



Special points of interest:

- *Special Report: Lead*
- 2006 Healthy Border Mini-Grants
- Surveillance in Arizona
- Information for Action Conference

Border Health Newsletter

The Office of Border Health: Your Partner In Public Health

Despite the cool temperatures, the Office of Border Health is far from cooling down. Timely for the New Year, the office is bubbling with new ideas, new projects and vigor to address the needs and urgencies along the Arizona-Sonora border. Throughout the many facets within the office, we are working on community and government information sharing, increased research and reporting, and community outreach.

The ADHS Office of Border Health (OBH) and the Secretaría de Salud de Sonora (SSS) are meeting in February to continue work on the Arizona-Mexico Commission Health Services Committee Action Items, and numerous other binational projects. Projects include finalization of the Binational Infectious Disease Case Reporting Form, continuing work on the Regional Influenza Pandemic Response Plan, and development of the binational Epidemiology and Laboratory binational professional exchange program.

With the community at the heart of the Arizona Outreach Office, increased community events, such as community health forums, health fairs, and the returning mini-grants are planned for 2007.

The Border Infectious Disease Surveillance coordinator has been working with the University Medical Center and Tucson Medical Center, along with colleagues at the Arizona Department of Health Services Office of Border Health and the Centers for Disease Control and Prevention, on the development of a new *Coccidioidomycosis* surveillance project at the two hospitals.

The Office of Border Health and Arizona Outreach Office are pleased to introduce four new people to the border. Students in the Master's program at the Mel and Enid Zuckerman College of Public Health, Kristen Aggerback, Heidi Reukauf,

Christy Trimmer, and Shaylan Zanecki. The projects, which include the NIOSH funded project "Challenges to Farmworkers' Health at the US-Mexico Border;" researching actions set by the Arizona-Mexico Commission on behalf of the Office of Border Health; and research and coordination of a binational telemedicine and tele-public health opportunities.

By increasing the interns who work on projects along the border and concerning specifically border health, we remain within the cohesive network of border health workers in Arizona and Sonora who join resources and initiatives to improve the livelihood and border health related research along the Arizona-Sonora border.

We thank you for being a valued partner in border health and look forward to continuing our work with you towards building a healthier, safer, and livelier community.



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Healthy Border/Healthy Gente Mini-Grants 2006 Grantees



The USMBHC AZ Outreach Office is devoted to coordinating local Healthy Gente/Healthy Border 2010 projects, promoting or marketing Healthy Gente/Healthy Border 2010 objectives at the local level, and developing new community projects in response to Healthy Gente/Healthy Border 2010 objectives. The USMBHC mini-grants are offered

to community based organizations, educational facilities, health departments, Native American Tribes or Nations, and hospitals that serve communities in the border region of Arizona in a binational capacity.

The USMBHC Arizona Delegation and the University of Arizona College of Public Health is pleased to announce the recipients of the 2006 mini-grants, nine in total.

2006 Healthy Gente 2010 Grantees	
Agency	Project Title
Chiricahua CHC	Sembrando Salud/Sowing Wellness
Regional Center For Border Health, Inc	"Nuestros Ninos" Binational Immunization Campaign Phase 2
Cochise County Health Department/Cochise County Binational Health Council	Binational Teen Maze
Cochise County Health Department	VAX FAQs
Ajo CHC Desert Senita CHC	Ajo Well Child Pilot
Campesinos Sin Fronteras	Cultivando La Salud
Douglas Area Food Bank, Inc	Cross-Border Conferences For Promotores on Asthma and Diabetes
Naco Wellness Initiative	Children's Visual Health
Mariposa CHC	Fast Food/Vending Machine Food Nutrition Education Program

To Provide
international leadership
to optimize health and
quality of life among
the United State-
Mexico Border
-USMBHC mission

Successes, stories, anecdotes derived from your experiences: we want your feedback!

In the upcoming newsletters we are looking to recognize projects that have started or been supported by the Healthy Gente 2010 mini-grants. Please contact Laura Reichardt at lreichhl@azdhs.gov or 520-770-3114. We will come out and interview you, people affected by the mini-grant, take pictures, and record the ongoing success from the mini-grants.

Throughout the four years that the Healthy Gente 2010 mini-grants have been available, nearly 50 projects or priorities have been funded in Arizona. With many mini-grants funded years in succession, and some treated as seed money to initiate projects, the results are varied and valuable. Assisting communities in reducing health disparities is not only direly needed along the border, but a necessity for improved quality of life.

- **The range has been wide:** 18 identified objectives for health promotion in addition to capacity building and workforce development.
- **The applying organizations many:** community-based organizations, universities, national health organizations, and health departments.
- **The purpose:** to increase opportunities for health professionals to address identified health disparities in border communities.

Eye On the Community

Mini-grant Provides Ongoing Opportunity for Cochise County Teens

Nearly 250 middle and high school students from Southeastern Cochise County took part at the Teen Maze and Education Expo, held September 28 at the Douglas Campus of Cochise College spearheaded by the Cochise County Health Department.

We had a Substance Abuse Track with a Counseling Station; a Health Dept Track with an HIV/AIDS, STD, Tobacco and Pregnancy Station; a Nutritional Track with a Self-Image and Healthy Relationship Station; Law Enforcement Track to include the Juvenile Detention, DUI Prison Van, a Judge and court for sentencing, and a Gun Safety Station. Cochise College headed the Career Track for students to get a chance to talk to col-

lege instructors about the programs in adult education, art, business, computers, languages, translation and interpretation, nursing and science.

"The Teen Maze and Education Expo is a great way to educate students by placing them in simulated situations that they might encounter in real life. This makes them think about issues that are likely to affect them. It's also wonderful to have so many agencies work together for the benefit of students".

Written by Susan B. Peru, Binational Border Health Program Coordinator, Cochise County Health Department.

APHA Awards Dr. Marylyn Morris McEwen

The ADHS Office of Border Health is pleased to report that Dr. Marylyn Morris McEwen, PhD, APRN, BC, Associate Professor, The University of Arizona; College of Nursing was awarded the 2006 Public Health Nurse Creative Achievement Award at the American Public Health Association meeting in Boston. She was honored for her "innovative public health efforts along the US-Mexico Border" (Susan Zahner) in response to her interdisciplinary work for the past 16 years as co-investigator of the training project Nuestra Comuni-

dad, Nuestra Salud (NCNS).

For more information about Dr. McEwen and the award, please direct your web browser to the "Dr. Marylyn Morris McEwen Receives the Public Health Nurse Creative Achievement Award" by Susan Zahner.

Marylyn Morris McEwen, PhD, APRN, BC,
Associate Professor
The University of Arizona, College of Nursing

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.
-World Health Organization, 1948

Promotora Mary Stites, honored for over 20 years of service

Mary Stites, a lifelong resident of Tucson, has enthusiastically worked to improve the health of the Southside Tucson community since 1985. Mary is a true community advocate in every sense of the word. She has provided health education, advocacy and support in the areas of breast and cervical cancer, diabetes prevention and management, maternal and child health, domestic violence and sexual transmitted diseases.

After a full career, Mary started her advocacy work as a volunteer for three years from 1985-1988 with the Pima County Health Department for the GAPS program teaching parenting skills and child abuse prevention. She was a facilitator for the Hispanic Widowhood Project; a support group for widows. Together with Evelyn Gonzalez, she started a support group for Hispanic women with breast and cervical cancer, responding to the need of a culturally relevant support group for Hispanic women in the community; something that had not previously existed.

Mary has played a key role in the development of the Sunnyside and Elvira Advocates for Health Coalition (SEAH) which is dedicated to reducing health disparities and is a charter member of the Arizona Community Health Outreach Worker network. Mary has made a significant contribution to the health and well-being of the Southside Tucson community.

While her contributions to the community have been long standing, her true talent and passion comes out on an individual basis. In a recent diabetes education class she was conducting, a woman was visibly upset because of her recent diabetes diagnosis. Mary, taking the woman aside, provided hope, laughter, and information on how to lead a healthy life. Mary's grace, good humor and caring have made a lasting impact.

Mary will be retiring from the College of Public Health in January.

Contributed by Martha Monroy and Laura Reichhardt

Border Infectious Disease Surveillance BIDS Program Begins New Study This Spring



Beginning Spring 2007, BIDS will undertake a new study to investigate the number of patients that are diagnosed as having community acquired pneumonia that are actually cases of coccidioidomycosis, commonly known as Valley Fever, in the US/Mexico Border Region. This will be a collaborative effort between the Centers for Disease Control, the University Medical Center, Tucson Medical Center and ADHS Office of Border Health, Border Infectious Disease Surveillance.

We have the pleasure of working very closely with Dr. Rebecca Sunenshine, the Deputy State Epidemiologist for Infectious Diseases, Career Epidemiology Field Officer for the Arizona Department of Health Services who will provide her medical expertise and credentials to this study. Her participation will give us the opportunity to work with Emergency Department clinicians and strongly recommend that testing for coccidioidomycosis be done routinely in CAP cases.

Coccidioidomycosis is a fungus endemic to the Sonoran Desert region, parts of Utah, New Mexico, Texas, Mexico and parts of Central and South America. Fungal spores are disseminated through the air when soil is disturbed and can then be inhaled. Forty percent of the cases become symptomatic. Although the disease is not spread from person to person, it can cause

severe illness in immuno-compromised individuals.

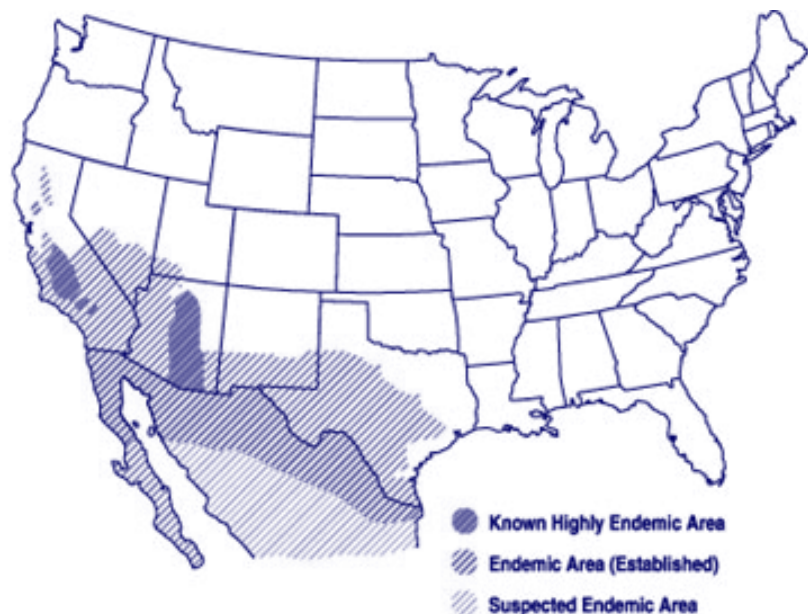
Common signs of coccidioidomycosis infection include flu-like symptoms that can last for a month and tiredness for longer than a few weeks. A small percentage will develop disease spreading to the brain, bone, and skin (disseminated disease). If not treated, valley fever can lead to severe pneumonia, meningitis and even death.

An estimated 50,000 to 100,000 persons develop symptoms of valley fever each year in the United States, although it is believed to be underreported. From January through April of 2006, ADHS had received 2,307 case reports for coccidioidomycosis.

Roberto Castrillo, BA, BIDS Site Coordinator, in collaboration with Myrna Ruiz, MPH, BIDS Regional Coordinator

(Valdivia, et al, 2006 - ; CDC; ADHS Health Alert: Valley Fever at outbreak levels in AZ, May 2006)

“Epidemics have often been more influential than statesmen and soldiers in shaping the course of political history, and diseases may also color the moods of civilizations”
Unknown



Events: January-April

February 26-27: USMBHC 15th Annual Bina-tional Meeting and Pandemic Flu Tabletop. San Diego, CA

March 6-9: Arizona Interagency Farmworkers Coalition Conference Tucson, AZ

March 22-24: National Hispanic Medical Association 11th Annual Conference San Antonio, TX

March 24: World TB Day

April 11-12: Arizona Policy Training Institute
April 16-17, 2007 Information for Action Conference VII for more information, visit:

http://www.azdhs.gov/phs/borderhealth/info_4_action.htm

ARIZONA POLICY TRAINING INSTITUTE: *Tools for Creating Policy Change in Your Community* April 11-12, 2007

What is the Arizona Policy Training Institute?

The Arizona Department of Health Services (ADHS) is partnering with the Arizona Public Health Association (AzPHA) to host a two-day interactive training on April 11-12, 2007 at the Black Canyon Conference Center in Phoenix, Arizona. The purpose of this unique training is to help participants understand the role of changing organizational practices and policies in achieving social changes in communities. This is essential for achieving sustainable outcomes aimed at promoting positive health behaviors. The training will equip participants with tools and a framework needed to engage in systematic planning and implementation of policy-focused interventions as they progress through multi-year projects. The Prevention Institute will assist ADHS and AzPHA in delivering the training and will feature local experts on panel presentations.

Learning Objectives:

1. Understand the value of changing policies and organizational practices to prevent illness and injury.
2. Improve skills in communicating the importance of organizational practice and policy change to coalition and community members.
3. Have an initial familiarity with the Spectrum of Prevention, a tool for developing comprehensive prevention strategies that result in norms change.
4. Develop new contacts and receive peer-to-peer support within geographic regions and across issue areas.
5. Increase familiarity with strategies and activities within Arizona in key areas: diabetes, cancer control, nutrition, physical activity, asthma, and tobacco use.

Who Should Attend?

This unique training event will be offered to 300 state, local and tribal public health staff, program contractors and partners. Due to Arizona's unique ethnic and geographic diversity, this training can only be successful through statewide participation from all rural, urban and tribal areas.

Who are the Partners?

ADHS is collaborating with the AzPHA to make this training a unique and practical experience for the participants. As the voice for public health in the state, AzPHA works to improve the level of health and well-being for all Arizonans through advocacy, education and professional development. As a result, AzPHA will follow the two-day training with the AzPHA Annual Spring Conference "Speaking of Health: Telling and Selling Your Story" on April 13, 2007.

Where will the Training Take Place?

Black Canyon Conference Center
9440 North 25th Avenue
Phoenix, Arizona 85021
www.blackcanyonconferencecenter.com

For additional information please contact Magda Ciocazan at ciocazm@azdhs.gov or 602-364-1613.

Please watch for updates on the training on our website <http://www.azdhs.gov/phs/oncdps/steps/>

The Arizona Policy Training Institute (AzPTI) is an agency-wide effort lead by the Steps To A Healthier Arizona (Steps) Initiative in the Office of Chronic Disease Prevention and Nutrition Services at the Arizona Department of Health Services. This publication is supported by the Steps to a HealthierUS Cooperative Agreement Program of the U.S. Department of Health and Human Services (HHS). Its contents do not necessarily represent the official view of HHS.



Special Edition—Lead in Southern Arizona

Lead Poisoning Does Affect Arizona's Children

Arizona's children continue to be affected by lead poisoning. Over 200 children a year are reported with elevated blood lead levels, yet many children eligible to receive testing may go undetected due to low screening. The primary route of lead exposure for children under the age of six is by ingestion. Children at these ages have a natural tendency for hand to mouth behavior that makes them more susceptible to a variety of lead exposures. Children's rapid growth and development put them at risk for the toxic effects of lead. These children may suffer lifelong effects without necessary medical and environmental interventions.

The Arizona Childhood Lead Poisoning Prevention Program (AzCLPPP) operates within the Office of Environmental Health, Children's Environmental Health Section. The AzCLPPP's responsibilities are: to maintain the Arizona Lead Poisoning Registry, provide case follow-up for lead poisoned children, that may include an environmental investigation to identify lead exposures, and to perform education and outreach activities. The AzCLPPP has been operating since 1996 with state and federal funding from the Centers for Disease Control and Prevention and the U.S. Environmental Protection Agency.

Risk Factors for Childhood Lead Poisoning

- Children in minority populations,
- Children from low income families,
- Children living or regularly visiting housing built before 1978, housing built before 1950 is at greater risk,
- And children enrolled in state Medicaid or other public assistance programs; are at higher risk for lead poisoning.¹

According to 2000 Census data from the U.S. Census Bureau, 99,986 housing units built before 1950 remain in Arizona. 2000 Census data also indicates that 123,922 children under the age of six years old live in poverty.²

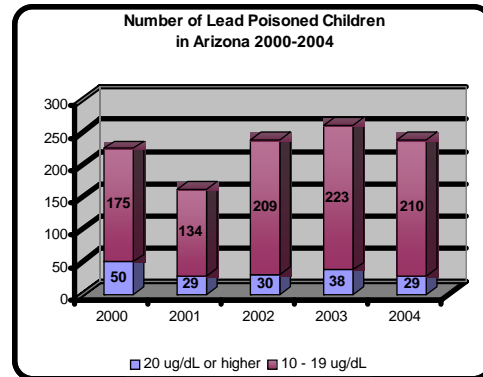
Health Effects from Lead Poisoning

Lead has adverse effects on nearly all organ systems in the body. It is especially harmful to the developing brain and nervous system of children less than 6 years of age. Even at levels as low as 10 micrograms per deciliter (ug/dL), children's intelligence, hearing, and growth can be affected. At very high blood lead levels, children can suffer severe brain damage or die.

A number of studies have estimated that a child's IQ will drop by one to three points for every increase of 10 ug/dL in the child's blood lead level. In a community, the presence of lead poisoned children can be associated with an increase in the number of children with developmental deficits and learning disorders.³

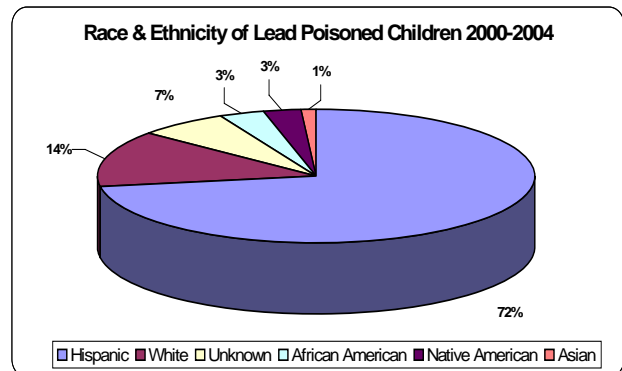
Lead Poisoning Cases in Arizona

The AzCLPPP maintains the lead poisoning registry. The program also provides case follow-up for lead poisoned children, that may include an environmental investigation to determine the source of the lead exposure, and performs education and outreach activities. The number of children less than 16 years old with blood lead levels of ≥ 10 ug/dL reported by laboratories and physicians is displayed in the following graph.

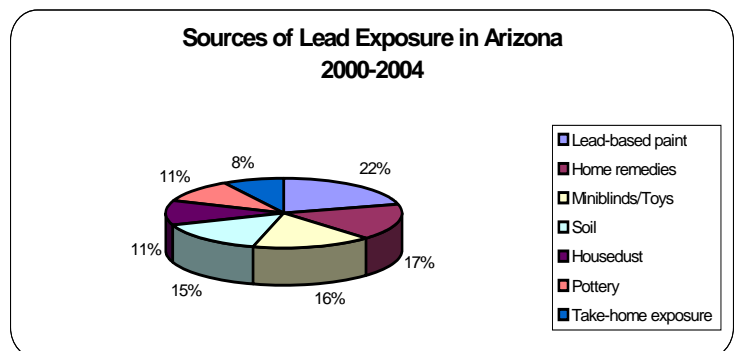


Children in minority populations, children from low income families and children who live in older housing remain at higher risk for lead poisoning. 72% of lead poisoning cases were Hispanic children.

Lead based paint in homes built before 1978 continues to be a re-



maining source of lead poisoning for children in Arizona. Other non-paint sources are significant lead exposures for young children. The U.S. Consumer Product Safety Commission issued several recalls on items, such as metallic jewelry, chalk and toys because of high lead content. The U.S. Food and Drug Administration also issued warnings against certain candies from Mexico due to high levels of lead in the candy. The AzCLPPP provides environmental investigations for cases with blood lead levels of ≥ 20 ug/dL and persistent blood lead levels of ≥ 15 ug/dL. Displayed below are the sources of lead exposures found in environmental investigations conducted for 2000-2004.



... Lead Continued

By Christine Cervantez Young



AzCLPPP Blood Lead Screening Policy

In 1997 the Centers for Disease Control and Prevention (CDC) issued revised screening guidelines in response to poor screening of high-risk children and to address concerns of using limited resources for screening in low-risk areas.⁴ The 1997 CDC publication provided comprehensive guidance for state health departments and their local partners to develop a screening policy based on local

blood lead and housing data. The AzCLPPP screening policy and prevention recommendations are based on guidelines from the CDC.

The AzCLPPP and the Arizona Childhood Lead Poisoning Prevention Coalition selected a screening policy that supports the Centers for Medicare and Medicaid Services requirement of testing all enrolled children. Federal law specifically requires lead screening "as appropriate for age and risk factors" for all children enrolled in Medicaid. The screening provision is part of the mandatory package of preventative health services called "Early Periodic and Screening, Diagnostic and Treatment Services" or EPSDT. Arizona children enrolled in the Arizona Healthcare Cost Containment System (AHCCCS) are eligible for these services. In Arizona, 189,643 children ages 1-5 years old were eligible for EPSDT services in 2003⁵. AHCCCS reported to the AzCLPPP a total of 20,428 blood tests performed for 2003⁶. Children receiving EPSDT services are required to receive a minimum of two blood tests between the ages of 1 to 6 years old. Despite federal and state regulations many children do not receive blood lead testing.

The policy also recommends a geographic targeted blood lead screening plan that focuses on high-risk areas or ZIP codes. The goal of the AzCLPPP screening policy is to ensure that children at risk of lead exposure are tested. The Arizona screening policy is as follows:

- All children covered by the Arizona Health Care Cost Containment System (AHCCCS) should be tested according to the Centers for Medicare and Medicaid Services requirements, as follows: test all children at 12 months and at 24 months of age; test children at 36-72 months of age if they have not been previously tested.

- All children living in high-risk ZIP codes should have a blood lead test at 12 months and at 24 months of age. Children ages 36-72 months should be tested if they have not been previously tested.

- For children not living in a targeted ZIP code, health care providers should conduct an individual risk evaluation in order to determine whether those children are at increased risk of having an elevated blood

lead level (BLL).⁷

Recommended Case Management Elements

Children identified with elevated blood lead levels require further interventions and assessment to reduce or eliminate further damage from lead exposures. The AzCLPPP case management guidelines are based on recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention, a committee that advises and guides the Secretary and Assistant Secretary of Health and Human Services and the Director of the Centers for Disease Control and Prevention (CDC) on childhood lead poisoning prevention efforts. The case management elements include:

- Assessment and remediation of residential lead exposure
- Medical assessment and interventions
- Nutrition assessment and interventions
- Developmental Assessment and interventions
- Educational interventions for caregivers.⁸

The AzCLPPP relies on the assistance and efforts of the child's health care provider, health care coverage provider, social services, housing agencies and the child's caregivers to implement and effectively lower the child's blood lead levels and eliminate lead exposures.

Health Care Provider Resources

AzCLPPP staff is available to provide educational in-services and technical assistance. The AzCLPPP website <http://www.azdhs.gov/phs/oe/invsurv/index.htm>, contains physician reporting forms, publications, brochures and fact sheets.

The AzCLPPP realizes to effectively identify children with lead poisoning and to provide case follow-up, statewide support from local public health agencies, healthcare providers, managed-care organizations, Medicaid, private insurance organizations, and the community is essential.

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*Leadership for a
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Border Health: Information for Action VII **Border Health Challenges in a Global Economy**

Information For Action VII
Border Health Conference
Esplendor Resort
Rio Rico Arizona
April 16-17th 2007

Abstract Deadline: January 26, 2007

Registration fees:
Before March 16, 2007 \$50.00
After March 16, 2007 \$60.00

More information, registration forms, and abstract forms can be retrieved online:
http://www.azdhs.gov/phs/borderhealth/info_4_action.htm