

AMA TU VIDA
Latino
Health
Initiative
MONTGOMERY COUNTY, MD

**FISCAL YEAR 2020
ANNUAL REPORT**

July 1, 2019 –
June 30, 2020



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Message from the Latino Health Steering Committee Co-Chairs and the Latino Health Initiative Senior Manager

Since the Latino Health Initiative's (LHI) founding two decades ago, we have been advocating for our Latino community members through multiple angles and channels. Fiscal Year 2020 (FY20) was no exception. The Latino Health Steering Committee, for example, established, nourished, and sustained relationships over the years with high-level Montgomery County administration appointees, supported the Racial Equity and Social Justice project, and delivered public testimonies to raise awareness of the immediate and long-term needs of the Latino community.

The LHI connects members of the Latino community to our various programs and efforts so that our voices can be heard, and our interests are represented in Montgomery County's functions, priorities, and ethos. Spanning the first 8 months of FY20, the following represent a few of the innumerable and innovative ways we delivered for and spoke out on behalf of our most vulnerable residents:

- Sponsored the eighth annual ***Ama Tu Vida* Health Fair** at Montgomery College of Rockville in conjunction with the Salvadoran American Festival hosted by our community partners at COTSA (*Comunidades Transnacionales Salvadoreñas*), enjoyed by over 3,000 attendees.
- Provided 1,553 volunteer hours in reaching 5,942 individuals via the ***Vías de la Salud* Health Promoters Program** on activities related to healthy eating, physical activity, and tobacco use prevention.
- Served 388 total individuals, prepared 73 family Wellness Plans, and conducted 1,590 one-on-one case management sessions via the **Latino Youth Wellness Program**. Even after transitioning from in-person to virtual activities, such efforts and others translated into an improvement in healthy behaviors among 43% of program participants.
- Responded to 5,829 **Multilingual Services Information Line** calls from Montgomery County residents, provided 7,756 service provider and county program referrals, completed 1,711 medical interpretation services, and provided 1,350 navigation services.
- Triaged 309 total calls through our **Access to Services and Navigation Services** work.
- Provided services to 118 internationally trained health professionals, including over 4,000 hours of training, and placing 17 participants in health field jobs, through the **Welcome Back Center of Suburban Maryland**.
- Supported 45 Latino immigrant families via 6 family reunification workshops and 419 individual follow-up cases through the **Family Reunification Program**.

Fiscal Year 2020's last few months ended with the onset of the COVID-19 pandemic, placing unprecedented pressures on all of us. While March 16, 2020 marked the start of a Montgomery County lockdown, the worldwide outbreak did not stop us from continuing to unite, organize, and deploy support. Resilience we never knew we possessed unveiled itself through Latino Health Initiative program accomplishments including the following:

- Referred 519 residents to COVID-19 testing and food and financial assistance via ***Vías de la Salud* Health Promoters Program**.
- Delivered 1,049 family personal hygiene care packages, 1,408 baby care packages, and 75 wellness care packages to **Middlebrook Garden** community residents.
- Organized 6 cohorts of Latino parents/caregivers of children with asthma and delivered 36 one-hour virtual asthma sessions over six weeks (having adapted the in-person **Asthma Management Program** curriculum for an online format).
- Made 7,487 calls, held 295 conversations, and confirmed 150 form completions for the **2020 Census Outreach**.
- Appeared on **radio** and **television**, posted on social media platforms, and attended and presented at conferences and community activities, to keep the community current on COVID-19 and other health-related updates.

We are heartened and humbled to report the many ways multiple Montgomery County stakeholders stepped up to the challenge to finish off the last quarter of FY20 as strongly as the momentum we maintained during the first three-quarters—mainly by adapting from in-person to virtual formats in resourceful and dynamic ways.

While there has been much suffering since the beginning of the COVID-19 pandemic, the commitment we have for each other ultimately reigned and sustained us through today. Indeed, we will retain some of our new ways of “doing business” moving forward, independent of the pandemic, as we have learned how to further amplify our voices as a result of the need to adapt to a more digital reality.

Monica Escalante, M.S.M., M.S.P.P.
Michelle La Rue, M.D.
Co-Chairs

Sonia E. Mora, M.P.H., Senior Manager

Summer 2020

Latino Health Steering Committee of Montgomery County

The **Latino Health Steering Committee** is an independent group of volunteer professionals and community leaders with specialized areas of expertise. This committee:

- Acts as the planning body for the Latino Health Initiative;
- Provides expert guidance and technical assistance in the conceptualization, design, development, implementation, and evaluation of Latino Health Initiative activities and projects within the Montgomery County Department of Health and Human Services; and
- Advocates for policies and practices whose aims are to enhance the health and lives of Latino people in Montgomery County.

FY20 ACCOMPLISHMENTS

- Developed relationships with high-level administration appointees to raise awareness of the Latino Health Steering Committee, the role of the Latino Health Initiative within the Department of Health and Human Services, and the immediate needs of the Latino community.
- Relayed to the County Executive the Latino Health Steering Committee's priorities and insights on issues important to the Latino community.
- Supported the County Council President's Racial Equity and Social Justice project by:
 - Gathering community input through community engagement surveys and two community conversations facilitated by Latino Health Initiative staff;
 - Submitting feedback to the County Council on Bill 29-19 (Racial Equity and Social Justice Act); and
 - Delivering public testimony in support of Bill 29-19.
- Presented public testimony at the 2021 Superintendents budget hearing in December 2019, in support of the Black and Brown Coalition on Education.
- Collaborated, through over 470 volunteer hours, with county stakeholders and advocacy groups to provide oversight, expertise, and recommendations.
- Represented the Latino Health Steering Committee on the Healthy Montgomery Steering Committee and County Executive's Latin American Advisory Group.
- Presented FY20 policy priorities to the County Council during the Health and Human Services Committee legislative hearing.
- Established a close working collaboration with Montgomery County officials to share information on how COVID-19 disproportionately affects Latino people in Montgomery County, sharing its expertise on ways the county can work effectively with the Latino community.



Ama Tu Vida Campaign



On a sunny day, community members visit many vendors at the eighth annual Ama Tu Vida Health Fair

[Ama Tu Vida](#) (Love Your Life) is a health promotion campaign that encourages Latino people to make a lifelong commitment to lead healthier lives through physical activity and healthy eating, among other evidence-based recommendations.

On August 4, 2019, the Latino Health Initiative sponsored the eighth annual ***Ama Tu Vida*** Health Fair at Montgomery College of Rockville (11:00 a.m.-4:00 p.m.). The Latino Health Initiative organized the event in conjunction with the Salvadoran American Festival hosted by our community partners at COTSA (***Comunidades Transnacionales Salvadoreñas***). By bringing together community partners and community members, the Latino Health Initiative succeeded at promoting health and wellness among County Latino residents. The event welcomed approximately 8,000 metropolitan Washington, D.C.-area Latino

people, of whom 3,000 participated in the health fair. Health fair attendees learned about health and wellness strategies and resources, received free health screenings, danced Zumba to upbeat music, tasted delicious Salvadoran food, and engaged in cultural activities in a safe and welcoming environment.

One of the main objectives of the health fair was to connect Latino fair attendees, in their language, with various vital county resources. At least 60 community partner organizations joined the Latino Health Initiative to inform and engage the community. Partners included health service providers who administered free health screenings and community health agencies and county program representatives that provided information on nutrition, food security, the 2020 Census, workforce access, legal assistance, voter registration, and tenant rights.

Ama Tu Vida Health Fair Health Screenings Performed

291

Blood pressure

79

Body Mass Index (BMI)

60

Hepatitis B, Hepatitis C, aminotransferase (ALT) levels

47

Eye exam

45

HIV (human immunodeficiency virus) Rapid Test

40

Blood glucose

30

Dental Oral screening (for possible cavities, gingivitis, and abscess)

CHALLENGES AND LESSONS LEARNED

- We received valuable feedback from partner organizations that participated in the **Ama Tu Vida** Health Fair. These organizations reported being very satisfied with the number of people with whom they engaged at their booths. Health fair attendees also reported being excited about the quality of the exams and resources they received.
- The day prior to the **Ama Tu Vida** Health Fair (August 3, 2019), we grieved the victims of a mass shooting targeting Latino people at a Walmart in El Paso, Texas. Montgomery County Police Chief Marcus Jones reassured Latino community members and fair attendees that the event would be a safe community gathering with additional police presence onsite to ensure public safety. However, the fear and unease felt by many Latino community members undoubtedly deterred some from attending the health fair. A key and constant priority for the Latino Health Initiative is to collaborate with county police and public safety teams to strengthen safety measures at community events.
- Planning and working with various community partners to organize and promote the **Ama Tu Vida** Health Fair is a labor of love. Each year, we reconnect with “old” friends and make new connections. This growing network of social ties translates into learning about different county efforts with similar missions. As we strive to enhance access to vital health services and information resources to Montgomery County residents, this event provides us the opportunity to demonstrate the true grassroots nature of community health work.



View from the stage of community members that attended the Ama Tu Vida Health Fair.

Ama Tu Vida Health Fair attendees received blood pressure, blood glucose and other vital health screenings.



Asthma Management Program



Program participants and dedicated volunteers attended virtual asthma sessions

The Latino Health Initiative [Asthma Management Program](#) is tailored for low-income Latino parents and caregivers of children 4 to 11 years of age who have been diagnosed with asthma and live in Montgomery County. This program's goal is to reduce emergency department visits and hospitalization rates by increasing parents' and caregivers' knowledge, confidence, and skills to properly manage their children's asthma.

The Asthma Management Program includes three components:

1. Seven 2-hour group education sessions informed by adult and popular education theories (facilitated in Spanish).
2. Social support provided by a group of trained asthma management coaches ("Consedus") to identify and overcome barriers and issues faced by Latino families.
3. Follow-up provided between education sessions to reinforce parents' and caregivers' knowledge, management skills, and adherence to personalized asthma action plans.

FY20 ACCOMPLISHMENTS

- Organized 6 cohorts of Latino parents/caregivers of children with asthma and delivered 36 one-hour virtual asthma sessions over six weeks.
 - 24 parents, 3 caregivers, and 5 childcare providers completed the virtual asthma sessions.
 - Session attendance and retention rates among participants were 89% and 84%, respectively.
- Provided support to parents/caregivers on the management of children's asthma via phone calls and video chats by 8 asthma-trained "Consedus."
- Reached 875 total individuals (804 at in-person events; 71 via phone and social media).
- Delivered 16 hours of training on asthma basics, positive communication, and outreach activities to 6 new volunteers who joined the Consedus team.
- Trained 14 Consedus on how to download the Zoom app to support parents/caregivers in downloading the app for participation in Zoom meetings.
- Produced 5 brief videos on "green" cleaning and 1 video on COVID-19 infection prevention.
- Assessed 30 participants' homes, virtually and over the phone, using a [CDC-developed home environment assessment tool](#).

The Asthma Management Program accomplished positive results via virtual education sessions and the home environment assessment tool.

Measures and Results

7 Asthma outreach and community activities implemented

30 Asthma management virtual educational sessions conducted

100% of parents/caregivers

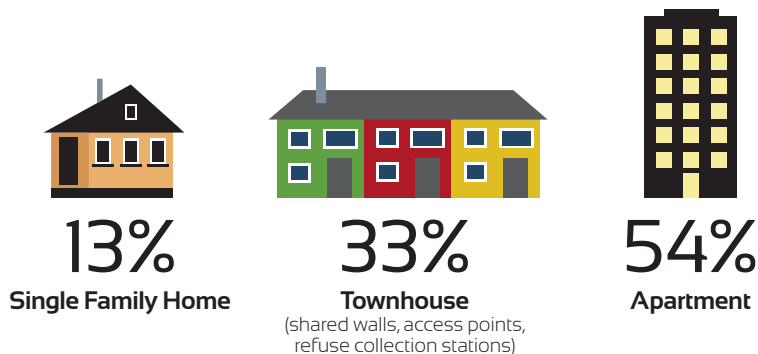
- were satisfied with the Asthma Management Program
- felt their opinions, experiences, and worries were respected in the group
- reported that the program helped their children's asthma management

Outcomes	Pre-test	Post-test	Percentage Point Difference
Increase in parents' knowledge of asthma and asthma triggers	70	88	+18%
Increase in parents' asthma management self-efficacy*	49	91	+42%
Increase in the proportion of children who have an action plan	33	40	+7%
Decrease in restricted activity due to asthma	23	17	-6%
Decrease in missed school days due to asthma	30	23	-7%
Decrease in hospitalizations due to asthma	17	7	-10%

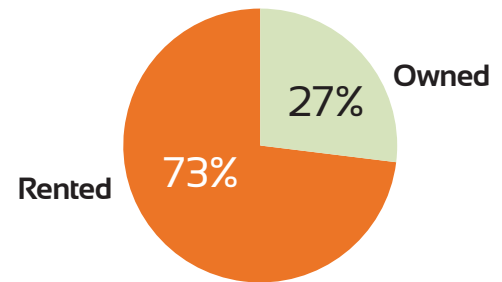
"Self-efficacy" refers to an individual's confidence in the ability to exert control over their own motivation, behavior, and social environment. The pre-test and post-test reflect the 6-week Asthma Management Program timeframe. Changes over time were calculated using a post- minus pre- number percentage point difference.

Home Environment Assessment and Asthma Triggers

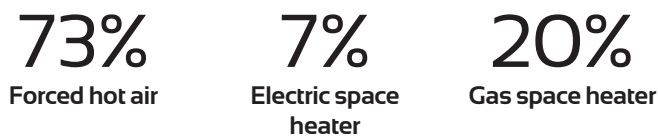
Participants' Home Characteristics (n=3)



Participants' Home Ownership Status



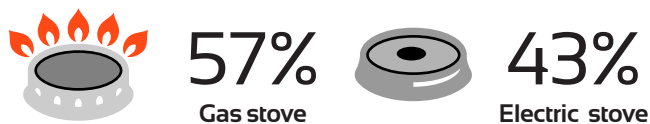
Primary Home Heating System



Primary Home Cooling System



Primary Cooking Source



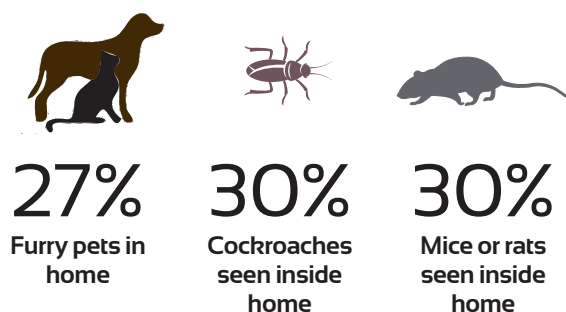
Kitchen Exhaust Fan (Participants could have both the below.)



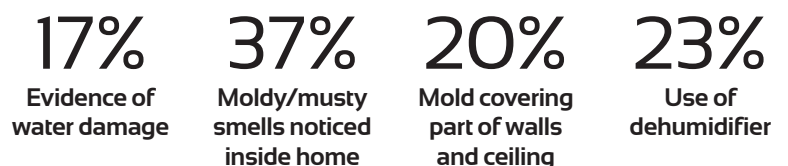
Note: Volatile organic compounds can be harmful to all children with asthma

Pets and Pests in Home Interior

(Participants could select all that applied.)



Effects of the Moisture in Home Interior



Note: Animals' fur, skin flakes, urine, cockroaches' body parts and droppings, and mold spores are directly associated with asthma symptoms.



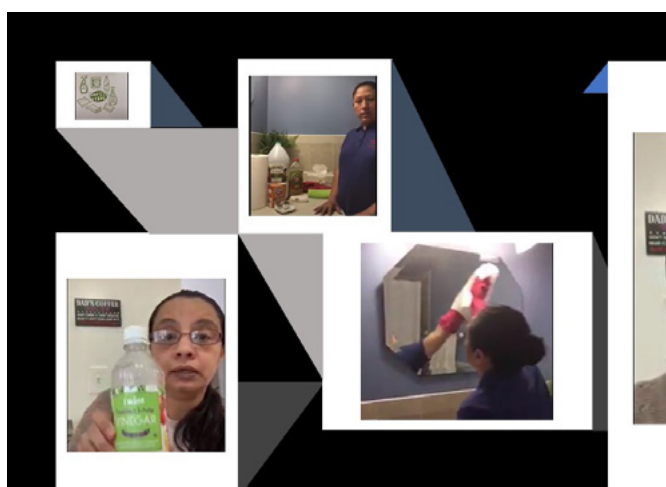
Program volunteers during the 16-hour training. Six new volunteers revitalized the team.

CHALLENGES AND LESSONS LEARNED

- Because of the COVID-19 pandemic and the resulting quarantines and mandatory shutdowns of public and private facilities, FY20 necessitated changing traditional ways to work with the Latino community. We adjusted plans and activities to improvise and adapt to the new situation, which included innovating educational protocols for keeping active the Asthma Management Program, achieving the program's objectives, and meeting program quality expectations.
- Given quarantine-related limitations and restrictions, the below factors explain why and how we both delivered asthma sessions and assessed the home environments of participating families. We:
 - Adapted the asthma curriculum designed for in-person sessions so it would be suitable via an electronic portal.
 - Trained Consedus, including six new volunteers, to download the Zoom app and, in turn, support parents/caregivers to download the app, log-in, and participate in the asthma program delivered through Zoom.
 - Persevered with participant session attendance through Consedus' engagement, support, assistance, and encouragement.



South Lake Elementary School before the quarantine.



Part of the Green Cleaning video produced by Consedus, used during asthma sessions.

Latino Youth Wellness Program



The [Latino Youth Wellness Program](#)—implemented by Identity, Inc. via contract with Montgomery County—is designed to increase overall wellness and prevent health ailments that disproportionately affect Latino and other minority youth. The program operationalizes these goals by enhancing protective factors and minimizing or removing risk factors among low-income Latino middle school students and their families.

The Latino Youth Wellness Program is comprised of two components:

1. **Health and Wellbeing Component.** This component addresses emotional well-being, parent-youth connectedness, school connectedness, leadership skills, reproductive health, substance use prevention, delinquent and gang-related activities, healthy eating, and physical activity.
2. **Parent and Youth Leadership Component.** This component supports active community participation in decision-making processes with the aim of furthering wellbeing and quality of life through community empowerment and civic engagement. The aim is to empower Latino parents/guardians to advocate for equity in education.

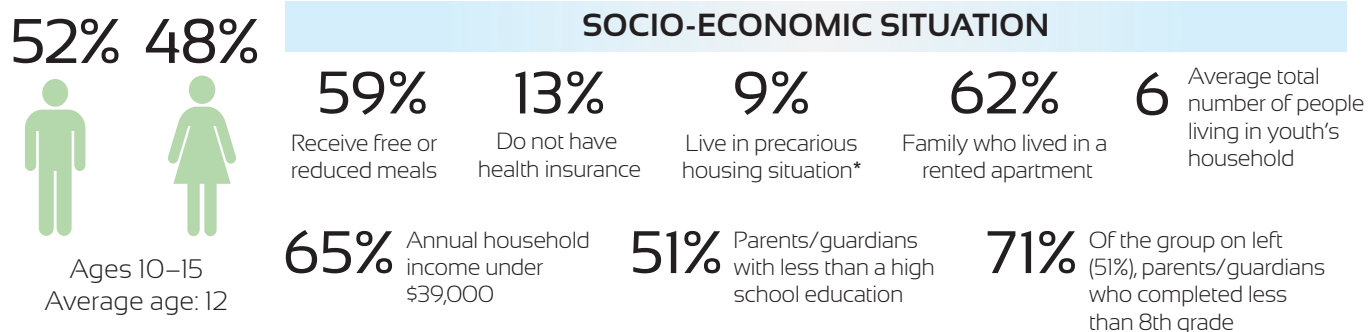
FY20 ACCOMPLISHMENTS

- Implemented Latino Youth Wellness Program activities with students from Gaithersburg and Redland Middle Schools.
- Served 388 total individuals including family members and other individuals.
- Prepared 73 family Wellness Plans.
- Conducted 1,590 one-on-one case management sessions, including 710 consultations for walk-in clients during the COVID-19 quarantine.
- Provided 470 social services referrals to program participants.
- Provided 104 hours of physical activities tailored to youth.
- Demonstrated an improvement in healthy behaviors among 43% of program participants.
- Graduated 26 parents from the Level II Parents Academy Program.
- Engaged 14 youth to complete 100% of the Youth Leadership Program *PODER*.

Health and Wellbeing Component

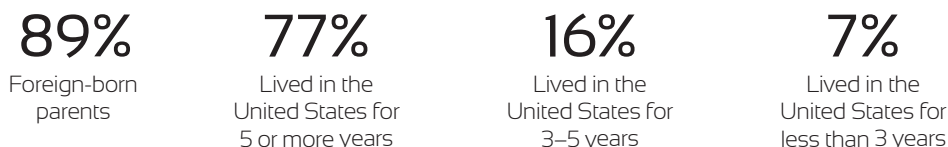
The following graphics provide a socio-demographic profile of 75 youth served by the Health and Wellbeing Component of the Latino Youth Wellness Program. These 75 youth participants completed both a baseline survey before participating in the program and an exit evaluation survey upon completing the program.

Socio-demographic Profile of Youth (n=75)

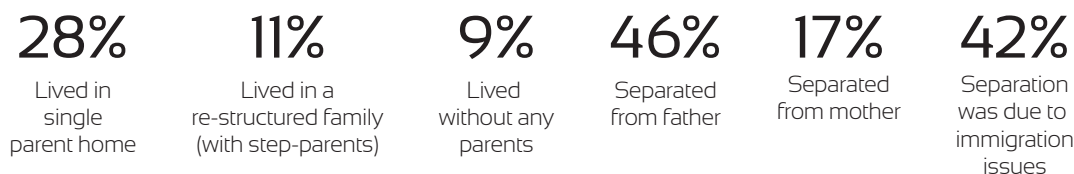


*Renting a single room in someone else's home, living in a shelter

FOREIGN-BORN PARENTS



FAMILY SITUATION



Measures and Results

OUTPUT MEASURES

58

Families served

12.25

Hours of group training for youth's parents

880

One-on-one counseling/case management sessions

470

Hours of group training for youth's parents

70

Hours of group training to youth

12.25

Referrals to health and human services

73

Wellness plans created

104

Hours of physical activity with youth (unduplicated)

QUALITY OF SERVICE

YOUTH (n=75)

PARENTS (n=89)

99%

Felt safe in and respected by the program

98%

Would recommend the program to friends

97%

Satisfied with the availability of the Youth Development Counselors

100%

reported:

- The topics they learned were very useful or useful.
- Preparation and presentation were very good or good.
- The sessions increased their understanding of the topics.

OUTCOMES

EMOTIONAL WELLBEING

55%

Self-esteem increase

46%

Conflict resolution skills increase

58%

Future expectations increase

70%

Depression symptoms decrease

HEALTHY CHANGES IN BEHAVIORS

83%

Healthy changes, sexual choices

86%

Healthy changes, substance use

70%

Healthy changes, physical activity

75%

Healthy changes, healthy eating

SELF-EFFICACY TO REFUSE RISKY BEHAVIOR

64%

Refused to join a gang

25%

Stopped gang/delinquent activities

73%

Refused sexual activity (safe and unsafe sex)

100%

Refused to use drugs/alcohol

CONNECTEDNESS

46%

Improvement in relationship with parents

80%

Improvement in youth perception of school environment

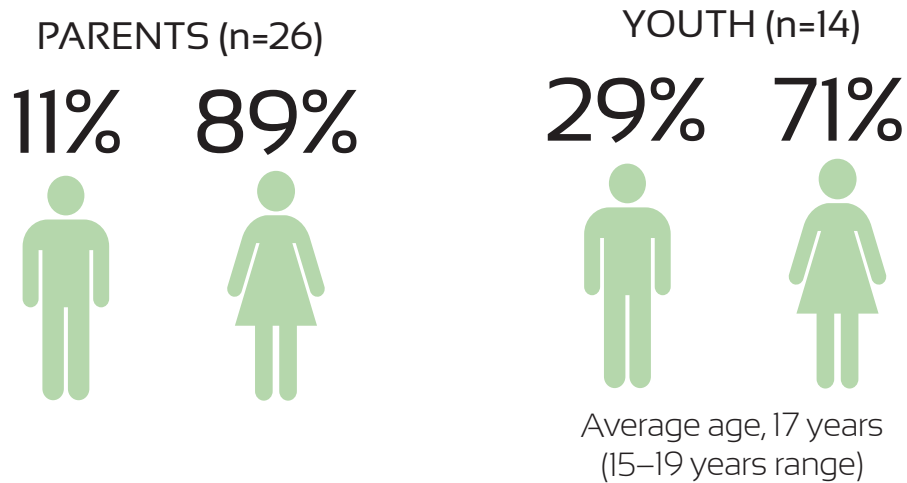
* "Percent" indicates the difference between results of the data of the parents/guardians who completed both baseline and exit surveys administered at the beginning and completion of the program.

Changes over time were calculated using a post- minus pre- number percentage point difference.

Parent and Youth Leadership Component

After its third year of implementation, the Parent and Youth Leadership Component of the Latino Youth Wellness Program graduated 26 parents in the Level II Parent Academy and 14 youth completed the youth leadership curriculum (*PODER*).

GENDER



FOREIGN-BORN PARENTS



FOREIGN-BORN YOUTH



Measures and Results

Output Measures	Number
Parents/guardians who completed the Level II Leadership program	26
Youth who completed the youth program <i>PODER</i>	14
Steering Committee meeting sessions held with parents and staff	2

QUALITY OF SERVICE

Youth (n=14) agreed or strongly agreed that the program

100% Helped them accept and take personal responsibility for their actions

100% Helped them plan ahead and make good choices

86% Made them optimistic about their future

Parents (n=26)

100% agreed or strongly agreed:

- Topics they learned were useful
- Sessions captured their interest
- Facilitators provided adequate support in learning

Parent Leadership Outcomes (n=26)

Dimensions	Percent*
Parents who initially reported low levels of self-awareness and reported an improvement in this indicator.	89%
Parents who initially reported low levels of ethical/moral perspective and reported an improvement in this indicator.	93%
Parents who initially reported low levels of decision-making process and reported an improvement in this indicator.	89%

Abilities

Felt comfortable creating alliances to achieve their goals in favor of the community	96%
Knew how to plan a meeting with other parents to get their participation and involvement to resolve school issues	100%
Knew necessary steps to develop an effective meeting with the parent community	100%
Felt comfortable taking the role of leader to speak publicly for their community	81%

*The "Percent" column indicates the difference between results of the data of the parents/guardians who completed both baseline and exit surveys administered at the beginning and completion of the program. Changes over time were calculated using a post- minus pre- number percentage point difference.

Youth Leadership Dimensions (n=14)	Percent*
Youth who initially reported low levels of self-awareness and reported an improvement in this indicator.	83%
Youth who initially reported low levels of ethical/moral perspective and reported an improvement in this indicator.	67%
Youth who initially reported low levels of decision-making process and reported an improvement in this indicator.	67%
Youth who initially reported low levels of transparency and reported an improvement in this indicator.	83%

*The "Percent" column indicates the difference between results of the data of the parents/guardians who completed both baseline and exit surveys administered at the beginning and completion of the program. Changes over time were calculated using a post- minus pre- number percentage point difference.

Parents and guardians participating in the *Academia de Liderazgo para Padres/Latinos Conectados* Level II (Parent Leadership Academy/Latinos Connected Level II) become effective advocates for their children and push for needed systemwide changes. Youth are also empowered to identify community concerns and develop solutions for the betterment of their community.



Parents/guardians learn how to set up their Montgomery County Public Schools parent portal to understand students' grades and attendance records.



During the Level II program, parents/guardians constructed a bridge. As each group constructed half of the bridge and then put the two halves together, they practiced their communication, planning, and leadership skills.

CHALLENGES AND LESSONS LEARNED

- During FY20's third quarter the COVID-19 pandemic hit Montgomery County. This propelled residents to observe quarantine restrictions, such as sheltering at home and avoiding close contact with others.
- The lockdown of public and private organizations, lost work, income loss, and increased health needs presented unprecedented challenges for delivering Latino Youth Wellness Program services and achieving program goals.
- The Latino Health Initiative and Identity, Inc. agreed to refocus the scope of services for the Latino Youth Wellness Program, prioritizing the provision of comprehensive services and supports to the Latino community's mental health needs continuum.
- To address COVID-19 quarantine-related challenges, the Latino Youth Wellness Program:
 - Transitioned from in-person activities to a virtual platform to accommodate Montgomery County Public Schools online learning schedules and meet youth and family needs. This included coordinating multiple small groups to accommodate youth and families' schedules, tele-mental health services, and extensive case management work.
 - Provided virtual case management services through Zoom, FaceTime, and telephonic meetings to reach clients during this time. Initially, the meetings focused on wellness checks but transitioned to including information pertaining to emergency community and Montgomery County Public School resources.
 - Provided additional training for non-clinical staff to reinforce skills that provide emotional support to youth and families (for example, supportive listening and stress/anxiety coping strategies).
 - Reached families one-by-one to connect them to safety-net services. This included communicating about evolving COVID-19 policies, providing support, explaining preventive measures, assisting in filing for unemployment benefits, pointing to the County Emergency Relief Assistance Program, arranging for low- or no-cost internet, and obtaining emergency funds for rent and utilities.
 - Served clients with a one-and-a-half-hour group psychoeducational virtual session, led by a mental health therapist focusing on anxiety, depression, and self-care..



Parents/guardians debrief after a session activity.



Celebration dinner held to recognize participants' achievement and family members' commitments to one another.

System Navigator and Medical Interpreter Program

The System Navigator and Medical Interpreter Program, implemented by CASA via contract with Montgomery County, seeks to address health disparities by enhancing access to quality health and social services for low-income, limited English proficient immigrants residing in Montgomery County.

The program accomplishes its aims through a culturally proficient Multilingual Services Information Line. Navigators fluent in Spanish, English, and French (and other languages) speak with callers one-on-one, assess callers' needs and eligibility for services, and refer callers to appropriate services, providing follow-up assistance and ensuring the receipt of services. Community members benefit from individually customized information (based on need and eligibility) and receive information on multiple services in one call.

To complement the Multilingual Services Information Line, the program provides professional medical interpretation services to assist with language barriers encountered during Montgomery Cares community clinic patient-healthcare provider visits. The medical interpreter team consists of certified medical interpreters, who provide interpretation services primarily in Spanish, but are also certified in Portuguese and French. Access to medical interpretation, thanks to the county's generous support, leads to better communication, improved compliance with medication, reduction of return visits, and overall improved wellness in the community.



FY20 ACCOMPLISHMENTS

MULTILINGUAL SERVICES INFORMATION LINE

- Answered calls from 5,829 Montgomery County residents.
- Callers originated from 55 countries.
 - Most callers' countries of origin included Cameroon, El Salvador, Guatemala, Honduras, and Mexico (in alphabetical order).
 - Languages spoken by callers included English, French, Portuguese, Spanish, and Russian (in alphabetical order).
 - 33% of callers reported no English proficiency.
- Provided 7,756 service provider and county program referrals to Montgomery County residents.
 - Because of the COVID-19 pandemic, this service was in high demand.
 - Most inquiries related to health insurance, COVID-19 related services and support, primary care, and social services.
- Provided 1,711 medical interpretation services at Montgomery Cares clinics to low-income patients with limited English proficiency.
 - We fulfilled 99% of clinic interpretation requests.
- Provided 1,350 Montgomery County residents navigation services via the Multilingual Services Information Line (English, French, and Spanish, with additional interpretation services on request).
- Connected 80% of callers with health or social services.
- Received 80% satisfaction ratings on a survey ("satisfied" or "very satisfied").

COVID-19

In March 2020, the COVID-19 pandemic began to affect communities served by CASA in profound ways. We responded by shifting to a remote operations model. This approach followed local and state orders aimed to protect the health and safety of staff and community members. In parallel, we concentrated and rushed resources to the critical frontline Multilingual Services Information Line and case management and systems navigation services.

Through our extensive network of across-Maryland members and leaders, we were poised to serve as a lifeline for community members struggling with unemployment, hunger, COVID-19 infections and other health issues, school closings and remote learning, and myriad other challenges exacerbated by pandemic related shutdowns. We reactivated our neighborhood-based committees into mutual aid networks and quickly launched additional, non-traditional services including a large-scale food delivery program and direct cash assistance for those excluded from federal relief. Given the trust we have built and secured over the years as a culturally and linguistically competent partner we also continued to provide our core health services—more critical than ever during this period of crisis. The following highlights our response work in the first half of 2020. We:

- Increased our Multilingual Services Information Line capacity and hours of operation.
- Provided health system navigation in Maryland, Virginia, and Pennsylvania

- Continued to provide medical interpretation services.
- Increased our case management capacity to support public benefits enrollment (unemployment, ACA [Affordable Care Act], SNAP [Supplemental Nutrition Assistance Program], and other local and state programs).
- Worked with local health departments on contact tracing, outreach, and interpretation at testing sites.
- Partnered with local public health institutions including University of Maryland and Johns Hopkins University to recruit Latino participants for Stage 3 vaccine trials.

CHALLENGES AND LESSONS LEARNED

- During the second half of the System Navigator and Medical Interpreter Program's year, in response to the COVID-19 pandemic, we adjusted our work structure by teleworking. This permitted us to continue to respond to the high demand for up-to-date health information given evolving state and federal policies and the increased need for health information in Spanish.
- CASA responded to the increased volume of calls by recruiting the entire CASA Health and Human Services team to field concerns emanating from the community. The Multilingual Services Information Line saw a nearly 500% rate increase in call volume during certain pandemic months. Our staff responded by expanding call capacity through extended hours and additional phone lines.

Vías de la Salud Health Promoters Program



Brookside Gardens 5K Run participants with Councilmember Gabe Albornoz

Latino people disproportionately suffer from illnesses including heart disease and diabetes and face many barriers to health care services. This is why adopting healthy habits with a prevention mindset is vital.

Vías de la Salud Health Promoters are trained volunteers dedicated to helping members of their communities prevent illness and access health resources.

Health Promoters:

- Promote the importance of healthy eating, physical activity, and tobacco use prevention.
- Provide information on health and human services resources at health fairs, community events, schools, churches, libraries, and in their own neighborhoods and workplaces.
- Deliver healthy eating workshops.
- Lead *Caminatas* (walking groups).
- Bring to community leaders' attention service gaps and service improvements needs.

FY20 ACCOMPLISHMENTS

- Provided 1,553 volunteer hours to 5,942 individuals via activities related to healthy eating, physical activity, and tobacco use prevention (22 Health Promoters).
- Provided 857 total referrals (for example, COVID-19 testing and food and financial assistance).
 - During the COVID-19 State of Emergency (March-June 2020), Health Promoters made 519 referrals.
 - The year's goal was 400 referrals. Health Promoters surpassed the goal by 29.8%.
- Shifted outreach strategies from in-person to virtual, developing proficiency in Facebook Live, Messenger, and Zoom.
- Used social media to disseminate information on community resources, sharing:
 - 1,494 social media posts from county sources related to food, financial assistance, and testing; and
 - Announcements from Montgomery County Public Schools and the state.
- Collaborated with Maryland Health Connection, at the Upcounty Regional Services Center and Silver Spring Health Center, by providing approximately 300 volunteer hours.
 - This translated into guiding 1,794 individuals during the Affordable Care Act open enrollment season.



Health Promoters and staff attend a virtual food safety training.

Measures and Results

857

Referrals to programs,
community clinics,
Multilingual Services
Information Line, COVID-19
testing, food and financial
assistance

1,553

Volunteer hours provided by
Health Promoters

1,494

Social media
posts shared

5,942

Individuals reached by
Health Promoters



Wheaton High School parents practiced reading Nutrition Facts labels during a healthy eating session.

QUALITY OF SERVICE

100%

- Program participant satisfaction rate
- Health Promoters retained in the program

OUTCOMES

Physical Activity

Percent

Change in knowledge of physical activity by walking session participants

31.3

Healthy Eating

Percent

Change in knowledge of general nutrition guidelines by healthy eating session participants

19.3%

Change in knowledge of "hidden" risks in foods (sugar, sodium, fats) by healthy eating session participants

16%

Change in knowledge of Nutrition Facts Labels by healthy eating session participants

18.3%

Change in knowledge of healthy choices by healthy eating session participants

2%

Change in self-efficacy regarding general nutrition guidelines by healthy eating session participants

5.6%

Change in self-efficacy regarding "hidden" risks in foods (sugar, sodium, fats) by healthy eating session participants

0

Change in self-efficacy regarding Nutrition Facts Labels by healthy eating session participants

20%

Change in self-efficacy regarding healthy choices by healthy eating session participants

8%

CHALLENGES AND LESSONS LEARNED

The *Vías de la Salud* Health Promoters Program confronted many challenges as a result of the COVID-19 pandemic, particularly because our community engagement service delivery model is based primarily on in-person, face-to-face interventions.

- The pandemic struck at the beginning of the busiest part of the program's year, as a high percentage of the program's outreach activities are scheduled for the spring. This is the time during which schools and community organizations plan their health fairs and events. Due to the pandemic, these events had to be canceled, including 28 previously scheduled outreach events and 5 *Caminatas* (of 6 sessions each), which affected our ability to meet our service goals.
- The program had to develop a new outreach plan in accordance with the social distancing mandate. This included developing new reporting tools and administrative procedures. Concurrently training Health Promoters and devising interventions for responding to the community's urgent needs presented a herculean challenge.
- To conduct virtual outreach and respond to overwhelming community needs during the outset of the public health crisis, many Health Promoters had to overcome technological barriers such as lack of access to the internet and electronic equipment. Appreciable staff time was needed to train Health Promoters in the use of social media platforms to stay connected with, and continue informing, the community.
- Health Promoters and staff were affected by the COVID-19 pandemic on a personal level, as the crisis created new challenges to balancing personal and professional responsibilities. The team moved quickly to develop programmatic infrastructure to make it possible for Health Promoters and staff to have tools necessary for supporting the community and concomitantly ensuring personal safety.



Group stretch prior to the Brookside Gardens 5K Run.

Welcome Back Center of Suburban Maryland



Welcome Back Center participants' meeting attendees.

As the [Welcome Back Center of Suburban Maryland](#) reaches over 10 years of operation this year, it continues to build on the personal and professional assets of internationally trained health professionals living or working in Maryland to facilitate the health professions licensure and/or certification process and reenter the healthcare workforce in Maryland. We continue working in close collaboration with academic partners, health industry employers, and the private sector as well as with local and state governments.

FY20 ACCOMPLISHMENTS

- Secured 17 job placements in the health field in Maryland for 14 participants.
- One participant began working as a Registered Nurse (R.N.) with an average 190% increase in wages: \$13.00 per hour when entering the program to \$37.75 per hour upon being hired as an R.N.
- Provided approximately \$61,000 in financial aid to support 46 participants through individual reimbursements.
- Invested \$26,300 in consultants for group trainings, individual nursing Board exam preparation, and English communication and job readiness coaching.
- Continued to seamlessly support participants and work with consultants and academic and employer partners during our transition to a telework operation (in response to stay-at-home orders from the Governor of Maryland and Montgomery County Executive, March 16, 2020).
 - This included modifying instruction from in-person to a virtual format for remote participation and learning.

Guidance and Support Efforts

- Provided services to 118 internationally trained health professionals.
- Offered 208 hours of one-on-one guidance and support to 96 participants, including 20 new participants who were accepted into the program this year.
- Delivered detailed information on the services offered by the Welcome Back Center to 22 individuals (15 nurses, 3 nurse assistants, 4 physicians) who contacted the Center.
- Conducted two 3-hour group guidance and support meetings.
 - These meetings aimed to:
 - Welcome new participants accepted into the program;
 - Promote networking and connecting with peers;
 - Learn and practice “soft skills” for a smoother transition to the U.S. health workforce (completed two 1.5 hour Soft Skills Workshops with 15 total participants);
 - Understand how the Center embraces equity;
 - Learn from participants’ success stories; and
 - Relay information on upcoming Center activities.
 - Completed two 1-hour Financial Aid Workshops with 25 total participants.
 - Coordinated participant involvement in conversations on racial equity and social justice with Montgomery County leaders.



Welcome Back Center participants meeting attendees.

Participant Training

- Provided over 4,000 aggregated training hours to individual participants and groups of participants. These hours translated into the following activities:
 - English as a Second Language (ESL) courses and English communication coaching
 - Entry level health courses for alternative career pathways as Certified Nursing Assistants, Electrocardiogram Technicians, and Certified Medication Technicians
 - Maryland Board of Nursing required exam preparation courses for Registered Nurse (R.N.) licensure:
 - English proficiency exam preparation courses
 - National Council Licensure Examination (NCLEX) for R.N. exam
 - Nurse refresher course
 - Job readiness preparation workshops and individual career coaching
 - “Soft Skills” workshops
 - Advanced computer skills courses
 - “Managing Stress during COVID-19 and Beyond” workshops
 - “Equity and Humanized Care in Times of COVID-19” course
 - Financial Aid workshops

Partnership with Employers and Others

- Partnered with 17 state workforce organizations to participate in the First Workforce Resource Fair for the African community in Maryland (December 2019) (per invitation by the Maryland Governor’s Commission of African Affairs and Governor’s Office of Community Initiatives).
- Participated in the 2020 National Skills Coalition Summit 2020 (February 2020).

- This unparalleled opportunity gave us insights into the 2020 legislative agenda with respect to federal funding and workforce development program support.
- Facilitated a meeting with representatives of the Literacy Council of Montgomery County (Executive Director, Community Resource Manager) to explore collaborative opportunities on additional pre-employment trainings and individual career coaching to Center participants.
- Participated in the home care hiring event by Adventist HealthCare, East County Regional Services Center (July 2019).
 - Among the three participants referred, one participant secured employment as a Unit Support Coordinator for the Behavioral and Wellness Center.
- Participated in a hiring event for Holy Cross Germantown Hospital (October 2019) (a Center employer partner).
 - We facilitated a meeting with Holy Cross Germantown Hospital to learn about its staffing needs, determined a referral process for open positions, and followed-up with employment applications.
 - Of five participants referred, two were hired as Certified Nursing Assistants.

Employer Name	Position	Number of participants employed
Holy Cross Germantown Hospital	Medical Surgical Registered Nurse	1
	Certified Nursing Assistant	3
Holy Cross Hospital	Certified Nursing Assistant	1
Mary's Center	Medical Assistant	1
United Medical Center	Cardiac Monitor Technician	1
Specialty Care Services	Certified Nursing Assistant	2
Mercy Clinic	Medical Assistant	1
Virginia Hospital Center	Medical Assistant	1
Visiting Angels Home Care	Certified Nursing Assistant	1
Montgomery County Government	Montgomery County Public Schools, School Health Technician I	1
	Montgomery County Fire and Rescue, Firefighter I	1
Adventist HealthCare	Psychiatric Unit Support Coordinator	1
Private Practices	Medical Assistant	2

Measures and Results

Completing Credentials Evaluation and Licenses	Number
Participants who completed the credentials evaluation	5
Participants who passed the Nursing Licensure Exam as Registered Nurse	4
Participants who obtained an alternative license/certificate:	
Certified Nursing Assistant (CNA)	4
Certified Medication Technician (CMT)	1
Electrocardiogram (EKG) Technician	1
Job Placement	
Nurses who began working in their profession as Registered Nurses in Maryland	1
Nurses who began working in the health field as Patient Care Technician, Certified Nursing Assistant, or other health related job in Maryland	9
Physicians who began working in the health field	6
Participants who began working in the behavioral health field	1
Career and Economic Development Impact	Percent
Average rate increase in wages (from entering program until hired as Registered Nurses)	190%

OUTPUT MEASURES

96
Total
participants

208
Total hours of individual
guidance and support to
participants

64
Total hours of individual
time with participants
related to workforce
development

11
Total hours of group
guidance and support
meetings

QUALITY OF SERVICE

94%*
Participants Satisfied**

*The percentage represents the average level of satisfaction with individual guidance and support offered either by a Client Assistance Specialist or Workforce Development Coordinator to work with each participant.

**Per the Overall Center Services Satisfaction Survey administrated online to evaluate July 2019 to June 2020; 41 participants (33 nurses, 6 physicians, and 2 behavioral health participants) completed the survey.



COVID-19 Pandemic Related Activities

- Planned and assessed Welcome Back Center participants' most urgent needs and concerns amid the COVID-19 pandemic.
- Two Client Assistance Specialists called all Center participants to better understand their needs and explore viable activities for the last quarter of the year.
 - 3 participants became infected with COVID-19 and had to isolate at home.
 - 10 essential worker participants expressed concerns related to COVID-19.
 - Others reported doing well and ready to engage in virtual training activities.
- Forwarded COVID-19 related information and resources via e-mail and available social media outlets via the Latino Health Initiative website, in a timely fashion.
- Continued providing regular services (such as individual guidance and responding to questions from internationally trained health professionals about Center services) via telephone and email as well as transitioned from planned face-to-face trainings to virtual formats and moved financial aid applications online.
- Assigned the Workforce Development Coordinator as the point of contact for helping participants with all unemployment related challenges such as compiling critical resources to share with participants (and participants' partners) who lost jobs.
 - To reach a broader audience, we also posted this valuable information containing guidance on how to access federal, state, and local resources on the Latino Health Initiative website.
- Invigorated engagement with longtime employer partners, including local Montgomery County hospitals, some of which had reached us for assistance with their rapidly changing hiring needs.
 - We also referred several participants to apply to emerging new jobs at our own Department of Health and Human services.
- Strengthened engagement with the national Welcome Back Initiative network, of which the Center is a member, and other organizations working in support of internationally trained health professionals and immigrant integration including Immigrant Professional Integration (IMPRINT), of which we are a member as well.
 - With support from these partners, we took the initiative of preparing a document with ideas for "Proposed Language for the Executive Order for Healthcare Workers in Maryland Related to COVID-19" that could be shared with the Maryland Department of Health if appropriate.
- As contact tracing emerged as a critical public health function to safely reopen the state's economy, Center participants saw a unique opportunity for contributing to COVID-19 response efforts and help the community in general.
 - Center participants' academic training and professional experience in the health field, along with their skills and unique culturally and linguistically competency for a contact tracer role, resulted in assisting six participants obtain contact tracer certifications and apply for contact tracer job vacancies at state and county levels.
- Supported the Department of Health and Human Services' efforts in conducting community conversation assessments on equitable access to services during the COVID-19 pandemic, including:

- 2 community conversations with internationally trained health professionals: 1 in English (with 5 participants) and 1 in Amharic (with 9 participants).
- 3 key informant interviews: 2 with Center participants working on the frontlines during the pandemic and 1 with a county safety net clinic.

Profile of Center Participants

Of 96 Center participants in FY20, 82% were women and 18% were men. Over three-quarters (78%) were nurses, 14% were physicians, and 8% behavioral health professionals. Center participants represented the following world regions: Africa (59%), Latin America (34%), Asia (5%), and the Caribbean (2%).

CHALLENGES AND LESSONS LEARNED

- Effective October 30, 2017, the Maryland Board of Nursing eliminated the English Oral Proficiency Interview (OPI) administered by Inter-American Language Associates.
 - This move limited English proficiency exam options for internationally trained nurses pursuing a Registered Nurse (R.N.) license in Maryland.
 - The only two English proficiency exam options currently available include the International English Language Testing System (IELTS) and Test of English as a Foreign Language (TOEFL).
 - Eliminating OPI has:
 - (a) Limited the options of providers for IELTS and TOEFL preparation courses, and
 - (b) Increased the time needed by internationally trained health professionals for an expeditious return to the health workforce as Registered Nurses (R.N.s) in Maryland.
 - The IELTS and TOEFL exams are used to assess English proficiency as a consideration of acceptance by institutions of higher learning and the likelihood of academic success.
 - Reaching an *academic* level of English fluency translates into longer test preparation time.
 - Furthermore, nurses had already completed academic degrees abroad, and the Commission on Graduates of Foreign Nursing Schools is the authority on assessing United States nursing degree equivalency. Reading and writing skills were already assessed by passing the National Council Licensure Examination (NCLEX) and speaking skills for English oral fluency were already assessed by the OPI—this shows that foreign-trained nurses were successful in transitioning into the United States health workforce after passing both of these steps.
 - The Center continued its efforts to fully use the county database Enterprise Integrated Case Management (eICM) system where program data were transitioned from the previously used WBI web database. With the county's competing priorities that increased during the COVID-19 pandemic emergency beginning March 2020, we experienced delays in timelines for FY20 year's eICM implementation plan. The Center continued identifying data fields to input program information to allow maximum use of the powerful Oracle Business Intelligence Enterprise reporting capabilities for efficient output and outcome measures.

Family Reunification Program

The Family Reunification Program is tailored to provide culturally based family reunification services to Latino family members facing the challenge of repairing relationships after a prolonged period of separation due to migratory circumstances. The program provides culturally based family reunification workshops consisting of six two-hour group sessions. The program is undergirded by Cognitive Behavioral Theory concepts and a constructivist approach. According to this approach, a person builds reality from their interpretation of an experience, incorporating meanings from their belief system, which ultimately make up their identity. The program also includes two one-hour individual coaching sessions for parent/caregiver participants. In addition, the program facilitates access to wrap-around social support services and other public services to connect participants to community resources that can enhance integration into the county.

The Family Reunification Program seeks that the family:

- Establish or reestablish positive parent-child relationships;
- Build skills among family members to develop effective communications;
- Restore parental authority;
- Apply techniques for coping with stress, and
- Incorporate cultural traditions and values to strengthen family bonds.



"The Meal" activity offers families the opportunity to share food prepared by all family members.



Adolescents who participated in the “Movie of your Life” activity told stories of their lives through pictures and drawings, highlighting the contrast between life in their home countries, and in the U.S.

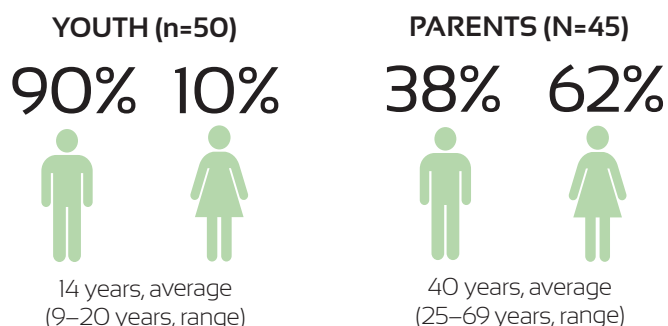
FY20 ACCOMPLISHMENTS

- Provided reunification services to 45 Latino immigrant families living in Montgomery County.
- Conducted 6 Family Reunification Program workshops.
- 45 parents and 50 youth successfully completed the program.
 - Delivered 35 in-person sessions and 158 virtual sessions to 95 individuals.
 - Provided 45 families 90 one-hour individualized coaching sessions.
 - Provided 419 individual case follow-ups to address the effects of COVID-19.
 - Transitioned from in-person group to individual virtual sessions with whole families.
 - Partnered with Montgomery County Public System high schools (Albert Einstein, Gaithersburg, Northwood, Seneca Valley, Watkins Mill Cluster, Wheaton) to provide Family Reunification Program workshops to immigrant Latino families.

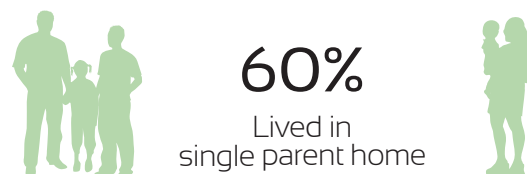
The following provide a socio-demographic profile of the 50 youth and 45 parents served by the Family Reunification Program. These participants completed both a baseline survey before participating in the program and an exit evaluation survey upon completion of the program.

Measures and Results

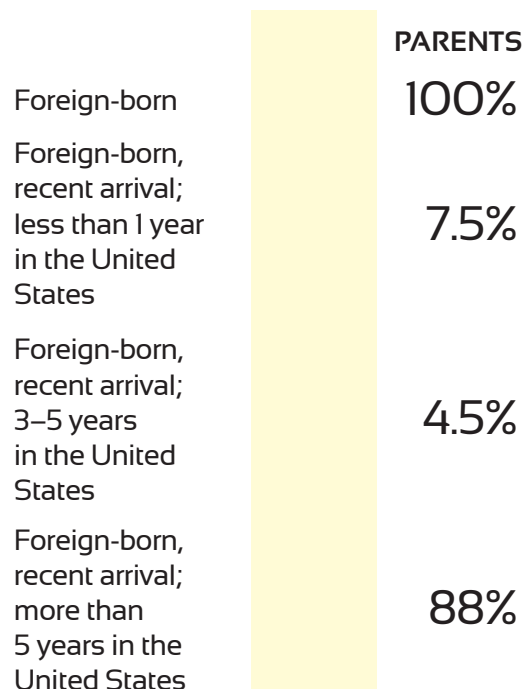
GENDER AND AGE



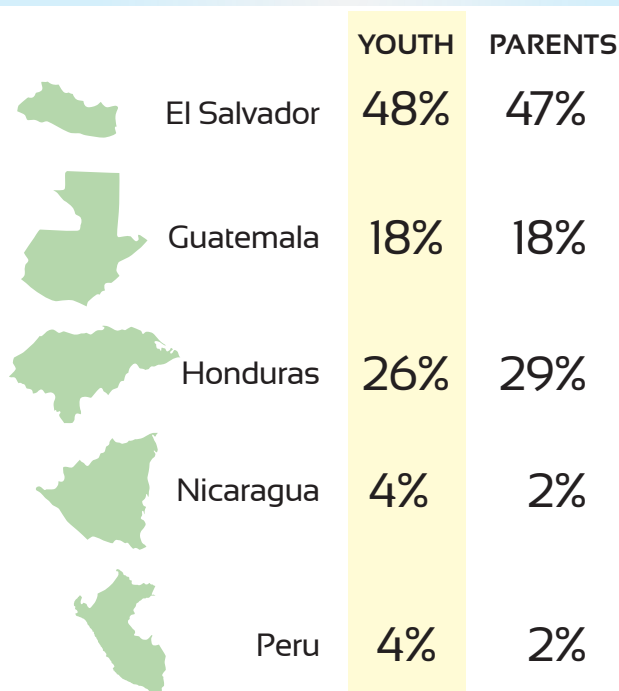
YOUTH FAMILY SITUATION



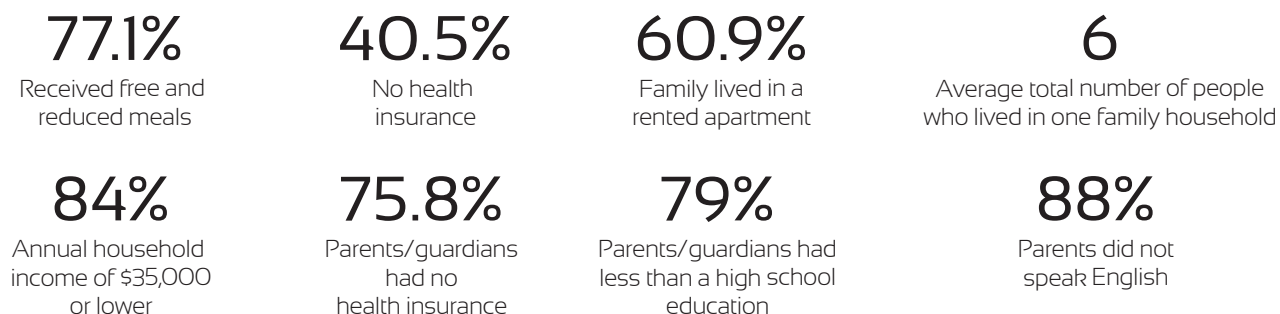
IMMIGRATION



COUNTRY OF ORIGIN



SOCIO-ECONOMIC STATUS



Family Reunification Workshops Completed, Coaching Sessions Provided,
and Support Offered due to COVID-19:
By Number of Parents, Youth, Individuals, and Cohort

Cohorts: High School	Parents Completing Workshop	Youth Completing Workshop	Families Receiving Coaching	Individuals Receiving Support for COVID-19
Seneca Valley	4	4	4	5
Northwood	9	9	9	111
Gaithersburg	8	9	8	173
Albert Einstein	12	14	12	98
Wheaton	4	5	4	0
Watkins Mill Cluster	8	9	8	32
TOTAL	45	50	45	419

In-person and Virtual Sessions Delivered and Coaching Sessions Provided:
By Cohort Before and After COVID-19 Pandemic Quarantine

Cohorts: High School	In-person Sessions for Parents until 3/12/20	In-person Sessions for Youth until 3/12/20	Virtual sessions for families after 3/12/20	Coaching Sessions
Seneca Valley	6	6	0	8
Northwood	7	6	0	20
Gaithersburg	4	4	26	14
Albert Einstein	1	1	60	24
Wheaton	0	0	24	8
Watkins Mill Cluster	0	0	48	16
TOTAL	18	17	158	90

To assess workshop effectiveness, we administered baseline and exit surveys with each workshop cohort. The parent/caregiver survey examined adult-youth connectedness and adolescent-parent relationship.

Parent-Youth Connectedness

Family connectedness is a fundamental factor in the healthy development of children. The degree of closeness and warmth children feel with and for their parents plays an important role in their health and well-being. The table below shows Parent-Youth Connectedness outcomes including parents’ and youth’s perceptions of their relationships and the extent to which they feel loved, able to communicate, and have emotional support.

Connectedness: Before and After the Intervention

	Parents (n=23)		Youth (n=40)	
	Baseline**	Exit Survey**	Baseline**	Exit Survey**
Add Health (Parent-Youth)*	39%	100%	25%	47%
The Hemingway Measure (Adolescent)	17%	100%	23%	78%

*The National Longitudinal Study of Adolescent to Adult Health (Add Health) is a longitudinal study of a nationally representative sample of over 20,000 adolescents who were in grades 7-12 during the 1994-95 school year and have been followed for five waves to date, most recently in 2016-18 (<https://addhealth.cpc.unc.edu>). We used this scale to measure parent-youth connectedness.

**The Family Reunification Program used a non-experimental design without comparison or control groups. Program participants completed a baseline survey and an exit survey to measure behavior changes in various constructs, including parent-child relationship, effective communication, stress, family bonds, and adequate responses to conflicts and family limits.

Adolescent-Parent Relationship



A father and son got to know each other better during the “Ask Me a Question” activity.

The separation of children from their parents at an early age affects the parent-child relationship in profound ways. The impact of separation manifests itself during the reunification process, when parents acknowledge their children’s anger towards them, and children communicate a sense that their parents feel like strangers. The Family Reunification Program works with families to develop skills for rebuilding family relationships. This is a fundamental step to facilitating the reunification process.

The table on the next page lists percent changes between baseline and exit surveys. All indicators of the relationship between mothers, fathers, or guardians and adolescents improved 10%, on average. No change was observed in the area of stress management. The indicator with the greatest positive change was in response to the question: When I do something wrong and it is important, this person talks about it and helps me understand why it is wrong (17%).

Relationship Indicator	Percent change*
Most of the time this person is affectionate and loving with me.	12%
In general, I am satisfied with the relationship I have with this person.	13%
When I do something wrong and it is important, this person talks about it and helps me understand why it is wrong.	17%
Are you satisfied with the way you communicate with that person?	15%
This person usually knows what is going on in my life.	14%
I feel close to this person.	10%
I enjoy doing things with this person.	10%
This person and I have a lot of fun.	12%
It is very important for me that this person trusts me.	7%
This person and I argue about many things.	-13%
This person and I get along.	8%
I really care about this person.	5%
I have good communication with the person who participates with me in the program.	9%
I have a quality relationship with the person who participates with me in the program.	10%
I have confidence with the person who participates with me in the program.	11%
I have stress management skills.	0%
I can identify my strengths to solve obstacles I encounter in this country.	7%
I can identify the values that strengthen my family.	9%

*"Percent Change" indicates the difference between pre- and post- survey results. We administered the survey at the beginning and completion of the FY20 program.

QUALITATIVE OUTCOMES

Qualitatively, we observed changes over the course of the program based on parent feedback during face-to-face and virtual sessions, corroborating survey trends.

Knowledge

Knowledge does not only refer to content addressed in the sessions such as assertive communication and coping strategies (for example, mindfulness to manage stress). Knowledge also comprises knowing yourself and others in the family.

Participants acquired knowledge on ways to achieve assertive communication by practicing skills through role-playing. Knowledge of the Cognitive Triangle (thoughts, emotions, and behaviors are all interconnected) helped participants reflect on their reactions to previous situations of conflict. Through a variety of exercises, participants came to learn more about themselves.

“The sessions allowed us to take out many things that we carried inside, things that we did not dare to say or share with others.”
—Family Reunification Program participant

Participants identified their core values. For parents, values were linked to responsibility and obedience while adolescents related to emotions such as love and affection. Participants also grow to learn and recognize their strengths. In many cases, they realize a strong asset is resilience in the face of adversity. Another strength is aspirations they have for themselves (youth) or for their children (parents/guardians).

No less important was the knowledge of participants' own emotions such as sadness, fear, or guilt, and also of joy or satisfaction. Recognizing what they feel and what produces those emotions has provided a cathartic component for some session participants. In the case of parents/guardians, there is a crystallization of why they came to the United States: to find a better life for their children.

Getting to know each other is an essential element in the reunification process for parents/guardians and youth. Knowing one's own story leads to interest in each other's history.

Change in the Attitudes

Throughout the course of the Family Reunification Program, we observed changes in various areas of participant attitudes including mutual respect, listening, tolerance, empathy, and trust.

- **Mutual respect** grew, especially from parents/guardians toward their teenage children. Parents/guardians began to understand that their children are unique individuals, they are increasingly becoming independent, and they are not always going to follow parent/guardian directives. There was also a change in adolescents who showed growth in understanding that their parents'/guardians' best intentions are not necessarily expressed in the ideal manner.
- **Listening** fosters dialogue in a family compared with when one-way communication dominates. Participants acquired listening skills over the course of the sessions, primarily by parents/guardians.
- **Tolerance** also evolved in a noticeable manner. Before the sessions, some parents/guardians held religious beliefs to explain why they forbade their adolescent children from participating in extracurricular activities, for example—this was sometimes a source of conflict. After the sessions some parents/guardians began permitting their children to participate in extracurricular activities.
- **Empathy** over time also expanded palpably. A growing self-awareness and awareness of each other contributed to this change. Children grew to understand the difficulties parents/guardians experienced emigrating to the United States. Parents/guardians, in turn, began to empathize with their children given their own suffering as a result of having been uprooted from homes and separated from caregivers. The entire family reaches a moment of epiphany that illuminates for all that getting to this country has not been easy for anyone.
- **Trust** was another area that families explored and practiced. Parents/guardians and teenage children alike expressed more confidence in sharing stories about their day-to-day lives and their feelings. Adolescents showed trust in their parents by believing they want the best for them. In turn, by not imposing as many restrictions or threats of punishment, parents/guardians demonstrated trust in their adolescent children to act responsibly.

Behavior Change Intention

Family Reunification Program participants shared examples they put into practice that reflected behavior changes they learned and practiced in the sessions like “thinking before you act or talk” (“Now I think twice before I speak,” “My dad seems to think before he acts”). These participants ceased reacting “in the heat of the moment” to certain situations.

Some parents/guardians mentioned spending more time talking with their kids. Adolescents said they started spending less time on phones or video games and more time with their parents/guardians.

Spending time on household chores was one area of change among youth. Cooking, cleaning up, or contributing to other household chores were activities that youth reported initiating. Families needed intentional opportunities to practice skills and behaviors that contribute to building relationships and thus supporting the reunification process.

Satisfaction Survey: By Parent and Adolescent Respondents (n=74)

Participants Responding “Agree” or “Strongly Agree” to Quality of Services	Percent
Participants who found the family reunification information useful	95.6%
Participants who felt comfortable sharing their opinions	95.6%
Participants who affirmed the sessions captured their interest	92.6%
Participants reporting that facilitators provided adequate support in learning	98.5%
Participants reporting that facilitators covered the content in the allotted time	97%



Speaking English can be a serious source of stress especially for someone who only recently arrived in the U.S. Youth participants learned to identify the causes and levels of stress through drawing activities like this.

CHALLENGES AND LESSONS LEARNED

As a result of the COVID-19 pandemic and accompanying quarantine restrictions, we faced unprecedented challenges to our planned approach for delivering family reunification sessions. We had to transition from in-person sessions to virtual ones while still meet program objectives. To meet program participants' needs, we expanded case management to include coaching on self-care and emotional wellbeing. By adapting via redesigned activities, we enjoyed rewarding lessons learned in certain areas.

Virtual Sessions

Virtual sessions consisted of six activities that used everyday opportunities of family life to have fun together and build relationships. Each activity emphasized a dimension of the family reunification wheel of life: communication, family relationships, respect and trust, emotional state, and parental authority. Each activity offered intentional opportunities to practice skills and behaviors that contribute to the construction of parent/guardian-youth relationships and the fortification of the reunification process. Virtual sessions complemented to face-to-face sessions effectively because they gave families opportunities to build affective bonds and an environment of family cohesion.

Coaching

We continued in-person coaching sessions, initiated before the quarantine, via phone calls. However, due to COVID-19 pandemic ramifications, we had to modify parents'/guardians' coaching goals to focus more on immediate "survival" needs. Parents'/guardians' priorities related to basic needs including access to food, rental assistance, troubleshooting problems related to children's online learning for school, and managing family members sick with COVID-19.

Response to COVID-19

During the quarantine, we supported families through phone calls, text, and WhatsApp with information about infection prevention measures, access to food resources, and housing updates (for example, the Governor of Maryland's order prohibiting family evictions from apartments due to non-payment). We helped some families obtain financial resources to pay for rent (for example, via Emergency Assistance Relief Payment [EARP]). We assisted adolescents by helping to connect those in need to Montgomery County Public Schools online classes.

2020 Census Project with CASA

During May and June 2020, the *Vías de la Salud* Health Promoters Program supported the Central American Solidarity Association (CASA) in efforts to reach the Latino community with information on the critical nature of completing the 2020 Census. CASA originally engaged residents in a door-to-door manner and through site-based community outreach and adapted to telephone outreach during the COVID-19 pandemic. Health Promoters contributed their part in outreach efforts by calling residents and having conversations in Spanish.

We trained eight Health Promoters using CASA's software-based tools (Apple iPad tablets, Zoom, Google survey, and Vonage). In addition to professional outreach activities, Health Promoters applied newly learned digital skills to their personal lives.

7,487

Phone calls made

295

Conversations

150

individuals who confirmed
completing the 2020 Census

CHALLENGES AND LESSONS LEARNED

Health Promoters encountered challenges in their use of digital tools to conduct community outreach during the early stages of the COVID-19 pandemic. Our team addressed challenges by coordinating with CASA staff to provide introductory training as well as ongoing technical assistance. With some training and support, Health Promoters learned the basics of digitally based outreach, building capacity for future virtual outreach initiatives. Most importantly, our community benefited by having a more accurate 2020 Census count.



Staff member with a Health Promoter during tablet pick-up.

Access to Services and Navigation Services

The Latino Health Initiative's Access to Services and Navigation Services work aims to enhance access to quality health and social services for limited English proficient and limited literacy county residents. The Latino Health Initiative appreciates the barriers associated with health and racial disparities in the Latino community. The pandemic only uncovered more strongly and clearly just how many community residents lacked information and resources from a trusted source.

Latino Health Initiative staff and volunteers assisted callers directly in a culturally and linguistically appropriate manner to overcome access barriers such as language and health literacy. We assessed county residents (who contacted the Latino Health Initiative) by phone, email, text, or social media to understand their individual needs and provided customized information for accessing critical services. In some cases, we provided extensive assistance through follow-up calls and facilitated referrals to connect clients with needed programs as well as with providers who had availability to provide services.

FY20 ACCOMPLISHMENTS

- Enhanced access to the county's Maternity Partnership Program by promoting the program through social media and providing Spanish-speaking expecting mothers with a contact for program enrollment assistance.
- Assisted clients who lacked computer access by phone to submit completed applications, resulting in increased access to and enrollment in the Maternity Partnership Program.
- With County Office of Eligibility and Support Services (OESS) sites closed in the immediate aftermath of the COVID-19 pandemic, the OESS directed the public to apply online or pick up applications at limited locations. Many expectant mothers were not able to do either of these options.



Call-to-action video in Spanish, with phone number to call for more information, to motivate pregnant women to seek prenatal care (Latino Health Initiative Facebook page, @LatinoHealth).

Measures and Results

309 Total calls received

Client Inquiry Summary

		OESS				Other	MC311		COVID-19 Hotline	
Month 2019-2020	# calls / month	Care For Kids	Montgomery Cares	Maternity Partnership	SNAP	DHHS	Housing	COVID - 19	Total	
July	5	5							10	
August	10	2	8						20	
September	4		4						8	
October	7	1	6						14	
November	0								0	
December	6		6						12	
January	0								0	
February	3	1	2						6	
March	30			5	10	2	3	10	60	
April	30			12	10		10	8	70	
May	15		2	6	2				25	
June	42	8	12	12	5		5		84	
Total	152	17	40	35	27	2	18	18	309	

As part of assisting clients access services and use navigation services, we track all client inquiries to assess community needs and inform community outreach strategies and interventions. Staff serve as liaisons for callers and county program staff to provide a “warm hand-off” when needed to ensure clients receive needed services.

Clients are often directed to the Department of Health and Human Services, Office of Eligibility and Support Services (OESS), which serves as the point of entry for federal, state, and county health programs targeting uninsured and low-income Montgomery County residents.

Latino Health Initiative staff aided expecting mothers who needed to complete forms for the Maternity Partnership Program. We assisted those clients on a one-on-one basis because Department of Health and Human Services lobbies were closed for walk-in, face-to-face assistance. We directed clients requesting information on the Supplemental Nutrition Assistance Program (SNAP) to contact OESS or Maryland Hunger Solutions. We directed all other calls to MC311 or specific Montgomery Cares clinics.

CHALLENGES AND LESSONS LEARNED

- Accessing services continued to present challenges, especially during the pandemic when clients were directed to go online to obtain applications for services and benefits. Many clients reported not knowing how to navigate the internet, and others did not have the necessary tools to access and submit program application forms (for example, computers and printers).
- A lesson learned for better facilitating this work was to schedule a date and time to work with clients on applications. Setting appointment times with residents ensured the best use of everyone's time, when clients could focus on the application process. This was especially useful when working with mothers who were home taking care of young children.
- Another lesson learned was to use technology to better serve clients. When a client needed information, Latino Health Initiative staff asked if they would also like to receive the information via a text message to ensure they had correct details for their application (such as addresses to which to submit applications and telephone numbers for follow-up). We invited all clients who agreed to receive program information via text to follow the Latino Health Initiative Facebook page (@LatinoHealth) for staying current with important community information and resources.



Above: Call-to-action video in Spanish with COVID-19 symptoms and in need of clinical care (Latino Health Initiative Facebook page, @LatinoHealth).

Left: Department of Health and Human Services, 8630 Fenton Street, for application pick-up and drop-off.

Middlebrook Garden Community Engagement Project



Toys for children and the setting for photos with Santa.

The Middlebrook Garden community, composed of 180 mobile homes, is the only trailer park community in Montgomery County (located in Germantown, on Maryland Route 355, Frederick Road and Magnolia Drive). This community is predominantly Latino with many multigenerational households and recently arrived families in dire need of access to county resources and services.

The Director of the Department of Health and Human Services tasked the Latino Health Initiative to participate in several stakeholder collaboration planning meetings with representatives from the Montgomery County Office of Community Partnerships (Department of Health and Human Services) among other community partners to discuss ideas for engaging this community in a more culturally and linguistically competent manner. The goal of this effort was to connect with and assist these most isolated of county residents to help them access county health services and other resources.

A holiday celebration represented the culmination of these efforts (held on December 21, 2019). We welcomed 82 families, including 252 children, for a festive evening celebration that included live entertainment, dinner, face painting, toy distribution, and many laughs and smiles from pleased community members.

Following the success of the holiday celebration, the Latino Health Initiative began coordinating biweekly community *Cafecitos* (coffee time), in collaboration with the local elementary school, to provide a safe space for Middlebrook Garden women to talk about various community issues, individual or family needs, and challenges accessing health care and community resources. These gatherings commenced March 2020 and were scheduled through June 2020, at which time the COVID-19 pandemic halted these plans.

Once the initial shock of the pandemic subsided, the Latino Health Initiative partnered with community organizations to distribute baby, family personal hygiene, and wellness care packages to Middlebrook Garden residents, while also expanding these distribution efforts to other communities in need.

COVID-19 Pandemic: Middlebrook Garden Community Distributed Items (2020)

	March	April	May	June	Total
Family personal hygiene care packages	35	150	462	402	1,049
Baby care packages	0	188	516	704	1408
Wellness care packages	0	0	0	75	75

The Latino Health Initiative purchased and distributed care packages to community members residing primarily in the following neighborhoods:

- | | | |
|---------------------|-----------------------|--------------------------------|
| 1. Aspen Hill | 6. Deer Park | 10. North Summit Avenue |
| 2. Castle Boulevard | 7. Fox Chapel | 11. Waters Landing |
| 3. Cider Mill | 8. Langley Park | 12. Wheaton – Pembridge Square |
| 4. Cloppers Mill | 9. Middlebrook Garden | |
| 5. Crystal Rock | | |



1,049 personal hygiene care packages assembled for Middlebrook Garden community families.



1,408 baby care packages (including diapers and wipes—items most commonly requested by Middlebrook Garden community families)

CHALLENGES AND LESSONS LEARNED

- Preliminary feedback from the *Cafecitos* with Middlebrook Garden community residents indicated that families needed support accessing a variety of services including health care, economic and rental assistance, and food banks.
- Many Middlebrook Garden community residents expressed mistrust of government and were initially reluctant to engage with our outreach team.
- Collaborating and coordinating with community partners who are trusted by community residents granted us unique access into the lives of residents, making the distribution of care packages possible, efficient, and effective.
- Moving forward, and independent of the pandemic, it is important for the Latino Health Initiative to remember the progress made in engaging this community of hard-working county residents and continue building on the relationships and trust established to date.



Cafecito entre mujeres (coffee time shared among women)

OTHER LHI FY20 HIGHLIGHTS



Latino Health Initiative staff joined Lilian Mass during her radio show, En Sintonía con el Concejal del Condado (In-Tune with the County Council), to discuss the Ama Tu Vida Health Fair.

Radio

The Latino Health Initiative continued its presence as guests on Radio América's (WACA 1540AM) *En Sintonía con el Concejal del Condado* (In-Tune with the County Council) to disseminate important health and wellbeing messages to the show's Spanish speaking listening audience.

Over the course of 10 radio appearances throughout the year, Latino Health Initiative staff promoted programs and events, including the *Ama Tu Vida* Health Fair, Healthy Parks/Healthy People 5K Fun Run, Brookside Gardens walk, and COVID-19 updates. These broadcasts provided reliable information on topics such as, "What To Do If You Get Coronavirus Disease," "How to Protect Yourself from Coronavirus Disease," and "Precautions During Reopening Phases."

Television

Recognizing the importance of bringing public health messages to Latino people via television, the Latino Health Initiative participated in Spanish-language interviews and broadcasted shows to share up-to-date health and safety information. The Latino Health Initiative raised awareness among Spanish speakers in metropolitan D.C. on the continuing emergence and threat of COVID-19. This was accomplished by bringing informed and trusted voices to the airwaves through participation on the following television programs:



Call-to-action video in Spanish encouraged Latinos with COVID-19 symptoms to seek assistance. (3,600 views, 78 shares, 18 reactions).

Telemundo, Univisión, Montgomery County TV

- "Montgomery al Día" (April 14, 2020)
- "MCPs Comunicándonos" (April 16, 2020)
- "El Poder de ser Mujer" (April 22, 2020)
- "Qué Pasa" cable TV show, Montgomery Municipal Cable, Channel 16 (April 23, 2020)
- Univisión, noticias (April 28, 2020)

Social Media

Seeking to connect with community members using a common community engagement tool of our modern age, the Latino Health Initiative continued to enhance its Facebook page (@LatinoHealth) by posting relevant, informative, and engaging content for Latino people, growing our followers.

As the world faced the extensive spread of COVID-19, there was intensive pressure to provide quick and reliable information on health care access, food resources, and other community resources. During this crisis, a lack of awareness, knowledge, and preparedness placed Latino community residents at a higher risk. One of our priorities became sharing easy to understand information to counteract misinformation undermining public health and safety.

The Latino Health Initiative's Facebook page (@LatinoHealth) served as an effective tool for disseminating trusted information to promote accurate health, wellness, access, and infection prevention information. We promoted the following topics through infographics, GIFs, flyers, and videos:

- [What to do if I have COVID-19](#)
- [COVID-19 symptoms](#)
- [What you need to know about coronavirus \(COVID-19\)](#)
- Washing hands
- Social distancing
- Healthy eating at home
- Healthy habits while at home
- COVID-19 pop-up community food distribution sites
- Telehealth community care providers
- Maternity during COVID-19 resource video
- COVID-19 community testing events



Health Promoters used social media to promote safety measures to take during the pandemic.

Conferences, Community Engagement Activities, Presentations

- The Latino Health Initiative and the National Hispanic Council on Aging co-hosted, “Townhall Meeting: Health and Wellbeing.” Together we brought community leaders and members together to discuss family safety and preparedness, access to public benefits, health and wellness, and the Montgomery County Executive Order on Promoting Community Trust.
- The Latino Health Initiative and Maryland Health Benefit Exchange co-hosted, “A Discussion about Health Care for the Hispanic Community.” Together we brought 69 community partners and providers together to discuss public charge rule and how it affects Maryland’s uninsured residents.
- The Latino Health Initiative presented an overview of the trailblazing work we are doing to the Montgomery Blair High School Parent-Teacher-Student Association Hispanic Outreach Group.

FY20 ACCOMPLISHMENTS

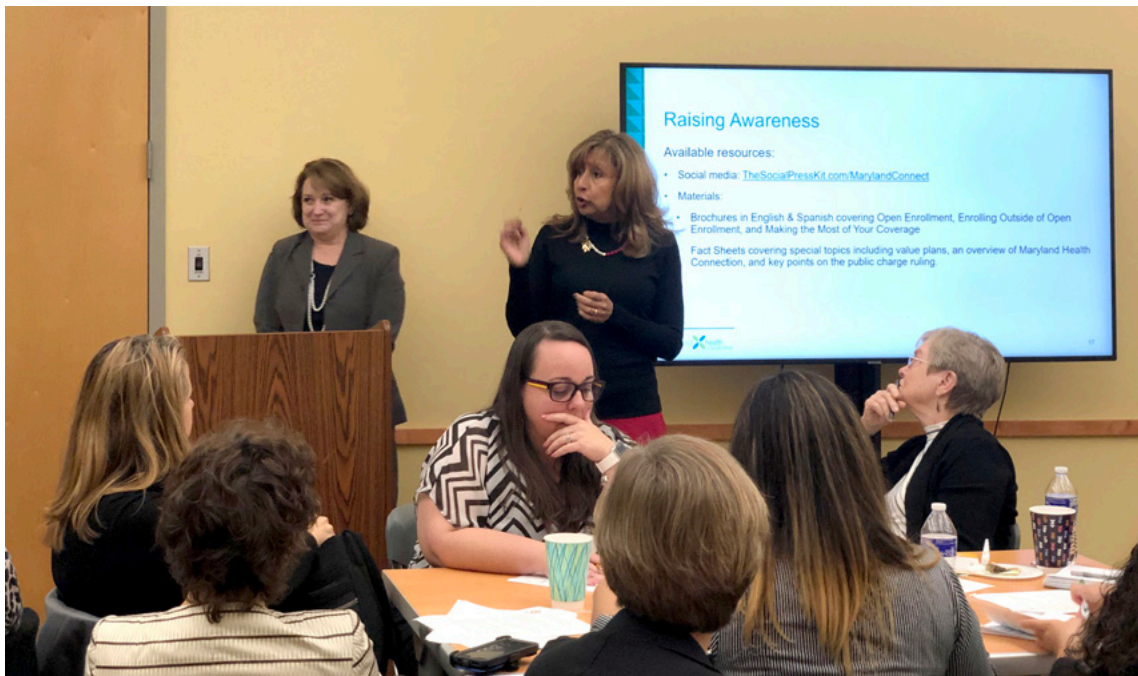
Facebook Statistics July 2019—June 2020

Month	Reach	Engagement	# posts	# followers at the beginning of the month	# followers at the end of the month	# new followers during the month
July 2019	3,310	449	15	65	86	21
August 2019	1109	91	10	86	91	5
September 2019	698	53	10	91	91	0
October 2019	436	68	24	91	104	13
November 2019	392	14	18	104	110	6
December 2019	681	104	14	110	113	3
January 2020	884	60	16	113	115	2
February 2020	765	43	22	115	119	4
March 2020	5,541	620	85	119	140	21
April 2020	32,436	2,148	74	140	310	170
May 2020	56,147	3,705	63	310	493	183
June 2020	43,353	2,785	38	493	662	169

Fueled by an investment of time and energy to using our Facebook page (@LatinoHealth) to actively communicate with the public, we have seen tremendous growth in the number of our Facebook followers: from 65 in July 2019 to 662 in June 2020. Learning what our target population wants and needs has influenced the types and frequency of Spanish information we share. Importantly, this has filled a gap in social media outlets with reliable information for Latino residents of Montgomery County.

CHALLENGES AND LESSONS LEARNED

- One lesson learned is that the social media landscape is ever-changing. In response, we need to keep pace with those changes to remain relevant and “fresh” to our target audience. We are excited to see an expansion of our Facebook page followers, especially since March 2020 as a result of increased demand for information on COVID-19, COVID-19 testing events, and food distribution resources.
- We are also aware that different audience segments use different social media platforms. Our Facebook page is primarily followed by adults 30 years of age and older. As we look to the future, our challenge is to develop strategies for reaching younger audiences as well as expand into other social media tools such as Instagram and Twitter.



Senior Manager, Sonia Mora, at a Townhall meeting that brought together community leaders and members to discuss family safety and preparedness.

FUNDS RECEIVED AND INVESTED

During FY20, Montgomery County allocated \$ 2,088,404 (from its general funds) to the Latino Health Initiative. The County earmarked these funds to support Latino Health Initiative programmatic and operational activities.

Expenses for FY20 core appropriated funds are captured in the following broad categories:

- (1) programs and other activities, including contracts and in-house program expenses and
- (2) administrative expenses.

FY20 Contracts and In-House Program Expenses

Contracts and in-house program expenses include those incurred by program staff, contractors, major programs, and activities (Latino Youth Wellness Program, *Vías de la Salud* Health Promoters Program, Asthma Management Program, Welcome Back Center of Suburban Maryland). This category accounts for 97.44% of the Latino Health Initiative's core budget expenditures.

The Office of Community Affairs handles funds appropriated to the System Navigator and Medical Interpreter Program as well as the Family Reunification Program. These funds are thus not included in this allocation.

FY20 Administrative Expenses

Administrative expenses include operational ones, such as for the Latino Health Steering Committee, interpretation services, office equipment, supplies, printing, parking permits for staff, and mileage reimbursement. This category accounts for 2.56% of the Latino Health Initiative's core budget expenditures.

FY20 Leveraged Funds

The Latino Health Initiative leveraged an additional \$104,205 from additional public and private sources.

\$4,205

Affordable Care Act

\$100,000

Welcome Back Center of
Suburban Maryland
(Maryland Department of Labor)

\$104,205

TOTAL

PARTNERS AND COLLABORATORS

AARP Maryland
 Adventist Healthcare
 Alzheimer's Association
 Amerigroup
 Care for Kids
 Care for Your Health, Inc.
 CASA
 Catholic Charities
 CCI Health & Wellness Services
 Celebrate Recovery Ministries at
 Church of the Redeemer
 CENAES - Centro de Alfabetización
 en Español
 Community Health and
 Empowerment through Education
 and Research
 Community Ministries of Rockville
 Compadres Network, Inc.
 Consulado El Salvador en Silver
 Spring
 Cornerstone Montgomery, Inc.
 Crossroads Community Food
 Network
 EveryMind
 Family Services, Inc.
 Gaithersburg HELP
 Georgetown Howard Universities
 Center for Clinical and
 Translational Science
 Global Health Medical Group
 God Glorified Church of God in
 Christ
 Holy Cross Health
 Identity, Inc.
 Kaiser Permanente
 La Clínica del Pueblo
 Latin American Advisory Group
 Mansfield-Kaseman Health Clinic
 Maryland Department of Labor,
 Licensing and Regulation
 Maryland Physicians Care
 Maryland Treatment Centers
 Mary's Center
 Medstar Georgetown Transplant
 Institute
 Millian Memorial United Methodist
 Church
 Mobile Medical Care, Inc.
 Montgomery College

Montgomery County Department
of Health and Human Services

- African American Health Program
- Aging and Disability Resource Unit
- Asian American Health Initiative
- Behavioral Health and Crisis Services
- Cancer and Tobacco Program
- Children, Youth, and Family Services
- Community Action Agency
- Food Security Plan
- Healthy Montgomery
- Home and Energy Program
- Linkages to Learning
- Montgomery Cares
- Public Health Services
- School Health Services
- TESS Center

Montgomery County Education
Forum

Montgomery County Government

- Gilchrist Immigrant Resource Center
- Montgomery County 311
- Montgomery County Board of Elections
- Montgomery County Department of Consumer Protection
- Montgomery County Department of Environmental Protection
- Montgomery County Department of Housing and Community Affairs
- Montgomery County Department of Police
- Montgomery County Department of Transportation Commuter Services
- Montgomery County Department of Transportation Pedestrian Safety

- Montgomery County Family Justice Center
- Montgomery County Fire & Rescue
- Montgomery County Office of Community Partnerships
- Montgomery County Office of Human Resources
- Montgomery County Public Library
- Montgomery County Public Schools, Office of Student, Family Support and Engagement
- Montgomery County Recreation

Montgomery County Public Schools

- Linkages to Learning
- School Counseling, Residency and International Admissions (SCRIA)
- Albert Einstein High School
- Gaithersburg Elementary School
- Gaithersburg High School
- Harmony Hills Elementary School
- Highland Elementary School
- Loiederman Middle School
- Seneca Valley High School

Montgomery Parks

Montgomery Sister Cities El Salvador

Montgomery Works One-Stop
Workforce Center

National Center for Missing and
Exploited Children

National Hispanic Council on Aging

National TPS Alliance

Nueva Vida, Inc

Planned Parenthood of Metropolitan
Washington, D.C.

Primary Care Coalition of
Montgomery County

Proyecto Salud Clinic

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School of Public Health

Visionary Eye Doctors

Welcome Back Initiative

Women's Cancer Control Program

WorkSource Montgomery

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