

Voices of Utah Minorities

Don Gray, PhD
University of Utah, Department of Family and Preventive Medicine

April Young Bennett, MPA
Utah Department of Health, Center for Multicultural Health

Health Messaging Advice

- **Teach skills.**
- **Be concise** unless you are targeting Utah Asians, who appreciate thoroughness.
- **Use native languages.** Health information is more interesting and memorable in first languages, even for fluent English-speakers.
- **Show minority faces.**
- **Emphasize in-person communication** over mass media.

Health Program Planning Advice

- **Involve minority community members.**
- **Pay volunteers.**
- **Improve access to health insurance** and address the perception that having a doctor is prerequisite to adopting a healthy lifestyle.
- **Support community-based organizations** that understand cultural issues unique to their communities and offer in-person services.

Broad Messages

- Utah minorities believe they face greater life challenges than other Utahns.
- Lack of health insurance is their greatest concern.
- Cultural barriers interfere with healthy lifestyles.
- Racism in health care settings is a barrier to preventive care.

When kids have a problem, we don't know enough to recognize and act properly about the symptoms. • In terms of the symptoms, knowing what the signs are; our people wouldn't know what they represent. • We don't really understand how to treat this illness and the lack of knowledge makes it very difficult. • Tell us, 'If you want to stop smoking, this is how you do it.'

- We [prefer] less words and the information more summarized. • [This brochure] is way too long, with too many words. I wouldn't read it. • Keep education sessions short. Sharing a little bit at a time is more effective. • Have information in bullets, details at the bottom, later.
- 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. • If they show that they care enough to present messages in our language, then we are naturally more receptive and likely to act. • 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. • There's some power in your own language, it gets people to move.
- 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.' • [We] need to see it in someone like us to sink in.
- 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. • If the messenger in a U.S. ad were Asian, it would be rare and it would catch my attention. • The best way to get good information to our community is through door-to-door. • [Do] more meetings like this one. It's better than TV ads because of first-hand insights from families like ours. • I believe AIDS patients speaking in school can be effective. • [Get a] face-to-face expert who is affected to present at church. • In my family, we have asthma and it's difficult to deal with because we don't have insurance.
- 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. • They don't have doctors and don't take Medicaid. [So, they] don't get check-ups. • They ignore us, give meds and send us to the house. • We have to sound like them to get an appointment, to get them to listen to us [and] to treat us. • 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. • 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. • We are fearful. • Culturally, prevention doesn't interest us much. We know about it, but we take a casual approach to it. It's the culture.
- Prevention is not part of the Tongan mentality. • We need to be in the planning process for messages to work in our community. • [You] can't give us programs made for others. Need to show us the program and let us decide for ourselves. • If I have an idea, I need to be able to call and talk to someone accessible. • Not separate committees, but direct representation in the decision making. • There's an African-American on every volunteer board in the city. But they're not on the paying boards here. • [We] need a budget to do it right, to attract good leaders who will sustain the effort. • Best to team up and pay community members to be experts and lead toward health.

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

Venues: 10 English and 7 Spanish community discussions at various Utah locations

Project Team: Don Gray (principal investigator), April Young Bennett, Lois Bloebaum, Nathan Checketts, Karen Coats, Edwin Espinel, Rebecca Giles, Johnelle Lamarque, Patrick Lee, Lynn Meinor, Owen Quiñonez, Amara Zafar, Nasrin Zandkarimi, Several community liaisons

