



Wyoming Office of Multicultural Health

AUGUST 2012

WYOMING
DEPARTMENT OF
HEALTH

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Cultural Competency Trainings

Worland

Worland Community Center
Complex
July 31, 2012

Sheridan

Holy Name Catholic Church
August 29, 2012

Evanston

Western Wyoming Community
College Room 202
September 13, 2012

Casper

Casper College
October 1, 2012



Cheyenne

Laramie County Public Library
Nov. 13 Train the Trainer
Nov. 14 Regular Training



Partners:

- WOMH
- YMCA
- Cheyenne
Boys & Girls
Club

SPLASH Beginner Swim Lessons

The WOMH partnered with the YMCA and the Cheyenne Boys & Girls Club during the last week of July to offer free beginner swim lessons for low-income children. The swimming lessons were available to low-income children ages 6-12 with two classes offered and 18 spots available in each class. The lessons were held at the YMCA with the first class from 10:00-10:30am and the second class from 10:30-11:30am. The WOMH hopes to replicate this successful partnership and event with other recreation centers across the state next summer.

Thank you to our partners the YMCA and Cheyenne Boys & Girls Club for making this event a success!





Myth 3

American Indians do not pay taxes.

Another commonly held myth is that American Indian people do not pay taxes. American Indian people are subject to the same federal income taxes assessed on earned income regardless of where it is earned, on or off the reservation. However, there

Myths for Indian Country

Larry Keown

are differences with state income taxes. For example, in most states, income earned on the reservation is not subject to state income tax. Income earned off the reservation is subject to state income tax. Property taxes are not assessed on tribal lands on the reservation but are assessed for those individuals living off the reservation or on

deeded lands within the reservation. Sales tax is paid by American Indian people for purchases off the reservation (where applicable) and may or may not be assessed for purchases on the reservation. American Indians are subject to the same tax liabilities and shelters as everyone else depending on where and how the income is earned.

UNNatural Causes: Is inequality making us sick?

Health Gaps in Black, White, Red, and Brown

- Racial and ethnic health inequities don't just reflect income. More African American, Native American, Latino and Pacific Islanders are in poor or fair health than Whites at practically every income level (although recent Latino immigrants report better health).
- In California, 90% of students in overcrowded schools are children of color, two thirds of them Latino.
- Former U.S. Surgeon General Dr. David Satcher and colleagues calculated that in 2002, 83,570 African Americans died who would not have if Black and White mortality rates were equal. That's 229 "excess deaths" per day: the equivalent of an airplane loaded with Black passengers being shot out of the sky and killing everyone on board every single day of the year.
- 33% of African American children, 29% of Native American children, and 28% of Latino children live below the poverty line (\$20,650 for a family of four in 2007), compared to 9.5% of White children.
- The prevalence of HIV infection among Blacks doubled in the last decade while remaining stable among Whites.

There is much more to our health than bad habits, health care, or unlucky genes.

- On average, there are four times as many supermarkets in predominantly White neighborhoods as there are in predominantly Black or Latino neighborhoods.
- Racial segregation in many major American cities, including New York, Chicago, Milwaukee and Detroit, approaches that of South Africa under apartheid.
- African American women—of any class—who reported high levels of experience with racial discrimination were nearly five times as likely to deliver underweight babies as those who reported no experience with it.
- Although typically poorer, recent Latino immigrants are healthier than the average American. However, those who have lived in the U.S. five years or longer are 50% more likely to have high blood pressure and almost 40% more likely to be obese.
- Among employed Californians, Latinos are 11 times as likely as Whites to live in poverty.

www.unnaturalcauses.org

August 2012 Events/Observances

Month

Cataract Awareness Month
 Children's Eye Health and Safety Month
 Medic Alert Awareness Month
 National Breastfeeding Month
 National Immunization Awareness Month

Week

World Breastfeeding Week—August 1-7
 National Health Center Week—August 6-10

Day

National Night Out—August 7
 International Day of World's Indigenous People—August 9



The mission of the NPA is to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action.

Goal #4: Cultural & Linguistic Competency

Improve cultural and linguistic competency and the diversity of the health-related workforce.

<http://minorityhealth.hhs.gov/npa/>



Six Steps to Program Planning & Evaluation

Northwest Center for Public Health Practice



Program planning that includes evaluation is critical to measuring success and identifying areas for ongoing quality improvement.

Program planning that includes evaluation is critical to measuring success and identifying areas for ongoing quality improvement. However, it is often the most difficult piece for health departments to implement successfully. Breaking the process down to these six steps for program planning can help your organization get and stay on the right track for continuous quality improvement.

Step 1: Define your stakeholders

Your stakeholders are supporters, implementers, recipients, and decision-makers related to your program. Getting them involved early on will help you get different perspectives on the program and establish common expectations. This helps to clarify goals and objectives of your program, so everyone understands its purpose.

Step 2: Describe the program

Taking the time to articulate what your program does and what you want to accomplish is essential to establishing your evaluation plan. Your descriptions should answer questions like: What is the goal of our program? Which activities will we pursue to reach our goal? How will we do it? What are our resources? How many people do we expect to serve? Articulating the answers to those questions will not only help with accountability and quality improvement, but it will also help you promote the program to its beneficiaries.

Step 3: Focus the design of your evaluation

As you begin formulating your evaluation, think about the specific purpose of the evaluation—what questions are you trying to answer? How will the information be used? What information-gathering methods will best get me what I need?

Evaluations can focus on process, means, resources, activities, and outputs. They can focus on outcomes or how well you achieved your goal. You may also choose to evaluate both process and outcomes.

Step 4: Gather evidence

Qualitative and quantitative data are the two main forms of data you may collect. Three commonly used methods used for gathering qualitative evaluation data are: key informant interviews, focus groups, and participant observation. Qualitative data offers descriptive information that may capture experience, behavior, opinion, value, feeling, knowledge, sensory response, or observable phenomena.

Quantitative methods refer to information that may be measured by numbers or tallies. Methods for collecting quantitative data include counting systems, surveys, and questionnaires.

Step 5: Draw conclusions

This is the step where you answer the bottom-line question: Are we getting better, getting worse, or staying the same? Data comparisons show trends, gaps, strengths, weaknesses. You can compare evaluation data with targets set for the program, against standards established by your stakeholders or funders, or make comparisons with other programs.

Step 6: Ensure use of information with a thoughtful presentation of findings

It is important that all the work you put into planning the program and creating the evaluation gets used for quality improvement. When you present your findings and recommendations, it is important to know the values, beliefs, and perceptions of your groups; build on the group's background and build on common ground; and state the underlying purpose for your recommendations before you get to the details.

www.nwcphp.org



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**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.

Kid Care CHIP

Wyoming's Choice for Healthy Kids

The Kid Care CHIP Program works hard to ensure that minority residents in Wyoming receive quality healthcare.

The Kid Care CHIP application and brochure are available in English as well as Spanish. Healthlink, an online application for the Kid Care CHIP health insurance program, is also available in Spanish.

Kid Care CHIP works closely with "Passport to

Languages" to ensure any language can be interpreted when someone in the community is applying for health insurance with the Kid Care CHIP program.

Kid Care CHIP provides free or low-cost health insurance to those who qualify. Although many families have co-payments for most services, by federal law

Native American and Alaskan Native children are not subject to any co-payments.

It's easy to apply. Parents, caretakers, relatives and legal guardians can apply for children that live with them.

If you have any questions or need help with an application, call toll free 1-888-996-8786.