Below are several stories from the UAB Department of Family and Community Medicine focused on COVID-19.

Building Up the Medical Workforce One Student at a Time: AHEC Scholars and COVID-19

When a hospital or health care center experiences worker shortages, the impact can be far reaching. Shortages impact patient care, put strain on current employees and affect a hospital's ability to make positive changes as it scrambles to complete daily tasks. The COVID-19 pandemic, including the most recent surge, has put even more pressure on health care systems and exacerbated many situations where shortages were already an issue.

According to a recent Forbes report, more than 25% of Alabama hospitals are experiencing workforce shortages during the recent COVID surge. Other states are in a similar or worse situation; in New Mexico and Vermont, for example, more than 50% of hospitals are experiencing critical shortages. Such shortages have shown gaps and opportunities to bolster our state's health care systems.

Organizations like the Alabama Statewide Area Health Education Centers (AHEC) are already answering the call, and have been for several years.

AHEC is working to funnel more capable and specialized workers into health care professions both in the immediate future and in the years to come, particularly focusing on medical professionals from rural or underserved areas of Alabama. At HRSA's direction four years ago, the AHEC Scholars program began. The program supports AHEC's mission and seeks to equip students pursuing medical discipline degrees with innovative curriculum and clinical training opportunities. The program now supports over 160 students and hopes to recruit dozens more scholars in the coming year.

AHEC Scholars represent all areas of Alabama and serve their communities through educational events and by providing medical care. Scholars must be pursuing a two year or higher medical degree program, including physician assistant, physical therapy, nursing, or other allied health programs. The program puts emphasis on the interprofessional nature of medicine and trains its scholars on how best to work on an interprofessional team.

Scholars commit to two years in the program which includes 40 hours of didactic training and 40 hours of clinical experiences. Scholars are encouraged to present ideas for clinical exposures, can use their time volunteering with AHEC toward their degree requirements and are offered flexibility when completing program requirements to ensure the program accomplishes its goals of building up a stronger interprofessional medical workforce. Service learning is also a major component of the program, emphasizing the importance of knowing and contributing to one's community.

"We try to give as much flexibility for the scholars to complete the program during their time in school," said Lamont Dupree, associate director of North Alabama AHEC. "The idea is to have them in an interprofessional setting as much as possible to prepare them for their careers."

During the COVID-19 pandemic, it became challenging for students to get their clinical hours due to safety protocols and closures.

“With the onset of COVID a lot of schools were going virtual, and places for students to get hours were closing,” noted Joe Crozier, executive director of North Alabama AHEC. “At the same time, we were setting up COVID testing sites in our rural areas and decided to offer the opportunity to our scholars in North Alabama.”

AHEC leaders across the state decided to bring students into their COVID-19 outreach efforts and bolster the community events with invested volunteers.

The North Alabama AHEC Scholars group has participated in 13 COVID-19-related activities and events to date, and the Southern Alabama AHEC Scholars have assisted with 15 events in their community so far. Combined, regional AHECs and the statewide office have held hundreds of COVID-19 testing and vaccination events for Alabamians.

“During several testing events we were shorthanded,” said Md Ikbal Parveg, Southern Alabama AHEC director of programs. “Our scholars’ initiative, drive and motivation helped us complete thousands of COVID tests for rural community members who may otherwise not have been tested.”

Parveg noted that these outreach events prepared the scholars for future public health emergencies and expanded their understanding of community access.

AHEC Scholars assist with these events, still ongoing amid the omicron surge, in meaningful ways and are able to connect with their communities through compassionate medical care. According to Dupree, scholars with proper training can administer tests and vaccines or help with registration and patient education.

Kaitlyn O’Hara, a graduate of the AHEC Scholars program and a current nurse, participated in several COVID-19 outreach events with the North Alabama AHEC office.

“I loved being able to help with these [COVID-19 events] because they really pull the classroom knowledge into reality,” she said. “My favorite experiences were at some of the rural areas we have done testing in. I loved seeing how grateful people were to have easier access to things they’d typically have to drive far distances for—these programs have increased my passion for practicing in underserved communities.”

O’Hara also commented on the importance of the AHEC Scholars program for expanding her medical curriculum beyond the scope of nursing.

“The AHEC Scholars program has been a perfect supplement to my nursing education. I was able to experience community health care in a way that otherwise would not have been possible and explore different perspectives from students of other disciplines.”

The program emphasizes the value of understanding and collaborating with all members of an interprofessional medical team. O'Hara noted that the program helped her to become more compassionate and better prepared to work as part of a health care team.

Through AHEC Scholars, more qualified and compassionate health care workers are entering Alabama's hospitals at a time of great need. To learn more about the program or to apply, please visit the statewide office's website.

Alabama Statewide AHEC is housed within the Department of Family and Community Medicine at the University of Alabama at Birmingham's campus. Our department is proud to support and work with all AHEC offices across the state.

Alabama AHEC's COVID-19 Test Efforts

Written by Erin Slay-Wilson

Published: January 7th, 2021

The Alabama Statewide Area Health Education Centers (AHEC) Program has planned and executed a COVID-19 testing strategy to serve Alabamians in rural and underserved areas during the pandemic. Alabama AHEC has focused on underserved populations with a higher incidence of COVID-19-related illnesses, particularly those in Hispanic and Black populations where access to care is limited. Their intent to bring specialized attention to areas that need it most has helped address the impact of COVID-19 on these communities.

Working with partners such as the Alabama Department of Public Health (ADPH), the University of Alabama at Birmingham, Alabama Civil Air Patrol, and other local leadership and community organizations, Alabama AHEC's testing initiative has completed more than 3,500 COVID-19 tests in 24 counties at 61 community testing sites across the state.

Using its five regional centers as a basis for outreach, Alabama AHEC developed local coalitions with community leaders and health professionals to assist in providing a cohesive testing process. Because of their work, thousands of Alabamians have been empowered to make informed decisions about their health throughout this pandemic.

"We have learned a great deal about the problems we are facing in these communities through our conversations with our partners, as relates to accessibility and trust," said Michael B. Faircloth, M.D., director of the Alabama AHEC, medical and lab director for UAB Student Health, and associate professor for the Department of Family and Community Medicine. "There remains a lot of work to be done, particularly as we move into Alabama's imminent vaccination phase. It is our goal to take these lessons to heart, and to move forward with purpose as we continue to fight this deadly disease."

The testing centers have helped to slow the spread of COVID-19, but many underserved communities continue to have higher infection numbers compared to national standards.

"Our greatest trouble, so far, has been overcoming mask and testing fatigue in these communities," said Joe Crozier, executive director for the North Alabama AHEC and coordinator for the COVID-19 Testing Initiative. "Even with the ongoing statewide mandates, numbers continue to increase in our rural populations. We hope to help educate these community members while conducting our testing efforts—it may be our best chance of combatting the misinformation that has stymied such efforts across the country."

Alabama AHEC's collaborative testing sites will continue into 2021 to provide this service to even more communities across the state.

Alabama AHEC's COVID-19 Testing Center Spotlight: Firehouse Ministries

One of the populations that Alabama AHEC's testing initiative served is local to Birmingham and gave access to testing to one of the city's most underserved populations: individuals struggling with homelessness.

Firehouse Ministries is working against the effects of homelessness in Birmingham. The Firehouse Shelter, located on 2nd Avenue North on the west side of Birmingham, serves city's chronically-homeless male population with the ultimate goal of getting them into permanent, supportive housing. Firehouse offers emergency services that include a soup kitchen open to everyone—now held outside, for the safety of the staff and residents—a clothing closet, case management, and emergency shelter.

Like many of its counterparts across the country, Firehouse is currently in a holding pattern until CARES Act funds are distributed from both Jefferson County and the City of Birmingham. The Alabama AHEC Network was made aware of the challenges that Firehouse was facing through James "Rick" Kilgore, M.D., who serves in a leadership capacity within the Alabama Statewide AHEC Program and as an active force in its COVID-19 testing initiative.

"No one should be denied basic healthcare in this country and in the face of a pandemic that is affecting the lives of the wealthy and not so wealthy, equally. It is important that those less fortunate, who have limited access to health care, should not be forgotten" says Kilgore. "We have to make sure testing is available to the homeless population if we are going to truly stem the tide of the pandemic in our communities."

As a member of the Firehouse Mission's Board of Directors, Kilgore has been influential in acquiring what medical equipment and residential protections the shelter has in place. Prior to the emergence of COVID-19, Kilgore worked with the homeless and the Firehouse Shelter to establish a medical screening and education clinic, and knows the obstacles many of the residents face in getting basic and advanced medical care. It is through his efforts that the network was able to offer this vital, closed, and secure testing site for the Firehouse residents on December 10, 2020.

Demand was high—70 test kits were initially prepared, though UAB provided extra kits for the site. At least 70 tests were administered before 9:30 a.m., and 86 tests were administered in total before testing closed. Firehouse had been lucky—with limited resources and great effort,

they had yet to experience positive COVID-19 cases within their resident population. Fortunately, the tests administered by the Alabama AHEC Network all came back negative for COVID-19.

Click here to learn more about the Firehouse Shelter.

Click here to learn more about the Alabama AHEC Network's testing initiative, future testing dates, volunteer opportunities, or to donate PPE.

The Alabama AHEC program is committed to expanding the health care workforce of Alabama by maximizing diversity and facilitating distribution of resources, particularly in underserved communities. Its goals are to influence the training of health profession students and residents toward primary care; to provide continuing education and support for targeted health providers; and to implement programs, services, and activities that target underrepresented minorities, rural and otherwise disadvantaged Alabamians for careers in the health professions.

Q&A: What the Omicron Variant Told Us About Primary Care Gaps in Alabama

Alabama appears to be on the tail end of the omicron COVID-19 surge after case numbers and hospitalizations spiked in January as the contagious variant spread rapidly through the population.

The surge stretched hospital capacity, but it also stretched the capacity of primary care clinics, highlighting some important gaps that need to be addressed as health care leaders plan for the future of primary care in Alabama.

We asked Irfan Asif, M.D., chair of UAB's Department of Family and Community Medicine, associate dean for primary care and rural health and head of UAB's primary care service line, about what omicron can teach us about primary care in Alabama. Several programs in the Department of Family and Community Medicine, including the **Comprehensive Urban Underserved and Rural Experience program**, or CU^2RE, aim to increase the number and quality of primary care providers in Alabama, providing more health care coverage in urban and rural underserved areas.

Q. What did the omicron surge tell us about the state of primary care in Alabama?

A. Initially, much of the thought around COVID focused on people who were being hospitalized, which was certainly a terrible problem. Everyone was intent on figuring out how we could help those who were hospitalized and at risk of death, and that remains a concern. However, as the disease mutated into the omicron variant, it became less lethal but infected more individuals. That is when it starts to become a problem for those outside of the hospital. This latest surge really taxed our primary care system, whether it was people visiting their primary care doctor for a milder case, people leaving the hospital or emergency room who need follow-up care, or staff members and providers getting sick. We don't have enough access to primary care in Alabama, or enough primary care providers, and this surge made that clear.

Q. Which trends worried you the most?

A. Lack of access, especially in rural and urban underserved areas, is a huge concern. On the staff side, burnout is also a big worry. The joy of primary care is being lost because people are working so hard. During this latest surge, so many people were infected that staff were out as well and the system was really taxed because people were working 150% all of the time, on top of this chronic two-year COVID battle.

Q. How can we combat burnout?

A. This is something I think about often. One thing we can do is make sure that burnout is an open part of our conversations. A lot of people do not actively think or talk about burnout. We have to do that. We have to make sure it is ok to use as part of our vocabulary, and that we are openly assessing burnout. UAB has some tools to do that with our faculty and staff, such as a well-being index that helps people self-assess their mental health and discuss it with colleagues and supervisors. We need to have those conversations and, especially as leaders, understand where our people are and what they are facing. We also need ways to build people up. In our department, that might look like the new Kudoboard we just launched (an online board for sharing congratulations, thanks, photos, kudos and other encouragement) or programs like our Wellness Walks, which encourage faculty and staff to take breaks for exercise and time outside. Communication is also critical, because in COVID we are all particularly stuck in our silos – or little Zoom boxes. We need to prioritize reaching out to each other and getting creative, even when circumstances make it more challenging.

Q. What good signs or encouraging trends have you seen even as omicron?

A. Providers and staff came up with some creative solutions using things like telemedicine in ways we had not done in the past, or trying to implement remote patient monitoring. We were able to lean on those techniques more effectively in this most recent surge, as opposed to the first COVID surge where we were still adapting to telemedicine.

However, it is important to remember that telemedicine brings its own concerns, particularly related to health disparities. Not everyone has reliable access to broadband internet, so some patients might have to have phone visits rather than video visits. That could impact the level of care we can provide.

Q. How can we address some of the gaps that omicron exposed?

A. On the workforce development side, we need to figure out how to bring back the joy of primary care so that health care workers are not as burnt out and we can accommodate patients that come in with appropriate access. In my view, that needs to be not just a patient and one provider, but a team of providers – nurses, doctors, advanced practice practitioners, pharmacists, social workers, nutritionists, psychologists, etc. – working together to provide that access. We need to put that team-based structure in place and create an education system that prepares a workforce that will want to go and take these jobs.

I think CU^{2}RE is an important part of that mission, as is the **Alabama Statewide Area Health Education Centers (AHEC)**, housed in our department. These initiatives are working to train

students in team-based care and help them to recognize health disparities and identify creative solutions. We have to model those kinds of practice transformation efforts for our students. If they learn an older model of primary care and step into a world that needs a new model, they will not be prepared.

Q. As you consider the future of primary care in Alabama, and a strategic plan for that future at UAB and beyond, how has COVID factored in or shaped your thinking?

A. From a UAB side, this is a massive effort. We are working to focus attention on primary care, and that was true before COVID. However, COVID certainly exacerbated some of the issues we were seeing and added urgency to the situation. I am looking forward to working with health care leaders to build a primary care strategic plan for Alabama. The time is right and we need to get started right away, as bringing our vision to fruition will require considerable time and effort from a lot of people.

Click here for more information about Asif's vision as associate dean for primary care and rural health.

The Pandemic is Increasing Intimate Partner Violence. Here's How Health Care Providers Can Help.

Published: October 12th, 2021

Among the hidden costs of the COVID-19 pandemic is an alarming rise in domestic violence and intimate partner violence, a form of domestic violence in sexual and romantic relationships with devastating effects that can ripple across generations.

According the American Journal of Emergency Medicine, domestic violence cases increased by 25-33% globally in 2020, compared to 2019. More locally, **domestic violence calls in Jefferson County**, Alabama increased by 27% in March 2020, as compared to March 2019. Parallel increases were observed in other cities around the U.S., from Portland, Oregon to San Antonio, Texas or New York City.

In the midst of Domestic Violence Awareness Month, **Sumayah Abed, M.D.**, assistant professor in UAB's Department of Family and Community Medicine and UAB Hoover Primary Care Clinic physician, is working to raise awareness among health care providers. She is especially concerned about the risk of intimate partner violence, which is already underreported and underdiagnosed by physicians.

"Even after recognizing the problem of intimate partner violence, victims may not get the necessary support, as many healthcare workers are unfamiliar with the policies and the resources to help them," Abed said.

Intimate partner violence, defined as violence among current or former partners that may include stalking, physical, psychological and sexual violence, is common worldwide and affects

both sexes. It is more commonly reported by heterosexual women, Abed said, but is likely to be underreported in men, transgender and gender non-conforming people and same-sex relationships.

According to the **National Coalition Against Domestic Violence**, nearly 20 people per minute are physically abused by an intimate partner in the United States. Intimate partner violence accounts for 15% of violent crime in the U.S., and approximately one in four women and one in nine men experience intimate partner violence.

The pandemic intensified many of the conditions that can fuel intimate partner violence. Some businesses shut down suddenly. Many families faced economic tension as well as the stress and uncertainty created by COVID-19.

“Besides the quarantine situation, the pandemic also aggravated alcohol abuse, depression and post-traumatic stress disorder,” Abed said. “All of these factors created an environment that exacerbates domestic violence.”

Assessing Risks

As the pandemic continues, health care providers should be especially conscious of those risk factors, including psychiatric illness, alcohol consumption, drug abuse and economic stress. Pregnant women are also at higher risk of domestic violence, which can also increase the risk of pregnancy-related complications, such as miscarriage, pre-term labor, and low birth weight in infants.

Additionally, children who come from families with a history of domestic violence are at a higher risk of replicating or falling victim to those behaviors in adulthood. All forms of domestic violence, including intimate partner violence, can have a devastating ripple effect in families and communities, something that family care providers like Abed are particularly concerned about. Early awareness, intervention and help can prevent generations of trauma.

What Health Care Providers Can Do

At the clinical level, prevention of intimate partner violence starts with consistent and accurate screening, Abed said. She and her colleagues at Hoover Primary Care and Hoover Family Medicine use several screening tools to detect domestic violence and intimate partner violence, including both self-reported information from the patient, physician-administered questions. They also follow the U.S. Preventative Services Task Force recommendation to screen all women of childbearing age for intimate partner violence.

Health care providers should pay particular attention to families at risk of domestic violence, Abed said, in order to protect the family and prevent future domestic violence by children in that family, who are exposed to that behavior early on.

Providers can also ask more general questions, such as, “Do you feel safe at home?”

More broadly, media campaigns, such as one **launched** by the World Health Organization to provide education about intimate partner violence, can also help to raise awareness and educate patients and providers. The WHO campaign aims to make that information accessible in clinics and patient settings, as well as among policymakers and researchers.

Finally, macro-level changes such as empowering women economically and creating a broad, interprofessional support network for victims can help bring about long-term change, Abed said.

“Interprofessional collaboration is key to helping victims of domestic violence,” she said. “Health care workers, social services, and legal and law enforcement officers are all essential to help victims and survivors of domestic violence.”

Anyone experiencing domestic violence or concerned about a loved one facing domestic violence can connect anonymously to a crisis counselor by texting “UAB” to 741-741 or call the Birmingham Crisis Center at 205-323-7777.

Written by Caroline Newman