



Wyoming  
Department  
of Health

Commit to your health.

Wyoming  
Department  
of Health

Public  
Health  
Division

Manager:  
Lillian Zuniga

Editor:  
LeNitra Oliver,  
PharmD.

# Wyoming Office of Multicultural Health

Winter Edition 2014

## Health Inequalities

*"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."* – Martin Luther King, Jr.

### What are health inequalities?

Health inequalities are preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. Health inequalities are not only apparent between people of different socio-economic groups – they exist between different genders and different ethnic groups<sup>1</sup>.

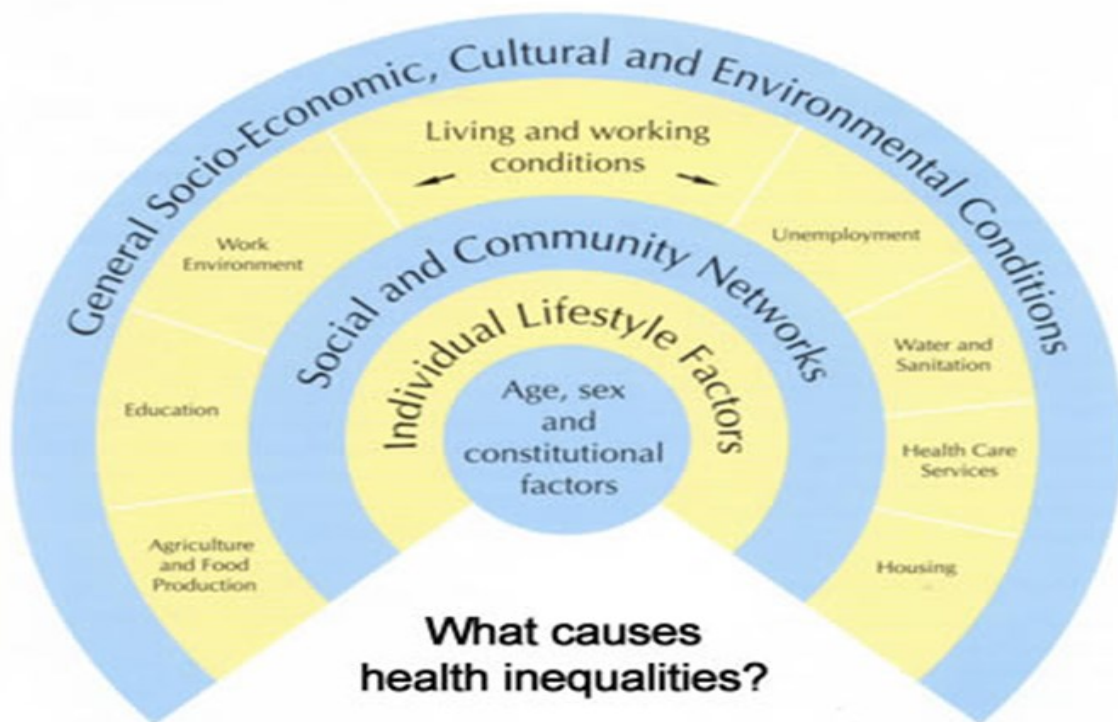
Health inequalities are often observed along a social gradient. This means that the more favourable your social circumstances such as income or education, the better your chance of enjoying good health and a longer life. While there is a significant gap between the wealthy and the poor, the relationship between social circumstances in health is in fact a graded one.

*Source of data 'Inequalities in Mortality 1989-1998'*

### What causes health inequalities?

*"Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age."* – Sir Michael Marmot, 2010

The causes of health inequality are complex but they do not arise by chance. The social, economic and environmental conditions in which we live strongly influence health. These conditions are known as the social determinants of health.



Winter



# For Your Information



## New Online Assessment Tool for Caregivers

Help The Arc Learn More About Health Concerns for People with intellectual and Developmental Disabilities NACCHO is a partner in The Arc's HealthMeet project, which seeks to reduce health disparities and increase the longevity and quality of life for people with intellectual disabilities by providing free community-based health assessments and individualized referrals.

The Arc is collecting information on the health status of people with intellectual and developmental disabilities (I/DD) by surveying professional, paid, unpaid, or family member caregivers of people with I/DD. Caregivers can use the assessment as a tool to help evaluate any "red flag" health concerns. While this checklist should not be used in the place of seeing a doctor, it can be a handy way to identify concerns.

The information provided as part of the assessment will be used to find out more about the role of caregivers and the health concerns that impact people with I/DD across the United States to help develop appropriate and accessible tools for ALL caregivers to use in the future to help promote the health of people with I/DD.

By participating in this assessment, you give The Arc permission to use this information to help better understand and evaluate health issues impacting people with I/DD and their caregivers. The information provided is confidential and will never be used to identify individuals. However, you will have the opportunity to provide contact information if you choose so we may send you information about The Arc and its health promotion programs.

[Click here to access the assessment.](#)

Questions? Please contact Jennifer Sladen at [sladen@thearc.org](mailto:sladen@thearc.org). Find out more about The Arc at [www.thearc.org](http://www.thearc.org).

*Emerson College*

*July 29 – August 3, 2014*

JCamp is a six-day intensive journalism training for high school students. Students learn from professional journalists and get hands-on training in writing, photography, television broadcasting, online media, and reporting. Sessions and workshops are led by experienced journalists from top media companies. JCamp is an all-expenses-paid program with travel, meals and lodging covered by AAJA's partners. JCamp 2014 will be hosted by Emerson College in Boston Massachusetts.

## Eligibility & Required Materials

Applicants of all races and ethnicities are encouraged to apply. JCamp is open to high school students currently in their freshman, sophomore or junior year. Before you begin, please make sure you gather all of the information you will need by visiting [JCamp Live](#) for the required materials and eligibility.

[Click here to apply online.](#)

**DEADLINE TO APPLY: MARCH 16, 2014 at midnight PST**

## MORE ABOUT JCAMP

AAJA's JCamp is a national multicultural journalism program for high school students. The six-day training camp brings together a culturally diverse group of students from across the nation to learn from veteran journalists and leading media executives. JCamp participants will receive hands-on training and produce multiplatform news packages for the program's news site, [JCamp Live](#). JCamp's goal is to develop the next generation of journalists. The curriculum consists of interactive workshops, hands-on training and field trips. The selected students demonstrate a keen interest in broadcasting, newspaper, magazine, photojournalism or online media.

# Latino Health Conference

The Conference will be held at the University of Washington Medicine, South Lake Union Campus, Seattle, WA on April 17 and 18th. The aim of the Latino Health Conference is to provide a forum for the development of community-academic research collaborations that are needed to improve the health of Latino communities in the WWAMI region. Please continue reading below.



## Latino Health Research, Practice, and Policy:

### Identifying our Strengths and Growing our Collaborations

The concept of holding a conference on Latino health research, practice and policy began a year ago; this is now a NIH funded R13 conference grant. The Institute of Translational Health Sciences (ITHS) [<https://www.itsh.org/>] funded through the University of Washington with NIH funds had been providing seed funding for work around community outreach in the WWAMI region. (Washington, Wyoming, Alaska, Montana, Idaho).

One goal of the conference is develop an agenda for future community engaged research with Latino communities.



## 13th Annual New Partners for Smart Growth Building Safe, Healthy, Equitable and Prosperous Communities February 13-15, 2014 Denver, Colorado

The conference will explore practical strategies for identifying and overcoming barriers to more sustainable development in the Rockies and the rest of the nation. Today, we are faced with economic, environmental and social challenges that will define our generation, shape our future, and test our resilience.

Join leaders from across the U.S. as we tackle these challenges head-on and demonstrate smart-growth solutions that will create a more vibrant economy, assure a healthy population, foster more equitable development, and expand transportation and housing options for all Americans.

**[Click Here for More Information](#)**



### *Request for Applications: Disparities Leadership Program 2014 - 2015 Class*

**December 13, 2013**—Intent to apply due (recommended/not required) ••**February 14, 2014**—DLP Application due

**April 11, 2014**—DLP applicants are notified •• **April 18, 2014**—Acceptance Deadline

**May 16, 2014**—Tuition payment due

**May 21-22, 2014**—Opening meeting, Le Meridien, Cambridge, Massachusetts

**February 2015**—Two day meeting, Loews, Santa Monica, California (dates TBD)

The Disparities Solutions Center is now accepting applications for the 2014 - 2015 Disparities Leadership Program (DLP). Created by the Disparities Solutions Center, the DLP is a year-long executive education program designed for leaders from hospitals, health plans and other health care organizations who want to deliver high-value health care in a time of transformation by focusing on improving quality and achieving equity. The DLP aims to create leaders that are prepared to meet the challenges of healthcare transformation, with a particular focus on improving quality for at-risk populations who experience disparities.

To View a **[PDF with program description](#)**. Download **[Intent to Apply and application](#)**.

# Health Equity for All



In a report setting out a plan for a "grand convergence" in health, the experts said world leaders needed to press for a concerted increase in research and development (R&D) investment to develop new medicines, vaccines and health technologies. The report, called "Global Health 2035: A World Converging within a Generation" was written by 25 leading international health experts and economists, chaired by Summers, of Harvard University, and published in The Lancet health journal.

"For the first time in human history, we are on the verge of being able to achieve a milestone for humanity: eliminating major health inequalities...so that every person on earth has an equal chance at a healthy and productive life," said Larry Summers, a former U.S. Treasury Secretary who co-chaired a commission on global health. The report also recommended taking bold preventative steps in public health, such as increasing taxes on tobacco and other substances that can be harmful, like alcohol and sugar.

Kelland, Kate; Boulton, Ralph, Ed. Health disparities 'could be eliminated in a generation': study. 12/2/2013. Reuters. <http://www.reuters.com/article/2013/12/03/us-global-convergence-idUSBREqB200120131203>



## The Flu I.Q.

1. A flu vaccine can't give you the flu. True/False
2. The "stomach flu" and influenza are the same thing. True/False
3. Getting a flu vaccine in December or later is not too late. True/False
4. People should be vaccinated against the flu each and every year. True/False
5. Washing your hands is the best thing you can do to protect against the flu. True/False
6. The flu is typically spread through coughs and/or sneezes. True/False
7. The flu is not a serious illness. True/False
8. The flu vaccine is available as a shot or a nasal spray. True/False
9. You can spread the flu to others before you have symptoms. True/False
10. There is no treatment for the flu. True/False

1) **True:** Virus is either dead or weakened. 2) **False:** Stomach flu is for stomach or intestinal disease whereas the flu is a respiratory disease. 3) **True:** CDC recommends vaccination into January and later as flu activity often peaks in February; illness can occur as late as May. 4) **True:** The flu vaccine is updated yearly for protection against known vaccines and immunity declines over time, so yearly vaccination is needed for optimal protection. 5) **False:** CDC recommends a flu vaccine as the *best* protection and hand washing also helps. 6) **True:** Droplets from coughs and sneezes is the main route of transmission. 7) **False:** The flu is a serious contagious disease, causing illness, hospitalization, and deaths every year. 8) **True:** The nasal spray FluMist® is available for non-pregnant, healthy people from 2-49 years old. 9) **True:** Most healthy adults can spread the flu 1 day before symptoms appear and 5-7 days after becoming sick. 10) **False:** Prescription medications called "antiviral drugs" can treat the flu.



**6. During a medical interview with a patient from a different cultural background, which is the LEAST useful technique?**

- a. Asking questions about what the patient believes about her or his illness - what caused the illness, how severe it is, and what type of treatment is needed.
- b. Gently explaining which beliefs about the illness are not correct.
- c. Explain the "Western" or "American" beliefs about the patient's illness.
- d. Discussing differences in beliefs without being judgmental.

**7. When a patient is not adhering to a prescribed treatment after several visits, which of the following approaches is NOT likely to lead to adherence?**

- a. Involving family members.
- b. Repeating the instructions very loudly and several times to emphasize the importance of the treatment.
- c. Agreeing to a compromise in the timing or amount of treatment.
- d. Spending time listening to discussions of folk or alternative remedies.

**8. When a patient who has not adhered to a treatment regimen states that s/he cannot afford the medications prescribed, it is appropriate to assume that financial factors are indeed the real reasons and not explore the situation further.**

- a. True
- b. False

**9. Which of the following are the correct ways to communicate with a patient through an interpreter?**

- a. Making eye contact with the interpreter when you are speaking, then looking at the patient while the interpreter is telling the patient what you said.
- b. Speaking slowly, pausing between words.
- c. Asking the interpreter to further explain the patient's statement in order to get a more complete picture of the patient's condition.
- d. None of the above.

**10. If a family member speaks English as well as the patient's native language, and is willing to act as interpreter, this is the best possible solution to the problem of interpreting.**

- a. True
- b. False



<http://erc.msh.org/mainpage.cfm?file=1.1.1.htm&module=providerquiz&language=English>

**6. Answer: b.** Although the provider may be tempted to correct the patient's different beliefs about illness, this may lead the patient to simply withhold his/her thoughts in the future and interfere with building a trusting relationship. It is more effective to be nonjudgmental about differences in beliefs. The provider should keep in mind two goals: 1) the patient should reveal her/his medical history and symptoms to help the provider make an accurate diagnosis, and 2) the patient should develop trust in the provider's medical advice and be willing and able to adhere to that advice. To accomplish these goals, it is essential to treat the patient with respect, openly discussing differences in health beliefs without specifying "correctness" or "incorrectness."

**7. Answer: b.** Non-adherence can be the result of many different factors that may require a variety of interventions. Simply repeating the instructions may not address the real issues that are keeping the patient from adhering to the regimen. In fact, repetition of instructions may be inappropriate and quite offensive if the patient has a communication disability. Family members can provide valuable support. It may also be necessary to set small, realistic goals in order to achieve long-term behavioral change. Finally, an understanding of the patient's beliefs about other remedies may offer valuable clues to her/his reluctance to adhere to treatment.

**8. False:** In addition to exploring payment options with the patient, it is important for the provider to inquire about cultural and psychological factors that may impede adherence to the prescribed treatment regimen.

**9. Answer: d.** Although it may seem natural to look at the interpreter when you are speaking, you want the patient to feel that you are speaking to her/him, so you should look directly at her/him, just as you would if you were able to speak her/his language. It is best to speak in a normal tone of voice, at a normal pace, rather than pausing between words. Because of differences in grammar and syntax, the interpreter may have to wait until the end of your sentence before beginning to interpret. Do pause after one or two sentences to allow the interpreter to speak. When you need further information, or need to clarify what the patient has said, clearly tell the interpreter what you want asked of the patient. Although you may ask the interpreter to add his or her opinion of what the patient really meant, try to get as close as possible to the patient's actual words and intent.

**10. False:** This is an inappropriate responsibility for families to take on and may actually place the provider in violation of the Civil Rights Act of 1964 and the August 30, 2000 [Office for Civil Rights \(OCR\) Policy Guidance](#). The rationale for using professional interpreters is clear. Professional interpreters have been trained to provide accurate, sensitive two-way communication and uncover areas of uncertainty or discomfort. Family members are often too emotionally involved to tell the patient's story fully and objectively, or lack the technical knowledge to convey the provider's message accurately.

## High Salt Levels in Medicines Increase Risk of Cardiovascular Events



**Researchers at the University of Dundee and University College London found that taking the maximum daily dose of some medicines would exceed the recommended daily limits for sodium, without any additional dietary intake.**

They say the public "should be warned about the potential dangers of high sodium intake from prescribed medicines" and that sodium-containing formulations "should be prescribed with caution only if the perceived benefits outweigh the risks."

They also call for the sodium content of medicines to be clearly labelled in the same way as foods are labelled. Numerous studies have shown that excess salt is harmful to heart health. Many commonly prescribed medicines have sodium added to improve their absorption into the body, but the effect of this is unknown.

The team, led by Dr Jacob George, Senior Clinical Lecturer and Honorary Consultant in Clinical Pharmacology at the University of Dundee, compared the risk of cardiovascular events (non-fatal heart attack, non-fatal stroke, or vascular death) in patients taking sodium-containing effervescent, dispersible and soluble medications with those taking non-sodium versions of the same drugs between 1987 and 2010.

Over 1.2 million UK patients were tracked for an average of just over seven years. During this time, over

61,000 cardiovascular events occurred. Factors likely to affect the results, such as body mass index, smoking, alcohol intake, history of various chronic illnesses and use of certain other medications, were taken into account.

Overall, the researchers found that patients taking the sodium-containing effervescent, dispersible and soluble medications had a 16% increased risk of a heart attack, stroke or vascular death compared with other patients taking the non-sodium versions of those exact medications.

Patients taking the sodium-containing drugs were also seven times more likely to develop high blood pressure and overall death rates were also 28% higher in this group. These events are largely driven by an increased risk of hypertension and stroke.

The authors acknowledge that there is still some controversy regarding the relation between dietary sodium and cardiovascular events, but say their findings "are potentially of public health importance."

They conclude: "Prescription of these sodium-containing formulations should be done with caution, and patients prescribed them should be closely monitored for the emergence of hypertension."

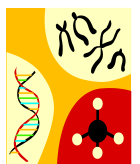
BMJ-British Medical Journal (2013, November 26). High salt levels in medicines increase risk of cardiovascular events. *ScienceDaily*. <http://www.sciencedaily.com/releases/2013/11/131126191557.htm>

## Love Thyself

Racism makes Black men age faster, but not in the way you think.

A [study from the University of Maryland](#) found that, biologically speaking, Black men who had both experienced racial discrimination AND harbored an anti-Black bias themselves—whether they knew they held one or not—aged quicker than other Black men, even if they had also experienced discrimination. Those who were both victims of discrimination and held a bias against other Blacks aged between 1.4 and 2.8 years faster by the time they reached age 50.

The study used a biological component known as telomeres, which shorten at a rate of 50–100 base pairs each year. "Telomere length may be a better indicator of biological age, which can give us insight into variations in the cumulative 'wear and tear' of the organism net of chronological age," lead study investigator Dr. David H. Chae said. "We found that the African-American men who experienced greater racial discrimination and who displayed a stronger bias against their own racial group had the shortest telomeres of those studied."



Hoenig, Chirs. Does Racism Make Black Men Age Faster? *DiversityInc*. <https://www.diversityinc.com/news/racism-make-black->

## Majority of Young Children in California Eat Fast Food Regularly but Drink Less Soda



Despite steady declines in soda consumption, 60 percent of children between two and five years of age continue to eat fast food at least once a week, according to a new policy brief from the UCLA Center for

Health Policy Research, authored by PHI researchers. Among young Latino children, the rate is 70 percent; overall, one in 10 young children eats three or more fast food meals per week. The majority of children also fall short of the state standard on fruit and vegetable consumption, with Asian children having the lowest levels of fruit and vegetable consumption.

Given the poor trajectory for children who are overweight before they reach age six, investments in programs that help reduce fast food consumption and promote eating more fruits and vegetables may be among the policy solutions that will help improve young children's health.

A publication of the UCLA Center for Health Policy Research. [View the brief on their website.](#)

Grant, David; Zahnd, Elaine; Holtby, Sue. *Public Health Institute*. [http://www.phi.org/resources/?resource=majority-of-young-children-in-california-eat-fast-food-regularly-but-drink-less-soda&utm\\_source=PHI+Newsletter&utm\\_campaign=3237d71673-Dec\\_Newsletter12\\_2\\_2013&utm\\_medium=email&utm\\_term=0\\_14767b3be6-3237d71673-23371029](http://www.phi.org/resources/?resource=majority-of-young-children-in-california-eat-fast-food-regularly-but-drink-less-soda&utm_source=PHI+Newsletter&utm_campaign=3237d71673-Dec_Newsletter12_2_2013&utm_medium=email&utm_term=0_14767b3be6-3237d71673-23371029)

## Monthly Events/Observances

### December 2013

Safe Toys and Celebrations Month  
Safe Toys and Gifts Month  
International Day of Persons with Disabilities  
World AIDS Day—1

### January 2014

Birth Defects Prevention Awareness Month (National)  
Blood Donor Month (National)  
Cervical Cancer Screening Month  
Cervical Health Awareness Month  
Glaucoma Awareness Month  
Thyroid Awareness Month

### February 2014

Age-Related Macular Degeneration / Low Vision Awareness Month  
Children's Dental Health Month(National)  
Condom Month (National)  
Heart Month (American)  
Kids ENT Health Month  
Recreational Therapy/Therapeutic Recreation Month (National)  
Wise Health Care Consumer Month  
Teen Dating Violence Awareness Month  
African-American History Month  
National Black HIV/AIDS Awareness Day—7

2014 National Health Observances. National Health Information Center. <http://healthfinder.gov/NHO/nho.aspx?year=2014#400>

2014 Health Observances Recognition Day. [http://www.evms.edu/media/evms\\_public/departments/library/Monthly\\_Healthcare\\_Observances\\_2014\\_Calendar.pdf](http://www.evms.edu/media/evms_public/departments/library/Monthly_Healthcare_Observances_2014_Calendar.pdf)



### *Cough CPR: Fact vs. Fiction*

Social media posts on the Internet claim that by coughing vigorously when you have a heart attack, you can keep yourself from passing out, theoretically saving yourself until your heart starts beating normally again.

Coughing violently physically forces blood from the chest up to the brain because of the pressure exerted from the cough. In a clinical setting, patients might be told to cough vigorously during testing, if healthcare professionals detect specific problems.

Cough CPR is not useful outside of a hospital setting. Anyone experiencing the symptoms of a heart attack should immediately call 911. Anyone who loses consciousness following cardiac arrest cannot cough, or even breathe, and needs emergency help.

Anyone witnessing a person having a heart attack should immediately call 911, or perform approved CPR rescue while a second bystander calls 911.

The Beating Edge Team. "Can You Cough Away a Heart Attack? Cough CPR Buzz Creates Confusion, Delays Medical Help." <http://health.clevelandclinic.org/2013/07/can-you-cough-away-a-heart-attack/>



Wyoming Office of  
Multicultural Health

6101 Yellowstone Road Ste. 420  
Cheyenne, WY 82002

Phone: 307-777-5601  
E-mail: Lillian.Zuniga@wyo.gov

WWW.WOMH.ORG

*We look forward to working with you  
to eliminate health disparities in  
Wyoming.*

The mission of the Wyoming Office of Multicultural Health (WOMH) is to minimize health disparities among underserved populations in the state through networking, partnerships, education, collaboration, and advocacy; and to promote culturally competent programs aimed at improving health equity.



Wyoming  
Department  
of Health

Commit to your health.

**Cent\$ible Nutrition Tips, 307.633.4383**

**UNIVERSITY OF WYOMING  
EXTENSION**

### **Add Spice (and Herbs) to Your Life**

Using a variety of spices and herbs on our food helps us trim fat and sodium while adding a wide-range of flavors. Spices and herbs have been used to flavor foods for more than two thousand years and were an important trade item in the Mediterranean and the Middle East. What is the difference between a spice and an herb? Spices grow in tropical areas, come from the bark, buds, fruit, roots, seeds, or stems of plants and trees. Herbs grow in mild climates and are the fragrant leaves of plants. The same plant can supply both a spice and an herb. For example, the seeds of coriander come from the same plant that gives us the leaf we know as cilantro. Here are some useful tips for using herbs and spices to add more flavor

- To keep fresh herbs longer, treat them like a bouquet of flowers. Snip the stems and stand them in a glass of water. Cover with a plastic bag and store in the fridge.
- Change the water every couple of days.
- If you don't plan on using all of your fresh herbs before they spoil, you can dry or freeze them.



- To dry fresh herbs in the microwave: wash and dry the leaves and place them between paper towels. Microwave on the lowest setting for two to three minutes. Crumble the dried herbs between your clean fingers and store in an air-tight container. Date the container and use within a year.

Avoid storing dried herbs near a window or above your stove. Heat, light, and air destroy flavor while moisture promotes mold.

- To release more flavor from dried herbs, crumble the leaves between your fingers before adding to the dish.

- To substitute fresh for dried herbs: 1 Tablespoon or fresh herb equals 1 teaspoon of dried herb. Dried herbs are stronger than fresh.
- Try growing your own herbs in simple container gardens. Experiment with unique varieties like pineapple sage, orange or chocolate mint, burnet, lemon basil, or lavender.

