



Community Story

## Director's Spotlight

By Will Humble, Director of ADHS

I am honored to welcome you to the April edition of *AHDConnection*. For almost 2 years, this quarterly newsletter has been reaching our communities and providing useful information regarding health disparities. Unfortunately, also during the past two years our communities have faced incredible hardships due to the economic crisis. Sadly, many of those who are most affected by health disparities have also been the ones hit hardest by the economic downturn. Because of that, it is more important than ever to be creative, collaborate and form new partnerships to find new ways to address health disparities. It is important that you, working on the front lines of public health, know that the Arizona Department of Health Services (ADHS) is here to support you as you meet challenges and overcome obstacles.

Please take some time to read this newsletter, pull out the information that is of most use to you and most importantly, pass it on. ♦

## Living Well Traditionally Record on NATIVE HEALTH Diabetes Youth Prevention Camp

By Susan Levy

Rock wall climbing, swimming, horse back riding, canoeing and hiking... a group of Native American children from the Phoenix Metro area were doing physical activities outdoors, laughter soared up, into the blue sky, under the Arizona sunshine. This was one of scenes from the Native American Community Health Center, Inc. (dba NATIVE HEALTH) Diabetes Youth Prevention Camp.



Native American Cultural Class

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This fun and exciting program, entitled "Living Well Traditionally," is especially developed for Native American youth who are between the ages of 9 and 13, living in the Phoenix Metro area and are at risk for developing diabetes. The purpose of this program is to educate them about diabetes prevention and ways to delay the onset of diabetes and promote healthier lives through positive lifestyle changes. The program's registration packets include a physical exam form. The purpose of the physical exam is to ensure the youth is healthy and able to engage in physical activities. (continued on page 3)

## Be Responsible for Your Health

By Hong Chartrand

Community Story

When Fred Taylor told me that he will be 71 years old this year, I could not believe it. He looks at least 10 years younger than his real age. He walks fast, he's a quick thinker and his voice is full of energy. It was even harder for me to believe that he is a prostate cancer survivor. Fred said that his main responsibility now is to use his own experience to educate people about prostate cancer, help them to fight prostate cancer and improve the overall quality of their lives.

Fred was diagnosed with prostate cancer in September, the National Prostate Cancer Month, in 2001. He still remembers vividly when his doctor called his home to break the bad news. "I was totally in shock and my brain went blank. There weren't any symptoms. It can't be me." He was in denial, like many other people when they hear the bad news. The good news was that his prostate cancer was in an early stage. Fred attributed the early diagnosis to his annual check. He voluntarily began having his prostate cancer annual check in 1992. In 1993, a national push to have prostate cancer screening began and the prostate-specific antigen (PSA) test, that measures the amount of prostate-specific antigen in the blood became available to detect prostate cancer, was emphasized.

Fred considers himself lucky to have been diagnosed at an early stage and cured with all available treatments. He believes that many deaths from prostate cancer can be avoided if the cancer is detected early. Data shows that other than skin cancer, prostate cancer is the most common cancer in men in North American and it is the second leading cause of cancer death in men after lung cancer. Both the incidence and mortality rates for prostate cancer have increased in the past decade. In Arizona, 4,300 men will be diagnosed with prostate cancer this year alone and some 700 men will die from the disease; however, most Arizona families have a low level of awareness about the risk of prostate cancer. As an African-American himself, Fred is aware that nationally, African-American males most likely develop prostate cancer than White males. African-American males are also more likely to die of prostate cancer than White males.



Fred Taylor

### 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.

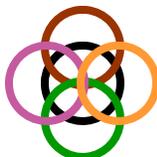
#### **Vision:**

##### **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 205  
Phoenix, AZ 85007  
602-542-1219  
602-542-2011 fax



<http://www.azminorityhealth.gov>

When he was diagnosed with prostate cancer, Fred already had rich knowledge of prostate cancer; as a matter of fact, he was one of few Arizonans to help educate the public about prostate cancer. In 1995, Fred created the first Governor's African-American Advisory Council. He invited experts to educate council members about prostate cancer screening and other health issues. Late in the 1990s, Fred was working for Jeff Groscost, the Speaker of the House of the Arizona House of Representatives. In September of 1999, Fred invited six prostate cancer survivors with diverse ethnic backgrounds to speak to the House. After the speech, Mr. Groscost told Fred that there was a need to establish an organization in Arizona to bring the awareness of prostate cancer to the public. He asked Fred to head the organization. In October of that year, the Southwest Prostate Cancer Foundation, a non-profit organization, was established in Phoenix to make prostate cancer a family issue in Arizona by raising public awareness. One year later, a branch was established in Tucson.

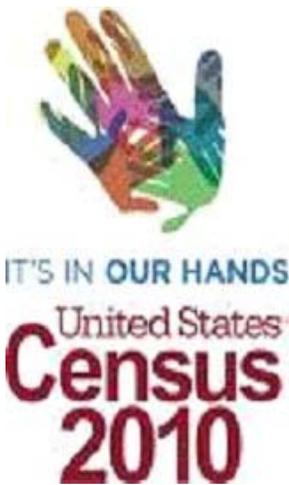
After his diagnosis and survival of prostate cancer, Fred pushed even harder to bring awareness and promote early detection of prostate cancer among the public. From his own experience, Fred knows that prostate cancer often grows very slowly, without causing major problems. Therefore, there is no rush to jump into treatments after the first diagnosis. It is important to get a second and even third opinion from different doctors and labs. It's time to know and take charge of your own health. Family understanding and involvement is also extremely important because it is difficult to get men to seek screening on their own. Statistically, 46 percent of men don't receive prostate cancer screening at all in Arizona. Fred's outreach takes the family approach and includes five components: education & awareness, annual screening, diet, exercise, and spirituality. One highlight of the organization is its one-hour-once-a-week Radio Show, covering 75 percent of Arizona. The program covers a variety of health topics including prostate cancer, breast cancer, colon cancer, and other chronic diseases. For more information, please contact Southwest Prostate Cancer Foundation at 602-547-3806 or [swprostatecancer@aol.com](mailto:swprostatecancer@aol.com) or visit <http://www.aztecfreenet.org/swpcf/>. ♦

## Your 2010 Census Form: Mailing it Back Helps Move Our Community Forward

By Janey Pearl

If you haven't returned your 2010 U.S. Census form yet, you can expect a Census worker to be calling you or knocking on your door. That's because the questionnaire is so important.

The head count, which takes place every 10 years, is used to determine the amount of federal and state financial assistance a city receives for services and activities, including many that residents count on and use every day: transportation, recreation, libraries, parks, neighborhood improvements, public safety and more. It is also used to determine boundaries of City Council, State Legislature and Congressional districts.



In Phoenix, each person counts for about \$400 a year during the next 10 years, in Arizona, the annual amount is about \$1,550.

So fill it out and mail it back. It's a short form of just 10 questions that takes 10 minutes to complete.

All of the information you provide the Census is *completely* confidential.

So make sure that you are being counted in this year's Census. It's in your hands. ♦

## Living Well Traditionally

continued from page 1

The youth camp's especially tailored curriculum combines education and entertainment and explains the profound in simple terms. It includes the ABC's of diabetes, nutrition 1.2.3., physical fitness & activities, building self-esteem through tradition, and arts and crafts. All activity provided is fun and helps youth feel the difference from being active versus inactive.

The youth are organized in groups with team leaders who have passed a background check, ensuring the well-being of the children. The groups rotate each day through each of the classes and activities.

Between classes there is a designated time for snacks and crafts. One of the counselors, Charlotte A., said, "I have volunteered for two years at the Diabetes Prevention Youth Camp and have had the best experience guiding the Native American youth who attended camp. I feel like an auntie watching the youth and encouraging them to participate in the different fun activities. I also got to participate in some of the activities with the youth. Every evening in our cabin, the girls told stories and learned about one another's life experience and culture. The youth come from a variety of tribal backgrounds. I learn something new each year. Learning more about diabetes has also been beneficial, and I have shared the information with my community. I encourage youth to attend and parents to volunteer and have fun at the diabetes youth camp!"

Since it was launched in the Summer of 2001, more than 800 happy young campers have participated in the youth camp. According to Cheryle Litzin, a diabetes education specialist and the camp's administrator, by the end of the program, the camp-



Healthy Nutritional Snack Class

ers have established new friendships, healthy eating habits, health conscious snack preparation skills, and increased awareness of the importance of their physical and emotional well-being. Most often, youth begin to participate in sports in school after being a part of camp. Some of them grew attached to the camp and have come back to it again and again. Many campers noted in their journals that they would change their diets to



Low Ropes Class for Team Building

canoe more comfortably next year. And another goal is to reach the top of the rock wall climb, a popular activity for campers.

This year will be the 10<sup>th</sup> Annual Living Well Traditionally Youth Camp, hosted in Chauncey Ranch in Mayer from July 27-30. For more information on the program, please contact Cheryle at (602) 279-5262, or [clitzin@nachci.com](mailto:clitzin@nachci.com). More information is available on the website at [www.nativehealthphoenix.org](http://www.nativehealthphoenix.org) as well. ♦

## What It Takes to Reduce Disparities: Physician Background, Orientation, Awareness and Behavior

By Robert C. Bowman, M.D.

Physician's Perspective

Even when physicians actively pursue the college and medical training experiences to best prepare them to serve populations in need, there is still far to go.

One of our A.T. Still University School of Osteopathic Medicine in Arizona students, Clayton Smith, gave permission for us to share his reflections on this process.

Clayton chose to major in molecular biology and cultural anthropology to prepare for the science and personal interactions required in the pursuit of a medical career. He chose the osteopathic pathway as a patient-centered and sensitive approach to health care. He immersed in the Spanish language in Central America and chose Arizona sites to continue this immersion training.

Clayton captured the vast differences between current health providers and patients in most need of health care in so many dimensions in a single encounter. His patient was a complicated case: an elderly diabetic Hispanic female with limited resources and English language skills. The preceptor and student were satisfied with the encounter after a visit and 40 minutes of patient education involving superb Spanish language written materials. However, when Clayton asked the patient to fill out an evaluation of his performance, he was stunned to find out that she could not read the materials. As he notes:

"I became suddenly and profoundly aware of the vastness of the disparities between my upbringing, education and understanding and those of this elderly, poor, diabetic woman. Despite the clinician's medical knowledge and experience and our combined (academic rather than personal) understanding of the cultural and social issues that our patients face as well as my linguistic/communication skills, we spent an entire visit focusing very heavily on materials and sources of information that, as it turns out, would likely be of very limited if any use to our patient."

"What can I take from this? It seems the best lesson I can learn is to never lose sight of the barriers that exist, regardless of the efforts we take to understand them and the efforts we take to overcome them. While in this case my ability to speak Spanish allowed us to circumvent the linguistic barrier, there were a number of others below the surface, including the literacy issue, that may have had a significant impact on the delivery of care to this woman. Ideally, this experience will serve as the impetus to continue to strive for better understanding and communication in my future clinical interactions."

My assessment of the ability of

health professional education to reduce disparities has been declining in recent years. This has been verified by changes in physicians that have become more and more exclusive in various origin measures. Physicians are increasingly less like normal Americans, and this places new barriers in the way of health care cost, quality and access. My awareness of the gaps that remain has increased by Clayton's reflective process. How do we return medical school admission to focus on physicians who are more likely to share common ground with their patients? How can we turn on the reflective process that guides future physicians, admission committee members and those who lead medical schools and medical education?

My assessment of my ability to advise Clayton has also declined. I was not able to address his great concerns in the first months of his medical school training. Much of this appears to be due to my limited ability to understand the awareness challenges that Clayton was facing. Perhaps all that I was able to do was to reinforce his personal commitment. There are also limitations regarding the ability to advise an accomplished life-long learner who has already discovered the most important concepts in the education and preparation of professionals. Despite relatively early introduction to the "reflection in action" process to shape my encounters as a family physician during the encounter and despite my "reflection on action" approach with countless patients, my abilities are limited compared to one who has spent significant time and effort before medical school admission and from the start of medical training.

But one fact remains that is most encouraging if we hope to reduce disparities. Hope is restored by knowing that men and women like Clayton exist. For that reason, there is hope for reducing disparities. ♦



Clayton in reflection

## Medical School Graduates by Race/Ethnicity in Arizona and U.S. in 2009

In 2009, 123 students graduated from medical school (i.e. University of Arizona College of Medicine)\* in Arizona, compared to 16,468 graduates in the U.S.\*\* In other words, only 0.75% of students graduated from medical school in Arizona out of the total number of U.S. medical school graduates.

There was a higher percentage of medical school graduates who were White, Hispanic or American Indian/Alaska Native in Arizona than in the overall U.S. in 2009. To the contrary, there was a lower percentage of medical school graduates who were Black or Asian in Arizona than in the overall U.S. There wasn't any Native Hawaiian/other Pacific Islander who graduated from medical school in Arizona in 2009.

In the meantime, in 2008,\*\* among 6,500,180 people resided in Arizona, 80.1% of the Arizona population were Whites, 30.1% were Hispanics/Latinos, 4.4% American Indians/Alaska Natives, 3.6% Blacks, 2.4% Asian Americans and 0.14% were Native Hawaiians/other Pacific Islanders.

	Arizona		United States	
	Number	Percentage	Number	Percentage
White	92	74.8%	10,499	63.75%
Black	1	0.81%	1,076	6.53%
Asian	15	12.2%	3,479	21.13%
Hispanic	14	11.38%	1,244	7.55%
American Indian/Alaska Native	2	1.63%	130	0.79%
Native Hawaiian/Other Pacific Islander	0	0	46	0.28%
Other Non-Hispanic	1	0.81%	31	0.19%
Foreign	0	0	238	1.45%
No Response	1	0.81%	289	1.75%
<b>Total Graduates</b>	<b>123</b>	<b>100%</b>	<b>16,468</b>	<b>100%</b>

Notes:

\*The University of Arizona College of Medicine is the only MD degree-granting college in Arizona.

\*\*U.S. Totals include Puerto Rico. Applicants could indicate races and ethnicities in combination or alone, thus the counts may not be equal to the total individual count.

\*\*\*No demographic data in 2009 are available.

Source: 1. Association of American Medical Colleges, Data Warehouse: Student File, 2002-2009. <http://www.aamc.org/data/facts/enrollmentgraduate/start.htm>

2. U.S. Census Bureau, 2008 American Community Survey. <http://factfinder.census.gov/> ♦

“Everything is based on mind, is led by mind, is fashioned by mind. If you speak and act with a polluted mind, suffering will follow you, as the wheels of the oxcart follow the footsteps of the ox. Everything is based on mind, is led by mind, is fashioned by mind. If you speak and act with a pure mind, happiness will follow you, as a shadow clings to a form.”

— Buddha



## Funding Opportunities:

Robert Wood Johnson Foundation: Local Funding Partnerships

Deadline: June 30, 2010

Total award: Up to \$5 million is available for the 2011 grant cycle

Number of award: Up to 12 matching grants

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

Contact: Leticia Peguero at

[lpeguero@localfundingpartnerships.org](mailto:lpeguero@localfundingpartnerships.org) or 609-275-4128

<http://www.localfundingpartnerships.org>

Women Helping Others Foundation: Grant Applications

Deadline: September 07, 2010

Range of grant: \$1,000 - \$40,000 each

[http://www.whofoundation.org/Funding/Who\\_funding.asp](http://www.whofoundation.org/Funding/Who_funding.asp)

National Institutes of Health: Behavioral and Social Science Research on Understanding and Reducing Health Disparities (R01)

Deadline: May 11, 2013

Funding Opportunity Number: PAR-10-136

<http://grants.nih.gov/grants/guide/pa-files/PAR-10-136.html> ♦

## Publications of Interest:

*2009 National Healthcare Disparities Report*

The new report shows that Americans with no insurance are much less likely than those with private insurance to obtain recommended care, especially preventive services. In addition, while some racial differences in lack of insurance have narrowed in the past decade, disparities related to ethnicity, income and education remain large. <http://www.ahrq.gov/qual/nhdr09/nhdr09.pdf>

*Racial/Ethnic Disparities in Access to Care Among Children: How Does Medicaid Do in Closing the Gaps?*

The new Kaiser Family Foundation report assesses Medicaid's relative impact on racial and ethnic disparities in access to care.

<http://www.kff.org/minorityhealth/upload/8031.pdf> ♦

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

## Events of Interest:

First National Conference For Interpreter Trainers

Organized by: International Medical Interpreters Association

Date: June 12, 2010

Time: 9 am – 5 pm

Location: Rutgers University, New Brunswick, NJ

<http://www.imiaweb.org/uploads/pages/533.pdf>

Plain Talk in Complex Times

Presented by: Center for Health Literacy Conference

Dates: July 29 – 30, 2010

Location: Alexandria, VA

Contact: 866-771-1655 or [PlainTalk2010@maximus.com](mailto:PlainTalk2010@maximus.com)

<http://www.maximus.com/services/health/health-literacy/chl-news-events>

37<sup>th</sup> Annual Arizona Rural Health Conference – Partnering for Solutions: A New Decade for Rural Health

Dates: August 2 – 3, 2010

Location: High Country Conference Center at Northern Arizona University (NAU), Flagstaff, AZ

Contact: Rebecca Ruiz at 520/626-2243 or email

[raruiz@email.arizona.edu](mailto:raruiz@email.arizona.edu) ♦

## 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 15<sup>th</sup> 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). ♦

