



Upcoming Events

- **29th Annual National Prevention Network (NPN) Conference**

Dates: September 13 - 15, 2016.

Location: Buffalo, NY.

- **The Healthcare Quality and Equity Action Forum**

Dates: September 29 - 30, 2016

Location: Seaport Boston Hotel, Boston, MA

- **AzPHA Fall 2016 Conference: Healthy Safe Thriving**

Date: September 30, 2016

Location: Desert Willow Conference Center, Phoenix, AZ

- **3rd Annual Arizona Health Equity Conference**

Date: October 20, 2016

Location: Desert Willow Conference Center, Phoenix, AZ

- **Inaugural Summit on the Social Determinants of Health**

Dates: December 5 - 6, 2016

Location: Chicago, IL

Editor's Note

The AHDCConnection is published quarterly on January 31, April 30, July 31 and October 31. We are always looking for stories and information related to efforts to reduce health disparities in Arizona.

Due to space limitations, each article submitted should not be more than 500 words. Notifications of relevant upcoming events, funding opportunities and ideas for community stories are always welcome. The deadline for submission is the 15th of the month prior to the publication date (Dec 15, May 15, June 15 and Sept 15). Please email articles or ideas to hong.chartrand@azdhs.gov.

AHDCConnection - Volume 9, Issue 3 - July 31, 2016



150 N. 18th Avenue, Suite 300
Phoenix, AZ 85007
(602) 542-1219 ph
(602) 542-2011 fax
www.azminorityhealth.gov



ARIZONA DEPARTMENT
OF HEALTH SERVICES



ARIZONA'S
LEADING
HEALTH
DISPARITIES
RESOURCE

AHDCConnection



The Impact of Climate Change on Health and Equity

Certain weather phenomena, such as really hot days, wildfires and droughts, directly impact health—and they are all linked with global climate change. During a trip to Yosemite National Park, President Obama noted, “Climate change is no longer a threat—it’s a reality.” The people at greatest risk of serious harm from these climate change-related events include children, the elderly, people with chronic health conditions, the economically marginalized and communities of color. Tackling the effects of climate change requires that leaders from all sectors of a community work together. That includes health care, public health, community development, housing, urban design, environmental safety, business and more. And it requires leaders who understand how to problem solve across sectors and meet the needs of the most vulnerable. (The information is adopted from the Robert Wood Johnson Foundation.)



Health Start Helps Give Peace of Mind to Pregnant Women and New Moms

By Sara Rumann

“The Health Start Program childbirth classes have helped my fiancé and me prepare for our first child,” says Sara Hernandez. She is looking forward to attending more classes, especially those on breastfeeding and newborn care. Like Sara, clients of the Yuma County Health Start Program are thankful for the Community Health Workers’ (CHWs) willingness to teach child birth education and support them during their pregnancy by sharing important information about eating healthy and breathing techniques during labor.

The Arizona Health Start Program was established at the Arizona Department of Health Services in 1994 under the Arizona Children and Families Stability Act, A.R.S. §36-697, carrying on the work begun in 1988 under the “Un Comienzo Sano/A Healthy Beginning” program, which had its roots in Yuma County, through the Yuma County Public Health Services District (YCPHSD). Yuma County was one of the original providers of the program, training and providing CHWs who go out into the fields to educate women and families and connect them with local health care services and prenatal care providers in the area. The Arizona Health Start Program was developed to address the

steady increases in the rate of women receiving inadequate or no prenatal care and the high rate of infant mortality in Arizona in 1988. The mission of the program is to educate, support and advocate for families at risk of poor birth outcomes by promoting optimal use of community based family health care services and education services through the use of CHWs who live in and reflect the ethnic, cultural and socioeconomic characteristics of the community they serve. Current research published in 2011 in the Maternal and Child Health Journal on the Health Start Program concluded that program’s participants had a greater likelihood of favorable birth outcomes, including higher birth weights and longer gestational ages in comparison to non-Health Start mothers.

Yuma County has successfully provided the Health Start Program since 1988 in the communities of Somerton, San Luis, Wellton and Yuma. Three trained CHWs, Karen Martin, Joan Castillo and Cindy Guzman, perform outreach, prenatal and postpartum home or office visits and conduct health education classes throughout the year in English and Spanish under the direction of Kathy Ward, RN, Nurse Supervisor. (Continued on p 5)

this issue

- The Impact of Climate Change **P.1**
- Health Start **P.1**
- Achieving Health Equity **P.2**
- A Snapshot of Cancer Spending **P.3**
- Inequity and Economics **P.3**
- NATIVE HEALTH **P.5**



Funding Opportunities

Avon Foundation: Avon Breast Health Outreach Program

– Deadline: August 19, 2016

Purpose: to conduct outreach, provide breast cancer education, and link medically underserved populations to breast health education and screening services

Eligibility: non-profit organizations, including small community-based programs

Range of awards: \$30,000 - \$60,000;

Contact: 212.244.5368 or admin@avonbhop.org

American Dental Hygienists' Association: Wrigley Company Foundation Community Service Grant

– Deadline: October 1, 2016

Purpose: to improve oral health or providing oral health education. This grant program is designed to encourage dental hygienists to design and implement oral healthcare-related community health programs within the communities where they live and work.

Eligibility: Licensed dental hygienists who are active members of American Dental Hygienists' Association

Range of awards: \$2,500 - \$5,000

Contact: 312.440.8900 or institute@adha.net



I first met Dr. Crista Johnson-Agbakwu when she moved to Phoenix in 2008 to start the Refugee Women's Health Clinic (RWHC) at Maricopa Integrated Health System (MIHS), the first of its kind in the United States. Dr. Johnson-Agbakwu is an Obstetrician/Gynecologist at MIHS as well as a researcher in the Southwest Interdisciplinary Research Center at Arizona State University focusing on improving reproductive health outcomes for newly-arrived refugee women, particularly those who have undergone Female Genital Cutting (FGC) as well as Sexual and Gender-Based Violence (SGBV). This was my first time hearing about FGC, an ancient cultural practice which involves partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. FGC is usually performed on girls from infancy to 26 years old and most are between 5-8 years old. Approximately 30 countries across Sub-Saharan Africa, the Middle East

and South-East Asia practice FGC, but it is illegal in North America and throughout Europe, according to the World Health Organization. FGC is an extremely sensitive and misunderstood issue. Since the 1990s, it has become a public health issue and political hot topic in the United States as more and more refugees have arrived here.

“Many refugee women fear the health care system because they are concerned that they will receive C-sections when pregnant, for example,

because they have learned that most American doctors do not know how to deliver a baby for a woman with a circumcision scar,” said Dr. Johnson-Agbakwu. “The problem is that there's minimal if any formal training in medical schools or residency programs on how to counsel patients and manage the circumcision scar, so doctors may lean toward performing a C-section. In many cases, problems are also exacerbated by the lack of interpreters in many

Achieving Health Equity for Refugee Women and Their Families

– An OB/GYN's Story

hospitals, leading to poor patient/provider communication.”

Over the past 8 years, under Dr. Johnson-Agbakwu's leadership, the RWHC has grown from, initially serving only a few Somali and Burundian refugees to now serving more than 5,000 patients from 49 countries across Sub-

Saharan Africa, the Middle East and South-East Asia who speak 41 languages, and is comprised of a team of two OB/

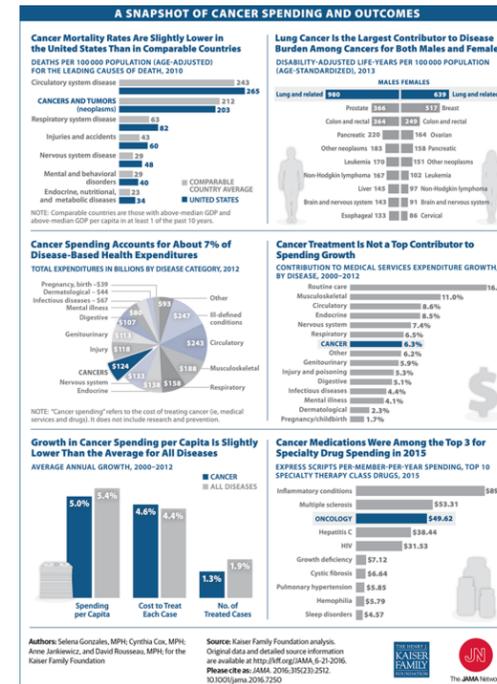
In many cases, problems are also exacerbated by the lack of interpreters in many hospitals, leading to poor patient/provider communication.”

GYNs, two nurses/-midwives and 4 Cultural Health Navigators who speak 13 languages. As of April 2016, the RWHC has delivered 1,000 babies. Dr. Johnson-Agbakwu has presented nationally and internationally on the challenges faced by health care providers in the care of refugee women as well as the opportunities to improve the quality of care for this vulnerable population. Her pioneer work is being replicated across the United States.

(Continued on p. 4)



A Snapshot of Cancer Spending and Outcome



This Visualizing Health Policy infographic provides details on cancer spending and outcomes in the United States. The U.S. cancer mortality rate, 203 deaths per 100,000 population, was slightly lower than in comparable countries in 2010. Among cancers, lung cancer is the largest contributor to disease burden for both men and women. The United States spent \$124 billion to treat cancer in 2012, which accounted for about 7% of the nation's disease-based health expenditures. However, growth in cancer spending contributed only 6.3% to the nation's medical services expenditure growth, while the top 3 diseases contributed 36%. During that time, per capita spending on cancer increased 5%, which was slightly lower than the average for all diseases. Cancer medications were among the top 3 for specialty drug spending in 2015, behind medications for inflammatory conditions and multiple sclerosis.

(Source: Kaiser Family Foundation analysis. Original data and detailed source information are available at http://kff.org/JAMA_7-05-2016.)

New Publications of Interest

- [Compendium of State-Sponsored National CLAS Standards Implementation Activities](#)
- [Health Literacy in Dentistry and Navajo Nation Community Health Representatives](#)
- [Toolkit: Clinical Trial Diversity Stakeholder Communications](#)
- [Mapping the Impact of Rising Rents](#)

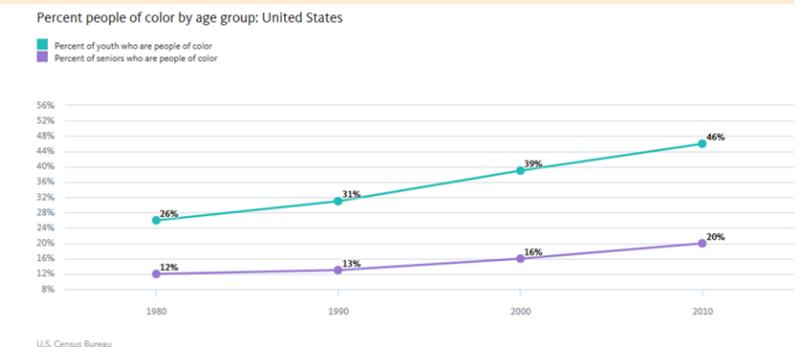


INEQUITY AND ECONOMICS

A majority of children under five years old in the United States are children of color. By the end of 2020, the majority of people under 18 years old will be of color, and by 2044, the majority in the United States will be people of color, according to the National Equity Atlas. In addition, a racial generation gap largely exists in our nation. In 1980, there was a racial generation gap of 14 percent, compared to 26 percent in 2010 in the United States. Youth are at the forefront of America's demographic transition, and the youth population is much more diverse than the senior population. Bridging the racial generation gap between a diverse youth population and a predominantly white senior population is critical to building a strong workforce ready for the jobs of the future, since research suggests a high racial generation gap results in lower investments in education.

The growing diverse population in the United States is a tremendous economic asset in the global economy. Rising income inequality and persistent racial gaps in health, wealth, income, employment, education and opportunity, however, prevent low-income people and people of color from realizing their full economic

potential. As the nation becomes more diverse, the costs of inequity will grow. People of color have the highest rates of economic insecurity, while Whites saw the largest increase since 2000. As the number of people of color continues to





Achieving Health Equity for Refugee Women and Their Families. Cont.

There were a few important periods in her early life that shaped Dr. Johnson-Agbakwu's career path. Her parents were Jamaican immigrants and have always been active in the community. Her father founded the West-Indian American newspaper and Caribbean Resource Center to serve the Caribbean-American communities in the Greater Hartford region of Connecticut. This helped expose her to the complex social inequities and challenges faced by minority communities, and developed her sense of responsibility to give back. In high school, a medical doctor inspired her to set the goal to study at Johns Hopkins University to become a physician. When she was in her senior year at the University, she happened to read a book *Possessing the Secret of Joy* by Alice Walker. The book illustrated the life of Tashi, who underwent FGC. This was the first time Dr. Johnson-Agbakwu had heard of the practice of FGC. The topic became the thesis of a course she took during her senior year, which then became her focus in medical school at Weil Medical College of Cornell University. During her first year of medical school, her experience as a summer intern at RAINBO (Research Action and Information Network for the Bodily Integrity of Women), an international non-governmental organization established in 1990s to work toward the elimination of FGC, would define her future career path. Dr. Johnson-Agbakwu decided to pursue a career in Obstetrics & Gynecology and completed her residency training at the George Washington University Medical Center, where she cared for served a large African immigrant and refugee population across the Washington, DC metro region, many of whom were affected by FGC. She subsequently completed a fellowship in Female Sexual Medicine at the University of California, Los Angeles and then became a Robert Wood Johnson Foundation

Clinical Scholar at the University of Michigan, where she obtained her Masters in Health and Health Care Research examining disparities in reproductive health care among refugees/immigrants.

"The key to success in bringing about effective change is to work to build community partnerships," said Dr. Johnson-Agbakwu. "Building trust also means concentrating on the coordination and continuity of care offered to the community you are working in. At the clinic, we hope to become a national model for this type of care."

As for the future, Dr. Johnson-Agbakwu would like to create a Center of Excellence in Refugee Health that will encompass not only refugee women and children,

but refugee families as a whole, through a multidisciplinary approach that integrates clinical care, behavioral health and social services with community-based participatory research to enhance health literacy,

build community capacity, advocacy and empowerment to achieve health equity. In addition to being a resource in the refugee community, this Center would also provide critical skills training on culturally competent care and how to engage in community-partnered research for medical and nursing students, residents in training, and graduate students in social work, public health, and other health and social science professions.

"The key to success in bringing about effective change is to work to build community partnerships."



Dr. Johnson-Agbakwu (left) with her care team.

Health Start Helps Give Peace of Mind, cont.

The Yuma County Health Start Program served 291 clients and provided over 1,327 visits in 2015.

Enrollment in the Health Start program is open to women who are pregnant or have children up to two years of age, have one medical and one social risk factor and live in Yuma County. The CHWs assist moms and their families by providing access to needed prenatal care, providing home or office visits during pregnancy and after babies are born to help the client and child stay healthy and provide assistance with referrals to community services, health care and child care.

The Yuma County Health Start Program provided 60 childbirth classes and 36 breastfeeding classes in 2015. Joan Castillo and

Cindy Guzman are certified lactation counselors, infant massage instructors and Ages and Stages Questionnaire (ASQ) Trainers. The ASQ questionnaire helps CHWs identify infant and toddler developmental delays with input from the parents. All of the Yuma County CHWs are car seat safety certified technicians.

The Health Start Program has had a positive impact on the women and children it serves. "Health Start has helped me learn a lot about how to take care of my newborn, as well as what to expect during pregnancy and labor," client Diana Wakeland shared. "I am very appreciative of this program because it helps me have peace of mind and not feel so clueless or alone once my son is born. I would recommend this program to all first-time moms.

This Community Health Workers are amazing." For more information, contact Kathy Ward, RN at (928) 317-4540 or Kathy.Ward@yumacountyaz.gov.

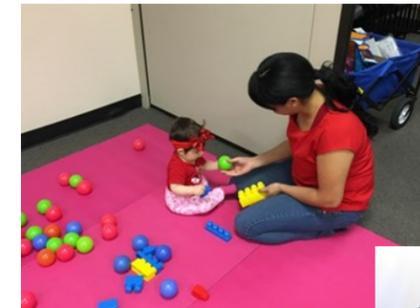


Photo above: CHW Cindy Guzman teaches a Health Start child new skills.



Photo at right: CHW Joan Castillo teaches a car seat safety class to new moms.

Photo at top: CHW Karen Martin explains labor and delivery to a Health Start client.

Photo at left: Kathy Ward, RN, teaches clients and families about child birth.

NATIVE HEALTH PROVIDES ORAL HEALTH EDUCATION AND SCREENINGS TO COMMUNITIES



The Native American Community Health Center, Inc. (NATIVE HEALTH), a Federally qualified health center, offers a full array of health care and social services, with two clinical sites in the Phoenix metropolitan area, Maricopa County. Its central Phoenix site provides primary medical, dental, behavioral health and WIC services to urban Native Americans, Hispanics and other community members. Approximately two years ago, NATIVE HEALTH started providing oral health screenings, fluoride varnishes and referrals to urban American Indian and other minority racial/ethnic children aged zero through 17 years old in the community outreach setting. In the photo, Kathy Shurba (left), a dental hygienist and Oral Health Outreach Coordinator of NATIVE HEALTH provides oral health services at the Consulate General of Mexico in Phoenix.

