



# THE CONNECTION

## NEWSLETTER

LINKING HEALTH AGENCIES AND COMMUNITY ORGANIZATIONS  
THAT WORK WITH MINORITIES IN UTAH

September 2006 Issue #3

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**32.7% is the percentage of Hispanics who lacked health insurance in 2004 unchanged from 2003**

### HISPANIC HERITAGE MONTH ( SEPTEMBER 15 - OCTOBER 15 )

In September 1968, Congress authorized President Lyndon B. Johnson to proclaim National Hispanic Heritage Week. The observance was expanded in 1988 to a month-long celebration (Sept. 15 - Oct. 15). America celebrates the culture and traditions of U.S. residents who trace their roots to Spain, Mexico and the Spanish-speaking nations of Central America, South America and the Caribbean. Sept. 15 was chosen as the starting point for the celebration because it is the anniversary of independence of five Latin American countries: Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua. In addition, Mexico and Chile celebrate their independence days on Sept. 16 and Sept. 18, respectively.

Some numbers:

- Population 42.7 million. The estimated Hispanic population of the United States as of July 1, 2005, making people of Hispanic origin the nation's largest ethnic or racial minority. Hispanics constituted 14 percent of the nation's total population. (This estimate does not include the 3.9 million residents of Puerto Rico.)
- About 1 out of every two people added to the nation's population between July 1, 2004, and July 1, 2005, were Hispanic.
- 3.3% was the percent increase of the Hispanic population between July 1, 2004, and July 1, 2005, making Hispanics the fastest-growing minority group in the U.S.
- 102.6 million is the projected Hispanic

population of the United States as of July 1, 2050. According to this projection, Hispanics will constitute 24 percent of the nation's total population on that date.

- 64% is the percentage of Hispanic households who are of Mexican background. Approximately another 10 percent are of Puerto Rican background, with about 3 percent each of Cuban, Salvadoran and Dominican origins. The remainder are of some other Central American, South American or other Hispanic or Latino origin.
- 27.2 is the median age, in years, of the U.S. Hispanic population in 2005. This compares with 36.2 years for the population as a whole.
- 49% of the Hispanic-origin population live in California or Texas. California is home to 12.4 million Hispanics, and Texas is home to 7.8 million.
- 13 is the number of states with at least half a million Hispanic residents. These states are: Arizona, California, Colorado, Florida, Georgia, Illinois, Nevada, New Jersey, New Mexico, New York, North Carolina, Texas and Washington.
- 43% of New Mexico's population is Hispanic, highest of any state. Hispanics also make up more than one-third of the population in California and Texas, at 35 percent each.
- 15% of the total population are Hispanic/Latino in Utah  
*(continue next page)*

*(Hispanic Heritage month Cont.)*

- 19 is the number of states in which Hispanics are the largest race or ethnic minority group.
- 1.6 million is the number of Hispanic-owned businesses in 2002. The rate of growth of Hispanic-owned businesses between 1997 and 2002 was 31 percent compared to the national average 10 percent for all businesses.
- 22% is the percentage of the U.S. population under age 5 that is Hispanic, as of July 1, 2005.
- 31 million is the number of U.S. residents age 5 and older who speak Spanish at home. Spanish speakers constitute a ratio of more than 1-in-10 U.S. household residents. Among all those who speak Spanish at home, more than one-half say they speak English "very well."
- 4 states are home to about 2 of every 3 foreign-born persons born in Latin America. Those states are California, Florida, New York and Texas.
- \$34,241 is the real annual median income of Hispanic households in 2004.
- 12% is the percentage of the Hispanic population age 25 and older had a bachelor's degree or higher in 2004.
- 11% of all college students in October 2004 were Hispanic.
- 68% is the percentage of Hispanics age 16 and older who are in the civilian labor force.
- 32.7% is the percentage of Hispanics who lacked health insurance in 2004 unchanged from 2003.

### **HealthInsight SEEKS NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS FOR QUALITY IMPROVEMENT**

Nurse Practitioners and Physician Assistants are now eligible to join the "Physician Office Ethnic and Racial Minority Underserved Project" with or without a partnering M.D. The project is a collaboration of the Center for Multicultural Health, *HealthInsight*, and Medicaid and includes free Continuing Education, technical assistance and stipends of up to \$450 per individual. For more information, see <http://www.health.utah.gov/cmh/healthcare.html#healthinsight> and <http://www.health.utah.gov/cmh/news/Connection/July2006.pdf>

## **TWO MYTHS ABOUT LIMITED ENGLISH PROFICIENCY LAWS**

The U.S. Civil Rights Act of 1964 prohibits discrimination based on national origin for any federally funded program. Supreme Court rulings and Executive Order 13166 clarify that discrimination based on the inability to speak English is national origin discrimination.

Utah service providers frequently mention two common misconceptions about this requirement.

### **Myth: Utah's English-only law prohibits Utah agencies from providing multilingual services.**

**Fact:** Utah's English-only law allows several state agencies and state-funded projects to use multiple languages, including those that are required to use other languages by federal laws such as the Civil Rights Act and those related to public health and safety needs.

Even if this weren't the case, state and local laws cannot compel recipients of federal financial assistance to violate the Civil Rights Act. Entities in states and localities with "English-only" laws are certainly not required to accept federal funding – but if they do, they have to comply with the Civil Rights Act, including its prohibition against national origin discrimination.

### **Myth: Agencies are only required to offer interpretation services to federally-funded clients.**

**Fact:** Coverage of the Civil Rights Law extends to a funding recipient's entire program or activity, i.e., to all parts of a recipient's operations. This is true even if only one part of the recipient receives the federal assistance.

For more information, see the following:

Utah State Code **63-13-1.5** [http://www.le.state.ut.us/~code/TITLE63/htm/63\\_0B003.htm](http://www.le.state.ut.us/~code/TITLE63/htm/63_0B003.htm)

U.S. Department of Health and Human Services Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons: Federal Register / Vol. 68, No. 153 / Friday, August 8, 2003  
<http://www.usdoj.gov/crt/cor/lep/hhsrevisedlepguidance.html>

U.S. Department of Justice, Let Everyone Participate: Frequently Asked Questions <http://www.lep.gov/faq.html>

**OUR COMMUNITY ORGANIZATIONS:** The purpose of this section is to let you know more about Utah's community organizations working with minorities in health-related projects.

## AMERICAN CANCER SOCIETY IN UTAH (WWW.CANCER.ORG)

The mission of the American Cancer Society is dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through research, education, advocacy, and service.

Current American Cancer Society (ACS) efforts are focused on engaging the underserved populations more now than in the past and provide them with information and direct services that many are not informed of.

Over the next year, ACS will be working closely with local hospitals that serve between 750 – 1,100 newly diagnosed cancer patients annually. This association will allow for more clients to glean community resource information that will provide them with quality of life services to assist not only the individual, but the family as well. To successfully accomplish this goal, it will be imperative that clients are matched with trained volunteers in respective areas of cancer services via ACS. Thus, we are looking for volunteers to assist in the following services.

**Road To Recovery** – Assists cancer patients and their families with transportation to and from treatment facilities. Volunteer drivers donate their time and resources to take patients to treatment appointments.

**Reach To Recovery** – Breast cancer survivors provide one-on-one support and information to help individuals cope with breast cancer.

**Man To Man** – A community-based setting for discussion and education provides men facing prostate cancer with support individually or in groups.

**Look Good...Feel Better** – Women in active cancer treatment learn techniques to restore their self-image and cope with appearance-related side effects. Certified beauty professionals provide tips on makeup, skin care, nail care, and head coverings.

**I Can Cope** – Adult cancer patients and their loved ones learn ways to navigate the cancer experience while building their knowledge and coping skills.

Currently, there are but a few minorities accessing these free services. Thus, efforts are focused on identifying individuals in underserved communities to inform them and ultimately provide them with the services. To best meet this goal, we are also seeking volunteers to assist us as we help individuals and families. That is, we are interested in assuring that culture and languages will not be a hindrance to accessing and receiving services. To this end, we are actively looking to identify cancer survivors in minority communities to help us better and more effectively meet the concerns of a newly diagnosed cancer patient.

Ultimately, it is the goal of the American Cancer Society to ensure that cancer patients receive immediate community resource services. To promote this success, we are currently in negotiations with hospitals to place an ACS staff person in the hospital that will act as a Cancer Resource Navigator. With this in place, we are certain that there will be an increase in service requests. To this end, we must also ensure that we have volunteers trained and placed to meet this upcoming demand.

As well, we must also provide quality services that are cultural and linguistically sensitive and thus, we must recruit individuals that can provide this type of service.

As we consider cancer facts and figures, in the state of Utah, it is estimated that 230 women will die from breast cancer. This averages out to approximately 23.5 deaths per 100,000 people. 260 individuals will die from colon and rectal cancer and at a death rate of 18.9 for men and 14.2 for women per 100,000 individuals. With respect to men, 150 will die from prostate cancer at a rate of 31.2. Fortunately, none of these individuals will die if they were to access early detection services. However, many will not due to lack of or no insurance, cost, transportation, or general lack of knowledge. It is in this light that ACS is committed to encouraging people to seek medical assistance before it is too late and it is our intent to inform the underserved populations about accessing cancer care services. In so doing, it is imperative that we engage with community grass-roots programs, non-profit entities, businesses, government offices and others to promulgate the importance of early cancer detection as well as services that will provide quality of life support during cancer treatment and survival.

In conclusion, the American Cancer Society is committed to providing free services to anyone requesting it. We are committed to raising money to continue our fight against cancer by supporting research. We are committed to continually advocate for individuals and families dealing with cancer, to increase research funding and support, direct service provision, information sharing and working closely with other cancer initiatives. We are committed to saving lives. ([www.cancer.org](http://www.cancer.org))

## OUR MISSION

The Center for Multicultural Health (CMH) is the Utah office of minority health. It is part of the Utah Department of Health, Division of Community and Family Health Services.

Our mission is to promote accessible and high-quality programs and policies that help all racial and ethnic minorities in Utah achieve optimal health. We accomplish our mission by increasing public and health professional awareness of persistent race/ethnic disparities and by developing effective health policies and culturally competent programs that lead to better access and utilization of quality health care services in Utah.



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### The Connection

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If you work for the Utah Department of Health, Local Health Departments, or Community Organizations, we would like to hear from you. Please submit feedback, suggestions, ideas, or articles to:  
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## UPCOMING EVENTS

### 2006 Utah Trails and Pathways Conference:

Ogden City, Weber Pathways, the Ogden Trails Network, and the Weber-Morgan Health Department are proudly hosting the 2006 Utah Trails and Pathways Conference. The conference will be held in Ogden at the Eccles Conference Center, September 7-9th. This year's conference theme is "Utah Trails: The Heartbeat of a Community". For more information regarding the conference, please feel free to visit their website at [www.utahtrailsconference.com](http://www.utahtrailsconference.com) or call (801) 629-8558.

### Forum: Why the Hispanic/Latino community does not access health insurance and preventive medicine?

Sponsored by the UDOH/Center for Multicultural Health and BYU/Department of Health Sciences. Guest speaker: Mirta Roses Periago, Director of the Pan American Health Association. There is a limited number of seats available, so this is an invite-only forum.

### Health Fair:

Saturday September 9, 2006 from 10:00 a.m. -4:00 p.m. All communities are welcome to attend, for more information please contact CLINICA MEDICA FAMILIAR at 801-886-0930 or 955-1644.

### 8th Annual Intermountain Healthy Communities Conference:

The conference will be held on September 20th, 2006 at the Salt Lake City Marriott Downtown, 75 South West Temple, SLC, UT. For registration information go to [www.intermountainhealthcare.org/healthycommunities](http://www.intermountainhealthcare.org/healthycommunities), or call (801)442-3798.

### Classes to help families to cope with their mentally ill family members:

Family to Family class in Spanish from September 05, 2006 through November 21, 2006 from 6:30 to 8:30 p.m. at the Disability Support Center from 6:30 to 8:30 Pm. This Center is located at 1574 West 1700 South Suite 1 SLC - UT 84104. Please if you know any family in need for this class, call 801-323-9900 Ext 108

### Bias and Sensitivity Review for Utah Basic Skills Competency Test (UBSCT):

The Assessment & Accountability Department is conducting a Bias and Sensitivity Review for Utah Basic Skills Competency Test (UBSCT) items for use in future assessments. The Bias and Sensitivity Reviews will be held on September 21 and 22 from 8:30 a.m to 4:30 p.m. at the Utah State Office of Education, 250 East 500 South, Salt Lake City, UT 84114. In room 221. To RSVP and/or if you have any questions about participating, please contact Lucy Roque, 538-7722 or [luz.roque@schools.utah.gov](mailto:luz.roque@schools.utah.gov) or Rita Brock, 538-7897 or [rita.broc@schools.utah.gov](mailto:rita.broc@schools.utah.gov)