

## PATHWAYS: Finding the Appropriate Roads to Reach African-American Women and Youth for STD Prevention

By Brandy Peterson

### Community Story

The Arizona Department of Health Services (ADHS) Interdepartmental Workgroup to Address High Rates of STDs/HIV Among African-Americans: Focus on Women and Adolescents met in February 2009 for the first time in order to direct efforts toward reducing the rates of STDs among these populations. This meeting brought together key members of various ADHS departments to establish a collaborative response within ADHS to leverage efforts targeted at the communities in need. The workgroup, now known as **PATHWAYS: Partnerships to Address the increasing Trends of Health disparities for African-American Women, Adolescents and Youth in Sexual health**, is a collaboration between multiple ADHS departments as well as identified key community members.

In Arizona, the rates of STDs among African-American women and adolescents alone are evidence of health disparities in these populations. In 2008, African-Americans had the highest rates of chlamydia, gonorrhea and primary and secondary syphilis when compared to other races/ethnicities in Arizona.



(Some members of PATHWAYS: (from left to right) Toni Means, RJ Shannon, Michelle Winscott, Roxanne Ereth, Melanie Taylor)

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Most remarkably, African-American women had a 5 to 7 times higher rate of 5-year emergent HIV/AIDS from 1990-2006. Youth experience these disparities as well. In 2008, youth between the ages of 10-24 years old accounted for 69% of total chlamydia cases and 54% of total gonorrhea cases when compared to other age groups in Arizona.

In May 2009, having identified the need within the community, PATHWAYS endeavored to find a current resource that would facilitate educating, empowering and enlightening the community in STD prevention. (continued on page 5)

# MS Patient and Her Special Needs Baby: Strength against Adversity

By **Hong Chartrand**

## Personal Story

“I don’t have a day without pain. I live moment by moment,” says Marci Monaghan, a multiple sclerosis (MS) patient. MS is a chronic disease that affects the central nervous system, causing symptoms including vision problems, muscular weakness, fatigue, cognitive impairment and pain. “I live physically and mentally for Matthew.” Matthew is Marci’s son, who was born premature, spending two months in a Neonatal Intensive Care Unit (NICU) and underwent numerous early intervention therapies. Now, Matthew is a happy and bright 7-year-old. It isn’t easy to fathom how difficult it is for Marci with her problems to have raised a baby with special needs.

## Raising a Special Baby

Arizona  
Health Disparities Center

### Mission:

To promote and protect the health and well being of the minority and vulnerable populations of Arizona by enhancing the capacity of the public health system to effectively serve minority populations and reduce health disparities.

### Vision:

#### Health equity for all

We envision a state where each person has equal opportunity to prevent and overcome disease and live a longer, healthier life.

### Contact:

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1740 West Adams  
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<http://www.azminorityhealth.gov>



In 2002, Marci and her husband prepared for their first child, who was 2 and a half months premature. When Matthew was born, he was only 3 lbs 4 oz. and “as tiny as a baked potato,” said Marci. Marci still vividly remembers the first time she saw her baby. It was an agonizing eleven hours before she was able to see him. He was “so tiny, with tubes everywhere.”

Marci and her husband weren’t sure how to take care of a premature baby. They just followed their health care providers’ instructions. “We didn’t know what questions to ask,” Marci says. Determined not to spend her maternity leave without her baby, Marci returned to work 10 days after she gave birth, but went to the NICU to see her son three times a day. Marci’s first Mother’s Day gift was to take Matthew and his heart monitor home.

“My NICU experience is a good example of not getting connected with the resources,” says Marci. By the time Matthew was seven months old, Marci was urged by her best friend, to attend a “preemie” support group meeting, and, through networking, she was connected with the available services to assist with needed therapies to help Matthew grow.

## Dealing with MS

When she focused on taking care of Matthew, Marci encountered new challenges. She was diagnosed with MS when Mathew was one and a half years old. It was quite a long and frustrating journey for Marci. In 1998, Marci suddenly lost her vision in her left eye. It took 3 days to get the vision back. Tests didn’t reveal anything. However, the symptoms were chronic. In 1998, Marci saw her first neurologist, and over the years she’s had five neurologists. (continued on page 4)

## NATIVE HEALTH Opens New Clinic

### News from the Network

The Native American Community Health Center, Inc. (NATIVE HEALTH) recently opened its second family practice clinic NATIVE HEALTH – Community Health Center West located in west Phoenix.

The new clinic provides a variety of services including primary care, procedural services, an onsite laboratory, STD screening, immunization, and diabetic management. The clinic also accepts multiple AHCCCS plans, Medicare, most private insurance and provides services on a sliding-fee scale. Clinic personnel are available to assist patients to enroll in AHCCCS plans on site. The clinic provides free transportation to and from the clinic. The clinic is open from 8:00 am to 5 pm, Monday through Friday and is open to anyone. To make an appointment or arrange transportation, call 602-279-5351. Same day appointments are available.

The clinic was made possible by a grant through the Federal Government as part of the American Recovery and Rein-

vestment Act. The funds will be utilized to quickly maximize project capacity potential. NATIVE HEALTH hired nine employees for the new clinic and is expected to increase staffing to 21 within two years.

A grand opening event will be held August 19, 2009 from 3 pm - 6 pm. The clinic is located at 2423 West Dunlap Avenue, Phoenix, AZ 85021. ♦



NATIVE HEALTH new clinic outlook

## AHDC Receives Funding to Create Health Disparities Profiles

Along with joining 11 other projects nationwide, the Arizona Department of Health Services (ADHS) Health Disparities Center (AHDC) was recently awarded a one-year Federal grant to create the first ever “Arizona Health Disparities Data Profiles.” Funding from this Federal evaluation program is intended to enhance existing or planned state, territorial and tribal activities to develop a Healthy People plan based on the national Healthy 2020 framework and objectives.

The Arizona Health Disparities Data Profiles will compare leading indicators of health status and health access for racial and ethnic populations relative to the general population of Arizona. It will

provide a framework for Healthy People 2020 on the measurement and reporting of health disparities in Arizona. The data profiles will be most useful for public health and health care practitioners, state and local leaders, researchers, community-based organizations and others. The above organizations can use the data profiles to identify health priorities to achieve health equity improvements in Arizona.

During the funding period from July 1, 2009 to June 30, 2010, the AHDC staff will conduct a series of focus group meetings within and outside of ADHS to generate input about the Profiles. ♦

## Health Disparities Legislative Update

### Legislative Watch

The 111<sup>th</sup> U.S. Congress's Session 1 introduced the following bill with purpose improving the health of minority individuals in the United States.

#### H.R. 3090: Health Equity and Accountability Act of 2009

Sponsored by Housing Representative Donna Christensen, the Bill includes six parts: culturally and linguistically appropriate health care, health workforce diversity, data collection and reporting, accountability and evaluation, improvement of health care services, and eliminating disparities in diabetes prevention access and care act. It is in the first step in the legislative process. This Bill was proposed in previous sessions of Congress but has not been approved into law.

Arizona's First Regular Session of the 49<sup>th</sup> Legislature ended on July 1, 2009. A few health-related bills were passed into law, and can poten-

tially impact health outcome and health disparities in Arizona. The following is a brief summary of one bill.

#### HB 2164: Administration of Immunization; Pharmacists

This Bill allows pharmacists to administer approved vaccines to adults without a physician's prescription order. Pharmacists must follow recommendations on the administration of immunizations outlined by the Centers for Disease Control and Prevention and will receive oversight by the Arizona Pharmacy Board. The Arizona Department of Health Services must establish by rule a list of vaccines for which pharmacist would still be required to have a prescription in order to administer. The rulemaking would be streamlined and exempt from the requirements of Title 41, Chapter 6. The Bill has been signed into law (Chapter 41) and its effective date of legislation is September 30, 2009. ♦

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#### *MS Patient and Her Special Needs Baby* continued from page 2

In 2003, her sixth neurologist finally diagnosed her with MS. At that time, her MS was already aggressive, yet she didn't know what MS was. IV Steroids were prescribed, and her heart rate became extremely slow, 20-30 per minute. Her neurologist and cardiologist discussed for two days what to do. As a result, she had to have a pacemaker implanted.

Marci's great grandmother died from MS and it is unclear how people get MS. No one knows with certainty how many people in the United States are diagnosed with MS every year, although the National MS Society estimates that about 400,000 people have the disease. There is no cure for MS, and all that current medicine can do is slow down the progression of MS. Every day, Marci has to take a handful of medicines and an injection. Her body has grown weaker. Four years ago, Marci went to get out of bed unable to walk. For her health and quality of life, she went on disability and had to leave her beloved job and supportive co-workers.

Even with the help of a cane, a walker or leg braces, she is unable to walk, stand or sit for too long without pain, fatigue and imbalance.

#### **Strong Will**

Marci is strong mentally and spiritually. In her own words, she is an "upbeat person" and says that failure is not an option. Every morning, her strong will to take care of Matthew and to appreciate love from other people makes her get up and do what she can do. One of her favorite things, on good days, is to walk Matthew to his school nearby.

Her whole experience makes her feel strongly that information is important when people deal with health issues; however, what's more important is what questions to ask and how to get information. Without hesitation, she became a leader for a NICU support program at the Banner Thunderbird Medical Center and an advocate for the National MS Society, Arizona Chapter. She has been invited to give speeches on how to raise a child with special needs and how to deal with MS. ♦

## Just In Time, Just In Case

By Jana Granillo

### CLAS Standards

#### Culturally Competent Curriculum for Disaster Preparedness and Crisis Response

The Office of Minority Health launched another free on-line continuing education course on their web site *Think Cultural Health*. First Responders, including Emergency Medical Technicians, Psychologists, Psychiatrists and Social Workers, can earn up to 9 continuing education credits. The *Think Cultural Health* site touts the course as being “The first of its kind for disaster personnel. This new e-learning program discusses the provision of culturally and linguistically competent care and services at every phase of a disaster.”

For more information on this course and other e-learning courses, visit:

Think Cultural Health:  
<https://www.thinkculturalhealth.org/>

Course Information:

<https://cccdpcr.thinkculturalhealth.org/>

Credit Information:

[https://cccdpcr.thinkculturalhealth.org/GUIs/GUI\\_CEU\\_info.asp](https://cccdpcr.thinkculturalhealth.org/GUIs/GUI_CEU_info.asp).

#### Kudos to Attorney General Cuomo



The *New York Times* reports that an agreement was reached April 21, 2009 between the State of New York and five pharmacy chains to provide customers with information about their prescription drugs in the customer’s primary language. The stores within the chains include Wal-Mart, Target, Costco

and others. The pharmacies will connect customers with off-site interpreters working for language-service contractors and provide written information about the medication in Spanish, Chinese, Italian, Russian and French. Kudos to the office of the Attorney General Andrew M. Cuomo. (*New York Times*, April 22, 2009; Kirk Semple:

[www.nytimes.com/2009/04/22/nyregion/22translate.html?\\_r=1](http://www.nytimes.com/2009/04/22/nyregion/22translate.html?_r=1) ♦

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*PATHWAYS* - continued from page 1

The group is creatively working with the *AZ Informant*, a statewide African-American newspaper that is a well known, supported and reliable resource within the African-American community. This successful collaboration is being used to effectively provide information to the African-American community throughout the state.

The ongoing series of articles is the beginning of a collaboration that is meant to directly benefit the members of a community that faces great health disparities related to STDs. Articles from the *PATHWAYS* team began on June 10, 2009 and will appear in the *AZ Informant* every two weeks under the column “My Body, My Life.” Topics will address various issues from STD signs and symptoms to healthy relationships and sexual abuse.

While *PATHWAYS* is excited about the start of “My Body, My Life,” the work of this group is just beginning, and the community should continue to benefit from future projects that are on the appropriate road to reaching African-American women and youth on the subject of STD prevention. For more information on *PATHWAYS*, or if you know of a community resource that can be used to reach African-American women and youth, please contact Dr. Melanie Taylor at 602.364.4565. ♦

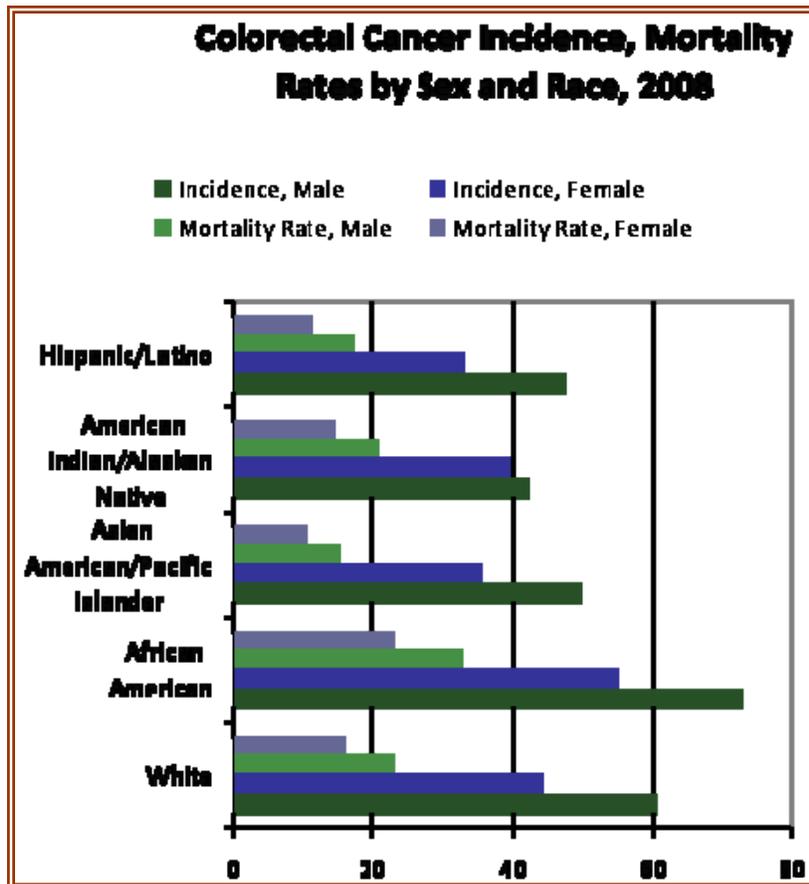
## Colorectal Cancer in Arizona by Race/Ethnicity

Data Speak

By Virginia Warren

In Arizona, colorectal cancer is the 4<sup>th</sup> most commonly diagnosed and 3<sup>rd</sup> leading cause of cancer death. Approximately 2,620 Arizonans were diagnosed with colorectal cancer in 2008, making up nearly 1 in 8 of all new cancer cases, 950 of those were fatal. Most colorectal cancer is diagnosed in individuals 65-84 years old. *Stage* describes the severity of a cancer. More than half of the colorectal cancers diagnosed in Arizona (1995-2000) were detected at the regional to distant stage, which are the last two stages of the colorectal cancer. Stage of diagnosis strongly impacts survival rate. The 5-year survival rate is 89.7% if localized; 68.4% if regional and 10.8% if distant. The lack of regular screenings beginning at the age of fifty leads to late-stage diagnosis. Arizona's Behavioral Risk Factor Surveillance System (BRFSS) data from 2006, shows that of those 50-64 years old 36% had had a colonoscopy or sigmoidoscopy in the past 5 years and only 25% had had a fecal occult blood test (FOBT).

Variations in late-stage diagnosis exist across racial groups and Arizona's counties. Coconino, Navajo and Gila counties have the highest percentage of those with late-stage colorectal cancer. African Americans have the highest mortality rate. Asians and American Indians are diagnosed with colorectal cancer at later stages. ♦



Source: ADHS Bureau of Tobacco Education and Prevention Program

## Funding Opportunities:

National Institutes of Health: Collaborative Minority Alcohol Research Center Development (U54)

*Deadline:* October 21, 2009

*Estimated Total Program Funding:* \$2,000,000

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-10-001.html>

National Institutes of Health, Limited Competition: Addressing Health Disparities in Maternal and Child Health through Community-Based Participatory Research (R03)

*Deadline:* October 28, 2009

*Estimated Total Program Funding:* \$350,000

*Award Ceiling:* \$75,000

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HD-09-010.html>

## Publications of Interest:

*National Healthcare Disparities Report 2008*

The report indicated some improvements in closing the gaps between ethnic groups but found little progress in addressing the most glaring differences. For instance, Black Americans continue to be nearly 10 times more likely than whites to contract AIDS, little changed since 2005. Black Americans are twice as likely to have a leg amputated because of diabetes and pregnant Black women are twice as likely not to receive prenatal care in the first trimester.

<http://www.ahrq.gov/qual/nhdr08/nhdr08.pdf>

*Cultural Barriers to Care: Inverting the Problem*

In working with diverse populations, health practitioners often view patients' cultures as a barrier to care. Inverting this problem by viewing the barriers as arising from the culture of biomedicine, the article provides greater direction for practice.

<http://spectrum.diabetesjournals.org/content/14/1/13.full>

## Events of Interest:

Faces of a Healthy Future: National Conference to End Health Disparities II

*Dates:* November 3-6, 2009

*Location:* Twin Quarters, Winston-Salem, NC.

<http://www.facesofahealthyfuture.com>

3<sup>rd</sup> Annual Disparities Partnership Forum: Overcoming Disparities, Building Successful Diabetes and Obesity Programs - National Conference on Type 2 Diabetes and Obesity in High-Risk Populations

*Dates:* November 18-19, 2009

*Location:* Hyatt Regency Crystal City, Arlington, VA

<http://www.diabetes.org/communityprograms-and-localevents/annual-partnership-forum-2009.jsp>

2009 National MultiCultural Institute Conference - Forging New Pathways for Diversity and Inclusion: Building Skills for Collaboration and Dialogue

*Dates:* November 18-21, 2009

*Location:* Marriott Crystal City, Arlington, VA

<http://www.nmci.org>

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

