Evelyn Bright's Career and Retirement

Retirement is a very special occasion. June 30, 2008, marked the culmination of an illustrious career for Evelyn Bright. For 24 years, she served the University of South Alabama (USA) and the Gulf Coast Community as a nurse and a clinical research technician. As much as everyone is happy for Evelyn to be starting a well-deserved retirement, there is no doubt that she will be missed.

Evelyn began her nursing career at USA taking care of children and adults in the sickle cell clinic. During this time, Evelyn became involved in a National Institutes of Health (NIH) research study designed to test whether penicillin prophylaxis could be helpful in the prevention of infections related to premature deaths in infants and children with sickle cell disease (SCD). This study proved that penicillin could prevent infections and save lives. During Evelyn's tenure with the Sickle Cell Center, she played vital roles in the newborn screening program, as well as the Children and Youth Sickle Network (CYSN). As a member of the CYSN team, Evelyn traveled to clinics in Monroeville, Brewton, Jackson, and Bay Minette, Alabama to provide services for patients with SCD.



Evelyn Bright, LPN and Felicia Wilson, M.D.

As a member of the Department of Pediatrics, Evelyn served as a nurse in the general pediatric clinics. In addition, she served as the clinical research technician in the pediatric hematology/oncology division.

Evelyn was honored in a retirement reception in the Department of Pediatrics on June 30th. It was well attended by USA faculty and staff, family, friends, and her church members. Throughout the years, Evelyn has been known for her strong work ethic, dedication, compassion, wisdom, hope and concern for all those in her care. We pray for God's richest blessings throughout the next phase of her life.



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USA Comprehensive Sickle Cell Center Main Office (251) 470-5 Fax (251) 470-5 Clinical Research (251) 471-7 Pediatric Clinic (251) 405-5 Adult Clinic (251) 470-5 Community-based	5895 7703 1147	



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ckle Cell Awareness Month the Sickle Cycle"

September 2008

From the l Worker's Corner

unrelenting ressing any impede a sic state of an opportunity undreka ho is followed of South Sickle Cell nent, she from classes Alabama due oping as a disease. After ions that could ce, it was w a computer ing Shundreka

continue her educational journey. Shortly thereafter I decided to appeal to the "Individual and Family Support" program (IFS) in support of securing the computer. Although IFS was successful in providing some support, they encouraged me to seek additional assistance from the "Children's Rehabilitative Engineering Team" (CRET). Due to the efforts of both organizations, our appeal was granted. In short, Susan Polizzi, IFS program coordinator, and other program committee members approved the funding for a laptop computer equipped with an oversized monitor/printer that would meet Shundreka's adaptive needs and ultimately help her achieve her educational goals.



The Sickle Cell Disease **Community Based Program** and the USA Comprehensive Sickle Cell Center are extremely grateful to IFS and the entire CRET committee for affording Shundreka Davidson and so many others, with an opportunity they otherwise may not have. For any additional information please contact me at (251) 432-0301. Until next time, so long from the Social Worker's Corner.

Adrienne Petite, LBSW

From the Director's Desk:

"The Primary Care Physician and Sickle Cell Disease" By Johnson Haynes, Jr. M.D., Director USA Comprehensive Sickle Cell Center

The cost of medical care continues to escalate. Healthcare access for individuals with sickle cell disease (SCD) remains a national problem, particularly for adults. Large segments of the adult sickle cell population are either under insured or uninsured. All of this is occurring in the setting of a very labile economy where many are forced to make difficult decisions as to whether they buy gas, medicine or food. As director of the Center I am forced to define how this affects the health care delivery provided by the University of South Alabama (USA) Comprehensive Sickle Cell Center and what if anything can be done to maximize services with minimal resources.

In the USA community and nationally, children born with SCD are covered by Alabama Medicaid or ALL KIDS at a minimum until the age of 19 years old. The Center is fortunate to have three boarded pediatric hematologist/oncologist to direct comprehensive care for these affected children. What the public must realize is that the patients served in this community have access to excellent care that other areas in the state are not privileged to experience in spite of having adequate health insurance. A principal focus in the pediatric community and Center is to educate families, affected individuals, and health care professionals. It is imperative that hematologist and primary care providers, i.e., pediatricians and family medicine physicians are equipped with the necessary skills and knowledge required to render high standards of care. To this end, the USA Comprehensive Sickle Cell Center along with the Department of Pediatrics will continue to implement educational programs and training along with serving as referral resources for physicians in under-served areas.

Unlike the pediatric population, approximately 75% of adults with SCD are insured at our Center. The primary insurer is Alabama Medicaid. In contrast to children, services are limited and significant numbers exceed their coverage. This combined with the uninsured population has created a unique and substantial burden on the health care system. Also in contrast to the pediatric population, adult hematologists deliver very little care for the adult client. This has been recognized as a national problem at the level of the National Institutes of Health and has resulted in promoting more involvement of general internist and family medicine physicians as the primary source of health care delivery for adults affected with SCD. Can this be an effective alternative? Yes. This model has been in place at USA Comprehensive Sickle Cell Center since 1993. As director of the Center and a general internist who provides much of the adult sickle cell care and training for primary care residents, the efficiency and quality of care rendered are being realized. For example, the average length of stay in the hospital was approximately 8 days in 1997. By 2000 the average length of stay was approximately 5.5 days and in 2007, approximately 4 days. In 1997 there were 197 adult admissions to USA Medical Center, 95 in 2006 and 78 in 2007. Utilization of the adult outpatient clinic continues to increase (187 adults were seen in clinic 2006-2007). Frank S. Pettyjohn, M.D., Chair of Emergency Medicine, reports emergency room utilization is down at USA Medical Center. While these observations are not definitive, they strongly suggest primary care physicians can provide the much needed improvement in health care access not currently made available by adult hematologist.

What must the Center do to facilitate a high standard of health care for those with SCD?

- 1) We must serve as a central source for training primary care physicians;
- 2 We must continue to be an educational resource for all health professionals; and

3) We must serve as a resource and referral site for more rural and under-served areas. Can we? Yes we can.

Congratulations to Dr. Cecil Parker

Dr. Cecil Parker was recently recognized by the University of South Alabama Sickle Cell Center for his dedication and contributions to the USA Sickle Cell Center

and the patients in our community living with sickle cell disease.

The recognition occurred during the recent 8th Annual Sickle Cell Regional Conference. The professional conference is held each year, and from this point forward, the keynote address will be renamed the Cecil Parker Distinguished Lectureship.

"We are grateful to Dr. Parker for all he has done and continues to do to improve the lives of those who are impacted by sickle cell disease," said Dr. Johnson



Dr. Cage S. Johnson congratulates Dr. Parker for receiving the award.

Haynes, director of the USA Sickle Cell Center. Parker has practiced internal medicine in Mobile for more than 25 years. He is clinical assistant professor

of internal medicine at the USA College of Medicine and serves as the medical director for Crowne Health Care Nursing Home.

Keynote speaker Dr. Cage S. Johnson, Professor and Director of the Comprehensive Sickle Cell Center at the University of Southern California Keck School of Medicine delivered the first "Dr. Cecil Parker Lecturership" entitled,

"Hypercoagulability in Sickle Cell Disease."

Sickle Cell Center Blood Drive

1303 Martin Luther King Drive 10:00am-2:00pm

The 10th Annual Sickle Cell Center Blood Drive sponsored

by Alpha Phi Alpha Fraternity, Inc., USA Comprehensive Sickle Cell Center. Sickle Cell Disease Association of America. Mobile Chapter, and Franklin Primarv Health Center will be held Saturday. September 20. 2008 from 10:00 am until 2:00 pm at the Franklin Primary Health Center. The Franklin Primarv



Health Center is located at 1303 Martin Luther King Drive. Forty-two units of blood were collected at last year's blood drive which positively touched eighty-four patients, their families, and friends. Your generous support is needed in an



or exceed this years' goal of fifty units of remember. September is "National Sickle Cell Awareness Month". Come and participate in the Blood

Drive by "Giving The Gift of Life Thru Blood Donation". The Classic Corvette Club will display vintage corvettes.

Door prizes, T-shirts, hats. and a drawing for \$1000.00 gas card for blood donor participants.





effort to meet blood. Please

PEDIATRIC HEMATOLOGISTS-**ONCOLOGISTS** AT CHILDREN'S AND WOMEN'S HOSPITAL **RECEIVE HYUNDAI HOPE ON WHEELS AWARD**

As the number of pediatric cancer survivors grow, untoward health outcomes known as 'late effects' are now recognized in survivors of cancer therapy. Some of these issues affect the developing child while others may not surface until adulthood. Based on these observations, therapeutic strategies in pediatric oncology today are increasingly using "risk-based" therapy that seeks to deliver effective therapy with reduced toxicity to the patient.

Cancer survivorship research requires a systematic approach to identify and characterize the late complications of childhood cancer. It allows us to anticipate complications including learning impairment, abnormal growth and development, fertility or reproductive abnormalities, and the development of secondary malignancies.

The Hyundai Hope on Wheels Pediatric Cancer Research award honors Drs. Hamayun Imran and Aarati Rao, pediatric hematologistoncologists at the University of South Alabama and USA Children's and Women's Hospital. These co-investigators plan to develop and refine a Long-Term Follow-Up (LTFU) Program that is uniquely designed to meet the needs of childhood, adolescent, and young adult cancer survivors treated at the USA Children's and Women's Hospital. It aims to be a comprehensive, multidisciplinary team approach modeled after the LTFU guidelines provided by the Children's Oncology Group (COG) that will allow early identification and efficiently manage multiple health and psychosocial issues in the children treated for cancer at our facility. The overall objective of this field of research is to improve medical outcomes and enhance quality of life in cancer survivors.

