



# Oklahoma Office of Minority Health

JANUARY - MARCH 2016 QUARTERLY NEWSLETTER

## Go Red for Women – February 5, 2016



The OMH is recognizing the annual Go Red for Women Awareness Day on February 5, 2016 as part of American Heart Month in February. This event, now celebrating its 13<sup>th</sup> year, is sponsored by the American Heart Association and highlights the prevalence of heart disease and heart disparities among women. In a collective review of information by the American Heart Association (*Bradley Dennis, Washington Post, January 25, 2016*) examining the relationship between heart disease and women, the common findings are:

- Women tend to die more from heart disease compared to men, breast cancer and all other cancers combined.
- Heart disease contributes to longer hospital stays and complications among women.
- Disparities exist among women regarding heart disease diagnosis and treatment compared to men.
- African American and Hispanic women experience the highest risks for heart disease among women. These risks include obesity, high blood pressure and diabetes.
- African American women overall have the highest rates of heart attacks among women.
- Younger black women (30-54) have the highest rates of hospitalization deaths among women.
- Heart disease symptoms between men and women differ sharply contributing to misdiagnosis or delays in treatment among women.

## Go Red – Oklahoma Heart Health

Oklahoma ranks among the states nationally with the poorest health outcomes regarding the prevalence of heart disease among women. In 2011, Oklahoma had the 3<sup>rd</sup> worst heart rate disease rate among females in the country. In Oklahoma, heart disease among women was the leading cause of death for women. From 2008-2012, all minority female populations in Oklahoma, including African Americans, Native Americans, Hispanics and Asian/Pacific Islanders had higher rates of preventable heart disease than Whites. For 2013, high blood pressure, high cholesterol, diabetes prevalence, smoking and obesity are significant risk factors for heart disease (*Heart Disease in Oklahoma Females, OSDH Chronic Disease Service, September, 2014*)

*The extent of heart disease among women tends to be underreported and misunderstood.*

## Go Red - Purpose & Activities

The Go Red campaigns are active across the state and nationally and advocates for increased funding, education and research to reduce the incidence of heart disease among women. Women and organizations of various racial, ethnic and cultural backgrounds celebrate this event through fund-raising, educational forums, conferences, luncheons and other special events that highlight the need to raise awareness on the severity of heart disease among women. Nationally, the American Heart Association set a strategic goal to reduce the incidence of cardiovascular disease death and disability in women by 20% by 2020 (*American Heart Association, [www.goredforwomen.org](http://www.goredforwomen.org)*). For persons who are active Go Red participants, they perform the following: (1) Follow an exercise routine; (2) Eat a healthier diet; (3) Visit a doctor for special and routine screenings; and (4) Influence others by talking heart health. Additionally, health care providers have access to a special online risk assessment toolkit to effectively serve Go Red participants.



Oklahoma State  
Department of Health

## **Go Red - Support and Partners**

In Oklahoma, organizations such as the American Heart Association, the Oklahoma Heart Hospital and Delta Sigma Theta Sorority Incorporated (African American Sorority), are among many groups who provide support to the Go Red campaign and women's heart health awareness through various collaborative initiatives and activities. This includes prioritizing a reduction in heart health disparities among minority populations, most notably African American and Native American female populations. For more information on Go Red, please contact the American Heart Association at (405) 415-3037 or go to [www.heart.org/oklahomacity](http://www.heart.org/oklahomacity).

## **Go Red Spotlight – Louise Alexander**



*Ms. Louise Alexander is a member of the Oklahoma City Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. She is a survivor of heart disease and is heavily involved in outreach and awareness for heart disease among minority women through the Go Red Initiative, the Oklahoma Chapter of the American Heart Association and through her church, 5<sup>th</sup> Street Missionary Baptist Church, Oklahoma City. She has over 40 years of experience in her community and advocates for improved lifestyle changes that promotes health and wellness within minority communities and families. The following is a summary of an OMH interview with Ms. Alexander concerning her experiences and outlook on heart health and her commitment to the Go Red movement.*

**Do you have a current affiliation with the Go Red Initiative? If so, how did this develop?**

**Ms. Alexander:** Yes through the local Oklahoma City area Delta Sigma Theta Incorporated Alumnae Chapter. We participate in collaboration with the National Delta Sigma Theta Chapter and the Oklahoma Chapter of the

American Heart Association. My participation actually began over 12 years ago, prior to my heart condition to Improve health and wellness among minority communities and families. I also provide information at my local church, 5<sup>th</sup> Street Baptist Church where I educate women on the disease that includes passing out ribbons, pamphlets and providing peer support. Overall, I have over 40 years of involvement in health outreach and awareness in the community.

**Prior to your health condition, what was your understanding of heart disease?**

**Ms. Alexander:** I did not know much about the disease and was basically unaware of its prevalence among women. It was the furthest thing from my mind. I always considered myself to be in good health and was not mindful of this disease.

**When were you diagnosed? What were your feelings?**

**Ms. Alexander:** I was diagnosed in 2010 at the age of 61 with congestive heart failure. I went to the doctor after experiencing shortness of breath in several instances. Regarding the diagnosis itself, I was surprised (shocked actually) because I was active as an aerobics instructor and did not consider myself to be at-risk for heart disease. I had triple bypass surgery as a result of clogged arteries.

**Prior to your diagnosis, did you feel that your symptoms were tied to a heart condition?**

**Ms. Alexander:** Not at all. I knew something was wrong because my quality of life was rapidly diminishing but I could not figure out why so I began to self-diagnose my condition. I experienced knee pain, back pain and shortness of breath but attributed the symptoms to my rheumatoid arthritis or undiagnosed asthma. I relied on controlled breathing techniques I learned as an aerobics instructor to get me through the moments of sudden breathing problems. There was nothing in my mind to indicate that the symptoms I experienced were tied to heart disease because none of my symptoms matched the symptoms typically associated with men. Unfortunately



this is a common mindset that, in my opinion, has contributed to the prevalence of heart disease among women because they basically ignore, underestimate or simply don't know the warning signs. Sharing the differences in heart disease between men and women is critical and will save lives for women.

***Did you consider yourself “healthy” before your diagnosis?***

**Ms. Alexander:** Absolutely. As I indicated earlier, I was an aerobics instructor who was also physically active through running and playing racquetball. Although I live daily with arthritis, I value good health and so I assumed I was “healthy”. This was the reason for my shock and disbelief at the diagnosis of congestive heart failure. I was fearful that I was going to die

***Have others close to you (i.e., family, friends) or personally know experience heart disease?***

**Ms. Alexander:** I have no family history of heart disease and this was part of the reason why I did not associate my symptoms with the disease. I knew of no one in my immediate family or even close friends that had heart disease.



***Was this a topic discussed among family and friends prior to your diagnosis?***

**Ms. Alexander:** This was not a topic discussed with others. Other health conditions such as cancer (breast and colon cancer) were discussed. Not heart disease. This has changed now that I am a survivor of heart disease.

***What has changed in your life as a survivor of heart disease? What has been rewarding (positive) and what has been challenging (problematic)?***

**Ms. Alexander:** My behavior has changed from the standpoint that I monitor my health more closely and I go to the doctor in a timely manner when I suspect a health problem. However, I am mindful to not tie every suspected health problem to my heart condition by living in fear and uncertainty. I do not take every day for granted and I now realize that my experience has provided me with a “new normal” perspective. I am grateful for each day and I do not let this condition overshadow my life. I know that there are things I can no longer do but I dwell only on the things that I can do and I do them to the absolute fullest. I do have my days of depression as I understand that you are allowed to do this from time to time because this condition can take you to the bottom periodically. Depression is a normal outcome of heart disease and should be acknowledged as such. Positive peer support is critical at this time.

***After your experience, have you been pro-active in spreading the word for heart disease? Educating family, friends and others?***

**Ms. Alexander:** Yes. I get on the internet and do research to try and make sure my nieces, siblings, children and others identify and understand the danger signs and not ignore them like I did. I want to make sure that they do not rely on self-diagnosis because it only leads to misdiagnosis and potentially harmful situations. This awareness has also been extended to my young sorority sisters at the University of Oklahoma as I have found that heart disease can impact those who are young adults. It is not simply a disease that impacts older adults and males. Those as young as 19 years of age and female have had heart disease. Therefore, timely and effective messaging and education for all age groups and populations is critical.

***How does your heart disease impact your family, community activism and your role as a mother, wife and grandmother?***

**Ms. Alexander:** It has impacted my life in a positive way as a grandmother and a mother of a son. I make sure to stay on top of my son to eat healthier, exercise and listen to his body so he can catch any problems early. I live my life to be an example for my children and grandchildren.



This lifestyle of healthy eating, exercise and health monitoring can be done if you stay vigilante.

***How do you think heart disease impact minority women?***

**Ms. Alexander:** I believe as minority women we are not in tune with our bodies as we should because we are so busy in doing everything for others like our families and we tend to put ourselves or our health last. In our roles as nurturers we push our aches and pains in the back for the sake of caring for our spouses and children or the needs of others first. This puts minority women at significant health risk. I believe that one of the keys to reduce the risks of heart disease is to focus on preventive health such as reducing cholesterol (builds plaque in the arteries) and embracing a lifestyle of health and wellness.

***Is heart disease discussed or talked about within the African American community? If not, what can you do to get the conversation started?***

**Ms. Alexander:** No, I don't believe the discussion is really happening. In my talks with other women, we talk about everything but heart disease. Health wise, cancer is a topic of discussion such as breast cancer and colon cancer but not heart disease; nor do we talk about things we can do to better ourselves such as sharing dieting tips or nutrition tips to help each other. We tend not to do that. As far as starting a dialogue it would be good to put something before the community in a forum setting (like the OMH Baby Showers) that would focus on heart disease. The forum would emphasize how heart disease affects our lives in both a positive and negative way and how we can come together in the form of peer support in order to better prepare for life ahead. I believe that we really don't know how prevalent heart disease is.

***How can our Office of Minority Health assist you with spreading the work about heart disease?***

**Ms. Alexander:** In review of your newsletter and activities, I believe that the OMH is a highly valuable community resource and must continue providing information and support to those who are in need. I believe the OMH can leverage its impact in the community by sharing critical health information, such as heart

disease, and expanding its messaging with other community groups such as churches to bring health information to the forefront.

***Have you formally collaborated with others including support groups, churches, community organizations, or other advocates for heart disease or minority health?***

**Ms. Alexander:** Yes, formally through my church at 5<sup>th</sup> Street Missionary Baptist Church (Oklahoma City) and with, again, Delta Sigma Theta and the American Heart Association. At 5<sup>th</sup> Street, to address heart health and other health issues, we have upgraded our menus to be more heart healthy and friendly by reducing sodium and fat. These small changes are shared with the women and congregation as a whole that would allow these lifestyle changes to grow. I believe that churches can be challenged to be healthy through spiritual means such as fasting and eating healthier. The best way to achieve this is to have support groups within the church that makes the process of improving health and wellness much more fun and sustaining. Support groups that look like me is very important.

***If you could leave a message for future generations concerning heart disease- what would it be?***

**Ms. Alexander:** Be aware of your body and treat it like a temple. This includes drinking enough water and eating healthy. We must do this to allow us to be here for future generations. For this to happen, sharing this message of health and wellness is important and life changing.

### **OMH Mission & Activities**

The mission of the OMH is to improve the health of racial and ethnic populations across the state for the purpose of eliminating health disparities. The OMH provides support to minority communities and partners statewide through policy development, special events, programs, services, technical assistance and information. This allows for relationship building with minority communities with the intent of improving health opportunities and health outcomes for those who have significant need for assistance in accessing critical health resources.

## Language Services - Interpreter Training



As part of its duty to provide language assistance service to Oklahoma's limited English proficiency clients, including Spanish speaking persons, the OMH provides mandatory interpreter training to OSDH staff who have direct interaction and communication with these clients. These trainings are required annually from the Oklahoma State Department of Health and are consistent with the federal CLAS (Culturally Linguistic Appropriate Services) standards requirement to assure that culturally appropriate language assistance services are provided to persons with limited English proficiency. This includes assuring that culturally competent and trained staff is made available to these populations.

In 2016, the OMH began mandatory **Level II** interpretation trainings for county interpreters who completed Level I training in 2015. Interpreters in the Level II trainings will review, share and develop oral interpretation knowledge and skills that builds from previous trainings. The training is designed to allow the interpreter to function in a variety of situations and environments where medical terminology and practical health related expressions are used. Interpreters will also study the role of the bilingual patient care assistant (PCA), the National Code of Ethics for Health Care Interpreters, and a variety of cultural factors and protocols influencing patient care. Three Level II classes have been completed in 2016 (El Reno, Lawton and Muskogee) and several other Level II trainings are scheduled in the near future including **Woodward** (February 26<sup>th</sup>); and **McAlester** (March 4<sup>th</sup>). For pre-registration (Level II only) or other details regarding these trainings, please contact the Office of Minority Health at (405) 271-1337 or via email at [minorityhealth@health.ok.gov](mailto:minorityhealth@health.ok.gov).

## Language Assistance Links to Child Car Seat Safety



The OMH collaborates with the OSDH Injury and Prevention Service in providing interpreter services to Spanish speaking clients who receive free car seats and car seat services from the Injury Prevention Division. These services are designed to reduce child injuries and to promote child passenger safety during their times of travel. The services, including car seat installations and car seat checks are offered to persons who receive WIC, Sooner Care or EBT services and resources.



The car seat services are in part, a byproduct of national statistics that show child safety seats and its complementary laws reduce the risk of child death in a car crash by 71% for infants and 54% for toddlers ([Centers for Disease Control, Injury Prevention & Control Division, 2011](#)). Additionally, the services are also designed to comply with Oklahoma's newly enacted Child Passenger Safety law that generally requires:

- All children under age 4 must be properly secured in a car seat with an internal harness.
- Children under age 2 must be properly secured in a rear-facing car seat; and
- Children ages 4-7 must ride in a child passenger restraint system or booster seat unless they are taller than 4'9".

To assist with the process, the OMH interpreters received training through the Child Safety Certification Training Program to be certified as official Child Passenger Safety Technicians. This certification allows the OMH interpreters to better understand the child passenger safety process while providing critical interpretation and communication during service delivery. The OMH interpreters work closely with Child Passenger Safety Technicians provided through Injury Prevention. For 2015, the OMH Interpreters assisted with 30 car seat checks and services. For additional information about the Injury Prevention Child Passenger Safety Program please contact 405-271-3430.

### **Infant Mortality – Baby Shower Events**

The OMH continues its baby shower initiative through evaluation and review for events completed in 2015. The OMH provided assistance and support to 8 baby shower events in 2015 in the communities of Oklahoma City, Clinton, Sapulpa, El Reno, Tulsa and Anadarko. These events included partnerships with the Indian Health Service, Healthy Start, the Native American Injury Prevention Coalition, and the Oklahoma City Alumnae chapter of Delta Sigma Theta Sorority, Incorporated. In all, over 650 participants and their families were reached including 250 expecting mothers.



The showers are opportunities for minority communities to receive critical health information and resources for mothers, expecting mothers and their families. The showers are also excellent opportunities to mobilize local resources and engage community advocates for mother and baby wellness. The events also included strong vendor support and survey instruments to evaluate the impact of the showers. The response rate for the survey instruments in 2015 has improved drastically. These

improvements will assist in providing valuable information for planning future events.

The OMH is in the planning stages of a partnership with the OSDH Maternal and Child Health Division that will highlight Safe Sleep practices and protocols impacting Native American and African American mothers. Statistics continue to show that significant disparities in infant mortality exist for these populations. For 2013, the infant mortality rates of Native Americans (15.4/1,000 population), and African Americans (8.1) exceed the state rate (6.8). (*Oklahoma Infant Mortality Data Fact Sheet, 2013*) The OMH looks to build on providing support to these groups through Safe Sleep practices and protocols and overall, to improve infant mortality rates across the state for all communities.

### **OSDH Strategic Planning – Stat Teams**



The OSDH has begun operationalizing the Oklahoma Health Improvement Plan (OHIP) or Healthy People 2020. This process has involved the development of a 5-Year OSDH Strategic Map (2016-2020) that is targeted on improving population health in the flagship areas prioritized by OHIP: (Child Health, Behavioral Health, Obesity and Tobacco Use). Specifically, the OSDH Strategic Map highlights the following 4 strategic priority goals:

- A. Improving targeted health outcomes for Oklahomans;
- B. Expanding and deepening partner engagement;
- C. Strengthening Oklahoma's health system infrastructure; and
- D. Strengthening OSDH's effectiveness and adaptability.

Several strategic map teams composed of OSDH employees have been developed to operationalize each sublevel objective within the 4 major strategic priorities. The OMH provides support to these efforts as members of the strategic teams in the areas of *Partner Engagement* and *Health Disparities*, or other tasks assigned. The teams are required to develop goals and objectives for its respective task that will best achieve the goal of each strategic priority. Each team will utilize strategic plan review tools in the development of goals and objectives for its assigned task.

### Minority & Health Observances 2016



#### January 2016

- Cervical Cancer Awareness Month
- National Birth Defects Prevention Month
- National Folic Acid Awareness Week (3-9)



#### February 2016

- American Heart Month/ Go Red Day (5)
- World Cancer Day
- Black History Month
- National Black HIV/AIDS Awareness Week (7-11)

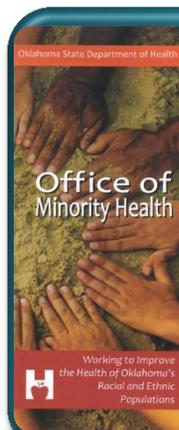


#### March 2016

- Colorectal Cancer Awareness Month
- National Nutrition Month
- National Native American HIV/AIDS Awareness Day (20)
- American Diabetes Alert Day (22)

### OMH Contact Information

The OMH always welcomes partnership opportunities with local communities and minority health advocates for the common goal of improving Oklahoma's health. For further information on activities, resources and partnership opportunities, please contact:



#### Oklahoma Office of Minority Health

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