

ARIZONA
RURAL WOMEN'S
HEALTH INITIATIVE

MEL AND ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH • RURAL HEALTH OFFICE

HEALTH MATTERS FOR RURAL WOMEN

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**Cuts to AHCCCS limit women's preventive care options**

As of October 1, AHCCCS patients in Arizona now have to pay out of pocket for some preventive health screenings such as annual physicals and women's health checks. This means that the 363,332 women over the age of 21 who are currently enrolled in AHCCCS may have to forgo annual gynecological screenings. While the state made the cuts under intense budget pressure and estimate savings of \$2.8 million annually, the cost of treating diseases in the future that could have been caught with preventive care now is unknown. In an article in *The Arizona Republic* (Arizona residents enrolled on AHCCCS lose preventive care, October 21, 2010), president and CEO of Planned Parenthood Arizona Bryan Howard called the cuts "short-sighted" because public health officials have spent decades educating women to receive annual exams, and the state may now pay more to treat cervical and breast cancers in the future. Women over the age of 40 are recommended to get mammograms every 1 to 2 years, and women over age 21 should get pap and pelvic exams every 1 to 3 years.

What is still covered?

- Family planning services
- Screening tests such as pap smears, mammograms and tests for sexually-

transmitted infections and the human papillomavirus (HPV).

- Swabbing and processing of pap tests

A doctor can decide whether to refer mammograms or to administer the pap test without a patient-doctor consultation prior to these tests. Women could still get screening tests during family planning visits or by going to the doctor with a medical complaint. While AHCCCS still covers the screening tests themselves, without the ability to pay for the well-visit where these tests are administered, women lose continuity of care and also lose out on the education component that comes with a consultation. Under federal law the state is not required to cover preventive exams. Women with income below 250 percent of the federal poverty level still qualify for the federal Well Woman Healthcheck Program, which covers breast and cervical cancer screening. Planned Parenthood also provides women's health screenings.

For AHCCCS news and updates:

www.azahcccs.gov/shared/news.aspx

To qualify for AHCCCS, a person's income must be below 100 percent of the federal poverty level, which means they must earn no more than \$10,830 a year.

IN THE NEWS

Very Few Eligible Young Women Opt To Take HPV

Despite strong evidence of its effectiveness, few of the young women who are eligible for the human papillomavirus (HPV) vaccine take it, according to research presented at the 9th Annual AACR Frontiers in Cancer Prevention Research Conference. What's more, many of the teens who begin treatment do not complete the recommended three-dose regimen. "Only about one-third of young women who begin the three-dose series actually complete it; this means that large numbers of teenagers are unprotected or under-protected from strains of HPV that lead to cervical cancer," said J. Kathleen Tracy, Ph.D., assistant professor, epidemiology and public health, University of Maryland School of Medicine, Baltimore. From a public health perspective, these findings highlight several critical issues: Scientists and public health advocates must identify strategies for increasing vaccination initiation. Parents can be valuable partners, encouraging vaccination and ensuring that their daughters complete all three doses. Finally, strategies are needed to increase completion among all young adult women. **Full story:** <http://www.medicalnewstoday.com/articles/207277.php> - *American Association for Cancer Research*

Study Links Early Abuse To Diabetes Risk In Women

A new study of nearly 70,000 women found a clear association between abuse in childhood and adolescence and the risk of type 2 Diabetes in adult women. "Much, although not all, of this association is explained by the greater weight gain of girls with a history of abuse,"

said lead study author Janet Rich-Edwards. "The weight gain seems to start in teenage years and continues into adulthood, increasing the risk of diabetes." She added, "Weight gain explained only 60 percent of the association, however, implying that the experience of abuse gets incorporated into the body through other mechanisms, as well. We need to understand how this happens," she said. "One theory is that abused women develop disordered eating habits as a compensatory stress behavior, leading to excess weight gain. Another theory suggests that child abuse may increase levels of stress hormones that later cause weight gain and insulin resistance, characteristic of diabetes." The study appears in the December issue of the *American Journal of Preventive Medicine*. **Full story:** <http://www.medicalnewstoday.com/articles/207123.php> - *Health Behavior News Service*

Birth Outcomes Improving in Arizona

Arizona achieved a historic low Infant Mortality Rate (5.9 infant deaths for every 1,000 live births) in 2009. Infant mortality has long been a public health barometer to assess the general health of a community because good birth outcomes require a host of things to go right. There are many risk factors for poor birth outcomes. The main causes of infant mortality are low birth weight and prematurity. Some risk factors include smoking, alcohol & other drug use, hypertension, diabetes, gum disease. Maternal obesity increases the risk of birth defects, preterm births, and fetal/infant deaths. Risk of prematurity, low birth weight, and infant mortality increases significantly with multiple

births. **Full story:** <http://directorsblog.health.azdhs.gov/?p=831> - *ADHS Director's Blog*

The Health Benefits of Strong Relationships

The December issue of the *Harvard Women's Health Watch* reports on the improved health and increased longevity provided by social connections. The report highlights studies that have shown that people who have satisfying relationships with family, friends, and their community are happier, have fewer health problems, and live longer. A lack of social ties is associated with depression, cognitive decline later in life, and increased mortality. One recent study, which examined data from more than 309,000 people, found that lack of strong relationships increased the risk of premature death from all causes by 50% — an effect on mortality risk roughly comparable to smoking up to 15 cigarettes a day and greater than obesity and physical inactivity. Studies have shown that social connections are healthy because they help relieve harmful levels of stress, which can adversely affect coronary arteries, stomach function, insulin regulation, and the immune system. Another line of research suggests that caring behaviors trigger the release of stress-reducing hormones. The quality of our relationships matters. One study found that midlife women who were in highly satisfying marriages and marital-type relationships had a lower risk for cardiovascular disease compared with those in less satisfying marriages. Other studies have linked disappointing or negative interactions with family and friends with poorer health. - *Harvard Women's Health Watch*

RESOURCES

HRSA's Women's Health USA 2010 and Child Health Data Books

HRSA's Women's Health USA 2010 and Child Health USA 2010 data books are now available to download, print, and order. The data books highlight emerging issues and trends in women's and child health, and reflect the ever-changing, increasingly diverse population and its characteristics. The books include current and historical data on some of the most pressing health challenges facing women, their families and their communities, and report on the health status and service needs of America's children. Visit <http://www.hrsa.gov/our-stories/healthusa2010/> to download or order copies.

Report: Health disparities along the U.S.-Mexico border

A new report from the United States–México Border Health Commission details the strengths and challenges associated with reducing the health disparities observed among populations living along the U.S.-Mexico border. Though border residents may possess different economies and politics, they share a common culture, language, environment, and health status. The region poses particular challenges to the U.S. health care system: It is one of the fastest growing in the nation, with a majority Hispanic population, in addition to having lower

educational attainment, lower income status, higher rates of unemployment and poverty, and a significant shortage of health care providers. Despite these challenges, the border region can serve as a source for identifying innovative models that ensure collaboration among various levels of government and the private sector. **Full report:** http://www.borderhealth.org/files/res_1719.pdf

New Community Health Worker course, certificate and website

South Mountain Community College in Phoenix announces a new class called Community Health Work (CHA 104). This class prepares Community Health Workers to work with individuals, families and communities in various areas of health promotion, outreach, prevention, advocacy, education, referral and intervention. The course includes a history of community health work programs and resources for clients and families. Also included is a minimum of 30 hours of service learning experience in a community-based setting working with health-care agencies, managing home visits, and dealing with challenging situations. This class is the initial step toward the 16-credit hour Community Health Worker Certificate of Completion. For more information, contact Tom Kirsch at 602.243.8140 or thomas.kirsch@smcmail.maricopa.edu.

Health Care Reform Law Provides Grants for Workplace Wellness Programs

Rural primary care providers may have the opportunity to work with small local businesses to provide workplace wellness programs under a provision of federal health care reform. Section 10408 of the Patient Protection and Affordable Care Act allows HHS to provide grants to businesses with fewer than 100 employees to create comprehensive workplace wellness programs based on evidence-based research and best practices. \$200 million will be appropriated for fiscal years 2011 to 2015. While HHS has not released grant criteria or information about the application process, health care reform legislation outlines the following requirements for workplace wellness programs:

- Health awareness initiatives, including health education and preventive screenings
- Efforts to maximize employee engagement, including mechanisms to encourage employee participation
- Initiatives to change unhealthy behaviors and lifestyle choices, including counseling, seminars, online programs and self-help materials
- Supportive environment efforts, including workplace policies to encourage healthy lifestyles, healthy eating, increased physical activity and improved mental health.

Companies that already had workplace wellness programs prior to the adoption of health care reform are not eligible for the grants. As funds will go fast, if your company has considered a workplace wellness program, now is the time to develop a plan when the grant information is made public.



PHOTO BY KEN MILLER

EVENTS AND TRAININGS

DECEMBER

6th Annual Rural Multiracial and Multicultural Health Conference

- **Date:** December 2-3, 2010
- **Presented by:** National Rural Health Association
- **Location:** Westin La Paloma Resort, Tucson, AZ
- **Contact:** Rosemary McKenzie (816) 756-3140 x 15, mckenzie@nrharural.org
- **Website:** <http://www.rural-healthweb.org/>

Northern Arizona Rural Health Policy Assembly

- **Date:** December 13, 2010
- **Time:** 9 A.M. - 4 P.M.
 - **Location:** Moenkopi Legacy Inn, Tuba City, AZ
- **Purpose:** To bring together stakeholders in the health care services arena to explore regional issues that impact care delivery. Information gathered will be used to shape policy recommendations and/or programmatic solutions in line with the challenges identified in the meetings. Topics include protections for Native American women
- **Contact:** Agnes Attaki, Rural Health Office (520) 626-4727, agnesa@email.arizona.edu

FEBRUARY

2011 Annual Conference of the Association of Maternal & Child

Health Programs and Family Voices

- **Presented by:** AMCHP and Family Voices
- **Dates:** February 13-15, 2011
- **Location:** Omni Shoreham Hotel, 2500 Calvert Street NW, Washington, DC
- **Contact:** <http://www.regonline.com/Register/Checkin.aspx?EventID=892520>

5th Annual Pathways to Health Conference

- **Date:** February 23-23, 2011
- **Location:** Westin La Paloma Resort, Tucson, AZ
- **Purpose:** To bring together a diverse group of individuals and organizations to contribute to the cultivation of an ample American Indian and Alaska Native healthcare workforce.
- **Contact:** PathwaysIntoHealth@gmail.com
- **Website:** <http://www.pathway-sintohealth.org>

ONGOING

Rural Health Association accepting nominations

Nominate an Arizona rural health professional or student for this national award at <http://www.ruralhealthweb.org/go/left/about-rural-health-awards/2009-rural-health-awards-nominations>

FUNDING OPPORTUNITIES

2011 J. Jill Compassion Fund

Deadline: December 1, 2010

Purpose: The J.Jill Compassion Fund Supports: (1) Job training, education and transitional and/or affordable housing to women in need, (2) Programs that break down barriers for women in crisis to achieve and sustain self-sufficiency, (3) General operating expenses to organizations that fall within J.Jill's guidelines. The J. Jill Compassion Fund will provide general operating support to organizations whose mission is to provide the above services. Program support is limited to the expansion or enhancement of existing programs, rather than to fund new programs.

Amount: \$5,000 - \$15,000 per award

Information: http://www.raconline.org/funding/funding_details.php?funding_id=683

Request for Application: Heart Attack Symptoms and Calling 9-1-1 Campaign for Women, Office on Women's Health

Deadline: December 6, 2010

Purpose: Funding is available for activities and events in support of the Heart Attack Symptoms and Calling 9-1-1 Campaign for Women that will be launched by the HHS Office on Women's Health. The purpose of this campaign is to encourage women over age 50 across the country to recognize the signs and symptoms of heart attack and to call 9-1-1 promptly. Community-based partnerships and collaboration are strongly encouraged. Awardees must be willing to promote the Heart Attack Symptoms and Calling 9-1-1 Campaign for Women after the launch of the campaign.

Amount: One \$10,000 award will be made per HHS region

Contact: John Snow, owhapplication@jsi.com, or call toll-free: 1-866-224-3815.

EDITOR'S NOTE

The Arizona Rural Women's Health Initiative (AzRWHI) is a project of the Rural Health Office of The University of Arizona's Mel and Enid Zuckerman College of Public Health.

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