

Community Story

Arizona Living Well Institute Makes the Connection

By Cathy Stewart



Senior center workshop that Patricia attended

Patricia is a 71-year-old lady who has type II diabetes, high cholesterol, high triglycerides and high blood pressure. She attended a Healthy Living: Self Management of Chronic Conditions (CDSMP) workshop in March of this year at a local senior center. I met her at session 6, the last day of the workshop series. She was not only enthusiastic about the program but also wanted to be sure I had her contact information. She wanted to become a leader and help spread the good news that a person living with one or more chronic conditions can learn skills and find tools to self manage his or her health and find a better quality of life. When I saw Patricia again on the first day of Leader training in early June, she shared her "numbers" with me. She was even more enthused. Her cholesterol, triglycerides, blood pressure and glucose readings had all improved significantly since her checkup a year before, and she attributed each improvement to the Healthy Living program and the goals she learned to set in the workshop. She is planning a visit to her doctor to discuss her hypertension medication. Also, Patricia now monitors her own blood pressure, records it and will show her doctor that her medication dose may be too high. She is taking half the dose she was a year ago, and her blood pressure is 112/63! She feels confident she can communicate with her doctor better than before. One of her favorite activities each day now is walking 1.4 miles in her neighborhood, just one of the new habits she started in March. Most important of all, she feels better!

Patricia isn't alone or unique in her reaction and enthusiasm toward the Healthy Living workshop. Her story is being spoken in communities across Maricopa County, the state of Arizona, the United States and internationally. The workshops and leader trainings in Arizona are currently being offered in English and Spanish with plans to add several more languages. One of the strengths of the program is the sensitivity to culturally diverse populations and because Arizona has a wealth of cultures and a rapidly growing senior population--it's a great fit!

The most effective and well designed evidence-based program in the world isn't much good if the leaders' manual sits on a shelf in a home or office. And that's where the Arizona Living Well Institute has made a positive impact for the rapidly growing senior population in Arizona. The Arizona Living Well Institute is part of the health and wellness programs provided by Empowerment Systems, Inc. a 501 (3)c not-for-profit organization. The Living Well Institute's mission is to advance evidence-based programs for Arizona communities.

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Personal Story

From Surviving to Thriving: A Prostate Cancer Patient's Inspirational Story

By Hong Chartrand

As a talented cartoonist and humor writer, Sherman Goodrich has appeared on CBS TV, Nickelodeon and major markets world-wide. He also applies his sense of humor and talent in his day-to-day life, battling prostate cancer, a disease responsible for causing the death of four American men within the next sixty minutes.

Cancer seems to run in Sherman's family. Both his mother and sister died of cancer at 62 and 48 respectively. Prostate cancer even visited him twice. Seven years ago, before his 65th birthday, prostate cancer came back into his life after almost nine years in remission. It was diagnosed as stage three! Goodrich was in shock at first, and then got angry. However, he soon realized that anger alone wouldn't help. His sense of humor helped lift his spirits in a positive way and he turned his anger into power that helped battle his cancer.

He decided to celebrate his 65th birthday with some unforgettable and life-changing gifts. In addition to going through radiation therapy, he quit his fifty-year habit of smoking. He also changed his unhealthy eating habits to a more nutritional diet, stopped his sedentary life style and started working out. "I did workouts so brutal that anything not supposed to be inside my body would want to leave," he said. Goodrich turned his world around completely using strong will power coupled with a lot of hard work. This investment has paid off. His cancer is under control. According to his primary care doctor Ernie Riffer, Goodrich is "...in as good shape as you'll see for his age."



Sherman Goodrich was on the Southwest Prostate Cancer Foundation's weekly radio show.

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.

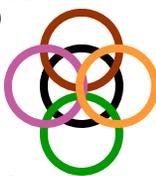
Vision:

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.

Contact:

Arizona Health Disparities Center
Bureau of Health System Development
Arizona Department of Health Services
150 North 18th Ave. Suite 300
Phoenix, AZ 85007
602-542-1219
602-542-2011 fax



<http://www.azminorityhealth.gov>

Sherman didn't stop there. When he turned 70 years old, he participated in and won the fitness title: 2009 Body-for-LIFE Challenge Champion in the 46-and-over category. It meant a lot to him in terms of promoting prostate cancer awareness. He had not only survived but thrived against overwhelming odds. He felt better than he had in years. His success demonstrates that, with a positive attitude and the right methods, you can not only beat out competitors of a much younger age but also exercise a degree of control over cancer, one of the most painful and unbeatable diseases in the world. His success has inspired many people. "I can't tell you how exhilarating it is mentally to be able to help others aspire to new heights," he said, "Or—as in the case of cancer patients—aspire to stay alive. Better yet...live life to its fullest."

Goodrich wanted to share this story with others, hoping to bring awareness and early detection of this silent killer, encouraging every man over 40 to get tested. He is often invited to go on TV and radio to talk about his experience and, in so doing, has helped fundraising organizations coast to coast. As part of his ongoing battle, Sherman would also like us to remind everyone that September is Prostate Cancer Awareness Month. "Raising awareness is what it's all about," he says, "Until there's a cure, early detection is still our best friend."

With the use of his talent, he has written and illustrated a book taken from a prostate cancer patient's point of view called *The P Word... A User's Guide to Prostate Problems* (available from Amazon). "Sherman has managed to cover the courage and discipline required to win against third-stage prostate cancer," said Fred Taylor, Executive Director of the Southwest Prostate Cancer Foundation. "This publication will be the gold standard going forward into the twenty-first century. He was able to fuse humor and common sense together. The P word will be a staple for our organization in assisting men and their families." ♦

More Than “No!” Resisting Drugs for Urban American Indian Youths

A recent study conducted by Stephen Kulis, PhD and Eddie Brown, PhD of the Southwest Interdisciplinary Research Center at Arizona State University reveals that urban American Indian youth frequently prefer more passive methods of refusing to use marijuana, cigarettes, and alcohol than other ethnic youth.

Published by the *Journal of Drug Education*, data were collected from focus groups of 11 female and 9 male American Indian youth attending urban middle schools in metro Phoenix. These adolescents were given twenty-five substance scenarios based on real-life situations collected from an earlier panel of American Indian adolescents. Participants were told to brainstorm responses to scenarios then choose what they believed to be the “best” strategy -one that would work every time -and “worst” strategy – one they would never use to resist substance offers.

Unlike other ethnic adolescents, urban American Indian youth ranked more assertive refusal strategies like Refuse and Explain as “worst” ways to react to substance offers. Passive and non-verbal refusals like passing on the substance to another person or pretending to use the substance were frequently chosen as “best” strategies because it allowed youth to remain in social situations without using substances. Offers from close family members, particularly cousins, were the most difficult for American Indian youth to handle shown by their high preference to accept the offer.

Patterns of “best” and “worst” refusal strategies chosen by youth suggest a need for culturally tailored programs for urban American Indian youth that teach respectful substance refusals to family members where greatest risk is present and address preferences for more passive communication styles. ♦

Kulis, S., & Brown, E. F. (2011). Preferred drug resistance strategies of urban American Indian youth of the southwest. *Journal of Drug Education*, 41, 203-235. doi: 10.2190/DE.41.2.e NIHMSID: NIHMS292486‡

Arizona Living Well Institute Makes the Connection

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This mission is accomplished by working with partner organizations and agencies, individuals, trained leaders, potential partners and leaders across the state to provide coordination, training, resource support and technical assistance to those delivering evidence-based programs, specifically Healthy Living.

Since April 2010, the Living Well Institute has sponsored 3 and supported 2 more Healthy Living Leader Trainings, resulting in over 80 new leaders; hosted 10 webinars providing technical assistance and communication throughout Arizona and partnered with over 30 organizations to deliver Healthy Living workshops. Partners of the Arizona Living Well Institute have hosted over 50 Healthy Living workshops, with over 500 attendees.

For further information about Healthy Living: Self Management of Chronic Conditions (CDSMP) and the Arizona Living Well Institute please visit the website at www.azlivingwellinstitute.org or contact Cathy Stewart at cstewart@azlivingwellinstitute.org. ♦



Arizona Living Well Institute April 2011 Symposium where representatives from state and local agencies and organizations, as well as interested individuals, met to discuss and learn about the Institute's mission and how to effectively implement the Healthy Living Program throughout communities in Arizona.

Disparity by Spending Design: The Rest of the Story

By Robert C. Bowman, M.D.

Physician's Perspective

Few understand how the designs of spending in education and in health send more dollars to locations that already receive top spending. Health care is a good example of disparity by design. About 1% of the people are responsible for spending of over \$44,000 per person while 50% of Americans spend less than \$800 per year. <http://facts.kff.org/> The average has increased to over \$8000 per person or 2.5 trillion dollars for 310 million people yet many “go hungry” for health care.

Rather than attempting to address those left behind with specific government efforts, it is time to examine where the health spending actually goes – by design or by lack of design that favors those most powerful politically, socially, or financially.

Academic centers and teaching hospitals represent the top concentrations of national health spending. All lines of revenue and the top spending in each line can be found in these locations. For 100 years dedicated leaders from insurance, academic institutions, health care associations, hospitals, drug companies, and higher education have shaped these top concentrations of spending. The perspectives of workforce researchers, associations, and institutions have also been shaped in ways that make it difficult to understand the success of the design and the failures.

The Association of American Medical Colleges represents the MD training institutions for the United States and Canada. The AAMC did a study to remind legislators and other leaders just how much economic impact derives from academic training. This study by The Lewin Group indicated that over 500 billion in economic impact a year resulted from academic centers. The study also defined the states where this funding was directed. Over 50% or 250 billion dollars in economic impact goes to six states. What the study did not indicate was that much of this impact goes to a few dozen zip codes in these six states. The total economic impact may be important to a few, but many fail to benefit from the economic impact set up by the design.

From my studies, over 65% of nurses, physicians, physician assistants, and nurse practitioners are found in 3400 zip codes in 4% of the land area clustered together. About half of the nation's health professionals can be found in zip codes with 200 or more doctors in 1% of the land area with 11% of the US population. Locations inside of concentrations have 1 to 2.5 times the primary care workforce needed for a sufficient level. About 30,000 zip codes with 65% of the US population have less than half of the national average for workforce and one-third to one-half the primary care needed. Basically if there are not health professionals, the economics and jobs and services of health care are not present along with disparities in health access – by design.

This is also why special programs for the past 30 years have not been very effective. The spending is concentrated in a few locations away from primary care (only 5% of national health spending) and away from rural locations (again only 5% despite 20% of the population) and away from underserved areas (also 5% despite 21% of the population in underserved locations). Underserved and rural areas are primary care dependent and receive the least health spending and must deliver care for more complex populations with less resources and support staff – by design.

The American Medical Association is also pulling for more physicians and also did an economic impact study of office based physicians by The Lewin Group. This study indicated each office based physician generated about 2.2 million dollars in economic impact. From other studies, the range is about 1.2 million for primary care physicians in underserved areas as compared to 3 million or more for those not in primary care in top concentrations of workforce. Note that the office based physicians are the least concentrated in few locations. Actual concentrations of spending are likely to be even higher in locations with top concentrations of workforce due to hospital based, teaching, research, resident, and other types of physicians.

Simple calculations based on office based physicians indicate that over \$10,000 per person in economic impact is sent to zip codes with 200 or more physicians, over \$5000 per person goes to zip codes with 75 – 199 physicians, and less than \$1600 goes to zip codes with less than 75 physicians. The lowest proportion goes to urban underserved high poverty sites with lowest workforce at about \$700 per person as compared to \$1000 for rural underserved, and slightly more for rural and urban locations that have slightly greater but insufficient workforce.

The United States divides according to concentrations of health spending, economics, income, jobs, health services, health outcomes, health care coverage, poverty, child poverty, education outcomes, land values, and more. Also nurse practitioner and physician assistant workforce is moving toward teaching hospital, subspecialty, hospital, emergent, and urgent care settings. Studies also by The Lewin Group note that the largest subspecialty practices (more cardiologists in the group) are most likely to benefit from the addition of nurse practitioners or physician assistants.

During the next year and half we will hear more about abuses of various government programs and our media will surely send us more to capitalize on dramatic stories to increasing advertising revenues all the way up to the next election.

These will almost certainly divide the nation even more. Perhaps most important is that we will hear little about the designs that divide Americans – designs that over 65% of Americans would never approve. ♦

Obesity and Income by Sex and Race/Ethnicity, United States, 2005-2008*

In 2007–2008 more than one-third of United States adults were obese. Obese individuals are at increased risk of diabetes mellitus, cardiovascular disease, hypertension and certain cancers, among other conditions. Some studies have shown a relationship between obesity prevalence and income. This data brief presents the most recent national data on obesity in United States adults and its association with poverty income ratio (PIR).** Results are presented by sex and race and ethnicity.

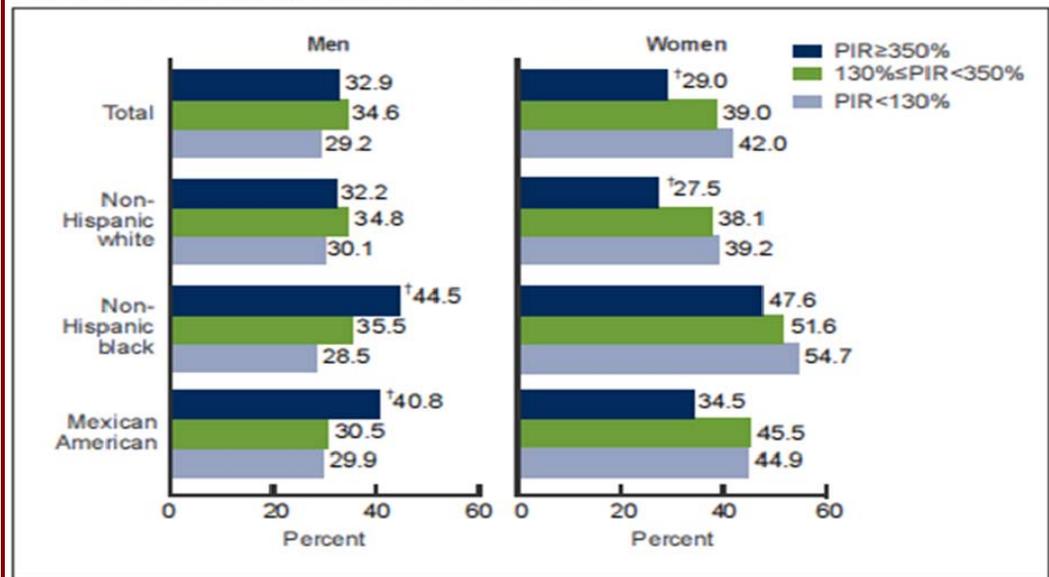
Overall, almost 33% of men who live in households with income at or above 350% of the poverty level are obese, while 29.2% of men who live below 130% of the poverty level are obese. The relationship between obesity and income in men varies by race and ethnicity. Among non-Hispanic black and Mexican-American men, obesity prevalence decreases as income (PIR) decreases; 44.5% of non-Hispanic black men with income at or above 350% of the poverty level are obese compared with 28.5% of those with income below 130% of the poverty level. Similarly, among Mexican-American men, 40.8% of those with income at or above 350% of the poverty level are obese compared with 29.9% of those below 130% of the poverty level. There is no significant difference in obesity prevalence by poverty level among non-Hispanic white men.

Among women, obesity prevalence increases as income decreases. Overall, 29.0% of women who live in households with income at or above 350% of the poverty level are obese and 42.0% of those with income below 130% of the poverty

level are obese (Figure 1). Trends are similar for non-Hispanic white, non-Hispanic black and Mexican American women, but they are only significant for non-Hispanic white women. Among non-Hispanic white women with income at or above 350% of the poverty level 27.5% are obese, less than the 39.2% of those with income below 130% of the poverty level.

Of the approximately 72 and a half million adults who are

Figure 1. Prevalence of obesity among adults aged 20 years and over, by poverty income ratio, sex, and race and ethnicity: United States 2005–2008



*Significant trend.
 NOTES: PIR is poverty income ratio. Persons of other race and ethnicity included in total.
 SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey, 2005–2008.

obese, 41% (about 30 million) have incomes at or above 350% of the poverty level, 39% (over 28 million) have incomes between 130% and 350% of the poverty level, and 20% (almost 15 million) have incomes below 130% of the poverty level. Among both men and women, most of the obese adults are non-Hispanic white with income at or above 130% of the poverty level. Approximately 21 million non-Hispanic white men and almost 21 million non-Hispanic white women who have incomes at or above 130% of the poverty level are obese. ♦

First Things First Early Childhood Therapist Incentives Program

By **Sherry Haskins**

Children birth to 5 in underserved areas will have access to the therapy services they need, thanks to a new program from First Things First (FTF). Through an interagency service agreement with FTF, the Arizona Department of Health Services, Bureau of Health Systems Development oversees the program. The Early Childhood Therapist Incentives Program is modeled after state and national programs that have successfully recruited almost 200 medical practitioners to areas in need.

The Program has two components: Loan Repayment and Stipend. The purpose of the program is to provide incentives for Speech/Language Pathologists, Occupational and Physical Therapists, Child Psychologists, and Mental Health Specialists who provide early childhood development services to children up to age five in specified areas of Arizona as determined by the First Things First regional partnership councils. Eleven regional councils have identified the need for therapists.

Successful applicants are provided partial loan repayment and/or stipend in exchange for their service commitment to serve in rural or underserved areas. The loan repayment program is for qualifying educational loans for undergraduate and graduate education. For more information, please contact the program manager Sherry Haskins at 602-542-2852, Sherry.Haskins@azdhs.gov or visit [http:// www.ftfincentives.com](http://www.ftfincentives.com). ♦

Arizona Sexually Transmitted Disease Control Program

By **Kerry Kenney**

There is a clear health disparity seen when looking at sexually transmitted disease (STD) rates in Arizona by race/ethnicity. In 2010, the chlamydia case rates for African Americans and American Indians living in Arizona were approximately 6 and 4 times higher, respectively, than the rate for non-Hispanic Whites. For the same year, race-specific rates in Arizona showed a general decline for gonorrhea, except among the African American population. Also, the rates for early syphilis were disproportionately higher for both African Americans and American Indians than those of any other racial/ethnic group in the state.

The Arizona Sexually Transmitted Disease Control Program, in its role to monitor, control, and prevent the spread of sexually transmitted diseases, collaborates with many partners including other Arizona Department of Health Services programs, county and tribal health departments, Title V and Title X family planning clinics, health care providers, community organizations and other stakeholders to address these racial disparities in STD rates. Collaborative efforts include public and individual education, risk counseling, activities to increase access to testing and treatment, as well as partner services to control the spread of disease. For more information, please contact Roxanne Ereth, STD Program Manager, at erethr@azdhs.gov or visit the program's website at <http://www.azdhs.gov/phs/oids/std/index.htm>. ♦

Publications of Interest:

National Prevention and Health Promotion Strategy

The 4 broad strategic directions for the Strategy are: 1) Building healthy and safe community environments; 2) Expanding quality preventive services in both clinical and community settings; 3) Empowering people to make healthy choices; and 4) Eliminating health disparities.

<http://www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf>

Healthcare Equality Index 2011

This report details the results of an annual survey that measures how equitably healthcare facilities treat their lesbian, gay, bisexual and transgender (LGBT) patients and employees in the areas of patient non-discrimination, visitation, cultural competence training and employment non-discrimination. The HEI seeks to identify a "gold standard" of such policies to be used as models across the healthcare industry.

<http://www.hrc.org/hej>

Toolkit for Serving Diverse Communities

The toolkit highlights a method for providing respectful, inclusive and sensitive services for any diverse community.

http://www.aoa.gov/AoARoot/AoA_Programs/Tools_Resources/DOCS/AoA_DiversityToolkit_full.pdf



Funding Opportunities:

Susan G. Komen Breast Cancer Foundation: Susan G. Komen for the Cure Phoenix Affiliate 2012/2013 Grant Application

Deadline: November 18, 2011

Eligibility: non-profit organizations. The services must be provided within the Phoenix Affiliate's service area which is Apache, Coconino, Gila, La Paz, Maricopa, Mohave, Navajo, Pinal and Yavapai Counties.
<http://www.komenphoenix.org/>

Home Depot Foundation: 2011 Community Impact Grants Program

Deadline: October 31, 2011

Amount of funding: up to \$5,000 are made in the form of The Home Depot gift cards for the purchase of tools, materials, or services

Eligibility: registered 501(c)(3) nonprofit organizations, tax-exempt public schools, and tax-exempt public agencies in the U.S.

<http://bit.ly/elis5T> ◆

For more information about funding opportunities, publications of interest and events of interest, please visit www.azminorityhealth.gov. ◆

Events of Interest:

Keys to Success: Unlocking critical issues involved in creating an Arizona Health Insurance Exchange

Date: September 16, 2011

Time: 8:00am-11:45am

Location: Hyatt Regency Phoenix, 122 N Second Street, Phoenix, AZ 85004

<http://slhi.org/conferences/keys-to-success>

DiversityDoctor 2011: Reducing Healthcare Disparities, Improving Cultural Competence, and Advancing Patient-Centered Care

Dates: September 23 – 24, 2011

Location: Desmond Tutu Conference Center, New York, NY

www.cvent.com/d/5dqhgh

6th International Conference: Making Policy a Health Equity Building Process

Dates: September 26 – 28, 2011

Location: Cartagena de Indias, Colombia

<http://www.iseqh.org/> ◆

Editor's Note:

The *AHDCConnection* 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 more than 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

hong.chartrand@azdhs.gov. ◆

