



Personal Story

Home, Sweet Home In Yuma: Two Foreign-Trained Physicians' Journey

“Why on earth would you move to Yuma?” was the question they were asked the most by their colleagues when Dr. Nader Haddad and his wife, Dr. Dania Sweidan decided to pack their belongings and move with their four-year-old girl across the country from Toledo, Ohio to Yuma, Arizona in 2009. Yuma is located in the southwestern corner of Arizona and is the sunniest place on Earth. The Sunset Community Health Center, a non-profit community-based health care facility serving low-income and medically underserved communities in the Yuma area, offered them obstetrics and gynecology (OB/GYN) specialist positions. “I may have not had a lot of options, but moving to Yuma was one of the best decisions I made in my life, other than marrying my sweetheart,” Dr. Haddad says with sunny smile.

Drs. Haddad and Sweidan received their medical training in their home country of Jordan. They left everything behind to seek a better life, looking to achieve their share of the American dream in 2005. “Getting through medical school was not an easy task, but we needed to further our education,” Dr. Haddad says. They were the first Jordanian medical students accepted into an American OB/GYN residency program in Toledo. After residency, they had to make a decision about where to practice medicine.

Drs. Haddad and Sweidan desired to serve medically underserved populations, and they learned that the J-1 Visa Waiver Program provided them an opportunity. The J-1 Visa Waiver Program seeks to improve the accessibility of health care services in underserved areas by providing a J-1 visa waiver recommendation on behalf of foreign medical graduates who have obtained a J-1 visa waiver for graduate medical studies in the United States (“J-1 physicians”). Under this program, they had some options on where to go. Yuma became their destination because they wanted to move to the Southwest to be near their family, and Yuma’s weather is similar to that in their home country.

For three years both doctors worked for the Sunset Community Health Center, serving all members of the community. “Serving the underprivileged was a privilege to me. The appreciation I saw in their eyes was priceless,” says Dr. Haddad.

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Drs. Haddad (left) and Sweidan were in the surgery room.

Help for Health among Refugee Communities

By Dalena Hardy

Health literacy is one of the major barriers that refugee populations in Arizona face when accessing health services. To address this issue, several agencies and two refugee communities are working together on a project called *Aku Anyi Swastha*, which is a combination of both Burmese and Nepali words coined by the communities themselves to mean “Help for Health.” The initial focus of this initiative is to build capacity in enrolling community members onto health insurance programs offered through the Affordable Care Act. This health literacy demonstration project is funded by the Arizona State University Southwestern Interdisciplinary Research Center (SIRC) through its P20 grant awarded by the National Institute on Minority Health and Health Disparities of the National Institutes of Health.

“Refugees face many barriers in their adopted countries,” said Dr. Crista Johnson-Agbakwu, SIRC Clinical Research Affiliate and Director of the Refugee Women’s Clinic (RWHC), Maricopa Integrated Health System. “As you can imagine, lack of English proficiency is a huge challenge, as is a lack of knowledge about available local health resources. That’s why we are training bilingual community members to serve as Community Health Advisors.”

Dr. Johnson-Agbakwu is coordinating this effort within the Burmese and Bhutanese communities and also with outreach grantees such as the Greater Phoenix Urban League, which offers the



Burmese and Bhutanese community members with training staff at a workshop.

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
150 North 18th Ave. Suite 300
Phoenix, AZ 85007
602-542-1219
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<http://www.azminorityhealth.gov>

training that can eventually lead community members to become federally certified counselors and navigators. Among the ways that the effectiveness will be measured is by the number of individuals newly enrolled onto the marketplace and the state Medicaid program, known as AHCCCS. In the future, Community Health Advisors want to address other health challenges faced by their communities.

“We’re very excited about this program,” said Dr. Johnson-Agbakwu. “In our initial four-day training held in December, we had 10 community participants – four of whom were volunteers. That didn’t matter to the community members; they just want to serve their communities.”

The program has helped uninsured refugee families and couples like Son Be, 45, and Maung Ka Ni, 58, from Burma enroll into health insurance. Be and Ni have been in the U.S. for nearly six years and have been uninsured for the past two years. *(Continued on page 7)*

NATIVE HEALTH Launched Community Garden By Evelina Maho

Former President Clinton came to the NATIVE HEALTH Community Garden and spoke at the Clinton Global Initiative Day of Action on March 23, 2014. On the same day, over 50 students from various national and international Universities and Colleges volunteered to work on the Garden.

The NATIVE HEALTH Community Garden project began in January 2014. It covers approximately 1.5 acres on the corner of Indian School Street and Central Avenue in Phoenix. The purpose of the garden is to introduce gardening as a way to encourage physical activity, provide better access to fresh & healthier foods and reconnect through kinship in families, community partners and NATIVE HEALTH. NATIVE HEALTH is a community health center that provides medical, dental, behavioral health and health promotion-disease prevention services to urban American Indians/Alaskan Natives (AI/AN) and non-AI/AN in the Phoenix Metropolitan area. The garden project is designed to deliver general health promotion, education, disease prevention and management



to AI/AN. NATIVE HEALTH envisions a common space for its community members to gather and learn from each other about basic and fundamental AI/AN farming, gardening and foods through informal discussion and presentations derived from the many different tribes of Arizona.

In February and March, the garden was being prepared for community gardeners to begin planting in early April. Preparations included water installations, raised bed building, filling beds with soil and installing their storage units, benches and creating better accessibility for elders and disabled. Other projects were completed during this time. In April, the community gardeners planted their raised garden beds and had an opportunity to hear a speech on "The Significance of Spring and Awakening of the Earth: How We Change with Nature and the Birth of Vegetation."

NATIVE HEALTH has established new partnerships with various organizations, companies and community members. Many have graciously donated time and resources to make the garden space accessible and ready for families and community members.

For more information, or to get involved, please contact Evie at (602) 279-5262 x 3313 or email her at emaho@nachci.com. ♦

Parkinson's Awareness Month Celebrated with Music and Color

By Claudia Martinez

April was Parkinson's Awareness Month, and the Muhammad Ali Parkinson Center (MAPC) decided to celebrate it with the community at large! The MAPC, the Burton Barr Public Library and the Fountain Hills Parkinson Support Group co-sponsored a successful Art Show that opened to the public on April 4, 2014 as part of the 1st Friday activities in downtown Phoenix. The Opening Reception of the 7th Annual Bruce Florence Parkinson's Art Show took place at the Burton Barr Public Library and was a huge success. Over 150 people attended this event which included an Award Ceremony and Inaugural Concert, featuring the local choirs for people with Parkinson's disease (PD) and their care partners: "Voces Unidas" and "The Original Tremble Clefs". This year 41 people living with PD and 25 caregivers from various parts of the Valley submitted a total of 66 pieces. The show was open until April 28, 2014 on the second floor of the Burton Barr Public Library.

Every year this show concludes a successful cycle of expressive art workshops offered by the Muhammad Ali Parkinson Center in English and Spanish. These workshops were open for people living with PD and their care partners, and were offered in different areas of the Valley. The five weeks workshops offered participants the opportunity to take an artistic journey of discovery, where no artistic skills or experience were required. Specific benefits included improvement of fine motor skills and concentration, stress reduction and a sense of achievement. The classes were designed taking PD into consideration and invite participants to shift their focus from any limitations to a new horizon of creative possibilities. The expressive arts workshops were part of the Recreation Therapy Programs offered by the MAPC. For more information call Claudia Martinez at (602) 406-2453. ♦



Affordable Medications for Patients in Need

By Anita M. Stanford

The Dispensary of Hope is a national not-for-profit organization that recovers surplus medications from pharmaceutical manufacturers and physicians and redistributes them to clinics and pharmacies serving those who are low-income uninsured. Board of Pharmacy approved in Arizona and thirty-six other states, the Dispensary of Hope receives donated generic and brand-name medication at its Nashville Tennessee distribution center and distributes to their growing national network of more than 80 safety-net organizations. In 2013, the Dispensary of Hope received more than \$45 million in donated medication to distribute to the poor and uninsured across the U.S.

United Neighborhood Health Services Downtown Clinic, a busy Federally Qualified Health Center in the Dispensary of Hope network, has been accessing medications from the Dispensary of Hope for their low-income uninsured patients since 2008. According to Katherine Nola, D.Ph., Director of Pharmacy Services at the Downtown Clinic, the clinic pharmacy—and subsequently their patients—have benefited tremendously.

The Dispensary of Hope offers two programs. The Instant Access Program provides charitable clinics and pharmacies with an onsite inventory of generic and brand-name medications. An annual subscription pays for unlimited access to their inventory of donated medications. The Diabetic Supply Program provides an onsite inventory of low-cost diabetic testing supplies ordered as-needed—no subscription required.

To learn more, call 888.428.HOPE or go to www.dispensaryofhope.org/access-sites. ♦

ADHS Prepare-A-thon!

On April 30, The Arizona Department of Health Services (ADHS) joined the *America's PrepareAthon!*, a nationwide community-based call for action to increase preparedness every spring and fall, to conduct a campaign called the ADHS Prepare-A-thon! The goal of the campaign was to increase the number of people who understood which disasters could happen in their community (in our case [wildfires](#), [floods](#), and [power outages](#) top the list), know what to do to be safe, [wise and ready](#), and join nearly one million organizations taking action to increase preparedness (www.ready.gov/prepare). Preparedness is a year round activity and everyone is encouraged to at least “[do 1 thing](#)” a month, this PrepareAthon sends a message that was all in this together.

It takes a whole community working together to effectively prepare for emergencies and disasters. Many of us at our places of work understand being prepared is a shared responsibility. Being a part of a public health system or business, practicing some basic preparedness activities makes a real difference in being able to recover more quickly. In fact, Arizona has experienced Earthquakes, Hurricanes, Wildfires, Floods, Power Outages, and Disease Outbreaks. Although you don't need your share of real world emergencies to be better prepared, participating in drills and exercises helps establish brain patterns that support quick and effective action during an emergency.

This spring ADHS staff and wellness ambassadors teamed up with the preparedness bureau for the interoffice Prepare-A-thon, encouraging other agencies here in Arizona to do something similar. Staff participate by pledging to update or create a family communication plan (ensuring loved ones were taken care and could be quickly reached in an emergency), with a plan in place meant greater capacity for continuity of services and that was the cornerstone for community resilience. In addition, ADHS was having an agency wide call down drill and working together as teams to build office emergency kits. Employees at ADHS were even planning to participate in a fun emergency kit cook-off as part of the ADHS Prepare-A-thon events. Remember simple steps can make a big difference, register for America's Prepare-A-thon! (www.ready.gov/prepare) and create an activity to promote preparedness! #PrepareAthon (for a map of natural disasters in Arizona visit - <http://data.usgin.org/hazard-viewer/>). ♦



Arizona's First State Health Assessment Released

The Arizona Department of Health Services, in partnership with all of the county health departments in Arizona, conducted and published Arizona's first comprehensive State Health Assessment. The Assessment uses Arizona-specific data to assess the state of the public's health in Arizona, and its results will drive the development of a comprehensive State Health Improvement Plan that will assess resources and capacity to address prioritized health issues and help move us towards a healthier Arizona.

<http://www.azdhs.gov/diro/excellence/state-health-assessment/> ♦

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"I am where I am most needed, doing what I like the most. In our case, I also look at it this way: It is the least I can do to pay this great country back some of what it has given us. Living in this country is a given for a lot of people, but for others it is privilege earned."

When they completed their commitment to the Sunset Community Health Center, they had a choice to either move out of Yuma or stay there. As with other decisions they had had to make in their lives, this was not an easy one. Over three years, they have grown to love Yuma and have made many friends. They decided to stay in Yuma and started their own clinic, the Yuma Women Clinic in 2012. "Now we can call Yuma home! That felt so good," says Dr. Haddad with excitement. "Yuma may be underserved and in need of more doctors, but it is in no way

lacking magic, charm, or serendipity. We are here to stay and continue serving our patients and community."

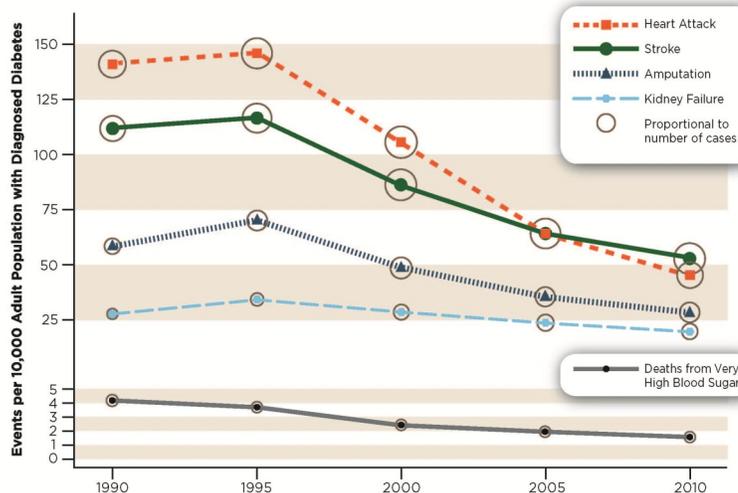
They give the promise to the community they serve that they will strive to treat the patient as a family. They do as they promise. "They [Drs. Haddad and Sweidan] are very great people and you are not just a number to them," their patients say. "They really do care about you there [in the clinic]! I feel at home!" ♦



DataSpeak

New CDC data show declines in some diabetes-related complications among US adults

Trends in Rates of Diabetes-Related Complications from 1990 to 2010
among U.S. Adults with Diagnosed Diabetes



Rates of five major diabetes-related complications have declined substantially in the last 20 years among U.S. adults with diabetes, according to a study by the Centers for Disease Control and Prevention (CDC), published in the current issue of the *New England Journal of Medicine*.

Rates of lower-limb amputation, end-stage kidney failure, heart attack, stroke, and deaths due to high blood sugar (hyperglycemia) all declined. Cardiovascular complications and deaths from high blood sugar decreased by more than 60 percent each, while the rates of both strokes and lower extremity amputations – including upper and lower legs, ankles, feet, and toes – declined by about half. Rates for end stage kidney failure fell by about 30 percent. (Continued on page 7)

Help for Health among Refugee Communities

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“Two years ago we didn’t work and we don’t have dependents under 18. This disqualified us from receiving health insurance,” Ni said. “Now we are working and we just found out that even if we are childless we have options for insurance coverage.”

With the help of their community health advisors, they selected a plan that worked for them.

“I am relieved that we now have health insurance,” Be (right in the photo with her husband Maung Ka Ni) said. “There are many couples and families like us that still don’t have insurance because they don’t know where they can go to get help. I am so happy that this program was developed. It will benefit my people. I am going back to tell my people that they can get help,” she said.

John Bosco, a community health advisor serving the Burmese community through the program says that direct outreach has been critical. “There have been tremendous changes in the health insurance specifically for the refugee population. Many of our clients don’t know how to use a computer nor do they understand the nuts-and-bolts of insurance. We are able to devote time to one-on-one education and we show them resources that will enable them to make better health decisions,” he said.



Tika Sapkota, a health advisor from the Bhutanese community is passionate about his role.

“I know that I am making a difference for my community,” Sapkota said. “We have only a relatively short time to enroll as many people as possible. It is great to be a part of this program and see all the communities working together to achieve a common goal,” he said.

The 2013-2014 enrollment cycle ends on March 31, 2014. The community health advisors and program stakeholders are optimistic about outreach. “Just because services are available does not mean they are accessible to those who need them the most,” said Mrs. Jeanne Nizigiyimana, Program Manager of the RWHC. “This program bridges many gaps. It is great to see that refugee families are actively being enrolled through this initiative. The community health advisors are on track in meeting the benchmarks and are optimistic they will exceed expectations.”

To date, the Aku Anyi Swastha Program has achieved more than 70 percent of its first cycle enrollment benchmark. Upon commencing the 2013-2014 enrollment cycle, community health advisors will identify and train other members of their community on how to become Federally Certified Affordable Care Act Application Counselors and will provide outreach on specific health topics selected by the Burmese and Bhutanese communities. ♦

New CDC data show declines in some diabetes-related complications among US Adults

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“These findings show that we have come a long way in preventing complications and improving quality of life for people with diabetes,” said Edward Gregg, Ph.D., a senior epidemiologist in CDC’s Division of Diabetes Translation and lead author of the study. “While the declines in complications are good news, they are still high and will stay with us unless we can make substantial progress in preventing type 2 diabetes.”

Although all complications declined, the greatest declines in diabetes-related complications occurred for heart attack and stroke, particularly among people aged 75 years and older. The study authors attribute the declines in diabetes-related complications to increased availability of health care services, risk factor control, and increases in awareness of the potential complications of diabetes.

For more information about diabetes and CDC’s diabetes prevention efforts, visit www.cdc.gov/diabetes. ♦

Publications of Interest:

Report: Strategies for Reducing Health Disparities

The report indicates that evidence-based interventions at the local and national levels provide promising strategies for reducing racial and ethnic health disparities related to HIV infection rates, immunization coverage, motor vehicle injuries and deaths, and smoking.

<http://www.cdc.gov/mmwr/pdf/other/su6301.pdf>

New Guide: The Second Curve of Population Health

This guide builds upon prior American Hospital Association reports that outline a road map for hospitals and care systems to use as they transition to the second curve of population health.

www.hpoe.org/pophealthsecondcurve ♦

Funding Opportunities:

Dignity Health: Community Grants – Deadline: Rolling

Purpose: to improve access to jobs, housing, food, education, and health care for people in low-income and minority communities

Eligible Applicants: Non Profits

Amount: up to \$75,000

http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044510

The American Heart Association and Robert Wood Johnson Foundation: Voices for Healthy Kids program grants – Deadline: Rolling

Purpose: Several different types of grant opportunities to address six priority areas: smart school foods; healthy drinks; marketing matters; food access; active places; and active kids out of school.

http://www.heart.org/HEARTORG/Advocate/StateIssues/StateandLocalPolicyPriorities/Grant-Resources_UCM_454325_SubHomePage.jsp ♦

Events of Interest:

Cultural Competency: A Developmental Model

Date: May 15, 2014

Time: 9:00 am—12:00 pm Arizona Time

Location: 2nd Floor Conference Room, 4041 N. Central Building, Phoenix, AZ

RSVP: aflorez@nachci.com or (602) 279-5262 ext. 3120

2014 International Symposium on Minority Health and Health Disparities: Transdisciplinary Collaborations: Evolving Dimensions of US and Global Health

Dates: December 1 – 3, 2014

Location: National Harbor, Maryland

<http://www.ismhhd.com/>

2014 National Immigrant Integration Conference

Dates: December 14 – 16, 2014

Location: Los Angeles, CA

<http://www.integrationconference.org/>

E-Learning: Cultural Competency Program for Oral Health Professionals

Delivered by: Think Cultural Health

Contact: Contact@ThinkCulturalHealth.hhs.gov

<http://oralhealth.thinkculturalhealth.hhs.gov/> ♦

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 submitted 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. ♦

