



Personal Story

Community Advocate Kelly Hsu Speaks from Experience

Seven years ago, Kelly Hsu was diagnosed with breast cancer. Today, when she talks about her initial diagnosis, Kelly still has a lingering fear. On a rainy, cold December day in 2009, Kelly spoke with me and shared her amazing story.

Shocking News

In December of 2002, Kelly was preparing to host her mother's birthday party and went to purchase groceries. Suddenly, she felt a sharp pain in her left breast. She thought she had strained a muscle lifting heavy groceries. However, the pain didn't go away and even got worse after a week. As a physician herself, a rehabilitation and pain treatment specialist, she knew it was not a torn muscle; she knew something was wrong. She knew most breast cancer isn't painful, and she had had a mammogram ten months before. It had indicated no problems. Kelly's husband, also a physician, advised her to have a second mammogram as soon as possible. The mammogram showed a shadow in her breast. She underwent a biopsy and it was positive. Kelly was only 46 years old at the time of her diagnosis. Fortunately, the breast cancer was localized and at an early stage. She had surgery and completed the recommended chemotherapy and radiation treatments. Seven years later, she is almost finished taking an anti-estrogen medication that lowers her chances of disease recurrence.

The US Preventive Services Task Force recently recommended that the

average women wait until age 50 instead of 40 to begin routine screening for breast cancer and then only be screened every two years. "If I had followed the Task Force's recommendation, I would have been diagnosed at a later stage and would have died by now or be dealing with ongoing medical treatments to fight the disease," Kelly said. Her advice to women is to "listen to your body, listen to your heart and listen to your intuition. If you have any doubt, see your doctor."

Community Advocate

"I was fortunate. I had health insurance. What about other women?" Kelly said. Even before she was diagnosed with breast cancer, Kelly understood as a physician the importance of disease prevention and community education. In 2002, Kelly was instrumental in founding the Asian Pacific Community in Action (APCA), a community-based non-profit. APCA provides health education and medical screenings to the Asian Pacific Islander community. Kelly continues to serve on the APCA Board and actively participates in the activities of the organization.

Kelly said that a stigma exists among Asian-Americans about cancer. (continued on page 4)



Dr. Xuan Vu (left), Dr. Kelly Xu (center) and Ms. Joan Olson in a health fair

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I Am Worthy – You Are Worthy! -- Children’s Obesity Initiative Begins with the Worthy Institute

Community Story

In early February 2008, over 300 elementary and middle school students eagerly went to the Arizona State University (ASU) to meet Ray Lewis, a football linebacker for the Baltimore Ravens. While he played with and signed autographs for them, Ray took the opportunity to encourage the children to stay active and eat well. This was one of the “School Talk Workshop Tours” that the Worthy Institute, a community-based organization in the Phoenix area, had organized.

The Tour is a collaborative effort between the Worthy Institute and various school districts throughout Arizona. It makes appearances at school assemblies, lunch programs and health education classrooms to educate and inform students of the risks and facts of obesity for adolescents. Rasheda Worthy, Founder and CEO of the Worthy Institute, said that the Tour is supported by special guests like Ray Lewis, and begins in January of each school year, concluding in May. Starting in 2006, around 20 schools have been involved in the Tour and thousands of students have participated in the Tour’s workshops.

The epidemic of obesity specifically in children has increased in Arizona over the last few decades. Moreover, six out of eleven children are more likely to become obese in racial and ethnic minority groups and are at risk for becoming overweight or obese adults. Unhealthy eating and poor physical habits are often taught to children by example by parents due to poor health habits and demanding lifestyles. To address the obesity epidemic in Arizona, the Worthy Institute, established a Children’s Obesity Initiative (the Initiative) in 2006 to develop projects to educate Arizonians on how to prevent obesity in children, and the School Talk Workshop Tour is one of the projects.

Its seven-day resident camp, called Camp L.Y.F.E. (Love Yourself for Everything), is for youth ages 11-15 and held annually at ASU, where youth come to live to learn about healthy lifestyles. According to Rasheda, the camp is designed to be interactive and supportive for the youth and focuses on changing health behaviors and informing youth of behavioral consequences. Its components include physical activity, diet and nutrition, self-esteem, culture and diversity and friendship. Since 2006, around 40 children have participated in the Camp each year. One camper wrote in his journal that “we had so much fun, and it was fun to learn to eat healthier because I don’t want to die from being overweight.” Camp L.Y.F.E. 2010 will be held at Barrett Hall of ASU, June 21 - 26, 2010.



Arizona Children’s Obesity Conference

In partnership with numerous community organizations, the Worthy Institute hosts the annual statewide Children’s Obesity Conference, which provides community health professionals with necessary tools and skills for developing critical intervention and prevention strategies to develop multi-disciplinary approaches to address childhood obesity among children across the State of Arizona. The Conference is held in October each year. Approximately 100, sometimes more, professionals attend each year.

Each year, the Worthy Institute also hosts a Golf Tournament Fundraiser event to recognize community partners for their sponsorship and support of Initiative activities for such an important issue as childhood obesity. Participants play to raise funds for program activities and provide scholarships for youth.

Rasheda shared that the Worthy Institute also offers professionals cultural competency training, prevention programs for teens and programs that provide family support. For more information please visit www.worthyinstitute.com.



Happy Campers

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
1740 West Adams Suite 410
Phoenix, AZ 85007
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<http://www.azminorityhealth.gov>

A Somali Volunteer Caseworker Training Program to Be Established

Based on the needs of the Somali-American refugee community in Arizona, the Somali American United Council of Arizona (the Council) is planning for a Somali volunteer caseworker training program. The goal of the program is to act as a bridge between health care providers and refugees in order to provide a support system that will enable refugees to complete a treatment program without feeling culturally isolated or getting lost in the system.

In addition to unfamiliarity with how the healthcare system functions in the U.S., many Somali refugees suffer from post-traumatic stress disorder (PTSD) resulting in a tendency to turn to spiritual guidance instead of Western medicine. Language and cultural/religious barriers are also important factors that impact how Somali refugees seek health care.

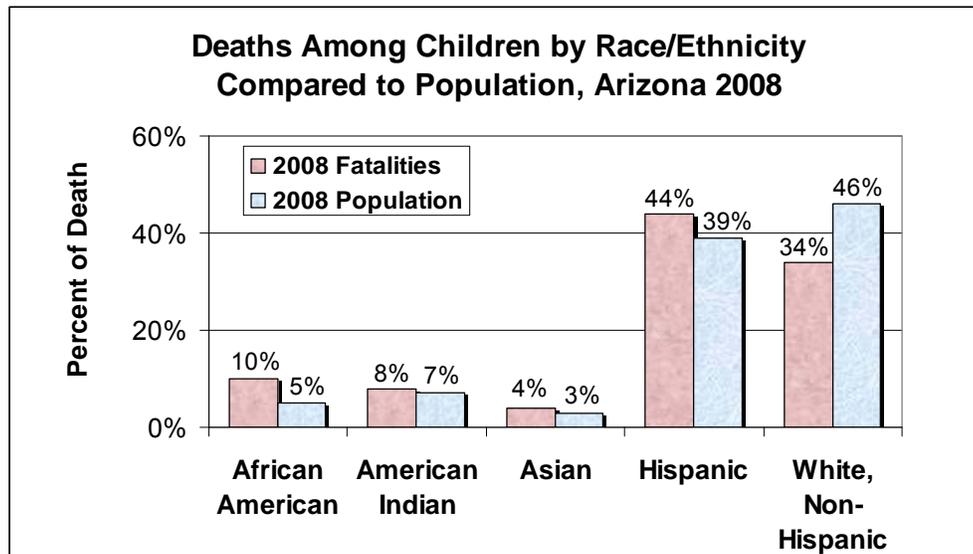
“The proper diagnosis and treatment must be translated into a culturally relevant context. Treatment of PTSD and other health issues in a culturally relevant manner is the unmet need. The initial trained caseworkers will provide a bridge that meets this need,” said Dr. Mohamed Ali Abukar, Founder and President of the Council.

To collaborate with local health care providers, the Council plans to provide a wide range of training to its volunteer caseworkers on the U.S. health care system, patient confidentiality, interpretation guidelines and referral information. Through such training, it is expected that health care providers will in turn become more familiar with the unique needs of the refugee population as well. The Council plans to recruit nine individuals to attend its training program and will select them from both genders and among the active members of the Council. ♦

Data Speak

Deaths Among Arizona Children by Race/Ethnicity

In 2008, 1,038 children younger than 18 years of age died in Arizona. This was a decline from 2007, with 1,143 deaths, and from 2006, with 1,161 deaths, despite the fact that the population of children increased in Arizona during 2008. However, deaths were disproportionately high among all minority children in Arizona during 2008. African-American children accounted for 5% of the population in Arizona and 10% of the deaths. American Indian children accounted for 7% of the population and 8% of the deaths. Asian children accounted for 3% of the population and 4% of the deaths. Hispanic children accounted for 39% of the population and 44% of the deaths. Compared to 2007, the percentages of African-American and Asian child deaths jumped during 2008 from 7% to 10% and 2% to 4%, respectively. For all other races/ethnicities, the number of child deaths decreased. ♦



Source: Arizona Child Fatality Review Program 6th Annual Report November 2009\ <http://www.azdhs.gov/phs/owch/pdf/cfr2009.pdf>

Bridging Gaps in the Health Workforce (Part II)

By Robert C. Bowman, M.D.

Physician's Perspective

What Will It Take?

Simply put, it will take steadily more resources expended on lower and middle income people and in primary care where lower and middle income people reside. It will take physicians and nurses who will care for populations in need of care, not just populations in top concentrations.

Health access problem-solving requires a process. What is going on in Congress is much like current medical care that proceeds backwards – we use the same old treatments that may not fit, make some attempt at diagnosis, then, finally, sometimes, consider what the patient needs. Congress has the same old treatments for the same old problems but fails to consider what is most important: that what people need should drive the process.

What the U.S. must have for good medical care as patients and as a nation is a process of gathering information, some reflective thought as to the best investments for the most Americans, then a real treatment plan to return a patient or the nation to health or best function.

Unlike medical care on television that is limited to the same old treatments, the same old diagnoses and a focus on the bizarre lives of the nurses and physicians that help generate advertising revenue, true medical care begins with a focus on the patient.

Primary care is also a process of problem-solving. It cannot be a cookie-cutter treatment, diagnosis and then patient consideration. This is far too common in medical care and even in the many primary care substitutes that pop up monthly in locations with top concentrations. Primary care begins with the person indicating their health care needs. Primary care proceeds in a process involving partnerships and teams.

The major component missing from health care solutions is a basic understanding of the people in need of care. National leaders in health, medicine and education are out of touch. Local problem-solving must proceed in neighborhoods and communities.

Mismatches in the Physician and Non-Physician Workforce include:

- Rapid growth in the Hispanic population
- Insufficient demographic of physicians serving Hispanic populations

- No growth in Hispanic physicians or those with significant Hispanic interactions
- Insufficient demographic of nurse practitioners and physician assistants serving Hispanic populations, particularly in border counties



- No growth in Hispanic nurse practitioner or physician assistant levels

The process that leads to a solution for Hispanic underserved populations involves:

- Preparation and admission of the lower and middle income origin physicians (especially first generation to college) who are Hispanic or those who have significant life experiences involving Hispanic populations
- Graduation of more family physicians (or non-physicians who are forced to stay in the family practice broad generalist mode and cannot specialize)
- Medical and nursing education focused on health access for Hispanic populations
- State and federal policies that establish a real health access foundation and send more health care funding to lower and middle income Hispanic populations and the facilities and physicians caring for these populations

Some good news is that Hispanic Business, Inc. has just named four colleges of osteopathic medicine (COMs) in its annual assessment of top medical schools for Hispanic students. They are the University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine, the Edward Via Virginia College of Osteopathic Medicine, the Philadelphia College of Osteopathic Medicine and the A.T. Still University of Health Sciences School of Osteopathic Medicine in Arizona.

Future sessions will review the changes in medicine and decisions in medical education that will lead to physicians with more exclusive origins in all races and ethnicities, more family physicians, a greater focus on health access and will address distortions of policy and programs that would result in even more funding going to populations that already have the top concentrations. ♦

Editor's Note:

This is the second part of Dr. Robert Bowman's article. In our previous issue, Dr. Bowman talked about the missing Hispanic health workforce. Dr. Bowman can be reached at rcbowman@atsu.edu. ♦

Community Advocate Kelly Hsu

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In addition, many people, including some physicians, are under the false impression that breast cancer is not an Asian problem. Data from the National Asian Women's Health Organization suggests otherwise. Within the first decade of immigration, Asian women face an 80% increase in their risk for breast cancer, which subsequently approximates the risk for Caucasian women. Nevertheless, widely-held cultural attitudes and misconceptions persist often with detrimental consequences. With a lower rate of breast cancer screening, immigrant Asian Pacific Islander women have a higher likelihood of late diagnosis and their breast cancers average one centimeter larger than Asian-

American women born in the US (Hedeem, White, & Taylor, 1999).

Kelly has been a long time supporter of the Phoenix Affiliate of Susan G. Komen for the Cure and the Banner of Hope, another local breast cancer non-profit organization. She also started a breast cancer support group for Asian women. The Maricopa County chapter of the YWCA recently selected Kelly as one of eleven honorees in their 2010 Tribute to Women. Kelly was chosen in recognition of her leadership role in addressing health care disparity issues facing Asian women. The accolades provide credibility and further her work, but her passion about reducing the toll of this disease on the community comes from her personal experience with breast cancer. ♦

Funding Opportunities:

Robert Wood Johnson Foundation: Communities Creating Healthy Environments: Improving Access to Healthy Foods and Safe Places to Play in Communities of Color

2010 Call for Proposals-Round 2

Deadlines: February 6, 2010 (11 a.m. ET) for optional Web conference for potential applicants; February 25, 2010 (3 p.m. ET) for receipt of brief proposals; May 13, 2010 (3 p.m. ET) for receipt of full proposals.

Total Award: Up to \$250,000 per site for up to 10 communities nationwide. <http://www.rwjf.org/applications/solicited/cfp.jsp?ID=2096>

National Institutes of Health: Improving Diet and Physical Activity Assessment (R01) – **Deadline:** Letters of intent: May 5, 2010 <http://grants.nih.gov/grants/guide/pa-files/PA-09-224.html>

Commonwealth Fund: Health Care Disparities Grant Program
Deadline: ongoing

Contact: 212.606.3800 or cmwfm@cmwf.org

<http://www.commonwealthfund.org/Content/Program-Areas/Archived-Programs/Health-Care-Disparities.aspx> ♦

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

Publications of Interest:

Moving to the Land of Milk and Cookies: Obesity among the Children of Immigrants

The article describes a new study finding children of the newest, least acculturated immigrants tend to have the highest obesity rates. Its finding cuts across socioeconomic-status groups, but it is most pronounced among boys, whites and Hispanics.

<http://www.migrationinformation.org/Feature/display.cfm?id=739>

A Closer Look: Cultural Competency

Developed by the National Technical Assistance and Evaluation Center for Systems of Care, this spotlight stresses the importance of cultural competency in the work of child welfare providers with children of color overrepresented in the child welfare system. It suggests ways in which systems of care can improve their child welfare outcomes by better incorporating cultural competency into their practices.

<http://www.childwelfare.gov/pubs/acloserlook/culturalcompetency/culturalcompetency.pdf> ♦

Events of Interest:

Cultivating Traditions of Wellness: National Technical Assistance Conference & Gala

Date: February 23, 2010

Location: Omni Shoreham Hotel, Washington, D.C.

www.aapcho.org

6th Annual Cesar Chavez Behavioral Health Conference

Date: March 26, 2010

Location: Arizona State University, West Campus, 4701 West Thunderbird Road, Glendale, AZ

Contact: Manuel Medina at manuelm@terros.org or 602-512-2972

8th Annual Research Conference:

Health Disparities: A Global Challenge, a Local Response

Date: April 23, 2010

Location: Hyatt Regency Hotel, Downtown Phoenix, AZ

<http://sirc.asu.edu> ♦

Editor's Note:

The *AHDCConnection* 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. ♦

