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A Message from the Deans

Steven G. Gabbe, M.D. & Valerie Montgomery Rice, M.D.

“The Meharry-Vanderbilt Alliance is a catalyst for new initiatives in patient care, research and education. I am especially proud of the work of the Meharry-Vanderbilt Student Alliance (MVSA). Their initiatives include “Confronting AIDS Now,” a forum to foster student interest in dealing with AIDS through basic science, clinical research and community outreach. MVSA’s regular sponsorship of events for professional and graduate students means the formation of new friendships, the enhancement of sensitivities to the diverse needs of patients, and the igniting of passions to serve the needs of the community. Simply put, the role of the Alliance in fostering these experiences for our students cannot be overstated.”

Steven G. Gabbe, M.D.
Dean of Vanderbilt University’s School of Medicine

“The Meharry-Vanderbilt Alliance is making enormous contributions to medical education, research and training by developing new models of healthcare delivery to the underserved. As our collaboration continues to mature, healthcare will improve because medical students will be exposed to a more diverse education and training environment; research will concentrate on a broader segment of people; and proven, evidenced-based transitional methods of practice will set the strategic plans for our joint research efforts of the future. The opportunities are large, and the rewards will be great as we focus on discovering the causes of health disparities and seek ways to eliminate them. Simultaneously, we will provide a culturally diverse educational environment to produce better clinicians and medical scientists of the future.”

Valerie Montgomery Rice, M.D.
Dean of Meharry Medical College’s School of Medicine
Bridging the Gap

The Role of the Alliance in Healthcare
The Meharry-Vanderbilt Alliance continues to bridge the culturally different organizations of Meharry Medical College (MMC) and Vanderbilt University Medical Center (VUMC), resulting in some remarkable successes for the institutions and the community.

The Alliance’s track record is evident in merging both institutions’ human, medical, academic and financial resources to fulfill its mission to enhance education and research to lead to the best patient care.

Past successful projects
• The Diabetes Improvement Project in five Nashville clinics
• More than 50 joint biomedical research and training grants
• Hundreds of medical students engaged in collaborative exchanges between campuses
• The Nashville Consortium of Safety Net Providers for the underserved growing to 35 clinics and all area hospitals
• Shared graduate medical and surgical residencies
• Three national conferences on health disparities in diabetes, HIV/AIDS and colorectal cancer
• Shared biomedical library development at both institutions
• An extensive Southern Community Cohort Study of approximately 100,000 individuals, 70 percent of whom are African-American

As the largest independent historically black medical college in the nation, Meharry is mission-driven in its commitment to educate minority physicians who care for the medically underserved, as well as researchers who carry out studies designed to eliminate health disparities and improve the health of all. That mission is accomplished through MMC’s existing clinics, its Metro contract to care for Davidson County’s medically indigent, and its leadership role in community-based research. Through this research, MMC’s relationships with the community continue to build a strong level of trust and respect.

Including its medical and nursing schools, VUMC is a research-intensive institution, ranking in the top 15 for NIH-funded medical centers. VUMC serves the region in high quality healthcare delivery, providing all major tertiary medical and surgical services, including the area’s number one Trauma and Burn Center. VUMC also is a national leader in Medical Informatics, both academic and clinical, creating and implementing an enterprise-wide digital records and data system.
The combined emphasis and excellent tradition of community outreach and primary care at MMC and the research, informatics and specialty care at VUMC ideally position the Alliance to design, develop and implement a new outpatient healthcare system. In keeping with its mission, the Alliance calls for a collaborative effort to address healthcare disparities and the underserved, with the ultimate objective to become a replicable model for healthcare delivery across the nation. In fact, the talent to form an entirely new system to address and correct existing problems is already at work.

The Alliance’s objective is to improve the health of a population by creating a new outpatient healthcare system that addresses the identified, unmet medical needs of a specific population. Combining public health methods with proven curative medical practice, the clinical systems will stress education, prevention and a standardized approach to managing acute and chronic illnesses.

In addition to a central clinical center, the project will integrate these advances in two existing clinical centers (one clinic from each institution) to focus on minorities and the underserved. Pre-determined outcome measurements will be identified for each group, and financial incentives will be rewarded to population-based improvements.

The effort must be a collaborative one, bringing together members of the specific communities, as well as the faculty and staff of both institutions. MMC is distinguished for its leadership in primary care, public health and community health. VUMC has complementary leadership and expertise in specialty medicine, biomedical research, informatics and evidence-based medicine.

This Alliance truly is a remarkable standard of collaboration that is withstanding the test of time and value to these remarkable institutions. The future is exceptionally bright and full of promise.

Mutual Opportunity

The challenges faced in the partnership are many. Fortunately, there also is a common thread of trust and respect for each institution’s mission, culture and capacity.

Several areas on which we are focused:
1. Growth in student exchange in the clerkship program
2. Increased sharing in the residency programs
3. Development of new collaborations in clinical programs
4. Additional use of electives by students at both campuses
5. Enhanced engagement of student activities in the Meharry-Vanderbilt Student Alliance (MVSA)

As we continue to build on our strengths, our appreciation of the value of working together toward common goals only deepens.

A Bright Future
Leadership Perspective

I am proud of many things about Vanderbilt University Medical Center, especially our role in the Meharry-Vanderbilt Alliance.

Seven years ago we began building a bridge between our institutions, and during that time the Alliance has become a symbol for change and growth. Through our partnership with Meharry Medical College, the educational experiences of our students have been enriched and we have been able to provide key leadership in various areas of research that has led to better services and healthcare for many underserved patients in our region.

It is now commonplace to find Meharry and Vanderbilt students learning alongside one another on both campuses—a result of the Alliance. Students at both medical colleges have full access to the Eskind Biomedical Library, one of the leading academic medical resources in the U.S.

The Southern Community Cohort Study, one of the landmark long-term cancer studies in medical history, seeks to study cancer in minority populations all over the South with an eye on improving the lives of patients. This is only one of the research initiatives the Alliance supports.

Since the creation of the Alliance, students are getting a better, more diverse education, communities are healthier, and research is under way. These are all components that together create a strong foundation for future initiatives.

Seven great years, and it’s only the beginning.

Seven years ago, when Meharry Medical College joined with Vanderbilt University Medical Center to form the Meharry-Vanderbilt Alliance, we knew this unique collaboration could make a vast difference in enhancing the quality of both institutions with the ultimate goal of improving healthcare for our city, region and nation. In our first report to the community, we wrote of a bridge under construction, one that can’t been seen with the naked eye, but whose existence is real nonetheless – the bridge that allies our two distinctly different, yet complementary institutions.

Today, that bridge is stronger than ever, with shared programs in research, patient care and education and training. Our students participate in clinical rotations and scholarly research at both institutions. Our faculties join in shared clinical, research and educational partnerships. Our libraries are linked in providing forums conducive to the highest degree of intellectual exchange. With Nashville General Hospital at Meharry and the Metro Public Health Department, we provide access to the finest in healthcare to all Davidson County residents. And yet, even as we join together, the Alliance structure allows us to retain our unique identities, a crucial component in maintaining the mutual trust necessary for the partnership to thrive.

As word of our success grows, the Alliance is becoming known as a national model of collaboration. Communities, institutions and agencies across the U.S. have taken note of our accomplishments and want to know more.

As the future unfolds, we will have more – much more – to share.
A Foundation of Strength and Change

Mission and Vision
“Education and research leading to the best patient care and eliminating disparities in healthcare affecting minorities and the underserved.”

This is the joint mission of the two institutions that has formed the union known as the Meharry-Vanderbilt Alliance. The leadership of these respective medical schools has stated a clear commitment to this union to improve the health of the community at large. In 2002, Steven G. Gabbe, M.D., Dean of Vanderbilt University’s School of Medicine, highlighted the Alliance as a key area requiring funding to achieve prominence for Vanderbilt. Meharry, the nation’s preeminent historically black medical college, has a history of providing care for the most needy in Nashville and is equally committed to the Alliance as a strategic opportunity to heighten the level of care it has provided for over 130 years.

We have initiated trials that parallel this vision to improve the quality of medical care and eliminate disparities in treatment for minorities, the underserved, as well as the uninsured or the underinsured in Middle Tennessee. Targeting TennCare patients served by members of the Nashville Consortium of Safety Net Providers, we obtained funding for evidence-based tools in the clinics associated with this Consortium to enhance access to the latest protocols for disease management.

Physicians, clinicians and patients of Consortium member clinics had Internet access to EBM Desktop, a Web-based program that gives the latest information on the most effective treatments, drugs and procedures for 112 of the highest cost conditions and disease states, resulting in a highly effective tool for improved disease management.

This Internet access pilot project, funded by grants to the Meharry-Vanderbilt Support Foundation (the Alliance Foundation) from The Baptist Healing Trust and The HCA Foundation, is one of several efforts to evaluate how to improve the quality of healthcare provided to the community with a special focus on addressing disparities.

Physicians and other clinicians in the Consortium used this evidence-based program to find the latest information regarding questions about treatment of their patients. Physicians also were expected to introduce the resource to their patients, when appropriate, and to encourage patients to learn more about their condition and the best course of treatment for them. The program is designed with sections specifically for patients, written at a level they can understand. Experience shows
Tahira Fasihi, third-year medical student at Meharry Medical College and Brian Armstrong, fourth-year medical student at Vanderbilt School of Medicine, examine Darnell Langley.
that carefully integrated informatics, such as evidence-based programs, are effective tools to promote dialogue between patients and to help foster a more collaborative approach to healthcare decisions and better health outcomes.

The Alliance Foundation is a not-for-profit, private 501(c)(3) fund-raising and development foundation created to support the clinical, medical education, research and training initiatives in a joint collaboration between Meharry Medical College and Vanderbilt University Medical Center.

Founded in 1999, the Alliance Foundation facilitates the development of grant fund-raising to support the initiatives of the Meharry-Vanderbilt Alliance. Traditional education granting opportunities are conditioned to provide their funding directly to the educational institution, not through a not-for-profit organization. The Alliance Foundation’s mission was directed to seek other forms of philanthropy and funding sources to generate revenue that would provide programmatic and infrastructure support outside of traditional resources.

The Alliance Foundation is governed by a Board of Directors, which includes executive representation from both institutions, working closely with the Executive Director.

The Future

As we move forward, the Alliance Foundation will continue to match its mission with that of the Alliance to find additional resources to fund shortfalls of the partnership and provide additional means for student support, special programmatic opportunities and for the planning phases of creating the Ideal Healthcare Environment. A total of 85 scientists, clinicians and community leaders have laid the foundation for creating the Ideal Community Based Outpatient Healthcare System. Such a system can provide a national model to reduce healthcare disparities, improve access, enhance medical outcomes and perform in a more cost-effective basis than exists today in traditional medical management.
Nashville General Hospital at Meharry (NGHM) is proud to be the primary teaching hospital for Meharry Medical College and an affiliate-teaching site for Vanderbilt University Medical Center. Relationships with these two respected institutions for medical education and research offer shared faculty, integrated residencies and opportunities for leadership collaborations.

The Metropolitan Nashville Hospital Authority, NGHM’s governing authority, represents a very important component of the Meharry-Vanderbilt Alliance. By our own mission, we are here to serve the community and address health disparities. Our vision is to have our hospital be a place where “each staff, faculty member, patient and student would be proud and comfortable to have their loved ones cared for.” The Authority represents the campuses of Nashville General Hospital at Meharry, Bordeaux Long Term Care and Knowles Home Assisted Living and Adult Day Care. NGHM has been a beacon in this community for more than 100 years. The relationship we have with the Alliance allows us to remain and grow stronger. Today represents a window of opportunity because of the partnerships with organizations like the Alliance and other healthcare providers. Together we are offering healthcare choices unsurpassed in quality and compassion and most importantly, we are close to home.

NGHM Goes Electronic

Nashville General Hospital at Meharry now uses electronic medical records that physicians can access on site or remotely. Measurement indicators to this effort are patient satisfaction and readiness to change, both of which are crucial factors in patient willingness and motivation to pursue a healthier lifestyle and use the new Alliance-based healthcare services.
One of the goals of the Meharry-Vanderbilt Alliance is to create a model that provides reciprocal faculty access to Meharry Medical College and Vanderbilt University Medical Center. The result is a cross-cultural experience that fosters cultural competency and intellectual sharing that advances medical research and training. This exchange also enriches the clinical capacity of Nashville General Hospital at Meharry (NGHM), our hospital partner that delivers primary and specialty care to the underserved in Nashville.

Areas of focus are the development of clinical, educational and research partnerships, which link to one another. According to the Alliance’s Director of Clinical Program Development, James A. O’Neill, M.D., the Alliance’s goals include “the improvement of access to specialty care for a disadvantaged population at Nashville General Hospital at Meharry and the elimination of disparities in healthcare and disease through laboratory and clinical research and clinical care.”

More than 70 faculty members at MMC and VUMC have exchange appointments, and most have activities at both sites. MMC faculty may teach, participate in research, have employee-like access, and/or hold primary or secondary joint faculty appointments. These same conditions apply to the more than 30 VUMC clinical faculty who hold exchange appointments at MMC and NGHM.

**Related Objectives Include:**

- the development of graduate medical education (GME) programs to support student education and training
- the availability of broad opportunities in research
- the formulation of shared educational programs to promote a cross-cultural educational environment to expand the pool of physicians most likely to care for minorities as well as those who will serve a more diverse community
In addition, all MMC faculty in Family and Community Medicine have VUMC appointments. The department also serves as the educational outlet for Vanderbilt students in that field. Vanderbilt funds a portion of that program and some resident positions, which is in keeping with the Alliance's mission for each institution to share its strengths.

All MMC faculty in Pediatrics, Psychiatry and Behavioral Sciences, Pathology and Radiology have joint appointments at VUMC, and most have some activities at Vanderbilt. Specialists from VUMC in Pediatrics, Radiology and Interventional Vascular Surgery help support programs at MMC and NGHM. Nearly all MMC surgical faculty (including General Surgery, Vascular Surgery, Orthopaedics, Ophthalmology and Otolaryngology) have joint appointments and access to VUMC clinical facilities. Surgeons from VUMC in General Surgery, Orthopaedics, Urology, Ophthalmology, and Vascular Surgery similarly participate at MMC and NGHM.

The surgery model expands the existing VUMC surgical Graduate Medical Education (GME) programs to NGHM in support of MMC's student educational program. In addition, the surgical chairman at MMC participates as a full partner in the committee that selects the residents and supervisors at NGHM. VUMC residents rotate at NGHM in General Surgery, Orthopaedics, Ophthalmology and Urology. Other departments provide specific specialty services, including some resident rotations. Several MMC faculty in Internal Medicine, Neurology, Obstetrics/Gynecology and others in basic science departments have similar clinical appointments at VUMC. Their counterparts at VUMC provide specialty care and education at MMC and NGHM in Cardiology, Gastroenterology, Endocrinology, Neurology, Medical Oncology and Perinatal Medicine. Residents and fellows also are included in these exchanges.

While the bridge-building process moves forward, so do the challenges, with most related to funding. NGHM has major financial problems even with the new education and training dollars coming from the GME expansion. Additionally, MMC has resource limitations that will slow clinical development, making the development of alternate sources of funding a top priority. In the clinical arena, we anticipate being able to implement a plan to strategically recruit faculty who will develop self-sustaining programs to benefit NGHM. Such a program is being developed in Thoracic Surgery, which has a major link to the shared Cancer Center Program.

James A. O'Neill Jr., M.D.
Director of Clinical Program Development and Education
One goal of the Meharry-Vanderbilt Alliance is to foster synergistic research and research training efforts between Meharry Medical College (MMC) and Vanderbilt University Medical Center (VUMC). The continuing growth of our joint research grant portfolio is a bold manifestation of the success of this initiative.

In fiscal year (FY) 2005, with more than 55 active proposals, grant income totaled $36.6 million. More than 60 percent of those dollars go to health disparity topics, including cancer, HIV/AIDS, diabetes, cardiovascular disease and asthma. Such financial support enables the Alliance to fulfill its mission to bring together education and research that lead to the best patient care and eliminate disparities in healthcare affecting minorities and the underserved.

Research Highlights

The enrollment of the Southern Community Cohort Study (SCCS), funded by the National Cancer Institute (NCI), is 58,000 participants to date. Begun in 2001, this ambitious study seeks to enroll 100,000 randomly selected individuals throughout the Southeast, 70 percent of whom will be African-American. They will serve as a “normal” cohort, to determine the role, if any, of genetic, behavioral and environmental risk factors in the development of diseases such as colorectal cancer (the interest of the NCI), or of other diseases that have disproportionate outcomes in African-Americans. Collaborators on this project include William Blot, Ph.D., of VUMC, Margaret Hargreaves, Ph.D., of MMC, and representatives of more than 20 community health centers.
The Vanderbilt-Ingram Cancer Center-Meharry Medical College Cancer Partnership, is funded by an NIH U54 mechanism. The U54 cancer partnership grant is designed to grow and strengthen the MMC cancer research and training programs and to improve the effectiveness of VUMC to ensure it reaches and benefits minorities and the underserved. On a long-term basis, the grant is helping to establish collaborative working relationships between investigators and staff. This affiliation helps to facilitate training, education, community outreach and most importantly, cancer research relevant to eradicating cancer health disparities. The grant is led by Co-PIs Samuel Adunyah, Ph.D., of MMC and Harold L. Moses, M.D., of VUMC.

The grant for EXPORT (Excellence in Partnerships for Community Outreach and Research on Disparities in Health and Training) focuses on disparate population health behaviors, risk factors and outcomes that may be related to endocrine-based cancers, respiratory disease, HIV/AIDS and diabetes. One of the goals is to develop a network of community agencies to foster culturally sensitive interventions to improve health and disease outcomes, and to share data among the participants. The grant, funded by the National Center on Minority Health and Health Disparities, is an initiative of MMC, VUMC and the Metropolitan Public Health Department (MPHD). Paul Juarez, Ph.D., is the Program Director at Meharry, and collaborating co-PIs include Robert Dittus, M.D., of VUMC and Stephanie Bailey, M.D., MSHSA, from the MPHD.

As part of its research endeavors, the Alliance established a series of national conferences on health disparities, starting in 2003 with a conference on Overcoming Diabetes Health Disparities, followed in 2004 with a conference on Disparities in the HIV Epidemic, and in 2005 with a conference on Conquering Colorectal Cancer Disparities. The 2006 conference on Why Our Babies Die? looks into the causes of, and interventions used, to overcome regional and national disparities in mother and infant health outcomes. Each of these programs was, or is co-chaired by investigators from both institutions.

**HIV/AIDS Progress**

A Special Report

More than 900,000 persons in the United States are infected with HIV/AIDS. Based on the 2003 HIV/AIDS surveillance report of the Centers for Disease Control and Prevention, African-Americans bear the brunt of the new cases in this country. African-Americans are seven times more likely, and Hispanics are three times more likely than Caucasians to have AIDS. In 2003, two-thirds of women and children infected with AIDS were African-American, with the percentages increasing each year. About 10 percent of adults infected with HIV/AIDS have HIV-associated nephropathy (HIVAN), and more than 90 percent of these affected persons are African-American, indicating a clear predisposition of infected blacks to progress to renal disease and end-stage renal failure (ESRD). Unfortunately, 30 percent of those progressing to ESRD die within one year after starting dialysis. The highest rates of HIV/AIDS per 100,000 persons are in the Southeast. In Tennessee, 55 percent of reported HIV cases were in African-Americans.
even though only 16 percent of the population is African-American.

It is easy to see why some of MMC’s and VUMC’s most talented investigators are focusing their efforts on HIV/AIDS by addressing the biology of the disease bench to bedside. This includes the human behaviors that contribute to the disease, and the education and outreach that will spread knowledge of these interventions. The investigators encourage participation of patients in clinical trials of new therapeutic strategies.

The efforts on the biology of HIV/AIDS at Meharry are led by James Hildreth, M.D., Ph.D., professor of Medicine and Director of the Center for AIDS Health Disparities Research. The study approach used by Hildreth, who joined MMC from Johns Hopkins, combines biology, behavioral and community outreach studies to understand the pathophysiology of the disease, as well as the optimal means to prevent and treat HIV/AIDS, particularly in African-Americans. His most recent research focuses on factors in the “host,” i.e., the person exposed to the HIV virus that limits the ability of HIV to replicate in that individual.

A partner program at Vanderbilt, the Center For AIDS Research (CFAR) is led by Richard D’Aquila, M.D., professor of Medicine and Director of the Division of Infectious Disease. He is researching mechanisms of drug resistance to antiretroviral therapy, and treatment strategies to minimize risk of antiretroviral drug failure.

Each of these individuals is reciprocally involved as co-investigators in the two centers. Their goal is to support HIV research and expand collaborative synergies to accelerate major discoveries that affect the prevention of HIV infection, the understanding of HIV pathogenesis and the treatment of HIV infection and its complications. Therefore, the work outlined by the joint Developmental Center for AIDS Research and the Center for Health Disparities Research in HIV grants complements each other and makes for very effective team management of strategic goals and protocols.

James Hildreth, M.D., Ph.D., (left) and Sten Vermund, M.D., Ph.D., (right), and their staff members are working on a joint prevention, training and research program in HIV/AIDS targeting Africa.
International Initiatives

HIV statistics in the U.S. pale in comparison to those in Sub-Saharan Africa and the Caribbean. In Africa, more than 25 million are infected with HIV/AIDS. With a global burden of 36 million individuals in 2000, this means that Africa accounts for 69 percent of that figure.

Africa – MMC and VUMC faculty and staff members are working on a joint international prevention, training and research program in HIV/AIDS, with a view to Africa. With two new faculty members, Sten Vermund, M.D., Ph.D., Director of the Vanderbilt Institute of Global Health, and MMC’s James Hildreth, M.D., Ph.D., the program’s efforts are even more focused. Vermund, Christine Minja-Trupin, Ph.D., of MMC and Gary Linn, Ph.D., of Tennessee State University recently traveled to Mozambique to look at opportunities of service in that country for education, prevention and infectious disease control. With grant assistance, there are plans to develop undergraduate and graduate courses with a global health emphasis, as well as to create practicum and internship opportunities for VUMC and MMC students so that they may work with international universities and communities in several countries, including Africa.

Haiti – Second only to Africa, the Caribbean islands have the highest rate of HIV infection in the world. Haiti, the poorest country in the Western Hemisphere, has an HIV/AIDS prevalence rate of roughly 3 percent.

Peter Wright, M.D., of VUMC works in Haiti on vaccine research with the GHESKIO clinic, founded in the early 1980s following the recognition of AIDS by the Centers for Disease Control. Beginning his work in Haiti 30 years ago with the Hospital Albert Schweitzer, Wright works with Haitian physician Jean Pape, M.D., head of the GHESKIO clinic.

The GHESKIO clinic sees 25,000 patients per year, of which 17 percent to 18 percent are HIV positive. A recent article in the New England Journal of Medicine reports on the outcomes of a study begun in 2003 of 1,004 Haitian HIV+ patients who were given antiretroviral medications. Encouraging findings include:

- GHESKIO was able to enroll 1,004 patients, when many argued this could not be accomplished in a resource-poor country such as Haiti.
- 87 percent of the adults and 98 percent of the children were alive after one year of therapy compared to an average of 30 percent survival in untreated individuals in Haiti and other developing countries.
- The treatment outcomes were similar to those seen in the U.S., despite the confounding problems of malnutrition and TB.

In recent years, David Haas, M.D., of VUMC, and Vladimir Berthaud, M.D., of MMC, joined Wright at GHESKIO to test new antiretroviral agents as part of an adult AIDS Clinical Trial Unit grant funded by the National Institute of Allergy and Infectious Diseases. They are currently conducting a Phase IV combination therapy clinical trial in that country. Haitian native Berthaud also is active with the University Hospital in Port-au-Prince and the Association of Haitian Physicians Abroad. Berthaud, the director of that organization’s Medical Relief Mission in Haiti, is developing an HIV curriculum for the housestaff, as well as medical, dental and nursing students at the hospital. He also plans to implement antiretroviral therapy for HIV-infected patients.
Bridges to Care

Tied to the Alliance’s vision, thousands of underserved are receiving healthcare.

Bridges to Care, a program of the Nashville Consortium of Safety Net Providers, works to ensure that everyone in Davidson County has access to healthcare. The initial vision of Meharry-Vanderbilt Alliance Executive Director Clifton K. Meador, M.D., Bridges to Care assists uninsured residents in receiving medical care, including mental, dental and substance abuse services.

“The uninsured problem in America is not fully understood,” said Meador, who also is the immediate past chairman of Bridges to Care. “We believe Bridges to Care can serve as a model for the healthcare system that allows for the prevention, treatment and maintenance of acute illnesses instead of the ‘treat, treat, treat’ method that is most used today.”

Edith Costanza understands the problems of the uninsured. Without healthcare benefits when she lost her job, she goes to one of 35 Consortium of Safety Net Provider clinics for treatment of Crohn’s disease. “Bridges to Care saved my life,” she says. “It’s humiliating to be unemployed and not able to find a job, but I don’t feel like a victim. There are resources out there. I want people to know there is hope and help available, and I am extremely grateful for this program.”

Elliott Garrett, recent Bridges to Care director, says many enrollees feel the same way. “People tell me that we are a true lifesaver for folks,” he said. “We help them by giving them access to quality healthcare at a level they can afford. The safety net providers already were providing care before us. We just created a system of care to link people with a medical home.”

In its first year of operation, 10,307 residents were enrolled. Today there are more than 29,000. “With an estimated 50,000 uninsured residents of Davidson County, there is room to grow the program,” says Garrett, adding that there are plans to expand the program throughout Middle Tennessee.
Garrett notes that the picture of the uninsured is often distorted. Forty-eight percent of the enrollees work and are not standard welfare recipients. “Many enrollees have a job, but they don’t have the money to pay the insurance premiums or their job does not offer benefits,” he says. Approximately 8 percent of the population nationwide is uninsured. The percent of uninsured and the uninsurable are the same for Bridges to Care.

To further meet the needs of the community’s uninsured, Bridges to Care now offers Bridges to Care Plus. In this new program, the Consortium works with the Nashville Academy of Medicine to develop a system of care for the uninsured involving a network of private specialists and primary care physicians and the 10 hospitals in Davidson County. This program also provides for diagnostic testing and outpatient/inpatient hospital services.

Recipients and primary care physicians have found referral physicians who are treating thousands of patients within the network. “The goal is to ensure that our primary care doctors are the gatekeepers. If they deem the medical condition is more than they can handle, they can refer the patient to a specialist. The system formalizes the referral process, and patients have access to diagnostic, outpatient and inpatient services,” says Garrett.

The program ties together the pieces of the Alliance’s mission to address medical education, research, community programs and disease management, particularly in the community’s minority and underserved populations. The idea also is one that Stephanie B.C. Bailey, M.D., Director of Health for Nashville and Davidson County, embraces. “The success of Bridges to Care is a win-win. We are able to address the community standard of care and are seeing a significant impact because of it. We are definitely on the cutting edge with this kind of program,” she says.

The Alliance continues to provide leadership to Bridges to Care. At the same time, the Metro Public Health Department continues to expand the reach of Meador’s initial vision through its resources across the county. Moreover, thousands of people are being helped because of it.

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Edith Costanza understands the problems of the uninsured. Without healthcare benefits due to the demise of her full-time job, she goes to one of 35 Consortium of Safety Net Provider clinics for treatment of Crohn’s disease. “It’s humiliating to be unemployed and not able to find a job, but I don’t feel like a victim,” she says. “There are resources out there. I want people to know there is hope and help available, and I am extremely grateful for this program. Bridges to Care saved my life.”
Through a five-year collaboration, Vanderbilt’s Eskind Biomedical Library is assisting MMC in turning their library into a sophisticated Information Center.

“When it comes down to it, a library represents what an academic institution is all about – the acquisition of knowledge. The library simply must be the center of the campus.”

John E. Maupin Jr., D.D.S., President, Meharry Medical College.

Current plans to transform the three-level Meharry Library into a state-of-the-art Information Center is one of the most significant projects undertaken at the historically black health sciences institution.

Housed in the S.S. Kresge Learning Resources Center, MMC’s library lacked in current materials, services, resources, technology and aesthetics. More often than not, students would go to the nearby Vanderbilt Eskind Biomedical Library (EBL) for resources. Taking all this in, Maupin approached Vanderbilt University Medical Center to consult about what a 21st century medical library should be, and asked for leadership in achieving it. Already collaborating on various projects under the Meharry-Vanderbilt Alliance since 1998, the fit was a natural.

Left, Justin Young, MMCII, and Yaw Sapong, VMSII, use a computer workstation in the Vanderbilt Eskind Biomedical Library.
Before the first book was moved, a mutual agreement on the project’s purpose and objectives was needed. "We had to create a shared vision – one developed by students, faculty, consultants and alumni," Maupin explains. "We also wanted to ensure that any changes appropriately reflected the school’s mission.”

First on the agenda was upgrading the scope of and access to the library’s collection. Already launched is Meharry’s Digital Library that makes available more than 2,000 electronic journals, books, databases and Web sites. “The digital component allows students to view the collection from both campus and home. With this update, we are able to facilitate any form of study and collaboration of the student population as well as the faculty,” explains Nunzia B. Giuse, M.D., M.L.S., professor of Biomedical Informatics and Director of Vanderbilt’s EBL.

“Ultimately, the future of any signature library does not rely on the number of shelves and paper materials; it’s the provision of relevant data and the proper use of technology that helps the institution in offering value-added information and healthcare services,” says Giuse.

Maupin agrees that the library will become the focal point of the campus and shed light on the school’s ascension to a new level of excellence. “Everyone involved in this project is helping us usher in a new era of library sciences to Meharry. There is shared agreement on and understanding for our goal to modernize the college’s library, as it will remain our library. Such respect is carrying this project forward,” says Maupin.

The five-year project is being funded through a $20 million capital campaign.

There is much agreement on and understanding for our goal to modernize the college’s library, as it will remain our library.
Students in the Meharry-Vanderbilt Student Alliance (MVSA) play a vital role in medical education, communication and community outreach through several successful endeavors. MVSA students are responsible for directing programs and activities that promote collaboration between Meharry-Vanderbilt Alliance partners Meharry Medical College and Vanderbilt University Medical Center, as well as to promote collegiality among all aspects of healthcare providers.

Beginning with 30 students, MVSA now boasts some 200 active medical, dental, graduate nursing and research students. Students learn from one another, share information and demonstrate their leadership skills through special events and healthcare collaborations such as developing specialized week-long programming for Women’s Health Week and hosting the annual American Medical Student Association conference. MVSA hopes to develop programming to benefit all students in financial planning, dealing with cultural awareness, stress/depression/substance abuse, and bedside manner.

**Regular MVSA activities include:**

- **“Confronting AIDS Now”** - an informative program for students to learn what factors motivated AIDS experts to focus their careers in AIDS basic science, clinical research and treatment.

- **“Cover the Uninsured Week”** - a community event for students, overseen by clinical faculty, to provide health screenings to uninsured individuals. Students follow up on any health risk factors, including referrals for care, and assignment of a healthcare home.

- **“Medicine and Race”** - a forum to promote discussion about bias and prejudice among professional students.

**Susanne Brinkley**
Director
Medical Education
Ongoing community outreach programs include:

• **Child tutoring** - 80 MVSA students serve as volunteer tutors in reading and math, helping more than 450 children each year.

• **Mentoring** - MVSA students offer a special mentoring program to connect positive male role models to troubled young children.

• **Toy drives** - In collaboration with the Nurses for Newborns program and the Salvation Army, MVSA students provide area children with multi-lingual books, puzzles and toys.

• **Family Day** - MVSA hosts a Family Day for at-risk mothers, which includes food, childcare, games and clowns, as well as gift bags for the moms.

• **Student Presentations** - In partnership with a local middle school, MVSA students present students with information and talks on healthcare careers and healthy lifestyles, including nutrition, fitness and sexual myths.

In addition, the Medical Scholars Program, The Christie Scholars Program and the third-year Pediatric Clerkship Exchange offer students the opportunity to participate in scholarly research and clinical rotations at the other campus.

Finally, MVSA regularly hosts social events to encourage students to meet each other, to get to know each other and to participate in MVSA, all in support of the Alliance’s mission to enhance student relationships for the ultimate improvement in patient care.
Learning by Connecting

To enhance the educational experience of students and to strengthen the programs of Meharry-Vanderbilt Alliance partners, a pediatric clerkship exchange is celebrating its fifth year of success. Students of Alliance collaborators Meharry Medical College (MMC) and Vanderbilt University Medical Center (VUMC) are enthusiastic and positive about the exchange program, which is available in their third year of study. VUMC medical students elect to rotate to MMC for additional outpatient exposure on two-week intervals. Similarly, MMC medical students rotate to Vanderbilt for additional inpatient exposure on two-week intervals.

Here are a few comments from participating Meharry and Vanderbilt students.

“I just finished a two-week pediatric clerkship and really enjoyed it! It was a great opportunity to see diseases and conditions that you would not ordinarily see. The grand rounds, chief lectures and lectures were very informative.”

Courtney Washington, MMC

“The best part of my MMC experience was the excellent teaching. All were role models, and I hope that I can emulate their style and care when I am a physician. I really enjoyed working with my fellow MMC students, each of whom brought a different perspective and way of doing things, which I thought was important to see and learn from.”

Louise Vaz, VMS

“The clerkship was one of the best experiences I had. In fact, I stay in touch with my resident as he was very helpful. I’d say that he raised the bar for me personally as a medical student.”

Rama Mulukutla, MMC

“My two weeks at MMC were my favorite part of the rotation. I was given a lot of responsibility and was able to practice my Spanish. The staff and students at MMC were very welcoming and had a great attitude.”

Gavin O’Mahoney, VMS

“The experience added a lot to my pediatrics rotation. The attending physicians were great. Plus, we got a lot of independence to see patients. I would definitely recommend the exchange to VUMC students.”

Smitha Arekapudi, VMS
The Meharry-Vanderbilt Alliance’s Web site is a hit! Evolving from its original purpose to electronically establish the Alliance in 2000, the redesigned site currently receives nearly 25,000 monthly hits, dramatically up from its initial monthly volume of 3,000. “Based on the site’s frequency of use, we believe our efforts to increase traffic to the Web site are paying off both domestically and internationally. We typically have visitors from more than 20 countries,” says Joe Baker, Communications Specialist for the Alliance.

One of the top initiatives of the Alliance is community involvement. “Through the site, we can help achieve that initiative,” explains Baker. In addition to the site’s redesign in look and content, Baker is responsible for the daily information exchange between the Alliance partners of Meharry Medical College and Vanderbilt University Medical Center. “There are many events and activities that are of common interest to both institutions,” says Baker. “Spreading the word and making these events known to everyone is a challenging task, but one that is vital to the continued success of the Alliance.”
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