

# Utah Health Status Update: *Health in Ethnic Populations*

January 1998

Utah Department of Health

Utah's ethnic populations are small, but growing more rapidly than the Utah population as a whole. Current health information sources, such as the 1996 Utah Health Status Survey, do not adequately represent health status, health problems, and health care needs of Utah's ethnic populations. To begin to address that deficit, the Utah Department of Health conducted a qualitative survey of five ethnic populations in Utah. The survey had two goals:

- Enhance understanding of health issues that are important to Utah's racial and ethnic populations, and
- Inform the design and methods of subsequent efforts to collect ethnic health-related information, including a planned quantitative survey.

This survey, conducted April - September, 1997, involved over 400 members of Utah's African American; American Indian; Asian American, Pacific Islander/Polynesian, and Hispanic/Latino/Chicano populations. To preserve the accuracy of that information, this report uses the actual words of survey participants, whenever possible.

## Traditional Remedies

Asian American:

**...will have already tried strongest over-the-counter medicines and expect something stronger from U.S. doctors**

Latino/Hispanic/Chicano:

**They don't delay medical care, they come in having already approached it in their own ways, not with Western medicine.**

**...and the questions are not even asked; what remedies have been tried?**

## Understanding the System

African American:

**...Why do you have to pay for GP visit to get to an eye doctor? The only way around it is to go to the ER.**

Asian American:

**If a little [medication] is good for you, then more will be better.**

American Indian:

**Sometimes we just need more help to get a birth certificate, know how to use insurance, apply for assistance.**

Latino/Hispanic/Chicano:

**Pregnancy is seen in Mexico as a healthy process of life. You come here and its an illness and you have to see a doctor right away.**

Among the findings of the survey, illustrated here by quotes were:

- The high cost of medical care and of health insurance are particular problems for these populations.
- Members of these communities reported that they and their cultural beliefs were not treated with respect.
- Especially for new immigrants, the health care system is complicated and unfamiliar. They need help to better understand how to meet their needs through that system.
- Health care providers need to be taught to understand and care for culturally diverse people.
- Members of ethnic communities should be involved in the design of prevention and health care delivery programs so that their cultural perspectives are incorporated in those programs.
- Diversity exists WITHIN each population - by age, gender, country of origin, length of residence in U.S., and economic status.

## Language and Communication

Asian American:

**I am embarrassed when I go to the counter and the helpers cannot understand me. The way they talk to me makes me feel stupid. They talk to me like a child.**

Pacific Islander:

**The technical language is difficult to understand and sometimes we have pride and we won't ask.**

## Cost of Medical Care

American Indian:

**Indians feel shame when they cannot provide for their families.**

Latino/Hispanic/Chicano:

**If they don't have the money, they will try anything (at home) to avoid the bill.**

## Prevention

Asian American:

**I use a lot of home remedies and have always taken real good care of myself, but I still got a stroke.**

**...childbirth is a natural process using ying-yang principle; ... beer is thought to be good for the baby.**

Pacific Islander:

**... don't really have prevention mode per se, we don't even have the word "prevention" in our language.**

**... traced back to our not fear of death and our not fear of age, which is a very cultural thing.**

## Mistrust of System

**Without trust, information is not given; don't tell doc the whole story, resulting in wrong diagnosis.**

## Human Caring and Respect

African American:

**The provider doesn't have to be black, just sympathetic.**

Asian American:

**[patient overheard receptionist say to nurse] Why don't these people learn to speak English? They ought to go back to their own country.**

**Come on time, you wait; if late, they don't treat us.**

Latino/Hispanic/Chicano:

**If I wear a suit I get treated differently than if I dress how I am now. It's a disrespect of our culture.**

**Providers don't want to treat them; people feel this immediately**

## Cultural Understanding

American Indian:

**An injured boy came into the hospital... has long hair. While the nurses wanted to cut it off without any understanding or respect of what the long hair represents.**

Asian American:

**Touching is easier if provider is same gender.**

**Taking off clothes for exam is not ok, it is foreign to us.**

Pacific Islander:

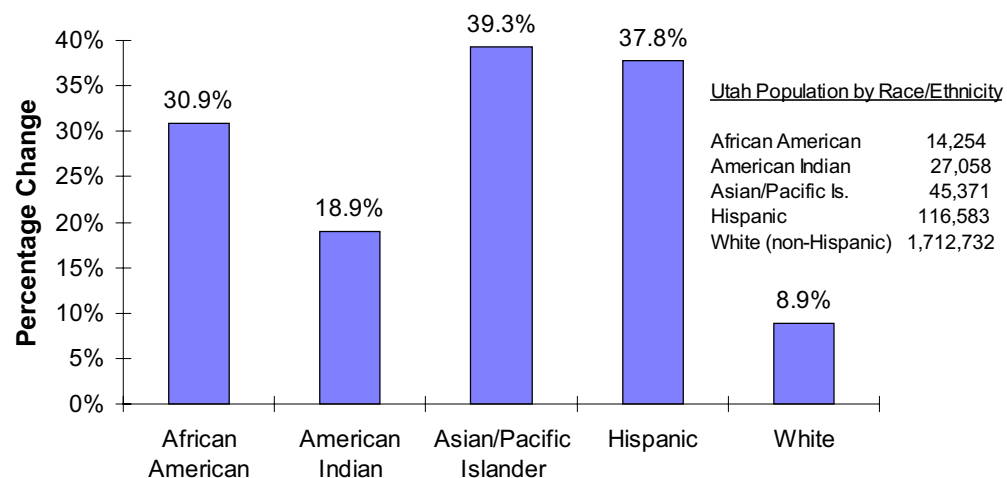
**Family ... is a very important part of the healing process.**

## Methods:

- ★ The survey was conducted by the Research and Evaluation Program, University of Utah
- ★ Liaison members from ethnic communities were included in study team
- ★ Open ended questions and probes to obtain detail
  - What health issues are the most important?
  - What about prevention?
  - How should we go about collecting health information from members of the community?
- ★ Data maintained in “voice” of communities
- ★ Key informant interviews (91) with health service providers, health service consumers, and community leaders.
- ★ Group sessions (7) composed of 10-35 members each.

## Growth of Utah's Ethnic Populations

Rate of Change in Population Size from 1990 to 1994, as Percentage of 1990 population.



Source: Race and Ethnicity Data: Understanding the Issues, Meeting the Demand in Utah. Governor's Office of Planning and Budget, May 1996

## January Utah Health Status Update

The data for this update came from the recent report, *Utah Health Status Survey on Ethnic Populations -- Qualitative Component*. The complete report is available on the Internet at <http://hlunix.hl.state.ut.us/action2000/reports.html> and copies can be obtained from the Office of Public Health Data, Utah Department of Health, 288 North 1460 West, P O Box 142875, Salt Lake City, Utah 84114-2875, (801) 538-6108, FAX (801) 538-7053, or email: [phdata@state.ut.us](mailto:phdata@state.ut.us); or from the Office of Ethnic Health, (801) 538-6965, FAX (801) 538-6479.



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