



Community Story



Little hero Teagan Johnson

Extraordinary Educational Center Inspires Arizonans' to Live Heart Healthy!

By Dana Jirauch

Eight-year-old Teagan Johnson was proud of herself when she used what she had learned about the warning signs of a heart attack to save her uncle's life. Teagan had visited the Halle Heart Children's Museum with her schoolmates and learned the facts about heart disease. When she saw her uncle showing signs that he was experiencing a heart attack, Teagan convinced her aunt to call 911, which doctors believed saved her uncle's life.

The new Halle Heart Children's Museum is an extraordinary educational learning center dedicated to teaching and empowering kids of all ages about the importance of choosing life-long heart-healthy behaviors. As a result of this fun and innovative experience, visitors leave with a hopeful sense of control over their personal risk factors and with the understanding that there are things they can do to impact their health now and in the future.

This valuable community resource located in Tempe Arizona, It is the only cardiovascular educational facility of its kind in the nation. The Museum opened in January of this year after a complete renovation of the Halle Heart Center, which had educated approximately 500,000 visitors since it opened in 1996. Although there is a strong focus on health as it relates to the cardiovascular system, visitors learn that choosing a healthy lifestyle will lower their risk factors for other diseases such as obesity, high blood pressure, diabetes, cancer, etc.

The sheer magnitude of reinforced knowledge presented at the Museum is just not possible to convey in any other setting. Utilizing the most current American Heart Association science and cutting edge technology, and through interactive play, visitors learn how the circulatory system works, how to read food labels, how much total fat should be consumed per day, healthy weight management, portion control, the importance of increasing one's heart rate through daily physical activity, the effects of smoking and so much more. While important for everyone, this education is especially important for kids from lower income families, as they demonstrate higher rates of obesity and type-2 diabetes, both of which are leading risk factors for heart disease. Lack of exercise and poor diet are the two most significant contributors to obesity and cause numerous health-related illnesses. Studies show obesity has a negative impact on a child's self-esteem, behavior, friendships and academic achievement. Because of the increasing rates of obesity, unhealthy eating habits and physical inactivity, we may see the first generation that will be less healthy and have a shorter life expectancy than its parents.

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Personal Story

Journal to Control Diabetes

David Aguirre looks like a totally different man than he was a year ago. “I look good and feel great,” David says. His journey to control diabetes has turned into a great success, having lost over 80 pounds and lowered his insulin intake.

“It was not an easy decision to make,” David admits. “It took lots of discipline and will power to make lifestyle changes and stay on the right track.”

David was born in a small town in Durango, Mexico and came to the United States when he was about 7 years old. He is the youngest of 14 brothers and sisters. The lifestyle he naturally adopted from his big family was to eat once or twice a day with no limit to the food each time and didn’t exercise. “I have always been big and never took care of myself,” says David. As a matter of fact, he never thought it was necessary to take care of himself in a healthy way and never realized the alarming sign of diabetes risk to himself, even though diabetes runs in his family in both parents. Approximately 30 years ago, his mother started to take insulin and 15 years later, some diabetes symptoms appeared for David. He was getting thirsty all the time and urinating a lot. He suspected that he had diabetes and went to see a doctor. His suspicion was confirmed that he had type-2 diabetes. David was in denial and thought that diabetes would go away. Therefore, he continued with his ways of eating and sedentary lifestyle.



David Aguirre was on the top of a mountain.

About 6 years ago, David started to work at *Concilio Latino de Salud Inc.*, a community-based organization to serve the Hispanic / Latino communities by promoting education and disease prevention in the greater Phoenix area, as a prevention specialist. Part of his job is to educate people about diabetes. However, he never did what he was telling people to do about preventing/controlling diabetes. He still felt it was easier to continue with his ways of eating and sedentary lifestyle.

David’s mother’s health conditions got worse due to complications of diabetes about one year ago. She had kidney failure but refused to undergo dialysis. It was a big torture for David to see his mother suffering. He felt helpless, hopeless and scared, which was a wake-up call regarding his own health condition. David decided to make changes and get control of his diabetes. He started to control the portions of food he ate and have a few small meals throughout the day. He ate more vegetables and fruit, especially as snacks between meals. He also started to do exercise. It was not easy to make any lifestyle changes. In the beginning, he thought about quitting every day. There were some relapses, especially during the weekends when family members got together. There were lots of distractions for David from the new lifestyle track. “It was very hard to convince the rest of my family to help me,” says David.

It took strong will power and discipline to continue his new lifestyle journey. “It was not easy because I did a whole lifestyle change and most of it was around the way I was eating and not what I was eating,” he says. Gradually, he received full support from his whole family and even the community. His children follow his steps to eat right and exercise, and people he serves follow his lead as well. Some of clients have been successful to control their weight.

David is stronger than ever and happier than ever. He walks five miles every day and even climbs Estrella Mountain, which he never imaged he could do before. He participated in AIDS walk and other community awareness activities.

David plans to tell his story to anyone who would like to listen. “If I was able to control the diabetes, anyone else can do it,” says David. His only regret is that he was not able to help his mother. She passed away in January, 2011, due to diabetes complications. ♦

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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Using Community-Based Participatory Research to Create a Culturally Grounded Intervention for Parents and Youth to Prevent Risky Behaviors

A recent article in *Prevention Science* by Monica Bermúdez Parsai, Felipe González Castro, Flavio F. Marsiglia, Mary L. Harthun, and Hector Valdez from Southwest Interdisciplinary Research Center (SIRC) at Arizona State University described how to conduct Community Based Participatory Research (CBPR) to design curriculum-based intervention program for Latino parents and youth to prevent adolescents engaging in risky behaviors.

CBPR is a research method that equally integrates the inputs and efforts from community members and academic/research partners to the research enterprise. SIRC's goal is to design a program that reflects the cultural values and practices tailored to the priorities, needs and preferences of the community.

After identifying the population of interest, in this case Latino families, SIRC researchers then reviewed and identified core elements of existing evidence-based programs. Focus groups were conducted with key stakeholders in the community - parents, teachers, and school administrators and staff—to provide feedback on the content of these existing evidence-based programs and to gauge if these core elements would be helpful to Latino parents living in Phoenix. Based on the community feedback, SIRC researchers identified emerging themes and modified the curriculum accordingly.

Through this CBPR process, Familias Preparando a la Nueva Generación [Families Preparing the New Generation] was designed as a culturally-based intervention program for empowering Latino families to address and prevent risky behaviors among youth. Currently, SIRC is testing the effectiveness of Familias Preparando a la Nueva Generación through a randomized-control trial in nine Phoenix-public schools. ♦

Parsai, M.B., Castro, F.G., Marsiglia, F.F., Harthun, M.L., & Valdez, H. (2011). Using CBPR to create a culturally grounded intervention for parents & youth to prevent risky behaviors. *Prevention Science*, 12, 34-47. doi:10.1007/s1121-010-0188-z ‡

Extraordinary Educational Center Inspires Arizonans' to Live Heart Healthy!

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The good news is that 80 percent of heart disease is preventable, and the key to prevention is education. The Museum provides a tangible, comprehensive learning environment that drives the 2020 impact goal of the American Heart Association to improve the cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular disease and stroke by 20 percent. The Association is especially committed to creating a powerful museum experience for children that increases awareness of heart disease prevention and effects lifestyle changes to create a new generation of healthy kids and that impact families for years to come.

Approximately 1000 school children visit the Museum per week for two-hour tours led by a Museum Heart Guide. Educators throughout Arizona rely on the Museum to reinforce what they are teaching in the classroom. The Museum curriculum meets 18 state education standards for health, science and physical education. There is no admission fee for schools, and transportation is reimbursed for fifth graders from schools that have over 50 percent of students on a free and reduced lunch program throughout the state.

In addition to school tours, self-guided tours, programs for kids through adults, including cooking classes, summer camps, Scout tours, etc. are either currently available or being planned. Currently, the Museum is open Monday through Friday from 10am to 5pm and evenings and weekends by special appointment. School tours are given each weekday from 10am to noon. Other individuals and groups must call for an appointment after those hours. For more information, please visit the Museum's website at www.halleheartchildrensmuseum.org, email, at HHCM@heart.org, or call 602-414-5342. ♦



The school children learned about the heart in the museum.

NPA Community Awareness Events Held Throughout Arizona

On April 8, 2011, Kathleen Sebelius, Secretary of the U.S. Department of Health and Human Services (HHS), unveiled the National Partnership for Action (NPA) to End Health Disparities initiative, including the HHS Strategic Action Plan to Reduce Racial and Ethnic Health Disparities, and the NPA's National Stakeholder Strategy for Achieving Health Equity.



In Phoenix, Darren Chapman (center) taught the community how to garden.

The NPA's mission is to mobilize and connect individuals and organizations across the country to create a nation free of health disparities, with quality health outcomes for all people. In October, the Arizona Health Disparities Center (AHDC), in

partnership with a variety of organizations held four events to bring NPA community awareness in Flagstaff, Phoenix, San Luis and Tucson. More than 300 people participated in those events. The partners were the Black Nurses Association's Phoenix Chapter, *Campesinos Sin Fronteras*, Coconino County Public Health Services District, El Rio Community Health Center, North Country HealthCare, Tanner Community Development Corporation (TCDC), the Tiger Mountain Foundation, and the United States-Mexico Border Health Commission. ♦



In Flagstaff, Dr. Eric Henley (left) spoke about health disparity issues.

Primary Care for the Uninsured

By Tracy Lenartz

With the number of uninsured on the rise in Arizona, access to primary care is a critical issue. In an effort to raise awareness among Arizonans of safety net primary care providers, the Arizona Department of Health Services Bureau of Health Systems Development recently published an updated list of the state's Sliding Fee Scale (SFS) clinics. A SFS is used by providers to offer discounted fees for services to persons without health insurance. The SFS determines, based on gross family income, the percentage or portion of billed charges that the uninsured client will be responsible for. To find a SFS clinic near you, visit: http://www.azdhs.gov/hsd/sfs_provider.htm. Note that the website also includes a link to SFS dental clinics.

Federally Qualified Health Centers (FQHCs), also known as Community Health Centers, are a model of comprehensive primary care in medically underserved areas, delivering these services to persons of all ages regardless of ability to pay. Arizona's FQHCs are included in the SFS Clinic list referenced above. Anyone who has a Smartphone, Android or iPhone can also upload the HRSA Mobile application at <http://www.hrsa.gov/about/mobile/>, which allows users to find the nearest health center by zip code using their mobile phones. ♦

CAP Discount Card Helps the Uninsured and the Underinsured

By Cielo Mohapatra

The Community Assistance Program (CAP) discount card saves on average 15% on brand-name drugs and 55% on generics. These savings are based on the fact that they have over 56,000 pharmacies processing millions of prescriptions annually. The bearer of this card will always receive the lowest price available for any particular drug at the chosen pharmacy. The discount drug cards have saved the cardholders over \$100,000,000 dollars. ALL prescription drugs are covered by the card, and diabetes supplies, smoking cessation and durable medical equipment can be obtained at reduced rates. The discount card can be used by anyone, anywhere in the United States, regardless of income or age, em-

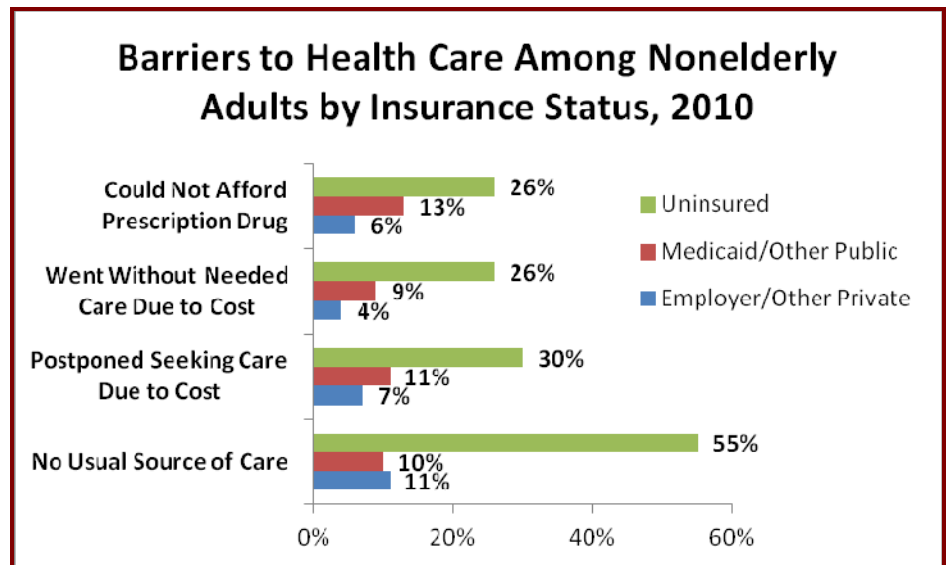


ployers (any size), and the card can be used again. The card is available in 16 languages: English, Spanish, Arabic, Armenian, Farsi, French, Hmong, Khmer, Korean, Kurdish, Chinese, Polish, Russian, Somali,

Tagalog and Vietnamese. For more information, visit www.caprxprogram.org/actnow. ♦

Barriers to Health Care among Nonelderly Adults by Insurance Status, 2010

A recent report from the Census Bureau estimates there were 49.9 million uninsured people during 2010. One in four uninsured adults has forgone needed health care in the past year due to cost. Relative to individuals with insurance, the uninsured receive fewer recommended screenings and less preventive care, the results put them at a higher risk for preventable hospitalizations and for missed diagnoses of serious health conditions, and the uninsured have significantly higher mortality rates than those with insurance. Even after being diagnosed with a chronic condition, the uninsured are less likely to receive follow-up care.



Five Facts About the Uninsured, from the Kaiser Family Foundation, discussed why so many people lack coverage and the implications being uninsured can have on an individual's health and access to care. To learn more about the uninsured and their access to care, please visit <http://www.kff.org/uninsured/7806.cfm>. ♦

Note: In past 12 months. All differences between the uninsured and the two insurance groups are statistically significant ($p < 0.05$).

Respondents who said usual source of care was the emergency room were included among those not having a usual source of care.

Source: KCMU analysis of 2010 NHIS data.

News from the Network

Zipaty Mendoza Receives Hispanic Leadership Award By Anna Alonzo



Zipaty Mendoza (second to the right) was recognized for her leadership achievements at the 5th Annual 40 Hispanic Leaders Under 40 Awards Luncheon held September 21, 2011 in Phoenix, Arizona. Ms. Mendoza is the Office Chief for the Arizona Health Disparities Center at the Arizona Department of Health Services and a key member of several community organizations such as ASU SIRC's Community Advisory Board, Mujer, Inc's Board of Directors, and Gamma Alpha Omega Sorority, Inc. The award was established to recognize vibrant professional leaders in successfully forming a solid foundation for Hispanics in Arizona and for their commitment to serve communities across the state. This award was sponsored by Univision Radio – Phoenix and Chicanos Por La Causa and presented by Blue Cross Blue Shield of Arizona. (Photo taken by PhotograFher, <http://NightFuse.com>). ♦

Community Health Development Program

By Cielo Mohapatra

The purpose of the program is to improve primary health care access and reduce health disparities by identifying and assisting Arizona's medically underserved communities with community development activities such as capacity building and strategic plan development.

As a background, in October 2000, the Bureau of Health Systems Development (HSD), also known as the Arizona Primary Care Office (PCO), and the Arizona Association of Community Health Centers (AACHC), also known as the Arizona Primary Care Association (PCA), partnered together through the Federal Cooperative Agreement to provide community development activities for Arizona Medically Underserved Areas (AzMUAs) to improve primary health care access and reduce health disparities by strengthening health care access for Arizona's medically underserved communities.

The program's activities at local levels include: identifying communities that exhibit a community readiness for development activities; working with communities in early stages of community change; assisting communities in leveraging dollars, developing and improving community capacity; facilitating community discussions; strengthening the safety net and increasing types of services available in communities.

The success of the Community Health Development Program continues due to its commitment of building networks and partnerships statewide in expanding primary care health service delivery. For more information, please contact Cielo Mohapatra, program manager, at cielo.mohapatra@azdhs.gov or http://azdhs.gov/hsd/comm_dev.htm. ♦

Arizona HIV Prevention Program

By Kathy Donner

On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS) for the United States. This plan serves as the framework for HIV/AIDS services in Arizona. The plan allows for stronger collaborations and partnerships to: 1) reduce the number of people who become infected with HIV, 2) increase access to care and optimize health outcomes for people living with HIV and 3) reduce HIV-related health disparities.

In Arizona, trends of emergent HIV infection among all racial ethnic groups in Arizona are reflective of broader Arizona population trends with the exception of African Americans. The US Census lists African Americans as 4.4. % of the Arizona population in 2009, but they accounted for 11.75 of emergent or newly reported HIV infections from 2004 - 2008. The HIV Prevention Program is taking the lead in addressing health disparities and health inequalities. Building strong infrastructure derives from addressing social determinants through strong collaborative partnerships as they relate to HIV prevention and the communities' overall health. The HIV Prevention program does not provide any direct client services but does contract with programs to provide client-related HIV prevention services.

The HIV prevention program components include administrative oversight of testing programs including partner services, prevention planning, grants monitoring of contracts to deliver evidence based behavioral interventions, minority HIV/AIDS coordination and collaboration with partners and establishing new partnerships as well as evaluation coordination oversight of programs.

To review HIV/AIDS information in Arizona, please visit the ADHS website at <http://www.azdhs.gov/phs/hiv/reporting/index.htm>. and to review the National HIV/AIDS Strategy in its entirety, visit www.whitehouse.gov/ONAP. ♦

Resources: 1. National HIV/AIDS Strategy for the United States July 2010
2. Office of HIV, STD and Hepatitis Services-2010 Integrated Epidemic Profile

Publications of Interest:

Healthy People 2010 Final Review: Executive Summary

It contains a progress assessment of the nation's health goals over the last decade and determined that Americans had met or were moving towards meeting 71% of the program's 2010 targets.

http://www.cdc.gov/nchs/data/hpdata2010/hp2010_final_review_executive_summary.pdf

New Health Affairs Issue Explores Health and Health Care Disparities

Awareness of racial/ethnic health disparities remains low among the general public, according to an article in the October 2011 issue of *Health Affairs*. This thematic issue of the journal, "Agenda For Fighting Disparities," examines the state of health and health care disparities in the nation and examines steps that show promise in closing the gaps.

<http://healthaffairs.org/blog/2011/10/07/new-health-affairs-issue-explores-health-and-health-care-disparities/>

Health Literacy in the 21st Century: Setting an Education Agenda

The National Education Association Health Information Network held the symposium Health Literacy in the 21st Century: Setting an Education Agenda. Participants agreed that for schools to play an active role in promoting health literacy, the focus should be on instruction that is based on the National Health Education Standards. Standards-based health education helps to build the knowledge and the skills young people will need.

<http://www.neahin.org/educator-resources/health-literacy/health-literacy.pdf> ♦

Events of Interest:

Women's Health Conference: Girls and Women's Health across the Lifespan

Date: November 8, 2011

Location: Courtyard Marriott Phoenix North, 9631 N. Black Canyon Highway, Phoenix, AZ 85021

http://www.azdhs.gov/phs/owch/pdf/Girls-and-Womens-Health-Conference_agenda.pdf

2011 Rural Multiracial and Multicultural Health Conference: New Horizons in Rural Health Care: Vision or Mirage

Dates: December 7 – 9, 2011

Location: Daytona Beach, FL

<http://www.ruralhealthweb.org/go/events/rural-multiracial-and-multicultural-health-conference> ♦

Funding Opportunities:

National Institutes of Health: Professional Society Programs to Promote Diversity (R25)

Deadline: December 22, 2011

Estimated Total Program Funding: \$500,000

Eligibility: Non-domestic (non-U.S.) Entities (Foreign Institutions) are not eligible to apply. Non-domestic (non-U.S.) components of U.S. Organizations are not eligible to apply. Foreign components, as defined in the NIH Grants Policy Statement, are not allowed.

<http://www07.grants.gov/search/search.do?&mode=VIEW&oppld=127774>

Robert Wood Johnson Foundation: Community Health Leaders

Deadline: TBA

Number and amount of awards: Ten awards of \$125,000

Eligibility: permanent residents of the U.S. and be affiliated with a public or non-profit, tax exempt organization

<http://www.communityhealthleaders.org/> ♦

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. ♦

