

On Rounds

The University of Alabama
College of Community Health Sciences

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CCHS Graduates Asked to Help Continue Tradition of Excellence in Medical Training



Dr. deShazo (left) talks with the late Coach Paul (Bear) Bryant. Dr. deShazo and Coach Bryant collaborated to provide training in sports medicine to CCHS residents and medical students. Dr. deShazo was the UA Team Physician and students and residents worked with Crimson Tide athletes under his supervision.

"Training family physicians is the mission of the College of Community Health Sciences," says Roland Ficken, Ph.D., Dean of CCHS and a faculty member at this branch campus of the University of Alabama School of Medicine since 1973. And soon Dean Ficken and William F. deShazo, M.D., Professor Emeritus and former Chair of Family Medicine here, will be asking former residents and family doctors associated with CCHS to help endow Family Medicine faculty positions to ensure continued excellence in the program.

The Tuscaloosa Family Practice Residency Program at CCHS is one of the most productive in the nation. "In twenty years, we have provided specialty training in Family Medicine to almost 200 family physicians," said Dr. deShazo. "And now we are asking our graduates' help to continue building and maintaining the best possible program."

Medical students and family practice residents receive intensive hands-on training through rotations in internal medicine, obstetrics/gynecology, pediatrics, surgery, psychiatry, and family medicine. They may also elect rotations in areas such as rural medicine, radiology, dermatology, ophthalmology, cardiology, hematology, rheumatology, infectious disease, and oncology.

"Assuring that we attract the best possible faculty—renowned practitioners, scholars, and researchers—to teach in our program is critical to the survival and success of CCHS," said Dean Ficken. "We will be contacting our former chief residents and, through them, all our graduates to request their support in funding faculty positions in Family Medicine. Engraved plaques for each class year will recognize by name the contributors to this drive, and supporters will be honored at receptions during Homecoming and other special events.

"We look forward to involving our graduates in promoting and supporting this successful medical education program," said Lorin Baumhover, Ph.D., CCHS Development Officer, "in much the same way as alumni of the UA graduate schools in law and business take pride in and support their programs."

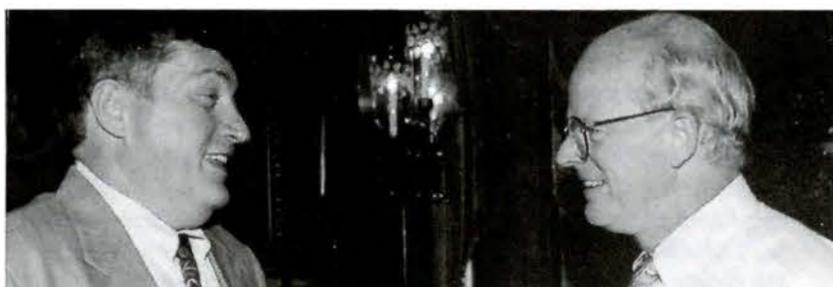
Vicki Cox, who works with the CCHS Capital Campaign, will be helping Dean Ficken and Dr. deShazo to organize the residents' drive and coordinate recognition of donors. For more information, contact: Vicki Cox, Dean's Office, CCHS, Box 870326, Tuscaloosa, Alabama 35487-0326. (205) 348-0093.

Dr. Snyder Retires



Dr. Pete Snyder

Dr. Arthur (Pete) Snyder retired as Chief of Surgery for CCHS in December, 1994. Dr. Snyder joined the CCHS faculty in 1986 and became Chief of Surgery in 1989. He received the Faculty Recognition Award for outstanding teaching from the senior class of medical students in 1989. Dr. Snyder will continue to chair the CCHS Capital Campaign Steering Committee. (See page 7.)



Dr. Snyder (right) talks with Dr. Lorin Baumhover about the Capital Campaign which his retirement leaves him more time to work on!



Dr. & Mrs. Snyder were honored at the Christmas reception in December at the University Club. Fran (right) and Dean Ficken (center) watch as Dr. Snyder opens his gift certificate from CCHS.

CCHS to Sponsor AIDS Emphasis Week



Sten H. Vermund, M.D.



Marilyn J. Crain, M.D.

The Continuing Medical Education (CME) program of CCHS will sponsor AIDS Emphasis Week February 6-10, 1995. "It is important that our residents, students, and graduates be updated annually about this incurable disease which is now infecting more and more of the general population," said Dr. William Winternitz, a member of the CME Committee.

There have been 2,953 cases of AIDS in Alabama, according to Madeleine Hill of West Alabama AIDS Outreach (WAAO). "That number—from the December 2 report—does not count cases of HIV infection," she said. "The AIDS cases are about equally divided between black and white, and Alabama has an extraordinarily high percentage of female AIDS cases, one of the highest in the nation." Ms. Hill, who is a founding board member and volunteer with WAAO, said heterosexual spread of AIDS is becoming more significant, and Alabama is following the national trends which show increases in the occurrence of AIDS among women and adolescents. This is no longer "a gay, white male disease," she said.

These and other aspects of AIDS will be discussed during AIDS Emphasis Week by five physicians who have special knowledge of or experience in dealing with AIDS. Sten H. Vermund, M.D., Ph.D., Professor and Director, Division of Geographic Medicine and Professor and Chairman of Epidemiology at UAB, will launch the week Monday with "Epidemiology of HIV Infection in Alabama and Worldwide." On Tuesday Kathleen Squires, M.D., Assistant Professor of Medicine, Division of Infectious Diseases, UAB, will discuss Retro Viral Drug Treatment.

Clinical aspects of the disease—the prevention, treatment, and management of AIDS—will also be addressed by Albert T. White, Jr., M.D., and Jeffrey L. Douglas, M.D., Infectious Disease subspecialists in private practice in Tuscaloosa. Drs. White and Douglas also run the Castle Hill Clinic, a free clinic for AIDS and HIV patients that meets at night. They treat about 47 patients from West Alabama at Castle Hill which is staffed entirely by volunteers—nurses, ministers, and social workers—who donate their time and expertise to the after-hours clinic.

Marilyn J. Crain, M.D., Associate Professor of Pediatrics at UASOM in Birmingham, will conclude the week with information on "HIV-AIDS in Women and Children."

During this special week, the conferences will be held daily at 12:15 p.m. in the Willard Auditorium on the first floor of the UA Educational Tower at DCH Regional Medical Center. CME credits will be offered.

Editor's Note: For more information on AIDS Emphasis Week, contact Dr. William Winternitz at the College of Community Health Sciences, 348-1330, or Vicki Cox, CME Coordinator, at 348-0093. West Alabama AIDS Outreach provides a local information hotline and a toll free hotline: 758-AIDS or 1-800-722-2437 (within Alabama). For information on the Castle Hill Clinic, contact Fred Grady, Coordinator of AIDS Services at the Area II Health Department, (205) 554-4505.

"Grand Rounds" to Bring Medical Experts to CCHS



Dr. Harry Knopke



James Brownlee, Jr., M.D.



Douglas Drossman, M.D.



Russell Steele, M.D.



David Lee Gordon, M.D.



John Killian, M.D.

Changes in the CCHS Continuing Medical Education (CME) schedule began in January, 1995, as the noon conferences previously held three or more times weekly became "Grand Rounds" held on Fridays. Grand Rounds will bring in recognized medical experts to address new developments in diagnosis and treatment of specific medical conditions. Grand Rounds on Fridays begin at 12:15 p.m. in the Willard Auditorium at DCH Regional Medical Center, and lunch will be served. CME credit will be available to medical and health professionals.

"I hope that Grand Rounds, a familiar term in other medical schools, will be a vehicle for us to bring the best medical expertise to this campus," said Pamela Parker, M.D., the new Chair of the CME Committee. "Our speakers will share the latest research and treatment procedures with practitioners and our residents and students."

The CME Committee will continue to sponsor First Friday special programs on Letters, Science, and Medicine, and to organize and host special emphasis weeks on crucial topics as the need arises. Dr. Harry Knopke, UA Vice President for Student Affairs and a member of the Behavioral and Community Medicine faculty at CCHS, will discuss his book *Silent in the Land* on the "First Friday" in February. During the Spring Semester of 1995, AIDS will be the topic of a CME special emphasis week February 6-10 (see related article). Special sessions on Tuesdays will be held for CCHS residents and students.

Scheduled speakers for Grand Rounds in 1995 include a number of well-known medical experts. These include James Brownlee, Jr., M.D., Chair of Family Medicine at the University of South Florida College of Medicine in Tampa (A Primary Care Approach to Sexually Transmitted Diseases); Douglas Drossman, M.D., a gastroenterologist from the University of North Carolina in Chapel Hill (Irritable Bowel Syndrome); Russell Steele, M.D., Vice Chair of Pediatrics at Louisiana State University and Chief of Infectious Diseases at Children's Hospital in New Orleans (Old Diseases - New Pathogens); David Gordon, M.D., Assistant Professor of Neurology at the University of Mississippi Medical School (Acute Ischemic Stroke Management); Al Barrocas, M.D., a general, thoracic, and vascular surgeon who is Chairman of the Advisory Council of the Nutrition Institute of Louisiana (Nutritional Support of the Geriatric Patient); Richard Irons, M.D., Associate Medical Director

of Talbott Marsh Recovery Campus in Atlanta (Sexual Difficulties in Medical Practice); and John Killian, M.D., Pediatric Orthopedics, Children's Hospital of Alabama (Common Orthopedic Problems in Children).

To receive a "Grand Rounds" calendar, contact the CCHS Continuing Medical Education Committee, Box 870326, Tuscaloosa, Alabama 35487-0326. (205) 348-0093.

New Librarian Joins Health Sciences Library



Helvi McCall, M.L.S.

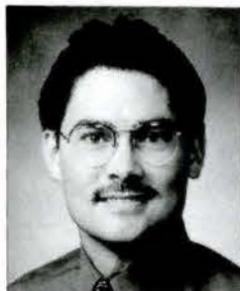
Helvi McCall, M.L.S., joined the faculty as Assistant Professor and Medical Information Services Librarian in the Health Sciences Library (HSL) during December. Ms. McCall is a native of Estonia and lived in Australia as a child. She immigrated to St. John, New Brunswick, and has lived in Toronto for some twenty years. She earned a B.A. in Political Science and Economics from Dalhousie University and B.L.S. and M.L.S. degrees from the University of Toronto.

Since 1982, Ms. McCall has served as the Coordinator of Library Services at Scarborough General Hospital in Toronto. Scarborough is a teaching facility for Family Practice affiliated with the University of Toronto. At Scarborough, Ms. McCall worked closely with the faculty to develop the book and journal collection to support Family Practice teaching. She implemented the CD-ROM search service using CDPlus software (the same software used here) and developed training programs for faculty, residents, students, and staff.

"Ms. McCall's experience in planning and providing state-of-the-art library services with focused training programs equips her well to expand and improve the Health Sciences Library's information services," said Lisa Russell, Director of the HSL. Ms. McCall may be reached at the Library, (205) 348-1364.

Auburn Pharmacy Faculty Based at CCHS Have Dual Teaching Responsibilities

Two faculty positions at CCHS, one new this year, are funded by the Auburn University School of Pharmacy. Dr. Dan Rodman, CCHS Clinical Assistant Professor and Pharmacotherapy Section Chief for the Department of Family Medicine, joined the CCHS faculty in 1992. Dr. Tracy Johns joined the Internal Medicine faculty as Clinical Assistant Professor last summer. Both Dr. Rodman and Dr. Johns are Assistant Professors of Pharmacy at Auburn University, based at the University of Alabama School of Medicine, Tuscaloosa Program (UA College of Community Health Sciences) with teaching responsibilities at both schools. The arrangement benefits medical education here by providing a pharmacology component and helps Auburn University School of Pharmacy by providing an inpatient/outpatient site for clinical rotations by pharmacy students.



Tracy Johns, Pharm. D.

Tracy Johns, Pharm.D., was awarded his Doctor of Pharmacy degree in 1991 from the University of Florida. He then completed a residency in Adult Internal Medicine Pharmacotherapy at Florida Hospital Medical Center in Orlando, Florida. He has made pharmacotherapy presentations to family practice residents and attending physicians, nurses, and other health professionals in continuing medical education conferences. He is a member of the American College of Clinical Pharmacy and American Society of Hospital Pharmacists.

Dr. Johns participates in hospital rounds and consults on general pharmacotherapy. That is what he describes as one primary function of his three-part role at CCHS. His many educational responsibilities are a second major area, he said. He provides education to medical residents and students from CCHS and to pharmacy students from Auburn assigned here for clinical rotations. His third role he defines as scholarly activity in collaboration with CCHS faculty. He expects to be involved with departmental research on evaluation of problem-based learning methods and outcomes assessment.

Cardiovascular pharmacology and therapeutics and pharmacotherapy for HIV sero-positive patients are Dr. Johns' special interests. Research findings in these areas will affect patient care and prescribing habits of the medical community.

Dr. Johns and his wife Stacey, who graduated from the University of South Florida in Tampa in elementary education, moved to Tuscaloosa in July. They enjoy outdoor activities such as biking, hiking, and camping. They are expecting their first child in May.

Dan Rodman, Pharm.D., B.C.P.S., earned his doctoral degree in pharmacy at the University of Michigan and completed a clinical pharmacy residency at Duke University Medical Center. He is a Board Certified Pharmacotherapy Specialist. He consults with attending physicians and residents about patients he sees with them on hospital rounds and at the Capstone Medical Center Clinic, and he teaches medical students at CCHS and pharmacy classes at Auburn. He also



Dr. Dan Rodman (right) and his fiancée Traci greet guests at the CCHS Christmas Party.

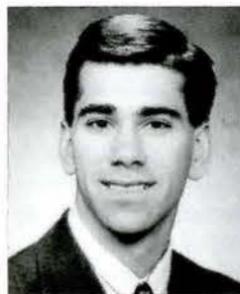
serves as preceptor to baccalaureate and doctor of pharmacy students from Auburn on rotation in Tuscaloosa. "There has been an explosion of different medicines and new drug therapies in recent years," said Dr. Rodman. "Our role is to augment M.D. services and provide up-to-date information to the medical team about pharmacotherapy, much as Margaret Garner provides consultation to doctors and their patients about nutrition." During this interview, he was interrupted by a call from his roommate, third-year resident Jeff Parker, M.D., asking advice about fluid levels and related problems in a patient he was treating for a gastrointestinal problem.

Dr. Rodman hopes to establish a pharmacotherapy clinic that doctors can refer patients to when they need close monitoring, are taking several drugs which may interact, or are simply noncompliant in following directions for use of a drug. Dr. Rodman has done extensive research and has numerous published articles and presentations to his credit. His special interests currently, he said, are pharmacokinetics (how the body absorbs drugs and how drug levels affect body organs) and infectious disease therapy.

He is also working with other family medicine faculty in research projects. He and Dr. Jerry McKnight are studying how prolonged use of ulcer drugs may correlate with vitamin B-12 deficiency, neurological problems, and anemias. He is also launching a study to compare prescribing habits of residents in family medicine clinics.

Dr. Rodman, a pitcher for the Capstone softball team, plans to marry early this year. His fiancée, Traci Rice, attended the University of North Carolina and will be transferring to The University of Alabama.

Adverse Drug Reactions More Common in Older Patients



Dan Rodman, Pharm. D.

Older patients have adverse drug reactions more often than other adults, said Dr. Dan Rodman in a CCHS continuing medical education conference lecture during Geriatrics Week in November. A study of general medicine patients at Johns Hopkins Hospital showed that patients age 41-50 years had adverse reactions to medication 11.8% of the time while patients age 80 and up had adverse drug reactions in 24.9% of the cases reviewed.

These findings and other research on the use of medications in elderly patients, particularly a survey of 6,171 community-dwelling patients over age 65 in New England, indicate that some drugs are inappropriate for the elderly, said Dr. Rodman. (See chart of medicines which are not recommended for older patients at the end of this article.)

According to Dr. Rodman, the most commonly prescribed of the contraindicated medicines are dipyridamole, propranolol, propoxyphene, methyl dopa, amitriptyline, diazepam, chlorpropamide, and chlorthalidone. (Wilcox, SM. JAMA 1994; 272:292-6.)

As people age, there are pharmacokinetic changes in G.I. absorption, renal vs. nonrenal clearance, volume of distribution, and elimination half-life, said Dr. Rodman. These changes affect how the body absorbs and eliminates the drugs. Though most absorption effects may not be clinically significant, he said, "bioavailability may be increased for high liver-extraction drugs (i.e., propranolol)." Other changes as the body ages, such as fat content (increases), intracellular water (decreases), and lean body mass (decreases), can have significant effects on both water soluble (polar) and lipid soluble (nonpolar) drugs.

Combinations of drugs are also a concern when treating the elderly since their sensitivity to medications changes as they age. Many can contribute to confusion, depression, or memory loss in older patients. Diagnosis and treatment of drug-induced psychological problems may best be accomplished by withdrawing suspect medication(s) and monitoring closely and then adding them back one at a time to observe side effects. Patients or their caretakers must be able to observe and report accurately on possible reactions to drugs.

Inappropriate Drug Prescribing in the Elderly Community-Dwelling Elderly

- Survey of 6171 patients age 65 years old or older
- Targeted use of medications deemed inappropriate in the elderly:
 - long acting benzodiazepines
 - meprobamate
 - amitriptyline
 - indomethacin (acute Gout, Reiter's, AS allowed)
 - chlorpropamide
 - propoxyphene
 - dipyridamole (except in artificial heart valves)
 - muscle relaxants
 - propranolol
 - methyl dopa
 - reserpine

Wilcox, SM. JAMA 1994; 272:292-6.

Lister Hill Society Supports Goals of CCHS

The Lister Hill Society of The University of Alabama is an affiliate organization of the College of Community Health Sciences, the Capstone Foundation, and the Capstone Medical Center in Tuscaloosa, Alabama. The purpose of the organization is to advance education, research, and service in family and community medicine, and to assist in improving the quality of health care in Alabama and in the nation.

"The Society is named in honor of the late Senator Lister Hill of Alabama, whose leadership on behalf of medicine, medical education, and health care has brought lasting distinction to the State of Alabama and to his alma mater, The University of Alabama," said Dr. Lorin Baumhover, CCHS Development Officer.



Vicki Cox (left) and Dr. Lorin Baumhover, CCHS Development Officer, discuss plans for the Lister Hill Society, which supports the goals of CCHS in medical education.

Alabama Congressman Lister Hill, known as the nation's "Mr. Health," served eight terms in the House of Representatives and more than thirty years in the Senate. He authored the Hill-Burton Hospital and Health Center Construction Program, which has provided money to build thousands of hospitals and clinics.

In January, 1975, at the inauguration of the Society bearing his name, Senator Hill said, "The great majority of my years have been spent in public service—much of that service in the field of medicine and health care. I sincerely hope the Lister Hill Society will give many more years of service

to the task of healing mankind's body and mind . . . Medical education is the seed from which will spring a new day for the people of Alabama."

Senator Hill's speech echoes the sentiments of the members of the Alabama legislature who established the College of Community Health Sciences specifically to address the need for practicing physicians in small towns and rural areas. Although the College is state supported, it was obvious from the beginning that additional support from private sources would be needed if the College's goals were to be achieved, said Vicki Cox.

The Lister Hill Society was designed to link health and medical leaders, especially alumni of The University of Alabama, directly with the College, its medical education program, its family medicine residency, and the Capstone Medical Center. Society members were asked to give the College the benefit of their individual and collective advice; to sponsor meetings between Society members and University administrators for an exchange of objectives and plans; to provide a continuing source of funds to assist the College in carrying out its mandate to secure health care for small communities; and to recognize devoted supporters.

The purposes and goals of the Society and the College have remained the same, but specific needs have changed over the years. Current major areas of need are scholarships, the establishment of endowed chairs and professorships, and capital funds to construct an adequate patient care facility on the UA campus. A portion of your membership dues will be used to absorb the cost of prescription medication to indigent families.

The Lister Hill Society offers six classes of membership: Corporate, \$10,000 and more; Life, \$5,000; Benefactor, \$1,000; Patron, \$250; Sustaining, \$100; and Active, \$50. For additional information and membership cards, please contact: Vicki Cox, College of Community Health Sciences, P.O. Box 870326, Tuscaloosa, Alabama 35487-0326, or call: (205) 348-0093.

Lister Hill donors during the past fiscal year:

American Medical Association	Roland Ficken	Robert Pieroni
Jon Anderson	Robert Gloor	Charles Pitt
Lee Badger	Johnstone Hollis	William Rainer
Phillip Bobo	S. Catherine Huggins	Elizabeth Rand
Bristol-Myers	Richard Kendrick	Catherine J. Randall
John Burnum	John Mantle	Lisa R. Russell
George Carlson	E. John Markushewski	Richard O. Rutland, Jr.
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Elizabeth Cockrum	John Maxwell, Jr.	John P. Summerford
Wilmer Coggins	Grover Murchison, Jr.	James P. Temple
Kenneth Courington	Charles Nevels	James H. Thomas
Jerry Davis	William Owings	Wilson L. Tucker
Camille Elebash	James R. Phifer, Jr.	John R. Wheat
Sohrab Fallahi		

CCHS Faculty Activities

Cathy Gresham, M.D., and James R. Philp, M.D., Department of Internal Medicine, presented information at the 1994 Generalists in Education Conference in Boston, Massachusetts, in October. They discussed the application of problem-based learning (PBL) methods in a third-year Internal Medicine clerkship on a busy inpatient service. Their presentation was part of a special three-hour forum in which they helped lead panel discussions following each presentation.

Dr. Philp also spoke at the Tricennial McMaster Conference on Problem Based Learning in Ontario, Canada, last summer. His topic was "A Fair Essay Examination for a Problem Based Curriculum" during the Student Evaluation Session. He pointed out that evaluations must be "designed so as to reward both group interactions and individual diversity in learning" and that "competent clinicians operate from different preferred constellations of knowledge and clinical and personal skills." These may all be excellent, though different, and it is a challenge for faculty to reliably "evaluate students' ability to express themselves logically and succinctly in writing."

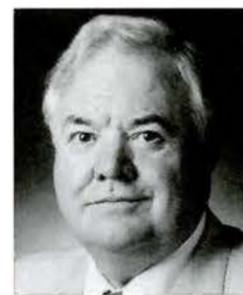
Margaret Garner, M.S., R.D., L.D., Assistant Professor of Family Medicine and Clinical Nutritionist, represented the American Dietetic Association (ADA) at an international seminar on the future of nutrition held in October in Monterey, Mexico. Mrs. Garner was the keynote speaker for "The Future of Nutrition: A Nutri-



Nancy J. Rubin, Psy.D., displays poster on "Standardized Patient" Study.



Cathy Gresham, M.D.



James R. Philp, M.D.



Margaret Garner

tionist's Commitment for the Twenty-first Century." At the request of the ADA president, Mrs. Garner also explored the possibilities for developing professional dietetic contacts which could eventually result in formation of a North American Dietetics Alliance that would mirror the North American Free Trade Agreement (NAFTA) geography. This could extend what is now a strong collaboration between Canadian and U.S. dietetic associations to encompass their Mexican counterpart.

Lorin Baumhover, Ph.D., Professor of Behavioral and Community Medicine and Director of the Center for the Study of Aging, has been named to the American Bar Association's Commission on Legal Problems of the Elderly - Delphi Study 1994-95. Dr. Baumhover is a member of the Board of Directors for the Alabama Gerontological Society, the Southern Gerontological Society, and the National Committee for the Prevention of Elder Abuse and Neglect. He is also on the Editorial Board for the *Journal of Health and Human Resources Administration*, the *Journal of Applied Gerontology*, and the *Hong Kong Journal of Gerontology*. He chaired a committee of the Governor's Special Commission on Elder Abuse in 1994.

Nancy J. Rubin, Psy.D., Assistant Professor/Psychologist, Department of Psychiatry, and Elizabeth Philp, M.D., Associate Professor of Family Medicine, made a poster presentation in Boston, Massachusetts, on October 31 at the Thirty-third Annual Research in Medical Education (RIME) Conference held concurrently with the annual conference of the Association of American Medical Colleges. Their topic was "The Effect of Being a Standardized Patient on One's Own Health Care." This is the first study of its kind with simulated patients, who are trained to act as patients with specific symptoms. Rubin and Philp concluded that participation as a simulated patient can impact the "pretend" patients' perceptions of their

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Aging Trend Brings New Considerations

Extended life expectancy is a major public health achievement of this century. As the population ages, it is important to consider the associations between well-being and lifestyle and the implications for disease prevention in the elderly.

DEMOGRAPHIC TRENDS

The U.S. population aged 65 and over has been increasing rapidly both in numbers and as a proportion of the total population. This is attributable both to the decline in mortality and to the fall in fertility.

The dramatic nature of the changes involved are displayed in three now familiar population pyramids. (See below.) The 1950 pyramid shows a fairly traditional population structure with the largest population group comprising children under age 5. The 1989 pyramid shows effects of the "baby boom" generation (in the post World War II years) and the "baby bust generation" which result in a population structure with a narrower base and with increasingly large percentages of the people in the higher age groups. To update this pyramid to 1994, one need only visualize the bulge occurring in the next higher age group. Demographic projections for 2030 are shown in the last pyramid. The increasingly rectangular shape of the figure results from:

- (a) the aging "baby boom"
- (b) increasing life expectancy
- (c) continued low fertility rates

The number and proportion of the total population of the elderly (people 65+) have increased in this century:

- 3 million in 1900 (4%)
- 9 million in 1940 (7%)
- 25 million in 1979 (11%)
- 32 million in 1990 (12%)

And this trend will increase. Based on current mortality trends: the Americans over age 65 in 2020 will comprise 18% of the population, and by 2050, the 69 million elderly will make up 23% of the population.

Embedded within this picture is a disproportionate increase in the size of the "oldest old" population (those 85+). Between 1990 and 2030, this group will more than double in size. By 2050 it will number more than 15 million (5% of the total population). This trend has important implications for health care professionals, as we shall see later.

Another important demographic trend is the increasing proportion of the elderly who are female (the result of a life expectancy advantage for women).

- In 1940, there were 95 males for every 100 elderly females aged 65+.
- In 1980, there were only 70 males for every 100 females.
- By 2000, there will be 65 males for every 100 females.

The growth of minority elderly exceeds the growth of the entire older population. Currently the proportion of the elderly who are members of racial/ethnic minorities is about 15%. By 2050, 1/3 of the 65+ population will consist of minorities.

This "graying of America" has important economic and social policy implications, already putting demands on local, state, and federal social welfare systems and on health care systems. Thus, the importance of fully understanding the health status, resource utilization patterns, cost of care, and needs of special segments of the older population cannot be overstated.

MORTALITY

There has been a remarkable decline in mortality among the elderly since 1940. Between 1950 and 1985, the mortality rate for persons 65 and older decreased by about 35%. The decline in mortality was greatest for women aged 65 to 74 and for women 75 to 84 in whom it decreased almost 40%; among men aged 65-74, the decline was only 23%. Nevertheless, death rates from all causes increase with age. In 1988, deaths per 1,000 rose from 27.3 deaths among persons aged 65-74, to 63.2 for those 75-84, to 155.9 for those 85+.

Life expectancy, along with low birth rates, contributes to the growth of the elderly population. Prior to about 1950, almost all increase was due to improved childhood survival—particularly survival from infectious diseases. Life expectancy at age 65 changed very little. Since then, however, most of the increase is due to improved survival from chronic diseases which generally occur near the end of life, with the result that the life expectancy at age 65 has increased steadily.

Currently, life expectancy at birth for women is about 80 years and for men it is about 72 years; in 2050 projected life expectancy at birth for women is 84 years and for men it is 76 years.

Chronic diseases are the major causes of mortality in the elderly. In fact, 7 of every 10 elderly persons die from heart disease, cancer, or stroke.

- Heart disease is the most common cause of death in the elderly, with a mortality rate of about 2.1 per 1,000 for all people 65+.
- Heart disease mortality increases with age within the elderly population (1 per 1,000 @ 65-74; 2.5 per 1,000 @ 75-84; 7.1 per 1,000 @ 85+).
- Mortality is higher for elderly men than for elderly women, with white males at highest mortality risk among sex-race groups.

Cancer trends:

- Cancer is the second leading cause of death in the elderly, with a mortality rate in 1988 of about 2.1 per 1,000
- Among older women, during the same period, cancer rates have declined or remained stable, while rates among men have risen.
- Lung cancer is the leading cause of cancer mortality among males aged 65 to 84; while cancer of the genital organs, primarily the prostate, is the leading cause among males 85+.
- Lung cancer is also the leading cause of cancer mortality in women aged 65 to 84; although breast cancer is a close second. Among women over the age of 84, colon cancer causes the most deaths.

Cerebrovascular disease

- Stroke is the third leading cause of death overall in the elderly.
- Among those 85 and older, it is the second leading cause of death.
- Stroke mortality has declined dramatically over the past 30 years and, although the reasons are not fully understood, improved diagnosis and control of hypertension are believed to be important contributors. Improved management and rehabilitation of stroke victims probably also play a role.

To give some idea of the relative contributions of these diseases to life expectancy:

- Elimination of all heart disease mortality would add about 5 years to life expectancy; and
- Elimination of all cancer deaths, less than 2.

Other "top ten" causes of mortality among the elderly include: Chronic Obstructive Pulmonary Disease (COPD), Pneumonia and Influenza, Diabetes, Accidents, Atherosclerosis, Kidney diseases (nephritis, nephrotic syndrome and nephrosis), and Septicemia

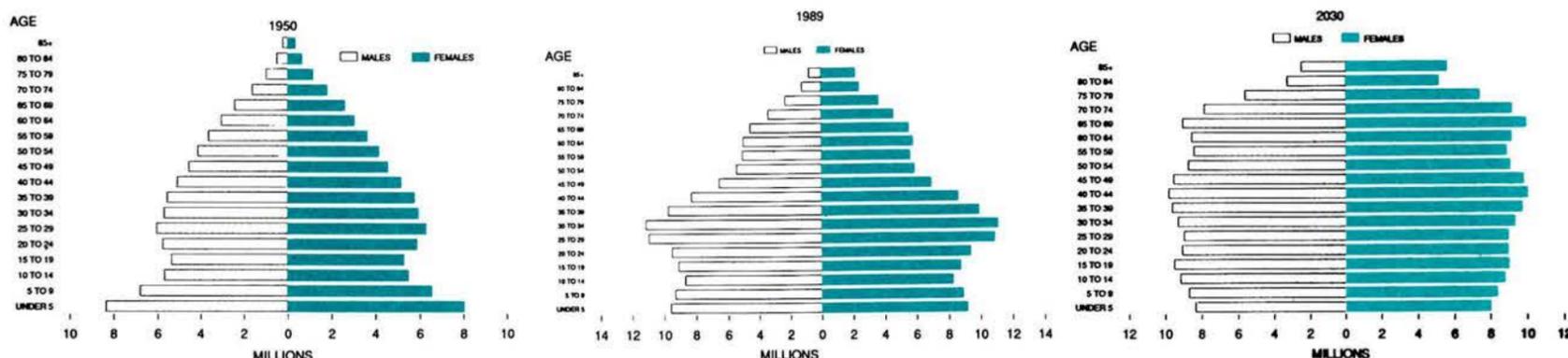
HEALTH & MORBIDITY

Contrary to popular opinion, a large majority of older people living in a community setting view their health as good to excellent compared with other people their age. Income, but not age, is related to this perception: about 26% of older persons with annual incomes over \$35,000 view their health as excellent; while only 10% of those with incomes under \$10,000 reported excellent health.

Findings from the 1985 National Health Survey indicate that the elderly also take better care of their health than the non-elderly. They are less likely to smoke, drink too much, or be overweight. The elderly are more likely to get sufficient sleep and eat breakfast. They also are less likely to eat between meals.

The elderly, however, are less likely to exercise regularly than non-elderly (27% vs. 44%). While about 40% of both groups report walking, few elderly engage in heavier exercise, such as running.

U.S. POPULATION, BY AGE AND SEX: 1950, 1989, AND 2030



SOURCES: U.S. Bureau of the Census. "Estimates of the Population of the United States, by Single Years of Age, Color, and Sex: 1900 to 1959." *Current Population Reports Series P-25*, No. 311 (July 1965).
 U.S. Bureau of the Census. "Projections of the Population of the United States, by Age, Sex, and Race: 1988 to 2080," by Gregory Spencer. *Current Population Reports Series P-25*, No. 1018 (January 1989).
 U.S. Bureau of the Census. "U.S. Population Estimates, by Age, Sex, Race, and Hispanic Origin: 1989," by Frederick W. Hollman. *Current Population Reports Series P-25*, No. 1057 (March 1990).

Need for Elder Care Increases

Over 4 million people aged 65 and over have some difficulty performing basic activities of daily living (ADLs) such as eating, bathing, walking, toileting, dressing, getting in/out of bed or chair, going outside.

ADL independence is strongly associated with ability to live independently. The number of elderly who are incapable of independent living will increase substantially in the next 25 years.

When assistance is needed, informal sources (particularly family members) provide the bulk (up to 80%) of care to older people. Although the burden of providing such care most often falls on one individual, and often for an extended period of time, a variety of informal caregivers may provide some measure of assistance.

Daughters are the single most common source of caregiving assistance, serving as primary caregiver 29% of the time; wives are most often the primary caregiver for older men (23% of all caregivers).

Despite this optimistic picture, 4 out of every 5 people aged 65 and over, have at least one chronic condition, and multiple chronic conditions are common, especially among older women.

The most common conditions, as shown here, are:

- Arthritis is reported by 48% of all older persons.
25% of those 45-64;
44% of those 65-74; and
56% of those 85+
- Hypertension—about 40%
- Hearing impairment, especially high frequency hearing loss—1/3
- Heart disease—1/3

Although not among the most common chronic conditions, other chronic problems also cluster among the elderly. Of particular note are:

- Senile dementias (affect an estimated 10% of persons 65+)
- Incontinence
- Osteoporosis

The elderly use health care resources at a rate that is much higher than the non-elderly. On average, people 65+ visit a physician 8 times per year, as compared to 5 visits by the general population. They are hospitalized over 3 times as often as the younger population, stay 50% longer when hospitalized, and use TWICE as many prescription drugs.

Eighty percent of older persons make at least annual visits to physicians in their offices or clinics. Most of those visits are to physicians in general/family practice (30%) or to internists (20%). Visits to surgeons and subspecialists are much less common. When older persons visit a physician, they often are prescribed drugs. Approximately 52% of such visits result in one or more prescriptions. Concern about appropriate medication of the elderly has been the topic of a number of recent articles in medical journals and is discussed in this newsletter on page 3.

Elderly persons account for over 1/3 of all health care expenditures. Health care utilization and expenditures are greatest in the last year of life and among persons over 80.

In summary, older people are beginning to benefit from our growing knowledge of the distribution and determinants of health and disease in the older population. For example, a direct outcome of epidemiologic findings is the dramatic decline in heart disease and stroke in the last five decades. However, much remains to be learned about preventing morbidity and disability in the older population.

Accomplishment of the objective of improving quality of life for an increasingly older population remains a goal for epidemiologic researchers, public health practitioners, clinicians, and all health care professionals.

-S. Colleen Beall, D.P.H.
CCHS Center for the Study of Aging

The Center For The Study of Aging at The University of Alabama

The Center for the Study of Aging at The University of Alabama is located within the College of Community Health Sciences (The University of Alabama School of Medicine - Tuscaloosa Program). The Center serves as the focal point for multi-disciplinary education, research, and service activities in gerontology.

A variety of educational opportunities for students with interests in gerontology is provided at The University of Alabama. Coursework is designed to prepare professionals for careers in gerontological research, administration, social services, policy development, health promotion, and education.

The Center for the Study of Aging was established in 1971 as an all-University center with affiliated faculty from several disciplines across campus. Since 1975, the Center has offered a graduate certificate in gerontology for individuals working in colleges and universities, in planning, and in direct service agencies for older adults. Program goals are to increase cognitive knowledge and to improve practice skills in gerontology. Students are required to complete 15 semester hours in social gerontology, policy, health care, and research. Individuals may enroll in the program as regular, non-degree, or transient graduate students and take classes on a full-time or part-time basis.

In conjunction with affiliated academic departments, the University established an interdisciplinary doctoral minor in gerontology in 1975. Doctoral students enrolled in any course of study may elect to complete this minor pursuant to approval by their major department. Normally, the minor consists of 12 hours of graduate coursework in gerontology. This option has been most attractive to students in social work, counseling, human development, health education, and human resource management.

The Center works closely with the School of Social Work in its concentrations in gerontology at the undergraduate and master's levels. Center staff also are actively involved in preparing and teaching classes to medical students in the College of Community Health Sciences and to students representing different disciplines in the graduate certificate program. In addition, advanced undergraduates, graduates, and others throughout the University may enroll in courses offered through the Center.

The Center maintains an ongoing research program intended to provide answers to questions concerning

- The characteristics and needs of older persons in Alabama.
- The provision of community-based systems of long-term care as alternatives to institutional long-term care.
- The characteristic needs and service utilization of aging, developmentally disabled individuals and their caregivers.
- The interactions of psychosocial and environmental factors in the detection, prevention, and treatment of elder abuse.
- Understanding and alleviating stress on family and professional caregivers of the elderly.
- The impact of gerontological education programs on knowledge and attitudes of program participants.

Since the investigation of these questions involves content areas from many professional and disciplinary perspectives, most research projects are undertaken as collaborative efforts. The Center has established linkages between University-based researchers and agency-based personnel for conducting both basic and applied research on older persons. Faculty affiliated with the Center are involved in a wide variety of age-related research activities. Included are faculty from the disciplines of psychology, social work, nutrition, human development, internal medicine, family medicine, nursing and criminal justice.

The results of research activities are made available through meetings of professional associations, published monographs, and articles in refereed journals. The goal of all such research efforts is to provide information with practical applications to the service community in order to improve programs and services for older people.



Center for the Study of Aging staff pose at the front door of Nott Hall: (L-R) John Gillum, Dr. Colleen Beall, Volunteer Coordinator Judy Wilhite, Betty Smith, Camella Mayfield, and Dr. Lorin Baumhover, Director.

In addition to regular educational courses, the Center provides information designed to increase awareness of the needs of the aging and to develop policies, programs, and services for meeting those needs. Since 1971 the Center has provided

- Short-term training to health-care and social-service personnel in both public and private sectors.
- Technical assistance and consultation to University departments; educational, health, and social service programs in Alabama; and regional and national groups. The Center was instrumental in the formation of the Governor's Task Force on Elder Abuse, which is developing and recommending policies to prevent elder abuse.

Continued on page 8

PROFILES



Travel has been a favorite pastime for Fran Snyder and her husband Pete (Arthur Snyder, M.D.) Pictures from their travel albums were made in Athens, Greece (above), by the Aegean Sea (top left), and skiing at Lake Tahoe (top right).

Profiles

Volunteers who serve on the CCHS Capital Campaign Steering Committee are working to raise \$6 million to endow permanent chairs and professorships for medical faculty at the University of Alabama School of Medicine, Tuscaloosa Program. The CCHS campaign is part of "The Campaign for Alabama," the most ambitious private fund-raising effort ever launched at The University of Alabama, one aimed at putting the Capstone in the top ranks of higher education.

In this issue, *On Rounds* profiles Fran Snyder of Tuscaloosa. She and her husband Pete, who chairs the committee, have worked hard to help CCHS raise funds to improve medical education.

STEERING COMMITTEE

Arthur Snyder, M.D., Chair
Tuscaloosa, Alabama

Jon Anderson, Tuscaloosa
James Beard, Birmingham
Camille Elebash, Tuscaloosa
Jimmy Faulkner, Bay Minette
Roland P. Ficken, Ph.D., Tuscaloosa
James Ford, Tuscaloosa
Howard Gundy, Ph.D., Tuscaloosa
Henry Hoffman, Ph.D., Birmingham
Robert H. Kirksey, Carrollton
Perry Mathews, Jasper
Victor Poole, Moundville
Earl Robertson, M.D., Huntsville
L. E. Rockwell, Jr., M.D., Daphne
Stephen W. Row, M.D., Gadsden
William R. Shamblin, M.D., Tuscaloosa
Albert Grayson Simmons, M.D., Monroeville
Herbert Stone, M.D., Daphne
Fran Snyder, Tuscaloosa
Felix Tankersley, M.D., Montgomery
Dudley J. Terrell, M.D., Ozark
Cynthia F. Thomas, Tuscaloosa
James H. Thomas, M.D., Tuscaloosa
Dale Trammel, M.D., Decatur
Robert L. Yoder, Jr., M.D., Florence



Granddaughter Hillary (then age 6) reads to Fran.

Fran Snyder

A Tireless Volunteer Takes Up CCHS Cause

If you ask Fran Snyder why she is on the Steering Committee to raise money for the College of Community Health Sciences, whose mission is training and placing family physicians in underserved areas, she will tell you that she knows the importance of having good primary care doctors in rural areas from personal experience. "I have seen the need first hand—growing up on a farm in Mississippi, being a doctor's wife in a small town in Pennsylvania, and raising three children in Dale County, Alabama." And that, of course, is true.

But her husband, Pete, who chairs the Committee, will tell you what else is true. "She is better organized than I am. She would say 'Don't you need to get this done by Monday?' or 'Don't forget to call whoever I was supposed to contact,' and my reply finally was, 'Why don't you just be on this Committee?'" said Dr. Snyder. "Fran encouraged me to take this on, but she is the one who gets things done in this family!" So he drafted her, and she has worked for CCHS with the same commitment and energy she has devoted to getting her master's degree in social work (commuting from Ozark to Tuscaloosa for two years), working with abused and neglected children, and managing her "unpaid social work" volunteer activities—the Mental Health Association, Operation Warm-up (providing shelter for homeless people), Meals on Wheels, and the West Alabama Food Bank.

"I grew up on a little farm in Mississippi," says Fran, "the oldest of five daughters. When my father finally despaired of getting a son to help him on the farm, we moved to the Gulf Coast." She graduated from Gulfport High School and went to Gulf Park College for two years. While she was there, she met Pete on a blind date arranged by their two best friends.

Pete was a paratrooper in the Army at Fort Campbell and home for the holidays. "We met one New Year's Day and married the next New Year's Day," she says. She and Dr. Snyder shared a smile as she remembered his hitchhiking home to see her and having to get back by 5:00 a.m. Monday for reveille.

After Pete got out of the Army, they moved to Tuscaloosa where Pete completed his college degree and Fran went to work at the University's Psychological Clinic. She worked with Dr. Margaret Quayle, director of the Clinic and a colorful University figure. "She adopted Polish orphans after World War I, for example, and she was a profound influence on my life," says Fran, who finished her sociology degree at UA before they moved to Birmingham for Pete to attend medical school. She became a social worker for a private agency in Birmingham, working with dependent, abused, and neglected children.

"I worked until the day I went into premature labor with my first child," she said. "He was under four pounds, needed blood transfusions, and we really didn't know if he was going to make it."

After medical school and an internship at Carraway in Birmingham, the Snyders with baby Scott moved to Rochester, Minnesota, where Pete finished up as Chief Resident in Surgery at Mayo Clinic. They had two more children—Jenny and Steve—and "Pete was so busy I had to find someone to take me home from the hospital after Steve was born," she says.

They moved to Danville, Pennsylvania, where Pete went into a surgical practice at Geisinger Clinic, "a huge medical center and a very small town," says Fran. "And I spent the next fifteen years being a doctor's wife, doing volunteer work, helping League of Women Voters and other 'worthy causes.'"

The Snyders decided to come back to the South to raise their family, and they settled in Southeast Alabama in Ozark, near Dothan. Pete opened a one-man surgical practice, and Fran says "he worked all the time, and I was room mother, Cub Scout den mother, Sunday School teacher, and all those things." They stayed in Ozark until all three children had graduated from high school. Fran served as President of the Dale County Heart Association and her Chapter was #1 in the state during her tenure.

Fran said she "got restless as the children grew older," and she opened a "designer clothes at discount" shop with a friend in an old house. She later decided to get her master's degree and commuted to Tuscaloosa from Ozark to complete her coursework for an M.S.W. It gave her a chance to renew Tuscaloosa ties, she says, and was a factor in their decision to move to Tuscaloosa after Steve finished high school and got ready to start college at The University.

"Steve was teased by a speaker at one of the graduation events as being the only kid in class who was going off to school and taking his parents with him!" remembers Fran.

Pete started a surgical practice and took on faculty responsibilities at CCHS, and she worked for a year as a medical social worker at the hospital in Northport. But she gave that up as family responsibilities increased. The Snyders moved Pete's parents to Tuscaloosa and helped to care for the premature baby born to their son Scott and his wife, who lived with them at that time. Fran's granddaughter Hillary came home from the hospital with a heart monitor and required continuous care.

Hillary is now a lively 7-year-old and visits her grandparents often. The Snyders' sons Scott and Steve live in Tuscaloosa, and their daughter Jenny is a poet and teacher living in Tucson, Arizona. Fran proudly displays a book of Jenny's poems which Scott, who is getting a master's degree in Book Arts, has bound for her. Now that Dr. Snyder has retired from his surgical practice and his part-time position as Discipline Chief of Surgery at CCHS, the Snyders will have more time and opportunity to travel, which they enjoy almost as much as golf (Pete) and tennis (Fran)!

"But with health care reform coming—and it is inevitable—we must be prepared to send out well-trained primary care doctors. So I'm sure we'll be busy helping with this campaign. We've been amazed at the many ways there are to contribute," she said. "We hope that many Alabamians and others who care about health care will realize the importance of good doctors in small towns, especially family physicians. I have seen the need first hand, and I think it's important to help CCHS improve medical education here for primary care physicians. They are going to be needed more than ever."

-Linda Jackson

CCHS FACULTY (continued from Page 4)

own health care. The impact is different depending on the individual's medical history and prior experience as a simulated patient. A longitudinal study, funded for five years by CCHS, will explore the differences in impact. "We expect that standardized patients will become better consumers of medical care," said Dr. Rubin.

"We think that simulated patients who have experience with more doctors than the average healthy patient will begin to use different criteria in choosing their own doctors," said Dr. Philp.



Paul Mozley, M.D.

Dean Roland Ficken and Dr. Paul Mozley, chairman of Obstetrics/Gynecology at CCHS, also made presentations in Boston—at the Association of American Medical Colleges (AAMC). Dr. Mozley presented "Obstetrics and Gynecology in the Community Setting" at the Clinical Campus Deans Meeting, and Dean Ficken was a panel member with Deans and Medical Directors from New York City and the University of Kansas discussing "Compensation vs. Costs for Ambulatory Teaching."



CCHS faculty members also made poster presentations in November at the Society of Teachers of Family Medicine conference in Orlando. Elizabeth Cockrum, M.D., and Elizabeth Philp, M.D., presented results from their study of Asthma Education.

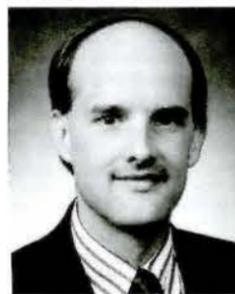
"Using the OSCE model we were able to directly assess the clinical counseling skills of examinees in providing patient education on new advances in management of asthma," said Dr. Cockrum. Ability to communicate with patients,



Elizabeth Cockrum, M.D.

an important asset for primary care providers, was graded high for all participants, she said.

"Overall knowledge of state of the art management of the asthmatic patient can be improved," said Dr. Philp. "Educating colleagues about new therapies requires enthusiastic advocates who disseminate the latest information," she added. During the study there was a marked reduction in hospitalization for acute diabetic complications, a finding which may be significant in the present climate of cost containment.



Keith DeBell, M.D.

effective way to educate patients about self-care behaviors.

Dr. James Leeper, Professor and Chair of Behavioral and Community Medicine, received the Statistics Section Award of the American Public Health Association (APHA). He was also appointed chairman of the Program Development Board for APHA. Dr. Leeper presented a cost-benefit analysis on interdisciplinary training at the 16th Annual Interdisciplinary Health Care Team Conference in September.



Dr. James Leeper

Editor's Note: Miriam Bradley, Director of Medical Records at Capstone Medical Center, was installed as President of the Medical Group Managers Association - Tuscaloosa Chapter for the 1995 year.

AGING (Continued from Page 6)

- Conferences to improve knowledge among service providers and policy makers in key areas affecting the elderly population. During the last four years, the focus of many of these projects has been on elder abuse prevention and treatment. Conferences are held in various locations across the state.
- Publications to facilitate information-sharing regarding issues impacting older people. The Center, in conjunction with the Alabama Commission on Aging, the Alabama Department of Human Resources, and the State Department of Public Health, produced brochures on elder abuse, older Alabamians, normal aging, and aging in the future.

The VISUAL program (Volunteers in Service to The University of Alabama) is coordinated through the Center. This innovative program provides opportunities for volunteers, most of whom are older individuals, to work in various University settings. "Their activities supplement existing University programs and provide intergenerational opportunities which may enhance the well-being of volunteers and students alike," said Judy Wilhite, who directs VISUAL.

For information, contact Lorin A. Baumhover, PhD, Director, Center for the Study of Aging, Post Office Box 870326, The University of Alabama, Tuscaloosa, AL 35487-0326. Telephone (205) 348-1345. FAX (205) 348-7685.

Philp to Head OSCE Planning Committee for UASOM



Elizabeth Philp, M.D.

Dr. Elizabeth Philp has been appointed chair of the OSCE (Objective Structured Clinical Examination) Planning Committee for the University of Alabama School of Medicine. Dennis Boulware, M.D., Chair of the Medical Education Committee of UASOM, cited her "unique experience" in OSCE organization and emphasized that her role would be "crucial" in fleshing out the details of a general OSCE policy approved by the Medical Education Committee on December 6.

Members of the OSCE Committee from Tuscaloosa include Elizabeth Cockrum, M.D., and Nancy Rubin, Psy.D. The Huntsville campus is represented by Rachelle Cassity, M.D., and Thomas Johnson, M.D. Representing the Birmingham campus are Eta Berner, Ed.D., Nathan Smith, M.D., Kirk Avent, M.D., John Kennedy, M.D., Roger Berkow, M.D., William Fulcher, M.D., and Loring Rue, III, M.D.

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The College of Community Health Sciences is a clinical branch campus of the University of Alabama School of Medicine. Authorized by Governor George Wallace in 1972, CCHS emphasizes family practice and the other primary care disciplines and provides a sound basic medical education for all medical students assigned to this campus. CCHS also trains family doctors through a three-year family practice residency program to meet the urgent need for family physicians in Alabama, the Southeast, and the nation. A primary focus of the CCHS mission is seeking solutions for rural health care problems in Alabama and the region.

OnRounds is published quarterly by The University of Alabama College of Community Health Sciences to keep alumni and friends informed of CCHS news and issues which affect this medical school and its graduates. Please send address changes and comments about the newsletter to *OnRounds*, College of Community Health Sciences, Box 870326, Tuscaloosa, Alabama 35487-0326. The editor encourages suggestions, and contributions will be included as space permits. Please contact Linda Jackson, in the Dean's office (205) 348-1350.

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