



Personal Story

HIV/AIDS Surviving Warrior

By Hong Chartrand

When I first heard about and then saw MiAsia Pasha, she was standing on the stage for the Southwest Interdisciplinary Research Center's (SIRC) 8th Annual Conference. She had been nominated and chosen to receive the SIRC Community Leadership Award for Dedication to the Elimination of Health Disparities in 2010. With waves of applause and brightly flashing lights, MiAsia, an HIV positive patient and active community advocate, stood there elegantly, wearing a typical African-American tiger-striped robe and smiling beautifully.

Dr. Alyssa Robillard, who nominated MiAsia for this award said, "MiAsia is a selfless individual who is committed to HIV/AIDS education and prevention in the African-American community. I stand in awe of her boundless energy and her dedication to eliminate HIV/AIDS disparities."

MiAsia described herself as a 57-year-old HIV/AIDS surviving warrior. It was a long journey for her from denial to fighting the disease. MiAsia's first husband died from AIDS in 1991. Following his death, MiAsia underwent an HIV test and received the positive diagnosis. Showing no symptoms and being healthy, MiAsia lived in a state of denial for 10 years after the test, although it was a struggle in her heart and mind. In 2001, she developed complications after having a tooth pulled. She lost weight and antibiotics were ineffective. Tests showed that she had approximately 4 T-lymphocytes or T cells (T stands for thymus, a specialized organ in the immune system). Her negative experi-

ence in health care made her give up. The medication made her sick, the stigma associated with HIV/AIDS made her fearful. MiAsia all but lost the willpower to fight, refusing any treatment. She left Phoenix and went back to her hometown and her family to wait for death.

Tortured by MiAsia's attitude, her best friend, Lelitha (Peaches) Anderson, on Christmas of 2001, said to her, "God told me there is no room in Heaven for you." Her family also found her a much more compassionate doctor. That love and support gave MiAsia hope and encouragement. She started taking medication and changed her life style and attitude. She became a fearless fighter not only for her own life but others. When MiAsia learned about her husband's disease in 1991, she had no idea of the impact that HIV/AIDS had on the African-American community. Now she is fully aware of it. She says, "HIV has made me aware of my purpose on this earth, to be an advocate on the disease. It has made me aware of the need for advocates within our community. I think people need a role model who is both positive and a survivor whom they can look up to and say 'she is doing well.'"

In 2003, MiAsia was nominated to the Ryan White Planning Council, which handles the funding for HIV/AIDS-related services for Persons Living with HIV. She had been instrumental in the development of the Arizona Black AIDS Task Force (ABATF) which is now into its 2nd year where she serves (continued on page 4)



MiAsia Pasha (left), her best friend Peaches Anderson (right) and her Fashion show models LeRoy Gatson (back) and Mimi Velazquez (middle)

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Health Profession Students Assist Communities

By Schelley Swearingin

Community Story

What If...? These are two very powerful words when spoken by high capacity, highly energetic college students! That little statement *what if...?* became the catalyst for a dynamic health education center in North-Central Phoenix serving the families of the Washington Elementary School District and the surrounding neighborhoods. This center, a satellite center of LifeBridge Community Alliance (Lifebridgeaz.org), began as a dream of health profession students, and then was brought into existence through their hard work and energy. Along with Ellen Summo, director of the Greater Valley Area Health Education Centers (GVAHEC), the students cleared classroom space, painted walls, created a brochure explaining who they are, designed the mission statement and began serving the community.

GVAHEC is a program of Empowerment Systems and is committed to connecting health professionals to communities and communities to health resources. The satellite office at LifeBridge has played a large role in bringing those resources to an under-served community in North-Central Phoenix. GVAHEC believes in the powerful creativity and personal resources of the upcoming health professionals. These college students from a variety of disciplines come together to form an interdisciplinary approach to meeting community needs. This takes the form of personal coaching and motivational interviewing, free health classes offered to the community in numerous venues, free blood pressure screenings and education, assistance with online AHCCCS applications and help directing people to free and/or low-cost health care. The student interns have served as advocates for local community members with their health care providers, helping them to navigate insurance company expectations and understand doctor's instructions.



GVAHEC @ LifeBridge Health Education Center



The dental students are providing services to the community.

Arizona Health Disparities Center

Mission:

To promote and protect the health and well being of the minority and vulnerable populations of Arizona by enhancing the capacity of the public health system to effectively serve minority populations and reduce health disparities.

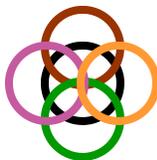
Vision:

Health equity for all

We envision a state where each person has equal opportunity to prevent and overcome disease and live a longer, healthier life.

Contact:

Arizona Health Disparities Center
Bureau of Health System Development
Arizona Department of Health Services
1740 West Adams Suite 205
Phoenix, AZ 85007
602-542-1219
602-542-2011 fax



<http://www.azminorityhealth.gov>

GVAHEC at LifeBridge has offered community outreach events this past year with wide participation from the community. More than 250 elementary-age students received education on sun and water safety at their Fun In The Sun event. At their Back-to-School event they were able to give 135 elementary-age children backpacks and school supplies and 200 children received free dental screenings provided by A.T. Stills University and free eye exams offered by a local optometrist. Other local agencies came to help educate the families on the various services located in their neighborhood. Both of these events are examples of the many different programs offered through GVAHEC and were conceptualized and executed by the college student interns.

In the past 5 months, the program has been able to teach health classes to various refugee populations. Working through interpreters, Pharmacy students offered three presentations regarding Over-the-Counter Medication safety, Immunizations and Point of Care. This has been an exciting area of expansion that the program is hoping to grow as new interns participate.

To date, 80 college students have participated in the health professions community outreach internships at both locations (Apache Junction and LifeBridge). If you would like to know more about GVAHEC at LifeBridge or have opportunities that may be a good fit for the student interns, please contact (480) 982-1603 or sswearingin@gvahec.org.

Prevalence of Obesity* Among Children and Adolescents by Race/Ethnicity

Data Speak

“Healthy People 2010 identified overweight and obesity as 1 of 10 leading health indicators and called for a reduction in the proportion of children and adolescents who are overweight or obese. But the United States has made little progress toward this goal,” according to Cynthia Ogden and Margaret Carroll from the National Center for Health Statistics, Centers of Disease Control and Prevention. The National Health and Nutrition Examination Survey (NHANES), administered by the National Center for Health Statistics, is a program of studies designed to assess the health and nutritional status of adults and children in the United States. Cynthia Ogden and Margaret Carroll analyzed NHANES data from 1963 to 2008 to monitor progress toward reducing the national prevalence of overweight and obesity. Their results from the 2007–2008 NHANES, using measured height and weight, indicate that “an estimated 16.9% of children and adolescents aged 2–19 years are obese.”

There are significant racial and ethnic disparities in obesity prevalence among U.S. children and adolescents. Table 1 shows the estimates in obesity prevalence by race/ethnicity for boys and girls since 1988–1994 NHANES. From 1988-1994 to 2007-2008, the prevalence of obesity among all the groups increased.

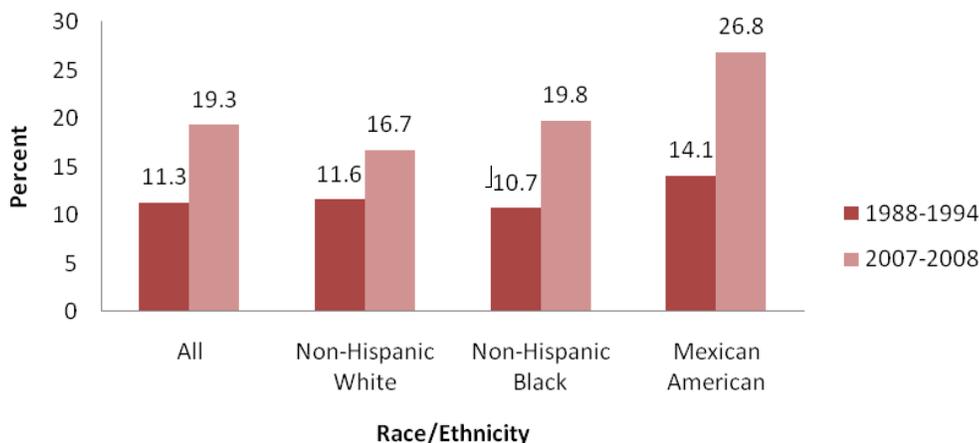
Table 1. Prevalence of Obesity among U.S. adolescents aged 12-19, for selected years 1988-1994 through 2007-2008

| | NHANES 1988-1994 | NHANES 1999-2000 | NHANES 2001-2002 | NHANES 2003-2004 | NHANES 2005-2006 | NHANES 2007-2008 |
|---------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Boy | | | | | | |
| All | 11.3 | 14.8 | 17.6 | 18.2 | 18.2 | 19.3 |
| Non-Hispanic White | 11.6 | 11.8 | 16.6 | 19.1 | 15.5 | 16.7 |
| Non-Hispanic Black | 10.7 | 21.1 | 16.7 | 18.4 | 18.4 | 19.8 |
| Mexican American | 14.1 | 27.2 | 21.8 | 18.3 | 25.6 | 26.8 |
| Girls** | | | | | | |
| All | 9.7 | 14.8 | 15.7 | 16.4 | 17.3 | 16.8 |
| Non-Hispanic White | 8.9 | 11.0 | 13.7 | 15.4 | 13.5 | 14.5 |
| Non-Hispanic Black | 16.3 | 25.2 | 22.0 | 25.4 | 29.8 | 29.2 |
| Mexican American | 13.4 | 19.3 | 20.3 | 14.1 | 25.4 | 17.4 |

In 2007–2008, the prevalence of obesity was significantly higher among Mexican-American adolescent boys (26.8%) than among all adolescent boys (19.3%), while the prevalence of obesity was significantly higher among Non-Hispanic Black adolescent girls (29.2%) than among all adolescent girls (16.8%). In the 1988–1994 NHANES, there was difference in prevalence between Mexican-American and all adolescent boys (14.1% versus 11.3%), while the prevalence of obesity was significantly higher among Non-Hispanic Black adolescent girls (16.3%) than among all adolescent girls (9.7%).

Between 1988–1994 and 2007–2008 the prevalence of obesity increased from 11.6% to 16.7% among non-Hispanic White boys and from 10.7% to 19.8% among non-Hispanic Black boys and from 14.1% to 26.8% among Mexican-American boys (Figure 1).

Figure 1. Prevalence of obesity among boys aged 12-19 years, by race/ethnicity: United States, 1988-1994 and 2007-2008

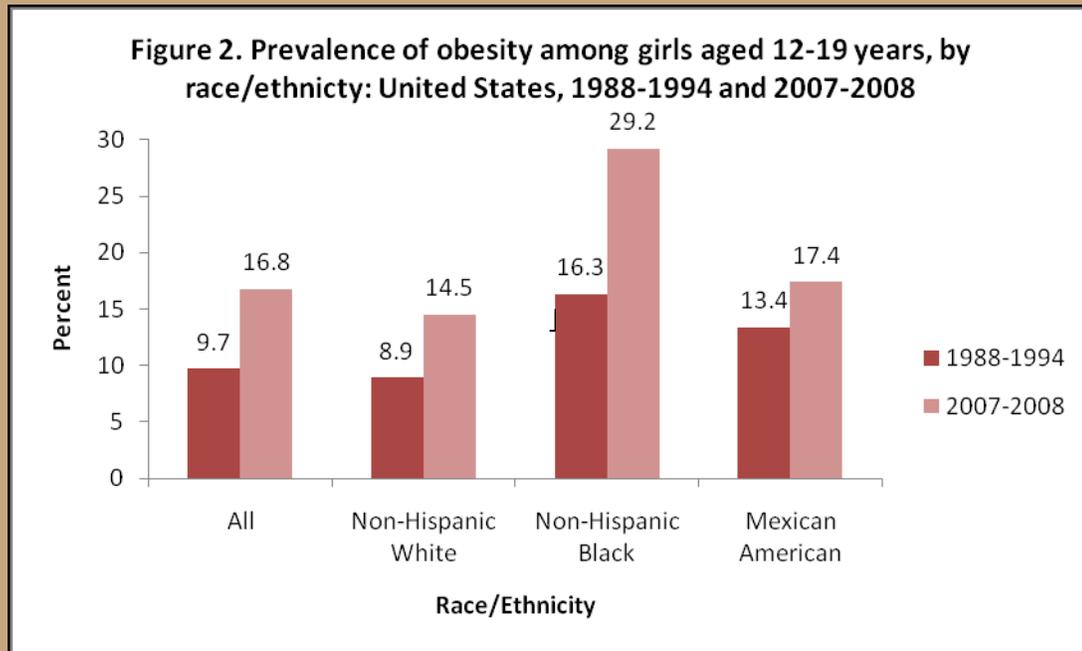


Among girls in the period 2007–2008, non-Hispanic Black adolescents (29.2%) were as twice as likely to be obese compared to all adolescents (16.8%). Similarly, non-Hispanic Black adolescent girls (16.3%) were more likely to be obese compared to all adolescent girls (9.7%) in the period 1988–1994. Between 1988–1994 and 2007–2008 the prevalence of obesity increased from 8.9% to 14.5% among non-Hispanic White girls, from 16.3% to 29.2% among non-Hispanic Black girls and from 13.4% to 17.4% among Mexican-American girls (Figure 2).

Prevalence of Obesity* Among Children and Adolescents by Race/Ethnicity

Data Speak

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Notes:

* Obesity is defined as body mass index (BMI) greater than or equal to sex- and age-specific 95th percentile from the 2000 CDC Growth Charts.

** Excludes pregnant females

Sources:

Prevalence of overweight among children and adolescents: United States, 2003–2004.

http://www.cdc.gov/nchs/data/hestat/overweight/overweight_child_03.htm

Prevalence of overweight among children and adolescents: United States, 1999–2002.

<http://www.cdc.gov/nchs/data/hestat/overweight/overweight99.htm>

Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963–1965 Through 2007–2008

http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.pdf ♦

HIV/AIDS Surviving Warrior continued from page 1

as the current chairperson. ABATF recently hosted their first HIV/AIDS Leadership Summit. The one-day training for the community persons, both positive and/or affected by HIV, taught how to become engaging speakers. Last year MiAsia chaired the Awareness Committee of ABATF to host an open dialog event called RU POSITIVE. MiAsia gives presentations about HIV/AIDS and related topics at schools, universities, churches and other community arenas in the Phoenix area. As Dr. Robillard said, “MiAsia never hesitates to offer her leadership or assistance. She is always willing to share her story. Even if she impacts only one person, she finds renewed strength to continue this work.”

In her “spare time” MiAsia gives motivational workshops at Central Arizona Shelter Services (CASS) where she has sat on the Board of Directors for the past 18+ years. She has just opened her own Transitional Living Facility for Single Homeless Women which she has named “MiAsia’s House of Dreams.” MiAsia has received many awards for her hard work and commitments including The World AIDS Day Award in 2006 and the UNSUNG Hero Award in 2007 from the African-American Legislature – Phoenix. She is truly a surviving warrior who continues to lead the charge for change with a new motto “We Cannot Change Unless We Survive, but We Will Not Survive Unless We Change.” ♦

Funding Opportunities:

viaLanguage: Translation Grant

Deadline: August 31, 2010

Amount: \$5,000 of in-kind translation for programs supporting ethnic communities

http://www.vialanguage.com/content/translation_grant.php

National Institutes of Health: Seek, Test, Treat, and Retain: Addressing HIV among Vulnerable Populations (R01)

Deadline: November 15, 2010

Funding Opportunity Number: RFA-DA-11-001

CFDA Number(s): 93.242 and 93.279

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-11-001.html>

Aetna Foundation: Regional Community Health Grants Program

Deadline: Letters of Inquiry are accepted on a rolling basis

Purpose: to provide funding focused on reducing disparities in health care among racial and ethnic populations

<http://www.aetna-foundation.org/foundation/index.html> ♦

Events of Interest:

2010 Arizona Public Health Association Annual Meeting & Conference: Breaking Barriers, Building Bridges

Dates: September 15-17, 2010

Location: Scottsdale Plaza Resort, Scottsdale, AZ

[http://www.azpha.org/index.php?](http://www.azpha.org/index.php?option=com_content&view=article&id=7&Itemid=12)

[option=com_content&view=article&id=7&Itemid=12](http://www.azpha.org/index.php?option=com_content&view=article&id=7&Itemid=12)

Train-the-Trainer Session on Cultural Competency in Health Care

Date: September 21, 2010

Location: Boston, MA

Contact: Sarah Rogalewski at srogalewski@qualityinteractions.org

Addressing Health Disparities and Health Literacy Challenges in the South Asian Community

Date: October 9, 2010

Location: New Jersey Hospital Association, Conference and Event Center, 760 Alexander Road, Princeton, New Jersey

<http://ccoe.umdnj.edu/SouthAsianCommunity/>

DiversityRx 2010: 7th National Conference on Quality Health Care for Culturally Diverse Populations – Improving health care for culturally diverse populations: A new place on the national health agenda

Dates: October 18-21, 2010

Location: Baltimore, MD

www.diversityrxconference.org/2010 ♦

Publications of Interest:

LANGUAGE ACCESS: Selected Agencies Can Improve Services to Limited English Proficient Persons

The new report by the United States Government Accountability Office shows just how well some federal agencies are doing in this regard. The 63-page report - and report card - is a fascinating window into how the U.S. federal government views language access. <http://www.gao.gov/new.items/d1091.pdf>

Healthcare Equality Index (HEI) 2010

It reports the results of an annual survey on healthcare facility policies on issues of concern to the lesbian, gay, bisexual and transgender (LGBT) community including patient non-discrimination and visitation policies, cultural competency training and employment benefits. <http://www.hrc.org/documents/HRC-Healthcare-Equality-Index-2010.pdf> ♦

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. ♦

