Voices of Utah Minorities

17 Community Discussions about Public Health

Presenter:
April Young Bennett, MPA
Utah Department of Health, Center for Multicultural Health
One example of a health disparity...

Odds Ratios for Fair or Poor Health

Model with Age-Adjustment Only

Source: BRFSS
One example of a health disparity...

Odds Ratios for Fair or Poor Health

- Model with Age-Adjustment Only
- Model Adjusted for Age, Education, Income, Smoking and Obesity


Source: BRFSS
Qualitative Project Methods

**Focus:** Culturally Appropriate Marketing and Accessibility of Services

**Participants:** 180 members of four Utah racial and ethnic minority communities: African-Americans, Asian Americans, Hispanics/Latinos and Pacific Islanders.

**Venues:** 17 community discussions

**Health Topics:** Access to Health Services, Asthma, Heart Disease and Stroke, HIV Prevention, Immunizations, Reproductive Health and Tobacco Prevention.

**Languages:** Seven Spanish sessions; ten English sessions.
Qualitative Project Team

Principal Investigator: Dr. Don Gray, University of Utah Department of Family and Preventive Medicine

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Reproductive Health Program
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Tobacco Prevention and Control Program
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Life Challenges

It’s a different environment here, taxing from kindergarten, being the only black child, through elementary school all the way through to our work life. –African-American man

Being new transplants in this country, we don’t really know where to go, what to get, so messages need to be targeted to us because we need it the most. –Hispanic woman

We are fearful. –Hispanic woman
Culturally, prevention doesn’t interest us much. We know about it, but we take a casual approach to it. It’s the culture. –Hispanic man

Prevention is not part of the Tongan mentality. –Pacific Islander
They ignore us, give meds and send us to the house. —African-American man

We have to sound like them to get an appointment, to get them to listen to us [and] to treat us. —African-American man
We Need Health Insurance

In my family we have asthma and it’s difficult to deal with because we don’t have insurance.

- Hispanic woman

We don’t have CHIP or Medicaid, so we run to the U of U Emergency Room, but they want half or all up front, so we just don’t go unless it’s obviously bad.

- Hispanic woman

They don’t have doctors and don’t take Medicaid. [So, they] don’t get check-ups.

- Pacific Islander
Emphasize Skills

When kids have a problem, we don’t know enough to recognize and act properly about the symptoms. –Hispanic woman

In terms of the symptoms, knowing what the signs are; our people wouldn’t know what they represent. –African-American man

We don’t really understand how to treat this illness and the lack of knowledge makes it very difficult. –Hispanic woman

Tell us, ‘If you want to stop smoking, this is how you do it.’ –African-American man
Be concise

We [prefer] less words and the information more summarized. –Hispanic woman

[This brochure] is way too long, with too many words. I wouldn’t read it. –African-American man

Keep education sessions short. Sharing a little bit at a time is more effective. –Pacific Islander

Have information in bullets, details at the bottom, later. –Pacific Islander

...No, be thorough, say Asian Utahns.
Speak My Language

They won’t understand what they’re being told because the information is in English and they don’t even read and write in their own language. –Hispanic man

If they show that they care enough to present messages in our language, then we are naturally more receptive and likely to act. –Pacific Islander

They will get more ‘bang for their buck’ if they do it in our own language, because we’ll remember it and think about it for a longer time. –Pacific Islander

There’s some power in your own language, it gets people to move. –Pacific Islander
Show My Face

If we don’t see a picture of an African American having a heart attack, we’re likely to think ‘that doesn’t happen to us.’ –African-American man

[We] need to see it in someone like us to sink in. –Pacific Islander

Messages would have more impact if we see our own face in messages, in our language. This way it will get our attention more and the message will get through to us and last longer for us. –Pacific Islander

If the messenger in a U.S. ad were Asian, it would be rare and it would catch my attention. –Asian
Tell Us in Person

The best way to get good information to our community is through door-to-door. –Hispanic woman

[Do] more meetings like this one. It’s better than TV ads because of first-hand insights from families like ours. –Pacific Islander

I believe AIDS patients speaking in school can be effective. –African-American man

[Get a] face-to-face expert who is affected to present at church. –Pacific Islander

...TV, Radio, Print and Internet were also mentioned, but less frequently.
Involve Us

We need to be in the planning process for messages to work in our community. -Pacific Islander

[You] can’t give us programs made for others. Need to show us the program and let us decide for ourselves. -Pacific Islander

If I have an idea, I need to be able to call and talk to someone accessible. -Hispanic man

Not separate committees, but direct representation in the decision making. -African-American man
Pay Volunteers

There’s an African-American on every volunteer board in the city. But they’re not on the paying boards here. –African-American man

Best to team up and pay community members to be experts and lead toward health. –Pacific Islander

[We] need a budget to do it right, to attract good leaders who will sustain the effort. –Pacific Islander
Some Suggestions for Action from the Report

- Increase Access to Affordable Employee Health Insurance
- Include Minorities at All Levels of Decision Making
- Support Grassroots Strategies
- Invest More Resources in Skills-building Strategies
- Refine Social Marketing Messages to Attract Minorities

What do you think?
For More Information

See the complete report at:

See also...

🌟 We heard you! Letters from Public Health Workers to the Multicultural Communities of Utah

🌟 Utah Health Disparities Summaries
http://www.health.utah.gov/cmh/data/disparitiessummary.html

🌟 IBIS Health Indicators by Race and Ethnicity
http://www.health.utah.gov/cmh/data/indicators.htm
Thank you to Kathryn Marti for providing the graph data in slides 2 and 3. To protect the anonymity of study participants, all quotes were read by actors. Thank you to the volunteers who provided voice talent for this presentation:

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