One day about six months ago, Gene Sander, PhD, was sitting in a boat on a lake, fishing pole in hand.

“I was just sitting there in the middle of that lake and I thought, boy – a cigarette would be good right now.”

The thought fluttered past him like a gentle spring breeze. By then, it had been 15 years since Sander – former Dean of the UA College of Agriculture and Life Sciences, and now UA President – smoked his last cigarette.

For that, he gives much of the credit to Myra Muramoto, MD, a Family and Community Medicine physician widely respected for her research and development of new ways to help people quit tobacco.

When she first saw Sander in her clinic, she told him in no uncertain terms that he was addicted to nicotine.

“She said, ‘You’re just like my heroin addicts or my alcoholics,’” Sander recalls. “I said to myself, ‘Well, I really have to do something about this.’”

Muramoto is one of three Family and Community Medicine researchers who have focused their careers on tobacco cessation. She and her colleagues – Judith Gordon, PhD, and Scott Leischow, PhD – are widely known for their research on why people smoke, how to help them stop, and how to prevent them – by the fifth or sixth grade – from smoking in the first place.

They also are a driving force behind a new tobacco-free policy that will take effect January 1 in and around all property owned or leased by UA Health Network, the organization formed earlier this year by the merger of University Medical Center and University Physicians Healthcare.

The policy will apply to all UA Health Network employees, all hospital and clinic patients, and all those who visit or accompany those patients during a hospital stay or clinic appointment.

But the policy does more than prohibit smoking. If any employee, patient or family member wants to quit smoking, UA Health Network will provide free nicotine-replacement gum, along with referrals to tobacco-cessation services that can help them become ex-smokers.

Sander is eager to share his story about how he went from three packs a day to 15 years without a cigarette. He hopes he can inspire others to quit.

“It’s great,” he says, of his smoke-free life. “In fact, I view it as a miracle.”
Forty-six million adult Americans – more than 20 percent of all adults 18 and older – smoke cigarettes, according to the latest estimate from the U.S. Centers for Disease Control and Prevention.

Nearly every one of those smokers is aware that smoking is bad for their health. They know it causes cancer and heart disease, and that there is a good chance that smoking will kill them. Indeed, smoking kills more than 440,000 Americans each year.

“From the smokers’ perspective, hearing that public health message is nothing new,” said Judith Gordon, PhD, Associate Professor and Associate Head for Research in the Department of Family and Community Medicine.

“From the smokers’ perspective, hearing that public health message is nothing new,” said Judith Gordon, PhD, Associate Professor and Associate Head for Research in the Department of Family and Community Medicine.

“There are other factors at work. Most people depend on cigarettes because they are stressed or bored. That’s why, despite all the public health messages about what smoking can do to you – tobacco kills more people than AIDS, illegal drugs, alcohol, car accidents, suicides and murders combined – it’s still the No. 1 preventable cause of disease and death in this country.”

Gordon is nationally recognized for her work on smoking cessation and prevention. She is probably best known for her development of new interventions that can easily be used by health care professionals other than physicians.

In a seminal study published last year in the Journal of the American Public Health Association, Gordon reported the effectiveness of smoking-cessation strategies that she developed for dentists and dental hygienists – professionals who are likely to have half an hour or more with a patient, enough time to discuss why and how he or she should quit smoking.

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Gordon also is interested in smoking-cessation interventions that can be used by non-traditional healthcare providers. Nearly four in 10 American adults, and one in nine children, use some form of complementary or alternative medicine, according to the CDC and the National Center for Complementary and Alternative Medicine, a branch of the National Institutes of Health.

Gordon has developed and tested a smoking-cessation intervention that she created for chiropractors. Her study, funded by the National Institute on Drug Abuse, tapped into the very high correlation between chronic pain and smoking. People with chronic back pain smoke at rates higher than the general population, she explained.

In addition, chiropractors also tend to see patients multiple times, and may spend more time during each visit with the patient. At the end of 12 months, nearly 10 percent of the 156 smokers who took part in the study achieved prolonged abstinence from smoking.

Gordon’s research also has attacked the problem of second-hand smoke, particularly in how it affects children. She created an interactive computer-based program called WeBREATHe – for Web-Based Respiratory Education About Tobacco and Health – to train pediatric respiratory therapists and nurses how to coach parents to quit smoking.
According to the CDC, children whose parents smoke get more bronchitis and pneumonia, and are more likely to suffer an asthma attack and develop ear infections.

These studies are just a sample of the work Gordon has done with “health influencers” to expand the circle of professionals who can encourage and provide support to smokers who want to quit.

Gordon also is a leader in smoking prevention research. She and colleagues at the Oregon Research Institute in Eugene, where she was a senior scientist before coming to the UA Family and Community Medicine department in July 2009, have developed a computer game called “Click City: Tobacco” for children in fifth and sixth grades. Research has shown that by the seventh or eighth grade, most children have either decided not to smoke, or have already started.

Click City is designed to change children’s attitudes and beliefs about using tobacco – particularly those kids who are a high risk for future smoking – to reduce their intentions to ever use tobacco.

“We don’t worry that much about the kids who say they really have no intention to use tobacco, because we know that generally they won’t,” Gordon said. “The ones who have parents or siblings who smoke, or who indicate some intention to smoke, those are the kids that we most want to influence.”

Click City is a classroom-based program that consists of eight lessons with interactive activities. It’s a game-like program that aims to teach difficult concepts, like the process of addiction, through characters such as a Mad Scientist and objects such as a “nic-o-meter” and “crav-o-meter” to gauge nicotine addiction.

“We tell them that nicotine changes the way your brain works, that your brain changes as you become addicted to nicotine, and kids’ brains change faster than adults’ brains do, so kids can become addicted more quickly,” Gordon explained.

The research team’s goal is to implement the Click City project at schools around Tucson and in other parts of the country.

There is no one-size-fits-all approach to quitting tobacco, or preventing people from smoking. Gordon said. “This is such an enormous public health problem, we have to use a multi-pronged approach. We want to have a wide variety of methods to help tobacco users quit. And we want to use interesting and engaging programs to keep kids from ever starting to use tobacco.”

Choosing Cigarettes or Food

As a tobacco cessation and prevention expert trained in clinical psychology, Judith Gordon is particularly concerned with the reasons why people smoke.

A few years back, she heard a reason she’d never heard before.

“I was counseling a smoker who was a real fitness buff and he prided himself on being in great shape. So I asked him, ‘Why do you keep smoking?’

“He said, ‘I work in construction, and right now I’m not working much, so I’m not making much money. When I smoke, it dulls my appetite and I don’t want to eat as much. So I don’t spend so much on food. For me, smoking is cost-effective.’

“The conversation was “an eye-opening event for me,” Gordon said. “It underscored for me that, as health care professionals, we need to make an effort to really listen and understand the reasons why people smoke, so that we can assist them in a meaningful way.”

Want to Quit? Here’s Help!

Arizona Smokers Helpline – 1-800-556-6222 or www.ashline.org

- This free service, funded through state tobacco-tax revenues, offers information and support, in English and Spanish, to help smokers quit. Coaches are available to take calls from 8 a.m. until 8 p.m. Mondays through Thursdays, from 8 a.m. until 6 p.m. on Fridays and from 10 a.m. to 4 p.m. on Saturdays. Available statewide.

1-800-QUIT-NOW (1-800-784-8669) or www.smokefree.gov

- Free information on quitting, in English and Spanish, from the National Cancer Institute. Counselors are available by phone or text-messaging.

Quit and Win – (520) 694-1711 or email quit&win@uahealth.com

- This physician-supervised program is available at no charge to UA Health Network employees and their families through the Family and Community Medicine Clinic at 707 N. Alvernon Way.
As the state’s leading academic health care institution, it only makes sense for The University of Arizona Health Network to adopt a zero-tolerance policy on tobacco.

UA Health Network officers, physicians and tobacco-cessation experts were quick to reach consensus on that concept earlier this year.

The concept initiated with a January 2011 email from Scott Leischow, PhD, a UA professor of family and community medicine and public health, and associate director for biobehavioral and social sciences research at The University of Arizona Cancer Center.

Leischow’s email went to William Crist, MD, then UA vice president for health sciences; David Alberts, MD, PhD, director of the UA Cancer Center; and Tammie Bassford, MD, head of Family and Community Medicine.

Leischow proposed a prohibition on tobacco anywhere in or on UAHN buildings and campuses, which includes its two hospitals, all of its clinics and The University of Arizona Cancer Center. But he didn’t stop there. He also proposed to make nicotine-replacement products and other treatment available to any employee, patient or family member who wants it – in most cases, at no cost to the smoker.

“The UA Health Network, to its credit, has really embraced this,” Leischow said. “Lots of people have come together and played really important roles in order to get the policy approved, and I’m really pleased that it’s moving along as it is.”

Bassford and Family and Community Medicine tobacco-cessation experts Myra Muramoto, MD, MPH, and Judith Gordon, PhD, along with researchers with the colleges of nursing, pharmacy and public health, student health services, and the Arizona Health Sciences Center human resources office, worked with Leischow to develop the new policy.

The new policy will take effect starting January 1, 2012. Its effectiveness will be reflected in referrals made to Family and Community Medicine’s Quit & Win smoking-cessation clinic, the Arizona Smokers Helpline, and other services, Leischow said.

“For many people, smoking is their best friend. It’s always there and it makes them feel good when they feel bad.”

Scott Leischow, PhD

Leischow also developed the Arizona Smokers Helpline – ASHline for short – which has been helping smokers quit since 1995. When ASHline opened, it was only the third state-funded tobacco “quit line” in the country, following those in California and Massachusetts.

Today, every state in the country has a state-funded quit line. ASHline remains a leader in the field, providing free, confidential information and support, in English and Spanish, online and by phone, to thousands of smokers each year.

The ASHline was the first of Leischow’s major policy initiatives aimed at helping smokers quit.

Another was in 2004, when as senior advisor for tobacco policy in the US Department of Health and Human Services he led an effort to achieve campus-wide bans on all tobacco use coupled with free comprehensive tobacco treatment services throughout the entire network of Health and Human Services divisions, which includes the National Institutes of Health, the Centers for Disease Control and Prevention and others.

Leischow returned to the UA in 2005, but still works closely with the National Cancer Institute and other Health and Human Services agencies.

While riding in a cab to the National Cancer Institute in October, Leischow got a pleasant surprise: a banner stretched across the National Institutes of Health headquarters in Bethesda, Maryland, declaring “Tobacco Free NIH.”
Eugene Sander, PhD, has been a scientist all of his adult life. For most of his adult life, he smoked cigarettes, up to three packs a day. And for most of those years, he tried to quit – at least once a year, he estimates, for the last 20 years that he smoked.

He finally quit once and for all, 15 years ago, after his regular doctor referred him to Myra Muramoto, MD, a Family and Community Medicine researcher and nationally recognized expert on smoking cessation.

Sander – who served as Dean of the UA College of Agriculture and Life Sciences from 1987 until July of this year when the Arizona Board of Regents tapped him to serve as UA President – talks candidly about his smoking habit, how he tried to quit and failed, and how he finally succeeded.

“I’m a scientist. I’m a biochemist. I knew what I was doing to myself and yet there wasn’t much I could do in terms of stopping smoking,” he recalls. “I can’t tell you the number of times I tried. I remember one time throwing a bunch of cigarettes in a dumpster in back of a hotel when I was out of town, and about 2 o’clock in the morning going down and going through the dumpster trying to find the pack of cigarettes. That’s how hooked I was."

“I firmly believe that I was addicted to nicotine just as surely had I been addicted to heroin or any other drug. The difference was it was not illegal. So it was perfectly accepted, and for many years it was more or less expected. People who were hip, slick and cool smoked."

“I was a fairly successful athlete both in college and in high school. I really didn’t start to smoke until I was in the latter two years of college. Once I was on cigarettes it just got worse and worse and worse to the point where I probably smoked three packs of cigarettes a day toward the end of the whole thing.”

At one point he tried chewing tobacco – but only once. It made him sick to his stomach. He tried cigars, thinking no one inhales cigars. He inhaled. He tried a pipe. It was a waste of effort.

“I remember one time I quit for almost six, seven months, and then one day I said to myself, ‘One cigarette won’t hurt.’ I bought a pack of Marlboro cigarettes and I smoked them all in about three hours.”

The turning point came in 1996. “What finally took me over the edge was my physician told me that I’d lost about 30 percent of my lung capacity. And that really bothered me. And he shared with me that I would be better off wearing nicotine patches the rest of my life than I would be continuing to smoke.”

After that, Sander had his first appointment with Muramoto, an expert on nicotine and other forms of addiction.

Sander will always remember how Muramoto explained the challenge of quitting smoking – that even though cigarettes are legal, he was, in fact, an addict. “That sort of took me to the bottom,” he said.

But apparently, it was what he needed to hear. “And so I put these nicotine patches on. I’d smoked with nicotine patches on earlier. But this time I was pretty dedicated to the idea that I was going to do it.”

The instructions on the package were to wear one patch each week for four weeks. The patch for week two provided a lower dose of nicotine than the week one patch, and so on.

“It didn’t work for me that way,” Sander says. “I was on those things for six months. And what I used to do – with Myra’s coaching – was every week I would take a scissors and I would go ‘Snip.’ I’d take the strongest ones I could get, since the cost was essentially the same, and I made my own by snipping off little corners. First I would cut them in half or whatever I could do, and I snip, snip, snipped.

“And then one morning – six months later – I forgot to put one on and I simply went to work. When I realized what I’d done I said, ‘I’ve quit!’”

His cravings for nicotine continued. But this time, they weren’t as intense.

“I’m 76 years old and doing very well, thank you very much. But I don’t know, at 76, if I’d be with you right now if I’d continued to smoke for the last 15 years.

“I don’t think I ever would have done it without Myra,” he adds. “She’s doing the Lord’s work, that’s for sure. Anything she and her colleagues can do to help somebody break the cycle of addiction is a phenomenal thing. It surely has been in my life.”
New Tobacco-Free Policy: Creating Climate Change

John Marques, vice president and chief human resources officer for The University of Arizona Health Network, is overseeing implementation of the organization’s tobacco-free policy that will take effect January 1.

In a very real sense, he’s creating climate change.

The new policy will prohibit the use of tobacco in and around every UA Health Network building and property, owned or leased. In addition to the two hospitals, that includes the University of Arizona Cancer Center, and clinics around Tucson and Green Valley.

But the Network is going an extraordinary step further, by offering free smoking-cessation treatment and other support for people who see this new policy as an incentive to quit tobacco altogether.

“John Marques

“It’s all about creating an environment of wellness,” Marques said. “And in our world, it’s not just about employees. It’s also about patients and it’s also about family members, some of whom are here for long stretches of time. If they are smokers, it can be especially difficult for them to deal with that craving.

“So we are creating opportunities for our employees, our patients and their family members who smoke,” Marques said. “We’re a health care delivery system. If we can’t do it, who can?”

New Policy Offers These Opportunities for Smokers Who Want to Quit

- Free nicotine-replacement gum for any employee, patient or family member who wants them. The gum will be available from the pharmacy at either of UA Health Network’s newly named hospitals – University of Arizona Medical Center - University Campus at 1501 N. Campbell Avenue, or University of Arizona Medical Center - South Campus at 2800 E. Ajo Way.

- Family and Community Medicine’s Quit & Win Tobacco Free Living clinic, 707 N. Alvernon Way, available at no cost to all UA Health Network employees and their household members. Medications to quit smoking also are free for Quit & Win patients. The Network is looking at the feasibility of making the clinic more widely available.

- Referrals to the Arizona Smokers Helpline – the ASHline – which provides counseling and individualized quit-smoking plans in English and in Spanish.

- Training through Family and Community Medicine’s nationally recognized Helpers program for employees and others who want to help someone else to quit by offering positive information and encouragement, and avoiding criticizing and nagging.

- Employee access to any YMCA in Tucson, a benefit that began in July. In addition to the usual health benefits, exercise is a great stress reliever for people trying to quit smoking. For employees who attend a Y at least 100 times a year, the Network will cover the difference between YMCA fees and what they would pay at the Pivirotto Wellness Center, the gym at UAMC on Campbell.

- For non-smoking employees, the Network will continue to offer discounts on health insurance premiums, saving them hundreds of dollars each year.
prior to admission and along with telephone reminders of upcoming appointments.

In addition to meeting the needs of employees, patients and families, The UA Health Network is working to ensure the new smoking policy does not adversely affect another important group: its neighbors.

“We want to make sure people understand that they are not to view our neighbors’ property as a smoking area,” Marques said. The Network’s community relations team has been meeting with neighborhood associations to advise them of the new policy.

Developing and implementing the new tobacco-free policy is a major challenge for a system as large and complex as The University of Arizona Health Network.

“It’s a lot of details,” Marques said. “But after all, we are a health care institution and it’s clear that smoking and smoking-related illnesses are one of the leading causes of death in this country. “It makes sense for us to promote a healthy, tobacco free environment for our staff, patients and their families.”

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**Introducing
The University of Arizona Health Network**

The University of Arizona Health Network was formed earlier this year through the integration of University Medical Center and University Physicians Healthcare, in partnership with the UA College of Medicine.

The UA Health Network brings together two academic hospitals and their affiliated clinics, as well as a health plan division and the medical practice of physicians from the UA College of Medicine, under a name that reflects the organization’s commitment to academic medicine.

University Medical Center, 1501 N. Campbell Avenue, is now The University of Arizona Medical Center – University Campus. University Physicians Hospital, 2800 E. Ajo Way, is now The University of Arizona Medical Center – South Campus.

The University of Arizona Health Network’s corporate mission is Advancing health and wellness through education, research and patient care.

The network employs more than 6,000 people, making it one of the largest employers in Southern Arizona.

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**Consider the Risks**

Compared with non-smokers, smokers are:

- **2 to 4** times more likely to develop heart disease
- **2 to 4** times more likely to suffer a stroke
- **23** times more likely to develop lung cancer, if they are male
- **13** times more likely to get lung cancer, if they are female
- **12 to 13** times more likely to die from chronic bronchitis, emphysema or other chronic lung disease

*Source: U.S. Centers for Disease Control and Prevention*
More than 60 percent of adult Americans were smoking when U.S. Surgeon General Luther Terry, MD, issued the first report on smoking and disease in 1964. Decades of warnings and new data on the dangers of tobacco have since reduced smoking prevalence to just under 21 percent. The problem is, the slow but steady decline in smoking has essentially stalled in recent years, from 20.9 percent of adults smoking in 2004 to 20.6 percent in 2009. Similarly, smoking prevalence among American teens has hovered at 20 percent.

Myra Muramoto, a Family and Community Medicine physician and researcher, has spent the last 20 years developing new ways to help smokers quit. She is best known for shifting the basic paradigm of smoking-cessation research. Her work focuses not only on the people who smoke, but also on the “concerned others” who want smokers to quit.

They are the family members, friends and co-workers of smokers – the people who feel a pang of regret every time the smoker lights up. They may already have tried to talk to the smoker about quitting – or not, if they fear they will upset or anger the smoker, making matters worse.

With grants from the National Cancer Institute and the Robert Wood Johnson Foundation, the nation’s leading health care philanthropy, Muramoto has created the Helpers Program, a training program that gives concerned others the information they need to effectively help the smokers in their lives.

“Helpers emphasizes a non-nagging, non-judgmental approach,” Muramoto said, so that the smoker will be more open to learning about quit lines, medications and other available support, if he or she wants to try to quit.

Muramoto offers an analogy: Like cardio-pulmonary resuscitation training, Helpers gives lay people with no medical background the information and skills to help someone else in need.

Helpers provides in-person and online training, along with access to an online Helpers Community Resource Center where trainees can become part of a larger community of Helpers. They can share suggestions and stories, offer encouragement, get information from tobacco experts and stay up to date on new tobacco-related research – all toward the common goal of helping someone quit tobacco.

Helpers Quit Kits include information on services, nicotine replacement products and other tools that helpers can pass on to smokers.

National corporations, health care organizations, government agencies, non-profit community organizations and other groups have adopted Helpers as part of their menu of wellness programs for employees and members. Between 20,000 and 30,000 people have been trained though Helpers and its predecessor programs, by Muramoto’s estimate.

Muramoto was in Portland, Maine, in October, to help Partnership for a Tobacco Free Maine, a program of the Maine Department of Health and Human Services, train its first group of Helpers instructors.

“Just as we try to meet tobacco users where they are, we keep working on ways to meet those who help tobacco users where they are,” said Fred Wolff, a counselor and tobacco treatment specialist who works with Partnership for a Tobacco Free Maine.

“We conduct a large array of trainings for medical and mental health professionals, training them to do interventions with their patients,” Wolff said. “What we didn’t have was another layer of training geared toward lay helpers and non-medical professionals. Helpers gives us that.”

C. Tracy Orleans, PhD, a senior scientist and tobacco-cessation expert with the Robert Wood Johnson Foundation, describes Muramoto as “an especially effective leader” in the effort to reduce the number of Americans who smoke.

Orleans recruited Muramoto to a national roundtable charged with identifying ways to increase consumers’ use of tobacco-cessation programs. In 2008, members of the roundtable conducted surveys to find out what smokers knew about smoking-cessation treatments and how others can help smokers quit. The surveys showed smokers and others had little knowledge of smoking-cessation treatments or support services.
The findings underscored the importance of Muramoto’s work, Orleans said.

“What’s really impressive about the

Muramoto offers an analogy: “Like cardiopulmonary resuscitation training, Helpers gives lay people with no medical background the information and skills to help someone else in need.”

Helpers program is that it enlists and trains family members, coworkers, even strangers, who can go out into any setting with the information to help people,” Orleans said. “This is making a critical inroad.”

Muramoto’s research also has focused on smoking-cessation treatments. She and Scott Leischow, PhD, a colleague in Family and Community Medicine, recently took part in a national study of an experimental vaccine to prevent nicotine addiction. Unfortunately, the vaccine proved ineffective.

Muramoto also is working with Family and Community Medicine colleague Judith Gordon, PhD, on a study that provides training similar to Helpers to acupuncturists, chiropractors and massage therapists – alternative medicine practitioners whose clients are often seeking treatment for chronic pain. Chronic pain and tobacco use go hand in hand; for some people, nicotine seems to reduce pain or, at least, the stress it causes. Ironically, the inflammation caused by smoking serves to increase pain and worsen underlying health problems. Funded by the National Cancer Institute, the study is based in part on Gordon’s earlier research with chiropractors as smoking-cessation counselors.

Helpers is catching on; in addition to a week in Maine, Muramoto’s travel schedule for October also included Seattle, where she was invited to speak about Helpers at a conference on tobacco-user behavior change and the role of social networks and communities in tobacco cessation. But as Muramoto points out, Helpers is only one of many strategies needed to reduce tobacco use in this country.

“Tobacco is a very complicated form of addiction,” she said. “There is no one-size-fits-all when it comes to tobacco-cessation. There is no one best drug, no one media campaign that will work for everybody. So ultimately, we have to develop this something-for-everyone approach.”

This poster invites smokers to volunteer for Muramoto study that trains chiropractors, acupuncturists and massage therapists to offer helpful information and advice to smokers who may want to quit.

The (Almost) 50-Year War

On January 11, 1964, U.S. Surgeon General Luther Terry, MD, captured the world’s attention with the first surgeon general’s report on smoking and health.

The report concluded that smoking caused cancers of the lung and larynx in men; that it was a likely cause of lung cancer in women; and that it was the leading cause of chronic bronchitis.

Congress responded by passing the Federal Cigarette Labeling and Advertising Act of 1965, which required a relatively mild “Cigarette Smoking May Be Hazardous to Your Health” warning label on all cigarette packages, as well as annual reports on smoking and health.

The Public Health Cigarette Smoking Act of 1969 required a stronger warning, that “Smoking Is Dangerous to Your Health,” and banned cigarette ads on TV and radio.
When Quitting Means Winning

It was 20 years ago, but Nancy Canin remembers as clear as yesterday what it was like to give up smoking.

“It was the hardest thing I’ve ever done,” said Canin, who was working as a hospital nurse when she decided to quit after having smoked a pack a day for over a decade.

“When I first quit, it was the only thing I could think about. That first day, it seemed like it was taking forever to get through. Every hour that passed, I would think to myself ‘I made it through another hour!’ But I didn’t know how long I could continue.”

But continue she did. And today, as case manager of Family and Community Medicine’s Quit & Win Tobacco Free Living clinic, Canin is helping others become ex-smokers.

Quit & Win is a seven session, physician-directed smoking-cessation program that is free to all UA Health Network employees and any smokers who live with them. Spouse, child, parent, sibling, friend or significant other – if they smoke, they will make it more difficult for the person who is trying to quit.

Quit & Win has enrolled about 200 employees since Family and Community Medicine began offering the program in 2006. About 60 percent of those employees have succeeded in quitting.

And that’s a lot. Smoking is so addictive, that even though 70 percent of adult smokers say they want to quit, only 45 percent will try – and only 5 percent will succeed if they try to do it without help, according to the U.S. Centers for Disease Control and Prevention.

Quit & Win is a one-on-one program that starts with a meeting with a Family and Community Medicine physician to review the smoker’s health and tobacco use history to develop a personalized quit plan. The first visit also includes a physical exam and lab tests.

For the first week, smokers are asked to simply observe their smoking patterns, Canin said. “We tell them, every time they light up over the next week, write down what time it is, what they are doing, how strong their urge to smoke is, what their mood is,” she said. “Everyone is so different.”

The smoker may discover that she lights up every time she picks up the phone. Or every day at 10 a.m. Or whenever she feels stressed, or angry or sad. Or all of those.

“Looking at the patterns of their smoking helps them to see the behavioral aspects of their smoking,” Canin said. “Then they can disassociate those behaviors from smoking.”

For example, they can take a 10-minute walk every morning at 10 a.m. to break the habit of lighting up. Or if they are thinking, ‘I’ll quit as long as my job doesn’t get too stressful,’ they can plan new strategies to deal with their job stress instead of turning to tobacco.

The smoker meets with Canin six times over seven weeks. They discuss quitting aids – a nicotine patch, or...
Tracey Petrillo: ‘I Knew it Was Time’

Tracey and Jim Petrillo are getting new carpet. It’s her way of making sure she will never, ever smoke a cigarette again. Ever.

“If I start again, then my husband will never quit, and we’ll both start smoking inside the house again and the new carpet will smell like cigarette smoke so we’ll be right back where we started.”

Tracey will never forget the day and time of her last cigarette: August 21, 2010. At 10 p.m.

“The next morning I woke up, and slapped on the patch.”

Two months earlier, the Petrillos found out their health insurance premiums were going up because they smoked.

“I had just had enough of being ostracized and penalized for being a smoker and I knew I was going to be turning 49 and I knew it was time to do something about it,” Tracey recalled.

The couple signed up for Quit & Win. Tracey is employed by UA Health Network, so both she and Jim were eligible.

“Quit and Win has you try new things,” Tracey said. “If you smoke with your right hand, smoke with your left hand. Instead of having a cigarette first thing when you wake up, wait five minutes. Try deep breathing.

“And the first week, you don’t change anything,” she said. “You’re just learning to be aware of when you smoke and why you smoke. All these things helped me, but my husband thought they were silly.”

While Tracey followed the program’s recommendations, Jim decided to quit cold turkey. He’s smoking again. She’s smoke-free.

For her first six months without cigarettes, Tracey could not stand to see or be around them. Jim smoked in the back yard, so she couldn’t go there. “My roses started to die because I wasn’t taking care of them anymore. But I couldn’t even be in that area anymore. It was a trigger.”

Tracey first tried smoking when she was 13, and was up to a pack a day by 18. She quit after 30 years, all with the same brand.

She still dreams about smoking, but less often now. “There was a day about two weeks ago when if I was near someone who was smoking, I probably would have asked for a cigarette.”

So far, she’s stayed clear.

“I exercise every day, because I’ve been putting weight on because of not smoking. But exercise feels good and I have more energy when I exercise, that’s for sure.”

Jim still hopes to quit, Tracey said. “He’s in nursing school, and he knows he is just going to get to the point where he is not going to be able to smoke anymore. He just wishes he could wake up one morning and not have that urge anymore.”

That means smokers can’t go outside anymore for a cigarette,” Canin said. “We want to encourage them to join Quit & Win, because they will be far more likely to quit with us than if they try to quit on their own.”

Contact Quit & Win by email at quit&win@uahealth.com or call (520) 694-1711.
The UA Family and Community Medicine residency program graduated its first class in 1974. Since then, 255 physicians have completed the program. The department launched a second residency program, with a focus on caring for rural and underserved communities, in 2010.

Barry Weiss, MD, a 1979 graduate of the residency program, has overseen the creation of an online yearbook featuring almost all graduating physicians since 1974. Weiss offered the following account of the effort.

“The first step was to figure out who our graduates were. With moves of department and residency administrative offices over the years, accurate records had been lost. Fortunately, I was able to locate accurate information from the Office of Graduate Medical Education in the College of Medicine dean’s office.

“The next step was to try to find all 255 graduates. The residency office had last-known location for many graduates, but often the locations were not current, and not all graduates were in the residency records. I ended up using a variety of data bases such as Google searches, websites of state licensing boards, the membership directory of the American Academy of Family Physicians, Facebook, various people-finder websites, the Indian Health Service on-line directory, the American Board of Medical Specialties website, and even Social Security Administration death records.

“Once I had an idea of where each person was, the third step was to find contact information. In many cases, e-mail addresses or phone numbers were available through the sources listed above. In other cases, however, the information I had was out of date. In those cases I had to contact a practice or hospital to learn to where the graduate had moved, in some cases following a trail of moves to the current location. Sometimes this was easy; sometimes it led to dead ends.

“A number of graduates from the earliest years had retired, so there was no current practice information to be found. Fortunately, with help from their classmates, former practices, and web searches, I located almost all the retirees.

“The fourth step was to contact each graduate and ask them to provide a career bio, personal information and photos – a current photo and, if available, a photo from their residency era. For graduates for whom I’d found an e-mail address, I sent e-mail messages. Of course, some of those e-mail addresses turned out to be incorrect. I also called phone numbers – most were for graduates’ practices, and most practices’ office staffs were very helpful. Some put me in contact with the graduate so we could speak by phone a few minutes later. Others forwarded messages to graduates, who then contacted me by e-mail or phone. There were a number of cases, however, in which I heard nothing back, so after a month or so, I called again. That often brought a response.

“Most difficult were those instances in which I had confirmed correct contact information but the graduate never responded, or when I did contact the graduate, by phone, e-mail, or in person, but the graduate never sent information. With our response rate moving towards 80-90 percent, I really wanted to have as many graduates as possible in the yearbook. It was hard to find the line between being persistent versus being a pest. I finally had to accept that there were a few graduates who, for whatever reason, chose not to respond. Hopefully after viewing the yearbook, they will reconsider and send information so they can be included.

“The other difficult and sad part of the process was learning that a few graduates had died. With help from their former spouses and practice partners, I was able to gather information about them so they, too, are part of the yearbook.

“The last step was putting all the information together, with the help of Jessica Hoyer of the residency program staff and the Family and Community Medicine Informatics Group.

“I found this project to be personally rewarding, as I was able to reconnect with former residents I’d not seen for years – in some cases, for decades. As a result, I had the opportunity to hear about what they’d been up to, and to visit with some of them. I had a small “reunion” dinner at my house for several Tucson-based graduates who were in the program when I was, and we were lucky enough to have our residency director from that era, Arnie Greensher, MD, travel from Phoenix to join us. In the course of my travels, I’ve also had the chance to visit with some of our graduates, go bicycling with a few of them, spend time at the vacation home of another graduate, have dinners and lunches with others, etc. As a result of the yearbook project, we’ve even had former graduates in other cities give presentations to our residents when they have been in Tucson for other reasons.”

Barry Weiss, MD

Then and Now: Yearbook a Tribute to 255 Residency Program Graduates
Now in her third and final year with the UA Family and Community Medicine Residency program, Megan Guffey, MD, MPH is building her expertise not only in clinical care, but also in the complex arenas of health care policy and politics. Those, too, are important, she feels, to ensuring her patients will get the care they need.

Guffey has served this past year as the resident member of the American Academy of Family Physicians Commission on the Health of the Public and Science. In July she also became an elected member of AAFP’s Congress of Delegates, the policy making body of the AAFP, informing its governing board of directors.

To an outsider, that may sound a bit dry. But to Guffey, it’s an exciting learning opportunity and a chance to contribute to the family medicine field nationwide.

“I think as a resident, it’s hard to see the forest for the trees,” she explained. “You’re often most focused on what’s right in front of you as opposed to being able to see the bigger picture. And my connection to the AAFP allows me to see a bit of the bigger picture – not only in terms of the challenges that residents in other states face but also in terms of the issues that family medicine practitioners in other states face: the future of family medicine, the politics and the policy issues of family medicine and all the wonderful people practicing family medicine.”

Guffey’s interest in the intersection of health care policy and politics started when she was a member of her high school debate team. It was around the time the Clinton Administration was trying to pass its health care reform plan through Congress. It taught her a lot about researching an issue thoroughly, to be able to understand it from all angles.

She put that experience to work this fall at a meeting of the Congress of Delegates, where hers was one of many voices raised in favor of the Academy taking a stand in support of same-sex marriage. The initial resolution was defeated, then reintroduced with “marriage” replaced by “full legal equality for same-gender families.”

The revised resolution passed, stating: The American Academy of Family Physicians (AAFP) supports full legal equality for same-gender families to contribute to overall health and longevity, improved family stability and to benefit children of Gay, Lesbian, Bisexual, and Transgender (GLBT) families.

“Lots of people were advocating for this resolution and many were against it,” Guffey said. But she and others saw the resolution as a way to reduce discrimination against same-sex couples.

“Discrimination in any form affects the emotional health of a person or family who experiences it,” Guffey said. “Discrimination leads to worse health outcomes. There is plenty of research that shows that.”

Guffey received her medical degree from the Medical School for International Health in Israel, a partner of Columbia University in New York. During her medical training, she was able to study tropical medicine in India, work with diverse populations of Israel, including the Bedouin, and even spent two months in Ethiopia.

Between her third and fourth years of medical school, she earned a master’s degree in public health from Johns Hopkins University. After medical school, instead of starting her residency right away, she returned to her home state of Washington to work at the Cowlitz County Health Department in Longview.

Because she received her medical degree from a program outside the U.S., Guffey has run into an Arizona law that she feels is discriminatory. The law says doctors who graduate from medical schools within the U.S. can get their license to practice medicine after one year of their residency program. Guffey will have to complete all three years before she can get her license.

“I feel this is unfair,” she said, “so I brought it up with one of my state legislative representatives who agreed with me and promised to draft and submit a bill to address this issue in the upcoming legislative session.”

Like many in health care, Guffey is concerned about the impact of recent cuts in funding for the state’s medical and behavioral health care programs for the poor – how those cuts will affect people and the hospitals and clinics that serve them.

“There are many sides to an issue,” said Guffey, “but I truly believe that if well-intentioned people would work together on this, we could find ways to preserve the essential parts of programs without blanket cost cutting, or at least, finding smarter cuts that don’t end up making care more expensive overall.”
For Carol Chervenak, MD, one of the most appealing aspects of family and community medicine is its recognition that family dynamics have a critically important impact on a person's health.

That's one reason why she chose the UA Family and Community Medicine Residency, which she began in 1984 and completed three years later. The other deciding factor was the opportunity family and community medicine offers to work with children.

“Then one day I had a mother and daughter come to me because the mother was concerned her daughter had been abused. I called the local child abuse intervention center and learned they did not yet have a doctor on staff. The director and I talked and finally she said, ‘Would you be interested?’ and I said yes.”

Chervenak went through additional training on how to evaluate children for abuse. She did a week-long clerkship with a hospital in San Diego. She went to conferences on child abuse and received additional training from the child abuse intervention center.

“I felt like I had just found my place,” she recalled. She continued with her primary care practice for a couple more years, and then went full-time with the child abuse center, called ABC House. She has since joined Oregon's Sexual Assault Task Force and the Advisory Council for Child Abuse and Neglect.

Chervenak now sees about 400 children a year who are referred to ABC House by primary care doctors, emergency room physicians, and child welfare and law enforcement agencies.

“Of children referred for assessments, we find no evidence of abuse or maltreatment in about half of them. With the other half, we have significant concerns of abuse or clear evidence of abuse or neglect.”

Awareness of child abuse is increasing among physicians, Chervenak said, and it is now an official subspecialty for pediatricians.

“No question, in family medicine we see the long-term consequences of child-abuse – cardiovascular disease, obesity and diabetes, increased inflammatory diseases, depression and other serious mental illness.”

And yes, it is emotionally challenging for her as a physician.

“We’re dealing with issues that are incredibly stressful for families, and really heart-wrenching to hear about. It’s difficult to watch a family in so much pain and despair. To see what people do to children is especially difficult,” Chervenak said.

“I try to appreciate the small things and small accomplishments, for instance when a child is comfortable being here and feels they are respected and able to tell their story about what happened. That is really gratifying. And if we can get that child out of a bad situation and into a good situation, that’s wonderful. Once we have identified the trauma, then they can begin the healing process, so they don’t have to carry it with them the rest of their lives.”
We are happy to share the news that at the ArtWorks “Uniquely Our Own” open house on October 14, the UA Alumni Association presented Mary Paulin with an Honorary Alumni Award.

ArtWorks is an extraordinary program that enriches the lives of adults with developmental disabilities. Mary Paulin, an artist, teacher and visionary, co-founded the program with a woman of similar talents and passion, albeit a different background: Sister Jeanne Carrigan, an art therapist and educator with the Sisters of St. Francis.

Mary and her husband, Bob Paulin, have given generously to ArtWorks since it opened to client-artists in 1989. Attendees at the October 14 open house heard an exciting announcement by the UA Foundation – Mary and Bob have established the Mary and Bob Paulin ArtWorks Endowment – a wonderful act of generosity will make sure ArtWorks continues for generations to come.
Prevention is a cornerstone of family medicine – prevention of measles and other childhood illnesses with immunizations, prevention of diabetes by maintaining healthy weight and activity, and prevention of cancer, heart disease and respiratory illness by quitting smoking.

This issue of our newsletter highlights our nationally recognized efforts to reduce smoking in adults and prevent smoking in children.

When the U.S. Surgeon General issued the first report linking smoking to cancer and respiratory illness in 1964, the conclusions were striking – and naive compared to what we know today. The report found that smoking led to lung cancer in men, and possibly in women. We now know that smoking is the No. 1 cause of preventable deaths in both men and women.

But that first report led to dramatic changes in the smoking habits of adult Americans. More than 60 percent smoked in 1964; now it’s around 20 percent. Still, more than 440,000 Americans die each year from smoking-related cancers, heart disease, and other diseases.

More must be done to reduce tobacco use, and we are proud of the work by our team of researchers – Judith Gordon, PhD, Scott Leischow, PhD, and Myra Muramoto, MD, MPH – in treating nicotine addiction, preventing smoking in children, and establishing new policies to further reduce tobacco use.

We also are very glad to be a part of the effort to develop a tobacco-free policy for The University of Arizona Health Network, the new organization formed by the integration of University Medical Center and University Physicians Healthcare. Not just a smoking ban, it offers free help to employees, patients and their family members who want to quit.

Also in this newsletter: stories about our residency program, which has trained 255 doctors since it began in 1971; thanks to donors Bob and Mary Paulin; and an envelope with which you may make a gift to any of our programs.

I wish you and your family a safe and happy holiday season, and a healthy new year!

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