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Introduction

Health disparities in the United States have been in existence for a long time, but it was the 1985 landmark Secretary's Task Force Report on Black and Minority Health, published by the then U.S. Department of Health and Human Services (HHS) Secretary Margaret Heckler during the Reagan administration that spurred a concerted effort to address disparities impacting racial and ethnic minority populations at the federal level. That report identified which specific racial and ethnic populations in the United States were not experiencing the same level of health improvements as the nation. These were African Americans, Hispanics, Asian/Pacific Islanders, and American Indians/Alaska Natives.

As an outcome of the findings, HHS created a federal response that included the establishment of the Office of Minority Health (OMH). For over 20 years, OMH has served as the nation's focal point for addressing those health disparities that exist between the nation's racial and ethnic populations and the general population. Since then, most state health departments have examined their vital statistics data by race/ethnicity to determine the extent of health disparities that may exist in their states.

Racial and Ethnic Health Disparities in Arizona

The Arizona Department of Health Services has produced a report every two years since 1997 called **Differences in the Health Status Among Ethnic Groups**. Using 70 indicators, the reports rank Arizona's racial and ethnic populations' health status using a scoring system: the higher the score, the poorer the health status. Each year, the rankings remain the same. Asian/Pacific Islanders rank the most favorably, followed by Whites (Non-Hispanic), Hispanics, American Indians/Alaska Natives, and African Americans. Of all the racial and ethnic populations in the state, the disparities in health status are consistently poorer for American Indians and African Americans. The following table displays the rankings and scores for each racial/ethnic group in Arizona.

**Table 1. Differences in the Health Status Among Ethnic Groups, Arizona
Rankings and Scores based on Health Status Indicators, 1997-2003
Arizona Department of Health Services, Vital Statistics**

	1997		1999		2001		2003	
	Rank	Score	Rank	Score	Rank	Score	Rank	Score
Asian/PI	1.5	-42.8	1.5	-46.3	1.8	-30.2	1.8	-29.6
White	2.1	-7.4	2.6	-9.2	2.5	-9.8	2.6	-10.5
Hispanic	3.0	+4.8	3.0	+7.1	3.0	+8.2	3.0	+8.2
Am. Indian	3.7	+54.7	3.8	+61.0	3.6	+69.9	3.6	+56.0
Black	4.1	+71.9	4.1	+60.5	4.1	+87.0	4.1	+64.3

A useful definition for the term “health disparities” was developed by the National Institutes of Health: “A difference or inequality across populations in the presence of disease, health outcomes or access to care.” In 1999, the Arizona Public Health Association (AzPHA) produced a landmark report called **Living and Dying in Arizona: A Profile of Arizona’s People and their Health Needs**. This report disclosed disparities disproportionately impacting the five racial and ethnic populations. The problems identified in that publication continue to exist – minority groups continue to have the highest rates of death and of reportable diseases for a large proportion of the diseases and disorders tracked by the Arizona Department of Health Services (ADHS) in its publication, **Differences in the Health Status Among Ethnic Groups, Arizona, 2003**.

According to the ADHS publication, the population sizes of the five groups in Arizona in 2000 and 2003 were:

	<u>2000 Population</u>	<u>2003 Population</u>
White Non-Hispanic:	3,274,258	3,608,747
Hispanic/Latino	1,295,295	1,424,357
American Indian	255,879	292,753
Black	158,873	285,786
Asian/Pacific Island	98,969	118,227

The ADHS publication also provides mortality (death) rates for a number of diseases and disorders. Blacks are highest for a majority of these.

Blacks have the highest rates for: **infant mortality, cardiovascular and cerebrovascular (strokes) diseases, breast, colorectal, prostate and lung cancers, HIV disease, Alzheimers disease, etc.**

Native Americans rank second with highest rates for: **diabetes, influenza and pneumonia, unintentional injuries, motor vehicle accidents** and second highest for **infant mortality**.

Hispanics are third highest, ranking second for: **cardiovascular and cerebrovascular diseases, colorectal cancer, HIV disease** and highest for **women giving birth with no prenatal care**.

Asians, although having rates that are better even than Whites, have the highest rates for **cervical cancer**. The many ethnicities grouped together as Asian/Pacific Islanders appear to have excellent health status. But when the groups are separated, there are high rates of specific diseases for many of them individually, including **liver and stomach cancers, Hepatitis B infections and tuberculosis**.

Hispanics and Asians, many Native Americans and African Americans (e.g. Haitians) have poor access to care due to language and cultural differences.

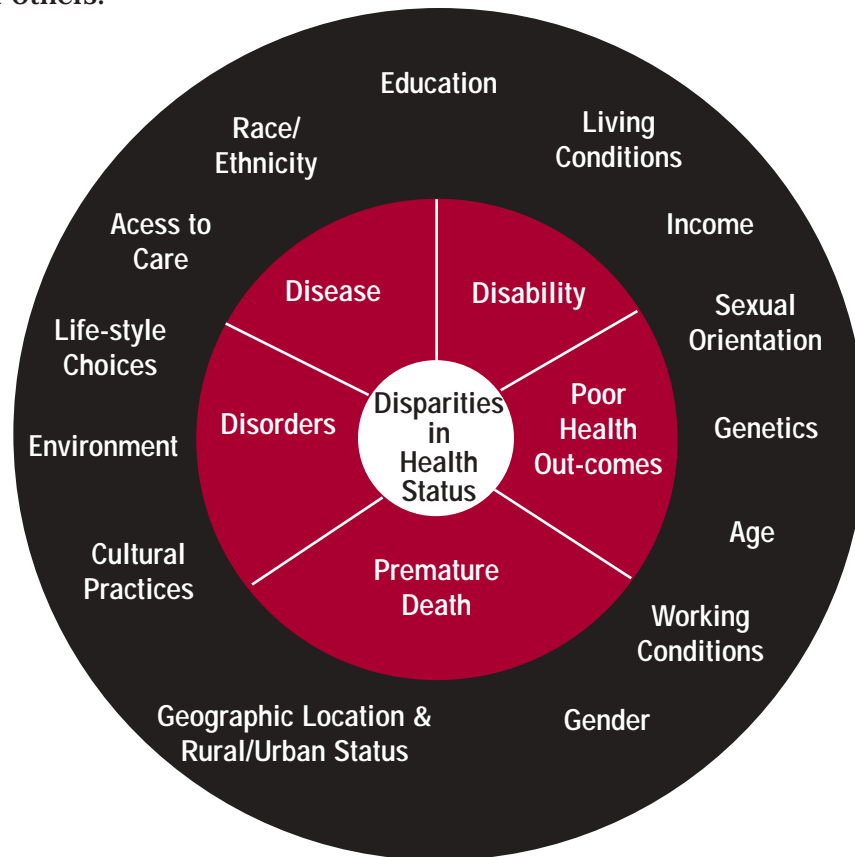
Another example of the poorer health status of the racial/ethnic groups in Arizona is found in the average ages of death for each group. As is shown below, minorities tend to die at younger average age than do Whites.

Whites:	74.4
Asian/Pac. Island:	64.3
Blacks:	62.4
Hispanics:	60.4
American Indians:	54.7

Causes of Health Disparities in Minority Racial and Ethnic Groups

The causes of disparities in health status are varied and complex. As the committee examined all of the various definitions of health disparities, a simple framework was developed to show the personal and societal influences that impact health status. Race and ethnicity act as only one variable, but is a proxy for all the other personal and societal conditions that can cause certain groups to have more disparities in health status than others.

Disparities in Health Status: Personal and Societal Influences



As the federal government has tried to determine how to best approach the issue of eliminating health disparities, with all the various definitions associated with it, states, including Arizona, have participated in these federal responses as key partners in finding solutions to correcting the persistent disparities found among minority populations within their states. Most states, including Arizona, have looked to guidance from the federal government to develop definitions and approaches to dealing with disparities. In turn, the federal government has been looking to states and communities to develop promising practices and approaches.

The federal government's Department of Health and Human Services (HHS) has identified six areas where serious racial and ethnic disparities exist in **health access and outcomes: cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS, immunizations and infant mortality**. The approaches or interventions that the federal government and the private sector have embraced to address these health care disparities include **disease management, disease prevention, health literacy and language services, cultural competency, and education and outreach**.

Efforts to Address Disparities in Health Status

In 2000, HHS incorporated health disparities in its **Healthy People** initiatives. **Healthy People** is the federal government's attempt to define specific health objectives for the nation. Many states, including Arizona, have adopted the **Healthy People** model to design their state objectives for health improvement.

From **Healthy People**, **Healthy People 2000**, and **Healthy People 2010**, the goal has been to set benchmarks designed to improve the health of Americans. Dr. David Satcher, former U.S. Surgeon General, set the goals of **Healthy People 2010** to include the "elimination of racial and ethnic health disparities".

Arizona's **Healthy People 2010** focus areas were developed by a statewide planning committee. Entitled Healthy Arizona 2010, this committee reviewed the national goals and objectives, and decided to adopt them all, including the goal of eliminating racial and ethnic health disparities. The focus areas are **Physical Activity, Nutrition, Tobacco Use, Substance Abuse, Responsible Sexual Behavior, Mental Health, Injury and Violence Prevention, Environmental Health, Immunizations and Infectious Diseases, Access to Care, Maternal/Infant Health, and Oral Health**.

AzPHA found that the strongest programs, projects, and initiatives addressing health disparities in Arizona addressed either the federal priorities or the **Healthy People 2010** objectives. In addition, some of the programs are incorporating best practice strategies to achieve results.

The Colorado Department of Public Health and Environment has developed an excellent page on its website devoted to best practices in health. It provides the following definitions for **best practice**, **best practice programs**, and **best practice strategies**.

The term "**Best Practice**" refers to programs and strategies known to produce effective results based on research and evaluation. **Best practice programs** refer to specific programs, often with "curricula" or identified methods for program implementation, that are effective over time and often in multiple sites. **Best practice strategies** refer to ways of implementing programs that have been shown effective through research and may include the following: social marketing, youth empowerment, policy change, coalition building, etc. Examples include increasing the price of alcohol or tobacco, enforcing the seatbelt law, engineering or using recommendations for safe playground designs, and reducing out-of-pocket costs to increase vaccination rates.

Following are programs, projects, and initiatives that have the strongest likelihood of incorporating use of best practice, either in terms of approaches used, such as social marketing, or effectiveness in implementation and results based on established methodology such as needs assessments, data collection and analysis, and replication of models using strengths of culture and community to reach their target populations. See Appendix A for contact information for these programs.

Health Disparities Projects Targeting Hispanics/Latinos

The **Southwest Center for Community Health Promotion (SWCCHP)** at the University of Arizona's College of Public Health in Tucson is one of 33 Prevention Research Centers funded by the Centers for Disease Control and Prevention (CDC). The SWCCHP is a **chronic disease prevention and intervention research center that focuses on diabetes and associated obesity and depression**. This Center is directly involved with **conducting and evaluating community-based intervention research, and is a strong resource for determining models of best and promising practices for replication**. Some of the major projects conducted through SWCCHP focus on chronic disease prevention and control, public health partnerships with tribal nations, and capacity building and advocacy.

The SWCCHP is the only Prevention Research Center that works primarily along the U.S.–Mexico border and that places a focus on the underserved, multi-ethnic communities living there. The social context of the border region makes it a unique area to address significant health disparities in a community-based participatory fashion.

The Center has an active regional Community Action Board (CAB), and three local CAB's in Yuma, Santa Cruz and Cochise counties. Key initiatives funded by the SWCCHP include **the Border Health Strategic Initiative** (diabetes control and prevention in border communities), **Building the Hualapai Indian Community's Capacity to Address Youth Wellness** (addressing chronic disease risk factors in the elementary schools of the Hualapai Nation), and other ongoing projects. SWCCHP is an excellent resource for best practices and promising strategies to address health disparities from a community perspective. <http://swcchp.publichealth.arizona.edu>

United States-Mexico Border Health Commission Border Models of Excellence Initiative

The mission of the United States-Mexico Border Health Commission (USMBHC) is to provide international leadership to optimize health and quality of life along the U.S.-Mexico border. Created in 2000, the Commission is a model of coordination between countries to address the unique circumstances of populations living in border communities.

The Border Models of Excellence Initiative recognizes community-based health programs and initiatives along the U.S.-Mexico border. The purpose of the initiative is to identify best projects and models, build the capacity of existing programs and models that address the focus themes of Healthy Border 2010, and emphasize and support the transfer and sharing of successful strategies across states and along the border region.

In 2004, three programs from the state of Arizona received the United States-Mexico Community Health Workers Border Models of Excellence Award. The criteria used for selection of the winners included:

- ◆ Having a presence on the U.S. Mexico border
- ◆ Using community health workers/promotores(as)
- ◆ Being innovative
- ◆ Being responsive to community needs
- ◆ Possessing outcome capability
- ◆ Demonstrating measurable quality improvement
- ◆ Being collaborative in nature
- ◆ Having the ability to be replicated and sustained
- ◆ Demonstrating administrative effectiveness and
- ◆ Focusing on at least one of the Healthy Border 2010 focus areas

The Arizona award winners were:

Community Access Program of Arizona (CAPAZ) and Entre Amigas (Between Friends) Model,
Yuma County, Arizona

These two programs use community health workers to provide medical referrals, help enroll residents in public insurance programs, provide information about available medical and social services, and help residents navigate the medical system. Specifically, the goal of Entre Amigas is to reduce the risk of cancer and promote wellness among Yuma County women.

Mariposa Community Health Center of Excellence in Women's Health Model,
Santa Cruz County, Arizona

Mariposa Community Center of Excellence in Women's Health is one of 15 Centers in the country funded by the Federal Office on Women's Health, the Office of Minority and Women's Health in HRSA's Bureau of Primary Health Care, and the HHS Office of Minority Health. The program is part of the department's goal to eliminate racial, ethnic and gender disparities in health status. The services provided include comprehensive health for women, public education and outreach, women's empowerment classes, health fairs, physician presentations, promotora presentations, support groups, and women's leadership and volunteer programs.

Luchando Contra el SIDA Model, Somerton, Arizona

This project is one of several programs of the organization Campesinos Sin Fronteras, and serves bi-national farm worker communities in Yuma County, Arizona and San Luis Rio Colorado in Sonora, Mexico. The farm worker community there identified the prevention of HIV/AIDS and other sexually transmitted diseases as one of the community's priorities. CHW's go into the fields with the farm workers, facilitate the community's linkage with local social service and health programs, and perform follow-up. This program has been effective in reaching hundreds of farm workers in these border communities.

As part of being considered for this prestigious honor, the Arizona projects were entered into competition and had to submit a detailed description of their projects to the United States-Mexico Border Health Commission. Their proposals all included a transfer replication strategy so that other communities can use their models for replication purposes. Project details are located on the web at www.borderhealth.org.

Health Disparities Projects Targeting Asian/Pacific Islanders

Asian Pacific Community In Action, Phoenix, Arizona

The Asian Pacific Community in Action has been established in Arizona to address health issues affecting these communities and to inform Asian/Pacific Islanders (A/PIs) about organizations and programs available to A/PIs. Asian Pacific Community in Action provides health information on issues impacting A/PIs. They are also developing a Community Health Worker Program to connect A/PIs with available health resources.

Through a grant from the Arizona Department of Health Services (ADHS), the Asian Pacific Community in Action conducted the first ever scientific-based health needs assessment of **Chinese, Vietnamese, Korean, and Filipino communities** living in Maricopa County. Using focus groups and questionnaires, the needs assessment obtained information about these populations' health behaviors, health care coverage and utilization, barriers to, and needs for, basic health care services, knowledge of health promotion, knowledge of hypertension, hepatitis, and HIV/AIDS, and community resources to improve health care. The executive summary of this report was published January 31, 2005, and can be obtained through the Asian Pacific Community in Action.

There is also a committee overseeing the **Community Health Worker Project**, including the development of a curriculum training and recruiting workers. Workers will be trained in referral, interview and assessment skills, community resources, and basic health issues, particularly those affecting Asian and Pacific Islander populations. Training will be done by members of the Asian Health Initiative Coalition and other partners.

In November 2004, The Asian Pacific Community in Action partnered with the Arizona Department of Health Services and the Asian Liver Center at Stanford University to present a symposium on Hepatitis B, the Silent Killer. The Asian Liver Center is the only non-profit organization in the United States that addresses the high incidence of hepatitis B and liver cancer in Asians and Asian Americans. The Jade Ribbon Campaign was launched in May 2001 to help spread awareness about hepatitis B and liver cancer in the A/PI community. Similar to ribbons for breast cancer, AIDS, and other diseases, this concept of wearing a ribbon to signify a fight to address a cause has taken off in the A/PI community. Under the leadership of Dr. Kelly Hsu, the Asian Pacific Community in Action is establishing itself as a leader in addressing the health concerns of the A/PI communities in Arizona.

Health Disparities Projects Targeting American Indians/Alaska Natives

Two impressive projects, the **Colorado River Indian Tribes' Diabetes Prevention Program**, and the **Hopi 100 Mile Club** were showcased at the 2002 and 2003 AzPHA Annual Conferences. Both projects focus on community-based interventions that address the disparity in diabetes among Native Americans, and both projects have documented outcomes, such as reduced blood sugars and blood pressures, weight loss, improved fitness, increased self-esteem and overall health improvement. The 100 Mile Club involves 16 weeks of physical activity that includes walking, jogging, aerobics, and the use of stationary equipment such as treadmills and stationary bikes with an overall goal of reaching 100 miles.

The **Phoenix Indian Medical Center’s Diabetes Center of Excellence** uses a unique approach to diabetes prevention, based on research showing a link between breastfeeding and reduced risk of diabetes and obesity. Since American Indians/ Alaska Natives experience Type 2 diabetes at higher rates than the general population, the PIMC conducts a Breastfeeding Support Program, which promotes breastfeeding as a way to reduce the risk of diabetes. The program partners include Indian Health Service, National Institutes of Health, Office on Women’s Health, and the Intertribal Council of Arizona.

Oral health and injury prevention are two major areas of focus for Arizona’s American Indian tribal governments. Several AzPHA members employed with the **Inter-Tribal Council of Arizona, Inc.** (ITCA) indicated they are conducting a variety of programs addressing these and other health disparities within the 19 tribes it represents. ITCA operates more than 20 projects and employs a staff of 50 to provide ongoing assistance and training to tribal governments in program planning and development, data collection, resource development, and management and evaluation. The ITCA has programs addressing dental health, epidemiology, family nutrition, and health promotion. Specific to health promotion, ITCA oversees the **ADHS Physical Activity Program, Child Passenger Safety Program, Community Tobacco Education and Prevention Program, the Regional STD/HIV/AIDS Prevention Program, and the Tribal Health Steering Committee.**

www.itcaonline.com

Health Disparities Projects Targeting African Americans

One significant effort to de-normalize tobacco use among African Americans is the social marketing campaign called “**Ashes To Ashes.**” This is a collaborative partnership between the **Tanner Community Development Corporation, the Arizona Department of Health Services, and Southwest Dimensions, Inc.,** the marketing and public relations firm that created the campaign. The primary objective of the Ashes to Ashes Campaign is to reach the African-American community in Arizona, educate them on tobacco-related diseases and their negative impact on health, and encourage use of cessation services. This innovative partnership is designed to confront the negative impact tobacco has on African Americans, their health status, and implications for increased risks for conditions such as Sudden Infant Death Syndrome (SIDS), asthma and ear infections among children. These health conditions are compromised because of being exposed to secondhand smoke. Ashes To Ashes uses bold reality to encourage change. Blending government, faith-based and grassroots organizations’ efforts, Ashes To Ashes provides community-level awareness, education, and cessation services in approximately nine communities across Arizona.

The **Phoenix Birthing Project, Inc.** is an example of a nonprofit organization that exists to address a key health disparity for the African American community. It is the only African American maternal and child health agency in the state of Arizona, and was created in 1991 to specifically tackle the infant mortality disparities among African Americans. The model that the Phoenix Birthing Project (PBP) has used is derived from the “extended family model” where community members participate as extended family to support pregnant teens and women through their pregnancy and until the baby’s first birthday.

Since its inception, the Phoenix Birthing Project has been able to track the births of over 900 babies, by

birth weight, prenatal visits, and birth outcomes. In 2001, the PBP was able to have the 10 years of data it had collected analyzed by a research firm, International Qualitative Concepts (IQC). The findings strongly indicated a positive correlation of healthy birth outcomes with the support provided by the Sister Friend extended family network. The Phoenix Birthing Project has received numerous awards for its work in addressing the infant mortality disparity and in 2003 received the Governor's Volunteer Service Award, the highest honor for volunteerism in the state of Arizona.

There are important efforts going on in the Phoenix metropolitan area to address health disparities in the African American community, and that are reaching out to African Americans in other parts of the state as well. Leading examples of several non-profit organizations working on reaching African Americans include the **Tanner Community Development Corporation, the Black Nurses Association, the African American Faith Partnership, African American Health Information Systems (AAHIS)**, and several African American fraternities and sororities. There is the new group called **Sistas of AZ**, volunteers dedicated to addressing the disparity in teen pregnancy, STD's, HIV/AIDS, and other reproductive health issues affecting the African American community. They have recently launched an **African American Sexual Health Initiative**, and will be using the Centers for Disease Control Planned Approach to Community Health (PATCH) model to develop the initiative's framework and activities.

Another effort is the **Cardiovascular and Lung Initiative**, a collaborative effort known as "**Heart and Soul**", between Tanner Community Development Corporation, the African American Faith Partnership, and the Black Nurses Association. This initiative is designed to help close the gap in health disparities in heart disease among African Americans.

The **American Heart Association** has also launched its "**Cultural Health Initiatives**" to address heart disease prevention from a cultural perspective, focusing on improving the health of diverse populations by collaborating with individuals, community groups, and health care systems to reduce health disparities. The CHI committee represents a variety of corporate, governmental, healthcare, and community organizations. Two programs of CHI specifically target African American and Hispanic/Latino populations. They include **Search Your Heart**, a comprehensive heart disease and stroke prevention program, and **Check for Life: Barber/Beauty Shop Blood Pressure Screening Program**. CHI also collaborated with its partners to offer healthcare professional education on topics such as cultural competency, disparities, healthcare literacy, language barriers, and other issues specific to minority communities.

Using the results of the **Perinatal Periods of Risk** analysis conducted by **Maricopa County Public Health Department** in the communities of Maryvale (West Central Phoenix) and South Mountain (South Phoenix), the **Healthy Mothers/Healthy Babies Coalition** launched the **It's A Baby's Life** campaign in Maryvale to address the disparities in infant mortality through outreach, education, and service coordination. **The South Phoenix Healthy Start** is the only Healthy Start Project in Arizona, and it uses a combination of community health workers, case management, outreach, and the linkages within their Healthy Start Consortium to provide the federal Healthy Start Initiative model in this community.

Health Disparities Projects Targeting Rural, Underserved Communities

Arizona's rural communities rely heavily on the services of community health centers to deliver care to underserved minority populations in the state. The **Arizona Association for Community Health Centers (AACHC)** represents 35 agencies, of which 13 are designated as Federally Qualified Health Centers. These community health centers provide primary care services to over 400,000 underserved and uninsured residents in Arizona, and as such have a direct focus on eliminating the disparities of these uninsured populations. HRSA's Community Health Centers Collaborative funding assists AACHC in its work. Two specific initiatives of the AACHC are the **Migrant Health Program**, and the **Native American Program**. Both initiatives target the primary care needs of the migrant worker community and the Native American community

In addition several community health centers are piloting an innovative approach to managing the care of uninsured patients with diabetes. **Mountain Park Health Clinic** in South Phoenix is one of three pilot sites that have been incorporating the **Continuing Care Clinic Model developed by the Center for Health Studies, Group Health Cooperative of Puget Sound, Seattle, Washington**. It is a tool for implementing population-based managed care for patients with selected medical conditions. Of the three Arizona sites using this model, the Mountain Park Clinic has developed the most comprehensive system. Findings from these pilot studies will contribute to the pool of best practice strategies for chronic disease prevention and management.

www.aachc.org

Health Disparities Research Activities in Arizona

Between October 20-November 2, 2004, an organization called Research America conducted a public opinions survey to obtain Arizona residents' opinion on public health research. One of the survey questions asked "How important do you feel it is to conduct medical or health research to understand and eliminate differences in health among people with lower incomes and among minorities?" Nearly all Arizona residents surveyed (94%) believe that it is very or somewhat important to conduct this kind of research. Several places in Arizona are currently focusing on health disparities research activities.

Project EXPORT

The Mel and Enid Zuckerman Arizona College of Public Health has developed a Center dedicated to the eradication of health disparities in Arizona's Hispanic and American Indian populations, called the **Arizona EXPORT Center**. EXPORT stands for Excellence in Partnerships on Outreach Research in Health Disparities Training. The National Institutes of Health provided the College a five-year grant of \$1,000,000 per year to support 20 graduate fellowships to minority students to stay in Arizona to complete their educations. Project EXPORT engages students in health disparities research activities focused on diabetes and substance abuse. The Center coordinates the research and community interventions of faculty currently engaged in health disparities research. EXPORT also recruits additional faculty to participate in the center, in particular, under-represented minority faculty; trains under-represented minority graduate students and junior faculty to conduct research and community

interventions in health disparities; and collaborates with communities to translate interventions that effectively reduce specific health disparities into culturally appropriate programs for specific populations.

Project EXPORT is in the process of creating a database of promising practices in the area of substance abuse and diabetes, and is reviewing national programs and models for creating a synergy of best and promising practices. Stuart Cohen, Ed.D., Professor of Public Health and Medicine and Associate Dean for Research at the College of Public Health is spearheading this project.

University of Arizona College of Nursing Health Disparities Research

The University of Arizona's **College of Nursing** has several nursing faculty conducting research to build knowledge for reducing health disparities in Mexican Americans. The following four studies are examples of the types of nursing research conducted at the College of Nursing:

1) **Community Assessment: Aging at the U.S. Mexico Border.** Guifang Guo, RN, MS; Linda Phillips, Ph.D., RN, FAAN. gguo@nursing.arizona.edu

A participatory action study conducted in a border county in Arizona to inform the local community and Geriatric Education Center about the health issues related to aging at the U.S.-Mexico border.

2) **Colliding Explanatory Models: Mexican Immigrants' LTBI Experience.** Marylyn Morris McEwen, Ph.D., APRN, BC. mmcewew@nursing.arizona.edu

A critical ethnography describes Mexican immigrant's explanatory model of TB and LTBI, illuminates the points of congruence and departure between the U.S. and Mexican TB health care systems, and discusses issues that must be reconciled to reduce TB disparities at the U.S.-Mexico border.

3) **Basic Social Processes: Mexican American Elders Use of Home Care Services.** Janice D. Crist, RN, Ph.D.; Dianna Garcia-Smith, RN, MS; Linda Phillips, Ph.D., RN, FAAN. jcrist@nursing.arizona.edu

A grounded theory study to describe factors and social processes that influence Mexican American elders and their caregivers' decision-making about using home care services and subsequent model development that explicates their decision.

4) **Addressing Disparities When Implementing an Intervention Study.** Sanddra L. Cromwell, Ph.D., RN. Cromwell@nursing.arizona.edu.

Culturally congruent recruitment, retention and intervention strategies generated from focus groups and used in a longitudinal study aimed at decreasing barriers to long-term physical activity programs for sedentary Mexican American elders.

Translational Genomic Research Institute (TGen)

Most efforts at the federal, state, and local levels to eliminate health disparities have focused on changing the health behaviors of individuals, communities, and the health care systems that serve them. However, those disparities that may be related to genetics have largely been ignored, until now. One of the most exciting opportunities to be on the front lines of advanced technologies that could work to

eliminate certain disparities in disease for everyone is at the Translational Genomic Research Institute (TGen), located in Phoenix, Arizona.

Created in 2002, TGen is a non-profit biomedical research institute whose mission is to make and translate genomic discoveries into advances in human health. Its priority is to discover the differences and changes within the genome that translate into disease and move the research findings quickly into the clinical setting so that patients can immediately benefit. The Institute is initially working to find ways to treat melanoma, prostate cancer, diabetes, Alzheimer's disease, and Parkinson's disease.

The significance of having TGen in Arizona cannot be understated, particularly as it relates to its potential role in eliminating disparities in disease treatments for racial/ethnic populations. The head of TGen's Genetic Basis of Human Disease Division is John Carpten, Ph.D. His current research is analyzing the human genome sequence data to find genes predisposing men to hereditary prostate cancer. Carpten is African American, and has approached his research from a health disparities perspective. Because African American men have a much higher incidence of prostate cancer and are more likely to die from it than men of other races or ethnicities, Carpten's research team helped spearhead the development of the **African American Hereditary Prostate Cancer Study Network**. This multimember collaboration is aimed at identifying a large number of African American families with men who have a high risk of developing prostate cancer, and is the first study of its kind.

Carpten sees the importance of involving the populations most impacted by the disease in the research he is spearheading. He sees the opportunity at TGen to establish an entire department of his division dedicated to studying genetic links to racial and ethnic health disparities. The consequences of this research are enormous for the nation's health, and for making a difference in eliminating disease disparities for all populations.

Many groups in Arizona have begun to develop linkages with TGen. The Healthy Avondale Partnership, Sun Health, and the American Heart Association have joined together to target cardiovascular disease prevention in the Avondale community. According to Dr. Johanna Wolford, head of the Diabetes Unit at TGen, "The Healthy Avondale partnership is significant in that it addresses the currently unmet health needs of the largely Hispanic community of Avondale, Arizona. TGen's role in this partnership is to obtain baseline data for dietary composition and physical activity levels and determine population-specific risk factors to address early disease detection and/or disease prevention in this high risk community".

www.tgen.org

Summary and Recommendations

This report has provided a sample of programs, projects, and initiatives in Arizona designed to address health disparities among racial and ethnic minority populations. There are many more programs that were not highlighted in this report, some of which are listed in Appendix B. The Arizona Public Health Association continues to see a role for its members in leading the effort to engage the public and policy makers in finding solutions to closing the gap in health status so that all Arizonans enjoy the same quality of life. It is encouraging to know that efforts such as those described in this report are occurring.

It shows there is a movement to make a difference. Awareness is key.

In April 2005, the Arizona Department of Public Health Services hosted a conference called “**Chronic Disease Disparities in Arizona: From Awareness to Action**”. Over 200 attendees statewide attended this conference, bringing together for the first time state and local health providers, tribal governments, and community health organizations to learn about disparities in communities, and to discuss solutions. A number of strong recommendations for future action came from the conference, under the categories of collaboration and community mobilization, outreach, public education and prevention, and public policy, access and quality of care. The dialogue started at this conference serves as an impetus for future collaboration with communities and the state public health agency to address disparities in a concerted way. These efforts must continue.

AzPHA hopes this report will serve as a way to begin the process of linking with our diverse communities to recognize the work that is being done, and to support and strengthen those efforts. The newly created Center for Minority Health at ADHS is an important resource center for coordinating information about best practice projects and programs in Arizona, and should be supported in taking on this role. The federal Office of Minority Health is an important resource to states, and can assist them in strengthening the infrastructure for state offices of minority health so that they can conduct this important function for all. Working together, the solutions will come.

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Living and Dying in Arizona: A Profile of Arizona's People and their Health Needs. Arizona Public Health Association, 1999.

Secretary's Task Force Report on Black and Minority Health, U.S. Public Health Service, Washington, D.C., 1985.

United States-Mexico Community Health Workers Border Models of Excellence Transfer/Replication Strategies, 2004. www.borderhealth.org

APPENDIX A

Program Contact Information

Arizona Association of Community Health Centers

320 E. McDowell Road
Phoenix, AZ 85004
Joseph S. Coatsworth, CEO
602-253-0090

Asian Pacific Community In Action

6741 N. 7th Street
Phoenix, AZ 85014
Annabel Rimmer, Executive Director
480-282-7477
Kelly Hsu, M.D., President and Founder
480-452-5771

Black Nurses Association, Greater Phoenix Area

P.O. Box 20425
Phoenix, AZ 85036
602-306-5283

CAPAS and Entre Amigas Programs

Regional Center for Border Health/ Western Arizona AHEC
1896 E. Babbit Lane
San Luis, AZ 85349
Amanda Aguirre, M.A., R.D., CEO/President
928-627-9222

Cultural Health Initiatives

American Heart Association Pacific/Mountain Affiliate
2929 S. 48th Street
Phoenix, AZ 85282
602-414-5344

Luchando Contra El SIDA Model

Campeños Sin Fronteras

Division of Health and Human Services
P.O. Box 423
Somerton, AZ 85350
Emma Torres, Executive Director
(928) 627-1060

Mariposa Community Health Center of Excellence in Women's Health Model

Mariposa Community Health Center, Inc

1852 N. Mastick Way

Nogales, AZ 85621

Jo Jean Elenes, Director of Health Promotion/Disease Prevention

520-281-1550

Phoenix Birthing Project, Inc.

301 W. Roosevelt Street

Phoenix, AZ 85003

Barbara Freeman-Maney, Executive Director

(602) 258-6990

Phoenix Indian Medical Center

4212 N. 16th Street

Phoenix, AZ 85016

602 263-1200

Project EXPORT

Mel and Enid Zuckerman Arizona College of Public Health

2501 E. Elm Street

Tucson, AZ 85716

Brenda Manuelito, Program Director of Health Disparities

520-626-7946x230

Southwest Center for Community Health Promotion

Mel and Enid Zuckerman Arizona College of Public Health

1145 N. Campbell

P.O. Box 210228

Tucson, AZ 85721-0228

520-318-7270

Tanner Community Development Corporation

700 E. Jefferson St., Suite 300

Phoenix, AZ 85034

Rev. Arnold Jackson, Executive Director and CEO

602-253-6904

Translational Genomics Research Institute (IGen)

445 N. Fifth Street

Phoenix, AZ 85004

602-343-8400

APPENDIX B

Contact Information for Additional Programs

American Diabetes Program: Reach One Teach One and Awakening the Spirit.

Serves African Americans, Native Americans, Hispanics and Asian Americans/Pacific Islanders by increasing awareness of the seriousness of diabetes and the importance of making healthy lifestyle choices such as moving more and eating healthier. Helps those with diabetes and their families to understand the need to prevent complications and to manage all aspects of their disease.

Contact: Suzanne Miller
Address: 8125 N. 23rd Ave, Suite 222, Phoenix, AZ 85021
Phone: 602-861-4731 X7091 or 1-800-DIABETES
E-mail: smiller@diabetes.org

Campeños Sin Fronteras (Farm Workers Without Borders): Farm Worker Programs utilizes Promotoras that target Latino farm worker men, women and children to provide health education and awareness about diabetes, obesity, cardiovascular health, HIV/AIDS and environmental threats, as well as, sources of care.

Contact: Emma Torres, Executive Director
Address: PO Box 423, Somerton, AZ 85350
Phone: 928-627-6677
E-mail: ecarni1@aol.com

Delta Sigma Theta, Inc., Phoenix Metropolitan Alumnae Chapter: Standing In the Gap and The Forgetting serve African Americans in the Phoenix Metropolitan area by providing health information on Alzheimer's Disease to patients and family members and on resources available for support to patients and their families.

Organization: Delta Sigma Theta, Inc., Phoenix Metropolitan Alumnae Chapter
Contact: Theresa A. Jackson
Address: 7439 S. 20th Street, Phoenix, AZ 85042
Phone: 602-506-7546
E-mail: tjackson@superiorcout.maricopa.gov

Maricopa County Department of Public Health, Office of Health Promotion and Education: Women Together for Health and People Together for Health educates Hispanics about changes in life style through increased physical activity and proper nutrition.

Contact: Anha David
Address: 1845 E. Roosevelt, Phoenix, AZ 85006
Phone: 602-506-6852
E-mail: anhadavid@mail.maricopa.gov

Las Fuentes Health Clinic and the Guadalupe Health Alliance / Allianza Guadalupeana de Salud: Move it Guadalupe / Muevete Guadalupe por Diabetes Organization serves Pascua Yaqui Native Americans and Hispanos/Latinos through health education about diabetes, obesity and asthma and improved health with life style changes and increased physical activity. A walking trail for the community is being created.

Contact: Anita Aliniz-Molina Las Fuentes Health Clinic
George Garcia, Chair, Guadalupe Health Alliance
MCDPH, Community Development & Minority Health
Address: Las Fuentes Health Clinic of Guadalupe
8625 South Avenida del Yaqui, Guadalupe, AZ 85283
Phone: 480-777-2263
E-mail: neats1@prodigy.net

South Phoenix Healthy Start (SPHS): Safe Sleep-Sweet Dreams. All groups and cultures are served, with an emphasis on African American, Hispanic and Native Americans. Education is provided regarding unsafe sleeping conditions and changes in life style required to change parental behaviors regarding safe sleep positions and SIDS risk factors for infants.

Contact: Lisa Derrick, M.Ed. BAM
Address: 303 East Baseline Road, Suite 104 Phoenix Arizona 85042
Phone: 602-304-1166
E-mail: sphealthystart@mail.maricopa.gov

Regional Center for Border Health: Nuestros Ninos Household Census and Immunization Campaign serves any underserved Mexican American population. Utilizes promotoras to improve and address the issues of availability and accessibility of health care and well-being of children by providing access to care for immunizations and referrals for care for pregnant women.

Contact: Claudia Heredia
Address: 201 S. Bingham Ave. Suite 17, Somerton, AZ 85350
Phone: 928-627-1120
E-mail: cheredia@wahec.com

Maricopa County Department of Public Health (MCDPH): It's A Baby's Life serves all residents of Maricopa County with an emphasis for this project on Hispanics in Maryvale. The mission is to promote healthy lifestyles for women to assure improved birth outcomes and infant health and safety for Maryvale babies.

Contact: Wanda Thompson
Address: 1845 E. Roosevelt, Phoenix, AZ 85006
Phone: 602-506-6142
E-mail: wandathompson@mail.maricopa.gov

USPHS Indian Health Service, Phoenix Service Unit, Phoenix Indian Medical Center (PIMC), Centers of Excellence: Breastfeeding Support Program. American Indians and Alaska Natives (AI/AN) who receive care in the Phoenix Service Unit are offered education and support for breastfeeding in an effort to reduce Type 2 diabetes and receive education on primary prevention to reduce incidence of the disease.

Contact: Sue Murphy, RD, MPH, CDE, IBCLC
Address: Phoenix Indian Medical Center, 4212 N. 16th Street; Phoenix, AZ 85016
Phone: 602-263-1587 or 1-877-868-9473
Email: suzan.murphy@ihs.gov

Centro de Amistad, Inc.: Health Start Program serves Yaqui Indians and Hispanics by providing health education on prenatal care, diabetes and walking exercise. Outreach community workers are provided to assure pregnant women receive prenatal care and health education on pregnancy, diabetes and walking exercise.

Contact: Cruzita M. Armenta / Health Coordinator
Address: 8202 Avenida Del Yaqui, Guadalupe, AZ 85283
Phone: (480) 839-2926
E-mail: Carmenta@centrodeamistad.org