



Tommie Albright had a dream. The second-year D.O. student wanted to do mission work in Belize. With the help of Drs. Kendall Reed and Yogesh Shah, Tommie's dream developed into DMU's first medical service trip in July 2006. After the trip, DMU created the department of Global Health to expand opportunities in international medicine for students, faculty and alumni, while providing much-needed health care to people in underdeveloped areas around the world.

Des Moines University's partnership with underdeveloped countries continues a long tradition of service. Ever since Still Osteopathic Hospital opened in 1899, our students and faculty have worked with area residents. Today they have opportunities to serve in rural Iowa, assist in nationwide studies, participate in medical service trips and collaborate with international researchers.

Our vision remains the same: improve the health of society through empowering individual responsibility for health and direct service to the community. The scope of our service has grown: Our community now includes local residents and under-served populations in 38 developing countries.

Criterion Five

Engagement and service

As called for by our mission, we identify our constituencies and serve them in ways both of us value.

CORE COMPONENT 5A

We learn from the constituencies we serve and analyze our capacity to serve their needs and expectations.

We identify those who need our service in four primary ways:

- Core mission documents
- Survey data
- Requests for community service
- Student initiatives

Wellness program evaluation

One example of mission-driven service is our award-winning wellness program. DMU is uniquely positioned to provide a comprehensive wellness environment for our employees and students. The latter are destined to become health care professionals, and if personally committed to whole-person wellness, will consider this a priority for their patients. This can have a potent multiplier effect. In addition, promoting wellness is central to the principles of osteopathic medicine. As a health sciences university, we believe DMU should be a role model in the health promotion field.

Director of Wellness Joy Schiller, M.S., CHES, says, “Teach[ing] our employees and students that

‘I am my own first patient’ is fundamental to our program’s philosophy. Preparing students to take personal responsibility for their own well-being and good health...results in healthier employees and health-care practitioners who are more proactive in their personal health.”

According to WELCOA, Platinum Well Workplaces have distinguished themselves as leaders and innovators in the workplace health promotion arena by demonstrating exemplary implementation of seven benchmarks, including collecting data to drive health efforts and consistently evaluating outcomes.

Sources of data include

- Health Risk Appraisals (HRA) from Wellsource
- Program evaluation forms
- Wellness Center comment forms
- Clinical measures
- Wellness interest surveys

Wellness interest surveys gather feedback from the campus population approximately every other year. The survey is available via the portal and incentive prizes are offered to increase participation. Topics include facility issues, health screening interests, educational programming interests, behavior change programming interests, fitness class/intramural offerings, perceived barriers to wellness and a culture audit.

Based on responses to the wellness interest surveys, these programs were implemented:

- Dump Your Plump, a physical activity/weight loss/maintenance campaign where teams of 10 worked together for 10 weeks to achieve fitness and weight goals; 194 participants lost almost 1,000 pounds (February 2010)
- Intramural volleyball and basketball in the fall and spring with approximately 200 participants each season
- An indoor soccer league

- An apple rating system to identify healthy meals in the cafeteria
- Additional yoga classes
- Access by e-mail to a registered dietician (RD on Call)

Clinical data is also used to assess the wellness program. The staff provides approximately 800 Personal Wellness Profiles (PWP) annually. The Health Risk Appraisal (HRA) questionnaire gathers data on personal health habits and interests, and assists in establishing goals for participants. In addition to the questionnaire, participants can participate in the Biometric Assessment. Employees can earn up to \$75 for participation in assessments, while most of the colleges require student participation as a part of their curriculum. When participants repeat the HRA, they receive progress and trend reports showing health changes over time.

Data collected from the HRA and Biometric assessment are combined with the information obtained from the Wellness Interest Survey to inform the Wellness department's Annual Operating Plan. This plan guides all programming and provides a format for evaluating its impact on the campus population's health status.

Evaluation forms for wellness programs/classes are consistently used to track participant satis-

DMU Wellness Director Joy Schiller uses a walking workstation. Equipment available to Wellness Center users includes cardio equipment (treadmills, elliptical trainers, stairmasters, stationary recumbent and upright bicycles); selectorized equipment and free weights; and an indoor jogging/walking track (12 laps per mile).



faction and to provide feedback on the strengths of our program as well as areas that could be modified for greater effectiveness.

In 2010, Des Moines University was the recipient of the Iowa Psychologically Healthy Workplace Award. We were recognized for our longstanding and pervasive focus on promoting the overall health of employees and their families.



The Iowa Psychological Association (IPA) named Des Moines University the 2010 Iowa Psychologically Healthy Workplace. The annual award recognizes an Iowa organization that promotes a healthy work-life balance and provides its employees with a healthy work environment.

DMU will continue to provide leadership in wellness and health promotion. By building on our achievements, we have a golden opportunity to orient our employees and students toward a future where disease prevention becomes as important as diagnosis and treatment.

Student satisfaction surveys

Since 2000, Student Services has assessed 13 service components and 10 quality measures relative to educational programs and environment annually. Results are discussed under Core Component 2a and Core Component 3c.

Patient satisfaction surveys

Des Moines University Clinic serves primarily the Des Moines metropolitan area. Feedback is sought from our patients on both the Clinic and individual departments. Our rotating students evaluate their clinical experience at the end of their rotation, and that information is provided to the clinical coordinators of their respective programs and shared with the Clinic departments.

On the latest survey, the Clinic as a whole received 85 percent positive feedback on all areas surveyed. Three topics that received less than 90 percent positive feedback included appointment availability, reception area waiting, and exam room waiting.

Changes were made as a result of this survey. For example, Family Practice changed its scheduling procedures to accommodate same-day calls. Ophthalmology lets patients know at check-in if the physician is behind schedule and offers the option to reschedule rather than wait.

After receiving results of the Clinic survey, DMU Foot and Ankle did a time study. As a result, future groups of students will be smaller in number and a display will show the order in which patients will be seen.

Community service

Throughout our history, the core value of compassionate care has guided students and faculty to provide services to the under-served and unattended. During the Depression, our institution was known and appreciated for the many in-home deliveries provided by physicians and students to families who had no other access to maternity services. More recently, DMU has been in almost every corner of the community to offer free physicals and other health services to the under-served.



DMU faculty, students and other volunteers who helped launch the Mobile Clinic in May 2011 included (from left) Ryan Flood; Victor Kaylarian, D.O.; Michael Flood, D.O.'77; Kendall Reed, D.O.; Jeff Dumermuth; Kathleen Dumermuth; Rhonda Davis, R.N.; Sikandar Khan, D.O.'12; Christina Donat, D.O.'12; Mara Groom, D.O.'13; Theresa Klee, D.O.'12; Shannon McCarthy, D.O.'12; and Michelle Bannon.

While our desire to be of service has not changed, we have begun taking a more strategic approach to ensure that we are serving where we are most needed, that students are benefiting from educational experiences, and that our partnerships are mutually beneficial. Our decisions are becoming more data-driven because we are conducting post-event surveys, compiling a database of service, and developing an intake process to better match needs to our resources.

We budget for about 20 events per year, and our budget is adequate to cover needed supplies. Our biggest constraint is not funding, but provider time. Because of our limited human resources, decisions about whether to grant a request are made in consultation with the Community Medicine director and, if necessary, the Community Service Committee.

We consider every request for service. Routine requests are handled by the Community Relations manager. Projects that have a large scope, that have a potential to be a recurring event, or that involve new partnerships are referred to the 21-member Community Service Committee. This committee, which meets monthly, is responsible

for the Employee Volunteer program project decisions. When necessary, an ad hoc working group consults on projects involving medical services or potential legal issues.

In addition, each year we meet with our established partners to review their needs. For example, Perkins Elementary School recently lost funding for their dedicated science teacher. At their request, we are exploring ways to have our students and faculty supplement their science curriculum.

We believe it is our responsibility as a good corporate citizen to help strengthen the community in which we live, learn, and work. We provide direct service to the Greater Des Moines area through two volunteer programs:

- Employee Volunteer program—Each year, employees may take off up to 40 hours of paid time to volunteer at approved projects in the community. The Community Service committee works to identify organizations that are in line with our mission and goals and to place DMU volunteers at approved projects that take place during business hours, Monday through Friday.
- DMU Community Medicine program—DMU medical and health sciences students and faculty donate their professional expertise at events such as health fairs and first aid tents. Applicants may request volunteers to conduct health screenings and assessments, provide resources and education, and help their clients improve health, wellness and lifestyle choices. These events can take place any time.

DMU's community service goals are to

- Organize or support community service activities that are reliable and of high quality and have a substantive impact in greater Des Moines.

- Inspire DMU participants to establish and deepen a personal commitment to community engagement.
- Communicate opportunities to DMU faculty, staff and students for involvement in local activities in response to voiced community needs that align with our focus and resources.
- Engage DMU participants in community service partnerships that are sustainable, effective, and of mutual benefit.
- Facilitate collaboration among individuals and organizations with a common vision.

Priority is given to projects in one of our three community service focus areas (education, health, poverty) and to collaborative activities that would be unlikely to succeed without collaborative partnerships.

To bolster our educational service mission, we host tours for grade school students through college-age, send ambassadors into grade schools to talk about the human body, partner with Perkins Elementary and Roosevelt High School to meet specific requests, sponsor the Literacy Army at Hanawalt Elementary and host summer research programs for high school and college-age students.



Through tours and demonstrations, Anatomy students hope to spark a life-long interest in science.

“The Community Ambassador program has had a positive educational impact on the children of our community. After one presentation at an elementary school, a mother of a young boy wrote of his excitement upon returning home. It is this spark of excitement, an excitement to learn, that makes the rewards of this program so priceless.”

–Craig A. Canby, Ph.D., Director of the Anatomy graduate program

Department service programs

Some service programs are coordinated by individual academic departments. For example, for the past 15 years the Anatomy department has sponsored the Community Ambassador Program (CAP). This program is broadly scoped and can be tailored to the needs of the particular target audience and group size. Participants range from area grade school students to college students. This highly flexible program can range in time from one to six hours and guests to the campus can participate in many different educational hand-on activities or classroom presentations. Although the program is coordinated by Anatomy, CAP is an interdisciplinary program that actively involves faculty from all academic and clinical departments. As a result, CAP can offer varied experiences:

- Watching anatomical demonstrations of human organs
- Measuring the electrical activity of their own hearts
- Listening to normal and abnormal heart sounds produced by teaching mannequins
- Participating in human performance laboratories
- Identifying bacteria in the microbiology lab

- Seeing how osteopathic manipulation is performed
- Experiencing how medical students learn to perform histories and physical examinations

In addition to hands-on experiences, CAP offers didactic sessions on AIDS, aging, anatomy, breast cancer, cardiovascular disease, health careers, nutrition, osteopathic medicine, preventive medicine, safety, and smoking.

Anatomy also has a program for teachers. Its Center for Learning Advancement in the Structural Sciences (CLASS) provides continuing education to teachers in the anatomical sciences. Program participants develop their knowledge through case-based learning and hands-on experiences such as cadaveric dissections. Then they can use our state-of-the-art learning technology center to generate products to use in their classrooms. Continuing education credits are available.

Other health education programs are designed to encourage interest in science and medical careers. Some examples are given below.

Health PASS program

Des Moines University is committed not only to ensuring access to health care services, but also to ensuring access to health professions education programs. Acknowledging the high cost of a medical education in today’s economy, DMU seeks to ensure that medical careers are available not only to students from professional families, but also to those from minority, low-income, or first-generation college backgrounds.

In 2010 DMU initiated the Health Professions Advanced Summer Scholars program (Health PASS) to provide qualified students with an introduction to the courses, systems and clinical applications included in the curricula of our clinical programs. Enrollment is limited to 10 students, with preference given to qualified applicants from populations underrepresented in medicine and

health care, including minority, low income and first-generation college students. DMU provides a travel stipend and covers the full costs of meals, materials and accommodations.

Key components of Health PASS include lectures and presentations by faculty on anatomy, diabetes, musculoskeletal injury and research; an introduction to physical diagnosis; shadowing of providers in the DMU Clinic; information sessions on academic planning for medical school; and medical school mock interviews. Throughout the experience, participants have meaningful interactions with faculty, students and staff.

So far, two students who completed the program have enrolled at DMU, and several minor-



Girls in Science Day offers a half-day of interactive science exploration. Both faculty and students guide upper elementary students through hands-on experiments in microbiology, anatomy, biochemistry and surgery.

ity students have indicated interest in applying within the next three years.

Club service requirement

Student clubs are required to complete community service as a condition of their charter. We also support several groups dedicated solely to a service mission, such as the International Medicine Club and Student Physicians for Social Responsibility (SPSR). In 2010–11, 1,640 student volunteers logged 5,615 hours of service. DMU clubs provided 610 hours of service to community schools through programs such as these:

- **GIRLS IN SCIENCE**—The Women’s Medical Alliance supports this event for Des Moines area girls in grades 4 to 6. Each year approximately 80 girls attend the event and participate in various science stations located around campus.
- **ROOSEVELT HIGH SCHOOL TUTORING**—Members of the Association of Military Osteopathic Physicians & Surgeons spend Tuesday afternoons tutoring high school students on a variety of subjects.
- **BOYS & GIRLS CLUB**—Students at McCombs Middle School are taught how to live a healthy lifestyle through planned activities for exercise and nutrition by the Preventive Medicine club. In addition, the Student Osteopathic Medical Association works with the same group to host a sports clinic and discuss healthy snacks.
- **WHAT’S IN A DOCTOR’S BAG?**—The Student Osteopathic Medical Association visits multiple Des Moines-area elementary schools to give a presentation on what to expect when visiting a doctor’s office.
- **BIG BROTHERS/BIG SISTERS**—The American Medical Student Association is active with this program providing support to Des Moines-area students who may not have strong parental figures in their lives.

- **LITERACY ARMY**—The Pediatrics Club gives extra attention and help to students who are behind in their reading skills at Hanawalt Elementary School. This program was honored with a Governor’s Volunteer Award in 2010.
- **MISSION ACTIVE**—Sponsored by the Iowa Medical Society Club (IMS) with the assistance of several other clubs, this free health fair targets elementary students. Stations include an obstacle course; fun Jump & Shake It activities; Feeling Fruity?, which introduces good foods; and foot, vision, and balance screenings.

We also provide screening or first aid services at several events. One example is the annual Free Physicals Fair, where we perform sports physicals on over 300 middle and high school athletes. In addition to the physical examination, each athlete receives an ECG, and a screening echocardiogram is available on site if needed. This large, collaborative event is held with community cardiologists, dentists, one echo tech, and DMU students and staff from the physical therapy, physician’s assistant, osteopathic, and podiatric medicine programs.

Another example is the Coronary Health Improvement Project (CHIP), a program that educates the public about how to improve measurable health parameters by improving diet and incorporating exercise. The program has been found to be very effective. DMU is involved by conducting the pre- and post-education screening blood work and body measurements. We have participated in three cycles since CHIP’s first request for assistance.

Every year we provide first aid at the Living History Farms Off Road Race, the 801 Grand Power Climb, the Flatlands Kids Triathlon and the River Regatta.

Alumni participation

Over the past years, several survey tools have been used to obtain feedback from the alumni of Des Moines University. Two of the most successful and thorough surveys conducted were in 2007 (Selzer & Associates) and 2009 (Wallace & Washburn). These are available in the Physical Resource Room.

Alumni made these requests:

- More contact with their colleagues
- More opportunities to engage with students, such as talking to prospective students, providing shadowing opportunities, and mentoring
- More professional development offerings and CME programs provided by DMU
- Communication efforts through several channels: e-mail, e-newsletter, *DMU Magazine* and the website

In response, Alumni Relations has created new opportunities for alumni to get involved, including the Class Representatives program, which develops alumni leaders who serve as liaisons between graduates and the University, and the Mentor program, which matches students with alumni who can advise them on clinical rotations, post-graduate training or practice opportunities.

“It is important not to lose sight of why we’re here—to help people. There is a community outside of this campus.”
—Rachel Dubay D.O.’01, M.P.H.’01

Faculty service

DMU faculty and staff hold leadership positions with local, state and national organizations, from medical boards to public health and policy councils. The Faculty Service

REPRESENTATIVE VOLUNTEER AND PROFESSIONAL FACULTY SERVICE

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| Many serve on boards or task forces: |
| Mary Mincer-Hansen, R.N., Ph.D.—National Health Workforce Commission |
| Denise Hill, J.D.—Iowa Hospice and Palliative Care Organization trustee |
| Karen McLean, Ph.D.—Wellness Council of Iowa |
| Dana Shaffer, D.O., FACOPF—President, American Association of Osteopathic Examiners |
| Others work with organizations that promote health care or provide public service: |
| Carolyn Beverly, M.D., M.P.H.—Passageway, a service for mentally ill adults |
| Simon Geletta, Ph.D.—Iowa Public Health Association Information Technology Committee chair |
| J. Jeffrey Means, M.Div, Ph.D—Stakeholders' Group, Trauma Informed Care Project |
| Rachel A. Reimer, Ph.D.—Susan G. Komen Race for the Cure executive committee |
| Gretchen Tighe, M.P.A.S., PA-C—Iowa Disaster Assistance Medical Team Alpha |
| Several collaborate to promote education: |
| Roberta Baldus, D.H.Ed., PA-C—Des Moines Area Community College EMS Advisory Board |
| Kyla Carney, D.O.—NBOME Case Development Committee for COMLEX Step II exam |
| Edward P. Finnerty, Ph.D., SC (ASCAP)—International Association of Medical Science Educators (past president) |
| Larry Marquardt, M.L.S.—Iowa Commission of Libraries, representative for health science libraries |

table gives just a few examples of the varied organizations and populations that benefit from the expertise and volunteer service provided by DMU.

Student initiatives

Service to our community, especially underserved populations, is a key component of our institution's mission statement. Whether stated implicitly or explicitly, this sensitivity to the community's unmet health needs has prompted students to increase their responsiveness to the expectations of our local stakeholders. Many service programs have grown from student initiatives. Examples include medical mission trips, the Osteopathic Finish Line, and service to the homeless.

Homeless Camp Outreach

As is the case in most areas, the city of Des Moines has struggled to find a solution to the problem of homelessness. That problem has increased in recent years with the depressed economy, shrinking job availabilities, and the toxic mortgage market. According to statistics provided by Des Moines and Polk County officials, more than 6,100 Des Moines-area people experienced homelessness during 2009. While the city attempts to map a plan of action and define responsibility, DMU students took action.

In 2008, a student was biking along the Raccoon River and noticed the huts and canvas tents at various locations along the bike trail. Driven by a unique combination of curiosity and compassion, he discovered a population that has run out of alternatives because of financial hardships,

family breakups or poor personal choices. His reaction was to organize the Homeless Camp Outreach in order to establish personal, caring relationships with the homeless around Des Moines. In addition to validating the campers' dignity and humanity through weekly visits, the students provide for their basic subsistence needs.

The volunteers have been extremely successful in winning the trust of the campers and being allowed inside the imaginary gates of the communities. Over the last two years, students have volunteered a total of 1,200 hours visiting the camps and another 75 hours in other volunteer activities to benefit the homeless.

The student volunteers visit three camps weekly and maintain ongoing relationships with approximately 40 residents. In addition to compassionate conversation, students bring a variety of small daily living essentials, including socks, blankets, warm clothing and batteries. Student Services assists by organizing regular donation drives, as well as providing minimal funding to facilitate the work of the volunteers.

After the first year, DMU's initiative was invited to partner with other nonprofits in the area to coordinate services to meet the multiple needs of the homeless and improve access to resources. In this very visible manner, the community validated the contribution of the students to provide meaningful services to this very needy population. In addition, Homeless Camp Outreach was honored with a Governor's Volunteer Award in 2010.

Our role in this outreach effort expanded in 2010 as the Mobile Clinic became available to the Homeless Outreach Clinic on a weekly basis. The inspiration for the program came from a mobile clinic that dean of Osteopathic Medicine Kendall Reed saw during a visit to San Diego. Two federal earmarks, each approximately \$190,000, were used to purchase and equip the motor home and to pay for operating costs for the initial two years. "The homeless have the least access to care, especially because of the lack of transportation,"



Students who give OMM treatment to Drake athletes gain experience in supervised patient care while helping athletes maintain and improve performance.

according to Dean Reed. “Their access to basic medical care is the emergency room. With the Mobile Clinic, we are able to provide the care they need while keeping the emergency rooms open for patients with medical emergencies.”

The Mobile Clinic program is a partnership between DMU, which owns and maintains the motor home, and the Free Clinics of Iowa. Dean Reed serves as medical director of the Mobile Clinic on its homeless missions. The Mobile Clinic also supports the Ames Area Free Obstetrical Clinic and Grace United Methodist Free Clinic.

Drake Clinic

Now in its fourth year of operation, the Drake Clinic is the only opportunity in the nation for osteopathic students to gain supervised patient care experience in osteopathic manual medicine (OMM) specifically with athletes.

Kurt Holt, D.O.’11, who wrote a proposal for the clinic during his first year at DMU, recalls: “The first year 7 of us treated 14 athletes (under

Dr. Klock’s direct supervision) every other week for about 6 months in an old building at Drake University. Of those seven, four would become fellows here at DMU. We helped athletes who had never been able to stay healthy for a season train, compete, and excel the entire year. We saw athletes take minutes off their 5k times. It was a small, unqualified success. Since that first year in the dingy and cold Fieldhouse, we have become a clinic that has 35 members and functions out of the OMM lab at DMU. Every subsequent fellowship class has been uniformly comprised of Drake Clinic participants.”

RECOMMENDATIONS FOR CORE COMPONENT 5A:

We learn from the constituencies we serve and analyze our capacity to serve their needs and expectations.

DMU has a long history of service, rooted in our mission and expanding to serve new constituencies. We stay connected to internal and external constituents by gathering data and responding to community requests and student initiatives.

We note these strengths:

- We have a strong ethic of community service.
- Our volunteers learn both personally and professionally from those they serve.
- Students who identify new constituencies have a pathway to develop service initiatives.

Our current structure supports enthusiasm for community service because it allows great flexibility in responding to needs, which encourages outreach to many diverse audiences. Ideas for community service projects might be approved by the Community Service Committee, Student Services, or individual departments. This decentralized approval process may result in duplication

of effort and can place demands on supervising faculty that conflict with their teaching, research and clinical responsibilities.

While we value flexibility, we are concerned that continuing to follow this system will limit our ability to respond to needs we would like to prioritize. Currently some faculty are willing to be of service only for particular projects; others feel torn between their clinical duties and their desire to be of service. We need to develop a University-wide expectation that clinicians will participate in the Free Physicals Fair and one other Community Medicine event. If all clinicians met this expectation, we would have more than enough resources to supervise students participating in Community Medicine events.

We recommend that we continue to develop collaborations with service and educational partners while analyzing the number and frequency of requests for assistance from the community. We have already found that our new intake and review process has enabled us to be more consistent in our approval of requests. We have also been able to better assess the quality of the education experience students are receiving. This year was a trial period for our new procedures. Moving forward, we need to continue to examine our role, review priorities and make data-driven decisions that balance community needs with our mission and capacity.

CORE COMPONENT 5B

We have the capacity and the commitment to engage with our identified constituencies and communities.

Constituencies we serve

Many constituencies fall within our mission of providing health education and medical care. We are committed to making our campus a healthy place to learn and work. We provide health education to area students, teachers, athletes, and seniors as well as continuing education to alumni and other health care providers. And, increasingly, we find ways to serve those with limited access to medical care, from providing physicals to refugees to developing a pipeline of professionals who will meet the medical needs of under-served regions in Iowa and developing countries.

In addition, students who identify a new constituency can work with Student Services, a department, and other institutions to develop a response, as illustrated by the story of the Drake Clinic in Core Component 5a.

Under-served rural areas

Another key constituency, rural Iowans, was identified when DMU established an Area Health Education Center (AHEC) in 2007. Needs assessment during AHEC planning revealed four key factors that affect Iowans' access to health services:

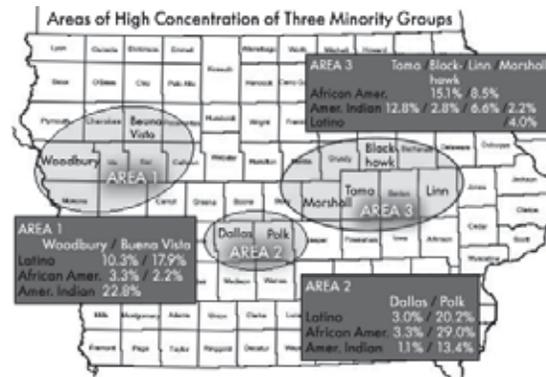
BARRIERS TO ACCESS TO HEALTH CARE—including unemployment

HEALTH CARE WORKFORCE SHORTAGES—Iowa has 38 counties in which the population to physician ratio is greater than 3,500:1 for a geographic region or where the population to physician ratio is greater than 3,000:1, and at least 30 percent of the population is below 200 percent of the federal poverty level

AGING PATIENTS AND PROVIDERS—As the number of Americans age 65 or older rises, one quarter of Iowa's advanced nurse practitioners and roughly half of our psychologists are expected to retire within the next decade. Increasing numbers of dentists, social workers, physicians, registered nurses, and pharmacists will also be retiring.

GAINS IN DIVERSE POPULATIONS—According to the U.S. Census Bureau, Iowa's minority population of 5.4 percent is significantly lower than the national average of 19.9 percent. However, Iowa's minority populations tend to cluster in specific geographic regions as shown on the map:

CLICK FOR FULL-SIZE GRAPHIC



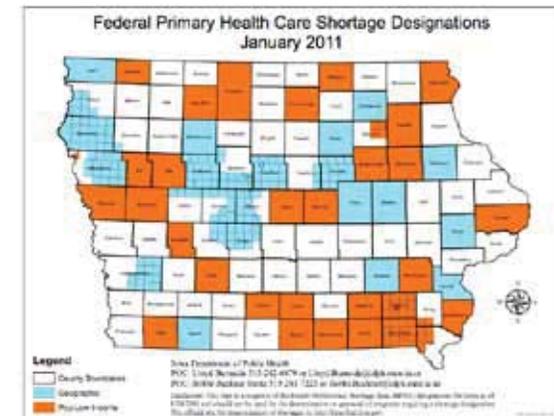
Source: Iowa Department of Public Health

Rural Medicine Education Pathway (RMEP)

DMU recognizes that rural Iowa has a critical shortage of physicians in primary care and other specialties. In addition, tuition debt load can deter graduates from choosing a rural medical practice. In response, we offer the equivalent of six full tuition scholarships each year to students enrolled in the Rural Medicine Education Pathway (RMEP). After residency, recipients are required to maintain a full-time medical practice in an Iowa community with a population of 10,000 or less that has been approved by the COM dean and to provide primary medical care services—defined as either family medicine, general pediatrics, general internal medicine or general surgery—for a period of up to four years (one year for each year of full-tuition scholarship equivalents received).

Initiating rural track curriculum offerings in every medical school would result in approximately 1,139 primary care physicians entering rural areas every year, according to the American Academy of Family Physicians. For more about the Rural Medicine Educational Pathway at <http://www.dmu.edu/com/do/program-strengths>

CLICK FOR FULL-SIZE GRAPHIC



Collaborations through AHEC

The DMU AHEC program and each of its Regional AHECs are active members of the National AHEC Organization (NAO) and, as a result, have established relationships with AHEC affiliates across the nation. Our 2011 AHEC grant application was a joint submission with the University of Iowa's College of Nursing program. As collaborations are developed, emphasis is placed on linkages to historically black colleges and universities, Hispanic-serving institutions and/or tribal colleges and universities as practicable. We partner with many institutions:

- Community-based hospitals
- Iowa Center on Health Disparities, based out of the University of Northern Iowa
- Iowa Nebraska Primary Care Association/Federally Qualified Community Health Centers
- Iowa Rural Health Association
- Iowa Hospital Association
- National Health Service Corps
- Iowa Department of Public Health
- K–12 schools, community/undergraduate colleges and universities, health profession academic institutions
- Primary care clinics, free clinics, rural health clinics and others

New residency opportunities

Another effort to develop the pipeline of health care workers is the HEARTland Network, an Osteopathic Postdoctoral Training Institute (OPTI) for residency training in osteopathic specialties we created in 2010.

An OPTI is a consortium consisting of a college of osteopathic medicine and graduate teaching hospitals and programs. Since 1999, all osteo-



Rural Medicine Educational Pathway scholarship recipients are flanked by Dana Schaffer, FACOFF, D.O., senior associate dean of Clinical Affairs, standing left, and David Plundo, D.O.'85, associate dean of Medical Education and External Affairs, standing right. Seated from left are Brianna Jewell, Stacie Kasper and Katie Schell; standing are Eric Neverman, Eric Miller and Andrew Mueeting.

pathic medical training programs are required by the American Osteopathic Association to be OPTI members. DMU had been a member of the Osteopathic Postdoctoral Training Institute of Kirksville (OPTIK), but the new network will enhance residency training in Iowa and contiguous states, says David Plundo, D.O.'85, FACOFF, FAODME, chief academic officer of the HEARTland Network.

“The HEARTland OPTI provides a comprehensive, seamless model of education for physician training, from colleges of osteopathic medicine through graduate medical education programs and beyond,” adds Plundo, who is also associate dean of medical education and external affairs, College of Osteopathic Medicine.

The HEARTland Network, one of 19 OPTIs in the country, has 9 members in addition to DMU, including hospitals and family medicine programs at the University of Minnesota and University of Wisconsin.

In addition to promoting excellence in education and training for osteopathic medical stu-

dents, interns and residents, the HEARTland Network will foster faculty development and collaborative research among member organizations. The network also has a connection through DMU to Iowa's Area Health Education Centers, or AHECs, which work to recruit, train and retain a health professions workforce committed to the under-served, starting with students in grade school.

“The network is the continuation of the pipeline, starting with kindergarten through 12th-grade students with AHECs and following through residency and, we hope, employment in Iowa and its rural areas,” Plundo says. “It's what's best for the state and the University.”

Educational outreach to potential health care workers

Youth Education in Science and Medicine (YES MED) is a week-long summer program initiated in 2009 as a part of AHEC's efforts to build a recruiting pipeline. The camp, offered to 10 rising high school seniors annually, aims to foster an interest in science and medicine by exposing participants to varied scientific and clinical scenarios on our campus. Students are required to use the skills of scientists and physicians alike in a series of didactic, practical, and clinical experiences where they record their observations and collect data. Each scenario allows students to gain realistic experience using diagnostics and research as they work with current health professional students and enrollment staff who advise them on requirements needed to enter into different health professional programs.

Health Careers Exploring Post 141 is sponsored by Central Iowa AHEC, DMU, and Learning for Life (a subsidiary of the Boy Scouts of America). Membership is open to youths ages 14 to 20 who want to learn about careers in health care. Members explore disciplines that range from emergency medicine to epidemiology through

hands-on activities, lectures from experts, and participation in community service activities.

Other educational outreach programs include the George Washington Carver Science Academy for elementary students (see Core Component 5c) and Health PASS for college students (see Core Components 1b and 5a).

DMU Clinic partnerships

Our clinic participates in several community programs for disadvantaged individuals.

Through Lutheran Social Services, Family Medicine provides physical exams to refugees. We provide health care to unemployed individuals and their families through the We Do Care program sponsored by Iowa Workforce Development. We also participate in the Ryan White program through Primary Health Care, a Well-Woman program through the state of Iowa and the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) through Polk County.

In addition, CPMS students and faculty provide podiatric services monthly to the Polk County Health Department Free Clinic located on Martin Luther King Parkway. The primary patient population is uninsured non-English speaking patients with diabetes.

Reflections on our capacity

In some areas, such as building recruiting pipelines, we have seen a need for additional capacity and moved to fill it. However, in responding to community needs, we have been more reactive than proactive. Historically we have been reluctant to say no to requests for service and partnership.

Doing more than we are doing now would place a strain on our resources. We recognize the need to balance service with teaching, clinical hours, and research. However, we are just beginning to collect the data needed to determine our institutional capacity.

Community Relations now maintains a centralized database to track employee service hours. The department has also begun to survey students and partners who participated in events to determine the impact of each event and whether it is worth repeating. Only one year's worth of data is currently available. Eventually it will be possible to analyze the cost and benefits of community service efforts.

We also need a way to determine how our service activities affect other commitments. As one faculty member noted, expectations for service “can pile on and pile on. Sometimes it’s easier to hit the service benchmarks rather than the research ones. I’d like to be able to say ‘I’ve signed up for eight service activities; now I need to say no.’”

Another difficulty is that, while we have a strong ethic of service, our service priorities are not well defined. One staff member observed that “you get different answers about priorities depending on who you ask and what day you ask.” Priorities and the value placed on service need to be clearly articulated across the University.

“In our case, the good has been the enemy of the great. Instead of doing many good things, we need to identify ways to focus our community service and so increase our visibility in the community.”

—Mary Ann Zug, vice president of Student Services

RECOMMENDATIONS FOR CORE COMPONENT 5B:

We have the capacity and the commitment to engage with our identified constituencies and communities.

While we provide health education and medical care to many constituencies, our newest outreach efforts are largely focused on recruiting medical professionals and providing medical care to under-served populations. We have taken a leadership role in the effort to develop a pipeline of rural health care providers. We have also built our capacity to serve our residents, area schools, patients in need, and rural Iowans through partnerships.

Many wonderful things are happening because of our commitment to service. However, in the past, our structures and processes did not support strategic thinking about priorities, needs assessment or the best ways to engage our various constituencies.

We make these recommendations:

- Identify and communicate University-wide priorities for service.
- Encourage the state of Iowa to increase funding for AHEC, as the citizens of Iowa are direct beneficiaries of the program.
- Increase our capacity by involving more alumni in community service projects.
- Continue to collect data that will allow us to determine our capacity, which will require consolidation of data currently tracked by various departments.

CORE COMPONENT 5C

We demonstrate our responsiveness to those constituencies that depend on us for service.

Our students and faculty are strongly motivated to engage in community service. However, good intentions are not enough. To make a difference, service projects must meet genuine needs and identify the most effective ways to provide medical care and education.

Katie Miller Young Adult Cancer Conference

Katherine Miller was 25 when she decided her recurring stomach pains might be due to more than the stress of being a first-year medical student at DMU. Because of her age, doctors at first thought her cramps resulted from Irritable Bowel Syndrome. The actual cause: colon cancer.

Katie died six months after her diagnosis. In her honor, an annual conference sponsored by the honorary osteopathic service fraternity Sigma Sigma Phi was refocused to explore diagnosis and treatment of young adult cancer. The biannual conference, held on campus, is open to all without charge, thanks to an endowment from the Miller family that is being grown by their support and that of other families who recognize the need to identify cancer in young adults.

Katie's death taught us that, too often, symptoms or warning signs of cancer are ignored or dismissed due to the age of the patient. Cancer is seen as something that occurs more predominately in the older population. With more research, discussion and public awareness, key symptoms

that might once have been dismissed in younger patients are more likely to be detected in time for treatment to be effective.

Global Health program

The Global Health program began with a medical mission trip and grew into a new department. The program now offers students an opportunity to gain cultural and clinical competencies and learn about healing from a more global perspective by living and working in another country. Since DMU organized its first medical service trip to Belize in 2006, student, faculty and alumni interest in service abroad has continued to grow.

Global Health became a department in July 2007 with the hiring of a part time associate dean for Global Health and full-time administrative assistant. During that fiscal year, the department expanded the scope of its activities:

- The second medical service trip to Belize was organized.
- The department sent a mass mailing to colleges all over Iowa inquiring about forming a consortium. Seven colleges responded positively, and the Heartland Global Health Consortium (HGHC) was founded to further student learning and collaboration on issues of global health.
- The first annual Global Health Conference was organized and offered to the public in October.

As the department continued to grow, Dr. Yogesh Shah, the associate dean, became a full-time employee in July 2008. That same year, a third service trip was organized, with El Salvador as the selected site. The second Global Health Conference was held in the fall, featuring Dr. Mario Merialdi from the World Health Organization as speaker. With this connection made, representatives from WHO were invited to visit the DMU

Simulation Lab for further research and study of the Odon Method, a low-cost, low-tech way to facilitate childbirth.

In January 2009, it was decided that the yearly Global Health Conference would be a joint venture organized by members of the HGHC. Programs have featured national and international leaders in global health policy, global health education, and sustainability. Beginning in 2009, DMU partnered with the World Food Prize, allowing us to share speakers and events as part of our conference. Also in 2009, Dr. Shah was invited to attend the World Health Organization meeting in Geneva, Switzerland. Out of that meeting came opportunities for DMU students to travel to WHO headquarters in Geneva for summer internships. This has become an ongoing opportunity each summer for DMU students.



Instructor Laura Delaney, PA-C, M.P.A.S., greets Laura, a child she helped deliver three years ago in Mali who is named in her honor.

Medical service trips

DMU has opportunities for students and faculty to travel to countries in need of basic health care to provide medical services. The service trip locations vary from year to year, with safety being the deciding factor. Each trip takes place for approximately one week during non-academic periods so that all students who want to participate may do so.

It has always been a department focus to help all colleges within the University provide opportunities for international rotations to their students. For example, in 2009, three M.P.H. students and the course coordinator traveled to St. Jude's Hospital to complete a newly created global health course in the M.P.H. program (M.P.H. 777: Global Health Cultural Implications). In February 2010, two PA students were able to travel to Africa with Medicine for Mali. Global Health hopes to offer this trip to PA students each year.

To date, 295 students and 38 faculty have traveled on DMU-sponsored global health trips. They have helped 6,860 patients.

Student international rotations

International rotations include exchanges for up to two months at various sites. The type and length of each rotation is defined and approved by Global Health faculty. To date, students have completed rotations in 39 countries. In addition, ten international students have been invited to complete rotations at DMU.

Global consortium

The number of students enrolled in global health programs in universities across the United States and Canada has doubled in the past three years. That has led American universities to expand these programs at an unprecedented rate. The surge also led more than 50 North American universities—including Des Moines

University—to create the Consortium of Universities for Global Health (CUGH), to coordinate their efforts and set a vision of global health programs.

One outcome has been increasing attendance at the annual global health conference. In 2009, 60 students from DMU and our HGHC partner institutions registered for this event. Attendance has grown each year.

Another outcome has been the participation of students from the Drake University pharmacy program in our service trips.

“The guiding principle of the consortium is to make the University a transforming force in global health,” says Yogesh Shah, M.D., DMU’s associate dean for Global Health. “We at DMU want to join that force by collaborating with other universities and organizations as well as by increasing the opportunities we offer our own students.”

Global research opportunities

In 2008, Global Health developed a partnership with the Department of Reproductive Health and Research at the World Health Organization (WHO), which includes summer internship opportunities for our students and research collaboration. Select students travel to Geneva for 8–12 weeks in the summer during their second and third year to work with WHO faculty on conducting systematic reviews or creating evidence-based educational materials for worldwide distribution.

Technology partnerships

We invest in resources such as the Simulation Lab because we want our graduates to have a strong technology background that sets them apart. Another benefit of cutting-edge technology is that we can share it with area educators and students. The Sim Lab continues to be a powerful learning resource for

the community as well as for Des Moines University students. Through the interprofessional team training program, started in 2008, students from DMU, the Des Moines Area Community College School of Nursing, Drake University’s College of Pharmacy and Health Sciences, and Grand View University’s nursing program come together to work through medical scenarios. In addition, our technology supports education outreach and collaborative medical service programs.

George Washington Carver Science Academy

Through the local chapter of the Scientific Honor Society, Sigma Xi, DMU faculty have established the George Washington Carver Science Academy (GWCSA). This program aims to provide experiences in science and medicine for Des Moines-area elementary students. Over the last five years, DMU has offered a one-hour science and medicine session per month from September through May to low-income/minority students in grades 3–6. Participants come to campus for hands-on experiences in the areas of microbiology, anatomy, physiology, physics, and medicine. The program draws approximately 12 students for each monthly session and involves 9 DMU faculty, one DMU staff member and 16 DMU medical students. In 2005, the program received the national Sigma Xi Diversity Award. This outreach program has enabled DMU to touch the lives of Des Moines-area children and cultivate their interest in science and medicine.

Free Clinics of Iowa

As the largest network of free medical clinics in the state, Free Clinics of Iowa was organized to facilitate the initiation, operation and collaboration of services for the uninsured and underinsured in Iowa. Approximately 235,000 Iowans (about 9 percent of the population) do not have health insurance, and numerous others are



When central Iowa takes in refugees, DMU Clinic is there to provide physical examinations and any needed immunizations required by the Iowa Department of Public Health. “Our first influx of refugees were mostly from Sudan, some of whom have stayed with us,” says Ginger Cox, practice manager for Family Medicine. “Our students participate in their care and gain exposure to diseases they otherwise wouldn’t have. It’s a great learning experience.”

underinsured. While providing free health care to the needy is a cornerstone of our University’s service commitment, it is also central to the professional codes of ethics for the health professions we represent.

With a clinic network already established throughout the city to meet the needs of the under-served, several clubs provide volunteer service to the clinics on an ongoing basis. With the approval of the University and under the direction of licensed physicians, students can assist in providing basic medical care, serving as language translators and completing administrative duties. In addition to gaining first-hand experience among under-served populations, students

also gain exposure to various cultural and ethnic health care attitudes.

One of the University’s clubs—Sigma Sigma Phi (SSP)—provides volunteers on a weekly basis to LaClinica, a free clinic serving the Hispanic population in Greater Des Moines. Second-year student volunteers assist with basic health care, while first-year student volunteers help with records and charts. Others fluent in Spanish provide translation services. SSP has been serving this clinic for the past 10 years, which provides evidence of the club’s service commitment and the clinic’s appreciation for the volunteer assistance.

The Free Clinics of Iowa website (<http://www.freeclinicsofiowa.org>) credits medical students with providing 457 donated hours of time for 2007. We expect our work with the Free Clinics to expand as more programs take advantage of our new Mobile Clinic, a 38-foot Winnebago motor coach that is handicap-accessible and outfitted with two examination rooms, a reception area, and a restroom. This mobile unit will facilitate delivery of clinical services to under-served populations throughout Central Iowa, conduct K–12 educational outreach, and provide medical services for community events. Staffed by DMU faculty, the Mobile Clinic allows health professions students to participate in the delivery of care to diverse under-served communities.

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**RECOMMENDATIONS FOR
 CORE COMPONENT 5C:**

We demonstrate our responsiveness to those constituencies that depend on us for service.

Des Moines University serves our constituents by providing health education to audiences from grade-schoolers to grandmothers, by offering medical care to under-served populations in our neighborhood and in international rotation sites, and by developing a pipeline of health care providers to serve rural Iowans.

- We have a history of developing our capacity to work with new, under-served constituencies.
- Our partnership with the Free Clinics of Iowa provides medical service to the needy and allows our students to develop clinical skills and cultural competency.
- When we discover a gap or deficiency in our services or relationship with a key constituency, we follow up with a corrective action plan.

While responsiveness to community needs is related to our mission, we do not have the capacity to respond to every need. To move forward, we must continue to develop ways to assess and prioritize needs of our two primary service constituencies: providing health care to the under-served and providing educational resources in health and science to schools and the community.

CORE COMPONENT 5D

Internal and external constituencies value the services we provide.

Recognition—such as the Governor’s Volunteer Service awards, the Sigma Xi Diversity Award, and the Platinum Well Workplace designation—is gratifying. However, intangible rewards can be just as fulfilling.

For example, Literacy Army volunteers are matched with a Hanawalt Elementary student at the beginning of the year and meet at least once per week for one hour to read to, or be read to, based on the plan provided by the teacher. The weekly meetings allow a close relationship to grow, and DMU student and employee volunteers are quick to admit that they get as much out of the experience as their young partners. Registrar Kathy Scaglione reflects, “The students are ESL. So, while they bravely practice their English, I in turn attempt to pronounce words in Russian and Spanish. These kids are sweet and funny and courageous—I come away with so much, I wonder who is giving to whom?”

Osteopathic Finish Line (OFL)

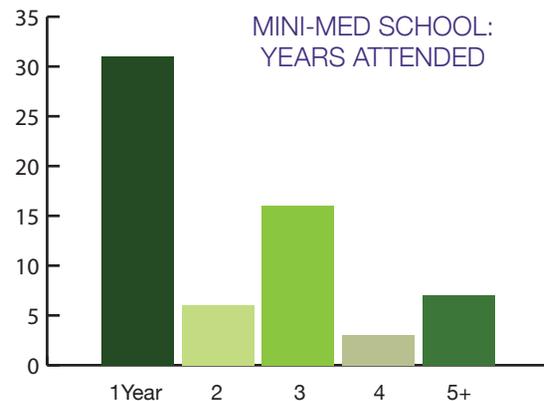
Des Moines has a growing number of community athletic competitions, and organizers often ask the University to provide participating athletes with OMM. Department members and student volunteers attend these events, where students have opportunities to develop their manual and patient interaction skills on real patients under careful, direct supervision. At any given event, a student may treat from five to ten event participants.

The uniqueness of the OFL experience and the sheer volume of student-patient interactions have led to growth in our students’ skills and confidence. Furthermore, the OFLs are a wonderful way to give the community exposure to the benefits of OMM and the training DMU provides its students. The OFLs, which are run through our student organization, the Undergraduate American Academy of Osteopathy (UAAO), have also contributed to DMU receiving a Governor’s Volunteer Award and recognition as National UAAO Club of the Year.

Mini Medical School

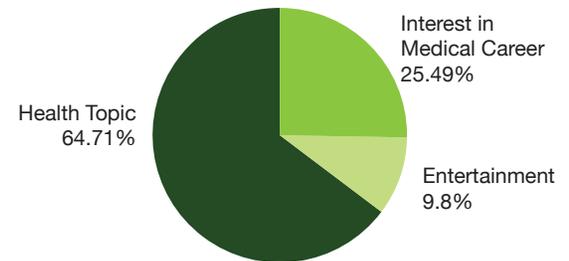
In 2003, we began offering a series of presentations to show the lay public how a physician is trained in various subjects and to inform attendees about current issues in medicine and medical practice.

Typically, attendees are over the age of 50. The graphs highlight the number of times 2010 attendees have previously attended Mini Medical School. Most survey respondents (51.5 percent) have attended at least once in past years. Most notable is that 25 percent have attended at least three times and 8 percent have attended five times.



Attendees are surveyed each year to identify the topics of greatest interest to them. Popular sessions have included “The Office Visit—Why Does My Doctor Do That,” “Obesity—It’s Not the Mirror, It’s You,” and “Infectious Diseases—Bugs in the Rugs and Other Weird Beasts.”

MINI-MED SCHOOL:
REASON FOR ATTENDING



Survey results indicate high levels of satisfaction with the Mini Medical School, which is consistent with participants’ appreciative comments:

- “This is a wonderful program, especially for someone like me who has not spent any time studying health issues and the body. I really appreciate the time that everyone involved took to make this session so worthwhile and informative.”
- “You have done such a good job picking topics and presenters.”
- “I enjoy hearing from female speakers. I think they are good for the high schoolers that come.”
- “Could you hold classes more than once a year?”

Geriatric care

Senior Health Fair

Every year, adults 50 and older are invited to Des Moines University's Senior Health Fair for free blood glucose, blood pressure and bone density screenings. Clinical students, under the supervision of faculty clinicians, demonstrate osteopathic manual medicine and offer manual treatments as well as screenings. Physical therapy students check balance and flexibility. Podiatric medical students screen for foot and ankle problems. Free medication reviews are done for seniors who bring a list of their medications, for both prescription and over-the-counter drugs. The health fair, which was initiated by the Geriatrics Club, has now grown into a community event.

"The annual DMU Senior Health Fair is a great opportunity for older adults in the area to receive free health screenings and get information on topics pertinent to them," said 2010 coordinator Keely Cassidy, M.S.'11. "It is also a wonderful chance for professional students in medicine, podiatry, law, pharmacy, psychology, physical therapy and physician assistant programs at Des Moines University, Drake University and Iowa State University to work together and interact with the community to provide the best approach to geriatric health care."

Iowa Medicaid Congestive Heart Failure Population Disease Management Demonstration

As part of the Iowa Chronic Care Consortium (ICCC), DMU participated in developing a program designed to reduce the need for acute care services by involving patients in their care, improving care efficiencies and promoting healthy behaviors.

Seventy-two percent of Medicaid participants reported that the program helped them commu-

nicate better with their physician. Compared to a matched cohort, they experienced reduced hospital admissions and fewer bed days. While cost of care increased \$2 million for the matched cohort, cost of care for program participants decreased nearly \$3 million.

Alumni and Global Health

During a recent medical service trip, DMU students were able to observe diseases not common in the United States and the disparities between levels of maternal care in their home country and in Mali. They also learned how to provide care with few resources. After three trips to Mali, Laura Delaney, PA-C, M.P.A.S., an instructor and clinical coordinator for DMU's physician assistant program, reflects that service trips develop students' confidence because they "learn they have what they need to treat a person—sick is universal."

As students' interest in gaining international experience continues to grow, opportunities for alumni involvement in global health efforts are increasing. One of three alumni who participated in a 2010 medical mission trip to Mali was Phillip Tedrick, D.O.'77, an emergency physician in Augusta, Maine. During his time in the West African country, Dr. Tedrick saw as many as 300 patients a day. "The cultural insights and big smiles we received made it all worthwhile," he recalls. "I was the big winner in the process."

In addition, students who wanted to connect with mentors with international experience requested that Alumni Relations expand the Mentor program. An interactive map will identify alumni who are willing to mentor students interested in global health.



Joel Post, D.O.'08, participated in a service trip to Honduras with his wife, Tami. "Through all our encounters there was a common theme: joy and gratitude. No matter the symptom, no matter the treatment rendered, the patients we gave care to truly appreciated the fact we were there to serve."

The World Triathlon

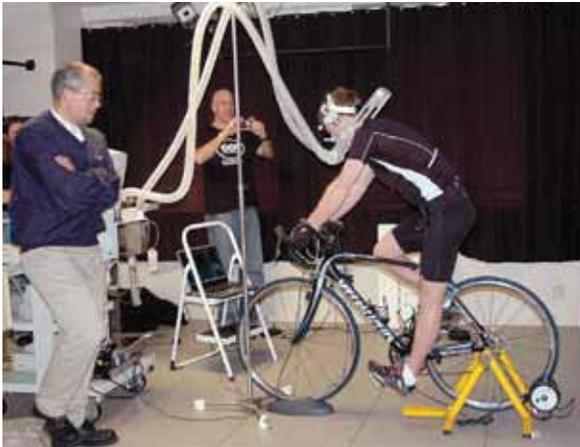
Another example of mutual benefit is DMU's partnership with The World Triathlon, which supported an adventure athlete and a good cause: education to improve maternal health in Nepal.

Des Moines attorney and adventurer Charlie Wittmack participated in The World Tri, an 11-month expedition to swim, bike and run nearly 12,000 miles through 12 countries.

Physical therapists and exercise physiologists from the Physical Therapy Clinic and DMU Human Performance Lab Running & Cycling Clinic were also involved in The World Tri. They analyzed Wittmack's gait, tested his resting energy expenditure, conducted a VO2 max test while he

ran and cycled, and tested his running and cycling efficiency. Before his departure, most of the tests were repeated to measure improvements. Similar measurements were taken over the 11-month journey for comparison. These statistics will be used for research projects and education.

In addition, The World Tri was a way for DMU to build visibility.



Before embarking on the 10,000-mile World Triathlon, adventure athlete Charlie Wittmack visited DMU's Human Performance Lab. "To get a baseline before Charlie really started seriously training, we looked at how efficiently his body processes oxygen, his electrical muscle activity and his energy expenditure on bike and on foot," explained exercise physiologist Joseph Weir, Ph.D. "This helped his coaches design his dietary regimen and focus his training."

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**RECOMMENDATIONS FOR
CORE COMPONENT 5D:**

**Internal and external constituencies
value the services we provide.**

The value of the health education and medical care we provide can be quantified in terms of number of physicians recruited or treatments given, but the value of new relationships, increased skills and confidence, and tangible results of service is incalculable.

- DMU students have many opportunities to provide health care and education to underserved populations.
- A shared commitment to service unites DMU faculty, students, staff, and alumni.
- Through service, students develop an ethic of compassion and gain opportunities for supervised practice.

While we recognize the benefits of service to us and to those we serve, we are increasingly seeing the need to balance compassion and capacity. One challenge that we face is that some of our clinical providers are torn between multiple demands—teaching, providing patient care in the Clinic and service to the community. If we want to enhance our clinical research efforts, we need to make expectations clear so that clinicians are not asked to fulfill too many competing priorities. Another challenge is that, as one of the external reviewers of research observed, "DMU never met an idea it didn't like." While many ideas are good, our resources are limited. Therefore, we need to more thoroughly vet service projects, making sure that they are sustainable and that we can afford the cost before the decision is made to pursue them.

We also recommend that, during the next strategic planning cycle, we look for ways to maintain our openness to student initiatives while providing more centralized oversight of

community service projects. That might involve restructuring reporting relationships and developing cost-benefit criteria.

While we provide many health and education services to diverse constituencies, our efforts are respected but not widely recognized. Because we do not have the benefit of a large research program, a large research hospital, or a football team, we do not have a high public profile. Throughout our history, service has built the bridges of understanding. In the future, we need to look for other ways to build recognition through service.

One way to build visibility through service might be to work with partners to sponsor one definitive project that would impact the health and wellness of Iowans, such as a day devoted to combating obesity or collaborating with Iowa's Healthiest State Initiative.

