ARIZONA | Family & Community Medicine
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"Healthy Families, Healthy Communities"

Medical-Legal Partnership Breaks Through Barriers to Better Health

Michael Brisky was being treated for tuberculosis and an aggressive form of cancer when his health care and disability benefits were canceled last year. Brisky, who lives in a desert homeless camp, got his benefits back, thanks to an innovative Family and Community Medicine program that added a lawyer to his health care team.

Marie Kibanza, a Congolese refugee and torture survivor now living in Tucson, was denied the health care and disability benefits to which she was entitled. Thanks to the same program, Kibanza now receives free medical care and a monthly disability check. Instead of worrying how she will eat and pay her rent, she now can focus on learning English and studying for her citizenship test.

The Tucson Family Advocacy Program is based at the Family and Community Medicine Clinic at 707 N. Alvernon Way. TFAP (pronounced TEE-fap), exists because issues such as substandard housing, domestic violence, and not having enough money to meet basic needs can seriously harm a person's health.

Doctors at the clinic refer patients who are struggling with such issues to TFAP Director Anne Ryan, a lawyer who spearheaded the development of TFAP with encouragement and funding from several organizations. TFAP began providing legal services to family medicine patients in 2005.

Refugee Marie Kibanza, left, with her friend and translator, Jane Karumba

One of TFAP's most important features is that patients don't have to drive or ride a bus to see Ryan; she's right down the hall from their doctors.

"I'm extremely fortunate to be able to work in this clinic with its dedicated team of health-care providers," Ryan said. "Neither the legal or medical professions have all the necessary expertise to solve every problem. But by working together, we become much more effective advocates for patients and can help them obtain the benefits and services they need for their health and well-being."

TFAP is one of 98 active "medical-legal partnerships" operating in nearly 300 hospitals and clinics across the country. The first partnership was started at Boston Medical Center, New England's largest "safety net" hospital, in 1993, by a pediatrician who recognized the futility of trying to treat children for asthma when they lived in

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TFAP Profile: Lonnie and Edith

Edith and Lonnie married for better or for worse. When Lonnie was diagnosed with colon cancer in July 2007, they thought that was all they had to worry about. They soon learned how much worse things could get.

Lonnie's treatment with chemotherapy and radiation went well; then he underwent surgery. Complications put him in intensive care for three weeks. He had been out of work for three months by then, and the couple's savings were depleted. Edith's small pension and babysitting money just weren't enough.

The couple applied for food stamps. They tried to get Lonnie on the state AHCCCS health plan for people of low income. They filed for Social Security disability benefits for Lonnie. All three applications were rejected. They had no idea why.

Then they were referred to TFAP. They learned they had the right to appeal the decisions, and how to provide the necessary documentation.

They qualified for food stamps and Lonnie got on AHCCCS after the state corrected an error in the couple's initial applications. And following TFAP's appeal to Social Security, Lonnie was found eligible for disability benefits.

Six months later, their health insurance and food stamps almost ended again. This time Edith submitted the necessary papers and their benefits were continued.

While Lonnie continues his cancer battle, Edith has learned to handle some of their entitlement issues herself.

"Anne showed me that you have the right to appeal," Edith said. "You have the right to question their decisions. She taught me how to stand up for our rights, which I did not know how to do before. Even now when we go to the doctor, I know how to ask questions. Before, I didn't know I could do that."

Teaching people how to be self-advocates is one of TFAP's primary goals, Ryan said. "When patients can take steps that solve or prevent a legal crisis like the loss of health insurance from ever happening, that's preventative medicine and preventative law at its very best."

Lonnie and Edith asked to be identified by their first names only.

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run-down, moldy apartments without heat. Dr. Barry Zuckerman realized a lawyer could help his patients, making sure they have food, safe housing and the medical care they need.

In 2011, these partnerships provided legal assistance to just under 53,000 individuals and families across the country. TFAP alone handled more than 250 new cases last year.

> *"TFAP is such a good idea because there are so many legal and insurance issues that impact a patient's health that physicians don't know how to navigate."*
>
> *Barbara Eckstein, MD*

"The medical-legal partnerships can help not only the health of individuals, but the health of populations," said Megan Sandel, MD, MPH, who heads the National Center for Medical-Legal Partnership in Boston. "I do believe that in the next 10 to 20 years, this will become the standard of care."

Sandel and other researchers recently worked with Ryan on a study of how patients benefit from medical-legal partnerships. Patients who received legal services reported reduced stress and improved well-being.

"I think the Tucson program is a great example of how legal services can be integrated into the delivery of health care," Sandel said. "I see Anne Ryan as a real leader in the MLP movement. I think TFAP is the first partnership based in a family medicine clinic in the country."

Barbara Eckstein, MD, medical director of the Alvernon clinic, estimated that at least 25 percent of the clinic's patients could use legal help.

"TFAP is such a good idea," Eckstein said, "because there are so many legal and insurance issues that impact a patient's health that physicians don't know how to navigate.

"If a patient isn't getting what they need from their insurance company, no amount of medical knowledge is going to solve that. People might think 'Well, why doesn't the doctor just write the insurance company and say hey, my patient needs this. But it's not that simple. Being able to work with Anne is really important."

Part of TFAP's mission is to train doctors. Ryan provides training to the clinic's physicians and staff, to help them help their patients in crisis. The Alvernon clinic where TFAP is based is also home to one of Family and Community Medicine's two residency programs, which provide three years of training for medical school graduates who want to be family doctors.

Physician residency programs nationwide are now expected to train doctors to work in interdisciplinary teams, which TFAP makes possible, said Colleen Cagno, MD, director of the Alvernon clinic residency. Interdisciplinary teams also are

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important to a "patient-centered medical home," a single site that connects patients to the services they need in addition to medical care, Cagno said.

"It is my hope that residents who are trained here are successful at working with interdisciplinary teams in their future practices," she said.

Julian Uselman, MD, will complete his family medicine residency in June, then join a group practice in his hometown in Oregon. The group does not include a medical-legal partnership, but Uselman expects to tap into his experience with TFAP. "We don't learn how to deal with legal issues in medical school," he said. "TFAP tells us 'Here's how you can advocate for your patients.'"

Uselman volunteered with other residents, volunteer lawyers and UA College of Law students to help at TFAP "advance directive" workshops at Armory Park Senior Center.

Advance directives tell doctors, hospitals and other providers how much medical care a patient wants near the end of his or her life and who they want making health decisions for them if they are not able to communicate their wishes. For example, a person with a terminal illness may not want to be resuscitated if he experiences a cardiac arrest – or he may want his doctor to do everything possible to keep him alive.

"If you can talk to me, I'm going to do whatever you want me to do," Uselman said. "It's when you can't talk to me that the advance directive gives me

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TFAP Profile: Michael Brisky

Being homeless would seem like enough challenge for one person. But in May 2010 Michael Brisky found out he had tuberculosis, a life-threatening illness for which he received free treatment from the Pima County Health Department. And the challenges didn't stop there.

In January 2011, Brisky went to an ER with excruciating stomach pain. His liver was greatly enlarged. Tests confirmed lymphoma – cancer of the lymph glands – which had spread to his liver. Clearly, Brisky was unable to work. By then he qualified for AHCCCS, Arizona's health care plan for the poor, but he had no source of income to cover food, rent and other basic needs.

Katie Grund, MD, Brisky's doctor at Family and Community Medicine's clinic in central Tucson, referred his case to Anne Ryan, director of the Tucson Family Advocacy Program (TFAP). Ryan filed a request for expedited benefits from Social Security, which found Brisky eligible for disability benefits.

Meanwhile, the chemotherapy reduced his liver tumor, but good news again was met with bad. Once he finished treatment, Social Security determined he was no longer disabled, so his monthly income check was stopped. His AHCCCS health insurance was then also terminated.

But Brisky clearly needed ongoing medical care. A PET scan in August found more enlarged lymph nodes and cancer in one of his lungs.

Ryan filed the necessary appeals with Social Security and AHCCCS, and within one week of submitting the medical evidence, Brisky's disability benefits and health insurance were reinstated retroactively.

He and his partner Nancy have moved into a motor home next to a homeless camp in the desert. With his monthly disability check, they have enough to get by. With AHCCCS, he can continue his cancer treatment and other needed medical care.

Brisky's case shows how important TFAP is to patient care, Grund said. "I don't know how other clinics operate," she said, "without a program like we have."

Brisky, who stands more than 6 feet tall, has gone from 200 pounds to 135. "He admits to feeling "rotten." But he also feels grateful.

"If it hadn't been for Anne," he said, "I don't know where I'd be."

Michael Brisky with his doctor, Katie Grund, M D.

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the guidance I need."

About 20 percent of the Alvernon clinic's patients are refugees, and TFAP works with the clients of three refugee resettlement agencies: the International Rescue Committee, Lutheran Social Services of the Southwest, and Catholic Social Services. In addition, the Arizona Refugee Resettlement Program has placed a full-time AmeriCorps Vista intern with TFAP to help refugees learn to navigate the health care system.

"TFAP provides a very unique service to our clients," said Nicolle Trudeau, Lutheran Social Services' Tucson program director. "It's the only clinic in our community that has a medical-legal partnership. Our clients that have used TFAP feel they are respected, and that they get access to services that they did not have access to because of barriers in the system. It's an incredibly valuable service."

Trudeau is working with Family and Community Medicine residents to create a video – in 10 languages – to help refugees learn about health care services in this country. "A patient may ask, 'In the video it says I might have to have an annual check-up. What's that about?' They can watch the video as many times as they want. And hearing it in their own language will be very comforting."

Ken Briggs, the International Rescue Committee's Tucson director, calls TFAP "an incredible boost" to the services his non-profit provides.

"Anne has helped our clients overcome a number of legal obstacles," Briggs said. "What's also important is everything that she has taught us. Our staff has learned from her how to make that first application (for health care coverage or other service) much stronger.

"I hope people will understand what an important role TFAP plays – not just for refugees, but for anyone in poverty. That's the healing part. So often, there are so many pieces that have to come back together again so that people can heal."

TFAP Profile: Marie Kibanza

Marie Kibanza is a survivor of torture, a refugee from the Democratic Republic of the Congo, a nation known for some of the worst violence in the world. The mother of six sons and a daughter, she survived beatings that left her unable to walk without a cane. Her husband and one of her sons were beaten and killed. Her daughter managed to escape the violence, by leaving Africa for Australia, some years before. With the help of a pastor, Kibanza and her five other sons fled to safety in neighboring Rwanda.

Clockwise from front, Marie Kibanza, Anne Ryan and Jane Karumba

That was about five years ago. Today, two sons are living in South Africa.

Kibanza and her three other sons were granted refuge in the U.S. In 2008 they settled in Tucson, where they are studying English and studying to become American citizens.

As a survivor of torture, Kibanza suffers from post-traumatic stress and severe headaches, medical problems for which she is treated at Family and Community Medicine's central Tucson clinic, home of the Tucson Family Advocacy Program, or TFAP.

Kibanza's English is limited, but her resilience is not. Her dearest friend in Tucson is Jane Karumba, a respiratory therapist and immigrant from Kenya who speaks Swahili and serves as Kibanza's translator.

"In Kenya, anyone who is older than you, you respect like they're your parents," Karumba explained. "We are very good friends."

Dr. Jessie Pettit referred Kibanza to TFAP after her application for Social Security disability benefits was twice rejected. Kibanza had missed the deadline for appealing the second denial. TFAP Director Anne Ryan helped her file a third request with pertinent medical information.

This time, Social Security found Kibanza eligible for disability benefits and paid many months of benefits back to her first application date.

Kibanza's face lit up in a smile as she talked about how TFAP helped her.

"In her culture, she is expected to provide for her own needs, and it was very difficult for her to feel she was not meeting her needs. Now she feels much better," Karumba said, translating Kibanza's words.

"She is so grateful to Anne and Dr. Pettit because of the way they helped her," Karumba continued. "And she prays every day for Anne so she can continue to help other people, too."

Foundation, Legal Aid: TFAP 'Very Important to the Community'

From the beginning, the Tucson Family Advocacy Program has relied on the financial support of organizations committed to promoting health care and legal justice for all. TFAP found initial support from the Arizona Health Policy and Law Institute, based at the UA Health Sciences Center, with funding from the Strauss Foundation and the Walter and Juliet Absolon Foundation.

Since 2006, the Arizona Foundation for Legal Services and Education has been a major supporter of the Tucson Family Advocacy Program. Established more than 30 years ago, the foundation's vision of justice for all Arizonans mirrors TFAP's work with low-income patients for whom substandard housing, domestic violence, inappropriate denial of health care benefits and other legal issues threaten their health and well-being.

"We are very, very proud to be in partnership with TFAP and we are totally in awe of all the good work it does," said Kevin Ruegg, the foundation's CEO and executive director.

As a medical-legal partnership, TFAP provides a more effective approach to the multiple situations with which its patients are struggling to cope, Ruegg said.

"Vulnerability increases with the number of appointments a patient has to make," she said. "In social services, we are very specialized. We work in silos. For every step patients take toward resolving their situation, they have to take three more to get to the next step. I think it's just very important that we find new ways to collaborate and look more holistically at the situation the patient is facing."

Maricopa County Superior Court Judge Joseph Kreamer has been an outspoken advocate for TFAP from the beginning. Kreamer is a board member and former president of the Arizona Foundation for Legal Services and Education, established by the State Bar of Arizona in 1978.

Kreamer pointed to a recent study that showed only 20 percent of doctors know how to refer their patients to the legal help they need – and that 85 percent would like to know.

"The beauty of the Tucson program is that not only is it helping patients with legal issues, it's educating doctors early on in their careers to be able to spot and address these legal issues," Kreamer said. "Anne (Ryan, TFAP director) has the skills to work in both worlds – interfacing with the doctors and then turning around and providing resources to people who need them.

"I've visited TFAP multiple times, and it's hard to find doctors or legal providers who aren't wildly enthusiastic about the program because of what it brings to the table."

The foundation works in partnership with Southern Arizona Legal Aid, Inc., a non-profit organization that handles civil law cases for people who otherwise could not afford legal assistance. SALA also collaborates with TFAP to get patients the legal help they need.

"TFAP is very important, to us and to the community," said Anthony Young, SALA executive director. "It allows clients who don't traditionally pick up the phone and call us for help to access the services that we provide. It also reaches Tucson's large refugee population, which is a group that we don't normally reach."

"TFAP is a great concept," Kreamer said. "And it's got the additional benefit of bringing together doctors and lawyers, who have historically had some relationship issues, to work together for the same cause."

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Elsa Cocoa Connects Mobile Health Program to Patients Who Need it Most

Augusto Ortiz, MD, stepped outside the Mobile Clinic one morning to find a woman lying on the ground.

"Are you all right?" he asked the woman, who was clutching a box of cheese she had just obtained from the food bank next door.

"I'm very sick," the woman replied.

"You need to see a doctor."

"I don't have a doctor. And I don't have any money."

"Well, I'm a doctor, and I can see you today."

"But how will I pay you?"

"We'll figure that out later."

That was 22 years ago, the beginning of an enduring friendship between Elsa Cocoa and the Mobile Health Program, now a part of Family and Community Medicine. Started by Dr. Ortiz in 1975, the clinic-on-wheels provides free and low-cost health care to people in underserved communities in Pima County.

"Dr. Ortiz told me I had bronchitis. He gave me a big shot in my butt and told me to come back in two weeks," Cocoa recalled. "When I went back, I asked Dr. Ortiz how I could pay him. He said, 'Why don't you volunteer with us.'"

Cocoa serves as a promotora, a community health worker who knocks on doors to talk to people about the importance of check-ups, immunizations, Pap smears and other preventive care, and to let people know when the clinic will next be in their neighborhood. She drives patients to and from the clinic, when the person has no car and it's too far to walk. She tells people how and where they can get food boxes, diapers, wheelchairs, home repairs and other necessities at little or no cost.

> *"I tell people that it's a wonderful program, that we have doctors right there . . . and please don't let the lack of money keep you from seeing the doctor."*
>
> *Elsa Cocoa*

"A couple of years ago I went to this woman's house," she recalled.

Elsa Cocoa, center, and colleagues with the Mobile Health Clinic: family and community medicine residents Jennifer Chun, MD, and Sarah Davis, MD; medical assistant Lorenia Marin; medical assistant and clinic driver Edgar Zuniga; Victoria Murrain, MD, associate professor of family and community medicine; and Martha Ortiz, whose late husband, August Ortiz, MD, started the Mobile Health Program in 1976.

"She had lost a baby and the clinic decided to adopt her family. I went in and I asked her what she wanted for Christmas. There were wires hanging down her walls and I thought she would say 'I want some sheetrock to fix my house.' What she said was she wanted a big pot, so she could make a stew, and her whole family could eat a vegetable stew. That really touched my heart a lot. Here she had all these different things going wrong and all she could think of was having a big pot so her whole family could eat a vegetable stew. That was a couple of years ago. I still go visit her to this day."

Cocoa practices what Dr. Ortiz taught: Give a person a fish, they eat for a day; teach a person to fish, and they eat for a lifetime. "And don't go into a house thinking that you know what they need or what they want, but to

hear them," Cocoa said. "I think one of the best things we can do is listening to the people, what they want, what they need."

Four of Cocoa's five children, and seven grandchildren, all live on her acre in a colonia, a rural settlement south of Tucson. Her daughter Leticia is following in her footsteps, studying at Pima Community College to be a promotora. She will get her certification this May. "I am so proud of her," said Cocoa, who graduated from high school without learning how to read. She changed that, 24 years ago, through reading classes at El Pueblo Neighborhood Center.

She has a long record of community activism. Susan Woodruff, a nurse practitioner and former director of the Mobile Health Program, credits Cocoa with keeping a toxic waste dump out of her neighborhood, where diverse populations live. Cocoa has worked with local and state politicians to secure needed funding and programs in her colonia: classes on parenting, nutrition, exercise and sewing, and a "Burgers and Books" reading program for children.

"She has worked with the homeless, with pregnant, substance-abusing mothers, and with victims of domestic violence," Woodruff said. "Elsa's approach to life is 'How can I serve?' She is just an amazing woman."

Cocoa, 60, worked with the Mobile Health Program most of last year, while undergoing treatment for breast cancer. She now is in remission, and back to her regular schedule.

Dr. Ortiz worked with the Mobile Clinic until shortly before he died in 2006. Susan Hadley, MD, became medical director of the clinic in 2010.

> *"Elsa's approach to life is 'How can I serve?' She is just an amazing woman."*
>
> *Susan Woodruff*

"Elsa helps us connect to the patients who need us most," Dr. Hadley said. "She is an invaluable asset to the program."

Cocoa talks to people about the mobile clinic "all the time," she said. "I tell people that it's a wonderful program, that we have doctors right there, that we ask for a $20 donation but if they can't afford it, it's whatever they can give us. And please don't let the lack of money keep you from seeing the doctor."

'Foundation, Legal Aid'

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Both Young and Kreamer share a concern, however, about how to maintain adequate funding for TFAP in a stressed economy. In addition to the grants it receives from the foundation, TFAP receives major funding through the UA Department of Family and Community Medicine and also from the International Rescue Committee's Survivors of Torture program. Because of limited funding, however, TFAP services are only available to patients of Family and Community Medicine's central Tucson clinic.

Doctors, lawyers and social service providers say they would like to see TFAP expand – impossible without a significant increase in financial support.

"This program should be replicated wherever there are refugees," said Ken Briggs, executive director of the International Rescue Committee's Tucson program. "And if you could replicate Anne, that would be wonderful too."

TFAP Medical Director Jessie Pettit, MD, concurs. "I think expanding TFAP is a great idea, and certainly needed," she said. "TFAP plays so many roles in patient care."

Ryan trains doctors how to write effective letters of support for patients applying for disability, Pettit said. And when a patient who is clearly disabled is turned down for disability benefits, Ryan can file an appeal, and get the person the benefits they need.

"Once they receive disability benefits, we are able to move on to their medical issues." Pettit said. "It opens up so many doors. If patients can't even afford their co-pays because they are unable to work, but not receiving any benefits, we can't expect them to comply with complicated – and expensive – medication regimens. And then how can they get well?"

Anthony Young

For information about making a charitable gift to the Tucson Family Advocacy Program, please contact Thom Melendez, Family and Community Medicine development director, at tmelende@email.arizona.edu or (520) 626-4961.

Obesity Epidemic: Doctors Want New Ways to Help Patients Lose Weight

You would like to lose weight and you'd like your doctor's help. And your doctor wants to be supportive – but she also feels she needs some new tools to help you reach your goal.

That's a likely scenario, given the results of a recent study conducted at Family and Community Medicine's two outpatient clinics. The study found that the clinics' doctors, nurses and other medical staff are doing a good job of monitoring their patients' weight. But they would like to have some new tools to help their patients get their weight to where it should be.

The study, while small, offers new insight on how to confront the nation's escalating obesity epidemic. Two-thirds of U.S. adults are overweight, and one-third are obese (at the high end of the overweight scale), the Centers for Disease Control and Prevention reports.

In 2010, 12 states had an obesity prevalence of 30 percent or more – compared with nine states in 2009 and none in 2000, according to the CDC.

Particularly alarming is the fact that nearly one in five American children is either overweight or obese – triple the rate from a generation ago, according to the CDC.

Obesity is also an economic issue. The medical costs of treating heart disease, diabetes and other conditions tied to obesity were estimated at $147 billion in 2008, the CDC reports.

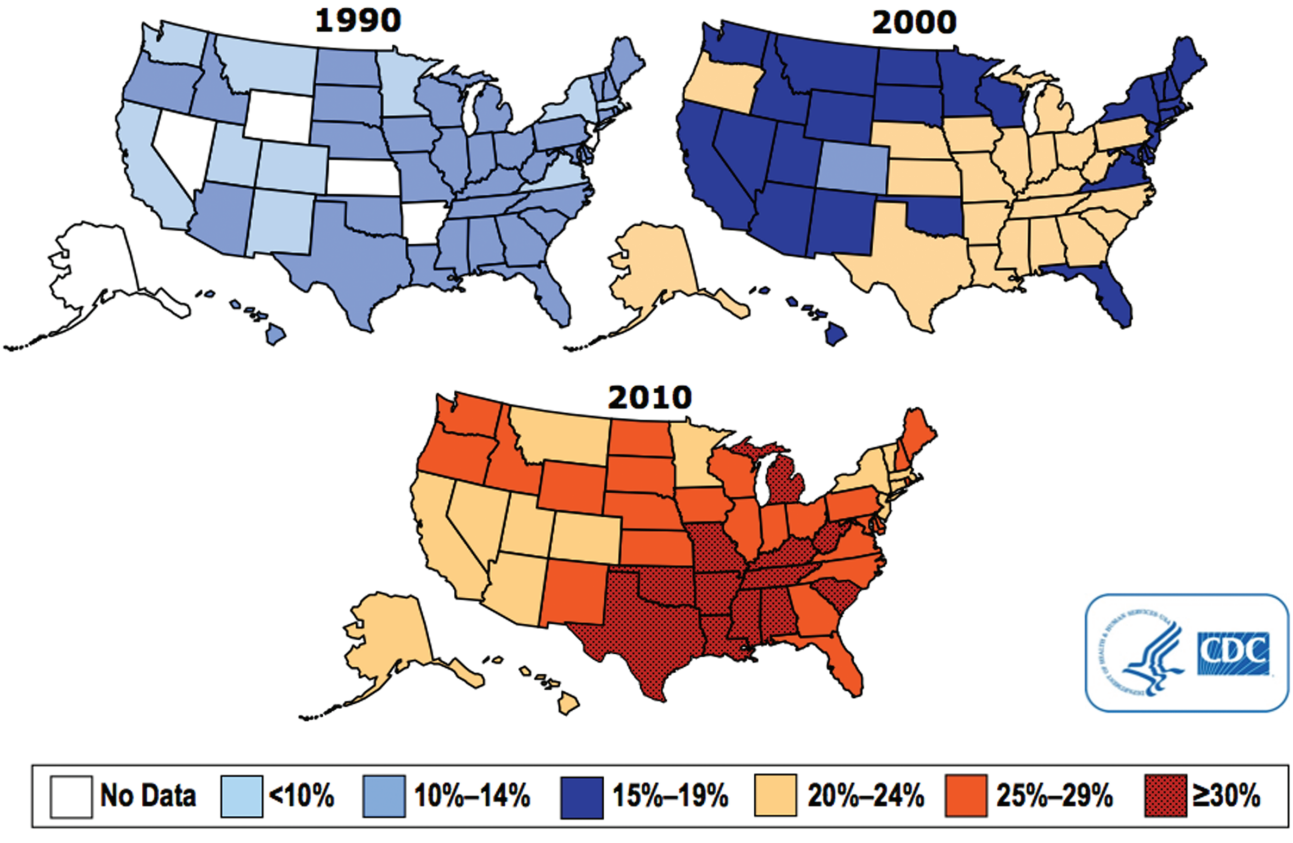
"The obesity epidemic is complex, and requires a multi-level approach. We need to combine public policy, community-based, and individual-level interventions to combat this problem. Primary care practitioners can play an important role in motivating and assisting their patients to live healthier lives. But we need to find new ways to make this encounter both effective and feasible," said Judith S. Gordon, PhD, associate head for research in the department of Family and Community Medicine, and lead investigator on the study.

Previous studies have shown that nearly 50 percent of primary-care office visits do not include documenting patients' weight, but Family and Community Medicine practitioners are doing better than

Obesity Among U.S. Adults

The percent of adults who are obese has increased dramatically from 1990 to 2010

(Source: Behavioral Risk Factor Surveillance System, CDC)



that. More than 90 percent say they weigh patients at every visit, and document weight in patients' charts.

The study also found that two-thirds of practitioners discuss weight-loss strategies with their patients. And 92 percent said they would like new strategies for helping their patients understand the health risks of weighing too much.

> *"The obesity epidemic is really tragic. It's definitely a problem that will require a public-health approach and a clinical approach.."*
>
> *Kevin Burns, MD*

"Our practitioners are doing a good job, but it would help to discuss more strategies," Gordon said. "For example, most patients don't know that getting a good night's sleep is really important to regulating weight. We want people to have less 'screen time' – time in front of the TV, or the computer.

"And we want families to eat meals together. They eat more slowly because there's conversation going on, and it models good behavior for kids.

"A patient may live in a place where they don't feel it's safe to go out and walk" she explained. "We need to evaluate social and environmental influences on patients' behavior."

Co-investigators with Gordon were Randa Kutob, MD, of Family and Community Medicine, and Cynthia Thomson, PhD, of the UA Mel and Enid Zuckerman College of Public Health.

Family and Community Medicine residents -- doctors continuing training for another three years after medical school -- also were part of the research team, an example of the department's strong emphasis on research by doctors at all career levels. Kevin Burns, MD, chief resident at The University of Arizona Medical Center – South Campus, conducted the survey at the hospital's Family Medicine Clinic. First-year resident Amanda Marcus, MD, compiled the survey results into a poster for presentation at national research meetings.

"I think it's a great project, one that provides a springboard for future activities that will really make a difference," Burns said. "The obesity epidemic is really tragic. It's definitely a problem that will require a public-health approach and a clinical approach."

David Byron, MD, a second-year resident, oversaw the study at the Family Medicine Clinic at 707 N. Alvernon Way, and created a packet of local and national resources for patients: Weight Watchers meetings, YMCA programs, local farmers' markets, phone help lines, where to get food stamps, and so on. Byron wants to continue with the project and conduct training sessions for physicians.

"Many of the patients I'm seeing these days are dealing with obesity," Byron said. "It's not a problem that's going to be resolved soon, even if it were starting to turn around today. It's something that we as physicians will be dealing with for the rest of our careers."

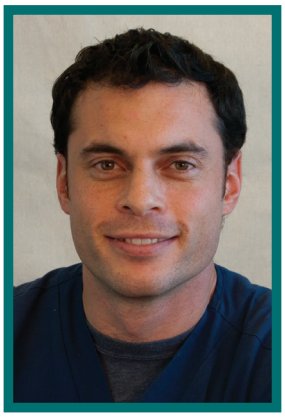
One hopeful development, Byron noted, is that local farmers' markets are now starting to accept food stamps. "That means low-income families can purchase fresh fruits and vegetables, which are essential to healthful eating."

The researchers' next goal is to obtain funding to develop the new tools that doctors and nurses say they want, and test how well the tools work.

Part of their plan is to build the tools into the clinics' electronic medical records system. One example: an automatic reminder to doctors to assess patients' body mass index – a calculation based on height and weight that provides a more accurate assessment than just weighing patients. Another option: visual graphs to show patients how their weight has changed over time; what their risk is for heart disease, diabetes and other health issues; and how their risk would change if they lose weight or continue to gain.

"This is all very exciting to us, because it's the kind of applied clinical-practice research that Family and Community Medicine is so well-suited to conduct," Gordon said.

Judith Gordon, PhD



David Byron, MD

Kevin Burns, MD

"Our practitioners want to address obesity. We have residents who are enthusiastic about improving clinical practice, and we have researchers in our department who can collaborate with other departments, assess the intervention – in this case the survey – and provide feedback to our physicians to help them improve patient outcomes.

Laura Brown and Marc Traeger: Redefining 'Country Doctor'

They were medical students, driving together from the University of New Mexico in Albuquerque to an international health conference in San Diego. They chose a direct but scenic route, taking them through Show Low and Pinetop, along the White Mountain Apache Reservation, in northern Arizona.

"It was so beautiful," Laura Brown recalled. "I said, 'Wow – I wonder if they ever need doctors around here.'"

A few years later, doctors Brown and Marc Traeger, by then husband and wife, were finishing their residencies in Family and Community Medicine at the University of Arizona. Both wanted to work in an underserved, rural community. The Whiteriver Indian Hospital, not far from Pinetop, had two openings. That was 1989.

"It was everything we wanted," Traeger recalled. "ER, prenatal, pediatrics, adult medicine – a real, true family practice."

Brown and Traeger made their home in Pinetop, where they have raised four kids. The oldest is a sophomore at the UA, majoring in chemical engineering. The youngest is in the eighth grade.

"Living in a small town in the mountains is a great experience," Traeger said.

But it's only part of their story.

By 1997, with three kids at home, Brown needed a break from working nights in the Whiteriver ER. She joined the research team of the Johns Hopkins University's Center for American Indian Health, testing new vaccines to prevent diseases that are a significant burden in tribal populations.

The Center has had a presence in Arizona for more than 30 years.

Marc Traeger, MD, and Laura Brown, MD, with their children (back to front) Adela, Jeremiah, Luke and George.

Dr. Mantu Santosham, a young Johns Hopkins pediatrician, came to Whiteriver in 1980 to find a way to prevent deaths from childhood diarrhea. The first oral rehydration solution resulted from his work, Brown said.

Her work with the Center has included testing an experimental drug for preventing RSV, a viral infection that can be life-threatening to infants. Next up is a study of a new vaccine to prevent bacterial pneumonia in babies. For this study, Brown will resume her clinical work at the Whiteriver hospital. "The windows for giving the vaccine are narrow enough that if someone misses their appointment, they may not be able to get back to their doctor in a timely way," she said.

By 2000, Traeger was feeling the need for a new challenge, so he signed on for two years as a "disease detective" with the Centers for Disease Control and Prevention's Epidemic Intelligence Service. Stationed in Tallahassee, he was sent to New York to help the city's health department deal with the September 11 terrorist attacks, and soon afterwards dealt with the first anthrax case in Florida. Lethal anthrax spores were found at American Media Inc. in St. Petersburg, publisher of the National Enquirer and other tabloid newspapers.

"We didn't know where it was coming from or what was going on," Traeger recalled. "Suddenly we were involved in this very high profile investigation that was on the news every day. And then we discovered that it was an actual case of bioterrorism, transmitted through the mail. It was very intense."

Traeger also investigated Florida's first cases of West Nile Virus and other infectious disease outbreaks.

In 2001, Traeger and Brown embarked on another amazing adventure: adopting 4-year-old George from an orphanage in the Ukraine. In 2002, the family of six returned to Pinetop.

As Brown resumed her work with the Center for American Indian Health, Traeger took on a different role with the hospital in Whiteriver, as half-time clinician and half-time preventive health officer. Traeger put his epidemiology skills to work when he investigated an outbreak of Rocky Mountain spotted fever on the reservation, a disease previously felt to be nonexistent in Arizona – but now known to be transmitted from the brown dog tick as a result of this work. Clearly, they are doctors who enjoy a variety of challenges – work for which their UA family medicine residency training prepared them well, they said.

"The residency allowed us to spend two months in Mexico, for example, learning the language, and that was wonderful for us when we got back to

Tucson where we had a lot of Spanish-speaking patients," Brown said. "The residency also gave us the opportunity to work on the Hopi Reservation, and that really guided our career choices. If the residency had insisted we do all our training in Tucson, those choices never would have been available to us."

Traeger took on another challenge in April 2005 when he volunteered with a Public Health Service team in Indonesia, following the catastrophic December 2004 tsunami and earthquake.

He recalled one especially intense moment in the Family and Community Medicine Yearbook published last year:

"Through the front windshield of the Navy Blackhawk helicopter, all I could see was the indigo blue Indian Ocean screaming towards us. We were plummeting straight down faster than gravity would pull us, as indicated by my laptop floating from the floor to the ceiling. It was all I could do to hold on to a side railing – I was buckled in, of course – but the G's we were pulling hardly allowed me to breathe, much less move purposefully, or think – and I couldn't see how the pilots could possibly make any correctional moves. An Australian helicopter had crashed just a few weeks earlier, killing all the passengers, I recalled – just a few miles from here, on the island of Nias, Indonesia, responding, as I was, to a post-tsunami earthquake. . .

". . . Proudly and smugly, our pilots pulled the craft out of its dive shortly before meeting certain death at the surface of the ocean. The remainder of the flight was fairly uneventful, sprinkled with only occasional flirtatious drops, spins, turns, and flying vomit. I returned home intact and thankful for the solid ground below my feet, free of earthquakes, tsunamis and most other natural disasters. What an opportunity to help out where the need was so great."

The UA Family and Community residency program graduated its first class in 1974. Barry Weiss, MD, a 1979 graduate of the program, oversaw the creation of an online yearbook featuring almost all of the 255 physicians who have graduated from the program over the last 38 years.

Flip through the pages of the Family and Community Medicine Residency Yearbook at

www.fcm.arizona.edu/residency/uafm/people/alumni

Read what residents liked best about the program, and what they've been doing since they graduated. You may find your own doctor there!

New Tobacco-Free Policy Inspires More Smokers to Quit

The UA Health Network saw a surge in enrollment in its Quit & Win smoking-cessation program at the beginning of this year. Twenty-six employees signed up in January and February, compared to 27 during the last five months of 2011. The UA Health Network's new tobacco policy, which took effect Jan. 1, gets credit for the enrollment increase.

The UA Health Network policy prohibits the use of tobacco in and around any network building and property. That includes the network's two hospitals: The University of Arizona Medical Center - University Campus, and the University of Arizona Medical Center - South Campus; as well as The University of Arizona Cancer Center and clinics around Tucson and Green Valley.

Knowing how hard it is for most people to quit smoking, the Health Network is offering free medical support through the Department of Family and Community Medicine's Quit & Win clinic, and free nicotine-replacement patches and medication to any Health Network employee who wants to quit.

The policy also provides free nicotine-replacement products to patients and their family members and friends who visit them in the hospital. The products are available through hospital pharmacies.

The Quit & Win clinic also is available for free to any smoker who shares a home with a Health Network employee.

Another incentive: non-smoking Health Network employees get a discount on their health insurance. Network employees can also work out at any YMCA in Tucson, with the network covering most of the expense; it will cost employees no more to work out at a Y than to use the Pivirotto Wellness Center inside UAMC – University Campus.

"I don't know that I'm surprised as much as I'm pleased," said John Marques, UA Health Network vice president and chief human resources officer. "We expected when we talked about providing the free smoking-cessation support that we would definitely have a response to the offer. People found this was a great opportunity to do something they have been talking about doing for a while, and this provided an incentive."

Myra Muramoto, MD, MPH, Family and Community Medicine professor and Quit & Win clinic director, is equally pleased.

"The tobacco-free campus policy is already having a beneficial effect on our employees," Muramoto said. "Many have said that they had been thinking about quitting for some time, and the new policy gave them the reason they needed to take action now.

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A Partnership for Better Health

You've probably heard the saying, "it takes a village" to raise a child. In a way, that describes how I feel about the practice of medicine. It often takes more than just providing excellent medical care. We have to appreciate and help patients respond to the other realities in their lives.

That's where the Tucson Family Advocacy Program comes in.

In our community and others across the country, a patient's medical problems are often made worse by non-medical issues: domestic violence, a run-down apartment with a broken air conditioner, being told they don't qualify for food stamps even when their meager income isn't enough to feed their family. Doctors have the skills to recognize these problems, but they haven't always had the training or knowledge they need to solve them.

TFAP, as we call it, started by attorney Anne Ryan in 2004, adds her legal expertise to a patient's health care team. The doctors who work at our Family Clinic at 707 N. Alvernon Way can contact Anne whenever a patient is being denied the benefits, safe housing or other requirement for a healthy lifestyle.

An important element of TFAP is its commitment to training doctors to become more effective advocates for their patients. When appropriately written, a doctor's letter may be all a health insurer needs to agree to purchase a special wheelchair.

One of TFAP's greatest strengths is its network of community partners. They include the Arizona Foundation for Legal Services and Education, the International Rescue Committee and other refugee resettlement agencies, Southern Arizona Legal Aid, Inc., and lawyers and UA College of Law students who volunteer with TFAP.

I invite you to become one of TFAP's partners. The number of patients referred to TFAP is always growing faster than state funds, grants and donations can keep up. TFAP's services are available at no cost to patients. Your charitable gift in any amount will help TFAP continue serving patients at our Alvernon Clinic. If possible, we would like to expand TFAP's reach to serve even more patients.

With greetings from our "village" to yours.

Tammie Bassford, MD

Head, Department of Family and Community Medicine