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HEALTH RISKS IN HIDING

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At UF Health, researchers are uncovering how factors seemingly unrelated to health and wellness actually play a big role in people's health and lives. Building an understanding of these social determinants of health could help scientists improve health across populations



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UP FRONT



Her son's heartbeat

For the last six years, UF Health heart transplant recipient Henry Wyman Harris, 70, has written letters to his donor's family hoping he would one day meet them and thank them for saving his life. Harris' organ donor, 19-year-old Jesse Gamble, was a talented artist who dreamed of being a high school art teacher. A drunk driver struck Jesse while he was riding his bicycle home from work. His mother, Lynn Finley, has her home decorated in his artwork, including one unfinished painting of her four cats. After six years of letter writing, Harris got his wish in February to meet Jesse's family ... and Finley got to hear her son's heartbeat again. Henry and Lynn shared family photos, Jesse's artwork and hugs and tears. "I've been able to do what I want to. Go places, be with the family, and also enjoy the grandchildren, three sons. It's been amazing," Harris said. April is National Donate Life Month. For information, visit donatelifeflorida.org.

Wellness for all

UF Health is hosting the Fourth Annual Wellness Event for all benefits-eligible employees April 27-May 15. To register for an event at a location near you, visit UFHealth.org/WellnessEvent. Pre-registered employees who attend and complete a personal health and biometrics assessment will receive a free lunch from SweetBerries eatery. Employees who received their flu shot and who do not use tobacco, or who have completed a smoking-cessation program, may receive an additional gift. Please contact the UF Health Shands Human Resources Benefits Office at 352-265-0043 with questions.

The science of addiction

The UF Center for Addiction Research and Education will hold its third annual symposium April 22 at the Evelyn F. and William L. McKnight Brain Institute of UF. Two speakers will be featured at the event, which will be held from 10 a.m. to 12:30 p.m. in the DeWeese Auditorium, LG-101A. Linda Spear, Ph.D., a distinguished professor of psychology at Binghamton University, part of the State University of New York system, will give a presentation titled "What animal models tell us about the causes and consequences of adolescent alcohol use." In addition, Lindsay Squeglia, Ph.D., an assistant professor of psychiatry and behavioral sciences at the Medical University of South Carolina, will discuss "Teens, alcohol and brain development: Why it matters." A poster session will also be held from 2-4 p.m. April 22 in the Founders' Gallery.

Pregnancy, together

The UF Health Women's Center – Medical Plaza is now offering a model of group prenatal care at one of its women's centers to help reduce the risk of premature birth. The UF Health Women's Center – Medical Plaza will be designated as the first CenteringPregnancy site in North Florida by the Centering Healthcare Institute over the next year. Pregnant women who wish to participate in the CenteringPregnancy model are grouped by their due dates. After a standard visit to their provider, the women join a group during their fourth month of pregnancy and meet monthly for 1.5-hour sessions. During these sessions, the women receive all the components of individual prenatal care. The women and their provider also discuss birth and newborn care as well as overall health and stress management. Potential participants must select their provider from within the group of approved providers at UF Health Women's Center and be less than four months pregnant. To participate, call 352-265-8200..



Best for baby

UF Health Shands Hospital has been awarded the Baby-Friendly designation by Baby-Friendly USA, a global initiative of the World Health Organization and UNICEF that recognizes birthing facilities that implement specific breastfeeding procedures. The hospital is the only academic health facility in the state of Florida, the seventh hospital in the state of Florida and the only one in North Central Florida to successfully implement all the required standards for this designation. Baby-Friendly hospitals educate mothers on the importance of breastfeeding, provide excellent maternity care and achieve optimal infant feeding outcomes and mother/baby bonding. To reach the goals of the Baby-Friendly designation, clinic and hospital staff at UF Health Shands Hospital received special training to educate expectant or new mothers. "Mothers need to know we are prepared to assist them in their breastfeeding decisions," said Kay Roussos-Ross, M.D., an associate professor of obstetrics and gynecology in the UF College of Medicine. "We work with them before and after their babies are born to create an atmosphere of support, ensuring that they are successful in their breastfeeding goals."



Top programs

In its annual rankings of the nation's best graduate schools, U.S. News & World Report ranked graduate programs within the UF colleges of Medicine, Nursing, Public Health and Health Professions, and Veterinary Medicine among the top 50 schools of their type in the country. The UF College of Medicine was ranked No. 43 among the Top 50 best research medical schools. Among public medical schools, UF now ranks No. 17 nationally and is the highest-ranked medical school in the state of Florida. The UF College of Nursing's master's degree program was ranked No. 48. Although the college offers several graduate programs, U.S. News & World Report ranks nursing schools specifically

related to their master's degree programs. Nursing programs were last ranked in the publication's 2012 edition. The College of Veterinary Medicine was ranked No. 14 among schools of veterinary medicine. The School of Physician Assistant Studies within the College of Medicine was ranked No. 27. In addition, two programs within the College of Public Health and Health Professions received rankings this year: the college's public health graduate program was ranked No. 30, and its health care management program was also ranked No. 30.



Repairing aortic aneurysm

A UF Health physician is currently the only researcher in the nation conducting a study of three specific, unique types of devices to treat aortic aneurysms. Adam Beck, M.D., a vascular surgeon and an assistant professor in the College of Medicine's department of surgery, is the study's lead investigator and has permission from the Food and Drug Administration to use a surgeon-modified device and two others it considers "investigational," meaning they have not yet been approved for use in the United States. Also called grafts, these metal mesh tubes are covered with a special fabric and are used to line the inside of a major blood vessel where there is a weak spot, known as an aneurysm. Blood collects in the weak area, causing it to balloon outward and sometimes rupture, which can be fatal. Without the use of these specialized grafts, repair of aortic aneurysms in this area of the body requires extensive open surgery. Such surgeries have a high rate of complications, so many patients are not candidates for them and may have no other options for repair.

Who will speak *for* you?

National Healthcare Decisions Day is April 16

UF Health encourages you to become a part of the "Who Will Speak for You?" campaign and provide your loved ones with future peace of mind should you become unable to make your health care wishes known. By completing an advance directive, your wishes during a period of incapacity, unexpected illness, accident or at the end of life are documented as part of your medical record.

Q: Is it difficult to engage in advance care planning?

A: No. The UF Health advance directives page, UFHealth.org/advance-directives/overview, provides the information and free tools necessary to help you make decisions about your own future medical treatment should you become incapacitated. In addition, theconversationproject.org offers a helpful starter kit while www.nhdd.org offers short videos to help guide conversations with family, friends and physicians about your preferences should you become seriously ill.

Q: Do I need a lawyer to create an advance directive (living will, health-care power of attorney, etc.)?

A: No. Forms are available through the websites above. Also, every hospital in the United States is required to provide patients with information about advance directives, so you can always ask at your local hospital.

Q: I have a last will and testament. How is that different from a living will?

A: A will provides for the distribution of your property at the time of your death. A living will is one type of advance directive that relates only to end-of-life issues. In other words, a living will enters into effect when you become permanently incapacitated and your physician has diagnosed you with a terminal illness, in an end-stage condition or in a permanent non-responsive state.

Q: Why do I need a health care surrogate form?

A: Unlike a living will, a health care surrogate form is the type of advance directive that enables you to name the person that you wish to represent your wishes in any illness situation in which you lose capacity. You may appoint a specific person (surrogate) to make decisions on your behalf as well as designate a backup surrogate. If you do not name a health care surrogate, the state of Florida will appoint a "proxy" in this order: guardian; spouse; majority of adult children; parent; majority of adult siblings; close relative; close friend of patient. If no proxy can be located, the court may need to appoint an appropriate proxy. It is best that you name the person that you prefer in advance, rather than risk having someone appointed.

Q: Where can I learn more?

A: Stop by the UF Health Shands Hospital Atrium from 7 a.m. to 2 p.m. Thursday, April 16, National Healthcare Decisions Day, or come to our panel discussion at the Senior Recreation Center from 1-3 p.m. April 17.

A place to turn

New network aims to make navigating UF more manageable for transgender students

By Dorothy Hagemajer



After months of hard work, the Trans Resource Network is finally coming together.

Like a puzzle, the campus work group integrates different UF departments to create a bigger – and more manageable – picture. Up until now, accessing information concerning health care, legal services and counseling has been something of a scavenger hunt for trans-identifying students – one that could take a Gator from one end of campus to the other. The Trans Resource Network aims to solve that problem.

"It's providing students with a space to turn to when they have a question or are looking for an answer, rather than having it be so spread out," said LB Hannahs, director of lesbian, gay, bisexual and transgender affairs for UF. "People turn to this office anyways, but the network connects people who have similar questions to each other, because we don't necessarily have all the answers, but someone in another place on campus might."

Name changes, gender changes and health insurance overrides all take place in different departments. One procedure can require the signatures or files of at least two departments, creating a back-and-forth that can be both frustrating and time-consuming. Other times, it is the lack of documentation that makes the process difficult.

"They have a procedure for changing your gender (at the registrar) but it's really informal. And so it's hard to find," said Reilly-Owen Clemens, J.D., a Center for Women's Studies and

Gender Research master's candidate and the network's initiator.

"You have to ask the right people. It's hard to get an answer because you have to know who to ask and what question to ask and then write it up yourself. A lot of what I'm doing is standardizing things."

Additionally, the Trans Resource Network intends to ensure that the availability of resources becomes synonymous with both accessibility and visibility.

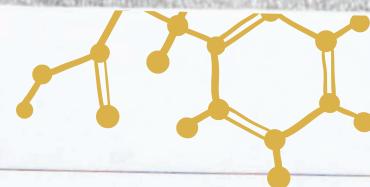
"It's opening up the system," Clemens said. "If you make it easier to get hormones or counseling, people won't have to tell what's generally called 'the trans narrative.' They won't have to tell them, 'Oh, I knew since I was 4, etc.' You would be able to just say, 'This is how I feel. This is what I need.'"

The network also gives other UF departments beyond the Office of LGBT Affairs the chance to familiarize themselves with trans student issues.

"It's not just about helping the students," Clemens said. "It's about helping staff provide services to trans-identified students in a way that's inclusive but uses resources as well."

Clemens hopes the Trans Resource Network at UF will set an example for other universities in Florida, and eventually spread to other southern states like Georgia or Alabama. She's optimistic about it and points out that the concept the network is based on is a simple one.

"A lot of it is just getting the resources to the right people," Clemens said. "And, surprisingly enough, if you put people in the same place and have them talk to each other, they do a lot of that on their own."



No _____ Date _____

LAB NOTES

1) Do generic prescriptions work as well?

UF Health researchers are investigating whether a generic form of a common heart medicine used for high blood pressure, heart failure and many other conditions works as well as the brand-name prescription. Through a \$2.3 million, three-year grant from the U.S. Food and Drug Administration, researchers hope to learn if patients taking a generic form of the drug Toprol XL for high blood pressure and other heart conditions are receiving the same effective treatment they would get from the brand-name prescription. The researchers will compare the generic and brand name treatments by investigating drug concentrations in the blood and the effect the drugs have on blood pressure and heart rate. — Linda Homewood

2) New trial for muscular dystrophy

Patients with the most common form of muscular dystrophy, Duchenne, often lose the ability to walk by the time they reach age 12 and typically only live to reach their 20s. UF Health researchers are participating in a key late-stage clinical trial that could lead to a new therapy for some children with this condition. Sarepta Therapeutics will provide up to \$1.6 million to UF Health to serve as a major site for the third phase of a clinical trial that, if successful, could help some patients with Duchenne maintain mobility and pulmonary function longer. Early results from the first two phases of the clinical trial for a drug called eteplirsen have been promising in some patients with the disease, extending the length of time they were able to walk compared with a control group of study participants who did not receive the drug, said Barry Byrne, M.D., Ph.D., principal investigator for the hub site at UF Health and a professor of pediatrics in the College of Medicine. — April Frawley Lacey

3) Everyday activities good for heart health?

Everyday activities such as dusting and walking to the mailbox can reduce older adults' risk of heart attack or death, according to a UF Health study released in the Journal of the American Heart Association in February. The researchers found that the amount of time participants in the study were sedentary was associated with a higher predicted risk for cardiovascular events. In fact, every 25 to 30 minutes of sedentary behavior — such as watching television, sitting to eat meals and lying down to read — translated to a 1 percent increase in the risk of a cardiovascular event. However, activity just slightly above sedentary — in the 100 to 499 counts-per-minute range, which could be light housework or slow walking — was associated with higher levels of the more beneficial kind of cholesterol, HDL, in people with no history of heart disease. Despite the fact that most health recommendations suggest 150 minutes per week of moderate-intensity structured exercise, these associations may show that older adults may get cardiovascular benefits even from lower-intensity activities. — Morgan Sherburne





UF Health researchers are uncovering how factors seemingly unrelated to health and wellness actually play a big role in people's health and lives. Building an understanding of these social determinants of health could help scientists improve health across populations

By Elizabeth Hillaker Downs

Imagine if you could make the invisible visible.

What if, somehow, you could see the number of calories a child burns as she runs from a slide to a swing in her local playground – or the number of calories she never consumed due to the new food policies in her school? What if you could see how the stress from her father's mental illness is affecting her growing brain or how important her mother's unemployment benefits were a year ago in ensuring she went to her last doctor's visit?

Increasingly, scientists are engaged in research that examines the invisible connections between health and life as a whole, raising new questions about how lifestyle, environments and health intersect and alter one another. This growing field of inquiry, often referred to as the social determinants of health, examines how the broad social contexts in which people live impact their health and vice versa.

Specifically, scientists are examining how people operate within a web of factors that promote and impede health – directly and indirectly. For instance, paychecks, playgrounds and policies all play a role in crafting people's lived experiences, affecting where they live, how many calories they burn, how fast they drive and how stressed they are. These factors impact their health, the health of their families and ultimately their communities' health. The first key lies in knowing precisely how and why individual factors play the role they do. The next step is designing effective ways to address these factors through changes to people's environments.

"This is a new and rapidly changing field, so in many ways we have more questions than answers right now, but that's part of what makes it exciting," says Betsy Shenkman, Ph.D., the chair of the department of health outcomes and policy and the director of the Institute for Child Health Policy. "We are moving beyond looking at health in isolation and are looking at health and well-being in its larger contexts, which demands innovative research methods that account for the multiple factors that impact people's lives."

Both the World Health Organization and Healthy People 2020, a document that sets a 10-year agenda for improving the health of Americans, have emphasized creating social and

physical environments that promote good health as major objectives in recent years. This movement grows out of the fact that scientists have uncovered more connections between people's environment – including their economic stability, their government's policies, their education, their neighborhood and their social connections – and their health.

"It has also become increasingly clear that it is not enough to receive excellent health care," says Shenkman, who conducts research that aims to improve the health of children and adults receiving Medicaid who have both physical and mental illness. "Instead, the field is recognizing that better health starts in families and communities – in people's environments – and only by making progress on both fronts can we address health disparities across income and race."

Faculty members in the Institute for Child Health Policy are tackling two research projects that aim to address both sides of that equation. One examines the effect of laws unrelated to health, such as minimum wage and unemployment benefits, on low-income families, and the other seeks to address periods of extreme stress in low-income pediatric patients to prevent their childhood trauma from affecting their mental and physical health into adulthood.



"We are moving beyond looking at health in isolation and are looking at health and well-being in its larger contexts, which demands innovative research methods that account for the multiple factors that impact people's lives."

– Betsy Shenkman, Ph.D.

Meet Jake* ...

Jake is 9. He loves soccer, pizza and hanging out with friends. He lives with his mom and three siblings. He's also one of the millions of children in the United States who is directly affected by public policies related to education, poverty, health care and more.



Jake's public school has performed poorly in school rankings and is plagued by lack of funding and few support programs.



Without the federal earned income tax credit to pay for his soccer summer camp, Jake's mother wouldn't be able to afford his soccer camp, where he can be active and safe while she is at work.



School meals are the only consistent source of food for some of Jake's friends, and he, like many others, consumes half of his daily calories through the school's reduced price breakfast and lunch program.



Since Medicaid began reimbursing primary care providers for basic oral health screenings and cavity prevention, Jake has received treatment from his pediatrician, with the aim of preventing pain, difficulty eating, infections, missed school days and even emergency room visits.



Jake's mom feels uncomfortable with him playing at the nearby park because several older children have been arrested there for minor offenses, leaving him with fewer options for playing outside after school.



Poverty → Neighborhood → Education → Hunger → Health Care



The effects of poverty impact children's neighborhoods, schooling, health care and more.

The type of neighborhood children live in affects how safe it is for them to play outside, what schools they attend and their access to stores selling fruits and vegetables.

Funding, policies and more affect the education children receive at school and their access to support programs and enrichment. Early education programs, for example, have been shown to affect children's cognitive development.

Hunger can affect children's health and their academic performance. Access to healthy meals can be a challenge in neighborhoods with few or no stores.

Poor health can keep children out of school and further the cycle of poverty. Programs like Medicaid help, but access to some services, such as dental care, is sometimes limited for patients on Medicaid.

*Jake is a fictitious representation

----- represents an indirect effect on Jake's life —— represents a direct impact on Jake

COVER STORY

PLOYMENT CLAIMED, EACH REPORT MUST, AT A MINIMUM, INCLUDE THE NAME, ADDRESS
ACTED, OR THE DATE THE CLAIMANT REPORTED TO A ONE-STOP CAREER CENTER, PURSUAI
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AND ONE-STOP CAREER CENTER. UNFELICELY, THE DEPARTMENT IS DISQUALIFICATION FOR BENEFITS.

A small yellow cartoon character with a lightning bolt on its head, standing next to a large, dark, textured object.

Only 14 Weeks:

A CLAIMANT'S PROCEDURE

which can put families like Bobby's in a precarious economic position.

... IN A PRECARIOUS ECONOMIC POSITION.
IVE TO CONTACTING AT LEAST ONE PERSON
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THE PROVISIONS OF THIS AGREEMENT ARE SUBJECT TO THE ELIGIBILITY REQUIREMENTS SET FORTH IN THE LEADERSHIP TRAINING AGREEMENT.

USE SHEET METAL
ACROSS THE
COUNTRY.

AT LEAST 80 FT.
ON AN OTHERWISE ELIGIBLE INDIVIDUAL
SUBMITTED TO A SUMMER
CAMP.

STORY
BY JEFFREY R. LAWTON, ISSUED
BY THE STATE OF CALIFORNIA



EMPLOYEE
Only 14 Weeks

... IN A PRECARIOUS ECONOMIC POSITION.
IVE TO CONTACTING AT LEAST ONE PERSON
OLIS (B) AND IS ANOTHER PERSON IN THE DEPARTMENT OF LABOR
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What works: Discovering health impacts in economic policies



When many people think of what it means to be healthy, they often envision things like blood pressure cuffs, pedometers or calorie counters, not legislative bills or tax codes. However, policy experts at UF's Institute for Child Health Policy and law scholars at Temple University are pioneering new methods to understand how economic policies – such as tax credits, minimum wage laws and unemployment compensation – affect the health and health behaviors of low-income families.

"Many of these policies directly affect children of families who are struggling financially," says Kelli A. Komro, Ph.D., a professor in the College of Medicine and associate director of the Institute for Child Health Policy. "The importance of those early years for children's long-term health into adulthood cannot be overstated, which underscores the importance of

across all 50 states for the past 35 years. This process allows researchers to compare policies in different states and across time to see what measures are most effective in improving health. These data will be made available on LawAtlas.org as part of an effort to spur additional research by the Public Health Law Research Program, funded by the Robert Wood Johnson Foundation.

For example, the researchers are examining unemployment compensation laws by noting the maximum weekly benefit, how the benefit was calculated, the maximum benefit duration and the base period of eligibility. The team is currently analyzing the data to see which aspects of which laws impacted various health indicators.

In a recent article published in the journal Health Behavior and Policy Review, Komro and her

"Knowing what works, at a precise level, is the first step toward systematically putting into place policies that will challenge the status quo and engender lasting improvement in the health culture of America."

– Alexander Wagenaar, Ph.D.

conducting rigorous analysis to see which social policies improve the health of families."

In the United States, about 22 percent of children live below the federal poverty line and 45 percent come from low-income families, increasing their risk for many health problems. In 2012, the federal earned income tax credit lifted 6.5 million people, including 3.3 million children, above the poverty line. In broad brushstrokes, this change in economic status impacts the environment in which children grow up, potentially altering their exposure to health risks and increasing the likelihood of exposure to conditions that promote health, such as high-quality schools and healthy food.

In the past, researchers have attempted to determine the effect of these types of policies on health. In contrast, this team picks apart policies, painstakingly coding individual aspects of laws

co-authors called for the field to adopt a "bird-by-bird" approach to public health law research, not becoming overwhelmed by the tremendous amount of data but instead breaking down the complex web of factors that affect health and testing research questions.

"Working side by side with legal scholars, we are crafting new methods for identifying which policies work and which policies do not," says Alexander Wagenaar, Ph.D., a professor of health outcomes and policy and a faculty member with the Institute for Child Health Policy. "Knowing what works, at a precise level, is the first step toward systematically putting into place policies that will challenge the status quo and engender lasting improvement in the culture of health in America."

Trauma and toxic stress: Protecting youth



In addition to examining the impact of big-picture aspects of people's lives, such as state policies and laws, faculty members at the Institute for Child Health Policy are finding out more about how life experiences – especially traumatic events – can affect children's health into adulthood.

Melissa Bright, Ph.D., an Institute for Child Health Policy faculty member, and Lindsay Thompson, M.D., M.S., an associate professor of pediatrics, are leading an effort to discover how abuse, neglect and household dysfunction, such as domestic violence and parent mental illness, impact children's health and what pediatricians can do about it.

Last year, Bright presented findings showing that children who experience three or more stressful events are six times more likely to suffer from a mental, physical or learning disorder than children who did not face these traumatic experiences. By linking data about one aspect of a person's life with another aspect, the interdisciplinary team discovered novel insights into how children's experiences connect with their health.

"The kids who have the highest number of adverse experiences have the highest likelihood of having multiple conditions," says Bright, who believes the culprit could be toxic stress, a chronic state that can change children's developing neurological and immune systems. "It is not one poor health outcome; it is a whole slew of poor outcomes across the board."

Although the study showed that adverse experiences are linked to an increased risk for various health conditions, the researchers do not yet know if those experiences cause the conditions to occur, Bright said.

"It is also possible that having a child with multiple health conditions puts serious financial and emotional

"The kids who have the highest number of adverse experiences have the highest likelihood of having multiple conditions."

strains on families, making them more susceptible to adverse experiences such as caregiver mental illness and divorce," she said."

This line of inquiry acknowledges how health is interconnected with several facets of people's lives, creating a web of causes and effects that are just

beginning to be explored. However, the research team's main focus is on implementing a way for pediatricians to collect information about adverse experiences that could affect children's health in an effort to prevent long-term effects.

Three years ago, the American Academy of Pediatrics released a policy statement recommending that pediatricians screen for these types of adverse experiences. However, Bright has conducted research revealing that although doctors believe they should be asking caregivers and children about adverse events, many are not. Her team plans to design a project with funds from the Institute for Child Health Policy and the department of pediatrics that will explore the barriers that prevent and impede pediatricians from screening. For instance, pediatricians may be reluctant to discuss such sensitive issues with parents, especially if they feel it is outside their training or that they do not have the resources or ability to help.

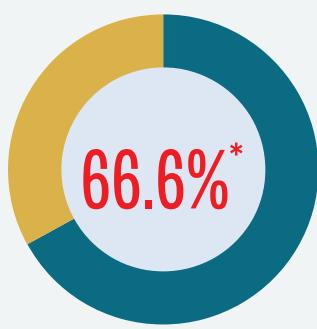
"Several anecdotes from practicing clinicians indicate time is also a huge issue in asking these additional questions," Bright says. "Preventing the most severe long-term effects of these adverse experiences cannot fall entirely to clinicians. We have to tackle this issue holistically, working with families, physicians, law enforcement, teachers and policymakers to discover the root causes and take steps to protect these children."

While the workgroup is at the beginning stages of their efforts, their ultimate goal is to create a screening mechanism that would allow pediatricians to efficiently and effectively inquire about potential effects from trauma and difficult environments and take steps to address it before it affects children's health in adulthood.

"This is a long-term but worthwhile process," says

– Melissa Bright, Ph.D.

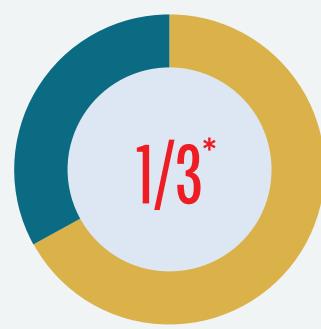
Thompson, who also serves as the associate director of clinical research for the Institute for Child Health Policy. "Helping pediatricians find ways to detect trauma and prevent its effects is crucial for protecting vulnerable children and giving them the best possible start in life."



Almost two-thirds of children from low-income families experience at least one adverse childhood event.



Children are six times more likely to suffer from a mental, physical or learning disorder if they have faced three or more adverse childhood events.



More than one-third of children in Florida experience at least one adverse childhood event.

*Data stems from National Survey of Children's Health

The day SOUND came back

Remiah Turner lost her hearing suddenly last year. In January she got it back, thanks to help at UF Health.

By Dahlia Ghabour

"I can't hear. Mom, I can't hear."

Fifteen-year-old Remiah Turner's life changed when she woke up one night in October and spoke those words. What started as a vertigo diagnosis had turned severe. Within a few days, her hearing was gone.

"It was terrifying," said Sherima Cobb, Remiah's mother. "I didn't know what was going on with her. They checked her for everything. You name it; they checked her. She didn't have it."

For five months, the teen's life was silent. The ordeal ended at the end of January, when Remiah finished up her latest procedure: restoring her hearing through cochlear implants.

Often, people suffer hearing loss because of damage to the inner ear, or cochlea. A cochlear implant works by doing the job of the cochlea and sending signals to nerves associated with hearing. Kristin Letlow, Au.D., a UF Health audiologist who worked with Remiah, said that the internal cochlear implant is meant to circumvent the damaged cochlea by directly sending electric pulses to the hearing nerve, which then signals the brain.

"She's going to be a bionic woman," Letlow said. "We're stimulating the nerve in its own language. At first it sounds kind of weird, like a robot, because your brain has to learn the new code."

Letlow linked speech processors outside Remiah's ears and began running beep tests. When all was ready, she nodded at Cobb that it was time.

Her mother said 'Hello.' Remiah burst into laughter.

"Remiah, what do I sound like?" she said.

"You sound funny," Remiah said. "Like a chipmunk."

The family was all smiles and laughter, already planning Remiah's "Sweet 16" now that she could hear again. She received a "care package" with batteries, cases, instructions and even a waterproof set of processors for swimming.

Rodrigo Silva, M.D., the otolaryngologist who performed Remiah's implant surgery Jan. 5, said her case was an unusual one. The hospital completes 40 to 50 implant procedures a year. Usually, congenital deafness strikes a child at birth. Remiah went completely deaf in a matter of days.

Doctors concluded that she had an autoimmune disease that caused her body to attack her joints, liver and ears. Silva said the disease could cause scarring in the inner ear that would make implant surgery impossible, so they had to act fast.

"She always had a positive attitude, even in the face of this situation," he said.

Remiah's mother said she felt blessed.

"Some kids don't get this opportunity," Cobb said. "But I am so thankful and blessed by everybody. It takes a team. When they say it takes a village to raise a child, I believe it. I believe it."



"She's going to be
a bionic woman. . . ."
"

– Kristin Letlow, Au.D.



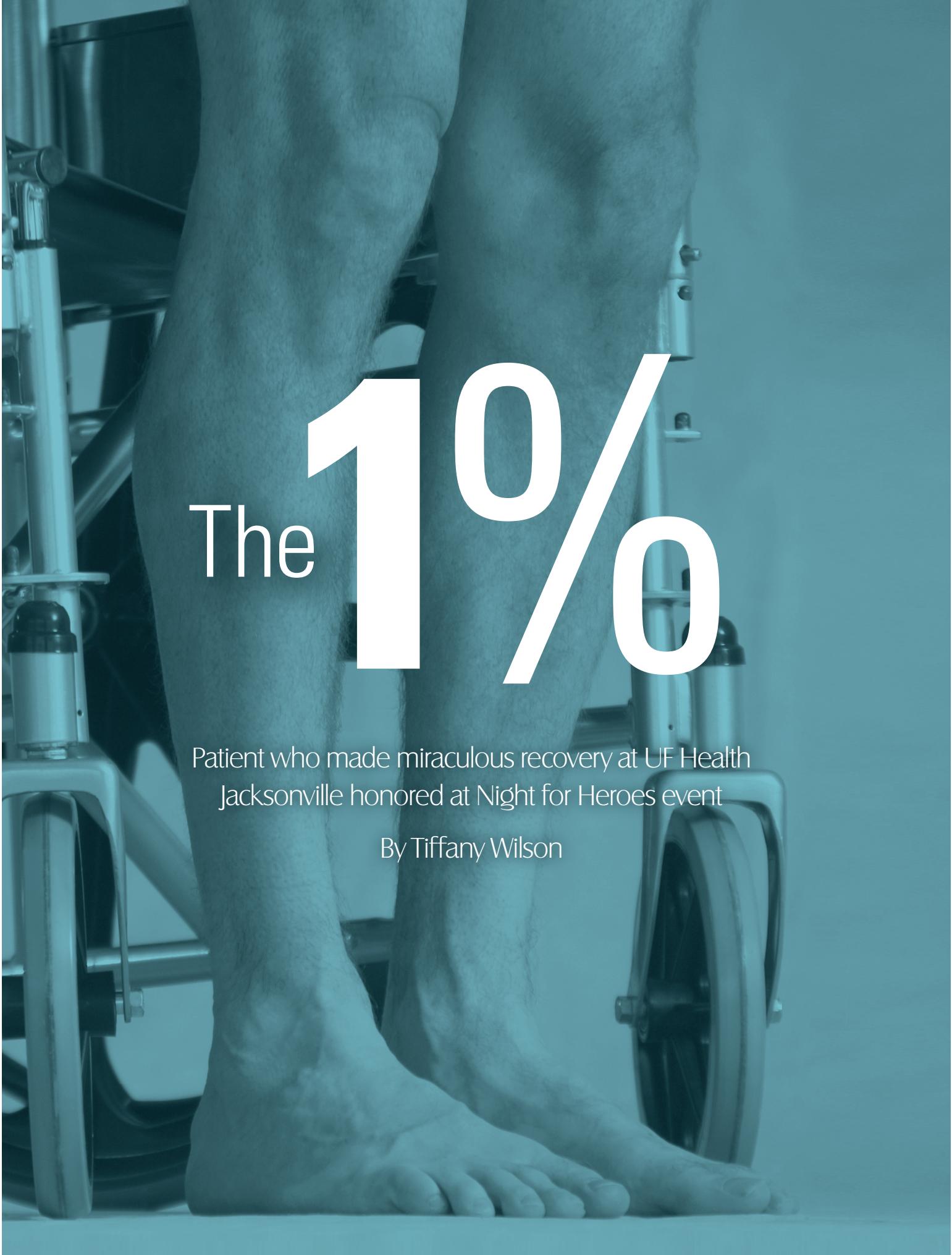
Photos by Mindy Miller

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POST

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The 1%

Patient who made miraculous recovery at UF Health Jacksonville honored at Night for Heroes event

By Tiffany Wilson



Tim Callahan lay awkwardly on the ground, wishing he could yell for help and seriously unsure whether his head was still attached to his body.

A moment before, the quarterback, then 29, was at the top of his game as he led his team in a flag football tournament. Then one hit July 3, 2010, left him with no feeling from the neck down.

Tim and his opponent had been jumping for the football. They caught it simultaneously, and neither would let go. Tim fell to the ground sitting upright. The other player landed on top of him, inadvertently shoving Tim's head into his body. His neck broke and he was instantly paralyzed, falling backward like a ragdoll.

Only one place in the region was equipped to handle Tim's injury – UF Health Jacksonville's TraumaOne, the only Level I adult and pediatric trauma center in Northeast Florida.

Tim was swarmed with doctors and nurses the moment he arrived at the hospital. Everyone wanted to know if he could feel this sensation or that prick. The answer was always no. When Tim's wife, Jamie, arrived, she received devastating news: Her vibrant, athletic husband was a functional quadriplegic.

The trauma surgeon on duty that day, Elizabeth Vitarbo, M.D., an assistant professor of neurosurgery at the University of Florida College of Medicine – Jacksonville, reviewed MRI images of Tim's spine before stepping into his room. It was a very rare and serious injury, with C3 and C4, the third and fourth cervical vertebrae, shoved out of place. There was a strong chance Tim would never regain feeling below his neck.

Then, finally, some good news: Tim was able to move one shoulder. That meant there was still some movement in muscles controlled by the spine below the injury. Vitarbo knew the sooner she took Tim into surgery, the better chance he had of regaining some muscle function.

In the operating room, the surgeon cut a small incision in the front of Tim's neck. She pushed tissue and blood vessels out of the way, removed the disc between his injured vertebrae and realigned the bones to a normal position. She then replaced the disc with a plug of cadaver bone and fastened it into place with a metal plate and screws. The bone would grow over time and adhere to his vertebrae.

Shortly after Tim was wheeled back to his room, his father, Steve Callahan, couldn't stop himself from weeping in relief when he saw Tim's toes wiggle.

Orthopaedic surgeon John Kirkpatrick, M.D., later fused Tim's vertebrae on the back side of his neck, reinforcing Vitarbo's work from the first surgery. To do it, he took a bone graft from Tim's hip and connected it to the vertebrae using screws and rods. This bone also would grow, eventually fusing with the bones above and below it.

Every day, Tim regained a little more strength. His wiggling toes became wiggling feet, then feeling began to return to his legs and continued working its way up.

Near the end of Tim's two-week stay in the intensive care unit, the rehabilitation team was able to sit him upright. He was so weak, he feared his head would fall off. But even without his physical strength, he turned to the mental athlete inside. He was determined to walk again.

Tim was transferred to Brooks Rehabilitation Hospital and focused on his plan. Once Tim could stay upright for at least 30 minutes without blacking out, physical therapist Renan Abagat stood him up.

"He put my arms on his shoulders, and then we walked on the fourth floor of Brooks. It was the biggest milestone – to walk again. I was sobbing my eyes out all day after that," Tim recalls.

Tim's return to walking was already remarkable, but he took his recovery much further. He walked out of Brooks on his own, returned to coaching basketball, and even played flag football once more so he could end his time playing the beloved sport on his own terms, rather than in such a devastating way.

Tim also found his calling, the Tim Callahan Foundation, a nonprofit offering free, faith-based sports camps to underprivileged children.

The biggest dream of his life – to become a father – finally came true after years of trying. His son, Elijah Joseph Callahan, was born in summer 2014, just a few days shy of the four-year anniversary of Tim's accident.

Tim likes to recount a conversation he overheard during one of his yearly follow-up appointments at UF Health.

"When we teach you about the 1 percent chance of recovery, this is that 1 percent," he heard Kirkpatrick tell his residents when they met him.

Kirkpatrick said Tim's case was rare, but he couldn't say it was a surprise.

"When people come in as severely injured as he did, it's generally not expected that they'll see much recovery. But miracles happen every day around here," he said.



A new parasite problem

Rare rat lungworm parasite is present in more snails than previously thought

By Sarah Carey

Unless you like to eat raw or uncooked snails, chances are you won't ever have to worry about the rat lungworm, but the parasite could pose a problem for your less persnickety pets.

UF researchers have discovered that this rare parasite, which can cause sickness in humans and animals, is present

in more species of snails in Florida than previously thought, potentially putting people and pets who eat snails at risk.

The scientists made the discovery after an orangutan treated at UF died from eating snails carrying the parasite *Angiostrongylus cantonensis*, known as the rat lungworm. While the rat lungworm is considered established in snail populations in Hawaii, until now it has not been commonly seen in the continental United States. However, the researchers' findings show the parasite may now be established in South Florida, which raises concerns about



Photos by Mindy Miller

how it got there and the potential implications for both animal and human health.

"Determining the geographic distribution of this parasite in Florida is important due to the hazards to human health," said Heather Walden, Ph.D., an assistant professor of parasitology at UF's College of Veterinary Medicine and lead author of a study published online in the *Journal of Parasitology*.

The rat lungworm is a nematode that can affect both animals and humans. It uses the rat as a definitive host and gastropods, such as snails, as intermediate hosts.

Florida's large horticultural industry makes the parasite's presence in the state particularly disturbing because plant nurseries are one of its most important modes of transport.

"Most of the snails found to be intermediate hosts for this parasite in our study are invasive and some feed on or shelter on ornamental plants, which have the potential for distribution throughout Florida and in other areas of the United States," Walden said.

Walden's research builds on a previous UF study, which reported that a 6-year-old orangutan treated at UF in 2012 after exhibiting neurological symptoms was infected with the rat lungworm. The animal had a history of eating snails, Walden said.

In 2013, Walden and a colleague visited the Miami area to collect terrestrial snails from the orangutan's infection site. They sorted snails by size, shape and color and identified them by species.

The scientists collected mucus from all of the snails and analyzed specimens for the presence of nematodes. Additionally, rat fecal samples were collected from the original infection site and examined for nematodes.

Of five species of terrestrial snails tested, three tested positive for the rat lungworm. One species was the same as the orangutan had ingested, one is a known intermediate host and the other had never previously been identified as an intermediate host, the study states. All of the rat fecal samples contained the nematode.

Walden is working with study co-author John Slapcinsky, an invertebrate zoologist who specializes in the study of mollusks with UF's Florida Museum of Natural History, to properly identify and process all of the snails collected in this project.

In addition to the danger to humans, the rat lungworm can also affect dogs, horses and birds.

"These species all get similar diseases," Walden said. "So these findings are of interest not only to companion animal medicine but to human medicine as well."

The parasite can cause a rare and potentially fatal form of meningitis in people, according to the Centers for Disease Control and Prevention.

Walden hopes to broaden her survey to the entire state of Florida and will be working with UF veterinary students in the endeavor.

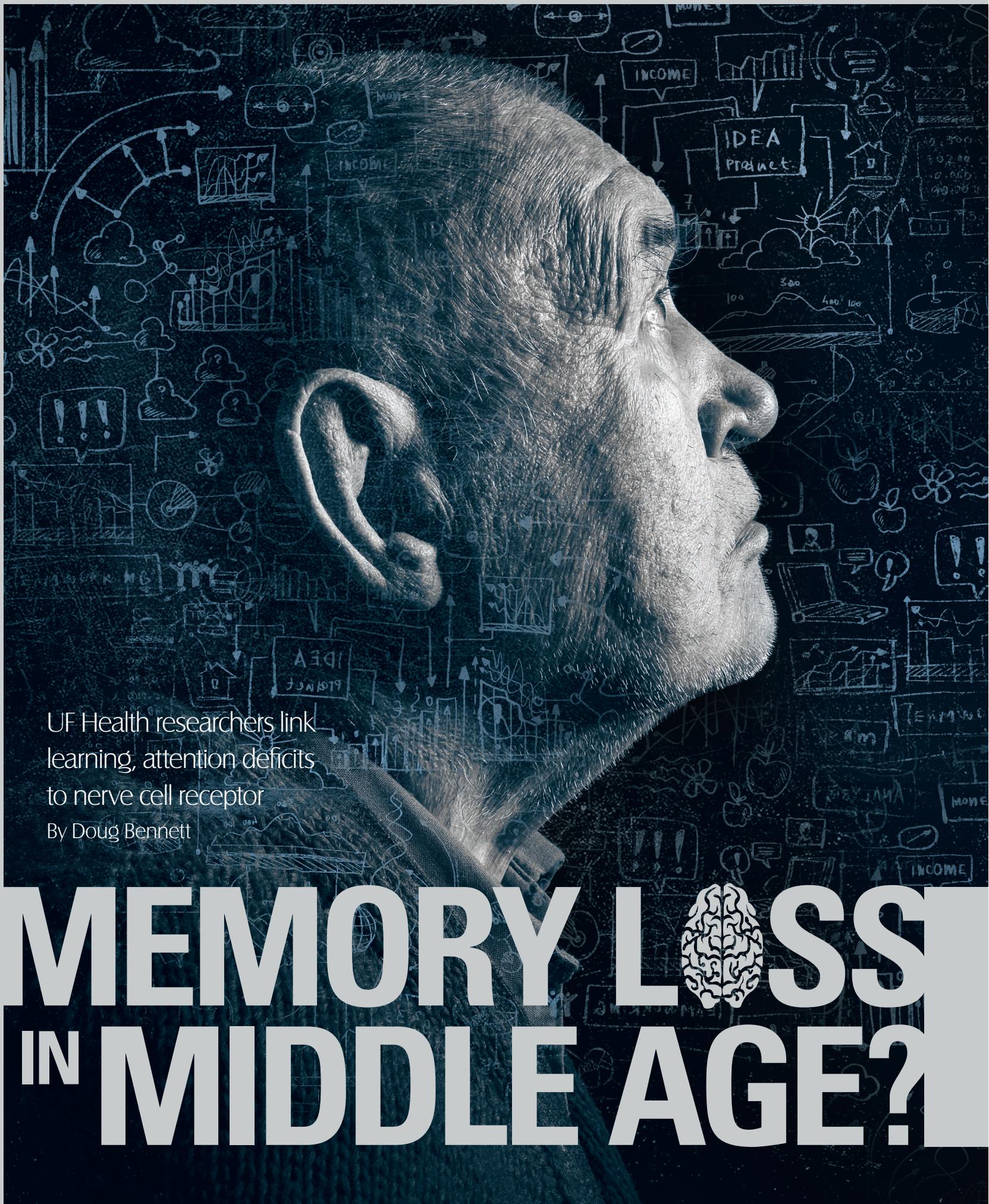
"Humans can't become infected with this parasite unless they eat an undercooked or raw snail," she said. "Some animal species can harbor the infective larvae, like different crustaceans or frogs. As long as food is cooked and you wash your produce, you will most likely never ingest it."

As for pet owners, "I often tell my students, 'Don't let your pets eat lizards or catch mice,' to avoid potential infection of other parasites. Snails also fall into that group," Walden said. "If you know you have a snail problem, try to keep your pet away from that area."

"If you know you have a snail problem, try to keep your pet away from that area."

– Heather Walden, Ph.D.





UF Health researchers link learning, attention deficits to nerve cell receptor

By Doug Bennett

MEMORY LOSS IN MIDDLE AGE?

Middle age may have a new hazard: the gradual, early onset of memory and attention problems.

Researchers have traced significant attention deficits in middle-aged rats to a nerve cell receptor necessary for learning and memory. As aging makes the receptor less functional, learning some tasks or remembering certain things gets much more difficult, the scientists say.

But memory problems aren't just the bane of the elderly. In laboratory tests, cognitive skills and memory declined significantly among some rats that were middle-aged — roughly equivalent to an adult in his or her 50s. The research was published in *The Journal of Neuroscience*.

illuminated hole from among five openings within a set amount of time. The middle-aged rats were much less accurate than the younger ones, and more than twice as likely to not make a choice at all when the task was made more difficult, researchers found.

So what does that mean for humans? The results point to a possible reason why it's harder for older people to learn new information when a lot of attention is required, according to Foster.

"This gives validation to the theory that certain aspects of cognitive decline start in middle age," he said.

Foster and two other UF researchers also wanted to know why the nerve cell receptor, known as NMDA, was losing some of its function. Several parts of the brain, including the hippocampus and prefrontal cortex, rely on the receptor for functions

"If you're going to learn something new when you're in your 50s or 60s and you're going to have to pay attention, it's going to be a bit tougher..."

— Thomas C. Foster, Ph.D.

Researchers already knew the nerve cell receptor's function affected the hippocampus, a part of the brain associated with long-term memory. In the recent study, they wanted to know how the nerve cell receptor's diminished function would affect the prefrontal cortex, the part of the brain that drives cognitive skills such as attention, problem solving and working memory.

"At middle age, certain cognitive functions are more at risk than initially thought," said Thomas C. Foster, Ph.D., a professor in the College of Medicine's department of neuroscience and chair for research on cognitive aging and memory at UF's Evelyn F. and William L. McKnight Brain Institute.

That means struggling with everyday issues — misplacing car keys or losing a train of thought — might have more significance in middle age.

To test those theories, researchers measured whether trained rats responded correctly and promptly to a brief flash of light. The rats were rewarded with food when they correctly chose the

that include memory, decision-making and attention. Aging can intensify the production of harmful free radicals that cause oxidative stress. That process changes the shape and function of the nerve cell receptor, which leads to cognitive problems.

Without an active, properly functioning nerve cell receptor, it's hard to learn new things, Foster said. In one part of the brain, keeping that activity going is what allows a person to maintain his or her attention.

That helps explain why some middle-aged animals begin to show signs of struggle with memory issues and some cognitive tasks. Age-related cognitive decline actually starts when people are in their 20s but doesn't usually become noticeable for several more decades, Foster said.

"If you're going to learn something new when you're in your 50s or 60s and you're going to have to pay attention, it's going to be a bit tougher," he said. "When we get into our 50s, our eyes start to go. There are a lot of things that start to go, and cognitive function is a part of that."


In one test, middle-aged rats were about 20 percent less likely than young rats to make a correct choice for a task they had learned.

Eat (a little) less, live longer?



Researchers find that
fasting occasionally
may improve lifespan

By Morgan Sherburne

Think of it as interval training for the dinner table.

UF Health researchers have found that putting people on a feast-or-famine diet may mimic some of the benefits of fasting, and that adding antioxidant supplements may counteract those benefits.

Fasting has been shown in mice to extend lifespan and to improve age-related diseases. But fasting every day, which could entail skipping meals or simply reducing overall caloric intake, can be hard to maintain.

"People don't want to just under-eat for their whole lives," said Martin Wegman, an M.D.-Ph.D. student at the College of Medicine and co-author of the paper recently published in the journal *Rejuvenation Research*. "We started thinking about the concept of intermittent fasting."

Michael Guo, a UF M.D.-Ph.D. student who is pursuing the Ph.D. portion of the program in genetics at Harvard Medical School, said the group measured the participants' changes in weight, blood pressure, heart rate, glucose levels, cholesterol, markers of inflammation and genes involved in protective cell responses over 10 weeks.

"We found that intermittent fasting caused a slight increase to SIRT 3, a well-known gene that promotes longevity and is involved in protective cell responses," Guo said.

The SIRT3 gene encodes a protein also called SIRT3. The protein SIRT3 belongs to a class of proteins called sirtuins. Sirtuins, if increased in mice, can extend their lifespans, Guo said. Researchers think proteins such as SIRT3 are activated by oxidative stress, which is triggered when there are more free radicals produced in the body than the body can neutralize with antioxidants. However, small levels of free radicals can be beneficial: When the body undergoes stress – which happens during fasting – small levels of oxidative stress can trigger protective pathways, Guo said.

"The hypothesis is that if the body is intermittently exposed to low levels of oxidative stress, it can build a better response to it," Wegman said, who recently completed a two-year pre-doctoral fellowship at UF supported by a National Institutes of Health Clinical and Translational Science Award.

The researchers found that the intermittent fasting decreased insulin levels in the participants, which means the diet could have an anti-diabetic effect as well.

The group recruited 24 study participants in the double-blinded, randomized clinical trial. During a three-week period, the participants alternated one day of eating 25 percent of their daily caloric intake with one day of eating 175 percent of their daily caloric intake. For the average man's diet, a male participant would have eaten 650 calories on the fasting days and 4,550 calories on the feasting days. To test antioxidant supplements, the participants repeated the diet but also included vitamin C and vitamin E.

At the end of the three weeks, the researchers tested the same health parameters. They found that the beneficial sirtuin proteins such as SIRT 3 and another, SIRT1, tended to increase as a result of the diet. However, when antioxidants were supplemented on top of the diet, some of these increases disappeared. This is in line with some research that indicates flooding the system with supplemental antioxidants may counteract the effects of fasting or exercise, said Christiaan Leeuwenburgh, Ph.D., co-author of the paper and chief of the division of biology of aging in the department of aging and geriatric research.

"You need some pain, some inflammation, some oxidative stress for some regeneration or repair," Leeuwenburgh said. "These young investigators were intrigued by the question of whether some antioxidants could blunt the healthy effects of normal fasting."

On the study participants' fasting days, they ate foods such as roast beef and gravy, mashed potatoes, Oreo cookies and orange sherbet – but they ate only one meal. On the feasting days, the participants ate bagels with cream cheese, oatmeal sweetened with honey and raisins, turkey sandwiches, apple sauce, spaghetti with chicken, yogurt and soda – and lemon pound cake, Snickers bars and vanilla ice cream.

"Most of the participants found that fasting was easier than the feasting day, which was a little bit surprising to me," Guo said. "On the feasting days, we had some trouble giving them enough calories."

Leeuwenburgh said future studies should examine a larger cohort of participants and should include studying a larger number of genes in the participants as well as examining muscle and fat tissue.

Guo, Wegman and their fellow authors developed the study with UF Institute on Aging faculty members Stephen Anton, Ph.D., and Leeuwenburgh, as well as Clinical and Translational Institute faculty and staff, including study dietician Meena Shankar.

The endeavor was as a part of a class in the UF M.D.-Ph.D. program that is designed to teach students to bridge the gap from clinical research to bedside medicine, during which students design a clinical trial based at the UF Clinical Research Center.

"As we go through the study design and work out the basic science and clinical aspects, we marry those together and have a final product of an Institutional Review Board-approved clinical trial," said Mark L. Brantly, M.D., a professor in the department of medicine, senior author on the paper, and leader of the class project. "These students are remarkable in their motivation, maturity and intellectual capacity. I'm amazed at what they are able to accomplish, such as working in a team, sharing a workload and connecting with people."

DISTINCTIONS



Julie A. Johnson

A DISTINGUISHED LEADER

Julie A. Johnson, Pharm.D., dean and distinguished professor of the College of Pharmacy, is the new president-elect of the American Society for Clinical Pharmacology and Therapeutics. Johnson assumed the role March 5 at the society's 116th annual meeting in New Orleans. Based in Alexandria, Virginia, the American Society for Clinical Pharmacology and Therapeutics has more than 2,100 members who work to advance the science and therapeutic practice of human pharmacology for the benefit of patients and society. Also in March, Johnson won the 2015 Distinguished Scientist Award from the Southeastern Universities Research Association. The award and its \$10,000 honorarium are presented annually to a research scientist whose work fulfills the group's mission to strengthen the scientific capabilities of its members and the nation.

JACKSONVILLE



Joseph Sindone

Joseph Sindone, D.P.M., an assistant professor in the department of orthopaedic surgery, has been named to the Florida Board of Podiatric Medicine. Sindone is one of just five podiatrists statewide who will comprise the board. His three-year appointment is pending confirmation by the state Senate. Sindone has been at the UF College of Medicine – Jacksonville since 2006.

MEDICINE



Kevin E. Behrns

Kevin E. Behrns, M.D., chair of the department of surgery and the Edward R. Woodward professor of surgery, has accepted roles as co-editor-in-chief of the journal *Surgery* and as a member of the executive committee of the American College of Surgeons' board of governors. Behrns said he wants to help the journal establish a dynamic social media presence, enhance its electronic edition and mobile accessibility, and find engaging new ways of communicating with young surgeons.



Frederick A. Moore

Frederick A. Moore, M.D., MCCM, chief of acute care surgery in the department of surgery, received the Distinguished Investigator Award for his research on the pathogenesis of multiple organ failure at the Society of Critical Care Medicine's annual meeting in January.



Patrick Tighe

Patrick Tighe, M.D., M.S., an assistant professor of anesthesiology, was awarded a Presidential Commendation from the American Academy of Pain Medicine, an association of medical professionals whose focus is pain care. Each year, the president of the academy chooses a small group of individuals in the field to honor for their contributions to pain care and pain medicine. For 2015, 11 recipients nationwide will receive the commendation.

THE BUSINESS SIDE

Geoffrey Landau, a fourth-year student at the UF College of Veterinary Medicine, was named the winner of the Simmons Business Aptitude Award in January during the national Veterinary Business Management Association's annual meeting in Orlando. The \$15,000 award, which is given to senior students, is intended to bring attention to the importance of business education in veterinary practice. Landau was selected from among 17 national and international candidates.

PUBLIC HEALTH AND HEALTH PROFESSIONS



Makyba Charles

Makyba Charles, a doctoral student in the department of environmental and global health, won the Student Merit Award from the Society for Risk Analysis' Exposure Assessment Specialty Group for her presentation "A Probabilistic Analysis of Seafood Consumption in the Gulf of Mexico" at the society's annual meeting.



Scott Griffiths

Scott Griffiths, Ph.D., an associate professor in the department of speech, language and hearing sciences, was elected secretary of the Accreditation Commission on Audiology Education, the authoritative group for assuring quality in audiology education. He has served on the commission's board of directors for six years and has evaluated applicant programs as a site visitor.



David Janicke

David Janicke, Ph.D., an associate professor and interim chair of the department of clinical and health psychology, co-authored a paper on pediatric psychology training that was selected for the 2014 Diane Willis Award for Outstanding Article in the *Journal of Pediatric Psychology*. The award recognizes articles that have the potential to significantly contribute to scholarship in the science and practice of pediatric psychology.

Science at the bedside

How one researcher is helping more nurses ask the right (research) questions

By Dahlia Ghabour

Laurie Duckworth, Ph.D., ARNP, asked questions. Where others would shrug off phenomena, she dug deeper. She researched. One thing always led to another, she learned. Now, she's five months into her new two-part job as director of clinical research for the College of Nursing and administrative director of research for the UF Health Shands department of nursing and patient services.

Her job asks her to make connections – between students and subjects, questions and answers, doctors and families. She is the bridge.

"I believe in interdisciplinary research, collaborative research," Duckworth said. "If you look at what studies get funded by the NIH (National Institutes of Health), and other foundations, that's what they want. That's who the grants go to."

Duckworth said her whole career has been spent working with doctors on various clinical projects. She has a specific interest in asthma, sickle cell disease and genetic epidemiology, which she says are all interconnected.

Her own research started in the early 1990s at a critical care unit in Jacksonville.

There she worked with

Niranjan Kissoon, M.D., a pediatric and critical care specialist, to study the effects of exhaled nitric oxide levels present in asthmatic children on the basis of a theory their levels were naturally higher than normal.

When a 7-year-old's nitric oxide levels ended up being a flat zero, Duckworth knew she had stumbled across something worth looking into – it turned out the child had sickle cell disease.

"I wondered if other sickle cell kids had low levels," Duckworth said. "A lot of them weren't diagnosed with asthma but had it, or had irritable airways; you would think they would have elevated levels. As it turns out, children with sickle cell disease and asthma are more vulnerable to acute chest syndrome. That's what my dissertation was about."

She credits much of her success to the mentorship she received from John Lima, Pharm.D., who she worked closely with for several years at the Center for Pharmacogenetics/Pharmacogenomics and Translational Research at Nemours Children's Hospital.

Duckworth is currently studying weight change and asthmatic control in children with asthma who have had their tonsils removed.

She spends at least half her week at UF Health Shands Hospital meeting with nurses to help them formulate research questions and discuss ideas.

"I think you have to have the right mentors or right people around you," she said. "I had the right people around me to encourage me – people who had a respect for what nursing brought to the table."

Duckworth maintains that nursing is a vital part of the patient-doctor-family dynamic. When she was 12, she was hit by a car and spent a lot of time in a hospital with a "really mean nurse." In those days, parents had limited visiting hours, siblings couldn't visit at all – and being coldly treated during her stay formed her resolve. She was going to be a nurse, and she was going to be nice.

Having a passion for the work has always driven her to think of new angles to look at problems – and the most important part of any project is assembling the right team.

"Be collaborative," she said. "That's my favorite thing to do – bring groups together. We can make a difference."

Photo by Jesse S. Jones



Photo by Ant Collier

SEE YA!



Photo by Jesse S. Jones

▲ Members of the College of Medicine's White Coat Company performed The Lion King at UF Health Shands Children's Hospital in February.



Photo by Mindy Miller

▲ Students from Blessed Trinity School in Ocala recently took a tour of UF Health.



Photo by Jesse S. Jones

▲ UF Health faculty, students and staff celebrated national Go Red Day in February.

THE POST

04 • 2015

Published by
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The POST is the monthly newsletter for UF Health, the most comprehensive academic health center in the Southeast, with campuses in Gainesville and Jacksonville and affiliations throughout Florida. Articles feature news about research, patient care and education at UF Health. Content may be reprinted with appropriate credit. Ideas for stories are welcome. The deadline for submitting items to be considered for each month's issue is the 15th of the previous month. Submit to the editor at afrawley@ufl.edu or deliver to UF Health Communications in the Communicore Building, Room C3-025.

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