PHYSICIAN ASSISTANTS FILLING THE HEALTHCARE GAP IN MEDICALLY
UNDERSERVED AREAS

By

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A Thesis Submitted to The Honors College
In Partial Fulfillment of the Bachelors degree With Honors in
Journalism

THE UNIVERSITY OF ARIZONA

MAY 2013

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4/30/13

Title of Honors thesis:

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Abstract:

Both the downtown and South Tucson areas have high rates of poverty, unemployment and lack of health insurance. Each of these contributes to a category known as a medically underserved area, and is directly related to behavioral health issues. These issues include but are not limited to anxiety, bipolar disorder, substance abuse, depression, eating disorders, personality disorders, schizophrenia, trauma, obsessive-compulsive disorder and post-traumatic stress disorder.

My investigations into this topic have led me to understand that because of the increased amount of care-seeking patients and shortage of physicians; further healthcare providers are needed to fill the gap. PAs are filling it, particularly because they have the unique ability of working in different fields of medicine without extra schooling. They also have the ability to fill positions in the three different categories in which I organized the patients in South Tucson and downtown Tucson.

The categories include wellness and prevention, acute care and chronic health issues. The testimonies and information I received from healthcare providers, patients and public officials are all the patchwork of different people, places and programs that help patients overcome or cope with issues. PAs make up a large part of the thread stitching these patches together.
Throughout my research as a journalism student reporting on health and wellness in various courses, I have discovered that Tucson, Ariz. is home to an abnormally large amount of patients with behavioral health issues.

Behavioral health issues include but are not limited to anxiety, bipolar disorder, substance abuse, depression, eating disorders, personality disorders, schizophrenia, trauma, obsessive-compulsive disorder and post-traumatic stress disorder.

Both the downtown and South Tucson areas have high rates of poverty, unemployment and lack of health insurance. Each of these contributes to falling under a category known as a medically underserved area, and is directly related to behavioral health issues.

Former South Tucson City Manager Enrique Serna said that some individuals with these issues are able to afford a better quality of living than the current dumpy apartment they’re in, but he or she chooses to reside there due to the camaraderie of living around others like themselves.

My investigations into this topic have led me to understand that because of the increased amount of care-seeking patients and shortage of physicians; further healthcare providers are needed to fill the gap.

Since my ultimate goal is to become a physician assistant, observing PAs working on the frontier of the future health field was eye opening and rewarding for me prior to entering the work force.

PAs, in addition to other midlevel care providers, are serving on the forefront of the future of healthcare. PAs are filling this gap efficiently, particularly because they have the unique ability of working in all different fields of medicine without returning for extra schooling. They also have the ability to fill positions in the three different categories in which I organized the concerns of patients in South Tucson and downtown Tucson.

These categories include wellness and prevention, acute care and chronic health issues. The testimonies and information I received from healthcare providers, patients and public officials are all the patchwork of different people, places and programs that help patients overcome or cope with their issues. PAs make up a large part of the thread that stitches these patches together.

As affordable healthcare is becoming less accessible to a growing number of Americans, new professions are proliferating to fill gap of medically underserved areas. One of these professions is known as a physician assistant. PAs are midlevel medical practitioners, serving in many different areas and medical fields.

The PA profession developed in the 1970s to accommodate the large number of highly trained and experienced military corpsmen who could not afford the time or cost of medical school. PAs work under the supervision of a physician.
Now more than ever, PAs and are dominating the medical field. The reason for this can be linked to a multitude of factors, one being that the schooling is around two to three years compared to the four for medical school and four for residency. The cost of earning the degree is less than becoming a physician, but the opportunities and capabilities that each have are very similar. With the implementation of the Affordable Care Act, 32 million new patients will need to be cared for. PAs will help fill this gap, as they are all trained as general practitioners, rather than choosing a field for residency like physicians.

Some of the other mid-level career choices include physical therapists and nurse practitioners. The latter is similar to the PA path, and many people wonder why choose one or the other. To become a nurse practitioner, one must first earn their bachelor’s degree in nursing, while PAs can earn a bachelor’s degree in any major of his or choice, so long as he or she has taken and passed the prerequisite courses for admission to the graduate program.

Nurse practitioners follow the nursing school model, and further that education. PAs follow the medical school model, but speed up the process to almost a quarter of the time. In many programs, PA students share courses such as medical terminology and anatomy labs with medical students, receiving the same instruction.

During the graduate school program, PA students spend the first year in a didactic setting, learning in classrooms various courses such as immunology or pharmacology. After that, students begin the clinical phase, in which they spend nearly one month in various medical practices learning specialties. Some of the clinical rounds include labor and delivery, dermatology, family practice, gynecology, and many more. Some PA schools let students choose one or two specialty fields they are most interested in for those clinical rounds, but most schools require each student to learn specific fields.

At the University of Nebraska Medical Center, PA students have the opportunity to do clinical rounds in various cities in Nebraska, other states across the US, and even have some abroad programs in Mexico and other countries. Some students are offered jobs at the clinical locations after graduation. The UNMC has some programs in collaboration with other universities to provide clinical PA students with housing options or meal plans while away from home.

Each state has different laws that regulate PAs and NPs running their own practices, but in many states each can open their own without the immediate supervision of a physician. There are also many scholarships and financial aid programs available to PA and NP students willing to work in a rural area during their first years out of school since many of those areas are medically understaffed.

Many people say that they spend more time interacting with their PA than primary care physician. PAs have a reputation of listening better and explaining things for a longer period of time than physicians who are so busy that patients may only schedule 10 minute appointments with them. According to a study by the American Medical Association, solo
practice physicians who employ PAs are able to work one less week per year and provide greater access to care for their patients.

The responsibilities of a PA are almost identical to that of a physician. Both medical providers conduct physical exams, diagnose and treat illnesses, order and interpret exams, counsel on preventative care, assist in surgery and write prescriptions. PAs can write narcotic prescriptions for up to 72 hours.

Upon graduation from PA school, PAs earn a Masters of Physician Assistant Studies, and must pass a test regulated by the National Commission on Certification of Physician Assistants to become a certified PA.

Once of the greatest benefits of becoming a PA vs. a physician is the freedom for opportunity to switch between medical fields without returning for more schooling. PAs are trained in several clinical settings, rather than serving a residency in one area of medicine. This unique training allows PAs to have variety in their careers, as well as the choice to switch careers whenever he or she pleases.

The first PA program originated at Duke University in 1965, just six years after the Surgeon General declared a national shortage of medically trained personnel. The program accepted four former Navy medical corpsmen.

With the passing of Medicare and Medicaid by United States Congress in 1965, the need for primary care further expanded. In 1968, the American Association of Physician Assistants was incorporated in North Carolina.

Throughout the next three decades, PAs were granted more capabilities such as writing prescriptions and working independently from physicians in each patient visit. From 2001-2010, the number of accredited PA programs surpassed 150.

It wasn’t until 2011 that the National Commission on Certification of Physician Assistants developed a Certificate of Added Qualifications programs. These programs allow PAs to earn formal recognition for specialty expertise such as cardiovascular and thoracic surgery, emergency medicine, nephrology, orthopedic surgery and psychiatry.

For the third consecutive year, both Forbes and Money magazines rated a Master’s degree in PA studies as the “most desirable advanced degree in terms of employment opportunity, income potential and job satisfaction.” According to Money, the job growth for PAs between 2004 and 2014 is 49.65 percent, with an average annual growth of 4,028 jobs.

Many PA students are offered full-time positions at the clinical rotations where he or she is training during school. According to the University of Nebraska Medical Center, 98 percent of their PA students were employed within eight weeks upon graduation.

The median annual wage of physician assistants was $86,410 in May 2010, according to the Bureau of Labor Statistics.
With the shortage of healthcare options only becoming more drastic, it’s imperative for the country to churn out more providers at a faster rate than putting each one through eight years of medical school and residency training.

Due to a lack of health insurance in downtown and South Tucson, many residents also lack primary care physicians. This results in these patients relying solely on neighborhood grocery store or pharmacy clinics, known as “retail clinics” for the totality of their healthcare. In South Tucson there are no primary care physicians and nearest hospital is more than two miles away. A Safeway grocery store, located about one mile from the community, provides a pharmacy and clinic which offers minimal care to patients.

South Tucson is also classified as a “food desert.” This term is defined as an area with little to no access to grocery stores offering fresh, healthy and affordable produce and other foods, according to the Agricultural Marketing Service.

Retail clinics are limited in terms of direct patient care. Safeway’s clinic is especially limited since it’s located in the corner of the fairly small supermarket, but the pharmacists and pharmacy techs work hard to provide for the local customers.

Throughout observing this Safeway retail clinic, I concluded that retail clinics among other factors do their best to fill the health care provider gap in these underserved areas.

It was a typical busy afternoon at the Safeway clinic on West St. Mary’s Road. Doreen Galaz and seven other customers waited in line at the pharmacy counter for various reasons. “I’ve been coming to this Safeway pharmacy for 10 years,” Galaz said, “I pick up my mom’s prescriptions because she lives a block away.”

Only 23 percent of Americans have a primary care physician, according to RAND, a research and development company that focuses on issues such as health, education, national security and international affairs. Retail clinics such as this one are taking the place of local health care providers for patients in need.

Customers looked through the current display of cold and cough medicines in front of the newly renovated pharmacy window. This Safeway store was renovated about five years ago.

Pharmacy Technician Melissa Levine organized baskets alphabetized by patients’ last names while she answered the phone, which seemed to ring every five minutes.

Patients of all ages approach this Safeway retail clinic window for a multitude of reasons – some more fitting than others.

“It’s flu season right now, so we’ve been giving a lot of flu vaccines,” said Kim Won, Safeway pharmacist.
Many of the prescription orders that come in are from the emergency room at Carondelet St. Mary’s Hospital, located across the street from Safeway. This Safeway clinic fills, on average, 225 prescriptions every day.

“We have people try to buy lottery tickets from us quite a bit,” Levine said with a laugh. “They think we’re customer service.”

“We also do vaccines for shingles and diphtheria,” Won said. “And we do the pneumovax shot,” for the prevention of pneumococcal disease mostly found in adults over 65.

Although there is no immediate care facility, customers call the pharmacists or stop in the store to ask about symptoms, or for advice on how to treat conditions. “If someone needs immediate care,” Levine said. “We send them to the emergency room.”

The retail clinic is tucked away neatly in the front right corner of the store, paneled with wood and bold letters. There are five full-time employees at this 24-hour clinic: two pharmacists and three pharmacy technicians.

A sign is hung near the “prescription pick up” window listing some additional services. Blood pressure monitoring, online prescription refills, pet care prescriptions, 24-hour refills and immunizations are some of the others offered. “We have regulars who pick up medicine for themselves or family members,” Won added. “But, we also have grocery store customers stop by with questions.”

The combination of the well-stocked grocery department, deli, bakery and pharmacy makes one-stop shopping a cinch for customers. “This area is not the richest,” Levine said, “It’s close for a lot of people in the area and close to the hospital, too.”

Nearly six million retail clinic visits were logged in 2009, according to a Washington Post article. “At an average of $78 in spending each visit, retail clinics are a $460 million industry.” Safeway employees receive employee insurance, which helps with pharmacy costs. Employees said they usually visit the nearest Safeway to their home for prescriptions, even if he or she is employed at a different location.

The main goal of retail clinics is to provide quick services and extended hours during the evenings and on weekends for patients with neither flexible work schedules or paid time off. These clinics may be becoming more of a necessity than a convenience to their users, according to commonwealthfund.org.

“I keep coming back here because it’s fast,” Galaz said, “I can walk if I have to.”

In downtown Tucson the healthcare provider options are better than South Tucson, but it’s still difficult to get into a primary care physician’s clinic on short notice. Realistically, you’re always trying to get in to see the doctor on short notice.
PAs are helping serve this community to help aid the physician shortage, as well. Two PAs, in particular, are doing their best to see as many patients as possible. Their names are Molly Wheelwright and Ricci Silberman. These women are the founders and owners of the Cushing Street Family Practice, formerly two neighboring adobe homes, renovated to become one cozy medical practice.

I was fortunate enough to shadow Wheelwright twice. During these days, I saw patients with her, observed PA-patient interactions, and began to understand the profession. Shadowing at the Cushing Street Family Practice allowed me to observe PAs in an unconventional setting. Wheelwright and Silberman’s supervising physician, Celia Elias, MD, meets with the women weekly, but does not work in-house. The practice takes on new approaches to seeing patients, and strives to make the experience comfortable for all.

There is no commercial “ding” when the front door opens. The oak wood door swings open silently, and shuts with a satisfying click. There aren’t dog-eared Readers Digests strewn across rows of chairs. Sunshine yellow pillows rest on burgundy couches and faded light blue armchairs in the waiting area. Magazines are tucked neatly into the shelves of a slightly worn black end table. Fresh yellow daffodils on the counter greet patients as they check in to the Cushing Street Family Practice.

“All you Need is Love” by the Beatles plays throughout the entryway as the hardwood floor creaks pleasantly when patients move to an exam room. “I love working here because it’s really homey,” said Cassandra Figueroa, a front office receptionist. “The people are all too friendly for me to be unhappy.”

Feeling homey takes on a new meaning in this downtown Tucson house-turned-medical practice. A framed newspaper article from the Arizona Daily Star hanging on the wall says it all: “Home Sweet Medical Office.”

Founded and run by two PAs, Molly Wheelwright and Ricci Silberman, the practice opened in the fall of 2004. They knew they wanted to be downtown, and saw a for sale sign at 58 West Cushing Street. “This building has had many lives,” Wheelwright said. “In the ’40s it was a whorehouse.”

It started as two separate adobe homes, but was renovated into one. “Patients have even brought in photos of how the building looked in the ’20s or ’30s,” Wheelwright said. “One of my patients’ family lived here in the ’20s.”

Upon first advertising the Cushing Street opening, Wheelwright and Silberman had a full schedule booked for two and a half months. However, an inspector found a couple of flaws in the building. While those were being fixed, the PAs saw patients at a neighbor’s house with a backyard full of junk. “Mother f*ck,” Wheelwright said to Silberman, as they laughed reminiscing over a photo of them in the junkyard.

If patients are curious about the PA profession, there is a short summary hanging in the waiting room next to Wheelwright and Silberman’s credentials. The soft glow of a
decorative floor lamp and miniature light fixtures in the high ceilings take the spotlight off patients as they wait to be seen.

The comfortable theme carries into the hallway with Southwestern style floor tiles leading to the wooden exam room doors. Ceramic squares painted with blue room numbers hang in the threshold of each doorway. Canvases painted by local artists adorn the white stucco walls in the hallway and exam rooms. “All the art is for sale,” Wheelwright said. “It’s a lot of work to keep cycling through it as it gets sold but it’s fun to change the look of the office.” While in the exam room, it’s easy for patients to forget they’re in a medical office since freestanding porcelain sinks and wooden dressers replace Formica countertops and cabinets. The PAs also did away with white coats. Today, Wheelwright replaced hers with a basic white short-sleeved shirt and a calf-length red and white floral skirt. Instead of filling her pockets with medical tools, she carries a periwinkle-colored metal bucket that holds yellow sticky notes for patients, a prescription pad, and other oddities.

Framed photos of Wheelwright’s daughters and more fresh flowers sit atop the wooden dresser in the exam room, as well as a green glitter mosaic framed mirror. The top drawer holds her stethoscope when it’s not in use. A tissue box cover and soap dispenser set rest on the sink. They’re ceramic and painted with blue and green stripes. An almost matching striped table lamp is on but provides little light for the room.

Even though the lamp is not a perfect fit, it seems to go along with Cushing Street’s mentality of being able to make anything work. More miniature light fixtures overhead and another floor lamp in the corner of the room provide enough light for the PA to do her job.

Springy, flowered oven mitts moonlight as foot stirrup covers, and a paisley pillowcase conceals the pillow on the exam table. Thank you drawings from children crookedly hanging on the back of the exam room door and a toy chest filled with plastic trucks make the room inviting for patients of all ages.

Cushing Street treats an eclectic group of patients. “There are hundreds of people in Tucson with nowhere to go for healthcare,” Wheelwright said. Cushing Street sees the difficult, the homeless, the transgendered and even gang members.

“It’s more women than men,” Wheelwright said. “But we do see newborns to old, old folks. Middle-aged folks are the most common in family practice, but what is middle-aged anymore, anyway?”

If the quaintness of the physical building isn’t enough of a draw, Cushing Street is also one of the very few private medical offices in Tucson to accept the state’s Medicaid program, Arizona Health Care Cost Containment System.

Patients rave about the practice and the people in it. Wingspan, the Tucson LGBT (lesbian, bisexual, gay and transgendered) Community Center, lists Cushing Street on its website as a trusted place to seek medical help. Wingspan works closely with the Southern Arizona Gender Alliance program.
“I am transgendered, and I recommend Cushing Street as a resource because both PAs are very supportive and knowledgeable about the needs of the LGBT community,” said Rae Strozzo, a Cushing Street patient and SAGA program coordinator. “It’s such a comfortable atmosphere there. This is especially important for transgendered folks because some of us have special medical needs around transitioning.”

The family-style atmosphere of the practice is reflected also through the staff as they support each other and work together to get things done. Of her business partner, Silberman said, “Molly is the ultimate in a healthcare provider. She gives 100 percent to her patients. It doesn’t matter if they’re homeless or a congressman – and she has both – they’re treated the same.”

When Silberman and Wheelwright are trying to remember something, the conversation goes like this: “Oh I love when you do this and get as bad as me at remembering what someone said,” Silberman said.

“When did we have this conversation?” Wheelwright asked.
“This morning,” Silberman said with a laugh.
“Oh right, right, I remember now,” Wheelwright said. “Do you feel better? Because I always feel better when you f*ck up.”

The two PAs work side-by-side, literally. Their offices adjoin with a door that’s always open, and they’re often calling to each other through the wall. The details in both offices - a miniature Buddha resting on the windowsill, a picture collage from family vacations at the lake - are small but meaningful, just like Cushing Street and the PAs themselves.

There isn’t a certain protocol to the end of appointments. The PAs welcome patients to contact them at any time, and encourage regular appointments. There are no peeking-your-head-in-the-door last minute conversations. The PAs sit in the exam rooms and listen to patients’ needs for as long as necessary. Patients leave with their questions answered and concerns addressed. They pass through the oak wood door and exit the periwinkle adobe house - a place that would never be presumed as a medical practice, and such a pleasant one, at that.

While access to primary care physicians or hospitals may be difficult, South Tucson offers a lot of help for individuals suffering from behavioral health issues.

Facilities including the Pima County Health Department, La Frontera Organization, Casa Maria Soup Kitchen, AZ Child & Family Center, the John A. Valenzuela Youth Center, and the Central City Assembly ministry to name a few.

According to Judge Ronald Wilson, South Tucson is the largest population in all of Southern Arizona of people who suffer from these behavioral health issues. Wilson works in South Tucson. “I’m comfortable with these people,” he said. “Mental health, substance abuse, poverty, I studied all of these things academically.”
Wilson, similar to Serna, explained that “Some people will argue the fact that there are certain resources in this area, so that contributes to this statistic of more resources, more problems.” Whether that is statistically proven or not is unknown. “We do have our fair share of nonprofits and agencies that serve that population,” Wilson said. “Whether they’re soup kitchens or homeless shelters or behavioral health or mental health facilities, those programs or agencies do a good job at letting the poor and homeless know that if they come and ask for help, they’re not going to be turned away.”

Wilson also noted that location is a big factor in the South Tucson community. “Since it’s so small, you don’t have to go far to get the services you need,” he said. “You just have to walk a couple blocks or across the street for restaurants and other services, whereas in other locations you need to go by bus or walk very long distances.”

“When comparing crime rates, poverty, substance abuse and mental health disorders, it’s a direct correlation,” Wilson said.

Helping youth by employing and educating them is Wilson’s suggestion for improving some of South Tucson’s problems. “Teaching kids that they’re going to be productive members of society, not problems in the community” is the plan, according to Wilson.

Wilson abides by the phrase, “It’s easier to build strong children than repair broken men,” originally said by Frederick Douglass.

One of the most influential characters within the South Tucson community is a man who was formerly homeless, addicted to drugs, and on the run from the authorities. A Vietnam veteran, he now helps recovering addicts and homeless people get the help they need.

He has a lot in common with Papa John, the pizzeria guy. Not only do they share the same name, both provide food for hungry people. However, Jon Boyette, better known as Papa Jon, is more than just a chef. He’s a jack-of-all-trades at the Central City Assembly Church in South Tucson, Ariz.

“I wear a lot of different hats here,” Papa Jon said. “I’m also usually the one to talk to people about what we do.” Papa Jon helps cook and serve food to the homeless when he’s not a security guard, groundskeeper, caretaker, dining room manager or co-director of the food ministry.

Today, the 59-year-old is wearing a faded black U.S. Army hat on top of his shoulder-length gray hair, and has a long gray mustache to match. Papa Jon has several tattoos on his tanned, wrinkled skin, but smiles too often for him to appear scary. The West Virginia native has blue eyes that light up when he describes some of the success stories he has witnessed while working at the church.

The nickname, Papa Jon, came from his two youngest daughters. They began calling their dad Papa Jon, and got all of their friends to follow suit. “They come in the door, even the oldest of old,” Papa Jon said with a chuckle. “It’s always, ‘Hey, Papa Jon! It’s never Jon.’”
Papa Jon moved to Phoenix in the late ’90s. He was living in California shortly after that, but moved back to Arizona because his daughter told him she wanted to go home, and she wanted him to come, also. “I was on probation and doing weekend work for the jail,” Papa Jon said. “So I went on the run for 18 years.”

With the tagline, “Serving with No Strings Attached,” Central City Assembly does just that. “Our main value is to serve with no ulterior motives,” said Founder and Lead Pastor, Dave Ferrari.

The church serves 1,200 hot meals and provides programs for 400 to 500 children and adults weekly. The meals are served in a building next door to the church with a full kitchen and dining area, as well as some rooms for storage.

“Anything we can do to make their lives easier,” Papa Jon said.

The burgundy- and tan-painted dining room seats nearly 60 chairs all placed around tables adorned with glass mason jars holding colored tissue paper and red roses. Salt and pepper shakers are on each banquet table, and a boom box plays 80s music on this sunny Friday afternoon. Three homemade pink construction paper hearts hang from the ceiling tiles with, “We Love You” on them.

“I volunteered to cook two meals here almost five years ago,” Papa Jon said. “Then we just took over the ministry. They wouldn’t let us get away.” Papa Jon and his sixth and current wife, Stacey, were homeless for three to four months before the church put them in a house.

“It was costing the church way too much money,” Papa Jon said. “We’ve been at the ministry until today, because I’m moving out.” Some of his and Stacey’s belongings were gathered near the door, which was propped open to let in fresh air.

“When I first met Papa Jon,” Ferrari said. “He was drunk off his skull. He came to our first big meal we served at the church.”

Papa Jon pointed to a framed picture of a woman on a wall in the dining room. “That lady right there,” he said. “My mother, she’s the inspiration. I watched her growing up take care of families and actually take two families off the street and feed and clothe them. I didn’t know it was grooming me to do this. That’s my inspiration, and that’s what keeps me going.”

“He’s extremely hardworking, very funny, and has a heart of gold. When people come to the church they really like Papa Jon. He’s our head reader on Sunday mornings, so some people get more from him than they do from me,” Ferrari said with a laugh.

Central City Assembly provides many services in addition to providing meals to the homeless. When they receive donations of clothing, they put them outside on a table for people who need a change of clothes. Church services are encouraged, but Papa Jon
explained that they don’t preach to the homeless because, “if their belly is growling, they’re not hearing a word.” Some of the folks do attend services on their own will.

The community of South Tucson hasn’t always been accommodating to the church, according to Papa Jon. “It has taken a while for them to accept us,” he said. “When we first came here, people were just being trashy.”

Papa Jon explained that during a church program known as “Operation: Deep Freeze,” they had a problem in which homeless people would borrow blankets, and then abandon them in a nearby field. Some other homeless people were generous enough to collect the blankets and throw them back over the cement wall on one side of the church so that the blankets could be stored until the next cold night.

“People are going to drink, smoke, do whatever they’re doing, and we try to control that as much as possible,” Papa Jon said. “There’s no way to get all of that. People from the community help us serve, so I think they’re getting used to us. Most people in this neighborhood totally ignore us, but no one is complaining.”

For those in need of medical care, a “Van of Hope” from the Carondelet Health Network comes to the church three Tuesdays a month. Volunteers, a community health outreach worker, and a nurse practitioner operate the 38-foot vehicle. Because of a lack of primary care, many otherwise preventable health conditions worsen for homeless individuals. The Van of Hope offers early detection and treatment of many such conditions. All of the services are free to the public.

“I get my blood sugar and blood pressure checked whenever they’re here,” Papa Jon said. “Sometimes they’re busy as hell, and sometimes there’s only one to two people.”

Papa Jon puts in 18-hour days seven days a week. “I could be dead tired when we open that door to feed people and I just get reenergized,” he said. Aside from serving meals to the homeless, the church does catering. Papa Jon explained that he’s a retired Sous chef, so being around food is a natural thing. It lets him think about other things while cooking. When Papa Jon lived in California, he used to take long walks to think. “I’d walk five miles out, and then five miles back,” he said. “By the time I got home, I would have the problem solved.”

According to Papa Jon, things ended up quite well for him. Previously a 20-year meth addict, he has been clean for 12 years. He’s living in Tucson, Ariz., and is married to his sixth wife whom he met at one of these very dining room tables. “My wife came here a crack monster,” Papa Jon said. “I talked to her and that’s all I did for a while, and eventually I got her to quit. I told her she didn’t need it. My felony warrants have disappeared.”

He credits his heavenly father for mysteriously taking care of his arrest warrants. “For the first time in 59 years, there is not a warrant out there for me,” Papa Jon said.
There are too many success stories to pick just one favorite, Papa Jon recalled with a smile. “If I chose one favorite, it would be cheating the blessing of all the others. I’ve sat around many times thinking of all of them and I start smiling. With God’s help, I had a hand in those successes. The immense feeling to know these people, to know what they were and what they’ve done, and now they’re not doing those things, it’s pretty good.”

Papa Jon said when he looks back to see where he was when he came to Tucson, he doesn’t get as happy as seeing other people and their successes to which he contributed. “If I get some of our homeless to come to church because I said that, that’s a success story,” Papa Jon said. “Every day that I put food in someone’s mouth, that’s a success story. Doing this, it’s a success if they keep coming back.”

Although it’s hard to imagine him this way, Papa Jon claims he can be rude, uncouth and totally obnoxious to the guests, but they keep coming back.

“I’ve had my life threatened,” he said. “But, if I wasn’t having fun doing what I do, I wouldn’t keep it up. I pick on people who come here and I harass them, and they keep coming back. As long as none of them kill me, I keep coming back.”

Other figures, programs and organizations contribute to serving the area of South Tucson. Aside from treating medical disorders and illnesses, it’s important to keep the community thriving. “South Tucson understands that the community is like a living organism,” Wilson said. “It needs to respond to the needs of its people just like if your body is hungry you need to put food in it, or if you’re tired, you need to sleep.”

South Tucson hosts an annual event to celebrate coming together as a community, known as Cyclovia. The idea comes from a long history of participating in street activities. One of the first and largest Cyclovias in the world was and is held still in Bogotá, Colombia. On Sundays and holidays every week, the city closes down over 70 miles of roadways to vehicles to encourage people to bike, walk, talk exercise, picnic, sunbathe, etc. in the streets.

The idea of unifying the community in a healthy, fun way is expressed in more ways than one. Safety and health initiatives are sprouting all over South Tucson. Throughout this research, I discovered a new walking school bus program at the local elementary school. This idea developed from the national organization Safe Routes to Schools, which has already implemented similar programs in other Arizona cities.

Also, there was a Healthy Habits fair held in late January, which had many vendors and including donating bicycles and helmets to neighborhood children.

This year, Tucson celebrated its Cyclovia event twice, once in South Tucson and once in Central Tucson. South Tucson has hosted the event on a five-mile route established over the past three years, and this year it was held April 7. Cyclovia will also be held on an additional five-to-seven-mile route through North and Central Tucson on April 28. Each of the events lasts from 10a.m. to 3p.m.
Cyclovia is a Spanish word signifying the temporary closure of a network of streets to cars so that they become “open” to people. “It’s an event with several goals,” said Cyclovia Coordinator Kylie Walzak. “It’s a day to celebrate car-free and care-free lifestyles, a day to be active, and utilize our streets in a different way than they get used every day. The streets are converted into an inviting and welcoming public space where people can interact and get exercise.”

In 2010, the event brought in 5,000 attendees. In 2011, the population doubled with 10,000 attendees. Cyclovia 2012 was partially rained out, but this year, 15,000 to 20,000 are expected to attend.

“It’s basically a big block party,” said Lindsay Walker, the 2013 Cyclovia intern. “Cyclovia is for the community, everyone is invited. The streets are safely closed off, which encourages people to get on that bike they might already have but are nervous to ride it because of traffic. It’s Tucson’s contribution to the idea of having streets for people to walk in or play in rather than just being dominated by cars.”

By highlighting the idea that the streets provide more than just a place for cars to drive, Cyclovia allows residents to enjoy the community streets for other reasons.

“The South Tucson community is able to work together because it’s a small community,” said Public Health Professor Maia Ingram. “Once they see how their community can be on a single day, they’ll want it every day.”

The event is sponsored mostly by nonprofit organizations, and is one of the only events of this size in Tucson that is completely free for participants. “Cyclovia is supported by the Living Streets Alliance,” Walker said. “Which is a nonprofit organization working to promote healthy communities into transforming the streets into places for walking and playing. The goal is to change perspectives on how it’s important to be outside and be social and enjoy the streets.”

LSA’s philosophy is based on our shared belief that public streets are a major resource for building vibrant and healthy communities. Public Living Streets should be seams in the community and not barriers. Public Living Streets can be used for healthy community activity, way beyond the dominant single purpose vehicle access that the current network primarily serves.

“People look forward to it,” Walker said. “Communities surrounding the route have come to love and enjoy and support this route. It’s not just for one day, it’s to jump start the community’s interest in activity or active transportation.”

South Tucson is working toward a more active lifestyle in another way, as well. Mission View Elementary is implementing a “walking school bus” program, run by families of students and Mission View Principal Meg Cota.
The walking school bus comes from the National Center for Safe Routes to Schools program. SRTS has been in action since the 1970s, when the first program was implemented into the Bronx, New York.

“So far, we provided money for eight to 10 walking school bus programs around the state,” said Brian Fellows, SRTS Coordinator, Arizona Department of Transportation. “The walking school bus program is an easy, inexpensive way to get kids moving and energized before the school day even starts.”

According to www.saferoutesinfo.org, In July 2005, Congress passed federal legislation that established a National SRTS program to improve safety on walking and bicycling routes to school, and to encourage children and families to travel between home and school using these modes. The program, which was signed into law in Aug. 2005, dedicated a total of $612 million toward SRTS from 2005 to 2009.

As of Sept. 2012, the Federal SRTS program has apportioned nearly $1.15 billion to states. These funds have benefited or will benefit more than 13,000 schools. The state of Arizona has five successful programs in five different cities so far, with South Tucson’s underway. From 2005 to 20012, Arizona has received $22,013,589 in total.

There are two types of SRTS grants available: non-infrastructure programs, and infrastructure programs. The non-infrastructure programs include things such as prize giveaways and safety programs, like the walking school bus. Those grants can be up to $45,000, which are a lot less expensive than the infrastructure ones, which can be up to $400,000. The infrastructure programs include physical changes to streets such as traffic signals, bike paths, and other engineering based ones.

The city of South Tucson applied for the grant to benefit both Mission View and Ochoa elementary schools. “I was approached by the city of South Tucson,” Cota said. “They asked if we would be interested, and it benefits our families. We collaborated in terms of getting surveys done and got information used in the grant writing such as, what are your impressions? Would your families like that – to walk?”

According to Cota, Mission View is very family-oriented and has heavy family involvement. The school has a parent room, so parents meet there, and recruit others to get involved. “More than 50% of Mission View students walk to school because their parents either don’t have a vehicle, or it’s being used primarily to get to work,” Cota said. “We have parent volunteers who walk with their kids, and ‘pick up’ other kids along the way and walk the group to school, like a school bus. We mapped out where the kids live, more or less, and marked out ‘bus stops’ either in front of their houses or a few houses down.”

The school buses are reserved for students with special needs, and are very limited around the district, Cota continued. “Sometimes, there may be just one or two students per bus.”
“I think my families are excited about the program,” Cota said. “They just have to get it going. My families are pretty quick to jump on board when we say something is happening. We’ve already recruited five people to work as the walkers.”

Mission View hosted the Healthy Habits Community health fair on their lawn last January. ReActivate, Canyon Ranch Foundation and the City of South Tucson put on the fair. The fair included activities such as yoga, and donations of bikes and bike helmets to kids.

“For a safe routes program to work,” Fellows said. “It often comes down to convincing that community or that school that safe routes to schools strategies are safe, promote physical activity, and help their kids learn and don’t have to cost much. The principal is the gatekeeper – if the principal is on board, they have more of a chance at a successful program.”

Cota explained that it isn’t the distance that is a challenge for students to walk to school unattended. “There are some streets that are very unsafe,” she said. “I’ve picked up students because they won’t walk by certain areas and don’t have transportation. Another issue is that when a parent or younger sibling becomes ill and can’t come out in the cold or rain, it stops the walking and the kid doesn’t go to school. It offers another opportunity to get your student to school safely.”

Upon researching the PA profession, observing two different PAs, and studying how PAs are filling the major roles of providing healthcare, I learned more about the career firsthand than I could from any book.

The most significant individual who has further inspired me to become a PA was Lisa Prososki, PA-C. Prososki works in Tucson as a PA, but hails originally from Nebraska, like me. I was fortunate enough to shadow and interview Prososki. Her mentality and manner when treating patients differs from Wheelwright or Silberman, but that does not make her better or worse.

Observing the different approaches to practicing medicine was exciting for me, as an aspiring PA student, and triggered several thoughts along the lines of how am I going to practice when I become a PA?

She has a way about her that makes you want to tell her all your problems, kind of like she’s part your own family. Lisa Prososki, a physician assistant in Tucson, Ariz., plays the caretaker role in more than one aspect of her life.

Prososki provides medical care to returning patients in the clinic at the Arizona Community Physicians group three days a week. On the other two days, she works in an ACP emergency room, providing care to patients who come in with acute injuries.

The 46-year-old is also the single mother of a daughter, Brooke, who is a junior at Salpointe Catholic High School.
“I’ll BS with patients to see how they interact,” she said. “I like the family aspect, and I like the patient-PA relationship. In the ER you don’t know if they go for follow up or not. I like the mix of both the acute care and the maintenance care in this type of setting.

Prososki dresses conservatively, today in an ankle-length black skirt and long sleeved gray top with a long silver chain necklace. Her hair is pulled back at the top, and she wears minimal makeup – just enough to highlight her green eyes, which seem to light up as she is talking to patients.

The Columbus, Neb. native said her favorite part of her job is taking a patients’ history. Prososki explained that half the time, questioning a patient thoroughly gives you the answer you’re looking for. Paying attention to detail is key to getting a good history. With that, it all kind of unfolds and she can pick up on something she may have missed.

“That’s why PAs find out more,” Prososki said. “They tend to ask more questions than doctors.”

Prososki introduces herself to patients as Lisa, a PA, with a friendly but firm handshake upon entering each exam room. “You’re supposed to wear a name tag that says you’re a PA, but I never wear it,” she said, laughing, as she rummaged around a metal tray on her desk to find it.

ACP is a physician owned predominantly primary care medical group practice with offices in Tucson, Oro Valley and Green Valley. Today, it is the largest physician owned medical practice in the state of Arizona, with 118 physicians and a total of 35 PAs and nurse practitioners.

Prososki attended the University of Nebraska at Lincoln, where she earned a Bachelor’s degree in Athletic Training. She planned to pursue a career in physical therapy, until she discovered the PA profession, which was just beginning to grow when she graduated in the early 90s.

“I followed a physical therapist in a hospital with post stroke rehab patients for a day,” Prososki said. “It was depressing, and not at all like the athletic training repairs and ankle sprains I was used to. I just saw a whole different side of it.”

As the PA profession gained popularity, Prososki got word of it from a flyer at a health fair. She followed a family practice PA around for one day in Shelby, Neb., and decided it was what she wanted to do. “It was like a light bulb that day,” Prososki said.

She then applied to PA programs in Kansas, and at the University of Nebraska Medical Center in Omaha, where she went, beginning the fall semester after her May graduation from UNL. Prososki was 23 at the time. In 2013, the average age to be accepted into PA school is 25.
Many people question why PAs don’t just go to medical school to become doctors. PAs have many of the same abilities as doctors, such as seeing patients independently and writing all prescriptions including narcotics for up to 72 hours.

The benefits of taking the PA route are that the schooling and cost is significantly less expensive. Medical school ranges upwards of $150,000, while PA school can be $70,000. Medical students endure four years of schooling, with an additional four years of residency training on top of that. PA schools are around three years, depending on the program.

Doctors will earn a higher salary, for the most part, but certain physicians such as family practice, don’t earn that much more than a PA. In May 2010, the average PA salary was nearly $86,000. Now, there are additional specialties such as different types of surgery that PAs can add to their resume if they so choose to pursue some extra training.

Most PA programs are under three years of training including clinical rounds and classroom work. Depending on the program, costs can be drastically minimized in comparison to four years of medical schooling plus four years of residency.

“I wanted to do something medical, but I didn’t want to spend the duration of the time for medical school,” Prososki said. “My whole family is all medical – my brother is an orthodontist, my other brother is a veterinarian and my sister is a nurse.”

When Prososki graduated PA school in 1992, the starting salary for a PA was $36,000. Now, new PA graduates earn a salary of anywhere from $70,000 to $90,000.

Prososki’s bubbly personality shines through as she examines patients meticulously, while listening to their concerns at the same time. “Sometimes, I’m so used to asking a lot of questions at work that my friends say, ‘Lisa! We’re not at work anymore, stop asking so many questions,’” Prososki said with a laugh.

She said another benefit of being a PA is having the “freedom for opportunity” to change medical fields. Prososki practices this weekly, as she spends time in the clinic and the ER. PAs have the ability to switch to different medical fields without going back to school for a different degree, something that physicians do not. Due to the well-rounded training PAs experience during school, they learn the basics of many fields of medicine.

In the clinic, Prososki sees all types of patients over the age of 18. When I shadowed her, we saw a University of Arizona football player with strep throat, a man who had breathing trouble because he was bloated, and a man who threw out his back, which he explained to us “happens twice a year.”

The patients come in, spill their problems while Prososki examines them, and leave with a plan to address the illnesses or concerns.
In the ER, Prososki works triage. She explained that new patients are coming in as quick as every 20 minutes, and the days go by fast. “It’s a lot more fun,” Prososki said. “Doing stitches and casts and other things like that keeps it interesting.”

As for the unified PA-physician relationship, Prososki explained that it’s not like a hierarchy, and she appreciates the team atmosphere. “We ask the docs questions and they ask us,” Prososki said. “We’re all working toward a common goal of helping the patient.”

PAs are required to work under the supervision of a licensed physician. Her office has two physicians: Helen Lin - MD, and Gurinder Singh –MD, both Internists. Prososki’s name is printed on the pad in which she writes prescriptions for patients, along with the name of the physicians.

“I had some personality issues with Dr. Lin. I’m very personable, but I like to ‘do things X, Y, Z,” Prososki said while making a stiff chopping motion with her hand.

“Dr. Lin allows the patient do whatever he or she thinks is right for them,” she continued, waving her hands in the air freely. “But, practicing medicine is an art and everyone has a different approach that works for them.”

Prososki said that their differences haven’t hindered their work experience at all. Despite their differences, she said she has learned from Dr. Lin.

Prososki explained that it’s a comfort level and a security type of thing, referring to seeing patients as a PA rather than a physician. She recently suffered a back injury from a skiing accident, and spent time in an ER and with a physical therapist.

“You get a glimpse of what it is like being on the other side, and it makes me a better provider,” Prososki said. “This whole experience when I was injured made me think how I would want to be treated when I was the patient.”

Prososki said that the ACP doctor barely examined her, skipped over some fundamental steps to the examination, and didn't change his ways until he looked at her chart and realized she was a PA for ACP. “You should treat patients the same no matter what,” she said.

It “kills her” when the doctor only asks, ‘what are you here for?’ and writes a note on the patient’s chart stating they performed a whole exam. “That’s a personality type thing, but I always try to think if that was me, is the doctor being caring or whatever,” Prososki said with a shrug.

Her gentle but thorough manner gives patients the confidence to express to her their concerns, knowing Prososki will take care of them. Patients are required be listed under a physician, but Prososki has plenty of patients who see her exclusively and it's easy to see why they keep returning.
Once, when she was on vacation, “One guy came in with really severe sleep apnea and they told him to get the CPAP,” Prososki said. “He said, ‘I want to hear it from Lisa,’ so he waited 3 weeks while I was gone.” When she was back and able to see the patient, she told him to get a CPAP, as well.

Other times, Prososki said some elderly patients come in and just want to talk. “They’re older and they don’t have a lot of social or adult contact, so I sit and visit with them.”

Aside from working five days a week, Prososki makes sure to spend time with Brooke whether it’s driving her to Phoenix on the weekends for club basketball tournaments, or attending the Country Thunder concert in Florence, Ariz., an annual tradition of theirs.

Prososki also enjoys skiing and going mountain biking as often as she can. Her fun loving and lively personality make her ideal as a healthcare provider and excellent listener. When seeing her, you know you’re in good hands.

As I reflected on my research, experiences and new knowledge of the PA profession and duties in terms of providing healthcare, I considered how I would fit the PA mold. The most important realization I came to was that there wasn’t a cookie cutter mold to being a PA.

I’ve observed different PAs firsthand and extensively researched the capabilities and potential roles for PAs. With this understanding, I compared my newfound information with my individual qualities and personality.

There has been a constant debate since I was a young teenager about whether or not I wanted to be a medical doctor. I briefly considered going to college for a business degree, like my dad, and also thought about public relations. I wanted to study a major that led to multiple career opportunities.

I landed in journalism, after deciding that I didn’t want to deal with science and math courses, that is, until I learned about the physician assistant profession. I continued to earn a degree in journalism and Spanish, but began the prerequisite courses for PA school during my junior year of college.

I have now shadowed a family practice doctor and two PAs over the course of the past two years. While shadowing Dr. Charles Rogers, MD, I learned how to take a patient’s medical history, perform an initial examination including checking the heart, eyes, ears, nose, mouth and reflexes, and read x-rays.

I also put stitches in a man’s hand and performed a woman’s annual pap smear. I was very fortunate to have had the opportunity to learn from him, but needed to spend time with a PA in order to decipher the differences between the two careers.

The second PA I shadowed, Lisa Prososki, had the biggest influence on me, so far, as a medical professional. Her social personality, caring bedside manner and patient
interactions are inspirational to me as an aspiring PA. Prososki treats patients with the utmost respect, and expresses genuine interest in their concerns.

During my time with her, I learned valuable lessons about PAs that I did not know previously. I’ve witnessed the physician perspective on PAs firsthand. Physicians and PAs have been compared with the analogy: a pilot and a flight attendant, respectively. On that note, it was advantageous for me to be on the PA side of the practice and discover their perspective on the office demographics.

Of the lessons the shadow experience taught me, each made me more confident in my decision to pursue PA school. This confidence came about because I saw qualities in Prososki’s work ethic and personality that others and I see in myself.

First off, Prososki asks tons of questions when she is examining her patients. She explained that she is very thorough, and that getting a detailed history is key to performing her PA duties effectively. She asks questions about current illnesses or concerns, as well as listening to the patient’s explanation of how and when symptoms arose. When I asked her favorite thing to do as a PA, she said it was getting the details on her patients’ medical ailments.

For example, she asked if one patient had any kidney problems, because one of his levels was high on his bloodworm. He was unaware of that problem, but was on a drug for a different ailment that could have damaged his kidneys further. If she hadn’t read his chart and discussed his medical history with him, he may not have been taken off of that drug until someone else noticed at a later appointment.

Prososki explained that PAs tend to ask more questions than doctors, which in turn allows them to find out more information. She also said that it’s important to ask the right questions to find out the answers. This sounded just like the techniques I’ve learned in journalism. If you don’t ask the right questions, you won’t receive the information for which you’re looking.

I consider myself to be a very observant person, both of people’s feelings and of my surroundings. Observance and attention to detail is key in terms of medical practice, in order to perform accurate and thorough examinations. Secondly, Prososki had nothing negative to say about the work environment, specifically regarding the PA-physician relationship. She said she appreciates the unity between physicians and PAs, and likes the team environment.

Both physicians and PAs ask each other questions without acting under a hierarchy of power, according to Prososki. Some days she asks her supervising physician questions about patients, but other times even days go by without speaking to her.

Teamwork is a value that has been instilled in me since a very young age, through sports teams, clubs, jobs and group projects. I’m a natural leader, but work very well with others by being open minded to outside ideas. I would appreciate the team environment in a
medical practice between all of my coworkers. I also believe if employees are bonded, it makes the entire workplace friendlier, more efficient, and more functional to better serve patients.

The final lesson I learned from Prososki is something I was familiar with prior to the shadow experience, but more fulfilling when observing it firsthand. In the majority of programs, PAs attend school for two to two and a half years before earning a Master’s degree in physician assistant studies. Upon that time, one becomes a certified PA and is eligible to apply to any field of medicine, unlike physicians who attend a residency in one area of medicine. If a PA wants to work in dermatology, for example, he or she does not have to return to school if he or she desires to switch to trauma surgery, instead.

Prososki practices this concept weekly, as she works in an emergency room twice a week, and the clinical setting (which I experienced with her) three times a week. She likes having the freedom for opportunity to change her environment.

Prososki said it keeps her from feeling like her job is monotonous or dull because the ER provides new cases every hour or more, while the clinic allows her to develop lasting relationships with patients and their families.

At an early age, I learned I would rather stay busy than have too much free time. I am passionate about trying many different things and having lots of experiences, sometimes all at once. In the past, I have thrived in new settings, in a team atmosphere, and with a busy schedule. By becoming a PA, this career will allow me to be in an environment that presents these experiences, as well as accomplish my goal of being in the medical field.
**Project Summary:**

I'm in a unique situation, considering my undergraduate major and future career plans. As a journalism major pursuing physician assistant school, I took both my interest in medicine and acquired writing skills and put them to use.

I researched, interviewed and reported my findings about the increased amount of behavioral health issues in downtown Tucson and South Tucson, and many of the healthcare providers offering services addressing acute, chronic and personal wellness problems.

Behavioral health issues include but are not limited to anxiety, bipolar disorder, substance abuse, depression, eating disorders, personality disorders, schizophrenia, trauma, obsessive-compulsive disorder and post-traumatic stress disorder.

Both the downtown and South Tucson areas have high rates of poverty, unemployment and lack of health insurance. Each of these contributes to falling under a category known as a medically underserved area, and is directly related to behavioral health issues.

PAs, in addition to other midlevel care providers, are serving on the forefront of the future of healthcare. PAs are filling this gap efficiently, particularly because they have the unique ability of working in all different fields of medicine without returning for extra schooling. They also have the ability to fill positions in the three different categories in which I organized the concerns of patients in South Tucson and downtown Tucson.

My honors project portrays several locations in which patients can seek help including a retail clinic at the local Safeway grocery store, a “Van of Hope” which provides mobile healthcare to homeless individuals, and the Central City Assembly ministry, which serves 1,200 hot meals a week.

My project also profiles a family practice clinic, the Cushing Street Family Practice, where patients can receive care from two PAs, Lisa Prooski, a PA who works on the northern side of Tucson, and mentions some events and organizations that promote healthy habits to communities, such as the Cyclovia event.
A Note on My Struggles and Successes:

This project took many ideas into consideration before I chose exactly how I wanted to organize my thoughts. It was a lot of thinking and rethinking. I knew I wanted to write about physician assistants and something in healthcare, but I didn’t know how I was going to turn that into a semester-long project.

Once I figured out a focal point to my project, the rest came pretty naturally – finding places that provided healthcare to locals etc. Sometimes, chains like the Safeway grocery store clinic were difficult to get a lot of information from. This was because the employees told me I needed to talk to someone in the public relations department of the Safeway headquarters.

So, I called and left the woman a message three different times, but never got a response. The employees were reluctant to speak with me, so I had to rely more on sources in the store to get the feel of the clinic.

On the other hand, characters such as Papa Jon Boyette of the Central City Assembly ministry were more than happy to speak with me, show me around his workplace, and even offer for me to stay and eat one of the free dinners offered that Monday night.

The biggest struggle, as usual with journalism stories, is getting all of the right sources to get back to you on time. As a student with other classes and obligations, it’s difficult to run on the schedule of your sources. Another obstacle was speaking with patients receiving the healthcare. Patients know they have doctor-patient confidentiality, but were skeptical of answering any of my questions, as they did not know where my project was going to be published.

If I could do the project again, I would establish relationships with the healthcare providers much earlier on, so that I would have a better chance for their patients to feel comfortable enough to speak with me.

One of the most helpful things I did, was call the local police chief, the South Tucson judge, and the city manager. Through my questioning, I was able to learn some demographics of the community, key players in my topics of research, and businesses and healthcare facilities to visit. I learned in one of my journalism classes that often, the best question a journalist can ask a source is: who else would be a good source of information for me to speak with?

I used this to my advantage and it led me to destinations I might not have discovered otherwise. The best piece of advice I have to offer is to decide a few main focal points and form an outline as early as possible. With the help of a thesis advisor, the rest will fall into place.
Appendix:

Brian Fellows, phone interview February 20, Safe Routes to Schools, Phoenix.

Cassandra Figueroa, author interview September 25, Cushing Street Family Practice, Tucson.

Doreen Galaz, author interview January 28, Safeway Clinic, South Tucson.

Enrique Serna, author interview February 5 and phone interview April 10, University of Arizona, Tucson.

Kim Won, author interview January 28, Safeway Clinic, South Tucson.

Kylie Walzak, phone interview February 20, South Tucson.

Lindsay Walker, phone interview February 20, South Tucson.

Lisa Prososki, PA-C, phone interview January 25, author interview April 10, Tucson.

Maia Ingram, author interview February 12, and 23, University of Arizona, Tucson.

Meg Cota, phone interview February 21, South Tucson.

Melissa Levine, author interview January 28, Safeway Clinic, South Tucson.

Molly Wheelwright, PA-C, author interview December 8 and February 8, Cushing Street Family Practice, downtown Tucson.

Papa Jon Boyette, author interview March 22, 29, and April 12, Central City Assembly, South Tucson.

Pastor Dave Ferrari, author interview March 22, Central City Assembly, South Tucson.

Rae Strozzo, phone interview December 9, Southern Arizona Gender Alliance, Tucson.

Ricci Silberman, PA-C, author interview December 8 and February 8, Cushing Street Family Practice, downtown Tucson.

Ron Wilson, J.D., phone interview March 28, City of South Tucson.
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Http://www.unmc.edu/alliedhealth/pa_opportunities.htm