



"For some rural populations and the economically disadvantaged ... the gap in health status and health outcome is widening and we need to understand why."

by Therese Michels

Since the inception of the Rural Medical Education Program at the Rockford campus in 1993, medical students have been recruited from rural communities and have been taught the importance of returning to similar communities to practice as primary care physicians.

"I like the idea of the old country doctor," says M4 student Denice Smith, responding to why Rockford's RMED program was her first choice when choosing a medical school. "I grew up in a small town," she continues. "That's where I feel comfortable. I know how a small community works and how I can be most efficient."

RMED, along with the Rural Health Professions Education, Evaluation and Research program, which was developed in 2000 to address the shortages of nurses, dentists, pharmacists and mental health professionals and to create interdisciplinary curricula, have evolved into the National Center for Rural Health

Professions and have attracted the attention of the U of I trustees, the National Institutes of Health and the federal government.

Last fall, the NIH's National Center on Minority Health and Health Disparities awarded Rockford a \$6.4 million grant to establish the Project EXPORT Center for Excellence in Rural Health.

"The funds will allow us to develop advanced health disparities research and training through innovative community partnership models, particularly in rural and underserved communities," says Michael Glasser, PhD, assistant dean for rural health professions and director of the Center for Excellence. "For some rural populations and the economically disadvantaged, in particular, the gap in health status and health outcome is widening and we need to understand why."

The center eventually will be housed in a \$24 million, 72,000-square-foot

building. Rep. Don Manzullo (R-Egan) announced in early 2003 a \$1.5 million congressional appropriation to take the College of Medicine one step closer to the construction of the building. More federal dollars are expected to be pooled with local private donations and state funding to make the building campaign a success.

This Dean's Legacy

As part of his legacy, Regional Dean Bernard "Buz" Salafsky, PhD, who retired recently, leaves a program and now a national center that are having a positive impact on the health care of the majority of rural counties in Illinois. It's helping with access to quality health care. It's helping decrease infant mortality and increase life expectancy, and it's helping communities with their economic development.

"The importance that the University of Illinois board of trustees has assigned to the issues of health care disparities in rural Illinois signals the unique achieve-

Ms student Denise Smith, resident of rural community, works with a family practice physician in Rockford, Ill., in a rural health professions program.

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Opposite, Michael Glasser, PhD, assistant dean for rural health professions, directs Rockford's Center for Excellence in Rural Health.



Chicago Tribune file photos

ments and coming promise of the College of Medicine as it assumes the role of a National Center for Rural Health Professions," Salafsky says.

In addition, the RMED program, which began as Salafsky's idea when he became dean in 1983, has made quite an impact on not only rural health care, but also the students, like Smith, who have graduated from the program and gone on to become country doctors.

Smith's RMED classmates have opinions similar to hers about what makes the program work. Each class has about 15 students, and the typical student hails from a small, rural community in Illinois. Each has expressed a desire to return to a small, rural town once he or she graduates from medical school and completes a residency.

Smith says that her passion to become a rural family practice physician didn't come completely from within. Smith remembers the many house calls her family doctor, Richard Vandermyde, MD, made to her home and the attention he gave to each and every family member. "He had a lot to do with why I want to be a doctor," Smith says.

During her interaction with Vandermyde, Smith spoke about her interest in becoming a physician. He told her about the special program at the Rockford campus. Vandermyde knew about the RMED program from his former partner Richard Londo, MD, who moved to Rockford in 1988 and eventual-

ly became an instrumental leader in the program. What Smith learned from Vandermyde and Londo made Rockford her first choice in a medical school.

As is the curriculum for all Rockford students, Smith's M1 year was spent in Urbana where students also take a monthly RMED seminar. In the second year, the students move to Rockford and take the same classes as the other students during the M2 and M3 years, but again take a monthly RMED seminar. "We learned about issues such as access to care, mental health treatment and farm accidents," says Smith.

The fourth year includes a 16-week preceptorship. Many doctors throughout the state are involved with the program and offer their time and knowledge to the RMED students. Although the students have many sites from which to choose, no two students may attend the same site in one year.

Smith chose to go to Flanagan, which is a small town about 35 miles north of Bloomington.

"Flanagan hadn't been used in a couple of years," Smith recalls. "But it was rated highly by former students. There was good patient diversity. There is a new 47-bed hospital in nearby Pontiac. It turned out to be a good choice."

Larry Stalter was the physician with whom Smith worked and she remembers the hospital staff was just as enthusiastic as Stalter in providing her with a variety of valuable experience. "I was able

to do everything," Smith says, adding that her patients ranged in age from infants to a 106-year-old man.

Smith's typical day in Flanagan began at 7 a.m. with hospital rounds. When she arrived at the office, she had a 30-minute time period during which she and Stalter returned telephone calls and tried to catch up on paperwork. Then from 9 a.m. to 4:30 p.m., Smith saw patients. She was on call one night each week and one weekend each month.

Each RMED student returns from the preceptorship with similar recollections and is forthcoming in expressing the laurels of the program. One praise Smith gives the program regards the positive growth and recognition she's seen in the past four years—especially in 2003 with the board of trustees' unanimous vote to recognize the program as a National Center for Rural Health Professions.

Dean Salafsky, along with Glasser, and the board of trustees look forward to the difference such a center can make. They expect the center to be the model for other medical and health professions schools both in the United States and abroad.

On Her Way

Smith joined in with RMED colleagues who will need to identify a rural health care site. Glasser, Londo, Stalter and Smith are among the faculty who will be involved in the program. The program is a part of the National Center for Rural Health Professions.