



**Personal Story**

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**Mama Africa**

By Hong Chartrand

In September of 2011, when I attended the 3rd Anniversary of the Maricopa Integrated Health System (MIHS) Refugee Women’s Health Clinic, I heard somebody call Jeanne Nizigiyimana *Mama Africa*. Immediately, I thought it was a perfect nickname for Jeanne. The name speaks of where Jeanne is from, where she works and what type of person she is. The name paints a vivid picture of Jeanne: caring, warm, friendly with a big heart.

Jeanne told me that she earned that nickname two years ago when she helped organize a bridal shower. A group of married women and girls gathered together. Jeanne led the group to give the bride traditional wisdom and a blessing before she got married. The message that Jeanne gave to the bride was truly an empowerment toward a healthy marriage and family, which could apply for all women’s and girls’ lives. Due to her visibility in the community and her care for and impact on others’ lives, automatically, people started to call her “Mama Africa.”

Jeanne was born and raised in Burundi in eastern Africa. Due to civil war, she and her family fled to Burkina Faso. Carrying her son Ralph in her womb and dragging her helpless and tired daughter Shirley by the hand was the most difficult part of the journey. Over a decade ago, she and her family came to the United States.

After she settled down in Phoenix, Jeanne made a career change decision, even though she was trained as an engineer in animal husbandry and also held a master’s degree in rural development

*(Continued on page 7)*



Jeanne (center) received the Community Leadership Award in Eliminating Health Disparities from the Arizona State University Southwest Interdisciplinary Research Center’s annual conference in 2011. She was surrounded by her family and friends.

## Disparities in Death of Traumatic Brain Injury

By Kristen Faye Bean

Research conducted in the Los Angeles area found that Asian Americans and people without health insurance who suffered brain injuries were more likely to die than other people with similar injuries. A local community-based participatory research project was started in this year to assess disparities in survival of Traumatic Brain Injury (TBI) in Arizona. Kristen Bean, a recent Ph.D. graduate from the Arizona State University School of Social Work (ASU SSW) and Dr. Fei Sun, an Assistant Professor from ASU SSW analyzed Arizona Trauma Data (ATD) to assess the presence of disparities. They were also talking to people with brain injuries, their family members, and professionals who served people with brain injuries to explore reasons for disparities have been conducted. The analysis found that people with brain injuries without health insurance were more likely to die. In addition, the death rate for people who were white and Asian was significantly higher for those who were uninsured.

The study found common themes for causing the disparities in death among the interviews with people with brain injuries, their family members, and professionals. Almost all participants reported that health insurance was a significant factor whether people with brain injuries received services. If someone does not have health insurance, they may be sent home with no rehabilitation



Suntree Multicultural Center on Aging

services.

Rehabilitation

services are extremely important for people with brain injuries and their family members. For example, it is not uncommon for people with brain injuries to experience dysphasia, which is the inability to swallow. If a client with dysphasia and their caretaker are not told on how to treat dysphasia, the client may experience aspiration, which could lead to death. Interview participants also frequently reported that language and culture may be barriers to receiving services. Professionals who led support groups consistently reported that they did not remember ever having an Asian American person attend a support group. They reported that Asian Americans are more private.

The goal of the project is to learn what is causing disparities in outcomes of brain injuries and to develop interventions to decrease disparities. An example of a local intervention is the Suntree Multicultural Center on Aging (<http://www.suntreecenter.com/welcome-to-suntree-center/>), which is a new day program serving adults and their families through language and culture. Van Nguyen, founded and directs Suntree with the vision that she will provide a culturally sensitive intervention. Not only does it provide informational materials in many different languages, Van Nguyen believes that a day care program is an ideal intervention for Asian Americans with brain injuries. They are more likely to stay at home with their family members who need respite. We are hoping that the research and awareness of disparities among people with brain injuries will improve the cultural sensitivity of interventions.

If you or someone you know would be willing to participate in an interview or would like to become involved in this project, please contact Kristen Bean at 657-217-2224 or [Kristen.saabi@gmail.com](mailto:Kristen.saabi@gmail.com). ♦

### 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  
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### The social context of drug offers and their relationship to drug use of rural Hawaiian youth

A recent study published in the *Journal of Child & Adolescent Substance Use* suggests that Native Hawaiian youth may be at increased risk for drug abuse and drug related health and behavioral problems as they enter adolescence. Dr. Scott Okamoto, an affiliate of Southwest Interdisciplinary Research Center at Arizona State University and Associate Professor of the School of Social Work at Hawaii Pacific University led the study.

Okamoto examined the differences in drug offers and drug use between Hawaiian and non-Hawaiian youth in rural communities. Previous studies indicate that Native Hawaiian youth are introduced early and maintain high rates of drug use during adolescence leading to possible negative social and behavioral consequences of substance abuse.

The Hawaiian Youth Drug Offer Survey was distributed at seven middle schools on the Island of Hawaii. 249 students, including 194 Native Hawaiian youth, completed the survey focusing on alcohol, tobacco, and other drugs.

Compared with non-Hawaiian youth, Hawaiian youth had approximately three times higher rates of alcohol and marijuana use in the study. The influence of drug offers from family members strongly predicted the use of alcohol, cigarettes, and marijuana for Hawaiian youths.

According to Dr. Okamoto, "The findings highlight the importance of incorporating family context in the content and/or delivery of drug prevention programs for rural Hawaiian youth."

By recognizing high rates of drug use within Native Hawaiian communities and the challenge for Hawaiian youth to overcome the influence of drug offers from family, future substance programs must integrate the positive use of family in drug prevention programs in order to help protect Native Hawaiian youths from substance abuse. ♦

Okamoto, S.K., Kulis, S., Helm, S., Edwards, C., & Giroux, D. (2012). The social context of drug offers and their relationship to drug use of rural Hawaiian youth. *The Journal of Child and Adolescent Substance Use*.

## News from the Network

### Community Action Plan Developed To Address Health Concerns

By Anna Alonzo

Many racial and ethnic minority groups have persistently higher rates of illness and death than the U.S. population. To address these concerns, the Arizona Health Disparities Center (AHDC) applied for and received funding for two years from Centers for Disease Control and Prevention to implement the Racial and Ethnic Approaches to Community Health (REACH) grant. The goal of the REACH grant is to reduce health disparities related to diabetes, cardiovascular disease and other conditions among racial/ethnic populations in Maricopa County using the Mobilizing for Action through Planning and Partnership (MAPP) framework. MAPP provides the platform to convene multidisciplinary community partners to create and implement a community action plan.

AHDC has been partnering with the Maricopa County Department of Public Health in implementing the REACH grant. The two organizations have been working together in designing and implementing the various stages of the MAPP process which included conducting 22 focus groups in the African-American, Asian Pacific Islander, American Indian, Hispanic/Latino, LGBT (lesbian, gay, bisexual and transgender), Senior and low income communities to gather their opinions about community themes/strengths and forces of change that impact their communities. In addition over 500 surveys were collected. Community partners identified the following 5 health issues as their top concerns: Access to Care, Cardiovascular Disease, Diabetes, Lung Cancer and Obesity. On June 29, 2012 over 60 community partners met to develop a community action plan to be implemented in the next five years to address these health concerns. ♦

## “Through Our Eyes” Exhibit and Presentations Celebrate Minority Mental Health Month

By Hazel Valdez

In observance of National Minority Mental Health Month in July, The Arizona Department of Health Services/ Division of Behavioral Health (ADHS/DBHS) hosted "Through Our Eyes", an extraordinary exhibit about the everyday and "ordinary" lives of persons with serious mental illness on July 10, in the Arizona State Lab Conference Room. The exhibit was also on display from 10:00 am to 4:00 pm and the brown bag session was from Noon to 1:00 pm. The brown bag and exhibit, Through Our Eyes, raised awareness about mental illness, and discussed recovery and different paths to recovery as well as addressed ways to reduce stigma against persons with mental illness. Theresa Hill, Lupe Silva, and Angelica Noriega (in the photo) shared poignant and personal stories about their experiences navigating through the behavioral health system.



Diverse communities often have more barriers to seeking treatment. Cultural differences and lack of information about mental health result in greater levels of stigma associated with mental illness. This causes many people to avoid accessing and adhering to treatment. Mental illness doesn't discriminate and anyone can experience a behavioral health disorder. ♦



## Community Health Center Expansion

By Tracy Lenartz

Community Health Centers strive to increase access to comprehensive primary care for the nation's uninsured and underinsured individuals. New grants to expand this network of community health centers, made possible by the Affordable Care Act, were awarded on June 20, 2012. Included in the New Access Point grantees are two Arizona organizations: Sunset Community Health Center (Somerton) and Tuba City Regional Health Care Corporation (Tuba City). Across the United States, the grants will establish 219 new health care delivery sites, support delivery of affordable healthcare to 1.25 million patients, and create over 5,000 jobs. To find a health center in your community, visit <http://findahealthcenter.hrsa.gov>.

To learn more about becoming a community health center, please contact Cielo Mohapatra, Community Development Manager at the Arizona Department of Health Services Bureau of Health Systems Development at [cielo.mohapatra@azdhs.gov](mailto:cielo.mohapatra@azdhs.gov) or 602-542-1207. ♦

## NAZCARE Accepted into Adoption of Trauma-Informed Care Practices Learning Community

By Anne Rock

In early March 2012, Northern Arizona Consumers Advancing Recovery by Empowerment (NAZCARE) was accepted by the National Council for Community Behavioral Healthcare to participate in the year-long 2012 Adoption of Trauma-Informed Care Practices Learning Community. One area that is particularly exciting is that in order to support the Project Goals for the 2012 Adoption of Trauma-Informed Practices, the National Council assembled a team of experts from the trauma-informed care field. Experts in the training of multi-disciplinary staff and organizing learning communities that assist programs to employ and sustain practice improvement are also an integral part of the team.

NAZCARE, Inc. is a non-profit 501(C) 3 corporation, serving people with mental illness throughout Northern Arizona. Its seven Wellness Centers are designed to empower consumers through consumer-operated support, education and training services, and to support them in their recovery from mental illness. More than 90% of the staff are mental health consumers.

Acceptance into the Learning Community is an excellent opportunity for NAZCARE to move integrated wellness and trauma-informed care together across the systems of care. NAZCARE's participation will provide the organization with extensive sources of information that can be incorporated in NAZCARE's and Northern Arizona Regional Behavioral Health Authority (NARBHA)'s network plans and others currently working on the Arizona Department of Health Services, Division of Behavioral Health Services' Trauma-Informed Care initiative.

For this one-year project, NAZCARE plans to develop an integrated wellness plan that continues the same level of trauma-informed care; develop an integrated workforce, i.e., Wellness and Recovery Coaches who have been trained in the trauma-informed care philosophy; implement a Lay-Peer screening and assessment for trauma in an integrated health care setting in NAZCARE's Wellness Centers and work with NARBHA to create a system-wide trauma-informed system of care. ♦

## Access to Care Webinar Series

By Tracy Lenartz

The Arizona Department of Health Services Bureau of Health Systems Development is sponsoring an upcoming webinar series to support health planning and increased access to care. The intended audience includes community health centers, rural health clinics, IHS and tribal health facilities, other safety net providers, county health departments, health planners, and other health and social service organizations. The webinars are free and open to the public. While advanced registration is not required, seats will be limited. Webinars will be recorded for those who are unable to attend. Below is a schedule of upcoming topics. For more information or to obtain the participation link, please contact Tracy Lenartz at [tracy.lenartz@azdhs.gov](mailto:tracy.lenartz@azdhs.gov) or 602-542-1772.

Thursday, August 16, 10:00-11:30 am – Federally Qualified Health Center Look-Alike Process

Thursday, September 6, 10:00-11:30 am – Need For Assistance Worksheet and Other Needs Assessment Tools

Thursday, September 20, 10:00-11:30 am – Sliding Fee Scale Development

Thursday, October 4, 10:00-11:30 am – Workforce Programs

Thursday, October 18, 10:00-11:30 am – “Designation Mapper” Web-based Mapping and Data Tool ♦

## Arizona Perinatal Hepatitis B Prevention Program

By Patty Gast

The Arizona Immunization Program Office of the Arizona Department of Health Services oversees the Arizona Perinatal Hepatitis B Prevention Program to prevent infants from getting hepatitis B virus (HBV) from their infected mothers. The program works to make sure that every pregnant woman gets screened for HBV, and to ensure that infants born to infected mothers receive hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth. This is done by interdisciplinary teams of immunization and epidemiology staff at the state and county levels working closely with hospitals, laboratories and physicians to identify all HBV infected mothers and give vaccine and HBIG to their infants quickly.

HBV infection in a pregnant woman poses a serious risk to her infant at birth. Without timely receipt of hepatitis B vaccine and HBIG, 90% of infants born to HBV-infected mothers will develop chronic HBV infection, and approximately 25% of these chronically infected children will eventually die from liver cancer or liver failure.

The Arizona Immunization Program Office provides federally funded hepatitis B vaccine and HBIG for use by all hospitals statewide for immunizing all newborns against HBV. County health departments follow these children to make sure that they complete all the necessary doses of the hepatitis B vaccine series. County staff also evaluate the household contacts, sexual contacts and/or needle-sharing contacts of HBV-infected pregnant women to see if they have HBV infection or if they need hepatitis B vaccine. The hepatitis B vaccine is so effective in preventing HBV and the resultant liver cancer that is known as the first “anti-cancer vaccine.”

Hepatitis B virus (HBV) infection is common worldwide, especially in Asia, the Pacific Islands, Africa, Eastern Europe and the Middle East. HBV infection is less common in the U.S. However, given the ease of global migration and the severe consequences if newborns becoming infected with HBV, screening for HBV infection in every pregnancy is essential to prevent perinatal HBV infection.

For more information, please contact Patty Gast at (602)364-3639 or [patty.gast@azdhs.gov](mailto:patty.gast@azdhs.gov). ♦

## Office of Individual & Family Affairs

By Anne Rock

The Arizona Department of Health Services, Division of Behavioral Health Services' Office of Individual & Family Affairs (OIFA), created in 2006, promotes recovery, resiliency and wellness for individuals having mental health and substance use challenges and their families. The office supports a strength-based, recovery-oriented statewide system of behavioral health care for Arizona. OIFA's staff are comprised of consumer and family member representatives and have extensive real life experience.

OIFA provides information, education and support for children/youth, families, adults and older adults who are challenged by mental illness or substance use. Our objective is to facilitate individual and family input and leadership into all aspects of the state-funded behavioral health system. Individual and family experience is valuable in the identification of recovery and behavioral health service needs, planning, program development and evaluation. Individuals and families can share what is working for them - and what is not - that will guide and help to ensure quality services are delivered throughout the state.

By recruiting, organizing and empowering individuals and families to participate as equal partners in the transformation of the Arizona behavioral health system, OIFA seeks to support and strengthen the voice and leadership of individuals and families at the local, regional, state and national levels. ♦

## Mama Africa

### Continued from page 1

before she came to the United States. She decided to become a social worker, because she said her caring nature was calling her. She wanted to give back to the people who need care because of the help she received when she escaped from Africa. She wanted to promote social dignity and equity that was inspired by the Catholic Charity Services where she held her first job in Phoenix. She received a master's degree in social work, which equips her to help disadvantaged or underprivileged people the way many others have helped her. Jeanne considers herself an international social worker who specializes in women and children. In 2008, when the MIHS Refugee Women's Health Clinic (RWHC) was ready to open, Jeanne jumped at the opportunity and became the clinic's program manager. Under the leadership of Dr. Coonrod, Chair of the MIHS OBGYN department, and Dr. Johnson Agbakwu, Medical Director of the RWHC, Jeanne was among the pioneers who contributed to the launch of the clinic in October of 2008. Since then the clinic has served more than 1500 refugee women.

"Jeanne is the embodiment of community leadership, empowerment, compassion, cultural sensitivity and patient advocacy. She is a role model in the African American community, setting an example of resiliency and survival against all odds," says Dr. Johnson Agbakwu.

After giving birth to a baby girl, Kossi Doglo (in the photo) and her husband wrote a letter to express their appreciation to RWHC and Jeanne. They wrote, "[w]e hereby want to express our heartfelt gratitude to Jeanne Françoise for all the help she tirelessly provides to this day. She is a dynamic lady, very devoted to her duties. Whatever problem you present to

her, even the most banal ones, she calmly provides you with useful advice. She guides you to the exact service that can solve your issue, or she helps you participate in a process that will lead to the results you wish for. In addition, she is warmly welcoming, always ready to promptly respond to any request. All the doctors, nurses and nurse's assistants have always served us with respect and dignity."



Jeanne says, "I will continue in my capacity to work in the clinic because I have seen outcomes, I have seen trust growing between us and patients. I have seen mothers coming back with a second or third pregnancy. I have seen smiles on their faces. I love their hugs and I go home with happiness." In the meantime, she says that education is a value that she cherishes. She plans to pursue a doctorate degree in behavioral health so she can be prepared to address integration health and the overall health of women and their families. ♦

### Disclaimer

On the first page of Volume 5, Issue 2, April 30, 2012, the authorship should be ASAFSF. Chai Chat is an ASAFSF copyrighted educational outreach program. Thank you for your attention. ♦

## Publications of Interest:

### **Communities Taking Action: Profiles of Health Equity**

It is a collection of profiles that showcase successful community initiatives aimed at improving health equity. The profiles demonstrate how strong leadership, community engagement and advocacy, innovative thinking and changes in local policies and institutional practices can successfully converge to shape healthier, more equitable community environments.

<http://www.preventioninstitute.org/tools/focus-area-tools/communities-taking-action-profiles-of-health-equity.html>

### **Top Health Issues for LGBT Populations Information Kit**

Equips prevention professionals, healthcare providers, and educators with information on current health issues among lesbian, gay, bisexual, and transgender (LGBT) populations. Includes an overview of terms related to gender identity and sexual expression.

<http://store.samhsa.gov/product/Top-Health-Issues-for-LGBT-Populations/All-New-Products/SMA12-4684> ♦

## Funding Opportunities:

### **Cities of Service Impact Volunteering Fund – Deadline: August 31, 2012**

*Total of amount:* \$2 million

*Range of awards:* from \$25,000 to \$100,000 with larger amounts reserved for cities with multiple initiatives.

*Purpose:* Initiatives can address any issues in the Cities of Service priority areas, which include education and youth, health, neighborhood revitalization, preparedness and safety, sustainability, and veterans.

*Eligibility:* Any mayor whose city is a member of the Cities of Service coalition

<http://www.citiesofservice.org/resources/volunteer/>

### **CVS Caremark Community Grants – Deadline: October 31, 2012**

*Eligibility:* nonprofit organizations

*Purpose:* to target children under the age of 21 with disabilities, projects focusing on healthcare to the uninsured and underserved, and to public schools.

*Amount of funding:* up to \$5,000

<http://info.cvscaremark.com/community/our-impact/community-grants/> ♦

For more information about funding opportunities, publications of interest and events of interest, please visit [www.azminorityhealth.gov](http://www.azminorityhealth.gov). ♦

## Events of Interest:

### **Commission to End Health Care Disparities**

*Date:* September 28 – 29, 2012

*Location:* Chicago

<http://www.ama-assn.org/ama/pub/physician-resources/public-health/eliminating-health-disparities/commission-end-health-care-disparities.page>

### **2012 Summit on the Science of Eliminating Health Disparities: Building a Healthier Society. Integrating Science, Policy and Practice**

*Dates:* October 31 – November 3, 2012

*Location:* Gaylord National Resort and Convention Center, National Harbor, Maryland

[http://www.nimhd.nih.gov/summit\\_site/](http://www.nimhd.nih.gov/summit_site/)

### **18<sup>th</sup> Annual Maternal and Child Health Epidemiology (MCH EPI) Conference**

*Dates:* December 12 – 14, 2012

*Location:* San Antonio, TX

<http://www.cdc.gov/reproductivehealth/MCHepi/Conference/AboutConference.htm> ♦

## 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](mailto:hong.chartrand@azdhs.gov). ♦

