

# How to Deal with Latino Data:

## A Guide for Montgomery County Service Providers

Latino Health Initiative  
Montgomery County, Maryland  
Department of Health and  
Human Services

*September 2006*

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## Preface

A dearth of accurate racial and ethnic data hinders efforts to close gaps in health disparities. Improving the scope, accuracy, and use of data collection activities with respect to Latinos will enable more appropriate identification of the health needs of Montgomery County's Latino populations. This will permit rational, objective, and fair prioritizing, planning, monitoring, and evaluation of health interventions.

Dealing with data in any circumstance is usually done in a context of going after what we want to know. The way we search for knowledge can define how well we get to know what we are looking for. Therefore, it is important that we have a roadmap for gaining knowledge about Montgomery County Latino populations (a plural concept since Latinos originate from many different countries) in an appropriate manner. *How to Deal with Latino Data: A Guide for Montgomery County Service Providers* (herein referred to as the *Latino Data Guide*) provides you with instructions for obtaining information about Latinos that can be included in important databases, as well as in policy and health care decisions.

As Latinos, we are practical about doing what needs to be done, and to get positive results, we will work with those persons who have what may benefit us. Trust by Latinos of service providers, however, is the sine qua non of community participation—this essential trait must be there for the relationship to work. Once it is clear to the Latino community that what is being done genuinely serves our interests and needs, we will readily engage.

Learning what to do to develop the suitable means for providing the right services to Latinos in Montgomery County is a process. Getting the information we need requires that data collection methods and data analyses are meaningful and therefore “done right.” Being prepared to address the data needs of Latinos in Montgomery County should be something to which each service provider throughout the County should attend. The *Latino Data Guide* is developed to help you with this challenge.

Given that we are the fastest-growing group in the County, our contributions to Montgomery County can only expand in influence. Getting to know Latino populations well, then, will serve the best interests of County government and private sector organizations. We hope that by capturing an accurate profile of Latinos, we will succeed in securing County-level systemic changes whose repercussions will have a salutary effect on all County residents.

We welcome feedback on the *Latino Data Guide*, from its writing clarity to the usefulness of its contents. Please feel free to contact Sonia Mora, Latino Health Initiative Manager, with any comments about the Latino Data Guide. Your input will allow us to continually work toward improving ways to understand and make the most of Latino data.

J. Henry Montes, MPH  
Chair, Latino Data Workgroup

# The Latino Data Workgroup

In keeping with the priorities of the *Latino Health Initiative Blueprint for Latino Health in Montgomery County, Maryland 2002-2006*, the Latino Health Steering Committee in its 2003 Retreat agreed to focus its short-term efforts on three areas – data, health professions, and access to care. To address areas of concern identified in the *Blueprint's* “Priority A” – “Improving the collection, analysis, and reporting of health data on Latinos” – a few members of the Latino Health Steering Committee volunteered to form a Latino Data Workgroup.

The Latino Data Workgroup is composed of professionals who work in the Federal government, academia, and the private sector. The Workgroup’s principal focus is to develop and implement an action plan that will enhance current systems for collecting, analyzing, and reporting health data as they pertain to Latinos in Montgomery County.

The goal of the Latino Data Workgroup is to encourage stakeholders in Montgomery County and the State of Maryland to develop and implement consistent efforts to enhance systems for collecting, analyzing, and reporting data on Latino populations. By improving these data systems, then rational prioritizing, planning, monitoring, and evaluation of health interventions among Latino populations will be possible.

Over the past three years, the Latino Data Workgroup collaborated with operators of public data systems in Montgomery County’s Department of Health and Human Services to ensure that comprehensive information about Latino communities in the County is included. The Latino Data Workgroup is also in constant communication with private sector groups, such as the Primary Care Coalition, to provide ongoing technical assistance on a new management information system that includes necessary elements for useful and useable data on Latino patients and clients.

*How to Deal with Latino Data: A Guide for Montgomery County Service Providers* (herein referred to as the *Latino Data Guide*) is the result of the Latino Data Workgroup’s careful examination of data systems within Montgomery County. Based on our investigations, we concluded that there is a dearth of information and knowledge about how best to deal with data related to Latinos.

We recognize that the *Latino Data Guide* may lack some desired details. However, as a “guide,” it will be useful if the efforts to utilize it are taken in good faith. Also, we cannot emphasize enough the value of consulting the sources cited in the “Resources and References” section at the end of the *Latino Data Guide* for more in-depth analyses and guidance.

# Acknowledgments

**W**e, members of the Latino Data Workgroup, extend our heartfelt thanks to the whole Latino Health Initiative staff, past and present. Each played an instrumental role in completing the Latino Data Guide. During the main period of development and review of the Guide, Eduardo Pezo who was working as LHI Data Workgroup Coordinator, provided important follow through in identifying sources and critiquing various ideas for the content of the report. He later joined the LDW as a member. Other staff whom we want to thank and acknowledge who helped the LDW concentrate its efforts to finish the report include Carmen Sáenz and Graciela Jaschek, the current LDW coordinator. Thanks are due to Everly Macario, public health consultant, who provided a careful eagle's eye editorial review and content ideas. We thank Sonia Mora, Latino Health Initiative Program Manager, as without her constant encouragement and creative insights, the *Latino Data Guide* would not have been possible. Only by working together in a synergistic manner were we able to complete the *Latino Data Guide*, and finally, promote and distribute it to those who can benefit most from it.

## Latino Data Workgroup Members

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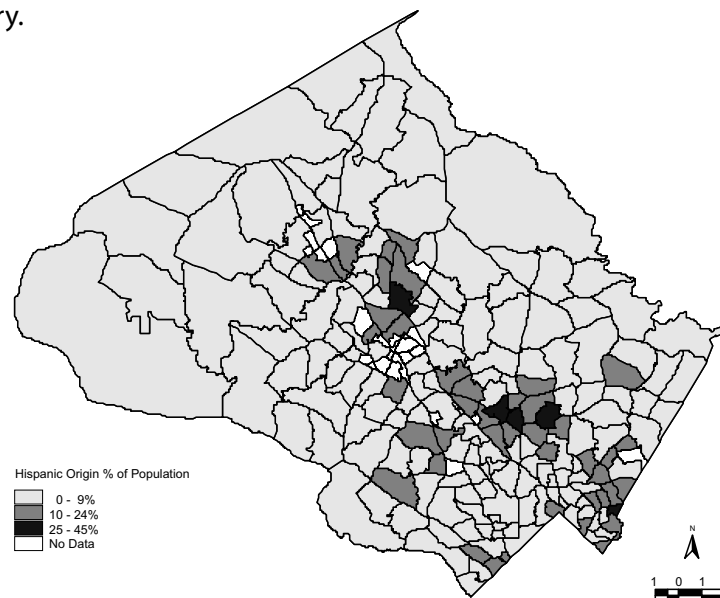
## Purposes of the *Latino Data Guide*

The *Latino Data Guide* is meant to be used by professionals in the fields of medicine and public health, Latino community service providers, County government officials, researchers, statisticians, epidemiologists, and evaluators.

The overall purpose of the *Latino Data Guide* is to help entities that serve the needs of Montgomery County Latinos improve data collection, analyses, and reporting efforts.

Other purposes of the *Latino Data Guide* are to:

- Enhance the infrastructure of data operations in Montgomery County so that Latino data can be reflected accurately.
- Provide information related to Latino sociodemographics, changes in sociodemographics, health outcomes, and health needs to organizations, agencies, and individuals serving Latinos in Montgomery County.
- Assist entities in creating benchmarks for measuring successes in quality data collection.
- Tailor health and social services to the local needs of Latino populations in Montgomery County. For example, Salvadorans constitute the largest Latino subgroup in Montgomery County; health education materials may be written with Salvadoran history, culture, and idioms in mind.
- Be a model for other jurisdictions in the greater Washington, DC area, as well as in other parts of the country.



Map Produced By:  
1997 Census Update Survey  
Summary Report  
1997 Hispanic Origin  
Population  
Montgomery County, MD

Data Source:  
1997 Census Update Survey Research &  
Technology Center, M-NCPPC

Source: 2004 US Census Update Survey Research and Technology Center, M-NCPPC

# Latino Demographics

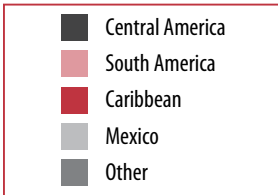
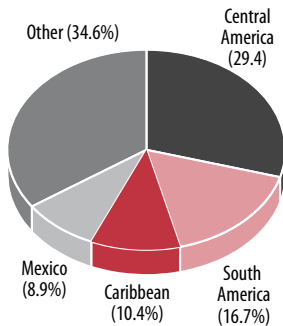
## Latinos in the United States: We Are Not Going Away

Latinos are the country's largest and fastest-growing minority group. We accounted for 49 percent of the nation's growth from 2004 to 2005.

Almost 41 million Latinos resided in the United States in 2004, representing an estimated 14.1 percent of the total population in the United States. Almost two-thirds (64.5 percent) of Latinos in the United States are Mexican, 15.7 percent are Caribbean, 12.4 percent are Central or South American, and 7.4 percent are from "other" parts of the world. The number of Latinos is projected to grow to 102.6 million by 2050, a number that will represent 24 percent of the total United States population. This means that in 44 years, one in four persons in the United States will be of Latino heritage.

In 2000, 59.8 percent of Latinos in the United States were native-born citizens, 29 percent were foreign-born but not yet citizens, and 11.2 percent were foreign-born and naturalized citizens.

### Latinos in Montgomery County Come From Many Different Places



Source: 2004 US Census Update Survey Research and Technology Center, M-NCPPPC

## Latinos in Montgomery County: We Are Here to Stay Locally Also

### *We're growing*

Latino populations in Montgomery County increased almost 81 percent between 1990 and 2000.

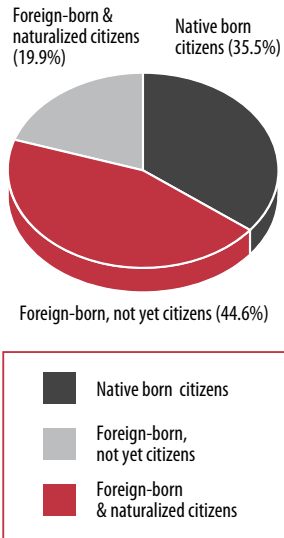
In 2004, there were 121,012 Latinos in Montgomery County — a 21 percent increase from 100,604 just four years earlier in 2000.

Foreign-born populations in Montgomery County represented approximately 27 percent of the County's total population in 2000, with about 35 percent (of the 27 percent) born in countries across Latin America.

### *We come from many different places*

Latinos in Montgomery County currently constitute 13.3 percent of the total County population. The continents or countries of origin of these Latinos include: Central America (29.4 percent), South America (16.7 percent), the Caribbean (10.4 percent), Mexico (8.9 percent), and others (34.6 percent). Salvadorans represent the largest Latino group in Montgomery County.

## Most Latinos in Montgomery County Were Not Born in the U.S.



Source: 2004 US Census Update Survey Research and Technology Center, M-NCPPPC

## Two-thirds of us were not born here

In 2000, 64.5 percent of Latinos in Montgomery County were foreign-born.

In 2000, 35.5 percent of Latinos in Montgomery County were native-born citizens, 44.6 percent were foreign-born but not yet citizens, and 19.9 percent were foreign-born and naturalized citizens.

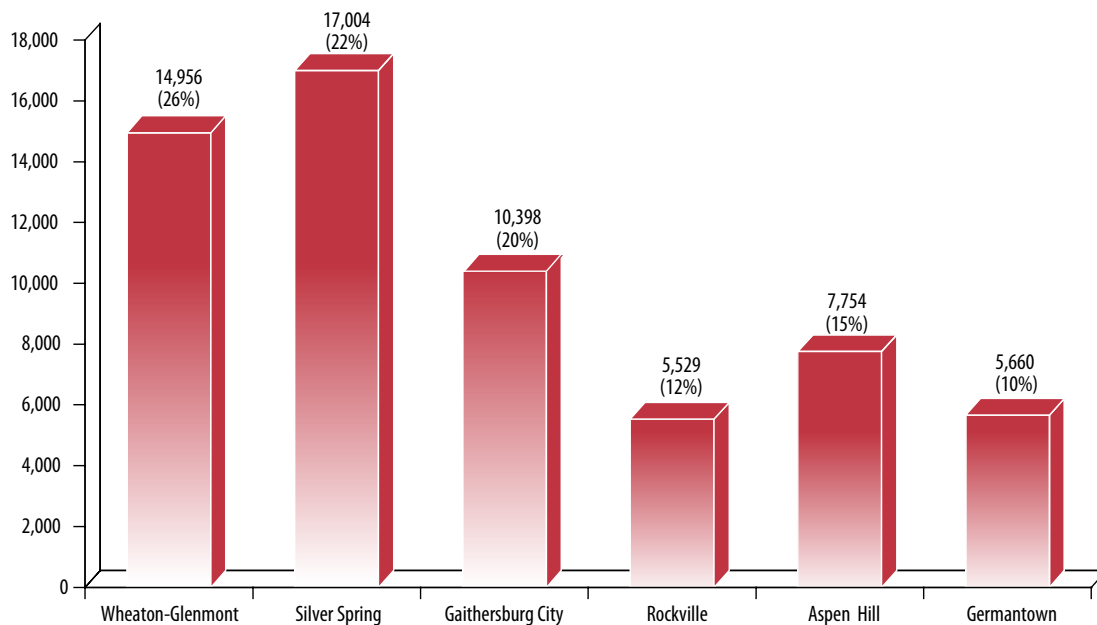
## We tend to cluster in a few areas

Latinos are most highly concentrated in Wheaton-Glenmont (14,956 or 26 percent of the total Wheaton-Glenmont population), Silver Spring (17,004 or 22 percent of the total Silver Spring population), Gaithersburg City (10,398 or 20 percent of the total Gaithersburg City population), Aspen Hill (7,754 or 15 percent of the total Aspen Hill population), Rockville (5,529 or 12 percent of the total Rockville population), and Germantown (5,660 or 10 percent of the total Germantown population).

## We are younger

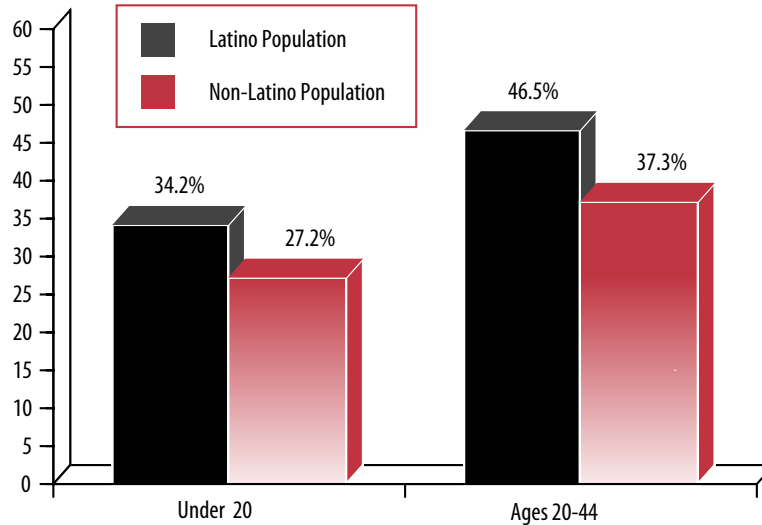
The Latino population in Montgomery County is younger (median age, 28.5 years) than the County's population as a

## Latinos in Montgomery County Live in Clusters



Source: 2004 US Census Update Survey Research and Technology Center, M-NCPPPC

## Latinos in Montgomery County Are Younger than the General Population



Source: 2004 US Census Update Survey Research and Technology Center, M-NCPPPC

whole (median age, 36.8 years). An estimated 34.2 percent of Latinos are under 20 years of age, compared with 27.2 percent of the total County population; 46.5 percent of Latinos are between the ages of 20 and 44, compared with 37.3 percent of the total County population.

### ***We are more educated than other Latinos in the U.S. but, we're not faring as well locally***

In 2002, 22.1 percent of Latinos in Montgomery County ages 25 and older had completed a bachelors degree or higher, compared with 11.1 percent of Latinos across the country. However, while 8.4 percent of all residents in Montgomery County have less than a high school education, 38.7 percent of Latinos in the County have less than a high school education.

### ***Most of us speak a language other than English at home***

About 90.3 percent of Latinos in Montgomery County speak a language other than English. Of these, 25.1 percent do not speak any English at all or speak very little English.

### ***We live with more people under the same roof***

Approximately 32.1 percent of Latino households in Montgomery County are composed of five or more individuals, while 11.4 percent of the overall population live with five or more individuals.

### ***We rely heavily on our own transportation***

More than 75 percent of Latinos in Montgomery County utilize private transportation and close to 18 percent use public transit.

## How to Deal with Latino Data:

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### ***We face many economic challenges***

In 1999, 3.7 percent of families in Montgomery County lived below the poverty level compared to 8.9 percent of Latino families.

Latinos comprise a large percentage of the workforce in the service, domestic, and construction industries in Montgomery County.

Latinos in Montgomery County have a 3.9 percent unemployment rate, compared with the County's overall unemployment rate of 2.3 percent.

Compared with the County average of 14 percent, 28 percent of Latino households earned less than \$30,000 in 1999. Per capita income is also lower since Latino households tend to be larger than non-Latino households.

Non-Latino White and Asian householders enjoyed a 4 percent income growth between 1996 and 2002. Households headed by Latinos experienced a 6 percent drop in median household income during this period.

Compared with 21 percent for all Montgomery County residents, 42 percent of Latino homeowners in the County spend at least one quarter of their income on housing.

### ***The Opportunity to Make Changes is Timely***

As in the past, newcomers to the United States tended to settle in geographical areas where their fellow immigrants who came before them lived, and then re-located as needed to improve their situation. Current living arrangements for Latinos are dynamic. Continued shifts from one geographical area to another are expected with the incessant burgeoning of the population.

These population dynamics are timely opportunities for those providing services to Latinos because it allows for being part of the "ground floor" of change so that adjustments in services can be put in place toward the beginning of growth rather than after it has happened.

## Latinos: View Us as an Asset

### There is Richness in Diversity

Latino populations have the unifying point of a common language—Spanish. However, Latinos in the United States originate from a number of different areas with unique histories, politics, climates, landscapes, and ways of living (that include a wide variety of traditional foods and their methods of preparation and folk art). Latinos come from Mexico, Central America, Portuguese- and Spanish-speaking South America, Puerto Rico, the Dominican Republic, Cuba, and the Iberian Peninsula (Spain and Portugal).

Not only is the number of Latinos growing quickly across the United States and in Montgomery County, these Latinos are emigrating from a large number of countries whose corresponding cultures are quite different. These Latinos, as other immigrants, are contributing to the rich diversity that the United States history of immigration has as its legacy.

### Latinos Seek the American Dream Too

Latinos bring a plethora of assets to Montgomery County that are not always readily recognizable by the general public. This lack of recognition occurs in part because electronic, broadcast, and print media, as well as other sources, often focus on Latino populations' liabilities.



## How to Deal with Latino Data:

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As it is with other immigrants coming to the United States, Latinos have the:

- Courage to travel to a new land and immerse ourselves in a different culture and language;
- Fortitude to tolerate ambiguities and uncertainties;
- Resourcefulness to navigate systems that are unfamiliar and engage unknown providers;
- Strong work ethic to accept several jobs simultaneously;
- Humility to recognize our limitations when speaking the English language and in transferring home-acquired professionally-related education and expertise into equivalent positions in the United States;
- Drive to learn English and new job placement skills; and
- Moral fiber to sacrifice our own comfort to give our children and extended families a chance at a better life.

Latinos have skills, assets, networks of trusting relationships, and mediating structures that can have a positive influence in Montgomery County. We tend to have strong ties to family and a powerful sense of identity with our social networks and community. Many recent immigrant Latinos are very hard working and hopeful for the future, and therefore willing to labor and toil for the betterment of our community. A large cadre of Latinos bring substantial experience in community organizing, trade unionism, manufacturing, education, business, law, health, medicine, scientific research, nursing, politics, communication, journalism, public relations, accounting, management, architecture, craftsmanship, art, music, sports, entertainment, and religion from our home countries.

We offer untapped potential for community leadership and serving as role-models in Montgomery County.

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# Cultural and Linguistic Considerations

Cultural and linguistic competence have been shown to be an essential component of accessible, responsive, and high quality health care. A health care provider's ability to communicate across language barriers and understand socio-cultural variations in health beliefs, values, and behaviors is critical to the delivery of quality health care and the elimination of health disparities.

The delivery of culturally and linguistically competent services and the elimination of health disparities depend on the ability of health care organizations to collect data accurately and consistently on their patients. For data to be collected on Latino populations in a truly useful manner, cultural and linguistic barriers must be removed.

## Cultural Factors

The manner in which data are collected and analyzed needs to be placed in the broader context of a population's culture. Data should be used to document limitations that can help illuminate how Montgomery County can improve service delivery and modify the content of its services to better meet needs.

To be successful with Latinos, health care providers need to consider core Hispanic values:

*familialism*, the significance of the family over the individual;

*collectivism*, the importance of friends and extended family in helping to solve problems;

*simpatía*, the need for smooth interpersonal relationships in which criticism and confrontation are discouraged;

*personalismo*, the preference for relationships with members of the in-group (a group of people sharing similar interests and attitudes, producing feelings of solidarity, community, and exclusivity);

*respeto*, the need to maintain one's personal integrity and allow for face-saving strategies; and power distance, the special deference shown to certain persons, such as the powerful, the elderly, and the educated.

Latinos are a relatively young population. For many Latinos, it is not uncommon to live with many relatives, spanning multiple generations, as well as with other non-blood-related families at times, in the same household (81 percent of Latino households, compared with 68 percent of all households in the United States, were family households in 2000). In the Latino culture generally speaking, elders are

## How to Deal with Latino Data:

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respected for their wisdom and children for the potential to give back to their families and society. All members living under the same roof are considered part of the same family. As with mothers in most cultures, the Latino mother tends to manage the health needs of the family. When a family member is sick, he or she will likely receive many visits from multiple members of his or her large extended family. Collecting data about this particular practice, for example, may help Montgomery County hospitals better plan for appropriate patient visitation rules.

Latinos tend to stress the importance of the personal rather than the institutional. They expect health providers to be warm, friendly, and personal. A direct and straightforward business-like approach might seem brusque or even rude. With Latinos, there is no substitute for face-to-face communication.



Limited life choices, scarce resources, and juggling multiple jobs tend to be the reasons why many Latinos neglect tending to health prevention measures. Many Latinos, moreover, have fatalistic attitudes toward diseases. These Latinos may view a disease as a matter of chance or fate and that fast recovery is a matter of good luck.

### Linguistic Factors

It is important from a legal, as well as an ethical perspective to provide persons with fully accessible Limited English Proficiency services.

Although regional variations in language do exist, it is important to note that Spanish is one language, akin to English. Although different accents and idioms are observed depending on the country (e.g., England, South Africa, Canada, New Zealand, Australia, Grenada, Ireland, United States), persons from these countries understand the same “standard” or “broadcast” language (whether it is in Spanish or English).

For Latinos in the United States, the use of the Spanish language in relating to others is common practice. However, this does not mean that anyone who speaks Spanish can be a translator or an interpreter.

Changing one language into another can be done by translation (generally used for written text) or interpreting (generally used for oral communication).

## Translations

When developing materials and documents that contain or report data, it is best to do so in the language of the target audience. For Spanish-speaking Latinos, someone who knows the subject matter and whose “mother tongue” or native language is Spanish, and is fully bi-lingual in English would be ideal for developing these materials. This person should also be sensitive to the audience’s literacy level in their own language. Ideally, translated texts should strive to be written at the third grade level, and never exceed the sixth grade reading level.

Unfortunately, many Spanish-language materials have been translated from English documents that were originally developed for English-speaking persons by English-speaking persons.

Direct, one-way translations of print materials from English to Spanish and vice versa (when doing “back translations”) without substantial tailoring is common and often results in materials containing inaccuracies as well as awkward language usage that can also be out of context.

### **Importance of Getting the Meaning Behind the Text Right**

It is critical that translated materials reflect the correct concepts in the original materials. Literal, word-for-word, translations can lead to egregious errors. Computer translation programs are infamous for translating text in literal terms rather than conceptual ones. For example, the term “*efectos secundarios*” in Spanish means “side effects” but may be incorrectly translated as “secondary effects.”

The literal translation of, “To lie on your back,” is “*Acostarse sobre la espalda*” while the intended meaning is correctly stated as, “*Ponerse boca arriba*” (to lie with your mouth facing upwards). Another example is, “Cold turkey detoxification” – this would incorrectly be translated as “*Desintoxicación pavo frío*” if done literally while the correct translation of the intended meaning is, “*Desintoxicación a palo seco*” (detoxification at dry stick). “Slurred speech” would be “*Articular mal*” (to articulate incorrectly) in literal terms, when the correct interpretation is, “*Lenguaje enredado*” (language caught in a net or entangled language).

### **Importance of Writing Numbers Correctly**

In Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, Paraguay, Spain, Uruguay, and Venezuela, a comma is written where English writes a point. For example:

English 3.56 (three point five six) = Spanish 3,56 (*tres coma cinco seis*)

English .07 (point zero seven) = Spanish ,07 (*coma cero siete*)

The recurring decimal 3.3333 may be written in English as 3.3 and in Spanish as 3,3

*(This does not apply in the Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, or Puerto Rico.)*

## How to Deal with Latino Data:

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When writing prescriptions for medications, physicians and pharmacists need to take special care in making sure Spanish-speaking patients understand the correct quantity of medications that they should be taking.

### **Importance of Accents**

The placement of an accent can change the meaning of the same word. For example:

<i>solo</i> = single, sole, alone, lonely	<i>sólo</i> = only, solely, merely, just
<i>aun</i> = although, even though	<i>aún</i> = still, yet
<i>ano</i> = anus	<i>año</i> = year
3 o 4 = looks like 304 (three hundred and four)	3 ó 4 = 3 or 4
<i>numero</i> (verb) = I number or I enumerate	<i>número</i> (noun) = number

### Tips for Translating or “*Transcreating*”<sup>1</sup> Materials

Written materials convey a sense of authority on what is being covered. To maintain the credibility of the institution and the topic being covered, such materials need to be accurate. When the ideal of creating Spanish-language materials from scratch is not possible, the following steps in the English to Spanish translation process will help improve the outcome:

1. Hire a professional translator. Never rely solely on computer translation programs.
2. Conduct a “blind-back translation” or “forward-back translation” in which the translated material is translated back to English by a person other than the original translator (who also has not seen the original English text).
3. Request an expert review of the translated document. Ideally, a project team composed of individuals with diverse professional titles, as well as representative of different countries of origin, should be enlisted.
4. Adapt the artistic design to reflect the Latino culture. For example, photographs of family members eating peanut butter and jelly sandwiches may not resonate as readily as their eating rice and beans or an “*asado*” (a barbecue).
5. Pretest the material with members of the target audience. For example, a focus group composed of Latinos could review the translated materials for usefulness, readability, and cultural and linguistic appropriateness.
6. Reach consensus on recommended changes by expert reviewers and target audience members. For example, should “*doctor*” or “*médico*” be used for the translation of “physician”?

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<sup>1</sup>“Transcreation” involves not only translating a material but also adapting format, content, and context to create a resource targeted to the needs of Latinos.

Should “*seno*,” “*pecho*,” or “*mama*” be used for breast? Should you use “Hispanics,” “Latinos,” or “Latin Americans”? What kinds of colors and artwork in a print material would resonate the most for Latinos? Should *curanderos* (traditional or folk healers) be mentioned? Should faith or religion be addressed? Should commas be used instead of decimal points when writing numbers?

### **Interpretation**

Interpreters are a major resource, one that cannot be understated especially when collecting data that deals with Latinos. Where translated materials communicate unilaterally, the interpreter engages in a two-way dialogue between an interviewer and a respondent with multiple dimensions to the transaction. From the basic welcoming of the respondent to engaging in intimate discussion regarding the respondent’s private health history and other sensitive information, quality interpretation services are essential to successful data collection.

For interpreters whose words can mean life or death to hospital patients, accuracy is critical. However it is not only about getting words right. If, for example, a woman yells at her doctor, upset because she could not get an appointment sooner, the interpreter must relay the general tone and the information to the doctor as if he or she were that patient.

### Tips to take into account with respect to interpreter services

1. Do **not** use ad-hoc interpreters, untrained staff members, people off the street, custodians, children or relatives to interpret. While seemingly easy to resort to, asking family members to interpret for a patient or client is problematic. It may be embarrassing for the patient or client to talk about private matters with a family member. The patient or client’s privacy and situation may be compromised if he or she does not feel comfortable talking about issues openly.
2. Use qualified professional bilingual interpreters whose skills have been evaluated in both English and Spanish. Again, while it may be easy to quickly contact someone onsite who might speak Spanish, this person may be conversant in Spanish but may not know correct medical terminology. A stranger might also cause the patient or client to be reticent in revealing what needs to be heard. Knowing that a professional interpreter is gathering the data and reporting it will engender a greater comfort level in the patient or client. He or she will sense that the interpreter has an understanding of the nuances in the Spanish language and therefore will offer an accurate interpretation.

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3. Train interpreters in medical terminology. Coach them to take charge of their interpretations, not to add or omit any information, and keep personal observations to themselves. Interpreters should have the ability to interpret accurately, help patients or clients get correct care and services, and act as cultural brokers.
4. Collect data on a face-to-face basis. Patients and clients should not feel isolated because they cannot communicate in English.
5. Use a dual-handset phone to call a patient or client and a health care provider to converse with the interpreter at the same time, when face-to-face is not possible.

The resources needed to develop solid interpreter services are well worth the costs. Going through a process to determine what may be the best arrangements for interpreter services within your organization can save time and other resources later. Hiring permanent staff who are bilingual and trained as interpreters, as well as in carrying out other functions, may be one strategy for a cost-effective “return on one’s investment.”



## How to Deal with Latino Data:

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8. Describe the possible benefits and risks of participating in the research effort.
9. Note whether the patient or client completed the form or survey him/herself, or whether a surrogate respondent did so.
10. Do not lead interview or survey questions with preconceived notions of stereotypical Latino characteristics.
11. Invite everyone who participates in the health care services to complete all forms and surveys so that there are no exceptions as to whom is completing forms.
12. Do not highlight undocumented persons' immigration status. The same information should be collected from undocumented individuals as is collected from others.
13. Translate forms for Limited English Proficient, Spanish-speaking patients and clients.
14. Provide interpretation services to patients and clients with Limited English Proficiency and those with low literacy in their own language.
15. Provide copies to Latino patients and clients of any forms they complete (even if a Latino patient or client does not ask for copies).
16. Be sensitive to the concerns of respondents and the use of their time to answer questions.
17. Show respect for respondents' time and willingness to participate by thanking them or giving them an incentive when appropriate and possible (e.g., gift certificate/card to a supermarket, cash, coupons for diapers, free tickets to a sporting event or musical concert).
18. Identify principal investigators and other key research staff who are literate in written and oral Spanish. These high-level staff members can monitor the "big picture" as it pertains to interpretation in their own agency, organization, or institution. They can also help develop and administer questionnaires and other similar documents directly into Spanish.
19. Train interviewers in Spanish. Practicing what you want to say to Spanish-speaking patients and clients with a group of peer professionals can help improve communication and dialogue with them.
20. Standardize the process of who collects information, when data are collected, which racial and ethnic categories are used, how data are stored, how to answer frequently asked questions (FAQs) related to the data being collected.

Information that is generated from and about Latino populations is important to analyze and get back to communities for their consideration and appropriate action. This includes *administrative* anecdotes and *quantifiable* data that can be informative about logistic barriers that exist and are in need of attention and change.

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subjects, the ethnographer attempts to get a detailed understanding of the circumstances of the few subjects being studied. Ethnographic accounts are both descriptive and interpretive — descriptive because detail is so crucial and interpretive because the ethnographer must determine the significance of what he or she observes without gathering broad, statistical information.

3. **Quantitative research.** Quantitative research measures level of occurrence, asks how many? And how often? It also studies actions, is objective (asks questions without revealing a point of view), provides proof, measures levels of actions and trends, and is descriptive. Quantitative research can be conducted by selecting a large group or groups of people, using a structured questionnaire containing predominantly forced-choice or closed-ended questions. Quantitative research results can be analyzed using statistical techniques and be considered representative of the population from which the respondents were drawn if each person in the population had an equal chance of being included.
4. **Qualitative research.** Qualitative research provides depth of understanding, asks “Why?,” is subjective (probes individual reactions to discover underlying motivations), enables discovery, is exploratory, allows insights into behavior and trends, and interprets. Qualitative research can be conducted by selecting a small group of people chosen for particular characteristics, convening a discussion (i.e., a focus group or in-depth interview), keeping the discussion fairly unstructured (so that participants are free to make any response and are not required to choose from a list of possible responses), and choosing which question to ask next based on your participants’ previous responses.
5. **A combination of any of the above.**

### ***Considerations for Survey Design, Administration, and Analysis***

Fundamental to the collection of appropriate data is making sure that the tool being used to collect the data is asking the right questions in the right way and that it is administered within the right context. For data collection tools to yield the information generated about Latinos that you are seeking, they need to include questions that capture what you need to know and what Latinos are willing to tell you.

Note: Collecting and reporting data on race, ethnicity, and language preference is legally permitted under Title VI of the Civil Rights Act of 1964.

### Tips for developing and administering forms and surveys with Latinos

1. Use existing U.S. Census designations for Latinos. For example, the Census uses the following categories for Latinos: Mexican, Puerto Rican, Cuban, Central American, South American, Dominican, Spaniard, and Other Hispanic. This will allow comparability with Federal and State datasets that contain information about Latinos.
2. For consistency, follow County-wide methods of collecting data on Latinos.
3. Place demographic questions first on forms (e.g., age, race, ethnicity, gender, number of years in school, height, weight, birthplace, country of origin, occupation). Note: It is important to ask the “number of years in school” instead of “highest educational level achieved” because of the different educational systems across countries. “Number of years in school” will allow for more accurate reporting and comparability.
4. Collect data on primary language spoken at home and at work, years in the United States, and level of acculturation, when possible.
5. Provide a rationale for why race and ethnicity information is being collected and why it is important for Latinos to participate in health surveys. Note: “Latino” or “Hispanic” is an ethnicity. Latinos may be of white, black, indigenous (American Indian), or Asian race.
6. Emphasize the confidential or anonymous nature of the data collection effort, and that this privacy of information is protected by law (such as by HIPAA, the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191).
7. Highlight that a survey should be completed on a voluntary basis, and therefore respondents should feel free to skip items or questions they do not want to answer.



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8. Describe the possible benefits and risks of participating in the research effort.
9. Note whether the patient or client completed the form or survey him/herself, or whether a surrogate respondent did so.
10. Do not lead interview or survey questions with preconceived notions of stereotypical Latino characteristics.
11. Invite everyone that participates in the health care services to complete all forms and surveys so that there are no exceptions as to whom is completing forms.
12. Do not highlight undocumented persons' immigration status. The same information should be collected from undocumented individuals as is collected from others.
13. Translate forms for Limited English Proficient, Spanish-speaking patients and clients.
14. Provide interpretation services to patients and clients with Limited English Proficiency and those with low literacy in their own language.
15. Provide copies to Latino patients and clients of any forms they complete (even if a Latino patient or client does not ask for copies).
16. Be sensitive to the concerns of respondents and the use of their time to answer questions.
17. Show respect for respondents' time and willingness to participate by thanking them or giving them an incentive when appropriate and possible (e.g., gift certificate/card to a supermarket, cash, coupons for diapers, free tickets to a sporting event or musical concert).
18. Identify principal investigators and other key research staff who are literate in written and oral Spanish. These high-level staff members can monitor the "big picture" as it pertains to interpretation in their own agency, organization, or institution. They can also help develop and administer questionnaires and other similar documents directly into Spanish.
19. Train interviewers in Spanish. Practicing what you want to say to Spanish-speaking patients and clients with a group of peer professionals can help improve communication and dialogue with them.
20. Standardize the process of who collects information, when data are collected, which racial and ethnic categories are used, how data are stored, how to answer frequently asked questions (FAQs) related to the data being collected.

Information that is generated from and about Latino populations is important to analyze and get back to communities for their consideration and appropriate action. This includes *administrative* anecdotes and *quantifiable* data that can be informative about logistic barriers that exist and are in need of attention and change.

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### Tips for analyzing and reporting data collected from Latinos

1. Examine the range of data that comes from the information collected so that small numbers of responses are not what you focus on, but rather used to compare and contrast with the whole range of responses about a given subject area. Do not use a small number of responses to reinforce stereotypical characteristics of Latinos. Pre-selected profiles do not do justice to the entire perspective of the broader community.
2. Consider the relationship of data elements that are pertinent to Latino concerns even though they may not be of direct interest to an investigator's research question.
3. Report back your results to study participants.
4. Provide the results of the analyses back to community leaders as data become available. Public meetings, press releases, community bulletins, and video presentations may be channels in which to publicize and disseminate results.

It is important for Latino communities to know both our strengths and weaknesses so that we can address specific areas of concern instead of guessing as to where we need to turn our attention.



## Summary Take-Home Messages

In concluding the *Latino Data Guide*, we present some highlights for you to ruminate when determining how best to put the Guide's suggestions into practice.

A basic recommendation is to learn as much as you can about Latino populations and our interactions within our own communities as well as with other neighboring communities. Observe how Latinos are contributing to the local community, as well as the ways in which we engage in the larger Montgomery County social fabric. Use your imagination to think of ways Latinos can be engaged in additional productive local-level activities.

Be willing to take the risk of getting to know something you had not wanted or needed to know in the past. Be courageous. Step out and explore new information and contacts within the Latino community.

Realize that those who collect information from the Latino community (whether for administrative or research purposes) need training to learn about Latinos and cultural and language nuances that will help them be more effective in their information collection processes. First-line information gatherers are an especially critical group to train in the subtleties and practicalities of knowing the populations from which they are trying to receive information.

Be careful not to rely on stereotypical ideas of Latino populations' characteristics and our behaviors. Encounters with individual Latinos will be successful transactions if the information gatherer lets the Latino tell his or her own unique story and does not anticipate what the answer might be.

It pays to be honest and ensure data gathering is conducted with methodological rigor, integrity, and patience. Although it applies to any group being studied or from whom information is being requested, the maxim in automation applies here as well: "Garbage in, garbage out." Good, meaningful, useful, and reliable information comes from good meaningful, useful, and reliable processes and trained people who use them.

## Resources and References

This section includes our recommended resources and references, such as Federal and State regulations and policies regarding culturally and linguistically appropriate services, pertinent organizations' Web sites, training guides, teaching videos, Maryland- and Montgomery County-specific data sources, scientific journal articles, fact sheets, and books.

These sources provided some of the content for our document, *How to Deal with Latino Data: A Guide for Montgomery County Service Providers*, and serve as detailed supporting documents to the guide. We encourage you to delve more deeply into the issues raised in the *Latino Data Guide* by examining the resources listed below.

### **Federal and State regulations and policies**

California Department of Mental Health, Office of Multicultural Services:  
<http://www.dmh.ca.gov/multicultural/overview.asp>.

Health Care Providers' Language Assistance Responsibilities, University of California San Francisco, The Center for the Health Professions:  
<http://futurehealth.ucsf.edu/>;  
[www.futurehealth.ucsf.edu/pdf\\_files/CA\\_US\\_langasst\\_reqs1.pdf](http://www.futurehealth.ucsf.edu/pdf_files/CA_US_langasst_reqs1.pdf).

National Center for Cultural Competence:  
<http://gucchd.georgetown.edu/nccc/index.html>.

National Guidelines for medical interpretation: <http://www.usdoj.gov/ctr/cor.13166.htm>

National health care disparities report 2005, Agency for Healthcare Research and Quality:  
<http://www.ahrq.gov/qual/nhdr05/nhdr05.htm>

National Health Law Program: [www.healthlaw.org/](http://www.healthlaw.org/).

National Standards for Culturally and Linguistically Appropriate Services in Health Care:  
<http://www.omhrc.gov/assets/pdf/checked/finalreport.pdf>.

Office of Civil Rights, Limited English Proficiency: [www.hhs.gov/ocr/lep](http://www.hhs.gov/ocr/lep).

Office of Minority Health family medicine cultural competency curriculum:  
<http://www.omhrc.gov/assets/pdf/checked/em01garcia1.pdf>

Office of Minority Health. The Health Care Language Services Implementation Guide:  
<http://www.omhrc.gov/>.

Race and ethnic standards for Federal statistics and administrative reporting:  
[http://www.whitehouse.gov/omb/fedreg/notice\\_15.html](http://www.whitehouse.gov/omb/fedreg/notice_15.html)

State regulations for language services:  
<http://www.mlis.state.md.us/2002rs/billfile/sb0265.htm>

U.S. Department of Justice, Americans with Disabilities Act: [www.usdoj.gov/crt/ada/adahom1.htm](http://www.usdoj.gov/crt/ada/adahom1.htm).

### **Training and Teaching Resources**

PacMed Clinics. (n.d.). *Communicating effectively through an interpreter: An instructional video for health care providers*. Seattle, WA.

Gilbert J (ed.). (2003). *Resources in cultural competence education for health care professionals*. The California Endowment, Woodland Hills, CA: [www.calendow.org/](http://www.calendow.org/).

Maren Grainger-Monsen, MD, and Julia Haslett. (n.d.) *Worlds apart: a four-part series on cross-cultural healthcare*. Stanford University Center for Biomedical Ethics: [http://fanlight.com/catalog/films/912\\_wa.shtml/](http://fanlight.com/catalog/films/912_wa.shtml/).

Mutha S, Allen C, Welch M. (2002). *Toward culturally competent care: a toolbox for teaching communication strategies*. San Francisco, CA: Center for the Health Profession, University of California, San Francisco: [www.futurehealth.ucsf.edu/](http://www.futurehealth.ucsf.edu/).

Welch M. (2003). *Teaching diversity and cross-cultural competence in health care: A trainers guide* (3rd ed.). Perspectives of Differences—Diversity Training and Consultation Services for Health Professionals. San Francisco, CA.

### **Maryland- and Montgomery County-Specific Information**

ePodunk Inc. (2005). Unemployment rate. Maryland. Retrieved on July 1, 2006 from <http://www.epodunk.com/cgi-bin/genInfo.php?locIndex=2693>

Maryland-National Capital Park and Planning Commission. (2004a). *Montgomery County at a Glance. Current estimates. Population. Housing. Employment*. Silver Spring, MD.

Maryland-National Capital Park and Planning Commission. (2004b). *2000 U.S. Census: the Hispanic Community of Montgomery County*. Retrieved on July 1, 2006 from [http://www.mc-mncppc.org/research/data\\_library/census2000/brochures/hispanicbrochure\\_final.pdf](http://www.mc-mncppc.org/research/data_library/census2000/brochures/hispanicbrochure_final.pdf)

Montgomery County Department of Health and Human Services. (2002). *Blueprint for Latino Health in Montgomery County, Maryland 2002-2006*. Silver Spring, MD.

Zorich P. (2004). *Census survey update. Survey shows Montgomery County growing, and more diverse*. Silver Spring, MD: Maryland-National Capital Park and Planning Commission.

### **Other Selected Resources**

Aguirre-Molina M, Molina CW, Zambrana RE. (2001). *Health issues in the Latino community*. Jossey-Bass, San Francisco, CA.

Aragon R, Lillie-Blanton M. (2004). *Issue brief: uninsured and underserved: the health care experiences of Latinos in the nation's capital*. The Henry J. Kaiser Family Foundation. Washington, DC.

Carter-Pokras O, Baquet C, Poppell C. Four-Year Review of the Use of Race and Ethnicity in Epidemiologic and Public Health Research (letter to the editor). *American Journal of Epidemiology* 2004 Aug 15;160(4):403-4.

Carter-Pokras O, O'Neill MJF, Cheanvechai V, et al. (2004). Providing linguistically appropriate services to persons with Limited English Proficiency: A needs and resources investigation: The American Journal of Managed Care 2004 (Sept.); 10:SP29-SP36: [Providinglinguisticallyappropriate.pdf](#)

Carter-Pokras O, Zambrana R. Collection of legal status information: Caution (letter to the editor). *Am J Public Health*. 2006 Mar;96(3):399.

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- Eliminating Health Disparities in the United States.* (n.d.). Health Resources and Services Administration, publication HRS00167: <http://ask.hrsa.gov/detail.cfm?PubID=HRS00167>.
- Fonseca F. (2006) *Company taps NM Spanish-speaking population to fill hospital needs*: Associated Press. (Contact CyraCom, a Tucson, Arizona-based language services provider, for more information.)
- Gilbert, J (ed.). (2003) 1. *A manager's guide to cultural competence education for health care professionals*. 2. *Principles and recommended standards for cultural competence education of health care professionals*. The California Endowment, Woodland Hills, CA, 2003. Both publications found at: <http://www.calendow.org/>.
- Hablamos Juntos* (We Speak Together). Its mission is to improve communication between health care providers and patients with Limited English Proficiency. Their site includes a Language and Interpreting Skills Assessment pilot test of a set of tools to test heritage speakers as interpreters: [www.hablamosjuntos.org/](http://www.hablamosjuntos.org/).
- Hasnain-Wynia R, et al. (2004). *Who, when, and how: The current state of race, ethnicity, and primary language data collection in hospitals*: The Commonwealth Fund. Publication #726.
- The Health Disparities Collaboratives* (n.d.): <http://www.healthdisparities.net/hdc/html/home.aspx/>.
- Huerta EE, Macario E. (n.d.) *Communicating health risk to ethnic groups: Reaching Hispanics as a case study*: Journal of the National Cancer Institute. Monographs. 1999;25:23-26.
- Indicators of cultural competence in health care delivery organizations: an organizational cultural competence assessment profile.* (2002). Prepared by The Lewin Group, Inc. for The Health Resources and Services Administration: <http://www.hrsa.gov/culturalcompetence/indicators/>.
- Key Facts: Race, Ethnicity and Medical Care.* June 2003 Update. Kaiser Family Foundation: <http://www.kff.org/minorityhealth/6069-index.cfm/>.
- Kleinman A, Good B. (n.d.) *Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research*: *Annals of Internal Medicine* 1978;88(2):251-258.
- U.S. Department of Health and Human Services. (2002). *Making health communication programs work*. Public Health Service. National Institutes of Health. National Cancer Institute. NIH Publication No. 02-5145. <http://cancer.gov/pinkbook>.
- McCullough-Zander K (ed.). (2002). *Caring across cultures: the provider's guide to cross cultural health*, second edition. The Center for Cross-Cultural Health, Minneapolis, MN: [www.crosshealth.com/](http://www.crosshealth.com/).
- Molina CW, Aguirre-Molina M. (1994). *Latino Health in the US: A Growing Challenge*. American Public Health Association
- Ramirez R, de la Cruz GP. (2003). *The Hispanic population in the United States: March 2002*. Current Population Reports. U.S. Census Bureau. Washington, DC.
- Ramirez RR. (2004). *We the People: Hispanics in the United States*. Census 2000 Special Reports, U.S. Census Bureau. Washington, DC.
- The Robert Wood Johnson Foundation & the National Public Health and Hospital Institute. (2006) *Race, ethnicity, and language of patients: Hospital practices regarding collection of information to address disparities in health care*.

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*Sentinel Health Indicators for California's Multicultural Populations, 1999-2001.* (2004). Trends in the Leading Causes of Death: Gender Disparities by Race and Ethnicity, California, 1990-2001: California Department of Health Services.

Smith, S, Gonzalez, V. (2005). Developing culturally and linguistically appropriate health education materials. *Studies in Communication Science* 2005 (May); 111-128.

Solomon FM, Eberl-Lefko AC, Michaels M, Macario E, Tesauro G, Rowland JH. (2005). *Development of a linguistically and culturally appropriate booklet for Latino cancer survivors: Lessons learned.* *Health Promotion Practice* 2005(Oct):6(4):405-413.

Institute of Medicine. (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care:* The National Academies Press: <http://www.nap.edu/catalog/10260.html/>.

U.S. Department of Health and Human Services. (2003). *A National Call to Action to Promote Oral Health.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Services, National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03-5303, Spring 2003: <http://www.nidcr.nih.gov/AboutNIDCR/SurgeonGeneral/NationalCallToAction.htm>.

Ver Ploeg M, Perrin E (eds.). (2004). *Eliminating health disparities: Measurement and data needs.* National Research Council, Institute of Medicine.

Zambrana RE, Carter-Pokras O. Health data issues for Hispanics: implications for public health research.

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