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[Home](#) > [News](#) > [Local News](#)

Minority health care disparities addressed

By DAN BARKER
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Members of the state Minority Health Advisory Commission came to Colorado Plains Medical Center on Friday to listen to how local agencies are trying to eliminate the disparities in health care between different populations of people.

They specifically came to hear about efforts to make health care better and more available for minority people such as Hispanics and Somalis, because statistics show that often these people are suffering more than their share of diseases.

Hispanics, for instance, have the highest death rate from diabetes, chronic liver disease, automobile crashes and cervical cancer, the highest teen fertility rate and the highest incidence of childhood oral health problems, said Mauricio Palacio, executive director of the state Office of Health Disparities (OHD).

Blacks have the shortest life expectancy and the highest death rate from lung, breast, prostate and colon cancers, the highest death rate from stroke, the highest infant mortality rate and the highest death rate from AIDS, he said.

OHD is dedicated to eliminating racial and ethnic health disparities by helping health care systems around Colorado change how they work with minority populations, Palacio said.

While some of the disparities come from the fact that minorities have less access to health care, with fewer having good health insurance or the money to pay for medical care, there is more to it, he said.

Part of the difficulty is communication. Too often a 7-year-old girl may be the interpreter for her non-English-speaking mother when talking to a doctor, which is a bad situation on several levels, a few of the people at the meeting said.



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The Minority Health Advisory Committee has a funding stream from tobacco tax dollars to help areas across the state with grants to help solve some of the problems, and it oversees which grant requests are funded. Part of the reason for this visit was to find out how grants have worked in Northeast Colorado and what needs still exist here, Palacio said.

Diabetes risks

Among the grants MHAC has given in Northeast Colorado, one went to the Salud Family Health Centers, focusing on prevention of cardiovascular disease for its high-risk diabetes population, said Gilda Salazar, a diabetes specialist.

She talked about how she created the Patient Health Advocate Program.

A big part of the job with diabetes is to dispel myths and to create useful communication between patients and physicians. Even if they understand English and say they understand what the doctor is telling them, they may not actually understand or the prescription the doctor gives them is just one more bill they cannot pay, Salazar said.

She created a program that trains lay people in educating diabetes patients on specific facts about the disease. It is personalized, since patients talk to one patient health advocate, and the advocates can provide motivation, support and ways to navigate the health system, she said.

One of the chief characteristics of the program is it does not abandon patients who do not seem to be doing what they are asked, Salazar said.

"You have to meet a person where they are," she said.

That means finding out what their priorities are and finding a way to fit their health needs into that without pushing them into what the health providers think they need, Salazar said.

"Where do you think you could start?" is one of the questions an advocate might ask, she said.

An important part of the program is that the advocates are all truly bilingual and bicultural, which means they know Spanish well and understand the Hispanic culture, Salazar said.

The attrition rate is low and the program is getting better, she said.

"They're fantastic," Salazar said. "We're really making a difference."

The training program for the advocates is lengthy, requiring a full week of training and then three months shadowing another advocate to learn the ropes, she said.

Salazar gave a demonstration of how a session might work by role-playing with one of the advocates. The advocate asked some questions about the diabetic patient's health status, such as whether she was pregnant or taking insulin, and then asked if the patient had foot problems.

Ingrown toenails are a frequent problem for diabetics, as are infected blisters and dry, cracked skin

relating to perspiration problems, the advocate explained.

She used a model of a foot to show how diabetes can affect feet and gave the patient some tips on how to care for her feet.

Cultural barriers

Rural Solutions Executive Director Jackie Reynolds told the commissioners about her program for improving access to cardiovascular care for Hispanics in Northeast Colorado.

Rural Solutions is a community-based program involving 10 counties in the area to address health issues. Directors of human services, public health, mental health, developmental disabilities services and senior services all belong to the group, which serves 108,000 people over 17,620 square miles. About 15 percent of that population is Hispanic and 12.2 percent of the population lives below the poverty line, she said.

The organization received commission funding to hold a symposium to help people in Northeast Colorado “wrap their heads around the problem of disparities” in minority health care, said Miranda Miller, program coordinator.

Its purpose was to help them see the problem, and it focused on teaching hospital and nursing home staff members about being culturally competent, getting rid of some of the myths about cultures, she said.

Rural Solutions was also able to train 69 interpreters on the use of medical terms to make them more effective. This kind of translation needs professionally trained interpreters, Miller said.

The group has also done outreach to Northeast Colorado residents, especially diabetics, by contacting them personally or at area fairs and expos. It also helped translate some documents for area agencies, she said.

Some of Rural Solutions’ advocates spoke to the commission, too, saying insurance is an issue for many people and that visits in the area can mean traveling 30 miles out of town. Some people use health fairs as a primary source of their health checkups and fairs offer a chance to offer diabetics free glucose meters.

One advocate said people who receive a free meter are very grateful, because they may not have the money to buy their own.

However, despite how widespread the popular Channel 9 Health Fair is, it does not seem to focus on diabetes. Rural Solutions often was the only group talking about the subject, another advocate said.

The Morgan County advocate created a network list of all of the local agencies so she knows just where to refer clients, she said.

Also, many Hispanic families do not know how to do CPR, so she arranged for local paramedics to do some training for 20 people to learn. Because 10 of those are child care workers, they now know what to

do in an emergency, she said.

Miller said that when a health worker takes a trip into the countryside to talk to Hispanic people, the message is more likely to be heard if the person is Hispanic and can speak their language.

Grants offered

Although the commissioners set aside a block of time to hear about the local minority needs, no specific ideas were presented.

Instead, the time was used to talk about the kinds of projects the commission is interested in funding and the steps in the process of receiving a grant.

Commissioner Lucio Torrez-Flores talked about a cherry picker he met during his travels. The man had difficulty doing his work because he needed glasses. That was arranged and the man was very grateful.

"It's important to go out and touch people," he said. "I don't think we do enough of that."

There are plenty of opportunities to access grants and OHD will help with the process, Torrez-Flores said..

"We can only do what we hear the people want," he said.

"It's not always about the money," said Commissioner Jeff Fard, who is called Brother Jeff.

It is important to him to learn about the passions areas have for their particular concerns, Fard said. It is good to make these kinds of trips to learn about needs firsthand and to learn about innovative ideas, he said.

MHAC can access \$4 million to \$6 million a year, which depends on tobacco taxes, said Dr. Ned Calonge, chief medical officer for the Colorado Department of Public Health and Environment.

Although individual grants once ran up to \$500,000, the office has trimmed that back to \$250,000, he said.

One thing the commission is concerned with is equal distribution of the funding, Calonge said.

It has had fewer applications from Northeast Colorado than any other area, he said.

"How can we better engage Northeast Colorado to apply?" Calonge asked. "We don't like funding holes in our map."

He said to think beyond the most obvious applicants, like hospitals and other health providers, because places like beauty shops and churches could be great places to hand out information, he said.

One real asset for the area is that CPMC CEO Michael Anaya is now on the commission. He can help Northeast Colorado people interface with the commission and OHD, said Brother Jeff.

Another function of the commission is to make connections among groups from different areas around the state to share what they've learned, said Commissioner Patricia Alvarez-Valverde.

"Don't recreate the wheel," she advised.

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