Quarterly Health Initiatives in Behavioral Health: How to Implement Them and Resources Available

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“Mental health and physical health are intertwined; both types of care should be provided and linked together.” (Colton and Manderscheid, CDC, 2006)
Elevated mortality rates among individuals with mental illness have been reported in various studies, but very little focus has been placed on causes of death among public mental health clients. (Colton and Maderscheid, CDC, 2006)
• Nationally, persons with Serious Mental Illness (SMI) served by public mental health systems die, on average, at least 25 years earlier than the general population.

• In Arizona, that number is even higher, about 30 years earlier.

• While suicide and injury account for about 30-40% of excess mortality, about 60% of premature deaths in persons with schizophrenia are due to “natural causes”, including:
  – Cardiovascular disease
  – Diabetes
  – Respiratory diseases
  – Infectious diseases
Health Disparities for persons with SMI

- At least 75% of individuals with SMI have a chronic medical illness, which often goes undiagnosed or is misdiagnosed.
  - Compared with the general population, individuals with SMI: Engage in fewer health promoting behaviors;
  - Are less physically active than the general population;
  - Are 50% more likely to be overweight and have diets high in fat and low in fiber;
  - Tend to receive poorer quality medical care;
  - Are more likely to take medications that can induce insulin resistance, raise cholesterol levels, or elevate prolactin levels.
Health Disparities for the SMI In Maricopa County

• Cardiovascular disease is the most common co-morbid condition, affecting 1 in 4
• Pulmonary disease is the second most common, affecting 1 in 5
• 15% of SMI members have more than 3 co-morbid physical health conditions
• 38% of SMI members have no co-morbid physical health conditions
Quarterly Health Initiative (QHI)

- Based on Morbidity and Mortality Data
- Practices on Medical and Behavioral Health Integration
- National Outcome Data
QHI Goals

• To increase knowledge among behavioral health providers and consumers on key health topics/illnesses that are known to affect behavioral health consumers, in many cases causing death.

• To improve BH consumer’s overall health by preventing illness through education, life-style changes, early screening or integrated care.
The “QHI Kit”

• Provider Handout
• Consumer Handout
• Webinar
• Supplemental (health topic) materials as available
• Social media messaging
• QHI website: [www.azdhs.gov/bhs/qhi/](http://www.azdhs.gov/bhs/qhi/)
Mental Health & Dental Health
Quarterly Health Initiative  8th Issue  July 1 – September 30, 2011

Your smile is the first thing people notice about you. Having healthy teeth will make you feel good and increase self esteem. Dental health is part of your whole health and quality of life.

Your environment, drugs you take, and personal habits impact your dental health. For example, stress and anxiety can cause mouth sores, clenching of the teeth and teeth grinding, unhealthy eating routines, or poor oral habits.

Certain medications may cause dry mouth which may lead to cavities, poor nutrition, speech and/or taste difficulties.

Drugs such as methamphetamine, cocaine, or heroin may result in poor dental hygiene due to poor self-care habits and the drugs’ effects.

QUICK FACT: Meth users are 9 times more likely to get tooth decay as non-users. This is 5 times for Heroin users and 4 times for Cocaine users.

Your behavioral health medical provider can discuss different options to reduce dry mouth or other conditions. He or she may give you tips or refer you for proper dental care.

Proper dental care can help you avoid...
- gum infections
- gingivitis
- cavities
- tooth loss
- many other oral diseases

Proper dental care can also save your life! Harmful bacteria from your mouth can enter the blood system and lead to heart disease and stroke.

What is proper dental care?
It begins with good habits – brushing and flossing your teeth at least twice a day for 2 minutes. It also includes regular checkups, low sugar intake, good nutrition and eating habits, and being watchful of side effects from your medications.

Having good dental care can help you reduce or avoid cavities, oral infections and gum disease. This will also help you keep your teeth.

Ask your behavioral health medical provider:
- What dental care habits can you start today?
- Do any of your medications have side effects on your dental health?
- If so, what can you do to reduce those side effects?
- Do any of your medical conditions affect your dental health?

PRACTICAL TIPS

- Brush twice a day for 2 minutes each, use a timer if needed.
- Floss regularly - while watching your favorite TV show or before bed.
- Drink more water than sodas or sugary drinks.
- Eat a balanced and nutritious diet with fruits, vegetables, whole grains poultry, and meats.
- Exercise regularly - this helps reduce stress and anxiety - take a walk, jog, ride your bike, etc.

TOOLS YOU CAN USE

- Tips for eating healthy: www.odo.gov/healthyweight or www.eatsmartgetactive.org
- NAMI’s guide to dental care: http://www.nami.org/Content/Navi?ationMenu/Hearts_and_Minds/Medical_Self_Advocacy/Dental_Care.htm
- Arizona’s School of Dentistry and Oral Health (offer low cost dental care clinics): http://www.atsu.edu/azdhs/

Contact services are funded in part under Contract with the State of Arizona.
Health and Wellness for all Arizonans

Mental Health and Dental Health
A quick guide for behavioral health professionals

FACTS:
- Gum disease is a major cause of about 70% of tooth loss in adults.
- Methamphetamine users have 9 times greater risk of tooth decay compared to non-methamphetamine users.
- Heroin users have 5 times greater risk of tooth decay than non-users.
- Cocaine users have 4 times greater risk than non-users of having dental decay.
- Tobacco smokers or "chewers" are 4 times more likely to develop oral cancer than non-smokers.
- In general, people with an intellectual disability have worst oral health than those without this condition.

Dental health contributes to general health and wellness, self-esteem and quality of life. For many people living with mental illness, dental health may be a low priority when other treatment and health issues must also be addressed.

People with mental illness have increased risks of dental disease due to factors, costs, habits, lifestyle choices, distrust of dentists, negative past experiences or stigma felt at a dentist visit.

These also have a negative impact on oral health: being homeless or in environments of poor hygiene, lack of knowledge about oral hygiene; lack of awareness of their own oral health problems, side effects from certain medications, illicit drugs or tobacco.

Dental Health and Psychiatric Disorders
Oral symptoms may be the first or only manifestation of a mental health problem and include facial pain, preoccupation with dentures, excessive palatal erosion or self-inflicted injury. Other symptoms include enamel erosion (sign of anorexia or bulimia), burning mouth syndrome (sign of anxiety or depression).

Dental Health and Drug Use
Drug use generally results in decreased self-image, depression and lack of motivation all of which impact oral health, dietary habits and oral hygiene. Caries are high due to poor diet, high sugar intake and use of methadone inculus in syrup form. Periodontal disease is high usually due to neglect or smoking.

Dental Health and Medications’ Side Effects
Certain psychiatric medications have side effects that impact oral health. The most common is a reduction in salivary secretions (xerostomia) often experienced as dry mouth. This may show difficulty with speech, chewing, swallowing, poor denture tolerance, problems with retention and stability of dentures, or dental trauma. Other side effects include abnormal involuntary movement of the tongue, facial muscles, or jaw (dyskinesia and dystonia), and forceful excursive movements of the jaw with grinding of the teeth (bruxism).

When Discussing Dental Health with Your Patients:
- Keep the conversation simple, clear, and understandable.
- Establish the value and importance of oral hygiene and dental health.
- Recommend that when visiting a dentist, patients who are on psychiatric medications share information on the specific medications and doses with their dental health provider. In addition to understanding any dental side effects, many medications may have negative side effects when combined with dental medications.
- Emphasize the importance of a good diet and exercise for overall health including dental health.

Interventions for Common Medications’ Side Effects
The bottom line issue of concern is usually tooth decay. A toothbrush and dental floss are the most important weapons in the fight against tooth decay. Fluoride rinses also help combat bacteria. Other interventions include:

Xerostomia
If a change to the patient’s treatment is not possible, options for the long-term management of xerostomia include dietary modifications, saliva substitutes, regular sipping of water and non-pharmacological salivary flow stimulators such as sugary chewing gum. Slalagories such as the cholesteric agonist pilocarpine (such as diluted eye drops administered topically in the mouth) can be particularly useful for short-term use, but their utility may be limited by systemic adverse effects such as headache, sweating and diarrhea. Dental management of a patient with xerostomia requires increased dental recalls for oral hygiene instruction, fluoride application and early intervention.

Dyskinesia and dystonia
The first step is generally to stop or minimize the use of neuroleptic drugs. However, for patients with a severe underlying condition this may not be a feasible option. Replacing neuroleptic drugs with substitute drugs may help some patients. Other drugs such as benzodiazepines, adrenergic antagonists, and dopamine agonists may also be beneficial.

Bruxism
The complications of persistent bruxism can be reduced by the use of an occlusal splint.

Tips to Engage Patients in Dental Care
- Encourage independence in daily oral hygiene. Involve your patients in demonstrations of brushing and flossing.
- Emphasize noncariogenic foods and beverages as snacks. Advise caregivers to avoid using sweets as incentives or rewards.
- Advise patients taking medications that cause xerostomia to drink water often. Suggest sugar-free mints if available and stress the importance of rinsing with water after doing.
- Recommend preventive measures such as fluorides and sealants.
- Some patients cannot brush or floss independently due to impaired physical coordination or cognitive skills. Talk to their caregivers about daily hygiene. A power toothbrush or a floss holder can simplify oral care.
- Some patients benefit from the daily use of an antimicrobial agent such as chlorhexidine. Recommend an appropriate delivery method based on your patient’s abilities. Rinsing, for example, may not work for a patient who has swallowing difficulties or one who cannot expectorate. Chlorhexidine applied using a spray bottle or toothbrush is equally beneficial.
- If a mouth guard can be tolerated, prescribe one for patients who have problems with self-injurious behavior or habits like bruxism, mouth breathing, tongue thrusting, eating objects and substances such as chalk, cigarette butts, or pens.

ONLINE TOOLS
www.atasu.edu/adshd/
Arizona’s School of Dentistry and Oral Health - have clinic resources and low cost dental care clinics
Article on Oral Health in Patients with Mental Illness, Journal of Dental Science
CentalCarePeople/IntellectualDisability_mobile.htm#OralHealthProblems
Practical Oral Care for People with Intellectual Disability – by National Institute of Dental and Craniofacial Research
alCareEveryDay_mobile.html
National Institutes of Health's Dental Care Every Day: A Caregiver's Guide
National Institute of Neurological Disorders and Stroke
www.letsmove.gov/healthcareprovideres.php
Printable prescription guide to give to patients and more
www.cdc.gov/physicalactivity
For more information on physical activity guidelines and handouts for patients
www.azdhs.gov/vch/csoh/index.html
Arizona Department of Health Services’ Office of Oral Health

Billing for health education: to bill for services and time associated with Physical Fitness education please use code H00025 “Health education/heath promotion”

Divisions of Behavioral Health Services
Quarterly Health Initiative, 8th Issue, July 1 – September 30, 2011
This flyer and related materials can be found online at: www.azdhs.gov/bhs/qhi/
QHI Outcomes

• Behavioral health consumers know about key health topics/illnesses that may affect them and also know what to do and where to get more information.

• Behavioral health providers know about key health topics/illnesses that affect their clients and will be better prepared to answer questions, provide referrals or brief education to assist their clients (look at their client’s health in a more holistic approach).
Your Health and Breast Cancer
Quarterly Health Initiative 5th Issue October 1 – December 31, 2010

What you need to know about breast cancer
Breast cancer is caused by cells growing abnormally, usually in the ducts or the lobes of the breast which may grow into surrounding tissues or spread to other parts of the body. Breast cancer is the second leading cause of cancer death in women, after lung cancer. In Arizona, about 3,400 women are diagnosed with breast cancer every year. Men can get breast cancer too; about 40 men are diagnosed each year in Arizona.

ALL WOMEN ARE AT SOME RISK OF BREAST CANCER!

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>There may be no symptoms at all, but the most common symptoms are:</td>
<td>• Being female</td>
</tr>
<tr>
<td>• Lump, hard knot or thickening</td>
<td>• 40 years of age or older</td>
</tr>
<tr>
<td>• Swelling, warmth, redness or darkening</td>
<td>• Starting menopause after age 55</td>
</tr>
<tr>
<td>• Change in the size or shape of the breast</td>
<td>• Being older at the birth of first child</td>
</tr>
<tr>
<td>• Dimpling or puckering of the skin</td>
<td>• Never giving birth</td>
</tr>
<tr>
<td>• Itchy, scaly sore or rash on the nipple</td>
<td>• Using birth control pills</td>
</tr>
<tr>
<td>• Pulling in of your nipple or other parts of the breast</td>
<td>• Family history of breast or ovarian cancer (especially if mother, sister, or daughter)</td>
</tr>
<tr>
<td>• Nipple discharge that starts suddenly, but is not breast milk</td>
<td>• Being overweight</td>
</tr>
<tr>
<td>• New pain in one spot that doesn’t go away</td>
<td>• Beginning menstrual periods before age 12</td>
</tr>
</tbody>
</table>

EARLY DETECTION MAY SAVE YOUR LIFE!
If you have any of the above risk factors or symptoms, speak with your doctor. Breast health screenings are recommended for most women starting at age 40, younger when there is a history or risk factors.

The mammography screening allows doctors to detect breast cancer up to 2 years before a lump is even felt. Know that most lumps are not cancerous, but a test is needed to confirm this.

If breast cancer is ever diagnosed, you (and your spouse/partner) may feel emotions like anger, fear, anxiety, denial, depression and many others. Your doctor can guide you to get help to deal with these emotions.

Ask your behavioral health/medical provider:
• HOW, WHEN & WHERE TO GET YOUR BREAST HEALTH SCREENING!
• Options for counseling and support services for you and your spouse/partner, during and after treatment.

REDUCE YOUR RISK OF BREAST CANCER
• Get annual screens if you have any risk factors or symptoms
• Exercise daily
• Maintain healthy weight
• Eat healthy foods that include vegetables, fruits, whole grains, lean meats, fish and poultry
• Limit drinking alcohol and discourage underage drinking (which increases risk for later life cancer)
• Don’t smoke
• Call the Woman HealthCheck Program to learn about free screening 1-888-257-8502

ONLINE TOOLS
For more info, please visit:
• www.breastcancer.org/
• www.mayo Clinic.com/health/br east-cancer/
• www.komen.org
• www.cancer.org/CancerBreastCancer/index
• www.cancer.gov/cancertopics/wynlk/breast/
• www.networkofstrength.org/
Health and Wellness for all Arizonans

Breast Cancer and Behavioral Health
A quick guide for behavioral health professionals

What You Should Know About Breast Cancer:
- Approximately 22% to 40% of women diagnosed with breast cancer experience significant psychological distress.
- Breast cancer patients are at higher risk for depression and anxiety than non-cancer patients.
- The common psychological impacts of breast cancer include fear of recurrence, concerns about mortality, body image disruption, sexual dysfunction, treatment-related anxiety, intrusive thoughts about illness, impaired partner communication, and vulnerability.
- Roughly only 30% of breast cancer patients experiencing psychological distress receive a psychosocial intervention.

### FACTS:
- Breast cancer is the most commonly diagnosed cancer, regardless of race or ethnicity.
- Approximately 3,400 women and 40 men in Arizona are diagnosed with breast cancer every year.
- Breast cancer is the second leading cause of cancer death of women in Arizona.
- 1 in 8 women will be diagnosed with Breast Cancer in her lifetime.

<table>
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<tbody>
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<td>Often patients may experience no symptoms at all, but the most common are:</td>
<td>The exact cause of breast cancer remains unknown, but common risk factors are:</td>
</tr>
<tr>
<td>Lump, hard knot or thickening</td>
<td>Being a woman</td>
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<tr>
<td>Swelling, warmth, redness or darkening</td>
<td>Getting older</td>
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<td>Change in the size or shape of the breast</td>
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<td>Nipple discharge that starts suddenly, and is not breast milk</td>
<td>Family history of breast cancer (mother, sister, daughter)</td>
</tr>
<tr>
<td>Persistent pain requires evaluation, does not always indicate breast cancer</td>
<td>Being overweight after menopause</td>
</tr>
<tr>
<td></td>
<td>Being younger when you had your first period</td>
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</table>

When Discussing Breast Cancer Prevention with Your Patients:
- Be open and honest about breast cancer, don’t sugar-coat your approach.
- Focus on proactive health measures. Encourage women to do regular breast self-exams starting in their 20s (usually monthly, after their period) and women over 40 to receive yearly mammograms.
- If your clients/patients have unusual symptoms or concerns relating to their breast health, encourage them to see their primary care doctor as soon as possible.
- Encourage your clients/patients to make the following lifestyle changes which may help decrease their risk of developing breast cancer:
  - Limit alcohol to one drink a day or avoid it completely
  - Do not smoke
  - Stay physically active and maintain a healthy weight
  - Limit fat in the diet

Types of Breast Cancer
Brief Overview

- **Ductal Carcinoma In-Situ (DCIS)**: DCIS is a type of early breast cancer confined to the inside of the ductal system.
- **Infiltrating Ductal Carcinoma (IDC)**: IDC is the most common type of breast cancer representing 70% of all malignancies. These lesions appear as stellate (star line) or well-circumscribed (rounded) areas on mammograms. The stellate lesions generally have a poorer prognosis.
- **Medullary Carcinoma**: Medullary carcinoma accounts for 15% of all breast cancer types. It most frequently occurs in women in their late 40s and 50s, presenting with cells that resemble the medulla (gray matter) of the brain.
- **Infiltrating Lobular Carcinoma (ILC)**: Infiltrating lobular carcinoma is a type of breast cancer that usually appears as a subtle thickening in the upper outer quadrant of the breast. This breast cancer type represents 5% of all diagnosis. Often positive for estrogen and progesterone receptors, these tumors respond well to hormone therapy.
- **Tubular Carcinoma**: Making up about 2% of all breast cancer diagnosis, tubular carcinoma cells have a distinctive tubular structure when viewed under a microscope. Typically, this type of breast cancer is found in women aged 50 and above. It has an excellent 10-year survival rate of 95%.
- **Mucinous Carcinoma (Colloid)**: Mucinous carcinoma represents approximately 1% to 2% of all breast carcinoma. This type of breast cancer’s main differentiating features are mucus production and cells that are poorly defined. It also has a favorable prognosis in most cases.
- **Inflammatory Breast Cancer (IBC)**: Inflammatory breast cancer is a rare and very aggressive type of breast cancer that causes the lymph vessels in the skin of the breast to become blocked. This type of breast cancer is called “inflammatory” because the breast often looks swollen and red, or “infamed”. IBC accounts for 1% to 5% of all breast cancer cases in the United States.

Uninsured Clients/Patients?
- Refer them to the **Well Woman Health Check Program**. This program provides breast and cervical cancer screening free to uninsured women or underinsured women who meet certain income eligibility requirements.
- Encourage your client/patient to contact the WWHP at 1-888-257-8502 for more details on the program and screening services.

Online Guidelines and Recommendations
General and Clinical Information on Breast Cancer:
- **National Cancer Institute**: www.cancer.gov
- **American Cancer Society**: www.cancer.org/breastcancer
- **Center for Disease Control and Prevention**: www.cdc.gov/cancer
- **Women’s Health Information Center**: www.womenshealth.gov
- ** Mayo Clinic**: mayoclinic.com/health/cervical-cancer/D000167

Breast Cancer Support Websites:
- **National BC Foundation**: www.nationalbreastcancer.org
- **Susan G. Komen Foundation**: www.komen.org
- **Breast Cancer Organization**: www.breastcancer.org
- **The AZ Wellness Community**: www.teawaz.org
- **Bosom Buddies**: www.bosombuddies.org
- **BC Network of Strength**: www.networkofstrength.org
- **Avon Foundation**: www.avonfoundation.org/breast-cancer-crusade
- **Livestrong Foundation**: www.livestrong.com
What you need to know about Cervical Cancer

Cervical cancer is one of the most common types of cancer affecting the female reproductive organs. In Arizona, about 215 women are diagnosed with cervical cancer every year — and this number is growing. The cancer is caused by cells growing abnormally in the cervix — the lower, narrow part of the uterus. Human Papillomavirus (HPV) is the main cause of cervical cancer and is usually transmitted from sexual activity. About half of those who have had sex will have had HPV at some point. Not all HPV cases lead to cervical cancer, but it is important to get regular screening for early detection. There are often no signs or symptoms. More advanced stages of cervical cancer may cause vaginal bleeding after sexual intercourse or in-between periods, or a painful pelvic area.

ALL WOMEN ARE AT SOME RISK OF CERVICAL CANCER!

The following factors may increase your risk of cervical cancer:

- A history of cervical cancer in your family
- A history of sexually transmitted infections, especially HPV
- A history of unprotected sexual activity (e.g. not using condoms)
- A history of many sexual partners, or beginning sexual activity at a young age
- Smoking puts females at high risk
- Behaviors like daily or heavy alcoholic drinking, not exercising, and eating a poor diet
- Weak immune system

EARLY DETECTION MAY SAVE YOUR LIFE!

Regardless of your age, if you have any of the above risk factors or symptoms, speak with your doctor. It is easy to prevent cervical cancer with regular screening tests, known as pap smears. A pap smear is a test done in your physician’s office that looks for abnormal cells on the cervix. If abnormal cells are found, your doctor will help you through the process for follow-up or in getting the cells removed. Cervical health screenings are recommended:

- At age 21, or within 2-3 years of first sexual activity
- At ages 21-30, every 2-3 years
- At ages 31-69, every 1-3 years
- At ages 70+, no longer needed
- If a pap test has abnormal results, you will need to be screened according to your doctor’s advice.

Cervical cancer can be cured when caught and treated early. If you are diagnosed, you may feel emotions like anger, fear, anxiety, denial, depression and many others. Your doctor can guide you to get help to deal with these emotions.

Ask your behavioral health/medical provider:

- HOW, WHEN & WHERE TO GET CERVICAL HEALTH SCREENING!
  - Options for counseling and support services for you and your spouse/partner, during and after treatment.

REDDUCING RISKS OF CERVICAL CANCER

- Get annual screens
- Practice safe sex, use protection every time
- Limit number of sexual partners
- Eat healthy foods that include vegetables, fruits, whole grains, lean meats, fish and poultry
- Do not smoke
- Maintain a healthy weight
- Call the Woman HealthCheck Program to learn about free screening
  1-888-257-8502

ONLINE TOOLS

For more info, please visit:

- www.cervicalcancer.org/
- www.mayoclinic.com/health/cervical-cancer/
- www.nccc-online.org/
- www.cancer.org/Cancer/CervicalCancer/
- www.cancer.gov/cancertopics/types/cervical/
- www.cervicalcancercampaign.org/
Health and Wellness for all Arizonans

Cervical Cancer and Behavioral Health
A quick guide for behavioral health professionals

What You Should Know About Cervical Cancer
Cervical cancer is one of the most common types of cancer affecting the female reproductive organs. In Arizona, about 215 women are diagnosed with cervical cancer every year — and this number is growing. The cancer is caused by cells growing abnormally in the cervix. Certain types of Genital Human Papillomavirus (HPV) are the main cause of cervical cancer, which are usually transmitted from sexual activity. About half of those who have had sex will have had HPV at some point, but not all develop cervical cancer.

Often, there are no symptoms at all. More advanced stages of cervical cancer may cause vaginal bleeding after sexual intercourse or in-between periods, or a painful pelvic area. It is important to encourage routine women’s health checks for early detection, or sooner if any of these symptoms/risk factors are present.

Symptoms
- Abnormal vaginal bleeding
  - Bleeding that occurs between regular menstrual periods
  - Bleeding after sexual intercourse, douching, or pelvic exam
  - Menstrual periods that last longer and are heavier than before
  - Bleeding after going through menopause
- Increased vaginal discharge
- Pelvic pain
- Pain during sex

Risk Factors
- The exact cause of cervical cancer remains unknown. However, some common risk factors that are associated with it are:
  - Having HPV
  - Not having regular Pap smears
  - Not following up with the doctor if you had a Pap smear result that is abnormal
  - Having HIV or another condition that weakens the immune system
  - Smoking

FACTS:
- Most cervical cancers are caused by a common virus - HPV.
- Only persistent HPV infections can lead to cervical cancer.
- Every 2½ hours, a woman dies of cervical cancer in the United States.
- Using a HPV test in conjunction with a Pap smear can better identify women at risk for cervical cancer.
- HPV vaccines can prevent approximately 70% of cervical cancers.

Cervical cancer is highly preventable - screening and vaccination are key!

When Discussing Cervical Cancer Prevention with Your Patients:
Be open and honest about cervical cancer, don’t sugar-coat your approach.

Focus on proactive health measures. Encourage clients/patients over the age of 26 to talk with their gynecologist about the HPV vaccine and encourage all women to follow their gynecologist’s recommendations for screening for cervical cancer and HPV.

If your clients/patients have unusual symptoms or concerns relating to their reproductive or cervical health, encourage them to see their gynecologist as soon as possible.

Encourage your clients/patients to make the following lifestyle changes which may help decrease their risk of developing cervical cancer:
- Get the HPV vaccine
- Follow up on abnormal Pap smears
- Do not smoke or quit smoking
- Receive regular Pap smears
- Limit their number of sexual partners
- Use a condom, if sexually active

Online Guidelines and Recommendations
General and Clinical Information on Cervical Cancer:
- National Cancer Institute www.cancer.gov
- American Cancer Society www.cancer.org/cervical
- Center for Disease Control www.cdc.gov/cancer
- Women’s Health Information Center www womenshealth.gov

Cervical Cancer Support Websites:
- Global Initiative against HPV and Cervical Cancer gladh.org
- National Cervical Cancer Coalition www.nccc-online.org
- National Cervical Cancer Campaign www.cervicalcancercampaign.org
- Alliance for Cervical Cancer Prevention www.alliance-circa.org
- Women Against Cervical Cancer www.wacc-network.org
- Partnership to End Cervical Cancer www.rccovcancer.org

Uninsured Clients/Patients?
Refer them to the Well Woman Health/Check Program. This program provides breast and cervical cancer screening free to uninsured women or underinsured women that meet certain income eligibility requirements.

Encourage your client/patient to contact the WWHP at 1-800-257-8502 for more details on the program and screening services.

Uninsured Clients/Patients?

Health and Wellness for all Arizonans

azdhs.gov
Arthritis-Chronic Pain and Mental Health

Quarterly Health Initiative 11th Issue  April 1 – June 30 2012

Pain can affect everyone and the activities of daily living. Long term pain, also called chronic pain is the most common of disabilities, with nearly 19 million Americans reporting activity limitations.

What you should know about Arthritis and Chronic Pain?
- Chronic pain and depression commonly go hand in hand; it can be difficult to separate the two into distinct illnesses.
- Being in pain increases anxiety, which adds to feelings of depression and hopelessness.
- Arthritis, often accompanied by chronic pain, is the nation’s most common cause of disability; nearly 21 million U.S. adults report activity limitations because of arthritis each year.
- Arthritis comprises more than 100 different rheumatic diseases and conditions, the most common of which is osteoarthritis. Other forms of arthritis include rheumatoid arthritis, lupus, fibromyalgia, and gout.

Among people 65 years old or older in Arizona, 56% have some form of arthritis.

Symptoms of Chronic Pain
- Depression
- Insomnia or Hypersomnia
- Anxiety
- Fatigue or loss of energy
- Significant weight loss or gain

Symptoms of Arthritis
- Inflammation of the joints from arthritis is characterized by joint pain, stiffness, swelling, redness, and warmth
- Symptoms in some patients with certain forms of arthritis can include fever, gland swelling, weight loss, fatigue, feeling unwell, and even symptoms from abnormalities of organs such as the lungs, heart, or kidneys

Who is affected by Arthritis and Chronic Pain?
- Everyone, although common among adults age 65 or older
- More common among women than men in every age group, and it affects members of all racial and ethnic groups

Tips on Managing Chronic Pain
- Be physically active! Swimming has been shown to have significant benefits, including reducing pain and improving physical function, mental health, and quality of life.
- Maintain a healthy weight and protect your joints.
- Consult a physician. Early diagnosis and appropriate management are especially important.

Tools you can use
Visit these online tools to find out more:
- www.arthritis.org
- www.theacpa.org
- www.odc.gov/chronic
disease/resources/publications/aag/arthritis.htm

Ask your behavioral health/medical provider:
1. Is my chronic pain related to a weight condition?
2. Do I need an X-ray, MRI or CT scan to find out what is causing my pain?
3. Is my arthritis chronic?
4. Are there things I can do to manage my pain?
5. Can I take anti-inflammatory drugs to reduce the pain, swelling and stiffness in my joints?
6. Should I be on prednisone or acetaminophen?

Consulting with a physician is important so you can learn about techniques that may help you manage your pain.

Contact services are funded in part under Contract with the State of Arizona.
QHI “Library”

Mental Health and...

- Obesity ✓
- Tobacco ✓
- Hepatitis ✓
- Prostate Cancer ✓
- Breast & Cervical Cancer ✓
- Physical Fitness ✓
Mental Health and...
• Cardiovascular Health ✓
• Dental Health ✓
• Diabetes ✓
• Healthy Weight ✓
• Chronic Pain & Arthritis ✓
• Skin Cancer & Melanoma ✓
QHI “Library” Resources

Division of Behavioral Health Services
Quarterly Health Initiative Topics and Kit Materials Archive

QHI #1: Obesity & Mental Health

- Obesity educational handout for Providers (color)
- Obesity educational handout for Consumers (Folleto En Español)
- Flyer for Consumers: Smart Eating / Get Moving (black/white, double sided)
- Flyer for Consumers: A thing or two to learn from our kids! (black/white, double sided)
- References and Additional Resources
  - Provider and Consumer Handouts' List of References
  - Obesity Resources for Consumers
  - Obesity Resources for Professionals
  - Common Mechanisms of Drug Abuse and Obesity
QHI “Library” Resources
QHI on Facebook

Do you have chronic pain? Find tips on managing it
http://1.usa.gov/nuSjdr

People with persistent pain often think of themselves as suffering from a specific ailment, whether it’s arthritis, back pain, migraines, or something else. But anyone who has experienced pain for several months or longer also happens to be among the millions of Americans with a condition known as chronic pain. Did you know that chronic pain is the most common of disabilities, with nearly 19 million Americans reporting limited activity?
http://1.usa.gov/nuSjdr
QHI on Twitter

AZ Dept. of Health @AZDHS
19 million Americans reported limited activity due to chronic pain 1.usa.gov/nuSjdr
10:10 AM - 2 Apr 12 via HootSuite - Details

AZ Dept. of Health @AZDHS
The most common form of arthritis is osteoarthritis 1.usa.gov/nuSjdr
1:45 PM - 18 Apr 12 via HootSuite - Details
What is chronic pain?

June 8th, 2012 by Claudia Sloan | Edit this entry | Leave a reply

People with persistent pain often think of themselves as suffering from a specific ailment, whether it's arthritis, back pain, migraines, or something else. But anyone who has experienced pain for several months or longer also happens to be among the millions of Americans with a condition known as chronic pain.

Did you know that chronic pain is the most common reason for disabilities, with nearly 19 million Americans reporting limited activity. Learn more about chronic pain and arthritis through the ADHS/DBHS quarterly health initiative educational handbook.

* Previous Entry: Mental Health Month: Opioid Overdose

Posted in Behavioral Health News, Fact Sheet, Marketing Tools, whole health
Tags: Educational materials, whole health

You can leave a response to this entry through RSS 2.0.

ABOUT

Have an issue or question? Give us feedback!

Advertisement
Division of Behavioral Health Services
Mental Health: Everyone Has It

The heat is on! Learn tips on how you can survive Arizona's Summer Heat.
Surviving Arizona Summer Heat (bilingual) (Spanish version coming soon)

Are you concerned about someone's mental health or substance use, including your own?

- Learn what to do using our Mental Health Checklist
- Learn how to access behavioral health services in Arizona
- Take a Mental Health Screening (offered by Cenpahto of AZ)
- Call 1-800-662-HELP which offers 24-hour free and confidential information (in English and Spanish) on substance use disorder issues and referral to treatment.
- Or call any of our crisis hotlines in Arizona and nationwide

News & Publications

- Recovery WORKS Newsletter – June 2012
- The Path to Recovery: Strategies for Arizona’s Community-Based Behavioral Health System for individuals with Serious Mental Illness (slides from DBHS Stakeholder’s Meetings on May 22-23)
- Arnold vs. Sam - Signed and Final Agreement, May 2012
- FY13 Budget: Stakeholder Letter from the ADHS/DBHS Deputy Director
- New QHI on Mental Health, Chronic Pain and Arthritis

Visit the News & Publications page for previous information.

www.azdhs.gov/bhs/
Getting the word out...

- TRBHA-provider communications
- Recovery Works
- SA/Adult leads, Medical directors
- Clinical distribution list
- OIFA distribution list
- Prevention distribution list
- YOU!
Using the QHI Materials

• Gila River
  – Training on “Mental Health and Diabetes” during January using the QHI materials.
  – There were 34 participants

• CPSA
  – Training on “Diabetes Education and Prevention: Taking an Active Role in Your Health”
  – There were 21 participants
Using the QHI Materials

• Evaluation from one Diabetes training:
  – 15 participants learned more about diabetes and how to live healthy lifestyles
  – 8 of 9 participants who self identified as not having diabetes said the training helped them learn how to prevent the illness
  – 2 or 3 participants who self identified as having diabetes said the training helped them manage their condition and prepared them to discuss symptoms with their PCPs
Using the QHI Materials

• Provider facilities:
  – Nursing staff
  – Lobbies
  – Internal and external websites
  – Community outreach
Skin Cancer, Melanoma and Mental Health
Quarterly Health Initiative 12th Issue July 1 - September 30, 2012

A skin cancer diagnosis can lead to anxiety and depression. While 90 percent of all skin cancers are treatable, it is important to identify any feelings of sadness, difficulty sleeping or being overwhelmed. Seeking support from friends, family and speaking with your doctor are keys to becoming educated and understanding what your diagnosis means, what treatment is required and how to protect yourself from future skin cancer.

Why Learn about Skin Cancer and Melanoma?
- 90 percent of skin cancers are treatable.
- Skin cancer accounts for half of all new cancers diagnosed each year.
- Skin cancer is the most preventable cancer.
- Limiting exposure to natural and artificial ultraviolet (UV) radiation and avoiding sunburns is crucial to preventing skin cancer.
- Pre-cancers are usually easily treatable so it is important to get screenings regularly.

One in five Arizonans develop skin cancer.

Symptoms of Skin Cancer
Skin cancer can often occur in an existing mole or skin lesion without notice so it is important to have an annual total-body skin screening, especially if you have a family history of skin cancer. Do your own skin monthly using the ABCDEs of Skin Cancer and make sure to check your scalp, back, rail beds and bottom of feet, using a hand mirror. Look for any changes in skin and moles. These ABCDEs are considered warning signs and reason to see a dermatologist to rule out possible skin cancer.

A: Asymmetry. Draw an imaginary line dividing your mole in half. If the halves don’t match, the mole is asymmetrical.
B: Border Irregularity. If the mole is not rounded like an oval or gumming but instead has a scalloped or notched border, it is irregular.
C: Color Variation. If a mole has a variety of colors from light to dark, even blue, red or black, it has a color variation.
D: Diameter. Any mole or skin lesion larger than the head of a pencil eraser about 1/4 inch or 6mm, should be seen by a dermatologist.
E: Evolution. If a mole changes shape, size, color, elevation, itchiness, crusts, bleeding or is irritated or shows any new symptoms, it should be seen by a dermatologist even if the area is under a sunscreen or notched.

One in five Arizonans develop skin cancer.

SUN SAFETY TIPS
- Keep your skin the color you were born. A tan is not a sign of health, but rather your skin’s response to overexposure to ultraviolet radiation, either from natural or artificial means. Indoor tanning may increase melanoma risk by 75%.
- Enjoy the sun before 10 a.m. and after 4 p.m., especially during peak UV months from May to September.
- Remember, sunburns can occur on a cloudy day, near a pool, water, or snow and in cooler weather and higher elevations.
- Protect your skin from Arizona’s 300+ sunny days with a wide-brimmed hat, sunglasses, long-sleeved clothing and pants, an umbrella, tree or awning. Avoid peak UV in the middle of the day by doing outdoor activities in the morning or late afternoon, use broad-spectrum lip balm and sunscreen with an SPF (Sun Protection Factor) of 15 or higher and reapply every 2 1/2 hours to dry skin when outdoors.

Word List
Asymmetry - Asymmetry of a skin spot, one half does not match the other.
B: Border Irregularity - A tumor arising from melanocytes within the skin or other organs, melanomas is often referred to as malignant melanomas.
Mole - A benign growth on the skin (usually tan, brown, or flesh-colored) that contains a cluster of melanocytes and surrounding supportive tissue.

Ask your behavioral health/medical provider:
1. How do I know if I have skin cancer?
2. Where can I get screened for skin cancer?
3. What happens after I get an exam?
4. My medical provider referred me to a dermatologist, what will a dermatologist do?
5. What should I tell the dermatologist?
**Skin Cancer, Melanoma and Mental Health**

*Quarterly Health Initiative 12th Issue July 1 – September 30, 2014*

**Skin Cancer and Depression**

Skin cancer can lead to depression, especially when someone is unfamiliar with what their diagnosis means and what their treatment involves. Melanoma is diagnosed as Stage I to Stage IV.

Stages I and II normally have not spread to other parts of the body. However, everyone deals differently with a cancer diagnosis—whether a pre-cancer, Basal Cell or Squamous Cell Carcinoma or a melanoma. So, it's important to recognize the signs of depression and talk to your family, friends, doctor and seek support if you experience:

- Persistent sad or "empty" mood almost every day for most of the day
- Loss of interest or pleasure in daily activities
- Change in appetite
- Body weight changes, either loss or gain
- Difficulty sleeping
- Restlessness or feeling "slowed down" almost daily
- Fatigue most days
- Feelings of guilt or helplessness
- Feelings concentrating, inability to do daily tasks
- Isolation
- Thoughts of death or suicide, or attempts at suicide

**Symptoms of Skin Cancer**

Skin cancer can often occur in an existing mole or skin lesion without noticing it. It is important to have an annual total-body skin screening, especially if you have a family history of skin cancer.

Scan your own skin monthly using the ABCDE's of Skin Cancer and make sure to check your scalp, back, nail beds and bottom of feet, using a hand mirror. Look for any changes in skin and moles. These ABCDEs are considered warning signs and reason to see a dermatologist to rule out a possible skin cancer.

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**B**: Border irregularity. If the mole is not round like an oval or gumdrop but instead has a scalloped or notched border, it is irregular.

**C**: Color variation. If a mole has a variety of colors from light to dark, even blue, red or black, it has a color variation.

**D**: Diameter. Any mole or skin lesion larger than the head of a pencil eraser about 1/4 inch or 6mm, should be seen by a dermatologist.

**E**: Evolving. If a mole changes shape, size, color, elevation, itching, crusts, bleeds or is irritated or shows any new symptoms, it should be seen by a dermatologist—even if the area is under a waistband or shoulder strap. Skin cancers and melanomas also occur on non-sun-exposed areas like the mouth or genitalia.

**Helpful Tips for your Patients and their Appointment with a Dermatologist or Medical Provider**

- Write down your medical history, including other conditions for which you've been treated. Be sure to include any radiation therapy you may have received, even years ago.
- Note any personal history of exposure to excessive UV light, including sunlight or tanning beds. For example, tell your doctor if you have worked as an outdoor worker or spent lots of time at the beach.
- Make a list of immediate family members who have had skin cancer, to the best of your ability. Skin cancer in a parent, grandparent, aunt, uncle, or sibling is important history to share with your doctor.
- Make a list of your medications and natural remedies. Include any prescription or over-the-counter medications you're taking, as well as any vitamins, supplements or herbal remedies.
- Write down questions to ask your doctor. Creating your list of questions in advance can help you make the most of your time with your doctor.
- Find a family member or friend who can join you for your appointment. Although skin cancer is usually treatable, just hearing the word cancer can make it difficult for more people to focus on what the doctor says next. Take someone along who can help take in all the information.

**Risk Factors that Increase the Risk of Basal Cell Carcinoma**

As published by the Mayo Clinic:

- Chronic sun exposure. A lot of time spent in the sun—or in commercial tanning booths—is the most common cause of basal cell carcinoma. The risk is greater if you live in a sunny or high-altitude climate, both of which expose you to more UV radiation. The risk is also higher if most of your exposure occurred before the age of 15. Your risk is greater if you have had at least one blistering sunburn.
- Exposure to radiation. Psoralen plus ultraviolet A (PUVA) treatments for psoriasis may increase your risk of basal cell carcinoma and other forms of skin cancer. Having undergone prior radiation treatments for childhood cancer or other conditions also may increase your risk of basal cell carcinoma.
- Fair skin. If you have very light skin or you freckle or burn easily, you're more likely to develop skin cancer than someone with a darker complexion. Basal cell carcinoma is rare in black people.
- Your sex. Men are more likely to develop basal cell carcinoma than women are.
- Age. Because basal cell carcinoma often takes decades to develop, the majority of basal cell carcinomas occur in people age 50 or older.
- A personal or family history of skin cancer. If you had basal cell carcinoma one or more times, you have a good chance of developing it again. If you have a family history of skin cancer, you may have an increased risk of developing basal cell carcinoma.
- Immune-suppressing drugs. Taking medications that suppress your immune system, especially after transplant surgery, significantly increases your risk of skin cancer. Cancers in people with a weakened immune system generally are more aggressive than they are in otherwise healthy people.
- Exposure to arsenic. Arsenic, a toxic metal that's found widely in the environment, increases the risk of basal cell carcinoma and other cancers. Everyone has some arsenic exposure because it occurs naturally in the soil, air and ground water. But people who may be exposed to higher levels of arsenic include farmers, refinery workers, and people who drink contaminated well water or live near smelting plants.
- Inherited syndromes that cause skin cancer. Certain rare genetic diseases increase the risk of basal cell carcinoma. Nevado basal cell carcinoma (Gorlin-Goltz syndrome) causes numerous basal cell carcinomas, as well as pits on the hands and feet and spine abnormalities. Xeroderma pigmentosum causes an extreme sensitivity to sunlight and a high risk of skin cancer because people with this condition have little or no ability to repair damage to the skin from ultraviolet light.

**Coping Techniques for your Patients with Skin Cancer**

- **Talk to loved ones and friends about your feelings and fears**
- **Remember it's natural to feel frightened or have anxiety**
- **Educate yourself and ask questions of your doctor**
- **Look for a support group through your oncologist, hospital, local cancer organizations**
- **See a mental health professional or a counselor to share your feelings or fears**
- **Try mild to moderate exercise if approved by your doctor**
- **Practice deep breathing and relaxation techniques**
- **Keep a journal of thoughts and feelings**
- **Get plenty of rest and fresh air outdoors whenever possible**
- **Drink plenty of fluids but avoid alcohol and drinks with caffeine (such as coffee and cola)**
- **Talk to your doctor about how to appropriately manage your depression**

**Tools You Can Use**

Visit these links to find out more about skin cancer, melanoma, and sun safety:

- [azdhs.gov/skincancer/](http://azdhs.gov/skincancer/)
- [azdhs.gov/skincancer/skincare.html](http://azdhs.gov/skincare.html)
- [azdhs.gov]);[azdhs.gov/mayoclinic](http://azdhs.gov/mayoclinic)
- [Arizona Department of Health Services](http://azdhs.gov/)
- [Division of Behavioral Health Services](http://azdhs.gov/)
- [Contact us](http://azdhs.gov/)
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