

Community Story



Hermosa Vida logo developed by the I.A.M. Youth Group of the Sunnyside Neighborhood Association in Flagstaff

The Hermosa Vida Project: Creating “A Beautiful Life” in Sunnyside Neighborhood

By Chelsea Kuiper

When Ande Burke, former Enrichment Coordinator for a project called “A Beautiful Life – Hermosa Vida – Nizhóni liná,” started a running club for children during recess at Killip Elementary School, she could not predict the impact the club would have on both the students and herself. Not only did the club gain a following of twenty-plus students, but one second-grade girl was so inspired by her participation in the club that she started her own recess running group. When Ande decided to leave her position with “Hermosa Vida” for a position with a private organization she enrolled as a big sister for this student through the Big Brothers, Big Sisters program. Not only does Ande’s story show the positive difference the Hermosa Vida project has had on the physical and emotional well-being of one particular child, but it illustrates the impact that Hermosa Vida is making toward creating healthy lifestyles in Flagstaff’s Sunnyside Neighborhood.

Hermosa Vida is a project that promotes healthy lifestyles, recognizing that a healthy life is a beautiful life. In 2011, North Country HealthCare, the Sunnyside Neighborhood Association and Flagstaff Medical were awarded a 3-year, \$750,000 grant to implement the project in Flagstaff’s Sunnyside neighborhood. Hermosa Vida addresses strategies for creating a beautiful life at the individual, family, community and policy levels. As a result, a dedicated Community Health Worker and an Enrichment Coordinator orchestrate health-related efforts with a focus on Killip Elementary School, and a Community Organizer coordinates broad-based local efforts that will have lasting impact on policy and places to recreate, among others.

Individual and family strategies for promoting healthy lifestyles include the implementation of structured physical activities during recess, free after-school intramurals that require parental involvement, a walking school bus program and a school-based market that provides free, locally grown produce. Hermosa Vida also organizes and holds Fit Kids drop-in clinics at Killip Elementary School.

Community level strategies include the formation of a policy coalition in Sunnyside that meets regularly to focus and mobilize the community on relevant policy. The project also holds healthy lifestyle events in Sunnyside locations and organizes community-identified efforts around gardening, youth and community building.

As Hermosa Vida nears the end of its first year of implementation, the project is already seeing some positive results toward promoting wellness in Flagstaff.

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From the Mystic Himalayas to the Desert — An Immigrant’s Journey in Addressing Language Barriers in Arizona

“The challenges for immigrants living in the United States are taller than the Himalayas in my country,” says Kamana Khadka, program manager of Bridging Cultures at Asian Pacific Community in Action.

Kamana was born and raised in Kathmandu, Nepal. To the north of Nepal it is the highest point on Earth, Mount Everest. After she graduated from high school in Kathmandu, Kamana came to Phoenix in 2005 to attend Grand Canyon University. Although she was the only student from Nepal, Kamana did not shy away from anyone. She got to know her fellow classmates along with the international students who were from all over the world. Her interest in cultural diversity took her to the surrounding communities where a large number of refugees lived.

“It did not take me long to discover the vulnerabilities of immigrant populations residing in Arizona,” says Kamana. “Although I learned a lot from the international students, the refugee populations from countries like Sudan, Congo, Somalia, Ethiopia, Burma, Vietnam, Cambodia were the ones who left the deepest impression in me.”

During her interactions with the refugee population she quickly realized that one of the biggest challenges for the refugees and immigrants in Arizona was language. She volunteered to jump in and help her refugee friends. Although she did not know their languages, she said with broken English, hand gestures, and attentive ears to the beautiful accents can do miracles. They could communicate with each other.



Kamana Khadka (left) with Uganda children when she traveled there in 2008

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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Arizona Department of Health Services
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<http://www.azminorityhealth.gov>



“Respectful listening is extremely important. Instead of complaining about each other’s accent, why not be patient and listen to each other?” says Kamana.

Kamana’s world started expanding when she started working with the Area Agency on Aging where with a Social Worker she visited all the apartment complexes located in Maricopa County where the refugees were resettled. She noticed the health needs of those refugees and hence received community health worker training through Asian Pacific Community in Action. Kamana is linguistically talented and speaks Nepali, Hindi and English. In 2010 Kamana provided Breast Cancer Education to more than 150 Bhutanese women residing in Phoenix and Tucson areas.

“It was alarming to learn that majority of the Bhutanese women I trained had very little or no knowledge of this deadly disease,” says Kamana.

Kamana foresaw the challenges but also an opportunity. Her workshops extended from the planned 1.5 hours to 3-4 hours.

“We had too much to share,” says Kamana. “I might not be able to help everyone, but helping one individual overcome one challenge at a time gives me immense satisfaction.”

Among many challenges Kamana helped her refugee friends fight against language barrier was still the heart of the issues. “We are not asking for something impossible,” says Kamana. “It is the patient’s right to request a trained health care interpreter at a health care facility, at no cost to the patient.”

In early 2010, Kamana was offered a position as the program manager for its language services project at Asian Pacific Community in Action.

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Greater Attention Needed to Address Chinese American Teen Mental Health

A recent study published in *Research in Nursing & Health* by Drs. Angela Chia-Chen Chen, Steven Haas, Mary Rogers Gilmore, and Albert Kopak from the Southwest Interdisciplinary Research Center (SIRC) at Arizona State University, reveals that Chinese American males over age 15 show higher depressive symptoms than their White male counterparts, while Chinese American females displayed the highest level of depressive symptoms over a seven-year period.

The study used data from the “National Longitudinal Study of Adolescent Health” designed to examine the health behaviors, both physical and mental, of adolescent in grades 7-12 across the United States. Using this data, researchers focused the analysis on two periods of data collection between 1994-1995 and 2001-2002 and compared the levels of depressive symptoms in non-Hispanic Whites and Chinese Americans from adolescence to young adulthood. The final study sample included 403 Chinese American and 11,927 White youth, evenly divided between males and females with ages ranging from 12-21 years old.

Analysis showed that when comparing the levels of depressive symptoms in White versus Chinese American adolescents, females displayed higher rates of depressive symptoms than males across both age groups and over time. These findings indicate that levels of depression exist in both Chinese American and White groups for younger and older age adolescents. Furthermore, depressive symptoms declined faster over time for females compared to males. This finding is inconsistent with previous studies. While the exact reasoning remains unclear, researchers suggest this may have to do with biological changes in puberty or the ability of females to develop better coping skills as they mature into young adulthood. Although both racial/ethnic groups showed declines in levels of depressive symptoms over time, older Chinese American male adolescents continued to report higher rates of depressive symptoms than their same-sex White counterparts when they reached early adulthood. This could be attributed to perceived discrimination linked to increased stress and ultimately higher rates of depressive symptoms.

Results from this study provide a unique look into the understudied minority group of Asian Americans. Findings confirm the need for a greater emphasis on the psychological well-being of Asian Americans and the need for culturally competent health resources within the United States focused on early prevention for Asian American adolescents. ♦

Chia-Chen Chen, A., Haas, S., Gilmore, M.R., & Kopak, A. (2011). Trajectories of depressive symptoms from adolescence to young adulthood: Chinese Americans versus non-Hispanic Whites. *Research in Nursing & Health*, 34, 176-191. doi:10.1002/nur.20429 ‡

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Participation levels in various Hermosa Vida activities indicate that the project is making strides to increase access to resources to engage in healthy behaviors in the Sunnyside Neighborhood. For instance, over 150 children, or over one-third of the Killip student body, currently participate in Hermosa Vida’s free after-school intramural program. The project is fostering community pride through various community activities. One of these efforts was a planter project led by the Sunnyside I.A.M. Youth Group. With the guidance of the Hermosa Vida community organizer, the group hand-crafted over 100 recycled steel cans into planters for tomato plants. The group distributed these planters to Flagstaff residents in an effort to create a spark for gardening in Flagstaff.

As the project is near the end of the first year’s implementation, Hermosa Vida staff and partners have come to recognize the large web of factors that affect the health of Sunnyside residents as well as opportunities for addressing these social determinants of health. On one level, Hermosa Vida recognizes the need to increase public awareness that health disparities exist. More importantly, the project’s staff is aware of the need to affect these health disparities on a local, state, and national level through policy change. As they move into the second year of the project these broad-based changes will increasingly be a focus of their work.



Sunnyside I.A.M. Youth Group painting steel cans for planter project.

To learn more about Hermosa Vida call Chelsea Kuiper, Hermosa Vida Program Coordinator at 928 522-2441 or email ckuiper@northcountryhealthcare.org. ♦

Journey to Health Equity Update from the Arizona Health Disparities Center

By Zipatly Mendoza

Over the past year, the Arizona Department of Health Services (ADHS), Arizona Health Disparities Center (AHDC) has been busy bringing together stakeholders to learn, prioritize and strategize action steps to improve the health of all Arizonans. The AHDC developed a first draft of the Arizona Health Equity Plan while at the same time promoting the launch of the National Partnership for Action (NPA) to eliminate health disparities initiative. The AHDC convened a committee to work on key Language Access Services issues in Arizona. A planning committee, led by the AHDC, developed a 10-part professional development series on the social determinants of health, which was launched on January 18, 2012. Furthermore, the AHDC is a Centers for Disease Control and Prevention (CDC) REACH CORE* grantee working in partnership with Maricopa County Department of Public Health's Office of Performance Improvement and community partners to implement community-driven strategies that impact policy, systemic, and environmental strategies to achieve health equity.

The AHDC is excited of new promising opportunities for 2012. However, a successful year is not possible without a strong team like the AHDC team. The team consists of Zipatly Mendoza, Office Chief; Hong Chartrand, Program Manager; Anna Alonzo, REACH Program Manager; and Rayna Edwards, Epidemiologist (newest team member as of January 30, 2012). The AHDC team looks forward to working closely with you in 2012. ♦



From left to right: Zipatly Mendoza, Rayna Edwards, Anna Alonzo and Hong Chartrand.

* REACH CORE: The **R**acial and **E**thnic **A**pproaches to **C**ommunity **H**ealth Program **C**ommunities **O**rganized to **R**espond and **E**valuate.



Do not be desirous of having things done quickly. Do not look at small advantages. Desire to have things done quickly prevents their being done thoroughly. Looking at small advantages prevents great affairs from being accomplished. ♦

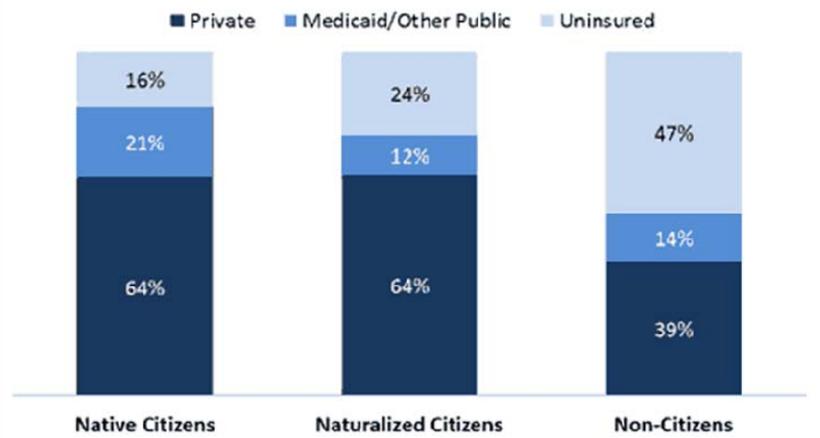
- **Confucius** (BC 551– 479, Chinese Ethical Teacher, Philosopher)

Barriers to Health Care among Immigrants by Insurance Status, 2010

In 2010, there were 21 million non-citizens residing in the United States. Regardless of how they became citizens, U.S. citizens have significantly higher coverage rates than non-citizens. Despite similar employment rates, nearly 40 percent of non-citizens have employer sponsored or other private coverage as compared to nearly 64 percent of both native and naturalized citizens. Almost 50 percent of non-citizens are uninsured. The Affordable Care Act will help make coverage more accessible to lawfully residing immigrants through the expansion of Medicaid and the creation of Health Insurance Exchanges. However, many immigrants currently eligible for coverage face significant barriers when attempting to enroll in Medicaid and Children's Health Insurance Program (CHIP), including fear, difficult application processes, and language and literacy issues. These are just some of the barriers that emerged from focus groups with outreach and enrollment workers who serve immigrant communities. It will be important to address these and other barriers to coverage and access if immigrant families are to benefit from the coverage expansions.

To learn more about the health coverage of immigrants, some of the barriers they face when enrolling in coverage

Health Insurance Coverage for Nonelderly, by Citizenship Status, 2010



and accessing needed care, and some of the strategies successful in overcoming these barriers, please visit <http://www.kff.org/medicaid/8249.cfm>.

Note: Medicaid/Other Public also includes CHIP, other state programs, Medicare, and military-related coverage. Data may not total 100% due to rounding. SOURCE: KCMU/Urban Institute analysis of March 2011 Current Population Survey, Annual Social and Economic Supplement.

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The project is called Bridging Cultures: Connecting Lives Through Language. Bridging Cultures is a very unique project dedicated to tackle language issues among the immigrants living in Maricopa County. Bridging Cultures has been providing professionally trained health care interpreters to the Maricopa County Department of Public Health: Refugee Clinic since 2009. Today the program has a pool of 50 professionally trained health care interpreters who collectively speak more than 30 languages. Since its start, more health service providers, companies, and agencies in Maricopa County have contracted with Bridging Cultures to provide professional interpretation services.

"It is crucial to use only trained health care interpreters. Trained interpreters not only lessen the communications gap but prevent medical errors, saving service providers millions of dollars as a result of malpractice lawsuits," says Kamana.

Kamana feels the pain of many immigrants, some who are in the United States not by choice but by forced circumstances. She hopes that someday they can move around with more confidence within linguistically competent and immigrant-friendly health and social services in Arizona.

She gives a thoughtful suggestion: "I don't think we need to create an entirely different system, office, resources or facilities for people who have limited English Proficiency (LEP). We just need to incorporate the use of professional interpreters and other forms of language services in the already existing resources so that same facilities can also be accessed by LEP individuals."

"Wish" is the meaning of Kamana's name in Nepali, given to her by her grandfather. Kamana has many wishes, and one for next year is to be admitted into the Master's program in Global Health at Arizona State University. We hope that her wish and many other wishes come true.

Physical Activity Program

By Julie Garcia

Physical inactivity is a fast-growing public health problem and contributes to a variety of chronic diseases and health complications, including obesity, diabetes and cancer. There are many benefits associated with physical activity; however, many are not meeting the recommendations. In fact, in 2010, 46 percent of Arizona's adults did not meet the recommendation of 150 minutes per week and 64 percent of adolescents, reporting in 2009, did not meet adequate levels of moderate or vigorous physical activity.

Regular physical activity is one of the most important things you can do for your health. According to the World Health Organization (WHO), regular and adequate levels of physical activity in adults:

- reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer, depression and the risk of falls;
- improve bone and functional health; and
- are a key determinant of energy expenditure, and thus fundamental to energy balance and weight control.

In youth, the benefits are similar; however there is increasing evidence on the correlation between physical activity and improved academic performance.

The Arizona Department of Health Services has been assisting counties across Arizona to focus on increasing physical activity opportunities for both adults and youth. The goal of the physical activity program is to decrease the number of physically inactive adults and youth in Arizona. Data in Arizona currently indicates youth, women, African Americans, Hispanics, older adults, and individuals with lower incomes or less education are more likely not to engage in recommended levels of physical activity.

Physical activity is anything that gets your body moving, it should be fun and it can be incorporated into our daily lives without much effort. For more information, please contact Julie Garcia at 602-542-7536 or julie.garcia@azdhs.gov. ♦

Arizona School-based Sealant Program

By Julia Wacloff

Tooth decay remains the most common chronic diseases of childhood. In Arizona, a 2010 survey of children's oral health showed that 75% of Arizona third graders have tooth decay. Dental sealants are highly effective in preventing tooth decay on chewing surfaces of permanent molar teeth and school-based sealant programs have been shown to be effective in reducing the prevalence of tooth decay. Sealants provide a physical barrier that prevents debris and bacteria from collecting in the pits and fissures of molar teeth. Molar teeth are often the first and most frequent teeth to be affected by tooth decay in children. The Arizona Department of Health Services, Bureau of Women's and Children's Health, Office of Oral Health administers the Arizona School-based Sealant Program. This program seeks to assure that children receive a highly effective but underutilized dental prevention service through a proven community-based approach. The program targets underserved children in 2nd and 6th grades attending eligible schools in Arizona. Eligible schools are public and charter schools with a high proportion of students participating in the National School Lunch Program. Children are entitled to receive a dental screening; those who are uninsured, Medicaid and State Children's Health Insurance Program (SCHIP) beneficiaries, or covered by Indian Health Services also qualify for dental sealants. For more information, please contact Julia Wacloff at julia.wacloff@azdhs.gov. ♦

Publications of Interest:

Finding Answers: Disparities Research for Change—An Update

In 2005, the Robert Wood Johnson Foundation launched Finding Answers: Disparities Research for Change, a national program focused on discovering and evaluating interventions that can reduce racial and ethnic disparities in health care. In 33 sites across the country, Finding Answers researchers focus on reducing disparities in care for cardiovascular disease, diabetes, and depression: diseases where the evidence of disparities in care is strong and the recommended standards of care are clear. An update on the Finding Answers program and its 33 funded projects is now available.

http://www.rwjf.org/qualityequality/product.jsp?id=73833&cid=XEM_205605

The Federal Push To Increase Health Literacy

A January 18 Web First article published by *Health Affairs* focuses on the health literacy dimensions of three major federal initiatives from 2010: the Affordable Care Act, the Department of Health and Human Services' National Action Plan to Improve Health Literacy, and the Plain Writing Act of 2010. "Limited health literacy represents a barrier to public health's quality aims," say the authors. "The successful implementation of the types of health literacy system adaptations noted in this article can help break the cycle of crisis care and move health literacy from the margins to the mainstream of health care practices."

<http://content.healthaffairs.org/content/early/2012/01/18/hlthaff.2011.1169> ♦

Events of Interest:

New Frontier In Global Health Leadership Inaugural Forum: Building Strong Health Systems to Respond to Non-Communicable Diseases

Dates: March 28 - April 1, 2012

Location: Tohono O'odham Nation and The University of Arizona Health Sciences Center, Tucson, AZ

http://ghi.arizona.edu/reg_elp

SIRC Annual Conference: Ten Years of Community-Driven Research: Setting the Course for the Future

Date: April 20, 2012

Location: Hyatt Regency Hotel, Phoenix, AZ

<http://cabhp.asu.edu/events/sirc-10th-annual-research-conference> ♦

Funding Opportunities:

Wal-Mart Foundation: State Giving Program

Deadline: March 2, 2012

Eligibility: Nonprofit organizations that serve young people ages 12-25 years old.

<http://walmartstores.com/CommunityGiving/8168.aspx?p=8979>

Health Resources & Services Administration: Affordable Care Act - Maternal, Infant, and Early Childhood Home Visiting Research Program

Deadline: March 16, 2012

Number and amount of awards: Two awards of \$600,000

Eligibility: Public or nonprofit institutions of higher learning and public or private nonprofit agencies engaged in research or in programs relating to maternal and child health and/or services for children with special health care needs

<http://www07.grants.gov/search/search.do?&mode=VIEWV&oppld=138273> ♦

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 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. ♦

