THE POWER OF PARTNERS

2007 VICE CHANCELLOR AND DEAN'S ANNUAL REPORT

UC DAVIS HEALTH SYSTEM
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IT IS MY PLEASURE to share the 2007 Annual Report with you. This year, we celebrate our dynamic partners who meet the UC Davis Health System mission of “discovering and sharing knowledge to advance health.”

Breakthroughs in medical research, clinical care and professional health education reflect our commitment to the community. These advances happen best when our talented health system teams work together with our amazing partners.

The power of our partnerships can be seen in the bond between our patients and our providers, and between our students and faculty. It is also demonstrated in our collaborations with our region’s leaders in government, business and philanthropy, who help us identify and address the overarching health needs of society. When all of us come together with a common vision, we can make truly wonderful things happen.

One outstanding example is the Gordon and Betty Moore Foundation’s record-breaking philanthropic grant of $100 million to create the Betty Irene Moore School of Nursing on our Sacramento campus. This partnership aims to grow future leaders, educators and researchers in nursing who will make positive, long-term impacts on our health-care system.

As we continue to explore new frontiers, we will be looking for even more partners to join us.

If you or your organization is already an active partner with UC Davis Health System, please accept our sincere thanks. If you are interested in joining our efforts, please contact us.

Together, we can improve the health and well-being of people everywhere and transform the future of medicine!

Sincerely,

Claire Pomeroy, M.D., M.B.A.
Vice Chancellor, Human Health Sciences
Dean, School of Medicine
UC Davis Stem Cell Program Director Jan Nolta is teaming up with Vascular Center Director John Laird to develop new techniques to regenerate damaged blood vessels.
Research by UC Davis neuroscientist Ebenezer Yamoah may one day lead to a biological implant that restores hearing and, unlike today’s cochlear implants, preserves the structure and function of sensory cells and nerves of the inner ear. Yamoah, a professor of otolaryngology, has discovered adult stem cells in mice that may resemble inner ear sensory cells. These cells are responsible for receiving vibrations of the fluid in the inner ear and sending signals to the brain, which are interpreted as hearing. Yamoah and postdoctoral researcher Dongguang Wei have begun to search for embryonic stem cells that are the progenitors of these inner-ear sensory cells.

Ebenezer Yamoah

THOSE WHO spy Dick Martinez on a golf course or racquetball court wouldn’t guess the 68-year-old lost every toe on his right foot due to complications from diabetes. The Colorado native firmly believes in the promise of stem cell therapies. At his age, however, it’s not so much for himself as for his wife’s 9-year-old granddaughter, who also suffers from diabetes.

Martinez hopes that diabetics may one day benefit from stem cell therapies under way at UC Davis Health System.

“Try walking a mile in the shoes of a diabetic. It’s a terrible disease,” he said. “We need to support research to cure it.”

California’s stem cell agency will fund $3 billion in research over the next decade for stem cell therapies for a host of diseases, including diabetes.

At UC Davis, a primary focus of research is on peripheral artery disease, a common complication of diabetes that results in poor leg circulation. Surgery is the only remedy for this condition, which can lead, in its most advanced stages, to amputation and even death.

But stem cell therapies being developed at UC Davis by Jan Nolta offer hope for regenerating damaged blood vessels.

“Our lab used adult human stem cells to successfully treat mice with hind-limb ischemia – damage due to low blood flow and oxygen,” said Nolta, director of the UC Davis Stem Cell Program.

“We are now seeking approval from the U.S. Food and Drug Administration to make these promising results available to patients with severe peripheral artery disease.”

Nolta, whose father suffers from peripheral artery disease, calls adult stem cells the “paramedics of the body.” Found in bone marrow, these cells search out damaged tissue and repair it.

A clinical trial, which could begin as early as fall of 2008, will be conducted in collaboration with John Laird, medical director of the UC Davis Vascular Center.

“We need new ways to treat peripheral vascular disease so we can prevent limb loss,” said Laird. “We have limited treatment options for patients with severe disease, and no medications to help relieve symptoms or to improve quality of life. Stem cell therapies are especially important for these patients and those who are not candidates for angioplasty, stenting or other surgical repair methods.”

It’s an effort that Dick Martinez will be following closely. After all, he wants his granddaughter to have a much healthier life when she grows up.
UC system provost Rory Hume celebrates with Helen Kim (center), chief program officer for the Gordon and Betty Moore Foundation, and Ann Bonham, UC Davis executive associate dean, at the foundation’s announcement of its historic $100 million grant to UC Davis to establish the Betty Irene Moore School of Nursing.
**Betty Irene Moore** has a vision that every patient will receive safe and effective nursing care. So passionate is she about improving patient safety and the quality of health care that the foundation she started with her husband, Gordon, co-founder, past CEO and chairman emeritus of Intel Corporation, granted $100 million to UC Davis in July 2007 to establish the Betty Irene Moore School of Nursing.

Moore is not a nurse, a doctor or a trained caregiver. Her mission and determination come from her experience as a patient and victim of a medical error and poor follow-up care. These experiences led Moore in 2003 to launch the San Francisco-based Betty Irene Moore Nursing Initiative to improve patient safety and foster nursing excellence through education.

The $100 million grant to UC Davis, allocated over 11 years, is one of the largest in the history of the University of California and the largest philanthropic contribution in the nation to support nursing education.

“We are confident that UC Davis will offer the most comprehensive training to students and significantly advance nursing research.”

As one of the nation’s leading public research universities, UC Davis brings scientific expertise, health-care leadership, innovation in technology, collaborative team training and a tradition of public service to the partnership. The new school will leverage these strengths into a comprehensive curriculum that will emphasize interdisciplinary team training; scientific rigor with an emphasis on research; technology, including telemedicine and health-care management; and leadership training.

Nurse leaders and an accomplished group of faculty and administrators from nursing, medicine, management and other disciplines will work together to create the new school. Graduates will serve as educators, researchers and leaders of health-care teams who advance patient care and safety, prevent and treat disease, and improve quality and access to health care.

Professional nursing degrees will be granted at the doctor’s, master’s and bachelor’s degree levels. When full enrollment is reached in all degree programs, the school will serve 456 students. The school will be located on the UC Davis Sacramento campus, sharing existing facilities with UC Davis School of Medicine.

To realize the long-term vision for the new school, a mix of public funding and philanthropic support from other donors is needed.

“We are quickly building momentum and support from the nation’s nursing leadership and look forward to partnering with other leaders and donors to create a top-notch school,” said School of Medicine Executive Associate Dean Ann Bonham.
As part of a national learning collaborative, UC Davis internal medicine professor Sergio Aguilar-Gaxiola is assessing language proficiency at UC Davis Health System with the help of 47 medical interpreters.
IT WAS Awkward and frustrating—and it shook Rosa Lopez’ confidence in her doctor. The 45-year-old resident of Rancho Cordova, a recent immigrant from Mexico who does not speak English, was getting a physical exam when the subject of menstruation came up. The doctor became confused when she used the term “regla,” a Spanish colloquial term for menstrual period.

Unaware of this secondary meaning, the doctor thought she was saying “ruler” or “ruling.” It took a good five minutes before the doctor understood what the patient was trying to say.

Reducing or eliminating such episodes is the goal of a national program that includes UC Davis Health System and nine other institutions.

Called Speaking Together: National Language Services Network, the program is a high-level learning collaborative that is examining how participating hospitals communicate with non-English-speaking patients and how hospital staff can better structure and manage language programs to provide effective, efficient and timely interpretive services.

Launched last fall, the 16-month program aims to develop methods for measuring the quality of services so that performance benchmarks for communication can be set. The project will culminate in a report in which UC Davis Health System and its Speaking Together partners will detail and share what they’ve learned.

The project is funded with a $60,000 grant from the Robert Wood Johnson Foundation and receives technical assistance and training support from The George Washington University Department of Health Policy, which developed the quality improvement measures.

UC Davis, which serves one of the most linguistically diverse populations in the country, has 47 interpreters on staff who provide translation services in 19 languages. Medical interpreters for Spanish-, Russian- and Hmong-speaking patients are the most requested of the interpretive services at the medical center in Sacramento.

Sergio Aguilar-Gaxiola, director of the UC Davis Center for Reducing Health Disparities and principal investigator of the Speaking Together program at UC Davis, emphasized that the project is all about self-evaluation.

“You find in all hospitals providers who are bilingual. But rarely are they assessed for language proficiency. We’re putting a mirror up to our faces to reflect how we’re doing.”

Participating institutions communicate regularly and attend quarterly meetings. In addition, a special Web site serves as a forum for sharing information.

Much is at stake. As Aguilar-Gaxiola explained, misunderstandings between patients and doctors can have highly negative consequences: “If the communication is poor, it increases the chances of error, of misdiagnosis and therefore mistreatment.”
UC Davis expert Javeed Siddiqui helped establish the first infectious disease telemedicine link in the nation.
THE PATIENT, a man in his 60s who had recently undergone knee surgery back home in Missouri, was nearing the end of a visit with family in the Sonoma area when the knee began to swell up—fast.

The man went to the nearest medical facility, Sonoma Valley Hospital, where doctors determined that he had a post-operative infection. The fix—cleaning out the wound—was pretty straightforward.

But there was a problem. The doctors, following standard procedure, wanted to hook the patient up to an IV bag to administer antibacterial medicine—a step that would keep him hospitalized and prevent him from returning home when he had planned.

A solution was soon realized thanks to a relatively new member of the Sonoma Valley Hospital family: a flat television screen equipped with a camera that staff had affectionately dubbed “R2-D2.” At a moment’s notice, R2-D2 can put infectious disease specialists at UC Davis Medical Center in close, two-way communication with Sonoma Valley Hospital, a small, 56-bed facility in Northern California.

Using a secure telecommunications connection, R2-D2 immediately linked Javeed Siddiqui, an infectious disease specialist and associate director of UC Davis’ internationally renowned Center for Health and Technology, with the patient and his care team in Sonoma. With the camera, Siddiqui examined the patient’s knee and offered an alternative—a new oral anti-bacterial that would render an IV bag unnecessary but would still aggressively treat the infection.

The patient, figuratively speaking, jumped at the option. He was discharged the next day and was able to return home as he had planned.

This episode demonstrates how telecommunications and information technology can be applied to increase the availability and efficient delivery of high quality health care, resulting in more satisfied patients with better outcomes. According to Siddiqui, the collaboration with Sonoma Valley Hospital is a first in the telemedicine field to offer inpatient infectious disease consultations via telemedicine. The Sonoma link is the latest step in an effort begun at UC Davis about three years ago to add inpatient consultations as a service provided by its pioneering telemedicine program.

Launched in the 1990s, the UC Davis telemedicine program gives more than 80 sites in Northern California, many of them in rural areas, access to approximately 30 academic medical specialists.

While most of the consultations are with outpatients, an increasing number of inpatient consultations are taking place, including in pediatric critical care, cardiology and, now, infectious disease.

Siddiqui, who is an assistant professor of clinical medicine in the Division of Infectious and Immunologic Diseases, said planning is under way to bring infectious disease telemedicine consultations to two other rural hospitals. Meantime, the folks at Sonoma Valley Hospital say they have nothing but affection for R2-D2.

“I believe the future is in telemedicine,” said Victor Iacovoni, the hospital’s medical director. “It allows me to bounce a case off someone that has a lot more experience and knowledge than I do.”
Renowned UC Davis orthopaedic surgeon Michael W. Chapman and his wife, Betty, are spearheading the fundraising for projects like the Surgery and Emergency Services Pavilion, now under construction.
TO ORTHOPAEDIC SURGEON

Michael W. Chapman, retirement seven years ago meant merely taking on a broader scope of work. After spending more than three decades repairing traumatically injured and damaged musculoskeletal tissues, Chapman is now a leading force in strengthening UC Davis Health System’s infrastructure. He has become a major benefactor, as well as a magnet for the contributions of numerous other philanthropists. Among them is Larry Ellison, co-founder and chief executive officer of database technology giant Oracle Corp. Ellison had shattered his elbow in a high-speed bicycle crash in 1992, and his search for a surgeon with the expertise to repair his devastating injuries led him to Chapman.

So effective was the reconstruction that Ellison at age 52 defeated a triathlete 20 years his junior in a “bar dip” strength exhibition. And so impressed was Ellison that he contributed $5 million to help establish the Lawrence J. Ellison Musculoskeletal Research Center within what would become the Lawrence J. Ellison Ambulatory Care Center. That facility, which opened on the UC Davis Sacramento campus in 1998, allowed consolidation of outpatient services that had been in disparate locations. Ellison has since made additional contributions to the health system.

Early in his medical career, Chapman was chief of orthopaedic surgery at the Supreme Headquarters Allied Powers Europe. He rose to the rank of U.S. Army major. At UC Davis, Chapman chaired the Department of Orthopaedic Surgery for two decades, and served as chief of the Orthopaedic Trauma Service. After his retirement, he served two years as the chair of the board of trustees for the UC Davis Foundation, a volunteer fundraising board for the university. He recently agreed to serve as chair of the UC Davis Health System comprehensive campaign committee.

When UC Davis Health System announced plans to launch a $20 million fundraising campaign to help underwrite construction of the Surgery and Emergency Services Pavilion, Chapman and his wife, Elizabeth (Betty) Casady Chapman, stepped forward and pledged $1 million of their own money.

Their generosity prompted friends Denny and Jeanene Dickenson to do the same. Michael Boskin, an acquaintance of the Chapmans who is on the board of the Koret Foundation, also donated $500,000 through the foundation. To date, the Chapmans have given or secured more than $9 million in donations to UC Davis, including $3.5 million that they personally pledged, gave or directed.

The health services pavilion will house the Michael W. Chapman Trauma Center, which will reinforce the medical center’s capabilities as the region’s only designated Level 1 adult and pediatric trauma treatment facility. Construction of the emergency services pavilion is scheduled to be completed in 2010.

The groundbreaking approach that Chapman devised for treatment of patients with multiple injuries made UC Davis Medical Center internationally renowned for trauma care and established Chapman as one of the founders of modern trauma surgery. Chapman also helped found the Orthopaedic Trauma Association. He is the author of more than 160 publications, including the four-volume Chapman’s Orthopaedic Surgery, a standard reference work.
School administrator Shelton Yip is working with UC Davis experts to identify early signs of psychosis in youth to prevent the onset and consequences of mental illness.
SHELTON YIP, an administrator with the Sacramento City Unified School District, estimates that as many as 5,000 students – 10 percent of the district’s total – have unmet mental-health needs.

It’s a serious, even dangerous, problem, as Yip knows from personal experience. The night of Yip’s high school graduation, a fellow student erupted into violence and killed his own family.

Sadly, mental health issues in young people are not uncommon. Approximately 2 to 3 percent of youth and young adults develop schizophrenia or a severe, psychotic mood disorder, with most cases developing after age 12. Psychotic illness is crippling: Seventy-five percent of people who have schizophrenia become disabled and only a small percentage is gainfully employed. An estimated 12 to 15 percent of people who suffer from psychosis commit suicide.

“Mental health problems in youth can destroy lives,” said Yip. “Add on top of that the language or cultural barriers many of our ethnically diverse Sacramento students face, and it can be a challenge to get kids the help they need to succeed in life.”

Help is on the horizon. Yip is one of several community partners working with UC Davis to reach out to youth through a research initiative called the Early Detection and Intervention for the Prevention of Psychosis Program. The community-wide project, made possible by a $2 million grant from the Robert Wood Johnson Foundation, aims to identify young people between 12 and 25 who show early signs of psychosis and prevent the onset and consequences of serious mental illness.

More than 15 community organizations from the Sacramento area are involved, including Yip’s school district, African-American Mental Health Providers, the La Familia Counseling Center and the Hmong Women’s Heritage Association. A community advisory board whose membership is reflective of Sacramento’s ethnic diversity has been set up to help with outreach.

“The critical foundation for this effort is the community in which our young people live,” said J. Daniel Ragland, deputy director of the program. “We will reach out to teachers, social workers, doctors, nurses, students, parents, clergy, police officers and others who interact regularly with young people and educate them on the early signs of psychotic illness so they can identify teens and young adults who are at risk.”

UC Davis psychiatrist Cameron Carter is heading up the effort. Over a two-year period, higher-risk young people will receive evidence-based, psychosocial support and education, treatment and medication. Those with lower risk will receive careful monitoring, support and referrals for further treatment, as needed.

Carter said the program, along with similar efforts at four other U.S. sites, amounts to one big “demonstration project” intended to show that early intervention can reduce or even eliminate the symptoms of mental illness.

“There’s a stigma attached to mental health like there was to cancer 30 years ago,” Carter said, observing that nowadays, through regular cancer screening, people are getting diagnosed early and survival rates have improved.

“Our expectation is that the same holds true for mental health,” he added. “If troubled young people get attention early, you will likely see better outcomes.”
AN ENLIGHTENED VIEW OF ALZHEIMER’S

Teodora Ortega, pictured with her daughter, Anna Maria, is one of 600 patients enrolled in a collaborative clinical trial run by UC Davis and the Department of Veterans Affairs Northern California Health Care System that will identify differences in the onset and progression of Alzheimer’s in African-Americans, Hispanics and Caucasians.
As medical science advances, so do average life spans. Increasing age, however, is the greatest risk factor for Alzheimer’s disease, which now affects an estimated 4.5 million people in the United States—a number that has more than doubled since 1980. This devastating disorder, usually appearing between the ages of 65 and 85, gradually erodes a person’s ability to think, remember, talk and, eventually, engage in daily activities in a meaningful way.

The team of physicians at the UC Davis Alzheimer’s Disease Center is working to help the growing population of elderly with this form of dementia and improve what is known about the disease for the different people who must endure it.

“We noticed that most Alzheimer’s research is conducted with Caucasians who have relatively good access to health care,” said Dan Mungas, UC Davis professor of neurology and recognized authority in diagnosing and treating Alzheimer’s disease. “This means that there were whole segments of the aging population in our region who were not represented in data used to determine treatments and trajectories for the disorder. We wanted to know if there were differences in the onset and progression of the disease for those who are African American, Hispanic or Caucasian and for those who may not have access to quality diagnostic resources.”

As a result, the center launched a longitudinal study of ethnically and racially diverse older people in 2002 with a National Institutes of Health grant and a budget of about $1.5 million per year. Outreach specialists recruit participants throughout Northern California in churches, nutrition programs, care facilities—literally everywhere that elderly people congregate. Study participants have varying symptoms, from none to clearly affected with dementia. Building on UC Davis’ longtime partnership with Department of Veterans Affairs Northern California Health Care System, the research team is able to evaluate participants at VA hospital sites in Rancho Cordova and Martinez, as well as at UC Davis Health System in Sacramento.

“The VA provides additional facilities for and creates access to clinical and research evaluation for VA study participants,” said Mungas.

Charles DeCarli, professor of neurology and director of the Alzheimer’s Disease Center, said the cooperation with the VA has also helped with retaining participants in the study. There are currently more than 600 patients enrolled in ongoing assessments at the three sites.

While study results will not be available for a while, DeCarli has determined that education and attentive clinical evaluation can have protective effects. The disease appears to be made worse by failure to recognize and treat other age-related conditions, such as diabetes and high blood pressure.

“We don’t know yet whether or not there are distinctions in Alzheimer’s for different people, but we will. And that will be the first step in developing improved treatments. In the meantime, we can provide quality information and help treat some of the other conditions that make the dementia risk worse,” DeCarli said.
A new, unique program at the UC Davis School of Medicine is training future doctors like Tonantzin Soto, who plans to practice medicine in a rural community that has a need for more primary-care physicians.
The digital age places the latest advances in telecommunications and information technology at the fingertips of practitioners to help them deliver high quality medical care.

In 2006, when California voters approved Proposition 1D, a $10.4 billion ballot measure that bolsters the state’s educational infrastructure, UC Davis was placed at the center of an initiative that will expand telemedicine technologies and support important medical school programs designed to train physicians to practice medicine in rural and medically underserved areas.

With the bond funding, UC Davis plans to provide telemedicine equipment to rural communities where its students will be in training and establish a facility in Sacramento that will be known as the California Telehealth Resource Center. This $35 million effort will create a statewide technology hub that will help physicians of the future integrate telemedicine technologies with the practice of medicine so that underserved populations have more and better access to health care.

“Passage of Proposition 1D provides a tremendous boost for UC Davis’ efforts to help underserved populations in the state,” says Thomas Nesbitt, executive associate dean for clinical and administrative affairs. “It directly improves the quality of health care, especially in rural areas, by giving us the ability to better deliver medical services to those who need it the most.”
California faces a shortage of thousands of doctors, especially in rural areas. UC Davis’ Rural-Prime Program is helping to bridge the gap.
will face a shortage of as many as 17,000 doctors, mostly in rural areas. What’s causing this major gap in health care? A rapidly growing population, combined with the fact that rural physicians are not being replaced at the rate at which they are retiring.

Soto, who was born 26 years ago in what was then a sleepy Sacramento Valley town known for its fruit orchards and row crops, has a strong and continuing affinity with the landscape and its people.

“I know the lights and excitement of urban areas can exert a strong pull for those in medicine,” says Soto, who recently finished her masters in public health at Fresno State. “But I also know there is such a need and an appreciation for medical skills in the smaller, more remote communities of this state. It’s a place where I feel I truly can make a difference.”

In addition to Soto, UC Davis’ Rural-PRIME includes 11 other students whose participation was made possible after the School of Medicine increased the incoming class size this year to 105 students, the school’s first class size expansion since 1971.

“In five years, we’ll have 60 students at some stage in the program,” said Don Hilty, an associate professor of clinical psychiatry who, along with Executive Associate Dean Thomas Nesbitt and others, helped coordinate development of the curriculum.

PRIME – an acronym for “Programs in Medical Education” – is a University of California initiative that received start-up funding from The California Endowment and is dedicated to improving medical services for underserved communities. The UC Davis program is the only one that targets the needs of rural patients and physicians and actively recruits students who express a desire to return to rural communities to practice medicine.

Key features of the program include:

- Collaboration among UC Davis faculty and medical practitioners at six to eight rural hospitals in Northern California;
- Use of the school’s renowned telemedicine technologies as teaching tools; and
- Medical consultations between urban specialists and rural physicians who practice far from Sacramento.

For Tonantzin Soto, the connections with people and community will be even closer and more personal as she settles back into a place she’ll eventually call home… again.
Thanks to the scholarship endowment established in memory of his wife, Janet, Jerry Armour is supporting the studies of medical students like Jessica Porter, Karen Alfonso and Teresa Sandoval, who are committed to practicing primary care.
Family Practice medicine was Janet Gordon Armour’s passion. So after she succumbed to cancer in July 1997 at age 48, her husband, Jerry Armour, knew what he wanted to do.

Using $1,500 in “family seed money,” he established an endowment in his wife’s name through the UC Davis School of Medicine, where she had earned her M.D. in 1978. After Armour publicized his decision in the local news media, the fledgling endowment immediately underwent a growth spurt thanks to a “tremendous response” from his wife’s patients and friends in the town of Paradise.

Ten years later, the endowment is going strong, with a market value of $102,000 at the end of fiscal year 2006-07 and $3,400 in annual income.

But more importantly, it is fulfilling the purpose for which it was created – to provide a financial reward to an outstanding first-year female student pursuing primary care medicine. Since the late 1990s, the Janet Gordon Armour M.D. Scholarship has supported the studies of 11 students.

Early on, the amounts were quite modest – in the $500 to $1,500 range. But as the endowment has grown, so has the size of the scholarships. The last two winners received $3,500 and $4,000, respectively. In all, $23,000 has been awarded.

“We hope the endowment continues to grow,” said Armour, a graduate of UC Davis’ School of Agriculture who is also actively involved with an undergraduate alumni scholarship program. “Maybe in the future we can have multiple recipients in the same year.”

Primary care physicians are in great demand, yet the number of medical students pursuing that field of medicine has been in decline because the financial rewards it offers are not great.

“It’s kind of like medicine in the old days,” Armour said. “It appeals to people with a sense of public service.”

Like all the other recipients, this year’s awardee, Karen Alfonso, was chosen by the Armour family, including Jerry Armour; Helen Gordon, Janet Armour’s mother; and Liane Hayes, her sister. They made their selection after reviewing written statements submitted by the applicants.

Alfonso, now in her second year of medical school, is a co-director of the Bayanihan Clinic, one of the free clinics in the Sacramento area at which UC Davis medical students volunteer. Born in the Philippines, she grew up in California and earned her bachelor’s degree at UC Davis in 2004.

As an undergraduate, Alfonso shadowed a family practice physician, an experience that triggered her interest in primary care medicine. Last summer, her interest was sharpened as she shadowed a family practice doctor in the Philippines.

Alfonso explained her interest in primary care medicine this way: “Knowing only a patient’s name and disease is not enough to treat them properly. A thorough understanding of the patient is necessary to tailor their treatment appropriately and to ensure they are able to follow through with it.”

Janet Armour would certainly have agreed.
Building Healthy Communities

New Partnership Reaches Out to Underserved Women

Donna Sanderson, left, and the Susan G. Komen Foundation are bringing promotoras like Ivy Felix into underserved communities to increase mammograms and breast health awareness among women in high-risk groups.
WHEN UC DAVIS physicians and medical students discovered low rates of routine mammographic screening among members of some cultures, they devised a plan that led to a productive partnership between the Susan G. Komen Foundation and three student-run medical clinics. A cluster of three grants from Komen funds a “promotora” program that is encouraging more African American, Asian-American and Islamic women in the Sacramento area to get mammograms.

A “promotora de salud” (Spanish for “health promoter”) is a lay health-care adviser who performs educational services, traditionally within Hispanic communities. UC Davis physician Amerish Bera thought the concept would work well among other cultures, too, and consulted with Komen to expand the concept.

“At the core of the model is a community health worker who has engendered credibility and trust within the community,” said Bera, an associate clinical professor of internal medicine and a mentor for medical students. “Our intention is to reach out to ethnic communities, involving medical students in that process.”

The Komen Foundation awarded its grants in 2005 to actively reach out to women in the black, Muslim and Viet-

EXPANDING CANCER PROGRAMS

To meet the special cancer care needs that only a major academic medical center can provide, the UC Davis Cancer Center is looking to raise $19 million to fund an expansion project that will nearly double the center’s size and create a central location for adult and pediatric cancer programs, including both indoor and outdoor play areas for children undergoing cancer treatment.

The Cancer Center treats 9,000 patients from Central and Northern California, eastern Nevada and southern Oregon annually and has more than 180 scientists involved in more than 150 adult and 50 pediatric clinical trials. With outpatient visits projected to increase by at least 6 percent a year through 2009 and the region’s population increasing and aging, the demand for cancer treatment is only expected to grow.

Donors already have contributed more than $6 million in gifts and pledges since expansion plans were announced in 2005, but more support is needed before construction can begin on the 46,000-square-foot, three-story addition.

“We cannot expand the Cancer Center without philanthropic support,” said Ann Pridgen, development officer for the UC Davis Cancer Center. “Exciting naming opportunities are still available for those who wish to remember or honor a friend or family member, physician or nurse.”

For more information, see http://www.ucdmc.ucdavis.edu/cancer/giving/currentsupport or call Pridgen at (916) 734-9675.
namese communities in Sacramento, who might not be aware of breast cancer screening options. The clinics, in which medical students under the supervision of physicians provide free primary care to patients, are an ideal location in which to coordinate the promotoras program and identify patients in high breast cancer risk groups.

Since the initial grant began, the Komen partnership has supported everything from the hiring and outreach work of seven promotoras, to mammograms, educational materials and simple office supplies like envelopes and stamps, which are used to send vital reminders to woman about the need to have periodic cancer screenings.

Second-year medical student Pearl Ma, a co-director of UC Davis’ Imani Clinic in Sacramento’s Oak Park neighborhood, was in charge of submitting the initial foundation grant. When the Komen funding arrived, Ma hired two women who were already actively involved in the community and its local health fairs. Ma trained them how to do a proper breast self-exam and how to demonstrate the technique to a group using a mannequin model.

“Studies have shown that community-based interventions and outreach are much more successful in reaching women targeted by this initiative than conventional methods,” said Ma, who is studying to become a physician in an underserved community. “Promotoras go door-to-door to visit women who have been referred to them by other women. They conduct small presentations in varied settings such as a woman’s living room, an apartment building patio, community room or church.”

The relationships promotoras establish with women in their local communities are a crucial aspect of the program’s success and among the reasons why the UC Davis program stands out for a cancer awareness organization like Komen. Not only do the promotoras personally distribute educational materials and provide health information in a culturally sensitive manner, they also conduct surveys and collect accurate information so that screening referrals and the all important follow-up reminders for mammograms can be more effective.

“With relationships that only promotoras can develop,” says Ma, “we now are able to confidently reach women in areas and among populations that otherwise might not be comfortable at all with discussing breast cancer.”

Since the promotoras program began, nearly 200 women have received clinical breast examinations, many for the first time, and nearly a thousand women have received counseling and educational materials to increase awareness about treatment options.

For Ivy Felix, one of the promotoras at the Imani Clinic, it’s about learning and making a difference in the lives of women in her community.

“I love my job,” said Felix. “I have the opportunity to help women get the mammograms they need and to help UC Davis conduct surveys so we all can better understand why the mortality rates among African-American women are so high. Our job is to find the causes. Is it that women don’t go to the doctor, don’t know where to get regular check ups, or what? Women don’t have to say they don’t know anymore. We can know and it gives me great joy to be a part of the process.”