



Community Story

Changing Lives, One Person at a Time

By Chuck Palm

Inside the El Pueblo clinic, located on the south side of Tucson, much more is happening than medical staff treating patient's diseases. In what may prove to be a model for the U.S. health care system, people at risk for chronic diseases, such as obesity, heart disease, and asthma, are learning to prevent disease before it happens. They're participating in an evidence-based integrative health program developed by Canyon Ranch Institute to deliver the best practices of health literacy to low-income communities. Since 2011, the program has been available free of charge to the community through the partnership between the El Rio Community Health Center (El Rio), and Canyon Ranch Institute (CRI), a 501(c)3 non-profit public charity.

About 15 to 20 people at a time participate in each group of the CRI Life Enhancement Program (LEP) with El Rio. For 12 consecutive weeks, the participants experience three-hour group sessions with informational lectures, fitness and stress management, a healthy food-shopping excursion and four one-hour individual consultations with experts in integrative health, behavioral health, nutrition and exercise. The CRI LEP is available in either English or Spanish, using culturally and linguistically appropriate materials.

For over 40 years, El Rio has provided accessible medical and dental care to the Tucson community. El Rio has become one of the largest non-profit community health centers in the United States, serving over 1,000 people a day, with over 70 percent of those served living at or below the federal poverty level. Funding for the CRI LEP comes from El Rio and through the Zuckerman Family Foundation, a non-profit organization started by Mel and Enid Zuckerman, who founded Canyon Ranch and Canyon Ranch Institute.

"CRI's bringing the Life Enhancement Program to our El Rio community has been a good investment for us in improving the health of our employees and our patients," says Nancy Johnson, R.N., Ph.D., Chief Operating Officer of El Rio. "The CRI LEP allows us to offer health promotion – both educational and experiential – to all of our patients, whether they have insurance or the ability to afford the opportunities. Our patients and community learn about prevention, methods to change their lives – mentally, spiritually, physically – and have access to primary prevention, including screening and detection." (Continued on page 6)



As part of the Canyon Ranch Institute Life Enhancement Program with El Rio, team nutritionists Leticia Martinez, R.D., (left) and Lilly Romero, R.D., demonstrate for program participants how to prepare a healthy, low-cost salad using barley and vegetables.

Strive to Make A Healthcare Difference among Diverse Populations

By Hong Chartrand

In Essen Otu's office at Mountain Park Health Center, two plaques drew my attention. One is from the Arizona Governor's office. Then Governor Janet Napolitano recognized his contributions to leading the efforts in developing the first Cultural Competency Plan and training within the Governor's Office when Essen left his job at the Governor's office to pursue higher education in 2007. Another plaque is from the Phoenix Business Journal. Essen received the "Forty Under 40" award in 2006. At his young age, Essen was already an accomplished person known for his ambition and brilliant mind.

"My work has always involved some aspect of social justice and diversity," says Essen.

Essen grew up in a family with diverse backgrounds. His father is from Nigeria, where Essen spent the earlier years of his life, and his mother is of Irish and German descent. His name, Essen, means royal visitor in Ibibio, one of Nigerian native languages. Such backgrounds help Essen look at the things from multiple angles and deal with the issues delicately, as would a royal visitor.

His first job was working for ANYTOWN, aka, the National Conference for Community and Justice, "a nationally recognized and award-winning diversity, leadership and social justice program." That work experience helped prepare Essen for his later endeavors. Later as a National Urban Fellow, Essen chose to work at Seattle City Light (SCL), because Seattle has a program called the Race and Social Justice Initiative (RSJI), the first of its kind in the United States, and he wanted to learn from

the program. As the Special Assistant to the SCL Superintendent, he got involved in Human Resources and helped implement organization-wide diversity training. He was instrumental in the development of SCL's Executive Leadership Program and contributed significantly to embedding RSJI in SCL's operations.



Due to his accomplishments and a well-thought out and convincing diversity plan, Mountain Park Health Center (MPHC) created the Diversity & Cultural Competency Director position four years ago. This is a unique and needed senior management position for a health care organization, and yet it is the first and still the only position among the community health centers in Arizona. Based on a multiphase, mission-aligned diversity, inclusion and cultural competency business strategy he established at MPHC, Essen conducted an initial assessment among the staff, patients, and community to understand what areas for improvement existed. The assessment has since become an annual task to help improve the organization's diversity, inclusion, and cultural competency strategy. He created a diversity site council for each MPHC clinic location, which consists of patients, employees and community members, to receive ongoing feedback. Some physicians volunteer themselves for the councils and contribute their input. In addition, each employee has to attend mandatory diversity and cultural competency training, and also has opportunity to attend periodic diversity lunch & learn training opportunities. Working with the Human Resources, Essen built a "life cycle" of cultural and inclusion exposure for MPHC employees: all the MPHC job postings have a message about diversity, inclusion and cultural competency; such a message is incorporated into job descriptions and interview questions so as to guarantee the newly hired person fit into the MPHC culture and such a message is also incorporated into exit interviews. (Continued on page 6)

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>



Arizona Health Disparities Center

Promoting Health Equity

Changes to the CDC's Behavioral Risk Factor Surveillance System in 2011: Important Information for Data Users

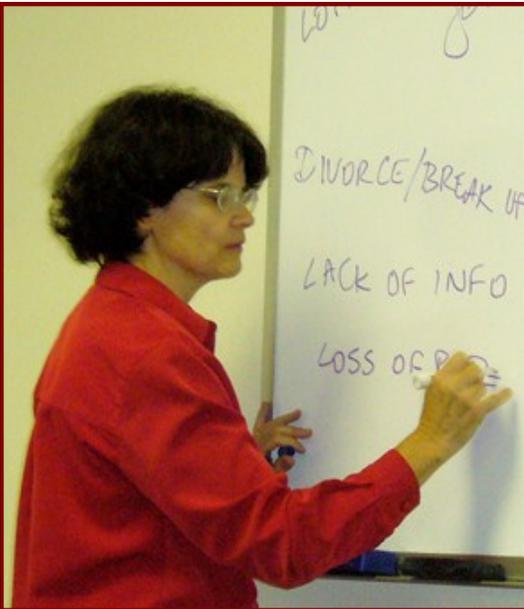
By Rayna M. Edwards and Rebecca Ascher

Data from the National Center for Health Statistics indicate that the proportion of U.S. households with only cellular telephones is rising steadily. To maintain representativeness, coverage, and validity, telephone surveys, including the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS), have had to add cellular telephones to their samples. In order to account for this new sampling strategy, the CDC has changed its weighting methodology. Weighting is used to correct for imperfections in the sample in order to make it more reflective of the target population. This new weighting method has several advantages over the one previously used, including allowing for the introduction of more demographic variables into the statistical weighting process. It also allows for the incorporation of a now crucial variable – telephone source – into the BRFSS weighting methodology. Although these changes are major improvements to the survey and its ability to estimate what is happening in the population, it is important to understand what these changes mean for comparing years of BRFSS data. Starting in 2011, it is inaccurate and can be misleading to establish any trends that include data before 2011. This includes comparing data from pre-2011 to data from 2011 or after. For more information, see the CDC website at <http://www.cdc.gov/surveillancepractice/reports/brfss/brfss.html>.

Note: Most of the language used in this article was adapted from information provided by the CDC and from a presentation given by Khaleel Hussaini, PhD and Judy Bass, Arizona Department of Health Services. ♦

Health Education Project Empowers Homeless People

By Diane Haeger



Christiane Heyde, Volunteer Health Educator

"I thought your class was useful in helping my sobriety by keeping my esteem high," said one participant after attending one of the health education classes offered by the Health Education Project, a program of the El Rio Community Health Center. For over 20 years, volunteer health educators from the Health Education Project have provided health, wellness and life skill classes to people experiencing homelessness or at great risk of homelessness such as those living in shelters, substance abuse rehabilitation facilities, transitional housing complexes and correctional institutions in the greater Tucson area.

The Health Education Project writes curricula that include handouts and activities for over 40 topics of importance to the participants that help them to build the knowledge and skills they need to improve their health. Each year participant attendance averages 4000 (not unduplicated) at over 26 local sites. The volunteer health educators include students, nurses, teachers, accountants, stay-at-home moms and retirees. The participants are pleased with the classes, and one participant wrote, "Please continue to come out and educate us. We want to learn and need to know."

For more information, please contact Diane Haeger at (520)256-2874, DianeH@elrio.org or visit www.elrio.org/theproject. ♦

When A Common Infection Hits A Limited English Speaker

By Kamana Khadka

According to the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC), about 8.1 million people visit their health care providers each year for Urinary Tract Infection (UTI). UTI is the second most common type of infection in the United States. For anatomical reasons, women are more prone to UTIs than men. Studies show that 20 percent of women with a first UTI will have recurrent infection. Some women have three or more UTIs in a year.

A Bhutanese woman went to a local health care provider in Phoenix, Arizona for the exact same reasons million of us visit our health care providers - UTI. Unlike for many of us, this Bhutanese woman's doctor visit was not a simple one. Due to the language barrier, any verbal communication with the doctor was impossible. Instead of making an effort to communicate with the Limited English Proficient (LEP) patient through a Qualified Medical Interpreter, the patient's elder son was asked to interpret. How many of us comfortably take our sons to such visits? By the time I was pulled in as a volunteer, over-the-phone, qualified medical interpreter, the patient had contracted urethritis - an infection in the urethra, underwent surgery without any understanding, was in tremendous pain and trauma without knowledge to manage it and had lost trust and respect for western medicine.

Although Title VI, the Civil Rights Act of 1964, reinforces all health care providers receiving federal financial assistance to ensure meaningful access for individuals with LEP, data shows that individuals with LEP face far more challenging barriers while accessing health care compared to English-speaking patients. In a country where 25 - 30 percent of the population self-identifies as belonging to an ethnic group, how long can health care providers avoid implementing an effective solution to lessen the language gap? A total of 74,602 persons were admitted to the United States as refugees during 2009, of which 4,543 persons arrived in Arizona. Arizona ranks among the states with the highest refugee arrivals in the country but does not place anywhere on the chart for effective language-assistance provisions.



When a simple doctor's visit, such as the UTI check-up for this Bhutanese woman with LEP, turns into a traumatic incident, a complaint to the Office Of Civil Rights (OCR) can be filed by the patient, on behalf of the patient or anonymously. An officer will be assigned to work on the complaint and a proper investigation will be initiated. Throughout the investigation process, an assigned officer will be in communication. A letter with detailed reporting on the investigation and final decisions will be mailed to all parties.

Quality health care should be equally accessible by all, despite differences in language, race, ethnicity, socioeconomic status or sexual orientation. It is wrong that these differences can lead to unequal access to health care. It is important for health care providers to provide meaningful, patient-centered care by establishing effective communication with LEP patients, and it is essential for individuals, groups and organizations to know to file an OCR complaint when there is discrimination against limited English-speakers. Do it to meet the legislative, regulatory and accreditation mandates, to respond to changing demographics, to address health disparities or to improve the quality of services and outcomes, but please make sure that no other LEP patients undergo trauma when they suffers from one of the most common infections. ♦

ADHS Native American Liaison

By Michael Allison

The Native American Liaison (NAL) is responsible for coordinating Arizona Department of Health Services (ADHS) program services with the Arizona Native American health care community comprised of 21 Tribal Health Department/Offices, 3 Indian Health Service (IHS) Area Offices, 3 Urban Indian Health Programs, and the Inter Tribal Council of Arizona. The NAL is the primary contact for Native American issues and concerns and is the staff responsible for monitoring the implementation and compliance of the ADHS Tribal Consultation Policy as required by Arizona Governor's Executive Order 2006-14. The NAL represents the Director on the Arizona Advisory Council on Indian Health Care and the Arizona Commission of Indian Affairs. The NAL is a direct report to the Department Director.

Highlighted efforts of the NAL include: (1) establishment of the Tribal Public Health Emergency Preparedness (PHEP) Program which currently consist of direct contracting with 14 Arizona tribal nations and two IHS Area Offices, and (2) multi-agency collaboration efforts that have resulted in the sponsorship of several statewide Arizona American Indian forums, conferences and meetings covering behavioral health, oral health, health careers, and rocky mountain spotted fever. Recent Tribal Consultation meetings coordinated by the NAL include the 4/07/11 Medical Marijuana Tribal Consultation Meeting and the 1/18/12 Behavioral Health Tribal Consultation Meeting. For information on ADHS Native American activities access the ADHS Native American web site at <http://www.azdhs.gov/diro/tribal/>.

Within the boundaries of Arizona there are 22 tribal nations with lands comprising 28% of Arizona's land base. Per the 2010 US Population Census the American Indian population for Arizona was 353,386 equaling 5.5% of the state population with 46% living on reservation and 54% living off reservation. ♦

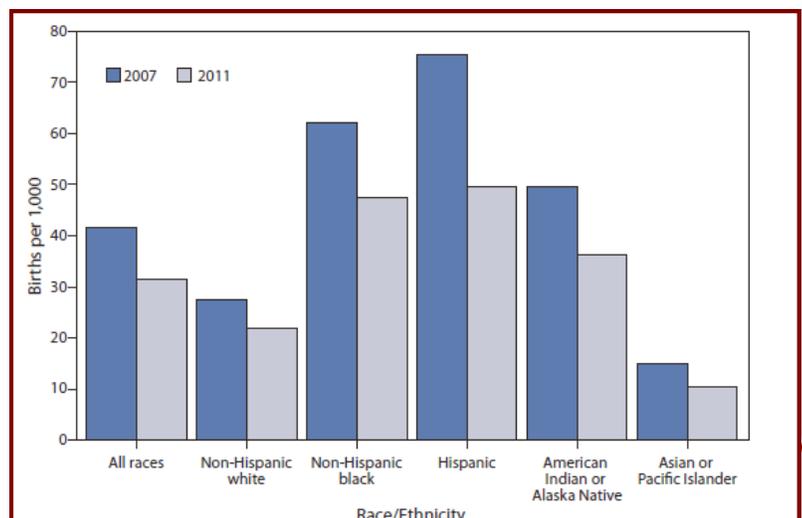
Data Speak

Birth Rates for Females Aged 15-19 years by Race/Ethnicity United States, 2007 and 2011

From 2007 to 2011, the birth rate for females aged 15–19 years declined 25%, from 41.5 to 31.3 births per 1,000, the lowest rate ever recorded in more than seven decades for the United States. Among racial/ethnic groups, declines ranged from 20% to 31% for non-Hispanic white, non-Hispanic black, American Indian or Alaska Native, and Asian or Pacific Islander teenagers. The birth rate for Hispanic teenagers fell 34%, from 75.3 to 49.4 births per 1,000, the largest decline of any racial/ethnic group. Despite the declines among all groups, teenage birth rates by race/ethnicity continue to reflect wide disparities. ♦

Notes:

- Adapted from the CDC *Morbidity and Mortality Weekly Report*, October 26, 2012 / 61(42); 865.
- U.S. residents only.
- Data for 2011 are preliminary.



Strive to Make A Healthcare Difference among Diverse Populations

Continued from page 2

The MPHC is moving toward icon and brail signage to accommodate people with low literacy and language barriers, and visual impairments as a means of creating a disability-friendly place. “We plan to have our new gateway campus incorporate some new ideas in order to better accommodate an even broader diverse population, such as individuals with vision and hearing impaired patients and limited English proficiency patients,” says Essen.

Dr. Connie Tucker is a family practice physician who has worked at MPHC for over eight years. She shares her experience. “One of the things we have struggled with in the past is having interpreters for all our linguistic as well as hearing-impaired needs. Over the past few years, I have witnessed a dramatic change for the better at MPHC. More specifically we have increased our internal capacity for designated interpreters as well as using our outside resources more efficiently.”

“Gradually, I hope the Mountain Park Health Center will

transition from telephonic interpretation to on-site interpretation, because on-site interpretation is more effective and saves money in the long run,” says Essen. Working with the International Rescue Committee and Phoenix Children’s Hospital, so far, 26 MPHC bilingual staff members have completed medical interpreter training and work as double-duty employees. Each of them receives \$1 per hour increased compensation for their medical interpreter roles. Based on the employee record, the retention rate of the staff who received medical interpreter training is significantly higher. In the meantime, MPHC has contracted with five local organizations to provide on-site medical interpretation, including American sign language. Based on patient records, the number of hearing-impaired patients has increased this year due to MPHC’s hearing-impaired-patient accommodations.

The community has recognized Essen’s work. On behalf of MPHC, Essen received a diversity workforce award in the not-for-profit/government category, issued by the Diversity Leadership Alliance and the Society of Human Resources Managers in 2011. “I will continue to find areas to improve and challenge people keep engaged,” says Essen. ♦

Changing Lives, One Person at a Time

Continued from page 1

In addition to Johnson’s leadership as the CRI LEP Core Team Champion, the CRI LEP is facilitated by a team of El Rio health professionals, including a physician, registered dieticians, an exercise professional, a behavioral health professional, registered nurses, clinical pharmacists, and an ordained and licensed minister.



Group support and interaction are keys to the success of the Canyon Ranch Institute Life Enhancement Program with El Rio in Tucson.

Participants are asked to complete a rigorous evaluation at pre and post program, post plus three months and post plus 12 months. The outcomes speak for themselves: CRI LEP participants around the nation have realized statistically significant and sustained changes, including reductions in depression, improvements in the ability to handle stress, improved sleep, reduced markers for inflammation, reduced blood pressure, increased feelings of self-efficacy and a range of healthier behaviors that includes healthier food choices and more engagement in physical activity.

For more information, please visit www.canyonranchinstitute.org, call Canyon Ranch Institute at 520.239.8561, or contact Ernie Perez, El Rio’s CRI LEP Core Team Lead, at 520.309.4516. ♦

Publications of Interest:

Are Americans Aware of Racial and Ethnic Health Disparities?

Only modestly, it seems. From the journal Health Affairs, read the article Awareness of Racial and Ethnic Health Disparities Has Improved Only Modestly over a Decade.

<http://minorityhealth.hhs.gov/assets/pdf/checked/1/2010StudyBrief.pdf>

Advancing Primary Care for the Underserved

Smaller medical practices may perform better than others in providing ongoing care and coordination, but are more challenged than larger practices in implementing quality improvement efforts, according to survey results released by the Robert Wood Johnson Foundation (RWJF). The survey included 126 primary care practices culled from four of RWJF's Aligning Forces for Quality communities and two additional states. The chief purpose of the survey was to better understand the capacity of practices serving large numbers of low-income patients to implement advanced primary care models.

<http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf400386> ♦

Funding Opportunities:

Delta Dental of Arizona Foundation: 2013 Community Grants Program – Deadline: November 15, 2012

Purpose: to improve the oral health of Arizonans

Range: one-year grants ranging from \$1,000 to \$15,000

Contact: Megan Vrooman at mvrooman@deltadentalaz.com or 602-588-3923

[http://www.elabs6.com/c.html?](http://www.elabs6.com/c.html?ufl=f&rtr=on&s=7cmvz,11r2r,q0x,jmhd,krse,m0wq,ly8m)

[ufl=f&rtr=on&s=7cmvz,11r2r,q0x,jmhd,krse,m0wq,ly8m](http://www.elabs6.com/c.html?ufl=f&rtr=on&s=7cmvz,11r2r,q0x,jmhd,krse,m0wq,ly8m)

U.S. Department of Health and Human Services: Reducing Cancer among Women of Color Application Challenge – Deadline: February 5, 2013

Purpose: to call on entrepreneurs to create an application for mobile devices that can help underserved and minority women fight and prevent cancer

<http://www.health2con.com/devchallenge/reducing-cancer-among-women-color-challenge/> ♦

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

Events of Interest:

6th Annual National Conference on Health Disparities: Reducing Health Disparities through Sustaining and Strengthening Health Communities

Date: November 28-December 1, 2012

Location: Little Rock, AR

<http://www.buildinghealthycommunities2012.com/>

6th Annual Children's Obesity Conference: Mental Health and Childhood Obesity: An Exploration of the Role of Bullying, Self Esteem, and Health Among Children and Families

Dates: December 6, 2012

Location: Desert Willow Conference Center, Phoenix, AZ

http://worthyinstitute.com/Conference_Registration.html

2013 National African American MSM Leadership Conference on HIV/AIDS and Other Health Disparities

Dates: January 17-20, 2013

Location: Hilton Los Angeles Airport Hotel, Los Angeles, CA

<http://chipts.ucla.edu/2012/06/12/call-for-abstracts-2013-national-african-american-msm-leadership-conference-on-hiv-aids-and-other-health-disparities/> ♦

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 submitted 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. ♦

