



Personal Story

Tiger Tale Teller: Passage to a Stronger Community

By Hong Chartrand

Guadalupe C. has spent 30 of his 48 years on planet Earth incarcerated. The Tigermountain Foundation (TMF) has offered an opportunity for Guadalupe to change and grow. Guadalupe has been transitioned from TMF into his dream position with a larger local landscape company.

Robert J. was sleeping in an abandoned vehicle when he joined TMF, and two years later he happily moved into a house

Since it was established in 2005, the TMF has helped over 200 men and women, like Guadalupe and Robert, find legitimate streams of income for a better quality of life. Moreover, over 40 community gardens have been built through TMF consultations and maintenance on their "Community building thru Community gardens" initiative in the Metropolitan Phoenix area.

The above successes could not have happened were it not for one man's brilliant ideas and magical hands. This man is Darren Chapman, who is called "Tiger" by his grandmother and by many others since he was born. Nearly eight years ago, Tigermountain Foundation (TMF) was born when "Tiger" drove back and forth between Los Angeles and Phoenix and saw the incredible mountains raising their majestic heads toward the clouds. Since then, tiger tales circle around in Phoenix and beyond. TMF is an organization utilizing Asset-Based Community Development (ABCD) to bring positive energy and sustainability back to south Phoenix and beyond. "My goal has been to create legitimate streams of income and sustainability in the low-income neighborhood where I grew up," Darren says. "All of the TMF successes could not have happened without the hidden and cultivated talents and assets of the communities where I work."



Darren Chapman (right) with youth volunteers and the Phoenix Sun Gorilla.

Darren has made it his life's work to help people stay positive and improve their individual situations through job development, community service and enrichment. More than 20 years ago, he started D.C. Network Production on the nation's third highest murder block in Los Angeles. It has provided legitimate streams of income (such jobs as doormen, hosts/hostesses, security, catering and craft services) for that much-challenged community. (Continued on page 5)

Patient-Centered Medical Home Initiative at St. Joseph's Makes Promising Change By Hong Chartrand

It's well known that patients have to make an appointment a week, a month, two months ahead or even longer to be able to see their doctors. It is also well known that many people show up in the emergency room (ER) because their conditions get worse, and they cannot wait to see their regular doctors. Would it require a miracle to shorten the long appointment waiting time and help people avoid going to the ER?

In 2012, with the support of the Mercy Health Plan (which provides health care coverage for members enrolled in AHCCCS, Arizona Medicaid program), Dr. Priya Radhakrishnan, the Robert Craig Chair of the Internal Medicine Department at St. Joseph's Hospital and Medical Center, and her team, conducted a pilot program called the Patient-Centered Medical Home Initiative. Defined by the National Committee for Quality Assurance (NCQA), a patient-centered medical home is a model of the organization of primary care that delivers the core



Staff and patients from the Patient Advisory Council are discussing patient satisfaction at a recent meeting.

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>

functions of primary health care in which all health care providers work as a team along with the community to provide comprehensive and coordinated medical care to patients, with the goal of obtaining superb access to care and improving quality and safety.

"Our practices have patients with complex medical needs, 10 % to 24% are patients with highly complex issues, compared to the other mercy care plan practices, where an average of 3% of patients have complex health issues," says Dr. Radhakrishnan. Moreover, 40% of their patients have 3-4 chronic disease complications, and many 65 years old or over have mental health issues.

Compared to the one week or longer that a patient has to make the appointment in advance, the patients here only need to make the appointment 48 hours in advance. The Electronic Medical Record (EMR) is utilized to speed up their services.

"We know our patients very well," says Dr. Radhakrishnan. The program established a Patient Advisory Counsel, consisting of patients and health care providers, to facilitate communication. There is an educational DVD running in the waiting room. Before he/she sees the doctor, each patient has to fill out a one-page pre-appointment questionnaire about their basic medical history.

With the goal of enhancing the patient experience at the clinic, a summer volunteer program was formed in May 2012. Its goal was to develop a wellness focus for chronic diseases and to identify non-healthy behaviors.

(Continued on page 5)

Journey in Cambodia

Doug Hirano, Executive Director of the Asian Pacific Community in Action, recently spent three weeks as an international health volunteer in Phnom Penh, Cambodia. This trip was part of his sabbatical as a 2012 Virginia G. Piper Fellow.

“I had never been to Asia and wanted to have an immersion experience,” said Hirano. “So many of the people we serve are foreign born. I thought the experience would provide a greater cultural context for the work we do here.”

Through an American agency known as Global Service Corps, Hirano was placed with a non-governmental organization in Phnom Penh known as “Riverkids.” He facilitated a four-day workshop for teens about HIV, drug abuse and domestic violence. He also developed training materials in first aid and nutrition.

“The work of Riverkids is incredibly important,” said Hirano. “They provide after-school programs and vocational training to strengthen educational attainment and self-sufficiency, which in turn decreases the need and impulse for families to become involved in child trafficking.” He went on to add that in Cambodia there is a much greater dependence on non-governmental organizations to serve as the social safety net than in the United States.

“The strange thing is that families living in the most dire circumstances seemed relatively happy,” Hirano said. “They’ve learned to live on very modest means – just a few dollars a day.” He noted that it might be the strong social and family support systems that buffer families against misery and despair. “I think we have a lot to learn from the Cambodian people about life expectations and living in the moment.”

Hirano recommends the foreign volunteer experience for those interested in broadening their cultural horizons. “It’s enlightening to live in a country in which people don’t speak English and with different customs and traditions. I’ve got greater empathy for diverse peoples who come to the United States in search of a better life.”

For details of his trip, go to his travel blog: <http://dougincambodia.wordpress.com>. ♦



Above: Family awaiting health evaluation



Left: Doug Hirano (left) demonstrates Heimlich maneuver during first aid class.

Ten Recommendations When Working With Medical Interpreters

By Kamana Khadka

The number of individuals with limited English proficiency (LEP) in the United States increased by eighty percent between 1990 and 2010 (LEP Data Brief, 2011). The US Department of Health and Human Services defines LEP individuals as individuals who do not speak English as their primary language and who have a limited ability to speak, read, write, or understand English. Under Title VI, the Civil Rights Act of 1964, LEP individuals are entitled language assistance when accessing service, benefit, or encounter from any agency receiving federal funding. Between 1990 and 2010, the Southwestern and Southeastern states in the United States saw the highest growth rates of LEP population (LEP Data Brief, 2011). In 2010 Arizona's LEP population grew by 112.9 percent and Arizona was listed among the top 10 states with the largest LEP population (Census Bureau, 2010).

As the number of LEP individuals increase at a rapid rate in our state, it is most likely that there is an increased use of trained/qualified/certified Medical Interpreters by the health care providers in order to establish trust through effective communication with their patients/clients. Below are ten recommendations for medical professionals to consider when working with medical interpreters.

1. Being bilingual is not enough to ensure the quality of a medical interpreter.

Interpreting is a professional skill, developed through training and participation in continuing education courses just like any profession. Being able to speak two languages FLUENTLY does not guarantee that professional medical interpreting is taking place.

2. Don't ask medical interpreters to provide word-for-word interpreting.

Interpreters relay the meaning of the words because a word-for-word interpretation will often lose any meaning whatsoever.

3. Expect medical interpreters to abide by a Code of Ethics.

A trained/qualified/certified medical interpreter will adhere to the National Code of Ethics for Medical Interpreters of which confidentiality, accuracy and impartiality are a few components. The National Code of Ethics can be found <http://www.ncihc.org/assets/documents/NCIHC%20National%20Code%20of%20Ethics.pdf>

4. Don't ask interpreters to insert their opinions.

Interpreters make your job easier by being the bridge to communication between the healthcare providers and their patients. Medical interpreters will interpret anything you wish to relay to your patients/client, but they cannot insert their own opinion, act as a messenger, or make any decisions for the patients/clients.

5. Clarify abbreviations and minimize medical jargon.

Medical English is a language unto itself. Medical acronyms or

jargons will not make any sense to the limited-English speaker. Please use simple English for effective communication.

6. Don't ask interpreters NOT to interpret something.

Part of the Medical Interpreter's Code of Ethics is to interpret everything that is said, as it is said. If there is information you don't want to share, it is best not to say it in front of a trained/qualified/certified medical interpreter.

7. Address the patient, not the interpreter, and maintain primary eye contact with your patient.

The interpreter's role is important in helping you develop trust and enhance your relationship with your patients. So please address your patient and maintain eye contact with your patients not the interpreter.

8. Speak at a comfortable pace and pause frequently to allow for the interpretation.

In order to render a complete interpretation, please pause after every one or two sentences. A trained/qualified/certified medical interpreter will let you know when you need to slow down.

9. Don't ask the patient to bring their own interpreter, don't ask another patient to interpret for you, don't use a child as an interpreter, and don't use friends, family or non-qualified hospital staff as your first line of interpretation during medical encounters unless it is an emergency.

There are legal obligations that make it imperative that qualified language services are utilized in each clinical encounter with limited English proficient individuals.

10. Document the use of an interpreter. Document when it is not possible to use a qualified/certified interpreter. Be sure to document your attempts and the reason(s) why such an interpreter was not utilized.

Sometimes circumstances may make it impossible to utilize qualified language services. The medical record should reflect when an interpreter was used, who that interpreter was, and any obstacles in using an interpreter. Find out how to locate a qualified interpreter and return to using qualified language services as soon as possible.

The above recommendations can get us off to a good start in establishing trust with the LEP patients/clients through effective communication with the help of trained/qualified/certified medical interpreters. Let us strive for a LEP friendly and medical interpreter friendly health care in Arizona. ♦

Reference:

LEP Data Brief (2011). Migration policy institute: national center on immigrant integration policy..
US Census Bureau, 2010. Language spoken at home by ability to speak English for the population 5 years and over.

Patient-Centered Medical Home Initiative at St. Joseph's Makes Promising Change

Continued from page 2

In the last 3 quarters, ER visits decrease from 10 to 33% and also a reduction in admissions among the Internal Medicine Department's patients. Based on the patient satisfactory survey, 100% of Dr. Radhakrishnan's patients would recommend her to friends and family. "Our success has been in part due to care coordination, inter-visit communication, post ER visit calls and our medical home transformation," says Dr. Radhakrishnan.

In December 7, 2012, St. Joseph's Hospital and Medical Center Internal Medicine Department was designated by the NCQA as a patient-centered medical home. The clinic pilot also has been awarded the Clinical Practice Innovations award by the Society of General Internal Medicine (SGIM) in April of this year. ♦



Dr. John Anwar (left), Dr. Priya Radhakrishnan (center) and Josefina Barone, RN, MN received the Clinical Practice Innovation award at SGIM's annual meeting in Denver, CO in April, 2013.

Tiger Tale Teller: Passage to a Stronger Community

Continued from page 1

Under Darren's leadership, the TMF has built communities with the concept that if everyone participates and brings their unique gifts to the table, a once dormant field can be converted into a series of beneficial opportunities to that community. The TMF uses a model of multi-ethnic, multi-cultural, intergenerational partnerships to bring assets together by creating community gardens as meeting places, which not only brings affordable, accessible and nutritious foods but also educates and stimulates the

community gardens and doing neighborhood cleanups. Over 50 seniors and/or disabled adults are active in TMF Senior garden club to participate in garden maintenance and event tasks in exchange for stipends and/or garden produce. Every month, at least ten low-income families work through TMF's on-the-job development landscaping (OJDL) teams to enhance their skills. Every two weeks, the TMF delivers garden-produced fresh fruit and vegetables to a downtown Phoenix indigent food pantry that feeds over 400 individuals and families each week.



same community. "The concept is to not only plant fruits and vegetables but to also cultivate dreams into reality," says Darren.

Each month, the TMF works with over 80 youth (ages 5-18) to engage in maintaining



Two Saturdays per month, over 300 volunteers from different corners of Phoenix gather at the TMF's gardens to plant or harvest under the bright desert sunshine. A stage is set up for community musicians to entertain the volunteers. Walks are led by the TMF staff from one garden to another. During breaks, volunteers stand in a big circle, with one man standing in its center. Raising their arms, squatting, kicking, turning around, moving their heads..., as they follow the man's instructions and demonstration, the people move and laugh. Birds soar and chirp. It is the place where tiger tales are passed. This man is Darren Chapman, who creates tiger tales of revitalization, rejuvenation and hope. ♦

Publications of Interest:

Racial and Ethnic Disparities in Health Knowledge Path

This knowledge path directs readers to a selection of current, high-quality resources about preventing, identifying, and eliminating racial and ethnic disparities in health. http://www.mchlibrary.org/KnowledgePaths/kp_race.html

Equity in the Digital Age: How Health Information Technology Can Reduce Disparities

The report offers policy recommendations for how advancements can best improve health in all communities and highlights the importance of improving access to new technologies in underserved areas to avoid exacerbating existing disparities. <http://www.cpehn.org/pdfs/EquityInTheDigitalAge2013.pdf> ♦

Funding Opportunities:

Home Depot Foundation: Community Impact Grants – Deadline: August 13, 2013

Purpose: to support projects that improve the physical health of neighborhoods and communities, creating a healthier, more stable environment where families can thrive.

Eligible Applicants: Local Government; Non Profits; Schools/ School Districts

Amount of funding: \$5,000 (Max).

Contact: small_grants@homedepot.com

<http://homedepotfoundation.org/page/applying-for-a-grant>

Academy of General Dentistry Foundation Grant Program – Deadline: October 31, 2013

Purpose: to support general dentists and dental personnel programs that offer access to quality oral health care outreach for underserved populations.

Eligibility: Nonprofit organizations that are dedicated to dentistry through either professional or public initiatives

Award Ceiling: \$5,000

Contact: foundation@agd.org

<http://www.agd.org/agd-foundation/our-programs/agd-foundation-grant-program.aspx> ♦

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

Events of Interest:

2013 Health Disparities & Genomics Conference, Why We Can't Wait: Conference to Eliminate Health Disparities in Genomic Medicine

Dates: May 29 – 31, 2013

Location: San Francisco, CA

<http://geneticsawareness.org/2013-health-disparities-conference>

2013 Biennial Conference: Communal Thriving: Pursuing Meaning, Justice and Well-Being

Dates: June 26 – 29, 2013

Location: School of Education and Human Development, University of Miami, Coral Gables, FL

<http://www.scra27.org/biennial>

6th Disparities Partnership Forum: Overcoming Disparities: Diabetes Care in High Risk Populations: A Rising Threat -The Impact of Social Determinants of Health

Dates: October 21 – 22, 2013

Location: Hilton Crystal City Hotel, Arlington, VA

[http://www.diabetes.org/in-my-community/programs/partnership-forum/?](http://www.diabetes.org/in-my-community/programs/partnership-forum/?utm_source=Offline&utm_medium=Print&utm_content=disparities-forum&utm_campaign=CON)

[utm_source=Offline&utm_medium=Print&utm_content=disparities-forum&utm_campaign=CON](http://www.diabetes.org/in-my-community/programs/partnership-forum/?utm_source=Offline&utm_medium=Print&utm_content=disparities-forum&utm_campaign=CON) ♦

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. ♦

