and several homes while they were there. 4. Students wore masks to protect themselves from toxic substances, such as mold and insulation. 5. A student wheels trash out of a New Orleans home.

This isn't your father's dentistry anymore ... or is it?

By Lindy McCollum-Brounley

Chances are you've seen television shows like "Extreme Makeover" and "The Swan," and have been amazed by the transformations people experience when their smiles are made over. Men and women who haven't smiled in years—embarrassed by teeth made unsightly due to decay, crookedness, or discoloration—suddenly can't keep themselves from grinning ear to ear, flashing beautiful, pearly whites at the camera for the viewing pleasure of the folks at home.



PHOTO BY LINDY MCCOLLUM-BROUNLEY

Dr. Amer Abu-Hanna snaps digital intraoral photos of dental junior Esmeralda Chiang's tooth, which has had an old amalgam filling removed in preparation to receive a CEREC-milled ceramic inlay. Chiang's classmate and the student dentist performing her inlay procedure, Charbel Klaiib, holds a mirror to the tooth for Abu-Hanna to photograph.

These shows, regardless of whether they give shallow treatment to the complex dental procedures completed to make those smiles happen, have gone a long way to highlight just how much dentistry has changed. A profession once perceived as not having evolved much since the era of

automotive tail fins and "Look ma! No cavities!" has suddenly caught the public's fancy and is increasingly known for delivering good oral health and appealing aesthetics through the use of cutting-edge equipment, materials and procedures.

Makeover wannabees are not the only ones who have taken note.

"Our students are extremely aware of aesthetic dentistry," said Amer Abu-Hanna, D.D.S., M.S., an assistant professor of operative dentistry at the UF College of Dentistry. "The demand from students to do aesthetic procedures has increased dramatically. They are very aware this is something current in dental practice and that they will be doing it after they graduate."

Ironically, many high-tech aesthetic dentistry techniques have been around for years, and, despite the recent public interest, these methods aren't necessarily at odds with established dental practice, where maintaining healthy teeth naturally results in a more attractive smile.

For instance, restoring teeth using tooth-colored composite for filling cavities, gaps and fractured teeth has been routine dental practice for decades. The composite is long-lived, comes in different shades to match most any tooth color and leaves teeth looking completely natural.

"We teach our students how to do direct composite veneers (in the Preclinical Simulation Laboratory), including how to prepare the tooth and fabricate the veneer themselves," said Abu-Hanna. "The posterior composites (restorations in back teeth) are also considered aesthetic restoration, and our students are doing more and more of them because many patients are electing not to use amalgams (silver fillings). It takes a lot of artistry to build the tooth up to match the shade and anatomy of the natural tooth... It takes practice."

Dental students are also learning to use the two CEREC 3D computerized milling systems recently installed in college clinics. The CEREC 3D has become common in dental practice, which uses its sophisticated imaging capture and modeling software and diamond milling burs to fabricate ceramic crowns, inlays and onlays.

"Whatever is missing, you can design a filling for it and the machine will mill it," said Abu-Hanna. "CEREC uses a digital camera to capture an optical impression, a multidimensional picture of the tooth structure that is accurate within microns."

The optical impression is displayed on the CEREC screen, and the practitioner uses the cursor to define the tooth margins. Next, appropriate tooth anatomy for the crown, inlay or onlay is selected from the CEREC databases to match the anatomy of the teeth surrounding the placement. Width, height and size can be fine-tuned on screen.

Once satisfied with the restoration design, the dentist transmits the digital file to the self-contained milling unit. A perfect, customized restoration is milled from a block of ceramic or composite resin in about 10 minutes, and the patient can go home with a permanent crown in one visit of a couple of hours.

"Currently, we have three faculty teaching CEREC; myself, Dr. Mark Davis and Dr. Marc Ottenga," said Abu-Hanna.

Time with these faculty members for personal instruction in clinic can be reserved by students, and a sign-up sheet is posted to reserve two half-day slots available during the week. The sign-up sheet is full through summer.

"I think aesthetic dentistry will become a core, important part of our curriculum as the demand from students to learn these procedures grows," said Abu-Hanna. "They want to learn it here in school because they know it's used out there very successfully in private practice." **P**

Local high school students sample medical school

By April Frawley Birdwell

Jaclyn Goodson already knows she wants to be a forensic anthropologist, just like the main character on the TV show “Bones,” although the 18-year-old is quick to point out she had the idea before the show made the profession popular.

The academic path to her goal will be rigorous, she knows. That’s why the Buchholz High School senior tries to get as much exposure to science and medicine as she can now, just to make sure she’s headed on the right track.

Luckily for Goodson and other local science-minded high school students, UF medical students had the same idea.

In March, the medical students gave 24 local high school students a sneak peek into the world of medicine and health care. The teens took part in information sessions on medical school, a pig’s foot suturing clinic, art activities and other events at the College of Medicine.

“The entire experience was helpful because it confirmed what I want to do,” Goodson said after one of the sessions. “You got a taste for a lot of different parts of medicine.”

The medical students chose to work with the teens as part of a service project for the Chapman Society, UF’s chapter of the Gold Humanism Society, a national organization that honors medical students, residents and faculty for their compassion and caring on-the-job behavior.

Most kids don’t know anything about medical school or what it’s like to be a doctor, said Matt Eadens, a senior medical student and member of the Chapman Society. Bringing the teens to the college exposes them to a career they may not have otherwise considered, he added.

“It could spark something,” he said.

The project also fits in with the goals of the Chapman Society, said Alex Cuenca, a medical student and Chapman member who ran the art part of the program, where the teens learned the role of writing and art in medicine.

“A lot of us get into this field to help people,” Cuenca said. “This is one of the ways we can do that.” 



PHOTO BY SARAH KIEWEL

Jaclyn Goodson, a Buchholz High School senior, sutures a pig’s foot under the tutelage of a fourth-year medical student Neeli Nadella.

Fat-fighting doc speaks at UF

By April Frawley Birdwell

Arthur Agatston, M.D., loved his SnackWell’s low-fat cookies – as sugary sweet as a regular cookie with none of the chocolate chip cookie guilt.

But eating them wasn’t helping the Miami cardiologist’s waistline. Like many of the fat-free foods that proliferated on supermarket shelves in the 1990s, the cookies were also high in refined sugar.

“Not only was I developing a belly, in the late afternoon when I was seeing patients I’d be ready to pass out,” Agatston explained to a roomful of UF College of Medicine faculty, residents and students at a special Grand Rounds lecture last month. “It was happening to me. It was happening to the country.”

Tired of watching his heart patients struggle, Agatston developed a diet to cut cholesterol and control insulin levels, which can lead to excess weight when high. The diet worked and before long the word had spread: The South Beach Diet was born.



PHOTO BY SARAH KIEWEL

Arthur Agatston, a Miami cardiologist who invented the South Beach Diet, explained why low-fat food doesn’t always help people lose weight when he spoke to UF physicians last month.

The South Beach Diet has become a worldwide phenomenon, with its own books, frozen meals, nutrition bars and snacks. Even former President Bill Clinton famously used the diet to slim down.

In the United States, 61 percent of the population is overweight, and part of the problem is Americans have received so many mixed messages about food, Agatston said.

Humans have an intrinsic urge to eat sweet, fatty foods, he added, noting that if Coke or Pepsi grew on trees instead of peaches, humankind might not have made it very far.

For Agatston, the success has “oiled a lot of wheels,” he said. He still practices cardiology in Miami, but he can now work at his own pace and do the type of research he wants to do.

He also spends a lot of time speaking to doctors and health professionals.

“I think it’s important to get the word out,” he said. 



The Founding of the College of Nursing

A Dream is Born...

By Tracy Brown Wright

The year was 1956. The war had been over for a decade and its refuse of temporary huts dotted the University of Florida campus. The founders of the J. Hillis Miller Health Center were assembling in those huts to lay the foundation for what would be the state's first interdisciplinary health center.

The quarters were ramshackle, the beginnings humble. And yet the promise of what was to come was there – the Quonset Hut dream – the underlying philosophy of the College of Nursing, one of the first two colleges to be built at the Health Center.

As construction progressed, the College of Nursing took shape. In November 1955, Dorothy M. Smith, M.Ed., a professor at Duke University, was hired to serve as the college's first dean. Smith was an idealist, with progressive notions on how best to educate students.

But those were not the only reasons Smith was an ideal dean, said Jodi Irving, M.S., A.R.N.P., a UF assistant professor of nursing who arrived at the college in 1970.

“Our unspoken curriculum encouraged the attitudes and values of personal power, especially for women. Dean Smith demonstrated this through her behaviors and ability to think outside the box.”

— Gloria Weber Calhoun, D.S.N.



“She already had the clinical perspective from her previous work, plus she had administrative talent,” Irving said. “Her association with the National League for Nursing gave her a national view of nursing and the state of nursing education for the times. Additionally, she had the right mix of intellect, courage, assertiveness and ‘brashness’ to move nursing education into academia.”

In the 1950s, nursing had reached a critical point, in part because of the rapid advance of medicine and technology and the development of countless new health professions designed to offset the shortage of nurses during World War II. Salaries were similar for nurses no matter which academic degree they attained. Few baccalaureate nursing programs, meanwhile, were fortunate enough to have all the clinical facilities located on the university campus.

Many programs offered the B.S.N. degree without having a nursing major in the upper division. Most hung onto the antiquated apprenticeship model.

Dorothy Smith envisioned UF's College of Nursing offering a new kind of nursing program — one where nursing education, research and practice were fully integrated, so that nursing would assume its responsibilities of meeting

the health needs of society. The philosophy was that nursing was an intellectual, scientific process designed to humanistically care for people.

Smith believed that those who teach nursing should be directly involved in it, and while dean of the college, she also served as chief of nursing practice at what was then called Shands Teaching Hospital, now Shands at UF. Staff nurses there served as able role models for students. Smith was a leader in launching a huge effort focused on nursing assessment and worked to develop a new technology known as the clinical assessment database.

The inauguration of the Unit Manager System in the Teaching Hospital and Clinics drew the attention of the hospital and nursing world and allowed the nurse to give more time to patient care.

The legacy of the College of Nursing laid the groundwork for advanced nursing practice and the shift in nursing research to clinical effectiveness and outcomes.

“This quiet, unassuming woman demonstrated great courage and the ability to change the outdated traditions of professional nursing,” said Gloria Weber Calhoun, D.S.N., A.P.R.N., a graduate of the College of Nursing’s first class and a clinical associate professor of nursing at Vanderbilt University.

“Our unspoken curriculum encouraged the attitudes and values of personal power, especially for women. Dean Smith demonstrated this through her behaviors and ability to think outside the box.”

Groundbreaking for the Teaching Hospital took place in April 1956, as the opening date for the Health Center approached. Twenty-five applicants were accepted to the College of Nursing’s first class.

“The J. Hillis Miller Medical Center was built while we were students and much of our ‘practical’ learning took place at Alachua County Hospital,” said Liz Segal Williams, a member of the first class. “I remember choosing our uniforms and caps with pins and designing our UF College of Nursing Pin. The caps were actually detachable collars from another uniform we rejected.”

The College of Nursing graduated its first class June 5, 1960, awarding Bachelor of Science in Nursing degrees to 25 students.

“Our graduates were strong women who did not let people walk all over them,” said Carol Hayes-Christiansen, M.S.N., a professor emeritus who served on the faculty from 1957 to 1987, in her oral history. “They did not go into any institution or agency with the idea that they were going to just do what everybody had always done before.”

Early in 1959, planning was begun for the development of a graduate program in nursing. In May 1964, the college received approval to offer a program of graduate study leading to the Master of Science in Nursing degree. Students were admitted to this program in fall 1964. By 1967, the program had grown from one graduate to 30.

In the 1960s, the Joint Appointment/Unification model evolved as the director of nursing for Shands Teaching Hospital was appointed the assistant dean for the College of Nursing.

By 1967 the College of Nursing’s budget had grown from \$160,000 (with \$1 of each \$30 coming from federal grant funds) to almost \$500,000, with approximately \$1 in every \$4 coming from federal grant funds for the primary support of research.

“Basically everybody who started here wanted this place to succeed,” said Professor Emeritus Jennet Wilson, who served on faculty from 1957 to 1981. “There was nobody dragging their feet or throwing stumbling blocks in the way. I think one of the biggest things we did was to work through things as a group. Not everybody gets a chance to start a new program. It really was very exciting — to work with a group of people that were interested in what you had to say.”

By the end of the 1960s, the College of Nursing was well on its way to achieving its ultimate goals. The Quonset Hut dream had become a reality. **P**



*Top, left page: Founding Dean Dorothy Smith and colleagues walk in front of the HSC as it is being built.
Below: Dean Smith with the first College of Nursing class at commencement. Top, this page: Two nursing students view an architectural rendering of the UF Health Center.
Bottom: DeLena May, class of 1966, attends a nursing class. She was profiled in an article in the HSC newsletter called “A Day in the Life of a Nursing Student.”*



By Patricia Bates McGhee

Here in the United States we call them “health disparities.” Elsewhere around the globe, the terms “health inequality” or “health inequity” are commonly used.

Whatever the label, the National Institutes of Health defines them as “differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups.” In some way they affect every ethnic, racial, gender and socioeconomic group. That means they affect all of us.

Finding out why health disparities exist is challenging. There is no quick fix or “magic bullet,” Health Science Center scientists conducting research in the Southeast concede, because the problems associated with health disparities are complex and interconnected. All they can do is share what they’re learning in an effort to better understand what one calls “a complex web of causalities.”

CAUSALITY: HEALTH INSURANCE

R. Paul Duncan, Ph.D., chair of health services research, management and policy at the College of Public Health and Health Professions, is best known for his studies of access to various forms of medical and dental care.

“Two things are germane to health disparities — health insurance coverage and health care,” said Duncan,

who has been the principal investigator on a series of surveys focused on health care and health insurance coverage in Florida. “Disparities in health insurance lead to disparities in access to health care, which lead to disparities in health. What we can do about health disparities and what a lot of people see as inequalities are really about access to insurance.”

Duncan said even the employed struggle with obtaining health insurance coverage. Seventy-five percent of people without health insurance are either employed themselves or in a family unit where at least one person is employed.

“It’s another disparity right in our face, and it’s a double whammy!” he explained. “They have a connection to the work force that should allow them to get health insurance coverage, but they don’t because employers don’t offer it at all or the employee’s share is so expensive that they can’t afford to pick it up.”

Ultimately, lack of insurance also leads to lost productivity and wages because people don’t have access to the health care they need, Duncan said, a problem the marketplace will have to resolve.

CAUSALITY: COMMUNITY-BASED APPROACH

Allyson Hall, Ph.D., research director of the UF Center for Medicaid and the Uninsured, said she doesn’t

look at disparities per se but rather access to care and the need for a strong community base.

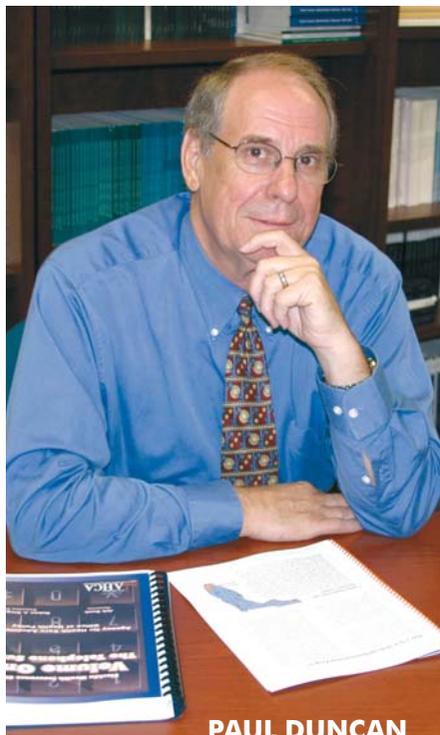
Hall, also a research associate professor of health services research, management and policy, worked for the Commonwealth Fund and the United Hospital Fund of New York before joining the UF faculty in 2003.

“I’m fearful that as a nation we’re not tackling this problem holistically,” she said. “We’re not really addressing day-to-day poverty — what it means and how it affects people. Poverty itself involves a myriad of issues like substandard housing, not having access to good food and being depressed. These problems are real, but we’re not addressing them and how they, too, affect health.”

Florida has to think about tackling health disparities from the local level, Hall said, and factor in regional sets of circumstances.

Immigrants to this country also face particular challenges as they assimilate into the local culture, Hall said, a situation that often creates the so-called immigrant paradox. Ironically, even though many immigrants are poor, they may have had a healthier lifestyle in their home countries than in the United States.

“After living in the U.S. for awhile, their health may start to deteriorate; for example, their cholesterol levels start creeping up — probably because they’re eating



PAUL DUNCAN



The group awarded a \$1.4 million NIH grant to conduct a study on women transitioning from welfare to work comprises co-investigator Allyson Hall, (back row, left to right), consultant Joan Flocks, consultant Barb Lutz, and co-investigator Shawn Kneipp. In the front row are (from left) co-investigator Deirdre Pereira, research assistant Deirdra Means and project coordinator Linda Villalaz.

more hamburgers,” Hall said. “That means that we’re not supporting the good health practices that these immigrants bring with them when they move here.”

CAUSALITY: DISEASE STAGE AT DIAGNOSIS

Health disparities are not just a matter of who gets care. They’re also linked to when patients get care. How far a disease has spread or advanced when it’s diagnosed is a widely accepted predictor of how patients will do over the long term, especially for those with cancer.

A report on the oral health of Americans, published in 2000 by the Office of the Surgeon General, showed there are socioeconomic, racial and ethnic groups that face disparities in terms of health status and access to care in almost every domain of oral health, said Scott Tomar, D.M.D., Dr.P.H., chair of the department of community dentistry and behavioral science and an associate professor in the College of Dentistry.

“These disparities are huge and they’re just the nature of dental public health at this point in time, where we’re seeing both large gains and persistent disparities in oral health status throughout most of the country,” he said.

One of Tomar’s research studies focuses on oral cancer, and he notes that nationwide, the incidence of oral cancer is slightly higher among blacks than among whites. In Florida, the rate of new cases of oral cancer is actually about the same for blacks and whites, he said. But at diagnosis, UF researchers have found, black men are twice as likely as white men to be in advanced stages of cancer.

“Because of that, survival rates for these men are about half those of whites,” Tomar said. “So here we have groups experiencing about the same cancer incidence rate but huge disparities in outcomes.”

Similar stage-of-disease disparities in cancer outcomes surfaced in a study led by Charles Rosser, M.D., an assistant professor of urology in the UF College of

Medicine–Jacksonville.

“Even though prostate cancer mortality rates nationwide have been steadily declining during the past 10 years, that’s not the case for inner-city men here,” said Rosser. “We found that inner-city black men are almost twice as likely to be diagnosed with prostate cancer as whites and are four times more likely to be in advanced stages of the disease at diagnosis.”

The usual chance of presenting with advanced disease is maybe 5 percent nationwide, Rosser said.

“Our study sample showed 16 percent for blacks and 3.8 percent for whites — a statistically significant finding,” he said. “Once the cancer has spread beyond the prostate, we’re not looking to cure the disease —

“ Everything about health disparities is interconnected. A complex web of causalities leads to disparities. — Amal Khoury ”

we’re just looking to slow its growth. The study identifies a disparity in prostate cancer screening and detection among men of differing social strata that is especially worrisome at a time when the underserved — especially blacks — stand to benefit most from such programs.”

CAUSALITY: ACCESS TO SCREENING

Amal Khoury, Ph.D., and her colleagues in the public health program are working hard to close the gap in health disparities for underserved women who are members of minority groups, have low income or live in rural areas. For example, the researchers hope to understand the barriers that prevent underserved women

from receiving breast cancer care. A main concern: a lack of access to screening.

“We have effective screening methods, such as mammograms and breast exams, to detect breast cancer at early stages,” said Khoury, an associate professor of health services research, management and policy. “But not everyone has access to them.”

Black, Native American and Hispanic women face a greater risk of dying after a breast cancer diagnosis than white women. Through focus group interviews with black women aged 40 or older who have low incomes, UF researchers have identified several obstacles for these women, including the fear of finding cancer, the cost of screening and treatment and the lack of awareness of screening benefits and guidelines.

“We’re also studying the referral behaviors of primary care physicians, as a doctor’s recommendation is a key factor in whether or not a woman gets breast cancer screening,” said Khoury.

Uninsured women and those who miss annual checkups are less likely to be referred to screening. Other barriers to making referrals include physicians’ time constraints and reliance on other providers to deliver primary care.

“Everything about health disparities is interconnected,” Khoury added. “A complex web of causalities leads to disparities.”

Single-mothers and women moving from the safety net of welfare to working world are especially vulnerable to becoming caught in that web.

Shawn Kneipp, Ph.D., A.R.N.P., an associate professor in the College of Nursing, investigates how health disparities may be exacerbated or alleviated by welfare policy. She has found that women on welfare often contend with health issues that, if not addressed while in social programs, make it difficult for them to transition to a full-time job.

Kneipp recently received a \$1.4 million NIH grant to conduct an innovative community-based participatory research study intended to improve the health of women transitioning from welfare to work and extend employment duration.

“If health needs aren’t addressed as women make the transition from welfare into employment, you often have the ‘revolving door’ issue of losing employment and returning to welfare. Health issues have been identified in previous studies as a reason why women have difficulty maintaining employment after a welfare exit,” Kneipp

COVER STORY CONTINUED ON PAGE 13

Bullying keeps overweight kids off the field

By April Frawley Birdwell

Playground taunts may seem like harmless child's play, but bullying may keep overweight children on the sidelines, making it more difficult for them to shed pounds, UF researchers say.

Most kids are bullied at some point in their lives, but overweight children are more often the targets of bullies' slings and arrows. Now a new UF study reveals this frequently leads them to avoid situations where they have been picked on before, such as gym class and sports. The findings appear in the online edition of the *Journal of Pediatric Psychology*.

About one out of every five children is chronically bullied, said Eric Storch, a UF assistant professor of psychiatry and pediatrics at UF's College of Medicine and the study's lead author. Aside from causing its victims to avoid events where they might be teased, bullying also is linked to depression and loneliness.

Either way, bullying spells serious trouble for

The problem clinically is if kids are avoiding PE class or playing sports because of fears of negative peer relationships, their health status is affected."

Storch and researchers from pediatrics, psychiatry and the UF College of Public Health and Health

rates were low.

Bullying not only contributes to children avoiding situations where they could be subject to ridicule, such as sports or gym class, but also can lead to depressed feelings that keep children from wanting to

"When you think about it, it makes intuitive sense, when you consider the hallmark signs of depression — sadness, fatigue, lack of interest in things you used to like. When kids are having a tough time with peers, and struggling with depression, then this can translate to reduced rates of physical activity." — Eric Storch, Ph.D.



ERIC STORCH

PHOTO BY SARAH KIEWEL

children's health, Storch said. Negative attitudes toward exercise can last a lifetime, making it more difficult for overweight children to lose weight and making it easier for them to become obese adults, he added.

"We found that as rates of peer victimization among overweight kids went up, rates of physical activity went down," he said.

"When you speak to overweight kids, one of the things you often hear is just this," he added. "Kids are targeting them. Kids are picking on them. You're going to end up avoiding those types of situations.

Professors studied 100 overweight or at-risk-for-being-overweight children between the ages of 8 and 18 to find out how bullying affected their exercise. Several measures were used to assess how much of a problem bullying was for children and determine whether they were exhibiting signs of depression, anxiety or even behavioral problems as a result.

About one-quarter of the children reported significant problems with bullies during the two weeks preceding the study. The researchers also found links between bullying and depression, loneliness and anxiety, further explaining why their physical activity

take part in activities.

"When you think about it, it makes intuitive sense, when you consider the hallmark signs of depression — sadness, fatigue, lack of interest in things you used to like," Storch said. "When kids are having a tough time with peers, and struggling with depression, then this can translate to reduced rates of physical activity."

But bullying is just one of the issues that affects how much exercise an overweight child gets. For example, positive support from family and friends can lessen the blows bullies inflict, and some parents insist their children exercise at home when they don't at school, Storch said.

The best thing parents, teachers and doctors can do is to figure out what is causing the problem and find a way to work around it so overweight children still get exercise, he said.

Schools should create a zero-tolerance culture for bullying and perhaps provide gym teachers with training on how to recognize bullying and intervene, the researchers say.

Doctors should keep peer problems in mind when assessing overweight children and take not only a medical history of the child but also a social history, so they can pinpoint the underlying problem and devise a solution, Storch said.

It's important to prevent the problem early before it gets worse, he added.

"Childhood is a time when we form many of our habits that we're going to hold over later," he said. "When one has multiple negative experiences that are centered around sports early on, this can often translate into adulthood with decreased involvement (in exercise)." **P**

Researchers use new technique to treat high blood pressure, kidney damage

By April Frawley Birdwell

Nearly one-third of American adults have high blood pressure, a major cause of heart attacks, strokes and kidney failure. But a new technique tested at UF could prove to be a long-term way to treat the disorder in humans, researchers say.

Cold weather can elevate blood pressure by constricting blood vessels and overloading the kidneys with hormones. Because of this, heart attacks and strokes are often more common in winter. UF researchers were able to keep blood pressure from worsening and nearly eliminate kidney damage in rats exposed to the cold, according to study findings published online recently in the journal *Gene Therapy*.

Using a corrective gene, scientists were able to block a protein in the kidneys that triggers high blood pressure and kidney damage, said Zhongjie Sun, M.D., Ph.D., an assistant professor of medicine, physiology and functional genomics and the lead author of the study.

The protein they blocked, called a mineralocorticoid receptor, signals the body to absorb sodium and water into the bloodstream. This increases the amount of blood in the body and also increases blood pressure. Some treatments already on the market block the MR protein, but they can interfere with other receptors and cause unwanted



side effects, Sun said.

“This new technique can specifically and efficiently inhibit the protein and prevent the progression of hypertension,” Sun said. “I’m very optimistic this gene complex will be used for human gene therapy to treat hypertension.”

To block the protein, researchers used a technique called RNA interference. A harmless virus ferries fragments of RNA into the body, where they infiltrate cells and stop the protein. It’s the first time scientists have used the approach to treat hypertension and

kidney damage, he said.

The treatment kept blood pressure from escalating but did not lower it to normal levels, most likely because the researchers monitored the rats only for three weeks after they were treated. Blood pressure continued to rise in rats that did not receive the therapy.

The researchers plan to study what happens to the rats when they are observed for a longer period of time after therapy, which Sun said he suspects will give their blood pressure more time to drop. **P**

COVER STORY CONTINUED FROM PAGE 11

said. “In our current study we want to create a uniform intervention to address the health needs of women in Welfare Transition Programs that could be implemented nationally.”

CAUSALITY: GEOGRAPHIC RESIDENCE

Another UF study is the first to statistically relate region of residence to measures of child health outcomes.

“Hurricane Katrina gave the world a glimpse of the disparities in the South,” said Jeffrey Goldhagen, M.D., M.P.H., an associate professor of community pediatrics at the College of Medicine–Jacksonville. “Our research documents just how profoundly these disparities impact the health of children in the region.”

The research shows that children living in the South are up to three times more likely to battle poor health and its consequences — including obesity, teen pregnancy and death — than those in all other regions of the country, even if they receive the same medical care.

“In fact, we now believe that where a child lives may be one of the most powerful predictors of child health outcomes and disparities,” Goldhagen said.

The poor health outcomes documented in the study included low birth weight, teen pregnancy, death and other problems such as mental illness, asthma, obesity, tooth decay and school performance.

Children who live in eight of the 10 states the researchers defined as the Deep South (Mississippi, Louisiana, Arkansas, Tennessee, Alabama, Georgia, North Carolina and South Carolina), are two to three times more likely to die or have other health problems compared with children living in some states in other regions of the country, Goldhagen said. The reasons for these risks are complex and are related to social, economic and

other public policies in the South, he said.

“These policies, which consign 50 percent of children to poverty, neglect quality early education, generate huge income disparities, result in homelessness and limit access to quality nutrition and critical health services, may differentiate children in the South from those in other regions,” he said.

A TANGLED WEB

The more tangled the web of causalities, the more challenging health disparities become — and the more we learn that they’re not necessarily what we assume they are.

“They’re insidious and they’re everywhere, but there’s an important distinction between a health-care difference and a disparity,” Duncan said.

He gave this example: There are huge differences in rates of mammography between men and women, and no one would argue that that constitutes a disparity. But, if there are differences in rates of mammography between black women and white women, then that difference becomes a disparity.

How some differences are just differences and how others are disparities is an important and fairly subtle question that deals with questions of fairness, social justice and whether there is some reasonable medical explanation for the difference, he said.

“If there is a medical explanation, the difference is not necessarily a disparity,” said Duncan. “That’s where much of the discussion should take place, and it frequently doesn’t.” **P**



JEFF GOLDHAGEN

COVER STORY

Anesthesiology's new chairman welcomes adventure

By Patricia Bates McGhee

Adventure is his calling. From developing the No. 1 liver transplant program in the country to being named the first chairman of the anesthesiology department in the UF College of Medicine — Jacksonville, Wolf H. Stapelfeldt, M.D., thrives on it.

“I’ve sought new adventures all my life,” says Stapelfeldt, who also serves as chief anesthesiologist at Shands Jacksonville, “and every one has been important to where I am today.”

The latest adventure for the board-certified anesthesiologist and professor of anesthesiology is leading a department of 16 faculty members, 40 staff members and numerous residents and nurse anesthesia students.

Prior to joining UF, Stapelfeldt worked from 1998 to 2005 at Mayo Clinic Jacksonville as chair of the division of transplantation anesthesiology and vice chair of anesthesiology education. Born and raised in Germany, he graduated from the University of Ulm School of Medicine and moved to Rochester, Minn., in 1985 to pursue a fellowship in physiology and biophysics and a residency in anesthesiology at Mayo Clinic.

Stapelfeldt says today’s anesthesiology is charting new territory because the needs for anesthesia services are accelerating.

“What we do now in anesthesiology will determine what the specialty will become,” he says, “especially as the number of surgical procedures continues to increase with the age of the Baby Boomers.”

Today’s surgical patients are much more tuned in to anesthesiology procedures, too, says Stapelfeldt.

“When they’re anticipating surgery, they follow anesthesiology trends on the Internet,” he says.

Stapelfeldt takes great pride in one of those trends — a fast-track care protocol he developed at Mayo Jacksonville.

“Traditionally, liver transplant patients stay on the ventilator and in the ICU for hours and sometimes days after their surgeries,” he says. “We pioneered the idea of modifying care to allow patients to be extubated sooner — in fact, three out of four were extubated on the table and then sent to the recovery room and ward without ever going to the ICU.”

Developing best practices like this sets trends but also creates challenges, he says.

“We have a huge opportunity here at UF, as a major academic medical center, to lead the path toward developing new models of care — new



Wolf Stapelfeldt, left, and Charisse Geslani, database administrator for the Centricity electronic management system at UF Health Science Center – Jacksonville, review the system’s real-time reports of perioperative processes.

staffing models, safer drugs, new practices,” he says. “There’s nothing more rewarding to me than that.”

Educating anesthesiologists is an adventure, too. Stapelfeldt looks forward to rolling out a new UF anesthesiology residency program based in Jacksonville. While at Mayo he helped build the nation’s first new residency program in anesthesiology in more than 10 years.

“The ACGME (Accreditation Council for Graduate Medical Education) looks at an established record of academic activities — not just a sudden flare,” he says. “At the core of the Jacksonville program will be cutting-edge clinical research and training programs that leverage recent technological advances such as anesthesia simulation and large-scale, multi-center clinical databases.”

UF’s Health Science Center – Jacksonville was the first academic medical center in the nation to implement the entire suite of General Electric’s Centricity electronic management system, which integrates data capture across the entire

perioperative process, providing instant access to patient history, test results and real-time physiologic parameters as well as scheduling, materials management and cost analysis.

“The result is a better understanding of our processes, improved patient safety, greater perioperative efficiency and, ultimately, new best practices and outcomes,” says Stapelfeldt.

Stapelfeldt seeks adventure even in his own backyard. There he and his wife, Marlena, have created a garden and wildlife haven.

“Jacksonville’s natural beauty is phenomenal,” he says. “Marlena and I feel a responsibility to its natural inhabitants, including manatees, ducks, geese, squirrels, raccoons, opossums, foxes and all kinds of birds, including pairs of cardinals, doves, a lonely heron and a very resolute mockingbird.”

For Stapelfeldt, welcoming both high-tech and natural adventures is logical.

“Both have places for our soul and spirit,” he says. **P**

Superior effort rewarded

The 2005-06 Superior Accomplishment Awards were presented April 11 to those Division Five employees who were recognized for their outstanding and meritorious service at the Savannah Grande Reception and Conference Center. The winning employees were nominated by their peers and each received cash awards of \$200.

The universitywide winners were announced on April 25 and took home \$500 or \$1,500 cash awards.

Division Five Winners

COLLEGE OF DENTISTRY

JENNIFER A. BROCK, senior accountant
AMY S. CORBITT, program assistant
LEONARD C. "BUTCH" DEES, senior teaching laboratory specialist
JAMES G. GREEN, clinical associate professor
LINDA ELAINE KENNAN, senior secretary
ERNEST A. LADO JR., associate professor
CHARLES A. LESCH JR., maintenance specialist
DANIEL S. MCCOY, coordinator, educ/media communication
BARRY V. NICHOLAS, senior dental technician
THOMAS C. PORTER, clinical associate professor
JULIE M. THOMPSON, assistant director, medical/hlth admin
JUSTUS P. WEBER, program assistant
LYUBOV YENATSKA, assistant in faculty service
JIAN ZUO, research assistant professor

COLLEGE OF MEDICINE

DOUG R. PERKINSON JR., grants specialist
PAMELA M. RITTER, coordinator, clinical programs

COLLEGE OF NURSING

KAREN M. BENDER, program assistant
KENNETH H. FOOTE, program assistant
SHAWN M. KNEIPP, associate professor
SAUN JOO YOON, associate professor

COLLEGE OF VETERINARY MEDICINE

CHRISTOPHER A. ADIN, assistant professor
LINDA L. ARCHER, biological scientist
SARAH E. BEACHBOARD, senior laboratory technician



Two Division Five HSC employees won the universitywide Superior Accomplishment Awards on April 25. Both winners, Sarah Beachboard (left) and Michael Porter, are in the College of Veterinary Medicine.

CYNDA CRAWFORD, assistant scientist
AMARA H. ESTRADA, clinical assistant professor
JAY GILBREATH, lab animal tech supervisor
SHERI L. HOLLOWAY, coordinator, clinical programs
PAMELA P. HUMPHREY, biological scientist
ROSANNA MARSELLA, associate professor
MICHAEL B. PORTER, clinical assistant professor
MICHAEL SCHAEER, professor
CRYSTAL D. SCHUMAN, biological scientist
CAROL M. STEEGE, senior clerk
MATS H. TROEDSSON, professor
DANA N. ZIMMEL, assistant professor

STUDENT HEALTH CARE CENTER

PAULA D. DRAGUTSKY, program assistant
DRUCILLA E. TULIP-VALERIO, registered nurse specialist

OFC SR VICE PRESIDENT/HEALTH AFFAIRS

KAVITA BRAUN, program assistant
CLIFFORD D. RICHMOND, coordinator, computer applications

DISTINCTIONS

COLLEGE OF DENTISTRY

FRANCI STAVROPOULOS,

D.D.S., an associate professor of oral and maxillofacial surgery and a diplomate of the American Board of Oral and Maxillofacial Surgery, will serve as an examiner on the group's Examination Committee, the certifying board for oral and maxillofacial surgeons recognized by the accrediting Council on Dental Education of the American Dental Association. This achievement follows her appointment as site visitor for the ADA's Accreditation of Oral and Maxillofacial Surgery Residency Programs in 2005.



Stavropoulos

COLLEGE OF MEDICINE

JAMIE B. CONTI, M.D.,

a cardiac electrophysiologist and an associate professor of medicine, has been elected to the Association of University Cardiologists, an organization of 125 of the nation's top cardiologists. In addition, the American Clinical and Climatological Association has been selected the UF alumna for provisional membership. Organized by a group of physicians and scientists in 1884, the ACCA promotes clinical and scientific excellence in the study of disease. Active membership is limited to 175 physicians nationwide. Conti will present a general summary of her work, which focuses on the study of heart arrhythmias and their management, at the organization's annual meeting in October, at which time her membership will change to active status.



Conti

MAUREEN M. GOODENOW,

Ph.D., the Stephany W. Holloway university chair in AIDS research and co-director of experimental pathology in the department of pathology, immunology and laboratory medicine, has been selected to serve as a member of the National Institutes of Health AIDS Molecular and Cellular Biology Study Section, part of the Center for Scientific Review. Her four-year term begins in July. She will work with the committee to review NIH grant applications and survey research in the field of HIV and AIDS.



Goodenow

PAULETTE HAHN, M.D.,

a clinical assistant professor of rheumatology, received a \$50,000 educator grant from the American College of Rheumatology. Hahn, who has been on the faculty



Hahn

since 1998, is using the grant to formalize the curriculum for residents during their rheumatology rotations. The new curriculum will give residents a more in-depth understanding of rheumatology, she said.

KENNETH O. SCHOWENGERDT JR.,

M.D., an associate professor of pediatrics, received a \$143,115 grant from the Children's Heart Foundation. Schowengerdt plans to use the funding for his research titled "The Role of Neutrophil-derived Factors in the Pathogenesis of Cardiac Allograft Vasculopathy."



Schowengerdt

C. CRAIG TISHER, M.D.,

dean of the College of Medicine, was recognized among "10 Influential Florida Physicians" in the March 28-April 10 issue of *Florida Medical Business*, a publication that tracks the health care industry in the state. Appointed dean in 2002, Tisher leads the college's more than 1,370 faculty members on campuses in Gainesville and Jacksonville.



Tisher

COLLEGE OF VETERINARY MEDICINE

COLIN BURROWS, B.Vet.

Med., Ph.D., a veterinary administrator, has received the 2006 World Small Animal Medical Association/Waltham International Award for Service to the Profession.

Burrows, chair of the UF College of Veterinary Medicine's department of small animal clinical sciences and chief of staff of the Small Animal Hospital, served for many years as the North American Veterinary Conference's program director. He has spearheaded conference activities as the group's executive director since 2002.

The award recognizes exemplary service and acknowledges an individual who has fostered and enhanced the exchange of scientific and culture ideas throughout the veterinary small animal world. It will be presented in October during the 2006 WSAVA Congress in Prague. In 1996, Burrows was awarded the WSAVA/Waltham award for scientific achievement. He is the only person ever to have received both awards.



Burrows

COLIN SEREDA, D.V.M.,

a third-year surgery resident, has received a Resident's Award from the American Association of Veterinary Clinicians.

"Dr. Sereda is blessed with



Sereda

a rare combination of skill and compassion," said Christopher Adin, D.V.M., an assistant professor of small animal surgery. "He has given a lot of his time and energy to our program and we are pleased that he is getting something in return."

The AAVC presents two awards annually to veterinarians in the last year of their residency. Awards are given for excellence in academic or institutional practice as well as for demonstrated research accomplishments. Finalists are nominated by faculty members at their respective institutions. Winners, who receive \$1,000 and a plaque, are chosen by an AAVC judging committee.

PUBLIC HEALTH AND HEALTH PROFESSIONS

MARK BISHOP, Ph.D., P.T.,

an assistant professor in the department of physical therapy, is the recipient of the American Physical Therapy Association's 2006 Margaret L. Moore Award for Outstanding New Academic Faculty Member. The award is given to an outstanding new faculty member who is pursuing a career as an academician and has demonstrated excellence in research and teaching. It will be presented at the association's annual conference in June in Orlando.



Bishop

STACY DODD, a graduate

student in the department of clinical and health psychology, received a \$1,000 trainee travel award from the Psychoneuroimmunology Research Society. The award will cover Dodd's travel costs to the society's annual meeting in May in Miami, where she will present research findings from her study of depression and risk for cervical dysplasia.



Dodd

MIN LIU, M.D.,

a doctoral student in the rehabilitation science program, has received an educational stipend from the International Society for Magnetic Resonance in Medicine. The stipends help offset travel expenses and offer support for students, postdoctoral fellows and clinical trainees presenting abstracts at the society's 14th Scientific Meeting and Exhibition this May in Seattle.



Liu

Know someone who has earned a distinction? Please let us know.
E-mail dtrunk@ufl.edu

UF research professors named for 2006

The UF Research Foundation has named 33 faculty members, 10 of whom are in the HSC, UFRF Professors for 2006-09. They were chosen for their distinguished current record of research and a strong research agenda that is likely to lead to continuing distinction in their fields. The three-year award carries with it a \$5,000 annual salary supplement and a \$3,000 grant. The professorships are funded from the university's share of royalty and licensing income on UF-generated products.

The UFRF professors were recommended by their college deans based on nominations from their department chairs, a personal statement and an evaluation of their recent research accomplishments.

The HSC's UFRF Professors:

COLLEGE OF DENTISTRY

Roger B. Fillingim

COLLEGE OF MEDICINE

Frank J. Bova
Daniel J. Driscoll
Fonda D. Eyler
Westley H. Reeves
Elizabeth A. Shenkman

COLLEGE OF NURSING

Meredeth A. Rowe

COLLEGE OF PHARMACY

Gunther Hochhaus

COLLEGE OF PUBLIC HEALTH AND HEALTH PROFESSIONS

Dawn Bowers

COLLEGE OF VETERINARY MEDICINE

Richard Johnson

Making the game show grade

UF orthopaedic oncology fellows defeat Harvard

In front of a live audience, orthopaedic oncologists who trained as fellows at UF recently bested a group trained at the Massachusetts General Hospital/Harvard Medical School in a rousing game of "JEOPARDY!"

It wasn't Alex Trebek asking for the correct questions in the showdown between UF and Harvard alumni. This version of the popular game show took place at the American Academy of Orthopaedic Surgeons meeting March 24-26 in Chicago.

After a slow start, the UF team, garbed in Gator caps and ties, steadily pulled away from the T-shirted Harvarders and led 10,400 to 5,800 entering the last round. In desperation, the Crimson crew wagered all its points on the final question, which team members answered

correctly for a final score of 11,600. Coolly the Orange and Blue countered with a wager of only 1,300 points, enough to top the best the opposition could possibly muster. They also answered correctly and cemented the victory with 11,700 points.

Representing UF were Drs. Ernest Conrad (now at the University of Washington), Michael Simon (chair, University of Chicago) and Dempsey Springfield (chair, Mount Sinai School of Medicine). Game categories included radiologic and pathologic patterns in bone tumors, genetics, historic figures in musculoskeletal oncology, and persona in the entertainment and sports fields affected by musculoskeletal diseases. Judges of the responses were chosen from the membership of the national Musculoskeletal Tumor Society.



Representing UF in JEOPARDY! were alumni Drs. Ernest Conrad, left, Michael Simon, coach Bill Enneking, a UF distinguished service professor in orthopaedic oncology, and Dempsey Springfield.

Mega-partnership lands biotech training grant



PHOTO BY SARAH KIEVEL

The Florida Partnership for Industrial Biotechnology Career Development and Training works to create job opportunities and a skilled workforce, according to Richard Snyder, director of UF's Center of Excellence for Regenerative Health Biotechnology. The partnership will build training programs at the CERHB's education center, at Santa Fe Community College and within the Alachua and Marion County public school systems, with the expectation that these programs will eventually expand elsewhere.

By John Pastor

An effort to train workers for Florida's growing biotechnology industry has received a boost from the National Science Foundation.

The NSF awarded \$599,997 to UF's Center of Excellence for Regenerative Health Biotechnology to fund the Florida Partnership for Industrial Biotechnology Career Development and Training — an alliance of more than 40 partners in education, government and industry.

"This will help students and workers get higher-paying jobs and find better careers," said Richard Snyder, director of UF's Center of Excellence for Regenerative Health Biotechnology. "Likewise, having state-of-the-art training for our workforce will stimulate the creation of high-wage, high-skill jobs in what is regarded as a clean industry. It's definitely a win-win scenario."

Snyder and Win Phillips, UF's vice president for research, say the partnership will create training programs at the CERHB's education center, at Santa Fe Community College and within the Alachua and Marion County public school systems, with the expectation that these programs will eventually be

reproduced throughout the state.

Work in the biotech field requires understanding scientific principles involved in diverse areas such as DNA research, genetic analysis, protein purification, drug manufacturing and product testing.

Furthermore, workers need to know regulatory and quality control procedures.

It's a unique set of skills, but once acquired, students who have them will find themselves in demand, according to Jackson Sasser, president of Santa Fe Community College.

"Students have for a few years been filling every opening in Santa Fe's Biotechnology Laboratory Technology degree program, and employers have been hiring them once they graduate," Sasser said. "This is not surprising. SFCC and the UF Biotechnology program are partners in this program, and its course content is developed with advice and direction from our partners in the biotechnology industry."

Beyond the Gainesville area, which includes UF's \$500 million research enterprise, area health-care facilities and sprouting biotechnology companies, the market for skilled employees in Florida is expected to

become even livelier because of Scripps Florida, a major research center planned in south Florida. Scripps is expected to employ more than 500 workers and eventually create 200 new businesses and 16,000 new jobs.

Most current training programs are concentrated in existing biotechnology clusters in states such as California and Massachusetts, according to Harry Orf, vice president for scientific operations and professor of chemistry at Scripps Florida and chairman of the education and community outreach committee for BioFlorida, a statewide bioscience organization

"Addressing the need for a better-prepared workforce improves the candidate pool for us," Orf said. "Historically, the biotechnology industry hasn't been in place here, so there hasn't been the need for the workers. If we're going to build the industry, we have to build the workforce."

In the biotechnology sector, job growth and training opportunities have to occur at a similar pace, according to J. Brent Christensen, president and chief executive officer of the Gainesville Area Chamber of Commerce and the Gainesville Council for Economic Outreach.

"You can't let demand get too far out in front of the supply of employees," said Christensen. "Our hope is to grow a workforce to match the growing needs of businesses. Along those lines, biotech companies will look to this area to grow or expand if a ready-made work force is in place."

The partnership will begin by training instructors and developing coursework that is useful and appealing to high school and college students, as well as to workers interested in switching to entry and mid-level careers in the biotechnology industry, according to Bob Best, president and CEO of the International Society for Pharmaceutical Engineering, a key collaborator in the effort. The goal is to create model curricula and programs that can be reproduced throughout the state and the nation.

ISPE will help develop the training program and teach community college and high school instructors the essentials of "Good Manufacturing Practices" - inspection and certification standards enforced by the Food and Drug Administration that are observed when manufacturing and testing drugs, medical devices or other agents that come in contact with people.

"The field of biotechnology is an emerging sector of the health-care industry," Best said. "The worldwide membership of ISPE and the society's body of knowledge enable us to affect education, training and career development and prepare strong candidates to enter the biotechnology workforce. ISPE is honored to support the University of Florida in the attainment of this worthwhile goal." **P**

CHAMPIONING THE CAUSE

Genné McDonald
among select group
named Yoplait
Champions for efforts
in fight against
breast cancer



PHOTO BY SARAH KIEWEL

By Jill Pease

Genné McDonald had some trouble shaking that “what am I doing here?” feeling at a recognition ceremony in March, held at the Condé Nast Building in New York’s Times Square and catered by *Bon Appétit* magazine.

As one of 25 leaders in the fight against breast cancer selected by Yoplait Inc., McDonald was in good company. Fellow honorees included Ethel Kessler, who designed the first breast cancer postal stamp, and Heather Pick, a TV news anchor who shares her battle with breast cancer with her Columbus, Ohio area viewers.

But McDonald, a physical therapy affiliate faculty member in the College of Public Health and Health Professions, soon realized that the other Yoplait Champions were a lot like her.

“They are ordinary people who are doing extraordinary things,” McDonald said. “Just regular Joes like me who have made an impact in their communities. I realized that one little person can make a big difference.”

The Champions were named in conjunction with Yoplait’s “Save Lids to Save Lives” campaign, which encourages consumers to mail in pink lids from their yogurt containers. For each lid received between March 15 and May 15, Yoplait donates 10 cents to the Susan G. Komen Breast Cancer Foundation, up to \$1.5 million.

In addition to a trip to New York City, the Yoplait Champions each received \$1,000 for the charity of their

choice and were featured in special advertising sections in the April issues of *Allure*, *Bon Appétit*, *Glamour*, *SELF* and *Vogue* magazines.

It is well-deserved recognition for McDonald, who has been working to improve the lives of cancer survivors for 16 years. As a physical therapist, she treats the special needs of patients recovering from breast cancer. As a believer in exercise for improving recovery and preventing cancer recurrence, McDonald founded Team Survivor North Florida to encourage women who have had cancer to be more physically active. And as a survivor who was diagnosed with breast cancer in 2000 at age 34, McDonald is active in the Young Survival Coalition, advocating for better screening tools for women under 40 and educating patients on issues unique to young women with cancer, such as fertility.

McDonald’s connection to breast cancer began years before her own diagnosis.

“I have two great-aunts and two grandmothers who had radical mastectomies,” she said. “I had genetic testing for the breast cancer gene mutation and the test was negative, but when you look at my family tree there is no denying that there is a connection — I even have a male relative who has had breast cancer. Most likely, researchers haven’t yet discovered the particular gene mutation that has caused cancer in my family.”

Still, McDonald was surprised when she was

diagnosed with breast cancer at such a young age, particularly since she had no other risk factors that may contribute to the development of the disease. She ate well, exercised regularly, did not smoke and gave birth to her children at a young age.

McDonald’s often bewildering and sometimes frustrating experience with her diagnosis and treatment strengthened her commitment to help other women become their own health-care advocates and have the courage to ask for what they need.

To offer support and empowerment to other women with a past or present diagnosis of cancer, McDonald launched Team Survivor North Florida, which features free activities such as tai chi, yoga, walking, biking, triathlons, 5K and 15K races, half marathons, dragon boating, swimming and art classes.

McDonald also advocates for the needs of survivors as an active member of the Lance Armstrong Foundation and as a volunteer with the local chapter of the American Cancer Society.

Her personal life, career and outside interests have now come full circle into one awesome package, McDonald said.

“Breast cancer has given me more than it has taken away,” she said. “I have had more of an impact as a physical therapist than I would have, I’ve been able to do some amazing things and I’ve met some great people.” 



Glinda the Good Witch (Stacia Howard) keeps the Wicked Witch of the West (Meera Iyengar) and her minions away from the munchkins with her magical wand during the White Coat Company's production of "The Wizard of Oz" last month. The company, a troupe of thespian medical students, performed the play for children on the pediatrics floor of Shands at UF and later for students and faculty of the College of Medicine. First-year medical student Kyla Driest starred as Dorothy. Rebecca Gomez, Tenessa McKenzie and Ryan Nall were the Scarecrow, Tin Man and Cowardly Lion, respectively, and Chad Mackman performed the part of "The Wizard of Oz."

ANSWERS FROM TRIVIA ON PAGE 3:

- | | | |
|---------------------|---------------------------|-------------|
| 1. St. John's River | 3. Fear of doctors | 5. Missouri |
| 2. Illinois Avenue | 4. The Dominican Republic | |

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"Humble" professor wins Hippocratic Award

By April Frawley Birdwell

Dr. Robert Hatch remembers thinking how incredible it would be to win the Hippocratic Award when he first joined the UF College of Medicine faculty 15 years ago.

He never actually thought he would win, though.

The college's graduating class proved the UF associate professor of community health and family medicine wrong last month when they presented him with the 2006 Hippocratic Award, the highest honor the senior class can bestow on one of its teachers.

The honor overwhelmed Hatch, who was lured into the ceremony under false pretenses. He thought he was meeting with Dr. Whit Curry, department chairman, to discuss student evaluations.



PHOTO BY APRIL FRAWLEY BIRDWELL

Seniors from the College of Medicine chose Dr. Robert Hatch to receive the 2006 Hippocratic Award.

"Education is the most important thing to me," Hatch said after receiving the award. "I put a lot of effort into it, but sometimes you don't know if the things you do are getting across. It's nice to know I'm making an impact."

Katie Kleiner, a senior medical student who presented Hatch with the award, said he "has been the best role model for a physician I have worked with here."

Aubrey Jolly Graham, a senior who helped organize the ceremony, called Hatch one of the most sincere, humble professors she has had at the college.

"It beams out of him, how much he loves to be a doctor and a teacher," she said. "He is somebody the vast majority of us hope to emulate."

The Hippocratic was established in 1969 to honor one teacher each year who best models the qualities of a good physician and teacher. The entire senior class votes on who should win.

Hatch, who also serves as director of medical education for community health and family medicine, was one of seven nominees.

"When I heard the other nominees, what a group," Hatch said. "I was humbled I could be one of them." **P**