



Director's Spotlight

By **Susan Gerard**, Director of ADHS

I am very pleased to announce the release of the inaugural edition of *AHDCONNECTION*, the quarterly informational newsletter for the Arizona Health Disparities Center (AHDC), a part of the Arizona Department of Health Services (ADHS). The AHDC serves as Arizona's central source of information and resources related to minority and vulnerable population health and health disparities. This newsletter will serve as an informational tool and resource for ADHS staff.

Health disparities continue despite advances in health care and technology. Even after controlling for economic and health insurance status, differences still occur in diagnosis and treatment of certain health conditions, utilization of preventive services and health outcomes. We can each do our part by making a commitment to learn more about health disparities, understand the cultural groups we serve and share best practices.

I hope you will find the information provided within interesting and relevant to the populations of Arizona. ♦

(This article was completed before Susan's departure from ADHS. Thanks for her support and we wish her the best in the future.)

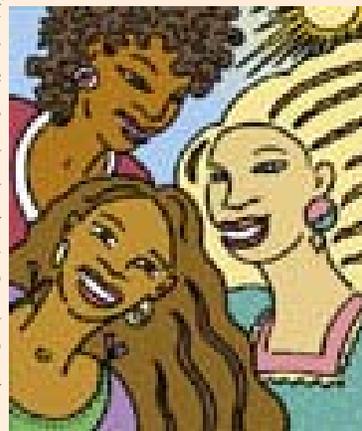
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Art and Performance As Healing

By **Catherine Traywick**, Feature Writer of ASU in the Community

When Dr. Olga Davis, an Arizona State University (ASU) professor of Human Communication, wanted to raise community awareness of sobering health issues like HIV/AIDS, mental health and substance abuse in the African-American community, she opted against the standard academic fare of educational pamphlets and informative lectures. Instead, she evoked her theatrical roots, setting the ASU Downtown Phoenix campus abuzz with a rousing showcase of art and performance, from the lyrical stylings of acclaimed local poets and storytellers to a trio of African dancers who stomped, smiled and swirled to the beat of a dozen drums.



(courtesy of the Office on Women's Health, DHHS)

Davis, whose interest in the relationship between race, gender and health led her to become part of a research team, the Southwest Interdisciplinary Research Center and ASU Foundation, saw an opportunity to combine her two fields of study into one educational, engaging celebration using visual and performance art to examine "cultural processes in risk and resilience" in minority groups (continued page 2).

Community Story

Make Connections to Address Health Disparities

By **Zipatly Mendoza**, Office Chief of AHDC

The Arizona Health Disparities Center (AHDC) is excited to announce the creation of a new newsletter, the *AHDCConnection* – Arizona’s Leading Health Disparities Resource. The purpose of the newsletter is to serve as a communication mechanism to ensure stakeholder participation in building the capacity of the State to address health disparities.

AHDC within the Bureau of Health Systems Development and Oral Health seeks to build the capacity of the State through education, training,

advocacy and coalition building. The AHDC provides workshops and presentations on CLAS, health literacy and related health topics to public health professionals and community groups. AHDC provides technical assistance on CLAS and cultural competency. AHDC provides comprehensive weekly email news on various health topics, community events, and funding opportunities.

The AHDC works to further professional development among Arizona (continued page 4)

Arizona Health Disparities Center

Mission:

To promote and protect the health and well being of the minority and vulnerable populations of Arizona by enhancing the capacity of the public health system to effectively serve minority populations and reduce health disparities.

Vision:

Health equity for all

We envision a state where each person has equal opportunity to prevent and overcome disease and live a longer, healthier life.

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Art and Performance as Healing - continued from page 1

The spirited result, which kicked off African-American History Month in February 2008, united an eclectic blend of artists and performers with local healthcare professionals in an effort to engage the community regarding health issues specific to African-Americans.

Davis believes that this artistic approach to addressing such weighty topics is a highly effective way of engaging, not only the African-American community, but persons of all backgrounds.

“The expression of public art is sometimes a better or alternative way of educating,” she said. “Performance art has a way of dispelling boundaries of race, gender, sexuality, class...It’s a way of universally connecting humans to humans.”

Opera singer Freeman Milton Davis II, who performed a selection of African-American spirituals for the event, agrees. “Arts have been touted as the universal language,” he said. “It can bring people together to see things on an equitable plane.”

Through creative writing, painting, photography, video collages, spoken word, music and dance, the showcase highlighted health disparities and celebrated resilience in the African-American community.

But conceptualizing the concept of “health disparities” -- let alone translating it into a living piece of art -- was difficult for many of the artists involved. To overcome this, Davis worked closely with some of the artists, helping them to better understand both this concept and the interrelation of art and health.

“I had them reflect on this social, political and cultural issue of health disparities,” she said (continued page 3).

Cultural Blindness: The Misguided Belief of Treating Everyone the Same

By **Veronica Perez**, Advisor for Cultural Competency & Health Literacy of ADHS

“I don’t see color or culture – only the person.”

This statement has very good intentions. But think about this: if you don’t see color or culture, and someone you are trying to reach identifies strongly with their color or culture, are you *really* seeing the person? This is referred to cultural blindness, a stage along the continuum toward cultural proficiency.

Individuals and organizations with this philosophy believe that they are doing the right thing by treating everyone the same, often functioning on the belief that culture should not make a difference in how services are provided. Culturally blind agencies view themselves as unbiased and are characterized by the belief that there is equal effectiveness when all people, regardless of culture, are served the same way. While this view is well-intended, it can lead to services that are so ethnocentric that they become useless to all but the most assimilated cultures.

Culture refers to patterns of human behavior that include values, beliefs, traditions and languages that connect racial/ethnic, religious or social groups. Cultural patterns and ideals are learned early in life and each of us belongs to many cultures over time. Culture changes and is adaptive, but it can be difficult for us to recognize and change our own cultural practices. This lack of awareness has a major impact on how we relate to individuals who have a culture different from our own.

Cultural blindness often results in poor public health outcomes. Culture drives our decisions, including decisions about our health. A culturally competent public health professional is one who is aware of values and beliefs that drive one’s own behavior and the behaviors of populations being served. Health promotion, disease prevention, and disease management programs have been shown to be more successful when they take into consideration the influence of culture among the population being served. In this stage, an individual is at *status quo*, which is not good enough to improve health outcomes. But there is a significant opportunity to recognize weaknesses, make improvements, become more aware, and reach out to those marginalized groups more efficiently. Understanding where we are on the continuum helps us understand what to do to make progress toward becoming culturally proficient.

For more information , visit <http://www11.georgetown.edu/research/gucchd/nccc/index.html> ♦

Art and Performance as Healing - continued from page 2

“Many of them connected through story. They’re communicating their life experiences, their relationships, through their visual and performance talents.”

For Ramona Wright, a painter whose work was featured at the event, the process of tackling these issues through art was a uniquely personal learning experience which put her in touch with her own resilience.

“At first it was difficult to conceptualize this notion of ‘health disparities’...until I realized that I had already done so in many pieces of my work,” she said. “I realized that my art was part of a healing process.” For Wright, art not only helped her endure and cope with her own health problems such as depression, arthritis and fibromyalgia, but also created a venue for her to educate and engage others.

And, judging by the energy and involvement of the audience, who raucously applauded every performance and enthusiastically discussed “art as healing” in between courses of heart-healthy soul food, those artists may have succeeded.

Certainly, by the end of the night the relationship between art and health was common knowledge among the crowd and a cause for celebrating.

“Art is what makes us healthy, vibrant, living beings!” announced storyteller and writer Almeta Whitis to a cheering audience. “If there is no art, there is no life!”



<http://community.uui.asu.edu/features/art.asp>.

Health Disparities Legislative Update

By **Pete Wertheim**, Chief Legislative Liaison and **Barbara Fanning**, Legislative Liaison of ADHS

Legislative Watch

After 166 days and a looming State government shut-down a few days away, the 48th Legislature 2nd Regular Session finally adjourned on June 30, 2008. The following are brief summaries of several noteworthy bills that passed during the 2008 session that will make a difference in the ongoing efforts to address health disparities:

SB 1078 Infectious Diseases; Expedited Therapy (Laws 2008, Chapter 12)

Until the passage of SB 1078, Arizona was one of thirteen states that had laws prohibiting the use of expedited therapy to combat the spread of communicable diseases. Expedited therapy gives medical providers the option to prescribe medications to contacts of communicable diseases for treatment without a physical exam. This practice is especially helpful in getting early intervention to persons who do not have access to health care services, but who may have been exposed to a communicable disease.

As a result of the passage of this bill, certain communicable diseases such as pertussis, scabies and plague may be treated through expedited therapy to contacts of infected persons to prevent serious infection and further transmission of the disease. SB 1078 may be one of the most important public health measures to pass the Legislature in many years.

HB 2521 Birth Defects; Folic Acid Supplements (Laws 2008, Chapter 52)

This is an important bill that will help the Arizona Department of Health Services (ADHS) and its community partners do a more effective job in preventing birth defects and assisting families of children with birth defects.

Until its passage, statute only permitted ADHS to administer the Folic Acid Distribution and Education Program (FADEP) through local county health departments. HB 2521 will now allow ADHS to also contract with community-based organizations to provide these services. This expansion will give the program a greater ability to reach low-income populations that receive services in

community health centers and non-profit agencies rather than their local health departments. This will help eliminate the difficulty that FADEP has had in the past reaching some of the most high-risk populations in counties that do not have a strong county health department presence in the community.

HB 2521 will also allow ADHS to share information from the Chronic Disease Birth Defect Registry Program with the Arizona Early Intervention Program at the Arizona Department of Economic Security, so they may notify families of children with birth defects of the available services and the organizations that provide them.

The session also passed SB 1113 HIV-related testing (Laws 2008, Chapter 13), SB 1329 AHCCCS; self-directed care services (Laws 2008, Chapter 58) and SB 1418 tobacco cessation medication; coverage; AHCCCS (Laws 2008, Chapter 131) that related to health disparities.

For more health disparities legislative updates, please visit: <http://www.azminorityhealth.gov>. ♦

Make Connections to Address Health Disparities - continued from page 2

Department of Health Services (ADHS) employees by providing monthly brown bag sessions. The goal of the brown bag series is to bring awareness of diverse cultures and health beliefs/practices to ADHS employees. Additionally, AHDC serves as a vehicle within ADHS to promote policies that address and reduce health disparities among disparate populations.

I hope you find this issue helpful in learning more about current activities, issues and events that address health disparities. Furthermore, you can help us right now in two ways: First, pass along a copy of the *AHDC* Connection newsletter. Second, encourage colleagues and friends to visit the AHDC website (<http://www.azminorityhealth.gov>) to learn more about the Center. Thank you for your interest in the Arizona Health Disparities Center. ♦



RWJF and PCH *Speaking Together*

By **Jana Granillo**, Community Liaison of
Health Disparities, ADHS

In June 2008, the Arizona Health Disparities Center had a chance to speak with Barbara Rayes (Coordinator of Translation Services & Language Education) and Irma Bustamante (Manager of Language Services) of [Phoenix Children's Hospital](#) (PCH), our local leaders in the area of Language Access Services (LAS) and quality improvement. Imbedded in the conversation was the discovery of so much.

First of all, KUDOS to PCH for their part in the soon-to-be-released results of [Speaking Together](#). *Speaking Together* is “a national program funded by the Robert Wood Johnson Foundation (RWJF) and aimed at improving the quality and availability of health care language services to patients with limited English proficiency (LEP). *Speaking Together* integrates quality improvement with language services and brings together hospitals to pilot new performance measures and test valuable techniques for reducing health care disparities associated with language barriers.”

Because of PCH's existing work in the area of LAS and readiness, they were chosen for the RWJF program. Of the 10 hospitals chosen nationwide, 2 were Children's Hospitals in Seattle and Phoenix.

As a result of their work in Summer 2008, a [Speaking Together Toolkit](#) and [Tools for Improving Language Services Delivery](#) have been released. The toolkit has “how-to” advise for quality improvement in language services, including getting support for LAS quality improvement. PCH's focus for the *Speaking Together* work was, and is, quality improvement in communication for children with diabetes.

Our interview with PCH revealed so much more, centered around the question: “What is your role in LAS and building capacity with health care providers?” For the complete interview and highlighted best practices, please see link <http://www.azminorityhealth.gov>. One thing notable from the interview was that Barbara Rayes will

once again be a part of the prestigious National Conference on Quality Health Care for Culturally Diverse Populations. The conference will be held September 21-24, 2008 in Minneapolis, MN. For more information about the conference, please visit: <http://www.diversityrxconference.org>.

If you have a success story and/or comments on the RWJF toolkit, please contact Jana Granillo at granilj@azdhs.gov or 602-542-1219. ♦

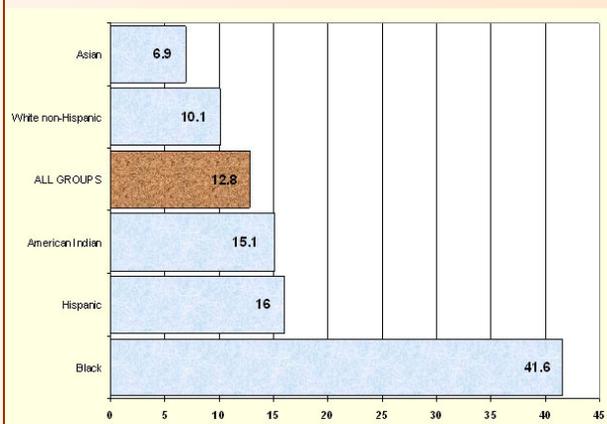
Data Speak

Emergent HIV/AIDS Rates by Race/Ethnicity

Rates of HIV/AIDS prevalence and emergence differ sharply between African-Americans and other race/ethnicity groups. Currently the emergent HIV/AIDS rate among African Americans in Arizona is more than 4 times that of White Non-Hispanics.

The disparity observed in Arizona among African-Americans is also seen across the country. The CDC estimates that in 2006, African-Americans were 13% of the total population in states with established confidential HIV reporting and 49% of new HIV diagnoses. As observed in Arizona, CDC also reports a more pronounced racial disparity nationally among women than men when African-Americans are compared to other race groups. ♦

Rates of HIV/AIDS in Arizona, 2005



Source:
HIV/AIDS Annual Report Executive Summary in the State of Arizona – February 2008, Bureau of Epidemiology & Disease Control, Arizona Department of Health Services, <http://www.azdhs.gov/phs/hiv/2008annualreportpage.htm>
Differences in the Health Status by Race/Ethnic Groups, Arizona 2005, Bureau of Public Health Statistics, Arizona Department of Health Services, <http://www.azdhs.gov/plan/report/dhsag/dhsag05/index.htm>

AHDC 2007-2008 Community Collaborative Projects

The Arizona Health Disparities Center (AHDC) with funds from the U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Minority Health, State Partnership Grant Program to Improve Minority Health Grant, awarded eight grants in Arizona in 2007-2008. The purpose of the grants was to support new or ongoing minority health collaborative community projects/activities throughout the State. The projects and/or activities were to further the goals of reducing health disparities by:

- ◆ Targeting a major health disparity based on available data;
- ◆ Enhancing access to care for vulnerable and minority populations and/or;
- ◆ Enhancing cultural competency among healthcare providers and the public health workforce.

All grants were completed on June 30, 2008. Below is brief summary of each project.

1. Arizona Board of Regents, University of Arizona: The project was innovative in that it not only focused on cultural competency skills and understanding of the public health (PH) professional employed along the U.S.-Mexico border, but training to incorporate culture, traditional activities of daily living, storytelling, kinship and the arts. This training and strategies for promoting resilience were used to create training on cultural competency in program planning.

2. Asian Pacific Community in Action: The project was a randomized telephone-based survey designed to gather information in critical health disparities areas: hepatitis B, cervical cancer, breast cancer and tobacco use. The result was an assessment of health-related behaviors among Vietnamese American families in Maricopa County to be used for future intervention programs. The survey mostly used validated BRFSS questions.

3. Coconino County Health Department: The project was to implement a prescription drug discount program designed by the National Association of Counties (NACo) and Caremark RX, Inc. The discount card program helped consumers cope with the high price of prescription drugs. The program offered significant savings of about 20% discount. Cards were available at a variety of distribution

sites throughout Coconino County (i.e. health department and community organizations/partners).

4. Empowerment Systems, Inc.: The project was an online educational program with a self-assessment tool and culturally competent materials targeting American Indian and Latino residents in Maricopa, Pinal and Yavapai counties as well as persons with disabilities and people living in rural areas. The program raised awareness of Type II Diabetes and hypertension and provides available resources.

5. Maricopa Integrated Health Systems: The project designed a bilingual coloring/activity book to help children, especially Latino children aged 1-4 years in Maricopa County, understand fire safety, burn prevention and responding to emergencies. This book helps meet American Academy of Pediatrics' recommendations on injury prevention during all Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) visits. Materials were prescribed to families in the MIHS Pediatric and Women's Clinic.

6. Navajo Health Foundation/Sage Memorial Hospital: The project sought to increase utilization of AHCCCS by educating patients about benefits and enrollment assistance. Its target population was Native Americans eligible for AHCCCS in Navajo and Apache counties.

7. Regional Center for Border Health, Inc.: The project was to invite participants with high-level health risk appraisals and diabetes to complete a 6-week evidence-based culturally appropriate prevention and control curriculum on diabetes among Latino residents in Yuma County. The program provided healthy eating cooking demonstrations and awareness on the importance of mental health issues such as depression.

8. St. Elizabeth Health Center: The project focused on decreasing oral health disparities among minority children through culturally and linguistically appropriate education and outreach materials in Pima County. The program used community assessments and education to identify need for access to oral health care, assess current oral health and dental educational materials for cultural and literacy appropriateness and monitor the number of children and parents that access dental hygiene and/or treatment. ◆

Buzz

Funding Opportunities:

[Health Resources & Services Administration: Rural Health Network Development Planning Grant Program](#)

Deadline: September 15, 2008

Expected Number of Awards: 20

Estimated Total Program Funding: \$1,700,000

[National Institutes of Health: Improving Effectiveness of Smoking Cessation Interventions and Programs in Low-Income Adult Populations \(R01\)](#)

Deadline: November 24, 2008

Estimated Total Program Funding: \$2,700,000

[National Institutes of Health: Improving Effectiveness of Smoking Cessation Interventions and Programs in Low-Income Adult Populations \(R21\)](#)

Deadline: November 24, 2008

Estimated Total Program Funding: \$1,500,000

Award Ceiling: \$200,000

Publications of Interest

[*Closing the Mental Health Gap: Eliminating Disparities in Treatment for Latinos*](#)

The study looked at more than 1,000 low-income Hispanics from three metropolitan areas in the US. It found that suicide is the third leading cause of death among Hispanics ages 10 to 24 and that His-

panics who do see care “often end up with ineffective assistance.”

[*Language Access: Understanding the Barriers and Challenges in Primary Care Settings*](#)

It summarizes findings from a 2007 survey of primary care clinicians, nonclinical staff, clinic managers and administrators conducted by the Association of Clinicians for the Underserved to learn about language access barriers and challenges in providing care among association members.

Events of Interest

[Addressing Health Care Disparities: Cultural Competency Faculty Development Program](#)

Dates: August 8-9, 2008

Location: San Francisco, CA

[6th National Conference on Quality Health Care for Culturally Diverse Population](#)

Dates: September 21-24, 2008

Location: Minneapolis, MN

[2008 International Conference on Medical Interpreting - Reducing Health Disparities by Ensuring Language Access to all](#)

Dates: October 10-12, 2008

Location: Boston, MA

For more information about funding opportunities, publication of interests and events of interest, please visit <http://www.azminorityhealth.gov>. ♦



Thanks for many people’s contributions to our newsletter’s header. The winner is the social marketing team at ADHS. The team members who appear in the photo are (left to right) Sarah Lowery, Cori Lorts, Tanja James and Hazel Valdez. ♦

Editor’s Note:

The *AHDConnection* is published quarterly on January 31, April 30, July 31 and October 31. We are looking for community stories and other leads that are related to efforts to reduce health disparities in Arizona. Because of space limitation, each community story should not be over 500 words. Ideas for community stories are also welcome. Our deadline is the 15th of month prior to the publication date. Please email articles or ideas to the editor at chartrh@azdhs.gov. We would like to get feedback, suggestions, ideas, news or events from you as well. Thank you very much. ♦

