

# Oklahoma D.O.

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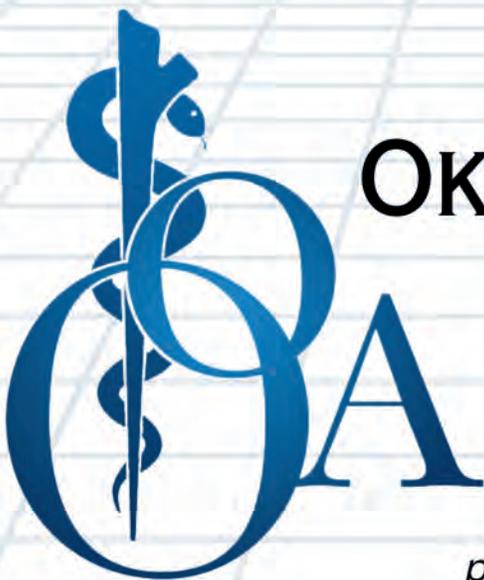
THE JOURNAL OF THE OKLAHOMA OSTEOPATHIC ASSOCIATION



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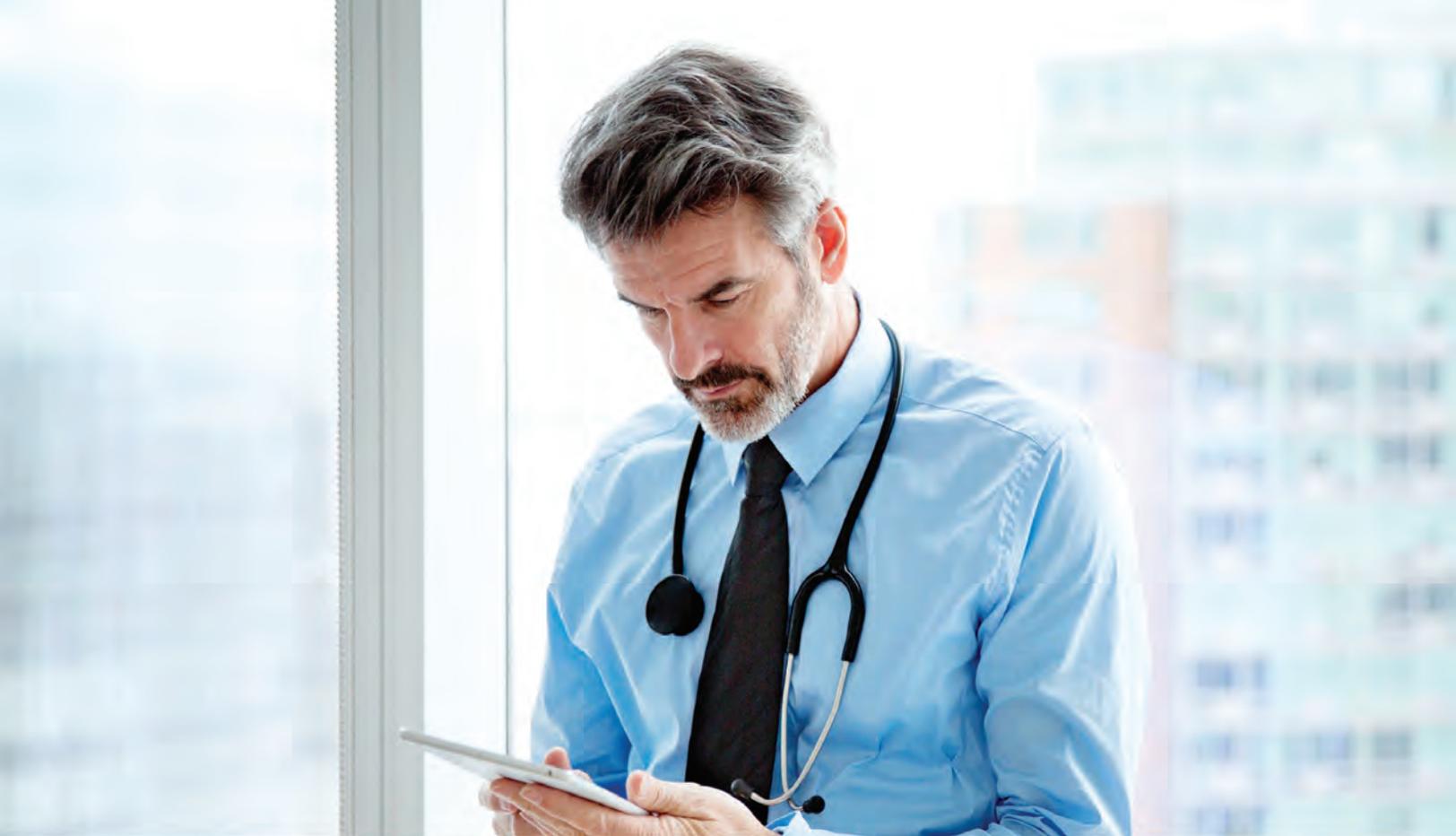
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# OKLAHOMA DO

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## 6 POSTER SYMPOSIUM FINALISTS AWARDED AT WINTER CME

**Kelli Swank, Jordyn Sisovsky and Stephanie Van Nortwick take home the prize.**



## 15 ITEMS TO VOTE ON AT THE ANNUAL CONVENTION

**Review the proposed by-law change, OOA Board and 2025 House of Delegates nominations.**



## 19 MEMBER SPOTLIGHT

**Dr. Layne Subera was elected to the American Osteopathic Academy of Addiction Medicine Board of Trustees.**

# WINTER 2025

Roger Thompson, *Editor-in-Chief*  
Katherine Grayson, *Editor*

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# Poster Symposium finalists awarded at Winter CME



## A Heartfelt Thank You to Our Sponsors!

We extend our deepest gratitude to the Oklahoma Founders Foundation and the Oklahoma Education Foundation for Osteopathic Medicine for your generous support. Your commitment to advancing education, research, and professional growth within the osteopathic community makes a profound impact. Together, we are stronger, and your support empowers us to continue fostering innovation and excellence in medicine.

## Celebrating Our Finalists!

We are thrilled to recognize our outstanding finalists, who were awarded and had the opportunity to present their research posters at the Winter CME Conference on Jan. 25, 2025. Their hard work, dedication and contributions to the field of osteopathic medicine are truly inspiring. Congratulations to each of them for their achievements and for advancing knowledge that will shape the future of healthcare!



## Kelli Swank

### Rates of Electronic Nicotine Delivery Systems Use in Middle School-Aged Adolescents & Implications for Continued Health Advocacy

Kelli Swank is a dedicated third-year medical student at Oklahoma State University College of Osteopathic Medicine at The Cherokee Nation in

Tahlequah, Okla. Originally from Heavener, Okla., she earned her bachelor's degree in nutritional science from Northeastern State University in Tahlequah.

Driven by a dedication to focus on rural and underserved communities, Kelli is committed to ensuring access to high-quality, compassionate healthcare for populations that need it most. After graduation, she plans to pursue a rural family medicine residency, where she will receive specialized training to address the unique healthcare challenges faced by rural communities.



## Jordyn Sisovsky

### Anti-Microbial Peptides for the Management of Targeted Clinical Pathogens

Jordyn Sisovsky is a second-year medical student at Oklahoma State University College of Osteopathic Medicine, where she serves as the SGA Research Chair and the COSGP Research Liaison.

With a deep passion for research and microbiology, she is particularly fascinated by the intricate world of microorganisms and their impact on health and disease. Her dedication to scientific exploration drives her commitment to advancing medical knowledge and innovation.

Outside of her academic pursuits, Jordyn enjoys gardening, playing tennis and spending time with her family.



# Stephanie Van Nortwick

## Educate. Exercise. Empower. Why Walk With a Doc?

Stephanie Van Nortwick is a third-year medical student at Oklahoma State University College of Osteopathic Medicine at the Cherokee Nation campus. A non-traditional student, she pursued medicine after an accomplished 15+ year career in biotechnology and national security.

Her previous work in Washington, D.C. focused on managing multi-million dollar technology investments to develop cutting-edge solutions for federal agencies combating infectious disease outbreaks and biological threats. She also led the biotechnology strategy for the Department of Defense and co-authored the Executive Order for the National Strategy for Biotechnology and Biomanufacturing, signed by President Biden in September 2022.

Driven by her commitment to patient care and rural health equity, she left her D.C. career to pursue fam-

ily medicine in rural Oklahoma. Throughout medical school, she has actively served her community, including launching Walk With a Doc in Tahlequah as her Albert Schweitzer Fellowship Project.

Her leadership roles include:

- Student Government Association (SGA) Research Chair
- Oklahoma Academy of Family Physicians Health Policy and Leadership Fellow
- National Rural Health Association (NRHA) Student Executive Board Region 5 Recruitment Coordinator

A Stillwater, Okla., native, she holds a B.S. in Biochemistry and a Ph.D. in Plant Pathology from Oklahoma State University-Stillwater. She looks forward to using her leadership and medical expertise to improve healthcare in rural Oklahoma as a family medicine physician.

# Rates of Electronic Nicotine Delivery Systems Use in Middle School-Aged Adolescents & Implications for Continued Health Advocacy



COLLEGE OF  
**OSTEOPATHIC MEDICINE**  
at the Cherokee Nation

**Kelli Swank, B.S.,<sup>1</sup> Macy Haight, B.S.,<sup>1</sup> Sarah Nelson, B.S.,<sup>1</sup> Colony Fugate, D.O.,<sup>2</sup> Dustin Beck, D.O.,<sup>3</sup> Micah Hartwell, Ph.D.<sup>1,4</sup>**

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## Background

- Electronic Nicotine Delivery Systems (ENDS) were first introduced in the United States in 2007 as a tool to stop smoking combustible cigarettes.<sup>1</sup> What was once intended as a tool to wean off notoriously harmful combustible cigarettes has gained popularity in all age groups exceeding conventional tobacco products to become the most commonly used nicotine product amongst adolescents.<sup>2</sup>
- Additionally, the CDC and other researchers have established criteria for EVALI—a severe pulmonary illness related to vaping that was first identified in 2019—which has led to more than 2,800 hospitalizations,<sup>3</sup> among which 15% of the patients were under 18 years old.<sup>4</sup>
- Given the known rates of high school age ENDS usage, and the lack of reports for middle school aged ENDS usage, our primary objective is to assess ENDS usage by middle school students using the Youth Risk Behavior Surveillance System (YRBSS) and assess trends among this group from 2015 through 2021. Our secondary objective is to identify disparities in ENDS usage by sex, educational grade level and ethn racial groups.

## OBJECTIVES

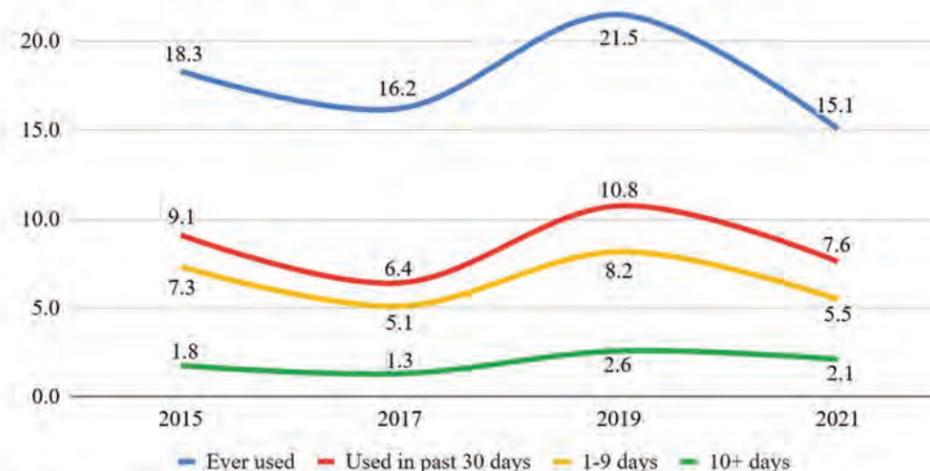
- To assess ENDS usage by middle school students using the Youth Risk Behavior Surveillance System (YRBSS).
- To identify disparities in ENDS usage by sex, educational grade level, and ethn racial groups.

## HYPOTHESIS

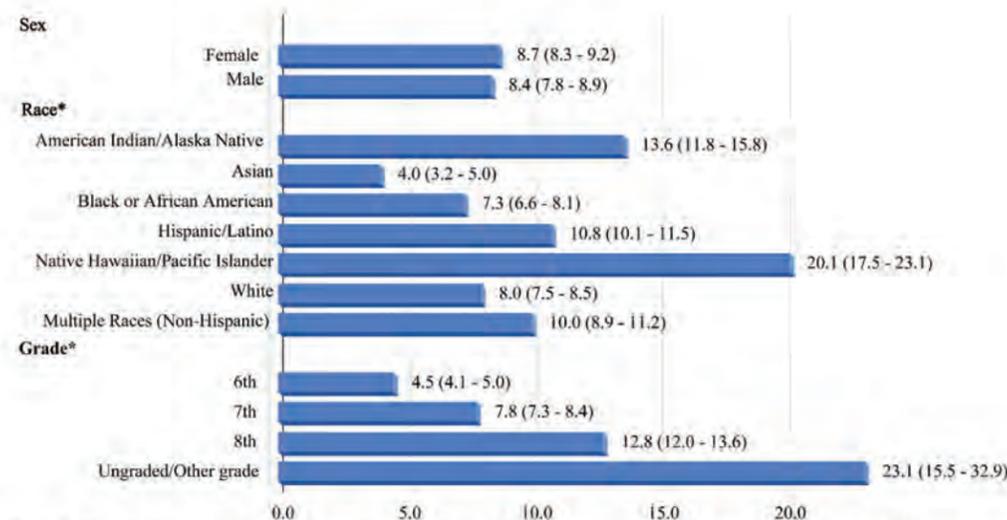
- Our study pooled data from the 2015-2021 combined middle school Youth Risk Behavior Surveillance System (YRBSS).
- We approximated the frequency of ENDS use in the past 30 days before administration of the survey and reported sample size along with weighted prevalence of these variables.
- Weighted prevalence was calculated by sex, educational grade level, and ethn racial groupings.
- Statistical significance of the relationship between each variable of interest and demographic variables were analyzed using design-based chi-square (X<sup>2</sup>) tests, and changes over time were determined using logistic regression comparing later years to 2015 as the reference point.

## RESULTS

- Our results indicated that between 2015-2021, 17.90% (n=47,664, N=267,133) of middle school students reported ever using an electronic vapor product.
- Of those middle school students who reported ever using an electronic vapor product, 8.53% (n=21,592, N=264,454) reported use in the past 30 days.
- Overall, the highest rates of electronic vapor product use occurred among Native Hawaiian/Other Pacific Islanders (20.12%) followed by American Indian/Alaska Natives (13.64%).



**Figure 1.** Usage of e-cigarette or vaping products among middle school students in YRBSS from 2015-2021.



**Figure 2.** Rates of e-cigarette or vaping products among middle school students by demographics (\* =  $P < .0001$ ).

## Discussion

- Trends of ENDS use among middle school students decreased in 2021 (15.1%) compared to the highest usage rate in 2019 (21.5%).
- While there was no significant difference by sex, our results showed that by grade, 6th grade (4.54%) was found to have the lowest usage rate, with increasing rates through 8th grade (12.8%), but with the highest usage rate among those in the Ungraded/Other category.
- Ethn racial disparities were found in ENDS use with Native Hawaiian/Other Pacific Islanders (20.12%) having the highest usage rate followed by American Indian/Alaska Natives (13.64%).
- Further research is needed to explore possible causes for grade and ethn racial disparities in ENDS usage including targeting marketing, and to provide more tailored public health messaging for these groups.

## Clinical Implications

- Research has shown that adolescents are more likely to initiate smoking combustible cigarettes when exposed to marketing. Regulating ENDS marketing could limit adolescent exposure; however, given that nearly 1 in 6 children reported using ENDS at some point, there is a need for comprehensive public health campaigns to vaping with cultural awareness and evidence based programs.
- Per the ENDS committee's findings, ENDS not only pose the risk of lifelong nicotine dependence but are associated with adverse health outcomes such as pro-atherosclerotic effects, compromised lung defense mechanisms, and fatal poisoning associated with misuse of e-liquids, therefore prevention efforts are warranted at early ages.

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# Anti-Microbial Peptides for the Management of Targeted Clinical Pathogens

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<sup>1</sup>Medical Student MS-II, OSU College of Medicine; <sup>2</sup>Department of Biochemistry & Microbiology, OSU-CHS

## INTRODUCTION

Antibiotic resistance in bacterial pathogens that results in various incurable infections is the leading cause of mortality and morbidity among humans (1). The challenge lies in the multidrug resistance pattern of gram-positive and gram-negative bacteria that has been ubiquitously shared resulting in clinical scenarios increasingly untreatable with the antibiotics currently available (2). When associated with lack of proper infection control, these resistant bacteria become easily disseminated to other patients or environment (2). As antibiotic resistance is becoming a persistent global threat, it has become imperative to develop new methods to combat this issue. The clinical pipeline for the modifications of existing antibiotics or developing new ones are not sustainable.

It has been hypothesized that all living organisms produce some form of antimicrobial peptides, which is their first line of host defense against any infection (3). They are ribosomally produced multi-functional protein substances and at a certain concentrations can produce pronounced antimicrobial activity (2,3). Our study emphasizes bioprospecting novel antimicrobial peptides against targeted specific pathogens (*Group B Streptococcus* (*Staphylococcus agalactiae*) and Methicillin-resistant *Staphylococcus aureus* (MRSA) in order to combat this future epidemic.

## OBJECTIVES

- Collect environmental samples and isolate microbes capable of producing bacteriocins that kill/inhibit Group B Streptococcus
- Screen isolates using a high-throughput approach to identify bacteriocin-producing microbes with zones of inhibition
- Determine the selectivity of bacteriocin-producer for Group B *Streptococcus* by comparing specificity to *Staphylococcus agalactiae* versus two different commensal probiotic *Lactobacillus* species isolated from over-the-counter children's probiotics

## METHODS

**1A) Growth of the indicator strain (*Group B Strep* and *Staphylococcus aureus*)**

- 10ml of fresh BHI broth distributed aseptically into a falcon tubes
- Using a sterile disposable loop, indicator strains were inoculated into broth tubes
- Incubated at 37°C for 24hours

**1B) High-throughput Screening using microplate reader:**

- 200µL of fresh growth culture of indicator strains inoculated into a 96 well plate.
- Plates placed in the microplate reader and then transferred it to the incubator.
- Kinetic mode was utilized for 24 hours, measured each hour.
- Results from the reader were transformed into growth curves and observed.

**1c) Isolation of Probiotic bacteria as indicator strains**

- Serially diluted Flora into BHI broth up to 10<sup>-4</sup> dilution, transferring 0.1mL into 0.9mL of BHI.
- Diluted samples were plated onto BHI and MRS agar plates and incubated at 37°C incubator for 24hours.
- Colonies were picked and subcultured for purity

**2. Growth of bacteriocin producers (*Bacillus* species)**

- Different *Bacillus* species were taken out from the -80°C freezer and thawed.
- Then using the sample methods as described in 1A they were inoculated into separate tubes of BHI broth and incubated for 24 hours at 37°C.

**3. Bioprospecting novel bacteriocin producers (in future)**

- After collecting various environmental sample, we will isolate them using the above mentioned techniques and with the use of High-throughput colony replication, spot plate and well diffusion assay we will try to identify novel bacteriocin producing organisms.

## RESULTS

Figure 1. **Growth of Indicator Strains**

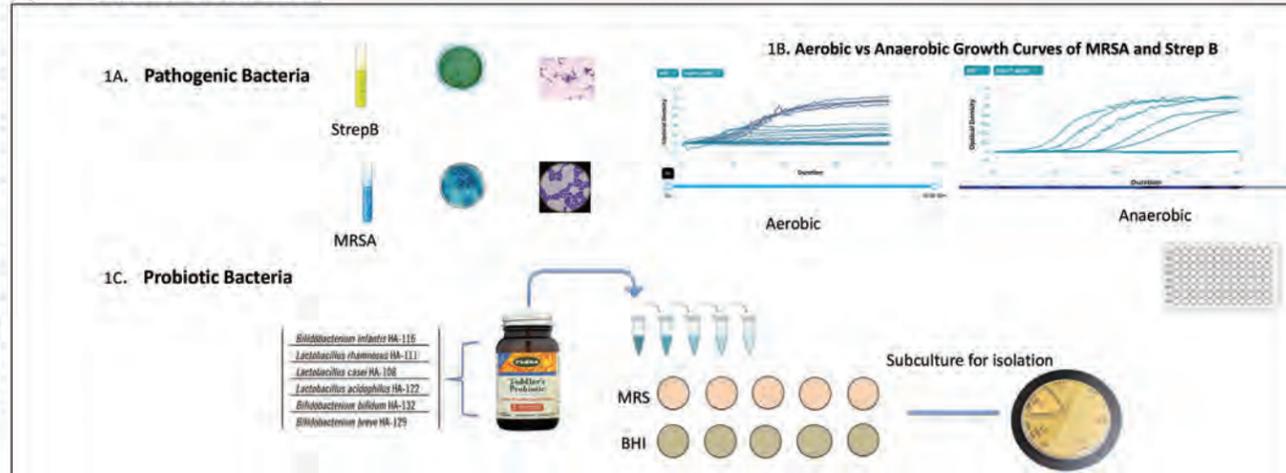


Figure 1. shows the process of confirming the growth of pathogenic strains of *Staphylococcus agalactiae* (StrepB) and *Staphylococcus aureus* (MRSA). 1A) Strains were routinely grown in BHI broth media and on agar plates at 37°C for 24-48hrs. Gram stain reactivity confirmed the purity of gram stain positive streptococcus and staphylococcus, respectively. 1B) Temporal spectrophotometric measurements at 600nm using the Alto Cerillo microplate reader showed the growth of Strep B and MRSA over 24hours. Duplicate analysis under anaerobic conditions confirmed the facultative anaerobicity of MRSA. 1C) demonstrates the procedure used for isolating beneficial strains of probiotics for further testing of antimicrobial activity to preserve the microbiome.

Figure 2. **Growth of Bacteriocin Producers**

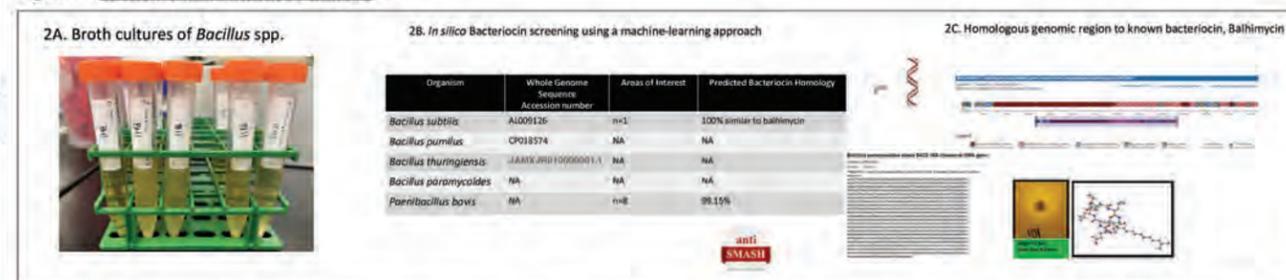


Figure 2. shows the process of growing known bacteriocin producers. Figure 2A) Shows the BHI broth cultures of five strains of bacteriocin producing Bacilli. Figure 2B) By utilizing the bacilli genome sequence accession number in the anti-SMASH database, we identify the number of areas of interest and their predicted bacteriocin homology. Figure 2C) Image displays isolate, identified as *Bacillus pumilus*, showing antimicrobial activity against Group B Strep; the corresponding protein structure is shown.

Figure 3. **Bioprospecting Novel Bacteriocin Producers**

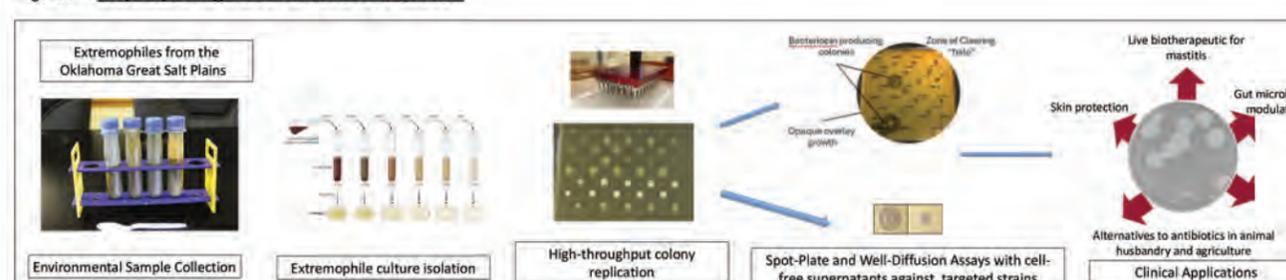


Figure 3. shows the process of isolating novel bacteriocin producers from environmental samples, including spot plate antagonism and well-diffusion assays to determine whether the antimicrobial peptide is cell-bound or released into the supernatant. Cell free extracts containing antimicrobial activity are primed for commercialization as therapeutic medicine with an array of applications.

## DISCUSSION

Methicillin resistant *Staphylococcus aureus* (MRSA) and *Streptococcus agalactiae* are prevalent pathogens that pose great threat to the health and well-being of patients. CDC reports that both pathogens are of concerning threats for developing increased antibiotic resistance (Centers for Disease Control and Prevention [CDC], 2019).

The outcome of our research shows that bacteriocins have a promising utilization in targeting pathogenic bacteria. By using the well diffusion assay and spot plate we were able to see areas where the bacteriocin inhibited growth of the pathogen. Measuring zones of inhibition correlated to the effectiveness of each peptide to the particular pathogen.

Our analysis show that *Bacillus* strains contain multiple areas of interest, suggesting they are readily producing bacteriocins.

Future bioprospecting from environmental samples to yield novel bacteriocin producers that further advance the use of bacteriocins in pathogenic infections. These bacteriocins have the potential to have therapeutic use in MRSA or *S. agalactiae* infections without the risk of increasing antibiotic resistance thus improving health and healing for patients. These methods could also be used to find clinical application towards other pathogens.

Measuring the Zones of Inhibition



## FUTURE DIRECTIONS

- Sequence and identify antimicrobial peptide-producers found to selectively inhibit Group B Streptococcus and MRSA
- Complete additional spot assay overlays among various commensal/pathogenic bacteria to further test its selectivity
- Evaluate the efficacy of the antimicrobial peptides vs. antibiotics given in pregnancy, in terms of clearing the infection as well as minimizing the recurrence of infection
- Investigate the difference in microbiota diversity in the neonate given the antimicrobial peptide vs. antibiotics
- Further investigate the impact antimicrobial peptides as a complimentary tool to the body for self healing

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# Educate. Exercise. Empower. Why Walk With a Doc?

## Initial findings suggest the importance of social connection



COLLEGE OF  
**OSTEOPATHIC MEDICINE**  
at the Cherokee Nation

Stephanie M Van Nortwick, Ph.D.; Macy Haight, B.S.; Carly Sweat, B.S.; Jarrett Phillips, B.S.; Natasha Bray, D.O., MS.Ed.

### INTRODUCTION

- As of 2023, only 59% of Cherokee County residents have access to exercise opportunities, compared to 71% in the State of Oklahoma and 84% nationwide.<sup>1</sup>
- To combat lack of access and provide health education, a Tahlequah chapter of Walk with a Doc (WWAD) began in July 2023 in partnership with Oklahoma State College of Osteopathic Medicine at the Cherokee Nation, Northeastern Oklahoma Community Health Centers, and Cherokee County Active Living and Transportation Committee.
- WWAD is an international nonprofit organization founded in 2005 by board-certified cardiologist Dr. David Sabgir, MD.<sup>2</sup> Dr. Sabgir envisioned a program that provides communities with recurring opportunities to engage in physical activity, while creating an inclusive environment for conversation with local medical providers.
- WWAD has grown since 2005 to include 500+ chapters spanning 35 countries all on a mission to educate, exercise, and empower.<sup>2</sup>

### OBJECTIVES

- Investigate the personal reasons community members choose to participate in WWAD.
- Present initial program impacts to inform and potentially influence future health program design.

### METHODS

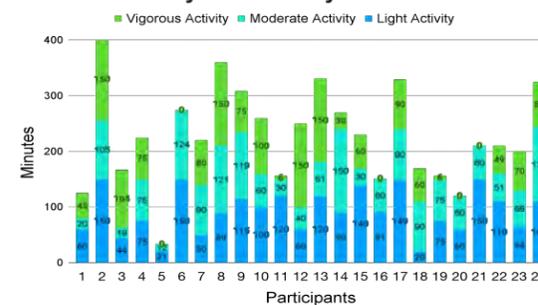
- Adult (18+ years of age) participants of WWAD Tahlequah were emailed an electronic RedCap survey.
- The 41-question survey included demographics, health information, physical activity levels, reasons for and impacts from participating in WWAD, along with questions pertaining to loneliness, hope, and quality of life.
- Format included multiple choice, checkboxes, sliding scales, and free text.
- This is the initial survey collection of a longitudinal study.

### RESULTS

**Table 1: Demographic Characteristics of WWAD Survey Respondents**

Age	n	Percent (%)	Sex	n	Percent (%)	Race	n	Percent (%)
18-25	4	16.7	Male	7	29.2	White	20	83.3
26-35	8	33.3	Female	17	70.8	American Indian / Alaska Native	3	13.0
36-45	4	16.7			Asian	2	8.0	
46-55	4	16.7			Hispanic / Latino / Spanish Origin	1	4.0	
55-65	2	8.3						
66-75	2	8.3						

**Figure 2: Participants' Estimated Weekly Physical Activity Levels**

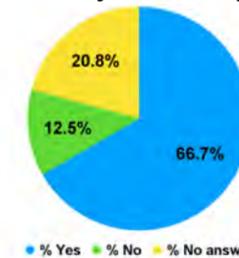


- Respondents' top 3 choices for participation in WWAD indicated by over 50% of respondents answering "yes" to prompted choices included: "Spend time outside" (n=18), "Enjoy the company of others" (n=15), and "Support a friend/family member" (n=13). [Figure 3, ★]
- Questions pertaining to respondents' participation stemming from physical activity reasons yielded "no" from the majority of respondents (i.e., "Reach my physical activity goals", 'no' n=19, 79%). [Figure 3, ◆]

**Figure 4: Physical, Mental, and Social Impacts of WWAD TQH on Participants**

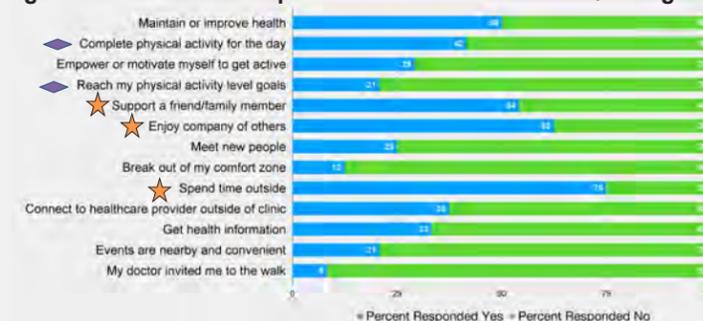


**Figure 1: WWAD Participants Who Have Increased Physical Activity Levels**



- The survey yielded 24 respondents who attended at least one walk, predominantly females (n=17) across various age groups ranging from 18-75 yo; the largest age group was 26-35 yo with 8 respondents. [Table 1]
- 100% of respondents are satisfied/very satisfied with the program and 66.7% (n=16) declared their physical activity levels have increased since starting the WWAD program. [Figure 1]
- 50% of respondents declared their weekly physical activity levels meet the AHA recommendations of 150 minutes of moderate level activity or 75 minutes of vigorous level activity coming into the WWAD program. [Figure 2]

**Figure 3: Reasons Participants Have Joined WWAD TQH Program**



- When asked about impact of the program, majority of respondents agreed/strongly agreed that the WWAD program provides social connectedness and improves energy levels. [Figure 4]
- Top responses include: "Gives me a chance to socialize," "I feel more connected...", "Increases my energy level...", and "Improves my mood." [Figure 4, ➡]

### CONCLUSION

- Results from our initial survey indicate participants value the opportunity to socialize that WWAD presents over achieving physical activity goals.
- These results may be biased due to small sample size and participants completing daily physical activity goals outside of WWAD.
- A recent declaration from the U.S. Surgeon General of the ongoing Loneliness Epidemic supports our findings of Americans seeking community with others.<sup>3</sup>
- Socialization aspects of group exercise might be advantageous to consider and capitalize on when designing public health programs aimed at improving health outcomes.

### CLINICAL IMPLICATIONS

- Potential for better patient adherence to physical activity recommendations by clinicians when there is opportunity to participate in group settings<sup>4</sup>.
- Patients are able to not only achieve physical health benefits but also mental health benefits through the socialization aspect that group exercise programs like WWAD provide.

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The Oklahoma Osteopathic Association and Oklahoma Educational Foundation for Osteopathic Medicine partner annually to provide incoming first-year medical students Cardiology-IV stethoscopes. We are offering osteopathic physicians the opportunity to sponsor a stethoscope to future osteopathic physicians. Names will be included with the gifted Litmann Stethoscope to connect the sponsoring physician with the student recipient.

# VOTE

The following items will be voted on at the Annual Convention.

## By Law Change

### Article VI. Board of Trustees

#### Executive Committee and Administrative Staff

#### Section 1. Board of Trustees

The Board of Trustees of this Association shall consist of the President, President-Elect, Immediate Past President, Vice President, and nine ~~(9)~~**ten (10)** other members who shall be the elected Trustees. Two (2) Trustees shall be elected annually by the Association to serve terms of three (3) years each, and ~~three (3)~~ **four (4)** Trustees shall be elected annually by the Association to serve terms of one (1) year each. One (1) of the one year trustees shall be a ~~non~~voting resident Trustee **and one (1) of the one year trustees shall be a voting osteopathic medical student Trustee, selected by the student body of Oklahoma State University Center for Health Sciences, and approved by the OOA Board of Trustees.** Vacancies will be filled as provided in the Bylaws. The Board shall be the administrative and executive body of the Association and perform such other duties as are provided in the Bylaws. The composition of the Board shall be a majority of osteopathic physicians.

## OOA Board Nominations

- Dr. Jonathan Stone - Immediate Past President.
- Dr. Doug Nolan - President.
- Dr. Christopher Thurman - President-Elect.
- Dr. Teresa Hardesty - Vice President.
- Dr. Amanda Foster - nominated for a one-year term ending in 2026.
- Dr. Mark Keuchel is nominated to a three-year term ending in 2028.
- Dr. Ashton Clayborn - term ends 2026.
- Dr. Mark Callery - term ends 2026.
- Dr. Jeanette Kelley - nominated to a three-year term ending in 2028.
- Dr. Mercedes Bernards - term ends 2027.
- Dr. Kalli Reimer - nominated for a three-year term. Previous one-year term ended.
- Dr. Ryan Oden from Davis - nominated for Rural position.

## 2025 House of Delegates Nominations

- Dr. Doug Nolan - President
- Dr. Christopher Thurman – Chief Delegate
- Dr. Jonathan Stone
- Dr. Leroy Young
- Dr. Teresa Hardesty
- Dr. Amanda Foster
- Dr. Mark Keuchel
- Dr. Jeanette Kelley
- Dr. Ashton Clayborn
- Dr. Mark Callery
- Dr. Mercedes Bernard
- Dr. Duane Koehler
- Dr. Dennis Blankenship
- Dr. Natasha Bray
- Dr. Layne Subera



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- PAC PARTNER \$499 OR LESS

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- I WOULD LIKE TO MAKE A ONE-TIME CONTRIBUTION. PLEASE CHARGE MY CREDIT CARD \$\_\_\_\_\_
- I COMMIT TO MONTHLY CONTRIBUTIONS TO OOPAC. PLEASE CHARGE MY CREDIT CARD:
  - \$2,508 (\$209 PER MONTH)
  - \$1,200 (\$100 PER MONTH)
  - \$1,008 (\$84 PER MONTH)
  - \$504 (\$42 PER MONTH)

- VISA
- MASTERCARD
- AMERICAN EXPRESS
- DISCOVER

ACCOUNT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_ CID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

I DECLARE THAT THIS CONTRIBUTION IS FREELY AND VOLUNTARILY GIVEN FROM MY PERSONAL PROPERTY. I HAVE NOT DIRECTLY OR INDIRECTLY BEEN COMPENSATED OR REIMBURSED FOR THE CONTRIBUTION. ***THIS PERSONAL CONTRIBUTION IS NOT DEDUCTIBLE AS A DONATION OR BUSINESS EXPENSE.***

PLEASE MAIL TO:  
OOPAC, 4848 N. LINCOLN BLVD., OKLAHOMA CITY, OK 73105-3335

YOU MAY ALSO CALL THE OOA OFFICE AT 405-528-4848 AND GIVE PAYMENT OVER THE PHONE



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# Psychologists prescribing medications is NOT the answer to Oklahoma's mental health battle

*Dr. Sara Coffey is the Chair of Psychiatry and Behavioral Sciences at OSU Center for Health Sciences.*

As a child and adolescent psychiatrist who completed four years of medical school, four years of adult psychiatry residency and an additional two years of fellowship, I am deeply concerned about the proposal put forth by some in our state to allow psychologists the right to prescribe medications. This misinformed idea is not only harmful to patients, it will actually worsen mental health care in Oklahoma.

Proponents of the idea would have you believe that prescribing medications is simple. But the reality is psychiatric medications impact all aspects of the

body. They are absorbed in the digestive system, metabolized by the liver, excreted through the kidneys and all of these organ systems can be impacted by the medications we prescribe. Importantly, it's not uncommon for underlying medical disorders to show up as psychiatric disorders – pancreatic cancer often first presenting as depression, anxiety disorders perhaps due to a tumor of the adrenal gland, a pulmonary embolism looking like a panic attack.

As a physician I have the training to look for these medical illnesses. Psychologists do not. I would never send my family member to a psychologist to prescribe a medication, but I have certainly sought out psychologists for my own therapy for my family members and my friends and I will continue to do so.

***“As a physician, I have the training to look for these medical illnesses. Psychologists do not.”***



Many adult psychiatrists aren't comfortable treating children and adolescents because they know what they don't know. They call on their child and adolescent psychiatry colleagues for counsel and support. Even pediatricians who have attended medical school and an additional three years of pediatric residency have limited comfort with prescribing psychiatric medications and often call our OKCAPMAP line to seek a consultation with child psychiatrists to meet their needs.

Pediatricians understand the developing brain, the changing in pharmacokinetics (the study of how the body interacts with administered substances for the entire duration of exposure) and how this differs between a seven-year-old and a teenager. These are physicians that have had a foundation of medical training in undergraduate, four years of medical school and an additional three to four years, sometimes more of MEDICAL training. They know what they don't know because of this extensive training.

Oklahoma's legislature values quality, evidence-based medical care of psychiatric illnesses. More recently our legislators helped to support additional residency slots

so that OSU and OU can increase the number of psychiatric residents trained in the state of Oklahoma. I cannot overemphasize the importance of this action to improve the quality of mental health care in our state.

As chair of OSU's Department of Psychiatry, I employ several psychologists, school psychologists and neuropsychologists and I am so appreciative of their amazing work in diagnosing and treating mental illness. However, their wait times are much longer than our wait times to see our psychiatrists, which is not uncommon across

our state.

With this in mind, it does not make any medical or capacity sense to give psychologists prescriptive authority to "meet the need." In addition to lack of training, robbing psychologists of the important and essential work they do in therapy and testing will further worsen the problem. The reality is 80% of mental illness is treated in primary care, and OSU Center for Health Sciences has been instrumental in developing and maintaining programs to help support our amazing primary care physicians to provide evidence-based care through

our multiple ECHO models, our OKCAPMAP child and adolescent access line and the work we are doing in the Virtual ER.

Psychologists are an amazing part of our mental health care team. They have extensive training in therapy and assessment, and I am proud to work alongside them. However, to ensure the safe and effective pharmacological treatment of psychiatric illnesses, it is essential that only medical professionals with extensive medical training are authorized to treat patients with often complex, yet life-saving medications.



## Member News



### **Dr. Subera elected to the Board of Trustees for The American Osteopathic Academy of Addiction Medicine**

Congratulations to Dr. Layne Subera on his election in December to the American Osteopathic Academy of Addiction Medicine (AOAAM).

The AOAAM is dedicated to improving the health of individuals and families affected by addiction. According to its mission, the academy provides osteopathic education, leadership, and expertise in addiction medicine while promoting the highest standards of prevention, early identification, treatment and recovery.

For more information about the American Osteopathic Academy of Addiction Medicine, please contact Nina Vidmer, Executive Director, at [nvidmer@aoaam.org](mailto:nvidmer@aoaam.org).

# OKLAHOMA'S FUTURE PHYSICIANS START HERE



The Oklahoma State University College of Osteopathic Medicine has been impacting our state's health for 50 years and counting.

What began in 1972 with an inaugural class of 36 in Tulsa is now one of the top osteopathic colleges in the nation. With two campuses and 4,000 graduates, our physicians have gone on to practice across the state of Oklahoma and beyond.

**Our mission to educate Oklahoma's future physicians is stronger than ever.**

To learn more about our mission and impact, visit [medicine.okstate.edu](https://medicine.okstate.edu).

To learn more about joining the White Coat Society and contributing directly to OSU-COM's next 50 years of success, contact: [osuintulsa@osugiving.com](mailto:osuintulsa@osugiving.com).



## MEDICINE



# Advertising Opportunities

Oklahoma  
Osteopathic  
Association

## Digital

### Homepage Ad

Display your company's logo or targeted message on the OOA's homepage, which has an average of 660 unique page views each month.

### Social Media Post

Reach the OOA's 1,400+ Facebook fans, 1,800 Twitter followers and 300 Instagram followers with your company's message. Your content is subject to approval by the OOA and is limited to once per quarter per company.

### OOA Report Blurb

The OOA Report is a weekly email statement sent to nearly 2,100 physicians, residents and medical students mainly in Oklahoma but also including a handful of out-of-state members representing 17 states around the country. Average open rate is 30%. Highest open rates occur in January, April and October.

### CME App Tab

Reach attendees at any of our two continuing medical education seminars with a sponsored tab in our app. Each CME has its own app which attendees use to access the schedule, speaker information and lecture slides. The tab includes an image of your choice plus a description of your company or product, as well as links to your website and social media. For more information on our CMEs, please look at the descriptions in the *Exhibiting* section.

## Publications

### Oklahoma D.O. Journal

Electronic journal is distributed through the weekly OOA Report e-newsletter to nearly 2,100 physicians, residents and medical students and shared via the OOA's social media. Journals will also be posted to the OOA website for members to view. Print journals available upon request.

### OOA Annual Directory

This yearly directory is dispersed to over 1,200 OOA members and used by many on a regular basis to connect with their colleagues. Print directories will be available upon request. Directories will also be posted to the OOA website for members to view.

### Convention Program

Reach nearly 400 physicians with an ad in our annual convention program. Each in-person registrant receives one in their packet and it contains all of the vital information for the conference including the lecture schedule and social events. This program will also be posted to the OOA website for members to view.

## Exhibiting

### Winter CME

This CME attracts around 300 physicians and other health care professionals who are interested in discovering how your products and services will advance and improve their work. Each exhibitor will have individual booths near the food and beverage area where guests congregate.

### Annual Convention

Held in May at the Sheraton Hotel in downtown Oklahoma City, this convention draws between 300-400 physicians across the United States both in-person and virtually. Choose from various booth options which will be set up in the dining and beverage area of the convention providing opportunities to connect with attendees. Convention includes four hours of exclusive, non-competing exhibit hours. Complimentary pre- and post-show attendee mailing list.



For more information, contact Katherine Grayson  
at [katherine@okosteo.org](mailto:katherine@okosteo.org)



# OOA Bureaus and Committees

## EXECUTIVE COMMITTEE

President: Jonathan B. Stone, DO      Vice President: Christopher C. Thurman, DO  
 President-Elect: Douglas C. Nolan, DO      Past President: Rebecca D. Lewis, DO

## DEPARTMENT OF PROFESSIONAL AFFAIRS

<b>Bureau on Physician Wellness</b> Jeanette M. Kelley, DO, chair Ashton Claybron, DO, vice chair <i>Meets per Board Chair (Usually every 2 months)</i>	<b>Bureau on Continuing Medical Education</b> Teresa Hardesty, DO, chair Ashton Clayborn, DO, vice chair <i>Meets per Board Chair (Usually every 2 months)</i>	<b>Bureau on Membership</b> Amanda G. Foster, DO, chair Mark Keuchel, DO, vice chair <i>Meets monthly</i>
<b>Bureau on Strategic Planning</b> Christopher C. Thurman, DO, chair Teresa Hardesty, DO, vice chair <i>Meets September and December</i>	<b>Bureau on Postgraduate Education, New Physicians &amp; Residents</b> Jeanette M. Kelley, DO, chair Mercedes Bernard, DO, vice chair <i>Meets August, September, October, and December</i>	

## DEPARTMENT OF PUBLIC AFFAIRS

<b>Bureau on Legislation</b> LeRoy E. Young, DO, chair Teresa Hardesty, DO, vice chair <i>Meets November, January - April</i>	<b>OOPAC Committee</b> LeRoy E. Young, DO, chair Teresa Hardesty, DO, vice chair <i>Meets February</i>
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## DEPARTMENT OF BUSINESS AFFAIRS

<b>Bureau on Convention</b> Douglas C. Nolan, DO, convention chair Christopher Thurman, DO, program chair <i>Meets October - April</i>	<b>Bureau on Finance</b> Douglas C. Nolan, DO, chair Christopher Thurman, DO, vice chair <i>Meets monthly</i>																		
<b>Past Presidents' Council</b> Jonathan K. Bushman, DO, chair Rebecca Lewis, DO, vice chair <i>Meets during the Winter Seminar</i>	<b>District Presidents' Council</b> Determined by council																		
<b>Nominating Committee</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Eastern Representative</td> <td style="width: 33%;">Southern Representative</td> <td style="width: 33%;">Timothy J. Moser, DO</td> </tr> <tr> <td>North Central Representative</td> <td>Southeastern Representative</td> <td>Richard W. Schafer, DO</td> </tr> <tr> <td>Northeastern Representative</td> <td>Southwestern Representative</td> <td>Jason L. Hill, DO</td> </tr> <tr> <td>Northwestern Representative</td> <td>Tulsa Representative</td> <td>Jonathan K. Bushman, DO</td> </tr> <tr> <td>Panhandle Representative</td> <td>Western Representative</td> <td>Rebecca D. Lewis, DO</td> </tr> <tr> <td>South Central Representative</td> <td></td> <td></td> </tr> </table>		Eastern Representative	Southern Representative	Timothy J. Moser, DO	North Central Representative	Southeastern Representative	Richard W. Schafer, DO	Northeastern Representative	Southwestern Representative	Jason L. Hill, DO	Northwestern Representative	Tulsa Representative	Jonathan K. Bushman, DO	Panhandle Representative	Western Representative	Rebecca D. Lewis, DO	South Central Representative		
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Northeastern Representative	Southwestern Representative	Jason L. Hill, DO																	
Northwestern Representative	Tulsa Representative	Jonathan K. Bushman, DO																	
Panhandle Representative	Western Representative	Rebecca D. Lewis, DO																	
South Central Representative																			

## AD HOC COMMITTEES

Bureau on Member Services      Physicians Health & Recovery Committee  
 Bureau on Public Awareness      Bureau on Professional Liability Insurance  
 Bureau on Physician Grievance      Bureau on Information Technology  
 Health Policy Task Force  
 Bureau on Managed Care & Physician Reimbursement





# FRIENDS OF THE OKLAHOMA OSTEOPATHIC ASSOCIATION

## What is FOOA?

The Friends of the Oklahoma Osteopathic Association is a membership association for the spouses, relatives, and loved ones of OOA Physician, Resident, and Medical Student members. The Mission of FOOA is to promote awareness of and support the Osteopathic Profession within Oklahoma through collaboration, education, and community.

Newly formed in 2021, FOOA strives to offer a home for the loved ones of OOA members. FOOA members coordinate community events, participate in OOA activities, and share resources and support within the organization. Use the QR code to learn more about FOOA and explore what this organization has to offer.



SCAN ME

## BECOME A MEMBER TODAY!

FOOA regular member dues are \$50 annually (November 1 – October 31). Membership for the spouses of medical students and residents is FREE. To join, simply return this form with the enclosed OOA dues renewal (you may write one check for both OOA & FOOA dues if you'd prefer).

<p>FOOA Member Name: _____</p> <p>Mobile Phone: _____ Home Phone: _____</p> <p>Email: _____</p> <p><input type="checkbox"/> OOA Member Spouse, Parent or Other Loved One</p> <p><input type="checkbox"/> Resident Spouse    <input type="checkbox"/> Medical Student Spouse</p>	<p><b>Amount Enclosed</b></p> <p>(\$50 for each FOOA membership; Spouses of Medical Students &amp; Residents is FREE)</p> <p>\$ _____</p>
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Better health care for all Oklahomans is the primary purpose of the foundation.

Designated funds are used to support student scholarships annually to enrich the Oklahoma State University Center for Health Sciences College of Osteopathic Medicine, located in Tulsa, and the Cherokee Nation, and to maintain the Oklahoma Osteopathic Educational Center.

The Oklahoma Educational Foundation for Osteopathic Medicine was founded in 1967 with the mission of providing support to past, present, and future osteopathic physicians through scholarships and other financial aid. In 1985, the OEFOM Board of Trustees decided to build a safe haven for the osteopathic community located at 4848 N Lincoln Blvd, naming it the Oklahoma Osteopathic Educational Center. Thirty-seven years later, the mission and vision remain the pillars of the OEFOM. However, time has moved on, and the funds have dwindled due to COVID-19 hardship scholarships, building maintenance, multiple student scholarships, stethoscope donations, and other day-to-day necessities.

I am writing to you today to ask for your consideration of a tax-deductible contribution of \$100, \$250, \$500, or \$1,000 or more to the general fund and/or the building maintenance fund. Your contribution, of any amount, to any of the following funds would be greatly appreciated.

- General Fund
- Building Maintenance Fund
- Stethoscope Sponsorship
- Please use my contribution where it's needed most

Tax-deductible gifts can be easily made to OEFOM in the following ways:

- Make a secure donation online at [www.okosteo.org](http://www.okosteo.org) » Foundation [tab at top right of page] » Donate to Foundation
- Scan the QR Code to be taken directly to the donation page
- Mail this form with your check or credit card information to 4848 N. Lincoln Blvd., Oklahoma City, OK 73105, in the self-addressed envelope provided

Credit Card Information:

Credit Card Type:      American Express \_\_\_\_      Visa \_\_\_\_      MasterCard \_\_\_\_      Discover \_\_\_\_

Card #: \_\_\_\_\_      Card Exp. Date: \_\_\_\_\_

Card CVV # (three/four digits): \_\_\_\_\_      Zipcode: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_      Gift amount: \$ \_\_\_\_\_

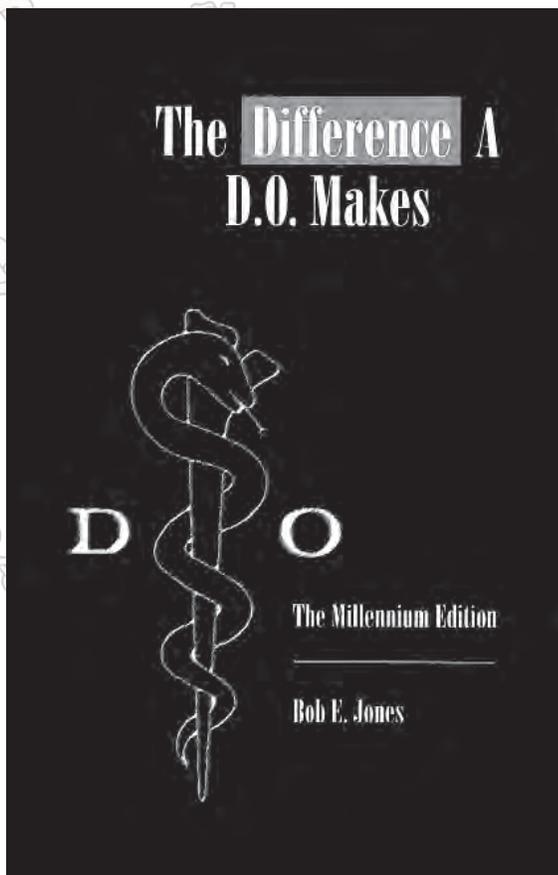
Thank you in advance for your continuing financial support that will allow the OEFOM to support osteopathic medical students and to maintain the headquarters for both OEFOM and the OOA.

*The OEFOM was founded in 1967 and chartered by the State of Oklahoma as a 501(c)(3) nonprofit, charitable organization, with objectives to promote and support the education of physicians and students in osteopathic medicine.*

*If you have questions as to how your dollars are being spent, call (405) 528-4848.*



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## GET INVOLVED WITH THE OOA BY JOINING A BUREAU!

The Oklahoma Osteopathic Association has many ways for members to get involved and help guide the future of the association. One of the best ways you can make a difference is by participating in one of our bureaus.

If you are interested in joining one or more of these bureaus, check the boxes that apply and mail this form back to us.

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- Bureau on Legislation: This bureau keeps members updated on the latest legislative news that will impact your practice and patients. The participants also help guide the OOA's stance on legislative issues.
- Bureau on Membership: This bureau is open to any active member of the OOA and focuses on expanding our membership and bringing new benefits to members.
- Bureau on Postgraduate Education: This bureau primarily focuses on organizing the annual Research Poster Symposium. The symposium provides students and residents with an opportunity to showcase their research and win prize money.
- Bureau on Continuing Medical Education: This bureau focuses on the Winter and Summer CME Seminars to help determine the program and overall purpose of each seminar.

**Please send completed forms to:**

Mail: 4848 N. Lincoln Blvd., Oklahoma City, OK 73105

Fax: 405-528-6102      Email: [katherine@okosteo.org](mailto:katherine@okosteo.org)

# CONNECT WITH US!

With everything vying for your attention, we know how hard it is to keep up with the latest osteopathic news. Follow these simple steps to make sure you don't miss a thing!

**1** Like & follow the OOA on Facebook, Twitter & Instagram at @OKOSTEO.

**2** Sign up for OOA text alerts by texting 'OOA' to 405-544-4123. *We only send an occasional text so you won't be bombarded.*

**3** Update your profile at [www.okosteo.org](http://www.okosteo.org) so we have your most current contact information. *If you need assistance, call us at 405-528-4848.*

**4** Check your inbox Tuesday mornings for the latest edition of the OOA Report.



# HAPPY

# Birthdays TO YOU

**1** Cornelia O. Mertz  
Henry M. Allen  
Jerry D. Cockerell  
Kryston Boyer

**2** David K. Eslicker  
Kurt R. Feighner

**3** Alice Pangle  
Laura K. Taylor  
Michael Sean O'Brien  
Patrick C Neff  
Paul D. Ott

**4** Aaron Hunter Relic

**5** Candy N. Ting  
James S. Seebass  
John A. Saurino  
Kenneth E. Graham  
Warren S Silberman

**6** John K. Honeywell  
William J. Guthrie

**7** Arvin J. Pourtorkan  
Dennis S. Blackstad  
James D. Harris  
Kevin M. Penwell  
Steven E. Hebblethwaite  
W. Stephen Eddy

**8** Curtis Eugene McElroy  
Glennnda Deighann Tiller  
Gordon P Laird

**9** Lisa E. Hart

**10** Gary L. Hills

**11** Brandon L. King  
Jason Keith Miles  
Minta Z. Tauer  
Tessa L. Chesher

**12** A. Cole Nilson  
Jon E. Orjala  
Marc Jason Davis  
Stephen W. Woodson

**13** Larissa Cheryl Smith  
Rick G. McKinney

**14** Amish R. Patel  
Christopher V. Moses  
Herman Gonzalez  
Leroy O. Jeske  
Ryan Todd Morgan

**15** Cristopher D. Schultz  
Daniel C. Martin  
Fiorella Avant  
Gary E. Griffin  
Lindsey Claire Epperson  
Stan R. Sherman

**17** Elisa D. Sparkes

**18** Carl N. Griffin  
H. Dean Vaughan  
Michael J. Milligan

**19** Darrin L. Webster

**20** Eddie Ray Stewart  
Jeffrey A. Duncan

**21** Darci Decker Coffman  
George J. Bovasso  
Ryan N. Hulver

**22** Bryan S. Poe  
Christine D. Clary  
Wendell Hand

**23** Christopher A. Back  
Julie D. Thomas-Pinkston  
Keith P. Sutton  
Rachel Wirginis  
Tracy A. Kidwell

**24** Lonette A. Bebensee  
Thomas Joe Morgan

**25** Adelaide L. Priestler  
Paul A. Whitham

**26** Gary L. McClure  
Gerard F. Shea  
Mark O. Duncan  
Tom E. Denton

**27** Brent D. Chandler  
Heather D. Rector  
Sidney E. Semrad

**28** Jeanette Marie Kelley  
Kristyn Zrenda  
Michael P. Carney

**29** R. Gregory Martens

- |   |  |  |   |
|---|--|--|---|
| <b>1</b> Andrew S. Crawford<br>Christine G DiEnna<br>Sarah L. Shepherd<br>Timothy W. Teske  | <b>8</b> James Phillip Allen<br>Richard W. Schafer   | <b>16</b> S. Lynn Phillips<br>Sean C. Ludlow   | <b>23</b> Robert A. Wieck   |
| <b>2</b> Brian Albert Allee<br>Christopher S. DeLoache<br>David W. Morris<br>Harold L. Battenfield<br>LaToya T. Smith<br>Monty J. Grugan<br>Richard Drake | <b>9</b> Elizabeth A. Brewer<br>Ethan Hight Linscott<br>Johnny R. Rodriguez<br>Rachel B. Ray   | <b>17</b> Laurie A. Kukas  | <b>24</b> Aaron S. Sizelove<br>Gary A. Boyer<br>Leslie A. Williams                                      |
| <b>3</b> Derrick V. Freeman<br>Jason W. Beaman<br>Joseph Robert Blythe  | <b>10</b> Elizabeth K. Dolin<br>Guy W. Sneed   | <b>18</b> Andrew Joseph Hale   | <b>25</b> Charles R. Mettry<br>Richard C. Melin   |
| <b>4</b> Bradley Todd Anderson<br>James S. Walker<br>Joseph A. Braden<br>Kevin C. Conatser  | <b>11</b> Henry K. Upchurch<br>Jayna Shepherd<br>Larry A. Burns<br>Marvin D. Rodgers<br>Richard L. Myers<br>Simeon Jaggernauth<br>Victoria W. Bjornson | <b>19</b> Jason C. Emerson   | <b>26</b> Arthur Douglas Beacham<br>Deborah J. DeJarnett<br>J. Bryan Harris                             |
| <b>5</b> John Jackson<br>Rachel Nicole Blankenship<br>Robert Ellis Baker<br>William W. Davito   | <b>12</b> Hal H. Robbins   | <b>20</b> Edward D. Glinski<br>James E. Forrestal<br>Kyle V. McGivern<br>Michael S. Reed<br>Valerie B. Manning | <b>27</b> Larry D. McKenzie<br>Robert L. Goodman  |
| <b>6</b> Daniel M. Studdard   | <b>13</b> Bennett Troxler Gardner<br>Best Chen<br>James Mau Le<br>Moez Farhan Qureshi<br>Stephanie N. Aldret   | <b>21</b> J. Martin Beal<br>John C. Ogle<br>John P. Harris<br>Michael J. Boger<br>Stanley E. Grogg             | <b>28</b> Beth L. Leader<br>Clell W. Pond<br>Nicole Cabalo Bowden<br>Paul M. Reed<br>Temitayo B. Oyekan |
| <b>7</b> Arlen R. Foulks<br>Christel Dixon<br>Richard S. Harris   | <b>14</b> Rick B. Walker<br>Terrell R. Phillips  | <b>22</b> Jay P. Reynolds<br>Ronnie B. Martin<br>Thomas A. Schooley<br>Timothy D. Bushyhead                    | <b>29</b> Larry H. Lane   |

# February

- |   |  |  |   |
|---|--|--|---|
| <b>2</b> Phillip A. Nokes   | <b>11</b> Justin Magalassi<br>Russell D. Moneyppenny<br>Sara M. Coffey   | <b>19</b> Joseph C. Buendia<br>Shari L. Smith  | <b>27</b> Mark W. Cotton<br>Paul D. Maitino<br>R. Michael Eimen   |
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