Big Country AHEC opens to serve West Central Texas

In late March, Texas Tech University Health Sciences Center and the West Central Texas Council of Governments celebrated the grand opening of a new Area Health Education Center (AHEC) in Abilene to assist in the development of the health care work force for the region.

A primary focus for the Big Country AHEC will be outreach to schools across a 28-county region to encourage students to pursue health care careers including medicine, nursing, pharmacy and x-ray technology.

“It is imperative that we generate a higher level of interest among West Texas kids in pursuing health care careers,” said Patti Patterson, M.D., vice president for rural and community health at Texas Tech University Health Sciences Center. “As many West Texas doctors and other providers approach retirement age, we are not seeing enough students in the pipeline that are willing to live in West Texas.

“The person most likely to be a doctor or nurse in a small West Texas town is a person who grew up there,” she added. “That is what AHEC is all about.”

Jim Compton, executive director of the West Central Texas Council of Governments in Abilene, said joining in partnership with Texas Tech for the program will be beneficial to the West Texas economy. “The strength of the future West Texas economy is linked to having a strong health care system,” he said. “Without sufficient health care workers, we will be disadvantaged.”

U.S. Rep. Randy Neugebauer, who attended the center’s opening, added, “The residents of many counties in this region have limited health care access, mostly because of our vast geography. The new AHEC program will focus on ensuring we have an adequate health care work force in West Texas.”

The Big Country AHEC also will address other health care professional training, said Ronnie Laurance, center director. “While introducing school kids to health careers is one of our objectives, we also will work on providing rural clinical training for current health professions students, assisting existing health professionals with continuing education and enhancing the overall health awareness of the region’s residents,” he said.

The program will have an annual budget of $200,000 funded by the Texas Tech University Health Sciences Center with a federal grant and state funds. The Health Sciences Center contracted with the West Central Texas Council of Governments to provide the services.

Counties served by the program include Archer, Baylor, Brown, Callahan, Coleman, Concho, Eastland, Fisher, Foard, Hardeman, Haskell, Jones, Kimble, Knox, Llano, Mason, Menard, McCulloch, Nolan, Runnels, San Saba, Shackelford, Stephens, Taylor, Throckmorton, Wichita, Wilbarger and Young.

The Big Country Area Health Education Center is located at 1025 E.N. 10th Street in Abilene. For more information about the services offered by Big Country AHEC, contact Ronnie Laurance at (325) 672-0432.
War’s effect on rural communities’ health care

For some of us, the war in Iraq and Afghanistan is just a news story. For many others, with relatives serving overseas, it is a daily concern while they wait for their loved ones to come home. For a few West Texas’ rural communities, the effects of the war are felt by the entire community in the loss of their regular health care provider.

One such place is Fritch, Texas. The physician assistant who has provided care in Fritch for the last eight years was called up at the beginning of March to serve in Afghanistan. Scott Gordon, PA, was the only family practice provider in Fritch. He says that he is not the only health professional—the community still has a dentist and a veterinarian. In addition to patient care, Gordon has served as the city’s health officer, which includes overseeing the community’s post-911 terrorism preparations. He is also an adjunct faculty with the Texas Tech University Health Sciences Center physician assistant program; in this role he hosts PA students who complete part of their training in Fritch.

In Gordon’s absence, John Adams, a physician assistant from Borger will provide health care services in Fritch for the duration of Gordon’s one-year stint. Gordon says that the difficulty for the community is that they lose their continuity of care. After providing care for several years in the community, he knows the families and helps with the high school football games. It will be an adjustment for Adams and residents of Fritch to get to know one another.

Gordon served in the Army for 27 years and is currently a reservist. Estimates are that 45 percent of those serving in Iraq and Afghanistan are citizen soldiers like Gordon.

While in Afghanistan, Gordon will serve on a Provincial Reconstruction Team. He will work with three medics and a platoon of infantry serving as security. Working out of the back of a humvee, he will be providing medical care to rural Afghan people, in an effort to “win their hearts and minds.”

Fritch is not the only community making-do while its provider is serving overseas. Monahans, Texas, is in a similar circumstance. While Monahans has a resident physician still providing care in the community, a key member of the health care services team has been gone since August 2004. J. Charles Speed, PA-C, is serving in Iraq for 18 months. In his absence, the community has found ways to compensate, primarily with the help of physician assistants from Fort Stockton coming four days a week and from TTUHSC filling in as needed.

“Chuck has worked in Monahans for several years and is very popular with the patients, so we are really feeling his absence,” says Colleen Beckham, administrator of Family Medical Clinic. “We see over 2,000 patients every month. With Chuck gone, our staff has had to take on a much heavier workload as well as forego some time off to keep up with our patient volume.”

Monahans has a population of about 6,500 people, but several other communities in the region are in their catchment area—the Family Medical Center treats about 25,000 patients annually.

From providing patient care in two rural Texas communities to communities in Afghanistan and Iraq, these West Texan citizen soldiers are serving their country. And the communities they left behind are eagerly awaiting their return.
An emphasis of the Office of Rural and Community Health is working with the Schools of the Health Sciences Center, the West Texas AHEC Program, and communities to develop opportunities for health professions students to gain some of their clinical training experience in rural and underserved patient care settings. In 2004, students participated in almost 700 training experiences in Health Professional Shortage Areas (a federal designation for underserved communities and populations) across the region.

Students’ time in these clinical experiences range from one day to one week for first year medical and nursing students up to four- and six-week rotations for upper level students in medicine, physician assistant, physical therapy, pharmacy, speech-language pathology, and graduate nursing programs.

“Coordinating this large volume of students through rotations within the Health Sciences Center clinics and private community practices across the region is a massive effort,” says Pam Danner, director of the West Texas AHEC Program for TTUHSC. “Each of our Schools have a need to be continually developing relationships with community health professionals as preceptors for student rotations. Until the last couple of years, they didn’t have a support mechanism for developing these relationships.” Now, the West Texas AHEC Program and its regional centers assist Texas Tech University Health Sciences Center, as well as other health professions training programs across the state, with community placements for their students.

“Hosting students in the community can be an excellent recruitment strategy for rural communities,” adds Danner. “Students get to experience the community and health care system first-hand, and the community benefits from access to students earlier in the training and recruitment process.”

In February, Texas Tech health professions students took time out of their busy study schedule to help out with a Habitat for Humanity build. At this build, the students were responsible for digging the holes and setting the posts for the fence—something that was expected to take several hours. The Habitat coordinators didn’t expect our rural students to complete the task in an hour.

The volunteer event was coordinated by the TTUHSC Student Rural Health Organization. Another build day is scheduled for late April. Texas Tech Rural Health Scholars and members of the SRHO complete several hours of community service each semester in rural and underserved communities.
Officials with Texas Tech University Health Sciences Center in Lubbock met with community and regional leaders Wednesday March 16 in Alpine, Texas, to discuss details of a proposed plan to expand telemedicine health care services in the Big Bend region.

There has been an electronic telemedicine link from Big Bend Regional Medical Center in Alpine to Texas Tech since 1990. In the past, there have also been similar telemedicine connections to Terlingua and Presidio, but they are currently inactive. The proposed new telemedicine project will establish telemedicine capability at many more locations in the region and will also utilize a new video conferencing technology which will allow Big Bend area health care providers to have 24-hour access to each other and to medical centers in Odessa, Lubbock and El Paso.

Don McBeath, director of Telemedicine for Texas Tech University Health Sciences Center (TTUHSC) told the group, “With this new system each telemedicine location on the Big Bend network can communicate instantaneously with doctors at Big Bend Regional Medical Center in Alpine. The doctors at the hospital, as well as the other locations, will also have a direct connection to the emergency room at University Medical Center in Lubbock and to the TTUHSC School of Medicine.”

McBeath added, “Eventually, there will also be a connection to Odessa Medical Center and Thomason Hospital in El Paso.”

Telemedicine is the use of live interactive video conferencing where a patient can be connected electronically to a health care provider in another location. The telemedicine system also uses special exam cameras and other medical examination devices, which allows the distant physician to examine a patient in a similar manner as if they were both in the same room.

Dr. James Luecke, who regularly uses the existing telemedicine system from the Alpine hospital, said, “The new technology and expanded system proposed by Texas Tech is very exciting. Just imagine being in remote areas of the Big Bend like Marathon and Marfa where health care is limited, yet being immediately connected via camera to several medical school campuses, top hospitals and trauma centers in the state. What an advancement!”

The purpose of the meeting, held at Big Bend Regional Medical Center, was to acquaint regional leaders and medical professionals with the details of the proposed telemedicine expansion project. Texas Tech is also seeking input from community officials to help complete the plan. Communities and sites that have been tentatively identified as possible telemedicine locations are Presidio, Marfa, Fort Davis, Lajitas Resort, Terlingua, Big Bend National Park headquarters, Marathon, and Big Bend Regional Medical Center.

Texas Tech University Health Sciences Center and area officials are hoping to secure federal funding soon for the project. U.S. Rep. Henry Bonilla, who visited the Big Bend area last August, was briefed on the developing telemedicine plan and expressed that he would work toward obtaining funding.

The cost is estimated to be $350,000 for set-up and the first year of operation. Subsequent years’ operating costs are projected at $65,000 annually. Presidio County Judge Jerry Agan said, “We know Representative Bonilla wants more advanced health care for the Big Bend and is committed to help fund this project. The citizens of the area need to encourage our congressman to do everything he can to find federal money for this project.”

The project can be fully operational within six to seven months after receiving funding.

For more information about this project, contact Don McBeath at (806) 743-1338 or don.mcbeath@ttuhsc.edu.
The ability to communicate is one of our greatest gifts, and is often taken for granted—until we experience an impairment of this ability that can affect how we learn about the world around us and interact with our family and friends. Approximately 14 million people in the United States have some form of speech or language disorder; 43 percent of them are children.

Speech-language pathologists help those who stutter to increase their fluency; assist people who have experienced brain injuries to regain lost language, speech, and swallowing skills; teach children and adolescents to use oral and written language skills needed to succeed in school; select augmentative communication devices for persons who cannot speak; and counsel individuals and families about speech and language disorders.

The speech-language pathologist (SLP) works with people of all ages—infant to elderly. While many may be surprised to hear that speech-language therapy should begin with infants and toddlers, it is important to understand that early interventions improve communication skills that impact a child’s social and educational development.

The speech-language pathologist works closely with teachers, physicians, psychologists, and rehabilitation counselors to provide treatment in a wide variety of settings, including public schools, hospitals and long-term care facilities, community clinics and private practice.

Texas Tech University Health Sciences Center offers the master and doctorate degrees in speech-language pathology. For more information about this health career field, go to www.ttuhscl.edu/sah or call Sherry Sancibrian, program director for Speech-Language Pathology, at (806) 743-3220.
Summer camps offer high school students hands-on experience in health careers

High school students can learn more about health career opportunities at three camps in West Texas this summer. The camps are geared for students who have an interest in health careers and want to learn more through shadowing experiences, seminars on the college admissions process and financial aid, and tours of area colleges and universities that provide health professions training.

“The purpose of the four-day camp is to give students an in-depth look at health careers and what the training programs require, so that students can begin preparing while they are in high school to be successful in whatever field they choose,” says Pam Danner, West Texas AHEC program director.

Students will have the opportunity to spend time in the hospital or clinic setting to gain experience in the activities that doctors, nurses, and other health professionals perform day-to-day.

“This shadowing experience is crucial to help young people define their career goals,” says Elisa Williford, health careers promotion coordinator at Permian Basin AHEC. Students will also participate in a crime scene investigation activity that looks at the field of forensic science and complete CPR/first aid certification.

While students will have a full schedule of health care-related activities, there will also be time for some fun, including evenings in the college recreation centers, pools, and other entertainment.

This summer, camps are offered in the Panhandle, South Plains and Permian Basin areas. Students from the Big Country region are invited to participate in these other camps; Big Country will host a camp in Summer 2006.

The cost to attend camp is $50, which includes the planned activities, room and board for the camp. Scholarships are available based on financial need. Applications are available from high school career counselors or from each AHEC office. Call the contact listed for your area for more information.

Details about each specific camp are outlined at right.
The West Texas AHEC program has several new faces, with the opening of the new center in Abilene as well as career changes for other staff. The Program Office would like to extend a welcome to our new staff.

**Big Country AHEC**
The 28 counties of the Big Country AHEC region can look forward to working with an excellent staff, who bring many years experience in education and health care to their service at AHEC. Under the direction of Ronnie Laurance, director of Big Country AHEC, the staff will be working in the next few months to establish relationships with community leaders, school districts, and health care providers across the region.

- Center Director: Ronnie Laurance
- Health Careers Promotion Coordinator: Aaron Ashford
- Community-based Education Coordinator: Mike Nall
- Administrative Assistant: George Spindler

**AHEC of the Plains**
The South Plains region welcomes a new center director and two new coordinators to serve the region.

- Center Director: Cindy Burleson
- Health Careers Promotion Coordinator: Kate Roberts
- Community-based Education Coordinator: Jessica Patton

**HealthMATCH brings communities and future health professionals together**
The West Texas AHEC Program Office and Panhandle AHEC hosted the first HealthMATCH event in January 2005 on the Texas Tech University Health Sciences Center-Amarillo campus. The purpose of the event is to provide a regional forum where rural communities can present their practice opportunities to medical residents and other health professions students training in West Texas. More than 40 primary care residents and upper-level medical students participated in the January HealthMATCH. West Texas AHEC is currently planning HealthMATCH events to be held on the TTUHSC Lubbock and Odessa campuses in Summer 2005.
Portion
Portion
Portion

There are more diets out there than a person can shake a stick at—South Beach, Weight Watchers, the Zone, Atkins. Low-carb. Low fat. Low salt. No taste. Okay, there’s not a diet named “No taste,” but it sometimes feels like you have to sacrifice food satisfaction to be healthy.

That is not the case. And there is no one diet right for everyone. Some people will see better results on a diet that restricts carbohydrates, at least for the short-term. Liz Inskip-Paulk, coordinator for the Healthy Lubbock Initiative, says that curbing portion size is more important for long-term results than restricting types of food.

“Rather than focusing on dieting,” she says, “It is better to eat nutritious foods, in reasonable portion sizes. Not super-sized.”

In West Texas, where we like good food and lots of it, it is hard to determine what the correct portion size is. If you are regularly eating portions that mimic the 72-ounce steak for which Amarillo is famous, you might consider the following:

Normal portion sizes

• 3 ozs meat = size & thickness of a deck of cards
• medium apple or peach = a tennis ball
• ½ cup of ice cream = a tennis ball
• 1 cup of mashed potatoes or broccoli = size of your fist
• 1 tsp of butter or peanut butter = size of the tip of your thumb
• 1 oz of nuts = one handful
• 1 oz of cheese = size of four stacked dice

Why does learning to control portion size improve success at maintaining or losing weight?

“Once a person learns to eat in normal portions, they are much less likely to consistently overeat—no matter what kinds of foods they are enjoying,” explains Inskip-Paulk. “They’ve built good habits that last a lifetime.”

“The other key is to focus on boosting your intake of fresh fruits and vegetables. If you are eating these fresh foods, you’ll feel more full and won’t be eating other foods that are more calorie-packed.”

For more information on nutritious eating, go to www.healthylubbock.org.