



MizzouWeekly

Issue Oriented

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Forging flexible medical plans

MANAGING HEALTH CARE

Officials outline proposed revisions to POS medical

University benefits administrators are proposing a new health plan option for MU faculty and staff that opens access to its point-of-service plan to all Columbia hospitals and physicians that choose to participate.

The revised plan is similar to those offered at other UM campuses that give employees access to a broad range of in-network physicians and hospitals. Any changes in the point-of-service (POS) plan would take effect Jan. 1, 2001.

The proposal does not change the availability or participation conditions of the popular, lower-cost HMO option available to

"We've had a lot of people talking choice, but limiting choice at the very same time."—Ken Hutchinson, UM vice president for human resources

MU faculty and staff. The HMO plan will continue to exist, and minimal plan design changes are anticipated for it.

Of all MU employees, 62 percent, or 6,265, are enrolled in the HMO and 38 percent, or 3,868, in the POS medical plan.

Ken Hutchinson, UM System vice president for human resources, briefed representatives of campus faculty and staff groups at a May 31 meeting. "We have been working on a revised point-of-service plan that balances employee desire for more choice with what is fiscally

prudent for the University," Hutchinson said.

"The MU campus is in the unique position of being both a purchaser and a provider of health care through its hospitals and clinics. We are obligated to consider the impact of the health plan on both our employees and our health system."

The major features of the POS plan revision are:

◆ The proposed POS structure is dependent on its acceptance by Boone Hospital Center.

◆ All Boone County physicians who wish to be included as network providers must maintain active admitting privileges at either University Hospitals or Columbia Regional Hospital. They would continue to have admitting privileges at any other hospitals of their choice.

◆ An important change in the POS plan has to do with the "gatekeeper" feature. Currently, POS plan participants are required to see a primary care physician before being referred to a specialist. The new proposal would do away with this feature and permit employees to see a specialist without a referral.

The goal, Hutchinson said, is to allow faculty and staff to have maximum choice in purchasing health-care services and determining where they receive those services.

Under the proposed plan, if Boone Hospital Center is to be a network provider it would be expected to permit Boone employees access under its own non-HMO health-care plans to University hospitals and physicians at a benefit level comparable to the one available when BJC facilities are used. This would provide choice for employees of both organizations, Hutchinson said.

The proposed revisions to the POS plan were developed following discussions with faculty and staff groups, the Health Sciences Center and

with community and University physician groups.

The plan also would respond to faculty and staff interests. Last month, nearly 1,200 MU employees signed a petition asking for greater flexibility in the POS plan. Some were concerned about changes this past January in that health plan, in which higher deductibles were charged for stays at Boone Hospital Center and for seeing local physicians who had opted out of the network.

"Certainly we've taken employee interests into consideration as well as advice received from the University retirement and staff benefits committee," Hutchinson said.

"One of the things we heard loud and clear is to make sure we do a good job of listening. I hope when you see some of the changes under consideration you will be convinced they are reflective of some of the conversations we've had with individuals and with groups.

"If this community is interested in choice, then we're making a proposal that would do just that — it would create almost complete choice," Hutchinson said. "We've had a lot of people talking choice, but limiting choice at the very same time."

Hutchinson said the University was meeting this week with Boone Hospital officials and with physician groups. "We have an extremely aggressive schedule

"What's being requested by the faculty and staff is reflective of what's going on with regard to plan design around the country. People are resisting tightly designed plans that limit choice."—John O'Shaughnessy, chief operating officer, University Health Sciences Center.

Record-breaking freshman class

Based on deposits received to date, Mizzou is projecting a record-breaking freshman class for fall 2000. Latest estimates are that more than 4,200 freshmen will begin classes August 21. This number exceeds last year's projected number by more than 300 students and exceeds the 1988 record of 4,021 students.

In addition, academic achievement indicators for the freshman class are well above last year, with 179 more Bright Flight scholars indicating their intention to enroll.

"We are very excited that more and more students are recognizing the potential value of an MU diploma," Chancellor Richard Wallace said. "We believe that our strong academic reputation, our growing stature as a national university as reported in numerous external publications and our focus on excellence in undergraduate education all contribute to MU's appeal to highly capable students looking for a high-caliber education."

Missouri students account for the entire increase of more than 300 students. "Thanks to state appropriations, MU was able to offer first-time college freshmen an additional \$2.17 million in need-based aid that enhanced financial aid packages and made it more affordable for more students to attend," said Joe Camille, financial aid director. "Under the new, need-based Missouri College Guarantee program, approximately 620 freshmen are now eligible to receive an average award of just more than \$3,500."

"While we are very pleased that MU is becoming more attractive to students, especially in-state students, the larger numbers do present some challenges," said Gary Smith, director of admissions. "We are taking steps now to make sure that every student is given the best opportunity for a rewarding college experience."

Promoting POS choices

The major features of proposed revisions to the medical insurance point-of-service plan for MU employees are:

◆ The proposed POS structure is dependent on its acceptance by Boone Hospital Center.

◆ All Boone County physicians who wish to be included as network providers must maintain active admitting privileges at either University Hospitals or Columbia Regional Hospital. They would continue to have admitting privileges at any other hospitals of their choice.

◆ An important change in the POS plan has to do with the "gatekeeper" feature. Currently, POS plan participants are required to see a primary care physician before being referred to a specialist. The new proposal would do away with this feature and permit employees to see a specialist without a referral.

◆ If Boone Hospital Center is to be a network provider it would be expected to permit Boone employees access under its own non-HMO health-care plans to University hospitals and physicians at a benefit level comparable to the one available when BJC facilities are used.

Hot performers

With another hot summer on its way, gardeners and homeowners may want to look at some relatively unknown ornamentals that thrive in high temperatures. "Most annual ornamental plants traditionally grown in Missouri are "borrowed" from Europe," said David Trinklein, associate professor of horticulture. "Most European countries have climates with less severe temperature and more abundant precipitation."

"Fortunately, there are species that thrive in high temperatures," he says. "Unfortunately, many of us are unfamiliar with these species

and have not tried them."

Eighteen species of annual ornamental plants were evaluated at MU last summer for hot weather performance. Some of the best mid-to-late season performers were plants such as celosia, scaevola, vinca, ornamental sweet potato and zinnia.

"From these results, it can be seen that there are ornamental annuals that thrive under the high temperatures of a Missouri summer," he said. "The new Profusion series of zinnia is outstanding. They love heat and are very tolerant of mildew." Other examples of annuals that love hot weather include bougainvillea, hibiscus,

lantana, mandevilla, portulaca, sanvitalia and tithonia.

Road warriors

Due to various construction projects on the MU campus this summer the following streets will be closed for varying periods of time. Street closings and specific dates are contingent on approval of the Columbia City Council. The streets affected are as follows.

Elm Street: May 16 - June 12 (only during daylight hours): Eastbound lane from Seventh Street to Eighth Street.

Maryland Avenue: May 16 - Aug. 14: Northbound lane from Turner Avenue to 125 feet north of Turner Avenue.

Fifth Street: June 15 - Oct. 15: North of Stewart Road, including the south entrance to MU parking lot RC-11.

Fifth Street and Stewart Road intersection: Closed June 26 - July 14.

Fifth Street: Oct. 15 - Dec. 2001: North entrance to MU parking lot RC-11 to immediately south of the entrance to parking lot RC9/RC4.

Maryland Avenue will remain closed between Rollins Street and Turner Avenue until spring 2001 as construction continues on Cornell Hall.

Rollins Road: The rebuilding of a telephone

manhole by GTE will require the closing of the eastbound lane of Rollins at Fifth Street from June 13 through August 1.

The City of Columbia will also be resurfacing the following streets sometime between May 22 and August 21: Hitt Street from Broadway to University Avenue, Ninth Street from Park Avenue to Elm Street, Tenth Street from Park Avenue to Elm Street, and Williams Street from Bass Avenue to Rollins Road.

A bedrock of religious faith

SERMON SURVEY

Study finds that rural churches are remarkably resilient

In the past 50 years, a number of changes have taken place in rural communities. Wal-Marts have replaced local five-and-dimes, schools have consolidated and corporate agriculture has displaced the family farm. But through it all, the rural church has remained, and according to MU researchers, its importance as an institution that serves the community will continue to grow.

MU rural sociologists first conducted a survey of about 500 rural churches in 99 Missouri townships in 1952. Their purpose at the time was to find ways to modernize the rural church. Since then, the survey

has been repeated about every 15 years, and each has focused on challenges facing rural churches in Missouri and nationwide.

The most recent survey, funded by a \$347,881 grant from the Lilly Endowment, Inc., a private philanthropic foundation that provides funding for the study of religion, focused on the viability of the rural church in a changing landscape. For the first time, the MU Department of Rural Sociology partnered with the Missouri School of Religion-Center for Rural Ministry to complete the project.

"What the surveys have shown so far is that there is no one model of success," said Lynne Isaacson, the project's coordinator. "But, we have found that the majority of rural churches are doing better than expected."

Isaacson also said that the church's provision of social services in some areas has increased the institution's importance to the community. "In some poorer townships, the church is called upon to provide a number of services because there are no other community institutions," she said. "Many times, the church is called on to provide health care, a food pantry and transportation for its members as well as the community."

The rural church has its challenges though. "Because many rural congregations are small, it is difficult to afford a full-time minister, but that is the dominant model," said Jere Gilles, the project's coordinator and an associate professor of rural sociology at MU. "The supply and preparation of

ministers and reliance on an aging population seem to be some of the greatest challenges to Missouri's rural churches."

Researchers found a considerable difference between small churches in rural areas and small churches in urban areas. "In urban areas, churches have two choices: get bigger or fade away," Gilles said. "But in rural areas, it's OK to be small; being small is not an indicator of being in trouble. Small churches may be more fragile, but they are not any less successful."

Even in areas with declining populations, the latest survey has found that there are stable or growing churches. They show that nearly 40 percent of churches are growing in townships that are decreasing in population. Only one-third of churches in declining townships are declining themselves, and in growing townships, the number of declining churches is one in six.

In addition to the original survey format, the project has incorporated a case study for the first time. "Researchers have been sent to six selected townships where unique circumstances exist," Isaacson said. "They will spend three to four months learning how religious life impacts the changes that are taking place. These case studies will allow us a better understanding of the role that the church plays."

Gilles and Isaacson said the study will be finished by September, with final results available by the end of the year. Authors are writing two books based on the findings of the survey: one for ministers and the faith community, and one for an academic audience. Additional information about the rural church study can be accessed from the Missouri School of Religion-Center for Rural Ministry's Web site at www.msr-crm.org.

POS from Page 1

on this," he said, "but we do want your input. These are complicated issues and this is a major step for the University to offer. We hope that those community physicians who, for whatever reason, opted out, would reconsider their decision.

"This is not a one-way street. The benefits and detriments of any plan have to flow in both directions. The hope here is that by providing you complete choice this will make it more acceptable to physicians in the community, and faculty and staff will have an added set of options."

Plan design considerations would go to the July 13-14 Board of Curators meeting.

Faculty and staff council leaders attended the Wednesday meeting. Beth Geden, chair of Faculty Council, said she thought the proposal was "a good faith effort" on the part of

the University to respond to employee concerns. "Obviously, its success is going to hinge on persuading Boone to open up their plan," said Geden, professor of nursing. "Failing that, the University will have the same health plan in place."

Paul Morris, chair of Staff Advisory Council, agreed that the plan revisions attempted to address issues raised by faculty and staff. "This puts the ball in Boone's court," said Morris, a high-voltage electrician with Energy Management.

"If indeed there is an increase in premium cost due to this, how is that going to be dealt with? Anytime there's a cost increase staff feel hardest hit."

John O'Shaughnessy, chief operating officer for the University Health Sciences Center, called the proposed POS revisions "our collective best effort to respond to the strong desire for choice and also

continue to provide the highest quality of health services to staff and faculty."

"We have to be honest, we have some service issues that we have to overcome," he said. But O'Shaughnessy also pointed to an aggressive program recently launched to improve customer service at University Hospitals and Clinics.

"We're willing to take the short-term risk in order to see the needs of faculty and staff met now by using non-University providers," he said. "If you vote with your feet, you're sending us a very powerful message and we will have to meet the challenge."

The message that administrators have heard from faculty and staff is "the first issue is choice," O'Shaughnessy said. "What's being requested by the faculty and staff is reflective of what's going on with regard to plan design around the country. People are resisting tightly

designed plans that limit choice."

"If we're going to have choice, let's carry it to its logical conclusion," he added. "In essence, what we're asking is those private physicians who you might seek for care at least offer you the chance to use University Hospital or Columbia Regional Hospital.

"We are asking that they maintain privileges at one of those facilities, so that you and your physician can choose where you are cared for together," O'Shaughnessy said. "If every one of you and every one of those physicians decide to use Boone, that's your choice, but at least that option is there. And there are some Boone Hospital employees in their point-of-service plan who might want to use a University physician.

"Let's make the best point-of-service plan that we possibly can," O'Shaughnessy said. "one that has the greatest number of

choices, where everyone participates so that decisions about your health care are a partnership between you and your physician."

MizzouWeekly

Volume 21 No. 31

A publication for the faculty and staff of the University of Missouri-Columbia, published every Thursday during the academic year and twice a month during the summer by Publications and Alumni Communication, a department of University Affairs, 407 Reynolds Alumni and Visitor Center, 882-7357. News deadline is noon Thursday the week before publication. Annual subscriptions are available for \$25.

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Q&As about proposed POS changes

University administrators met Wednesday with representatives of several campus faculty and staff groups to outline proposed changes to the point-of-service medical insurance plan available to MU employees in Columbia. Ken Hutchinson, UM vice president for human resources, and John O'Shaughnessy, chief operating officer for the Health Sciences Center, also responded to these questions raised by faculty and staff at the meeting:

Q Who are you meeting with to gain approval for this plan?

A Faculty and staff, Boone Hospital Center officials and members of Boone Hospital's board of trustees, University Physicians executive committee and other community physician groups in Columbia. "We'll be doing a full court press in terms of getting the information out to all the interested parties," Hutchinson said.

Q What is it you have to offer community physicians that would turn them around and say "Yes, we want to participate now?"

A "Let's take someone who normally practices at Boone Hospital. The deductible would be eliminated and there would be the same co-pay as University facilities," Hutchinson said.

"Before we were saying to the

community physician that in order to get the highest level of benefits you would have to use a University facility. We're changing that; we're saying in order to get the highest level of benefits you can refer to Boone or you can refer to Columbia Regional or University Hospital, but we are insisting that you let the faculty or staff member be a part of that decision. I think that's very significant."

Q Among the physicians that opted out of the POS plan last time, one of the reasons they gave was they didn't like dealing with United Health Care. Are you offering these physicians some input on the vendor selection process for next year?

A "We met several months ago with community physician groups to get their input on the vendor selection process and will be having follow-up meetings with them," Hutchinson said.

He added that the University has gone out to the marketplace and requested proposals from companies that administer health care plans. The companies that have responded are: UnitedHealthCare, HealthLink, Aetna, Humana, Group Health Care and Mercy Health Plan.

Final interviews with the companies should be completed by mid-June. The selection will be made early in July in order to take a recommendation to the Board of Curators meeting July 13-14.

"The bottom line is that we are very sensitive about changing networks," Hutchinson said. "When you change networks, usually you change provider relationships. When you change provider relationships, you disrupt physician relationships and disrupt continuity of care. So it's a big decision if we decide to move in a different direction, unless there is a high overlap in the provider network."

Q Will you be eliminating the "gatekeeper" or primary care physician only in the POS plan? Will that have any impact on the HMO plan?

A No, it will apply only to the point-of-service plan. The HMO plan will continue to be offered to employees.

Q My understanding is that using primary care physicians or "gatekeepers" helps control health-care costs. If you eliminate the gatekeeper, what will that do to the cost of our medical insurance premiums?

A "If you talk to the people who do the underwriting, they will talk about a 5 percent cost difference between a primary physician product and a self-referral product," Hutchinson said. "We may experience that, but our actual experience is not showing that difference at other UM campuses. What we're seeing from a financial standpoint is it's coming out very close."

"If the 5 percent cost increase for a self-referral product does

evolve here, you'll pay a part of it and the University will pay a part of it."

Q As consumers, when it comes to medical insurance plans it seems we have to think along two tracks. The first is choice, and the other one — especially for staff — is cost. Looking ahead, what can you tell us about future cost increases for medical premiums?

A "I think the differential between the premiums for the HMO and the POS plans will continue," Hutchinson said, and added that the cost of paying claims has increased. "One of the things that's just killing us right now is we've got an 18 percent increase in prescription drugs," he said. "In another month, we'll have more information. One of the things we really want to do is keep this information in front of you so we can keep our dialogue current."

Q If this proposed plan runs into resistance from Boone Hospital or community physicians, do you have a "Plan B?"

A "I'm not sure that we wouldn't be right back where we are now. Hopefully we won't have to deal with it," Hutchinson said. "We're advancing something here that might have importance even beyond this plan."

A communication breakthrough

IMPORTANT GESTURE

Researcher finds that communication is more than speaking

Studies show words make up only 7 percent of communication, while body language accounts for more than half of it. While hand gesturing has been viewed as a meaningless activity by some, two MU studies show that it is an integral part of communication, both for the speaker and listener.

Jana Iverson, an assistant professor of psychology, recently completed two studies that analyzed how blind individuals communicate. Iverson studied those who had been blind since birth and covered a wide age range, from toddlers to adults. Iverson found that blind people who have never seen hand gestures in their lives used gestures to communicate, even

when talking to other blind individuals.

"Gestures are a very important part of the communication process," Iverson said. "There is a common misconception that communicating is only speaking and that the hand movements we make as we talk are random and irrelevant. Instead, these studies support the theory that gestures not only help to convey meaning to the listener, but also help to coordinate and facilitate the thinking process of the speaker."

Iverson's first study, which was published in *Nature*, focused on blind individuals ranging in age from nine to 18. Participants were asked to speak with individuals who were both sighted and blind. Even when the participants knew they were talking to another blind person, they continued to use hand gestures.

"Our gestures help us

communicate ideas and thoughts, even for the blind," Iverson said.

"If people aren't allowed to gesture, it can interfere with their communication and thought processes and certain ideas or expressions may be more difficult to relay. From presenters and speakers to casual conversation, gestures help us think about what we want to say and communicate effectively."

In the second study, which will be published in the coming months in the *Journal of Non Verbal Behavior*, Iverson watched communication skills develop in blind children younger than two years old. She discovered that blind toddlers used gestures to communicate even before they were able to talk. The most obvious differences between blind and sighted toddlers' gestures were tied to environmental factors. For example, children with sight were able to point to objects across the room when asking for them, while blind children's

gestures were limited to the immediate area in front of them.

"For blind persons, speech is an extremely important tool in communicating," Iverson said. "However, they still use gestures, even in early childhood, which provides evidence that hand gestures are important for the speaker and provide assistance in communicating unspoken thoughts and ideas."

In their early years, children have more problems creating communicable sounds than gestures. Until they begin to form words, children use gestures to communicate simple ideas. Studies have shown that a lack of gesturing can be indicative of communication problems and can be a predictor of language problems in children who are late in speech development.

Iverson's future research will focus on how language and gestures develop together and where individual differences in gesturing originate.

Making small miracles for kids

SPECIAL TREATMENT

Children's Miracle Network broadcast contributes to health care

Teri and Ron Bodenstab know how it feels to lose a child and they want to help lessen the number of parents that have to endure the same pain. Mid-Missourians can join them by supporting the 16th annual Children's Miracle Network Broadcast on NBC 8 from 10:30 p.m. Saturday, June 3, to 2 p.m. Sunday, June 4.

Brandon Bodenstab was just 19 years old when he lost his battle with non-Hodgkins Lymphoma. Diagnosed for the first time at the age of 3, Brandon spent many days and nights at Children's Hospital at University Hospital and Clinics. He was 16 when he was diagnosed for the second time. Even with his treatments, Brandon and his parents never believed in playing victim to his disease. "Brandon was never one to complain. People didn't even know he had cancer the second time around. He didn't want anybody to know because he didn't want special treatment," Ron said.

The Children's Miracle Network and Children's Hospital believe patients like Brandon deserve special treatment and are working together to make that happen. A portion of the donations from this year's local broadcast will help fund a special cancer area at Children's Hospital.

This area will consolidate all of the services a child with cancer requires. This centralization will:

- ◆ Reduce the amount of time cancer patients spend at the hospital
- ◆ Provide more privacy during cancer treatments
- ◆ Serve as an outlet for family education and childhood cancer research.

"Research is so expensive and it needs to be done because it makes our quality of life better. Anything that will help prevent future suffering is a good thing," Teri said.

Since the first CMN Broadcast in 1985, mid-Missourians have raised more than \$3.4 million for Children's Hospital. All money raised locally through the broadcast stays in the community to support services provided at the hospital. Local segments of the telecast will take viewers into the hospital to focus on some of the specialized services made possible by the Children's Miracle Network.

Pigs provide human disease clues

INACTIVITY KILLS

NIH renews \$8 million grant to continue exercise study

Pigs on treadmills? Although the idea might evoke comical images, it has proven to MU researchers the importance of exercise in preventing heart disease. According to their research, exercise can help promote healthy heart function and fend off one of the nation's biggest killers, heart disease.

"In the United States, coronary heart disease remains the No. 1 cause of death for both men and women, and one of the primary risk factors for the disease is a sedentary, or inactive, lifestyle," said Harold Laughlin,

principal investigator on the project and chair of the Department of Veterinary Biomedical Sciences.

"Sixty percent of the adult population is inactive at a rate that doubles the chance of heart disease. We need to gain a better understanding of the cellular and molecular mechanisms responsible for exercise-induced changes, otherwise activity related diseases are going to get worse."

In 1995, an interdisciplinary team of MU researchers combined their efforts to study exercise's structural and functional impacts on the cardiovascular system using miniature Yucatan pigs. The pigs' coronary anatomy is very

similar to humans, as is their sedentary nature, which makes them a sufficient model for study.

The National Institutes of Health-funded project has been a combination of many related projects that share a common goal, the prevention of heart disease. One project has focused on smooth muscle cells. These cells, which allow functions such as breathing, digestion and blood flow to occur involuntarily, are less likely to contract in large arteries of exercise subjects. Because coronary disease causes arteries to contract more often, exercise may help to offset effects of coronary disease.

A second project has focused on cells that line blood vessels, called endothelial cells. Laughlin

said experts thought these cells only functioned as a lining for the blood vessels. However, research has shown that endothelial cells release chemical signals that prompt a number of responses, including blood vessel contraction. "We have found that exercise improves the ability of these cells to tell smooth muscle to relax, which could be beneficial in coronary heart disease," he said.

Other projects have studied the role intracellular calcium plays in contraction and the flow of nutrients from blood to heart tissue. As the project enters its second five-year funding period, Laughlin said ongoing projects will continue with their original objectives.

"Because of the changes we have seen in smooth muscle and

endothelial cells, we're interested in the molecular mechanisms that caused them," he said. "We're also going to continue to study the effects of exercise on pigs, this time on those that have been fed a high-fat diet."

As more is learned about the importance of exercise to cardiovascular health, Laughlin suggests that those looking to optimize their health follow the recommendations of the National Heart Association. "Since the Industrial Revolution, society has tried to make life easier, but we have gone too far," he said. "Our bodies are designed to be active, and we need to do more. Inactivity itself is a disease."

Offices adopt summer hours

Regular summer hours are from 7:30 a.m. to 4 p.m., with 30 minutes for lunch. Some of the offices observing summer hours will maintain telephone coverage until 5 p.m. All offices that are not listed here will retain the regular work schedule of 8 a.m. to 5 p.m. with an hour for lunch.

7 a.m.-5 p.m.
Nursing Outreach and Distance Education

7 a.m.-4 p.m.
Department of Economics

7:30 a.m.-4 p.m.
Accounting Services

College of Agriculture, Food and Natural Resources
Agricultural Economics
Agricultural Education
Community Development
Rural Sociology
Social Sciences Unit Fiscal Office

College of Arts and Science
Anthropology
Art
Arts and Science Advisement Office
Arts and Science Dean's Office
Geological Sciences
German and Russian Studies
Mathematics
Political Science
Statistics

Asian Affairs Center
Business Services

College of Business
Accountancy
Assistant Dean's Office
Career Services
Finance
Fiscal Office
Graduate Studies Office
Management
Marketing
Small Business Development Center
Undergraduate Advising Center

Cashiers Office

College of Education
Assessment Resource Center
Curriculum and Instruction
Education and Counseling
Psychology
Educational Leadership and Policy Analysis

Educational Technologies @ Missouri

Environmental Health and Safety

General Education Program
Graduate School of Public Affairs

School of Health Related Professions

Hearnes Center

The Honors College
Human Resource Services

College of Human Environmental Sciences
Environmental Design

Human Environmental Sciences
Dean's Office
School of Social Work
Textile and Apparel Management

Office of Laboratory Animal Medicine

The Learning Center

MU Budget Office

MU Extension
4-H/Youth Development Programs
Center for Distance and Independent Study
Consumer and Family Economics Extension
Environmental Design Extension
Extension Technology and Computer Services
Human Development and Family Studies Extension
Labor Education Program
MU Conference Office
Textile and Apparel Management Extension
Vice Provost's Office

School of Nursing

Payroll

Procurement/Materials Management

Program for Excellence in Teaching

Student Loan Collections

Veterinary Pathobiology

7:30 a.m.-4:30 p.m.

Department of History

Human Development and Family Studies

7:30 a.m.-5 p.m.

Campus Writing Program

Office of the Provost

8 a.m.-4:30 p.m.

Nursing Student Services

Center for the Literary Arts

Department of English

8 a.m.-noon/12:30-4:30 p.m.

Department of Geography

MizzouWeekly

University of Missouri-Columbia
Publications and Alumni Communication
407 Reynolds Alumni and Visitor Center
Columbia, MO 65211

University Libraries
University of Missouri

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Local identifier MizzouWeekly(print)

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Format Newspaper
Content type Text with images
Source ID Duplicate copies University Archives weeded out
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Scanning system software Book Pavilion
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24 bit color for color illustrations/portraits/photographs
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