



THE CONNECTION

NEWSLETTER

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

August 2008 Issue # 26

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UTAH DEPARTMENT OF HEALTH GETS \$2 MILLION GRANT TO FIGHT OBESITY



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More than \$2 million in federal funds from the Centers for Disease Control and Prevention (CDC) will help Utahns reach a healthy weight. The CDC will give the state \$455,000 annually over the next five years to develop a new Physical Activity, Nutrition and Obesity (PANO) Program. Competition for the federal funds was intense. Fifty-one U.S. states and territories applied; Utah was one of only eight new states funded, and joins 15 other previously-funded states.

Obesity is a Prevalent Problem.

Although Utah ranks 47th lowest in the nation in obesity rates (2007 data), more than 1,000,000 Utahns are overweight or obese. Among adults, nearly two-thirds (64.1%) of men and nearly half (48.2%) of women are at an unhealthy weight. In 2007, 57% of Utah adults were either overweight or obese.

Obesity Is on the Rise.

In 1990, among states participating in the Behavioral Risk Factor Surveillance System (BRFSS), 10 states, including Utah, had a prevalence of obesity less than 10% and no states had prevalence equal to or greater than 15%. By 1998, no state had an obesity prevalence less than 10%. Utah was among the majority of states which now had an obesity prevalence above 15%. Still, no state had an obesity prevalence equal to or greater than 25%. In 2007, only one state, Colorado, had a prevalence of obesity less than 20%. Like the rest of the nation, Utah now had an obesity rate over 20%. Thirty states had an obesity prevalence equal to or greater than 25%. While Utah has not yet reached this lamentable benchmark, it is clear that Utah is following national trends. During this time period, the Utah obesity rate more than doubled, from 9.9% in 1990 to 21.8% in 2007.

Some Utah Races and Ethnicities Have Higher Obesity Rates.

While obesity and overweight is a health problem for all Utahns, certain races and ethnicities have even higher rates than Utah as a whole. In Utah, American Indians, Blacks, Pacific Islanders, and Hispanics have higher rates of obesity than other Utahns. In a recent qualitative study, Utahns of minority race and ethnicity reported that lack of health insurance, traditional cultural choices, lack of motivation and skills, and economic challenges can make preventive action difficult for Utah minorities.

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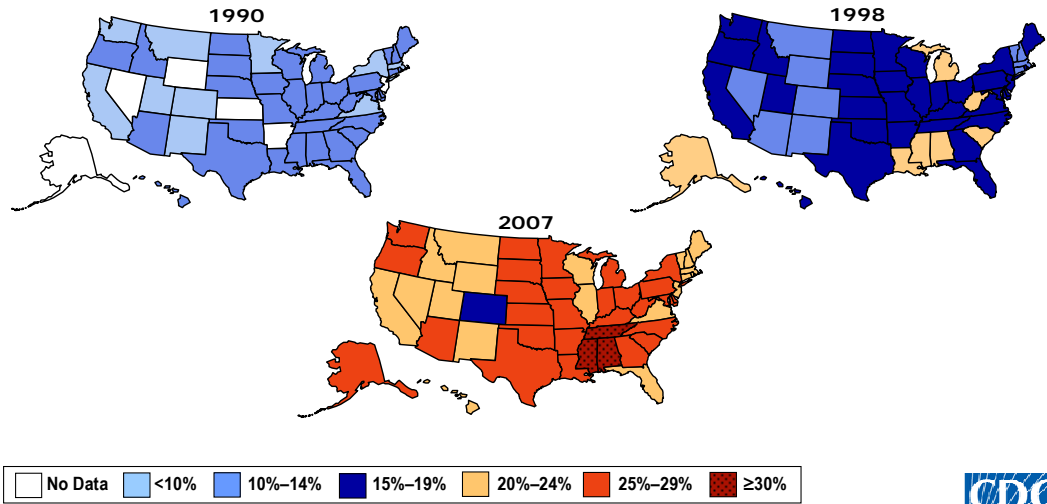
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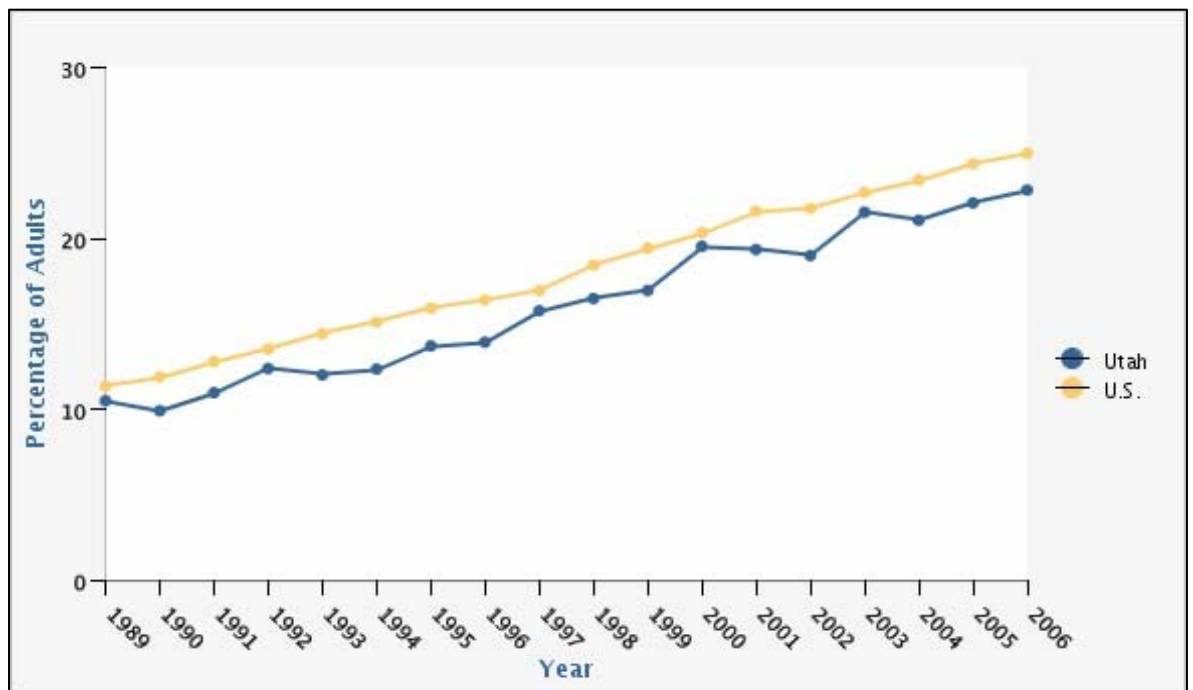
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Obesity Trends* Among U.S. Adults
BRFSS, 1990, 1998, 2007

(*BMI ≥30, or about 30 lbs. overweight for 5'4" person)



Source: CDC Behavioral Risk Factor Surveillance System.



*Information submitted by: April Y. Bennett
Center for Multicultural Health*

FIVE BASIC FACTS ON IMMIGRANTS AND THEIR HEALTH CARE

As discussions on national health care reform move to the forefront, some have focused on the role of immigrants in the health care system. To address questions about how immigrants use and affect the health care system, key facts about immigrants and health care are summarized below.

The primary reason most immigrants come to the U.S. is employment, not health care. U.S. demand for workers has always been the primary driver of immigration. Most non-citizen immigrants (83%) are in working families, and they are just as likely as citizens to have at least one full-time worker in the family. However, because non-citizens tend to be employed in low-wage jobs that do not offer health insurance, they are much more likely than citizens to be low-income and they are significantly less likely to have employer-based health coverage. They also have more limited access to public health coverage due to eligibility restrictions.

Non-citizens are much more likely to be uninsured than citizens, but they are not the primary factor driving the nation's uninsured problem. Due to their limited access to employer-based health coverage and restrictions for public coverage, non-citizens (legal and undocumented) are far more likely to be uninsured than citizens (47% vs. 15%). However, because non-citizens represent a relatively small share of the U.S. population, they are not the primary cause of the nation's growing uninsured problem. Although legal and undocumented non-citizens accounted for 22% of the non-elderly uninsured in 2006, citizens still made up the bulk of the uninsured (78%). Further, the majority (76%-80%) of the growth in the number of uninsured from 2000 to 2006 occurred among citizens, not legal and undocumented non-citizens.

Federal law generally bars undocumented immigrants and recent legal immigrants from receiving Medicaid and SCHIP coverage. Undocumented and temporary immigrants have generally been restricted from enrolling in Medicaid and SCHIP since the programs' inception. Further, since 1996, most legal non-citizens have not been eligible for Medicaid and SCHIP for the first five years they reside in the U.S. After five years, they can enroll if they meet the programs' other eligibility requirements. Although many non-citizens are precluded from Medicaid and SCHIP, emergency treatment is available to all immigrants, and some states use state-only funds to cover some low-income immigrants who are excluded from Medicaid and SCHIP under the federal restrictions.

Non-citizens receive significantly less health care than citizens. Largely due to their higher uninsured rate, non-citizens are much less likely than citizens to have a usual source of care, to have had any recent contact with a health professional, or to receive preventive or primary care. As a result of their lower use of care, non-citizens have significantly lower per capita health care expenditures than citizens. In 2005, average annual per capita health care expenditures for non-citizens were \$1,797 versus \$3,702 for citizens.

Non-citizens are significantly less likely to use the emergency room than citizens. Even though non-citizens have poorer access to care and receive less primary care than citizens, they are significantly less likely than citizens to use the emergency room. Some 13% of adult non-citizens report an emergency room visit in the past year compared to 20% of citizens. Further, communities with low rates of emergency department use tend to have much *higher* concentrations of non-citizens than areas with high rates of emergency room use.

To access the report go to www.kff.org/medicaid/upload/7761.pdf

Source: The Kaiser Commission on Medicaid and the Uninsured



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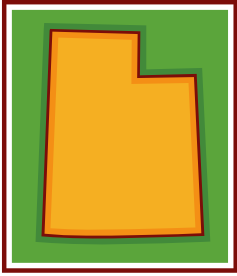
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UTAHNS FOR SUSTAINABLE HEALTH REFORM (U - S H A R E)

U-SHARE (Utahns for Sustainable Health Reform) is a coalition of community, business and provider organizations and individuals united to reform Utah's health system. As a coalition we believe health system reform should find a balance between the private and public sector that reflect the goals of:

1. Expanding **ACCESS**,
2. Increasing **QUALITY** and
3. Containing **COST**.

The following principles are guides to reaching these goals: **Strengthen Personal and Shared Responsibility**

1. Share cost and risk amongst employers, providers, insurers, government and individuals.
2. Maximize personal responsibility for health and wellness.
3. Encourage individuals to seek health care at the right time and place.

Ensure Affordability and Access to Care

1. Provide affordable access to care and coverage for Utahns.
2. Provide subsidies for those who are unable to afford coverage and care.
3. Promote benefit packages that cover essential services including primary and preventive care, specialty care, pharmacy, mental health and inpatient hospital services.
4. Support affordable access to medically necessary, cost effective health care services.
5. Optimize public programs such as Medicaid, CHIP and the Utah Premium Partnership.
6. Invest more in the state's primary care infrastructure.
7. Work to eliminate disparities in health access, coverage and outcomes.

Align Treatment and Financing Incentives with Evidence-Based Medicine

1. Use health information technology (HIT) to improve information flow and health outcomes.
2. Create a more transparent system for users.
3. Promote best practices in care delivery.

Focus on Wellness and Prevention

1. Encourage wellness and disease prevention through increased health education and incentives to stay healthy.
2. Promote appropriate use of primary and preventive care as the cornerstone for a healthy population.

For more information about this coalition call Elizabeth Garbe at 801-433-2299.

Source: *The Utah Health Policy Project*
www.utahhealthalliance.org/

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Salt Lake County Aging Services is the division of county government responsible for providing programs and services to the more than 124,000 seniors living in Salt Lake County

CAREGIVER SUPPORT PROGRAM

Sooner or later, most adults will either become a caregiver or will need help themselves with basic, everyday activities. Family caregivers cook meals, shop, drive to medical appointments, clean and help with home repairs. In some cases, family caregivers provide personal care such as bathing, dressing and toileting. Family caregivers are “every day heroes” in our community – and even heroes need help.

Caregiving is one of the most challenging and important aging-related issues today. Caregiving may be as simple as balancing a checkbook or as complex as caring for someone with advanced dementia or Parkinson’s. Caregivers may live with their care receivers or they may be long-distance caregivers. Caregiving may continue for a period of years and as the needs of the care receiver change, so does the caregiving. At all stages of caregiving, family caregivers need two things: information and respite.

Salt Lake County Aging Services’ Caregiver Support Program offers a comprehensive array of services for family caregivers. This program is funded through taxes and is available to all residents of the County.

Services include:

- **Information** – general information and presentations about resources, providers, products and services caregivers might need.
- **Assistance** – one-on-one assistance with caregivers to plan care, answer questions, listen and lend support.
- **Counseling, Support Groups and Training** – sharing the challenges of caregiving in support groups, workshops and “brown bag” sessions in the workplace or community. In-service presentations or special group trainings are also available.
- **Respite** – brief, intermittent in-home care such as personal care, homemaking, companion care, adult day care or even short-term residential care. Services are provided as funding is available.
- **Supplemental Services** – limited provision of supplies, equipment, minor home modification, and repair or safety installation. Services are provided as funding is available.

To apply for services, the primary family caregiver must call (801) 468-2460 and complete an intake assessment. To be eligible:

- Caregivers must be 18 years or older
 - Care receivers must be at least 60 years or older and
 - Need assistance with activities of daily living such as bathing, dressing walking, eating, toileting, and/or
- Have a significant memory impairment

The caregiver Support Program also provides information, referral and limited respite to grandparents who are sole caregivers for dependent, minor grandchildren.

It’s important to note the far-reaching effects of caregiving. According to former First Lady, Roslyn Carter, there are four types of people in the world:

- Those who are caregivers;
- Those who have been caregivers;
- Those who will be caregivers; and

Those who will need caregivers.

That’s most of us – and over our adult years we are likely to be caregivers several times as we care for parents, siblings, spouses, partners, and friends. Already it’s estimated that we are providing an average of 20 years of caregiving to another adult, if we add up the years—longer than we provide child care.

Salt Lake County Aging Services is about a lot of things, including offering information, in all its forms, about the various aspects of aging. It’s about services and programs to keep older adults independent for as long as possible. And Aging Services is now also about caregivers – keeping them healthy and able to continue caring for their loved ones.

Information submitted by: Kenneth Venables, SLCounty Aging Services



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Small Grant Program for Conference Support

The Agency for Healthcare Research and Quality (AHRQ), announces its continued interest in supporting conferences through its Small Grant Program for Conference Support. AHRQ seeks to support conferences that help to further its mission to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. AHRQ is especially interested in supporting conferences that demonstrate strategies which include plans for disseminating conference materials and products beyond the participants attending the event.

Grant Expiration Date is **October 21, 2009**.

www.grants.nih.gov/grants/guide/pa-files/PA-06-074.html

Reducing Health Disparities among Minority and Underserved Children

This initiative is designed to stimulate research that targets the reduction of health disparities among children. For purposes of this initiative, health disparities apply to children who have limited access to resources and privileges that impact their health. As such, this initiative includes a focus on ethnic and racial minority children and populations of underserved children to include: children from low literacy, rural and low-income populations, geographically isolated children, hearing and visually impaired children, physically or mentally disabled children, children of migrant workers, children from immigrant and refugee families, and language minority children.

Applications are processed on a **rolling basis**.

<http://grants.nih.gov/grants/guide/pa-files/PA-07-392.html>

Indian Health Service Scholarship

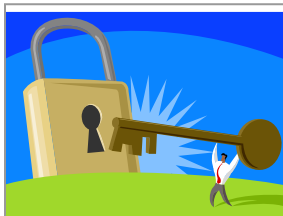
The goal of these three interrelated scholarship programs is to train the professional health personnel necessary to staff I H S health programs serving the Indian people. Both full and part-time student opportunities are available. Eligibility information: Applicant must be an American Indian or Alaska Native.

Applications are processed on a **rolling basis**.

http://www.ihs.gov/JobCareerDevelop/DHPS/Scholarships/Scholarship_index.asp

For more funding opportunities visit the previous issues of *The Connection*

<http://www.health.utah.gov/cmh/news.html#newsletters>



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Area Manager/ Planned Parenthood Association of Utah

Provides supervision and feedback to clinical staff that promotes positive customer service, systems improvements and the maintenance of an efficient clinic. Represents and promotes PPAU during interaction with patients, vendors and with the community.

Contact Information:

E-mail: shelley.zimmer@ppau.org

Website: <http://www.ppau.org>

Program Coordinator/Work Activity Center

The Program Coordinator is responsible for all client activities, assuring the delivery of high quality services as well as current and consistent documentation; communicates with parents/guardians concerning the needs of individual clients; and supervises staff and volunteers.

Apply online at hr@workactivitycenter.org or e-mail to hr@workactivitycenter.org or apply in person at 1275 W. 2320

Interpreting Coordinator and Case Managers Health Access Project (Community Health Centers)

Case Managers will be working with uninsured/under insured individuals in receiving charitable medical services. Interpreting Coordinator provides interpreting services to our clients as well as arranging any interpreting services needed.

Health Access Project and AmeriCorps and the Medically Underserved in Utah are recruiting for full-time positions. 12 month commitment required; positions begin October 1, 2008. Bilingual Spanish/English ability required. Please call 801-412-3982 for more information.

Grant Writer/Jewish Family Service

Experienced grant writer to prepare, submit and manage grant proposals and reports. 10-15 hours per week, competitive hourly rate

To Apply: Ellen Silver; ellen@jfsutah.org

Part Time Office Coordinator/ Catholic Community Services

Catholic Community Services seeks an enthusiastic person with excellent computer skills to assist administration. Duties include: Grant budgeting and reports, maintaining program statistics, donor database entry, filing and other clerical duties as assigned. To Apply:

Email resume and cover letter to HR-ADM #0815 at employment@ccsutah.org

For more funding opportunities visit the previous issues of *The Connection*
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WE WOULD LIKE TO HEAR FROM YOU

Please submit: feedback, suggestions, ideas, news, events or articles to: ddiez@utah.gov



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ABOUT THE CMH

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.

www.health.utah.gov/cmh

MISCELLANEOUS

Eighth Annual AIDS Walk/Run

Sponsored by: Northern Utah Coalition, Inc. & Imperial Rainbow Court of Northern Utah.

August 9, 2008 in Ogden, Utah

For additional information, phone 393-4153 or e-mail: nuc536@comcast.net or smcclel621@aol.com

Intermountain Donor Services/ 5K Dash for Donation

August 16, 2008. Two locations: SLC and Ogden

More information <http://www.idslife.org/>

Multicultural Health Network Retreat

Date: August 15, 2008

Location: The Huntsman Cancer Institute, Salt Lake City

More Information: Contact Candace Gibson candace@cuutah.org

Utah Cancer Survivorship Conference

The Utah Cancer Action Network (UCAN) will be again holding a Cancer Survivorship Day on August 23, 2008. Contact Whitney Johnson at 538-6829 or at wjohnson@utah.gov

Free online Spanish Course

Available in English, German, Dutch, Danish, Norwegian and Spanish. Spanish teaching resources can also be downloaded free of charge.

http://www.nocomprendo.es/learn_spanish_online/eng

Resources for Single Mothers

www.singlemomfoundation.org

Hispanic HIV/AIDS Prevention and Education Instructor Course

Aug 19-22

Course taught in Spanish

More information: Ulysses Ramirez, HIV & Hispanic Program Coordinator

URamirez@utahredcross.org (801) 323-7011 (direct line)

American Red Cross, Greater Salt Lake Area Chapter

Grant Writing Workshop

Salt Lake City, September 11-12, 2008. The workshop is applicable to city, county and state agencies as well as nonprofit organizations, K-12, colleges and universities. Multi-enrollment discounts are available. For more information including venue location, tuition, graduate testimonials and online enrollment.

[http://cmppgnr.com/r.html?](http://cmppgnr.com/r.html?c=1268079&r=1266995&t=1423129197&l=1&d=89829005&u=http%3a%2f%2fGrantWritingUSA%2ecom&g=0&f=89829010)

[c=1268079&r=1266995&t=1423129197&l=1&d=89829005&u=http%3a%2f%2fGrantWritingUSA%2ecom&g=0&f=89829010](http://cmppgnr.com/r.html?c=1268079&r=1266995&t=1423129197&l=1&d=89829005&u=http%3a%2f%2fGrantWritingUSA%2ecom&g=0&f=89829010)

United Africans of Utah invite you to join them at their First Summer Gala

Come and Enjoy the Sumptuous Buffet, The Best African Entertainment, Energetic Dance and Extraordinary Music. Saturday, August 23, 2008 at 6:00 PM At THE GRAND AMERICA HOTEL, 555 S. Main St. SLC, UT 84111

Formal attire required. Adult Reception. Ticket on Sale \$ 45.

More information: (801) 526-9787 geraldbrown@utah.gov

For more events visit our calendar
<http://my.calendars.net/multicultural>

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