

PIMA COUNTY/TUCSON WOMEN'S COMMISSION

Pima County Women's Health Review

Conducted by members of the Pima County/Tucson Women's Commission
in collaboration with faculty and staff of the Mel and Enid Zuckerman
College of Public Health, the Center for Rural Health, and the Southwest
Institute for Research on Women, The University of Arizona Tucson,
Arizona



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This report represents the results of discussions conducted with experts in the health field and consumers of health care who serve and/or live in the geographic areas of Green Valley and Tucson's south side. It discusses the challenges faced by women in accessing health care, and addresses recommendations for solutions by identified agencies.

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Purpose of the Review

The Pima County/Tucson Women's Commission (PCTWC), in collaboration with the Mel and Enid Zuckerman College of Public Health (MEZCOPH) at The University of Arizona, agreed to undertake a review of the status of women's health in the Pima County area, with the Commission taking the lead, and college faculty and staff serving as resources. There is a confluence of missions that brought the two groups together for this project.

The PCTWC mission is to assist women in attaining full equality of opportunity in all aspects of life and to take action to expose, eliminate and prevent the practice of discrimination against women.

The MEZCOPH mission is dedicated to promoting the health of communities in the southwest and globally with an emphasis on achieving health equity through excellence in education, research, and service.

The Commission's aim was one of discovery. We wanted to find out if targeted groups of women experienced equal access to health care services, and also to discover information about their issues and challenges. The MEZCOPH purpose was to determine if the results of the effort could offer ideas for new interventions the college could contribute through its education and service programs. The proposed project was submitted by Alison Hughes, Principal Investigator (then affiliated with the college but since retired) to The University of Arizona's Internal Review Board for consideration in spring, 2011, and was granted a waiver of Human Subjects as a result of the project design. Dr. Joyceen S. Boyle retired Associate Dean of Nursing, The University of Arizona College of Nursing, served as the group facilitator and co-wrote this report with Ms. Hughes. Dr. Boyle and Ms. Hughes are both members of the Pima County/Tucson Women's Commission. Dr. Boyle serves as an Adjunct Professor at the College of Nursing. Ms. Hughes recently retired from the faculty of the Mel and Enid Zuckerman College of Public Health.

The Women's Health Review was initiated to identify health issues and concerns that are specific to women who live in Pima County and/or Tucson with a particular interest in sexual and reproductive health needs. Through a limited number of discussion groups, we interviewed women health consumers who represented a broad spectrum of social, ethnic and economic groups. In addition, we conducted discussion groups with health experts, such as physicians, nurses and others to elicit their opinions, observations and experiences about women's health.

Background Information—Population Demographics

The following demographic information provided a framework for discussion group planning.

The Pima County population increased by 16.2 percent between 2000 and 2010. The current population is 980,263, with females making up 50.9 percent. This means there are 498,954 females in Pima County (Pima County Statisticsⁱ). Further, 15.4 percent of the population is over 65 years of age. In addition to specific health issues related to gender, certain social conditions, especially poverty has a direct link to health status, as it impacts the numbers of residents who lack health insurance or who have access to health services.

According to U.S. Census Bureau estimates, 156,000 Pima County residents live at or below the Federal poverty level. The poverty rate in Tucson is among the highest of all cities in Arizona. The economic downturn of 2008-2009 impacted the health of Arizona residents as state health services have been considerably reduced or phased out. Older single women are particularly vulnerable as they have fewer financial assets and tend to live on fixed incomes. Some 60,000 seniors in Pima County have incomes at or below the poverty level. Further, the poverty level for a family of three is \$16,000 and a family of four is \$20,650. Arizona ranks 50th in the nation in combined state and local spending on social services.ⁱⁱ

Notably, according to the Arizona Department of Economic Security, by 2020 Arizonans age 60+ will make up over one quarter of the population. The 85+ population is the fastest growing age group in the state and will increase 141% by 2020.ⁱⁱⁱ

Based on this information, as well as limited financial resources, target groups for discussion were selected from Green Valley and the South Tucson area as these two areas each offer different examples of subcultures living in Pima County: a village of seniors, and a geographic area replete with families facing severe financial challenges.

Methodology

Structured discussion group interviews were held with health experts and with women consumers of health care. Health experts were identified as individuals who have specialized knowledge of women's health and their health needs within the community. These experts were community leaders, physicians, nurses, promotoras (health educators) or other individuals, who because of their position or interest within the community had in-depth knowledge/competence about women's health and their health care needs.

Health consumers were women who had knowledge, experiences, and interest in women's health. We held structured discussion group interviews with health experts in

Green Valley, and in the South Tucson area. Specifically, we conducted discussion group interviews with women consumer groups in Green Valley and with two groups in the south Tucson, making a total of five group interviews.

Our second interview group in the south Tucson was held with women who were caring for or had legal custody of one or more grandchildren. They were associated with The Kinship and Adoption Resource and Education (KARE) Family Center, an all-inclusive center offering an assortment of services to grandparents caring for children under the age of 18. The grandmothers lived throughout Pima County. We were consistent with the questions asked of each group of consumers and experts.

The names of persons participating in the discussion groups are withheld from this report in order to protect their privacy.

Meetings occurred in the following sequence:

April 7, 2011: Expert Discussion Group, Green Valley Library
May 2, 2011: Expert Discussion Group, UPH Hospital Board Room, Tucson
May 10, 2011 Consumer Discussion Group, Green Valley Library
August 29, 2011: Consumer Discussion Group, Mission Library, Tucson
November 15, 2011, Consumer Discussion Group, KARE Family Center office, Tucson.

As much as possible the same questions were asked of each group of experts and consumers. One exception arose when interviewing consumers at the KARE Family Center as they were all grandmothers raising children who faced many different challenges than consumers in other groups. All questions asked of the groups are presented in Appendix A.

Findings from the Structured Discussion Groups

Access to Health Care

Every discussion group (both health experts and health consumers) identified the lack of access to health care and resources as the major health problem facing women in their communities.

Access to health care and resources has three important aspects. They are the extent to which:

1. Services are available;
2. There is an adequate supply of services; and,
3. There is an opportunity to obtain health care services. ^{iv}(Gulliford, et al, 2002).

The extent to which community residents “gain access” to health care and resources depends on financial, organizational and social or cultural barriers that limit the use of services. Access is often measured in terms of the affordability, physical accessibility and acceptability of services. The participants in our discussion groups spoke to each of these factors. We have organized our final report around *affordability, physical accessibility and acceptability of health care services*.

Affordability of Care

The issue of affordability of health care and resources was most eloquently addressed by grandmothers who are caring for their grandchildren. Ninety-five percent (95%) of the grandmothers live on fixed incomes, such as social security. Some of the grandmothers who were not yet receiving Medicare stated that they had no health insurance at all so the cost of health care was “simply out of their reach”.

One grandmother reported that she had given up her job so that she could take care of her grandchildren because she believed it was important for her to provide a stable, loving presence for her grandchildren so now she, her husband and the two children were living on her husband’s social security income. Another grandmother described serious cardiac and kidney problems; she recalled a recent visit to her physician who ordered four laboratory tests which would have cost \$345, excluding the blood draws. She cannot afford to pay this amount of money for the lab tests or for the medications that were prescribed by her physician. Several other grandmothers reiterated that when you cannot afford health insurance, then you cannot afford any medical care at all.

The grandmothers spoke of the numerous financial cuts in the Arizona Health Care Cost Containment System (AHCCCS)^v, the state Medicaid program that serves Arizona residents who meet certain income and other requirements. Temporary Cash Assistance for Needy Families (TANF)^{vi} funds have been considerably reduced by AHCCCS and this is having a serious impact on the grandmothers. Some have had health insurance benefits reduced and now pay higher co-payments for health care services and for medications. Assuming responsibility for their grandchildren and keeping their families together has required a great deal of sacrifice on the part of the grandmothers. The grandmothers are growing older and experiencing more age-related health problems. Now, in addition to the cost of their own health care, they have to deal with health care coverage for their grandchildren. Many of the grandchildren have mental health issues and behavioral issues; other grandchildren have fairly severe disabilities and learning problems. These grandmothers are having great difficulty in obtaining health care and accessing health resources for children who have these complex problems.

Some of the grandmothers were on Medicare, but lacked the supplemental insurance because they could not afford any of the supplemental health insurance policies. One of

the grandmothers showed us her eyeglasses which had been taped together on both sides of the frames; she does not have sufficient money to purchase new frames.

Many grandmothers were caring for their grandchildren because a son or daughter is incarcerated. They were outraged as a new policy in Arizona charges them \$25 per year as a visitation fee to visit a son or daughter in prison. They felt that the fee punishes the family as well as the incarcerated family member. In addition, it has the potential to restrict prison visits entirely, thus preventing family members from seeing each other. In addition to the emotional issues of talking to a child about his/her incarcerated parents and the cost and time involved to visit an incarcerated family member, now the grandmothers must pay an annual fee of \$25.00 to remain in contact with their family members. While this fee may seem small to some people, it is an additional financial burden for elders who are concerned about not having enough money for gas to take grandchildren to a doctor's appointment or to an out-of-school activity.

Several grandmothers described the difficulties they have experienced because a child's parents are Native American and affiliated with a native tribe. This has meant that the children are under the jurisdiction of both tribal and state law and this has resulted in confusion, fear and insecurity on the part of the grandparents.

As caregivers for their grandchildren, the grandmothers want their grandchildren to experience a secure and loving family and they are struggling to provide a stable, loving home for them rather than allowing the children to be placed in the foster care system. The caretaking responsibilities, coupled with few financial resources and increasing age and health problems have put this group of woman at very high risk for physical and emotional health problems.

The health experts and consumers from Tucson's south side area also described significant obstacles in seeking access to health care services. These women tend to be lower on the economic scale, less likely to have insurance, busier with multiple jobs and family responsibilities. Affordability of health care is only possible if an individual has health insurance.

The majority of women residing in Green Valley are covered by Medicare or Medicare Advantage health plans. Most women who receive Medicare also have supplemental plans. However, those women who lack the supplemental insurance often find the cost of care beyond their reach. Many Medicare recipients have reached the "doughnut" hole in medication coverage and have difficulty paying for multiple drug prescriptions.

Accessibility of Care

Participants from Green Valley described the lack of access to certain kinds of health services, especially specialized medical care. Many reported that they drive to Tucson for specialized services such as physical therapy. Many Green Valley residents have difficulty driving to Tucson as they have impaired eyesight or they are reluctant to drive on a busy interstate. The absence of a pharmacy available at night was brought up by Green Valley residents as an example of care that is not always available. Driving to Tucson at night is not an option for many elderly drivers.

Green Valley does have an instant care facility, but it closes at 8 pm in the evening, forcing older residents seeking care in the evenings or nights to drive to Tucson. It was reported that soon a 24 hour instant care facility would soon be available in Green Valley.

Transportation services in the Green Valley area are extremely limited. There is no taxi service available in the immediate area. Green Valley is located 20 miles south of Tucson, and 35.5 miles south of Northwest Medical Center in Tucson, a frequent destination for many Green Valley residents. Public transportation service is offered through a fairly new shuttle service, “Sun Shuttle,” that serves Green Valley and its neighboring community of Sahuarita, and is funded by the Regional Transportation Authority (RTA). Sun shuttle connects to the Sun Tran public transportation system serving the Tucson metropolitan area. Sun Shuttle does not operate around the clock.

Additional physical therapy and mental health services were also identified as being needed in the Green Valley area, according to the consumer group. This group also pointed to the need for insurance carriers to include exercise programs as part of their coverage for retirees.

The consumers also agreed that there is a need for an “information and referral directory” about social, health care and other practical services specifically targeted to residents of Green Valley and the surrounding communities. In the absence of a comprehensive directory, they suggested that a “Green Valley Tip Sheet” be created for wide dissemination in the area, with the following examples:

- Information about getting a physical exam in the summer when the snowbirds are gone as there is more chance of getting a doctor’s appointment then.
- Information about available transportation services.
- Information about the Green Valley Fire Department’s willingness to install smoke detector batteries and doing home safety checks for \$15.
- Information about the Green Valley Fire Department’s providing ambulance service for a year for a small fee.
- Briefings about Medicare services and costs, along with a workshop on Social Security.

Acceptability of Care

The expert group from the south Tucson area thought that certain cultural beliefs and practices might limit acceptability of care. Many residents in this area of the city do not speak English and prefer to seek health care services from a Spanish speaking health care provider. Some older women may prefer to follow more traditional health practices such as tea or herbal remedies. Some older residents may still be somewhat suspicious of western medicine and institutions.

We were told that culturally and personally, many of Tucson's south side residents fear and distrust the healthcare system. In addition, persons of Hispanic descent may be afraid to seek health care services after the publicity surrounding the passage of S. B. 1070. We were told by the health experts that "S.B. 1070 has had a chilling effect on Hispanics seeking health care". However, it was pointed out that there are additional obstacles to care for Tucsonans living in the south side of town, who tend to have less financial resources, are less likely to have insurance and are busier with multiple jobs and family responsibilities

Health Literacy

For many, fear of the system is compounded by fear of what they might learn about their symptoms or health status. Members of the health expert discussion group were concerned about the lack of health literacy among residents of south Tucson. Knowing about and understanding certain conditions, such as pre-diabetes, is crucial to initiating behavioral changes that mitigate the disease consequences. Health literacy is an important component of acceptability of care as it enables individuals to obtain, process and understand basic health information in order to make appropriate health decisions. Health literacy includes the ability to understand instructions on prescription drug bottles, appointment slips, health brochures, directions and consent forms, and the ability to negotiate complex health care systems with confidence.^{vii}

Consumers said that they did not know about many health care services that were offered or how to access them. For example, when the interviewers asked the grandmothers if they knew about The University of Arizona's Mobile Health Clinic, none had heard about this service. Many were not aware of supportive resources such as childcare services, transportation or special health education programs that are available in the community. Suggested ways to address these problems were community outreach, health fairs, PTA's, community radio and church-based health education programs. The empowerment of women was emphasized as women are usually the gatekeepers for healthy families.

In Green Valley the discussants confided that Sexually Transmitted Diseases (STDs) are an "unspoken" or closeted issue. There is little publicity about STDs among different age groups, and in particular seniors. The expert discussants suggested that education

about STDs be generated through the Green Valley newspaper which is well read by the local population.

Cultural Beliefs and Practices

Cultural beliefs and values also influence acceptability of care. For example, it is culturally acceptable for Hispanic women to put themselves last, taking good care of their children, but not always of themselves. Failure to seek care early in an illness or the lack of preventive care means their health problems may be serious when they finally do seek care and often their first contact is via a hospital emergency room.

Acceptability of care is influenced by the relationship the health care provider establishes with his/her patient. Health care encounters were uniformly described as “hurried” resulting in the lack of time for the patient and provider to get to know one another. The lack of mental health services was frequently cited by all groups as a concern. Asian women and older Hispanic women were singled as groups in Tucson’s south side area who frequently “fall through the cracks” because of low incomes or lack of time, but also a lack of understanding of the value of preventive care. For many reasons, the health care experts told us that Hispanics often avoid the health care system until their problems are too serious to ignore and treatment may come too late.

The health experts, representing a broad array of health care professionals, emphasized the need for more family and community-based health care in Pima County. Health care outreach and innovative community partnerships and coalitions were viewed as increasing acceptability of care, thus improving health outcomes. The health experts pointed out that often patients are not aware of supportive resources such as childcare services, transportation or special health education programs that are available in the community. Suggested ways to address these problems were community outreach, health fairs, PTA’s, community radio and church-based health education programs. The empowering of women was emphasized as women are usually the gatekeepers for healthy families. Health experts stressed the importance of going beyond the “silos” of traditional health care and building community coalitions and networks to address the interconnected problems of health, education, finance, and quality of life. The importance of leadership within all ethnic groups was emphasized.

SUMMARY

The initial assumptions underlying this health review were that when we asked health experts and consumers about women's sexual and reproductive health, they would bring up topics related to sexually transmitted diseases (STDs), rape, domestic violence, teenage pregnancy and health concerns related to the aging process. This turned out not to be the case, as the experts and consumers focused their attention and ours on challenges we did not anticipate. Certainly we learned that STDs remain an unspoken issue in the Green Valley area. But we also learned that people in poverty are more likely concerned about how to get help accessing low cost health care, and helping their families to overcome basic subsistence challenges.

The lack of access to health care services is devastating to both physical and mental health when a woman in Pima County cannot afford to pay for health care for herself or her minor dependents. When a person does not have the financial resources to pay for medical and/or diagnostic care, medications, dental or visual care, these problems and concerns do not go away. Instead, they usually worsen until serious problems develop and the individual then is forced to seek care in the emergency room, a far more expensive solution that if the problem had been dealt with in the first place.

In addition to the physical illnesses, women told us that the worry and concern about becoming ill was a constant factor in their lives, causing sleepless nights as well as fear and worry that their health would deteriorate.

In regards to elderly women raising children, this is a group that needs much more attention from governmental funding agencies and social service agencies in Pima County. Most of the women we interviewed are enrolled in the Medicare health insurance program. The children they are caring for, however, need to be enrolled in the AHCCCS program. These women tend to live on their Social Security checks which now must go further. Imagine adding two more people to a household for which that social Security check must now pay for children's food, clothing, transportation, school books, and a myriad of other needs. It was evident to us that they could not afford the co-pays for medications for themselves, and therefore were not compliant with medical treatments recommended. These are women whose struggle is enormous. They are aging. Yet in their so called "golden years," they must find energy to be full time mothers again. They desperately need access to respite care in order to have a break, as their energy levels are not as they were in youthful times.

DISCUSSION, RESOURCES, RECOMMENDATIONS

Pima County Health Department

The mission of the Pima County Health Department (PCHD) is to be a leader in protecting health, preventing disease, and promoting community well-being. The Department's vision is to help the residents of Pima County achieve and maintain an optimal level of wellness. To this end, PCHD does a superb job of providing a variety of epidemiologic and wellness activities across a broad spectrum of public health interests. For purposes of this review, attention was focused on the clinical and outreach services offered.

The PCHD 2010 Annual Report^{viii} draws attention to the county's efforts to prevent infection and minimize the impact of sexually transmitted diseases (STDs), including HIV. The report indicates that of 4,114 infections diagnosed and treated, these included 346 cases of Chlamydia, 73 cases of gonorrhea, 64 cases of Herpes, and 75 cases of Syphilis. Unfortunately, the report does not breakdown the gender or age in these reported cases, therefore, we are unable to determine the extent to which the data have implications for the target groups in the Women's Health Review. The only time the issue of STD's was discussed during our meetings was in Green Valley where, as stated earlier, the issue is silent, and more education is needed.

Pima County government has supported the K.A.R.E. family program by providing funds for computer training for the grandmothers raising children. Each K.A.R.E. enrollee taking the training was given a desk top computer. The training was seen to be extremely valuable, and the computers have proven useful for typing, and playing games, and for grandchildren's homework, they tend not to be used for Internet communications. This is because the monthly Internet access costs are beyond the reach of these women living on limited incomes.

Recommendation:

- *Pima County Government should increase its appropriations for the Kinship and Adoption Resource and Education (KARE) Family Center, in particular for respite services for grandmothers raising children.*
- *The Pima County Health Department should conduct a health literacy campaign aimed at educating the Green Valley community about sexually transmitted diseases.*

Arizona State Plan on Aging^{ix}

The mission of the Division of Aging and Adult Services (DAAS) is to support at-risk Arizonans to meet their basic needs and to live safely with dignity and independence. In 2010, DAAS adopted the Arizona State Plan on Aging which covers the period October 1, 2010 – September 30, 2014 and was signed by Governor Brewer. The plan presents comprehensive information on the socio demographics of the aging population of the state, and presents eight major goals and objectives designed to strengthen the service delivery programs impacting this population. Goal Two (2) is to increase understanding of aging issues and help prepare Arizona for an aging population.

The plan does identify the rising social phenomenon in the state that is impacting grandparents economically, socially, and emotionally: that of coping with the challenges of raising children under 18 during old age, and the myriad social inhibitors that accompany this phenomenon.

Recommendations:

- *The Division of Aging and Adult services, Arizona Department of Economic Security (DAAS) should revise the Arizona State Plan on Aging to recognize the social phenomenon that exists in the state surrounding grandparents raising children.*
- *DAAS should fund a statewide study of this subculture to better understand the circumstances in which this group finds itself, and adopt policies that meet their needs.*

Pima Council on Aging

The mission of the Pima Council on Aging (PCOA) is to promote dignity and respect for aging, and to advocate for independence in the lives of Pima County's older adults and their families now and for generations to come.

PCOA is the designated area Agency on Aging serving older adults and their families living in Pima County. The organization advocates, plans, coordinates, develops and delivers home-and-community based aging services for older adults and provides supportive assistance, accurate information, and local resource connections for family caregivers.

PCOA awards funds to the Kinship and Adoption Resource and Education (KARE) Family Center to provide support group services for the elderly population raising children. This support is critical to the wellbeing of these women and children and should be expanded if possible. PCOA also provides a free online downloadable manual, "How to be a Resilient Caregiver."^x The document offers some useful tips about resiliency and

relaxation. In addition to understanding the ins and outs of the Medicare program, the K.A.R.E. group now needs to understand the ins and outs of the Kids care program.

Recommendation

- *PCOA should create a resource manual for distribution to caregivers, particularly elderly women who are caring for children, as this group in particular has often lost touch with current community resources to which they can appeal for assistance.*
- *PCOA should create a “Green Valley Tip Sheet” addressed earlier in this document, and have it disseminated through the Green Valley News.*

The University of Arizona Resources

a. Southwest Institute for Research on Women (SIROW)

SIROW’S mission is to improve the lives of women and girls, particularly those living in the Southwest, through inter-disciplinary and inter-institutional research and action projects. Founded in 1979, SIROW is located within the Women’s Studies Department at The University of Arizona. Past SIROW projects have included a broad spectrum of themes and issues from health and wellness to education, and employment.

In 2005 SIROW researchers completed a study for the Arizona Children’s Association on the impact of identified mental health services on a targeted group of women. Caregiver families were among the targeted groups studied, and attention was also directed to kinship care. Some of the conclusions emphasized the need for resource allocation and respite care being directed toward these families. These conclusions synchronize with the conclusions and recommendations in this report based on discussion groups held by the Pima County/Tucson Women’s Commission in 2011, some six years later.

b. Mel and Enid Zuckerman College of Public Health

The Mel and Enid Zuckerman College of Public Health (MEZCOPH) is the premier accredited college of public health in the Southwest and is located in the heart of Tucson. The college got its start as a public health degree bearing program almost two decades ago, and is now a fully accredited, popular campus to hundreds of students seeking undergraduate and graduate degrees in public health. The college’s core values as expressed on its Website are fairness, trust, equity, social justice, excellence, innovation, and commitment.

The medical dictionary definition of public health is as follows:

Public health is the approach to medicine that is concerned with the health of the community as a whole. Public health is community health. There are three core public health functions. (1) Assessment/monitoring of the health of communities and populations at risk to identify health problems and priorities; (2) Policy – the formulation of public policies designed to solve identified local and national health problems and priorities; and (3) Assurance –to assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services and evaluation of the effectiveness of care.

To fulfill its educational mandate MEZCOPH faculty members train students in all aspects of the core public health functions. As part of their training, many students are required to perform an internship program in a variety of social service organizations as a component of their graduation requirements. Through these assignments, many students have completed projects that have made major contributions toward the advancement of dozens of social and health care organizations in Pima County. In addition, faculty members themselves are involved in major research programs and projects that impact the health of the local community, the state, and nation. Some are involved in global efforts, and other faculty members concentrate on issues pertaining to the U.S.-Mexico border.

The Center for Rural Health is located in MEZCOPH, with faculty and staff interests and projects underway that impact the rural and underserved residents of Pima County and Tucson.

Also located in MEZCOPH is the Women’s Center of Excellence (WCOE) whose mission is to improve the health and wellness of women throughout the lifecycle, with an emphasis on underserved girls and women. WCOE faculty are also actively involved in research projects which produce published results aimed at shaping public health policy and practice. For example, a recent publication by WCOE faculty and staff is: “Considerations of culture and social class for families facing cancer: the need for a new model for health promotion and psychosocial intervention.”

Recommendations

- MEZCOPH faculty should partner with those at the Southwest Institute for Research on Women to seek funds to implement a comprehensive study of the specific needs of grandmothers raising children. This should include grandmothers and grandparents living at all levels of the economic spectrum.
- The Women’s Center of Excellence and SIROW should collaborate on creating an integrated care model that includes community health workers who work with health care providers to address barriers to care, and increased education on health literacy.

- MEZCOPH faculty and staff should collaborate on a health literacy project regarding sexually transmitted diseases (STDs) targeted to residents of the Green Valley area, as this appears to be a “silent” issue in this community, according to our discussion group informants.

c. The University of Arizona Medical Center-South Campus

Formerly University Physicians Hospital Kino campus, and before that, Kino Community Hospital, and before that, “Kino Hospital,” The University of Arizona Medical Center-South Campus (AMC-S) is part of the University’s expanding health network. The campus is a teaching facility that hosts medical students enrolled at The University of Arizona College of Medicine, as well as medical residents who are completing their training programs.

The original Kino hospital opened in 1977 and for a period of time was the only source of medical care for a majority of Tucson’s poorest population. The hospital was heavily subsidized by Pima County Government, and in its new form, the facility continues to receive this government subsidy. (In FY 2011 Pima County government appropriated \$20 million to the hospital for the purpose of “offsetting losses.”)

Today, a paradigm shift has occurred in this health facility as it finds itself in a new health care environment in which competition for patient market share is paramount, and patients become more sophisticated in choosing where to seek care. No longer does the facility wish to be known as “the hospital for the poor” although no doubt it is duty-bound to continue to serve this population given its County subsidy and location. The hospital now seeks to enlarge its patient base to serve a county-wide population with access to private and public insurance policies which guarantee reimbursement for care received.

Regarding reimbursement for services to economically disadvantaged people, the hospital offers four different insurance plans covered by the Arizona Health Care Containment System (AHCCCS). They are Arizona Physicians IPA, Inc., Health Choice Arizona, Pima Health System, and University Family Care. Plans such as these require patients to contribute co-pay dollars. Some of the grandmothers raising children cannot afford even the smallest of co-pays and as a result, choose to go without needed care.

The College of Medicine-main campus offers an excellent, no-fee health care program through its Mobile Health Program. This program is composed of a vehicle equipped with two exam rooms, and appropriate health care personnel who provide primary health care services in different locations such as South Tucson, Littleton, Tucson Indian Center, and Tucson House on Mondays through Fridays. The service requests a \$20 donation per visit.

Recommendation

The University of Arizona Medical Center should adopt “circumstantial” policies that allow for the elimination of co-pays for women with special needs such as grandmothers raising children who are living in precarious financial circumstances.

The Kinship and Adoption Resource and Education (KARE) Family Center

The mission of the KARE Family Center, as it is popularly known, is to provide and enhance the safety, stability and well-being of kinship and adoptive families through education, advocacy and community collaborations. Services are available to grandparents raising grandchildren, aunts or uncles raising nieces or nephews; to persons over age 55 raising a relative child under 18, or adoptive families. Kin raising children who have a family member in jail or prison are also encouraged to join KARE.

This organization is the major support organization for eligible participants. It is underfunded, and its existence is not yet known to many potential people who can benefit from KARE services.

The prison program is noteworthy. The children of many of the grandmothers interviewed in our discussion group were in prison. Grandmothers were both single and married, and were raising the children of the incarcerated relatives. K.A.R.E. has produced numerous publications containing resources that are useful to this target group. One of these, “Behind Bars,” is directed to children whose parents are in prison. Other valuable publications were created specifically for people raising someone else’s child. Brochures such as, “Are You Taking Care of Someone Else’s Child?” “Prison Visitation Program,” “Education and Prevention Trainings,” all provide insightful information about the services available. An active children’s program is also offered at the K.A.R.E. Center. An extremely moving publication in the form of a comic book entitled, “The Kid,” was created by children being raised by kin involved in K.A.R.E. This publication graphically tells the story of children communicating with each other about their parents who are incarcerated.

KARE also established a very active “Ambassadors” program which the grandmothers operate. They are planning a Grandrally for grandparents and other relatives raising children in January 2012 in Casa Grande with the hope of attracting the attention of Arizona’s legislature to their needs and concerns. .

The Pima County/Tucson Women’s Commission invited the Ambassadors to a commission-sponsored seminar on October 27, 2011, on how the state legislature works, and five of them attended. This served as a useful educational precursor to help prepare for the January rally.

Recommendation

- The K.A.R.E. Center's services are very much needed. The Center should seek funding support to establish satellite centers in other areas of Pima County that are accessible to more "kin raising children" throughout the county.

Tribal Foster Parent and Adoption Practices

Several non-Native grandmothers raising grandchildren who are from mixed American Indian and non American Indian marriages or relationships were concerned and frustrated about local tribal custody/guardianship policies.

Their grandchildren are considered tribal members and therefore fall under tribal custody policies if children are removed from families or if parents are unable to take of them due to incarceration and abandonment. One grandmother shared with the reviewers the tribe where her grandchildren are enrolled wanted to place the children in tribal foster care versus letting her have guardianship. According to other grandmothers, awareness about and accessing assistance with the tribal guardianship/custody/adoption/foster care policies were a challenge.

Recommendations

1. Tribal Nations in Pima County should provide education and assistance on tribal child guardianship/custody/adoption/foster care policies to grandmothers.
2. Tribal Nations in Pima County should have a case manager and/or social worker to provide and coordinate services to grandmothers who are accessing social services for the enrolled child.
3. Tribal Nations in Pima County should examine their tribal guardianship/custody/adoption/foster care policies and consider non-tribal grandparents as guardians of their tribally enrolled grandchild/children, if it in the best interest of the child's wellbeing and if the tribe does not already have that provision in place.

Women's Foundation of Southern Arizona

The Women's Foundation of Southern Arizona (WFSA) fosters equity and opportunity for women and girls, and is dedicated to being a valuable source of information on women's topics for organizations and individuals. WFSA was founded in 1991 on the principle that when women thrive, the whole community benefit, and has since invested more than \$1.7 million in organizations that help women to overcome social, political and economic inequities. The Foundation is committed to addressing women's economic self-sufficiency. Recommendations to WFSA may be found on the following page.

Recommendations

1. WFSA should modify the “Community Resources” section of its Website to tag a new section that focuses on resources for grandmothers raising children, including the K.A.R.E. organization.
2. WFSA should consider providing some funding support to agencies such as K.A.R.E. that specifically assist grandmothers raising children.

APPENDIX A—QUESTIONS ASKED IN DISCUSSION GROUPS

Questions asked in Expert and Consumer Discussion groups

1. What do you consider to be the major health issues or problems for women in South Tucson? (*or Green Valley*, depending on the group)
2. What are the top one or two issues?
3. What are solutions or approaches to overcome problems – both existing and proposed?
4. Who is left out of health care? (Relevance to Women)
5. What can you tell us about mental health access?

Questions asked of Grandmothers Caring for Children

Note: this discussion group was conducted based on a specific request from the K.A.R.E. grandmothers to meet. It was added to the original schedule of meetings.

1. Some individuals that we have spoken with have told us that they have experienced problems with access to health care. They have not been able to get the kind of care that they or their grandchildren need. Has this happened to you? Can you tell us about your experiences?
2. Can you tell us if you need other kinds of services (educational, recreational, transportation or other) for yourself or your grandchildren? Can you tell us about these services and your experiences?
3. Have you been able to afford the health services that you or your grandchildren have needed?
4. Have you been able to maintain and enjoy your former activities such as attending church, crafts such as crocheting, knitting, sewing, or reading and other activities that you enjoy?
5. Sometimes caregivers experience special problems that make caregiving somewhat difficult. Can you tell us about your experiences with the following:
 - Emotional support from friends, family
 - Physical fatigue that comes with caregiving
 - Respite time or being able to have someone else assume caregiving responsibilities for periods of time to give you a break.

- Health problems that you have experienced while caring for your grandchildren. How have you managed your own health?
 - Isolation from friends and family because you are caring for your grandchildren
 - Lack of time for self
6. Can you tell us about the experiences that have been particularly challenging for you as a caregiver?
 7. What has been rewarding or positive about your role as a caregiver?

APPENDIX B -- ACKNOWLEDGEMENTS

Appreciation is extended to MEZCOPH by PCTWC for making available an extremely efficient graduate student intern, Natasha Miramontes, who assisted with the organization of the preliminary meetings and focus groups during the fall, 2010 and spring 2011 semesters through an internship program that lasted an academic year and who completed the preliminary research on the status of women in Pima County used for planning purposes.

Appreciation is also extended to faculty and staff members from The University of Arizona Mel and Enid Zuckerman College of Public Health, the Center for Rural Health, and the Southwest Institute for Research on Women for their patience and steady presence at numerous meetings held to design this project. They are Agnes Attakai, Lynda Bergsma, Ph.D., Martha Moore-Monroy, Jennifer Peters, and Sally Stevens, Ph.D.

Elena Berman, PhD, a retired expert in group facilitation, assisted with the initial group facilitations in Green Valley. We extend appreciation to Dr. Berman for her contributions in helping to set the stage for posing non leading questions.

Courtney Waters, a Master's Degree student at the Mel and Enid Zuckerman College of Public Health approached the Commission with an offer to provide assistance during the fall, 2011 semester for purposes of contributing toward her studies. We agreed, and permitted her to attend a focus group for which she took excellent notes and shared them with us. We extend appreciation to her for this effort.

We also thank the staff at K.A.R.E. Family Center, and the Pima/Tucson Library system for disseminating information about the discussion groups and for making meeting space available to the discussion groups.

Commissioners Joyceen S. Boyle, Ph.D., and Alison M. Hughes, MPA were responsible for conducting this review and preparing the report on behalf of the Pima County/Tucson Women's Commission.

APPENDIX C

Members of the Pima County/Tucson Women's Commission and Their Appointment Source

Nena Ashton (Supervisor Ray Carroll, District 4)
Joyceen Boyle, Ph.D. (City Council member Paul Cunningham, Ward 2)
Maxine Goodman, MA (At-Large)
Lucy Howell (At-Large)
Alison Hughes, MPA, *Commission Chair* (Council Member Steve Kozachik, Ward 6)
Lucinda Hughes-Juan, MPA, *Commission Vice-Chair* (At-Large)
Emma Juan (At-Large)
Marietta Martin (At-Large)
Lori Mennella, CPA, *Commission Treasurer* (At-Large)
Martha Moore-Monroy, MPH (Supervisor Ann Day, District 1)
Mohar Sidhwa, MA (Supervisor Richard Elias, District 5)
Deena Stewart (Mayor Bob Walkup)
Sheila Tobias, *Executive Committee Member* (At-Large)
Mercy Valencia, Ph.D. (Supervisor Ramon Valadez, District 2)
Cecilia Vindiola, MA (At-Large)
Donna Whitman (City Council Member Richard Fimbres, Ward 5)
Kathleen Williamson, Ph.D., J.D. (City Council Member Karen Uhlich, Ward 3)
Vacancy (City Council Member Regina Romero, Ward 1)
Vacancy (City Council Member Shirley Scott, Ward 4)
Vacancy (Supervisor Sharon Bronson, District 3)



Commission Members

APPENDIX C -- REFERENCES

ⁱ Pima County demographic statistics:

<http://www.pagnet.org/documents/rdc/population/povratehistory.pdf>

ⁱⁱ *Healthy People 2010* (<http://www.healthypeople.gov/Document/pdf/uih/2010uih.pdf>).

ⁱⁱⁱ Arizona State Plan on Aging, Department of Economic Security, Division of Aging and Adults Services, Federal Fiscal Years 2011-2014.

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^{iv} Gulliford, M., Figueroa-Munoz, J., Morgan, M., Hughes, D., Gibson, B., Beech R., and Hudson, M. (2002). What does 'access to health care' mean? *Journal of Health Services Research Policy*, Jul:7(3):186-188.

^v AHCCCS: <http://www.azahcccs.gov/>

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^x Pima Council on Aging caregiver manual: <http://www.pcoa.org/assets/PDFs/Table-of-Contents.pdf>