Mizzou News

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MU Health accuses Boone Hospital of being 'deliberately misleading'

By Jodie Jackson Jr.

Sunday, July 5, 2015 at 12:00 am

University of Missouri Health Care’s top leader says Boone Hospital and BJC HealthCare officials are using “deliberately misleading” information in a campaign against a proposal for a new hospital in south Columbia.

A letter from Boone Hospital President Jim Sinek to Boone County residents last week took aim at MU Health’s partnership with Kansas-based Nuetera Health. Sinek claimed that the partnership’s plan to build a Fulton Medical Center campus will “increase health care costs, disrupt care delivery in Mid-Missouri, and ultimately harm our community.”

The letter, which encouraged recipients to sign and return a card to oppose the hospital, said Nuetera was a for-profit company that has “a responsibility to its shareholders to produce profits, not to reinvest in mid-Missouri.”

The emphasis on Nuetera as a for-profit business was not fair, said Mitch Wasden, CEO/COO of MU Health. Wasden said Boone Hospital also has arrangements with for-profit companies such as the Graham Group, an Iowa-based medical and commercial development and management company. The Graham Group owns and manages the Boone Medical Plaza offices on the north side of Broadway across from Boone Hospital.

Wasden said there are compelling reasons behind MU Health’s involvement in the partnership that in December purchased the Fulton Medical Center — the former Callaway Community Hospital. MU Health is a 35 percent owner of the medical center, which has filed a certificate-of-need application with the State Facilities Review Committee to build a 10-bed, $38 million hospital at 4130 and 4150 S. Lenoir St. The committee is scheduled to make a decision on the application during a July 13 hearing.

The proposed hospital will displace residents living at Ed’s and Sunset Hills mobile home parks; residents were notified in April that the parks would close on Oct. 1. Whirlwind Properties LLC, managed and owned by Columbia attorney Ron Netemeyer, has a pending $4 million contract to sell the two properties to the Fulton Medical Center.
In addition to boosting revenue for the struggling Fulton hospital, which Wasden said is losing $1 million annually, a new hospital would help offset the anticipated need for more beds at MU’s University Hospital. With “moderate growth” of about 6 percent per year in the number of occupied beds, University Hospital likely will need additional beds in three to five years, he said. The hospital’s emergency department also has grown from about 51,000 visits in 2012 to more than 71,000 visits in 2014.

“Our growth numbers are a fact. Our capacity is a fact. We’re just trying to meet that growth,” Wasden said, citing a similar partnership with HealthSouth, the majority owner of Rusk Rehabilitation Center. “We’re doing it with a strategy we have used in the past … with a strategy that Boone currently does today with outside companies.”

Wasden said the majority of health providers in Columbia are for-profit.

“All of those for-profit companies are paying state and local taxes,” he said. “They’re providing thousands of jobs.”

Wasden said MU Health has not launched a campaign to ask why Boone is sending its profits to Iowa and to St. Louis.

Sinek said St. Louis-based BJC’s lease to operate the county-owned Boone Hospital provides about $2 million annually to the county for general revenue and local community health grants. He said MU’s partnership with Nueterra and Boone Hospital’s partnerships are “vastly different” because Boone’s mission is to serve patients regardless of their ability to pay.

Nueterra does not follow that business model, Sinek said. He said the “survival” of Boone Hospital is at stake because the certificate of need application indicates that Nueterra wants to operate as a surgical hospital rather than as an acute care hospital where patients might require several days of expensive care.

The issue is not that Boone Hospital is afraid of competition, Sinek said, “because Nueterra wants to provide only a slice of the pie. That slice is going to be the most profitable slice that the community hospital has had for years.”

Boone Hospital’s surgery department provides revenue to “cross-subsidize” the hospital’s emergency department, wellness programs, screenings and other services that are not self-sustaining.

Wasden said Nueterra and the Fulton Medical Center both reinvest in their respective communities. Fulton’s hospital in 2014 provided $4.2 million — about 35 percent of its annual revenue — in “community benefit.”

Wasden said that criticism over the geographic service area outlined in the application — omitting five existing Columbia hospitals — also is not fair or accurate because Landmark Hospital, Truman Memorial Veterans’ Hospital and Women’s and Children’s Hospital serve specific clientele, not the public at large.
Hospital plan is disingenuous

Partners’ true goal is to destroy Boone.

By JOSEPH J. MUSCATO

Sunday, July 5, 2015 at 12:00 am

On July 13, the Missouri Health Facilities Review Committee will consider whether a proposed 10-bed hospital just south of the AC exit will fill an acute need for more hospital beds in Columbia and thus should be awarded a certificate of need. This proposal is an insult to the intelligence of the committee members.

The stated intent of the proposal is to supply hospital beds to the underserved area of Fulton and Callaway County. Excuse me? The applicant says only 25 acute care beds are available in the area for these patients. To help that supposed problem, it would build a 10-bed, two-operating room hospital just south of Lenoir Health Care. The gerrymandered drawing conveniently includes parts of ZIP codes 65201 and 65203 as part of the service area but magically draws a line that ignores five hospitals in Columbia just north of that line.

So, our “underserved” population is a prohibitive 1-mile exit north to the University Hospital and Truman Memorial Veterans’ Hospital, 2 miles north to Boone Hospital Center, Landmark Hospital, and Women’s and Children’s Hospital — and 22 miles to Fulton. This whole thing makes no sense on its face.

There must be another reason: an attack on Boone Hospital Center.

All full-service hospitals depend on surgical and other procedures to make up for the high costs of 24-hour care, such as full-service emergency departments, CT and other scanners, indigent care and so on. One sure way to destroy that balance is to siphon off the better-paying patients and procedures and leave the rest to the other hospitals. The Nueterra-University of Missouri Health Care deal is being done precisely for this purpose.

The Nueterra-MU Health partnership is actively recruiting private surgeons to operate in the new facility if it is approved. There is no desire for university surgeons to operate there, as that would only dilute the university revenue for surgery, so the only surgeons really wanted are the ones who operate at Boone Hospital. Slowly, over time, Boone Hospital would gradually dissolve, leaving only university hospitals operating in Columbia.
Should anyone care?

Yes, I would think so. Currently, the Boone County Commission and taxpayers would lose the approximately $2 million a year Boone Hospital Center contributes to the county. Since the costs of care for most procedures and outpatient visits in the hospital setting are twice that of private offices, employers in Boone County would see higher insurance rates, and especially so if the university had a monopoly on health care in Boone County.

Why not just have MU take over Boone Hospital?

It can’t. The Federal Trade Commission will not allow one health care organization to claim 100 percent of the market share in a county. To do that, it would be better — and cheaper — to let Boone Hospital whither on the vine.

Physicians in private practice would have a huge problem. If they lose Boone Hospital and are not affiliated with the university, they will be unable to become providers for those remaining exclusive contracts with the university. The university might want to hire some of these physicians, but not all. Within 10 years after that, all private practice in Columbia would wind down.

The review committee should reject this blatant attempt to use it to manipulate the health care system in Columbia. It is an insult to the committee members to ask them to approve a project for the “underserved” AC exit in Columbia.

Welcome to the company town.

Joseph J. Muscato is a physician with Missouri Cancer Associates and medical director of Stewart Cancer Center at Boone Hospital Center.

JULY 6, 2015

Police look for man who groped woman on Missouri trail

COLUMBIA, Mo. – Police are looking for a man accused of groping a woman and exposing himself on the Hinkson Creek Trail in Columbia.
The University of Missouri police department said in a release that a woman told officers she had been running on the trail Sunday morning when a man in his early 20s rode past her on a bicycle several times. Police said he grabbed the woman near the Capen Park bridge, but she was able to get away. The release said suspect rode past her again and exposed himself to her at another bridge.

The woman ran to an emergency phone and contacted university police.

Police describe the suspect as about 6 feet tall, 160 pounds and either Hispanic or black. They say he was wearing a light-colored t-shirt, cargo shorts, tennis shoes and a baseball cap.

Sexual misconduct reported at Hinkson Creek Trail

COLUMBIA, Mo - The City of Columbia Park Ranger is investigating a sexual misconduct report that happened Sunday morning on the Hinkson Creek Trail.

The female victim was running on the trail near Capen Bridge and Rock Quarry Road. She told authorities a Hispanic or black male riding a small, dark colored bicycle kept passing her back and forth on the trail.

The suspect grabbed her butt and kept riding his bicycle down the trail. The victim continued running and later saw the suspect masturbating near Hinkson Field on the trail.

She then contacted the University of Missouri Police Department. Officers were dispatched on bicycles, but were unable to locate the suspect.

The suspect is described as a Hispanic or black male, approximately 6’1”, 160 pounds and was last seen wearing a baggy light colored t-shirt, ball cap, with a back pack.
Columbia Park Rangers investigating sexual misconduct on Hinkson Creek Trail

COLUMBIA, MO -- The City of Columbia’s Park Rangers are investigating a sexual misconduct incident that occurred on the Hinkson Creek Trail late Sunday morning.

Columbia Police said a woman was running on the trail near the Capen Bridge and Rock Quarry Road around 11:15 when a hispanic or black male was riding a dark colored bike near the woman. When the woman neared the Capen Bridge, police said the suspect grabbed the woman’s butt and kept riding his bike ahead of her on the trail.

The woman was running near Hinkson Field when she saw the same suspect exposing himself.

The woman ran to one of the emergency phones on the University of Missouri campus where she contacted University Police. Officers on bicycles searched the area, but were unable to locate the suspect.

**MUPD turned over the investigation to the City of Columbia Park Rangers.**

The suspect is described as a hispanic or black male, approximately 6’ 1”, 160 pounds. He was last seen wearing a baggy light colored t-shirt, ball cap with a backpack. The suspect was riding a dark colored bicycle.

Police seek suspect in sexual assault on Hinkson Creek Trail

By THE TRIBUNE'S STAFF
Authorities are looking for a man accused of groping a woman and exposing himself to her on the Hinkson Creek Trail on Sunday.

Shortly after 11 a.m. Sunday, University of Missouri police and a Columbia park ranger were dispatched to the Hinkson Creek Trail near the Capen Park pedestrian bridge and Rock Quarry Road, according to a Clery release from the MU Police Department.

A woman told officers she had been running on the trail when a man in his early 20s rode past her several times on a bicycle, the release said. The man stopped near the Capen Park bridge and grabbed the woman, but she yelled and was able to run away from him, police said. The man allegedly rode past her once again on his bike and exposed himself to her at another bridge farther down the trail, according to the release.

The woman ran to an emergency phone on the MU campus and contacted MU police, according to a release from the Columbia Police Department. The investigation is ongoing and was turned over to the Columbia park ranger, Columbia police Officer Latisha Stroer said.

The woman described the man as either Hispanic or black and said he was about 6 feet tall and 160 pounds. He was wearing a light-colored T-shirt, cargo shorts, tennis shoes and a baseball cap at the time of the incident, police said.

MU police said they issued the Clery release because of the nature of the incident and its proximity to campus.

Female assaulted while running on the Hinkson Creek Trail

A man grabbed the female’s butt while she was running and shortly after began masturbating.

An assault on the Hinkson Creek Trail near the Grindstone Nature Area occurred earlier today, according to an MU Police Department Clery Release.

The release said MUPD received the report around 11:25 a.m. July 5, however the Columbia Police Department’s news release said MUPD and the City of Columbia Park Ranger were dispatched at 11:15 a.m. Students were notified of the incident at 3:07 p.m. via email.
According to the MUPD release, a man passed the female victim several times on his bike while she was running, the victim reported. The suspect allegedly stopped near Capen Bridge and grabbed the victim’s butt while she passed him, according to the MUPD and CPD releases. After yelling at the man, the female ran away down the trail, according to the MUPD clery release.

According to the CPD news release, the man continued riding his bicycle ahead of her. The man allegedly stopped near Hinkson Field on the trail and began masturbating. Upon seeing this, the female ran to an emergency phone on MU’s campus to contact MUPD.

“MUPD reminds the community to take safety precautions and remain aware of your surroundings,” the clery release stated. “Report suspicious activity on campus to the University Police Department. It is important to remember you can do everything properly and still be the victim of a crime. By taking crime prevention measures and being alert you can reduce your chances of being a victim.”

MUPD rode bicycles along the trail in search of the suspect, who they were unable to find. City of Columbia Park Ranger is in charge of the ongoing investigation.

According to the releases, the suspect is a hispanic or black male in his early 20s. He’s approximately 6” to 6’1” tall and 160 pounds. He is described as wearing a baggy, light colored t-shirt, cargo-style shorts, tennis shoes, a flat brim ball cap and a backpack. He was last seen riding a small dark colored bicycle.

Individuals with information are encouraged to contact CPD or Crime Stoppers at (573) 875-TIPS to remain anonymous.

COLUMBIA MISSOURIAN

Park Rangers investigating sexual misconduct on Hinkson Creek Trail

THOMAS SCHREIBER, 15 hrs ago

COLUMBIA — A woman was groped while running late Sunday morning on Hinkson Creek Trail near Capen Park.

MU police officers were dispatched to Hinkson Creek Trail and Rock Quarry Road in response to a sexual misconduct at 11:15 a.m., according to a Columbia Police Department news release from Officer Latisha Stroer.
The suspect, who is approximately 6-feet 1-inch tall, 160 pounds and in his 20s, allegedly grabbed the woman's butt while riding past her on the trail near Capen Bridge. He was last seen wearing a baggy light colored T-shirt, a baseball cap with a backpack and riding a small, dark colored bicycle, according to the news release.

The woman reported that a Hispanic or African-American man riding a dark colored bicycle passed her several times. She reported seeing the same suspect masturbating when she was running near Hinkson Field along the trail.

She then ran and contacted the MU police using an emergency phone. MU police searched the area on bicycles, but they were unable to locate the suspect. The investigation has been turned over to the City of Columbia Park Rangers and is ongoing.

If anyone has any information about the incident, call police or Crime Stoppers at (573) 875-8477 go online at 875tips.com to remain anonymous.

Team surprised to find water in this HIV protein

Around the world, about 35 million people are living with HIV, which constantly adapts and mutates.

In response to that challenge, scientists are gaining a clearer idea of what a key protein in HIV looks like, which will help explain its vital role in the virus’ life cycle.

Armed with this clearer image of the protein, researchers hope to gain a better understanding of how the body can combat the virus with the ultimate aim of producing new and more effective antiviral drugs.
In recent years, scientists have used various techniques to determine the structure of the capsid protein, which is the building block of an inner shell of HIV. Until now, the clearest image had been of a mutated protein.

**HIV’s ‘invisibility cloak’**

Stefan Sarafianos, an associate professor of molecular microbiology and immunology and chair in molecular virology in the University of Missouri School of Medicine, and his team captured long sought detailed images of the capsid protein in its natural state.

“The capsid shell acts as an ‘invisibility cloak’ that hides the virus’ genetic information, the genome, while it is being copied in a hostile environment for the virus,” says Sarafianos, who also holds an appointment in the department of biochemistry in the College of Agriculture, Food and Natural Resources and serves as a researcher at the Bond Life Sciences Center.

“Fine-tuned capsid stability is critical for successful infection: too stable a capsid shell and the cargo is never delivered properly; not stable enough and the contents are detected by our immune defenses, triggering an antiviral response. Capsid stability is a key to the puzzle, and you have to understand its structure to solve it.”

**Capsid model**

Sarafianos and his team created the most complete model yet of an HIV capsid protein. The research team used a technique called X-ray crystallography to unravel the protein’s secrets. By taking many copies of the protein, they coaxed them into forming a patterned, crystalline lattice.

“With X-ray crystallography, the biggest challenge is to get protein crystals of good quality that will allow researchers to accurately study the protein,” says Anna Gres, a graduate student in the chemistry department and first author of the study. “Sometimes this process can take years, but by using advanced techniques, we were able to cut that down considerably.”

Next they shot high-powered X-ray beams at the crystal. By interpreting how the X-rays scattered when they ricocheted off the proteins, the researchers made a 3D map of the protein. “But the 3D map doesn’t make sense until we make an atomic model of the protein to fit in that map,” says Karen Kirby, a research scientist at Bond LSC and coauthor of the study.

“The map is just a grid that you can’t really interpret unless you put a model into it to see ‘Ok, it looks like this part is here, and that part is there, and this is how the protein is put together.’”

**Water molecules**

Gres constructed the model, which surprisingly revealed “ordered” water molecules at areas between the viral proteins.

“We thought, ‘How could some simple water molecules really be of consequence?’” Sarafianos says. “But when we looked carefully, we realized there are thousands of waters that help
stabilize the complex capsid scaffold. We hypothesized that this is an essential part of the stability of the whole capsid assembly.”

To test that hypothesis, they dehydrated the crystals using chemicals and noticed that the proteins in them changed shape. This change suggested that water molecules help the capsid shell to be flexible and assume different forms, which is critical for the life cycle of the virus, Sarafianos says.

Future studies using the newly developed model will assist Sarafianos and his team as they work toward developing antiviral drugs that combat the disease by taking advantage of the new findings.

The study appears in Science. Research funding came from the National Institutes of Health. The content is solely the responsibility of the authors and does not necessarily represent the official views of the funding agencies.

Telehealth program allows doctors across state access to expert

COLUMBIA - Health care providers across the state are now being trained to provide residents with more specialized treatments for chronic diseases.

Some of these disease include diabetes care, hepatitis C, childhood asthma, chronic pain management and autism.

The Missouri Telehealth Network received $1.5 million in state appropriations to develop and launch the Show-Me Extension for Community Healthcare Outcomes (ECHO) program.

An ECHO program works by having a panel of experts in various chronic diseases use video conferencing once a week to train and support primary care providers throughout the state.
Karen Edison, M.D., medical director of the Missouri Telehealth network said the program is a great educational tool for those doctors who don't have direct access to an expert of a certain chronic disease.

"By training primary care providers, we are not only increasing access but also the number of patients who will receive treatment," Dr. Edison said. "This allows patients in rural areas to receive care without needing to leave their own community."

Missouri is the first state to provide funding which will allow numerous ECHO programs to be offered statewide. The University of Missouri will be the central training hub for the program.

The Show Me ECHO project is a replication of the Project ECHO model developed at the University of New Mexico.

"In many cases, the patients will now be able to see one physician and get specialized treatment," Dr. Edison said. "It is beneficial for both the rural and underserved areas of the state and also urban areas, where there can be a long wait to get an appointment with a specialist."

Starting this month, the Missouri Telehealth Network is forming expert teams for six ECHO programs. All of the program topics were chosen based on criteria that highlighted them as common, but complex, chronic and costly diseases.

Generation gap: Recruiting young family physicians a challenge as rural doctors age

By Jodie Jackson Jr.

Sunday, June 28, 2015 at 12:00 am

CONCORDIA — In some ways, the town of Concordia, just a stone’s throw off Interstate 70 in west-central Missouri, is as much a throwback to yesteryear as the town’s only family doctor.

Jerry Meyer’s medical clinic, a brown brick building shaded by large trees, is part of a neighborhood where church steeples and ornate lightning rods adorn the tallest, oldest homes. Pickup trucks and agriculture equipment trailers haul farm machinery and livestock north on Main Street, past the doctor’s office, toward the interstate. There are signs of more modern
times, sure, but also plenty of reminders of a different time, a slower time. At least that’s how it seemed in 1973 when Meyer started his independent medical practice.

His brother, Dennis Meyer, owns Meyer Motors, the Ford dealership in town. Their father started the business and the AAA wrecker service decades ago. Dennis chose car bodies. Jerry chose people bodies.

“I’m kind of the black sheep of the family. I marched a different path,” Jerry Meyer quips, displaying a gentle, self-deprecating demeanor. “Here in the community, the people comment that I get them on the south end of town and my brother gets them on the north end of town.”

But the 42-year medical practice is in its final year. Meyer has decided to retire.

“I’ve grown up here. I’ve considered my opportunity to provide care for these people here my privilege,” Meyer said. His patients aren’t happy, he said, “but they’re understanding.”

Meyer has answered to his patients, his family and his own conscience — but no one else. There’s not an administrator at a larger health system sending directives, insisting that he see “x” number of patients a day or that he send more referrals to preferred specialists for heart, joint and other issues. Jerry Meyer has been his own boss.

“I recognize I am part of a dying breed because I am solo and self-employed,” he says. “That’s uncommon nowadays, isn’t it?” It’s also somewhat uncommon for a local boy to go to medical school and come home to be a doctor and raise his family in his hometown, but that’s what Meyer did.

It’s something Sarah Kapala also hopes to do.

Kapala, a member of Concordia High School’s Class of 2007, graduated in May from the University of Missouri School of Medicine. She is set on pursuing a career as a rural, family practice doctor, either in Concordia — perhaps filling part of the void of Meyer’s retirement — or in an adjoining county. She’s engaged to her high school sweetheart, volunteer firefighter and homegrown mechanic Ryan Kirchhoff, who works, incidentally, on the north side of town at Meyer Motors. They’ll tie the knot on July 10, just two weeks after Kapala officially began her three-year residency at University Hospital.

Meyer knows Kapala is interested in coming back to town to practice medicine, but the two haven’t talked about it.

“She’s been busy. I’ve been busy,” he says. “We just haven’t connected.”

But Kapala won’t be done with her residency in time to step in before Meyer steps out.

“It’s going to happen sooner,” he says. “This is going to turn out to be my last year.”
Meyer’s Main Street medical clinic has provided a panoramic vantage point for watching the world change, seemingly leaping light years with each new technological advance. And he has seen the practice of medicine change, even though he continues to chart his own course in a sea of insurance companies, managed health plans and employers who negotiate for insurance plans that might or might not include him in their network.

“Nobody’s isolated from those changes,” he said.

All of health care is in a state of flux, with the Affordable Care Act of 2010 ushering in myriad changes. Health insurance companies are no longer allowed to deny coverage based on pre-existing conditions, several preventive screenings and procedures must now be provided at no cost to patients, and Medicare reimbursement rates are shifting to “value-based” payments that give health care providers incentive to keep patients healthy.

The way health care is provided is also changing, with greater emphasis on “medical homes,” another way of saying patient care should be centered around their homes and not necessarily in a clinic or hospital. The number of patients is also on the rise, attributable mostly to the advent of health insurance exchanges that were created by the ACA. But the ACA also was supposed to expand Medicaid in each state. The combination of the exchange plans and Medicaid expansion was expected to send waves of newly insured patients to doctor’s offices for routine care and chronic illness management.

Expansion of Medicaid, however, wasn’t automatic, thanks to a U.S. Supreme Court ruling three years ago that upheld the “individual mandate” portion of the health reform law that requires individuals to have health insurance or pay a penalty. Although the mandate survived, the court ruled the federal government couldn’t require states to expand Medicaid. Missouri still hasn’t, and the issue remains a regular, hot-button topic in the General Assembly. With a Republican super-majority opposed to expansion, change in Missouri looks unlikely.

Rural hospitals are having their own challenges, too, and some have shut down. Sac-Osage Hospital in Osceola, population 923, recently closed its doors — then sold off the property, including the patient room doors for an average of less than $4 each.

Fifty hospitals in the rural United States have closed since 2010, and the pace accelerated, with more closures in the past two years than in the previous 10 years combined, according to the National Rural Health Association. That could be just the beginning of what some health care analysts fear will be a crisis.

An additional 283 rural hospitals in 39 states are vulnerable to shutting down, and 35 percent of rural hospitals are operating at a loss, according to iVantage Health Analytics, a Portland, Maine-based firm that works with hospitals.

Most of the rural hospital closures so far have occurred in the South and Midwest. Of those at risk, nearly 70 percent are in states that have declined to expand Medicaid coverage under the ACA.
Health policy analysts generally advocate for Medicaid expansion but also say the absence of expansion, at least for now, has kept the stream of new patients from becoming a flood that would overwhelm the dwindling number of family care docs. Another dynamic at play is the aging of the baby boomer population at a time when family practitioners are leaving medicine. People are living longer with chronic medical ailments that require regular treatment.

The Missouri Hospital Association calls the shortage of primary care physicians “severe” and “alarming. Spokesman Dave Dillon said a new report on the physician and hospital workforce will be released shortly after the July Fourth holiday. The most recent report, compiled in 2013, noted an average of one primary care physician for every 962 residents in metropolitan areas of Missouri, compared with one primary care doctor for every 1,776 residents in rural areas.

The looming shortage is not a new concern. Jack Colwill, professor emeritus of family and community medicine at the MU School of Medicine, co-authored a study published in the April 2008 edition of Health Affairs that predicted a nationwide shortage of as many as 44,000 primary care physicians by 2025.

Changes in health care and the need to have electronic medical records haven’t necessarily been factors in Meyer’s decision to retire. He’s 70 — he graduated from the MU medical school in 1970 — and his wife, Renee, is a Presbyterian pastor serving a congregation in Kentucky.

“We’ve been apart now for a year. It’s time for us to get back together,” Jerry Meyer said. “When we got married, the agreement was that at some point I would follow her career. I have reached that point.”

Kapala gained early acceptance in medical school through the Bryant Scholars program, the first step in the five-tier Rural Track Pipeline Program administered by Kathleen Quinn, the MU School of Medicine’s associate dean for rural health. Fifty percent of the 107 pre-admitted rural scholars who graduated from the medical school from 1997 to 2015 selected residencies in primary care, with 33 opting for family medicine. The half that didn’t select primary care — which consists of family medicine, internal medicine and pediatrics — sought a sub-specialty such as cardiology, neurology, obstetrics/gynecology or orthopedics.

Twenty-seven Bryant Scholar graduates have made a rural hospital or clinic in Missouri the location of their first practice. Nationwide, 38 medical schools offer a rural track or Bryant Scholars program.

Compared to Bryant Scholars, only 3 percent of all medical school students say they intend to practice in a rural area, Quinn said.

“I think what the public needs to know is there’s a need for more physicians in rural areas,” she said.
Bryant Scholars Program students must attend a rural high school, score a 28 or higher on the ACT and commit to the program’s goals and requirements. The academic qualifications are in some ways tougher for students from rural schools because they might not have had the benefit of advanced placement and other college preparatory courses.

New doctors who are committed to rural practice tend to have a sense of “giving back to the community that raised them” or a “higher calling” to rural health and the challenges of specific disparities in health outcomes in areas such as obesity, diabetes and maternal health.

“There are no quick fixes,” Quinn said. From the time a student enters college, it takes 11 years “to grow your own rural physician.”

Her program is working with legislators and other departments to boost the number of rural residency slots medical schools can accommodate. Then there’s the reality of the potential for crushing student debt, which averages $150,000 for students earning medical degrees at MU. Some health systems and scholarship programs help pay or forgive a portion of the debt in exchange for a certain number of years of service.

Meyer wasn’t saddled with an ocean of debt when he left medical school.

“I was fortunate that my folks helped me through medical school,” he said. “Not everybody has that luxury.”

The debt issue isn’t one that can be sidestepped, he said, but a good income is also a reality.

“In my mind, if you practice caring, quality medicine, the income will happen — because people are looking for that,” Meyer said. “In my mind, you can practice medicine from the aspect that you want to make money or you can practice medicine from the aspect that you want to care for people. And I think there’s a difference.”

For some, “that’s an unwilling gamble to take,” Meyer said, so fewer new doctors are striking out on their own. Dillon said half of physicians in Missouri are employed by hospitals.

Unlike Meyer, Kapala said she doesn’t intend to be her own boss in private practice when she’s finished with her residency program in three years. She will affiliate with a hospital or larger health system.

“I went to medical school, not business school,” she said. “The business part of medicine still feels a bit over my head. I think it’s just part of the changing environment of health care.”

Meyer understands that reasoning and also offers a word of caution.

“A lot of people are doing that,” he said. “I cannot say that that is necessarily bad. My caution about it is you are an employee. You are not in control of your own destiny.”
Kapala’s mother is an operating room nurse at Western Missouri Medical Center in Warrensburg, where Meyer has staff privileges. When Kapala was in high school, she also shadowed surgeons on the job and quickly determined surgery wasn’t the course for her.

She watched her mother provide care and connect with people, helping them transition from an exam room to the operating room, “bringing calm and assurance.”

“I wanted to be able to do that in a non-surgical way” as “someone cares, someone is interested in your health,” Kapala said.

The average salary of a family care doctor is about $190,000, just above the pay for a pediatrician, at the bottom of the physician pay scale. Kapala knows she can make a decent living but could have an even higher standard of living if she had pursued a specialty.

“If you really just enjoy the technical aspect of things and how the body works, there are specific specialties for that,” she said. “I am more of a people person. I enjoy getting to know people. I enjoy getting to know their stories, not just their medical issues.”

Kapala said if it’s within her power to help someone, “then I’m going to do that.”

“With family medicine, you kind of get to do a little bit of everything,” she said. “When you’re in a rural setting, you’re kind of ‘it’ as far as health care is concerned.”

Her inclination toward rural practice is not much unlike Meyer’s. When he was in high school, his grandmother’s death prompted him to “try to go into medicine to try to help people,” although his mother reminds him that he actually mentioned being a doctor much earlier.

Meyer also grew up in a service-oriented home where the auto shop and wrecker service were always on call.

“As I grew up, it wasn’t uncommon at all for somebody to have to leave to do something,” he said. “I can’t remember very many family gatherings where one of us didn’t have to take off for some reason.”

Kapala’s affinity for small-town life hasn’t faded. She started college at Southeast Missouri State University in Cape Girardeau, which was “a nice steppingstone” from rural life to the more urban setting she would find in Columbia, but after five months of having to drive five hours to get back home, she transferred to MU, just an hour from Concordia.

Columbia might seem like a small town to someone from the Kansas City or St. Louis metro area, but it’s plenty big for Kapala, who said living in a town with three Wal-Mart stores “still boggles my mind.”

Kapala will finish her residency in 2018. She can begin moonlighting in a rural clinic — perhaps in Concordia — in her second year of residency. The third year she can moonlight in the
emergency room at Lexington, one of the hospitals where she had rotations during medical school.

In the meantime, she and Ryan, her high school sweetheart, will be married on July 11. Kapala will turn 27 on July 30.

Meyer doesn’t have a retirement date in mind. He’s trying to sell either his home or his clinic. He has talked informally with a couple about taking over the practice, and the hospitals or medical groups in Warrensburg or Higginsville might be interested in maintaining the clinic.

Meyer likes to think of practicing medicine as taking a final exam every day.

“It’s similar, if you think about it,” he said. “You potentially are the person that stands between that person’s life and death.”

Retirement does seem appealing, though.

“I’m going to miss the practice of medicine — I know I will,” he said. “The service provided to people and the rewards and successes are at a level that are hard for someone else to understand.”

He’s also concerned about his patients but is ready to step aside.

“Having given my entire life to this community,” he said, “at some point you kind of have to think of yourself — which is contrary to how I’ve lived my entire life.”

SEC Network to focus on Mizzou for 24 hours Tuesday

July 6, 2015  •  By Dan Caesar

It's the dead time of the year for the SEC Network, with schools in the middle of summer break, no sports going on and football camp still several weeks away from opening.

So the network that focuses on the Southeastern Conference is in a two-week period of devoting a day to all 14 schools in the league, with each determining what content will run.

Missouri’s turn comes Tuesday, and the game-heavy schedule was crafted with input from ESPN "SportsCenter" anchor and Mizzou alum John Anderson and others associated with the school. (ESPN owns SEC Network).
But because of the lack of available footage and other reasons, none of the games that will air are more than 10 years old. There are none of the vintage upsets the football team had under coach Al Onofrio or any of the many basketball marquee victories under coach Norm Stewart.

That's a big drawback.

And there are a lot of "minor" sports – which SEC Network publicists refer to as "Olympic" sports – included, which won't exactly have most MU fans taking off work to watch, or even record.

But there still are some interesting elements.

Here is the rundown, as provided by SEC Network, for the marathon that begins at 11 p.m. Monday:

#MizzouMade: A half-hour shown that includes a one-on-one visit with new athletics director Mack Rhoades, as well as a special look at the popular new football promotional video. The show also features vignettes on several "Olympic" sports programs. Airs at 11 p.m. Monday.

2010 Oklahoma vs. Missouri (football): The Sooners came in with the No. 1 ranking in the BCS polls, but Gahn McGaffie’s 86-yard kickoff return touchdown to open the game sent the Tigers on their way to the program’s first-ever win over a No. 1 team. Airs at 11:30 p.m. Monday.

2013 Tennessee vs. Missouri (softball): What’s a good way to beat the No. 2 team in the nation? Chelsea Thomas’ plan included not allowing a single hit. Airs at 1:30 a.m. Tuesday.

2015 Arkansas vs. Missouri (women’s basketball): Robin Pingeton’s team made big strides in 2014-15, and this win over border rival Arkansas closed the regular season showing how much promise awaits in the future. Airs at 3 a.m.

2014 Louisiana State vs. Missouri (soccer): Mizzou reached the NCAA Tournament with an outstanding season in 2014, and it was achieved thanks to many quality victories such as this 3-1 win. Airs at 4:30 a.m. #MizzouMade: Repeat. Airs at 6:30 a.m.

2005 South Carolina vs. Missouri (football): Throw in a dash of Marcus King, a pinch of Chase Coffman and a whole mess of Brad Smith, and you’ve got a recipe for the biggest comeback win in Mizzou history. Airs at 7 a.m.

2013 Tennessee vs. Missouri (women’s basketball): On Jan. 10th, Tennessee dealt Mizzou an 84-39 defeat. Just three weeks later the Tigers turned the tables to the tune of an 80-63 win at Mizzou Arena, thanks to 26 points from Morgan Eye – representing a 62-point turnaround! Airs at 9 a.m.

2009 Kansas vs. Missouri (men’s basketball): After a rough first half, the Tigers rallied behind the gritty play of DeMarre Carroll, and were celebrating in the end after a thrilling last-second game-winning shot by “Big Shot” Zaire Taylor. Airs at 10:30 a.m.

2012 Tennessee vs. Missouri (volleyball): Mizzou’s first year in the SEC was highlighted by this gutsy comeback win over No. 17 Tennessee in the first SEC match at Hearnes Center. Team Kreklow rallied from a two-game deficit to post a five-game win in its SEC opener. Airs at 12:30 p.m.
2015 South Carolina vs. Missouri (baseball): The Tigers had a flair for the dramatic in 2015, and this early-season win over sixth-ranked South Carolina featured just that – a walk-off, extra-inning win for Mizzou. **Airs at 2 p.m.**

2013 Texas A&M vs. Missouri (football): In just its second year in the SEC, Mizzou hosted Texas A&M and reigning Heisman winner Johnny Manziel with the Eastern Division title on the line. With so much tension in the air, Henry Josey scampered his way to a game-clinching TD run late in this thrilling game. **Airs at 4 p.m.**

#MizzouMade: Repeat. **Airs at 6 p.m.**

2007 Kansas vs. Missouri (football): The nation’s second-oldest rivalry was the center of the college football universe as the No. 4 Tigers took on the No. 2 Jayhawks, with the winner set to claim the No. 1 spot. An instant classic that will be remembered for generations to come. **Airs at 6:30 p.m.**

2012 Kansas vs. Missouri (men’s basketball): What better way to send a longtime rival out the door with a dramatic comeback win? Marcus Denmon saw to it personally, as his nine-straight points in the final two minutes turned an eight-point deficit into a big Mizzou win. **Airs at 9 p.m.**

Women and minorities having a tough go on teaching exams

The pool of prospective K-12 instructors is getting smaller in Missouri as large numbers of college students are failing the tests required to become teachers.

And while some argue that higher failure rates raise the bar for teacher quality in the long term, it’s feeding immediate concern of a shortage of women and minority instructors.

Both groups are failing the tests at higher rates on exams to enter teaching programs and to gain certification.

The gender gap is problematic because the tests are cutting off the very people most driven to the profession. Women represent three-fourths of the nation’s teachers.

The racial disparity also is troubling because, while classrooms are becoming more diverse, the pool of available teachers is not. Research shows that students generally perform better when they share a similar cultural background with their teachers.
The state’s position is that the exams are doing what they are supposed to do: ensure that only the most qualified candidates become teachers.

At the same time, the officials in the Department of Elementary and Secondary Education say they are concerned that the exams could be discouraging diversity.

A number of academics across Missouri say the state is right to be troubled.

And many are pointing first to research suggesting that standardized tests often contain inherent biases, treating people as identical and not taking into account differences in race, culture, socioeconomic background and different learning styles.

Nor, some argue, should the exams be used as the primary litmus test of teacher qualification.

“The irony is that these tests are not a good predictor of teacher success,” said Michael McBride, a researcher at Northwest Missouri State University. “And frankly, a lot of people who do well on standardized tests have no business being teachers.”

State officials counter that Missouri’s teacher exams have been vetted extensively and don’t contain any bias.

“The question of why do certain groups score higher or lower is a bigger conversation,” said Paul Katnick, an assistant commissioner with Missouri’s department of education. “We need to continue to think about the root causes of the gaps, but we are confident that it’s not bias.”

Despite the differing opinions, the imbalance in tests scores is stark.

In a survey of 10 Missouri colleges, women scored lower than men on four out of five of the tests that make up the Missouri General Education Assessment, the tests required to be accepted into a teaching program.

Jeff Edmonds, a middle school math teacher in Chicago, conducted the survey between 2013 and 2014 when he was a doctoral candidate at the University of Missouri-Columbia.

Edmonds found that men scored better than women in English, math, science and social studies, while women scored slightly better than men on the writing portion of the test.

The same kind of gap is present on exams taken by teaching school graduates who are seeking state teacher certification. Missouri is in the process of revamping the tests, reflecting a national push for more rigorous teacher preparation programs.

Of the tests required to teach in Missouri’s elementary schools, the state reported that 42 percent of white students passed all four of the tests at the same time compared with only 6 percent of black students.

KNOWING THE LANGUAGE
State and federal governments started gravitating toward standardized testing in the early 1980s, as part of a push for more accountability.

Recently, that call has grown louder in some government corners as lawmakers have blamed teachers and the colleges that train them for poor student achievement.

But critics say government’s fondness for standardized tests stymies what should be the goal: a teacher pool filled with educators from varied backgrounds who can use their unique knowledge to improve student performance.

“Standardized tests are a language,” said Timothy Wall, a colleague of McBride who also studies test bias at Northwest Missouri State University. “If you know that language, you’re going to go far.”

Wall said there was an art to teaching not captured in exams: “You have to be able to motivate and inspire to teach. That’s not always present just because someone has a great test score.”

A better indicator of teacher quality is their level of grit, McBride said. The idea of grit as a determining factor of achievement is based on research from Stanford University that says self-control, resisting temptation and how well someone is able to persevere and fight through obstacles are more efficient indicators of success.

Despite the criticism, standardized tests are the norm. And both the Pearson education company that designed the tests and the state department of education that endorses them say they are a fair way to assess teacher competency.

**SEEKING FAIRNESS**

Laura Howe, a spokeswoman with Pearson, said the company worked hard to come up with tests specific to Missouri. Those tests were then scrutinized by a bias committee made of practicing teachers and faculty from teacher preparation programs who look for ambiguous language, culture-specific references and other forms of bias.

Katnick, of the state department of education, said standardized tests were just one part of the evaluation process. Teaching candidates are also observed in the classroom and evaluated on their performance.

But he also stands by the tests, saying they are making sure that only qualified teachers wind up in the state’s classrooms.

He added that the bias committee was set to look at the tests again this summer out of an abundance of caution.

But Alexander Cuenca, an assistant professor of education at St. Louis University, said reconvening the same committee was not a worthwhile exercise.
Cuenca, who also serves on the Missouri Advisory Board for Educator Preparation, said neither the state nor Pearson had provided enough information on the people who make up the bias committee, their backgrounds, their methods or how they were trained to spot bias.

He also notes that a New York judge has already ruled that tests designed by Pearson in that state discriminated against minorities.

Cuenca said overreliance on biased standardized tests could lead to the closure of different teacher preparation programs around the state, particularly the ones that serve minority populations.

“No one is saying we should lower the bar,” he said. “What we need is a process that’s fair.”

Region grapples with hotter future as it looks to adapt to climate change

July 05, 2015 6:30 am
By Jacob Barker

LIVING WITH CLIMATE CHANGE

Part 1 of 3
CREVE COEUR • In a greenhouse at the Donald Danforth Plant Science Center, where the temperature is pushing 90 degrees, tiny cameras hang from the ceiling, catching the slow-motion growth of more than two dozen varieties of corn.

Soon, researchers will fill an automated, indoor system with still more corn plants, rotating them on a conveyor belt and meticulously measuring their dosage of water and heat.

Similar experiments will go on at the high-tech facilities, and in the field, for the next several years as scientists search for the best corn variety to withstand a prolonged drought, such as the one that gripped the region three years ago. Then they’ll map its genes, searching for even more detail that might save farmers — and grocery shoppers — more pain when the next drought comes.

“It’s kind of on everyone’s brain that (corn) is really sensitive to drought conditions,” said Nadia Shakoor, a Danforth scientist who is working on the project. Corn’s drought resiliency, she added, “actually hasn’t been looked at as much as you might think.”

Then again, drought hasn’t been a huge issue for the region.

But in 2012, St. Louis and Missouri sweated through their hottest year on record, with 21 days of at least 100 degrees. By the time the summer ended, the heat had killed 26 people in the St. Louis area. Drought devastated Missouri’s corn harvest, slashing yields in half.

That awful summer spurred some Missouri policymakers to prepare for a future in which weather extremes could well be the norm. The St. Louis Health Department, for example, created a severe weather
coordinator position to help protect residents from extreme heat. And the state’s universities and the Danforth Center applied for, and won, $20 million to study the state’s weather patterns and search for drought-resistant genes in food crops.

Those kinds of steps signal an important change in the dialogue over climate change.

No longer are academics, planners and policymakers only talking about how to reduce the greenhouse gas emissions that trap heat in the Earth’s atmosphere and mess with the planet’s weather. More and more, they’re preparing for a future without a concerted global effort to reduce carbon dioxide emissions.

“Like so many things in life, you either pay now and plan prudently or you pay later,” said Vicki Arroyo, executive director of the Georgetown Climate Center in Washington, D.C.

Many states and cities along the coasts have already started preparing, driven in part by the visibility and irrefutable danger of rising sea levels.

The Midwest faces its own unique threats from a changing climate, with the National Climate Assessment warning of droughts, floods and longer heat waves. But many governments in the region, including those in the St. Louis area, have only just started thinking about how to adapt.

“I think the implications for the center of the country, especially given the importance of agriculture and what droughts and storms can mean for those industries, is huge,” said Lara Hansen, the executive director of EcoAdapt, a Seattle-area organization that helps organizations plan for climate change.

It’s more than just preparing for a future the next generation will have to deal with. Atmospheric carbon dioxide concentrations recently hit levels not seen for millions of years, and experts say that’s raising temperatures and disrupting weather patterns right now.

SUMMER IN THE CITY

In St. Louis, summers have already gotten worse.

Data from the National Oceanic and Atmospheric Administration indicate average Midwestern temperatures have trended 1.5 degrees Fahrenheit higher over the last 120 years. In St. Louis County, temperatures are 1 to 1.5 degrees hotter than the average from 1901 to 1960.

Those are averages, meaning extremes — like 2012, when the average annual temperature was 4.9 degrees above normal — will become more common and more pronounced.

“The last quarter-century has been the warmest quarter-century on record,” said John Posey, director of research at the East-West Gateway Council of Governments. “There’s good evidence St. Louis is becoming warmer.”

Posey presented his research paper on climate projections for St. Louis to attendees of the National Adaptation Forum, which drew hundreds of climate change adaptation wonks to St. Louis for a weeklong conference in May.

His research looked at a number of climate models to predict what temperature and rainfall will look like in the St. Louis area by mid-century. The results were clear.

“The big conclusion here is that the summers in St. Louis are getting even more miserable,” he said.
Without a significant cut in global emissions, Posey’s research suggests that summers like 2012 would be the norm for St. Louis in 40 years. Between 2041 and 2071, the region’s 30-year average temperature is estimated to be between 4.7 and 4.9 degrees warmer, according to the average of climate models Posey examined.

Even under a scenario in which greenhouse gas emissions increase only about half as fast as a “business-as-usual” projection, St. Louis-area temperatures would be 3.6 degrees warmer during that 30-year period.

“I think we can speak with reasonable confidence of the direction of some of these changes,” Posey said in a June interview. “I think we’re still trying to assess the magnitudes and costs.”

**BEATING THE HEAT**

The rising heat is spurring warnings of other, less-obvious effects.

Environmental groups recently warned of an increase in tick populations and Lyme disease in Missouri due to warming temperatures.

“The increase in these populations can be directly attributed to global warming,” said Brian Nauert, owner of Ballwin-based pest control company Bugs By Brian.

In 2012, foundation repair companies were inundated with calls from homeowners trying to prevent settlement damage as dry, cracked earth receded from their houses. The clay soil in the St. Louis area is more prone to let houses settle, said Tim Tucker, owner of foundation repair company Perma Jack of St. Louis.

“All homes are susceptible,” he said. “It has nothing to do with the age of the home.”

Rainier weather saturates the soil and keeps the house from settling, while drier weather keeps Perma Jack busy. It always seemed like the wetter and drier times came in cycles of about seven years, he said.

“This is unscientific, but it seems to be very off to me,” Tucker said.
Other studies warn of longer allergy seasons and the deadly combination of heat and air pollution that increases respiratory illnesses.

The most obvious impact will be the rising heat’s direct effect on residents through heatstroke and dehydration. St. Louis started a Severe Weather Public Health Protection Program in part because of the likelihood of longer, more severe heat waves in an already hot city.

“That possibility is ever-increasing because of the impacts of climate change,” said Shontae Fluelen-Hays, who heads the Health Department division launched in 2012.

She helps reach out to the most at-risk people in the city — the elderly and the poor — and tells them about cooling centers and other resources. One of the tools the city is now using is a “functional-needs registry” that allows residents to share health and other personal information that first responders can use to plan for emergencies.

The registry is one tool that could help as mortality rates climb during the summers.

An EPA study released last month estimated that without efforts to curb greenhouse gasses, deaths from extreme heat in St. Louis would rise to between 9 and 10 for each 100,000 people, from fewer than 2 for each 100,000 residents now.

**PLANNING FOR DROUGHT**

A majority of climate models actually predict that rain will increase in the Midwest. That doesn’t mean drought won’t be an issue.

“Precipitation may increase in St. Louis and the Midwest overall, but for summer precipitation, it’s a little unclear on which direction it will go,” said Ken Kunkel, a climate scientist with NOAA’s National Centers for Environmental Information and North Carolina State University.

It’s not so much a matter of rainfall and drought frequency, said Kunkel, who has studied Midwest climate closely. It’s more an issue of heat and intensity.

“We know we’re going to get droughts,” he said. “That’s a certainty. They’re going to be more severe because of the higher temperature.”

At the Danforth Plant Science Center, Todd Mockler’s team is leading the search for a variety of corn better able to withstand those conditions. Once they have it, they’ll cull its genetic information to see what traits they can use to make food crops more resilient to arid weather.

“For the last 10,000 years there’s been a need for agricultural improvements, but now there’s a backdrop of a changing and highly dynamic climate,” Mockler said in an interview last month.

He suspects what his team finds can be used in other, genetically similar food crops. “The key success will be a list of genes,” Mockler said.

His research is part of a larger project, dubbed the Missouri Transect, which is pulling in the state’s higher education institutions to study climate change impacts in Missouri. It won a $20 million grant from the National Science Foundation last year, in part because an overlooked prior application was retooled in light of the 2012 drought.

*Teams at the University of Missouri-Columbia and other campuses will increase the data collected on the state’s climate and weather. Another team will study and work with communities to help them understand and plan for climate impacts.*
But an increasingly hot and variable climate’s impact on the state’s agriculture will be woven in throughout the research.

“We took advantage of what some of the strengths of the state were, and clearly plant biology is one of the strengths Missouri has,” said John Walker, a biological science professor at MU and the administrative lead for the Missouri Transect project. “Clearly, one of the grand challenges moving forward as a society and as the world is climate, right?”

Beyond academia, Creve Coeur-based Monsanto Co. is preparing for climate impacts to its customers.

Since 2012, it has offered a drought-resistant corn with a genetic trait that helps boost yields when water is scarce.

It was initially targeted to corn growers in the Western Great Plains, where a vital aquifer is being depleted, said Connie Davis, who oversees Monsanto’s corn product testing. But by 2014, Eastern corn farmers in Illinois, Missouri and Kentucky, where fields aren’t typically irrigated, were interested.

“Without that ability to rescue a crop with irrigation, growers said, ‘OK, I’m willing to pay a little more so I can manage that risk,’” Davis said.

Monsanto’s recent acquisition, Climate Corp., uses data models to help farmers localize weather predictions and decide when to plant, how much fertilizer to add and how densely to plant the seeds.

“We’re seeing increased occurrence of extreme weather events, all of which make the capabilities we have at Climate (Corp.) even more critical to our customer base of farmers,” said David Fischhoff, chief scientist at Climate Corp.

COLUMBIA MISSOURIAN

County looks to McDavid, Alden, ex-governor Wilson for fairgrounds advice

WILLIAM SCHMITT, Jul 3, 2015

COLUMBIA — Boone County has been trying for years to make the Central Missouri Events Center a viable piece of property. Now it's asking Columbia Mayor Bob McDavid, former Missouri Gov. Roger Wilson and former Missouri Athletics Director Mike Alden for advice.

The Boone County Commission on Thursday said the Central Missouri Events Center Review Committee will hold its first meeting at 9:30 a.m. Wednesday at the events center, 5212 N. Oakland Gravel Road. The group will tour the grounds after it meets.
In addition to Wilson, Alden and McDavid, the following people have volunteered to be on the committee:

- Presiding Commissioner Dan Atwill
- Commerce Bank President Teresa Maledy
- Former Columbia Mayor Mary Anne McCollum
- Columbia School Board President James Whitt

A news release from the county notes that the committee "will not be making an attempt to rework past management models" and that it will look at "reports, studies, reviews and historical documents ... in order to make recommendations to the County Commission as to determine the best way to move forward with this asset."

The events center has been closed since Jan. 1, after voters defeated a proposed one-eighth-cent sales tax in August that would have paid for marketing and development of the property. The Boone County Fair is scheduled to run from July 21-25.

This might be the last year the fair is held at the events center, known colloquially as the Boone County Fairgrounds. Jeff Cook, president of the Boone County Fair Board, said in May that he wasn't sure where the fair might be held in the future.

July 6, 2015

Obituary: Washington State U.'s President Dies at 59

Elson S. Floyd, president of Washington State University, died from complications of colon cancer on June 20, just a few weeks after going on medical leave. He was 59.

During his eight-year tenure, he oversaw significant gains in enrollment, an increase in research spending, and completion of a $1-billion fund-raising campaign. He
obtained legislative support for the creation of a separately accredited medical school in Spokane, which is slated to accept its first class in the fall of 2017.

Earlier in Mr. Floyd’s career, he served as executive vice chancellor of the University of North Carolina at Chapel Hill, and as president of Western Michigan University and of the University of Missouri.

Washington State’s provost, Daniel J. Bernardo, is serving as acting president.

How Obama reversed course on federal college ratings

July 03, 2015 11:21 am • By JOSH LEDERMAN

NO MU MENTION

WASHINGTON (AP) — President Barack Obama dearly wanted to get the government in the business of rating colleges and universities based on value and affordability, promising a new system by 2015. Now that goal is shriveling under the weight of a concerted opposition from universities, lawmakers and bureaucrats in Obama's own administration.

Nearly two years after the president, standing before a crowd of 7,000 at the University at Buffalo, unveiled the bold proposal as a way to curb soaring college costs, his administration has quietly but drastically scaled back the initiative. Now that Obama had envisioned.

Instead, the new tool will allow prospective students to decide which factors are important to them, then draw their own conclusions from the statistics. But the Education Department declined to say which new statistics the tool will offer that aren't already available on existing government websites.
Abandoning the original plan marked the latest in a series of stumbles for Obama's education priorities. In his 2013 State of the Union address, Obama called for expanding access to pre-kindergarten to all American children, and in his 2015 address, he pushed a $60 billion plan to offer two years of free community college. Neither proposal has gained any traction.

The Education Department said it's still determining what the revised college tool will look like, but that it's still on track to roll it out by the start of the 2015-2016 academic year, roughly two months from now.

"It is anything but a retreat," Education Department Undersecretary Ted Mitchell said in an interview. "It's a retooling and, we think, an advance on the original concept."

Yet Obama's goal, as he described when he announced the plan in August 2013, was to create an alternative to private rankings like U.S. News and World Report whose formulas incentivize schools to "game the numbers" and even raise costs. Instead, Obama sought a system that prioritized whether schools are enrolling and graduating poorer students and whether their graduates succeed in the workforce.

"I think we should rate colleges based on opportunity — are they helping students from all kinds of backgrounds succeed — and on outcomes, on their value to students and parents," Obama said. He took it a step further by proposing that Congress eventually tie a school's eligibility for federal financial aid to its score in the new ratings system.

Resistance to Obama's plan was swift, vehement and nearly universal.

Associations representing colleges with traditionally conflicting interests — such as community colleges and private universities — all lined up in opposition, warning the project was too complex, too subjective and too dependent on shoddy data to ever work fairly. As the Education Department mounted an extensive, lengthy listening tour across the country, college presidents warned of dire unintended consequences and implored the government to reconsider.

On Capitol Hill, the proposal drew pushback not only from the president's traditional Republican foes, but also some Democrats. Sen. Lamar Alexander, R-Tenn., a former education secretary and chair of the Senate's education panel, took to the Senate floor to threaten an amendment blocking the ratings system. And in the House, Republican Rep. Bob Goodlatte of Virginia and Democratic Rep. Michael Capuano of Massachusetts — two states with large numbers of colleges — joined forces to sponsor a resolution opposing Obama's plan.

"Do I think they would have continued if no one had pushed back? Of course I do," Capuano said.

But for nearly two years, the administration stuck to the original plan. In a blog post in December 2014, the Education Department said it was considering rating schools as high-performing, medium-performing or low-performing and outlined a few potential metrics, but disappointed many by failing to flesh out the formula it would use to assign ratings.
Driving the decision to stick with a ratings system was Obama, who was dead-set on carrying out his original vision for the project, according to interviews with nearly a dozen congressional aides, administration officials and college association leaders. Many of them spoke on condition of anonymity to avoid criticizing the president publicly.

From the start, career bureaucrats and data experts at the Education Department said the idea wasn't feasible, but met continued White House resistance, those officials said. Technical experts in the education industry that the administration consulted offered similar warnings. Eventually, higher-level Education Department officials grew convinced the plan was unworkable, and persuaded the White House to allow a scaled-back approach devoid of hard-and-fast ratings.

"We are right where the president wanted us to be in terms of making progress toward his vision," said James Kvaal, deputy director of the White House's Domestic Policy Council.

University associations that had fought the proposal praised the Obama administration for taking their concerns seriously and eventually agreeing to abandon the initial plan, calling it a rare example of the government acknowledging its own missteps.

"They really did listen on this," said Sarah Flanagan, the top lobbyist for the National Association of Independent Colleges and Universities. "The more they looked into it, they realized it wasn't doable."

Making Title IX Work

July 6, 2015

By Jake New

NO MU MENTION

NASHVILLE, Tenn. -- The intersection of campus police investigations and college disciplinary investigations into sexual assault is still a confusing mix at many institutions, but Susan Riseling, the chief of police and associate vice chancellor at the University of Wisconsin at Madison, has a few ideas about how make the relationship work.
Speaking at the annual meeting of the International Association of College Law Enforcement Administrators here on Wednesday, Riseling offered a number of suggestions to not only help campus police better meet the requirements of Title IX of the Education Amendments of 1972 and the Clery Act, but to use those requirements to help inform their own investigations.

Her presentation was based on two recent white papers about the topic, which were the result of two summits she helped organize over the last year studying the issue.

A common theme at the institutions the summits studied was a lack of communication between the various parties that are required by law to handle allegations of campus sexual assault. Not everyone on campus is required to report a sexual assault to police if a student comes to them for help, and colleges are required by the U.S. Department of Education to do their own investigation, separate from that of the police. Campus police officers -- who are in some cases both sworn law enforcement officers and members of a college's staff -- can find themselves straddling both kinds of investigations at once.

In states like Wisconsin, state laws and federal laws over who must report cases of sexual assault differ, creating more confusion. At the University of Wisconsin, there are 5 detectives with the campus police department, 20 counselors with health services and 10 staff members with the dean of students' office, all of whom are meant to be potential points of contact for students who have been sexually assaulted.

“We have to figure out how we’re all going to tell each other,” Riseling said. “We’re all chasing our tails.”

The channels available to students for reporting an assault should be easily found on a college’s website -- no more than four clicks from the home page, the summits’ working group concluded -- and every faculty and staff member on campus should be aware of whom they should report a sexual assault to. While staff members should help students learn about all the resources available to them, Riseling said, they should always encourage students to talk to the police.

Both campus police and Title IX investigators should all be familiar with research on how to interview trauma victims, Riseling said, getting basic details at first, but then returning to the specific questions over the next couple of days.

“All of us who have been in officer-involved shootings know that an officer is given one if not two cycles of sleeping before being interviewed,” Riseling said. “We do that for cops. It’s the same type of psychology for sexual assault victims.”

Police must do a better job of interacting with victims of sexual assault in other ways, too, she said, and campuses should find ways to build up trust between students and police officers. She told the police chiefs in the audience to buy a copy of Jon Krakauer’s book *Missoula*, and to require their officers to read it so that they can understand why sexual assault victims often distrust the legal system. The book details how the University of Montana and the city’s prosecutors mishandled cases of sexual assault on campus.

“You could have cropped out Missoula, Montana, and put Madison, Wisconsin, in there,” Riseling said.
The University of Wisconsin's police department has indeed made some missteps when interacting with students regarding sexual assault prevention. In October, a list of safety tips published on the department's blog was widely criticized for appearing to blame victims of campus crimes, especially victims of sexual assault. The post, renamed "Tools You Can Use," was originally titled "Shedding the Victim Persona: Staying Safe on Campus." That title, as well as a passage telling students to "make yourself a hard target" prompted a harsh backlash on blogs and social media.

Last year, the university launched a campaign designed to encourage more students to turn to police when they have been sexually assaulted. Called “You Can Tell Us,” the campaign included a series of posters and a website telling students what resources were available to them and explaining that victims are never to blame and that they are "in control of the investigation."

Riseling said the university hoped to increase reporting by 50 percent. Instead, the number of reports to campus police increased by 400 percent, to 70 cases last year. By patiently interviewing victims in a way that acknowledged their trauma, she said, police were able to identify every alleged attacker in those cases. The district attorney moved forward with all but two of the cases.

Convincing district attorneys to prosecute more cases of campus sexual assault is crucial, Riseling said, and that can only be done if the cases are being investigated fully by trained police officers, not just Title IX investigators, who have to meet a much lower standard of evidence than a prosecutor would.

That doesn’t mean detectives and Title IX investigators can’t work together, however, she said, and it may be more comfortable for the victim if the two kinds of investigations are happening in tandem. Rather than interviewing the victim twice, Riseling said a Title IX investigator should watch the police’s interview through a television feed, and prompt the detective to ask any additional questions.

She also described a case at Wisconsin, in which the Title IX investigation was the only reason police were able to arrest a student accused of raping his roommate’s girlfriend.

The accused student denied the charges when interviewed by police, Riseling said. In his disciplinary hearing, however, he changed his story in an apparent attempt to receive a lesser punishment by admitting he regretted what had occurred. That version of events was “in direct conflict with what he told police,” Riseling said. Police subpoenaed the Title IX records of the hearing and were able to use that as evidence against the student.

“It’s Title IX, not Miranda,” Riseling said. “Use what you can.”
Everyone Pays More

July 6, 2015

by Scott Jaschik

NO MU MENTION

Colleges are, on average, paying more for health benefits coverage for employees. And some of those colleges are passing some expenses on to employees.

Those are among the key findings of a survey being released today by the College and University Professional Association for Human Resources.

One in five colleges, the survey found, are passing on some of the higher costs associated with the Affordable Care Act in at least one of the following ways:

Increased in-network deductibles.

Increased out-of-pocket limits.

Increased employees’ share of dependent coverage costs.

Increased employees’ share of premium costs.

And of course, while not referenced in the CUPA-HR report summary, many colleges responded to the Affordable Care Act by limiting the sections given to adjuncts, costing them significant loss of income.

The most popular form of health plan offered by the 525 institutions surveyed (across all sectors) is a PPO, or preferred provider organization. Just under 90 percent of institutions offer a PPO option. High-deductible health plans -- offered by 46 percent of colleges -- are going up substantially in popularity with institutions. That option was offered by just 17 percent of institutions in 2009.

The average annual total premium for all four plan types combined -- PPO, health maintenance organizations (HMO), point of service (POS) and high-deductible health plans -- was $6,597 for employee-only coverage and $18,087 for employee plus family coverage. Increases varied by plan type.
For employee-only coverage, the largest increase was 4 percent. For employee and family plans, the largest increase was 6 percent.

**Same-Sex Partner Coverage**

With the recent Supreme Court decision, college employees nationwide may marry same-sex partners and thus (at most institutions) receive health benefits. But prior to the push for same-sex marriage rights, many colleges focused on offering domestic partner benefits so that their gay and lesbian employees’ partners could have health insurance.

The CUPA-HR survey shows significant progress in meeting that goal. Seventy percent of institutions in the survey reported that they offer health care coverage to same-sex domestic partners or spouses. That is up from 40 percent in 2006. Some of the increase is due to same-sex marriage being adopted in various states, while some of the increase is due to college-specific domestic partner programs.

CUPA-HR releases a full report to members, but a summary (from which the information above comes) to all.