

Community Story

Inside This Issue:

A Culturally Appropriate Outreach Activity: Chai Chat	1
Community Servant Cruzita	2
Specialized Case Managers Should Handle Youth/Young Adults with Drug Abuse and Mental Health Disorder	3
Multi-Agency Celebration of National Minority Health Month	4
ASU Professor Receives National Award for His Prevention Science Contribution	
Women Walking Hand in Hand for AIDS	5
Breast Cancer in Arizona 2000-2009	6
Arizona Project LAUNCH Arizona SunWise Skin Cancer Prevention School Program	7
Buzz	8

A Culturally Appropriate Outreach Activity: Chai Chat

By Kalpana Batni and Lubna Tabassum

Dynamics of domestic violence in the South Asian* community is different from that of the population as a whole, and hence it calls for a different set of approaches to the problem. The community tends to minimize the victim's suffering, condones the violence with victim-blaming statements, and forces her to keep quiet so as to avoid shaming herself, her family and others in the community. Language barriers and cultural differences are further impediments to victims seeking help from mainstream domestic violence agencies. As a result, most South Asian domestic violence victims are afraid to contact mainstream agencies for help.

The Arizona South Asians For Safe Families (ASAFSF), an all-volunteer community-based non-profit 501 (c) 3 organization, established in 2004, addresses a pressing need to provide culturally and linguistically appropriate support services to survivors of domestic violence in the South Asian community in Arizona. ASAFSF is the only domestic violence organization serving Arizona's South Asian community, which is one of the state's fastest-growing ethnic groups.

To overcome these cultural barriers, increase community involvement, and raise awareness of the issue and resources and services that are available to help victims, ASAFSF embarked on a successful community education and outreach program called Chai Chat. Chai Chat, which literally means "Tea with ASAFSF", was launched over 4 years ago. This outreach effort has been designed to break down social barriers and increase awareness in the community about domestic violence in an informal and non-threatening environment and format. Typically, community members host 6-12 people in a residential setting to learn and discuss issues of domestic violence in general, and particularly in the South Asian community. The program has grown organically where, as community members get invited to one Chai Chat session, guests have then offered to host the next session and the process continues. The success of the program is evidenced by the fact that there is a direct increase in the number of calls to the organization's helpline immediately following these Chai Chats and other educational outreach efforts. Additionally, ASAFSF has been able to recruit volunteers at these Chai Chat sessions.

The program has expanded to include all demographic age groups such as young adults and professionals. ASAFSF has made Chai Chat presentations to students and staff at Arizona State University. Chai Chat presentations are being planned at religious institutions such as Mosques and Temples.

(Continued on page 3)

Community Servant Cruzita

By Hong Chartrand

I met Cruzita Armenta over 6 years ago in the town of Guadalupe, which is a Yaqui Indian and Hispanic community of about 5,500 residents between Phoenix and Tempe at the base of beautiful South Mountain, Arizona, where she was born and four generations of her family have lived. She was the Community Health Worker (CHW) or Promotora Program Health Coordinator for Centro de Amistad Inc. The ways she interacted with her community members and health care partners were sophisticated and effective, which made me think that she was everyone's mom who was trying her best to protect her children. Later, I heard about her from time to time, and about how good she was from other people, either from her own community or outside her community.

Early spring of this year, I had a chance to sit down with Cruzita to talk about her work and life in Guadalupe. Her office moved one year ago and has a space to teach Zumba to her program's clients and the community's members. She is excited that so many community members come to the Zumba class every week, which she believes is a good way to change their life style, little by little, and reduce obesity, diabetes and other chronic diseases that are prevalent among the Native American population.

It was twenty years ago that Cruzita was encouraged by her father and some community people to apply for a community health worker position, offered by Centro de Amistad Inc. Her father told her, "It is a great opportunity, since you are already doing something for people." At that time, she was a housewife raising five children; at the same time, she was passionate toward helping people. She volunteered with her whole family at schools, churches and community events. Many community members went to her when they needed any help. If she didn't know an answer, she would try to find it. It is no surprise that she was hired along with other two women and three men.

It was the first job she'd ever had. "It was a big challenge for me," says Cruzita. "I received lots of training. I was learning while working." Cruzita remembers vividly that the first issue she encountered was conducting a community assessment to learn about community needs before the program could serve that community. She'd never done or heard about a community assessment before. She and her colleagues overcame this obstacle and identified three priorities among the community: immunization, diabetes and prenatal care. Working with the tribe, Maricopa County, Good Samaritan Hospital and other partners, Cruzita and her colleagues successfully outreached to the community members who were in need.

Twenty years later, Cruzita is the only person among the six people who were hired twenty years ago who still works in the same program. As a matter of fact, she was promoted to be the Health Coordinator in 1998. Over the 20-year period, Cruzita saw the changes among the community about certain health indicators. "Mothers know more about prenatal care, immunization and are more open-minded about diabetes," says Cruzita. "In the past, people were in denial about diabetes when they found they had it." She saw the power of community health education and the importance of the community health workers.

Cruzita told me that her happiest moment was when the young ladies she worked with had healthy babies or got out of an abusive relationship. She also encourages the young ladies to pursue higher education even though they are pregnant. She believes that education is the key to having a better life.

Cruzita said that funding is a challenge for her program right now, and she has to deal with staff reduction and turnover all the time. She hopes that soon enough her program can have more funding with a stable staff, so that she can retire and have more time with her 13 grandchildren and to take care of her garden. ♦

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:

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Specialized Case Managers Should Handle Youth/Young Adults with Drug Abuse and Mental Health Disorder

A recent study published in the *Journal of Administration and Policy in Mental Health and Mental Health Services Research* suggests that case managers specialized in the developmental needs of young people should handle youth/young adults with drug abuse and mental health disorders. Dr. Elizabeth Anthony, a faculty affiliate of Southwest Interdisciplinary Research Center and Assistant Professor at the School of Social Work at Arizona State University, led the study.

The case managers believed that screening and intervention is most effective when they establish relationships with young people. According to Dr. Anthony, "Ongoing screening by someone who knows the young person is much more likely to identify early signs of substance use."

Previous studies have found that young people with mental health disorders are more likely to use drugs. However, these youths are unlikely to receive substance use treatments even if they were found to have drug dependence.

Sixty-four case managers in Arizona and California were surveyed online or interviewed during focus groups for the study. Seventy-five percent of the case managers surveyed believed that they required better training for improving substance use screening and early intervention services in the youth population. Most of the case managers indicated that they did not know how to identify youths with substance use problems unless there are obvious indications of excessive alcohol drinking or drug use.

Implementing just some of these methods when working with young adults in mental health can encourage a healthy transition from youth into adulthood. ♦

Anthony, E. K., Taylor S. A., & Raffo, Z. (2011). Early intervention for substance abuse among youth and young adults with mental health conditions: An exploration of community mental health practices. *Administration and Policy in Mental Health and Mental Health Services Research*.

A Culturally Appropriate Outreach Activity: Chai Chat

Continued from page 1

Thus far, 91 people have attended these Chai Chat presentations. The biggest testimonials to the success of the program have come from the attendees. An excerpt from a note from a recent Chai Chat attendee speaks volumes for the program: "The thing I found more helpful for myself was the quiz on "Are You in a Healthy Relationship?" Abuse doesn't have to be physical and it starts little step by little step. That is what the quiz showed me. Some other things I found interesting is that 1 in 3 women are abused in their lifetime. That number seems so outrageous to me."

For more information about ASAFSF, please contact 1-877-723-3711 or info@asafsf.org. ♦



• A South Asian person primarily originates from India, Pakistan, Bangladesh, Sri Lanka, Nepal, or Bhutan.

Chai Chat training discussion

Multi-Agency Celebration of National Minority Health Month

By Rayna Edwards

April is National Minority Health Month. Wood Elementary School (Tempe, AZ School District), in collaboration with the Arizona Department of Health Services Arizona Health Disparities Center and the Arizona Heart & Soul Challenge, hosted a “Multicultural Community Well-Being Fair” at Wood Elementary School on Saturday, April 21. In celebration of Minority Health Month, there was a significant focus on physical activity, nutrition, and overall health, with representatives from more than 25 organizations like Black



Nurses Association, Maricopa Integrated Health Services, and Walgreens. Fitness stations got participants moving, while cultural performances introduced them to artistic expressions from various cultures. Approximately 600 individuals participated in the fair. ♦



ASU Professor Receives National Award for His Prevention Science Contribution

By Marshall Terrill



Flavio Marsiglia (left), director of the Southwest Interdisciplinary Research Center (SIRC) in Arizona State University (ASU)'s College of Public Programs, will receive a national award in Washington D.C. in May for his outstanding contributions to advancing the field of prevention science.

The Society for Prevention Research will present Marsiglia with the 2012 Community, Culture and Prevention Science Award at its 20th annual meeting on May 31. Recipients of this national award are recognized for work to enhance understanding of and the development of, and adaptation of effective prevention strategies for traditionally underserved populations, including racial and ethnic groups.

“I am humbled by my peers’ recognition,” said Marsiglia, who is also a Distinguished Foundation Professor of Cultural Diversity and Health at ASU’s School of Social Work. “I am also happy because this award will bring attention to the work being conducted at the SIRC, the School of Social Work, the College of Public Programs and ASU. This is also an acknowledgment of the very rewarding and fruitful research community partnerships we have developed.”

The Society for Prevention Research is an organization dedicated to advancing scientific investigation on the etiology and prevention of social, physical and mental health, and academic problems and on the translation of that information to promote health and well being. ♦

Women Walking Hand in Hand for AIDS

By RJ Shannon

On Saturday, March 10th, 2012, the Arizona Department of Health Services and many community partners came together to host the first AIDS Walk for Women, called "Women Walking Hand in Hand for AIDS" (WWHHA). March 10th is National Women and Girls AIDS Awareness Day and Phoenix wanted to do something unique. The event took place at the Maryvale Community Center, located at 51st Avenue and Indian School, where dozens gathered to share health information and screenings, listened and watched as medical professionals, Black poets and multi-cultural dancers filled the space with music, movement, depth and beauty. Approximately 20 health exhibitors and screeners participated and a Zumba class kept everyone rocking. 30 women, men and children walked in support of people living with and at risk for HIV, with Ms. MiAsia Pasha and Bridget Pettis taking the lead. Red balloons were released, filling the sky with the memories of those lost while bringing hope to those who remain. The morning stayed clear and the message was even clearer. Awareness is the key to long life while connections make it all possible. It was a great day had by all. ♦



What is life? It is the flash of a firefly in the night. It is the breath of a buffalo in the wintertime. It is the little shadow which runs across the grass and loses itself in the sunset. ♦

- Blackfoot

Breast Cancer in Arizona 2000 - 2009

A new report analyzes female breast cancer incidence, mortality, and prevalence among women living in Arizona for the years 2000-2009. In Arizona, an annual average of 3,493 females per year was diagnosed with invasive breast cancer between 2000 and 2009.* The age adjusted rate of invasive breast cancer has decreased from 124.5 cases in year 2000 to 110.3 cases in 2009 per 100,000 females (11.4% decrease), even though the number of invasive breast cancer cases reported has risen from 3,366 in year 2000 to 3,912 in 2009. The Arizona Department of Health Services released the report *Breast Cancer in Arizona 2000-2009* in April, 2012.

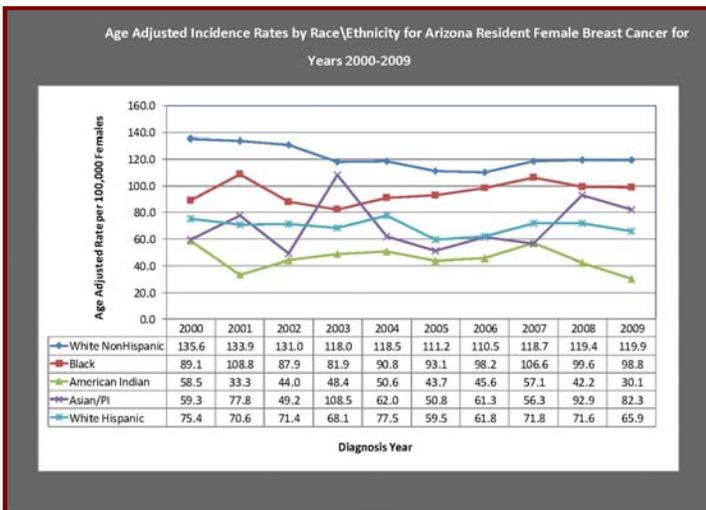
The increase in the number of cases has been driven by the almost 25% increase in the Arizona population during this time period. When compared against U.S. female breast cancer rates, Arizona has a lower breast cancer rate. Female invasive breast cancer cases are most common among the White Non-Hispanic population (84.8% of all cases) in Arizona. White Hispanic cases comprise 8.8% of cases, while other racial groups make up 4.9% of cases (Black 2.2%, American Indian 1.3%, and Asian & Pacific Islander [API]

Almost two thirds (64.9%) of cases were diagnosed in an early stage (In Situ or Local) and only 3.5% were diagnosed in a distant stage. Over the 10 year period analyzed, White Non-Hispanic females had the highest percent of localized disease (48.3%). All race/ethnic groups had more than half of their cases in an early stage. The percent of cases in an early stage ranged from 68.5% for APIs to 54.5% for American Indians. Most breast cancer cases were diagnosed in an early stage (local & in situ stages) in 2009. Over 60% of females in all racial groups were diagnosed in an early stage in 2009 as only 8 percentage points separated the racial groups with lowest percent of diagnosis from the highest. In year 2000, 27 percentage points separated the racial groups with the lowest and highest percent of early stage diagnoses. Increases in early detection and increased awareness have most likely played a role in the increases to early stage diagnoses. The stage of disease at which female breast cancer is diagnosed impacts survival of the patient. APIs & White Non-Hispanics have the highest five year survival rate (86.8% and 85.2%) and the greatest percentage of females diagnosed in a local stage. The lower percentage of early stage diagnosis for Blacks and American Indians for the 1995-2006 time periods shows lower five year relative survival rates.

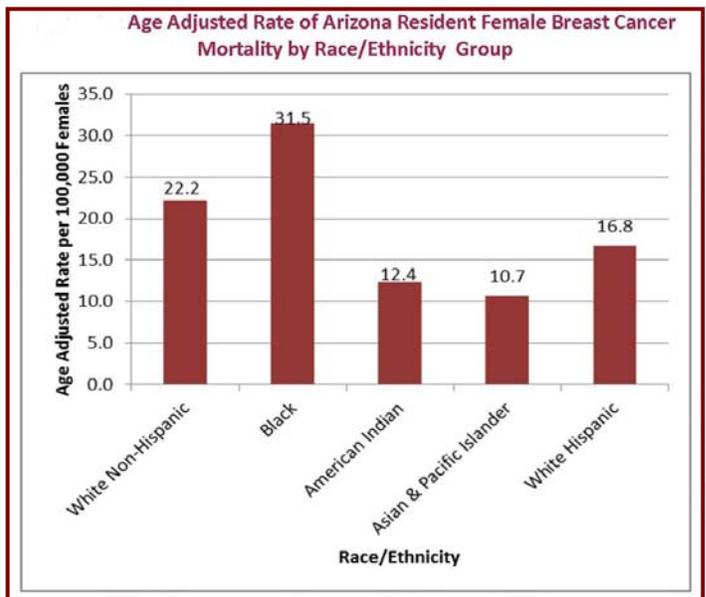
Arizona female breast cancer mortality has decreased 26% from year 2000 to 2009. It has fallen faster than the U.S. national average. In 2009, the Arizona female breast cancer mortality rate was 17% lower than the U.S. rate. White Non-Hispanics averaged the most female breast cancer deaths per year (578) and Blacks had the highest average annual mortality rate 31.5 cases per 100,000 females. The other racial groups (White Hispanic, American Indian, and APIs) had an average annual mortality rate that was significantly lower than the Arizona average of 21.4 cases per 100,000 females.

- All data about Arizona resident female breast cancer incidence was retrieved from the Arizona Cancer Registry database and mortality data was attained from the Arizona Vital Statistics in the Bureau Public Health Statistics of the Arizona Department of Health Services.

http://www.azdhs.gov/hsd/healthcheck/documents/BreastCancerAZ_2000-2009.pdf



1.4%). White Non-Hispanic female breast cancer incidence decreased 12% between year 2000 and 2009 dropping from (135.6 to 119.9 per 100,000 females). In the ten years reviewed in this report, White Non-Hispanic female breast cancer rates registered their lowest rate in 2006 at 110.5 per 100,000 females (19% decrease). However these rates have increased in 2007 to 2009. White Hispanic female breast cancer incidence has decreased 13%; from 75.4 in 2000 to 65.9 per 100,000 cases in 2009. The lowest rate was 59.5 per 100,000 cases in 2005. There is a general decreasing trend in female breast cancer among White Hispanics of about two thirds of 1% each year. Significant change from year to year was difficult to measure among the non-White racial groups as they make up less than 5% of all female breast cancer cases resulting in small numbers of cases. The age adjusted rates of these groups vary widely due to the small number of cases in each group. No significant change was measured except in 2001 for American Indians (42% decrease – 1 year only) and for APIs in 2008 (82% increase).



Arizona Project LAUNCH

By Sharon H. Jaycox

Project LAUNCH (Linking Action for Unmet Needs in Children's Health) is a federal initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote the wellness of young children from birth through age 8. Project LAUNCH focuses on multiple factors that impact school readiness, academic achievement, and social responsibility. One major factor is behavioral health which encompasses mental health, development, substance abuse, and other negative behaviors. Project LAUNCH extends to age 8 in order to strengthen the connections between early childhood caregivers (including parents/caregivers, pediatricians, child care providers, and early childhood educators) and the individuals and systems serving school-aged children, including elementary school personnel.

Arizona Project LAUNCH promotes young child wellness in the South Mountain area of Phoenix (zip codes 85040 and 85041). These two areas were selected because of the high rate of crime and family criminality, high rates of Child Protective Services reports, and the high rate of recidivism. Its prevention and promotion strategies use school and community based programs to address the factors that can influence the future of the youth. The Project focuses on:

- Screening and assessment in a range of child-serving settings
- Integration of behavioral health into primary care settings
- Mental health consultation in early care and education
- Enhanced home visiting through increased focus on social and emotional well-being
- Family strengthening and parent skills training
- Substance abuse prevention

Arizona Project LAUNCH provides evidence-based programs to increase the skills of young children and their parents and strengthen family units, thereby improving wellness overall.

For more information about Project LAUNCH, please contact Sharon Jaycox, Project Director at 602-364-1449 or Sharon.Jaycox@azdhs.gov ♦

Arizona SunWise Skin Cancer Prevention School Program

By Sharon McKenna

With over 300 sunny days each year, it's no surprise that 1 in 5 Arizonans are likely to develop skin cancer. Melanoma, the most deadly form of skin cancer, is on the rise, and childhood sunburn increases the risk by nearly two-fold. Sun exposure before age 18 plays a significant role in whether a person will develop skin cancer. The Arizona SunWise Skin Cancer Prevention School Program provides free sun safety curriculum, school assemblies and educator workshops to schools to teach lifelong sustainable sun safety habits that will extend into adulthood. The program is a state mandate for all k-8 public and charter schools but private, tribal, home school and after-care programs are encouraged to participate. In a classroom of 30 students, about 6 will likely develop skin cancer once adults.

Although people with light-hair and light-skin have the highest risk, every skin color is susceptible to skin cancer. Reggae legend Bob Marley died of melanoma. A recent California study found melanoma rates among Hispanics have increased 7% and nationally, melanoma is the most predominant cancer among young women 15-29. Statistics show that Melanoma accounts for only 4% of all skin cancer cases but is responsible for 79% of all skin cancer deaths. Although skin cancer accounts for half of all new cancers each year, it is the most preventable cancer. Google the ABCDEs of skin cancer to learn what to look for and how to prevent skin cancer, and visit www.azdhs.gov/phs/sunwise for free SunWise curriculum and sun safety Tip Sheets. ♦

Publications of Interest:

Health Care Trends

The report, produced by the American Medical Association, provides timely, relevant information on current trends affecting the health care system. Chapters on health inequities, patient expectations and perceptions, health economics, public health infrastructure, globalization, science and technology in medicine, and health care resources are now available online.

<http://www.ama-assn.org/ama/pub/about-ama/our-people/ama-councils/council-long-range-planning-development/environmental-analysis.page>

Arizona Women's Health Report

Preconception Health and the Life Course Perspective encompasses all aspects of physical and mental health as well as the social determinants of health, from the "womb to the tomb." This report utilized available data to provide a snapshot of the health status of women as it relates to the three domains listed above.

http://www.azdhs.gov/phs/owch/pdf/AZ_WHSR2012.pdf ♦

Funding Opportunities:

Robert Wood Johnson Foundation: Roadmaps to Health Community Grants

Deadline: May 2, 2012

Number of awards: up to 20 grants

Amount of grant: up to \$200,000 each for up to 24 months

Eligibility: Nonprofit organizations; tribal group recognized by the U.S. federal government; or state or local agency

http://www.rwjf.org/applications/solicited/cfp.jsp?ID=21390&cid=XEM_A5734

National Institutes of Health: Biomedical and Behavioral Research Innovations to Ensure Equity (BRITE) in Maternal and Child Health (R15)

Deadline: October 11, 2013

Funding Opportunity Number & CFDA Number: PAR-12-093 & 93.865

Eligibility: Public and State controlled institutions of higher education; Private institutions of higher education; Alaska Native and Native Hawaiian Serving Institutions; Hispanic-serving Institutions; Historically Black Colleges and Universities (HBCUs); Tribally Controlled Colleges and Universities (TCCUs); Non-domestic (non-U.S.) Entities (Foreign Institutions); and Non-domestic (non-U.S.) components of U.S. Organizations

<http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=142113> ♦

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

Events of Interest:

2012 & Beyond Latino Health Equity Conference: Opening Pathways to Health

Dates: May 17, 2012

Time: 8:00 am - 5:00 pm

Location: Kaiser Permanente Town Hall, 3704 N. Interstate Avenue, Portland, OR 97227

<http://www.latinohalthequityconference.com>

12th Symposium on Minorities, the Medically Underserved and Health Equity: Empowering Communities in the Era of Health Care Reform

Dates: June 27 - July 1, 2012

Location: Huston, TX

<http://www.iccnetwork.org>

North American Refugee Healthcare Conference

Dates: June 28 -30, 2012

Location: Rochester, NY

<http://www.refugeehealthcareconference.com> ♦

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 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. ♦

