New Clinic Focuses on ‘Bigger Picture’ of Health and Wellness

“Here” is the healthy cooking class that’s part of the clinic’s focus on helping people stay healthy – not just treating them when they are sick. The class is held in the evening, which works well for Hernandez, since she works during the day.

At the first class Hernandez attended, nutritionist Dominique Henry showed how to make healthy dishes with canned pumpkin, including pumpkin ravioli and pumpkin pancakes. They’re a good source of fiber, which helps keep blood sugar at healthy levels.

“They were delicious,” Hernandez said. “And it looks so easy, I could do that at home.”

The cooking class is a project of the multi-disciplinary Diabetes Education and Prevention Center, located next to the Family Medicine Clinic. The center also houses an exercise room where patients can improve their fitness. Collaboration with the diabetes center is essential to the new clinic, which serves a significant number of people with, or at risk for, diabetes.

The result is a multi-disciplinary “patient-centered medical home,” where people can get a variety of health care services in one place – often in one visit.

The Family Medicine Clinic provides prenatal care, as well as care for children, adolescents and adults, including older adults. It also houses Family and Community Medicine’s tobacco-cessation and clinical weight loss programs. “Our focus is on health and wellness for patients of all ages,” says Lane Johnson, MD, professor of Family and Community Medicine and the clinic’s medical director.

Susanna Hernandez isn’t taking any chances.

Her dad had diabetes. Her aunt has diabetes. A friend has recently been hospitalized with complications from diabetes. And now she’s been told she has pre-diabetes.

“That scares me,” says Hernandez, a patient with the new Family Medicine Clinic next door to The University of Arizona Medical Center – South Campus. “I don’t want to have diabetes. I want to learn everything I can about how to prevent it. Once you have it, you can’t get rid of it. And that’s why I’m here.”

continued on next page
Also key to the “medical home” approach is the fact that it’s not just physicians who provide the care. Patients also are seen by Audrey Russell-Kibble, a family nurse practitioner who holds a doctor of nursing practice degree from the UA College of Nursing, where she is director of clinical practice innovation.

“We are working with physicians and others in health care to come up with innovative ways to work together for the good of the patients,” she says. “Our intent is to have more family nurse practitioners join the clinic, to create a truly inter-professional practice.

“We are family doctors and family nurse practitioners. We both have the responsibility to take into consideration ‘how does this medical problem affect not just the patient, but the patient’s family.’ We’re looking at the bigger picture.”

So is Adriana Nicastro-Twelker, a licensed clinical social worker who teaches patients coping skills to help them manage diabetes, depression and other conditions. “One of my roles is to help patients move beyond the shock of being told they have a chronic disease or other serious medical problem,” she says.

“Let’s say that a patient has been told her or she has diabetes, and that patient has a family member who died from diabetes. A patient in this situation often feels overwhelmed, and that they will never get better, no matter what they do,” she says. “Then we start talking about what led them to feeling hopeless, and about their strengths, their wishes, their needs and their values – and then wonderful things can begin to happen. When a patient tells me they want to get healthier and feel better, we have arrived at a new beginning.”

Soon to be added to the clinic’s professional team: a pharmacist and a promotora – a community health worker trained to educate patients in their own homes.

The Family Medicine Clinic is housed in the Herbert K. Abrams Public Health Center, 3950 S. Country Club Road. The clinic and the UA Medical Center next door are both owned by Pima County but operated by the UA Health Network. The new clinic is more than three times the size of the previous one. It has a comfortable, welcoming feel, with large windows offering plenty of natural light.

The clinic’s exam rooms were carefully designed to promote patient and family involvement in the patient’s care, with extra seating and computers in each room to facilitate teaching and dialogue between patient and physician. Each section of the clinic also includes a family meeting room and a smaller waiting room for family members.

“We love being here,” says Susan Hadley, MD, assistant professor of Family and Community Medicine and a member of the residency faculty at UAMC – South Campus. “The staff morale is better here. It puts everyone in a good mood.”
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Your generous gifts to the Department of Family and Community Medicine are changing lives and saving lives!

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Building a Culture of Philanthropy!

Congratulations and thank you to Dr. Stephen Paul and the faculty in the Sports Medicine program! Once again you’ve led by example with 100% giving by you and your colleagues! Thank you!

Pictured left to right: Dave Millward, Don Porter, Stephen Paul, Holly McNulty, Jon Nisbet, Randy Cohen, Mike Stilson, Bruce Helming. Missing from picture: Anna Waterbrook

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‘The Idea of Our Connectedness’ Inspires Top-Ranked Resident

Esther Johnston, MD, MPH

As a first-year medical student at Virginia Commonwealth University, Esther Johnston traveled to Ecuador to work on a project to develop the country’s trauma systems. Over the next four years, as she completed her medical degree and earned a master’s degree in public health from Johns Hopkins University, she returned several times to Ecuador and the trauma project.

She was fully committed to serving people in developing countries, by helping them create sustainable systems that can improve their health.

Johnston, now in her final year with the UA Family Medicine Residency Program at University Campus, says she is motivated by “the idea of our connectedness to other people in the world.”

Her achievements have earned Johnston the reputation of being an outstanding clinician with an extraordinary talent for global health.

For this, the American Academy of Family Physicians honored her recently as one of the Top 12 Family Medicine Residents in the country. The academy’s Arizona chapter gave her its highest honor earlier this year, naming her the top family medicine resident in the state.

“I’m very grateful” for the honors, Johnston says. “But there are a lot of really wonderful doctors out there who are taking leadership and doing great work. So it’s an honor to even be considered along with them.”

Johnston also is grateful to her mentors. Among them: Elizabeth Moran, MD, adviser to Family and Community Medicine’s Global Health Track, which Johnston helped create, and Residency Director Colleen Cagno, MD, who is willing to “shuffle” residents’ schedules to allow them to travel to academic meetings or, in Johnston’s case, take time off to be trained as an instructor in advanced life-support obstetrics.

Cagno calls Johnston “a superstar.”

But Johnston gives her mom first credit. “I think I was very lucky in that my mother introduced me to the idea of our connectedness to other people in the world,” Johnston says. “All my life, my mother has worked for non-profit organizations that help people in need.”

When Johnston was in her second year of medical school, she decided to postpone getting her MD to spend two years at the Johns Hopkins University, getting a master’s in public health. “I was really glad that I did,” she says. “I wanted to learn more about the socioeconomic determinants of health, and the importance of improving health on the population level.”

Johnston received her MPH from Johns Hopkins in 2009, and her MD from Virginia Commonwealth in 2011. The dual degrees have served her well, she says. In addition to her work

Johnston with school girl in Kibera, Kenya.
It’s deworming day at a school in Kibera, Kenya. The children are holding up boxes of deworming medication.

in Ecuador, she has worked with medical students in Brazil on injury and violence prevention. In her fourth year of medical school, she was one of only 10 students awarded a fellowship from the Centers for Disease Control and Prevention to design a community response to a measles outbreak in Kenya. And she returned to Kenya last year to develop a nutrition program at a school for impoverished children, many of whom are HIV-infected and abused. Her work has been supported by a UA College of Medicine Resident Excellence and Leadership Scholarship.

“I went into medicine because I wanted to have a positive impact on the world,” Johnston says. “And at the same time, I wanted to push myself to always be learning, always discovering. Global health is just a great fit for all of those reasons. Whenever I work with people of different backgrounds, it really forces me to question assumptions I’ve made about the world, and reassess things from a new perspective.

“It’s one of the reasons I came to the UA residency program, because of the chance to see so many refugees and people from different backgrounds in our clinic, and at the hospital.”

Johnston will finish her residency in June. Between now and then, she has several job options to consider. At least one would have her working in a developing country.

“I would look forward to that,” she says. “I do see myself settling in the U.S., but working in global health when those opportunities arise. I’m also extremely passionate about research, so that will be a part of wherever I go.”

We Look Forward to Seeing You!

UA Family Medicine Residency Alumni Reunion
Friday, February 28 and Saturday March 1, 2014

Westward Look Wyndham Grand Resort and Spa
345 E. Ina Road – Tucson – 85704
• Friday night cocktail hour and dinner
• Saturday morning breakfast and CME course
• Saturday Luncheon followed by optional group activities

If you have not already registered for the reunion, please call 520-694-1607

Watch your inbox for more details!
Study Aims to Reduce Health Risks in Arizona’s Tribal Youth

Eating high-fat, processed foods and fewer fruits and vegetables, and spending hours a day on digital games instead of physical exercise, are high-risk behaviors known to increase the chance of developing diabetes, cancer, heart disease and other chronic health conditions.

Francine C. Gachupin, PhD, assistant director of Family and Community Medicine’s Native American Research and Training Center (NARTC), is leading a new study, funded by the American Cancer Society, to gain a better understanding of how prevalent these unhealthy trends are among American Indian youth in Arizona – the first step to reversing the trends.

Gachupin is analyzing tribal teens’ anonymous responses to “youth risk behavior” surveys conducted every two years by the U.S. Centers for Disease Control and Prevention, in collaboration with tribal health departments, the Arizona Department of Education and the Arizona Department of Health Services.

“The critical thing is that we need children and youth to be healthy while they are young,” Gachupin says. “If they develop these high-risk habits and they become obese or develop diabetes early in life, you can imagine the quality of life they will have as adults.

“That’s what motivates me. And I think it’s imperative that we make inroads now into preventing these chronic diseases.”

Gachupin is an epidemiologist widely respected for her public health research, she joined the UA in October 2012. In addition to her role with NARTC, she also is assistant director of the Cancer Health Disparities Institute at the University of Arizona Cancer Center.

A member of New Mexico’s Jemez Pueblo, Gachupin has previously researched the risk behaviors of New Mexico’s American Indian youth.

In addition to diet and exercise habits, the CDC surveys ask about other high-risk behaviors: driving without a seatbelt; unsafe sex, which leads to unintended pregnancy, HIV and other sexually transmitted infections; alcohol and other drug use; tobacco use; and so on.

Youth who participate in the surveys are asked to identify their race, but not their tribes or their schools. But data are still useful to schools with high percentages of American Indian students, Gachupin says.

Because students respond to the surveys anonymously, there is little chance of students being dishonest about their sexual habits, how old they were when they started using tobacco, and other risk behaviors.

Gachupin expects to complete her analysis by mid-2014. By then, she also hopes to obtain a second research grant, from the National Institutes of Health, to evaluate the effectiveness of the summer Wellness Camp that NARTC offers each year to American Indian youth at risk for, or already diagnosed with, diabetes.

Since 1991, the camp has been attended by 30 or more youths each year and is the only yearly medical camp in the country for American Indian children and youth with Type 2 diabetes – which used to occur only in adults.

“We tell the kids, ‘You’re going to eat potato chips. We know that. But if you have a choice between a baked potato chip and a fried potato chip, eat the baked potato chip.”

“Because even that little bit is going to help you in the long run.”

They teach the campers about traditional languages, arts and crafts, singing, dancing, and tribal history.

“We learn about each other and have a growing appreciation for each other,” Gachupin says.

“And in our conversations we want to teach kids to be their own ‘locus of control’ – that they have the ability to say yes and no when they’re in different situations and need to make choices that are good for them.”
How many parents have watched another couple take off on a great adventure, then say to each other, “Well, someday, when the kids go off to college . . .”

For David Yost, MD, and Laurie Yost, someday arrived a couple of years ago.

“One morning we were having breakfast and we looked at each other and said, ‘The kids are gone,’” David Yost recalls.

By then he had been with the Indian Health Service hospital in Whiteriver, Arizona, for 20 years. He could have retired, but they were up for a new chapter.

In 1986, prior to Yost’s fourth year of UA medical school, the couple spent 12 weeks in Tanzania. He worked at the Shirati Mennonite Mission Hospital, a 100-bed rural facility on the shores of Lake Victoria, through a program co-sponsored by Family and Community Medicine’s Global Health Program.

The hospital had asked Yost to come back, which the couple planned to do, once he finished his family medicine residency at the UA in 1990. But their first child, Aaron, was born at what is now University of Arizona Medical Center in 1989. And Yost’s father, Gerald C. Yost, MD, a pediatrician who spent 30 years with the Indian Health Service on the Navajo Reservation and in Phoenix, was diagnosed with leukemia.

They decided to stay in Arizona another year or two. It so happened that the Indian Health Service hospital in Whiteriver had an opening, so the Yosts moved there, joining residency pals Laura Brown, MD, and Marc Traeger, MD, and a host of medical students and residents who rotated through. Yost started as co-clinical director with Brown, and was promoted to clinical director when she went on maternity leave.

At the end of two years, Yost could have moved on to another position with the Indian Health Service or pursue the position in Tanzania.

“But we decided to stay in Whiteriver because it was such an amazing opportunity for me professionally,” he says. “I was able to deliver babies and work in the ER, and I got to do some really interesting public health work with infectious disease.”

And by then they were a family of four; daughter Emily came along in 1991. “Whiteriver is in a beautiful area of the state,” Yost says. “It’s in the White Mountains, where you can do great things like camping and skiing and fishing, and it’s a wonderful place to raise kids.

“We decided then to take it two years at a time,” Yost says. “But two turned into 20.”

In 2003, while working in Whiteriver, Yost earned a master’s degree in infectious disease and public health from the London School of Hygiene and Tropical Medicine, in 2003. He took online courses, and one or two trips a year to London.

When the someday moment arrived two years ago, the couple talked over their options. Both kids were in college, and he was eager to put his public health training to work in a new setting. He sent his CV off to the U.S. Public Health Service, which includes the Indian Health Service, the Centers for Disease Control and Prevention and other agencies.

He was called about several opportunities. “Ironically, the CDC asked if I wanted to go back to Tanzania,” he says. But the job that most intrigued him was in San Juan, Puerto Rico, with the CDC Division of Tuberculosis Elimination.

There were two issues that the Puerto Rico Department of Health wanted help with: a TB outbreak in an adult care home, which led to some deaths; and the broader issue of identifying TB in immigrants to Puerto Rico. The island’s TB surveillance, particularly among immigrants, needed to be increased.

The job would start July 1, 2012. The Yosts said yes.

“The culture is amazing and the people are wonderful,” David Yost says. “We live on the 17th floor of a beachfront apartment building, which is not something I was used to, after spending so much of my life on the Navajo Reservation and in the White Mountains and Tucson.”

Laurie Yost, who has had a long career as a preschool and kindergarten teacher in Arizona, volunteers at a kindergarten and helps with a weekend meal program for school children who would often go hungry when they were not in school.

As for the kids, Aaron, 24 and recently married, works primarily as a writer with a cutting-edge playwright theater in Washington, DC. Emily, 22, a senior at the University of Denver, will graduate with a degree in hotel management.

And what about Tanzania? The question makes Yost chuckle. “I’m 3,000 miles closer to Africa. I still have 4,000 miles to go. But yes, I’d love to go back there someday.”
Carrying on an Important Tradition

Serving the underserved has always been one of the primary missions of Family and Community Medicine. It started with the late Herbert K. Abrams, MD, founding head of our department. In the early 1970s, Abrams was one of the first in the country to obtain federal funding to build a community health center, to serve low-income families near where they live. The original clinic, now called El Rio Community Health Center, has grown into a network of clinics that reach out to people living on low incomes and those who have no health insurance.

Medical students and faculty continued the tradition by organizing free clinics for women living in poverty, and people who are homeless. Also in the 1970s, Ron Pust, MD, started a global health training program for medical students and others interested in working in developing countries. Still going strong today is the Mobile Health Program, started by the late Augusto Ortiz, MD, in 1976, to provide free or low-cost care to uninsured folks in Southern Arizona’s rural communities.

All of these programs have been sustained, even in years of lean funding, because the demand for health care for those without never goes away.

That’s why I’m especially pleased to see articles in this newsletter that show the kind of work we are doing, all with the goal of improving the health of individuals, families and communities.

Family Medicine Resident Esther Johnston, MD, has been working in Kenya and other developing countries since her first year in medical school. David Yost, MD, who graduated from our residency program 23 years ago, is in Puerto Rico, overseeing efforts to eradicate tuberculosis. Francine Gachupin, PhD, is conducting research that could lead to better strategies for preventing diabetes and other chronic diseases in American Indian youth and adults.

And our cover story talks about our beautiful new, family-oriented clinic in the Herbert K. Abrams Public Health Center, and the variety of wellness programs the clinic offers patients.

The circle is unbroken, and that’s good for us all.

I wish you happy holidays, and a new year of good health!

Tammie Bassford, MD
Head, Department of Family and Community Medicine