



Community Story

## An Interpreter Training Partnership: Working Together to Ensure Access to Services and Reduce Disparities in Care

By Lisa Mirghani

National research has shown that trained medical interpreters or bilingual providers can have a positive impact on the quality of health care (Flores, 2005) while using untrained interpreters and nurses adversely affected the quality of care (Gerrish et al, 2004). The Phoenix community experienced first-hand the tragic impact of a lack of trained interpreters. In 1999, a young girl named Gricelda Zamora died of a ruptured appendix. The lack of an interpreter was cited in court as a factor in her death.

"We were devastated by Gricelda's death, and many in the community vowed to prevent it from happening again," said Barbara Rayes, Master Trainer and Translation Coordinator at Phoenix Children's Hospital. A group of organizations formed the Maricopa County Medical Interpreter Project, led by the University of Arizona and Phoenix Children's Hospital with the support of St. Luke's Health Initiatives. The project has trained close to 2,000 Spanish-language interpreters in the valley and 106 trainers of interpreters throughout the country.

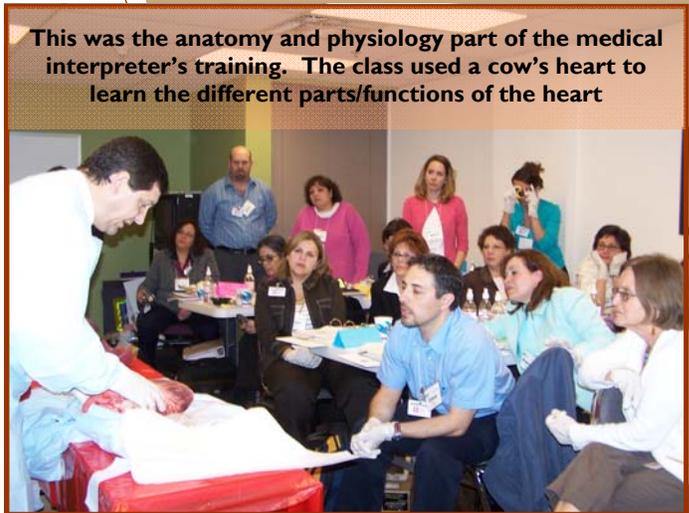
In 2008, the project was expanded to train interpreters for "languages of lesser diffusion" such as Somali, Mandarin, Arabic and other languages. Phoenix Children's Hospital joined together with the International Rescue Committee (IRC) to deliver the training. The IRC is a well known

international organization with a large Phoenix office. It is one of four agencies in Phoenix that resettles refugees as part of a U.S. State Department program.

"The IRC and Phoenix Children's Hospital have built a terrific partnership that utilizes the strengths of each organization," said Robin Dunn Marcos, IRC's Executive Director in Phoenix. Phoenix Children's Hospital brings its expertise in health care and medical interpreter training, while the IRC brings language skills, cultural expertise and linkages with refugee communities.

Together, the two organizations deliver a 40-hour nationally-known course, *The Community Interpreter*, which covers interpreter ethics, interpreter skills, standards of practice and other topics.

Those who complete *The Community Interpreter*, or an equivalent, are eligible to take a 40-hour course called *Introduction to Medical Interpreting* offered at Phoenix Children's Hospital. This course covers medical vocabulary, anatomy and physiology, applied health care ethics and related topics. (continued on page 5)



This was the anatomy and physiology part of the medical interpreter's training. The class used a cow's heart to learn the different parts/functions of the heart

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# Bridging Gaps in the Health Workforce (Part I)

By Robert C. Bowman, M.D.

Physician's Perspective

Even if all health care reforms proposed manage to pass, and states cooperate and the funding does manage to get to lower and middle income people in need of care, the major barriers to care will remain:

- Physicians and nurses who represent population they serve culturally, ethnically and linguistically
- Enough primary care nurses
- Enough primary care practitioners

Studies consistently demonstrate that the health care professionals from specific populations are most likely to return and serve these populations. There are also quality advantages when patients match up to their care providers in race, ethnicity, language, culture, socioeconomic, gender and more. Every time there is a population that does not have representation in the workforce that is the same or similar to representation in the population, there are gaps in health care (and education, and economics, etc.).

## Spotlight: The Missing Hispanic health workforce

Hispanic and African-American populations as well as lower and middle income, rural and elderly populations have been left behind by the current health workforce model. Hispanic, lower income rural and rural African-American populations suffer the most from poverty, lack of health care insurance coverage and barriers involving lack of education, lack of health care facilities, too few nurses and health care team members as well as limited access to primary care practitioners.

Health Resources and Services Administration reports foresee a shortage of 1 million nurses by 2020. Primary care and public health nurses receive the least pay and support, making greater shortages likely with even more costs for the facilities in need of basic health access primary care. Numbers of Hispanic nurses and primary care practitioners are insufficient at the current time and population growth far exceeds the growth of the workforce. Border areas are a particularly weak match for nursing, nurse practitioners and physician assistants compared to the population.

## 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.

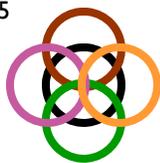
### Vision:

#### 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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Bureau of Health System Development  
Arizona Department of Health Services  
1740 West Adams Suite 205  
Phoenix, AZ 85007  
602-542-1219  
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<http://www.azminorityhealth.gov>

## Editor's Note:

"Physician's Perspective" is a new column for our newsletter. Robert C. Bowman, MD is a professor at the School of Osteopathic Medicine Arizona, A.T. Still University. He continues 26 years in delivering, teaching and researching basic health access. His article *Bridging Gaps in the Health Workforce* is thoughts from his practice, teaching and research. September 15 to October 15 every year is the Hispanic Heritage Month. Therefore, Dr. Bowman's article focuses on Hispanic workforce in the health care field. We will publish his article in two consecutive issues. Dr. Bowman can be reached at [rcbowman@atsu.edu](mailto:rcbowman@atsu.edu). ♦

The U.S. has been increasingly stratifying into different groups in the dimensions of population size, income, education and other social conditions. Health care is impacted by these social conditions. Populations with lower income, a lower education level or combinations of these, experience more problems with health care services. This is a basic structure problem that minor bandages cannot fix. Hispanic populations also experience disparities in terms of income, education, location and employment status. This is why health care is so divided for Hispanic populations. It is also why a small increase in Community Health Center funding and a small increase in primary care funding will not change access, cost or quality problems for Hispanic health care.

The U.S. does not have a basic health access primary care foundation for health care. The U.S. design supports subspecialty care or secondary and tertiary care at the highest levels. This support is mainly for limited populations that are associated with top concentrations. This structure fails in basic health access for most Americans. Basic health access requires primary care in the same neighborhood or community – in the zip code or adjacent zip code. But the design is 75% of physicians found in 3400 zip codes clustered together. This leaves 65% of Americans outside of health care access in 28,000 zip codes with only 23% of physicians and 30% of non-physicians. This is why minority, elderly, poor and disadvantaged populations compete against one another for the small percentage of remaining health care instead of benefiting from a design that works for an entire nation. ♦

Source: <http://bhpr.hrsa.gov/healthworkforce/reports/default.htm>  
<http://www.infrastructureamerica.org>

## Together, We Can Shine Life for Children with Special Needs

By Dolores Herrera

My name is Dolores Herrera, and my son Rodolfo was born with Spina Bifida and Hydrocephalus. Spina Bifida is a developmental birth defect caused by the incomplete closure of the embryonic neural tube, and it is the most common permanently disabling birth defect in the U. S.. Hydrocephalus is also known as “water on the brain.” People with hydrocephalus have an abnormal accumulation of cerebrospinal fluid (CSF) in the ventricles or cavities of the brain.

It was a big shock for me and my family to learn about Rodolfo’s medical condition. It’s been even harder for me and my family to deal with his diagnosis, being Hispanic. This is not only because of the language barrier but Rodolfo is the first child in our family with a disability.

Because of his diagnosis, I have checked into all the services that are available for him. Ten years went by and I thank God he walks and runs like any typical child. Even though he has to be catheterized every four hours, he still feels like any other child.

Due to Rodolfo’s condition, I have become actively involved in several different agencies like GANE (Grupo de apoyo para niños especiales) that assist parents and continue to volunteer for them. I am a former board member of the Spina Bifida Association of Arizona (SBAAZ) and President of my neighborhood block watch. I would like to highlight SBAAZ here. SBAAZ’s mission is to promote the prevention of Spina Bifida and to enhance the lives of all affected. Programs include folic acid awareness presentations, support group meetings, new baby welcome packets, bicycles for children, family holiday parties, advocacy support and fundraisers such as the Walk N Roll (Halloween morning, Steele Indian School Park) and an annual golf tournament. SBAAZ also provides housing for young adults with Spina Bifida who are transitioning to independent living.

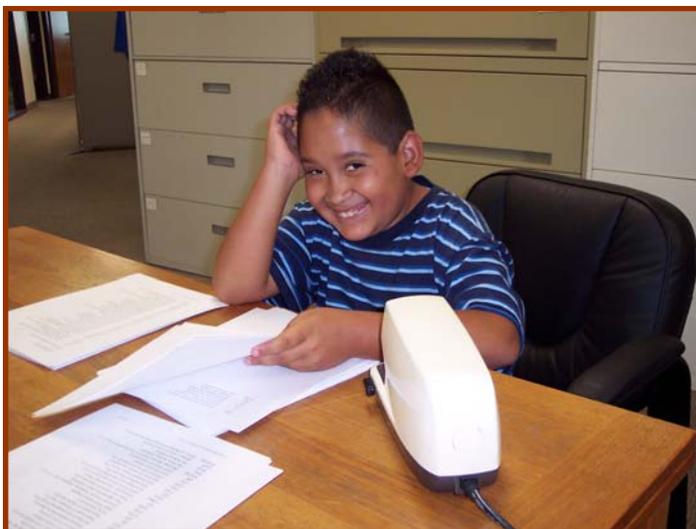
Rodolfo has participated in some SBAAZ and other meetings. Our participation in these organizations has definitely made a difference in his life and in mine. Rodolfo’s medical

condition also motivated his sisters to get into the medical field. My 27 years old daughter is now a registered nurse and my 24 years old daughter is a medical assistant. My 17 years old daughter, who is in high school, is interested in pursuing a career in the medical field as well.

I am currently on staff with Raising Special Kids and have the privilege of working with and supporting families who have children with special needs.

Together, we can truly make a difference.

If you feel called to serve, SBAAZ welcomes volunteers, including board members, throughout the year. For more information, you can visit [www.sbaaz.org](http://www.sbaaz.org) or [www.sbaazwalknroll.org](http://www.sbaazwalknroll.org) or call 602-274-3323. ♦



Rodolfo



Rodolfo with his mother Dolores Herrera and his younger sister

## 2009 H1N1 Influenza Planning for Diverse Communities

By Antonio Hernandez

The Arizona Department of Health Services 2009 H1N1 Planning Team has launched a Community Mitigation & Special Needs Task Force. This group will support outreach to diverse communities and at-risk populations across the state of Arizona. State partnerships and networks are being tasked to support public health messaging and access to public health resources. An example of how such planning efforts are reaching diverse communities includes public service announcements in the Navajo language and emergency preparedness drills on tribal lands.

Individuals or groups identified as medically at risk and those with special circumstances create unique challenges in accessing services during an emergency response. The Task Force is focusing on reaching such populations, which include but are not limited to the following:

- Pregnant women
- Children with chronic medical conditions
- Youth and elderly
- Geographically isolated
- Socially isolated
- Having chronic conditions (all ages)
- Mobility-impaired
- Homeless
- Non-English speakers



Engaging and integrating culturally diverse communities in preparedness plans and actions at the state and local level is the key to an effective public health response. Working together through community-based problem solving, shared leadership and cultural responsiveness helps promote resiliency when preparing for whatever the 2009 H1N1 influenza may bring this fall and winter.

To find out how you can volunteer in the event of a public health emergency, visit <http://www.azdhs.gov/volunteer>. For updates and information on 2009 H1N1 flu in Arizona, visit <http://www.azdhs.gov/flu/h1n1/index.htm>. ♦

## Primary Care Mini-grant Program:

*A Collaborative Effort to Improve the Health Of Underserved Populations in Arizona*

By Christy Zavala

The Primary Care Mini-Grant Program (PCMG) began in 2005 through a partnership with the Arizona Department of Health Services (ADHS) Bureau of Health Systems Development, the Arizona Health Facilities Authority (AHFA), and St. Luke’s Health Initiatives (SLHI). This partnership has resulted in the distribution of over 25 grants to local community health agencies and organizations, providing approximately \$230,000 in additional funding to improve, maintain and monitor the health of the underserved communities across the State of Arizona.

The PCMG program focuses on funding smaller organizations which initiate services for vulnerable and medically underserved populations and Native American tribes and organizations. The funds can be used for local primary care needs assessment (gathering of data through surveys, focus groups or interviews of key informants and stakeholders), community primary care strategic planning (if the needs have been previously identified, a process of strategic planning can be initiated), and community primary care improvement. The Bureau of Health Systems Development can also provide assistance to grantees in development of needs assessment tools, strategic planning, program design, identification of resources, program implementation, and program evaluation. Prior grantees and projects include: Phoenix Day - Health Links Program, Gila River Health Care Corporation - Breast Cancer Screening Needs Assessment Project, United Methodist Outreach Ministries - Wellness Assessment for Children and their Families and Chinle Indian Health Service - Community Primary Care Identification of Resources and Alternatives, to name a few.

The PCMG program provides a unique opportunity for local community health agencies and organizations throughout Arizona to obtain additional funding and resources for their programs. If you are interested in learning more about the PCMG program and available funding opportunities, please contact Christy Zavala, Community Development Program Manager for ADHS at [Christy.Zavala@azdhs.gov](mailto:Christy.Zavala@azdhs.gov) or Taryn Watson-Kaye, Native American Community Development Program Manager for ADHS at [Taryn.Watson-Kaye@azdhs.gov](mailto:Taryn.Watson-Kaye@azdhs.gov). ♦

## The Bureau of Tobacco and Chronic Disease Reaches Out Through Its Community Partners

By Laurie Thomas

Through a variety of committed community partners, the Arizona Department of Health Services Bureau of Tobacco and Chronic Disease (ADHS BTCD) is targeting specific populations for outreach. Community assessments are being conducted throughout the state that will determine the type of tobacco prevention and cessation services specifically needed for often hard-to-reach and underserved populations in Arizona.

These populations include urban and reservation-based native communities, African Americans, Asian Pacific Islanders, Hispanics, incarcerated youth, agricultural workers and the Gay, Lesbian, Bisexual and Transgender community.

Other recent statewide cessation activities include a call for former Arizona smokers to share their “true life” two- to three-minute videos on its website [www.ashline.org](http://www.ashline.org) explaining in their own words how and why they quit tobacco. “We are extremely excited about this new inspirational campaign and the potential it has to impact lives,” says Wayne Tormala, Chief of ADHS BTCD. “Smokers need support, and what better motivation than from former smokers.” This campaign launched in mid October of 2009 with a radio campaign and continued through the Great American Smokeout, November 19 and into New Year’s 2010.



BTCD staff Anne Payne (left) was providing education to the community at a health fair.

The Arizona Smokers’ Helpline (ASHLine) is using this new video approach along with web-based tools, including direct online assistance as well as personal quit coaching to help people quit tobacco. The Arizona Smokers’ Helpline is free for Arizona residents and offers two weeks of nicotine replacement therapy free for clients and can assist clients with accessing tobacco cessation medications.

For more information or to share a quit story, visit [www.ashline.org](http://www.ashline.org) or call the Arizona Smoker’s Helpline toll-free 1-800-55-66-222. ♦

## An Interpreter Training Partnership

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As of October 2009, 49 people have completed *The Community Interpreter* course, and another 20 are currently in training. Twelve went on to complete the *Introduction to Medical Interpreting* and 25 are scheduled to start the course in November 2009.

Building upon this success, the IRC developed a business plan to launch an interpreter service for Phoenix. IRC’s interpreter service began on a pilot basis in October 2009 and will be fully operational in January 2010. The goal is to serve as a “one-stop shop” for professional community, medical, education and legal interpreting with a focus on languages of lesser diffusion.

For more information on Spanish-language interpreter training, please contact Barbara Rayes, at [mip@phoenixchildrens.com](mailto:mip@phoenixchildrens.com) or 602.546.3348. For information on interpreter training for other languages or IRC’s interpreter service, please contact AnaMaria Bambaren-Call at [anamaria.bambaren-call@theirrc.org](mailto:anamaria.bambaren-call@theirrc.org) or 602.433.2440, extension 205. ♦



The future health of the nation will be determined to a large extent by how effectively we work with communities to reduce and eliminate health disparities between non-minority and minority populations experiencing disproportionate burdens of disease, disability, and premature health.

— Guiding Principle for Improving Minority Health

## Health Disparities Legislative Update

By Duane Huffman and Barbara Fanning

The following are summaries of some health-related bills that have been passed into law by the First Regular Session of the 49<sup>th</sup> Legislature.

### Chapter 172, HB 2564: Abortion

Sponsored by Representative Nancy Barto, the law requires that restrictions are placed on abortion procedures, including imposing a mandatory 24-hour waiting period and distribution of a required set of information that the woman must receive. The consent required from the parent/guardian of an unemancipated minor seeking an abortion must be notarized. A physician who fails to comply with statutes commits an act of unprofessional conduct. A civil action may be brought for failure to obtain informed consent. Also, a health care professional or employee of a pharmacy, hospital or physician may file a written document stating an objection to abortion or emergency contraception and be excused from facilitating or participating in the procedure. The law became effective on September 30, 2009.

### Chapter 47, HB 2399: Automated External Defibrillators

Sponsored by Representative Nancy Barto, this law expands access to lifesaving Automated External Defibrillators (AEDs) and gives ADHS the ability to better track the use of AEDs to improve their use. AEDs are lifesaving devices that deliver a needed shock to cardiac victims. The devices are great public health tools. The new law transfers responsibilities from the physician prescribing the AED to the person or entity who acquires the device, requires the person or entity acquiring the device to submit a written report to the ADHS S.H.A.R.E program, removes language which instructs the acquirer to limit AED access to trained responders, defines training and trained user, and increases protection from civil liability for physicians, those who acquire an AED, and trained users. The law became effective on September 30, 2009.

### Chapter 4, SB 1102: Eligibility Determinations; AHCCCS

Sponsored by Senator Carolyn Allen, the law Changes the redetermination period for adult members of Arizona Health Care Cost Containment System (AHCCCS) who do not have dependent children from every six months to annually. The law became effective on April 24, 2009. ♦

## CLAS Standards

## SOY (I am)

By Jana Granillo

“We were like peas and carrots, Jenny and I.”  
-- *Forrest Gump* (1994)

Like peas and carrots? I don't get it. Is that anything like calabacitas and corn?

Cultural relevancy and messaging is the key in working with different cultures. Being culturally and linguistically appropriate is more than translating words and ideas into another language. It is about knowing a culture and communicating with those from that culture in their preferred language.

The SOY (I am) Campaign Public Service Announcements (PSAs), from the Kaiser Family Foundation and Univision, does just that. It is an excellent example of cultural relevancy and messaging designed for the Latino population.

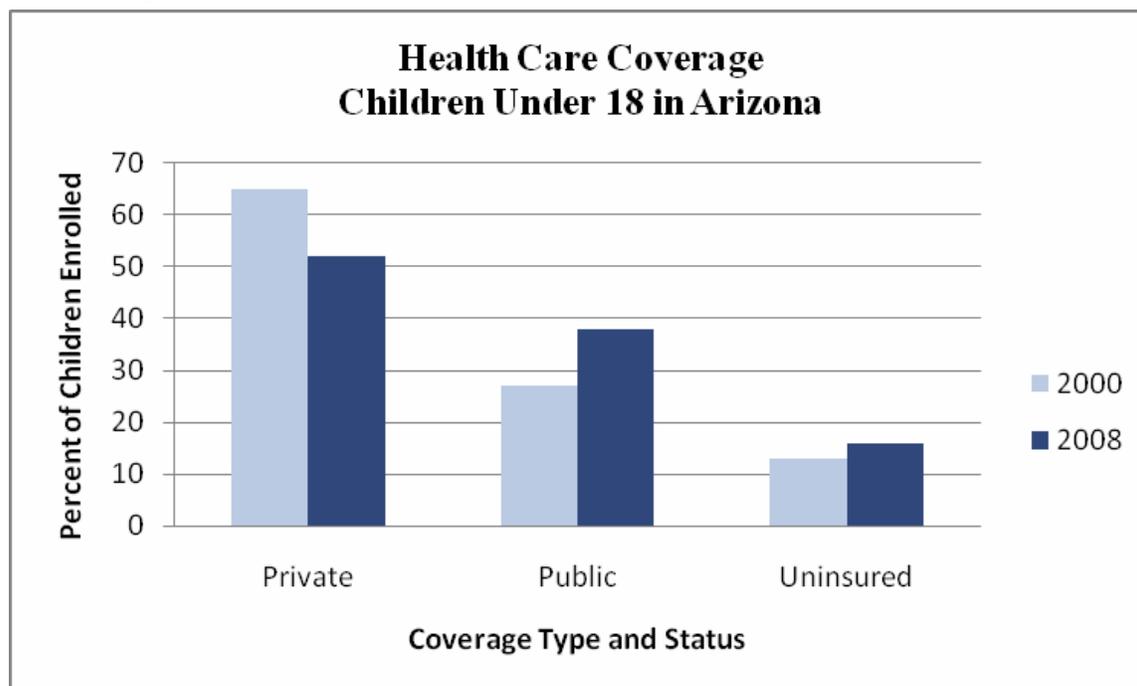
We had an opportunity to talk with Caroline Herter from the Kaiser Family Foundation about the campaign that is a result of partnership with Univision and National Latino AIDS Awareness Day (NLAAD), the Latino Commission on AIDS and others. The campaign is more than motivating others to get tested; it is designed to help break down fear, reduce stigma and discrimination and open doors to having “the conversation” for prevention, treatment and mitigation. The Public Service Announcements connect people with others we know and care about: mothers, fathers, brothers, sisters, aunts, uncles, neighbors, teachers, lovers that are HIV positive. You can view a PSA or the full programming to

help people talk about their status and take action. Caroline Herter suggests that the campaign can facilitate work happening in communities, programs and clinics. Co-branding with other organizations is an opportunity that is available as well. (continued on page 7)



## Health Care Coverage for All Arizonans and Their Children

New data from the U.S. Census Bureau shows that an increasing number of Arizonans and their children are losing private health insurance coverage. In 2000, 68% of all Arizonans had private health insurance. In 2008, that rate had decreased to 60%. During the same time frame, between 2000 and 2008, the rate of children who did not have health insurance increased from 13% to 16%. That increase came because of a large drop in private coverage. The increase would have been much higher without KidsCare and AHCCCS/Medicaid for qualified children. ♦



Source:  
Children's Action Alliance, [www.azchildren.org/](http://www.azchildren.org/)  
U.S. Census Bureau, <http://www.census.gov/>

### SOY (I am)

continued from page 6

For more information about the campaign, PSA(s) and co-branding opportunities, see the information below.

For SOY campaign materials, go to [www.kff.org/soykit](http://www.kff.org/soykit). There are complete instructions about what is available and what is needed. Send an email to [orders@kff.org](mailto:orders@kff.org).

For co-branding opportunities, contact Caroline Herter, Kaiser Family Foundation at [carolineh@kff.org](mailto:carolineh@kff.org) or 650-854-9400.

To see the PSAs, go to: [www.kff.org/entpartnerships/univision2/psas.cfm](http://www.kff.org/entpartnerships/univision2/psas.cfm) and [www.YouTube.com/user/SoyCampaign](http://www.YouTube.com/user/SoyCampaign).

More must-see sites and publications:

National Alliance of State & Territorial AIDS Directors, NASTAD, Bilingual Documents and Resources: [www.nastad.org/](http://www.nastad.org/)  
*¡Adelante! Strengthening the Response to HIV/AIDS and Viral Hepatitis in Latino Communities:* [http://www.nastad.org/Docs/highlight/2009923\\_NASTAD\\_Call2Action\\_ADELANTE%20EN.pdf](http://www.nastad.org/Docs/highlight/2009923_NASTAD_Call2Action_ADELANTE%20EN.pdf)

National Aids Awareness Day, NLAAD: [www.nlaad.org](http://www.nlaad.org)

Latino Commission on AIDS: [www.latinoaids.org](http://www.latinoaids.org)

Kaiser Family Foundation; Fact Sheet - HIV/AIDS Policy: [www.kff.org/entpartnerships/univision2/campaign\\_materials.cfm](http://www.kff.org/entpartnerships/univision2/campaign_materials.cfm) ♦

## Funding Opportunities:

DHHS, Substance Abuse & Mental Health Services Administration:  
Cooperative Agreements for Comprehensive Community Mental  
Health Services for Children & Their Families Program –

Deadline: December 8, 2009

Expected Number of Awards: 16

Estimated Total Program Funding: \$16,000,000

<http://samhsa.gov/Grants/2010/SM-10-005.aspx>

Department of Health & Human Services, Administration for Children and Families, Office of Refugee Resettlement: Standing Announcement for the Ethnic Community Self-Help Program

Deadline: February 24, 2010

Anticipated Total Priority Area Funding: \$600,000

Anticipated Number of Awards: 3 to 8

<http://www.acf.hhs.gov/grants/open/HHS-2008-ACF-ORR-RE-0117.html>

American Legacy Foundation: Small Innovative Grants

Deadline: ongoing

Amount of funding: up to \$100,000 in first-year funding and up to 50 percent of the initial award amount in second-year grants

<http://www.americanlegacy.org/default.aspx> ♦

## Events of Interest:

Forging New Pathways for Diversity and Inclusion: Building Skills for Collaboration and Dialogue

Dates: November 18-21, 2009

Location: Marriott Crystal City at Reagan National Airport, 1999 Jefferson Davis Highway, Arlington, VA 22202

<http://nmciconferences.org/conf.fall2009/reg.cgi>

Cross-Cultural Health Care Conference: Collaborative and Multidisciplinary Interventions

Dates: February 11-12, 2010

Location: Hyatt Regency Waikiki Resort and Spa, Waikiki, HI

Contact: Maria Chu at [mariachu@hawaii.edu](mailto:mariachu@hawaii.edu)

<http://www.cchc-conference.com> ♦

## Publications of Interest:

*The Importance of Culture in Evaluation*

The report provides insight into the complex dynamics between evaluators, funders and stakeholders of different cultures.

<http://>

[www.communityscience.com/pubs/CrossCulturalGuide.r3.pdf](http://www.communityscience.com/pubs/CrossCulturalGuide.r3.pdf)

*Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement*

The report recommends collection of more granular ethnicity and language need according to national standards in addition to OMB race and Hispanic ethnicity categories.

<http://www.iom.edu/?ID=72796> ♦

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 *AHDCConnection* is published quarterly on January 31, April 30, July 31 and October 31. We are looking for community stories, personal stories and other leads that are related to efforts to reduce health disparities in Arizona. Because of space limitation, each story should not be more than 500 words. Ideas for 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). ♦

