It is an exciting time to be a researcher at the UNIVERSITY OF MISSOURI DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE. Our program is thriving and supported by a well-developed infrastructure that includes medical librarians and administrative staff members.

We have a highly motivated, collaborative and capable group of faculty members who have diverse interests and advanced skills in a variety of investigative designs and analyses applicable to family medicine research, including epidemiological research, health services research, survey research, clinical trials and qualitative research.

Current efforts of our multidisciplinary faculty focus on a broad range of topics:

- childhood obesity
- chronic disease care
- electronic medical record usability
- environmental epidemiology
- geriatrics health services and outcomes
- health information technology
- health issues for sexual and gender minority populations
- health promotion
- health of indigenous people
- palliative and end of life care
- patient-centered outcomes research
- photovoice as therapeutic intervention
- tobacco control

Throughout our 42-year history, our efforts to discover and innovate have impacted primary care and health for patients across the country. Our commitment to this exemplary work in all areas of our mission is fueled by the dedicated faculty and staff in our department.

This document includes profiles of our MU Family Medicine researchers, and it summarizes their interests, experiences and goals. We are proud of their work and want to share their stories with our friends and colleagues here at MU and across the nation.
If care providers can focus more attention on the patient and less on the technology, then health care can be more patient centered and physicians can be more satisfied in their work. **JEFF BELDEN** wants to bring physicians joy in their electronic health record (EHR) life by creating delightful user experiences. He is doing this by developing innovative user training, collaborating with software development teams, and changing the way information is displayed to physicians in the EHR.

To improve clinical documentation, Dr. Belden knows he must understand user needs. He is designing and evaluating data visualization (time lines and dashboards primarily) that emphasizes and puts meaning into cogent information and also supports decision-making.

More than 100 million Americans have chronic health conditions, but many of them do not receive the care they need to adequately control them. For example, only about half of the 78 million Americans diagnosed with high blood pressure have their blood pressure in the goal range. **RICHELLE KOOPMAN** is committed to promoting EHR design that makes it easy for patients and physicians to make good decisions to improve health. She seeks to leverage improved data visualization, electronic support for decision making, and patient-physician information-sharing to enable people with chronic conditions and their physicians to make well-informed shared decisions that lead to better health outcomes.

Tobacco use is the leading cause of preventable death and disability in Missouri and the United States. Every year it kills nearly six million people worldwide. **KEVIN EVERETT**'s work is focused on making it harder for youth to start – and easier for people to quit – using tobacco. He also wants to eliminate the population’s exposure to the toxic chemicals produced by tobacco use. His projects have included organizing youth leadership programs designed to prevent tobacco use, developing innovative treatments to help people quit smoking, and supporting coalition-building approaches to creating healthier, smoke-free environments in the workplace. Dr. Everett is particularly interested in identifying “teachable moments.” These moments happen when patients – in the presence of a health care professional – have increased motivation for change. He wants to capitalize on these opportunities by providing patients effective strategies to help them stop using tobacco.

As we conduct research, it is important to keep patients’ views in mind. Will they find the results useful or important? **ROBIN KRUSE** is a health services researcher focused on gerontological issues. Rather than focusing on cures (which are important!), health services research examines how the delivery of health care affects patients’ outcomes. She is core director of MU’s Center for Patient-Centered Outcomes Research (PCOR), a five-year, $4.5 million campus-wide multidisciplinary project. As part of this federal grant, she is co-investigator on a study that compares patient outcomes for open and endovascular procedures.

Dr. Kruse is working on several other studies that involve health care delivery, including a randomized trial to improve pain management for hospice patients, a study of shared decision-making to improve palliative care in nursing homes, and comparing outcomes for patients who were discharged to a skilled nursing facility or home following radical cystectomy.
MELISSA LEWIS, PhD, LMFT
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Indigenous people suffer from the worst physical and mental health disparities in the country compared to other racial/ethnic groups. **MELISSA LEWIS** partners with Indigenous communities to revitalize traditional lifeways that can ameliorate the negative affects of colonization, thereby improving health and well being. By revitalizing traditional beliefs, activities, culture, and language, Native communities are healing themselves from historical loss and trauma. In her research, Dr. Lewis has partnered with communities to create training protocols for mental and medical health professionals to provide better care for Indigenous patients and clients. She also partners with her own tribe, Cherokee Nation, to evaluate and co-create programs aimed to reduce cardiovascular disease by harnessing the power of cultural learning.

JANE MCELROY, PhD
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As the life expectancy for Americans continues to climb, efforts to prevent chronic illness, as well as encourage healthy lifestyle choices, have become increasingly important for health care providers. Using biomarkers to understand exposures provides valuable insight into the etiology of diseases such as cancer. On a population level, engaging communities, such as Sexual and Gender Minority (SGM, aka LGBTQ) individuals, in the fight to eliminate health disparities also leads to improved health. **JANE MCELROY** wants people to maintain good health, especially as they age. She understands that by making smart lifestyle choices, people can stay healthy and help prevent many chronic diseases from developing. She hopes her work will decrease the incidences of chronic illness as well as increase healthy lifestyle choices. In her research, she is studying environmental exposures, particularly metals and health outcomes (eg, cancer etiology, hypertension) to address health disparities experienced by SGM and African American individuals.

DEBRA PARKER OLIVER, PhD, MSW
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More than a million people are diagnosed as terminally ill and referred to hospice each year. Dedicated family members give tirelessly of themselves to provide care for these dying individuals. **DEBBIE OLIVER** wants to improve the dying experience for individuals diagnosed with a terminal illness and find ways to support family members who dedicate their time and energy to assure comfort for those they love. The hospice patients and families in her research reside either at home or in a nursing home. As principal investigator on a National Institute of Aging grant, Dr. Oliver is studying the use of web conferencing to help families of nursing home patients attend quarterly plan-of-care meetings. Also, with funding from the National Cancer Institute, she is studying the use of Facebook to provide education and support to caregivers of cancer patients.

DAVID MEHR, MD, MS
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Our fragmented health care system confronts older adults, particularly those with chronic disease, with a bewildering array of possible treatments but little sense of how to make health care decisions. **DAVID MEHR**’s clinical care and research are driven by a concern for older adults and those with chronic illness. Dr. Mehr is the principal investigator for a $4.5 million federal grant that supports the MU Center for Patient-Centered Research Outcomes (PCOR). PCOR is research that pays attention to outcomes that people actually experience, such as survival, physical function (for example, ability to walk), and quality of life. Major projects in which he is participating include improving the discharge process from skilled nursing facilities after a stay for rehabilitation and improving primary care for patients with chronic pain. He’s working with others to develop interventions to improve patients communicating with their physicians about their goals when they have developed advanced illness or are nearing the end of life. All of these projects aim to improve the lives of patients with chronic conditions or who are approaching the end of life.
AMY WILLIAMS, MD, MSPH
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Child obesity is a critical public health issue. Based on 2013-14 National Health and Nutrition Examination Survey, 17.2 percent of US children and adolescents aged 2-19 years are obese, and another 16.2 percent are overweight. The increasing rate of child obesity results in increased burden of chronic disease and eventually death in adults, especially in low-income and minority populations.

AMY WILLIAMS became interested in child obesity research as a resident physician. She explains, “As I treated patients with expanding medication lists, it began to feel like a losing battle. I became convinced that the best way to pro-actively help patients at individual and population levels was to take the public health approach of obesity prevention. I choose to research child obesity because it is a complex problem that requires a creative, innovative and multifaceted approach. It also seemed to be the research area that had the potential to have the greatest impact.”

SONAL PATIL, MD, MSPH
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Ideal cardiovascular health is associated with lower rates of heart disease, cancer, diabetes, and chronic lung and kidney diseases. People who eat healthy, stay active, control their weight and don’t use tobacco are more likely to maintain good cardiovascular health. Because providers have limited time and resources to connect with patients between care visits, ongoing support in the community is important. Peer support from someone who shares similar health challenges can be powerful for patients, especially in low-resource communities.

SONAL PATIL wants to develop sustainable community-based programs that engage patients in healthier lifestyles while promoting a sense of purpose and social connectedness for participants. She is partnering with local schools on a program in which high school students become health coaches for family members who have diabetes. She will be studying this program and how it effects the students and the health of their family members.

KARLA WASHINGTON, PhD, LCSW
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In recent decades – as health care providers have become increasingly focused on managing their patients’ physical and psychosocial symptoms – we’ve seen significant progress and improvements in care for seriously and chronically ill individuals and their families.

KARLA WASHINGTON cares about the physical and psychosocial needs of patients who are chronically ill. In her research, she is identifying strategies that are most effective in helping individuals and their families cope with chronic illness and live life on their own terms.

ABIGAIL ROLBIECKI, PhD, MPH
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Although family caregiving has been extensively studied over the last decade, little attention has been given to the bereavement experiences of family caregivers. If family caregivers are distressed and have poor social support during active caregiving, they are at greater risk for developing prolonged or complicated grief, post-loss. Caregivers who can make meaning of their caregiving and bereavement experiences are said to fare better than those who cannot.

ABIGAIL ROLBIECKI wants to help family members make meaning of their caregiving and bereavement experiences. Those who are able to build a network of social support during the caregiving process are more likely to function better after their loved one dies. Her background in narrative therapy and storytelling informs most of her work. She is using various storytelling intervention approaches (e.g., digital storytelling, photo-elicitation) to engage caregivers in a meaning-making process. Ultimately she hopes to reduce their distress during caregiving, which can reduce their grief intensity.