

We heard you!

**Letters from
Public Health Workers
to the
Multicultural Communities
of Utah**



Compiled by:

**The Utah Department of Health
Center for Multicultural Health**

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The 2008 Qualitative Report



The *2008 Qualitative Report: Public Health Messages from Utah's Racial and Ethnic Minority Populations* describes 17 community discussions about health with 180 members of some of Utah's racial and ethnic minority communities: African Americans, Asian Americans, Hispanics/Latinos, and Pacific Islanders.

Public health workers from the Utah Department of Health (UDOH) programs that participated in this study have written letters to the multicultural communities of Utah about how they intend to use this information. These Utah Department of Health programs include:

- The Center for Multicultural Health
- The Bureau of Access
- The Bureau of Health Promotion: Asthma, Heart Disease and Stroke Prevention, and Tobacco Prevention and Control Programs
- The Reproductive Health Program
- The HIV Prevention Program
- The Immunization Program

While this qualitative study focused largely on marketing and outreach, most UDOH programs do much more, using a comprehensive approach to reduce health disparities and make services and interventions equally accessible to all Utahns.

The Center for Multicultural Health intends to promote study findings throughout UDOH and to outside agencies to encourage culturally appropriate services for Utah minorities. However, this response comes from the participating programs only; it does not represent a department-wide commitment.

Some circumstances prevent UDOH employees from implementing all of the suggestions made by community members. All health programs have specific mandates from the legislature and other funding agencies that define their scope and prohibit certain activities. Some programs' funding agencies prohibit one-on-one education. All state programs are prohibited from lobbying the legislature and are subject to budget limitations.

Public health workers thank community members for their participation in this initiative and look forward to pursuing the goal of eliminating health disparities in Utah.

To view the *2008 Qualitative Report: Public Health Messages from Utah's Racial and Ethnic Minority Populations*, see health.utah.gov/cmh/data/2008QualitativeReport.pdf.

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Letters from Public Health Workers to the Multicultural Communities of Utah

Response Summary



	<i>We heard you!</i>	<i>We want to help!</i>
Involvement	Minority community members are ready and able to contribute directly to setting policies and distributing resources for all Utahns.	<ul style="list-style-type: none"> • UDOH programs are striving to improve current efforts to involve minority community members through networks, partnerships, planning committees, focus groups and community forums. • UDOH programs will seek additional opportunities to solicit community feedback less formally and more often. • The UDOH has convened a workforce diversity task force to help minorities seek employment in state government.
Volunteers	Minority community members want to be compensated for health promotion activities rather than asked to volunteer.	<ul style="list-style-type: none"> • Several UDOH programs offer competitive funding to ethnic, community-based organizations for health promotion activities. • UDOH program personnel will consider additional ways to compensate community health workers as they evaluate community needs and program budgets.
Health Insurance	Minority community members believe access to employee health insurance is their greatest need.	<ul style="list-style-type: none"> • Utah's Premium Partnership for Health Insurance (UPP) helps people with low incomes pay premiums for employee health insurance. New legislation will allow UDOH to keep enrollment open year-round for both UPP and the Children's Health Insurance Program (CHIP). • Utah's Health Care Safety Net is a UDOH effort to support clinics that offer free or discount services to the uninsured. • UDOH offers several prevention services free of charge to people without insurance, such as smoking cessation and child vaccines. • UDOH provides information about lack of insurance and health disparities to the Utah legislature to inform their decisions.
Marketing	Minority community members want health marketing materials to be skill-based, concise and culture-specific.	<ul style="list-style-type: none"> • Several UDOH programs offer culturally relevant marketing materials and post them online at the UDOH Multilingual Library. • UDOH programs will work to improve the cultural appropriateness of health marketing materials with these suggestions in mind.
Personal Outreach	Minority community members prefer person-to-person outreach over other methods.	<ul style="list-style-type: none"> • Some UDOH programs travel the state offering one-on-one services, such as the "CHIP Van" and the Immunization "Care-A-Van." • Several UDOH programs have partnerships with ethnic, community-based organizations and local health departments that offer in-person education. • UDOH programs will consider efforts to enhance these services and partnerships as they evaluate community needs and program budgets.

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Letters from Public Health Workers to the Multicultural Communities of Utah



Dear Multicultural Communities of Utah:

Thank you for providing feedback and recommendations to the Utah Department of Health (UDOH) on how we can improve our efforts to reach racial and ethnic minorities with critical health information and programs. This report is the culmination of more than a year of planning, focus groups, data reviews, and dialogues with minority community members and UDOH program staff. Together, we have looked at seven health areas where minorities have had poorer health compared to the general Utah population. We expect that this analysis will help us improve minority health in areas such as asthma, immunization, heart disease and stroke, HIV/AIDS, reproductive health, access to health care, and tobacco use prevention.

The process of developing this report has resulted in several significant accomplishments:

- The coordination of seven Utah Department of Health programs on a data project to address health disparities;
- The analysis of program needs relating to working with racial and ethnic minority groups in Utah;
- The programs' use of this information in present and future planning around health disparities; and
- The communication of recommendations from minority communities to UDOH programs and the response of programs to minority communities.

The Center plans to use the the focus group participants' insights about health message marketing in upcoming trainings and technical assistance for other Health Department employees, such as:

- Offering brown bags on a regular basis to Department employees to increase awareness and educate them on issues related to cultural competency and health disparities.
- Revising materials already translated into Spanish to make them more culturally and linguistically appropriate to the target audience.
- Distributing health education materials to the community through our online Multilingual Library and at health fairs for racial and ethnic minorities; and
- Offering assessments and recommendations for health programs on the Culturally and Linguistically Appropriate Services (CLAS) Standards for serving racial and ethnic minorities.

The Center is also seeking to enhance its services for ethnic, community-based organizations, which offer the kind of in-person education preferred by many focus group participants.

As access to health care remains a key barrier for minorities without health insurance, the Center for Multicultural Health continues to work with other UDOH programs, community-based organizations, and health networks to improve access.

- The Center has provided extensive information to the Utah Legislature about health inequalities to inform their recommendations for Utah law.
- The Center participates in Safety Net summits, a statewide effort to support clinics that offer free services to the uninsured.

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- The Center recently created an online guide to health and dental providers offering discount services to people who cannot afford health care.
- The Center funds the Multicultural Health Network, a minority coalition focused on improving access to care, improving the cultural competency of health professionals, and promoting policies that address racial and ethnic health disparities.

As the program responsible for coordinating minority health efforts within the UDOH, the Center looks for ways to improve minority participation in the development, implementation, and evaluation of health programs, including:

- Leading a task force on workforce diversity to educate leaders on the value of workforce diversity and supporting plans to increase minority employment in state government;
- Offering grants to ethnic community leaders who participate in the Multicultural Health Network steering committee;
- Exploring avenues to assist members of the Ethnic Health Advisory Committee with incidental expenses related to their participation; and
- Maintaining a space on its Website where the public can express concerns, offer feedback, and make recommendations.

Due to the success of this multiple focus group project at showing us how we can better serve minority populations, the Center will sponsor smaller, annual community forums and use other methods that allow us to seek community input more frequently.

No single person or program has the power to eliminate health inequalities alone, but the process of developing this report has demonstrated the power of working together. Please continue to share your ideas for improving our service to you.

Sincerely,
Owen E. Quiñonez
Director
Center for Multicultural Health



**Center for
Multicultural
Health**



**Utah
Department
of Health**

We heard you!

Letters from Public Health Workers to the Multicultural Communities of Utah

The Bureau of Access



Dear Multicultural Communities of Utah:

We appreciate your time and feedback regarding the Utah Department of Health's research about your community and health-related issues. We are grateful for the insight you have provided on how these issues affect your community. In response to some of your suggestions and concerns, we have detailed below our efforts to better reach and communicate with Utah's racial and ethnic populations.

Access to health insurance emerged as your greatest health need. In response, our program policies have recently undergone change to accommodate more children and families. During the 2008 Legislative Session, House Bill 326 provided new funding for the Children's Health Insurance Program (CHIP) to keep enrollment open year-round.

House Bill 133 also made it easier for Utah's uninsured to enroll in their work-sponsored health plan. Uninsured individuals and families who qualify and sign-up for Utah's Premium Partnership for Health Insurance (UPP) can now enroll in their employer's health plan anytime during the year. Previously, employees could enroll or make changes to their insurance only during open enrollment or if they had a 'qualifying lifetime event' like marriage or the birth of a child. Now, qualifying for UPP is included as an eligible event, making it possible for individuals to enroll in work-sponsored coverage year-round.

To address the need for more grassroots outreach and compensated involvement of community members, we are currently engaged in contracting with a Hispanic and Latino community outreach group that is helping to educate its community and neighborhoods about our programs. The group has identified methods of best reaching Hispanic and Latino families through door-to-door outreach, attending neighborhood events, and making presentations at specific venues to inform community members about the available resources. This contract not only provides compensation to community members who are working to help educate the community, but also allows more face-to-face outreach. We are willing to consider this type of contract with other multicultural communities that can demonstrate the ability to inform and assist families as they enroll in state programs.

Another form of community outreach available is the "CHIP Van." The van was developed to provide a recognizable symbol of the state's commitment to covering as many uninsured children as possible and it continues to travel the state today. We are always looking for existing events to attend where we can provide parents of eligible children with one-on-one information about Children's Health Insurance Program benefits and allow them to apply for coverage on-site. We will contact the Office of Ethnic Affairs and associated boards to let them know about the van tour and request that they notify us of appropriate events. We also ask the individual communities to contact us with upcoming events that would be appropriate for the CHIP Van to attend. Please contact our Outreach Coordinator (801-538-6577) for more information.

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To address the concerns regarding marketing materials, we are unable to produce a different brochure and TV or radio commercial for every ethnic and racial group, as mass media is very costly and not always the best tool to reach all demographics statewide. However, we are very willing to create culturally specific fliers for the various communities across the state. These fliers can be designed to use graphics, language and colors that will best resonate with each specific community. For example, we have created a CHIP flier for the American Indian tribes of Utah that incorporates artwork that is culturally appropriate and specific for this group. We would be happy to create additional materials for other communities. Please contact our Marketing Coordinator (801-538-6847 or kolbiyoung@utah.gov) for more information.

Because of the growing Hispanic and Latino populations in Utah, we create Spanish materials including brochures, posters, fliers and TV and radio commercials. In producing these materials, we will work to improve their cultural appropriateness. For example, we will not simply translate the English versions, but rather make sure that the graphics include Hispanic and Latino children and families, as well as ensuring that the messaging is culturally and linguistically appropriate.

As we look ahead, we will continue to promote these programs among all communities. Please contact us with your recommendations to best reach your individual community. Once again, we appreciate your feedback.

Best regards,
Nathan Checketts
CHIP, PCN and UPP Programs
Director, Bureau of Access
Utah Department of Health



We heard you!



Dear Multicultural Communities of Utah:

The Asthma Program (AP), the Heart Disease and Stroke Prevention Program (HDSPP) and the Tobacco Prevention and Control Program (TPCP) within the Bureau of Health Promotion, appreciate the time and effort you and your community put into sharing your thoughts, needs and desires with us to develop more effective and culturally appropriate public health interventions. We take your concerns and suggestions seriously and will use this information to improve what we do.

We also want to recognize that while this qualitative study focused on media, most of our programs do much more, using a comprehensive approach to reduce health disparities and to help make services and interventions equally accessible to all Utahns.

In response to the report, we would like to share with you some of the improvements we are considering for future programs as well as what we are presently doing that may meet the needs of your communities. Outlined below are our responses to the "Common Themes" and "Suggestions for Action" from the report.

Considering your feedback that members of each community are credible spokespersons who understand the priority health issues in their local communities, and are capable and caring representatives; that many of you would like messaging to be individualized for each population group; that members of each group would like to be engaged in discussions of how public health messages for their respective groups should be crafted; and that successful health promotion will come only through a bottom-up, grassroots approach that is delivered one-on-one and is culturally sensitive and competent; we have learned that the principles listed below should be followed:

- *Media should be more representative of ethnic populations and culturally sensitive without playing on stereotypes. In delivering media materials and messages, efforts should be focused on face-to-face interaction by own community members rather than mass marketing.*
- *Messaging should be more familial-based and should respect social structure within communities. Messages should also be simple, realistic, not abstract, and not too text-heavy.*
- *Community outreach should use more grassroots interventions and at-risk populations and areas should be identified using appropriate data sources. Community members should be involved in planning, implementing and evaluating programs to reach their populations.*
- *Local Health Departments should be more connected and should be a means to disseminate information, provide services, and deliver interventions.*

Presently, the TPCP and the HDSPP have developed Spanish language media resources for tobacco prevention and awareness of stroke symptoms through partnerships between Utah Latino organizations and Love Communications. The AP has developed Spanish language materials to increase awareness of the inhaler law for children and general asthma awareness. Additionally, the TPCP offers free and specially designed smoking cessation services through Spanish QuitLine, Second Wind, and Mis Promesas. Native American media resources have also been developed for tobacco prevention.

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As funding and program priorities allow, we will make media messaging more representative of the specific ethnic groups in the state and will work with community organizations that are respected by the various groups to deliver messages at a grassroots level.

We heard from you that access to affordable health insurance is a great need.

While we understand that many groups do not have access to quality care due to a lack of health insurance, addressing this need is beyond our area of focus. Our funding and positions as state program staff preclude us from assisting with this important need. However, the Bureau of Access, lawmakers and community advocates are working to address this need.

We also heard that there are four prevention challenges that are common to each community and include: prevention is a luxury without access to health care; a community's traditional cultural choices can present significant challenges to adopting healthy behaviors; community members understand the basics of health risk behaviors but lack the details, motivation and skills to successfully adopt and maintain healthy behaviors; and that Utah's racial and ethnic minorities face great challenges to meeting life's basic needs and find it difficult to consistently invest in long-term health outcomes.

Presently, the TPCP offers the free smoking cessation classes listed above and has formed partnerships with community groups to help understand the community's needs and to deliver culturally appropriate interventions.

All of our programs come with well-defined goals and methods for achieving those goals. It is important to note that what we would like to do is not always consistent with external and internal constraints placed on us. A majority of our funding is to be used to make high-level systems changes, such as changing policies within schools, health insurance plans, hospitals, emergency medical services, or with large employers. We are also funded to implement public awareness campaigns that will impact a large proportion of the population, but which cannot be used for individual, one-on-one education.

In the future, when we begin to develop interventions to change health behaviors of a specific community, we will endeavor to work with knowledgeable members of that community to ensure the programs we develop are culturally relevant, low-cost, and will fit easily into community members' lives. On a regular basis, we will look for opportunities to obtain input from the communities themselves in all program development, implementation and evaluation, and we will do that using less formal methods.

We also learned that focus group participants felt that inadequate public resources are invested in their communities to successfully encourage and sustain healthy behaviors.

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Presently, the services we do offer that relate to this suggestion include the TPCP's Ethnic Network System and mini-grants available to community-based organizations and others serving high-risk populations, including racial/ethnic populations through the AP, TPCP and the HDSPP.

Further, the Bureau of Health Promotion (BHP) has recently developed a workgroup composed of representatives from the Center for Multicultural Health and seven Bureau programs to respond to a need identified by members of priority populations to integrate their health promotion work. We hope our work will affect change in how our programs coordinate efforts internally and in how we engage the community. We aim to foster collaboration, eliminate duplication, improve relationships and strengthen partnerships with organizations that serve groups of Utahns experiencing health disparities. Examples of some of the ways we might streamline and coordinate efforts are listed below.

- Simplify and standardize contracts
- Coordinate timelines of funding opportunities
- Develop joint applications and contracts for overarching health issues
- Coordinate site visits

We understand your concerns in this area but would also like the communities to understand that all program areas are experiencing significant budget limitations in all areas, not just those developed specifically to impact racial and ethnic populations. Further, our funding sources impose strict limits on how the monies can be spent.

We understand that community liaisons would like to be compensated for the considerable time and effort required of them to lead public health efforts in their communities and for their participation in higher level public health decision making.

The TPCP's Ethnic Network System does provide funds for planning and program implementation. As we develop budgets we will take this into consideration, particularly where the partners are being asked to provide significant amounts of time. And, we will look for additional ways to compensate those who provide ongoing support.

We understand that the participants feel that Utah's racial and ethnic minority communities are ready and able to participate directly in higher level public health decision making and that you can offer valuable insights and experience to all Utah residents as direct participants in state level decision making; you would also like more assistance in learning how to plan and implement effective interventions for motivating community members to change unhealthy behaviors.

The AP and TPCP have included disparities sections in their strategic plans that focus on racial/ethnic populations. Sections of the HDSPP state plan and program plan directly relate to reducing health disparities. Members of Utah's racial and ethnic minority communities were invited to provide input on these plans. Overall, the TPCP and all BHP programs endeavor to identify high-

We heard you!



risk areas and populations when directing limited resources.

Again, we appreciate the information that you have shared with us and will use it, as appropriate, in our future program development. We look forward to working with you to improve the health of all Utahns.

Sincerely,

Heather Borski
Bureau of Health Promotion Director

Rebecca Giles
Asthma Program Manager

Amy Sands
Tobacco Prevention and Control Program Manager

Barbara Larsen
Heart Disease and Stroke Prevention Program Manager



**HEART DISEASE &
STROKE PREVENTION PROGRAM**
UTAH DEPARTMENT OF HEALTH



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Letters from Public Health Workers to the Multicultural Communities of Utah

The Reproductive Health Program



Dear Multicultural Communities of Utah:

I am very pleased to have been able to work with the Utah Department of Health's Center for Multicultural Health to learn how to better serve Utah Latina women in the area of Reproductive Health. I'm pleased to outline some of the activities that the Reproductive Health Program has accomplished to date and is planning for the future. The information gleaned from the discussions and summarized in the Qualitative Report will be very useful to assure that future activities are effective and culturally and linguistically appropriate for our Latina population.

The Reproductive Health section of the report has confirmed the need for encouraging Latina women to be at optimal health prior to pregnancy (preconceptional health) and to seek early and regular prenatal and postpartum care in order to have improved pregnancy outcomes. The report also highlighted the need to promote "medical homes" for reproductive age Hispanic women and to encourage them to access their providers when problems arise. Unfortunately, there is little the program can do to address the shortage of low cost providers for uninsured women; however, we can and will disseminate information about clinics that operate on a sliding scale fee basis to our Hispanic populations.

To date, the Reproductive Health Program has addressed Hispanic health promotion/disease prevention as follows:

- Translation of a wide variety of our educational materials
- Funding to a Hispanic community-based organization (CBO) to carry out prenatal and family planning education
- Dissemination of translated educational materials through Promotoras and Local Health Departments
- Translation of a large portion of our Website into Spanish (www.health.utah.gov/rhp)
- Regular participation in Health Fairs that target Latina women (e.g., Midvale Hispanic Health Fair)
- Analysis of data by ethnicity to highlight issues and opportunities for intervention
- Conducted four focus groups with postpartum Latina women to help identify opportunities for and barriers to achieving and maintaining a healthy weight prior to pregnancy
- Participation in the Department's Health Disparities Workgroup
- Participation in the Department's Teen Pregnancy Prevention Committee, whose focus is reducing teen pregnancy among Hispanic Utah teens

In the future, in addition to continuing with the some of the above activities, the Reproductive Health Program has plans to accomplish the following to address disparate pregnancy outcomes among our Latina women:

- Convene a workgroup of interested stakeholders around Hispanic perinatal issues that includes Department of Health staff, academic partners and Hispanic community partners to identify areas for intervention
- Explore opportunities to engage Hispanic communities in successful health promotion efforts
- Explore opportunities to work with Hispanic communities to modify traditional cultural choices

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where possible to improve pregnancy outcomes

- Focus social marketing efforts on skill building rather than simple message dissemination
- Collaborate with the Center for Multicultural Health to improve cultural competence of Utah perinatal health care providers and their staff

We look forward to working closely with the Hispanic/Latino community to improve pregnancy outcomes for mothers and their babies.

Sincerely,

Lois Bloebaum, MPA, BSN

Manager, Reproductive Health Program

Utah Department of Health



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Letters from Public Health Workers to the Multicultural Communities of Utah

The HIV Prevention Program



Dear Multicultural Communities of Utah:

The Utah Department of Health, HIV, STD, and Hepatitis C Prevention Program recognizes that the effectiveness of HIV prevention is only as good as the ability of those charged with the mission to bring the prevention messages to those who are most at risk of infection. For this purpose, the Program has actively collaborated in this project and proactively sought to be more effective and efficient with an ever-decreasing budget.

As the HIV/AIDS epidemic continues to grow in the world and in the U.S., unfortunately, our community, and particularly Utah minorities, continue to be vulnerable to the virus. The HIV/AIDS epidemic is a serious threat to minority communities. Ethnic minorities comprise 17% of Utah's population; Hispanic persons alone comprise 11.2% of the Utah population, with a projected growth rate of 126% for the 1990-2011 time period. Yet, cumulative data show Hispanic persons account for 17% of those living with HIV and AIDS in Utah. Additionally, during 2007, 20% of newly reported HIV and AIDS cases were among Hispanic persons. African American persons comprise 1% of the Utah population, but account for 9% of those living with HIV/AIDS. During 2007, 13% of the new cases reported of HIV or AIDS were among African American persons.

This demonstrates the need for current prevention efforts to meet the demands of obvious demographic changes. One such effort became reality in the 1st Latino AIDS Institute (LAI) held in Salt Lake City in February 2008. The LAI provided current HIV Prevention grantees and their collaborators an array of workshops tailored to local needs. Participants increased their knowledge and skills, became more familiar with the resources available to them, and were able to identify potential technical assistance needs and how to satisfy them in the future. The LAI was an effective strategy to promote and sustain health prevention programs and aid organizations in the implementation and sustainability of science-based and culturally proficient HIV prevention behavioral interventions and HIV prevention strategies. It proved to be a successful and cost-effective method. It provided technical and capacity building assistance to an entire network of state HIV Prevention grantees and other community partners as well.

The UDOH believes that access to services also depends on the effectiveness of the agencies that provide those services; therefore, the UDOH has established as a priority providing capacity building assistance to all agencies contracted for HIV/AIDS prevention services, as well as those interested in participating as collaborators in this effort. In addition, we are also looking forward to working in collaboration with you.

1. HIV Prevention Grantees/Contractors

- Improve the capacity of CBOs to strengthen and sustain organizational infrastructures that support the delivery of effective HIV prevention services and interventions.
- Improve CBOs' capacity to adapt, tailor, implement and evaluate the performance of their HIV prevention interventions.
- Improve overall capacity of CBOs to attain skills to develop capacity through specific trainings

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such as:

- Diffusion of Effective Behavioral Intervention (DEBI) trainings specific to their contracted services
 - Cultural Competency and Diversity trainings
 - Facilitation techniques
 - Grant writing workshops
- Improve capacity to implement strategies for program expansion, collaboration, testing, other related services, alternative prevention methods, etc.

2. Utah Department of Health

- Improve Prevention Program capacity to train, adapt, tailor, implement and evaluate effective HIV prevention interventions.
- Improve Prevention Program techniques and tools for the evaluation of:
 - Contractor programs and performance
 - Appropriate DEBI implementation and adaptations
 - Effective Program Evaluation and Monitoring System implementation statewide
- Promote local participation in the decisions of the department by providing HIV Prevention community planning forums throughout Utah.

The HIV Prevention Program and the Hepatitis C Prevention Program integrated in 2007 under one program. Last January, the STD Prevention Program was also incorporated under the HIV/Hepatitis C Prevention Program. This final addition is expected to streamline our collaboration efforts and help us become more efficient in coordination activities with funded and non-funded community partners.

It is evident that individual responsibility for HIV/AIDS must embrace a proactive approach that includes crucial conversations with friends and family regarding issues that for generations have been considered taboo in our community and culture, such as sexuality, drug use and abuse, and the stigma associated with HIV/AIDS and other sexually transmitted infections. It is also important to influence legislation that truly acknowledges the impact of this epidemic in our community. Thus, we must not settle for others to do this work, but individually be a part of the solution by not engaging in the behaviors that put us at risk of infection, by speaking out in our community groups and churches, and approaching our legislators and political leaders to develop a clear platform to address this issue openly and without reservation.

Sincerely,

Lynn Meinor

HIV, STD & HEP C. Prevention Program Manager



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Letters from Public Health Workers to the Multicultural Communities of Utah

The Immunization Program



Dear Multicultural Communities of Utah:

The Utah Immunization Program is pleased to write this letter in response to the findings from the 2008 Qualitative Report. We would like to thank all the focus group participants for their time and effort in communicating with us their needs and preferences. These focus groups indicate that our immunization messages are reaching the ethnic populations at approximately the same degree they are reaching the White population. This is good news. This report also provides insight into the areas that are perceived as problematic and will help us tailor our materials and outreach efforts to meet the needs of the minority groups as funds allow. Following is a description of some of our program components that are relevant to the comments you have made, as well as our response to your suggestions.

The "Every Child by Two" Immunization Coalition, in conjunction with the Utah Immunization Program and other sponsors, developed a mobile immunization clinic in 1993 known as the Care-A-Van. This mobile clinic was designed to help increase access to immunization services and target areas identified with low immunization levels or limited immunization services. A common misconception about the Care-A-Van is that we choose where we will hold a clinic. The Care-A-Van actually has to be invited by a host to hold a clinic. The host is responsible to advertise the event. English and Spanish advertising materials are provided to them through the Utah Immunization Program. If community members want to hold a Care-A-Van, they must have a location to host the event and be willing to advertise the event.

The Care-A-Van is not a van; it is a clinic set up in different locations (school gyms, health fairs, etc.) Some have suggested changing the name because of confusion, but we believe that the name is already recognizable to many and to change it may create more confusion. Immunizations from the Care-A-Van are free to children 0-35 months of age. Children from 3-18 years need to meet the Vaccines for Children's (VFC) guidelines [Enrolled in Medicaid, enrolled in Children's Health Insurance Program (CHIP), uninsured (without health insurance), underinsured (insurance does not cover vaccines or has a yearly cap on vaccine coverage), or American Indian/Alaskan Native]. There is a \$5.00 administration fee charged (this fee could go as high as \$14.52 per immunization, but Care-A-Van continues to charge only \$5.00). All Local Health Departments and community health centers, many private practices, and some school districts provide low-cost vaccines to eligible children ages 0 through 18 years of age through the VFC program. This program protects many children and their families from vaccine-preventable diseases and helps them meet school vaccination requirements. It also helps reduce the barrier of transportation to receiving immunizations.

All ethnic groups represented seemed to be generally aware of the message that adults need immunizations. Most comments demonstrate an informed view of where to receive vaccines and why they are important. The messages the Utah Immunization Program has been promoting seem to be reaching them. The reasons for declining immunization were similar among all groups identified by the Centers for Disease Control (CDC) and the Advisory Committee of Immunization Practices

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(ACIP): fear of needles, belief that the flu vaccine causes illness, belief that the flu is a mild illness, and belief that healthy people don't need to be vaccinated. These misconceptions are addressed in the materials currently produced.

Cost is mentioned as a barrier for some adults. Unfortunately, there is little federal and state funding for adult vaccinations. Budget constraints do not allow the Utah Immunization Program to provide no-cost or low-cost vaccines to adults. Insurance coverage for vaccines is also not always good. The Utah Immunization Program is aware of these barriers and working on solutions, but these cost barriers are not specific to minorities. Another common theme is the desire to see photos of different minority groups on advertising materials. While we make efforts to provide culturally appropriate materials to all minority groups in Utah, printing funds are primarily allocated for materials that reach the largest minority groups in Utah. Materials may also be designed in relation to special projects that are directed to a specific minority population. All adult immunization materials are currently available in both Spanish and English, and the Spanish versions use images of Hispanic people. Simplification of message and attractiveness of imagery is always the goal, although some materials do a better job with this than others.

Below is a list of some of the activities that we are currently doing to reach minority populations.

- Translation of all of public materials in Spanish and to other languages as needed
- Dissemination of translated materials to minority organizations for their health fairs or festivals, etc.
- Participation in the Department's Ethnic Health Advisory Committee
- Allocation of one part-time staff as the minority immunization outreach coordinator
- Participation in the Department's Health Disparities Workgroup
- Participation in the Midvale Healthy Communities Health Committee meetings
- Collaboration with Multicultural Health Network
- The Immunization Hotline number is printed in all print materials and media messages. Interpretation services are available through the Hotline as needed.
- Collaboration with the Center for Multicultural Health at the Utah Department of Health
- Promotion of immunization through minority radio shows
- Advertisements in the Hispanic Yellow Pages of Utah and other minority magazines and newspapers
- Collaboration with the State Office of Ethnic Affairs as needed
- Collaboration with grassroots minority organizations

Following are some program modifications or changes that we will try to make to meet the needs and challenges of minority populations in our state:

- More education in Utah Valley by collaborating with community-based organizations in that area.
- We will support more Care-A-Van clinics if requested in Utah County and Weber County. We will send packets to more community organizations and schools in those areas. We will also

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promote the Care-A-Van in coalition meetings in these areas.

- More collaboration with Medicaid to disseminate immunization information. Also, making sure doctors' offices display translated immunization materials in their waiting rooms and working with libraries in Provo to disseminate information
- More emphasis on the importance of immunization in our messages
- Working more with public radio shows and community leaders to promote immunization through utilizing known figures in their own communities
- Promotion of the Care-A-Van clinic among minority churches and community-based organizations
- When funds allow, produce more materials with a mix of ethnic faces and ages. Use ethnic-specific photos when possible.
- When new materials and media messages are produced, attempt to get community leaders from ethnic groups to endorse and appear on the materials and messages.
- Contact other states and try to acquire and/or share existing materials that can be printed with little additional cost in order to show images of people from specific ethnic communities.
- Keep the messages and materials clear and direct. Provide details to groups that prefer them.
- When vaccine funding allows, make available and promote no-cost or low-cost vaccines and immunization clinics to ethnic communities.

We look forward to implementing your suggestions in our future program developments.

Sincerely,
Linda Abel, BSN, MPA
Immunization Program Manager



We heard you!

Letters from Public Health Workers to the Multicultural Communities of Utah