

Family & Community MEDICINE

Winter 2019



Dr. Freeman,
Five years ago, your son was born with the most severe form of spina bifida ... how has this experience changed your life?

“When I tell Luke’s story, I don’t talk about the negatives. Instead I focus on the many ways

this experience has made life better for me, personally and professionally.

When your child is diagnosed with something serious, it is life shattering. You feel broken and helpless. My wife and I are people of faith so when we learned that our son would be born with spina bifida, we knew this was an opportunity to either abandon our faith or embrace it.

We didn’t know and couldn’t understand how this happened. We kept asking, why us? Paradoxically, because we were at our lowest at this point, we found that by praying, we grew close to God ... closer than we’ve felt in any other period of our lives.

Spiritually, it was the most challenging time, but also the best. As we prepared for Luke’s birth – by learning, reading and praying – we felt like we knew him before he was born.

As a parent and a physician, spina bifida has given me a different perspective about our health care system and how difficult it can be to navigate. As Luke’s dad, I’ve learned how to be a patient’s advocate. And as physician, I have a better understanding of how important it is that patients, especially those with a complicated health condition, have an advocate who can help them get the care they need. Since Luke was born, I’ve experienced the challenges associated with making appointments, managing insurance, and requesting/evaluating second opinions about serious health problems.

Spina bifida is a complex, often painful, disease. But Luke is tough and never complains. Every time I look at him I smile and appreciate all the ways he’s taught me to be a better person.”

A CONVERSATION WITH

SETH FREEMAN

A DEDICATED DOCTOR & DEVOTED DAD

SETH FREEMAN, a 2012 graduate of MU School of Medicine, completed residency at MU, then joined MU Family Medicine faculty in 2015. Today, Dr. Freeman has embraced the role of family physician. He enjoys teaching and mentoring students, but more than anything else, he values his patients and every opportunity he has to care for them, both in clinic and the hospital.

Many residents look forward to graduating and pursuing a career that doesn’t include inpatient medicine. Why not you?

From the start of residency, I enjoyed the interactions I had with attendings when I was on the inpatient service. I liked rounding with the team and then joining everyone at the table to discuss our patients and their various health problems. Learning in a collegial environment from physicians who were great role models and terrific teachers made inpatient medicine a positive experience for me. I knew I wanted to continue doing it when I joined the faculty.

You served on the Family Medicine Inpatient Service Improvement Committee. What was the charge of this committee?

Our assignment was to restructure the inpatient service, and in doing that, we had a threefold goal: improve resident satisfaction, improve resident teaching and improve patient satisfaction.

In recent years, the department has been hiring more primary care docs, and we opened a new clinic. As our outpatient practice has grown, so has the number of hospital admissions. The increasing inpatient volume has created more work and stress for the family medicine inpatient team, especially our residents.

Our committee made several changes to lighten the workload of everyone on the inpatient service. We went from a two- to a three-team service, and we added another attending to cover each week. We also hired a PA for the service.

Since implementing these changes, residents seem happier about their inpatient experience. Residency is so darn difficult; I remember. That’s one of the reasons why I’m passionate about doing whatever I can to make life better for our residents.

Looks like your work on the committee was impressive and earned you a new title, Associate Director of the Family Medicine Inpatient Service ... congrats!

Thanks. As an MU Family Medicine faculty member, I’ve been able to carve out my niche here in the department, and that’s inpatient medicine for the residency. I am happy to accept this new title and the responsibilities it includes.

You spend a majority of your time at South Providence Family Medicine clinic. Has your attitude about outpatient medicine changed since joining our faculty?

Inpatient medicine requires a different skill set than outpatient medicine. Patients in the hospital are sicker and require more acute care. As a resident, I had many opportunities to hone that skill set, so by the time I graduated, I preferred inpatient medicine. But since joining the faculty, my opinion has changed. Now, I feel more comfortable in clinic than I did as a resident. I enjoy it more, too.

I like being able to establish relationships with individuals and their families. Seeing patients multiple times allows me to develop a better understanding of them, medically, physically, socially and mentally. Ultimately, by taking time to really know my patients, I feel more confident about the care I provide them.

SETH FREEMAN:
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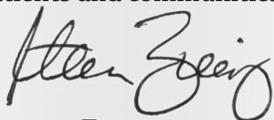
SETH FREEMAN, MD
ASSISTANT PROFESSOR
MU FAMILY AND COMMUNITY MEDICINE

CHAIR'S MESSAGE

AS A DEPARTMENT, our stated vision is to be inspirational leaders in family and community medicine for Missouri and the nation. This issue of the newsletter tells the stories of inspirational leaders – Seth Freeman as an innovative leader in re-imagining primary care and hospital medicine; Chan Reyes as a committed volunteer preceptor to our students; graduates Dana and Jack Galbraith who are examples of generosity as adoptive parents; resident Miles Crowley who models team effectiveness; and faculty member Melissa Lewis who is creating models of tribally-based participatory research.

Each of these people are leading within their community. Each demonstrates FCM values of excellence, integrity and growth. When people ask me what differentiates family physicians from other types of physicians, I have a simple answer. We are the physicians (and researchers) who respond to the needs of our patients and communities. In fact it is our responsibility to do so. As the current manifestation of the historical role of the physician, family medicine is not defined by a specific body of knowledge or technique. There is no problem that does not fit, because it is the problem of our patient.

The unique experiences of a Native American researcher, an immigrant from China, or an African American from Kansas add to our excellence. Recognition of each of our individual experiences and perceptions leads to respect and inclusion. How can this not make us better at responding to the unique needs of our patients and communities?



STEVEN ZWEIG, MD, MSPH
PROFESSOR AND CHAIR

JACK & WINIFRED COLWILL ENDOWED CHAIR

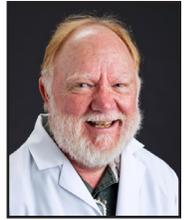
MU FAMILY AND COMMUNITY MEDICINE FACULTY FOCUS

BEST WISHES ■■■

ROBERT BUFFALOE, MD, MU Family and Community Medicine assistant professor, retired this winter. For nearly seven years, he practiced outpatient family medicine in Fayette, a rural town located 25 miles from Columbia.

Dr. Buffaloe earned his MD from the University of Arkansas in 1980, then completed residency at AHEC-Arkansas. Before joining MU Family Medicine, he worked in Berryville, AR; Fort Smith, AR; and Jefferson City, MO. And from 2003 until he moved to Missouri in 2012, Dr. Buffaloe practiced family medicine at the Tohatchi Indian Health Clinic, located near Gallup, NM.

Dr. Buffaloe is proud of his career as a rural doctor and appreciates the many opportunities he had to know and care for patients and families. He is proud of his own family as well. Dr. Buffaloe and his wife, Mary Beth, have been married 41 years. They have three grown sons, Lucas, Samuel and Joseph, and five grandchildren. Now that he's retired, Dr. Buffaloe has more time for gardening, motorcycling and fixing up old trucks.



WELCOME ■■■

GWEN WILSON, MSL, medical librarian, joined MU Family and Community Medicine this winter. As FCM librarian, she provides database and literature search support to department faculty, staff and residents. She also helps manage the department's bibliographic reference software.

Gwen attended Emporia State University, Emporia, KS, where she earned her BS in information resource studies in 2010 and her MLS in 2012. Gwen served as the health informatics coordinator/librarian for Mabee Library at Washburn University, Topeka, KS, before coming to MU.

Gwen grew up on a dairy farm in southwest Missouri, just outside of Pleasant Hope. She enjoys playing softball and volleyball, traveling, hiking and volunteering.



CONGRATS ■■■

STEVE ZWEIG, MD, MSPH, professor and chair, began his one-year term as president of the Association of Departments of Family Medicine (ADFM) during ADFM's 2019 Winter Meeting, which was held mid-February in Houston. Dr. Zweig, who served as president-elect of ADFM last year, was the 2019 Winter Meeting Program Chair. He was previously ADFM's representative to the AAMC Council of Faculty and Academic Societies and chair of the Leadership Development Committee for ADFM.



WORKSHOP FOR NEW FAMILY MEDICINE CHAIRS

Department chairs from across the country met at the University of Missouri for the annual New Chairs Workshop (NCW), co-sponsored by MU Family and Community Medicine and the Association of Departments of Family Medicine (ADFM). The primary goal of this three-day workshop is to prepare new chairs for the challenges and responsibilities of their role. Photo includes participants of the 2018 NCW:

SITTING (left to right): ARDIS DAVIS, MSW, Association of Departments of Family Medicine; SUSANNA EVANS, MD, FAAFP, Drexel University, Philadelphia, PA; CURTIS GALKE, DO, FAAFP, University of Texas Rio Grande Valley, and SHANNON PITTMAN, MD, University of Mississippi, Jackson.

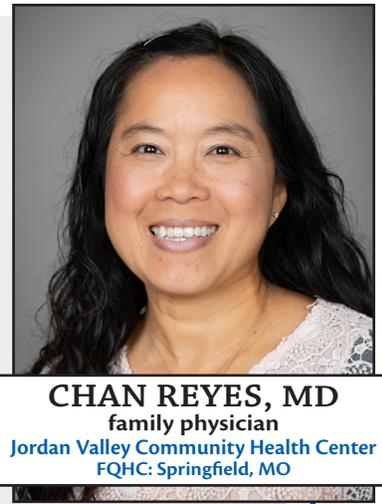
STANDING (left to right): JACK COLWILL, MD, University of Missouri; KEVIN GRUMBACH, MD, University of California-San Francisco; KELVIN WYNN, MD, University of Illinois, Peoria; IRFAN ASIF, MD, University of Alabama, Birmingham; STEVE ZWEIG, MD, MSPH, University of Missouri; FREYA SPIELBERG, MD, MPH, University of Texas, Austin; ROBIN WINTER, MD, MMM, Seton Hall University, Edison, NJ; MIKE HOSOKAWA, EdD, University of Missouri, and ANTHONY VIERA, MD, MPH, Duke University, Durham, NC.

The 2019 New Chairs Workshop is scheduled for October 13-16.
To learn more, please contact Steve Zweig at zweigs@missouri.edu

CHAN REYES, MD

A FAMILY PHYSICIAN WHO INSPIRES PATIENTS AND STUDENTS WITH HER BIG HEART, KIND SPIRIT AND PASSION FOR SERVICE

CHAN REYES, MD, earned her medical degree from St. Louis University in 2001, and after graduating from Cox Family Medicine Residency (Springfield, MO) in 2004, she joined Jordan Valley Community Health Center, a federally qualified community health center in Springfield. Today, in addition to taking care of a very large and diverse underserved patient population at Jordan Valley, Dr. Reyes goes to the hospital where she rounds and provides inpatient care to newborns. She loves being a family physician and appreciates every opportunity she has to help and make a difference for her patients as well as her students. Students are grateful to know and work alongside Dr. Reyes.



CHAN REYES, MD
family physician
Jordan Valley Community Health Center
FQHC: Springfield, MO

“DR. REYES was a wonderful physician to work with. Her unique life story and deep-rooted faith make her an incredibly compassionate person. Dr. Reyes is an amazing doctor who knows, understands and cares about her patients at Jordan Valley Health Center!”

“DR. REYES is patient, approachable and a great educator. She has a great fount of knowledge and uses every opportunity to teach. The relationships she develops with patients are real and meaningful; it’s obvious her patients love her.”

“DR. REYES is patient-centered and communicates well with everyone. She is a great teacher who provided me many opportunities to learn and participate in patient care.”

Why medicine ... why family medicine?

DR. REYES: I feel like God called on me to dedicate my life to medicine, and I answered His call. As a med student, I knew early on that I wanted to be a family doctor. I enjoy having a diverse patient population who are all ages, well or sick, and I like being the first physician patients come to when they have a health concern. The relationships I build with patients, and the continuity of care I am able to provide, make family medicine very rewarding. Doing medical mission work is important to me, and my skills and clinical experience as a family physician enable me to make a difference for so many people when I travel to underserved areas.

Where is home?

DR. REYES: I am a Cambodian-born Chinese who immigrated to the United States with my family of 10 when I was a young child. Springfield, MO, has been my home since 1981. My family was sponsored here by St. Agnes Catholic Church, after escaping Vietnam by boat in the South China Sea, then spending a year and a half in refugee camps in Thailand and the Philippines.

How would you describe your practice?

DR. REYES: I’ve worked at Jordan Valley Community Health Center, a federally qualified community health center in Springfield, since graduating from Cox Family Medicine Residency in 2004. We are a multispecialty practice that provides care to the underserved in our community.

My patients are all ages, and include newborns in the hospital as well as children, adults and the elderly in clinic. I do preventative care, chronic disease management, acute care, prenatal care and basic office procedures.

Why do you teach?

DR. REYES: Medicine is not just a science, but an art that can be hard to teach in a classroom. Taking care of patients is interesting and exciting. Students need to see and experience it first

hand to really appreciate the joy, complexity and challenges that come with being a physician. I enjoy teaching students and consider it a privilege and responsibility to train future physicians. It’s fun to step back and watch them interact with patients in the exam room. Whenever I’m with a student, it’s a learning experience for all of us.

I love being a family physician. I hope my students see this and understand that if they work hard; treat their patients, colleagues and staff with respect; and also find time for family and spirituality in their lives, they will be fine!

What’s the most rewarding part of your job?

DR. REYES: Every time I make a difference for one of my patients is a rewarding, feel-good experience.

What about the challenges?

DR. REYES: The goal for all of us at Jordan Valley is to provide access and care to everyone who needs help. But because we have a large patient population – many with complicated health problems, our days in clinic can be long and very busy. Keeping my work-life balance in check is an ongoing challenge for me.

What about your job makes you want to come to work every day?

DR. REYES: I love my clinic and feel fortunate to have a practice that is diverse, busy and patient-centered, with emphasis on quality and compassionate care. At the end of the day, if I feel like I’ve helped at least one person, then it was a great day, in spite of the challenges and work load I faced!

MY MOTTO: Remember that you may be one person to the world, but to one person, you may be the world!

Family/Hobbies?

DR. REYES: I am so blessed to have a supportive and loving husband and three healthy and precious kids, ages 6, 7 and 8. I am also blessed to have my mother, siblings and their families living nearby in Springfield, and my father and eldest sister looking down on me from heaven.

I enjoy spending time with family – eating delicious meals together, traveling, watching NFL football ... and relaxing at home!



**DR. CHAN REYES
AND HER FAMILY**



JACK GALBRAITH, MD
MU Family Medicine Resident:
CLASS OF 2009

JACK & DANA GALBRAITH

PARTNERS AT HOME & WORK

JACK & DANA began dating 15 years ago as medical students at the University of Missouri and have been married since 2006, the year Jack finished school. Both decided to become family physicians and stayed at MU for residency training. In 2010, when Dana completed residency, they moved to St. Louis and joined a family practice group. Today, their love continues to grow and the faith they share fuels their success as physicians and as parents.



DANA GALBRAITH, MD
MU Family Medicine Resident:
CLASS OF 2010

JACK & DANA: PARTNERS AS PHYSICIANS

JACK: When we moved to St. Louis in 2010, we joined St. Anthony's Family Health Partners. Things were good there, but last year, when we found out that Mercy was buying St. Anthony's, Dana and I thought it might be a good time for us to try something different.

DANA: So we joined Esse Health in February 2018.

JACK: Esse is a doctor-owned, multispecialty practice that includes more than 100 physicians in the St. Louis area. Our new practice, Comprehensive Primary Care Associates, is located just down the street from our other clinic, which made it easy for our patients and clinic staff to follow us. We practice outpatient medicine, newborns through the end-of-life, with two other physicians, five advanced practitioners, and a team of dedicated staff members.

DANA: The best part of joining Esse has been the autonomy we've gained. Our goal is to provide every patient a positive care experience, and Esse gives us the tools and resources we need to achieve this goal.

JACK: Esse has a system that uses real-time data to track our performance throughout clinic. Wait times on the phone, in the reception area and in the exam room are tracked and displayed here in clinic for us to see. We make decisions and changes to our clinic, based on these numbers and the goals we've set. Esse sees all of our data, knows our goals and always supports our decisions.

DANA: We are definitely running our practice more efficiently. Patients can tell a difference, and they like it.

JACK: We like it, too, because it's easier for us to focus on our patients and do the work we love doing.

DANA: As practice owners, we make decisions that help us maintain work/life balance. Jack is here full-time, Monday through Friday, and I work three days a week. We have five children (ages 5 to 17). I love being a mom and the time I spend with my kids. And I love being a doctor and getting to help, know and care for my patients.

JACK: As family physicians, we have the privilege and opportunity to know a family, care for them over time, and develop meaningful relationships with many of them.

DANA: For many families, Jack takes care of the husband, and I take care of the wife. Between the two of us, we usually take care of the kids, too. This helps us and our patients because we can share information and insight into family members, dynamics and relationships. And if one of us is unavailable when our patient needs care, the other one is always willing and able to see the patient.

JACK: Our workday doesn't end when we leave the office. Dana and I often bounce ideas and concerns off each other when we get home. Sometimes this helps us better understand and care for a patient.

DANA: It can help with stress, too. Whenever I share a story, I know Jack is listening and is there to offer his support if I need it.

JACK & DANA: PARTNERS AS PARENTS

DANA: Faith is super important to Jack and me and has always guided who we are and what we do, personally and professionally.

JACK: On a professional level, we believe that God called us to be doctors. Practicing medicine is a gift and we are using our gift to help patients. On a personal level, we were called to be parents.

DANA: From the day we got married, Jack and I wanted to have children and knew we would adopt. God blessed us with good jobs and the resources to help others, so in 2011, after we began practicing in St. Louis, we flew to Ethiopia to adopt our first child, two-year-old Joseph. While we were picking him up, we saw all the other children who were living in the Ethiopian orphanage. That broke our hearts.

JACK: In 2012, we went back to Ethiopia to adopt Solomon, age 8 at the time. Then, in 2013, a St. Louis adoption agency called us about Sophia. Sophia's mom had decided near the end of her pregnancy that she wasn't ready for parenting, so when the agency asked if we would adopt Sophia, we said yes, of course.

DANA: When we started on our journey of adoption, we never knew how many children we would adopt. Jack and I always agreed that if a need should arise, we would accept the responsibility.

JACK: In 2016, we learned about two Ethiopian teenagers who needed our help. Dagim and Kass, both 15 at that time, had a year left before they would age out of the orphanage. We adopted the boys before they turned 16 and were forced to live on their own in Ethiopia.

DANA: Life is busy, sometimes stressful, for Jack and me. But life can be tough for our children, too, especially when they first come here. They can't speak English and know nothing about our American culture. They've never had a parent to love them, help them understand boundaries, or teach them to obey rules. When they move in, we want them to feel loved and know they're part of our family.

JACK: As parents, we think it's important that our children know how to do chores and help with laundry. We don't have a cook or a housecleaner, but we have a tutor who comes in the evening to help the kids with their homework. The boys love playing sports. They're great athletes and fun to watch. We never miss a game!

DANA: I love being a mom and feel so happy about adopting our children. But every once in a while something will happen that makes me smile and wonder, what the heck are we doing here?

JACK: That happens to me, too. As a physician, I try to be laid back, encouraging and positive with my patients, especially when they need to change an unhealthy behavior. Patients respond better if they feel supported. I try to use this same approach with the kids, but I'll admit that there are days when being laid back can be hard.

DANA: Our love and our faith get us through the tough days. If one of us is stressed, the other one always finds the strength to step up.

JACK & DANA knew from the day they got married that they wanted children and planned to adopt. Since 2011, they have adopted five children.

“Dana and I believe we were called on to be parents,” says Jack. “We feel blessed to be able to love and care for children who need a place to live, learn and grow.”

“Our four sons are from Ethiopia: Kassahun, 17, is sincere and hard-working; Dagim, 17, is kind-hearted and quiet. Solomon, 15, is athletic. He is a football star, and his dream is to play for MU! Joseph, 9, is smart and outgoing, and he is everyone’s friend!” says Dana. “Our daughter, Sophia, was born in St. Louis. She’s a spunky little girl. Sophia is our princess and always reminds her brothers about this.”



THE GALBRAITH FAMILY

FAMILY MEDICINE RESIDENT MILES CROWLEY

shares his smile, positive attitude, compassion and endless energy with everyone he knows and everywhere he goes!

HALFWAY THROUGH MEDICAL SCHOOL AT THE UNIVERSITY OF KANSAS, MILES CROWLEY

wanted to broaden his understanding, practice and concept of medicine, so he took a year off to pursue a Master’s in Public Health.

“While earning my degree, I did a research project on incarcerated men,” says Miles. “Many men in prison have multi-faceted health problems. While completing this project, I learned not only about the health and health care of people while they are incarcerated, but also about the challenges they face when they are released from prison.”

As an MPH student, Miles developed a better understanding of the societal, environmental and personal factors that influence health. Today, Family Medicine Resident Miles Crowley has a unique perspective on health and his role as a physician. He likes being able to teach patients about their health and work with them to develop healthier/happier lifestyles. He also likes to learn, and he appreciates all the ways that attendings, colleagues, nurses – even patients – help him become a better doctor. So much about family medicine feels right for Miles.

“I enjoy the multidisciplinary approach of medicine and rely on the team environment to take care of my patients,” he says. “Family medicine provides the variety, relationships and close interpersonal communication I thrive on.”

As he nears the end of his first year of training, Miles says that residency is going well. He gains confidence and knowledge with each day he sees and cares for his patients. But he is quick to credit his “awesome” colleagues for supporting and encouraging his success.

“It’s fun to be part of a team whose members share a common goal: providing excellent care to patients,” says

Miles. “I have to admit, though, that the autonomy I have as a resident can be challenging. Knowing that these are MY patients and that I am fully responsible for their care is daunting at times. But when they listen to me and trust my advice, it feels really good.”

In spite of all the time, hard work and pressures he faces as a family medicine resident, Miles doesn’t feel stress. When he needs an outlet, he heads outdoors. The outdoors, he says, is his key to happiness. He likes to exercise, and he likes to laugh, oftentimes at himself.

“I think it’s important to laugh at yourself and be your own kind of weird. Whenever I do something absurd, it makes me laugh,” he explains. “And if I’m not laughing at myself, then I’m laughing with friends.”

Regardless where he is or what he is doing, Miles seems happy and his energy seems endless.

“When I’m not being a physician, I’m being a single home owner. I spend most of my free time completing projects around the house. Since moving to Columbia last summer, I’ve built a bed, dresser, deck and bench, and I’ve landscaped my yard,” explains Miles. “Whenever I finish a project, I add a new one to my to-do list. That’s the way I am, though, busy and always on the go.”



FIRST YEAR FAMILY MEDICINE RESIDENT
MILES CROWLEY, MD

Has doing inpatient medicine influenced the way you do outpatient medicine?

Without a doubt! My goal as a primary care physician is to keep patients out of the hospital. When one of my patients is sick, I want to know. I've asked our PSR and my nurse to alert me if a patient calls and needs immediate care. They understand how important this is to me, so they will try hard to fit the patient in my schedule, even if it means I have a longer day. When I see a patient in clinic and help him/her through a sickness, possibly prevent a hospitalization, it feels so good. I like that a lot.

Is there anything you don't like about being a family physician?

Not that I can think of:) I have really good job satisfaction. I like the variety of my duties and my patients, and I love to switch it up between inpatient and outpatient medicine. Attending is rewarding, so is teaching. I do about eight resident lectures a year, mostly on inpatient topics.

Now that I've been in practice for a while, I've had time to get to know and build meaningful relationships with many patients. Whether it's helping them make lifestyle changes that improve one of their chronic conditions or offering advice when

they come to me about serious health-related decisions, it's rewarding to know that patients trust me and the care I provide. I feel proud to be a family physician.

What brings you the greatest joy in life?

Family. Annie is my wife and my hero. I can't begin to express all the ways I love and appreciate her. She is the glue that keeps our family together; she is strong and always there for me and our boys. And nothing makes me happier or more proud than our sons, Jackson, 9, and Luke, 5.

Tell me a little about your sons ...

Jackson was born in 2009, when I was in med school. He is loving and thoughtful ... a wonderful son and Luke's best friend.

Luke, 5, is funny and quick-witted. He laughs a lot and tries to not take things too seriously. Luke was born with myelomeningocele, the most severe form of spina bifida. He also has Chiari II malformation, a rare condition that's common in children with myelomeningocele.

Raising a special needs child can be challenging for a family; do you agree?

Annie and I found out about Luke's condition at our 20-week ultrasound. For a while, not having an answer to why this

happened was challenging, so we stopped asking that question.

Whenever I look at Luke, beginning the day he was born, I don't see a person with spina bifida ... I see my son. I choose to believe that Luke's story is bigger than his illness and the problems associated with. He is alive and well. He is loved and taken care of. And all of us learn from – and smile with – him on a daily basis.

Family time is important; we never let Luke's special needs limit or change what we do. We may have to modify how we do something, but whatever we do, we do it together. Outdoor stuff is fun for us; we enjoy hiking. We like watching sports, too, especially the Chiefs and Royals.

Seth, you have so much going on in your life, as a doctor and a dad ... how do you stay so positive?

My faith keeps me grounded and strong. God has blessed me with the skills to be a doctor and with an incredible family for which I am immensely grateful. I love what I do, and I love all the people in my life. With God's help, I am able to find the power and motivation to be and do my best for patients, students, colleagues, friends ... and especially my family.



“I knew from his days as chief resident that Dr. Freeman possessed the wonderful combination of passion, work ethic, organization and dependability. Since joining the faculty, his work to improve our inpatient service and the residents’ educational experience on the service has been impressive. Residents appreciate how much Dr. Freeman cares about them and their success.”

— Erika Ringdahl, MD, PROFESSOR & RESIDENCY DIRECTOR, MU FAMILY AND COMMUNITY MEDICINE

“I've been Dr Freeman's nurse since 2015, the year he finished residency and became an attending. Dr. Freeman is warm, gentle, pleasant, compassionate, diligent, reliable, intelligent and efficient. His patients love him. Clinic staff like him lots, too! Dr. Freeman is always willing to answer our questions and teach us. And he's a great advocate for positive changes within the clinic. I consider Dr. Freeman to be a fantastic friend as well as a dedicated doctor.”

— Andrea Carlos, LPN, SOUTH PROVIDENCE FAMILY MEDICINE CLINIC

“Dr. Freeman started taking care of my son Trenton a few years ago, when Trent was 15 and decided he was ‘too big’ to see a pediatrician. As a member of the FCM residency team, I've gotten to watch Dr. Freeman grow from a family medicine resident to the well respected family physician he is today. Last year,

when Trent had a bad cold and we were concerned it might move into pneumonia, Dr. Freeman saw him in clinic right away. He also stopped by the residency suite a few days later to see me and ask how Trent was doing.

Dr. Freeman treats Trent as a young adult, talking directly to him as the patient, and he includes me when needed.”

— Lorie Bousquet, BA, MOTHER OF TRENTON, DR. FREEMAN'S PATIENT & EXECUTIVE ASSISTANT, MU FAMILY MEDICINE RESIDENCY

“By his own example, Seth shows our boys the value of working hard and taking care of others. More importantly, he encourages our boys to know God's love for them and to live a life focused on faith. I am forever grateful to God for putting Seth and me together, he is truly one of my greatest blessings!”

— Annie Freeman, SETH FREEMAN'S WIFE

“I love my dad. He's always up for wrestling and playing video games with me. He answers all my questions. And he's really funny!”

— Jackson Freeman, SETH FREEMAN'S SON, 9

“I like having pillows fights with dad. I like snuggling with him at night, and I really like sledding with him!”

— Luke Freeman, SETH FREEMAN'S SON, 5

MELISSA LEWIS

PRESERVING & PROTECTING THE CHEROKEE WAYS OF LIVING & BEING

NATIVE AMERICANS suffer from the most dramatic health disparities of all racial minorities in our country, including higher rates of cardiovascular disease, diabetes and substance abuse. As a researcher and enrolled citizen of the Cherokee Nation, Melissa Lewis, PhD, is focused on reducing these disparities and improving health for Native people.

In all aspects of her life, Dr. Lewis demonstrates a willingness to step up and take care of people, a behavior she learned from her father. "Whenever he saw what he considered an unjust situation, he would intervene," Dr. Lewis says about her dad, Ronald Lewis, PhD.

Ronald Lewis, retired professor, is the first Native American to get a doctorate in social work. Recognized as a social work pioneer, Dr. Lewis helped write and pass the Indian Child Welfare Act of 1978.

As Melissa Lewis advocates to improve health and preserve the traditional ways of being for Indigenous people and communities, she is following a career path similar to her father's.

She began her career as a licensed marriage and family therapist. But after 10 years in practice, Dr. Lewis felt frustrated by policies that she said limited her ability to help clients and families. Hopeful she could do more good in the role of researcher, Dr. Lewis returned to school and earned her doctorate in medical family therapy from East Carolina University, Greenville, NC.

In 2013, Dr. Lewis joined the faculty in the Department of Biobehavioral Health and Population Sciences at the University of Minnesota Medical School, Duluth (UMD).

"I had no expertise in medical education or curriculum when I went to the University of Minnesota. My main line of research focused on cardiovascular disease and indigenous stressors," she explains. "However, soon after I moved to Duluth, community members (many belonged to the Chippewa tribe) approached me to tell me they wished there were more providers who understood them, their health and their culture. Native American UMD students came to me as well. They wished that physicians knew more about them and were less biased. The UMD student body is very diverse and includes a large number of Native and rural Caucasian students from across the country."

The mission of UMD is to serve and promote health for rural and Native Americans. At that time, the medical school offered an entire pathway for rural health, but only an elective for Native American health. Most rural, non-Native graduates return to rural regions of Minnesota to practice, where Indigenous people represent the largest minority group. These physicians were not prepared to care for Native American patients, explains Dr. Lewis.

Inspired and motivated by her father's career-long commitment to Native Americans, Dr. Lewis embraced the opportunity to develop an Indigenous health curriculum for UMD medical students. First, she requested time in the curriculum to add indigenous content. It took six months to get approval, but once she got the green light, Dr. Lewis invited medical students, medical student faculty and leaders from the indigenous community to a day-long retreat to discuss the new curriculum. Next, she recruited nearly 50 Native faculty to teach Native American life, culture and experiences. Six months later, the course was developed.

Implemented in 2014, the two-week, eight hour course is mandatory for all first-year, first-semester medical students. Under Dr. Lewis' leadership, UMD was the first school in the nation to imple-

ment a medical school curriculum tailored to Native Americans. She is proud of this accomplishment and happy that she was able to play major role in this year-long effort. Her eagerness to share what she learned from this experience with other schools that want to develop curricula that prepares students to care for minority populations in their states is the driving force behind the Indigenous Health Toolkit that Dr. Lewis is currently creating.

Dr. Lewis was recruited by the research team at MU Family and Community Medicine in 2016. This was a good fit for her, she says; the department had strong mentors and great resources. Plus it was in Columbia, Missouri, which is closer to her tribe, the Cherokee Nation in Oklahoma.

At MU, Dr. Lewis continues a project she started in 2014, as she evaluates survey data collected from young adults who've participated in the Remember the Removal Bike Ride. This annual 1,000-mile ride, which began in 1984, is designed for 18- to 25-year-olds tribal members. Participants ride across seven states, following a route that Cherokees took in 1839, when the US government forced them to leave their homeland in Georgia and relocate in Native American territory in Oklahoma. More than 4,000 Cherokees died on that journey.

In the early years of this program, one of its goals was to discourage substance abuse among young people. Today, the ride's emphasis has shifted to revitalizing Cherokee history, language and culture, says Dr. Lewis. Participants train for four months before the ride, and after the ride there's a post ride and a six-month follow-up. Dr. Lewis is evaluating the impact of the program from a physical and behavioral health perspective of those who have participated.

"This is an amazing opportunity for me to conduct tribally-based participatory research. I'm there to learn, analyze the data and evaluate the results. I enjoy discussing my results with the group and helping them present these results to other communities," says Dr. Lewis. "If I can demonstrate that young people who participate in the bike ride are experiencing positive results, it helps program organizers secure continued funding from the Tribal Council.

As a citizen of Cherokee Nation, I want to help; I want to keep this program going. A group of alums are trying to create Remember the Removal Phase 2; I want to help with that project, too."

Throughout her career as a therapist and a researcher, Dr. Lewis has maintained an interest in stress.



MELISSA LEWIS, PhD
ASSISTANT PROFESSOR
MU FAMILY AND COMMUNITY MEDICINE
with her husband, Joseph Erb,
and their son, Amaya

MELISSA LEWIS:
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MELISSA LEWIS: CONTINUED FROM PAGE 7

Native Americans experience three specific stressors at a disproportionate rate: historical trauma, adverse childhood experiences and discrimination. For years Dr. Lewis focused and reported on the negative effects of stress because that's what research has studied traditionally, she says. She's realized, however, that Native Americans don't want to hear about the negative side of stress.

"Native Americans want to look at the other side of the coin. They want to learn about strategies that help them avoid stress and become resilient. So my research question became, 'What kinds of things do Indigenous people do to keep healthy and happy?'" she explains. "I was able to take leave and go to Cherokee Nation to build partnerships and start this research. I sought direction from Elders in the community who knew that until then, most of my education had been in the Western world of learning. They told me it was important that I expand my experiences, knowledge and understanding of the Cherokee way of life. So that's what I did."

In her search to find ways that Natives ameliorate stress, Dr. Lewis learned a lot about their traditions, cultural practices and spiritual ways of being. She learned how they exercised, how they healed, how they cooked and how they related to family. She is evaluating the programs/activities/behaviors that are working and sharing knowledge about these successes with other Indigenous people and communities.

"Native Americans are surviving and thriving in traditional ways that have been banned in the past; some of their practices, especially in education and health care, continue to be disallowed in the Western world. By highlighting these traditional practices and demonstrating that they are working, I hope to facilitate policy changes," she says.

Advancing her education in the Cherokee way of being and living has strengthened Dr. Lewis' research and commitment to give back to her tribe. Joseph Erb, PhD, her husband, is also a member of Cherokee Nation; he shares Dr. Lewis' commitment to their tribe. Dr. Erb is a digital media artist at MU School of Visual Studies. His goal is to share and preserve traditional stories in Cherokee language and to tell them in ways that interest younger generations.

"My goals are similar. I want to make sure our traditional ways of being are preserved now and in the future," she says. "I want to make sure our citizens are as healthy as possible and improve the disparities that are currently off the charts for Indigenous people."

Melissa and Joseph share another special gift: Amaya, their son, was born last April. "Having a child has been fun and interesting. Amaya goes everywhere we go," says Melissa. "We see him as an extension of our partnership. We travel to Oklahoma often so Amaya is able to know and experience both cultures."

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