

Mission

To reduce health disparities in Utah and to improve health outcomes for vulnerable populations as defined by socio-economic status, race/ethnicity, geography, and among other populations identified to be at-risk for health disparities.

History

During the 2011 Legislative Session and in compliance with Senate Bill 33, the Utah Department of Health (UDOH), Center for Multicultural Health (CMH) was replaced with the Office of Health Disparities Reduction (OHD). From 2005 to 2010, CMH coordinated efforts to address racial and ethnic health disparities. The new office has a broader mission than the former Center for Multicultural Health, which focused only on racial and ethnic minority health. OHD continues its commitment to reducing racial and ethnic health disparities, but is also looking for opportunities to address health disparities by geography and income.

Health Disparity: A difference in health linked to social or economic disadvantage, affecting groups of people who have systematically experienced obstacles. Among other categories, disparities are found by income, geography and race/ethnicity.

Health Equity: A situation where all people have the opportunity to attain their full health potential and no one is prevented from achieving their potential by socio-economic circumstances.

Main goals

GOAL 1: Partnerships & Collaborations. Develop and support partnerships and collaborations among public, nonprofit and private entities to increase awareness and drive action in efforts to reduce health disparities and achieve health equity.

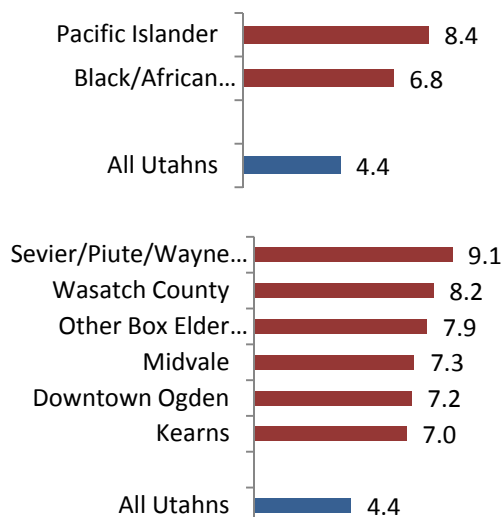
GOAL 2: Data & Research. Ensure the availability, coordination, utilization and diffusion of data and research identifying and focusing on populations with health disparities.

GOAL 3: Outreach and Media Intervention. Serve as a clearinghouse in Utah to increase awareness of health disparities and to disseminate health education materials and resources.

GOAL 4: Cultural and Linguistic Competency. Improve cultural competency of the health-related workforce and public health agencies and increase access to health promotion messages among limited English proficient individuals.

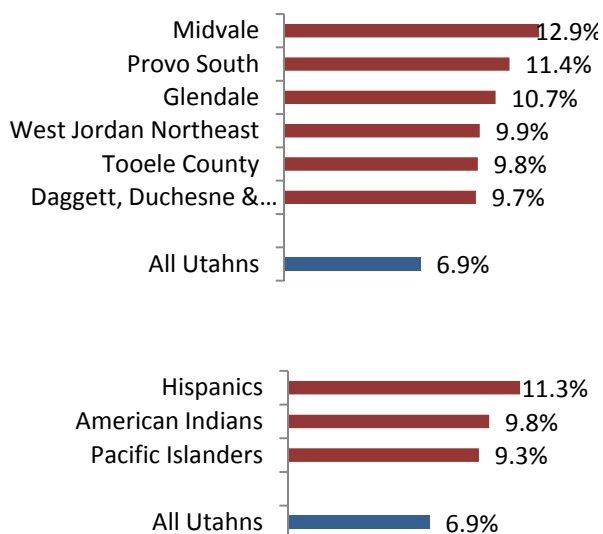
Example of Current Utah Health Disparity:

Infant Death¹



Example of Current Utah Health Disparity:

Diabetes²





Activities & Accomplishments

Partnership & Collaboration

- Established three advisory boards to assist OHD and to coordinate interventions addressing OHD health priorities areas: obesity, infant mortality and access to health care. Total of 36 board members. Coordinated 12 board's meetings.
- Established a Health Disparities Advisory Council at the Utah Department of Health level. Total of 16 members.
- Established contracts with four non-profit agencies that provide services to vulnerable populations in four different counties: Salt Lake, Summit, Wasatch, Weber and Morgan.

Outreach & Media

- Recruited and trained Speakers Bureau comprised of 13 individuals from a variety of organizations and backgrounds.
- Organized a conference with the theme of "Utilizing Media to Increase Awareness of Health Disparities Affecting Local Communities." 123 attendees.
- Provided 12 media interviews.
- Conducted 140 health screenings.

Cultural and Linguistic Competency

- Developed a culturally and linguistically appropriate DVD promoting healthy weight, access to health care and healthy births among diverse Utah communities.
- Provided interpretation equipment to 5 agencies. Reached 80 people.
- Edited/Translated 65 documents for UDOH.
- Distributed 1,650 health promotion materials.
- Provided 19 trainings and presentations. Reached 351 people.

Data & Research

- Conducted a literature review for best or evidence-based practices related to priority health interventions on the goal topics (access to health care, obesity, infant mortality/birth outcomes).
- Planned and conducted focus groups or community discussions to further assess priority health interventions on the goal topics (access to health care, obesity, infant mortality/birth outcomes). A total of 6 focus groups plus 3 validation groups were conducted among 46 community members and 26 community leaders.
- Coordinated and reported a research project to obtain more accurate health status data about Utah Pacific Islanders.
- Wrote and submitted journal article to disseminate best practices for data sampling on small populations.
- Produced a series of articles about health disparities for the Utah Status Update, including articles about infant death, obesity, and diabetes.
- Presented Utah data at two national conferences, including the Council of State and Territorial Epidemiologists and Measuring Progress in Health Care Disparities Reduction: A State-Federal Discussion sponsored by the Agency for Healthcare Research and Quality.

References

1. Utah Vital Records 2005-08 (birth cohort).
2. Utah Behavioral Risk Factor Surveillance 2009-2010 (Ethnicity); 2006-2010 (State, Race and Small Area). Age Adjusted Rate