

“The focus of our program is health promotion and diabetes prevention. We want (children) to have fun. They don’t realize how much exercise they are getting because of how much fun they are having.” — **Duane Meadows**, Tulsa Indian Youth Program coordinator

tional Indian food and more fast and processed foods.

In the early 1950s and ’60s, the elderly population made up the highest number of diabetic cases. Now, IHCRC is dealing with more cases of juvenile diabetes, a major focus for the center, she says.

Through cooking classes, to educate Indian families about healthy eating habits, and working with the school systems to remove sodas and junk food from the menu, the IHCRC is working to create a healthier future for the Indian community.

“We can see that we’ve made some progress in the last five to 10 years,” Skeeter says. “Patients we’ve been able to work with are now getting their diabetes under control.”

Prevention also is key. The Tulsa Indian Youth Program through the IHCRC is educating the youngest members of the Indian

community to get healthy, get active and stay that way.

“The focus of our program is health promotion and diabetes prevention,” says **Duane Meadows**, Tulsa Indian Youth Program coordinator. “We want them to have fun. They don’t realize how much exercise they are getting because of how much fun they are having.”

Through after-school programs and summer camps, the children are not only learning how to plant gardens, eat healthy snacks and make exercise a regular activity, but they also participate in character-building programs, learn about healthy lifestyles and even receive tutoring help. The summer camps also feature presentations by Native American leaders to give children a hands-on experience with Native culture.

“It gives the Indian youth in Tulsa the op-

portunities they wouldn’t get otherwise, like starting the gardens, going to the PGA Championship, getting homework help, access to a dietician, nutritional education and life skills,” Meadows says.

Emotional and mental health, like the help and care Patty White’s sons have received, also are priorities for IHCRC. A full-time staff of psychologists can provide help for families and children suffering from various behavioral health issues, such as bipolar disorder, ADHD and clinical depression.

“Good mental health is just part of who we are,” says Dr. **Barbara Beach**, one of the staff psychologists for IHCRC. “We help people live better quality of lives by helping them understand that being mentally healthy is just as important as being physically healthy.”

The IHCRC offers a long list of services, including dental, optometry, pharmacy, radiology, prenatal and postnatal, substance abuse, tobacco cessation and cardiovascular disease education.

The IHCRC is providing opportunities for those in need in the Indian community to further good physical and mental health.

“It has made such an impact on our lives,” White says.

The city doc and the country doc

OSU’s Center for Rural Health has developed sophisticated tactics for bringing quality health care to rural residents.

RURAL HEALTH CARE, in earlier times, meant someone like Doc Baker. He treated **Laura Ingalls Wilder** from her precarious youth, knew her family, was a member of the community, was always right and always available.

Things haven’t changed all that much.

Because of the efforts of the Oklahoma State University Center for Rural Health and its partnership with Telemedicine, patients outside the metro areas can receive quick, accurate, even specialized medical care without leaving their family doctor’s office.

“The partnership between Oklahoma State University Center for Health Sciences department of Telemedicine and the Center for Rural Health creates a unique blend of Telemedicine technology and service that recognizes the challenges and opportunities of providing care in rural Oklahoma,” says **William Pettit**, D.O., associate dean for rural health. “The center’s rural health policy through advocacy, research and education strengthens



Dr. William Pettit demonstrates Telemedicine technology for U.S. Rep. Frank Lucas, R-Okla.

our hospitals and physicians’ practices through these combined efforts, assuring, as best we can, that what we provide supports their practice and services to meet our mission to improve health care for rural Oklahomans.”

Telemedicine uses video-conferencing

equipment, as well as specialized equipment, to allow doctors and specialists in Oklahoma City or Tulsa to perform examinations, including listening to patients’ heart beat, examining their ears, dermatology consulting, transporting of medical records, radiology and more.

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"We can get CT scans in the middle of the night," says **Tim Sanford**, D.O., of Sanford Family Medicine in Okmulgee. "Sometimes it is the difference between whether they are admitted at all into our hospital or sent to Tulsa."

There are 28 to 33 rural sites statewide operating at any given time with Telemedicine equipment, funded through nearly \$2 million in federal grants. OSU is the only medical school in the country that requires students to have efficiency in Telemedicine to graduate.

With approximately half of Oklahoma's population living in rural areas, hours from Tulsa or Oklahoma City, having expert medical technology in the far corners of the state has been a focus and passion for the OSU Center for Rural Health.

"The overall mission is to improve health care standards in Oklahoma," Dr. Pettit says.

Nationally, Oklahoma ranks at the bottom for overall health. High percentages of citizens exercise less, smoke more, are more overweight and have less health insurance and lower economic and educational levels than other states, Pettit says.

And those in rural areas tend to have worse health than those in urban areas.

"As low as Oklahoma health standards are, rural tends to be worse," Pettit says.

The Center for Rural Health aims to improve rural health by supporting osteopathic physicians and their rural practices, strengthening rural health services and training osteopathic students.

Osteopathic students participate in 14 required rotations; at least five are in rural locations, where they are exposed to the needs, concerns and benefits of rural practice.

"We're bringing the message to the students that it is a good life," Pettit says. "You know your patients. You're a leader in the community. Two-thirds of our students stay in Oklahoma. But will they be in rural areas where needed? The plan is to get them where they are needed."

That is what motivated **Kathryn Zachery**, a fourth-year OSU medical student, to pursue a career in medicine.

"Growing up in Weleetka with 1,000 people, I saw the lack of health care to the public," Zachery says. "You had to go to Okemah or Henryetta to see a doctor."

In a small community, the doctor fills

many important and necessary roles. That's what Zachery hopes for her future.

"They are not just the doctor," she says. "They are the community leader. People come to them for all sorts of things. People trust them. That carries a lot of value."

Her rotations have taken her to other rural locations, where she worked beside the town's doctor and loved the personal interaction between physician and community.

Perry Evans, D.O., of Evans Clinic in Cleveland, is one of many rural family doctors hosting OSU osteopathic medical students through their rotations. He has practiced medicine in Cleveland for 29 years.

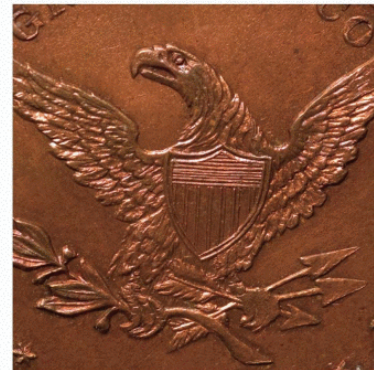
"I grew up in a small town and enjoyed the atmosphere," he says. "I just liked every part of it. It's like family. You take care of Grandma, the kids, the great-grandkids. You see them grow up, graduate, go to college, get married, have kids."

Dr. Evans says OSU's program provides students with an opportunity to learn methods in treating rural Oklahoma.

"I don't think you can get overly involved in patients' lives," he says. "It makes you a better physician. You are not only a physician; you're a human being, too." ■



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