Physician to the Homeless, Sister Adele O’Sullivan, MD, Is College of Medicine Alumnus of the Year

“Where do you think homeless people go when they get out of the hospital, when they’re too sick for the streets and the shelters and they don’t have a home to go to?”

There used to be no good answer to that question. But Sister Adele O’Sullivan, MD, envisioned a solution. And she shared her vision with enough people to raise $1.5 million to make it happen.

Circle the City, a 50-bed medical respite center in downtown Phoenix, opened in October 2012. For homeless people who aren’t sick enough to stay in the hospital, it is lifesaving – and in most cases, life-changing.

“Our goal is to not discharge people back to homelessness,” O’Sullivan says. “They get the services they need, whether it’s physical therapy or mental health therapy, and we are now up to around 70 percent who leave here and go to permanent housing.

“Once they’re in a stable environment, they are more likely to keep their housing and get jobs.”

Circle the City exemplifies O’Sullivan’s unwavering commitment to the homeless. She had some experience with homeless patients when she was at the UA College of Medicine, from which she received her medical degree in 1984, and after, when she trained with the UA’s three-year family medicine residency.

It’s a commitment that has been widely recognized. In 2006, the American Academy of Family Physicians named her Family Physician of the Year.

And now, O’Sullivan is the UA College of Medicine’s 2014 Alumnus of the Year.

“I have been nothing but grateful for my education at the College of Medicine,” O’Sullivan says. “The family medicine residency prepared me to do the work I set out to do. My whole career, I’ve practiced in areas that are underserved, even though they might be in the middle of a great big metropolitan area.

“This honor from the College of Medicine is one I share with all the caring people who support our work at Circle the City.”

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Tammie Bassford, MD, head of Family and Community Medicine, did her family medicine residency with Sister Adele. “I was always impressed by her determination to work with the poor and underserved,” Bassford says. “That is so much of what our training was about. I congratulate her for all she has done over the last 27 years, and all the lives she has touched.”

After finishing her residency, O’Sullivan worked at St. Elizabeth’s clinic in Tucson; the Arizona State Hospital; and other clinics in underserved communities. In 1996, she became medical director of Maricopa County’s Health Care for the Homeless clinic in downtown Phoenix.

“In the course of doing that work, I learned that there was no place for the sick homeless to go,” O’Sullivan says. In 2008, she resigned from the county program to devote her full energy to opening the medical respite center.

She started by talking to others.

“It was an easy story to tell, because people get it,” she says. “They know that if they have to go to the hospital, when they come home they have their family there, and a refrigerator full of food.”

O’Sullivan quickly points out that Circle the City “is not just one person’s effort. It’s thanks to the community that we have the resources to do this.”

St. Joseph’s Hospital and Medical Center; Hospice of the Valley; faith organizations; the Phoenix business community; the Diamondbacks; the Cardinals; and other organizations contributed $1.5 million to the capital effort.

A former office building on Indian School Road near Central Avenue is now an attractive, two-story, 50-bed medical respite center. The non-profit Hospice of the Valley owns the building and leases it to Circle the City.

It is one of about 60 respite centers for the homeless nationwide, O’Sullivan says. The first centers opened in Washington, DC, Chicago and Boston in the early 1980s. Until Circle the City opened in 2012, Phoenix was one of the largest cities in the country without a respite center for the homeless, O’Sullivan says.

“I congratulate her for all she has done over the last 27 years, and all the lives she has touched.”

Tammie Bassford, MD

Patients must be referred to Circle the City by a hospital or social service agency. Hospitals that refer patients cover 60 percent of the center’s operating costs. Donations help with the other 40 percent.

“Without us, many of these patients could not be discharged,” O’Sullivan says. “And the amount it costs to refer to us is a fraction of what it would cost to keep these patients in the hospital.”

Patients include women recovering from domestic violence; people with cancer or other long-term illnesses; those who are seriously mentally ill; and those who are dying and need a supportive environment in their final days.

Circle the City is expected to reduce the number of discharged patients who bounce back to hospital emergency rooms, often to be readmitted.

Stephen, a former Circle the City patient, was a cab driver whose gambling habit left him penniless. Last year, he had to be hospitalized for several weeks with cellulitis in his left leg, requiring surgery.

He was discharged to Circle the City, and after four months there, his leg was fully healed. And thanks to the support he received, he went to an apartment of his own – his first in 10 years – and a good job in information technology.

Asked about the radical change in his life, Stephen says, “It’s been wonderful.”

O’Sullivan summed up her experience in her talk to incoming UA medical students in August, at their White Coat ceremony. As Alumnus of the Year, she was keynote speaker.

“I found the place where my gifts were needed,” she said. “It was among those people experiencing homelessness that I really understood what it meant to be a doctor.”
One day when Tammie Bassford was in second grade, she told her mother she wanted to be a nurse. After listening to Tammie explain her choice, her mother replied, “Well, that sounds interesting, but to do some of those things, you will need to be a doctor.”

But the only time Tammie had ever seen a woman doctor was on one of her mother’s soap operas. “It had just never occurred to me that I could be a doctor,” she recalls. “But when my mom said that to me, it was like the whole world opened up to me.”

And so with a bachelor’s degree in biology from Bryn Mawr College, Bassford went off to the University of Southern California to get her MD, then the UA, in 1984, for her family medicine residency.

She joined the Family and Community Medicine faculty in 1987, and in 2000 was appointed College of Medicine associate dean for student affairs. She held that post until April 2002 when she was named interim department head of Family and Community Medicine. The word interim was replaced with permanent in January 2003.

That made her the first woman to serve as a permanent head in the College of Medicine.

“She’s done great,” says Kenneth J. Ryan, MD, who, as interim dean of the College of Medicine, appointed Bassford interim and permanent head.

“Tammie had a research agenda and a research passion that is not generally attributed to her field of family medicine, and she carried it out very successfully,” Ryan says. “I don’t think we could have made a better choice than Tammie.”

In May, Bassford announced to her faculty and staff that she would step down as department head on October 1. Myra Muramoto, MD, MPH, who Bassford appointed senior vice head of Family and Community Medicine last year, will serve as interim head.

“It has been my honor to head the department through a period of incredible growth, and significant changes in our organization and in the national health care environment,” Bassford says. “Now I’m looking forward to getting more involved with some of our programs for which I have a real passion.”

Before she became department head, Bassford took part in a College of Medicine study, begun in 1999, that documented a $13,000 pay gap between women and men on the college’s faculty. It also noted that no woman had ever been promoted to department head.

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Tammie Bassford, continued from page 3

Bassford was already a leader in cancer prevention. In 1993, she was named principal investigator for Arizona for the Women’s Health Initiative, a national study of the effects of diet and hormone-replacement therapy on women’s risk for breast cancer, osteoporosis and heart disease. Contrary to expectation, the study showed, among other things, that taking estrogen does not offer protection from cardiovascular disease.

“It was an incredible honor,” she says, “to participate in such a landmark study, and one which I believe really did change the landscape for women’s health.”

Bassford won federal funding in 2006 to start the Sonoran University Center for Excellence in Developmental Disabilities. “I am really looking forward to the opportunity to work directly with the center, around medical care for adults with development disabilities,” Bassford says.

She also wants to be more involved in developing a more integrated system of care for people with serious mental illness.

“And of course, I’ll get to spend more time with my patients. I did start out in second grade wanting to be a doctor, not an administrator,” she says with a laugh.

Not that being a department head isn’t fun – at least some of the time.

“I’ve told other folks who are considering whether they would be happy as a department head, that you’re happy if you can get just as excited about somebody else’s idea, and their ability to achieve it, as you can be about your own ideas.

“I have had the blessing of being a very, very happy department head because our faculty and residents and our medical students in the Family Medicine Interest Group have been full of great ideas and achievements.”

Now, Bassford is looking forward to seeing what Muramoto will do as interim department head.

“Myra is a superb researcher and clinician,” Bassford says. “I really think she will help the department, which is already an extremely strong department, grow and develop even more.”

Tammie Bassford looks forward to spending more time working directly with programs like FCM’s Sonoran University Center for Excellence in Developmental Disabilities, which includes ArtWorks, a program for adults who produce beautiful paintings like this one.
Years of Progress: Family and Community Medicine Milestones Under Tammie Bassford’s Leadership

- Research funding has increased 10-fold, with the department ranking in the NIH top 20, and the number of faculty has doubled.

- Faculty hold leadership roles with the American Academy of Family Physicians and other national family medicine organizations.

- A second family medicine residency program was added in 2010 at The University of Arizona Medical Center – South Campus, with a focus on rural and underserved populations.

- A larger, inter-professional family medicine clinic opened in 2013 next to UAMC – South Campus. Doctors work with nurse practitioners, social workers and other health professionals.

- Fellowships are now offered to doctors who want to be skilled in sports medicine and integrative medicine.

- A Family Medicine Interest Group for medical students has ranked among the top 10 nationally in 2012, 2013 and 2014.

- The Tucson Family Advocacy Program, providing legal assistance to patients with health-care related issues, was launched in 2005.

- The Sonoran University Center for Excellence in Developmental Disabilities was founded in 2006.

- Camp Wellness, which helps people with serious mental illness make healthy changes in their lives, was started in 2009.
Lacy Manuelito grew up in Fort Defiance on the Navajo reservation, knowing since she was a little girl that she wanted to be a doctor. The first in her family to graduate from college, she holds a bachelor’s degree in family relations and human development from the University of New Mexico. Now married with a daughter who will be 3 in October, she is gearing up for the medical school admissions test that will decide if her long-held dream will come true.

The University of Arizona College of Medicine – Tucson is betting on Manuelito’s dream.

P-MAP is open to students who are Arizona residents, with preference given to those who are socioeconomically disadvantaged, are first-generation college students, who grew up in rural or border communities, or are enrolled in Indian tribes. Preference also is given to students who speak Spanish or Navajo language, the most commonly spoken Native American language in Arizona. Most P-MAP students meet more than one of these criteria.

If they complete the P-MAP coursework, and score highly on their medical college admissions test, they are guaranteed admission to the College of Medicine in August 2015.

“We know these students are very bright,” says Francisco Moreno, MD, the College of Medicine’s deputy dean for diversity and inclusion.

“We know they are going to serve their communities well. We know they are going to be awesome role models. They just may not have had the opportunities or the different kinds of experiences that our admissions committee wants to see.”

Of the 10 students enrolled in P-MAP this year, two are immigrants.
from Africa, three are Hispanic, three are Native American and two are both Native American and Hispanic. P-MAP illustrates the College of Medicine’s strong emphasis on increasing the diversity of its students.

But of all the under-represented minority groups, Native Americans face the most severe shortage of physicians, says Carlos Gonzales, MD, professor of Family and Community Medicine and the College of Medicine’s assistant dean for medical student education. ”In addition to the need for physicians, some of our reservations are third-world. They don’t have electricity or running water, and that includes reservations here in Arizona. And so there is tremendous need for Native American physicians who understand the culture, and are sensitive to the needs of the population.”

Of Mexican and Pascua Yaqui descent, and first in his family to go to college, Gonzales is excited to be the mentor for P-MAP students.

Previous efforts to increase the diversity of College of Medicine students have met with mixed success, Gonzales says. “I’ve served on the admissions committee, and in my view, this is one of the best things this college has ever done. When Dr. Moreno developed this program, I thought, ‘All right! They’re in!’”

The P-MAP students share a common goal. They want to work in their own communities or others where first-rate health care, and continuity of care, are scarce.

“I definitely want to go back to the (Navajo) reservation,” Manuelito says. “The turnover rate of doctors on the reservation is very frustrating. There is very little continuity of care, and that’s been my motivation for wanting to be a doctor there.”

Sylvestor Moses, a member of the San Carlos Apache tribe, holds the same view. A single parent with a 10-year-old son, Moses has a PhD from the UA in biochemistry and molecular and cellular biology, and experience in lab research. He now wants to be a doctor.

“I believe that in becoming a physician, I can not only provide health care to my San Carlos Apache community, but I can serve as a role model for our Apache youth,” Moses says.

“A lot of our youth go to college, but drop out before completing their degree, because they can’t keep up with math and science. So my original goal after getting my PhD was to go back to my reservation and create a culture of academics and STEM (science, technology, engineering and math) disciplines.”

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The children of Kibera Slum are as poor and malnourished as the name of their settlement implies. Located in Nairobi, Kenya, Kibera is the largest slum in Africa, and home to 1 million people. Many of its children, in addition to living in shacks and being malnourished, are HIV-infected and victims of abuse.

For Esther Johnston, MD, MPH, who completed her UA family medicine residency training in June, improving the health of the children of Kibera has been a labor of love. It also was the focus of her research project, required of all third-year family medicine residents.

The national Accreditation Council for Graduate Medical Education requires some research of all residents. Family and Community Medicine (FCM), which is known for the excellence of its faculty research, has raised the bar for its residents as well.

“Our residents engage in clinically relevant, rigorous research as part of their training,” says Judith Gordon, PhD, FCM associate head for research. “The breadth of the projects that they work on reflects the scope of both the clinical practice and the research for which FCM is known nationally.”

Mentored by FCM faculty, residents learn how to design a research project, evaluate the results and, in some cases, apply it to their own practice of medicine.

Residents can base their projects on ongoing FCM faculty research projects, or design their own study, as Johnston did.

She first traveled to Kibera in 2011, during her final year of medical school at Virginia Commonwealth University, after receiving one of 10 student fellowships given that year by the Centers for Disease Control and Prevention. Johnston had earlier worked on public health projects in Ecuador and Brazil, and had master’s degree in public health from Johns Hopkins University.

With her fellowship, Johnston went to Nairobi, to help develop activities to control a measles outbreak. That was her introduction to Kibera Slum.

During her second and third years of family medicine residency, Johnston returned to Kibera to develop and evaluate a school-based nutrition program for its children – work supported by a UA College of Medicine Resident Excellence and Leadership Scholarship.

“A lot of the parents there don’t have much information about their children’s health, in part because they don’t have adequate access to health care,” she says. Their school, Shine Academy, operated by the non-profit Impoverished Children, “does everything it can to provide good nutrition for the kids while they are in school,” Johnston says.
Her project evaluated whether a comprehensive, school-based, de-worming and nutrition program would reduce the prevalence of malnutrition. Rates of malnutrition, worm infestation, and pediatric HIV are higher in Kibera than in Kenya as a whole, Johnston notes in her report. She enrolled 110 children, 42 of whom took part in both years of her study. Results were mixed: the number of children whose weight improved was inconsistent. After reviewing her findings with Shine Academy staff, they agreed to expand the caloric value of the nutrition program to account for food insecurity in the children’s homes. Johnston hopes the study will provide a model for evaluating school-based nutritional interventions in low-resource settings.

FCM faculty judge the residents’ research projects when they are presented in May. Johnston’s project and a study looking at family physicians’ knowledge of how to diagnose and treat candidiasis infection (thrush) in newborns and breastfeeding mothers were judged the two best.

The thrush study was conducted by Tasnim Khalife, MD, who has finished her family medicine residency and is working on a master’s degree from the UA College of Public Health, focusing on maternal and child health.

Khalife measured family medicine residents’ knowledge before and after a 45-minute class on diagnosis and treatment of candidiasis affecting a mother’s nipples and her baby’s mouth and throat.

Compared with tests the doctors took before the class, a written post-test immediately following the class showed it improved the doctors’ knowledge of diagnosis and treatment for both mothers and babies.

“In general, residents don’t get a lot of instruction on diagnosing and treating thrush in the mother, although it’s pretty common,” Khalife says. “Moms will bring their babies in and say ‘There’s white stuff in my baby’s mouth, can you take a look at it?’ But they will often not mention their own symptoms unless asked.”

Her study also included a literature search on treatment. “I found a recurrent theme in the literature that the most effective approach is to treat both mom and baby;” she said, along with washing pacifiers and bottle nipples in very hot water as well as laundering mom’s bras after each use in hot water and drying in the sun or dryer to kill any surviving yeast.

Other residents’ research projects focused on topics relating to health and wellness in patients and in physicians. They include:

- How lifestyle changes such as healthy eating, balancing work and sleep, and mindfulness exercises can prevent or mitigate burn-out, a widespread problem residents and other physicians.
- How “group prenatal care” – group meetings that instruct pregnant women how to best care for themselves and their unborn babies – can have a positive impact on pregnancy outcomes in women who receive prenatal care from the FCM Mobile Health Program.
- How the FCM-developed Helpers program can provide a physician with the “coaching” skills to help patients quit or reduce tobacco use.
- Three other studies that focused on obesity, the 3rd-leading cause of death in the U.S., with an estimated annual cost of $174 billion. The projects looked at whether a patient’s “readiness to exercise” can predict the patient’s success in losing weight; the affects of medications linked to weight gain in patients’ trying to control their weight; and whether a one-hour training session can help physicians overcome the time limitations that deter them from effectively counseling patients who need to lose weight.

“By engaging in the Resident Scholarly Project Program, residents learn how to be good consumers of research, and experience first-hand the synergistic relationship between clinical care and research,” Gordon says. “Through their participation in this program, our residents can learn to continually question and improve the quality of family medicine.”

Esther Johnston, MD, with child at Shine Academy
But from talking to tribal members, “it became clear that we need doctors now,” Moses says. “And we need them to stay with our community long enough to create a solid, enduring relationship with their patients.”

Moses was accepted for P-MAP because he has been out of school for several years, and despite his research background, he’s had no opportunity to volunteer in a clinical setting – experience that medical school applicants are expected to have. He also will mentor the P-MAP students who are studying for a health-related master’s degree – an important asset for students wanting to enter medical school.

Marisela Mariscal is a member of New Mexico’s Pueblo Laguna tribe, and also of Hispanic descent. Raised in Tucson, she’s the first in her family to get a college education; she holds a UA bachelor’s degree in physiology.

She’s wanted to be a doctor since high school, when she attended the UA’s summer MedCamp program, which introduces minority students to medical school. As an undergraduate, she joined the Native American Student Affairs club, and took part in the UA Summer Medical and Dental Education Program, which offers classes, and the chance to shadow physicians.

“I am interested in working on Native reservations, but I’m passionate about working with underserved populations in general,” Mariscal says. “Too many people can’t afford to get treated or get regular check-ups. I experienced that growing up. That and my 3-year-old son are my main motivators for wanting to become a doctor.”

Pathway to Medical School, continued from page 7

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For more information contact Thom Melendez
Director of Development, Family & Community Medicine
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In 1991, and every year since, Family and Community Medicine’s Native American Research and Training Center (NARTC) has hosted a week-long summer Medical Wellness Camp for native youth from Arizona who have type 2 diabetes mellitus, or are at high risk of developing the disease. Type 2 Diabetes used to only occur in adults, but that no longer is the case. Each year, the camp is attended by 30 or more youths, aged 10 to 15, from five or six different American Indian tribes. The week-long camp emphasizes health education, physical activity, and nutrition within a context that is sensitive to contemporary American Indian culture and customs. The camp is made possible through donations and funding from private organizations. We are very grateful to the many organizations that have generously given to the Medical Wellness Camp this year. Thirty-three children were able to attend our camp this summer. We sincerely thank our donors, who helped make this possible:

- American Indian Research Center for Health
- Cancer Health Disparities Institute at The University of Arizona Cancer Center
- Center for American Indian Resilience at Northern Arizona University and The University of Arizona
- Desert Diamond Casino
- Diabetes Action Research and Education Foundation
- Marin Community Foundation
- Mayo Clinic, Rochester, MN
- National Relief Charities
- Pima County Board of Supervisors, District Five

If you wish to make a gift in support of the Medical Wellness Camp, please make your check payable to: UAF/Diabetes Youth Camp, PO Box 245052, Tucson, AZ 85724-5052,

For more information, please contact
Thom Melendez, Family and Community Medicine Director of Development, at 520-626-4961 or by email at tmelende@email.arizona.edu
What a Great 12 Years It’s Been
“Life is like riding a bicycle. To keep your balance, you must keep moving.” Albert Einstein

When I look back on my 12 years as head of the Department of Family and Community Medicine, I am struck by what a wonderful 12 years it has been. I feel profound gratitude for the opportunity to work with the superb faculty, staff and residents who have made our family medicine program one of the best in the nation.

We attract the best of the best medical school graduates to our residency programs. We rank 19th nationally among family medicine programs receiving funding from the National Institutes of Health. We provide educational expertise to the College of Medicine, and critical programs to our community. Our faculty holds leadership roles with the American Academy of Family Physicians, the Society of Teachers of Family Medicine, and other prominent organizations.

But now, I look forward to my next chapter with this amazing department. I plan to spend more time with some of our community-outreach programs, for which I have great passion. I also look forward to spending more time with my patients – and my family!

I am thrilled that Myra Muramoto, MD, MPH, a renowned researcher and an outstanding clinician, will serve as interim head of Family and Community Medicine after I step down on September 30. I’m really looking forward to all the great things she will accomplish.

And that brings me to you. The next time you are thinking of making a gift to Family and Community Medicine, I would ask that you consider a gift to the FCM Chair Discretionary Fund, to help Dr. Muramoto support Family and Community Medicine’s next set of achievements. Every department chair needs resources to nurture great ideas and new programs and research.

As always, thank you for your interest in, and support of, Family and Community Medicine.

With best wishes,

Tammie Bassford, MD
Department Head
Family and Community Medicine

To learn how you can support the Family and Community Medicine Chair Discretionary Fund, please contact Thom Melendez, Director of Development, at (520) 626-4961 or by email at tmelende@email.arizona.edu.