

I Am a Stroke Survivor and Advocate!

By Tawanda Johnson-Gray

Disease and Diagnosis

I have had four strokes that were misdiagnosed as migraine headaches within a two-year period, beginning in July of 2005, when I was 35 years old. I always felt that I was having strokes and in this last incident I was very persistent in communicating to my doctors that what I was experiencing was far more serious than a severe headache. I pleaded with the doctors to search further, and I communicated that I was willing to undergo whatever it took to get the proper and accurate diagnosis. I was initially admitted to the Banner Desert Medical Center on August 9, 2008 for Multiple Sclerosis testing. It was when these results came back negative that the doctors had to look for other causes/possibilities. An Echocardiogram with a bubble study of the heart was done, and a hole was found in my heart. Then the doctors were able to locate the source of the strokes. They found that blood clots were traveling through the Patent Foramen Ovale (PFO) and traveling directly to the brain, causing TIAs/strokes. My Primary Care Physician (PCP), because of the complexity of my case, suggested we get a team of specialists as a plan of action. The Hematologist he sent me to requested a full blood work-up, which revealed the real culprit, my Protein S Deficiency, which caused my blood to over clot internally. Once that was identified, we could then move forward with a plan of action, and we have.



In the long term, I feel let down. It should not have taken four strokes to get the diagnosis, because doctors could not get past my youthful appearance and age. There was no urgency to figure out what was causing this to happen. I do try to take care of myself on the exterior, but that should not determine the tests completed to determine my health risks and diagnostics, and I felt that idealism played a huge

role in a delayed diagnosis.

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Help

My best friend/sister who lives in Chicago contacted the American Heart Association (AHA) in Phoenix, and asked if they could send me information on stroke and heart disease, which they did and even referred Dr. Paul Underwood, who is a well-known African-American cardiologist in the Phoenix area. I am also seeing (continued page 2)

Personal Story

Collaborating Efforts to Fight Domestic Violence among Native Americans

By Cheryl Tate

Community Story

She came to NATIVE HEALTH looking for a place where someone would allow her to tell her story, not victimize her yet again, and also be respectful of her culture and tribal traditions. A place where she could feel safe and supported was what she needed. NATIVE HEALTH Women's Services offered her that hope, and she grabbed onto it as if her life depended upon it. For her it turned out it did. It took days of work, but a shelter was found for her and the next step in her journey began. Finally, after living so long in fear, she felt safe and connected.

Many Native women travel to and from their tribal lands in hopes of starting a new life free from domestic violence (DV). This pattern creates complexity in services because of the dealings with Tribal Health facilities and urban Indian Health Centers. NATIVE HEALTH of Phoenix recently added a new realm of services for Native American women that fill that gap in the quality of services to improve DV intervention and prevention efforts. Women Services are a start in strengthening collaboration among providers in healthcare and behavioral health and community advocates in addressing (continued 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.

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<http://www.azminorityhealth.gov>

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a Hematologist named Dr. Michael Long, who has made the recommendation that I should be placed on Coumadin for life as a tool of stroke prevention due to my blood clotting disorder. This diagnosis and the recommendations have changed my life forever. I then knew that my journey with the AHA would not end there. When I began to feel better, I made commitments to participate as a Power to End Stroke Ambassador in many activities held by AHA.

Lessons Learned

As a patient I have learned the importance of getting copies of my medical records, asking questions and advocating for myself and others. I have learned the importance of the partnership between a doctor and his/her patient. A patient's life depends on that idea. As a member of African-American community, I feel that African Americans can take charge of their health by becoming better informed of the resources available to them and by creating a plan of action with their doctors and embracing the process of asking and posing questions to their doctors to get the most accurate answers available to assist in creating a plan of action. I know now that when you do not get the answers that satisfies your needs, you must keep asking or ask somebody else. On the other hand, the medical community can better serve the African-American community by partnering with other health-oriented organizations such as the AHA to ensure that information about different diseases and illnesses are being disseminated appropriately. ♦



Help the Somali-American Community to Help Itself

In Somalia, poverty levels are growing, and the people hope to find a better life and more employment opportunities, according to Dr. Mohamed Ali Abukar, who presented Poverty Eradication and Democracy at the International Conference on Social Democracy and Good Governance in Somalia, held last year in Eskilstuna, Sweden. Applying that knowledge, Dr. Abukar works to address the difficulties faced by the Somali-American population in Arizona.

Dr. Abukar is the founder and president of the Somali-American United Council of Arizona and was the only person from Arizona to attend the Conference, which brought nearly 500 people together from different parts of the World, such as Somalia, Germany, Sweden, United States, the United Kingdom and others.

Approximately 11,000 Somalis have legally resettled in Arizona after they fled from the Somali civil war. The Somali-American United Council of Arizona, a non-profit organization, was formed in 2006 as a response to the growing need to connect the Somalis in the community with each other and to help newly arrived families adjust to their new lives. The organization has been developed to guide the Somali Community to improve their integration into American



(Dr. Abukar, left, gave a talk in the Somalia community.)

society, while preserving its own culture and to plan and implement community-development programs, which are organized according to the unique needs of the Somali-American Community in Arizona.

Dr. Abukar brought back what he learned from the Conference and shared that there are serious thematic issues that need to be considered as a priority for the Somali-American community in Arizona. Approaching positive thinking in task fulfillment as well as openness to new ideas and information, the ability to generate ideas, a sense of humor and intellectual courage are the main skills that can be used as a working model of practical intelligence and positive thinking. Particular attention should be given to social awareness to help Somali-Americans so that they can help themselves. Integration of new ideas will mean a better life for everyone. ♦

Fit at Fifty HealthCheck, A Colorectal Cancer Screening Program for the Uninsured

By Virginia Warren

The Arizona Department of Health Services (ADHS) began a colorectal cancer screening program in December of 2008. The Fit at Fifty HealthCheck Program (FFHP) offers Arizonans 50 and over who are uninsured and underinsured with an income between 100% and 250% of the Federal Poverty level, screenings appropriate to their needs. The program is a pilot project initiated in three counties, Maricopa, Pima and Coconino. Community Health Centers are used as program contractors to ensure the linkage occurs between the primary care provider and the patient.

Why did ADHS target colorectal cancer? In Arizona, colorectal cancer is the 4th most commonly diagnosed and 3rd leading cause of cancer death. Approximately 2,620 Arizonans were diagnosed with colorectal cancer in 2008, and 950 died. There are more than ten times as many cases diagnosed in those 50 and older than those under 50. Stage of diagnosis strongly impacts survival rate. The 5-year survival rate is 89.7% if localized; 68.4% for regional and 10.8% for distant. The lack of regular screenings, (continued page 7)

Health Disparities Legislative Update

By Hong Chartrand

Legislative Watch

During the economic recession, the Arizona legislators introduced a number of bills related to health issues at the 59th Legislature – 1st Regular Session, although their main effort focused on Arizona's economy. These bills can potentially impact health outcome and health disparities in Arizona. The following are brief summaries of several bills.

HB 2158 Adult Immunization Information System

HB 2158 is an amendment to the Arizona Revised Statutes (A.R.S.) § 36-135 regarding the Adult Immunization Information System (ASIIS). The current law requires health care professionals to report all child immunizations in Arizona to the ASIIS, an electronic registry housed at the Arizona Department of Health Services (ADHS).

The introduced Bill will allow the ASIIS to give health care professionals the option of reporting adult immunization information to the ADHS for inclusion in the System and allows patients to request that their information not be disclosed. The reporting data will include the health care professional's and patient's basic information, type of vaccine administered and date it was administered, as well as the type of vaccine-preventable titer or measure collected, the date it was collected and the results. The main benefit is the ability to develop immunization records for adults, which will be extremely useful in the event of an outbreak or pandemic of any disease. This need was greatly evidenced in the measles outbreak of 2008.

The Bill has been passed by the Arizona House of Representatives minority and majority caucuses. It is ready for the Committee of the Whole.

SB 1400 Dental Assistants; Community Oral Health

SB 1400 is an amendment to the Arizona Revised Statutes (A.R.S.) § 32-1289 regarding to employment of dental hygienists in an affiliated practice relationship. Compared to current law, under which dental hygienists can only provide services

to a person 18 years old or younger, the introduced Bill would allow them to deliver dental hygiene procedures under an affiliated practice relationship to any person who is eligible for services. In addition to being enrolled in specific health care programs, national school meal programs or meeting household income criteria (less than 200% of the federal poverty guidelines), a person would also be eligible for services if he/she resides in a federally designated health professional shortage area. The other change pertains to the practice setting in which these services can be provided.

There has been no legislative action on SB 1400.

HB 2237 AHCCCS; Verification of Eligibility

The Bill requires the AHCCCS employees to verify an applicant's immigration status as required by federal law or regulation through the Systematic Alien Verification for Entitlements (SAVE) before receiving services. It requires that employees submit a written report of any violations to federal authorities. Failure to do so will be considered as Class 2 misdemeanor. The Bill will allow a person who is denied services to appeal that decision.

The Bill has passed the House of Representatives Committee of the Whole with amendment required.

SB 1014 AHCCCS: Long Term Care Eligibility (ALTCS)

SB 1014 is an amendment to the Arizona Revised Statutes (A.R.S.) § 36-2034 regarding Long Term Care Eligibility. The proposed Bill restricts Long Term Care Eligibility to people with an income at or below 50% of the Federal Poverty Guidelines. It requires that the administration should not advise an applicant on ways to spend down assets to meet eligibility requirements.

There has been no legislative action on SB 1400.

The delivery of culturally competent services is more than simply a patient's right, but in fact a key factor in the safety and quality of patient care.

— Paul Schyve, M.D.



AZ WIC: Is A Win Win

By **Jana Granillo**

Adrienne Udarbe, Maternal Child Health Nutrition Program Manager from the Arizona Department of Health Services, tells us about good news on the horizon. For the first time in over 30 years, new foods will be available to WIC participants in Arizona on October 1, 2009. The following conversation snippet tells us a bit of what's happening.

How does Arizona benefit from these changes?

“With the new food package, a greater variety of healthy foods will be offered, including cash value vouchers for fresh fruits and vegetables. Our statewide grocery store vendors will be required to stock these foods, which ultimately increases healthy choices and variety for everyone!”

Arizona has a diverse population. In 2007, 40% of the population was from a racial/ethnic group. How is the new food package culturally sensitive to the target population?

“There are more low-fat & high-fiber food choices that appeal to multi-cultural groups. For example, corn tortillas, 100% whole wheat bread, brown rice, soy milk, tofu and even goat's milk is part of the new food package. The new cash value voucher for fresh fruits and vegetables allows WIC participants to purchase a delicious variety of produce from local farmers' markets or grocery stores”

What else is happening with AZ WIC?

“We have an initiative called **Adopt-a-Doctor's Office**. It is an outreach program to increase physician awareness of WIC's resources, especially for breastfeeding. AZ WIC is one of the premier breastfeeding resources in Arizona, with 25 IBCLs available for breastfeeding support. There is also a 24 hour breastfeeding hot line available that is staffed by

a Spanish/English speaking IBCLC and access to a language line for breastfeeding support in any language.”



What is IBCLC?

“That is the highest credential available, IBCLC stands for International Board Certified Lactation Consultant. Breastfeeding is the healthiest choice for mom and baby and decreases the risk of diabetes, obesity and heart disease as an adult.”

So, because of Arizona's demographics and the populations served, through healthy early infant feeding and child nutrition practices, the services that the WIC program provides impacts long-term health outcomes. Their efforts truly are reflective of cultural sensitivity and appropriateness, another CLAS act. The following bullets highlight some of Arizona's gains from them.

- ▶ Increased access to healthy food choices for all Arizonans
- ▶ Physician outreach: Increased access to health care
- ▶ Professional Breastfeeding Consultation and support
- ▶ 24 Hour Breastfeeding Hotline with Language Access Services
- ▶ Prevention: Reduced risk of chronic diseases

For more information, please go to:
Arizona WIC at <http://www.azwic.gov/>
Food and Nutrition Services, USDA at <http://www.fns.usda.gov/wic/>
International Board of Lactation Consultant Examiners at <http://www.iblce.org/>.

CLAS Standards

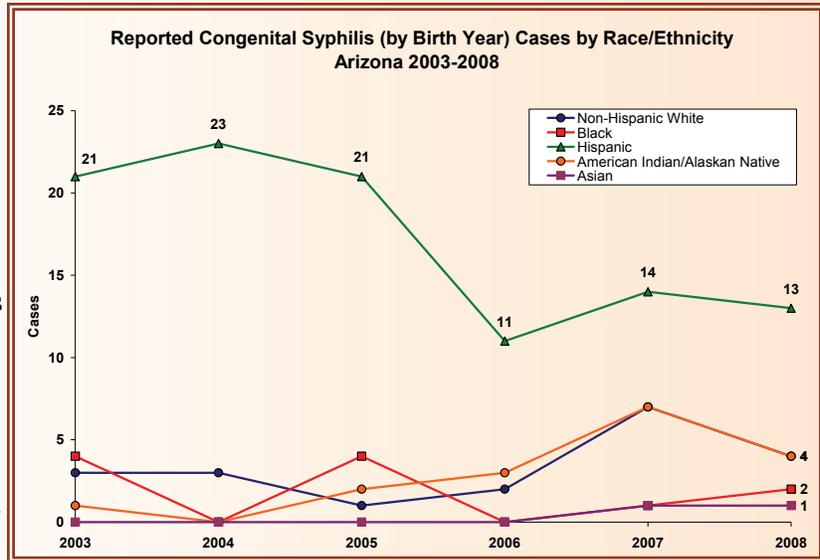
Congenital Syphilis by Race/Ethnicity in Arizona

By Brandy Peterson

Data Speak

The CDC reported Arizona's ranking as second in the nation for 2007 state rates of congenital syphilis.

Since 2002, the number of cases among Hispanics has been considerably greater than in other racial/ethnic groups. The steady increase of congenital syphilis cases among American Indian and African American populations since 2004 is also of considerable concern. As congenital syphilis is preventable almost 100% of the time, one case represents a breakdown in the public health system. It is critical that all pregnant women receive prenatal care. Syphilis testing is required by statute at the first prenatal visit.



Reference: Arizona Department of Health Services STD Control Program Annual Report 2009

Collaborating Efforts to Fight Domestic Violence among Native Americans - continued from page 2

the disparity in domestic violence services for Native American women.

According to findings by the Arizona Coalition against Domestic Violence, “[a] woman is beaten every 15 seconds, and it is the leading cause of injury to women between the ages of 15 and 44 in the United States.” In results, the national health-related costs of intimate partner violence against women exceed \$5.8 billion annually, according to a report by the Center for Disease Control and Prevention.

Domestic violence is a global health problem, yet Native American women services are limited. There are reports of Native women having the highest rate of Domestic Violence compared to any ethnic or racial group in America. They are five times more likely to be DV homicide victims than the rest of the population. Last year alone,

The Arizona Coalition against Domestic Violence reported 126 deaths related to domestic violence.

The NATIVE HEALTH Women Services program provides interventions, referrals and counseling for women ages thirteen and older who have been victims of sexual assault and/or domestic violence. Safety plans are essential to all we serve. The Women Services Program collaborates with many programs in screening all Native women utilizing any services. This new program was created to work closely with their Primary Care medical staff to ensure that appropriate screenings and referrals are happening as a component of routine adolescent females and women’s medical care. There has been further work with community advocates, shelters and victim assistance to strengthen their services. Since this service was expanded in October 2008, 177 related services and referrals have been provided. Any Native woman or adolescent female age 13+ needing access to these services can contact NATIVE HEALTH at 602-279-5262. ♦

beginning at age 50 leads to late-stage diagnosis.

The tests that the FFHP offers include an immunochemical fecal occult blood test (ifobt) and, if necessary, a colonoscopy. The appropriate test is selected following a discussion between the provider and the patient. The decision is based upon the patient's health status and risk factors. The FFHP has served approximately 200 people since the program started. According to Virginia Warren, the FFHP program director, "the return rate on the ifobt is greater than 80%. The return rate was less than 25% for the old version of the fobt. Quite a few people have received colonoscopies, and polyps have been removed with all of them benign to date." The biggest challenge for the FFHP is that people really do not want to talk about colorectal cancer or the tests in public places such as health fairs, says Warren. This program is very reliant upon patient navigation and one-on-one patient education in order to overcome this obstacle.

The FFHP has integrated with the ADHS Well Woman HealthCheck Program to leverage resources and maintain quality standards. Please contact Virginia Warren (602) 542-1222 or Diane Tasev (602) 542-2846 if you have any questions. ♦

Healthy Choice! It's a Family Affair!

By Zipatly Mendoza

April is Minority Health Month. The U.S. Department of Health and Human Services Office of Minority Health has chosen **preconception health** as the focus this year. To draw attention to the health disparities facing Arizona's residents, in particular those around preconception health, the Arizona Health Disparities Center (AHDC) of the Arizona Department of Health Services (ADHS) and Mountain Park Health Center (MPHC), Inc. planned the first annual Minority Health Month event, Healthy Choice! It's a Family Affair! on April 22. Almost 400 people attended the event.



The health fair brought attention to a recommended CDC preconception intervention, folic acid supplementation to help reduce neural tube defects. However, we recognize that women's preconception health entails more than folic acid supplementation; therefore, the health fair offered various screenings such as depression, diabetes, blood pressure, pregnancy and anemia. In addition, the Bureau of USDA Nutrition's Farmer's Market program, ADHS was present with several growers. The youth band After Midnight, from the Take Multivitamin Campaign of ADHS, provided free entertainment.

The Arizona Health Disparities Center would like to thank all of our partners for making this a successful event. We look forward to next year's Minority Health Month event! ♦

Buzz

Funding Opportunities:

[United Methodist Church Women's Division: A Brighter Future for Children and Youth Grant](#)

Deadline: July 1, 2009

Award Amount: up to \$4,000 with an average amount of \$2,500

[Robert Wood Johnson Foundation: Application for Local Funding Partnership 2009-2010](#)

Deadline: July 7, 2009 and State 1 brief proposals will be accepted beginning April 15, 2009

Award: up to \$6 million in total

Range of Awards: between \$200,000 to \$500,000 each

Number of Awards: up to 14

[DHHS: SAMHSA Knowledge Dissemination Conference Grants](#)

Deadline: September 30, 2009

Award Amount: up to \$50,000 per year

Publications of Interests:

[Better Communication, Better Care: Provider Tools to Care for Diverse Populations](#)

This tool kit includes four parts, interaction with a diverse patient base, communication across language barriers, understanding patients from various cultural backgrounds and references and resources.

[Key Health and Health Care Indicators by Race/Ethnicity and State](#)

It shows variations across states and racial and ethnic groups for six key health and health care indicators including rates of infant mortality and diabetes-related mortality and AIDS cases.

[Addressing Racial and Ethnic Health Care Disparities](#)

The report is in the form of testimony to the U.S. House Energy and Commerce Committee, Health Subcommittee, on strategies for addressing health care disparities in the context of health reform legislation to be considered by Congress.

Events of Interest:

[Asian American Health Conference: A Time for Change – Transforming Opportunities into Action](#)

Date: May 20, 2009

Time: 8:30 am – 4:30 pm

Location: Hilton Gaithersburg, 620 Perry Parkway, Gaithersburg, Maryland 20877

Contact: 240-777-4517 or

AAHIconference09@montgomerycountymd.gov

[21st Annual Native Health Research Conference Science AS Storytelling and the Science OF Storytelling](#)

Dates: August 3-6, 2009

Location: Portland, Oregon Hilton Portland & Executive Towers, 921 SW 6th Ave, Portland, OR 97204

Contact: Alison Ball at aball@uoregon.edu

[26th Annual Consumer Conference: Native Health in the Era of Reform](#)

Presented by: National Indian Health Board

Dates: September 21-24, 2009

Location: Omni Shoreham, Washington, DC

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

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.

We would like to get feedback, suggestions, ideas, news or events from you as well. Thank you very much. ♦

