



‘I feel better overall. I’m more active. I have more energy,’ says Rex Riell, who lost 75 pounds in a year through the clinical weight loss program. He is shown here working out at the Pivrotto Wellness Center, with Krista Goodrich, clinical weight loss coordinator.

Winter 1 2012

Weight Loss Program ‘A Lifestyle Change’

At her daughter’s birthday party last summer, one small bite of cake was more than enough for Amanda Babcock.

“She really wanted me to have cake with her,” Babcock said. “I told her, ‘Well, I’ll have a bite of your dad’s, but I’m not having a whole piece of cake.’ So I took a bite and it just tasted rancid in my mouth. All that refined sugar – it just doesn’t taste good anymore.”

And for Babcock, that’s a sign of the success she’s achieved through the UA Health Network’s clinical weight loss program

“This is not just going on a diet,” said Babcock. “This is a lifestyle change. You learn how to eat healthy and be healthy and do healthy things for the rest of your life.”

Babcock, a case management associate with The University of Arizona Medical Center – University Campus, is one of about 60 people who have enrolled in the program since it opened in January 2010. It’s a rigorous 18-month program that includes weight-loss surgery for those who want it and qualify.

Participants work with a team of weight-loss experts, including Family and Community Medicine physicians, a psychologist, nutritionists, a social worker, and exercise physiologists. At the start, patients undergo a full medical, psychological, nutrition and physical fitness evaluation. Each patient receives individualized dietary

recommendations, is prescribed a customized exercise program and is expected to attend monthly support groups. Each patient’s progress is closely monitored to ensure steady weight loss.

The program is a benefit available to UA Health Network employees with a body mass index of 40 or higher, or 35 or higher with weight-related medical problems. Generally, that means 50 pounds overweight.

And for those who stick with the program – regardless of how much weight they lose – the UA Health Network will cover all the costs – including the cost of weight-loss surgery, if the participant chooses that option.

“We tell people: Be prepared. This is not a cake walk,” said Rob Bailey, director of the Pivrotto Wellness Center at UAMC – University Campus, where weight loss program participants work out and attend classes.

“Other employees offer weight-loss solutions,” Bailey said. “What we feel we have is a more comprehensive program with a real multi-disciplinary approach. It’s an 18-month program because we want to follow you long-term. You’re probably going to hit a place where you start gaining some of your weight back. We want to prepare you for that so you can make the right choices and continue on successfully.”

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'My Mindset is Different Now'

Carol Stevens entered the clinical weight loss program in September 2011. Overweight since childhood, her maximum adult weight was more than 300. But when she turned 50, she said, "I think I just finally didn't want to be heavy for the rest of my life."

Like Riell, Stevens was open to the possibility of surgery. A registered nurse since 1981, she had many opportunities over the years to talk to patients who had undergone weight-loss surgery, asking them whether they would do it again. Most of them said yes.

"I've done Weight Watchers and all the other programs that are out there," she said. "I've always been able to lose weight. My problem was always putting it back on."

Now she weighs just over 220 – the goal she set for herself when she started the weight-loss program last year. She's decided not to have surgery, since she's reached her weight-loss goal without it.

"I'm down three sizes," said Stevens, who works in the emergency department at UAMC – University Campus, "and I don't care at this point if I lose more weight. I feel much better now. I can walk and not get tired. I fly a lot, and now I can fit into the seats. And I'm making healthy choices.

"I was lucky because I was never really into junk food like chips and candy. But now I'll choose vegetables over really sweet, high-calorie foods. I used to load up on things like meatloaf and mashed potatoes and gravy. Now I've started getting into salads and balsamic vinegars."

Stevens describes herself as someone who's always had self-confidence – "but now I don't mind looking in the mirror." And as for gaining her old weight back, she doesn't think it will happen.

"I've given all my fat clothes away," she said. "My mindset is different now."



Carol Stevens, RN, says 'I've given all my fat clothes away.'

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Amanda Babcock weighed around 350 when she had her weight-loss surgery in December 2008. She lost 107 pounds over the next six months, then hit a plateau and stayed at the same weight for the next two years. Following a family crisis in mid-2011, she slid back into her old eating habits and gained back 35 pounds.

Then she learned about the clinical weight loss program. She met with Krista Goodrich, clinical coordinator of the program, then was assessed by a program physician, a dietician, and a clinical psychologist. They all assessed Babcock to be a good candidate. She started the program in January 2012.

Randa Kutob, MD, and Myra Muramoto, MD, MPH, are the two Family and Community Medicine physicians who follow participants through the program. Muramoto gave Babcock a thorough exam and ordered blood tests that showed Babcock is especially prone to gain weight with carbohydrates. Her body processes carbohydrates in a way that turns them into excess fat, and then has difficulty burning the fat off. Now she's on a low-carbohydrate, moderate-protein diet that, combined with supervised exercise and a muscle-toning class, has enabled her to lose nearly 40 pounds and build her strength and energy.

Weight-loss experts are starting to regard obesity as a chronic, relapsing illness, Muramoto said. "It's like quitting tobacco. Someone can quit smoking for 10 or 15 years and still relapse. Obesity's the same thing. Someone can successfully lose weight, but then relapse to old unhealthy behaviors and gain the weight back. That is why we really reinforce that losing weight and keeping it off is about making permanent changes in the way you live."

And that includes learning to view your health and well-being as at least as important as your other responsibilities, Kutob said.

"I think many of our participants have never learned to put themselves first," she said. "There are always other obligations that take priority. So our program teaches how to prioritize, and when participants learn to do that, they feel so much better on so many levels. They increase their self-confidence. And as they learn to be in control of their own bodies, I think that really helps boost self-esteem."

Kutob and Muramoto ask all patients to keep a food and exercise journal and recommend the Internet program myfitnesspal.com, which Babcock uses to track what she eats and exercises. "Research has shown that people who track their diet and exercise are more successful with losing weight," says Muramoto.

"I'm very happy with my progress," Babcock said. "I'm so glad I could get past my plateau. I thought I was stuck at that weight for the rest of my life." Her No. 1 craving is bagels, she said. "I haven't had one in over three months."

Babcock would like to lose more weight, and she's committed to continuing the good habits that she's learned over the past year. Currently a case management associate with UAMC – University Campus, she plans to continue working full-time and start nursing school in January. She is anxious about having less time to work out at the Wellness Center. But she and her husband enjoy walking around their neighborhood, and they're looking at mountain bikes as a way to add some variety to their fitness routine.

"I know this next phase won't be easy," Babcock said. "But now I see the changes in my body. I'm toning the fat and muscle, and that's really important to me."

Amanda Babcock working out at the Pivrotto Wellness Center



When Weight Loss Slowed, He Chose Surgery

Rex Riell enrolled in UA Health Network's clinical weight loss program not sure whether weight-loss surgery would be the best solution.

"Before I joined the program, I was at my maximum weight of 350," said Riell, a customer service representative for UA Health Network.

"I was fortunate to only have minor medical issues. But in September 2011, my wife and I went on vacation to San Diego, and a lot of it involved long walks that were really strenuous. I remember the Wild Animal Park, that's paved but it's a lot of up and down, and long spaces between benches. It was really tough."

Riell came home and enrolled in the clinical weight loss program.

"I wanted to assess what I could do in six months with exercise and proper diet. I looked at surgery as a last resort. I lost 30 pounds in the first three months, October through December. Then my weight loss really slowed. I lost maybe 10 pounds over the next five months. So in June I decided I would like to do the surgery.

"The pre-surgery diet was all liquids for two weeks: broth, fruit juice, vegetable juice, all in portioned amounts. And you have a protein shake with each meal. The only 'free' thing you're allowed to have is sugar-free Jello. I lost 15 pounds in two weeks on that diet."

Riell had the surgery on August 30, 2012. "I was really shocked at how easy it was," he said. "And everybody with the program was really supportive."

After a work-out at the Pivrotto Wellness Center in mid-October – a year after he entered the program – Riell's weight was down to 276.

"I feel better overall. I'm more active. I have more energy," he said. "I think it's an excellent program. I would recommend the whole process to anybody."



Weight Loss Program 'An Easy Decision' for UA Health Network

The University of Arizona Health Network's clinical weight loss program can trace its roots back to 2002, when the UA teaching hospital, then called University Medical Center, first offered to pay for a hospital employee's weight-loss surgery.

The employee was Marty Enriquez, a nurse and UMC's vice president for patient care services. Enriquez weighed 251 pounds and was taking 12 different medications each day to treat her diabetes, hypertension, high cholesterol, acid reflux disease and severe joint and sciatic nerve pain. The medications cost \$1,700 a month.

Weight-loss surgery wasn't offered in Tucson then, so Enriquez went to Scottsdale to have it done. UMC agreed to pay the entire cost.

It was a bold move – a first for a Tucson employer. It also proved a huge success. Enriquez lost 125 pounds. Once she healed from surgery, she began walking five miles a day on a treadmill, burning 800 calories per workout. Over time, her

medication costs dropped to zero. She didn't need the drugs anymore.

UMC officials were so impressed with Enriquez's results that they decided to cover weight-loss surgery for other employees. But for many others, the weight loss and other health benefits were only temporary.

Four years ago, Myra Muramoto, MD, MPH, professor of Family and Community Medicine, approached UMC officials with a proposal for a clinical weight loss program. John Marques, now vice president and chief human resources officer for The University of Arizona Health Network, which includes the hospital, now called The University of Arizona Medical Center – University Campus, formed a committee to develop a plan.

Marques and Muramoto led the committee with representatives from the College of Nursing, the Department of Surgery, the hospital's Pivrotto Wellness Center, the Department of Psychiatry,

and the hospital's social work and nutrition services. The final plan called for an 18-month, physician-supervised program individualized for each patient. It would be free to UA Health Network employees who met eligibility criteria – and who complied with their program. They would first undergo intense evaluation by Muramoto or Randa Kutob, MD, assistant professor of Family and Community Medicine, as well as a clinical psychologist, a nutritionist and a clinical coordinator with the Wellness Center. Dr. Carlos Galvani, associate professor of surgery and director of UAMC's weight-loss surgery program, also would evaluate candidates for weight-loss surgery.

Sixty UA Health Network employees have enrolled in the program since it opened in January 2010.

"It took a lot of work by a lot of people to put the program together, but it was an easy decision on our part," Marques said. "We wanted to continue the benefit for our employees, but it's a very expensive benefit and we wanted to build some accountability into the program, and insurance companies who provide this benefit want that as well.

"What we have now is a very successful program that has had a good number of employees participating," Marques said. "And we're now able to offer the surgery in-

With Tobacco-Free Policy, More Smokers Choose to Quit

The UA Health Network's new tobacco-free policy appears to be convincing more smokers to give up the habit.

From January 1, 2012, when the policy took effect, through November 30, 59 UA Health Network employees signed up for Family and Community Medicine's Quit & Win tobacco-cessation program, with all expenses paid by their employer.

"It's making people more aware of their health and motivating them to take action to improve their health," said Nancy Canin, RN, case manager for Quit & Win.

In 2011, before the tobacco-free policy took effect, 33 UA Health Network employees enrolled in Quit & Win – so the 59 sign-ups through November suggest real progress, Canin said. New Year's resolutions will likely bring more people into the program in January 2013, she said.

The tobacco-free policy bans smoking and other tobacco use in and around all UA Health Network buildings and grounds. The ban applies to Network employees, hospital patients and patients' visitors.

The cost of helping employees quit tobacco was secondary to the Network's goal of creating an environment of



John Marques



Myra Muramoto MD, MPH

Disease Control and Prevention reported in November 2012.

Marques, Muramoto and others on the clinical weight loss team also are studying the feasibility of opening the program to the general public, instead of restricting it to UA Health Network employees.

“We think we would be meeting a community need,” Marques said.

In October, Marty Enriquez, now vice president for patient-care services with Salem Health, in Oregon, marked the 10th anniversary of her surgery. “All is still going well,” she said. “I am still off my meds and I’m still not overweight.”

house to those employees who want it and qualify, now that we have Dr. Galvani on our faculty.”

The UA Health Network wants to be recognized as a center of excellence for weight loss surgery – something health insurers also want for their enrollees.

Indeed, a May 2012 report in the journal *Health Economics* said obesity now outranks smoking “as public health enemy number one when it comes to cost.” The cost of medical care for people who are overweight

now totals \$190 billion a year, the journal reported. In comparison, the nation spends \$96 billion on medical care for those who smoke, the U.S. Centers for



wellness. But employers spend, on average, \$3,391 per year – including health care costs and lost productivity – for each employee who smokes. That’s \$1,300 more per year than for a non-smoker, according to the U.S. Centers for Disease Control and Prevention.

UAHN officials recognized the policy would be difficult for many tobacco users, so they agreed to cover the cost of joining Quit & Win for any employee who wants to quit. UAHN is providing the same benefit for any tobacco users who live with a UAHN employee in Quit & Win.

The new policy also includes free nicotine-replacement

gum and patches for employees enrolled in Quit & Win, and for hospital patients’ visitors, to help them cope with cravings. The Network also will cover the cost of two tobacco-cessation medications, Zyban and Chantix, for Quit & Win participants.

“Signing up for Quit & Win is a big commitment,” Canin said. “It starts with a doctor’s appointment, and then they meet with me once a week for six weeks to get prepared for the challenges of quitting. But it’s definitely worth their time, since most Quit & Win participants quit for good.”

Since Kenya Boyhood, Determined to Be a Doctor

As a boy growing up in Kenya, Michael Lokale knew he wanted to be a doctor. In his teens when he began making plans for college, he knew his best shot at getting the education he wanted would be in the United States.

His cousin, Paul Ereng, told him how to apply for a National Collegiate Athletic Association scholarship. Ereng attended the University of Virginia on an NCAA scholarship. He was a freshman when he won the 1988 Olympic gold medal in the 800-meter race in Seoul.

Lokale – pronounced lo-KAH-lay – also a champion runner, heeded his cousin’s advice. The NCAA liked him enough to give him a four-year scholarship to Virginia Military Institute. There he excelled academically, while winning two Southern Conference championships in the 400 and 800 meters. He was named three times to the Southern Conference Academic Honor Roll.

After graduating in 2003, Lokale went to England on a prestigious Rhodes scholarship to Oxford University, where he spent two years in cardiac physiology research and published two papers.

From Oxford, he returned to the U.S. and the University of Virginia School of Medicine. He spent eight months doing research in biomedical engineering before enrolling for four years of medical school.

Today, Lokale is wrapping up his third and final year of training with the UA Family Medicine residency program. In July, he will join a small group of family doctors here in Tucson. He and his wife, Kathy, whom he met at Oxford, want to stay here. This is where her parents live, and they want their almost-2-year-old son Griffin to grow up knowing his grandparents.

“I’m tickled that I’m doing what I’m



Michael Lokale, DO, with his wife, Kathy, and son, Griffin

doing,” said Lokale, “I never could have imagined that all this would happen, because I came from a very poor background.”

Lokale’s story of one outstanding achievement after another is all the more amazing considering his rough beginnings.

His father died when Lokale was only two months old. That meant his mother and he had to move away from their tribe and find another that would accept her. It also meant they would have no belongings, for under tribal law she could not inherit anything from her husband.

Lokale grew up speaking Swahili, the national language of Kenya; English, the country’s official language; and two tribal languages: the one of his father’s tribe and the one with which he grew up.

Lokale has been back to Kenya several times since he left, most recently

in July 2011, to volunteer at a clinic in Kitale, where he grew up. “I saw 70 patients in half a day,” he said, “because there, there is no paperwork and no labs. You just kind of listen and see what you can do for them. It was a really neat experience.”

To Lokale, being a family doctor means being “a complete doctor. You get to see people when they are born. You deliver them and you follow them throughout their lives. You form relationships with them. You know their stories. I think that’s very cool.”

As Lokale tells his story, his laughter and bright smile fill the room. “I am a happy person,” he said. “It seems I have had such a blessed life. I just feel like God has opened all these doors for me. It’s amazing.”

Tucson Mayor Rothschild Pays Visit to TFAP

When Anne Ryan set out to create a medical-legal partnership in Tucson, she assembled a planning committee of local experts in law, health care and other social services who worked with her to make her idea a reality.

Jonathan Rothschild, then a managing partner with the law firm Mesch, Clark & Rothschild, and board president of Casa de los Ninos, was one of those who served on the planning committee for what became the Tucson Family Advocacy Program. TFAP began serving clients in September 2005.

Elected mayor of Tucson in November 2011, Rothschild recently paid a visit to TFAP to see how the program is working.

Having her office in the UA Family Medicine Clinic at 707 N. Alvernon Way is crucial to TFAP's ability to help patients whose legal issues threaten their health and well-being, Ryan said.

When a patient is denied health care coverage or other medical service, "What's really great is a physician can bring me the letter of denial, and say 'What can we do about this,'" Ryan said.

Often cases can be resolved in a day. Sometimes it can take a year or longer. Lawyers with Southern Arizona Legal Aid frequently volunteer their time and expertise. With their help, TFAP handled 250 new cases in 2011.

Ryan spends about half her time handling cases and the other half training the clinic's physicians and residents – medical school graduates in training to become family physicians – how to spot legal issues and advocate for their patients.

Michael Lokale, MD, a third-year family medicine resident, described the kinds of situations for which he can turn to TFAP for help: a patient with asthma who lives in a run-down apartment; a patient who is disabled and has been turned down for disability benefits; a patient who has been dropped from the state's health care plan for the poor.

"Our role is to advocate for our patients," Lokale said, "so they can get the best care that we can give them, within the confines of the system."

"It's a great program," Rothschild said of TFAP. "I'm really glad to see how well it's working for Tucson."

Rothschild's visit included a tour of the clinic and conversations with physicians and staff on a number of topics ranging from community support for the elderly to teaching breast-feeding as the best way to give babies a healthy start in life.



Clockwise from left: Tammie Bassford, MD, FCM department head; Barbara Eckstein, MD, medical director of the Family Medicine Clinic on Alvernon; Jessie Pettit, MD, TFAP medical director; Michael Lokale, DO, FCM resident; Karla Avalos-Soto, health and human services aide to Mayor Rothschild; Anne Ryan, TFAP director; Mayor Jonathan Rothschild.



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Study Shows How Medical-Legal Partnership Helps Patients

Since 2005, Family and Community Medicine's Tucson Family Advocacy Program (TFAP) has helped patients obtain health-care benefits, medical equipment or other health-related services for which they have been denied.

A new study, published in the November 2012 issue of the *Journal of Health Care for the Poor and Underserved*, shows that TFAP clients also gain an increased sense of well-being, and experience far less emotional stress, once TFAP resolves the legal issues affecting their health.

TFAP is a "medical-legal partnership" based in the Family Medicine Clinic at 707 N. Alvernon Way. Most of the clinic's patients are poor. About 20 percent are refugees, many of whom suffered torture or other violence in their native countries and are vulnerable to anxiety and depression, as well as the added stress of having to learn a new culture and language, and pass a citizenship test.

The connection between patients' legal, social and economic problems and their health is well-documented.

"Stress affects health in multiple ways," said Randa Kutob,

MD, assistant professor of Family and Community Medicine, and a co-investigator on the study. "It has been linked to unhealthy behaviors such as smoking and lack of exercise, and it affects the immune and cardiovascular systems. We also are now finding links between stress and heart disease and even cancer."

The clinic's physicians refer patients who are struggling with benefit denials and other health-related issues to TFAP's director, Anne Ryan, JD, whose office is right down the hall from the clinic's exam rooms.

"Intuitively, we've always believed that not having access to medical care, or enough money to buy food and medications will negatively affect a person's health, but there's been very little research in this area," Ryan said. "To get at this question, our study looked at whether the services provided by a medical-legal partnership impact patients' perceptions of their stress and well-being, as indicators of their overall health."

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Stoklos Family Dedicated to Helping Native American Students

Since July 2001, the Tucson-based Stoklos Foundation has helped Native American students pursue their dreams of becoming doctors, nurses and other health professionals.

The Stoklos Foundation was founded by Mary Stoklos, a former executive with *Time*, *Life* and *People* magazines, and her nephew, Michael Stoklos, a photographer with a passion for preserving the culture and history of Native Americans. Michael's father – Mary's brother – was a family doctor.

The Stoklos Foundation provides Native American students in the UA colleges of medicine, nursing, pharmacy and public health stipends for books, supplies and travel, and a financial award at graduation.

"I am a firm believer that we should do whatever we can to help people get a good education," Mary Stoklos said. "Michael and I want to do as much as we can."

Mary Stoklos was in Tucson in October to visit Michael and his wife, Aida Algosaibi-Stoklos. The family hosted a dinner at their home to welcome Lori Arviso Alvord, MD, who joined the UA College of Medicine in September as associate dean for student affairs and admissions. Alvord is the first Navajo woman surgeon.

Dinner guests also included several students who have received support from the Stoklos Foundation – among them, Monique Tsoie, a Navajo student who graduated from the UA Mel and Enid Zuckerman College of Public

Health in December 2011. The Foundation gave her money for books and supplies, and travel to research conferences where she was able to share ideas with other students and professionals.

"My experience with the Stoklos Foundation has been very positive," Tsoie said. "I've received a lot of encouragement from Michael Stoklos over the years I've been at the UA. When I graduated (from the College of Public Health), we had a little ceremony for all the (Native American) health professions students, and he was there. That says a lot about him. He's there to help us, and I'm really thankful for that."



From left, Lori Arviso Alvord, MD; Michael Stoklos; Mary Stoklos; Aida Algosaibi-Stoklos; Carlos Gonzales, MD, associate professor, Family and Community Medicine; and Debbie Gonzales.

Gifts to the Stoklos Native American Health Fund may be made out to UAF: Stoklos Fund, and mailed to Department of Family and Community Medicine, P.O. Box 245052, Tucson, AZ 85724-5052.

For more information, please call (520) 626-4961.

New Family Medicine Clinic Opens at Public Health Center

Family and Community Medicine has opened a new clinic in the Herbert K. Abrams Public Health Center, 3950 S. Country Club Road, next door to The University of Arizona Medical Center – South Campus.

The clinic, which opened Dec. 5, offers patients primary and preventive care. The 20,000 square-foot clinic houses 36 exam rooms, each of them large enough for extra chairs for family members and a desk and computer where physician and patient can sit and review the patient's progress. The new clinic replaces the 6,000 square-foot clinic, with 21 exam rooms, formerly housed in UAMC – South Campus.

The new clinic is expected to handle about 28,000 patient visits in 2013, up from 23,000 at the former clinic, said Lane Johnson, MD, professor of Family and Community Medicine and the clinic's medical director. The clinic eventually will handle 40,000 patient visits yearly.

"Our plan is to develop the new clinic into a 'patient-centered medical home,'" Johnson said. "But unless you're a health-care policy expert, that term probably leaves you scratching your head in wonder.

"Simply stated, a 'patient-centered medical home' is like one-stop shopping," Johnson said. "It provides a number of medical services in one convenient location, which makes it a much more convenient and effective way to offer patients excellent medical care."

In addition to a team of physicians, nurse practitioners and nurses, the clinic has a social worker and a clinical psychology graduate student on staff to respond to patients' behavioral health care needs. In coming months, the clinic will add a pharmacist and a case manager to coordinate patients' care.

The clinic already includes a medical laboratory, where patients can get blood work drawn, rather than have to drive to a medical laboratory elsewhere in town.

To promote better health for patients and their families, the clinic includes an extra-large demonstration kitchen, equipped with stoves and refrigerators, where patients can take nutrition and cooking classes.

An exercise room will give patients a chance to



Attending the new clinic preview in October were, from left, Pima County Supervisor Ramon Valadez; County Administrator Chuck Huckelberry; Tammie Bassford, MD, FCM Department Head; County Supervisor Sharon Bronson; and Lane Johnson, MD, clinic medical director.

work out on treadmills and stationary bicycles.

A Diabetes Clinic, operated by the UA Department of Medicine, is located next to the Family Medicine Clinic, to facilitate patient referrals between the two. Later this year, Family and Community Medicine's Quit & Win tobacco cessation program and clinical weight-loss program will move from the Alvernon Family Medicine Clinic into the new facility.

The clinics are operated under the umbrella of The University of Arizona Health Network. UAHN works in partnership with Pima County, which owns both the Herbert K. Abrams Public Health Center – named for the doctor who founded the Department of Family and Community Medicine in 1967 – and UAMC South Campus.

Pima County Administrator Chuck Huckelberry and County Supervisors Ramon Valadez and Sharon Bronson were among those who attended a clinic "preview" on October 5.

"Pretty soon we're going to have a parking problem here, and we'll have to put up a parking garage," Huckelberry said. "But that's OK. Parking problems are great. It means there's a lot of good activity going on and people want to be part of it."



Photo by Dean Knuth

Medical Student is Nehal Shah Global Health Honoree



Nehal Shah

Fourth-year medical student Stephen Horras has been honored with the fifth Nehal Shah Memorial Global Health Award. The award is given annually to a medical student who demonstrates a strong commitment to caring for people in underdeveloped areas of the world.

Horras was president of the student Global Health Forum in his second year of medical school, organizing a border health educational program for UA medical students and their counterparts with the University of Sonora in Mexico. The event is now held annually.

He is enrolled in the Global Health Distinction Track, and recently spent six weeks in a clinic in Cuenca, Ecuador, for his research project on cardiovascular disease risk factors in urban and rural populations. He surveyed patients and health-care workers as he went out with physicians and other medical students into smaller, rural communities, as well as in clinics in the urban area of Cuenca. He also did clinical work under the direction of physicians at the University of Azuay.

Horras first visited Cuenca in 2007, as an undergraduate at Marquette University, from which he graduated with a degree in theology. His first visit to Cuenca was a self-directed trip to learn Spanish and get some pre-medical school clinical experience. His work included volunteering at San Martin De Porres Hospital, shadowing a cardiologist and checking vitals on patients.

Horras was one of five medical students who spent three weeks in Guinea-Bissau in western Africa in April 2011, with Ronald Pust, MD, professor of family and community medicine and director of the Global Health Distinction Track. Their primary task was gathering information on maternal and child health in several communities, then reporting their findings back to the communities.

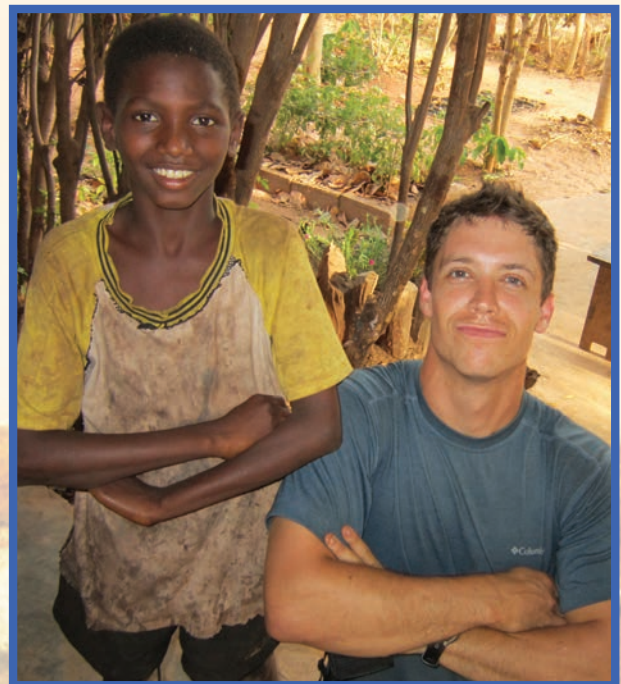
"Dr. Pust is and has been an incredible inspiration to me," Horras said. "He is the father, grandfather, and holy overseer of all things global health at the UA, and he can still outpace most people on a hike."

Nehal Shah died in May 2009, 11 days before she was to graduate from the UA College of Medicine. Shortly after her death, her parents, Anil and Surekha Shah of Phoenix, and her classmates started a memorial fund in her name. The Nehal A. Shah Endowment for Global Health Education provides stipends to College of Medicine students to help them fulfill their commitment to service in global health.

"What inspires me is the belief that healing involves more than treating individual health needs, but rather means to fight for humanity, human dignity and justice," Nehal wrote in her personal statement, which led to her admission to the College of Medicine.

Nehal graduated from high school in three years, then earned her bachelor's degree in molecular and cellular biology from the UA. At age 20, she traveled to the slums of Mumbai, India, to help care for people in need. During medical school, she attended the AIDS Leadership Institute and helped plan the American Medical Students Association's National Circle of Healers Retreat.

"I did not know Nehal personally," Horras said, "but I have heard from Dr. Pust and others how very inspirational and instrumental she was in getting the Global Health Distinction Track off the ground. I feel very humbled to be selected for this award, and I hope I can continue honoring Nehal's memory."



Stephen Horras with friend Zooka, in Catel, Guinea Bissau in 2011. Horras was one of a group of students conducting maternal and child health surveys for an organization called Heartbeat for Africa.

Gifts to the Nehal A. Shah Endowment for Global Health Education may be made out to
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For more information, please call (520) 626-4961.

Creating the Ideal Family Medicine Practice

Pamela Wible, MD, completed her UA family medicine residency in 1996. Eight years later, she was seeing 30 patients a day for 10 minutes at a time, and feeling “like I had turned into a factory worker.”

“I just loved being a physician, but I felt it was impossible in the assembly-line model that exists in this country,” Wible says. She decided to quit her clinic job. Weeks later, the solution came to her in a dream.

“It was almost a no-brainer. Instead of forcing patients and physicians to function in a system that doesn’t work for either, it made complete sense to have patients design their own health-care model.”

Wible hosted a series of community meetings, and people offered ideas. “The No. 1 thing people were looking for is a humanized health care experience – warm, friendly, nurturing – all those things that we need because we are human beings.”

Wible opened her new clinic on April 1, 2005. Office hours are Monday, Wednesday and Friday afternoons and evenings. “I haven’t had to set an alarm clock in eight years,” she says. “It’s wonderful for me and it’s great for my patients, who can see me after they get off work.” Instead of 30 patients a day, she usually sees seven to 10.

There have been other positive changes in her life. Wible also holds retreats for physicians from around the country who are burned out or depressed, as she was. In 2010 she adopted her deceased godmother’s teen-age grandson, rather than let him be raised in foster care. She also has turned to writing. She was invited to contribute a chapter to “Goddess Shift: Women Leading for a Change,” and recently self-published

“Pet Goats and Pap Smears,” a collection of vignettes drawn from her life as a family doctor. She has her own website, www.idealmedicalcare.org. And she’s now the health care blogger for The Oregonian, the state’s major newspaper.

“Now I experience joy in my practice,” Wible says. “I’m delivering care that gets to the root of people’s problems, instead of just putting out fires and applying band-aids and moving on to the next patient, every 10 minutes.”



The 1996 graduates of the Family and Community Medicine residency program: from left, David Lane, Daniel Castro, Pauli Amornkul, Pamela Wible and Charles Smith.

Medical-Legal Partnership Helps Patients – continued from page 8

TFAP is one of more than 90 medical-legal partnerships operating in over 250 hospitals and clinics around the country. Ryan and Kutob conducted the TFAP study with three colleagues with the National Center for Medical-Legal Partnership: Megan Sandel, MD, MPH, who is the center’s medical director; and researchers Emily Suther, MA, and Mark Hansen, MPH.

The 67 adult patients who took part in the study filled out two surveys before TFAP tackled their problems, and again after TFAP resolved their problems. One of the surveys measured their “perceived stress,” while the others measured their concerns and sense of well-being.

The study examined patients’ stress and found their mean stress scores decreased 30 percent after receiving TFAP services. Similarly, the study looked at patients’ sense of

well-being and saw a 41 percent improvement after patients received help from TFAP.

The researchers concluded that the improvements patients experienced were not due to factors other than the help they received from TFAP.

“This research is the first of its kind in the medical literature,” Sandel said. “We are thrilled to see this work published in a (scientifically) reviewed article to show that many people need legal care to become healthy.”

Ryan pointed out that more research is needed to document the positive benefits of medical-legal partnerships. “But this study is an important step in demonstrating the possible health benefits to patients of incorporating legal services into patients’ medical treatment plans.”

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Lifestyle Changes Lead to Better Health

“Once we get past the holidays, I’m going on a diet. But it’s still the holidays, and those cookies are too good to pass up.”

Sounds familiar, doesn’t it. But this newsletter describes a better approach to achieving a healthy weight, and not gaining back the pounds you lose.

“It’s not just going on a diet – it’s a lifestyle change,” says Amanda Babcock, a participant in the clinical weight loss program that’s open to all employees of The University of Arizona Health Network. By taking part in the program, Babcock says, “You learn how to eat healthy and be healthy and do healthy things for the rest of your life.”

I’m proud of Amanda and all those who have signed up with the clinical weight loss program. They are making positive changes that will help them to improve their health for the long run.

I’m also proud of the role that Family and Community Medicine has played in developing the clinical weight loss program. It was truly a collaborative effort, spearheaded by Myra Muramoto, MD, professor of Family and Community Medicine and a nationally recognized expert on preventive health care, and involving health care experts with the UA College of Nursing, the Department of Surgery, the Department of Psychiatry, and The University of Arizona Medical Center’s nutrition and social work programs.



Together, we have put together a comprehensive, lifestyle-changing program that we hope to make available to other University of Arizona employees and to the community as a whole.

This newsletter also talks about the number of employees who are enrolling in our Quit & Win tobacco cessation program – another example of how Family and Community Medicine has partnered with the UA Health Network to live up to our mission of improving the health of our community.

As always, thank you for your interest in Family and Community Medicine. And here’s to a healthy new year for you and your family!

Tammie Bassford, MD

Head, Department of Family and Community Medicine