

A graphic featuring the year '2018' in large, colorful, stylized numbers. The '2' is orange, the '0' is light blue, the '1' is purple, and the '8' is yellow. Behind the numbers is a silhouette of an Arizona city skyline with various buildings in different colors (red, blue, purple, green, orange) and a large yellow sun. The background is a light blue sky.

2018

FIFTH ANNUAL

ARIZONA HEALTH EQUITY

CONFERENCE

Equitable Access to Care for All

Building Bridges:
Connecting Communities in
Research, Practice, & Policy

October 11, 2018

8 a.m. – 4:30 p.m.

Desert Willow Conference Center

4340 E. Cotton Center Blvd. | Phoenix, Arizona 85040

TABLE OF CONTENTS

WELCOME	4
CONFERENCE OBJECTIVES	4
PLANNING COMMITTEE AND CONSULTANTS	5
SPONSORSHIPS	6
EXHIBITORS	8
CONFERENCE AGENDA	9
AFTERNOON BREAKOUT SESSION 1.....	11
AFTERNOON BREAKOUT SESSION 2.....	12
POSTER ABSTRACTS.....	14
KEYNOTE BIO.....	26
MORNING PANEL AND PRESENTERS BIOS	27
RECOGNITION	47

NOTICE OF FILMING AND PHOTOGRAPHY

Photography, audio, video recording, and sharing on social media may occur during the conference. If you do not wish to provide the Arizona Health Equity Conference with permission, please notify our staff.

WELCOME

On behalf of the 19 partner organizations involved in the planning of the Arizona Health Equity Conference, we welcome you and are glad you are here. Valuable health equity research and practice efforts are taking place across Arizona, and we recognized the need to bridge those efforts for greater reach and impact. We hope you leave with new partners, innovative ideas, and renewed energy to continue your important work.

CONFERENCE OBJECTIVES

1. Raise awareness about health equity and disparities through topics focused on research, clinical applications, behavioral health, prevention, public health, and policy
2. Provide meaningful networking opportunities
3. Leave with clear outcomes, new partnerships, and new ideas for research
4. Identify paths to improve community health and create systems change

Arizona Health Equity Conference

Building Bridges: Connecting Communities in Research,
Practice, and Policy



#AZHealthEquity

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SPONSORSHIPS

Thank you to our sponsors for their generous donations and the conference planning committee members and consultants for their hard work. Without your support and tireless efforts, this conference would not be possible.

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Mercy Care is proud to support the Arizona Health Equity Conference. Thank you for the work you do to improve the health, wellness and safety of our members.

Mercy Care orgullosamente apoya la conferencia Arizona Healthcare Equity Conference (Conferencia de Equidad en el cuidado de la salud de Arizona). Gracias por el trabajo que hacen para mejorar la salud, bienestar y seguridad de nuestros miembros.

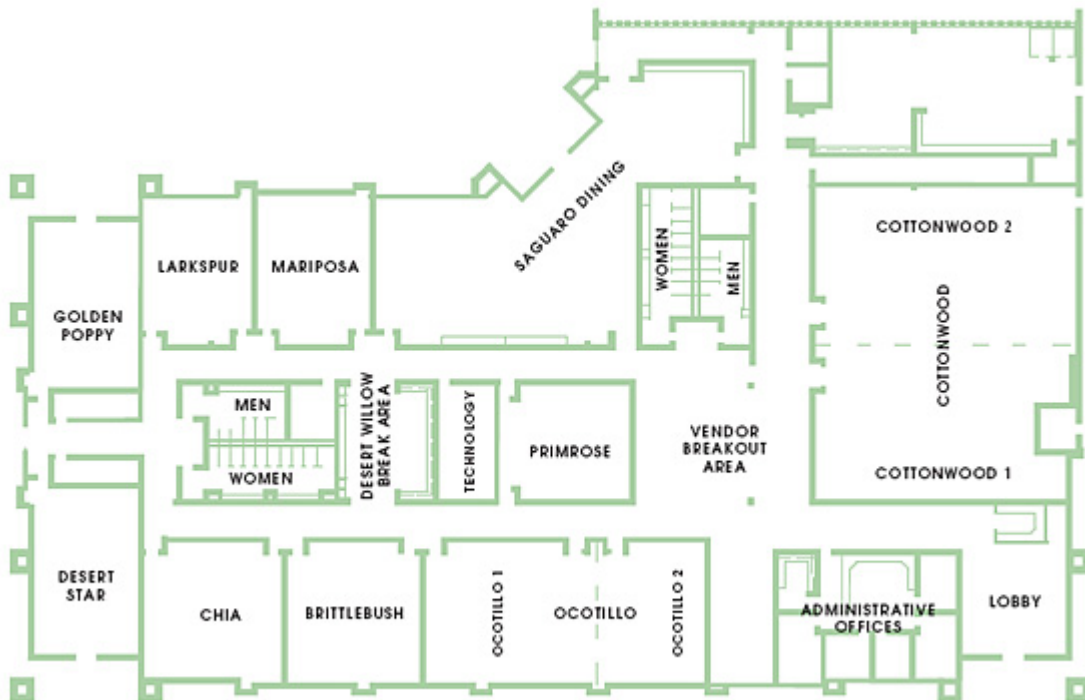
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EXHIBITORS

The following partners serve Arizona and are intended to represent the broad spectrum of populations. We encourage you to visit each table and learn more about them.

- Arizona Department of Health Services
- American Financial Literacy Institute
- American Lung Association
- Arizona Community Action Association
- Arizona Family Health Partnership
- Arizona State University-Southwest Interdisciplinary Research Center
- Arizona State University- Global Center for Applied Health Research
- Bloom365
- Dignity Health
- Equality Health
- First Things First
- Grand Canyon University
- Hospice of the Valley
- HonorHealth
- Magellan Complete Care of Arizona
- Mayo Clinic
- Mercy Care
- NAU Center for Health Equity Research
- Ottawa University
- Pharmanex
- Southwest Human Development
- University of Arizona- College of Medicine

Map of Desert Willow Conference Center



CONFERENCE AGENDA

8:00am -9:00am	Registration, Breakfast & Morning Poster Session
9:00am-9:30am	Welcome & Opening Remarks <i>Opening: Charlton Wilson, MD, FACP, FACHE, CHE, Mercy Care</i> <i>Emcee: Anthony N. Johnson, aka, Mtuaswa, Director of Congregational Life,</i> <i>Unitarian Universalist Congregation of Phoenix</i>
9:30am-10:15am	Keynote Speaker Darlene Yee-Melichar, EdD, FAGHE, FGSA <i>Professor and Coordinator, Gerontology Program</i> <i>Director, Long-Term Care Administration</i> <i>San Francisco State University</i>
10:15am-10:30am	Poster Session & Break
10:30am-11:45am	Panel Discussion Kenneth Poole Jr, MD, MBA, FACP, Panel Moderator, Medical Director of Patient Experience, Mayo Clinic Candida Hunter Sr. Director of Tribal Affairs, First Things First Darrel Christenson, MA Vice President of Community Integration, Ability360 Emma Torres, MSW Chief Executive Officer, Campesinos Sin Fronteras Juliana S. Davis, MPH State Refugee Health Coordinator, Arizona Refugee Resettlement Program, Department of Economic Security Vinny L. Chulani, MD, MSED, FSAHM, CEDS Section Chief of Adolescent Medicine, Medical Director of Phoenix Children’s Gender Management Service, Phoenix Children’s Hospital
11:45pm-12:00pm	Panel Q & A Session
12:00pm-1:00pm	Poster Session & Lunch Networking
1:00pm-1:15pm	Poster Session & Break
1:15pm-2:15pm	Afternoon Breakout 1: Choose One Track
2:15pm-2:30pm	Poster Session & Afternoon Break
2:30pm-3:30pm	Afternoon Breakout 2: Choose One Track
3:30pm-3:40pm	Break
3:40pm-4:00pm	Arizona Health Equity Recognition Award
4:00pm-4:30pm	Closing Speaker Francisco Moreno, MD, University of Arizona Health Sciences

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**build bridges
and connect
communities**
—————
in health equity research and practice.

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Phoenix/Scottsdale, Arizona

Rochester, Minnesota

Jacksonville, Florida

	Track	Title & Speakers
AFTERNOON BREAKOUT SESSION 1 1:15pm – 2:15pm – See Track Area for Locations	PREVENTION-POLICY BRITTLEBUSH	Removing barriers to food access in Tombstone, Arizona <i>Elyse Gidas, MPH; Jacob Jones- Martinez, JD</i>
		Health Equity Action Lab – A Bias Toward Action <i>Seth Fritsch, MPH</i>
	RESEARCH-CLINICAL CHIA	W.A.T.C.H-Wellness Activities to Create Health <i>Teri Ingram, Lisa Sampsell, Michael Matthies</i>
		Participation Inequality In Cancer Clinical Trials: Barriers and Strategies <i>Frank Tsai, MD</i>
	PREVENTION-POLICY MARIPOSA	The Health Equity and Policy Network: An Innovative Approach for Health Equity-Focused Workforce Development <i>Swapna Reddy, JD, MPH; Pooja Paode, MS; Matthew Speer, MS; Megan Phillips, MS</i>
		Comprehensive Sexuality Education: Working to Prevent Sexual Violence in Racial and Sexual Minority populations <i>Jamal Brooks Hawkins, MSW</i>
	PREVENTION-POLICY LARKSPUR	Community Health Re-Imagined! - Creating Community Health Capacity Through A Million Hearts®, Public Health and Public Housing Collaboration <i>Mark Gallegos, Francisco Blanco, MSW</i>
		Esperanca in the Community: Working with Underserved Hispanic Families in Phoenix <i>Maria Valenzuela</i>
	CLINICAL-POLICY COTTONWOOD	Working Together to Make El Rio Community Health Center a Destination for LGBTQ Patients <i>Andrew Cronyn, MD; Jeffrey Lewis, BS; Moira Alexander, MPH, Lori Ortiz</i>
	RESEARCH-CLINICAL OCOTILLO	Informing Health: better health through better information <i>Amy Armstrong Heimsoth OTD, OTR/L, CHIS.; Melissa Johnson MSLS, Ashley Sinnappan; Samathan Hageman</i>
“An evaluation of prostate cancer infographics among African American survivors of prostate cancer: Using receptive theory approach.” <i>Sean Upshaw, PhD</i>		

AFTERNOON BREAKOUT SESSION 2

2:30pm – 3:30pm – See Track Area for Locations

	Track	Title & Speakers
	PREVENTION-POLICY BRITTLEBUSH	Addressing and Collecting Social Determinants of Health (SDOH) Data in Community Health Centers to Improve Clinical Outcomes <i>Emily Oake, MHSM; Andres Yubeta, Catalina Laborin, Lizbeth Cobb</i>
	RESEARCH-CLINICAL CHIA	Harm Reduction and Health Equity <i>Haley Coles, TuriyaColl</i>
	PREVENTION-POLICY MARIPOSA	Arizona Safety Net Past, Present and Future <i>Maurice Lee MD, Caitlin Lee, MD, Gabriela Barraza, MS, Ryan Melikian, MS</i>
	PREVENTION-POLICY LARKSPUR	Racial and Ethnic Disparities in the Diagnosis and Treatment of Alzheimer’s Disease and Related Dementia <i>Angela Allen, PhD</i> <hr/> Moving Backwards: What Arizona’s Medicaid Work Reporting Requirements Mean and How You Can Help <i>SimanQasim, MBA</i>
	CLINICAL-POLICY COTTONWOOD	Intersecting Identities: Promoting Health Equity for Racial/Ethnic Minority Lesbian, Gay, Bisexual, and Transgender (LGBT) Communities <i>Vinny Chulani, MD, Josef Burwell, PA-C</i>
	RESEARCH-CLINICAL OCOTILLO	New Opportunities for Community and University Health Equity Collaboration in Arizona <i>Samantha Sabo, Dr.PH, MPH, NicoletteTeufel-Shone, PhD; Alexandra SamarronLongorio,BS, RDN, Carmenlita Chief, MPH</i>

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POSTER ABSTRACTS

ALL DAY POSTERS

Title: *Creating Awareness of LGBTQ+ Health Disparities and Improving Care with Implementation of MedSafeZone Educational Workshop*

Author: *Sonji Muhammad, MA*

University of Arizona College of Medicine-Phoenix

In the medical field, the LGBTQ+ community continues to face underrepresentation and various health disparities that come along with it. The University of Arizona College of Medicine-Phoenix began facilitating MedSafeZone Educational Workshops in October of 2015. The purpose of this 3-hour workshop is to raise awareness and recognition of the health disparities experienced in the LGBTQ+ community. Workshop learners are introduced to relevant terminology, identity formation, the importance of language, health disparities and what health professionals can do to better serve LGBTQ+ patients. It also includes interactive group exercises and case scenarios. The workshop culminates with learners understanding the role of being an ally in patients' personal and professional lives. Since the introduction of the 3-hour workshop, the content appears as mandatory sessions for incoming students at the beginning of year 1. Numerous sessions are held throughout the academic year for faculty, staff and community and onsite workshops are held at our training hospital Banner University Medical Center-Phoenix with future plans to present at other affiliate hospitals and community organizations; expanding the awareness and knowledge to all levels of the hospital. Learning Objectives 1. Identify the terminology and concepts related to LGBTQ+ patients 2. List and describe health disparities among this patient population 3. Describe best practices for health professionals to create a welcoming environment for all patients. Conclusion The best solution to educating our future physicians is for medical curricula to integrate the teaching of sexuality, gender, and sex development across disciplines throughout all four years of medical school. By starting with the MedSafeZone workshops, we have shown the need and value of making the content available to our students, faculty, staff and community. It was the first LGBTQ+ training for 73% of the 400+ individuals who have participated. The MedSafeZone workshop is an introduction to the challenges LGBTQ+ face when interacting with the healthcare community, and how these challenges may translate into health disparities that reveal themselves in the quality of care the patients receive.

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**Title: *Creating a Campaign: Dissemination of the U=U HIV Prevention Message***

*Authors: Wendy Wolfersteig, PhD, Director, SIRC Evaluation and Partner Contracts, Research Associate Professor, Social Work; Fran R. Matera, Ph.D. Strategic Media & Public Relations, Associate Professor & Director, Cronkite Public Relations Lab, Adviser, Barrett Honors Faculty, Adviser, PRSSA Chapter, Arizona State University, Walter Cronkite School of Journalism & Mass Communication*

This poster disseminates the research, creative processes and importantly, the understanding of this health care campaign around the U=U message. The key message provides information on this relatively new and not very well known HIV prevention strategy. U=U means that if the level of HIV in your blood is Undetectable, with medication taken daily and labs at least every six months, then the virus is untransmittable. ASU-SIRC's Office of Evaluation collaborated with the ASU Cronkite Public Relations Lab and the four-student VIPR team to conduct the work. The media campaign and materials were based upon secondary research along with findings from elite interviews and focus groups with HIV specialists, medical practitioners and people living with HIV. Along with the background research, data are presented from a preliminary pilot test of the social media messaging conducted during May and June 2018. The prevention campaign messages are also highlighted.

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Title: *Promoting Wellness in the Filipino Community: Philippine Nurses Association of Arizona and their Work in the Barrio*

*Author: Maningo-Salinas, PhD, RN, NE-BC, CPHQ, FACHE
Mayo Clinic*

Main Objective: To understand the role of members of the Philippine Nurses Association of Arizona on reducing health disparities among Filipino Americans by examining their practices. Filipinos are rarely studied even though they represent the third largest Asian subgroup in the United States, based on the 2015 Census. Cardiovascular disease and stroke cause more than half of Filipino deaths. High blood pressure is a major problem among Filipinos and control rates are particularly poor. There is highly consistent and convergent evidence that this population is at high risk of developing cardiovascular disease. Filipinos, particularly new immigrants, are susceptible to stress from work and family issues. Some of their coping strategies include unhealthy eating and smoking. Outreach and education interventions for this population must address dietary habits, blood pressure and blood cholesterol control, tobacco use, physical activity, stress, and socioeconomic concerns. The culture of the Filipino communities in Phoenix is one that fosters interpersonal support and togetherness. There is a strong emphasis on community participation and involvement. The Filipino family plays a major role in the life of the individual. Nurses are seen by the Filipino community as trusted sources of information. For many years, members of the Philippine Nurses Association of Arizona (PNAAZ) have partnered with Filipino American community organizations and coordinate health screenings and seminars on relevant health topics where they can serve as culturally competent content experts.

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**Title: *Social Determinants of Substance Use Among Arizona Youth***

*Author: Shiyu Wu, MSW, PhD,  
School of Social Work, Arizona State University*

Substance use problem has become one of the major public health concern in the United States. National survey data shows that the prevalence of substance use among Arizona high school students were higher than the national rates (e.g., Marijuana use: Arizona 43% vs. U.S. 39%; Cocaine use: Arizona 9% vs. U.S. 5%; Inhalant use: Arizona 8% vs. U.S. 7%; CDC 2016). Using the social determinants of health perspective, this study used 2016 Arizona Youth Survey data (N = 57,170), to examine the determinants (at youth individual, peers, household, community, and societal levels) of substance use (i.e., Marijuana use) among Arizona youth. In addition, this study further investigates the use disparities among six different racial/ethnic groups (i.e., white, African American; Latino, Asian, American Indian, and Hawaiian-Pacific youth), to yield a better understanding about the relationships between substance use and determinants both at different levels and among different groups. Results show that the following common factors are significantly associated with high risk of marijuana use across different racial groups: youth had been arrested in the past year, had ever belonged to a gang, youth's best friends had used marijuana in the past year, have siblings ever used marijuana, easy access to get marijuana, had adults they known personally had used marijuana in the past year. Results also show that

good school performance and think using marijuana is wrong are the two common protective factors of lower risk of marijuana use across the 6 racial groups. We also found some other factors had varied significant relationship with marijuana use by different racial groups. This study has strong implications to both practice and policy development. Findings from this study can not only contribute to design and develop substance use prevention interventions among youth, but also provide rich information to the policy makers for developing tailored policies to different target populations.

## ***keepin' it REAL*** **around the globe**

*keepin' it REAL* (or *Mantente REAL*, in Spanish) is an evidence-based substance use prevention program designed to increase drug resistance skills among middle school students. The program teaches students how to say NO to substance use through practical, easy-to-remember and use strategies represented by the acronym REAL: Refuse, Explain, Avoid, and Leave. Through series of 10 interactive lessons, *keepin' it REAL* strengthens existing life skills, teaches specific strategies, promotes anti-substance use norms and attitudes, and promotes effective decision making and communication skills. This SAMHSA Model Program was licensed by ASU and is in use in 48 states within the USA. Through the efforts of the Global Center of Applied Health Research, *keepin' it REAL / Mantente REAL* has been culturally adapted, implemented, and tested for efficacy in Mexico, Guatemala, Uruguay, Spain, and Kenya.

**ASU Global Center for Applied Health Research**  
Arizona State University

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The Global Center for Applied Health Research is part of the School of Social Work within the College of Public Service and Community Solutions. Our research is supported by: the National Institute on Drug Abuse of the National Institutes of Health under award number R01DA038657, the Eunice Kennedy Shriver National Institute of Child Health & Human Development of the National Institutes of Health under award number P01HD080659, and Arizona State University.

## OUR RESEARCH



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Advancing knowledge on how to prevent substance abuse disorders and cardio metabolic disease in Southwest communities most affected by health disparities through culturally appropriate and efficacious research interventions, pilot projects, and community engagement.

- Every Little Step Counts**  
Sustaining healthy behavior changes through nutrition and fitness among Latino adolescents and their families.
- Families Preparing the New Generation PLUS**  
Promoting healthy eating and preventing substance use among Latino youth and their families.

**Office of Refugee Health**  
Enhancing culturally-informed health care services for women affected by female genital cutting in Arizona.

**Office of Evaluations and Partner Contracts**  
Partnering with local, city, county, state, and national non-profit and governmental agencies to perform evaluations and disseminate findings that support effective research-based interventions aimed at preventing, reducing, and eliminating health disparities.

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The Southwest Interdisciplinary Research Center is part of the School of Social Work within the College of Public Service and Community Solutions. Our research is supported by: the National Institute on Minority Health and Health Disparities of the National Institutes of Health under award number U54MD002316, the US Department of Health and Human Services Office on Women's Health under award number ASTWH160045, evaluation and partner contracts, and Arizona State University.



***Title: Dental Therapist: Oral Health Care Access to the Underserved***

*Authors: Pallavi Jugale, BDS, MDS, MPH; Jan Grutzius: RDH*

*Arizona Alliance for Community Health Centers*

Two million Arizonans lack access to oral healthcare. In the 15 of Arizona counties, all or some portion is designated to Dental Health Professional Shortage Areas (DHPSAs). People living in rural areas, tribal communities, low –income families, the uninsured, people with disabilities and the elderly encounter the greatest barriers to dental care. Barriers to accessing care in rural and tribal communities are- geographic isolation, long distance between providers, limited services available close to home, and long waits and complicated scheduling procedures. Nonetheless, there is hope for rural and tribal communities with the passage of the Sunrise application for a new type of dental professional- the Dental Therapist. Dental Therapist are mid-level providers that can provide preventive and routine restorative care within their scope of practice- such as fillings cavities, placing temporary crowns, and extracting badly diseased or loose teeth. They also engage in oral health prevention and promotional activities including motivational interviewing, oral screening, caries risk assessment, and oral health education. This oral health professional will bolster the supply of providers for underserved populations and diversify dentistry to provide culturally competent care. The road to getting the bill passed was not easy and smooth. However, it is a strong and a firm step towards equitable oral health care for the populations with the most need. Knowing the roadmap of the success of the sunrise application, the provisions of this workforce, it's inclusion into the healthcare system, and the next steps will greatly help the communities towards better oral health care and a new hope for employment and societal engagement. Dental Therapy is that light at the end of the tunnel to achieve better oral health in rural and tribal communities.

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Title: Precision Medicine Research and The Participation of Underrepresented Populations

Authors: Crystal Ramos, Yvette Hernandez, Jose Antonio Valencia, Valentina Hernandez

Mountain Park Health Center

As research initiatives focus on including diverse and underrepresented populations in their designs and samples, it will be imperative that these efforts make provisions for engaging members from vulnerable communities early in the research process. Efforts to do so will reap benefits for the research as well as the community at large. Mountain Park Health Center in collaboration with the Mayo Clinic and ASU established a community advisory board (CAB) in 2013 in order to integrate input and facilitate transparency regarding the implementation of precision medicine research for patients at Mountain Park Health Center. The CAB is represented by a diverse group of community members who participate in bi-monthly meetings delivered in a bilingual format in order to ensure inclusion and engagement. The CAB has been instrumental in supporting the development and implementation of the Mayo/Mountain Park Sangre Por Salud (SPS) Biobank. The SPS Biobank is a branch from the Mayo Clinic biobank with the purpose of extending precision medicine research to include underrepresented Latino patients. It is the result of a unique collaboration between Mayo Clinic, ASU, and Mountain Park Health Center, a federally qualified community health center in Phoenix, Arizona. Over the past 5 years the SPS CAB has proved invaluable for supporting the growth and expansion of the SPS Biobank by providing valuable insight and direction regarding precision medicine initiatives that hope to meet the needs of vulnerable populations. Examples include, providing input on recruitment materials, developing culturally and linguistically appropriate methods of communication, and serving as a sounding board for ethical, legal, and social issues in genomic research. As the CAB has matured, an expanded focus will now include supporting a variety of research projects across multiple collaborations at Mountain Park Health Center. This learning session aims to describe the process for engaging an underrepresented community in research through a CAB, demonstrate the impact of the CAB on supporting research, and discuss lessons learned through the process.

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***Title: Health screening outcomes of Cubans resettling in Texas: those paroled into the United States at the border vs. those who obtained refugee or parolee status in Cuba, 2010-2015***

*Authors: Emma Seagle, MPH*

*Centers for Disease Control and Prevention (CDC)*

Background: From 2010-2015, the United States witnessed an increase in the number of Cubans entering the country as refugees or parolees. Among Cubans resettled during this period, some entered through programs established by the US Government, such as family reunification or the migration lottery. Others were paroled into the United States after crossing the border, in accordance with the Cuban Haitian Entrant Program policies. Regardless of entry route, Cubans eligible for refugee benefits are recommended to undergo a medical assessment within 90 days of arrival. We reviewed differences in health outcomes recorded at this assessment between individuals who were paroled into the United States at the border and individuals who obtained refugee/parolee status in Cuba. Methods: We conducted a cross-sectional analysis examining differences in health outcomes at the initial medical assessment among Cubans paroled into the United States at the border and those who obtained refugee/parolee status in Cuba. Cubans who arrived in Texas between January 1, 2010, and September 30, 2015, and who received a domestic health assessment were included. Those who obtained refugee/parolee status in Cuba were identified through the presence of a record in the Centers for Disease Control and Prevention's Electronic Disease Notification (EDN) System and/or the US Department of State's Worldwide Refugee Admissions Processing System (WRAPS), indicating they received a pre-departure overseas exam and/or an approved refugee/parolee application before entry. Those who were paroled into the United States at the border were defined as individuals not listed in EDN or WRAPS. Separate models were created for each screening indicator (blood pressure, body mass index, hepatitis B, hepatitis C, tuberculosis, HIV/AIDS, parasitic infections, anemia, and lead levels) as the outcome, with entry route as the main exposure variable. Crude and adjusted prevalence ratios were estimated using PROC GENMOD procedures in SAS 9.4 (Cary, North Carolina). Results: Of 10,898 Cubans included, 8,709 (80%) were paroled into the United States at the border. The remaining 2,189 (20%) had obtained refugee/parolee status in Cuba. Approximately 62% of those paroled at the border were male compared to 49% of those who obtained prior refugee/parolee status. Nearly half (45%) of those paroled at the border were 19-34 years old (vs. 26% among those who obtained refugee/parolee status in Cuba). Preliminary results revealed that individuals paroled at the border were more likely to have a positive HIV/AIDS screening result (0.6% vs. 0.2%), but less likely to have parasitic infections (9.6% vs. 12.2%), hepatitis C (0.1% vs. 0.4%), or high lead levels (children  $\leq$ 16 years old, 5.2% vs. 12.3%). Conclusions: Within-country variations in health status are often not examined in refugee populations, yet they are critical to understand granular health trends. Our analysis provides a more in-depth view of health outcomes among Cubans upon US arrival and suggests that, although they shared a common birth country, the health profiles of those paroled into the United States at the border and those who obtained refugee/parolee status in Cuba were different. This knowledge could be used to develop more targeted health intervention strategies.

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Title: Head, Shoulders, Knees and Teeth: Understanding Oral Health Disparities

Authors: Jan Grutzius: RDH; Pallavi Jugale, BDS,MDS,MPH

Arizona Alliance for Community Health Centers

Unlike any other part of the body, the mouth is treated separately. Chapin Harris and Horace Hayden tried to bridge this gap - dentistry and medicine - at the University of Maryland in 1840 without success. Thus dentistry as its own separate entity was born. The fight to connect oral health to overall health continues today, and as health disparities in marginalized populations grow, access to care becomes increasingly difficult. Disparities and inequities continue to exist among low-income, racial/ethnic minority groups, those residing in medical/dentally underserved areas, those with developmental or acquired disabilities, and many older adults dependent on assisted care. People with poor oral health face higher risk of cardiovascular disease, stroke, complications in pregnancy and childbirth, and other conditions. People with visible signs of oral disease are negatively judged and socially stigmatized, affecting mental health and wellbeing. And people with untreated dental problems often have difficulty finding jobs, which lowers employment, making access to oral health care an economic justice issue. Oral health affects overall health, and our entire society. It is important now more than ever that we broaden the public's understanding of oral health to build public and political support for increasing oral health access, ensuring all people have equitable access to oral health care.



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MORNING POSTER SESSION

Title: Closing the Gap: Interpreting Upstream Determinants Impacting Breast Cancer Treatment Decisions for Hispanic Women

Author: Stephany Esquivel, Student
 Arizona State University-Science of Health Care Delivery program

Despite similar rates in breast cancer screening between Hispanic and White women, Hispanics in Arizona are diagnosed at more advanced stages, offered fewer treatment options, and suffer from higher mortality rates. This study was conducted to better understand the perspectives of female Hispanic breast cancer patients, upstream factors that impact treatment decisions and how their perspectives compare with perceptions of their providers. We interviewed and surveyed 14 female Hispanic breast cancer patients and 23 of their providers using a concurrent triangulation approach to cross-validate provider responses with patient interviews. Patient interviews indicate a need for support following treatment, desire for more empathetic care, and better communication. Providers reported perceived patient barriers such as insurance coverage, ability to pay, and lack of culturally sensitive resources. Interpreting and comparing these perspectives, along with interventions to address barriers, will have significant implications in reducing disparities and improving equity.



Title: Impact of Income on 1-yr Coronary Stent Outcomes in Women and Minorities:

A sub analysis of the PLATINUM Diversity study

Author: Paul Underwood MD, FACC

Boston Scientific Corporation

Prior studies have demonstrated disparities in access to cardiovascular treatment and outcomes for minorities and women. Socioeconomic status (SES), and income in particular, is a fundamental determinant of health outcomes; however, SES or income data are rarely included in clinical studies. The PLATINUM Diversity study aimed to evaluate clinical outcomes in an enriched population of traditionally underserved patients (minorities and women) in the era of contemporary percutaneous coronary revascularization (stenting). PLATINUM Diversity was a prospective, single-arm study, enrolling US patients (52 sites) who received ≥ 1 Promus PREMIER drug-eluting stent and self-identified as having ≥ 1 of the following characteristics: female sex, Black (of African heritage), Hispanic/Latino, American Indian/Alaskan Native. There were no clinical or angiographic exclusion criteria. PLATINUM Diversity is a unique coronary stent study due to the prospective collection of detailed social determinant of health data. The rate of nondisclosure of income was high (47%; 707/1,501 patients). This analysis focuses on patients stratified into annual income $< \$25,000$ ('low'), between $\$25,000$ and $\$49,999$ ('middle'), $> \$50,000$ ('high'), and those who did not disclose their income. The US Census Bureau estimates the poverty threshold in the US as an annual income of $\sim \$25,000$ /year (varying with family size and composition) and median US household income at $\$56,516$ in 2015. Data provided: • Baseline Social/Behavioral Characteristics • Baseline Clinical Characteristics • Baseline Lesion and Procedural Characteristics • Unadjusted 12 month Outcomes • Antiplatelet Usage at 12 months • Multivariate Adjustment of Outcomes Socioeconomic status (as measured by income level) has an impact on patient outcomes after PCI with a contemporary DES in hospitals in the United States. • There were significant differences in baseline social, behavioral, clinical, and procedural characteristics between patients with low and high annual income • Differences in the risk of death/MI were found between patients with the lowest and highest annual income and maintained after multivariate adjustment Further study is needed to investigate the mechanistic link between a patient's socioeconomic status and clinical outcomes. Examining these data will enhance the learner's understanding of the importance non-clinical variables that influence coronary stent outcomes. The PLATINUM Diversity study (Batchelor JAMA Cardiol 2 (12) Dec 2017) prospectively demonstrated higher adverse event rates in women and minorities when compared to white males. Understanding factors involved in poorer outcomes is important to determine where additional inquiry and support is most warranted.

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**Title: An Innovative Literacy-Supportive Education Pilot for Wound Self-Care**

Authors: Erin M. Tharalson, DNP, RN, ANP-BC, CWS, Lynda Root, DNP, RN, PMHCNS-BC, Maurice Lee, MD, MPH, FAAFP, The Society of St. Vincent de Paul

As the incidence of acute and chronic wound conditions rises and wound dressing protocols become more complex, uninsured patients lacking access to specialty wound care are challenged to manage their own wounds. Understanding multistep dressing change protocols may be inhibited by low health literacy. Low health literacy is associated with reduced disease knowledge and self-care. To examine the effectiveness of a literacy-sensitive wound education intervention on wound knowledge and self-care, an evidence-based pilot project was conducted in an urban wound clinic. A convenience sample of 21 patients received a literacy-sensitive wound education intervention over several sessions. Instruments measured health literacy level, wound knowledge, dressing performance, and wound healing status. There was a significant increase in wound knowledge scores in all literacy groups from baseline to visit two ( $p < .01$ ) and four ( $p < .01$ ). Dressing performance scores remained consistently high in all literacy levels. All participant's wounds progressed toward wound healing from baseline to visit two ( $p < .01$ ) and four ( $p < .01$ ). Incorporation of a literacy-sensitive education intervention with supportive literacy aids over several sessions supports improved wound knowledge and dressing self-care and can affect healing in patients of all health literacy levels.

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Title: Needs Assessment of the Unsheltered Homeless Population in Phoenix, Arizona

Authors: Justin Zeien, MPH, Medical Student, University of Arizona College of Medicine - Phoenix
Jeffery Hanna, MPH, Public Health Educator, University of Arizona Mel & Enid Zuckerman College of Public Health - Phoenix ; Dr. Cecilia Rosales, MD, MS, Associate Dean, University of Arizona Mel & Enid Zuckerman College of Public Health – Phoenix; Dr. Jennifer Hartmark-Hill, MD, Medical Director, Street Medicine Phoenix, University of Arizona College of Medicine - Phoenix

According to the 2018 Point-in-Time Count, there are 6,298 people experiencing homelessness in Maricopa County. Of these, 2,618 individuals are living in unsheltered situations. To support Phoenix’s homeless population, Street Medicine Phoenix (SMP) was formed. SMP is a student-driven interprofessional health care and social justice team consisting of students and faculty from the University of Arizona, Arizona State University, and Northern Arizona University. SMP conducted a needs assessment of 144 unsheltered homeless individuals to understand the needs of this population. The needs assessment revealed the primary needs of this population are food, followed by medical care and shelter. Almost half describe their health as fair or poor. Based on these results, SMP will provide medical care to Phoenix’s homeless population and link them to community resources to meet their long-term food, health, and shelter needs.

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**Title: Patient Perceived Quality of Life Survey: Comparison among free, FQHC and Private Clinics**

**Authors:** Agnieszka Radziszewska, Medical Student, University of Arizona College of Medicine Phoenix  
Maurice Lee, MD, MPH, Medical Director, St. Vincent de Paul

Social factors play a powerful role in determining health outcomes of patients and communities. This study surveyed patients from free clinics, FQHCs, and private clinics on the top 3 barriers affecting their quality of life. Information obtained included patient demographics, open ended answers on the top 3 patient identified needs, as well as an assessment of health literacy. A total of 300 patient surveys were completed; based on the responses 15 categories were identified amongst the patients. An analysis was performed stratifying data by clinic type, demographics, identified needs and health literacy levels. Overall, there were statistical differences between clinic types yet not for all the factors that would be considered traditional social determinants of health.



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**Title: Efficacy of a free clinic utilized as a transitional clinic for the uninsured: Effects on chronic disease management and ED/hospital rates.**

*Authors: Erin Hartnett, MS2, University of Arizona College of Medicine- Phoenix; Maurice Lee, MD, Medical Director, Virginia G. Piper St. Vincent de Paul Medical & Dental Clinic*

Data is scarce on transitioning uninsured populations from the hospital to a patient centered medical home. Known trends demonstrate most discharged patients fail to attain care, leading to preventable costly visits to emergency facilities. This study analyzed a novel system of transitional care of patients with diabetes from the Virginia G. Piper St. Vincent de Paul free clinic to an FQHC for long-term care. Over 50% of the patients successfully established care with an FQHC and maintained control at 6-12 months of follow up with an average pre and post A1C of 10.2% and 7.4%. Incidents of hospitalization and emergent care were reduced 100% and 89% for all patients regardless of establishing long term care with an FQHC.

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Title: Healthy Food Consumption and Latino Youth in the Saludable Study

Authors: Megan Larsen, Student, University of Arizona; Tiffany Archer, Student, University of Arizona; Lora Hebert, MD, FACS, Student, University of Arizona; Celina Valencia, Dr.P.H, Postdoctoral Research Associate, University of Arizona

Introduction: Provision of and access to fresh produce is limited at the neighborhood level in food deserts. Lack of access could be a contributing factor of disproportionate rates of obesity among Latino youth who live in food deserts. **Methods:** Saludable is a mixed methods obesity intervention for Latino youth in Pima and Maricopa County, Arizona. The study participants (N=54) are Latino youth ages 8-13 in rural and urban contexts residing in food deserts with 92.59% of the study participants reporting receiving free lunches. Data on food insecurity was collected via quantitative self-report. Food security information was also collected via qualitative focus groups with the parents of the study participants. **Results:** The self-report indicated 75.92% of participants had eaten leafy greens less than two times in the past seven days. Consumption of leafy greens in the past seven days was less likely to occur in the rural participants with 80.00% versus 47.06% urban participants reporting they had not had eaten any leafy greens. Additionally, 83.33% of the study participants reported consuming soda in the previous week. **Summary and conclusions:** Findings indicate that Latino youth in low-income and low-access areas are not consuming the recommended amounts of vegetables. The self-report findings did not match the qualitative data reported by rural parents who felt they were able to easily access fresh produce. Upstream policy intervention has the potential to positively impact vegetable consumption. A policy-based recommendation would be incentivizing corner stores to carry more fresh produce.

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**Title: Prevalence of obesity, diabetes, and hypertension in the Hispanic population accessing a mobile clinic compared to all adults in Maricopa County**

*Authors: Maria Valdez, Public Health Master Student, College of Public Health - University of Arizona; Brandon Howard, Public Health Master Student, College of Public Health - University of Arizona; Emily Witt, Public Health Master Student College of Public Health - University of Arizona; Eduardo Gonzalez-Fagoaga, PhD, MS, Assistant Professor College of Public Health - University of Arizona*

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Obesity related conditions such as diabetes mellitus and heart disease are among the leading causes of preventable death. An estimated one in three Hispanic residents are considered obese in Maricopa County compared to one in five non-Hispanic whites. **Methods:** All Hispanic patients over 18 years of age treated in the University of Arizona Public Health Primary Prevention Mobile Unit from 2016–2017 were included in the study and compared to the data for all adults in Maricopa County for obesity, diabetes, and hypertension. **Results:** Of the 6016 adult Hispanic mobile unit patients, 10.5% had elevated HbA1c levels, 34.9% met the criteria for hypertension, and 61.2% met the criteria for obesity. The data for all adults in Maricopa County show 10.2% meeting the criteria for diabetes, 30.8% meeting the criteria for hypertension, and 29.0% meeting the criteria for obesity according to the most recent data. **Summary and conclusions:** Our findings indicate that the Hispanic community being served by the mobile unit has an increased prevalence of isolated hypertension, obesity, and diabetes.

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Title: R.E.S.I.S.T.ing predators: A pilot study of a child abuse prevention education curriculum for high school students

Authors: Marisol Diaz, Research Analyst, Diane Moreland, Research Analyst, Grant Yoder, Research Analyst, Southwest Interdisciplinary Research Center at ASU

There is a growing need for research in the area of child abuse prevention specifically for high school youth. The majority of the research focuses on younger children. This pilot study highlights the importance of teaching older students' skills surrounding safety and preventing abuse. High School youth in grades 9th-12th, in an urban high school in Arizona, participated in a pilot study of the Childhelp Speak Up Be Safe Prevention Education Curriculum, a two-lesson, child abuse prevention program aimed at teaching students how to resist predatory behavior. A total of 282 youth participated in the program. The curriculum addresses the increasing responsibility of adolescents and young adults for their own personal safety in each setting where they may be at risk of experiencing abuse. A variety of methods are used to present material, including direct instruction, discussion periods with questions and answers, and scenarios with guided small group conversations. The overall goal of the curriculum is to prevent child abuse while providing adolescents and young adults a broader understanding of abusive behavior and preventative approaches. High school youth were taught six resist strategies using the acronym R.E.S.I.S.T., which stands for Run, Escape, Scream, Ignore, Stay Away, and Tell. The high school curriculum was developed for presentation over two 45-minute lessons. Content and delivery are based on several areas of research including child development, learning styles, social psychology, and child abuse and neglect prevention. The curriculum is designed to promote broad student participation and critical reflection by engaging high school students in visual, auditory, and physical learning. Participants completed pre and post surveys to measure knowledge gains in regards to the R.E.S.I.S.T. strategies. The findings of the pilot demonstrated significant knowledge increases in knowing the R.E.S.I.S.T. strategies after participating in the prevention education program. These results can assist youth in interrupting and preventing abuse, which can lead to better health outcomes for the youth, as well as guiding future prevention policies.

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***Title: Review of Current Literature on Aging and Health at the Arizona-Mexico Border***

*Authors:* Stephanie Zawada, MS, Research Assistant, Arizona Center on Aging

Amongst the most controversial legislation today are current and proposed policies to alter, restrict, and disincentivize commerce between the United States and Mexico. These policies directly impact both immigration and trade activities at the U.S.-Mexico border, which spans nearly 2,000 miles, four U.S. states, and six Mexican states. While the full effect of evolving policies on the 80 million individuals living in the border region is not understood, even less is known about the impact of new regulations on the well-being and health of the elderly who call this region home, particularly in the state of Arizona. To research and analyze the projected impact of today's border policies on the state of health in the aging population along the Arizona-Mexico border, a systematic review of literature focusing on the intersection of aging, health access, and the Arizona-Mexico border was conducted. Electronic databases searched include PubMed and Google Scholar, which aggregated 1734 results. 25 relevant studies conducted in the United States from 2003 to 2018 were identified. A qualitative analysis of the included articles was measured based on the following variables: health conditions exhibited, insurance coverage trends, and access to and utilization of provider and healthcare services in the



aging community along the border. Four studies reviewed diagnostic data to assess the specific health conditions of elderly individuals along the border; three reviewed the role of nutrition in health in older adults near the border; nine reviewed the impact of insurance coverage and willingness to utilize available healthcare resources; six focused on a broad variety of social and cultural determinants affecting the health of aging adults near the border; and three addressed elderly female patients near the Arizona-Mexico border. The limited number of published research articles and reviews on the topic restricts the generalizability of the results. This review suggests that the collective health status of aging individuals near the Arizona-Mexico border is influenced by limited access to high-quality health care and effective preventative health outreach in rural areas. With new policies on immigration and trade affecting border communities, these findings are expected to be amplified by resultant disadvantaged socioeconomic status, restricted mobilization, slowing local economic activity, and lack of familial support. The findings suggest that cooperation between the U.S. and Mexico, along with the development of local problem-solving mechanisms, is critical to implement age-specific, culturally-appropriate health interventions and minimize health disparities in elderly persons near the border. Further analyses should be explored in the policy realm of aging in rural communities, preventative health, transnational commerce, and culturally-sensitive interventions in Arizona and throughout the region.

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Title: Combating Pediatric Obesity Through Stress Relief

Authors: Kara Lay, MPH Student, JulieAnna Olague, MPH Student, Danielle Soto, MPH Student, Dr. Celina Valencia, Mentor, Mel & Enid Zuckerman College of Public Health

Introduction Obesity is a prominent health problem amongst Latino youth in Arizona and continues to develop. Previous literature suggests toxic stress is associated with pediatric obesity. **Methods** Saludable is a mixed methods study with a six-week intervention program targeting Latino youth (N=54) that focuses on three health domains including: healthy nutrition, physical activity via yoga, and stress reduction via Mindfulness Based Stress Reduction (MBSR). Data collected includes self-report from the youth participants and qualitative data from participants' parent (N=20) on the adoption of healthy behaviors taught by Saludable. This project considers the thematic content analysis findings from data collected from participants and participants' parents. **Results** Both participants and parents reported the use of MBSR techniques and practicing yoga post-program. In addition, parents reported interest in introducing an adult course with mindfulness through yoga after observing the improvement of managing stress with their youth. **Summary/Conclusions** Findings show that implementing mindfulness practices may help relieve some toxic stress linked to food instability and poverty. More research will be conducted to continue evaluating long term benefits of stress-relieving activities to decrease obesity disparities amongst Latino youth in Arizona. Further implementation of mindfulness activities focusing on the youth's families may help contribute to relieving overall stress in the household.

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***Title: Before the Fire Truck Arrives***

*Author: Steve Wagner, President/Founder, RightCare Foundation, Inc.*

RightCare Foundation, Inc., The Morrison Institute for Public Policy and the First Pentecostal Church are a Dignity Health Community of Care, working to improve health equity in underserved communities. We are connecting with South Phoenix Community leaders to provide lifesaving education and research to improve Public Health. Topic: ""Before the Fire Truck Arrives"" Steve Wagner with the RightCare Foundation, Inc., will educate on critical actions that people can take to help save lives and honor end of life wishes. The presentation will cover best practices regarding access, policy and action relating to emergency care, including what community members can do before the paramedics arrive on scene. There will be an interactive display for attendees to witness and participate in The RightCare Foundation, Inc. philosophy.

## KEYNOTE SPEAKER



**Darlene Yee-Melichar, EdD, FAGHE, FGSA**  
**Professor and Coordinator, Gerontology Program**  
**Director, Long-Term Care Administration**  
**San Francisco State University**

Dr. Darlene Yee-Melichar is Professor and Coordinator of the Gerontology Program at San Francisco State University (SF State) where she also serves as Director of Long-Term Care Administration. She is active as a faculty leader on both the SF State and California State University (CSU) Academic Senates. She is the recipient of many awards and honors for her teaching excellence and service contributions to the campus, community, and profession.

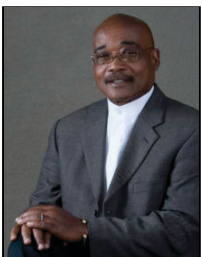
Professor Yee-Melichar's research interests in healthy aging, long-term care administration, minority women's health, and safety research and education are reflected in 4 books, 109 journal articles, book chapters, book reviews, technical reports, and numerous professional and scholarly presentations. She was active on the NIH Advisory Committee for Research on Women's Health, NIH Review Committee for Research Enhancement Awards Program, and AHRQ special emphasis panels on "Translating Research into Practice" and "Health Research Dissemination."

Dr. Yee-Melichar has chaired the U.S. DHHS-OWH Minority Women's Health Panel of Experts; contributed to the U.S. DHHS-Centers for Medicare & Medicaid Services' Advisory Panel on Outreach and Education, U.S. DHHS-OWH Region IX Women's Health Advisory Council, IAGG 2017 World Congress on Gerontology & Geriatrics Local Arrangements Committee; co-chairs the Pacific and Southwest Regional Health Equity Council (aka Regional Health Equity Council for Region IX or RHEC IX), and serves on the Board of Directors for the California Advocates for Nursing Home Reform and as President of SF State's Chapter of Sigma Xi, the national research society.

Professor Yee-Melichar is a Charter Fellow of the Association for Gerontology in Higher Education, Fellow of the Gerontological Society of America, Fellow of the AAHPERD Research Consortium, and Full Member of Sigma Xi, the national research society. Her earlier and current service on editorial boards include the *Journal of Gerontological Social Work*; *Journal of Health Education*; *Gerontology & Geriatrics: Research, Letters to Health and Biological Sciences*; *Journal of Cerebrovascular Diseases & Stroke*; and *Journal of Palliative Care and Nursing*.

Dr. Yee-Melichar received her BA in Biology from Barnard College, Columbia University; MS in Gerontology from the College of New Rochelle; and MS and EdD in Health Education from Teacher's College, Columbia University. She also received post-doctoral training in Computer Management Systems from Teacher's College, Columbia University and was certified as a Health Education Specialist by the National Commission on Health Education Credentialing.

## CONFERENCE EMCEE



**Anthony N. Johnson, aka, Mtuaswa,**  
**Director of Congregational Life, Unitarian Universalist Congregation of Phoenix**

Mississippi born and Chicago bred, is a Spiritual Counselor, writer, producer, poet, soldier, teacher, mentor, father, husband and seminarian. He is graduate at Starr King School for The Ministry in Berkeley, CA, and Assistant Minister at Unitarian Universalist Congregation of Phoenix.

A former United States Army Officer, he has served as a Military Instructor and part of the team to implement the Instruction System Design model at the U.S. Army General Staff College and throughout the US Army. He has worked as a Writer/ Producer of military training films and interactive videodiscs. He has written and produced for the likes of IBM, Motorola, The World Bank and Greenpeace, Levi's 501 Jeans and Bud-Lite

“Give-me-a-Light” series of television spots. It was during this time that he became one of the country’s leading producers of 3-D animation. The New York International recognized his Producer skills for Computer Animation with a Silver Medal.

He has served as Post-Production Project Manager for the ABC-News/Ted Koppel program “Tragedy at Tiannamen Square” and six other nationally televised prime-time specials. Anthony has also held the position of Director of Production and Operations for Black Entertainment Television (BET), overseeing the production of all cable programming. He has counseled child soldiers in Liberia, West Africa and at-risk youth on Chicago’s south and west sides and taught communication skills in an Illinois maximum security state prison. He is an Initiated member of The Mankind Project, an International Men’s organization dedicated to honoring the Sacred Masculine.

Anthony is also the founder of “Multikulti”, an organization dedicated to dialogue across the racial divide which met at Cedar Lane Unitarian Universalist church for over six years. He has facilitated “Multikulti” workshops in communities across the country. His offerings include Personal Divination Sessions featuring Earth Based readings of Stones and Shells based upon African Indigenous Technology. Mtuaswa is also a Tai-Chi Practitioner.

Anthony is currently a feature film writer/producer overseeing the development of the feature film “**Initiation**”, based upon the autobiography “*Of Water and The Spirit*” by Malidoma Somé. The story that Pulitzer Prize winning author Alice Walker so aptly calls, “the shimmering, missing piece of the story of the earth.” And is committed to a “free and responsible search for truth and meaning.”

## MORNING PANEL AND PRESENTERS BIOS

### MORNING PANEL MODERATOR



**Dr. Kenneth Poole, Jr., MD, MBA, FACP, Director of Patient Experience, Mayo Clinic**

Dr. Kenneth Poole, Jr., was born and raised in St. Louis, MO. He earned his bachelor’s degree from Tennessee State University, his M.D. from Northwestern University, and his MBA from Washington University in St. Louis. Dr. Poole completed his residency training in internal medicine at Mercy Hospital in St. Louis and went into solo medical practice thereafter.

In 2014 Dr. Poole joined the staff at Mayo Clinic Arizona, where he is Medical Director of Patient Experience, an Assistant Professor of Medicine in Mayo Clinic College of Medicine and Science, and chair of the Mayo Clinic Arizona/Florida Health Information Coordinating Subcommittee, which oversees informatics policy. His academic interests include health economics and policy, innovation in health care delivery, and clinical informatics, and he sits on the Admissions Committee for the Mayo Clinic School of Medicine. Dr. Poole is a member of the Mayo Clinic Arizona Clinical Practice Committee and several practice-based subcommittees charged with improving care and quality throughout Mayo Clinic. He has spent time on the Mayo Clinic Arizona Space and Capital Committee and has previously chaired diversity efforts across all Mayo Clinic School of Medicine sites nationally. Dr. Poole also consults for Blue Cross Blue Shield of Arizona’s Medicare Advantage plan in a medical director capacity.

Dr. Poole sits on the board of directors for the Maricopa County Medical Society, is president of the Arizona Society of Black Physicians, and is a fellow of the American College of Physicians. He is also a member of the National Medical Association; the American Association for Physician Leadership; the Arizona Medical Association; Kappa Alpha Psi Fraternity, Inc.; and Sigma Pi Phi Fraternity, Gamma Mu Boule.

## MORNING PANEL EXPERTS



### **Candida Hunter**

Candida Hunter serves as Senior Director of Tribal Affairs for First Things First (FTF). She is responsible for ensuring the facilitation of effective government-to-government relations between FTF and Arizona's Indian Tribes and Nations; building and strengthening organizational relations with tribal partners; fostering tribal relations through collaborative partnerships; and, facilitating the provision of culturally responsive early childhood services in tribal communities. Candida is a fellow of the Flinn-Brown Civic Leadership Academy focused on expanding the cadre of Arizonans in state-level civic leadership positions with the knowledge, skills, and commitment to address the state's critical long-term issues. Candida also is a member of the BUILD Equity Leaders Action Network, which works to advance racial equity in early childhood systems. Prior to joining FTF, Candida served as a Hualapai Tribal Council member, Education Coordinator, Green Reentry Program Manager and as a volunteer on the FTF Hualapai Tribe Regional Partnership Council and several other community groups. She is a mother, a human services professional and former policymaker who strongly believes the success of future generations begins in the early years of life.



### **Darrel Christenson, MA**

Darrel Christenson serves as the Vice President of Community Integration at Ability360. In his position, Christenson oversees Independent Living skills training, home modifications, information and referrals and Independent Living services to individuals with disabilities in Valley rehabilitation centers and nursing homes. All services aim to empower persons with disabilities to take responsibility for their lives and live independently in their community.

Prior to his post with Ability360, Christenson was the outreach coordinator for the Southeastern Minnesota Center for Independent Living (SEMCIL). During his time with SEMCIL, Christenson was responsible for the center's expansion, which included opening three additional branch offices to better serve the community. Christenson also provided direct services in rural counties to persons with disabilities, their families and the community at large. Christenson, a Minnesota native, graduated from Mankato State University, Mankato, Minnesota, with bachelor's degrees in both Psychology and Sociology. Christenson also earned his master's degree in Guidance and Counseling from University of Wisconsin – Stout, Menomonie, Wisconsin. In July, 2014, Darrel was elected to the National Council on Independent Living (NCIL) Board of Directors.



### **Emma Torres, MSW**

Emma Torres, MSW, is the founder and the Chief Executive Officer of Campesinos Sin Fronteras, a community based 501 c3 grassroots organization serving farmworker families in the border communities of Yuma County, Arizona. A former migrant farmworker herself, Ms. Torres now has thirty-three years of public health experience as a migrant health advocate, she holds a Master's Degree in Social Work and is a UCLA Johnson and Johnson Health Executive Program Graduate.

Ms. Torres is one of the pioneers of the Arizona Community Health Worker/Promotora program starting the first CHW program in Arizona in 1987. She has been a strong proponent and advocate of the CHW model as one of the most effective strategies in reaching and serving low-income Hispanic and migrant farmworker population. In 2003 and to the present, Mrs. Torres holds a presidential appointment to the US/Mexico Border Health Commission representing the State of Arizona. Ms. Torres is a proud mother of two daughters and one son and a proud grandmother of three children that inspire her to continue her advocacy role in public health.



**Juliana S. Davis, MPH**

Juliana Davis is the State Refugee Health Coordinator at the Arizona Refugee Resettlement Program in the Department of Economic Security. Within this role she manages the initial refugee health screening program, providing technical assistance and coordinating with local health networks and resettlement agencies to ensure refugees' access to treatment for health conditions that may hinder successful resettlement. Juliana also manages the Refugee Health Promotion Program and the Refugee Medical Assistance Program, and facilitates collaboration between partners in the community to ensuring refugees' meaningful access to health services. Prior to her current position, Juliana worked as an Epidemiology Analyst at the Maricopa County Department of Public Health performing Zika surveillance and supporting enteric disease outbreak investigations. In 2016, Juliana graduated from Boston University with her Master of Public Health degree with an emphasis on Global Health and Managing Disasters and Complex Humanitarian Emergencies. While living in Boston she worked as a Research Assistant at the Boston Medical Center on Tuberculosis diagnostic studies. Juliana is originally from Portugal and has worked in community development in Morocco and Indonesia. She currently lives in Phoenix, Arizona, with her husband.



**Vinny L. Chulani, MD, MSED, FSAHM, CEDS**

Dr. Chulani is Section Chief of Adolescent Medicine at Phoenix Children's Hospital and Medical Director of Phoenix Children's Gender Management Service. He is also Associate Professor of Pediatrics in the Department of Child Health, University of Arizona College of Medicine-Phoenix. He completed his pediatric residency training at Maimonides Medical Center, Brooklyn, New York and clinical and research fellowships in Adolescent Medicine at Children's Hospital Los Angeles and his Masters in Medical Education from the University of Southern California – Keck School of Medicine. His clinical and research interests include adolescent sexual and reproductive health and the care of gay, lesbian, bisexual transgender and questioning (LGBTQ) youth. Dr. Chulani's contribution to promoting access to care and health equity for medically underserved adolescents, including LGBTQ youth, has been recognized through numerous awards, including the American Academy of Pediatrics- Promising Practices Award for Promoting Adolescents' Strengths and the American Academy of Pediatrics Special Achievement Award. He has also lectured nationally and internationally on a host of topics related to adolescent health.



**Francisco A. Moreno, M.D.**

Dr. Moreno is a Tenured Professor of Psychiatry at the University of Arizona College of Medicine-Tucson. He also has been conducting research in biology and treatment of mood and anxiety disorders. His work has been funded by grants from the National Institute of Health, Private Foundations, and Collaborations with Industry. He currently serves as a Senior Investigator and Engagement lead for the *All of Us* Research Program, the largest NIH funded Precision Medicine Initiative to date.

Dr. Moreno serves as Associate Vice President for Diversity and Inclusion at the University of Arizona Health Sciences. He has supervised and mentored a number of interdisciplinary students, residents, research fellows and junior faculty. His work supports and promotes efforts by the campus community to increase diversity in the health workforce, promote climate of inclusion and support curricular content to address the needs of an increasing diverse population.

## AFTERNOON BREAKOUT ABSTRACTS & SPEAKERS

### ***Removing Barriers to Food Access in Tombstone, Arizona***

Public engagement and cross-sector collaboration are vital to creating effective, community-focused solutions to public health challenges in rural Arizona. The presenters will discuss their ongoing work in Tombstone, Arizona to increase access to healthy, affordable food for residents experiencing low income. The presentation will include a discussion of Cochise County's recent Health Impact Assessment, its findings, and the ways the Health and Social Services Department is leveraging community partnerships to address health disparities throughout the county. The presentation will conclude with a brief overview of the Farm Express organization and its efforts to find community-based solutions to unique food system challenges throughout the state. Participants will learn the fundamentals of coalition-building and collaboration in creating equitable public health outcomes in Arizona.



Jacob Jones-Martinez, JD is a public health professional dedicated to empowering people and communities to create long-lasting structural and social change. A graduate of Lewis and Clark Law School in Portland, Oregon, Jacob has worked as a public defender, a teacher in a maximum security juvenile facility, and a teacher's assistant for middle school students with physical and learning disabilities. He currently works as a Program Coordinator for Cochise County Health & Social Services helping rural communities address their health needs and is an adjunct trainer with Wellstone Action, training a new generation of candidates, campaign managers and campaign staff.



Elyse Guidas, MPH is Executive Director of Farm Express, a nonprofit that creates community-based solutions to unique food system challenges in Arizona. Elyse is also adjunct faculty at the University of Arizona where she teaches courses on budget and finance for healthcare organizations. She contributes to local public policy efforts both as Vice Chair of the City of Phoenix Environmental Quality and Sustainability Commission and as a member of the Food and Agricultural Policy Advisory Committee of the Arizona Department of Agriculture. Elyse is a passionate proponent of health in all aspects of public life and works tirelessly to make Arizona inclusive and equitable for all.

### ***Health Equity Action Lab-A Bias Toward Action***

Working together to address complex issues, like improving health equity, is impossible to fully plan. By nature, the landscape is always changing, there is new data, and multiple stakeholders continually adapt their approach (usually in isolation). In spite of this, or because of this, we have to embrace a bias toward action!

The Health Equity Action Lab (HEAL) framework uses Human Centered Design principles to move multi-sector groups to action, providing important quick wins to build momentum. With hundreds of unique project examples in various communities around the world, the Equity Action Lab can be successfully applied to almost any collaborative project. Using four distinct components, the framework guides a diverse group of stakeholders through planning and implementing a project focused on achieving health equity. The short preparation phase primes the group for the two-day action lab in which those doing the work develop a 100-day goal and an implementation plan. The 2-day convening is immediately followed by an intense working period, utilizing continuous rapid-cycle testing to modify the plan and ensure the goal is achieved. Finally, the Momentum Lab provides an opportunity to celebrate the success achieved in the first 100 days and to develop a plan for taking the work to full scale implementation.

The Health Improvement Partnership of Maricopa County (HIPMC) used the Health Equity Action Lab framework to successfully expand community use of school facilities after hours, which increased access to recreation space and health programming. HIPMC is now using the framework to implement portions of its Community Health Improvement Plan to improve Access to Care, Access to Healthy Food, and Early Childhood Development.

In this session, you will learn more about the framework and how to implement a Health Equity Action Lab of your own!



Seth Fritsch, MPH manages the backbone operations of the Health Improvement Partnership of Maricopa County (HIPMC), a collaborative of more than 120 public and private organizations working to improve the health of the community. As a native of Phoenix, Arizona, he appreciates his role bringing local leaders together to expand the dominate health narrative.

Seth earned a Bachelor of Science degree in Business Administration from Northern Arizona University and a Master of Public Health from the University of Arizona, and is a graduate from the international American Express Leadership Academy. Following nearly a decade in the private sector, Seth changed his career focus by joining the United States Peace Corps. As a volunteer in western Ukraine, he honed his community organizing skills, helping local community members, organizations, and governments to realize numerous community health improvement projects. His experiences abroad and in his home town of Phoenix continue to enhance the belief that he has an obligation to ensure all people are given equal opportunity to live happy and healthy lives.

**W.A.T.C.H- Wellness Activities Create Health**

People with diabetes and serious mental illnesses have higher mortality rates than individuals with diabetes alone. In people with serious mental illness, diabetes may progress more rapidly, it may be more poorly controlled, and/ or these individuals may have more comorbid physical illnesses and therefore be more likely to die. The W.A.T.C.H. Health Equities program is intended to advance the integrated system of care for persons diagnosed with serious mental illness and comorbid diabetes, by linking members to specially trained peer supports who will educate the members on lifestyle changes to improve diabetes self-management. This recovery- oriented, person- and family- centered approach leads to more engagement and better health outcomes for Mercy Care RBHA members. The goal of the W.A.T.C.H. Health Equities Program is to identify members with SMI and co-morbid diabetes who live in limited supermarket access zip codes and are served by participating direct care SMI clinics. The program measures improved health literacy of the member group as evidenced by lifestyle changes that make a positive impact on their HbA1c level. Our program also functions as a proof of concept site for a national health equity program lead by Aetna Medicaid Health Equity Strategy Team called “Nourish”. We utilize a three- pronged approach to positively impact member food security.

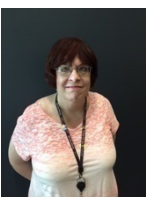
1. Increase enrollment in SNAP and WIC of eligible Medicaid Members
2. Increase full utilization of SNAP and WIC including use of double up and coupons
3. Increase consumption of healthiest food options using SNAP and WIC benefits

**Presentation Objectives:**

1. Participants will be familiar with a community- based program addressing SMI, diabetes, and limited supermarket access areas.
2. Participants will be familiar with the use of Community Health Workers to engage SMI members in health literacy activities.
3. Participants will be familiar with the 3-prong "Nourish" strategy for addressing food insecurity for Medicaid participants.



Teri Ingram has worked for over 40 years with Medicaid populations in Florida, Pennsylvania, Arizona and New Mexico. She is a Licensed Clinical Social Worker who started her career as a direct practice clinician and has held positions of leadership up to and including Vice President of an integrated health provider. Currently Teri serves as a Clinical Program Developer on the Health Equity Strategy Team, with Aetna Medicaid as part of the Personalized Health Team, where she leads Health Care Equity efforts in all States where Aetna holds Medicaid contracts; specifically, Teri leads all Aetna Medicaid efforts regarding the standardization of deploying Community Health Workers and food security projects. Teri has presented at Local, State and National Conferences.



Lisa Sampsell has worked for over 20 years with Medicaid populations in Arizona. She is a Licensed Clinical Social Worker and Licensed Substance Abuse Counselor who started her career as a direct practice clinician and has held positions in leadership in several integrated health providers. Currently, Lisa serves as Care Management Supervisor, with the Mercy Care RBHA, where she oversees care managers who are co-located in community clinic case management sites and focus on integrated care planning activities.



Michael Matthies is currently a Project Manager with Aetna Medicaid's National Health Care Equities Team as part of the Personalized Health Team. He holds Bachelor of Science degree in both Sociology and Criminal Justice. Michael provides consultative support to Aetna Medicaid Health Plans in their implementation of interventions to address Health Disparities and Social Determinants of Health. He has worked in social services and case management roles in Arizona for the last 15 years in areas of Children's Substance Abuse, Adult SMI, Long Term Care, and Integrated Medical/Behavioral Health Treatment.

Michael has presented at State conferences.

### **Participation Inequality in Cancer Clinical Trials: Barriers and Strategies**

The National Institutes of Health (NIH) Revitalization Act of 1993 is a Federal legislative mandate that NIH-funded research encourage representation of women and minority patients. Despite these efforts, representation of racial minorities is lower than the relative proportion of such minorities in the U.S. population. While the NCI budget has grown from approximately \$2 billion in 1993 to approximately \$4 billion in 2002, and the overall clinical trial enrollment rate increased, enrollment rate of minorities, women, and the elderly have not shared in this growth.

Clinical trials is the most scientific approach to determine more effective cancer treatments. It is therefore critical to include minority participants to more accurately represent the population whom will receive such therapies. The downstream consequence of poor clinical trial representation is widening health disparities for minorities as exemplified by the higher cancer mortality rate among specific ethnicities and low socioeconomic groups. Additional benefit of participation in cancer clinical trials is the access to state-of-the-art care with potentially more life-prolonging therapies. Equally important, accurate representation of the general population in investigational studies offers the prospect of generating relevant hypothesis that explores the differences in populations with seemingly similar cancers.

Barriers to clinical trial participation can be structural as in the lack of available clinical trials. Structural barriers can also include the absence of transportation, travel costs, and insurance. Other limitations are inherent to the trial design such as narrow eligibility criteria where exclusionary requirements may not be necessary. Physician and patient attitude also play key roles. Some physicians gravitate toward well-established proven therapies while others are early to adopt cutting-edge treatments. Patients frequently feel fearful about the prospect of participating in a clinical trial due to prior breach of trust from abuses, such as the infamous Tuskegee Syphilis Study or the history of human experimentation with radiation following WWII.

Strategies include communicating available clinical trials to treating clinicians, researchers and potential participants. The message to the latter group should be sensitive to build trust with measured implication of benefit. The approach to socioeconomic barriers includes financial support to lift some of the structural issues such as travel expenses and meal costs. Funds can also be dedicated to staff and faculty for minority recruitment.

With the lack of enrollment as one of the most common reasons for clinical trial failure, increased accrual improves oncology patient outcome while generating new hypothesis for discovery. The ability to generalize the study results to real-life patients relies on an inclusive study population. Despite the legislative mandate 25 years ago to improve access to clinical trials of underrepresented populations, minority participation remains inadequate.



Dr. Frank Tsai received his Bachelor of Science Degree from the Sophie Davis School for Biomedical Education, an accelerated 7-year B.S./M.D. program, at the City College of New York and State University of New York (SUNY) at Stony Brook School of Medicine. Dr. Tsai received his oncology and hematology fellowship training at Boston University School of Medicine. Prior to moving to Arizona in 2013, he was a faculty physician at the Memorial Sloan-Kettering Cancer Center in New York. Dr. Tsai is currently a clinical investigator at the Honorhealth Research Institute.

### **The Health Equity and Policy Network: An Innovative Approach for Health Equity-Focused Workforce Development**

Moving the needle forward in addressing health inequity requires innovative transdisciplinary approaches, operationalized by policies at the organizational, local, state, and federal level. Preparing the health systems workforce of the future to become change agents for health equity is essential for the ultimate goal of achieving health justice.



Researchers from the College of Health Solutions (CHS) at Arizona State University have initiated a collaborative effort to infuse innovative approaches that address health inequities into a wide range of existing curricular and extracurricular opportunities. This effort has been facilitated by a collegewide redesign which has led to the development of multidisciplinary Affinity Networks, methods-focused faculty and student hubs. The first of these networks, the Health Policy and Equity Network (HPEN), will 1) develop equity-centric curricular tools to be disseminated and infused in health-related coursework across the College, 2) advance academic research focused on informing evidence-based policy, 3) facilitate translation of that research into policy through projects placing researchers in the offices of policymakers, and 4) effectively bridge silos across stakeholders to reduce health disparities. To date, the work has been conducted by a team of interdisciplinary faculty from across the University, dedicated network staff, student researchers, policymakers, community partners, and health care delivery systems.

HPEN is developing and iteratively improving health policy and health equity-related educational experiences at the undergraduate, graduate, professional and executive education levels. Students engage with HPEN through their coursework, capstones, and internships. HPEN has also identified opportunities to infuse policy and/or equity-related curricula into existing programs through the dissemination and discussion of timely scholarly articles or thought pieces, expert guest lecturers, and equity-focused case studies presented by HPEN faculty. Faculty and staff have also created health policy and equity-related courses across the College, as well as capstone projects for graduate students that have resulted in strong external partnerships and a variety of conference presentation and publication opportunities for students. HPEN will continue to develop similar experiences throughout the College, offering additional experiential learning opportunities that enable students to play a pivotal role in the development of relationships with stakeholders from all sectors, with the specific goal of improving health equity.

Through the direct inclusion of students in this network, HPEN seeks to prioritize training of the health care workforce to serve as change agents of health inequity through the development of skill sets both inside and outside the classroom. In addition to helping students develop critical consciousness of factors influencing health equity, the proposed approach will provide the futures health care workforce skills to understand opportunities to create and advocate for evidence-based health policy which drives health equity. Enabling students to become change agents focusing on equity, regardless of the sector of health they are in, could have broad ripple effects on the systems that impact population health.

#### Learning Objective:

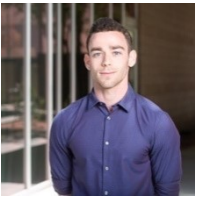
Explore an approach to impact health equity by developing the future health systems workforce by engaging students in equity-focused work inside and outside of traditional classroom settings through courses, case studies, and experiential learning opportunities.



Swapna Reddy, JD, MPH is a Clinical Assistant Professor at Arizona State University's College of Health Solutions and faculty at Mayo Clinic School of Medicine. Her research focuses on how to utilize law and policy as tools to improve health outcomes and reduce health inequities. She has held positions at Harvard Medical School, Columbia University, Children's Defense Fund, Texas Senate, Texas Health Institute and University of Texas School of Public Health



Pooja Paode, MS is a graduate in the Science of Health Care Delivery and now a Research Project Coordinator, Adjunct Faculty at Arizona State University's College of Health Solutions, and previous Food Fellow at the Maricopa County Food System Coalition. She helped to launch the SHOW Clinic, a student-run health clinic for underserved individuals. Her research and practice interests include interprofessional health care, integrated health, and how research can be translated into policy to reduce health disparities.



Matthew Speer, MS, is a graduate of Arizona State University’s School for the Science of Health Care Delivery, and currently serves as Adjunct Faculty and Project Manager/Research Assistant for the College of Health Solutions. Years of operating in a variety of clinical settings have fueled his passion for both medicine and the legislation that shapes its delivery. He maintains research interests that work toward health equity, health systems interoperability, and population health management.



Megan Phillips, MS, is a recent graduate of Arizona State University’s School for the Science of Health Care Delivery, and currently serves as Adjunct Faculty for the College of Health Solutions. She is also currently an intern at Vitalyst Health Foundation. She is interested in how law can be used as a tool to improve health equity.

**Comprehensive Sexuality Education: Working to Prevent Sexual Violence in Racial and Sexual Minority populations**

Racial and sexual minorities face higher rates of sexual violence than the general population. When these oppressed identities intersect there tends to be even greater risk for sexual violence due to increased vulnerability. Another tangible and historically demonstrated explanation as to why these rates exist is that tools of oppression (such as homophobia, cisheterosexism, sexism and racism) intersect to create institutions which make racial and sexual minorities susceptible to sexual violence. Education is one institution that can assist in creating opportunities to learn about and practice healthy sexuality.

Research has shown a correlation between comprehensive sexuality education and the prevention of sexual violence. Sexuality education speaks to personal and social determinants of sexual health. Policies at the school, state, and federal level that support guidelines for comprehensive sexuality education can be catalysts for stigma reduction and prevention efforts. Comprehensive sexuality education incorporating information on human rights, inclusivity, social change, and equity could significantly reduce rates of sexual assault, harassment, and non-contact sexual violence.

Well-conceived and strategically implemented sexuality education can provide youth and young adults with the knowledge, awareness, and skills necessary to stop sexual violence. This presentation provides a brief introduction to sexual violence for racial and sexual minorities, explains the relationship between sexuality education and sexual violence prevention, and concludes with reasoning as to why policies should support comprehensive sexuality education.

By the end of this session participants will:

- Understand the magnitude of sexual violence for racial and sexual minorities
- Examine the roles of stigma and discrimination and their relationship to poor sexual health outcomes
- Understand the need for policy to support intersectionality in prevention work



Jamal Brooks Hawkins, MSW works for the Arizona Coalition to End Sexual and Domestic Violence. He has worked in Sexual Health programming for six years, serving in both direct service and administrative roles. Jamal focuses on vulnerable and oppressed populations and reduction of health disparities. Jamal has worked closely with the homeless and near homeless, those using substances, intravenous drug users, transactional sex workers, and those who are living with HIV and AIDS. He has a MSW from Arizona State University and a BFA from DePaul University, and currently conducts sexual violence prevention and bystander intervention training to alcohol-serving establishments statewide as part of the Arizona Safer Bars Alliance program. In the summer of 2017 Jamal spent 3 months in Durban, South Africa focusing on improving sexual health and sexual violence prevention among women in South Africa.

**Community Health Re-Imagined! - Creating Community Health Capacity Through A Million Hearts®, Public Health and Public Housing Collaboration**

Scope. By creating an aligned population health strategy, the City of Phoenix Housing Department and Maricopa County Department of Public Health (MCDPH) have made community health a priority in public housing.

Self-reported resident data identified the following community health needs:

- Exercise programs (61% of adults)
- Smoking cessation services (51% of adults)
- Nutrition education (44% of adults)
- Less than half of residents report seeing a primary care doctor for health advice.
- Residents typically use the emergency room, hospital, or urgent care for their health care needs.

We partnered with the City of Phoenix housing department to implement activities supporting the following Million Hearts® strategies:

- External partners implemented CHW leadership classes, mental health workshops and nutrition classes for residents and community members.
- CHW led biometrics events and blood pressure drives gave the opportunity to residents to know their numbers; over 200 residents were screened.
- Basic Tobacco Cessation Skills was offered to all resident coordinators within the City of Phoenix housing properties; a total of 17 resident coordinators were trained.
- A Spanish language chronic disease self-management workshop graduated 10 residents from the Aeroterra Sr. Village
- A resident-led health committee was formed to address health needs of all residents.
- Tai Chi and Pilates have been initiated at two properties.
- Seven residents were trained in Eat Smart, Live Strong. This evidence-based program emphasizes physical activity and nutrition to senior specific residents.
- Internship candidates for the only state endorsed CHW certificate program, which is 100% online were identified. This free yearlong academic program is co-sponsored by Maricopa County Department of Public Health.
- A CHW was assigned to the Farm Express mobile farmers market to increase the use of SNAP benefits for residents through the “Double Up Food Bucks” program

Learning Objective. Identify ways in which collaborations within public housing can impact policies, environments and systems to support healthier and engaged communities.

Results.

Short-term results include:

- On-site Tobacco Interventionists trained to support tobacco cessation efforts.
- Nutrition and physical education workshops provided to residents who want to eat healthier foods and increase physical activities.
- Partnership development created opportunities for partners to engage the residents in health specific education and leadership classes.
- Created capacity through community partnerships to support Million Hearts® in public housing.
- Individuals increased their health literacy by receiving education on their biometric numbers.

Intermediate results include:

- Smoke-free policy support; this will directly contribute to the implementation and enforcement of HUD’s smoke-free policy (environmental change).
- Increase in self-efficacy and management of chronic disease.

Long-term outcomes:

- Includes changes in behavior that residents experienced through this initiative.
- The tobacco interventionist training will assist to decrease in the states tobacco use rate, which is currently less than 15%.
- Reduction in obesity rates.
- Capacity to create CHWs will increase as two CHW candidates are selected from residents.
- Increased management of chronic disease for residents by increasing their knowledge of nutrition and physical activities that support better health outcomes.
- Reduction in environmental exposure to smoke.



Mark Gallegos is a public health supervisor who leads a team of health educators in an effort to reduce the impact of chronic disease and tobacco related health conditions in Maricopa County. A native of Phoenix, Arizona, Mark has extensive life experiences related to population health. After retiring from the US Army as a Combat Medic (paramedic), Mark gained over five years of international experience as a Medical Systems Advisor in West Africa and Afghanistan. Mark holds a BS in Emergency and Disaster Management from American Military University.



Francisco Blanco, MSW is currently the Casework Services Coordinator for the City of Phoenix Housing Department Community and Supportive Services Program. He is a former Caseworker II with City of Phoenix Housing Department. He assists families living in City of Phoenix public and affordable housing assisting them in finding pathways to self-sufficiency. As a Field Instructor for Arizona State University School of Social Work he is currently coordinating the management of the Housing Department’s field internship placement program.

Francisco graduated from Arizona State University (ASU) with a Masters of Social Work in 2006 and a Bachelors of Social Work in 2002. He also has Bachelors in Justice Studies he received in 2005 from ASU. Francisco has worked with numerous populations including school children,

homeless individuals, and families in crisis. Francisco has done community organizational work in areas across the City of Phoenix as a Community Worker.

### **Esperanca in the Community: Working with Underserved Hispanic Families in Phoenix**

Esperanca works with Phoenix school districts, community centers, and other nonprofit youth programs to meet the health needs of low-income and underserved families in our local neighborhood. We serve those who lack access to health care, the knowledge to prevent disease, and the basic materials necessary to maintain good health.

Our work is done in collaboration with community partners that set local health priorities, such as the Maricopa County Department of Public Health, Piper Trust Foundation, community health centers, health fairs, insurance providers, and the Department of Housing and Urban Development.

Esperanca’s preventive education curriculum is created to be culturally and linguistically appropriate for the community we serve. Salud con Sabor Latino is an evidence-based, age-appropriate curriculum for adults, seniors, and children. We educate families about the importance of chronic disease prevention and management, how to read and understand food labels, portion control, and demonstrate how they can integrate healthy food alternatives in the food they cook. Our program enables participants to better understand the role that nutrition and physical activity serve in preventing obesity and lifestyle associated chronic disease.

Through extensive, longstanding partnerships, Esperanca conducts age-appropriate oral health education in Title I schools, local no- and low-cost dental clinics, Head Start locations, emergency shelters for families experiencing homelessness, and other appropriate community locations where children congregate. In addition to increasing oral health literacy, children and adults receive Smile Bags that provide them the tools to implement the oral health daily practices that they learned. As importantly, oral health educators refer children and adults to partner no- and low-cost dental clinic for direct dental services, including comprehensive preventative and restorative care.



Maria Valenzuela, Domestic Program Director for Esperanca Inc., where she founded the Phoenix Program 18 years ago. Maria has over 24 years of experience working on community health programs within the Phoenix metropolitan area and is bicultural and bilingual. She continues to work with Latino-Hispanic families in low income communities, and oversees programs including Salud con Sabor Latino for Seniors, Adults, and Children, the development of nutrition and oral health curriculums and the growth of the program. Annually, Maria and her staff at Esperanca serve upwards of 5,000 of the most

disadvantaged individuals in our communities

### **Working Together to Make El Rio Community Health Center a Destination for LGBTQ Patients.**

In 2013, El Rio Community Health Center was a typical federally-qualified health center, providing a full range of services to underserved patients in Pima County. But at the end of that year, two events changed the way we treat LGBTQ patients. An adult transgender woman complained that she had been the victim of transphobia, and an El Rio behavioral health consultant listened to her and brought her complaints to the health center leadership. At the same

time, a young transgender boy's family approached one of our pediatricians to find healthcare after he had been discharged from his primary care provider's office for demanding equitable care.

The past 4 years have taken us on a journey. We trained providers and staff to create a safer, more patient-centered practice for LGBTQ patients. We began collecting sexual orientation and gender identity (SO/GI) data on every patient who is in our care and started to apply what we found to providing excellent healthcare. We became Health Equality Index certified by the Human Rights Campaign, the largest LGBTQ advocacy organization in the country. We adopted primary care protocols for transgender patients including primary care and hormone-related therapies. We trained every single one of our employees in creating an LGBTQ-welcoming environment. We created a course in bias and oppression and how this affects health that every single one of our new employees takes during on-boarding.

Today, we are changed. We provide award-winning care for over 100 transgender children and teens as well as over 250 adults. Instead of hearing complaints of bias against LGBTQ patients, we are being celebrated as Leaders in the Health Equality Index annual survey. Our new employees are seeing that our mission is the same, whether it is treating our homeless patients, those with mental illness, LGBTQ patients, undocumented patients or those without insurance.

Today three of our employees will address the conference. Dr. Andrew Cronyn is a pediatrician who co-founded the El Rio Primary Care Program for Transgender Youth. He also was the Quality Improvement director for our SO/GI data collection program. Lori Ortiz has led our efforts to keep and maintain our HEI certification. Moira Alexander has championed our onboarding efforts and shown new employees that bias effects health.



Andrew Cronyn, MD is a general pediatrician at El Rio Community Health Center in Tucson, Arizona. He is co-founder of our Primary Care Medical Home for Transgender, Non-binary and Gender Expansive Youth. He is a member-elect of the executive committee of the American Academy of Pediatrics Section on LGBT Health and Welfare. This year he was honored by Arizona Child and Family Resources as a "Gabe Zimmerman Emerging Champion" and by the LGBTQ Behavioral Health Coalition of Southern Arizona as a "Champion for Change."



Jeffery Lewis, BS in Human Service Management, is a Medical Case Manager at El Rio Community Health Center Infectious Disease Clinic. He has spent the last twenty years, 17 at El Rio, working with the HIV/AIDS population. He co-chairs El Rio's Equality, Diversity, and Inclusion Committee. He is currently in his second of a three-year commitment to National Quality Forum or NQF and is an Arizona Health Equity Coalition member. Jeff works to address health equity on a local, state and national level to standardize policies, processes and protocols so that every patient receives the same level of excellent care.



Moira Alexander, MPH is a program coordinator in the Patient and Employee Health Improvement Department (AKA the Health Builders) at El Rio Community Health Center. In this role, she coordinates the team's strategic planning process, program planning and evaluation, data management and leads the Health Builder Champions. At El Rio, she is a member of several groups that focus on quality improvement, research, and access to care. Moira facilitates "Creating a World Class Experience: Our Role in Health Equity" and the Culture Track training for all new El Rio employees.



Lori Ortiz, Quality Consultant has worked with El Rio Community Health Center in Tucson for over 11 years. Her work includes coordinating submissions to accrediting agencies by gathering documents and implementing processes and trainings. These agencies include the Joint Commission (since 2010), NCQA Patient Centered Medical Home (since 2009) and the Healthcare Equality Index (since 2015). Lori is Co-Chair of El Rio's Equity, Diversity and Inclusion Committee. Her passion is improving process, policy and staff training on cultural competency, inclusion and other patient safety issues to ensure that all of El Rio's patients have a "World Class Experience".

## Informing Health: better health through better information

Main learning objective: Attendees will name 2 ways in which access to online health care information can be improved.

One out of three Americans possesses basic or below basic health literacy, meaning they have a limited ability to understand health information and use it to make healthcare decisions (NCES, 2003). Among the populations cited with the lowest health literacy are those who experience chronic health conditions. Additionally, current expectations on health care consumers to manage their own health information have increased with the evolution of health systems. Physicians and medical professionals spend less time with their clients than previously, and more time on electronic medical records (EMR) and using technologies primarily to treat their clients. In 2001, studies report that 36 percent of physician's time during the day was face to face with clients (Boex, 2003). In a 2007 study, primary care average visit length was 15 minutes, which accounted for 6 different topics of discussion (Tai-Seale, McGuire & Zhang, 2007). Lastly, a similar study in 2013 found that medical interns spent 12 percent of their day with actual clients (Block, 2013). With reduction of time in office visits, there is naturally less time available to educate clients and more burden falls upon clients to find information about their new diagnoses, medications, and treatment options. This research requires a high level of health literacy to make sense of the highly technical world of medical research.

Our research team has taught more than 100 health care consumers and caregivers an educational workshop aimed at improving health literacy and e-literacy skills and gathered pre-post data to find out what works to help individuals improve health information management. These courses provide individuals strategies to find readable, reliable and trustworthy information online and teaches shortcuts to accessing this information quickly. These skills in turn help individuals' health care decision-making, provide input to the health care team and to improve overall self-advocacy. Our presentation will share what we have learned about how to assist individuals in managing their own health through eliteracy education. Presenters will share a Photo Voice presentation; highlighting clients' experiences with health literacy, health information management and quality healthcare. The research team will also share future directions of the project to improve dissemination of this important information.



Amy Armstrong Heimsoth OTD, OTR/L, CHIS. Amy is Assistant Clinical Professor for the Department of Occupational Therapy at Northern Arizona University on the Phoenix Biomedical Campus. Amy graduated with her post-professional doctorate degree from Rocky Mountain University of Health Professions in spring of 2014. She obtained her bachelor's degree in Human Development & Family studies from the University of Missouri in 1992 and her Master's degree in occupational therapy from the University of Southern California in 1997.

Amy has over 20 years clinical pediatric occupational therapy experience. Her research interests include neurodevelopmental disabilities, influences of trauma on development, empowerment through health literacy, and foster care youth.



Melissa Johnson MSLS. Recognizing that knowledge fuels action, Melissa strives to create a better world in which decisions are made based on information best suited to the situation and for those who may or may not be at the table. Over the past 8 years as a librarian, Melissa has taught patients, caregivers, students, instructors, and community members how to find quality information to improve their lives. Her work across educational institutions in Arizona spans information literacy education, digital project management, user experience testing, web design and analytics, health literacy research, reference services, critical librarianship and inclusion, and integrated libraries. Alongside her work, Melissa enjoys sampling new vegetarian foods, consuming sci-fi, inline skating outdoors, dabbling in art, finding typos, listening to the radio, and hanging out with her animal friends and family.

Melissa was invited by co-founder, Dr. Amy Armstrong-Heimsoth, and a team of graduate students to join a project formerly known as Good Googling, a series of community health information literacy workshops in which patients and caregivers learned how to find quality information online. Despite positive results, Melissa and Amy realized that teaching small groups in person was not a sustainable method of improving communities' health information literacy skills. Informing Health was thought up as a way to both remove common barriers to finding good information as well as a way to reach more people



Ashley Sinnappan is a candidate for a doctorate in Occupational Therapy, and plans to graduate from Northern Arizona University in May 2019. She got a Bachelor's degree from the University of California at Los Angeles, and worked in healthcare billing and administration before returning to school. She has volunteered as an assistant in residential long-term care facilities for the elderly, an outreach program that benefits troubled youth, and as a research assistant at both UCLA and NAU. She is currently working with the Physical Rehabilitation Department at Sacred Peaks Health Center in Flagstaff to improve the health literacy of Native American patients who have diabetes mellitus, pre-DM, or other high-risk factors for DM.



Samantha Hageman is in her third and final year of the Occupational Therapy Doctorate program at Northern Arizona University. She has her bachelor's degree in rehabilitation psychology from the University of Wisconsin-Madison. Samantha is interested outpatient pediatrics when she graduates where it will be essential to advocate for the importance of health literacy and health equality.

### **An evaluation of prostate cancer infographics among African American survivors of prostate cancer: Using receptive theory approach**

Prostate cancer remains one of the most prevalent yet culturally complex cancer phenomenon facing the African American community particularly, African American men. More importantly, the rate of diagnosis and death among African American men continues to rise when compared to other racial/ethnic groups in the United States. The majority of U.S. health institutions employ prostate cancer decision-aids or infographics as a form of health literacy to inform and influence undecided African American men on symptoms, screenings and treatment options. However, strategically, evaluating the effectiveness of the infographics or decision aids from the African American survivors remains an underutilize leaving a plethora of subjective knowledge and lived experience out of the development process for future communication interventions catering to African American men concerning prostate cancer. Ultimately, this report demonstrates the importance and benefits of survivorship knowledge in developing future strategic messages and responses on prostate cancer.



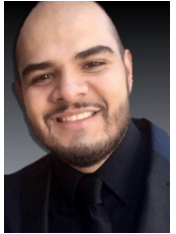
Sean Upshaw, Ph.D. Dr. Sean Upshaw is a postdoctoral fellow for School of Humanities in the Department of Communication, Health Communication and Technology Lab (HCAT) for the University of Utah. Dr. Upshaw earned his Ph.D. in Communication, Culture & Media Studies from The Howard University in May 2018. Dr. Upshaw's research interest consists of Health Communication, Cancer Communication, Strategic Communication, and Media Representation of Health Narratives. Dr. Upshaw particular research explores and examines the role and influence of health messages concerning prostate cancer among underrepresented and marginalized populations in the United States and abroad.

### **Addressing and Collecting Social Determinants of Health (SDOH) Data in Community Health Centers to Improve Clinical Outcomes**

Community Health Centers are the medical home for almost 600,000 Arizona residents who are underserved or uninsured. They serve diverse population groups and tailor their services to the communities they serve in order to address health disparities. Many of them have been addressing SDOH for many years by connecting their patients with additional community resources or adding services to meet their patients' needs, but there has not been universal data collection or tracking to see how these interventions are impacting their patients' health. In 2016, the National Association of Community Health Centers launched a nationwide effort, PRAPARE: Protocol for Responding to and Assessing Patients' Assets, Risk, and Experience, to assist Community Health Centers in collecting and tracking comprehensive SDOH data for their patients to improve health outcomes, build community partnerships, and transform care to meet the needs of their patients. The Arizona Alliance for Community Health Centers opted to participate in a training program designed to assist our CHCs in implementing the toolkit and templates for PRAPARE. El Rio Community Health Center, based in Tucson, and Mountain Park Health Center, based in Phoenix, two of our CHCs that participated in the initial cohort, will share how they implemented PRAPARE, data collection thus far, and how they are utilizing this data to improve the health of their patients and improve referral tracking and connection to community resources.



Emily Oake is the Lead Special Populations Coordinator at the Arizona Alliance for Community Health Centers. She received her BS in Political Science and her Master's degree in Health Sector Management from Arizona State University. Following completion of her Master's degree, she was hired as an intern for AACHC to assist in coordinating the Voter Engagement Campaign, a NACHC project, for the 2012 elections. Following the completion of this project, she was kept on to become the Lead Special Populations Coordinator. This position serves as the point of contact for all health centers looking for training and technical assistance for any special populations, including migrant and seasonal agricultural workers, individuals experiencing homelessness, residents of public housing, gender and sexual minorities, and people living with HIV/AIDS. She also collaborates, plans, develops, and coordinates with other organizations in the state to increase resources available to these populations.



Andres Yubeta a Community Health Supervisor at El Rio Health Center. Andres grew up in the border town of Nogales, Arizona and graduated from the University of Phoenix. He began in the healthcare field at the age of 16 at the local health center through a summer youth program learning core health educational components and providing peer education in the community. Prior becoming a supervisor Andres was a Community Health Advisor providing direct support to patients and members of the community to reduce overall barriers and have access to care.



Catalina Laborin has worked at El Rio Community Health Center for the past 20 years she is the Eligibility and Outreach Manager and oversees the team of Navigator, Certified Application Counselors, Eligibility Outreach workers, Community Health Advisors. Catalina Laborin has worked in the development and implementation of various health education programs at El Rio Health Center. Currently she oversees the Affordable Care Act Market Place Eligibility Team and the Community Health Advisors. She is now working with her team on SDOH. She is sensitive to the needs of patients in the community. Her greatest satisfaction is assuring that patients receive access to medical care. Education: University of Arizona\Prescott College.



Lizbeth Cobb, BS, has over 20 years of experience in Healthcare Management with focus in Systems Implementation Processes. She is currently the Senior EHR Systems Specialist at Mountain Park Health Center and oversees the implementation of innovative process to enhance the Electronic Health Record; she is highly focused on workflow analysis and workflow optimization. She is responsible for applying technology as an effective tool for opportunities to improve patient experience and patient services.

## Harm Reduction & Health Equity

This session will explore the social determinants that impact the social, physical, and mental health of people who use drugs (PWUD). PWUD experience systemic inequity in treatment accessibility, HIV and hepatitis C rates, trauma, incarceration, and preventable death. Further, when we look specifically at PWUD who do sex work, people experiencing poverty, people of color, and other marginalized identities/experiences, barriers intersect to create further disproportionate drug-related harm. By examining institutional stigma and its conversion to interpersonal and internalized stigma, attendees will better understand the systemic barriers that PWUD face which prevent true health equity. The main learning objective will be for participants to gain the ability to describe the connection between stigma and the related harm, and how the concept of *harm reduction* can push us further to health equity



Haley Coles has been working to improve the health of people who are marginalized by drug use, criminalization, and mental illness in Arizona since 2006. She was born and raised in Central Phoenix and studied English and Public Health at Arizona State University and University of Arizona. Before founding Sonoran Prevention Works she coordinated health literacy and Hepatitis C screening projects for people who inject drugs in Tacoma, WA; provided direct care for homeless women and young adults in Seattle, WA; and taught independent living skills to current and former foster youth in Maricopa County.





Turiya Coll has a long term dedication to harm reduction. She brings eight years’ experience with HIV/HCV/STI prevention and advocating for health care rights for pregnant women, intravenous drug users, and other marginalized populations. Turiya has trained with the CDC on prevention interventions, crisis counseling, and trauma informed care.

**Arizona Safety Net Past, Present and Future**

Receiving quality, affordable health care in Arizona is not always a straight forward process for patients living with chronic diseases. Individuals without insurance have difficulty accessing primary care not to mention specialty care. Due to these barriers, the uninsured population turn to the emergency room and hospitals for non-emergent needs. These visits are low yield, high cost and lead to unobtainable referrals and prescriptions which perpetuate further emergency room visits and preventable hospitalizations.

The Arizona Safety Net was formed in 2016 in an effort to address these disparities and provide the clinics who care for uninsured patients the tools they need to be a complete patient centered medical home. The Safety Net Mission is, “Improving health equity for Arizona’s uninsured through collaboration, quality improvement, and improved access to care.”

The Arizona Safety Net is a coalition of 20+ primary care based free, charity and FQHC clinics in the Phoenix Metropolitan area. The Net was formed to address the health care needs not typically provided in primary care settings for the uninsured, whether it be specialty care or advanced diagnostics and treatments all while addressing the underlying social determinants of health.

Attendees will learn about the origin of the Safety Net, the referral process, active partners, services available, limitations and the future goals of the organization from the perspective of free/charity clinics, FQHC’s and researchers.



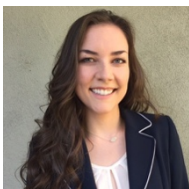
Maurice Lee, MD is the Founder and President of the Arizona Safety Net and Medical Director of the Virginia G. Piper St. Vincent de Paul Medical & Dental Clinic. He is board certified in Family Medicine and has a passion for the underserved, prevention, evidence-based medicine, community medicine and teaching. He is constantly working towards improving health equity for Arizona’s uninsured through collaboration, quality improvement and improved access to care



Caitlin Lee, MD, is board certified in Family Medicine and has a long track record of work with the underserved. She has held a number of positions at Federally Qualified Healthcare Centers in Phoenix, Arizona, and is the Safety Net Liaison for the Wesley Clinic.



Gabriela Barraza has a B.S. in Exercise and Wellness and an M.S. in Science of Health Care Delivery from Arizona State University. She is currently the Chronic Care and Quality Coordinator at the Virginia G. Piper St. Vincent de Paul Medical & Dental Clinic. She has a passion for providing equitable health care resources to the underserved population. She is always learning and disseminating new ways and resources that can be shared throughout the safety net to better help the under and uninsured population.



Ryan Melikian is a recent graduate from the Science of Health Care Delivery graduate program at Arizona State University where she also completed her undergraduate degree. During her time in her graduate program, Ryan gained skills and experience with biomedical informatics, bio-statistics,

population health, and process engineering. Along with earning her Lean Six Sigma Green Belt certification, she gained a greater understanding and passion for addressing the health disparities present in today's current health care climate. She has had much experience in the field of research through her work in a Neuroscience lab at ASU and social research projects at both Mayo Clinic and within her Master's program. She hopes to attend medical school to bridge her interests in science and population health disparities in order to offer her future patients' high quality, patient-centered care.

### **Racial and Ethnic Disparities in the Diagnosis and Treatment of Alzheimer's Disease and Related Dementia**

There is a growing realization among healthcare researchers, clinicians, and advocates that a focus on health care disparities is an important aspect of improving healthcare outcomes and that activities toward improvement must bring together many elements of our healthcare delivery system. The populations that have customarily been underserved or not served appropriately in the American health care system include African Americans with Alzheimer's disease. An understanding of how race, ethnicity, geography, education, and income impact one's understanding of how to receive appropriate health care services can provide valuable insight to healthcare policy experts, advocates and providers and clinical trials. Learning more about these disparities can be a way of lessening these kinds of inequalities. An analysis of the root causes of racial and ethnic disparities and what can be done to eliminate them can serve this end goal. A description of specific poorer health outcomes and ethnic and racial disparities which can be a result of social determinants will be discussed. It is important to address how racial and ethnic disparities can have an impact on Alzheimer's disease patients and their caregivers, including the impact of diagnosing, treating and their involvement in clinical trials.



Angela M. Allen has a Doctor of Philosophy (PhD) from Arizona State University College of Nursing and Health Innovation. She is also a Certified Rehabilitation Registered Nurse with a specialization in research.

Dr. Allen serves as the Clinical Research Program Director of Nursing Research at Banner Alzheimer Institute and Banner Sun Health Research Institute. She is also a Clinical Professor at Arizona State University. She currently serves in numerous capacities, including Arizona State University John A. Hartford Fellow and Banner Health principal-investigator for several research intervention studies, including \$2.2 million study titled: Dementia Clinical Initiative and recently awarded \$250 for Dementia Care Partners. Additionally, Dr. Allen is the current co-chair of Arizona Community Foundation Black Philanthropist Initiative; immediate past president of Black Nurses Association of Greater Phoenix Area; Physical and Mental Health co-chair of Delta Sigma Theta Sorority, Inc. Phoenix Metropolitan Alumnae Chapter and ASU's advisor for the Black Medical Student Association among many other organizations. She also serves on several boards, such as, National Association of Rehabilitation Nurses, Illinois; Tanner Community Development Corporation, Arizona; Senior Leadership Council for Alzheimer's Association, Arizona; Arizona Geriatric Society, Arizona; and National Black Nurses Association in D.C. serving as the chair of the National Black Nurses Association Collaborative Mentorship Program. She is also a recipient of numerous awards.

### **Moving Backwards: what Arizona's Medicaid work reporting requirements mean and how you can help**

It is well established that access to healthcare and health insurance status are major contributors to racial and ethnic disparities in health. The expansion of Medicaid in Arizona (AHCCCS) has meant affordable health coverage for an additional 400,000 low-income Arizonans, including many parents and racial and ethnic minorities. Arizona's current Medicaid waiver application proposes to create work reporting requirements as a condition of eligibility. This puts at risk the health coverage of many Arizonans, even those who are working or fall into an exempted category. Research shows that additional reporting requirements in Medicaid create barriers for individuals to enroll and stay enrolled in coverage though they remain eligible. We estimate eighty percent of AHCCCS members will meet the work requirement or fall into an exempted category yet will have to verify their exemption through some reporting mechanism or lose health coverage. Furthermore, as many advocates have argued, work reporting requirements simply do not reflect the realities of low-wage work. In Arizona, the top industries that workers covered by AHCCCS are employed in are food service and construction. These industries typically have higher separation rates (workers laid off or fired), do not offer paid sick leave, and offer irregular or seasonal hours.

Creating additional and new barriers to accessing healthcare for Arizona's lowest income adults will only act to exacerbate existing health disparities. Additionally, work reporting requirements may disproportionately affect women, people of color, older Arizonans, people living with disabilities, and those without reliable internet access. According to the Kaiser Family Foundation, older adults, people with disabilities, and women have lower rates of work than other groups and may face challenges in meeting new requirements or navigating new regulations. In addition, Arizona, like several other states, has indicated it may exempt counties with high overall unemployment rates. While this seems reasonable, it may also have the impact of disproportionately exempting whites living in rural counties compared to Latinos and blacks living in pockets of high unemployment in Pima and Maricopa counties.

The healthcare and public health workforce can play an important role in mitigating the harm of a work reporting requirement through several actions. Those working in communities and with patients can inform AHCCCS members about the changes, how to maintain coverage, and work to aid members in navigating new and possibly complex requirements. Additionally, lawmakers are often not subject matter experts and are informed by on-the-ground professionals regarding the real impacts and outcomes of policies. Public health and healthcare professionals who encounter people impacted by the new requirements can help document and communicate the real-life impacts of policies. Additionally, the ability to provide input during public comment periods is an important way healthcare and public health professionals can have an impact on new regulations. In fact, the robust public comments received on the proposed waiver have already significantly mitigated its design to be less harmful to many specific populations.



Siman Qaasim MBA is a well-seasoned public health professional, with a background in community health programs. She started her career in refugee health running a small community center to assist fellow Somalis adjust to life in America. After this, she served ten years at the Maricopa County Department of Public Health, where she was the administrator for the Office of School Health and Wellness Initiatives and the Office of Health Promotion and Education. Currently, Siman serves as the director of health policy at Children's Action Alliance, an advocacy organization focused on the health, education, and security of Arizona's children. Siman's career has taken her all over the world, from working in international policy in Washington, D.C. to Nassau, Bahamas as an assistant director of health and safety for a large private company, to volunteering in Tanzania with Maasai Mara women. She was awarded the Phoenix Business Journal's 40 Under 40 Award in 2013 and is an alumna of Valley Leadership. She currently serves on the Board of Mountain Park Health Center and continues to be involved with the Somali center as a volunteer. Siman earned her bachelor's degree at Howard University in Washington, D.C. and holds a master's degree in business administration (MBA) from Nova Southeastern University in Florida. Siman was born in Mogadishu, Somali and moved to Arizona as a second-grader. She has four beautiful teenage children and a wonderful husband. They live in central Phoenix with their cat, Aria Stark.

### **New Opportunities for Community and University Health Equity Collaboration in Arizona**

The Southwest Health Equity Research Collaborative (SHERC) is a grant-funded initiative of the Center for Health Equity Research at Northern Arizona University. SHERC is supported by funding from the National Institute on Minority Health and Health Disparities of the National Institutes of Health.

The overall goal of SHERC is to promote basic biomedical, clinical, and behavioral research to address health disparities among diverse populations of the Southwestern United States. SHERC will work closely with community partners to expand capacity to address health disparities in chronic and infectious diseases, as well as high-priority behavioral health conditions, as determined by community partners.

Our geographic focus includes the six Northern Arizona Counties of Apache, Coconino, Gila, Mojave, Navajo and Yavapai, including Yuma and the 15 Native Nations of Chemehuevi, Cocopah, Ft. Mojave, Havasupai, Hopi, Hualapai, Kaibab Paiute, Navajo, Quechan, San Carlos Apache, San Juan Southern Paiute, Tonto Apache, White Mountain Apache, Yavapai Apache, and Yavapai Prescott.

This presentation will be provided by members of SHERC's Community Engagement Core (CEC) which is focused on cultivating and sustaining productive collaborations between community partners and university-based researchers. These collaborations are intended to foster awareness and participation in health equity research among diverse populations in Arizona.

Guided by a four direction framework and in collaboration with the CEC Advisory Council, the CEC aims to effect change through four main activities which will be reviewed during this session: 1) Dialogue 2) Knowledge 3) Action and 4) Reflection.

- 1) Dialogue: The CEC will engage community and organizational leadership in a series of surveys and face to face workshops in order to: Develop a shared vision of health equity and health equity research among stakeholders representing various sectors of our communities; Establish a shared set of measures to monitor, prioritize, and act on health equity research; Identify and share local research, practice, and policy approaches to address health disparities; Understand how to build productive and sustainable partnerships between communities, researchers, and other stakeholders.
- 2) Knowledge: The CEC will create and facilitate regular webinars, podcasts and other interactive web-based dialogue about successful community-university collaborations to promote health equity through research.
- 3) Action: The CEC will mobilizes public-private and community-based organizations to plan actionable health equity research projects that are community driven, evidenced informed and involve multiple sectors such as housing, education, economic development, justice, health systems, planning etc.
- 4) Reflection: The CEC will access our ability to increase community and research capacity, resilience and readiness for collaborative health equity research. Key outcomes will be understanding of roles in and evolution of partnerships, promoters of health-related resilience such as community collective action and advocacy and willingness to invest in health equity research.

The learning objectives for this presentation are as follows:

Identify opportunities through SHERC for engaging in community-based health equity research in collaboration with NAU researchers.

Describe resources available through SHERC's Community Engagement Core for community organizations interested in health equity research.



For more than a decade, Dr. Samantha Sabo has examined the social and political context of chronic disease among immigrant and migrating communities of the US-Mexico borderlands and indigenous peoples of the region – with a primary focus on the role and impact of Community Health Worker (CHW) interventions and advocacy on the social determinants of health of vulnerable populations. She has served as a Co-Investigator with the Centers for Disease Control funded Arizona Prevention Research Center and as Co-PI of an NIH – Heart, Lung and Blood-funded Global Alliance for Chronic Disease initiative to reduce cardiovascular risk among diabetic populations of Mexico. Dr. Sabo is a multi-disciplinary, community-engaged scholar and uses community-based participatory research, mixed, quantitative and qualitative methods and service-learning to understand structural vulnerability and identify community informed approaches to advance health equity.



Dr. Nicolette Teufel-Shone has more than 30 years of experience working with Native American communities in the Southwest, building and promoting community capacity to address health promotion especially on chronic disease, obesity, and nutritional issues. Currently, she is also an Affiliated Scholar in the Arizona Cancer Center's Health Disparities Institute, a member of the National Congress of American Indians Scientific Community Advisory Committee, and a consultant on the Hualapai Injury Prevention and Underage Drinking Program in Peach Springs, AZ. She was awarded the Fulbright Canada-Norlien Foundation Distinguished Research Chair for 2015-2016. In this capacity, she collaborated with the University of Alberta and the Yellowknives Dene of the Northwest Territory on community resilience and health. She was co-director of CAIR, an NIH-funded Exploratory Center of Excellence, that involved collaboration between Northern Arizona University, the University of Arizona, Diné College, and tribal communities of Arizona. CAIR has supported research, community engagement and education and training with Native communities and students.



In 2016, Alexandra Samarron Longorio received her Bachelors of Science in Nutritional Sciences with an emphasis in Dietetics from the University of Arizona. Alexandra completed The Individualized Supervised Practice Pathway (ISPP) Dietetic Internship Program at the University of Arizona, and obtained her certification as a Registered Dietitian Nutritionist in 2017. As a nutrition professional, Alexandra has worked in research projects as a nutrition and exercise coach for Latina ovarian cancer survivors as well as asthma Latinx patients utilizing motivational interviewing strategies modified to follow a culturally sensitive framework. In attempts to understand the health accessibility limitations among Undocumented immigrants in Arizona, Alexandra has specifically worked with Latinx Undocumented youth (primarily Deferred Action for Childhood Arrival recipients) to develop health policy recommendations utilizing innovative methods of knowledge production and collaborative efforts such as Photovoice, and creative writing. As an individual coming from a personal experience of migration, Alexandra is dedicated to working with Latinx Undocumented communities and other displaced populations to develop creative efforts to increase health accessibility, culturally sensitive nutrition interventions, and trauma-informed community healing spaces.



Carmenlita Chief received her MPH with an emphasis in Health Behavior and Health Promotion in 2015 from the University of Arizona. She has worked on community-based participatory research (CBPR) projects on the Navajo Nation that have explored Navajo perceptions on topics such as smoke-free policies, early childhood education and development, and *Helicobacter pylori* infection and gastric cancer. She has an interest in utilizing Indigenous research methods to better understand and promote culturally-framed wellness and social justice in Indigenous communities.

As a citizen of the Navajo Nation, Carmenlita is dedicated to working with tribal and diverse populations to foster the development of healthy communities that support cultural identity, history, and knowledge.

### **Intersecting Identities: Promoting Health Equity for Racial/Ethnic Minority Lesbian, Gay, Bisexual, and Transgender (LGBT) Communities**

The term LGBT describes the combined populations of lesbian, gay, bisexual, and transgender people who share membership in a group with historically marginalized social status relative to the cultural norms of exclusive heterosexuality and conformity to traditional gender roles and expectations. Accurate data on the prevalence of LGBT identification is elusive due to the lack of questions on gender identity and sexual orientation in the U.S. census and other large, national probability samples. However, figures drawn from the 2016 Gallup poll indicate that 4.1 % or an estimated more than 10 million U.S. adults identified as LGBT - approximately 1.75 million more adults based on the 3.5% prevalence reported in 2012. There are also marked changes taking place in the demographic composition of the visible LGBT community, with growth being most pronounced among young people and racial and ethnic minorities.

The concept of intersectionality highlights how the experience of being a gender and sexual minority is influenced by an individual's other identities, including race/ethnicity, indigenous heritage, and national origin. These multiple social identities of LGBT individuals and their intersections with other dimensions of inequality are not merely additive but create intricate interactions that, under a broad range of socio-ecological influences, affect developmental processes, lived experiences, and health outcomes. Existing literature on racial/ethnic minority LGBT populations describe challenges and disparities across multiple dimensions. These disparities must be interpreted in the context of chronic minority stress and structural, enacted, and internalized stigma.

Clinicians working with racial/ethnic minority LGBT individuals have the opportunity to create affirming environments, explore the influence of patients' membership in stigmatized groups, and address modifiable risk and protective factors across their social ecologies to promote resiliency, positive development and health equity for the population. This workshop examines sexual and racial/ethnic identity development as individual, concurrent, and intersecting processes and the impact of sexual stigma and racism on racial/ethnic minority LGBT populations. The workshop also describes affirmative, trauma-informed, culturally humble, and strength-based approaches in delivering care to the population. The session will draw upon the experience of Phoenix Children's Hospital's Gender Management Service and Homeless Youth Outreach Program which provides comprehensive medical and behavioral health services to LGBT youth and young adults and Peacework Medical, a nonprofit entity providing primary and gender transition care to undocumented and uninsured LGBT adults. The session will include a combination of didactic presentation and large group discussion. Clinical cases will be used to highlight concepts and promote large group discussions.

At the end of the session, participants will each be able to:

- Discuss sexual and racial/ethnic identity development as individual, concurrent, and intersecting processes
- Define racial/ethnic and sexual stigma and chronic minority stress
- Describe disparities affecting the racial/ethnic minority LGBT population
- Describe affirmative, culturally humble, and strength-based clinical approaches in caring for LGBT individuals



Vinny L. Chulani, MD, MSED, FSAHM, CEDS. Dr. Chulani is Section Chief of Adolescent Medicine at Phoenix Children’s Hospital and Medical Director of Phoenix Children’s Gender Management Service. He is also Associate Professor of Pediatrics in the Department of Child Health, University of Arizona College of Medicine-Phoenix. He completed his pediatric residency training at Maimonides Medical Center, Brooklyn, New York and clinical and research fellowships in Adolescent Medicine at Children’s Hospital Los Angeles and his Masters in Medical Education from the University of Southern California – Keck School of Medicine. His clinical and research interests include adolescent sexual and reproductive health and the care of gay, lesbian, bisexual transgender and questioning (LGBTQ) youth. Dr. Chulani’s

contribution to promoting access to care and health equity for medically underserved adolescents, including LGBTQ youth, has been recognized through numerous awards, including the American Academy of Pediatrics- Promising Practices Award for Promoting Adolescents’ Strengths and the American Academy of Pediatrics Special Achievement Award. He has also lectured nationally and internationally on a host of topics related to adolescent health.



Josef Wolf Burwell, MS, PA-C is the founding director of Peacework Medical, a nonprofit primary clinic in Phoenix that offers free care to the Latinx transgender, gender non-conforming, and gay and lesbian community who are uninsured due to their documentation status. As a transgender man, he is acutely aware of the need for accessible, equitable health care for all. A PA since 1994, Josef has worked in 10 impoverished countries in 22 years, including professionally for the U.S. Dept of State, the C.I.A., the Navajo Nation, and as a volunteer with Peacework Medical teams.

## Arizona Health Equity Recognition Award

### Innovation in Health Equity Award

Recipient: Stella Kiarie (Posthumous)



Stella Kiarie joined the Arizona Department of Health Services in February, 2015 as the State Refugee Health Coordinator. In this role, Stella was well liked and truly respected by anyone who was privileged to have known and/or worked with her. Stella's passion for expanding and enhancing services for the refugee/migrant communities in Arizona was always evident. This was especially apparent in her work with the various State and community-based partners Stella worked with to initiate and coordinate culturally specific public health efforts designed to improve the health and well-being of refugee/migrant communities. Anyone who's had the pleasure of knowing Stella has been profoundly impacted by her presence and her departure.

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Presented by Arizona Health Equity Coalition

