Former CCHS resident David Tuten, M.D., and Chief Resident Blane Schilling, M.D., are bringing obstetrical care to rural Pickens County after a five-year gap in such services there. Dr. Tuten who completed his family practice residency in 1992, and Dr. Schilling, who is finishing an OB specialization at CCHS this spring, are family physicians who offer special care in obstetrics as well. Their new practice has been supported and encouraged by the local doctors in Carrollton, the Pickens County Medical Center, public health officials, and the community.

Both Schilling and Tuten say they felt they had found a place where they can practice medicine the way they always wanted to - as a true family doctor caring for the whole person and all the individuals in a family.

Schilling told Dr. Sam Gaskins, head of the CCHS family practice residency program, that he "didn't want to tell patients I can't be your doctor anymore because you're pregnant," and so he supplemented his family practice residency with an extra year of OB work. He said he sees distinct advantages for the small town practice because the parents don't have to find another doctor for the baby, and he can counsel the mother about care for herself and the baby both before and after birth during the same office visit.

Dr. Tuten had taken advanced OB to prepare for childbirth and gynecological emergency surgery procedures he would need as a Baptist missionary. He did some missionary work in Nigeria in 1989, and he and his family had planned to return to mission work after his residency. Dr. Schilling, who had done Baptist missionary work in Zimbabwe and El Salvador, was planning to go into practice somewhere in the South and do missionary trips. Both doctors are pleased with their arrangement in Pickens County. They can cover for each other at home and when the other is doing occasional work abroad.

Tuten said the close ties to the Neonatal Intensive Care Unit (NICU) in Tuscaloosa they developed during their training make referrals for high risk situations they find now a smooth process.

Both Schilling and Tuten had worked in the emergency room at Pickens County Medical Center while they were residents at CCHS, and both had originally discounted the area as a practice site because of a lack of back-up. As they became friends and Tuten's plans for missionary work did not work out, they realized that a partnership could solve that problem. When Dr. Robert Sheppard (a local internist and cardiologist who had recruited him two years ago to practice OB work) renewed the offer, Tuten agreed to set up a practice there if Schilling would be his partner. "It was an 'I'll sign if you'll sign' agreement," said Schilling. "Of course, the hunting trips that David took and still enjoys with Bob Sheppard helped make up his mind!"

Tuten said that the Sunday afternoon he and his wife went to visit Carrollton to look around and decide whether to go there, they stopped and picked up a newspaper. The headline proclaimed that Pickens County had one of the highest infant mortality rates in the state. He said that really influenced his decision because he wanted to go where he was needed and the need was obviously there.

Schilling, who is from Texarkana, Texas, and his wife, who grew up in a small town, liked the atmosphere and felt at home on their sightseeing visit. Both Schilling and Tuten bought houses and have settled into the community joining the church and participating in local school activities.

"Just finding a doctor who wants to come to a rural area is not enough," said Dr. Bill Curry, a member of the hospital board. He worked with public health officials Mary Jo Looser and Will Denton to help Schilling and Tuten arrange for medicaid reimbursement for OB care for eligible women in Pickens County.

The health department handles the administrative portion of medicaid and the WIC nutrition program and sets up transportation to appointments. This was one important piece of a complex pattern of support necessary to set up a new practice. "Forging an alliance between our practice and public health solved the medicaid problem," says Schilling. "and that was a key to getting set up."

"One thing that made this successful," says Dr. Robert Sheppard, "was that doctors recruited doctors. Doctors do not always welcome new doctors because it upsets the status quo, but in this case we had the support of the medical community."

The hospital also provides a great deal of support for the new practice. Pickens County Medical Center, the local hospital, has renovated Labor and Delivery and the nursery and purchased state-of-the-art equipment for OB care.

Bill Lang, Administrator of the hospital, said that long range strategic planning by the hospital board had identified OB care as the country's #1 priority in 1989. The hospital provides financial support and incentives for the practice. As the practice grows and becomes self-sustaining, this support will decline. Tuten already sees private patients and expects to see more as the community comes to know him and Schilling, who will join him full time this summer.

"We're here to stay," says Schilling, and as the town realizes this, our practice will grow. I want to look around this town in a few years and say, 'I delivered her...and her mother!'"

Linda Jackson
DEAN’S MESSAGE
National AAMC Themes
Reflect CCHS Strengths

The theme for the 1992 Association of American Medical Colleges Annual Meeting held in New Orleans in November was “Health Care Reform: Academic Mission and Public Need.” Robert Petersdorf, M.D., AAMC President, noted the Tuscaloosa Program’s contribution to the national debate on restructure of the health care delivery system will be to assure that the special missions of medical schools and teaching hospitals in the training of new health professionals...are recognized and protected. “These special missions include the conduct of basic and clinical research, the transfer of new knowledge and experimental technologies from the laboratory to the bedside, the provision of specialized tertiary services, and the treatment of the disproportionate share of our country’s poorest and sickest.”

In a number of important ways this annual meeting of the AAMC reflected Dr. Petersdorf’s comments. Much attention was paid to various strategies which would increase the number of generalist physicians produced by our medical schools. Attention was also focused on the need for new and better approaches to rural health care. And, while it has been a topic for the last decade, problem-based learning is now much closer to the center stage at AAMC meetings than has ever before been the case. Those of us who work in the medical education system are now put on the spot. Let’s hope that crisis to move Americans to act. But we seem unable to do it. Our medical schools have made significant contributions in each of these arenas. But crisis to move Americans to act. But we seem unable to do it. Our medical schools have made significant contributions in each of these arenas. But crisis to move Americans to act. But we seem unable to do it. Our medical schools have made significant contributions in each of these arenas. But crisis to move Americans to act. But we seem unable to do it. Our medical schools have made significant contributions in each of these arenas.

Roland Ficken, Ph.D.
Dean, CCHS

CCHS hosted a special guest in November when Dr. Robert Hingson, M.D., a Nobel Peace Prize nominee, visited the Capstone. Dr. Hingson, a 1935 UA graduate who did his first two years of medical study here when the University housed a two-year medical school, invented the jet inoculation gun which gives immunity without the pain of a needle. An anesthesiologist, he also developed the technique for administering epidural analgesic to give women pain relief during childbirth.

Dr. Hingson, who finished medical school at Emory, served an externship at Druid City Hospital. He said he “did everything from scrubbing floors to testing blood” at DCH, and he has fond memories of his years in Tuscaloosa and the people who helped him to work his way through school here. He will return to Tuscaloosa in April to give a lecture and be honored during Health Heritage Week at CCHS.

Hingson said that the life and work of a patient who had oil accidentally injected into his hand when a pipe burst gave him the idea for inventing the jet inoculation gun. A maritime laborer came to him with a swollen hand and no visible puncture. He made a surgical incision which released hydraulic fluid from the skin. He then worked with the engineer husband of his nurse to refine and develop a process for purposely and painlessly injecting fluids into the skin without needles. He is convinced that this method will be critical in inoculating the world’s population against diseases as soon as a vaccine is developed. Hingson says one in five cases of AIDS infection today can be traced to needles, and he is anxious to put in place a plan for mass inoculations for AIDS, hepatitis, and tuberculosis, a disease which has recently reappeared as a public health threat. While visiting with CCHS faculty and residents, Dr. Hingson toured the Capstone Medical Center and the UA Educational Tower at DCH. He and Mrs. Hingson also had lunch with President and Mrs. Sayers and met with Dean Ficken and members of the CCHS Development team, which is seeking to endow Chairs of Family Medicine and OB/GYN. Mrs. Camille Elebash, a CCHS supporter and Board member of the Capstone Health Services Foundation, hosted a small reception for the Hingsons before they returned to their home in Ocilla, Georgia.

Russ Anderson, M.D., (left) Associate Dean for Academic Affairs, looks at the jet inoculation gun invented by Dr. Robert Hingson, a UA alumnus, as Dr. Hingson explains how it works.

CME Features Health Heritage Week and Endocrinology Emphasis Week

Continuing Medical Education noon conference lectures and two CME special emphasis weeks are planned by the Continuing Education Committee of CCHS. Health Heritage Week, April 12-16, 1993 will feature speakers and topics which highlight Alabama medical pioneers or outstanding health care accomplishments. Dr. Robert Hingson, inventor of the jet inoculation gun, will be one of the speakers during the week.

Endocrinology Emphasis Week, February 12-19, 1993, will explore basic clinical problems facing internists and family doctors. Dr. William Winterstein, CCHS Professor of Internal Medicine, who is coordinating the week says speakers will discuss adrenal insufficiency (Dr. Keith Dehli, CCHS), asymptomatic hyperthryoidism (Dr. Alan Siegal, UAB), insulin resistance and "syndrome x" (Dr. Robert Kreisberg, UAB), treatment of hyperparathyroidism (Winterstein), and pediatric diabetes (Dr. Jocelyn Auchen, UAB).

Other CME topics scheduled include autopsies, organ donations, anesthesia, electric injuries, drug induced vacuoles, urinary tract infection, and acute renal failure. Lectures by Risa Webb, M.D., an epidemiologic intelligence service officer assigned to Alabama by the Centers for Disease Control, and Dr. Tom Malone of Emory are scheduled for May, 1993.

The Continuing Medical Education Committee works with all departments of CCHS to organize noon conferences; identifies problems experienced by health professionals in rural communities toward which the support of faculty, extramural resources, and programs can be identified and mobilized; develops policies and procedures for the provision of CME programs, both in Tuscaloosa and remote sites; consults on continuing education programs which are sponsored jointly by the College and other health care agencies or institutions; and defines goals, reviews progress, and coordinates College outreach activities in general.

Members of the CME Committee for 1992-93 are: Lorin A. Baumbower, Ph.D., Chairperson; William Dresner, Ph.D., Michael Taylor, M.D., Robert Ireland, M.D., Pamela Parker, M.D., Lee Thomas, M.D., William Winterstein, M.D., Cindy Redmon, M.D., Carl Brustlievick, M.D. (R.S.), Russell L. Anderson, M.D., Associate Dean, Academic Affairs, (ex-officio), and Antoinette Pierce, Coordinator CME, (ex-officio).
On April 23, 1995, pre-medical students from colleges and universities across the state will visit the College of Community Health Sciences at the University of Alabama. The event gives students a chance to learn more about this clinical campus of the University of Alabama School of Medicine. The invitation is issued through pre-med advisors on campuses at public and private institutions all over Alabama, and CCHS hosted a reception for members of the state association of health education advisors at their meeting in Tuscaloosa last October. The 15-minute video about CCHS shown at the reception is available for use with students or faculty.

The agenda for Pre-Med Day in April includes a welcome and introductions by Dr. Roland Ficken, Dean of CCHS, and overviews of the medical school program by Russell Anderson, M.D., Associate Dean, and Paul Tietze, M.D., Director of Medical Student Affairs. Dr. George Hand, Director of Admissions for the UA School of Medicine will discuss the admissions process, and CCHS faculty members and students will talk about the clinical years and answer questions. There will also be a luncheon and a tour of the hospital and Capstone Medical Center.

For more information, contact: Patti Cannon, Coordinator of Academic Services, CCHS, Box 870378, Tuscaloosa, Alabama 35487. (205) 348-1383.

Consulting Service in Behavioral and Community Medicine Provides Help and Information

The Health Research Consulting Service (HRCS) in the Department of Behavioral and Community Medicine at CCHS has current statistical and data publications available to researchers and grant writers. HRCS was created by the College of Community Health Sciences to encourage and facilitate medical research and to promote interdisciplinary study of health issues. HRCS assists in identifying funding sources and preparing grant proposals.

Consultation and technical assistance can be offered in research design, data analysis, preparation of proposals, and data entry. Staff can also help with medical record extractions and identification of potential publishers. Consulting services are also available for investigators outside the UA community, and HRCS can assist in locating needed personnel for research projects.

Behavioral and Community Medicine faculty members consult on behavioral science, biostatistics, community health issues, epidemiology, family systems, gerontology, health services, medical anthropology and medical sociology, preventive medicine, and rural health.

The following resources are available:

- **Healthy People 2000: National Health Promotion and Disease Prevention Objectives**
  - The full report and the summary report outline a national strategy for improving the health of the nation through the prevention of major chronic illnesses, injuries, and infectious disease.

- **Healthy Communities 2000: Model Standards**
  - This text addresses the objectives spelled out in Healthy People 2000 and serves as a guide for action by state and local communities to use when planning community public health services.

- **Alabama: The Starting Point**
  - This document outlines baselines established for the State of Alabama on each of the Year 2000 Health Objectives.

Health Sciences Library Serves CCHS and Medical Community

The Health Sciences Library (HSL) in the College of Community Health Sciences is a resource library for all West Alabama health professionals. It is located on the ground floor of the Educational Tower of DCH Regional Medical Center. The library hours are: Monday-Thursday 8:00am - 10:00pm; Friday 8:00am - 5:00pm; and Sunday 2:00pm - 10:00pm.

The library has 8,000 books, 475 current journal subscriptions, and about 10,000 bound journal volumes with an emphasis on primary care and clinical medicine. The collection includes selected specialty textbooks, journals, and a subscription to the Network for Continuing Medical Education videocassettes. Index Medicus and other printed indexes are available. The library participates in the University Libraries online card catalog, AMELIA. Two photocopy machines (One coin-operated and the other copiercard) are located in the library. The cost of copying on either machine is $.05 per copy.

The reference staff can perform literature searches, fax journal articles, and obtain interlibrary loans for a fee.

For more information on outreach services or materials available, contact: Lisa Russell, Chief Medical Librarian, at (205) 348-1360.
Dr. Hefftinger

Meeting the health

AAP Advocates State Adm.

THE PROBLEM: As we approach the 21st century it is painfully clear that despite our best efforts there remains no guarantee of progress in maternal and child health programs in this country. Although health care costs are approaching 11 percent of our gross national product, the health status of American children is declining. One out of every eight dollars that Americans spend now goes to health care. Despite this expense, 1/7 of the population goes uninsured. We are all familiar with the often repeated statistics of 37 million Americans with no health insurance. What is tragic about these numbers is the fact that 33 percent of the uninsured population is children under the age of 18. That is, 11.6 million children in this country have no health insurance. Add to that number 25 percent, 8.3 million children, between 18 and 24 years old, that lack health insurance. Let me just review a few of the unhealthy facts with regard to children in this country.

The percentage of fully immunized two-year-olds is decreasing. One in four children is not immunized against diseases including measles, whooping cough, mumps and polio. Outbreaks of these preventable diseases are increasing, and you have heard of some of these on college campuses in the past year, to include Auburn University.

The United States surpasses almost all developed nations in adolescent pregnancy, school failure, adolescent suicide, homicide, and sexually transmitted diseases.

One of every four pregnant women is not insured for maternity care and an equal percentage did not receive any prenatal care during the first trimester.

The United States ranks 21st among industrialized nations in infant mortality. For black children, the U.S. ranks far lower. In Alabama, black infant mortality is twice as high as Caucasian. Each year, forty thousand babies born in America die before their first birthday. These deaths can be prevented through making available basic prenatal care to all pregnant women.

Unfortunately, things do not get much better for American children once they are born. Nearly 20 percent of all children have not been to see a doctor in the past year. This means these children are not receiving their basic immunizations. This means that minor conditions which could become major may go undetected and untreated. While this may seem unimportant, it is not. An ear infection untreated can result in a significant loss of hearing and, even later in life, require a hearing aid which could have been prevented by a timely visit, not to mention the loss of learning, social discomfort and inconvenience the individual should not have to bear.

Lack of health insurance is the most significant barrier to access to health care in our country! Out of the more than 30 million Americans without health insurance, a disproportionate number are women and children. Contrary to popular belief, the typical uninsured child is white, not black, has a working parent, and lives in a two-parent family with an income above the federal poverty level. Even more children are under insured. Their common and relatively inexpensive needs - preventive care and outpatient care for acute illness - are covered poorly, if at all. In addition, many children are declared uninsurable because of chronic illnesses, handicapping disorders, or other preexisting conditions. Only 20 percent of the uninsured children live in families in which neither of their parents work.

Insurance problems affect children even before they are born. Today 14 million women of childbearing age have no maternity insurance. The major reason for the growing number of uninsured is a decline in dependant coverage by employers. As recently as ten years ago, 40 percent of employers paid for dependent coverage in full. Today only 30 percent do. This situation is likely to deteriorate even further. Why? Because as health costs continue to rise employers face prohibitive costs in the private market and the economic climate in which we live. Because of limitation of age, family income, and the availability of services, public programs fail to cover the millions of children that are living in poverty or near poverty.

When children and pregnant women do not receive health care they need, who pays? The answer is, we all pay.

CLIMATE FOR CHANGE: There is an increasing awareness of the problems of the uninsured and the soaring cost of health care, and will be a major issue in the next few years. Employers, insurers, health care providers, and labor unions are joining forces under the banner of reform. Spurred on by increasing needs and a frustrated public, these desperate groups are working to find solutions. The status quo is no longer an option. Change is coming and in this decade.

ACADEMY PLAN: On September 24, 1991, Representative Robert Mansu, Democrat from California, introduced HR3893 "The Children and Pregnant Women's Health Insurance Act of 1991." The American Academy of Pediatrics (AAP) has made access to quality health care its number one priority and is advocating passage of this bill.

The AAP proposal will provide:
- Universal access to health insurance for all children through age 21 and pregnant women
- Quality health care through a standard insurance package
- Preventive services at no cost to beneficiaries
- Adequate coverage for providers
- Freedom of choice for patients and providers

The legislation sets up a play or pay system. Employers will either provide a qualified insurance package for dependents or they will pay a payroll tax to the state-administered insurance fund (SAIF). The states will administer this fund through private insurance companies. Insurers, whether contracting with state or with an employer, will be required to provide a standard benefit package.

BENEFITS IN PROVISIONS:
- Preventive health care regardless of income level or insurance system will involve cost sharing. The bill will also cover primary major medical benefits and extended major medical benefits.
- There is a catastrophic limit on out-of-pocket expenses for enrollees in both systems. The limit will be 10% of income up to a maximum of $1000/year for an individual and $3000/year for a family. The proposal will expand the role and capacity of directly-financed services, including services provided through health care clinics, regionalized community-based programs for children with special health needs, and regionalized perinatal services. Public health programs for children, such as lead poisoning, accident prevention, child abuse, and genetic screening will be strongly emphasized.
- These benefits will be available through employer-based insurance or the state-administered insurance fund.

FINANCING: Financing will be through existing sources previously allocated to Medicaid (73/ The Employer Payroll Tax 3.2%). General revenue will be needed to cover subsidies to low income workers and corporate tax revenue loss. A one class system of medical care will be established by replacing with pre-existing condition clauses in insurance and requires community rating.

PHYSICIAN-HOSPITAL PAYMENT: The bill will establish a resource-based relative value scale (RBRVS) for pediatric and obstetric services. It will require the Secretary of Health and Human Services to establish a national advisory committee composed of pediatricians, family physicians, obstetricians, maternal and child health experts and advocates. The committee will advise the Secretary of HHS on appropriate payment amounts including the conversion factor and all factors that influence the adequacy of funding for children and pregnant women.

COST CONTAINMENT: The Academy's plan will control costs by covering only the necessary and effective services. Savings will be realized by the widespread utilization of comprehensive health care services. An example of this is the cost benefits of prenatal care. Five hundred dollars spent on prenatal care can save an average of a 20 to 30 thousand dollar hospital cost on a low birth infant who spends a relatively brief period of time in an intensive care nursery in this country today.

There are some key points of the plan which will benefit both consumers and providers. There will be guaranteed financial access. This will be a one-class system. Central to the AAP proposal is the transfer of federal and state
Medicaid dollars currently expended for children and pregnant women to the new state-administered insurance fund. There will be uniform benefits to cover all areas of health care. There will be freedom of choice. Patients can choose the provider and insurance plans that best meet their needs.

Shared funding - Employers will provide an insurance package for dependents and pregnant employees or pay a 3.17 percent tax. There will be cost sharing including deductibles and co-insurance. These are very modest, particularly for families with income between 133 percent and over 200 percent of the federal poverty level. Preventive health care will not require any cost sharing.

The Academy's proposal will be user friendly. There will be reduction as much as possible in paperwork which serves as a road block now. Payment systems and explanation of benefits will be uncomplicated and uniform. A fair compensation will be set up and physicians should be able to devote appropriate time to the diagnosis and management of all health care problems.

THE CHALLENGE: For 60 years pediatricians have fought fiercely to develop and protect programs for children. The Academy has never waivered from the dedication and commitment of its members and staff toward the development of a national policy that finally places our children first. There are 40 thousand Academy members who are working to insure that children's needs are met at every level. You will hear many other health care professionals placed forward in the months ahead. This is not to say that other segments of our society do not have health care problems. But children and pregnant women have been disproportionately neglected in the past. In the words of Senators George Mitchell and Robert Dole on the Senate floor (April 11, 1989), "as the leadership of this great body, we sense an emerging sentiment that it is time to make a promise to our most precious resource. As human beings, children matter in their own rights and as future contributing citizens, leaders, consumers, employers, and tax payers they deserve the best that we can offer to them. We must all commit ourselves to this end."

-David C. Hofstinger, M.D.

Discipline Chief, CCHS Department of Pediatrics

Overview of HR 3393
"The Children and Pregnant Women's Health Insurance Act of 1991"

Our goal of ensuring access to quality care will be met by creating, through federal legislation, a mechanism to:

1. Build on and improve the existing employer-based system providing health insurance to employees and their dependents.
2. Develop, for children and pregnant women without employer-based insurance, a parallel system providing private health insurance through a state administered fund.
3. Rechannel into the state fund Federal and State monies for children and pregnant women served by the Medicaid program.
4. Allow maximum flexibility at the state level for program administration, within guidelines established at the federal level.
5. Utilize existing health care delivery models with procedures that are simple and easy to use for both the provider and patient.

American Academy of Pediatrics
1331 Pennsylvania Avenue, N.W.
Suite 721 North
Washington, D.C. 20004-1703

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Howard Gundy

Profiles

Dr. Howard Gundy has had an impact at the University of Alabama and elsewhere through many different activities. Academically trained in social work and public administration, he founded three schools of social work at Tuscaloosa University in New York, Southern University in California, and the University of Alabama in Tuscaloosa. He was advisor to the National Collegiate Recreation Administration of the U.S. Department of Health, Education, and Welfare; headed student affairs as Vice President of Mississippi State University in 1966-67; coordinated a Ford Foundation grant on juvenile delinquency; and served as Chancellor of Post Secondary Education for the State of Alabama in 1986-83. He also chaired the Commission on Mental Health and Human Services of the Southern Regional Education Board and served as a panel member for the National Cancer Institute of the National Institutes of Health.

Dr. Gundy has contributed to the University of Alabama in a number of roles. As Dean and professor of Social Work 1966-71, then became academic vice president and later served as director of UA's Washington office and vice president for Research and Public Service. He served as special consultant to UA President David Mathews and then as acting president and chief executive officer of the University of Alabama in 1980-81 after David Mathews resigned. His service to the University is almost equal to the list of honors and awards he has received. He was listed in Who's Who in America, and he was named "Man of the Year" by the Tuscaloosa Chamber of Commerce in 1981. The same year, he received the Alumnus Sydney Sullivan Award for leadership and distinctive service and was named "Educator of the Year" by Phi Delta Theta. He was honored as Humanitarian of the Year by the Alabama Chapter of the National Association of Social Workers and received the President's Award for outstanding service to the State of Social Work.

He is a member of the Anderson Society and the ODK leadership honorary. He is also a member of the Jasons, a university honorary. He has been influential in recruiting Americans from Reagen and Rockefeller to Jim Brown and Kenny Stabler. Dr. Gundy says his career has given him a "platform of opportunity" to link disciplines and deal with bright people in their many roles. He reminisced about a student who came to him when he was president before he talked to anyone in the chain, to protect a grade in Russian. When he asked if the student had talked to his professor, the department head, the dean, or the academic vice president, the student said yes, and he said he'd have to talk to the president so he just started there. These are the kind of people and experiences he has enjoyed, he said. He likes complex organizations and the challenges of administration because he likes dealing with people. He remembers football players Jim Brown, Floyd Little, John Mackey as college students in New York and Stabler, Steadman Shealy, and Ozzie Newsome as students at UA. He has enjoyed alumni meetings with John Hannah.

Dr. Gundy grew up in upstate New York and earned A.B. and Ph.D. degrees from Syracuse University and a Master of Science degree in social work from the University of Buffalo. He served in the ground forces and the U.S. Army Air Corps during World War II.

He first came to the University of Alabama as a consultant, but the University wanted him permanently. When he brought his family to visit Tuscaloosa in the springtime, they fell in love with it and the Gundy's have been here since 1966.

Dr. Gundy helped to bring Dr. William Willard, M.D., the first dean of CCHS, to the University of Alabama. They had been colleagues at Syracuse, he said, and kept in touch. They shared a philosophy of involvement with people in their respective fields of medicine and public administration. Developing human services in medicine and education is important to Dr. Gundy and has brought him back to Tuscaloosa. As a family member of a capital campaign steering committees for both CCHS and the UA School of Social Work, both have benefitted as he practices his philosophy of involvement with people in yet another "platform of opportunity."

On Rounds • 6

Vic Poole

Vic Poole has a basic philosophy: "take care of the children and look out for the old folk." His philosophy has shaped not only his career in banking (he is Chief Executive Officer of the Bank of Moundville) but especially his public service at home and at the state level as a member of the State School Board since 1963. He was appointed to the Board by three Alabama governors and has been elected for seven terms since 1970 when the position was converted to an elective office by a constitutional change. He represents District 7 which covers most of north Alabama from North Hale county to the Tennessee line.

Local projects and citizens depend on him. He can hardly get away for lunch at "Miss Melissa's" Cafe because of the people who call for advice or drop in to talk. On the Friday he was interviewed for this article, the Bank of Moundville was decorated with black and gold streamers for that night's football game where he always sells programs for Hale County High School. "After my boys finished school, they kept the job open for me," he said of the local high school where he helped. He is the man that people come to for help, says a local businessman. "He takes a personal interest in the needs of the people here."

"If a child or a senior has a problem, I've got a problem," says Poole. He turns to a staff member with a question and tells her which loan period and interest rate will be a better choice for that customer; then responds to the customer's discussion of service for children and the elderly. He chairs the Golden Years Organization in Hale County that has worked on money raised and transportation programs for senior citizens and the Retired Senior Volunteer Program (RSVP). He is also a member of the Black Warrior Council of the Boy Scouts, is coordinator of a Boy Scout troop at the Moundville Methodist Church, and is active with the Shriners at the local Memorial Lodge, raising money for the Shriners Hospitals to provide charity care to children with severe burns or orthopaedic problems.

He is naturally to focus on education. His mother was a teacher, and his father had great respect for education, he says. His wife, now president of the Bank of Hale County, is a retired teacher, and he says of Mr. Poole, "once a teacher, always a teacher at heart." Of his service on the school board, he says he thinks a school board member has more opportunities to impact education than a governor, and his influence on education, kindergarten through junior college level, has been far reaching.

Containing health care costs and placing doctors in rural areas are his primary interests in helping the College of Community Health Sciences (CCHS) raise funds to improve physician training programs at the University of Alabama School of Medicine's Tuscaloosa Program. He first became interested in medical education when he was recruited to chair a statewide committee in the early '70s to form CCHS during Dr. David Mathews tenure as governor. He then served as the first dean of the University of Alabama and remembers Dr. Mathews' asking him to show farmland to Dr. William Willard, a nationally renowned expert on medical education for physicians, in Hale County, a hotbed of farming. He found him a farm and took him to see Governor George Wallace who convinced him to come to Alabama.

He worked with Dr. Willard, who became the first dean of CCHS, to organize grass roots support for training family physicians who would practice in rural settings. He called himself Willard's "errand boy" in those early efforts. Looking back at the early work in Alabama to spread medical education programs into more of the state, he says that the "rural vs. city mentality often hides the fact that the missions and objectives of both are closer together than we care to admit."

Poole was born in Greene County, served in the U.S. Army 82nd Airborne Division as a platoon sergeant, and has been at the Bank of Moundville since 1955. He married a high school sweetheart, and they have three grown sons and two granddaughters.

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Earl Robertson

As a twelve-year-old boy growing up in Brawton, Alabama, Earl Robertson already knew what he wanted to be when he grew up. He was a close friend of his uncle. He began his own family practice in Huntsville where he has lived since 1956. He likes caring for all members of a family, he
This column highlights activities in the department and announces those which make up CCHS. The Center for the Study of Aging in Behavioral and Community Medicine is a focal point for multi-disciplinary education, research, and service activities in gerontology. For more information, contact the Center at P.O. Box 870326, Tuscaloosa, Alabama 35487-0326. (205) 348-1349.

Statewide Needs Study of Older Alabamians: Under contract with the Alabama Commission on Aging, the Center for the Study of Aging is conducting a two-year study to assess the needs of older individuals. The results of this study, which is the first of its type to be conducted in Alabama, will be utilized by the Commission on Aging, Area Agencies on Aging, and other state agencies as they plan for health, housing, social services, transportation, and related needs of the increasing elderly population.

Elde­r Abuse Training: The Center has contracted with the East Alabama Regional Planning and Development Commission to conduct a series of eight training seminars to increase awareness of elder abuse and neglect. Two types of programs will be offered at each of four locations in the Spring of 1993. One series of programs will target service providers and those providing care for elderly individuals while the other will address issues facing professional caregivers in long term care facilities. Dr. Lorin Baumhover, Professor of Behavioral and Community Medicine, Jeannete Vander Meer, Assistant Professor of Nursing, and others will provide the training.

National Conference on Elder Abuse: Planning is under way for a national conference on elder abuse to be held in Birmingham in 1993. The program will focus on the abuse, exploitation, and neglect of older persons as growing national problems. This conference for service providers, caregivers, law enforcement personnel, and elected officials aims to increase awareness and concern for the right and dignity of at-risk elderly individuals.

Healthy Knowledge and Attitudes Among Health Care Professionals in Alabama: This study is funded by the CCHS Research Committee and is being carried out by Dr. Nanci Marshall, Dr. Lorin Baumhover, Gollen Beall, and John Gillum. This study examines the attitudes and knowledge of 1,500 licensed nurses toward AIDS and Alzheimer’s. There are many similarities between Alzheimer’s Disease and AIDS. Both are terminal and irreversible. They increase dependency, result in progressive physical deterioration, frequently require extensive family caregiving, and involve dementia. Usually, community-based care precedes chronic custodial care for those suffering with one of these diseases. Public dollars, primarily through Medicaid, provide for the bulk of continuing care of individuals with AIDS and Alzheimer’s. Study results will provide a picture of similarities and differences in the way health care professionals deal with these serious diseases.

Training Health Care Professionals to Care for Rural and Elderly Dementia Victims: The Center has a sub-contractual agreement with the Bureau of Geriatric Psychiatry in the Alabama Dept. of Mental Health to provide pre- and post-nursing education to nurses in the care of patients of the Bureau’s Alzheimer’s disease training curriculum. Center staff will perform statistical analysis of test results and assist the Bureau in dissemination of the findings.

Supporting Primary Care Practitioner Caregivers: This study will assess the knowledge and attitudes of family caregivers of Alzheimer’s patients toward the disease. Socio-demographic characteristics and knowledge of the disease affect caregiver stress levels and coping abilities will be examined. Results will be compared to those from the health care professionals study.

Volunteers in Service to the University of Alabama (VISUAL): This program, operating through the Center, seeks to provide volunteers to assist University departmental and services and enrichment of their activities. Volunteers do not replace salaried university employees, but rather supplement available manpower. Those in need of this service, or other wishing to volunteer are encouraged to contact the Center. For more information, contact Brown O’Quinn at the Center for the Study of Aging, (205) 348-1891.

Elderhostel: This is a program of continuing education for older individuals. Participants travel from around the country to attend short courses on the University campus. The offerings for the next session, April 18-23, 1993, include "The Galaxies," "A Deep South Archaeological Tour," and "The Legacy of Bear Bryant." Another session is currently being planned for September 19-24, 1993. Topics are "A Glimpse of the Old South," "Japan: Our Partner and Competitor," and "Sketchbook Drawing: Creating Personal Visual Diaries." For more information, contact Linda Jackson, Elderhostel coordinator, at (205) 348-1350.

Publications: The Center disseminates information on issues relevant to the elderly through articles in professional journals and present­ations at regional and national conferences, and addresses to professional and service organizations. For more information, contact Dr. Lorin Baumhover, Director of the Center for the Study of Aging, or John Gillum, Research Assistant, at (205) 348-1345.

Informal Conferences Bring Residents and Communities Together

Family Medicine Residents who wish to explore practice opportunities in rural communities and community representatives have been meeting over a nice evening meal with an interesting topic to discuss as part of the Family Practice Rural Health Conference Program of the University of Alabama School of Medicine (UASOM). Residents and rural folks are meeting on campus in Tuscaloosa, Huntsville, and Birmingham to discuss such topics as industrial medicine, killer bees, and legal aspects of practice.

"Career opportunities as far away as Andalusia and as near as Centerville have participated in discussions at Tuscaloosa and report satisfactory with the program. Jim Mason and Bryan Lowry, Hospital Administrators in Scottsboro and Tallassee, respectively, see these conferences as evidence of UAH and UAB interest in rural Alabama," said Dr. John Wheat of CCHS, who helped develop the program.

John R. Wheat, M.D., Assistant Professor at CCHS, is principal investigator on the program working with Jerry McKnight, M.D., in Tuscaloosa; Gary Allen, Doug Everett, M.D., in Huntsville, and Bill Felcher, M.D., in Birmingham. The Alabama Family Practice Rural Health Board funded the program as part of the effort to help residents choose to practice in small towns in Alabama.

For more information, contact Dr. Wheat at the Department of Behavioral and Community Medicine, Box 870326, Tuscaloosa, Alabama 35487-0326. Telephone: (205) 348-1300.

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says, and watching families grow up. He has delivered over 5,000 babies, some who married each other and are having children of their own. He delivered the baby who is now his office nurse. He gave up obgynics in 1955, he said. "I looks forward to coming to the office," he said. His first ten years in practice, when Huntsville had a population of about 40,000 people, he said, "I had 24 patients for both weekend. He now shares on-call duty in this city of 175,000 with his partner, Dr. Grote, and Dr. Robert Chappell, a young family practitio­ner.

Dr. Robertson entered the Navy after high school where he worked as a lab technician in the hospital. He graduated with a major in biology from the University of Alabama and after finishing medical school in Birmingham entered a family practice residency program in Pineville, Louisiana. It was one of the few residencies available for family physicians in 1955. He then went to the University of Alabama School of Medicine Admissions Committee for 1945. He is pleased to see more emphasis on training for primary care doctors in medical education today. Faculty physicians, especially those in small towns, need to know more than other doctors because they have fewer specialists to help with diagnosis and treatment. He says it is important to get "good, sharp teachers to prepare the best doctors possible," he thinks, and that is why he devotes time and energy to the CCHS medical education today. "I use funds for faculty chairs and professorships. "I don't know what's in store for medicine," he says, "but I believe family practice will continue to be a leading primary care specialty."
CCHS has introduced a series of non-medical arts and sciences programs into the undergraduate, postgraduate, and continuing medical education curriculum. These programs at the University of Alabama School of Medicine (Tuscaloosa Program) followed the lead of the University of Wisconsin. Regularly scheduled monthly conferences are held in the Willard Auditorium of DCH Regional Medical Center which also serves as the main clinical inpatient facility of the medical college. The Tuscaloosa series has been well received during the past several years, despite the fact that it was a completely novel activity in this medical center.

The desirability of a rigorous liberal-arts curriculum in pre-medical education has received increased attention in past years. Broad exposure to the humanities as well as the sciences is deemed appropriate and fitting for preparation to enter the field of medicine. The residency and the subsequent years of practice have received less attention with respect to the liberal arts and humanities, although this period is important and second only to that of pre-medical and medical education. CCHS has responsibility for the final two years of clinical education of students of the University of Alabama School of Medicine. Following their second year, 25 students from the parent Birmingham program come to Tuscaloosa. In addition, CCHS is responsible for a large residency program in Family Medicine.

Noting an absence of the humanities from the postgraduate curriculum at Elster and Christiansen from the University of Wisconsin in 1982 developed a series of lectures held at the Madison General Hospital to deal with non-medical topics of interest. The audience for their early-morning William Oser Lecture Series included residents and practicing physicians.

The appeal of the Madison concept led directly to the initiation of the “First Friday” lunchtime programs at the College of Community Health Sciences (CCHS), the Tuscaloosa branch of the University of Alabama School of Medicine. The series title was chosen to indicate the schedule: the first Friday of each month during the academic year. Like the planners of the Wisconsin series, we recognized the critical role played by Antoniette S. Pierce, Coordinator of External Affairs for CCHS, in the coordination of the series in the programs in the series. For more information, call Ms. Pierce at (205) 348-1276.

First Friday Schedule
February 5, 1993 Malcolm Crawford, School of Music
March 5, 1993 Barbara Jameston, Ph.D., Religious Studies
April 3, 1993 Spring Break
May 7, 1993 TBA
June 4, 1993 Douglas E. Jones, Ph.D. College of Arts & Sciences

The series has continued monthly during the academic year since 1983. The reception of this unusual activity in the busy hospital routine of medical students, residents, physicians, has been quite gratifying, and indicates the value of the programs. Attendance has generally remained strong, as in Wisconsin, with at least 40-50 people per session, and usage more. The hospital auditorium has been the scene of concerts by pianists, woodwind quintets, and jazz bands; performances by dancers; lectures by philosophers, astronomers, and computer experts; and readings by poets. Clergymen, artists, professors, deans, and even the president of the University have participated as speakers, each offering valuable non-medical perspectives. In general, the series has been an exhilarating experience. Our series aims to provide education and intellectual stimulation for medical students, residents and practicing physicians.

The emphasis is essentially non-medical. The series has served to introduce stimulating and excellent speakers who frequently are unknown to the medical school, even at the faculty level. Conversely, our small medical college and faculty are relatively unknown on the campus of the large university. As in other universities, the relationship between medicine and the rest of the campus is often distant. This separation is historic and resists efforts toward a united approach to the problems of humanity. First Fridays have served to increase the awareness of the rest of the university of the presence of the medical school and its active involvement in education as well as in health care. The program has been enthusiastically supported by university administrators, including the dean of the medical school and the university president.

First Fridays have been a successful effort from varied points of views, and we plan to continue them in succeeding years. They are an enjoyable step towards the inclusion of the humanities in the medical curriculum—both before and after the M.D. award.

Note: The author recognizes the critical role played by Antoniette S. Pierce, Coordinator of External Affairs for CCHS, in the coordination of the series in the programs in the series. For more information, call Ms. Pierce at (205) 348-1276.