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Strategies Used by Local Health Departments to Better Serve Diverse Communities

Jennifer Lucado, M.P.H. | Claudia Schur, Ph.D.

Purpose and Overview

Over the past few decades, the Unites States has seen dramatic changes in the diversity of its residents, including growth in the proportion of immigrants and the range of cultures and languages represented. Between 2000 and 2008, while the white population grew by 6 percent, the Asian population increased by 28 percent, the Hispanic population increased by 32 percent and the African American population increased by 10 percent. Immigration has contributed to these population increases, with approximately 38 million immigrants living in the US as of 2008. Immigration patterns have changed as well, with immigrants settling not only in large cities, but also in smaller towns and rural areas.

Immigrants and other underserved populations experience disparities in health outcomes, including higher rates of chronic and infectious disease. They may also hold different views on health practices, face language barriers, and have fewer financial resources. Local health departments (LHDs) play an integral role in their communities by providing essential public health services, including monitoring the community's health status, mobilizing community partnerships to ensure people are linked with needed personal health services, and educating people about health issues. Little is known about the approaches LHDs have used to meet the needs of their changing populations. As part of a larger study (see page 4 for more detail), we conducted in-depth telephone interviews with 13 representatives of LHDs that had developed an innovative program to reach members of a socioculturally or demographically diverse population in their community.

Cross-Cutting Strategies Identified by Local Health Departments

Partnering to Bridge the Cultural Divide

Partnering—whether it is with non-profits, other governmental organizations, or members of the community—can provide numerous benefits to LHDs in their attempts to better serve diverse populations. Many organizations work to improve the health of marginalized populations, and the means by which they do this vary. Some may focus on offering the services of trained interpreters, while others promote health education or work to raise awareness of health conditions. One of the most popular means for LHDs to build partnerships is through the formation of a coalition. Coalitions can benefit LHDs by increasing the exchange of information within a diverse group of members, building a stronger shared knowledge base, providing a venue for the strategic planning of new programs, and arranging for more efficient use of existing resources, including eliminating duplicated services. In Orange County, North Carolina, a refugee health coalition was formed, bringing together the Orange County Health Department, social service providers, schools, two local healthcare systems, and four resettlement agencies. Recently, the coalition found that many of the area's medical organizations were in need of interpretation services for their Burmese- and Karen-speaking clients. With the help of the University of North Carolina at Chapel Hill Hospital's Interpreter Services Department, the coalition was able to organize a low-cost, week-long session to train medical interpreters who speak those languages.

Other types of partnerships can be beneficial to LHDs as well. Partners may provide services that the health department lacks. Partners may also help LHDs by connecting new clients to the health department who may not have been aware of

the services offered. In Ellaville, Georgia, the Nursing and Community Health Outreach Service (NACHOS) and the Ellaville Primary Medicine Center collaborate with the health department in Schley County, referring clients to the health department for medications and services. All documented residents of the state are eligible for state-sponsored programs at the health department such as blood pressure medication and electrocardiograms; the services are available at a discount or for free, but without the extended reach of the partners, some clients were not aware of these benefits.

In a more informal type of partnership, community members and member organizations can assist an LHD with program development or evaluation. The Houston Department of Health and Human Services, for example, engages all community stakeholders—from young mothers in need of health department services to local business owners—by holding key informant interviews in preparation for their twice-yearly *Assessment, Intervention, and Mobilization* (AIM) program. These interviews allow AIM organizers to better gauge the needs of and challenges faced by the residents in each of the program's targeted neighborhoods.

Outreach: Going to Where People Live and Work

Community outreach is another key strategy. Some LHDs had outreach programs they ran on their own, while others performed outreach in conjunction with their partners. Going into the community to reach diverse populations directly may be an especially effective method if transportation or geographic isolation creates a barrier for local residents. For example, the Maniilaq Association of Alaska serves 12 villages in the Northwest Arctic Borough that are not connected by roads, so the LHD frequently visits each community by bush plane to provide public health services to residents.

More commonly, LHDs reported a variety of public transportation issues that prevented potential clients from reaching service sites, such as public transportation that ran infrequently or transit systems that were difficult to navigate. The Champaign Urbana Public Health District (CUPHD) took steps to lessen the transportation barrier by operating a mobile unit to visit locations throughout the district and provide a variety of services, including the distribution of condoms, STD and HIV screening, syringe exchange, prostate antigen testing, and referrals to breast and cervical cancer screening. They began this outreach by utilizing geographic information system (GIS) data on factors such as income and Medicaid service use to pinpoint which areas of the district might benefit most from visits. They then met with residents of those areas to explore attitudes toward obtaining services from a mobile unit. Finding a positive response from residents, CUPHD began offering services from the mobile, first reaching out to low-income neighborhoods and then expanding to other locations suggested by the community, such as gas stations and area high schools. In a similar manner, Miami-Dade County Health Department, in partnership with the Mayor's Office, found success in bringing the program, *The Mayor's Initiative on Aging: To Life!* into local neighborhoods, providing seniors throughout the county a variety of health screenings, educational materials, and fitness activities close to home.

> "We have [an office] dress code that we quickly learned was not conducive to visiting auto shops and establishing credibility. We thought, 'Okay, let's not go in suits next time.' We were trying to figure out our entry point … how do we approach people and be received well?"
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> **Gerry Thomas,** Boston Public Health Commission

Outreach can be especially helpful in introducing information or services that people do not recognize as needs. Several LHDs reported performing workplace safety outreach that brought them into the workplaces of their residents, including Maplewood, New Jersey and Boston, Massachusetts. Immigrants and people of color may be more likely to go into industries that are hazardous to their health and they may also be unaware of or less concerned about occupational hazards. The Boston Public Health Commission (BPHC) has programs that reach out to people working in auto body and repair shops and nail salons. These initiatives not only raise awareness of occupational hazards among workers who may view their jobs as temporary positions, but also offer technical assistance and small one-time funding to businesses that is used to make common practices safer, whether it is by improving ergonomics or replacing hazardous chemicals.

Working within Cultural Norms

Understanding cultural norms is often essential to creating a successful public health program. Attitudes, beliefs, and behaviors vary greatly among people of different cultures, so programs may need to be tailored to the target population in

order to be successful. Without any modifications, a program that has positive outcomes in one population may not appeal to or be accepted by another population. Some changes are minor—the BPHC noted that when they began outreach for their *Safe Shops* program discussed above, they wore their usual office attire but quickly decided that a change in dress could help them be better received. LHDs reported using a variety of resources to better understand cultural norms of their clients. In Merced County, California, the health department reported using the PBS documentary, *Unnatural Causes*, a series that explores racial and socioeconomic inequalities in health, as a starting point for discussions among employees about life issues that can lead to chronic diseases for people living in the area. Watching the series and participating in discussions helped to raise awareness of the challenges that clients faced on a daily basis that could serve as barriers to good health. This translated into increased sensitivity to these issues when providing services.

> "One of the barriers in San Antonio is a sense of inevitability. Grandparents are diabetics, parents may be diabetic, [so] a child feels that they will inevitably become a diabetic… We're [now working on]...what types of messaging we need to get out to the community to try to help people to understand that it's not inevitable, that if they follow this type of diet, and they're physically active that they can postpone or avoid getting diabetes."
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> **Jennifer Herriott,** San Antonio Metropolitan Health District

Understanding cultural norms in health care seeking behavior is also important in planning for new programs, making improvements to existing programs, or in designing policy changes. Several health departments learned that many immigrants often lack health insurance so they forego preventative healthcare. As a result, they are less likely to heed advice from the health department to seek out services such as skin cancer screenings, Pap smears, and cholesterol tests that could detect conditions at an early stage. Another cultural view reported by the San Antonio Metropolitan Health District (SAMHD) was that of Latino clients who felt a sense of inevitability towards developing diabetes because of a strong family history of the condition. Taking into account these beliefs, the LHD engaged families as support systems, helping to reinforce changes in diet and exercise that their *Families Preventing Diabetes* program was advocating. The Framingham Health Department in Massachusetts found that many residents did not lack fruits and vegetables in their diet altogether—however, most only visited a grocery store once a week, and typically ate their fruits and vegetables in the first few days thereafter. The SAMHD found a similar situation, where families often lived in "food deserts," lacking stores with quality produce and filled with restaurants without healthy choices. Knowing local circumstances allows LHDs to tailor programs to their audience's needs and also to advocate for policy change, such as bringing farmers markets to more neighborhoods.

LHDs also looked to internal resources to better understand the cultural norms of clients. Having just one employee with a strong understanding of a culture can prove to be a huge asset in educating LHD staff and better serving clients. In Kit Carson County, Colorado, one staff member was trained to become a lay health educator and certified medical interpreter, allowing the LHD to better serve Spanish-speaking clients with their chronic disease prevention program. The Southeast Health District—which is in rural Georgia and serves a growing Hispanic population—has taken a similar approach, offering certified interpreter training to Hispanic employees. These interpreters help to formally and informally explain cultural differences to other LHD staff. The Orange County Health Department in North Carolina serves a population of refugees from Burma, some of whom speak Karen, and they had one nursing student intern who also was a native Karen speaker and a contract interpreter. This intern developed low-literacy, culturally-relevant materials for the local refugee population, including making bus route maps with simple directions to the health department and social services offices, and also helped to educate health department staff on the culture and health beliefs of people from Burma. Both of these actions helped to provide better service to the community of people from Burma residing in the county.

Implications

Local health departments in both urban and rural areas across the United States are taking steps to better serve their increasingly diverse populations. Some common approaches include partnering with other organizations in the community, performing outreach, and understanding the cultural norms of clients. Both formal partnerships, in the form of coalitions, and informal partnerships are helping LHDs to gain information to better understand the needs of their clients and allowed them to pool resources with the other organizations. Outreach is one way to overcome transportation barriers and is also helpful in implementing workplace safety programs. Understanding cultural norms is the most general but essential approach to better serving diverse populations. Education and discussion among employees can help to raise awareness of barriers to good health that clients face and to be more sensitive to these barriers while providing services. Informal discussions with clients can also lead to a better understanding of differing attitudes or customs that may need to be considered when designing a program or making adjustments to ongoing service efforts. All of these practices are useful tools to LHDs in fulfilling their missions to promote health and provide quality care in their communities.

> "You really can't do [health promotion] effectively unless you take into account cultural factors: food preparation and eating practices...shopping patterns, where people live, and what food is available."
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> **Dr. Tim Livermore,** Merced County (California) Department of Public Health

LARGER STUDY DETAILS

Our study began by creating 2,300 multi-cultural community profiles for LHDs using a combination of data from the 2000 Census and responses to the 2005 National Profile of Local Health Departments collected by the National Association of County and City Health Officials (NACCHO). These profiles included factors such as racial and ethnic diversity, number of languages spoken by area residents, prevalence of linguistic isolation in households, and the proportion of recent immigrants in the total population. Based on these diversity ratings, we selected approximately 400 LHDs for a survey to learn more about the diversity that exists in their jurisdiction, partnerships the LHD has, language services they provide, and challenges they face. The results of the survey will be available separately.

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