



For **RICHER or POORER**

**Why UF is a safety
net for many in need**

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UNIVERSITY of FLORIDA

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patients safe

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To age
or not to age?

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students reach out

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On the Cover

Nearly 47 million Americans lack health coverage and even more lack access to regular health care. UF students and faculty are trying to break down some of the barriers that prevent people from getting the care they need, though. UF nursing student Nikki Hughes and her classmates visit the St. Francis House in Gainesville every week to provide free screenings and health information to people there.



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UP FRONT

College celebrates nursing clinic's new digs

Since its 2001 opening in a small historic house in Archer, Archer Family Health Care has played a significant role in the community's health. Faculty and clinical staff in the nurse-managed clinic handle more than 3,000 patient visits each year and provide quality care to underserved adults, children and families in Alachua County and surrounding areas.

On Oct. 12, the UF College of Nursing celebrated the clinic's recent move from that tiny brick house to an expanded facility in downtown Archer that triples its space for patient care. After a dedication and ribbon-cutting ceremony, visitors were offered tours.

Eighty-five percent of patients who come to Archer Family Health Care have a household income 200 percent below the federal poverty level, and more than 50 percent have no health insurance coverage. — *Tracy Brown Wright*

The UF College of Nursing celebrated the Archer Family Health Care clinic's recent move from a tiny brick house to an expanded facility in downtown Archer last month. Barbara Frazier, a family nurse practitioner at the clinic, shows off one of the new patient rooms to a community member.



Post it

Gators take Manhattan?

Christy Lemak, Ph.D., the Michael O. and Barbara Bice term professor in the College of Public Health and Health Professions department of health services research, management and policy, was visiting New York City recently with her 11-year-old daughter, Maggie, when they spotted a restaurant that reminded them of home. The Mediterranean restaurant in the SoHo neighborhood was closed when they passed by so the pair was unable to investigate if the restaurant had any UF connection, but Lemak snapped this photo.



Promised land

On Oct. 30, UF leaders broke ground on the new College of Dentistry Naples Children's Dental Clinic. Dean Teresa Dolan, other college administrators and trustees for the Naples Children and Education Foundation put shovel to earth to celebrate the start of construction on the 20,000-square-foot clinic on the campus of Edison College. The clinic is funded by a \$5.65 million gift made by the Naples Children and Education Foundation, which received \$4 million in state matching funds.



2020, a Nurse Odyssey

Nurses, future nurses, nurse educators — basically anyone involved in nursing — take note. The third Dorothy M. Smith Nursing Leadership Conference will be held Jan. 17-18 at the UF Health Professions/Nursing/Pharmacy Complex. The conference will bring together national health-care leaders to discuss their vision of the education, research, practice and policy necessary to improve health care by the year 2020. Included in the conference will be discussion of the latest data and trends related to the nursing shortage, nursing education and the impact of nurses on patient care. Also planned is a panel discussion on nurse work environments and strategies to improve patient outcomes. To register for the conference, visit www.conferences.ufl.edu/nur. For more information, call 352-273-6421.



Sing-a-long

Are you usually the first one to chime in when someone sings "Winter Wonderland?" Do you know what note to hit during the "Five gold rings!" part of "The Twelve Days of Christmas"? Then keep reading. Health Science Center faculty, staff and students are invited to join the UF&Shands Singers, who will perform a Shands Arts in Medicine-sponsored concert of holiday songs at noon Dec. 7 in the Shands Atrium. Rehearsals will be held at 5 p.m. on Tuesdays beginning Nov. 13. For more information, e-mail Gail Ellison at gellison@ufl.edu.

Protecting patients

UF implements new patient quality care and safety initiatives

By Melanie Fridl Ross

When Bruce C. Kone, M.D., became dean of the UF College of Medicine in May, it was only a matter of weeks before he issued “a call to action” for new standards in performance across the board.

His vision? To build on existing excellence and to branch out with new initiatives as well, many of them aimed at improving how UF teaches and trains students and residents, enhancing faculty diversity, ensuring quality patient care and safety, and bolstering the institution’s research efforts.

Before arriving at UF, Kone already had an established track record of focusing on patient care, including as care management medical director for a large teaching hospital, medical director of three dialysis units in Houston and as a member of the National Quality Forum, a public-private partnership created to develop and implement a national strategy for health-care quality measurement and reporting.

So it was no surprise when he announced the UF College of Medicine would collaborate with its hospital partners at Shands at UF, Shands AGH and the Malcom Randall Veterans Affairs Medical Center to launch new programs aimed at cultivating a “culture of quality” across the spectrum of patient care — steps he hopes will position the organizations as national leaders in this area.

Now, the recent death of a 3-year-old boy from a medication overdose has accelerated these efforts.

“I want us to practice unsurpassed health-care quality and safety and be leaders in educating about and investigating new models for safer, more effective and more accessible patient care,” Kone said.

Earlier this year, Blue Cross and Blue Shield of Florida established a \$3.5 million endowment at UF to open the BCBSF Center for Health Care Access, Patient Safety and Quality Outcomes, a gift that rose to \$6.7 million with state matching funds. The center is housed in the colleges of Nursing and Public Health and Health Professions and is working to improve the health of Florida’s citizens, uniting experts from a variety of disciplines, including health services administration, nursing, health policy, medicine, pharmacy and sociology.

Together they will design and evaluate improved approaches to health-care access and delivery and will pursue evidence-based research on topics such as attracting and retaining well-prepared nurses to maximize patient safety and quality care outcomes, and financing and delivering health care in a fiscally responsible manner to people who are underserved. These steps, and others, can help to prevent patient deaths and reduce suffering while also saving hundreds of thousands of dollars in unnecessary health-care costs.

As for Kone, he’s committed to establishing the “UF System for Innovation in Patient Safety, Education and Research,” a clinical, educational and research “system” in quality and patient safety based on lean-thinking principles, interdisciplinary teams, the continuum of care from outpatient to inpatient, vertical integration of education from students to faculty, information and simulation technologies, and facility modeling.

“This system would not only be an engine for innovation here, but would be an exportable model that could be used in academic health centers nationally,” Kone said.

In addition, plans include hiring a chief patient safety officer to help achieve the goal of unsurpassed access, quality and safety of patient care in all patient-care settings, he said, and

DOUG BARRETT, M.D.

PHOTO BY SARAH KEMMEL

Safety comes first

Last month one of our patients, a 3-year-old child, died from a medication error. (See news. health.ufl.edu for a complete account.) We have chosen to work in health care to help our patients, so the death of any one of them as the result of an avoidable accident is a tragedy that torments all of us at the University of Florida Health Science Center and Shands HealthCare. This error, like most medical errors, can be attributed to poorly designed or insufficient safety systems. It is our responsibility to put effective systems in place, to improve them where they are wanting and to adhere to them once established. Even as we do that, we must move forward in our daily work, because there are many other patients who depend on us for their care.

In response to this tragic death, the UF Physicians group practice and Shands HealthCare have taken a series of immediate and forceful steps to better ensure patient safety in the outpatient setting going forward. These steps can also be viewed on our Web site. But other, more broad-based efforts are also under way, and I wanted to bring your attention to them.

In the February 2007 issue of the POST, we told you about a \$3.5 million endowment provided by Blue Cross and Blue Shield of Florida to create the BCBSF Center for Health Care Access, Patient Safety and Quality Outcomes in our colleges of Nursing and Public Health and Health Professions. This center will bring together experts from a variety of disciplines to evaluate and improve the way we deliver health care with an eye on safety.

In the article that accompanies this one, we outline the plans of College of Medicine Dean Bruce Kone — a vision he expressed during his recruitment last spring — to introduce a rigorous and innovative quality improvement initiative to cultivate a culture of quality across our missions.

At some level, ensuring the safety of all our patients is a responsibility each of us bears, which is why it grieves us so when we fall short. We must all do all that we can to prevent tragedies like the one we just experienced from ever happening again.



Douglas Barrett, M.D.
Senior vice president, health affairs

to ensure communication on these issues is integrated.

“Quality is no longer a self-proclaimed attribute of a health-care organization. Today, health-care quality is numerically measured using performance metrics, with comparisons made both at the organizational and the individual physician level,” said Michael Good, M.D., senior associate dean for clinical affairs at UF’s College of Medicine. “We are a bit behind our peers in terms of numerically measured quality performance, but Dean Kone brings to us the knowledge, personal understanding and leadership vision to help us reshape our clinical care processes such that they reliably deliver optimal, high-quality, evidence-based care to each of our UF and Shands patients.”

Efforts also include seeking ways to improve how medical students and health-care practitioners are taught about and updated on preferred practices. Developing groundbreaking research projects focused on quality care and patient safety for both inpatients and outpatients also is a priority.

“With education I think it’s important for trainees to learn about the systems approach to how patient safety is best handled, how errors can be measured and predicted and how continuous quality improvements are pursued in the hospital and clinics, so they understand the methodology and tools available,” Kone said. “More importantly, though, we plan to use



BRUCE KONE, M.D.

the recent medication error tragedy as a highly visible and painfully memorable example to teach our students and trainees the human elements involved in medical errors and their aftermath, and to motivate them to improve systems to eliminate such errors.”

The notion dovetails with UF’s longstanding commitment to the development and use of simulation in medical education. Keeping patients out of harm’s way is a key driver of the growing interest in simulation. Seven years ago, the Institute of Medicine produced its seminal report, “To Err is Human,” sounding the alarm on medical errors in health care.

But to really reduce errors, UF health administrators believe, it’s necessary to go upstream and provide better training to health professionals in basic skills and, just as important, to assess how well those skills have been learned. Major advances in computing, virtual reality and microengineering are making that possible.

Nursing students start IVs on “trainer” arms. Plastic heads, their mouths agape, await the probes and drills of dental students. Emergency medicine and anesthesia residents sharpen their critical thinking and resuscitation skills on the Human Patient Simulator, pioneered by UF

anesthesia faculty — including Good — in the mid-1980s. The lifelike mannequin is programmed to mimic an array of illnesses, including emphysema, heart failure and abnormal heart rhythms, and respond to injected medications, changes in ventilation and other interventions.

Among its many benefits, simulation helps students learn how to function as part of multidisciplinary teams and exposes them to enough patients with the breadth of problems they will need to master before entering practice.

Growing evidence also suggests that simulator-based interdisciplinary team training may improve the quality of patient care, Good said. For example, a European study of newborns published last year reported a significant reduction in low Apgar scores and in brain injury caused by lack of oxygen coinciding with the institution of structured, mandatory, simulator-based team training for the entire interdisciplinary obstetrical team.

“Many UF COM faculty are already involved in education and research projects involving patient simulation,” Good said. “Dean Kone has made a modern, state-of-the-art simulation learning center a priority for the proposed health education building. Such a facility and the simulator-based programs contained within will enable important advances in the quality of both our clinical care and our educational programs.”

To accomplish his objectives, Kone has reached out to faculty in individual college departments as well as members of the UF Faculty Group Practice, the UF College of Medicine Executive Committee, the UF and Shands Medical Quality and Operations Committee, the College of Medicine Alumni Board, members of the entering medical school Class of 2011, and Dean’s Office employees and departmental administrative staff.

He has appointed a cadre of departmental physician quality and safety officers to coordinate departmental and institutional quality improvement activities. In addition, faculty members’ annual evaluations will include a quality and safety component, and financial incentives will be linked to the provision of quality patient care.

“Rapid Cycle Teams” have been formed at Shands at UF to attack clinical quality problems in real-time. The first two initiatives have sought to eliminate ventilator-associated pneumonias and central venous line infections. In addition, new processes for approving, implementing and tracking intravenous infusions have been introduced in the outpatient clinics to reduce the possibility of medication errors.

The Faculty Group Practice has also approved funding for installation of an electronic medical record system in UF’s ambulatory patient-care clinics.

“We want to try to develop innovative ways of using the electronic medical record to prevent medical errors,” Kone said.

On the research front, a poster session will be added to the college’s Research Day program. Dr. Eric Thomas, one of this year’s recipients of the John M. Eisenberg Patient Safety and Quality Awards from the National Quality Forum and the Joint Commission on Quality and Patient Safety, also has accepted an invitation to be the session’s plenary speaker and to review the college’s goals, plans and procedures. The college has begun funding intramural Clinical Quality Education Grants, promoting faculty research in approaches to improve care.

Kone has also initiated a “Dean’s Lecture Series on Advances in Healthcare Access, Quality and Safety” that will feature lectures by international experts in these areas. Dr. Garth Graham, deputy assistant secretary for minority health in the Office of Minority Health at the Department of Health and Human Services, has accepted the invitation to launch the series in January.

“I am extremely grateful for, and proud of, the tireless efforts of the leadership and faculty and house staff of the College of Medicine and our partners in Shands HealthCare and the VA Medical Center in designing and implementing these initiatives,” Kone said. “We won’t be satisfied until we achieve our goals.” **P**

An EMERGING institute

New director explains why studying pathogens is still an important part of public health

By Jill Pease

As a youngster, J. Glenn Morris Jr., M.D., M.P.H., director of UF's new Emerging Pathogens Institute, lived in Bangkok, Thailand. It was the early 1960s and the seventh pandemic of cholera was moving rapidly through the city.

That experience — watching the impact of a deadly waterborne disease shut down a major city — led to his career in emerging pathogens research, said Morris, who later studied India's 1992 cholera epidemic and discovered the infection was a new strain, a genetic recombination of earlier cholera disease.

In a lecture at the College of Public Health and Health Professions on Sept. 28, Morris outlined public health's historical and ongoing role in emerging pathogens.

"For me, public health is the key element of emerging pathogens — it is the core," said Morris, who most recently served as interim dean of the University of Maryland-Baltimore School of Public Health.

"Public health, as a discipline, really arose because of emerging pathogens," said Morris, adding that the nation's first health department was established in Philadelphia in 1794 when the city was in the throes of a yellow fever epidemic.

"The nature of mortality in the United States has changed over the last 100 years," Morris said. "Now most deaths are caused by non-infectious, chronic conditions. But the spike in infectious disease caused by the influenza pandemic in 1918 leaves us with this warning: While the major focus of public health prevention needs to remain on chronic conditions, we cannot forget emerging pathogens. They can have a major impact on the health of a population."

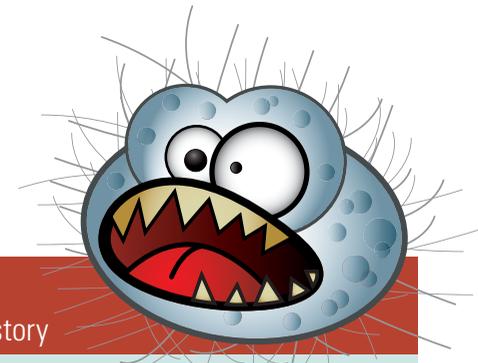
As Emerging Pathogens Institute director, Morris will oversee the construction of the institute's 100,000-square-foot research building and plans to bring together researchers from across the university to develop the institute's research program.

"My goal is to bring faculty together to build a strong interdisciplinary spirit and to play on each other's strengths," Morris said. "If you put them all together in one room and close the door, it is amazing what can happen." 



PHOTO BY SARAH KIEWEL

Dr. J. Glenn Morris discussed the importance of studying emerging pathogens during a Sept. 28 lecture.



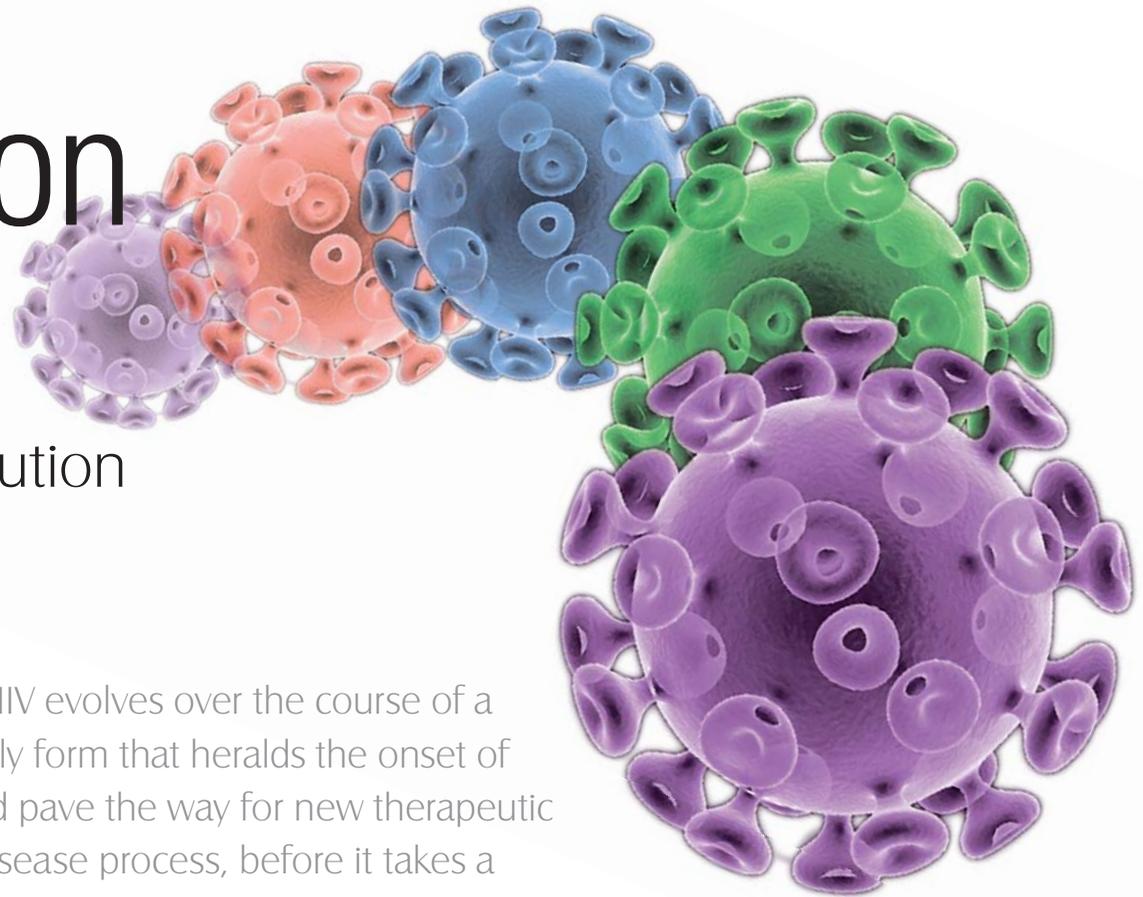
BAD BUGS

Notable emerging pathogens in recent history

YEAR	MICROBE	WHAT IT IS
1973	Rotaviruses	Major cause of infantile diarrhea
1977	Ebola virus	Ebola hemorrhagic fever
1977	<i>Legionella pneumophila</i>	Legionnaires' disease
1982	<i>Borrelia burgdorferi</i>	Lyme disease
1983	HIV-1, HIV-2	Cause of AIDS
1983	<i>Escherichia coli</i> O157:H7	Toxic strain of E. coli
1983	<i>Helicobacter pylori</i>	Major cause of peptic ulcers, gastric cancer
1989	Hepatitis C virus	Bloodborne virus, causes hepatitis
1992	<i>Vibrio cholerae</i> O139:H7	New strain associated with epidemic cholera
1992	<i>Bartonella henselae</i>	Cat scratch fever
1993	Sin nombre virus	Hantavirus pulmonary syndrome
1994	Human herpesvirus-8	Kaposi's sarcoma
1997	Influenza A (H5N1)	Bird flu
1999	West Nile-like virus	Encephalitis
2003	SARS coronavirus	Severe acute respiratory syndrome

Source: *The Journal of Infection*

The evolution of a killer



Tracking HIV's genetic evolution from birth to death

By Ann Griswold

UF scientists have discovered how HIV evolves over the course of a person's lifetime into a more deadly form that heralds the onset of full-blown AIDS. The findings could pave the way for new therapeutic agents that target the virus earlier in the disease process, before it takes a lethal turn, researchers say.

"We were very interested in understanding how the virus mutates from the beginning of the infection until the end," said Marco Salemi, Ph.D., an assistant professor of pathology, immunology and laboratory medicine in the UF College of Medicine and lead author on the study, which appeared in an online issue of the journal *PLoS ONE* in September. "Previously, the only thing known was that somehow the HIV population mutates. And as soon as that happens, patients start developing AIDS. But no one knew how and where the population evolved over time."

To find out, UF researchers began tracking four children born with HIV, studying blood samples taken at birth, throughout life and just after death, when tissues samples were also taken. Using a high-resolution computational technique, they monitored mutations in a protein that helps HIV attach to human cells and then categorized the virus into two groups, R5 and X4. The R5 population is usually present in high numbers during the early stages of infection. But the X4 population enters the scene later, just before HIV gives way to full-blown AIDS. The researchers tracked the viruses in each patient to find out when and where the telltale X4 population first appeared.

"The general dogma has always been that the X4 viruses are more pathogenic than the R5 viruses. And that really isn't true. People die from the R5 viruses," said Maureen Goodenow, Ph.D., senior author of the paper and the Stephany W. Holloway university chair for AIDS research in the UF College of Medicine. "But certainly evolution of these X4 viruses is not a good prognostic indicator. So if we could understand the selective pressures that push viruses to develop like that, and the steps involved in the conversion of viruses, then we might be able to set up new targets for drug development."

Previous studies have relied on cell culture or animal models to follow the virus's mutations over time. The UF

researchers are among the first groups to study the progression of HIV in human patients.

The origin of the X4 viruses has puzzled scientists for years. The UF research reveals that the X4 viruses are not present in the body all along, as some scientists had speculated, but rather, that they evolve directly from the R5 population just before the onset of AIDS. The researchers also found that HIV followed a similar path in each child, regardless of variations in the patients' medical histories.

"We're starting to see what looks like a program of virus development over time. And it doesn't matter who the person is. And it doesn't matter what the time scale is," Goodenow said. "It's raising the possibility that, in fact, the evolutionary track of the virus is not totally random. There could be a real developmental program that the virus goes through."

Eight years ago, when the National Institutes of Health-funded study began, pregnant women infected with HIV had few therapeutic options. Recent advances in prenatal drug therapies have substantially decreased the rates of mother-to-child transmission. The Centers for Disease Control and Prevention estimates that less than 2 percent of American mothers currently infected with HIV/AIDS will transmit the viruses to their babies during birth. Without the drugs, about 40 percent of infected mothers would give birth to babies with HIV.

Those therapies may help future children, but they came too late for the subjects enrolled in the study. The children received minimal medication and all developed full-blown AIDS by their first birthdays.

UF researchers hope their findings will pave the way for new drugs that interfere with the virus' ability to evolve. The next step, Goodenow said, will be to track the evolution of HIV in adults before and after treatment. **P**



MAUREEN GOODENOW, Ph.D.



MARCO SALEMI, Ph.D.



NEW HOPE for hurt hearts

UF researchers test stem cell therapy in heart patients

By Melanie Fridl Ross

UF doctors on Oct. 3 treated their first patient enrolled in a new study designed to test whether injecting stem cells into the heart helps restore blood flow to the organ by prompting new blood vessels to grow.

UF researchers plan to test the experimental therapy in people with severe coronary artery disease and daily chest pain who have not responded to traditional medications or surgical procedures designed to restore blood flow, such as angioplasty or bypass surgery.

“The general idea is that by providing these cells of blood vessel origin, we hope to either generate new blood vessels from the growth of these implanted cells or stimulate the heart to regenerate new blood vessels from the cells that reside in it,” said study investigator Carl J. Pepine, M.D., chief of cardiovascular medicine at UF’s College of Medicine. “It’s not completely clear whether it’s the actual cell itself that would do this or whether it’s just the milieu and the chemical signals that occur from the cells that would result in this.”

Each year, nearly half a million Americans with heart disease experience severe chest pain because coronary arteries and the smaller vessels that supply oxygen-rich blood to the heart muscle become narrowed or blocked by plaque deposits or clots. These blockages can trigger mini-heart attacks that, while too small to be noticed as they occur, over time irreversibly damage the heart, leading to disability, progressive heart failure or even death.

In the prospective, double-blind, placebo-controlled study, known as the Autologous Cellular Therapy CD34-Chronic Myocardial Ischemia Trial, UF researchers will study 15 Shands at UF medical center patients to determine whether a person’s own stem cells can be used to effectively and safely treat chronic reductions in blood flow to the heart, improving symptoms and long-term outcomes. They also will evaluate whether participants report

improved quality of life and exercise tolerance, and whether the heart functions better.

Participants will undergo screening tests and then receive a series of injections of a protein that releases stem cells from the bone marrow into the bloodstream. The cells, known as CD34+ stem cells, help spur blood vessel growth and are harvested from the patient during a procedure called apheresis, said Chris Cogle, M.D., an assistant professor of medicine at the UF’s College of Medicine Program in Stem Cell Biology and Regenerative Medicine.

Participants will then be randomly assigned to receive one of two dosing levels of the cells, or a placebo.

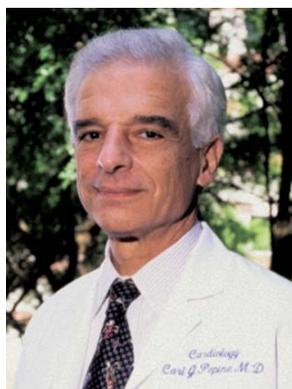
“Physicians will use a catheter-based electrical mapping system to find muscle they think is still viable but not functioning,” said R. David Anderson, M.D., an associate professor of medicine at UF and director of interventional cardiology. “The cells are injected into viable sites in the heart, which have poor blood flow, in the cardiac catheterization laboratory at Shands at UF medical center.”

Patients will be periodically evaluated by echocardiography and magnetic resonance imaging over the course of a year after the procedure. Although to date study subjects have tolerated this procedure well, potential risks include infection, allergic reactions, bleeding, blood clots and damage to the heart or its vessels.

UF is one of 20 research sites participating in the national study, which is evaluating a total of 150 patients and is sponsored by the Cellular Therapies business unit of Baxter Healthcare Corp. and led by principal investigator Douglas Losordo, M.D., of Northwestern University’s Feinberg School of Medicine. Baxter makes the cell-sorting equipment used to isolate the cells from the blood.

Douglas E. Vaughan, M.D., chief of the division of cardiovascular medicine at Vanderbilt University Medical Center, said the study is important and targets a challenging group of patients who need new options.

“There’s a lot of enthusiasm in the cardiovascular community about the potential of cell-based therapies for the treatment of cardiovascular diseases,” Vaughan said, “and there is increasing experience around the world in using bone marrow-derived stem cells in patients with cardiovascular disease. There is growing confidence this is going to be a safe form of therapy, but there are continuing questions about how effective it will be and what its impact will be in individual patients.” **P**



CARL J. PEPINE, M.D.

The secrets to aging well? Fewer calories, more smiling



CHRISTIAAN LEEUWENBURGH, Ph.D.

By Ann Griswold

Some things get better with age. The human body isn't one of them. But it doesn't have to be that way, says Christiaan Leeuwenburgh, Ph.D., chief of the division of biology of aging in UF's Institute on Aging. Leeuwenburgh investigates the problem of age-related muscle loss, or sarcopenia, in a quest to find new solutions to an old problem. An avid surfer, cyclist and a former All-American pole vault champion, Leeuwenburgh can't help but take his findings seriously — his future depends on it. Here's what he has to say about health, longevity and the art of aging gracefully.

Aubrey de Grey, a Cambridge University geneticist, has predicted that the first person to live past age 1,000 is alive right now. Do you think that's possible?

(Laughs) Yeah, we know de Grey; we know what he said. He has some good aspects, but he's a little extreme. I always say we need those extremes, but we also need basic scientists to balance them out. People are making huge progress in the science of aging, but I think de Grey's theory is a little far-fetched.

What do you consider the secret to longevity? Dieting? Exercise? A positive attitude?

I think those three key concepts have been helpful in increasing health span. That's more important than increasing the maximum life span, which is what Aubrey de Grey is trying to do. Health span is more relevant. If you take the French lady, Jeanne Calment, she was 122 when she died. She obviously had a very positive attitude; you could see it from her smile in her pictures. She was modestly active, she exercised past the age of 100 and she was very independent. And she looked like she had a good French diet and enjoyed a nice glass of wine.

Your research shows low-calorie diets extend life by reducing waste in older cells. But American diets are expanding and our life spans continue to increase. How long do you suppose we can go on like this?

You're right on the money. We can't keep doing this. Eventually, it's going to catch up. People love food. I love food. But their intake is probably 50 to 60 percent above calorie requirements for that day. All of the studies on longevity show you need to restrict the diets of animals anywhere from 10 to 40 percent in a very controlled environment and then you see an extension to longevity.

So the answer is yes, people are living longer, but people are also getting more obese. Some people predict there's going to be a decrease in longevity. This might also impact future generations, when children will have similar habits and live very indoor lifestyles. People need to enjoy nature and interact with the outdoors. That is disappearing, and that's the saddest aspect.

Your findings suggest that oxidation within our cells exacerbates the aging process. Does that mean we should start eating more antioxidant-laden foods, such as dark chocolate?

There are two ways to think about it. One is to boost your system with antioxidants and try to alleviate the oxidative stress and apoptosis that accumulates. But I think it's much more efficient to think in the other direction (by preventing the problem before it starts). It's kind of like you have a fire in your cells. You can't just splash a couple drops of water on it and expect to extinguish it. You really need to attack that internal fire. It comes down to people making the right choices. Have a piece of fruit and go for periods of fasting a few times a week. If you start doing that to begin with, then yes, some additional chocolate and herbs will be beneficial.

What steps have you taken to extend the span of your own life?

I enjoy a lot of outdoor activities, like mountain biking and running. And it's important to be consistent in your nutritional intake. Again, you're getting fooled because every meal has 50 percent too many calories. So you've got to modify that. You've got to be strong, and sometimes you've simply got to skip a meal and substitute a piece of fruit or juice for the hunger you're experiencing. **P**



Tired? Don't blame the turkey

Toddling away from the table with a turkey-stuffed tummy on Thanksgiving usually means one thing: Naptime is near.

Most of us link the post-Thanksgiving penchant for dozing off on the couch to tryptophan, a sleep-inducing amino acid found in turkey. But this “turkey coma” so many of us face after a big holiday meal actually has more to do with everything else on your plate than the tryptophan in turkey.

Tryptophan can cause drowsiness, but it works best on an empty stomach. The Thanksgiving tummy is anything but. Eaten alone, the tryptophan in turkey can cause sleepiness, but the chemical doesn't fare well when it shares stomach space with amino acids from other foods.

That's why experts believe Thanksgiving drowsiness is probably less a turkey coma and more a “cranberry sauce, sweet potato, green bean casserole, two pieces of pumpkin pie and turkey coma.”

An overstuffed tummy has been shown to lead to increased drowsiness, as does the wine that often accompanies a holiday meal. And a long day spent cooking or traveling could also be part of what prompts the post-meal nap.

Turkey isn't the only food with tryptophan that most of us eat regularly, either. Beef and chicken contain just as much of the amino acid, and no one ever complains of falling into a hamburger coma.

You may still need to snooze after a big Thanksgiving meal, but don't blame it on the turkey when you curl up on the couch. **P**

This first appeared on the UF-produced radio program Health in a Heartbeat.



Health in a Heartbeat is a daily radio series that features consumer health information and the latest news on medical research, patient-care breakthroughs and health-care industry trends. A production of our staff and WUFT-FM Classic 89 and WJUF-FM Nature Coast 90, Health in a Heartbeat airs on public radio stations in more than 55 markets in 18 states and Washington, D.C. If you have a script idea, comments or would like to subscribe to the Health in a Heartbeat weekly E-News, e-mail smithkim@ufl.edu.

Recipe for a cure

UF, Harley-Davidson pair chili and motorcycles to raise money for Parkinson's disease



By Lauren Edwards

Just call it chili for a cause. Scott Higginbotham wanted to find a way to aid in the fight against Parkinson's disease, and he ended up with quite a tasty answer.

The owner of Capital City Harley-Davidson in Tallahassee, Higginbotham helped create “Hawg Wild for a Cure,” a fund through the UF Foundation. Supporting Parkinson's disease research and education, Hawg Wild for a Cure will be a major ingredient in the Harley-Davidson Sixth Annual Chili Cookoff in Gainesville Nov. 17.

Along with Frank Skidmore, M.D., a UF assistant professor of neurology and director of the Parkinson's Disease and Movement Disorders Center at the Malcom Randall Veterans Affairs Medical Center, Higginbotham wants to help the 6 million people worldwide who are living with Parkinson's, a progressive neurological disease.

Money raised at the event will support medical doctoral fellows and research. Organizers also hope to raise awareness about the disease and encourage students to study it.

“I think that people have a sense that they would like to do something (to help), and we would like to tap into that,” Skidmore said.

Although most people are familiar with the motor symptoms of Parkinson's — such as stiffness, slowness and tremor — lesser-known non-motor effects such as depression, anxiety and sleep disorders are common and can greatly impact patients' lives, too.

“Concentration, motivation, ability to manage stress and moods ... these circuits are significantly affected,” says Skidmore.

Higginbotham has funded a charter bus to bring Parkinson's patients from The Villages, a large retirement community in Central Florida, to the cookoff. A group of Harley riders will escort the bus.

The cookoff will take place from noon to 4 p.m. at Gainesville Harley-Davidson & Buell and will benefit Hawg Wild for a Cure. There will be live music, a raffle for a Harley-Davidson motorcycle and — of course — chili. For more information, visit www.hawgwildcure.com. **P**



FRANK SKIDMORE, M.D.

LEARNING from a *Legend*

William Enneking still draws a crowd for annual seminar

By April Frawley Birdwell

William Enneking, M.D., hands over a stack of pages, stapled together, and leans back in his chair in the suite of rooms named after him and William Anspach, M.D., in the Medical Science Building. The packet details the history of a seminar he started for residents in 1963, back when a pipe usually dangled from his lips.

“Fifteen years ago a student came up and said, ‘My father took this course in 1966,’” Enneking said. “We have had 14 second-generation students.”

The course, a tutorial in tumor pathology, was designed in the days when there were few orthopedics residency programs across the Southeast and each of them generally had different strengths. Leaders from these programs developed a system to send residents to other schools to learn skills they lacked from those who specialized in them.

Enneking taught his specialty — musculoskeletal pathology. This allowed residents to learn pathology — the science of studying changes associated with disease — from an orthopedics perspective. The seminar was so successful that even after the need for the collaboration between the residency programs dissolved in 1968, the seminar kept going, with residents coming to UF from all across the country for the weeklong course.

Last month, Enneking handed out his stapled history packet on the course to students once again during the 44th Seminar on Musculoskeletal Pathology.

The pipe is gone and Enneking is now a professor emeritus of orthopaedics in the College of Medicine. But the seminar goes on, though it has changed over the years. Residents now use computers instead of microscopes and slides. Faculty members change the material to keep the course fresh. And it’s now held in the UF Orthopaedics and Sports Medicine Institute.

“It may be the longest-running educational seminar in orthopedics, mostly because of his influence,” said Mark Scarborough, M.D., a UF professor and division chief of orthopedic oncology in the College of

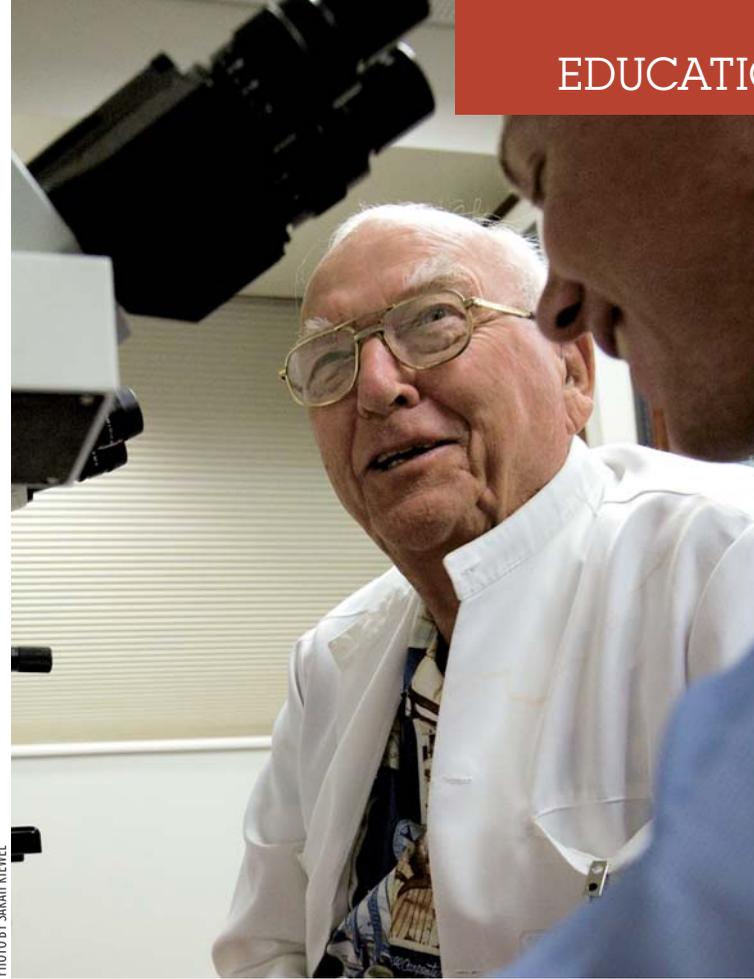


PHOTO BY SARAH KIEWEL

Dr. William Enneking started the Seminar in Musculoskeletal Pathology for orthopedic residents 44 years ago.

Medicine who took the seminar as a medical student and again as a resident. “He’s an outstanding teacher.”

Since its inception, 4,465 students and residents have taken the semi-annual course. And Enneking actually presents much of the material he covers at medical schools across the globe.

“I’ll go anywhere there’s good fishing,” Enneking said, the corners of his mouth curling into a smile.

He’s only half joking.

“He’s fished all over the world,” said Scarborough, who is also married to one of Enneking’s daughters.

After serving in Korea, Enneking completed his medical residency in orthopedics at the University of Chicago. Afterward, while working at the University of Mississippi, he got a letter from another surgeon who’d been a resident with him in Chicago. As the first head of surgery for the new UF College of Medicine, Edward Woodward was trying to recruit surgeons to the new program. Enneking and a few other former University of Chicago residents bit.

“All the people from the University of Chicago were scattered around different places so we thought let’s get together and work down in Florida,” Enneking said.

At UF, Enneking became a legend in his field and among the students and residents he taught. He developed a revolutionary treatment to save limbs when surgeons are forced to cut away bone and support tissue to remove tumors. He also developed a staging system doctors use to classify the severity of bone and soft-tissue tumors.

Enneking also served as a UF team physician during the 1960s, as an Alachua County School Board member and as a chair of dozens of groups and committees.

Now, aside from the seminar and his talks across the globe, he still teaches a small group of students and residents every Monday on campus. And of course, he still fishes.

“I enjoy working with young people. I enjoy teaching,” Enneking said. “If I didn’t like it, I’d quit. It’s as simple as that.” P



Story by Amelia Beck

Photos by Sarah Kiewel

It was five minutes until 6 p.m. and nearly two dozen people had lined up outside the downtown building. Some limped, using canes to steady themselves. Others cooed at infants tucked in their arms.

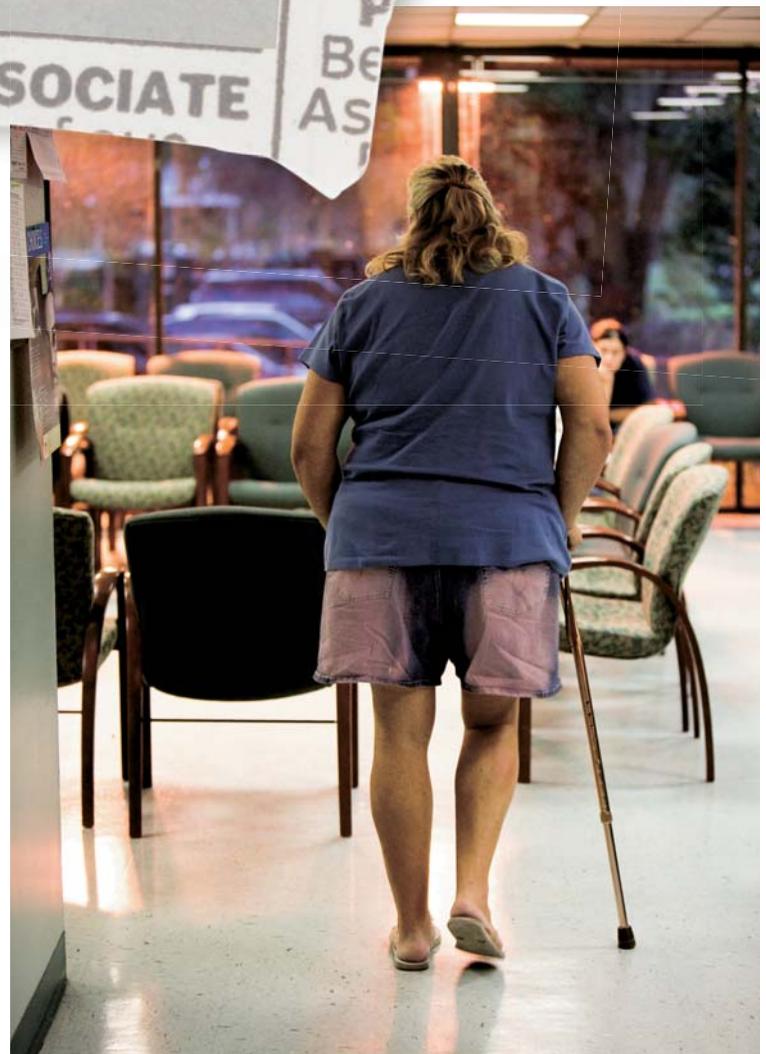
“Sorry guys, we can only take 15 tonight,” a man called from inside the doorway of the UF Equal Access Clinic, a free student-run clinic medical students and faculty hold every week.

Tammy Gunn stood 15th in line.

“Take my place, please,” she said, offering her spot to a mother waiting with her preteen daughter. “No ma’am,” the woman replied. “My daughter’s healthy. You go ahead.”

In the packed waiting room, Gunn beamed as she talked about her wedding plans. The newly engaged 48-year-old plans to sew her own dress and hopes her sons can come from Wisconsin.

But as she shifted in her chair, her smile turned to a grimace. She’s been in pain for a week since slipping down the stairs of her sister’s backyard deck. It’s the latest addition to a list of ailments Gunn faces. She had to quit



Tammy Gunn, a patient at the Equal Access Clinic, suffers from chronic health problems that forced her to quit her job. She subsequently lost her health coverage.

her job at the Family Dollar in 2002 because of her health and subsequently lost her health insurance. She has been awaiting approval for Social Security disability since March.

“It is scary,” Gunn said of living without health insurance. “It took me almost a year to find this place.”

She is not alone.

For a variety of reasons — economical, social, geographical, cultural — the United States, one of the world’s most prosperous, service-driven nations, is home to millions who don’t have access to regular health care.

In 2006, nearly 47 million Americans lacked health insurance, according to a U.S. Census Bureau report. Florida ranks third in the number of uninsured by state. Only New Mexico and Texas had more uninsured residents in 2006.

“All of these numbers are awful,” said Paul Duncan, Ph.D., director of the Florida Center for Medicaid and the Uninsured at UF. “Health insurance is a key financial ticket to accessing health care. Most people who are uninsured are not getting the health care they need.”

The problem is vast but faculty members and students from UF’s Health Science Center are working to break down these access-to-care barriers. Teaming education with community outreach, UF has established a number of safety-net resources for the uninsured and underserved population in Gainesville and surrounding areas.

Nursing students educate the homeless about their health at the St. Francis House. Medical students run the Equal Access Clinic. HSC faculty and students volunteer in rural clinics across the area. Nurse practitioners care almost exclusively for the underserved at a nurse-managed clinic in Archer. There are so many programs for the underserved that few HSC students leave UF without a firsthand grasp of the issues.



Alex Nguyen, a UF student working at the Equal Access clinic, checks Tammy Gunn’s blood pressure. Gunn, who does not have health coverage, discovered the clinic about a year ago.

The Barrier

Rising premiums, co-payments and deductibles have priced health insurance way beyond what many Americans can afford.

In the past, most workers relied on their employers for coverage. But now employers, pressed to cover rising health insurance costs, are shifting the burden to their employees or dropping coverage altogether. The number of Americans receiving coverage from government programs also declined in 2006, the Census report states.

Lack of health insurance isn’t the only barrier to health care, either. People in rural areas face a shortage of providers, lack of public transportation and long commutes to and from clinics. Those who do not speak English face language barriers.

But if access to health care is bad, access to dental care is worse. A 2006 Centers for Disease Control and Prevention report shows for every one adult without health insurance, there are three without dental insurance.

“Dental insurance is not universally available,” said Micaela Gibbs, D.D.S., an associate professor of community dentistry and director of community-based programs in UF’s College of Dentistry.

If dental insurance is not offered through an employer-based benefits package, Americans are left to pay out of pocket for care, which can be extremely costly, Gibbs said. Though Medicaid provides comprehensive dental coverage for America’s poorest children, it offers only minimal coverage for adults.

And of the 9,464 practicing dentists in Florida, only 912 are active Medicaid providers, according to a 2007 Florida Department of Health Public Dental Health Program report. Some Florida counties don’t have dentists at all, Gibbs said.

“Unfortunately, dental care is just not considered a basic necessity,” Gibbs said.



Run by medical students under the supervision of UF College of Medicine faculty, the Equal Access Clinic provides free health care to Gainesville’s poor and uninsured.

The Gamble

Going without proper medical and dental care can mean risky business for many Americans.

"If they are lucky, the basic consequences are nothing," said Duncan, also a professor and chair of health services research, management and policy in the College of Public Health and Health Professions. "The real issue arises when something bad happens, and they have nowhere to go."

The uninsured are less likely to seek preventive care and if certain conditions go untreated, the consequences are serious.

"Health care can be miraculous," Duncan said. "But if you don't have access to it, the consequences can be deadly."

Periodontal disease has been linked to heart disease, and, in the worst-case scenario, an abscessed tooth can lead to death, Gibbs said. Other consequences of dental disease include missed work, unemployment and low self-esteem. Children often fare the worst, she added.

"Kids can't learn in school if dental pain eclipses everything else," Gibbs said. "All of our educators' work is undermined from the start."

The Safety Nets

On Thursday evenings, the Family Practice Medical Group transforms into the Equal Access Clinic, an entirely student-run clinic that provides free health care to Gainesville's poor and uninsured. Under the supervision of UF doctors, medical students assess and treat patients who come.

"This place is perfect for learning your skills and refining your skills," said Logan Schneider, a fourth-year medical student and former co-director of the clinic. "Plus, it kind of defines health care for me. To be able to fulfill people's right to health care is pretty awesome."

Hidden along a highway near Brooker, the Alachua County Organization for Rural Needs Clinic provides medical, dental and psychological care to patients in need. Many of the folks who come here live at or below the federal poverty level. Getting to a bigger city for care generally isn't an option. So far in 2007, UF faculty and students from the colleges of Medicine, Nursing, Dentistry

and Pharmacy have volunteered nearly 8,000 hours at the clinic, care valued at more than \$922,000.

"ACORN Clinic would not be the facility it is today without the assistance of and the collaboration with the University of Florida," said Amy J. Davis, M.D., the clinic's managing director. "Without them, it would not exist."

Much of the HSC's service efforts would not be possible without UF's Area Health Education Centers Network, which funds initiatives for HSC faculty and students to volunteer in underserved areas. The program also operates offices that provide continuing education and training for health-care providers in underserved areas.

"The efforts of UF and AHEC are trying to fill a huge gap, and I think we have been highly successful in getting resources out to the underserved communities," said Larry G. Rooks, M.D., a UF associate professor of medicine and AHEC's medical director. "Sometimes the attitude is 'they should to come to us,' but I think sometimes it's up to us to go to them."

In the past 25 years, nurse practitioners have emerged as a driving force in filling the nation's access-to-care void. UF College of Nursing students and faculty are no exception.

The Archer Family Health Care clinic, a UF nurse-managed clinic, now provides more than 3,000 patient visits each year. About 85 percent of the clinic's patient population earns below 200 percent of the federal poverty level, and more than half do not have health insurance, said Dee Williams, Ph.D., the associate dean for clinical affairs in the College of Nursing. Established in a tiny brick building in 2001, the clinic is now a nationally recognized model for nurse-managed care.

The clinic also serves as a clinical teaching site for more than 75 nursing and pharmacy students each year.

"We hope that more of our students will choose careers working in rural areas or with the indigent," Williams said.



Matthew Harris, 14, waits in the lobby of the Equal Access Clinic with his mother. The teen needed a physical for school.

To see more photos from the Equal Access Clinic and the St. Francis House, check out the back page.



UF nursing students visit the St. Francis House in Gainesville once a week to provide health education and free screenings. Lauren Williams, a senior nursing student, takes a man's blood pressure during a recent visit.

The Dental Problem

As the need for dental care grows and the number of dentists who accept Medicaid lags, many Americans, especially the poorer ones, are struggling to find affordable dental care. But through its local and state clinics, UF's College of Dentistry provides 10 percent of care to the state's neediest patients.

"For a small dental school such as UF to provide 10 percent is pretty huge," said Gibbs.

The College's Statewide Network for Community Oral Health was established in 1997 to provide oral health services to low-income and low-access populations in Florida. The network, with facilities staffed by UF faculty, boasts clinics in Jacksonville, St. Petersburg, Miami and soon, Naples.

The College also partners with six safety-net providers across the state who allow UF dental students to volunteer in their clinics for 20-day stints.

Between its UF at Shands and Eastside clinics, the College of Dentistry's department of pediatrics also is the largest Medicaid provider in North Central Florida, said Marcio Guelmann, D.D.S., a UF associate professor and chair of pediatric dentistry.

Guelmann said he encourages students to be sensitive to the needs of the underserved.

"We encourage them to be Medicaid providers," he said. "We don't train them just to be private-pay practitioners. We train them to be aware of the situation and make space for the underserved population."

Her visit to the Equal Access Clinic almost over, Gunn is relieved to learn her back is healing fine. Her clinic visit was just the second time Gunn was able to get out of bed that week, so she says she's eager to get back into the swing of things.

Most experts agree relying on safety-net providers isn't an ideal health-care system for patients. But for the time being, it's all Gunn has.

"I'm just glad this place is here to help me out," she said with a smile. "And I don't mind being here for the students to learn."

The Future

While some hope for a fundamental policy change that would grant all Americans access to health care, in the meantime UF experts are committed to researching the source of the problem.

That's why UF researchers are leading The Florida Health Insurance Study, which will identify major problem areas in hopes of implementing a set of programs to meet the needs of the uninsured.

In a separate study, UF researchers have been contracted by the state Agency for Health Care Administration to evaluate the effectiveness of Medicaid reform in Florida over five years.

"Figuring out who the uninsured are and what their characteristics are helps us understand how to design programs to meet their needs," said Duncan, the study's principal investigator. "Until we, as a nation, get a hold of what we want to do, these efforts to find small, incremental solutions to specific problems will remain the direction we are headed. And they will always be less than what is really needed."

teens in need

New clinic helps gay youth in Jacksonville

By Patricia Bates McGhee

The boy is 16, gay and struggling to stay safe in his neighborhood and school. He has had several boyfriends, a few scares and lots of questions.

One Friday afternoon he stopped by the Jacksonville Area Sexual Minority Youth Network clinic before hanging out with his friends at the JASMYN house. There he talked with the clinic's staff nurse and doctor and discovered several things — he could talk openly about his questions and sexual behavior without being judged or made to feel bad, and he could find out if he had an infection. When he found out he had gonorrhea, he could get the medicine to treat it right away — without telling his mom and without having any money to pay for it.

As the only youth service organization in Northeast Florida for lesbian, gay, bisexual and transgender youth, JASMYN's mission is to build a safe space for LGBT youths ages 13-23, nurture their health and well-being, and enhance their pride and self-esteem.

The UF College of Medicine-Jacksonville, in partnership with the Duval County Health Department, provides health services for these youth. Under the direction of Steve Matson, M.D., chief of adolescent medicine in the department of pediatrics, UF helped open the JASMYN clinic in May.

"Jacksonville has a very high rate of sexually transmitted infections, with almost 5,000 teen cases of chlamydia and gonorrhea each year," Matson said. "Many LGBT youth are not accessing health services or are not accurately sharing their sexual behavior with health professionals because they're afraid of the stigma or being harassed."

LGBT youth have traditionally been wary of accessing health care, Matson said.

"Now they have a place that they know will treat them with respect and provide much-needed services in the Jacksonville community," he said.

Since May, the clinic, which offers general medical care and testing for HIV and other sexually transmitted infections to Jacksonville youth, has treated more than 30 patients.

The price of care

Even minor cost changes affect SCHIP families



PHOTO BY SARAH KIEWEL

Dr. Sarosh Batlivala, a UF pediatrics resident, and other doctors at Shands AGH protested a presidential veto of a bill to expand the State Children's Health Insurance Program last month during a 15-minute lunch hour "stand-up". UF researchers have found that even slight changes in the cost of the program can affect families who rely on this insurance.

By April Frawley Birdwell

Raising monthly premiums by just \$5 was enough to push many low-income families out of Florida's State Health Insurance Program in 2003, placing thousands of children at risk for being uninsured, a new UF study shows.

Although slight, the premium increase reduced the amount of time the poorest SCHIP-covered families stayed in the program by 61 percent, UF researchers report in the October issue of the journal *Health Services Research*. The fluctuation in cost also seemed to have a lasting effect on poorer families, who remained more likely to drop out of the program even after the premium was restored to its original level.

"One of the things we found, in the time frame we looked at, is that it's difficult to undo the effects of a premium increase," said Jill Boylston Herndon, Ph.D., a UF health economist and the lead author of the research. "So it is very important to weigh the different options for making program modifications against the potential impact on enrollment."

SCHIP is often the only insurance option for children whose families do not qualify for Medicaid and cannot afford private coverage. The program made headlines in October when President Bush vetoed a bill to reauthorize and expand the program. Lawmakers are now working on a revised version of the bill. Depending on how much money is earmarked for the program, some states may raise premiums or co-payments to compensate for budget deficits, Herndon said.

"What often happens when states face shortfalls is they look at ways to reduce program costs, and one strategy may be to increase family cost-sharing," said Herndon, a research associate professor with the Institute of Child Health Policy and the department of epidemiology and health policy research in UF's College of Medicine. "What this (research) demonstrates is if family cost-sharing were increased, then we face children falling off the rolls and being at greater risk for being uninsured."

U.S. lawmakers enacted the program in 1997 as a way to reduce the number of uninsured children. For several years the number of children lacking health insurance dropped, but shifted course in 2005 and has been increasing since then, according to the U.S. Census Bureau. In 2005, 11 percent of children, about 8 million, lacked coverage. Last year, 12 percent of children, or about 9 million, were uninsured.

To study how slight changes in cost would affect the program in Florida, UF researchers examined enrollment data from more than 150,000 children who were insured through the program in 2003 when the subsidized monthly premium was raised from \$15 to \$20 per family. Herndon collaborated with UF researchers W. Bruce Vogel, Ph.D., Richard Bucciarelli, M.D., and Elizabeth Shenkman, Ph.D., on the study.

The researchers divided the children into two groups based on income. Families in the lower-income group, whose household incomes ranged from \$18,000 to \$27,000 for a family of four, were most affected by the change. Prior to the increase, children in these families were enrolled in the program for an average of 53 months. The premium hike reduced that by 61 percent to about 21 months immediately after the change. Families with slightly higher incomes, between \$27,000 and \$37,000 for a family of four, were affected too. The average enrollment length among these families dropped 55 percent, from 61 months to 27 months.

"What was striking is how rapid the changes in enrollment were in response to changes in policy," said E. Richard Brown, Ph.D., the director of the University of California-Los Angeles Center for Health Policy Research. "It shows we need to be very careful with these policies. We need to be thinking about the families and children affected."

"If we increase the cost and kids are dropped, we're really missing the important goal of why we developed SCHIP in the first place, which is to ensure children have health coverage and access to care."

Research from other institutions has shown that many children who drop SCHIP often remain uninsured, Herndon added.

"They may stay uninsured for significant periods of time, which means they're going to have reduced access to care," she said. "They're more likely to not get care, have delays in care and have unmet health-care needs." **P**

Lost in [translation]

Regional, language differences affect Hispanics' health-care experiences

By Jill Pease

Hispanics face multiple barriers to health care, but their experiences in the health-care system can vary widely by language and geographical area, according to a new UF study.

In the study of Hispanics enrolled in Medicare-managed care programs, Spanish-speaking patients reported more negative experiences with care than did English-speaking Hispanic patients. However, Spanish speakers in Florida were more satisfied with their health-care experiences than their peers in California and the New York/New Jersey region — a finding that could be attributed to the “Miami effect.” The results appeared in the October issue of the journal *Health Services Research*.



ROBERT WEECH-MALDONADO, Ph.D.

“Eighty-six percent of the Spanish-speaking survey respondents from Florida live in the Miami area, the U.S. city with the highest proportion of Hispanic residents,” said lead investigator Robert Weech-Maldonado, Ph.D., an associate professor in the department of health services research, management and policy at the College of Public Health and Health Professions. “Spanish is one of the primary languages in Miami and there is an excellent network of Spanish-speaking health providers.”

The study is the first to examine health-care experiences of Hispanics — a population vulnerable to health disparities — by regional and language differences.

The Medicare-managed care program, known as Medicare Advantage, was designed to give beneficiaries the option of enrolling in a variety of private plans, including health maintenance organizations, or HMOs, and preferred provider organizations, or PPOs. Patients' out-of-pocket costs associated with the Medicare Advantage plans are relatively lower than those associated with traditional Medicare. Although most Medicare recipients use the traditional fee-for-service program, about 5 million Medicare beneficiaries were enrolled in the managed care program in 2004, according to the Kaiser Family Foundation. More than 50 percent of enrollees were Hispanic.

UF researchers analyzed data from the Consumer Assessments of Healthcare Providers and Systems Medicare managed care survey, conducted in 2002. The survey focused on five aspects of care: timeliness of care, provider communication, office staff helpfulness, getting needed care and health plan customer service. Of the more than 125,000 Medicare-managed care recipients who completed the survey, 7 percent, or 8,463, identified themselves as Hispanic. The survey was available in English and Spanish.



PHOTO BY SARAH MEWEL

Hispanic English speakers reported more negative experiences than whites for all aspects of care except provider communication. Hispanic Spanish speakers had more negative experiences than whites with timeliness of care, office staff helpfulness and provider communication, suggesting language barriers in the clinical setting.

However, the researchers were surprised to find that Hispanic Spanish speakers reported more positive experiences with getting needed care than their English-speaking counterparts.

“This was an unexpected result; we haven't found this in other studies,” Weech-Maldonado said. “We speculate that Spanish-speaking Hispanics, who may be less acculturated, could be more tolerant of the managed care practices because they are less familiar with the U.S. health-care system.”

Overall, the UF study demonstrates that differences in Hispanics' health-care experiences exist and there is room for improvement, especially given the regional differences, Weech-Maldonado said.

“Our study suggests that managed care companies should implement quality improvement programs to reduce disparities in patient experiences with care, and one area they can target is interpreter services,” he said, adding that the Hispanic Spanish speakers in the survey were more likely than English speakers to rate their health as fair or poor. “Managed care health plans cover a well-diversified population, so it is important for them to look at disparities in care.” **P**

Out of **sight** UF researcher testing treatment for rare eye disease

By Patricia Bates McGhee

Most people have never heard of retinitis pigmentosa, a rare hereditary disease that affects fewer than 200,000 people in the United States. But for families who are affected by this condition, the prognosis is devastating: RP steals sight and there's no treatment or cure.



Dr. Sandeep Grover is one of three state researchers testing an eye implant that could help patients with retinitis pigmentosa, a rare hereditary disease.

Not yet, anyway. Sandeep Grover, M.D., an assistant professor of ophthalmology in the UF College of Medicine-Jacksonville, is one of three state researchers testing an implant packed with a type of growth factor to see if it will keep cells in the eye from deteriorating during RP. UF is one of only 12 centers participating in the national clinical trial, which Neurotech USA is sponsoring.

Grover describes RP's complex course in simple terms.

"In the eye, the retina is like film in a camera, and the two types of cells in the retina that help us to see are the rods and cones," he said. "The rods help us see at night, and the cones help us see in daylight and identify colors.

"The rods and cones are like antennas on old TV sets, and if these antennas are broken, you don't get a good picture on the TV," he explained. "So if enough rods and cones degenerate, then vision quality and center vision goes down.

"For those who inherit RP, cell death is pre-programmed and starts the day they're born. How fast it progresses differs in different people, but slowly these rods and cones degenerate," Grover added. "These patients start having problems with night vision first, then their peripheral vision, and finally their center vision. A majority of them are legally blind by age 40."

Researchers are looking at different ways to save these photoreceptor cells, Grover said.

One way to save the cells is to replenish the eye with naturally occurring proteins called growth factors, which scientists think may help rods and cones to survive — or maybe, even improve, Grover said.

"That is something we don't know yet, but for at least

two decades we have known about a certain kind of growth factor called CNTF — or ciliary neurotrophic factor — that is probably one of the best growth factors for the rods and the cones," he said. "But the problem was how to get it into the eye.

"Injecting it into the blood doesn't work because the blood-retina barrier prevents anything from getting into the retina; and, directly injecting it in the eye may be toxic to the rods and cones, and then you've lost the game," Grover explained. "So you've got to give a sustained release of a known concentration of CNTF somehow, and that's what took all this time."

Neurotech USA, a biotechnology company based in Lincoln, R.I., developed a sustained delivery method called encapsulated cell technology. The ECT implant is a very small hollow tube — just 6 millimeters long, like the tip of a pencil — with pores in it and live cells inside the tube. These cells secrete CNTF at a constant rate that diffuses through these pores into the eye.

As part of the phase 2 study, Grover is studying the implant for its efficacy in patients. The implant will be in place for one year and then removed, but patients will be followed for an additional six months to ensure problems don't occur.

Every month, Tom Harcz's wife, Deborah, drives him more than 400 miles from their home in Holly Springs, N.C., to Jacksonville so he can participate in the study.

"It gives us hope and it gives hope to our family members who could develop the disease, too," he said. "I feel like I'm losing my vision quickly at this point, but with this study maybe I'm not and that's exciting."

Grover is hopeful, too. "We are hoping for the best because this is the first treatment trial ever for this almost blinding disease," he said. "It makes sense to do it, and with this new ECT technology we are all cautiously optimistic about it." **P**

Grant to support HIV/AIDS clinical trials

By Patricia Bates McGhee

The chief of pediatric infectious diseases at the UF College of Medicine-Jacksonville recently received \$5 million from the National Institutes of Health to fund an international group focused on studying HIV/AIDS.

The money will go toward the International Maternal Pediatric Adolescent AIDS Clinical Trials network, a cooperative group of institutions, investigators and other collaborators organized to evaluate potential therapies for HIV infection and the various medical conditions it can cause in infants, children, adolescents and pregnant women, said Mobeen Rathore, M.D.

“What’s really exciting is that we’re participating in such a huge international effort, all under the auspices of the NIH,” Rathore said. “We’ll have direct access to a network that is probably the only ‘place’ for international collaboration that includes not only the U.S. but also Asia, Africa, the Caribbean, North America and South America.”

Researchers at these institutions will conduct various clinical trials for HIV-infected children, adolescents and women, said Rathore, a principal investigator for Jacksonville’s part of the study. The goal of the multiple studies is to understand various aspects of pediatric, adolescent and perinatal HIV/AIDS.

“Directives will come from the National Institutes of Health, which will develop a road map for the studies from which we, as a cooperative group of various international institutions and programs, will develop research initiatives,” he said. “We could study various and sundry things about HIV/AIDS — new drugs, new vaccines, complications, mental health, drug side effects, how to deal with the complications those living with the disease experience.”

The network’s international emphasis and mission is a first in the study of HIV/AIDS.

Rathore hopes these studies will shed light on how HIV/AIDS affects adolescents.

“There’s a lot of work to be done on adolescents because their issues are different,” he said. “They’re getting pregnant and being infected behaviorally — issues that the new grant will allow us investigate and learn more about.” **P**



MOBEEN RATHORE, M.D.



PHOTO BY NELSON KEEFER

Around the city in four days

Fifty-three community leaders from Wichita, Kan., spent four days in Jacksonville in September as part of a region-to-region program to observe how other metropolitan areas develop and implement comprehensive growth plans.

Because the Wichita visitors were particularly interested in Jacksonville’s medical industry, they spent a day on the Jacksonville campus meeting with UF College of Medicine-Jacksonville and Shands Jacksonville administrators. The campus visit also included tours of the Florida Proton Therapy Institute and the Center for Simulation Education & Safety Research.

COLLEGE OF MEDICINE

LESLIE JEBSON, M.H.A., the associate director of UF's Orthopaedics and Sports Medicine Institute, received the annual "Early Careerist" award at the 2007 American College of Healthcare Executives conference in Orlando. The award is presented each year to a health-care professional who demonstrates outstanding leadership abilities and innovative management skills at the state and community levels.



Leslie Jebson

RONALD J. MANDEL, Ph.D., a professor of neuroscience, has been appointed to the National Institutes of Health Center for Scientific Review's Clinical Neuroplasticity and Neurotransmitters Study Section.



Ronald J. Mandel

Mandel and his fellow section members will review and make recommendations on grant applications submitted to the National Institutes of Health and survey the status of research in their fields of science.

COLLEGE OF VETERINARY MEDICINE

ALFRED MERRITT, D.V.M., the former Appleton Professor of Equine Studies and retired director of the Island Whirl Equine Colic Research Laboratory at the University of Florida College of Veterinary Medicine, has received the Florida Association of Equine Practitioners' lifetime achievement award.



Alfred Merritt

FAEP members honored Merritt, a UF faculty member from 1978 until his retirement in 2003, in September during the group's annual meeting in the Bahamas.

Merritt's primary research interests were the function and malfunction of the equine gastrointestinal system. Merritt served as editor or co-editor of four books and has written 20 book

chapters. Two of his books are widely used in veterinary courses throughout the world.

While at UF, Merritt was recognized with several teaching awards, including the Norden Distinguished Teacher Award, which is bestowed by college faculty. Veterinary students chose Merritt three times as Large Animal Clinician of the Year.

DENNIS E. BROOKS, D.V.M., Ph.D., a professor of ophthalmology, was named a Continuing Educator of the Year in the category of equine medicine and surgery during the 2007 Western Veterinary Conference in Las Vegas.



Dennis E. Brooks

Brooks has not only personally saved sight for many animals, his research has changed the standard of care other veterinarians provide for equine eye problems.

PUBLIC HEALTH AND HEALTH PROFESSIONS

THE DEPARTMENT OF CLINICAL AND HEALTH PSYCHOLOGY

is one of two national recipients of the American Psychological Association's Departmental Award for Culture of Service in the Psychological Sciences. The UF department was honored for exhibiting a pattern of support for service from faculty at all levels, including a demonstration that service to the discipline is an integral part of training and mentoring and is rewarded in faculty tenure and promotion. The \$5,000 award will be used to support student travel to conferences or meetings in which they perform service to scientific organizations.

JACKSONVILLE

MARTIN ZENNI, M.D., an associate professor in the department of medicine's division of cardiology in the College of Medicine-Jacksonville, received the 2007 Rear Admiral Paul Kaufman Award at the September meeting of the Duval County Medical Society.



Martin Zenni

Each year Naval Hospital Jacksonville presents the award to a network provider who selflessly supports the Naval Hospital and the care of its patients.

UF administrator named president of Florida Nurses Association



ANDREA GREGG, D.S.N., R.N., a UF associate professor of nursing and director of the College of Nursing's Jacksonville campus, has been elected president of the Florida Nurses Association.

The Florida Nurses Association is a constituent of the American Nurses Association and the only organization representing more than 200,000 nurses in Florida regardless of specialty or practice area.

Gregg, who has practiced as a registered nurse for 35 years both in clinical and administrative roles, has served as an elected officer on numerous professional and community boards, including the Florida Nurses Foundation, the Florida League for Nursing and the Child Guidance Center. She is the past chairwoman of the Florida Center for Nursing and continues to sit on the center's board of directors. She has worked closely with other state organizations to lobby the legislature for increased funding for nursing workforce solutions and nursing education.

Gregg was appointed director of the college's Jacksonville campus in 1995. She has worked collaboratively to establish and maintain a distance-learning program, enabling graduate nurses to attend classes and complete courses in Jacksonville.

New grant helps train scholars in rehabilitation research

By Jill Pease

UF and the University of Texas Medical Branch have received a \$5 million National Institutes of Health grant to train future rehabilitation scientists.

The Rehabilitation Research Career Development Program will recruit and train 12 occupational and physical therapy scholars from across the nation to become independent investigators and scientific leaders in rehabilitation.

"If you look at the field of rehabilitation, we don't have a strong history of research and there are not enough faculty with this kind of research experience," said the program's deputy director Krista Vandeborne, Ph.D., P.T., chair of the department of physical therapy at the UF College of Public Health

and Health Professions. "This program will allow us to train the next generation of rehabilitation researchers."

The grant, the first of its kind devoted to scholar training in rehabilitation research, is funded by the National Center for Medical Rehabilitation Research in the National Institutes of Child Health and Human Development and by the National Institute for Neurological Disorders and Stroke. William Mann, Ph.D., O.T.R., chair of the department of occupational therapy, will serve as the program's associate director. UF and UTMB's grant is one of two awarded nationally, the other going to a consortium of Washington University in St. Louis, the University of Delaware and the University of Pittsburgh.

The career development program will provide five years of support for six scholars who will train at UF and six who will train at UTMB. Trainees will choose which mentor they want to work with in one of several areas: neurological and cognitive rehabilitation; neuromuscular disease; assistive technology; respiratory physiology and rehabilitation; aging and geriatric rehabilitation; muscle biology and rehabilitation; and functional outcomes.

"The senior faculty members involved in this program come from all over campus," Vandeborne said. "We've invested a lot in transdisciplinary work at UF and we have a depth of resources and a great critical mass of faculty focused on rehabilitation, more than any other campus in the nation."



PHOTO BY SARAH MUEWEL

D erfect pairs

Projects bring together faculty from public health and health professions disciplines

PHHP faculty David Janicke and Ellen Lopez are among the recipients of Public Health-Health Professions Model Program project grants. They will develop a healthy lifestyle program for children ages 6 to 12 and their parents. The program merges Janicke's clinical expertise in behavioral weight management programs with Lopez's skills in community assessment and community participation.

By Jill Pease

Childhood obesity, older driving errors, head and neck cancer and gynecological cancer are all topics of new College of Public Health and Health Professions research projects that combine the talents of faculty in the college's traditional health disciplines with those in the public health disciplines.

"We believe that what we learn in individual patient care from those in the health professions can tell us a great deal about the importance of disease prevention and community approaches to health promotion," said Michael G. Perri, Ph.D., the college's interim dean. "And the population perspective inherent to public health helps us determine what problems need to be targeted for intervention at the individual level.

"The two groups — public health faculty and health professions faculty — working together can produce more than either one working alone," he added.

The four projects are supported by \$20,000 grants from the college and the UF Area Health Education Centers program.

In the child weight management project, David Janicke, Ph.D., of the department of clinical and health psychology, and Ellen Lopez, Ph.D., of the department of behavioral science and community health, will offer a healthy lifestyle program that emphasizes good nutrition and physical activity for children ages 6 to 12 and their parents. The program will be offered in Bradford and Levy counties, two of the most medically underserved counties in North Central Florida.

Occupational therapy faculty members Orit Shechtman, Ph.D., and

Sherrilene Classen, Ph.D., have teamed up with Yongsung Joo, Ph.D., of the department of epidemiology and biostatistics, to examine the validity of current on-road driving assessments for people age 65 and older. Along with Kezia Awadzi, Ph.D., a postdoctoral associate in occupational therapy, the group will analyze the 2005 Florida Traffic Crash Records Database to determine which driving errors are predictive of crashes among older drivers. They will then compare the data to actual driving errors of older drivers performing an on-road test in order to make recommendations for improving standard driving evaluations.

After radiation or surgery, patients with head and neck cancer often experience disabling conditions such as decreased ability to eat or swallow, limited mobility in the mouth and neck and shoulder pain. To identify unmet rehabilitation needs of these patients, Gwenda Creel, M.H.S., P.T., of the department of physical therapy, and Giselle Mann, Ph.D., a speech pathologist and faculty member in the department of behavioral science and community health, will survey patients and community stakeholders, such as family members and health providers. Along with physical therapy faculty Genné McDonald, P.T., and Mary Thigpen, Ph.D., P.T., the research team will review current clinical practice guidelines and with the knowledge gained from the patients and community members, they will develop a model of optimal service delivery for patients with head and neck cancer.

Psychologists Deidre Pereira, Ph.D., and Michelle Bishop, Ph.D., will work with Lopez to investigate quality of life issues for women with gynecological cancer and their caregivers. The study will employ an innovative research method, known as Photovoice, which provides cameras to participants so they can record, discuss and relate the reality of their lives. The researchers hope that giving women with gynecological cancer the opportunity to express themselves in this manner will improve their quality of life and at the same time, give health providers a better understanding of the physical and emotional well-being of the women and their caregivers. **P**

November

Discuss diversity

Nov. 14, 11 a.m.

Diversity Dialogue with keynote speaker Martha Barnett, J.D. McKnight Brain Institute, Room LG-101A. *For more information, call the HSC Office of Equity and Diversity at 352-273-5310.*

Hot chili, cool cause



Nov. 17, noon

The Harley-Davidson Annual Chili Cookoff benefiting Hawg Wild for a Cure, a fund supporting Parkinson's disease research and education. Gainesville Harley-Davidson & Buell, 4125 N.W. 97th Blvd, Gainesville. *For more information, visit www.hawgwildcure.com.*

Stop! And hear holiday sounds

Nov. 25, 4 p.m.

Stop! Children's Cancer presents Holiday Traditions, holiday music by local choirs. Curtis M. Phillips Center for the Performing Arts, 315 Hull Road, Gainesville. *For more information, visit www.performingarts.ufl.edu or call 352-392-1900 ext. 324.*



Interested in emerging pathogens?



Dec. 13, 10 a.m.

The Emerging Pathogens Institute presents its Fall Research Retreat, featuring a poster session, luncheon and guest speakers. Open to all faculty and students interested in emerging pathogens. HPNP Reception Area. *For more information e-mail Lisa Lindsey at llindsey@ufl.edu.*

Kick the habit

Nov. 15, 11:30 a.m.

Healthy Gators 2010 presents "The Great Gator Smokeout." Health professionals will be on hand to help people successfully quit smoking. Reitz Union Colonnade. *For more information call 904-673-6678 or visit healthygators.hhp.ufl.edu.*



Anatomy lab for kids



Nov. 16, 10 a.m.

Slim Goodbody presents The Bodyology Show. Curtis M. Phillips Center for the Performing Arts, 315 Hull Road, Gainesville. *For more information, visit www.performingarts.ufl.edu or call 352-392-1900, ext. 324.*

O' Come All Ye Festive

Dec. 7, noon

UF&Shands Singers present a concert of seasonal holiday music sponsored by Shands Arts in Medicine. The Shands at UF Atrium. *For more information, e-mail Gail Ellison at gellison@ufl.edu.*



Discover your origins

Dec. 13, 7 p.m.

Evenings at Whitney Public Lecture Series presents "Reconstructing Human Migrations: Projects from the Americas and from Africa," with Connie Mulligan, Ph.D. The Whitney Laboratory for Marine Bioscience Center for Marine Studies, 9505 Ocean Shore Blvd., St. Augustine. *For more information, call 904-461-4000 or e-mail sigridn@whitney.ufl.edu.*

December

Higher learning

Community comes first for nursing professor and her students

By Katie Phelan

Community health nursing professor Joan Castleman, M.S., R.N., has a pretty extensive bag of tricks. On any given day, her students may be surprised to find what comes out of this bag to help teach disease prevention and promotion in her community health nursing classes.

There's the alligator with a full set of teeth for teaching children about proper oral care, the piece of yellow plastic for showing what a pound of fat looks like, a straw diagram to illustrate how smoking affects lung strength and an interactive food pyramid for teaching proper nutrition. She's collected these learning aids over the years to help students work with patients in the community.

Castleman believes visual learning helps teach nursing students how to communicate about disease prevention and promotion while at the same time educating patients about improving their health.

As a community health nursing professor, Castleman's goal is for students to understand the multiple factors that affect a person's health.

"Students need to listen to people's stories and recognize the social and physical barriers to health that many vulnerable populations face," Castleman said. "Students are usually assigned a community group, such as a school or housing project, with whom they will work throughout the semester. They must assess their assigned community and develop appropriate health promotion or disease prevention activities."

These activities could range from organizing a wellness program, for older adults and people with disabilities at a subsidized living facility to visiting the St. Francis House for the homeless to provide health care screenings and health education. In 2006 alone, community health nursing students provided more than 15,000 hours of service to the local community.

"We spend a great deal of time developing and maintaining relationships with community partners," Castleman said. "We are guests in these communities. There is always a tendency for outside professionals to tell communities what is wrong and offer solutions. Our goal is for students to learn how to partner nonjudgmentally with community members and jointly identify community strengths, weaknesses and possible solutions."

Castleman's typical week includes organizing her students in daily community outreach programs, teaching lecture courses for both undergraduate and master's level nursing students and being both an active member on the Health Science Center tobacco training program and the faculty adviser for the UF nursing student association.

After receiving her bachelor's degree in nursing from the University of Michigan, Castleman worked as a nurse in a neonatal intensive care unit in Michigan and often cared for low birthweight and sick infants whose conditions could have been prevented with proper prenatal care. This experience inspired her to pursue her master's degree in community health



PHOTO BY SARAH KIEWEL

With her nursing students, Joan Castleman emphasizes the importance of offering patients nonjudgmental health care.

nursing at the University of Rochester. She joined the UF College of Nursing faculty in 1992.

Another focus for Castleman is tobacco use prevention. She has been involved with the UF Area Health Education Centers' Tobacco Training and Cessation program for the past 10 years. She was one of the founding team members and continues to play an active role in the program today. The educational interdisciplinary program includes first-year medical and

"We spend a great deal of time developing and maintaining relationships with community partners. We are guests in these communities."

—Joan Castleman, M.S., R.N.

dental students and fourth-year nursing and pharmacy students. Each semester, these students work together to review case studies dealing with tobacco and other substance abuse within a community in order to examine their own behaviors as healthy role models and explore interventions for tobacco cessation with patients. They then visit local middle schools to apply what they have learned and educate children about the dangers of tobacco use.

"The challenge of decreasing the use of tobacco is a problem that requires interdisciplinary collaboration," Castleman said. "It is especially significant for nurses because we emphasize that this profession is not just about treating disease but also preventing disease."

Castleman's passion to educate extends beyond the classroom, and after 32 years in the field of community health, she still values the importance of health promotion and disease prevention within our society.

"It is a privilege to be able to work with the people in the community and I continue to learn every day from the people I see," Castleman said. 

The Equal Access Clinic, run by UF medical students under the guidance of College of Medicine faculty, was established to help uninsured and medically underserved patients. Dr. David Feller (below, left) advises medical students working in the Equal Access Clinic.



PHOTO BY SARAH KIEWEL

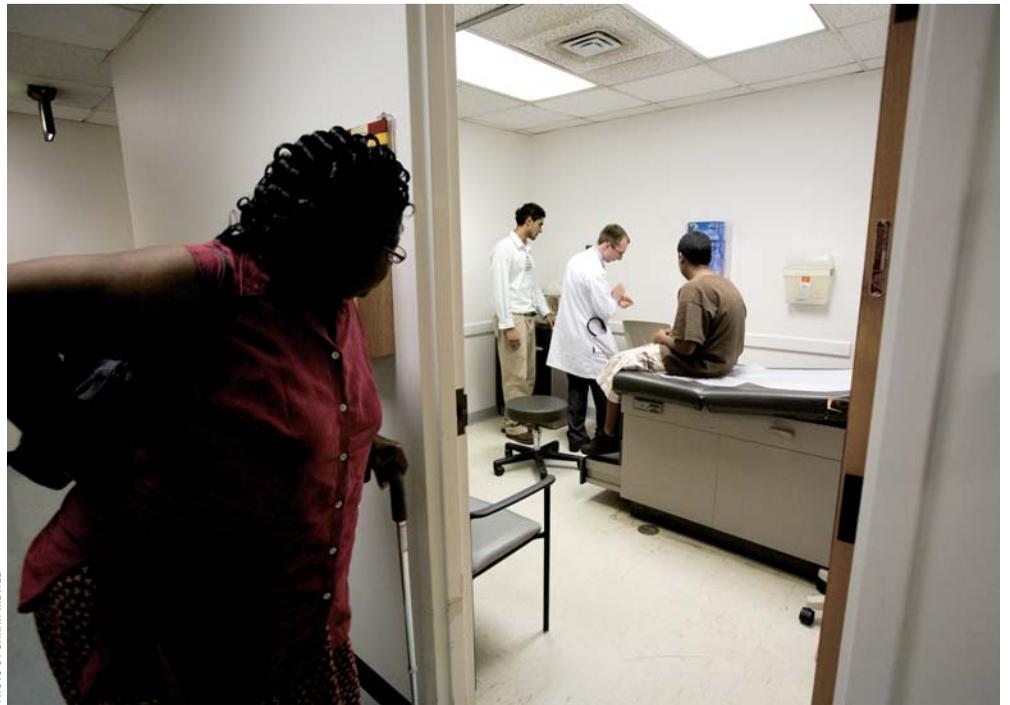


PHOTO BY SARAH KIEWEL



PHOTO BY SARAH KIEWEL

UF nursing students visit the St. Francis House in Gainesville every week to provide health education and free screenings. Lauren Williams, a senior nursing student takes a man's blood pressure during a recent visit.

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