Blueprint for Latino Health in Montgomery County, Maryland 2017–2026

Contents

Prologue

Montgomery County, Maryland, is one of the most diverse counties in the United States. We have had a long-term tradition of welcoming individuals from all over the world, fostering inclusion and tolerance, and celebrating diversity and multiculturalism.

This release of the *Blueprint for Latino Health in Montgomery County, Maryland, 2017–2026* comes at a most critical time. Today we are witnessing a profound and consequential shift in United States domestic policies and international relations, including immigration, health care, and social justice.

The *Blueprint* is a guide, that has been revised two times since 2002 for developing culturally and linguistically competent policies and programs aimed at improving the health and well-being of the Latino population in Montgomery County.

We assert in the strongest possible terms the importance of Montgomery County's continuing to welcome immigrants and the talent and energy that they bring to this county. A failure to maintain this position will weaken the county's institutions, diminish innovation, and slow the pace of technological, scientific, and artistic achievements.

We must assure that the people who can enrich this county, including those who have come through immigration, have the opportunity to excel. This is the only way that our values and highest aspirations can be fulfilled.

We strongly encourage our leaders to reaffirm their unwavering support of our community and continue the welcoming environment that has served the county well since its founding. Together, we must fight for and preserve a safe and nurturing environment for all immigrants. By championing public health for all, we will have a positive impact in our neighborhoods and beyond.

It is a privilege to stand with such deeply committed leaders and community members in these turbulent and yet opportune times.

In solidarity,

Maria Gomez, R.N., M.P.H.   J. Henry Montes, M.P.H.
Co-Chair   Co-Chair
Latino Health Steering Committee   Latino Health Steering Committee

Foreword

We are proud to share this 3rd edition of the *Blueprint for Latino Health in Montgomery County, Maryland, 2017–2026* (herein referred to as "*Blueprint*"). Montgomery County is committed to investing in the health and wellbeing of all of our residents and this document supports that effort. The *Blueprint* provides recommendations for improving health and wellness outcomes for Latinos living in Montgomery County. The *Blueprint* has been an invaluable resource for guiding the development of culturally and linguistically competent policies, programs and systems that address health disparities that affect the Latino population in Montgomery County.

The Latino Health Steering Committee and Latino Health Initiative are to be commended for their diligence in constantly assessing the health and wellness needs of Latinos in Montgomery County and developing responsive strategies to meet those needs. The *Blueprint* identifies critical priorities and goals essential to improving health and wellness outcomes for Latinos. The *Blueprint* is an informative and practical guide for Montgomery County's endeavors moving forward.

My administration and the Montgomery County Department of Health and Human Services continue to be committed to:

- Delivering culturally and linguistically competent services;

- Improving the access to affordable, quality health and human services;

- Building a workforce that reflects the diversity of our County;

- Eliminating disparities and achieving health equity.

We celebrate the many successes achieved over the years. We also recognize that there is more that must be done. This *2017–2026 Blueprint* is a call to action for the community, the public, and the non-profit and private sectors to work together to advance the goals put forth in the *Blueprint for Latino Health in Montgomery County, Maryland, 2017–2026*.

Sincerely,

Isiah Leggett
Montgomery County Executive

Uma S. Ahluwalia
Director
Montgomery County Department of
Health and Human Services

Acknowledgements

Isiah Leggett, County Executive, Uma Ahluwalia, Director of the Montgomery County Department of Health and Human Services, as well as Betty Lam, Chief of the Office of Community Affairs, have demonstrated exemplary leadership in addressing the needs and concerns of Montgomery County's Latino population. They have also been strong supporters of the *Blueprint* since its original publication and continue to recognize the need for and value of the document. The Latino Health Steering Committee of Montgomery County, Latino Health Initiative staff, and Latino communities in Montgomery County sincerely appreciate their efforts.

The Latino Health Steering Committee of Montgomery County is also deeply grateful to the innumerable stakeholders—including public and private health entities, leaders of Latino community-based organizations and programs, community members, and other collaborating parties—that contributed to the development of this Blueprint. We are especially grateful to Sonia Mora, Senior Manager of the Latino Health Initiative, and the staff of the Latino Health Initiative, for their tireless support of our work and efforts that made this project possible.

Latino Health
STEERING COMMITTEE
MONTGOMERY COUNTY, MD

Latino Health Initiative
8630 Fenton Street, 10th Floor
Silver Spring, MD 20910
240-777-3221
www.lhiinfo.org

Latino Health Steering Committee of Montgomery County

The Latino Health Steering Committee of Montgomery County provides expert guidance and technical assistance in the conceptualization, design, development, and evaluation of Latino health activities and projects within the Montgomery County Department of Health and Human Services. In addition, the Steering Committee acts as the planning body for the Latino Health Initiative. As an independent group of volunteer professionals and community leaders, the Latino Health Steering Committee has contributed its time and efforts to advocating for policies and practices that will improve the health and wellbeing of Latinos in Montgomery County.

Fernanda Bianchi, Ph.D.
Montgomery County Activist
Potomac, MD

Olivia Carter-Pokras, Ph.D.
Department of Epidemiology/Biostatistics
University of Maryland College Park
College Park, MD

Norma Colombus
Montgomery County Activist
Silver Spring, MD

Victor Del Pino, J.D.
Montgomery County Activist
Rockville, MD

Monica Escalante, M.S.M., M.S.P.P.
Montgomery Hospice
Rockille, MD

George Escobar, M.S.W.
CASA de Maryland
Hyattsville, MD

Maria S. Gómez, R.N., M.P.H.
Mary's Center for Maternal and Child Care, Inc.
Washington, DC

Anna Maria Izquierdo-Porrera, M.D., Ph.D.
Care for Your Health, Inc.
Silver Spring, MD

Evelyn Kelly, M.P.H.
Institute for Public Health Innovation
Washington, DC

Rose Marie Martinez, Sc.D.
Montgomery County Activist
Silver Spring, MD

J. Henry Montes, M.P.H.
Montgomery County Activist
Potomac, MD

Cesar Palacios, M.D., M.P.H.
Proyecto Salud
Wheaton, MD

Eduardo Pezo, J.D., M.A., M.P.H.
Montgomery County Activist
Kensington, MD

Patricia Rios, M.P.H.
Suburban Hospital
Bethesda, MD

Grace Rivera-Oven, B.A.
Montgomery County Activist
Germantown, MD

Maria Elena Rocha
Montgomery County Activist
Silver Spring, MD

Diego Uriburu, M.S.
Identity, Inc.
Gaithersburg, MD

Background on the Latino Health Initiative

In July 2000, the Department of Health and Human Services, with advice and guidance from Latino community leaders in Montgomery County, established the Latino Health Initiative. Montgomery County leaders who recognized the founding of the Latino Health Initiative as a unique and timely opportunity to address health disparities in Montgomery County, Maryland, supported this initiative.

The mission of the Latino Health Initiative is to improve the quality of life of Latinos living in Montgomery County by contributing to the development and implementation of an integrated, coordinated, and culturally competent health and wellness system that supports, values, and respects Latino families and communities.

Stakeholders across the country recognize the Latino Health Initiative as a leading advocate and effective model for improving the health and wellbeing of Latinos. From its inception, the Latino Health Initiative has promoted a comprehensive and holistic approach to health and wellness. Working in partnership with public and private entities, the Latino Health Initiative seeks to:

★ Enhance coordination of existing health programs and services targeting Latinos.

★ Develop models of programs and services for Latinos.

★ Provide technical assistance to programs and services serving Latinos.

★ Advocate for policies and practices that effectively reach Montgomery County's Latino communities.

Throughout its history, even during times of diminished resources due to budget reductions in Montgomery County, the Latino Health Initiative has played a critical role in addressing issues that affect the health and wellbeing of the Latino population.

For more information about the Latino Health Initiative, visit www.lhiinfo.org

Introduction

In 2000, the Latino Health Initiative began a process to develop, implement, and evaluate a plan of action that would be responsive to the health needs of Latinos living in Montgomery County, Maryland.

With the active guidance and participation of the Latino Health Steering Committee, the Latino Health Initiative began a participatory community health planning approach to identify the critical priority areas for improving the health and wellbeing of Latinos in Montgomery County.

The process resulted in the *Blueprint for Latino Health in Montgomery County, Maryland, 2002–2006*. First published in 2002 and then updated in 2008, the 2002–2006 *Blueprint* has served as an essential resource and guide for the development of policies, programs, and initiatives to systematically address the health and health care needs of Latinos in Montgomery County.

Since the publication of the original *Blueprint* almost 15 years ago, Montgomery County's Latino population has continued to increase in size and diversity. Since 2000, the Latino population grew by approximately 75%. Today, Montgomery County is home to over 192,000 Latino residents (comprising over 18% of Montgomery County's population) with representation from a broad array of countries of origin including El Salvador, Mexico, Guatemala, and Peru, as well as a growing number of community members who have emigrated from Puerto Rico. The growth of the Latino population in Montgomery County also reflects a strong birth rate and a relatively young population.

While progress has been made in addressing the priorities identified in the 2008–2012 *Blueprint*, improvement is still needed in six critical priority areas:

1. Expanding health promotion and disease prevention efforts targeting the Latino population.

2. Ensuring access to health care and ensuring access to high quality health care.

3. Increasing the participation of the community in decisions that affect the health of the Latino population.

4. Ensuring the availability of culturally competent and linguistically competent health services.

5. Collecting, analyzing, and reporting data segmented by Latino ethnicity.

6. Increasing the number of Latino professionals working in Montgomery County.

This document, the *Blueprint for Latino Health in Montgomery County, Maryland, 2017–2026,* presents updated recommendations for improving health outcomes and overall wellbeing for Montgomery County's Latino population. These recommendations reflect the changing sociodemographic-political landscape of Montgomery County and respond to the progress achieved and challenges encountered since the first update of the *Blueprint* issued in 2008.

This 3rd edition of the *Blueprint* reflects and incorporates shifts and refinements at national and international levels. The *Blueprint* is supported by theories, strategies, and approaches whose aims are to effectively reduce and eliminate health disparities and achieve health equity in communities. This refinement calls for a stronger emphasis and integration of the concepts of equity, social determinants of health, health disparities, wellness, health in all policies, and population health.

To inform the recommendations, the Latino Health Initiative conducted interviews with stakeholders including individuals representing community-based organizations, safety-net clinics, areas of health expertise, community activism, and state and county departments. In addition, the Latino Health Initiative used findings from research conducted in 2015 by Healthy Montgomery—a process that included a data-based health needs assessment and a qualitative component through which Latino community members provided insights on health and wellbeing in their community.

As with previous editions, the 2017–2026 *Blueprint* is intended to help public and private health and health care providers, social services providers, policy makers, and other decision-makers in taking strategic and programmatic steps that will better correspond to the needs and preferences of Latinos in Montgomery County. The *Blueprint* will help:

★ Support policy initiatives and budget requests from/to local and state governments.

★ Assist in obtaining funding and other support from private sources for programs that respond to the needs and realities of the Latino population.

★ Identify ways to enhance and advance collaborations with academic and non-profit organizations to increase resources, funding, and support for programmatic activities that address Latinos' needs.

Montgomery County, Maryland

Snapshot of Latinos in Montgomery County, Maryland

Demographic and Socioeconomic Profile

Latinos are the second largest minority group in Maryland, accounting for 9.5% of the state's population. Approximately 35% of the state's Latino population resides in Montgomery County, significantly exceeding all other jurisdictions. (Prince George's County has the second largest percentage at 27.2%.)[1] Estimated at 18.9% of the total population in Montgomery County, Latinos are also the second largest minority population in Montgomery County, exceeded only by the African American/Black population at 19.7%.

In 2015, Montgomery County's overall population surpassed one million (1,040,116). Representing approximately 54% of the total population, racial/ethnic minorities now represent a majority of county residents.[2] Approximately one-third (32.9%) of Montgomery County's entire population was born outside of the United States. Of Latinos who make their home in Montgomery County, 53.9% were born outside of the United States.

Diversity

Latinos immigrate to Montgomery County from many regions and countries around the world. The majority (54.5%) emigrates from Central America, many of whom are fleeing violence in their home countries (Figure 1).

The top three countries of origin for Latinos who have made their home in Montgomery County are El Salvador (39.1%), Mexico (8.3%), and Peru (6.8%).[3]

Figure 1. Percentage of Latinos by Region

Other Latino – 4.9%
Cuba – 2.4%
Puerto Rico – 4.6%
Dominican Republic – 2.8%
Mexico – 8.3%
Central America 54.5%
South America 22.6%
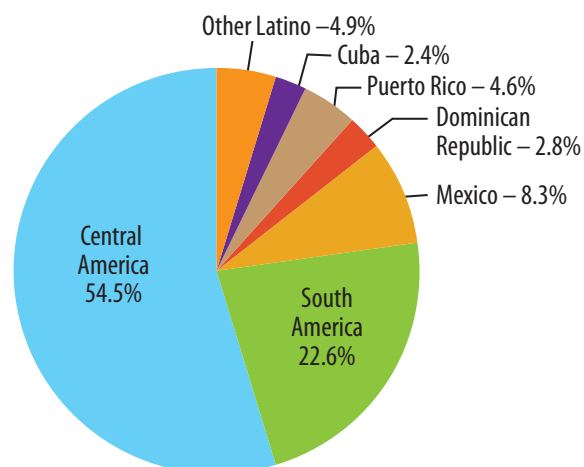
Figure 2. Percentage Distribution by Age of Latinos and Overall Population

County Population / Latino Population

Under 19: 25.5% / 33.6%
20 to 44: 32.9% / 40.2%
45 to 64: 27.4% / 20.3%
65 to 84: 12.1% / 5.4%
85 and over: 2.0% / .05%
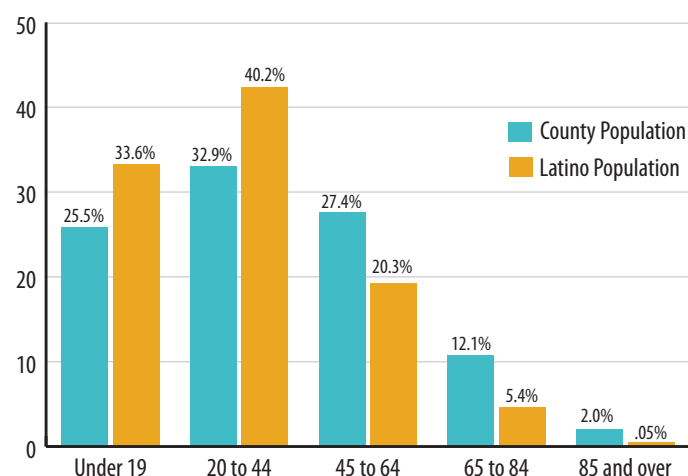
Families: Young and Large

Latinos in Montgomery County are younger (30.6 years, median) than the overall Montgomery County population (38.9 years, median). Approximately one-third (33.6%) is younger than 19 years and 61.7% are 18–64 years (Figure 2).[4]

In Montgomery County on average 3.87 individuals live in any one Latino household, compared to 2.7 individuals per household for the total county population.[5]

Geographically Concentrated

Latinos in Montgomery County are concentrated in a few geographic areas, with proportions varying by neighborhood (Table 1).[6]

Language Spoken at Home

In 2015, 86.1% of Latinos in Montgomery County spoke a language other than English at home; 85.4% spoke Spanish, and .75% spoke another language. Approximately one-quarter (24.3%) of the Spanish-speaking population spoke English "not well" or "not at all." The remaining 75.4% spoke English "very well" or "well."[7]

Education

In Montgomery County, approximately one-third of Latinos 25 years and older (37.4%) have less than a high school diploma, 23.2% have a high school diploma or equivalent, 16.4% have some college education or an associate's degree, and close to one-quarter (23.0%) have a bachelor's degree or higher. These percentages contrast glaringly to Montgomery County's overall population in which 58.0% have a bachelor's degree or higher and only 10.1% have less than a high school diploma (Figure 3).[8]

Of all students enrolled in Montgomery County Public Schools, 28.4% are Latino compared with 31% Caucasian/White and 21.5% African American/Black. 2015 Montgomery County enrollment figures show Latino students as the largest segment of those in kindergarten and grades 1-4.[9]

Table 1. Percentage of Montgomery County Population that is Latino by Neighborhood

Neighborhood	Percent of Latino population, 2014	Percent Increase since 2000
Wheaton-Glenmont	39.7%	48.3%
Aspen Hill	30.3%	96.8%
Silver Spring	27.7%	24.8%
Montgomery Village	27.4%	134.2%
Gaithersburg City	24.1%	21.7%
Germantown	20.5%	101.0%
Forest Glen	19.4%	35.7%
Rockville City	16.0%	36.8%
Takoma Park	15.1%	4.9%

Language Spoken at Home

86.1%
Spoke a language other than English at home

85.4%
Spoke Spanish at home

75.7%
Spoke English "very well" or "well"

24.3%
Spoke English "not well" or "not at all"
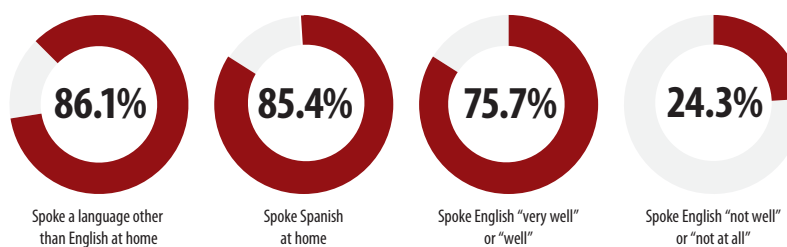
Figure 3. Educational Attainment of Latinos age 25 years and older

Latinos
Overall population

- Less than high school: 37.4% / 10.1%
- High school diploma or equivalent: 23.2% / 13.4%
- Some college or associate's degree: 16.4% / 18.5%
- Bachelor's degree or higher: 23.0% / 58.0%
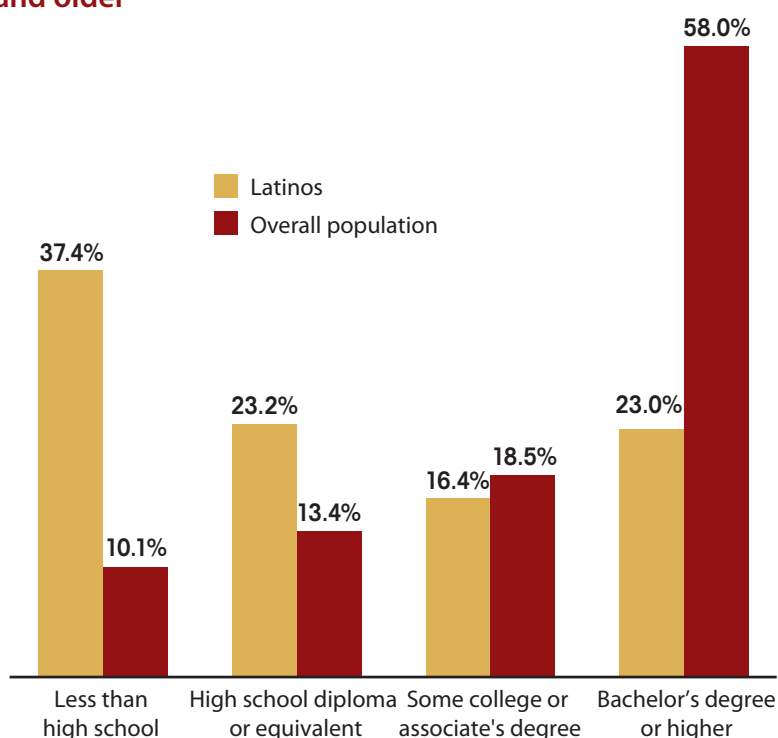
Economic Status

The unemployment rate among Latinos in Montgomery County is 6.4% compared with 4.8% of the population as a whole and 3.2% of the Caucasian/White population in the county.[10]

Approximately six in ten (59.9%) Latinos in Montgomery County work in the following occupational areas: service; natural resources, construction and maintenance; or production, transportation and material moving (Figure 4). Most of these occupations are low wage and do not offer health insurance or paid leave.[11]

Montgomery County Latinos living below the poverty level comprise 13.1% compared with 7.5% of the total Montgomery County population and 3.6% for Caucasians/Whites in the county.[12]

Health Profile

In 2015, the leading causes of death among Latinos in Maryland included:

1. Malignant neoplasms
2. Diseases of the heart
3. Accidents
4. Cerebrovascular disease
5. Diabetes mellitus[13]

Lack of health insurance continues to present a major barrier to accessing health care by Latinos. In Montgomery County, 21.7% of Latinos are uninsured (Table 2).[14]

Figure 4. Percent Occupations for Latinos 16 years and older in Montgomery County

- Service
- Management, Business, Science, and Arts
- Sales and Office
- Natural Resources, Construction and Maintenance
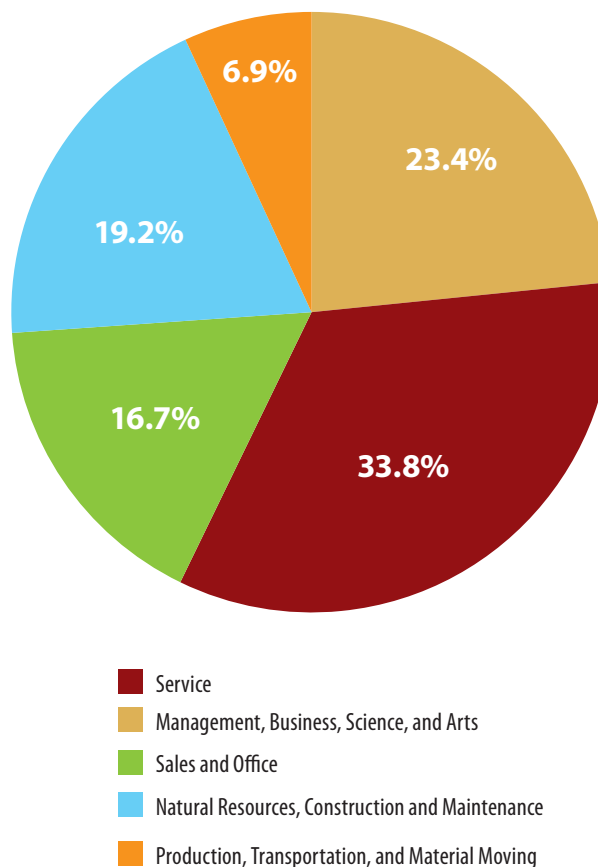- Production, Transportation, and Material Moving

Table 2. Percentage of Latinos Without Health Insurance, Montgomery County

Age group	Percentage without health insurance
17 years and younger	9.4%
18-64 years	29.3%
65 years and older	3.5%

Medical challenges

64.3%

47.1%

22.4%

11.5%

9.5%

| Could not afford a doctor | Had a routine check-up in past year | Never had a routine check-up | Do not have a personal doctor or health care provider | Received late or no pre-natal care |
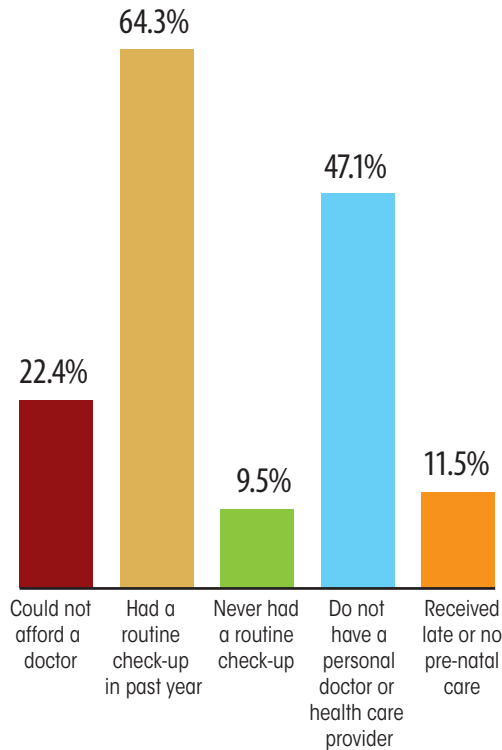
Figure 5. Teen Birth Rate in Montgomery County (per 1,000 births)

35.7

12.3

2.6

Latinas   Overall   White
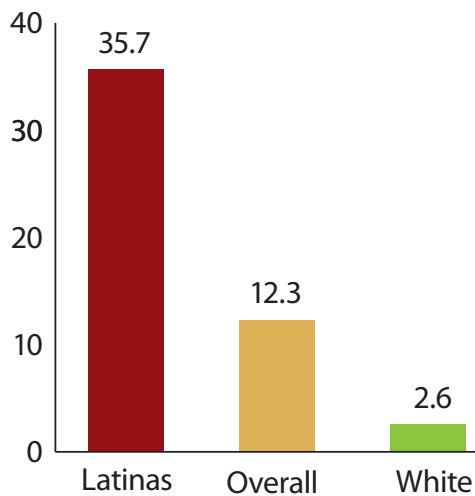
Educational challenges, poverty, inadequate transportation, the lack of health insurance, and other social determinants affect the ability of Latinos in Montgomery County to access safe, quality, culturally competent and linguistically appropriate, timely, and affordable health care. The Maryland Behavioral Risk Factor Surveillance System (2014) reports that:

★ 22.4% of Maryland Latinos could not afford to see a doctor in the previous year.

★ 64.3% of Maryland Latinos had a routine check-up in the past year.

★ 9.5% of Maryland Latinos had never had a routine check-up compared with 0.1% of Caucasians/Whites.

★ 47.1% of Maryland Latinos did not have a personal doctor or health care provider.

★ 11.5% of Maryland Latinas received late or no pre-natal care compared with 9.2% of all women and 5.8% of Caucasian/White women.[15]

Social and economic factors contribute to higher illness and disease prevalence in the Maryland Latino population:

★ Latinos in Maryland are often more likely than their non-Latino Caucasian/White counterparts to suffer from, and die from, chronic and infectious diseases.[16]

★ In Maryland, Latinos are 41% more likely to have diabetes than non-Latino Caucasians/Whites.[17]

★ More than half of the Latino population in Montgomery County is overweight (55.4%) and 21.2% are obese.[18] These Latinos are at higher risk for stroke, heart disease, cancer, diabetes, and other serious health conditions and disease.

★ In Maryland, asthma prevalence among Latino children (8.6%) is higher than for Caucasian/White children (7.3%) but lower than that of all children (9.5%). Montgomery County does not have data on asthma prevalence among Latino children in the county.[19]

The teen birth rate among Latinas in Montgomery County is higher at 35.7 per 1,000 compared with 12.3 of all teenage women and 2.6 of Caucasian/White teenage women in the county (Figure 5).[20]
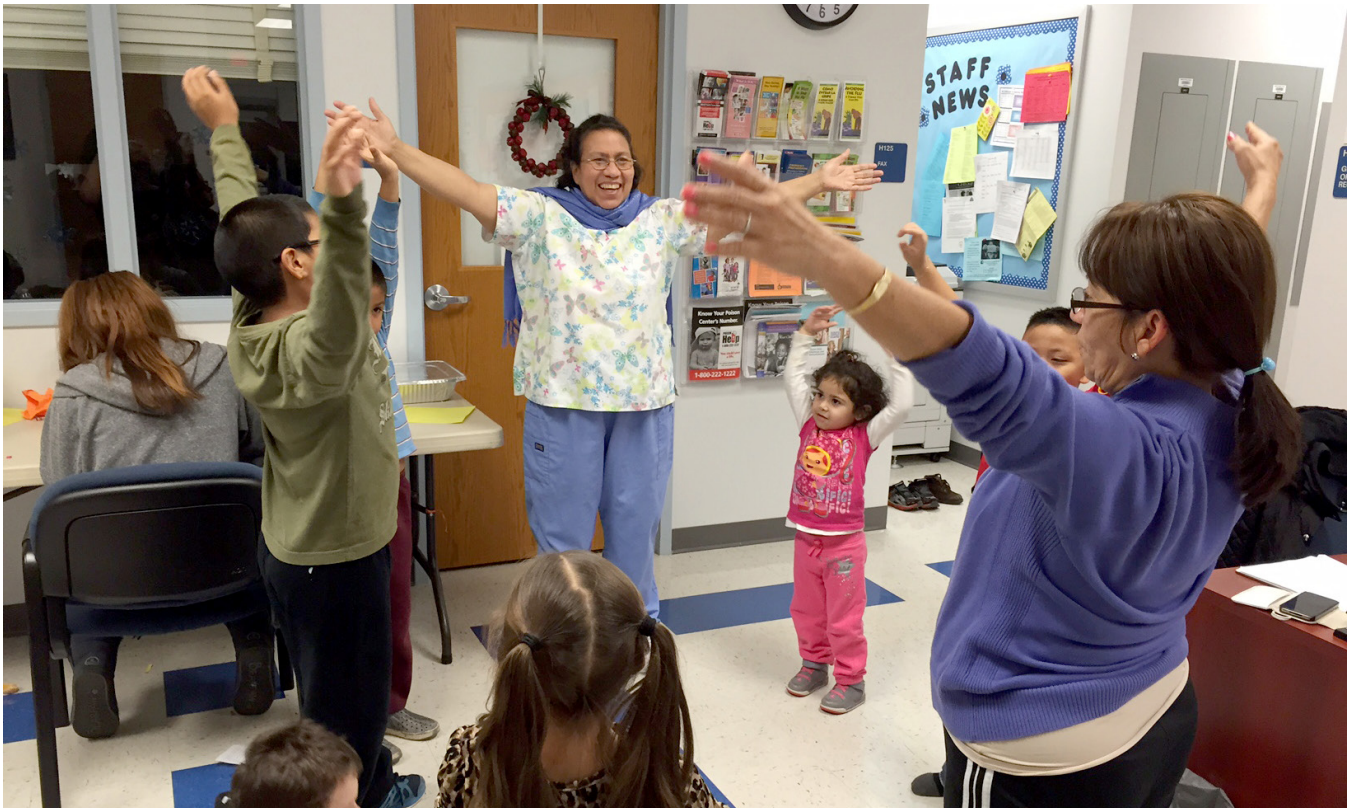
Behavioral Health Issues and Needs

Latinos are particularly vulnerable to depression, anxiety, and post-traumatic stress disorder, arising from family separation, social isolation, moving to a new country, and ramifications of war in countries of origin. According to an unpublished report prepared for the Latino Health Steering Committee by one of its members:

> "The lack of a comprehensive culturally and linguistically competent community, work, and school-based action plan aimed at promoting positive mental health and preventing problems or conditions that could require intensive and more expensive interventions poses a serious risk to Latino behavioral health outcomes."[21]

Mental health professionals note that Latinos face many obstacles to accessing mental health care, including a lack of:

★ Culturally and linguistically competent mental health resources, services, and residential treatment facilities;

★ Health insurance;

★ Knowledge of available resources;

★ Sensitivity around mental health issues by emergency department personnel;

★ Services to treat the chronically mentally ill;

Fragmentation of the existing mental health "system" exacerbates the challenges listed above.[22]

Assets and Contributions of the Latino Population

The influx of Latino and other immigrants has helped transform Montgomery County into the most diverse county in Maryland. Neighborhood Latino communities enjoy an enormous capacity to enrich Montgomery County and strengthen basic institutions. As the Latino population continues to grow, its contributions to Montgomery County's cultural, social, political, and economic growth will continue to expand.[23]

Latinos in Montgomery County emanate from many countries with unique histories, politics, climates, landscapes, food, and ways of living. While shared personal or family experiences of immigration are part of the Latino identity, many Latinos have a past rooted in the United States for many generations while others are recent arrivals. Many Latinos are bilingual and some speak English only or Spanish only, while others speak one of hundreds of indigenous languages still existing in Latin America. Although the Latino population is heterogeneous and in constant flux, it shares a strong sense of cultural identity and the Spanish language remains a common unifying bond.

Nationally, immigrants are a net fiscal benefit to the country's economy, pay more in taxes than they consume, contribute to the Social Security system, and create jobs.[24] A 2005 National Foundation for American Policy study calculated that in the next 50 years, new documented immigrants to the United States would provide a net benefit of $407 billion in present value to the Social Security system.[25] Unauthorized immigrants in the United States paid $11.8 billion in state and local taxes in 2012, including $7.1 billion in sales taxes, $1.1 billion in personal income taxes, and $3.6 billion in property taxes. If unauthorized immigrants in the United States received lawful permanent residence, they would pay $14.1 billion in state and local taxes, including $7.8 billion in sales taxes, $2.3 billion in personal income taxes, and $4 billion in property taxes.[26]

The purchasing power of Latinos in the United States totaled $1.3 trillion in 2014 (an increase of 495% since 1990) and is projected to reach $1.7 trillion by 2019. The nation's 2.3 million Latino-owned businesses had sales and receipts of $350.7 billion and employed 1.9 million people in 2007 (the last year for which data are available).[27]

Latinos in the Washington, D.C. metropolitan area have a strong work ethic, are willing to work several jobs simultaneously and have an enormous potential to fuel the local economy through contributions to the region's economy, purchasing power, and tax base.[28]

> The purchasing power of Latinos in the United States totaled $1.3 trillion in 2014 (an increase of 495% since 1990) and is projected to reach $1.7 trillion by 2019.

Politically, Latinos' participation is growing and making a difference. A growing population of United States-born Latinos coming of age and immigrants becoming naturalized citizens will bring the number of eligible Latino voters to 27.3 million in 2016, a 40% increase since 2008. It is estimated that Latinos will comprise 12% of all of the United States voters on Election Day, November 8, 2016.[29]

The Latino population includes many trained and experienced health professionals who, although may not yet be licensed to practice in this country, present a rare opportunity for providing culturally and linguistically competent health services. Immigrant doctors, nurses, and other health care specialists frequently deliver care to underserved populations and play a critical role in filling gaps in the country's health care system.[30]

At the community level, well-established Spanish-language newspapers, radio stations, and television stations have wide audiences and the potential to facilitate the flow of health information to the Latino population. Churches with large Latino congregations tend to play a strong supportive role for their members, one that extends beyond religious and spiritual care. The presence of influential leaders in the community represents potential for leveraging Latino participation in social and political arenas.

Montgomery County is well served by the number of highly experienced and effective Latino community-based organizations providing services in Montgomery County. Latino community-based organizations are culturally and linguistically competent and are in a unique position to deliver services effectively as a result of the high levels of trust they have engendered among Latinos.

These institutional assets historically have been, and today continue to be, the source and focus of culturally and linguistically competent services to all the communities in Montgomery County (some for more than 25 years). Our technical expertise and capacity, and understanding and connection to the groups we serve, are highly valued and sought-after competencies.

Latino community-based organizations in Montgomery County:

★ Provide services and support to the most marginalized, disadvantaged, and stigmatized sections of Montgomery County.

★ Are at the forefront of responding with high quality programs and services that address almost every need and wish of the Latino population.

★ Play important advocacy roles aimed at strengthening Montgomery County health systems.

★ Are called upon to collaborate with health system decision-makers and stakeholders in the development of policy, programs, and services.

★ Are involved in the many phases of research to inform the development of health and human services policies, programs, and services.

During a June 2015 community conversation (sponsored by *Healthy Montgomery* and the Latino Health Initiative[31]) we asked Latino community members, "What positive factors does the Latino community contribute to Montgomery County in the context of health and wellbeing?" Below is a sample of the responses we received.

★ "Latinos are sociable and put a lot of emphasis on supporting and helping each other in times of need."

★ "We like to talk a lot and that helps share good information and helps people avoid complications or problems in their lives."

- ★ "Hardworking with a strong desire and commitment to 'getting ahead.'"

- ★ "Generous with time and resources (even though they may be limited)."

- ★ "Perseverant."

- ★ "Faith in God."

- ★ "Family and community oriented."

In summary, Montgomery County enjoys an extraordinary asset in the form of "Latino human capital" ranging from influential leaders and skilled and experienced professionals to members of the grassroots community. We care, we want to be involved, and we are committed to making a difference in improving the lives of all community members, including Latino community members.

Theory and Approach

Since the 2008–2012 *Blueprint*, international, national, and local efforts have continued to refine theories and approaches aimed at reducing and eliminating health disparities, including the development and application of new models. This *Blueprint* integrates some of the following inter-related cutting-edge theories and approaches as conceptual foundations that cut across all of the priorities and recommendations presented in the next section of this *Blueprint*.

Social Determinants of Health

The social determinants of health refer to the conditions in which people are born, grow, live, work, and age. The wider set of forces and systems shaping the conditions of daily life is also considered within the social determinants of health framework. These forces and systems include economic policies and systems, social norms, social policies, and political systems. The social determinants of health are largely responsible for health inequities—the unfair and avoidable differences in health status between and among groups and individuals.[32] Immigration and migration have become increasingly important foci in public health research and practice and are also considered social determinants of health.[33]

Examples of how social determinants of health contribute to health disparities among Latinos include:

★ Unequal distribution of income and education:[34]

  ● Latino families are more than twice as likely to live in poverty as are other Montgomery County residents. Latino families' median total household income is $28,000 less than the Montgomery County average.

  ● A disproportionate number of Latinos lack a high school diploma putting them at a critical disadvantage in the labor market. Over 37% of Latino adults have less than high school diploma compared to 10.1% of all Montgomery County residents.

★ People with lower socioeconomic positions are more likely to have worse access to health care:[35]

  ● Almost 2.5 times as many Latinos as non-Latino Caucasians/ Whites report having no doctor or health care.

★ Race and ethnicity contribute many factors affecting health including the uneven distribution of income, education, neighborhood poverty, and access to health care:[36]

  ● Recent increases in obesity likely result from the interaction of biological, social, and cultural factors with an environment characterized by limited opportunities for physical activity and an abundance of high-calorie foods.

Improving health and wellbeing in Montgomery County's Latino population requires a systemic and countywide effort to coordinate service delivery strategies that integrate social, economic, and environmental policies. These policies must be responsive to the health, health care, and social service needs of the Latino population. The nexus between health outcomes and social determinants such as income, housing, education, immigration status, and transportation makes improving access to social services an imperative for health and wellbeing. In Montgomery County, members of the Latino population have described a healthy community as one where the following are secured:

★ Physical security.

★ Economic security.

★ Clean air.

★ Basic needs (food, shelter, health, employment).[37]

Equity

The World Health Organization defines equity as, "The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically." Health inequities therefore involve more than inequality with respect to health determinants or access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights.[38]

A characteristic common to groups that experience health inequities—such as poor or marginalized persons, racial and ethnic minorities, and women—is lack of political, social, or economic power. So, to be effective and sustainable, interventions that aim to influence inequities must go beyond addressing a particular health inequality. They must also help empower the group through systemic changes, such as policy reforms or changes in economic or social conditions.

Healthy People 2020 establishes 10-year national objectives for improving the health of all Americans and defines health equity as, "The attainment of the highest level of health for all people."[39] Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

In July 2013, the Montgomery County Department of Health and Human Services established the Leadership Institute for Equity and the Elimination of Disparities under the auspices of the Office of Community Affairs. The Leadership Institute for Equity and the Elimination of Disparities is charged with addressing social determinants of health. Its goal is to eliminate disparities and achieve equity among Montgomery County residents. The Leadership Institute for Equity and the Elimination of Disparities, through its Equity Project, defines equity as fair Department of Health and Human Services policies, decisions, and actions. Equity is seen as a value of fairness that guides the way the Department of Health and Human Services engages with customers, staff, and the community to promote health, safety, wellbeing, and self-sufficiency.

Health Disparities

Healthy People 2020 defines a health disparity as, "A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage."[40] Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on any one or more of the following:

★ Age.
★ Cognitive, sensory, or physical disability.
★ Ethnicity.
★ Gender or gender identity.
★ Geographic location.
★ Mental health.
★ Race.
★ Religion.
★ Sexual orientation.
★ Socioeconomic status.

Efforts to end health disparities are inherently a comprehensive community and systems change endeavor.

The National Partnership for Action to End Health Disparities—a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities—has identified the following five goals and four principles central to the reduction and elimination of health disparities and the move toward achieving health equity.[41]

Five Goals:

1. Increase the importance of health disparities and the actions necessary to improve health outcomes for racial, ethnic, and underserved populations.

2. Strengthen and broaden leadership for addressing health disparities at all levels.

3. Improve health and health care outcomes for racial, ethnic, and underserved populations.

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

5. Improve data availability and coordination, utilization, and diffusion of research and evaluation outcomes.

Four Principles:

1. Leadership through community engagement.

2. The value of working via partnerships.

3. The necessity of cultural and linguistic competency to meet the needs of all communities.

4. Non-discrimination in actions, services, leadership, and partnerships.

Population Health

Population health is an approach to health and health care that aims to improve the health of the entire population and to reduce health inequities among segments of the population. It has been defined as, "The health outcomes of a group of individuals, including the distribution of such outcomes within the group."[42]

The population health approach recognizes that health is a capacity or resource rather than an end state, a definition that corresponds to the ability to pursue one's goals, acquire skills and education, and grow. This broader notion of health recognizes the range of social, economic, and environmental factors that contribute to health. One articulation of this concept of health is, "The capacity of people to adapt to, respond to, or control life's challenges and changes."[43]

Health in All Policies

Health in All Policies refers to a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. The goal of Health in All Policies is to ensure that all decision-makers are informed about the potential consequences of health, equity, and sustainability policy options during policy development processes.[44]

A Health in All Policies approach identifies the ways in which decisions in multiple sectors—such as transportation, housing, and education—affect health, and how better health can support the achievement of goals from multiple sectors. It engages diverse governmental partners and stakeholders to work together to improve health and simultaneously advance other goals, such as promoting

job creation and economic stability, transportation access and mobility, a strong agricultural system, environmental sustainability, and educational attainment.[45]

Health in All Policies represents an approach to addressing the social determinants of health—the key drivers of health outcomes and health inequities. It is based on the understanding that public health practitioners must work with partners in the many realms that influence the social determinants of health, which are largely outside the purview of public health agencies, such as schools, transit agencies, and housing authorities.

Montgomery County government, as is true of many governments at all levels, is challenged by declining revenues and shrinking budgets while also facing increasingly complex problems. Collaboration across governmental agencies and between government, private, and non-profit sectors, through a Health in All Policies approach, can promote efficiency by identifying issues being addressed by multiple agencies and fostering discussion of how agencies can share resources, reduce redundancies, and potentially decrease costs while improving performance and outcomes.

Wellness

Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life. Wellness is more than being free from illness. It is a dynamic process of change and growth. The concept of wellness incorporates the World Health Organization's definition of health:

> "A state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity—and additionally emphasizes the importance of emotions and spirituality in order to subdue stress, reduce the risk of illness and ensure positive interactions."[46]

Priorities and Recommendations

As discussed in the Theory and Approach section, this *Blueprint* integrates the latest and inter-related theories, concepts, and approaches for reducing and eliminating health disparities. The conceptual foundation described below buttresses and drives the *Blueprint's* priorities and recommendations. The priorities focus mostly on systemic and system issues that can markedly influence the health of Montgomery County's Latino population as a whole rather than on issues and recommendations that are program specific or that respond to individual needs.

Each priority outlined in the following pages includes a goal, context and a rationale, and specific recommendations. The goals are framed as broad visionary statements followed by a list of concrete, action-oriented recommendations for ways to reach each goal. The rationale for each priority reflects the reasoning for each concern and provides supporting information, as needed and available. The order of the priorities in the following section is not intended to denote level of importance. Each priority is considered to be a critical area for action and, therefore, of equal importance.

In many instances, advancing the recommendations contained in this *Blueprint* will require additional investment in initiatives that address health and wellness concerns of Latinos. Entities such as the Latino Health Initiative, Healthy Montgomery, Leadership Institute for Equity and the Elimination of Disparities, and non-profit organizations are actively engaged in promoting health and wellness in Latino communities. We urge Montgomery County leaders to increase funding for such initiatives to achieve the goals presented in this *Blueprint*.

PRIORITY A:
Expand and Refocus Health and Wellness Promotion Efforts

Goal:

By 2026, the health and wellness of the Latino population in Montgomery County will be improved through evidence-based health promotion approaches and strategies.

Context and Rationale:

Health promotion is the process of empowering people to make healthy lifestyle choices and motivating them to become better self-managers of their health and lives. It moves beyond a focus on individual behavior and towards a wide range of social, political, economic, and environmental interventions. Using a variety of strategies, health promotion focuses on strengthening the skills and capacities of individuals, families, communities, and organizations to take action to improve health.[47]

Health promotion initiatives incorporate:

1. Primary prevention strategies that address individual behaviors.

2. Secondary prevention strategies that enable early detection and intervention (such as health screenings).

3. Tertiary levels of prevention that seek to mitigate the impact of illness and disease.

The goal of health promotion efforts at all levels is to help people stay healthy and achieve a higher level of wellness.

For health promotion to be most effective, it must be carried out by and with people, not on or to people. Focusing on the health of populations also necessitates the reduction of inequities in health status between population groups. An underlying assumption of a population health approach is that reductions in health inequities require reductions in material and social inequities (such as those related to education and income). The benefits of a population health approach, therefore, extend beyond improved population health outcomes to include a sustainable and integrated health system, increased productivity, and strengthened social cohesion and citizen engagement.

As previously discussed, wellness is more than being free from illness. It is a dynamic process of change and growth.

Efforts focused on health promotion and wellness for Latinos in Montgomery County have achieved tangible positive results. The Latino Health Initiative has played a critical role in the development of model programs that promote health and wellbeing among different sectors of the Latino population. Examples of these include:

★ Latino Youth Wellness Program
★ Childhood Asthma Management Program
★ *Vías de la Salud* (Pathways to Health) Health Promoters Program
★ *Ama Tu Vida* Campaign

The current network of Latino community-based organizations and community clinics are pivotal centers where Latinos benefit from primary and secondary health promotion efforts. In addition, Montgomery County's hospitals provide some health promotion programs targeting the Latino population. Recent efforts, such as Healthy Long Branch, which incorporates community engagement, might offer programs and activities that promote healthy behaviors and overall wellbeing.

On the policy side, Montgomery County has passed legislation to support healthy lifestyles among its residents. This includes the 2009 nutrition labeling Bill 19-07 requiring any establishment with at least 20 national locations, and the same type of menu at each location, to post calorie information for any standardized menu item. These establishments are required to provide the following for any menu item, in writing, upon request:

- ★ Calories
- ★ Calories from fat
- ★ Cholesterol
- ★ Complex carbohydrates
- ★ Fiber
- ★ Protein

- ★ Sugar
- ★ Saturated fat
- ★ Sodium
- ★ Total carbohydrates
- ★ Total fat[48]

Recently, Healthy Montgomery adopted the Health in All Policies approach as a key priority for its steering committee. Healthy Montgomery established work groups on obesity and mental health to formulate specific plans of actions to address these critical issues. Unfortunately, the plans do not provide a clear vision for addressing the needs of Latinos and other racial/ethnic minority communities. Furthermore, Healthy Montgomery lacks infrastructure and resources to achieve its original vision of providing meaningful planning and monitoring of health promotion initiatives.

During the most recent economic recession, the Office of Health Promotion and Disease Prevention (Department of Health and Human Services) was abolished. As a result, there is insufficient infrastructure within Montgomery County government for planning, coordinating, and implementing comprehensive and integrated multi-sectorial health promotion policies and programs.

Incorporating community health workers or health promoters as essential partners in health management would contribute to improved health outcomes in the Latino population.[49] Health promotion is now clearly recognized as an essential component of high-quality health systems.

Health promotion efforts in Montgomery County must expand the use of and support to health promoters. Currently, Maryland is pursing certification of community health workers that may expand their availability as a resource for promoting and supporting healthy behaviors in Latino communities. Since Latino health promoters face some of the same social, cultural, economic, structural, and systems challenges as the community members they serve, the certification process should consider these parallels in training and certification processes, content, and standards. That said, grassroots community health workers who may not pursue certification but are deeply connected to and trusted by Latino communities are still critically needed. Promoters should be offered opportunities for professional development and growth. Such opportunities could include, for example, English as a Second Language classes, computer skills training, and opportunities to learn about trends in health and wellness promotion.

Cutting-edge technology approaches, such as the use of mobile technologies, have been successfully used in supporting Latinos to better manage their health. In addition, expanded use of social media to communicate health messages at the community level have been proven effective in reaching diverse Latino groups.[50]

The current level and nature of health promotion efforts are insufficient to effectively address the needs of the rapidly growing and increasingly heterogeneous Latino population in Montgomery County. Efforts to improve the health and wellbeing of Latinos in Montgomery County will be strengthened by a population health approach and require that adequate resources be earmarked from Montgomery County leadership.

Recommendations:

a) Montgomery County must establish an effective and culturally and linguistically competent Office of Health and Wellness Promotion.

b) Health promotion and wellness approaches for Latinos must include the active and meaningful participation of members of the community and representatives from organizations that serve them.

c) Montgomery County must expand and enhance services for prevention, screening, early detection, and management and treatment of diseases and health conditions that disproportionately affect Latinos. These include complex trauma and other behavioral conditions, environmental and occupational health, and limiting disabilities.

d) Health promotion activities for Latinos should be:
    a. Age appropriate.
    b. Carried out in settings where Latinos live, work, learn, worship, and play.
    c. Incorporate innovative approaches such as gardening and artistic expression.
    d. Reflect the preferred language, cultural beliefs and values, and literacy levels of the community.

e) Montgomery County and non-governmental agencies must use varied and state-of-the-art communications technologies and social marketing tools to disseminate health information to the Latino population.

f) Montgomery County agencies, in collaboration with health and human service providers, local urban planners, community-based organizations, and other entities, should employ population-based health promotion strategies and Health in All Policies approaches that create opportunities for dialogue and decision-making. These approaches should work across sectors to build healthy communities and improve health and wellness outcomes.

g) Montgomery County health and social service sectors should build a holistic system of care that includes greater communication and coordination between health promoters programs and clinicians.

h) Montgomery County must expand the use of the health promoter model to address social determinants of health and wellbeing.

i) Health promoters must be full participants in the design and implementation of the Maryland credentialing system including in the identification of skill and core competency requirements, training standards, and certification requirements.

j) Montgomery County and non-governmental health and social services organizations must ensure that staffs have the knowledge and skills necessary to understand the effect of socioeconomic factors on health outcomes through organizational policies and procedures, as well as training and professional development.

k) Montgomery County must provide resources in the form of capacity building to the Latino Health Initiative to continue collaborating and building partnerships with entities that provide health and social services in Montgomery County (including hospitals, community-based clinics and organizations, businesses and county programs). The aim is to maximize resources and better coordinate countywide health promotion activities by and for Latinos.

Ensure Equitable Access to and Utilization and Quality of Health and Social Services

Goal:

By 2026, increased access to, utilization of, and quality of health and human service programs in Montgomery County results in demonstrable improvements in the health and wellness of Latinos in Montgomery County.

Context and Rationale:

Despite notable improvements at the county, state, and federal levels, access to quality, affordable, and culturally and linguistically competent health care continues to be a major unmet need among Latinos in Montgomery County.

Racial and ethnic disparities in access to and quality of affordable care are pervasive in the United States. Among Latinos, those who are Spanish-speaking face the largest access disparities, even after adjusting for other factors. One study found a gap of 20 percentage points between non-Latino Caucasians/Whites and Spanish-speaking Latinos even after all other factors were considered.[51]

Similarly, disparities in the quality of care for Latinos are also pervasive. For example, disparities in the quality of care for heart disease are sizable for the recommended use of newer therapies and for invasive procedures. Latinos with acute coronary syndrome or myocardial infarction are less likely than non-Latino Caucasians/Whites to receive acute reperfusion, invasive procedures, and coronary artery bypass surgery.[52]

Over the past several years, Montgomery County has made important strides in fortifying and expanding the health care safety net that provides critical services to the most vulnerable and needy residents of Montgomery County. For example, Montgomery Cares and Care for Kids, two of the county's safety net programs, provide basic primary health care to approximately 25,000 adults and approximately 4,000 children. Montgomery Cares' concerted efforts to improve integration of services have resulted in the inclusion of dental and behavioral health services at some of its clinics. In addition, some of the clinics offer disease management for diabetes and cardiovascular disease. Of the adults served by Montgomery Cares, approximately 62% of the patients are Latino.

The Maternity Partnership Program offers critical obstetric, health education, and delivery services to pregnant women and their unborn children.

The Montgomery County Department of Health and Human Services has made vast improvements in integrating health and social services to its clients. Through its Integrated Practice Model, the Department of Health and Human Services seeks to provide integrated, coordinated, and comprehensive delivery of services. The Integrated Practice Model offers a holistic approach to identifying and addressing the service needs of the whole person and the whole family, early and comprehensively.

The impact of this strategy on clients includes:

★ Improved customer experience (such as using integrated technological tools to prevent a client from having to tell their story multiple times or losing their paper work).

★ Improved access to care through integration and interoperability.

★ Application of an "equity lens" to help mitigate disparities in outcomes and customer experience.

★ Movement of interventions further upstream for a stronger prevention and intervention focus.

Despite this progress, access to comprehensive and culturally and linguistically competent quality health and social services continues to be an important need for the achievement of health equity and quality of life among Latinos in Montgomery County. Access to quality and affordable care has consistently been identified by multiple sources as a challenge for the Latino community in Montgomery County.[53,54]

Many members of Montgomery County's Latino population are without health insurance, cannot afford the cost of regular health care, or live in communities that are underserved by health professionals. The inability of Latinos to access quality care, including behavioral health and dental and specialty services, is further exacerbated by the lack of culturally and linguistically competent services and a lack of understanding by some Latinos of eligibility requirements for services.

Some of the main factors that contribute to differences and disparities in access to health care among Latinos include:[55]

★ **Lack of health insurance.** Latinos often lack adequate health insurance and are more likely to delay health care, not have a regular source of health care, and go without necessary health care services or medication.

★ **Lack of financial resources.** Latinos often have a health insurance plan that limits the amount of services available to them and the number of providers they can use. In addition, out-of-pocket costs, including unaffordable deductibles and/or copayments, often make it impossible to use the plan.

★ **Legal and immigration obstacles.** Latino immigrants are more likely to experience legal barriers to health care. For example, insurance coverage through Medicaid is not available to immigrants who have been residing in the United States for less than five years. Undocumented Latinos are not eligible for the Patient Protection and Affordable Care Act or other coverage and services, even if they are under "protected status."

★ **Structural barriers.** Lack of transportation to health care providers, inability to obtain convenient appointment times, and lengthy waiting room times reduce the likelihood of a person successfully making and keeping health care appointments.

★ **Lack of bilingual and bicultural providers.** Lack of language skills (English and Spanish) can make it difficult for Latinos to effectively communicate with providers, which can hinder understanding of information about health and health conditions.

Removal of the above barriers is an essential step toward meeting the health and wellness needs of Latinos. In particular, removal of legal barriers through proactive means (such as advocating for legislation to provide medical assistance to all residents similarly to what is provided through the D.C. Healthcare

Alliance Program) will be required to ensure equitable access to and utilization of quality health and social services for Latinos.

Changes in health care policy at the federal, state, county, and local levels hold promise for helping to reduce health care disparities by improving access to health care services. Most notably, the 2010 Patient Protection and Affordable Care Act has great potential for improving access to health care. However, it remains to be seen how many Latinos are benefiting by the relatively new law and what groups of Latinos will continue to be excluded.

As mentioned above, having "access" to health insurance and health care does not automatically result in utilization of services. While the Affordable Care Act has reportedly reduced the number of uninsured individuals in Montgomery County, it is estimated that approximately 60,000 residents will continue to be uninsured as a result of eligibility requirements and other issues.[56]

Latinos are among the many Montgomery County residents who obtained health insurance as a result of the Affordable Care Act. Yet, language barriers, a lack of familiarity with the health care system, and other complex issues have prevented all eligible Latinos from enrolling. Anecdotal evidence suggests that Latinos who enrolled through the Affordable Care Act may not be accessing providers because of high deductibles, inexperience using insurance programs, and lack of knowledge of the United States health care system.

Rapid growth and the diversity of the Latino population have dramatically increased the demand on agencies that serve Latino communities. On a positive note, the fact that various efforts in Montgomery County have successfully reduced barriers to access shows that these problems can be fixed.
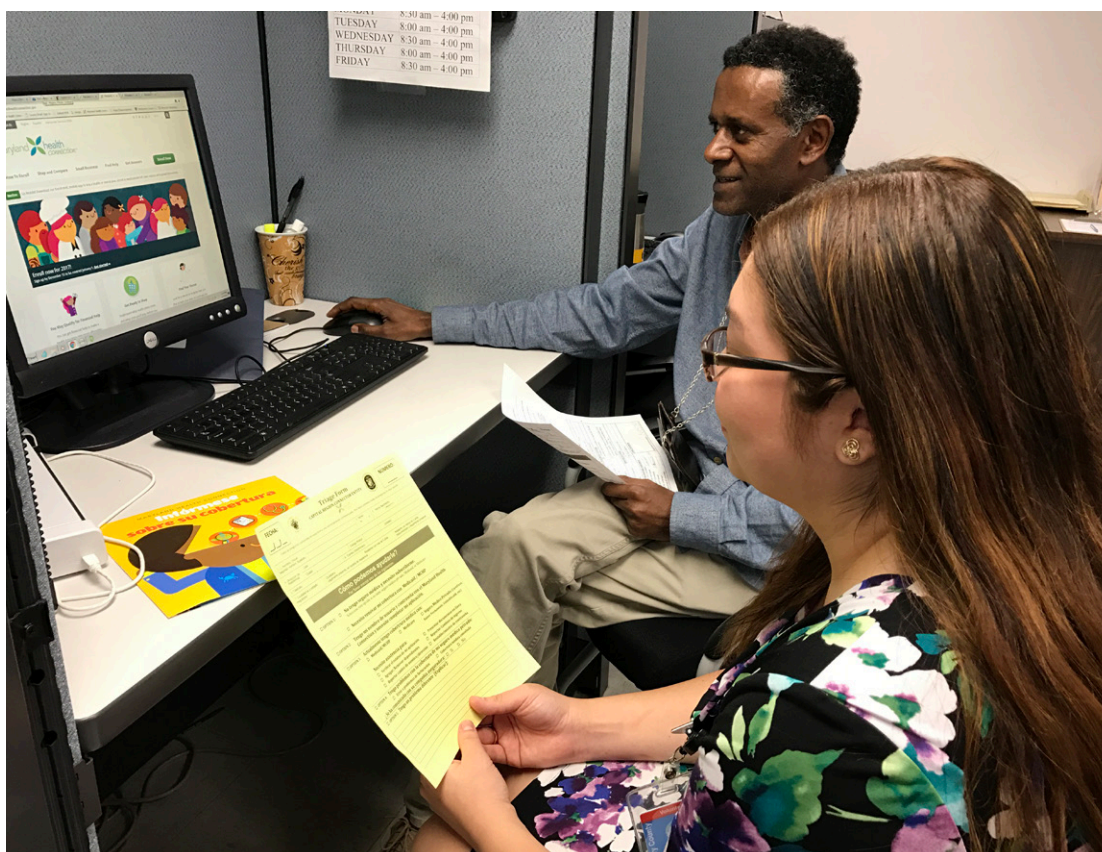
Recommendations:

a) Montgomery County political, health and human services, and community leaders must advocate for an equitable statewide system that ensures access to health insurance coverage for all individuals living in Maryland.

b) Maryland, Montgomery County, and other public and private initiatives to enroll community members in health insurance must provide personalized assistance, in an individual's preferred language, to ensure that individuals with limited English proficiency, minimal literacy and/or computer skills, or who may have immigration issues, enroll in appropriate health insurance plans.

c) Montgomery County must support culturally and linguistically competent programs to educate Latino residents on how to enroll in, understand, choose, and use health insurance.

d) Maryland and Montgomery County must allocate adequate funding to enable the Latino Health Initiative and community-based organizations to expand community outreach and education aimed at increasing access to and utilization of public and private programs that serve under and uninsured Latinos and other vulnerable populations such as economically disadvantaged residents.

e) Montgomery County must play a leadership role in developing, implementing, and monitoring systemic and countywide efforts to coordinate service delivery that is responsive to the health, health care, and social service needs of the Latino population.

f) Montgomery County must implement an equitable system that allows community members to access any health and/or social services program at any and all points of entry. Programs must also offer flexible schedules at multiple geographic locations.

g) Montgomery County must provide and support programs to educate Latino residents on how to access and effectively use existing health and social services programs.

h) Montgomery County must integrate, increase the capacity of, and promote the use of navigators and grassroots health promoters as an essential part of the health care team.

i) All governmental and non-governmental health and social services organizations receiving funding from Montgomery County must establish pertinent customer service standards that ensure all clients are treated with respect and dignity, and receive timely and effective care in a manner that is compatible with cultural beliefs and linguistic needs.

j) Montgomery County should establish an independent review group to receive, investigate, and respond to residents' complaints related to health and social services.

Ensure Meaningful Latino Participation in Decisions that Affect the Health and Wellbeing of Latino Communities

Goal:

By 2026, the Montgomery County health and human service system will actively and consistently collaborate with the Latino population on efforts to improve health outcomes.

Context and Rationale:

Community involvement and participation are critical to improving the health and wellness of Montgomery County's Latino population. When individuals actively participate and are respectfully and meaningfully engaged in health improvement efforts, better outcomes can be achieved.

Engagement of the community is widely recognized as essential to creating healthy environments, reducing disparities, and improving health outcomes. Healthy People 2020, the United States government's framework that establishes a health improvement agenda for the United States, emphasizes collaboration among diverse groups as an important health improvement strategy.[57]

The Enhanced National Standards for Culturally and Linguistically Appropriate Services in health care also recommend that communities and consumers be included in planning and implementation processes related to cultural and linguistic competency of services.[58]

The National Institutes of Health, Centers for Disease Control and Prevention, and Agency for Healthcare Research and Quality have recognized the importance of community participation in the processes and decisions of the health care system. The National Institutes of Health National Center for Research Resources' Principles of Community Engagement state:

> "If health is socially determined, then health issues are best addressed by engaging community partners who can bring their own perspectives and understandings of community life and health issues to a project. And if health inequalities are rooted in larger socioeconomic inequalities, then appropriate health improvement must take into account the concerns of communities and be able to benefit diverse populations."[59]

The benefits of active community participation are many, including:

★ Enhanced trust between health and social service providers and service recipients.

★ Increased awareness, knowledge, and understanding of community needs and desires.

★ Reduction of barriers that impede community health and wellness.

★ More effective design and delivery of health and social services.

★ A sense of shared ownership for efforts to improve health outcomes.

While progress continues to be made to engage the Latino population in decisions that affect our lives, there is still considerable room for improvement. As noted in the 2008–2012 *Blueprint*, there was minimal Latino participation in advisory and decision-making bodies. Few such bodies had made adequate provisions for making participation culturally and linguistically accessible to Latino community members. This challenge still remains as a barrier to improving the health and wellness of Latinos.

To effectively address the health and social service needs of Latinos in Montgomery County, it is critical that Latino community leaders, community-based organizations, and consumers be actively and fully engaged in the development of health-related policies and decisions.

Community-based organizations can also be more effectively leveraged to reach out to and engage Latino communities. Increased civic participation by Latinos strengthens advocacy and support for health and wellness initiatives in Montgomery County. These organizations are strategically positioned to facilitate community involvement and participation, and to contribute to health and wellness initiatives because of their high levels of cultural and linguistic competency as well as their high level of trust they enjoy from Latino communities.

Community-based organizations are important health system stakeholders as they provide numerous, often highly valued, programs and services to members of their communities.[60] In addition to providing important health services and programs, community-based organizations often play important advocacy roles with the aim of strengthening the health systems in which they work.[61] Successful involvement of community-based organizations (and the public) in decision-making has been shown to increase the likelihood that policies will be appropriate, acceptable, and effective.[62]

Leaders in Latino communities, Latino community-based organizations, and Latino consumers want to expand their participation in efforts to improve health and wellness. Our participation and integration into the system would make an invaluable contribution to the improvement of health and wellbeing in the Latino population and Montgomery County as a whole, alike.

Recommendations:

a) Montgomery County leaders and staff must recognize the diversity within the Latino population and be skilled in the use of effective facilitation and engagement techniques to build social and physical environments in which all participants feel welcomed and are able to participate in meaningful ways, including in leadership and decision-making roles.

b) Montgomery County government agencies, the private sector, health and social service sectors, and non-profit organizations should tap into the experience and credibility of the Latino Health Initiative and Leadership Institute for Equity and the Elimination of Disparities to design, develop, and implement culturally and linguistically competent community engagement strategies for Latino communities.

c) Montgomery County must provide adequate funding to enable the Latino Health Initiative and Leadership Institute for Equity and the Elimination of Disparities to provide on-demand technical assistance to health and social services providers in Montgomery County on effective ways to engage Latino communities.

d) All advisory bodies for Montgomery County-funded health and human service programs must involve Latinos in decision-making roles and dedicate the necessary resources to remove linguistic, cultural, and economic barriers to participation by interested individuals.

e) Montgomery County Executive and Council Grants Programs must continue to provide funding to support culturally and linguistically competent leadership and community empowerment development programs for Latinos, with a special emphasis on Latino youth.

f) Montgomery County and service providers must guarantee respectful customer service and establish systems to solicit regular input from Latinos on client service experiences, especially at service eligibility units and other points of entry, and on the quality of services received. Qualitative and quantitative data from such input must be regularly reviewed, publically reported, and used to improve services.

g) Latino community-based organizations should promote increased civic participation by Latinos, through education, mobilization, and other tactics, as a strategy to improving community health and wellness.

PRIORITY D:

Ensure the Availability of Culturally and Linguistically Competent Services

Goal:

By 2026, Montgomery County and all entities receiving county funding will provide culturally and linguistically competent services to Latino communities.

Context and Rationale:

The term cultural competence (and more recently cultural proficiency or cultural humility) is generally used to describe a process of lifelong learning that results in knowledge, skills, behaviors, and attitudes that allow individuals to communicate and work effectively with others from different cultural backgrounds.

Cultural competence is widely recognized as a strategy to improve quality and eliminate racial and ethnic disparities in health care. Disparities and health outcomes for Latinos are exacerbated by the lack of cultural and linguistic competence in the delivery of health and other services. Evidence suggests that cultural and linguistic competence—a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among health professionals that enables effective work in cross-cultural situations—may result in positive changes in the behaviors of both patients and providers. Changes in such behaviors can lead to more appropriate prevention and screening activities, reductions in diagnostic errors, greater compliance with treatment regimens, and shorter hospital stays.[63]

Effective cultural competence strategies strengthen individual performance by increasing knowledge, awareness, and understanding of the effect of cultural and socioeconomic factors on health and wellness outcomes. Specifically, cultural and linguistic competence means that services provided to Latino communities are effective, equitable, understandable, respectful, and responsive to the cultural health beliefs and practices, preferred languages, and literacy needs of those being served. Participants in community conversations sponsored by Healthy Montgomery highlighted the need for services in their primary language and reflective of their culture.[64]

The United States Department of Health and Human Services Office of Minority Health launched the National Culturally and Linguistically Appropriate Standards Enhancement Initiative to provide a framework for all health organizations in the United States to best serve the nation's increasingly diverse communities as well as to improve health care quality and advance health equity. By tailoring services to an individual's culture and language preferences, health and other professionals can help bring about positive health and wellness outcomes for diverse populations.[65]

Maryland has incorporated the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care in several of its policies and plans. The Maryland Health Improvement and Disparities Reduction Act of 2012[66] required the Maryland Health Quality and Cost Council to form the Cultural Competency Workgroup[67] to develop recommendations on how Maryland could increase

the cultural, linguistic, and health literacy competency of health providers and health care delivery organizations throughout the state.

Over the past decade, health and human service providers in Montgomery County have made progress toward ensuring the availability of culturally and linguistically competent services. Executive Order 046-10 (March 2010) requires all Montgomery County departments, offices, and programs to implement Language Access Plans to ensure that translation and interpretation assistance are provided to individuals with limited English proficiency. The Executive Order also requires each entity to establish a liaison to oversee execution of the Language Access Plan and that such plans be updated annually.

With the increased use of contractors to deliver health and social services in Montgomery County, making this requirement applicable to Montgomery County contractors would be an important step in efforts to improve the health and wellbeing of Latinos in Montgomery County.

The Latino Health Initiative has continued to advance culturally and linguistically competent service delivery in Montgomery County as the following examples illustrate:

★ The Welcome Back Center has been nationally recognized for its successful Foreign-Trained Health Professionals Program that is helping to reduce the shortage of Latino and other racial and ethnic minority health professionals, including model programs for nursing and behavioral health professionals.

★ The Lay Health Promoters, Latino Youth Wellness, and System Navigator and Interpreter Services programs are examples of other Latino Health Initiative activities helping to ensure the availability of and access to culturally and linguistically competent health and wellness services.

The Leadership Institute for Equity and the Elimination of Disparities, within the Department of Health and Human Services, also addresses this priority. Focusing on policy and systemic issues, the Leadership Institute for Equity and the Elimination of Disparities provides technical assistance and support to increase capacity, within the Department of Health and Human Services and the community, for the delivery of culturally and linguistically competent services.

Additional efforts are required to ensure full and consistent countywide implementation of these initiatives. Further, increased focus on the evaluation of services and accountability measures to ensure that services are culturally and linguistically competent are also needed to achieve this goal. Evaluation and accountability measures are essential to determining the adequacy and effectiveness of cultural and linguistic competency efforts.

The National CLAS Standards

Advance health equity

Help eliminate disparities

Improve quality of services

OMH THINK CULTURAL HEALTH

Recommendations:

a) The Montgomery County Executive must mandate that all Montgomery County departments, offices, and programs develop, fully implement, and monitor plans for the delivery of culturally and linguistically competent services for Latinos. Agencies should also be required to publically release biennial reports outlining their plans and progress, including progress on the implementation of Executive Order 046-10.

b) Montgomery County must expand its efforts to include the Latino community in its assessment, planning, and outreach efforts related to national and local emergencies and implement these efforts in a culturally and linguistically competent manner. Special emphasis must be givent to the appropriate actions needed to prepare and respond to emergencies with a focus on Latinos with limited English proficiency.

c) Montgomery County must include cultural and linguistic competency requirements in relevant requests for proposals and solicitations for funding. Scoring criteria should reward the use of creative, non-traditional approaches to meeting the requirements.

d) All health and social services related review panels for Montgomery County funding applications and proposals must include individuals with knowledge of and expertise in cultural norms, beliefs, and needs of Latino communities.

e) Cultural competency training must be mandatory for all Montgomery County health and social services employees, including managers and supervisors, who engage with clients or influence policies, regulations, and systems that affect customers. Montgomery County must ensure funding and appropriate resources are provided for such training.

f) Montgomery County must ensure that health and social services entities receiving Montgomery County funds offer and provide language assistance services, including culturally competent bilingual staff and trained interpreter services, at no cost to individuals with limited English proficiency at all points of contact in a timely manner.

g) Montgomery County must require that all relevant forms and applications, such as eligibility, enrollment, and support services applications, provided by health, social services, and Montgomery County programs be provided to Latino clients in their preferred language and at a reading level reflective of their reading and health literacy.

h) Montgomery County agencies and health and social service providers must implement systemic review processes that ensure translated documents are accurate and convey intended meanings.

i) All assessments of patients' physical and mental competencies, cognitive limitations, or end-of -life decisions must be conducted in the patient's primary and preferred language by culturally competent evaluators.

j) Academic institutions must enhance cultural competence training for health and social services professional students and workers so that they can address the health needs of Latinos most effectively.

PRIORITY E:

Improve the Collection, Analysis, Reporting, and Utilization of Health, and Other Data for Latinos

Goal:

By 2026, Montgomery County will use a holistic approach that incorporates social determinants of health when collecting, analyzing, and reporting health and wellness data.

Context and Rationale:

Inadequate health data on Latinos is a problem throughout federal, state, and local health systems. This has a direct effect on public and private health and human service organizations in Montgomery County.

Data are essential to the elimination of health disparities. The Affordable Care Act includes a provision designed to improve health data collection on a national level by requiring the collection of information on race, ethnicity, primary language, and other variables. The Institute of Medicine has also called for the collection of racial, ethnic, and primary language data on a granular level so as to be able to address disparities among subgroups of racial and ethnic minority populations which may not be discovered when using broad racial, ethnic, and primary language categories.[68]

Although data collection efforts have improved, important problems persist. Much of the data collected at national, state, and local levels often combine all Latinos together and do not take into account various subgroups among Latinos. This makes it difficult to examine or recognize insightful details and differences.[69]

Research by the Robert Wood Johnson Foundation found that, on average, only half of the hospitals in the United Sates collects data on race, ethnicity, and language preference, even though many are equipped to do so. The most common reasons given to explain this issue include:

★ Reluctance to ask for or provide the information.

★ Confusion about race and ethnicity categories.

★ Lack of understanding the reason behind the importance of collecting such information.

Ethnic classifications that are inaccurate generate unreliable statistics. The Robert Wood Johnson Foundation documented that data derived from patients' medical records are self-reported, or staff determine patients' ethnicities, and, as a result, data are sometimes not valid. The report also found that funeral directors often classify race and ethnicity type on death certificates and as a result, many such data may be missing, misclassified, and/or inaccurate.[70]

There is a well-documented correlation between social and economic conditions and health and wellness outcomes. However, little effort has been made to link data on social determinants of health to individual health outcomes. Measuring individuals' health and wellness outcomes in conjunction with their social circumstances could contribute to better policy decisions and improved health and wellbeing for Latinos.

Experts on the social determinants of health stated the following related to data:

> "Another barrier to understanding the effects of social factors on health is the difficulty in obtaining information across multiple sectors (e.g., education, planning, housing, labor, health) and even across multiple programs within a given sector. Access to cross-sectorial information could improve our understanding and ability to intervene effectively." [71]

In the past, Montgomery County and private providers in the county, such as hospitals, have made serious attempts to develop data collection systems responsive to Montgomery County's demographic shifts. Through Healthy Montgomery, Montgomery County and its partner organizations have established a central depository for Montgomery County's health and other related data. The IT Modernization Project at the Department of Health and Human Services has been building Montgomery County's capacity to collect information about its customers' race, ethnicity, countries of origin, and language preferences. The Leadership Institute for Equity and the Elimination of Disparities is building the capacity of frontline staff to adequately collect race and ethnicity data.

In the private sector, Montgomery Cares Network enhanced its capacity to collect and track data from the patients they serve. In 2011, the Latino Health Initiative published *How to Deal with Latino Data: A Guide for Montgomery County Service Providers,* serving as a helpful guide on obtaining information about Latinos in a culturally and linguistically appropriate manner.

Weaknesses with current data on health and wellbeing persist. In 2013, the Montgomery County Department of Health and Human Services conducted an assessment of data issues related to Latino and other racial and ethnic minority populations in Montgomery County.[72] Montgomery County pinpointed measurement as a key area in need of improvement resulting from the underrepresentation of Latinos in data collection efforts.

How to Deal
with Latino Data:

A Guide for
Montgomery County
Service Providers

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

July 2011
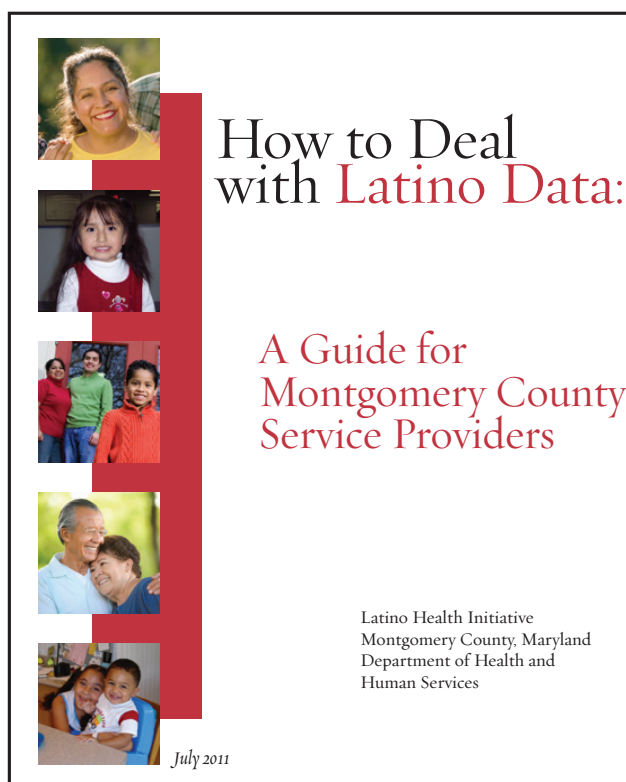
Montgomery County identified another major problem: the lack of more detailed data than the federal minimum standards for racial and ethnic data. Data collection on country of origin, preferred language, and health insurance status needs to be enhanced at the local and state levels. This will allow the accurate measurement and comparison of Latino and other population groups with respect to risks, needs, disparities, and assets. The collection of such information would help ensure that Latinos are effectively served in health and human services programs. Mortality (life expectancy) rates, morbidity rates, levels of access to health care, and other indicators will reveal achievements over time.

Measuring health literacy is complex and challenging. Although there is no universal agreement on either the meaning of health literacy or how best to measure it, assessment tools such as the Rapid Estimate of Adult Literacy in Medicine and Test of Functional Health Literacy in Adults are currently available. To refine and create more effective measurement tools, additional research on the comprehensive definition of health literacy is needed.

Data collected by county and state agencies, or captured using primary data collection methods, on Latinos are lacking. Data are consistently missing critical information attributes that define Latinos and other vulnerable populations, making community-wide representative comparisons often impossible. These data points are essential for:

★ Monitoring health status and wellbeing.

★ Formulating policies.

★ Prioritizing, planning, monitoring, and evaluating services.

Several key factors partly explain the gaps in data on Latinos living in Montgomery County. Although county surveillance systems now include the capacity to collect data on race and ethnicity consistent with the United States Census Bureau, this capacity has not been widely implemented across all data collection systems in Maryland or Montgomery County. As a result, state and county services and information systems, as well as many non-governmental organizations and contractors for the Department of Health and Human Services, still collect and report incomplete data on client race, ethnicity, country of origin, preferred language, and health insurance status. Unless each institution and agency develops and implements formal policies on the collection, use, and dissemination of complete and accurate data now, this issue will persist.

An additional problem to resolve is the insufficient and inadequate training tailored to staff and patients addressing their potential reluctance to request or provide personal demographic information, respectively. It is currently impossible to examine whether the surprisingly low mortality rates for Latinos in Maryland truly reflect actual numbers or are the result of under-reporting or another yet-to-be-determined explanation.[73]

The dearth of research on Latinos has left a void of essential data needed to assess and design ways to improve health outcomes and the performance of service delivery systems. Research studies that ignore Latinos most often fall short in responding fairly and equitably to the interests of Latinos living in the communities under investigation.[74] The data collection, analysis, and reporting efforts of Healthy Montgomery may be an opportunity for remedying this dearth of Latino-focused data. Healthy Montgomery, however, currently lacks the resources and capacity to fully and effectively address this challenge. It is crucial that any data collection, analysis, and reporting effort consider the following variables:

Priorities:

★ Age (date of birth)
★ Country of origin
★ Ethnicity
★ Gender/gender identity
★ Health insurance type
★ Health literacy level
★ Primary spoken language (Interpreter required?)
★ Race

Other:

★ Access to transportation
★ Disability (cognitive, sensory, or physical)
★ Education level
★ Job type
★ Income level
★ Mental health status
★ Reason for leaving country of origin
★ Religion
★ Sexual orientation
★ Total number of individuals living in household (and their ages)
★ Zip code/geographic location

It is necessary to ensure that research and other partnerships meant to better characterize and improve services for communities in Montgomery County take into account Latino members and conform to community-based participatory research best practices. The scarcity of data places the health and wellbeing of the Latino population at a risk disproportionate to the wider population. In summary, it is not possible to establish organization priorities and funding decisions that respond to the needs of Montgomery County's communities or to rationally plan, evaluate, or assess interventions without the availability, utilization, and interpretation of appropriate data.

Despite advancements made over the past few years, limitations in existing Montgomery County data continue to pose a major obstacle to achieving health equity and wellness among Latino communities. Appropriate data collection and their use must continue to improve so that these data can become a valuable and reliable tool for decision-makers and other government officials.

Recommendations:

a) Montgomery County must continue to expand and enhance systems that accurately and comprehensively collect, analyze, and disseminate data on health and wellness outcomes, social determinants of health, trends, and program impacts related to Latino communities. This will facilitate access and use by policymakers, consumers, and stakeholders.

b) Montgomery County must continue to collaborate with the Latino Health Steering Committee on data collection matters and to monitor progress on improving and expanding data collection and dissemination.

c) All health and social programs conducted or funded by Montgomery County must accurately collect, analyze, and make readily available their information on race, ethnicity, country of origin, and preferred language, at minimum. Collecting data on health insurance status, and other social determinants of health such as pre-tax total household income levels and education levels, will enhance priority setting and decision-making.

d) Montgomery County and other service providers must ensure that all staff, including managers and supervisors, who have a role in the collection, analysis, and reporting of racial and ethnic data understand the importance of accurately collecting such data and have the knowledge and skills needed to follow best practices in *How to Deal with Latino Data: A Guide for Montgomery County Service Providers.*[75]

e) Montgomery County must provide Healthy Montgomery with the necessary resources and infrastructure to collect primary data and serve as the lead clearinghouse for Montgomery County health data. This will facilitate the tracking and monitoring of health statuses by population groups and subgroups.

f) Healthy Montgomery must strengthen its data portal links to state and national health datasets—this will allow for robust local, state, and national comparisons.

g) Montgomery County and other key stakeholders must implement specific activities to educate and raise the Latino population's awareness of the importance of providing information on demographic factors such as age, gender, race, ethnicity, country of origin, preferred language, health literacy, and health status.

h) Any health-related study in Montgomery County that excludes Latinos needs to explicitly provide a rationale for this omission.

i) All entities conducting research with Latinos in Montgomery County should be encouraged to adhere to the principles and best practices of community-based participatory research, whenever appropriate.

j) Maryland and Montgomery County data collection strategies must include methodologies that ensure Latinos are adequately represented in population samples and research studies.

k) The Maryland Department of Health and Mental Hygiene, including the Maryland Health Benefit Exchange, must consistently include in its data collection systems the ethnic category of "Latino or Hispanic," as well as country of origin, preferred language, and health insurance status.

l)   All Maryland state agencies (including but not limited to Health and Mental Hygiene, Aging, Planning, Public Safety, Juvenile Services and Veteran's Affairs) should enhance their data portals to include Latino data and a user-friendly interface.

Increase the Number of Bilingual and Bicultural Professionals Working in Montgomery County

Goal:

By 2026, the number of bilingual and bicultural Latino health and social services professionals working at all levels of Montgomery County's public and private health and human services industry will be proportionate to the number of Latinos living in Montgomery County.

Context and Rationale:

Diversity in the health and social services workforce is critical to improving health and wellbeing outcomes for all Montgomery County residents, including Latinos.

Studies over the last two decades have documented a correlation between the availability of minority health care providers and improved health care access and quality of care for minority patients and consumers. For example, a 2006 Health Resources and Services Administration report found that minority health professionals were more likely than their Caucasian/White counterparts to serve minority and other underserved patients.[76] The same report found that when practitioners speak the same language as their patients, patients receive better interpersonal care and are more likely to keep appointments and follow treatment recommendations.

Data on the pipeline of newly trained Maryland health professionals suggest that the gap between supply and demand for diverse health providers will persist for some time. According to 2009–2010 graduation data, only 4% of Maryland's nursing school graduates, 5% of medical school graduates, and 4% of dental school graduates were Latino.[77] This underrepresentation of Latinos in the health professions means that many patients who could benefit from linguistically and culturally competent providers are being underserved.

According to a 2009 Maryland Council for New Americans report,[78] immigrants accounted for nearly all of Maryland's labor force growth (96%) during the last decade, among the highest in the country. The report further documents that Maryland is home to more than 300,000 college-educated immigrants, including many trained in the health professions. Immigrant workers are more likely to have a college degree than their native counterparts (43% versus 36%, respectively). Twenty-seven percent of the state's scientists and 21% of health care workers are immigrants.

Internationally trained health professionals could offer the linguistic and cultural diversity currently lacking in Montgomery County's health workforce. However, many of

these professionals are not currently able to enter the health field in the United States and instead work in jobs well below their skill levels because of:

★ Complex and often costly licensing processes.
★ Language barriers for individuals with limited English proficiency.
★ Limited knowledge of the United States health care system.
★ Lack of relevant United States work experience.

Since 2006, Montgomery County has been engaged in an innovative effort—the Welcome Back Center of Suburban Maryland—to diversify the health care workforce by helping internationally trained health professionals obtain their licenses and move into the health field. The Welcome Back Center of Suburban Maryland has helped internationally trained nurses qualify to work as Registered Nurses in Maryland and has expanded the program to include internationally trained behavioral health professionals, including psychologists and social workers.

Recognizing the many benefits of having a linguistically and culturally diverse workforce, Montgomery County employers are eager partners of the Welcome Back Center of Suburban Maryland.

Montgomery County has helped Latinos and other immigrants with limited English proficiency find their first jobs in Maryland's health workforce through an innovative training model, "Accelerating Connections to Employment," which simultaneously builds students' language and occupational skills. Through a partnership between WorkSource Montgomery and Montgomery College, individuals are able to earn their Certified Nursing Assistant licenses, and many participants who completed the program are now working in health care. They are on the first step in their pathways to the high-demand nursing field.

Innovative models that help Latinos and other underrepresented minorities explore the many occupational opportunities within the health and social services fields, and that provide the academic and social support needed to qualify for and complete certificate and degree programs in the health and social services professions, would contribute to positive health and wellness outcomes in Montgomery County. With strategic investments, Montgomery County can tap into the existing Latino population brain and skill power and match employers' needs for culturally and linguistically competent staff.

Recommendations:

a) Montgomery County agencies and private sector entities must implement hiring, retention, professional development, and promotion strategies that help build and sustain a linguistically and culturally competent Latino workforce at all levels, including decision-making and senior management positions.

b) Maryland and Montgomery County must increase funding for English as a Second Language instruction, including advanced, pre-academic English as a Second Language instruction as well as English as a Second Language instruction that is contextualized to the health professions or integrated into occupational training. They should also offer scholarships to cover tuition costs.

c) Academic institutions must review and work to eliminate entry barriers (such as scores on college entrance examinations) and integrate intensive student support to help Latinos complete health and social services professional programs.

d) Public and private health and social service sector partners, academic institutions, and workforce development entities must establish a pipeline for Latino students to enter health and social services professions, with incentives to enter fields that serve Montgomery County's Latino communities.

e) Montgomery County, local non-profits, employers, and education institutions must work with Latino families and youth to create volunteer, mentoring, job shadowing, and scholarship opportunities for Latino youth to gain exposure to health professions. These entities must provide ongoing support for pursuing studies in the health field.

f) Public and private health and social service sector partners, such as Montgomery County agencies, local hospitals, education institutions, and workforce development entities, must strengthen and expand their collaboration with the Welcome Back Center of Suburban Maryland to integrate internationally-trained professionals into Maryland's health workforce.

g) Montgomery County, the health and social service sector employers, education institutions, and local financial institutions must provide grants, tuition support, and affordable loans to internationally trained health professionals to reduce financial barriers to licensure.

h) Montgomery County, non-profit organizations, and employers must provide Latinos with internships, clinical practice, and on-the-job practical experience such as stepping-stone job opportunities

i) Maryland and Montgomery County agencies, employers, and education institutions must collaborate to provide opportunities for Latinos working in lower-skilled health and social services professions to advance into higher-skilled professions (for example, from Certified Nursing Assistant to Licensed Practical Nurse to Registered Nurse).

j) The Welcome Back Center of Suburban Maryland, its partners in the health and social service sector, and other interested organizations should educate elected officials, state agency executives, licensure boards, and other decision-makers on the benefits of integrating internationally trained health professionals into Maryland's workforce.

k) Maryland health professional licensure boards must clarify and publicize licensure pathways for internationally trained health professionals and designate staff to assist this group to navigate licensure processes.

l) Montgomery County, employers, and non-profit organizations must advocate before professional associations, licensure boards, and the Maryland general assembly to facilitate the licensure of internationally trained professionals in occupational areas of need.

Conclusions

The *2017–2026 Blueprint for Latino Health in Montgomery, Maryland,* highlights some of the major challenges that continue to affect the health and wellbeing of Latinos in Montgomery County. In the years since the 2008–2012 *Blueprint*, meaningful progress has been made toward improving health and wellness outcomes for Latinos living in Montgomery County. We cannot slow down or stop our efforts, however. Critical needs remain.

The six priorities outlined in this *Blueprint* are critical to effectively addressing the health and wellbeing needs of Latinos in Montgomery County. Improving upon only what is in place now is not enough. Real improvement will require broadening and deepening connections to staffs, patients/clients, and Latino communities in Montgomery County. As such, a collaborative, multi-sector effort that includes creating and nurturing new partnerships with the aim of addressing the *Blueprint* recommendations is essential to improving the health and wellness of every Latino living in Montgomery County.

The 2017–2026 *Blueprint* provides very specific recommendations designed to improve health and wellness outcomes for Montgomery County's Latino population. The recommendations reflect perspectives from Latino communities as well as from professionals representing national, state, and local organizations committed to eliminating health disparities and confronting the health and wellness challenges faced by Latinos. Private and non-profit health and social service providers will find the *Blueprint* offers practical advice, executable steps, and a conceptual framework. We invite Montgomery County elected officials, planners, and administrators to develop, implement, and monitor culturally and linguistically policies and services that are responsive to the needs of Latinos, using this *Blueprint* as a compass.

Glossary

Note: The definitions below specifically reference Latinos. These definitions may also apply to other populations.

Access to care: Having access to care means more than just having health insurance. One must take into account the places along the continuum where specific barriers may exist in obtaining quality health care. Primary access is defined as having health insurance. Secondary access barriers occur for those who are insured yet face institutional, organizational, or structural barriers such as difficulty getting appointments, lack of access to after-hours medical advice, or long waiting times for referrals to necessary medical specialists. Tertiary access barriers include linguistic and cultural barriers.[79]

Behavioral health: "Behavioral health" is an umbrella term that includes mental health, psychiatric involvement, marriage and family counseling, and addictions and substance abuse treatment. A range of providers including social workers, counselors, psychiatrists, psychologists, neurologists, family practice physicians, and addiction specialists can and do provide behavioral health services.[80]

Community-based participatory research: Community-based participatory research is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings.[81]

Cultural competence: A set of congruent behaviors, attitudes, and policies that converge in a system and among professionals that enables that system and those professionals to achieve desired health outcomes for Latinos.[82]

Culturally and linguistically competent services: Health care services that are respectful of and responsive to cultural and linguistic needs of patients/consumers.[83]

Community participation: The processes by which providers who care for Latinos, Latino community leaders (both formal and informal), and Latino users and potential users of health care services play an active and critical role in identifying, assessing, analyzing, and advocating for solutions to health problems that affect Latinos.

Health care disparity: Defined by the Institute of Medicine as, "A difference in treatment provided to members of different racial or ethnic groups that is not justified by the underlying health conditions or treatment preferences of patients."[84]

Health promotion: The process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental, and social wellbeing, an individual or group must be able to identify and realize aspirations, satisfy needs, and change or cope with the environment. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to include wellbeing.[85]

Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino." These people classify themselves in one of the specific Spanish, Hispanic, or Latino categories listed on the Census 2000 questionnaire—"Mexican, Mexican American, Chicano," "Puerto Rican," or "Cuban"—as well as those who indicate that they are "other Spanish/Hispanic/Latino." Persons who indicate they are "other Spanish/Hispanic/Latino" include those whose origins are from Spain, the Spanish-speaking countries of Central or South America, the Dominican Republic, or people who identify themselves generally as Spanish, Spanish-American, Hispanic, Hispano, Latino, and so on.[86]

Latino population: For the purposes of this document, "the Latino population" refers to Latino health care consumers and potential consumers in Montgomery County, health service providers who serve Latinos, formal community leaders (representing community-based organizations, churches, and others), and informal leaders.

Linguistic competence: The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have limited literacy skills or are not literate, and individuals with disabilities.[87]

Organizational capacity: The structures, skills, and resources needed to achieve the desired outcomes consistent with a particular preventative or curative health care program.[88]

Prevention: An action taken to decrease the chance of getting a disease or condition.[89]

Quality health care: Quality health care is care that is effective, safe, timely, patient-centered, equitable, and efficient.[90]

Safety-net providers: Providers who deliver a substantial proportion of their health care to uninsured, Medicaid, and other vulnerable patients. "Core safety-net providers" have two distinguishing characteristics: 1) either by legal mandate or an explicitly adopted mission, they offer care to patients regardless of their ability to pay for those services; and 2) a substantial share of their patient mix is uninsured, Medicaid, and other vulnerable patients.[91]

Social determinants of health: Defined by the World Health Organization as "the conditions in which people are born, grow, live, and age, and the wider set of forces and systems shaping the conditions of life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems."[92]

Endnotes

[1] American Fact Finder. 2015 American Community Survey. United States Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (accessed September 20, 2016).

[2] QuickFacts. United States Census Bureau http://www.census.gov/quickfacts/table/PST045215/00 (accessed September 20, 2016).

[3] American FactFinder. United States Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (accessed September 20, 2016).

[4] American FactFinder. United States Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (accessed September 20, 2016).

[5] American FactFinder. United States Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (accessed September 20, 2016).

[6] American FactFinder. United States Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (accessed September 20, 2016).

[7] American FactFinder. United States Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (accessed September 20, 2016).

[8] American FactFinder. United States Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (accessed September 20, 2016).

[9] Schools at a glance. Montgomery County Public Schools. http://www.montgomeryschoolsmd.org/departments/sharedaccountability/glance/ (accessed September 20, 2016).

[10] American FactFinder. United States Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (accessed September 20, 2016).

[11] American FactFinder. United States Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (accessed September 20, 2016).

[12] American FactFinder. United States Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (accessed September 20, 2016).

[13] Mitchell V, Horon I. Maryland Vital Statistics Preliminary Report 2015. Department of Health and Mental Hygiene. Vital Statistics Administration. http://dhmh.maryland.gov/vsa/Documents/Preliminary_Report_2015.pdf (accessed September 20, 2016).

[14] American FactFinder. United States Census Bureau. http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml (accessed September 20, 2016).

[15] Behavioral risk factor surveillance system. Department of Health and Mental Hygiene. Maryland.gov. http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/brfss.aspx (accessed September 20, 2016).

[16] 2014 Hispanic health disparities compared to non-Hispanic whites in Maryland. Maryland Department of Health and Mental Hygiene.

[17] 2014 Hispanic health disparities compared to non-Hispanic whites in Maryland. Maryland Department of Health and Mental Hygiene.

[18] Behavioral risk factor surveillance system. Department of Health and Mental Hygiene. Maryland.gov. http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/brfss.aspx (accessed September 20, 2016).

[19] Asthma in Maryland. CDC State Profile. https://www.cdc.gov/asthma/stateprofiles/asthma_in_md.pdf (accessed September 20, 2016).

[20] Mitchell V, Horon I. Maryland vital statistics annual report 2014. Department of Health and Mental Hygiene. Vital Statistics Administration. http://dhmh.maryland.gov/vsa/Documents/14annual_revised.pdf (accessed September 20, 2016).

[21] Summary of behavioral health issues/needs in the Latino community of Montgomery County. Unpublished Report. Latino Health Steering Committee.

[22] This assertion is based on discussions at Latino Health Steering Committee meetings, anecdotes delivered by community health workers, and conversations with Latino community-based organization staff.

[23] Maryland immigrants—recognition of contributions. House Joint Resolution. By: Delegates Valderrama, Barve, Nathan-Pulliam, and Opara. Unofficial copy. 1997 Regular Session. http://mgaleg.maryland.gov/1997rs/bills/hj/hj0016f.pdf (accessed September 20, 2016).

[24] Capps R, Henderson E, Passel JS, Fix M. Civic contributions: taxes paid by immigrants in the Washington D.C. metropolitan area. May 2006. The Urban Institute. The Washington Area Partnership for Immigrants. The Community Foundation for the National Capital Region. http://www.racialequitytools.org/resourcefiles/capps2.pdf (accessed September 19, 2016).

[25] Anderson S. The contribution of legal immigration to the social security system. February 2005. National Foundation for American Policy. February 2005. http://www.ime.gob.mx/investigaciones/2005/articulos/seguridad_social/contribution_legal_immigration.pdf (accessed September 19, 2016).

[26] Gee LC, Gardner, Wiehe M. Undocumented immigrants' state & local tax contributions. Institute on Taxation and Economic Policy. Updated February 2016. http://www.itep.org/pdf/immigration2016.pdf (accessed September 19, 2016).

[27] American Immigration Council. Strength in diversity: the economic and political power of immigrants, Latinos, and Asians. January 1, 2015. http://www.immigrationpolicy.org/just-facts/strength-diversity-economic-and-political-power-immigrants-latinos-and-asians (accessed September 19, 2016).

[28] Capps R, Henderson E, Passel JS, Fix ME. Civic contributions: taxes paid by immigrants in the Washington, D.C. metropolitan area 2006. Urban Institute. June 5, 2006. http://www.urban.org/research/publication/civic-contributions-taxes-paid-immigrants-washington-dc-metropolitan-area (accessed September 19, 2016).

[29] Stepler R, Brown A. Statistical portrait of Hispanics in the United States. PEW Research Center. Hispanic Trends. http://www.pewhispanic.org/2016/04/19/statistical-portrait-of-hispanics-in-the-united-states-key-charts/ (accessed September 19, 2016).

[30] Paral R. Health worker shortages & the potential for immigration policy. Immigration Policy IN FOCUS 2004;3(1). Immigration Policy Center. http://phinational.org/research-reports/health-worker-shortages-potential-immigration-policy (accessed September 19, 2016).

[31] 2015 Community health needs assessment community conversations. Healthy Montgomery. http://www.healthymontgomery.org/index.php?module=Tiles&controller=index&action=display&alias=chnacommunityconversations (accessed September 19, 2016).

[32] World Health Organization. Social determinants of health. http://www.who.int/social_determinants/en/ (accessed September 19, 2016).

[33] Castañeda H, Holmes SM, Madrigal DS, Young ME, Beyeler N, Quesada J. Immigration as a social determinant of health. Annu Rev Public Health. 2015 Mar;36:375-92.

[34] American Community Survey. United States Census Bureau. http://www.census.gov/programs-surveys/acs/ (accessed September 20, 2016).

[35] Doty MM, Holmgren A. Health care disconnect: gaps in coverage and care for minority adults. Findings from the Commonwealth Fund Biennial Health Insurance Survey (2005). The Commonwealth Fund. Issue Brief. August 2006. http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2006/aug/health-care-disconnect--gaps-in-coverage-and-care-for-minority-adults--findings-from-the-commonwealt/941_doty_hlt_care_disconnect_disparities_issue_bri-pdf.pdf (accessed September 19, 2016).

[36] Centers for Disease Control and Prevention. CDC health disparities and inequalities report—United States, 2011. MMWR 2011;60(Suppl):1-114. http://www.cdc.gov/mmwr/pdf/other/su6001.pdf (accessed September 19, 2016).

[37] 2015 Community health needs assessment community conversations. Healthy Montgomery. http://www.healthymontgomery.org/index.php?module=Tiles&controller=index&action=display&alias=chnacommunityconversations (accessed September 19, 2016).

[38] World Health Organization. Health systems. Equity. http://www.who.int/healthsystems/topics/equity/en/ (accessed May 13, 2016).

[39] National Partnership for Action to End Health Disparities. United States Department of Health and Human Services. http://minorityhealth.hhs.gov/npa/ (accessed September 20, 2016).

[40] Phase I report: recommendations for the framework and format of Healthy People 2020. Section IV. Advisory committee findings and recommendations. United States Department of Health and Human Services. http://www.healthypeople.gov/2010/hp2020/advisory/phasei/sec4.htm (accessed September 20, 2016).

[41] National Partnership for Action to End Health Disparities. United States Department of Health and Human Services. http://minorityhealth.hhs.gov/npa/ (accessed September 20, 2016).

[42] Kindig D, Stoddart G. What is population health? Am J Public Health. 2003 Mar;93(3):380-3.

[43] Frankish CJ, Green LW, Ratner PA, Chomik T, Larsen C. Health impact assessment as a tool for population health promotion and public policy. A report submitted to the Health Promotion Development Division of Health Canada. Institute of Health Promotion Research. University of British Columbia. May 1996. http://catalogue.iugm.qc.ca/GEIDEFile/healthimpact.PDF?Archive=192469191064 (accessed September 20, 2016).

[44] Health in all policies task force report to the Strategic Growth Council. December 3, 2010. http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-Dec_2010.pdf (accessed September 20, 2016).

[45] Ståhl T, Wismar M, Ollila E, Lahtinen E, Lepp K. Health in all policies: prospects and potentials. Ministry of Social Affairs and Health, 2006. http://www.euro.who.int/__data/assets/pdf_file/0003/109146/E89260.pdf (accessed September 20, 2016).

[46] National Wellness Institute. About Wellness. Six Dimensions of Wellness. http://www.nationalwellness.org/?page=AboutWellness (accessed September 20, 2016).

[47] World Health Organization. Health topics. Health promotion. http://www.who.int/topics/health_promotion/en/ (accessed September 20, 2016).

[48] Montgomery Council approves bill requiring nutrition information for menus, signboards. Montgomery County Council. Legislative Branch. Press Releases. November 17, 2009. http://www2.montgomerycountymd.gov/mcgportalapps/Press_Detail.aspx?Item_ID=4900 (accessed September 20, 2016).

[49] Carter-Pokras OD, Jaschek G, Martinez IL, et al. Perspectives on Latino lay health promoter programs: Maryland, 2009. Am Public Health. 2011 Dec;101(12):2281-6.

[50] Livingston G, Minushkin S, Cohn D. Hispanics and healthcare in the United States. Access, information and knowledge. Pew Research Center. Hispanic Trends. August 13, 2008. http://www.pewhispanic.org/2008/08/13/hispanics-and-health-care-in-the-united-states-access-information-and-knowledge/ (accessed September 20, 2016).

[51] Hadley J, Cunningham P, Hargraves JL.Would safety-net expansions offset reduced access resulting from lost insurance coverage? Race/ethnicity differences. Health Aff (Millwood). 2006 Nov-Dec;25(6):1679-87.

[52] Cohen MG, Roe MT, Mulgund J, et al. Clinical characteristics, process of care, and outcomes of Hispanic patients presenting with non-ST-segment elevation acute coronary syndromes: results from Can Rapid risk stratification of Unstable angina patients Suppress ADverse outcomes with Early implementation of the ACC/AHA Guidelines (CRUSADE). Am Heart J. 2006 Jul;152(1):110-7.

[53] Aoun A, Martin M. Report and recommendations by members of the up county Latino network, Montgomery County, Maryland. Unmet mental health needs for Latino residents in upper Montgomery County, Maryland, 2007.

[54] Overview of community reviews. Montgomery County Department of Health and Human Services. 2005.

[55] Disparities in healthcare quality among racial and ethnic minority groups. Selected findings from the 2010 National Healthcare Quality and Disparities Reports. Agency for Healthcare Research and Quality. http://archive.ahrq.gov/research/findings/nhqrdr/nhqrdr10/minority.html (accessed September 20, 2016).

[56] The community. Primary Care Coalition of Montgomery County, Maryland. http://www.primarycarecoalition.org/the-community#sthash.Kqa8xoZ8.dpbs (accessed September 20, 2016).

[57] Public Health 3.0. Healthy People 2020. HealthyPeople.gov. https://www.healthypeople.gov/2020/tools-resources/public-health-3 (accessed September 20, 2016).

[58] Think Cultural Health. United States Department of Health and Human Services. HHS.gov. http://www.ahrq.gov/research/findings/nhqrdr/index.html (accessed September 20, 2016).

[59] CTSA (clinical and translational science awards) community engagement key function committee task force on the principles of community engagement (second edition). Agency for Toxic Substances and Disease Registry. http://www.atsdr.cdc.gov/communityengagement/pce_ctsa.html (accessed September 20, 2016).

[60] Gulzar L, Henry B. Interorganizational collaboration for health care between nongovernmental organizations (NGOs) in Pakistan. Soc Sci Med. 2005 Nov;61(9):1930-43.

[61] Blas E, Gilson L, Kelly MP, et al. Addressing social determinants of health inequities: what can the state and civil society do? Lancet. 2008 Nov 8;372 (9650):1684-9.

[62] Popay J, Escorel S, Hernández M, Johnston H, Mathieson J, Rispel L. Understanding and tackling social exclusion. Final report to the WHO Commission on Social Determinants of Health from the Social Exclusion Knowledge Network. February 2008. http://www.who.int/social_determinants/knowledge_networks/final_reports/sekn_final%20report_042008.pdf (accessed September 20, 2016).

[63] Assuring cultural competence in health care: recommendations for national standards and an outcomes-focused research agenda (1999). Recommendations for National Standards and a National Public Comment Process. United States Department of Health and Human Services. Office of Minority Health. http://minorityhealth.hhs.gov/assets/pdf/checked/assuring_cultural_competence_in_health_care-1999.pdf (accessed September 20, 2016).

[64] 2015 Community health needs assessment community conversations. Healthy Montgomery. http://www.healthymontgomery.org/index.php?module=Tiles&controller=index&action=display&alias=chnacommunityconversations (accessed September 19, 2016).

[65] A Blueprint for Advancing and Sustaining CLAS Policy and Practice. The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. April 14, 2013. https://cultureandhealth.wordpress.com/2013/04/24/a-blueprint-for-advancing-and-sustaining-clas-policy-and-practice/ (accessed September 20, 2016).

[66] Maryland Health Improvement and Disparities Reduction Act of 2012 (SB 234). Maryland.gov. http://dhmh.maryland.gov/mhhd/Pages/Legislation.aspx (accessed September 20, 2016).

[67] Cultural and linguistic competency workgroup—Maryland Health Disparities Collaborative. Maryland.gov. http://dhmh.maryland.gov/mhhd/Pages/Cultural-and-Linguistic-Competency-Workgroup.aspx (accessed September 20, 2016).

[68] Ulmer C, McFadden B, Nerenz DR (Editors). Race, ethnicity, and language data: standardization for health care quality improvement. Institute of Medicine of the National Academies. Washington, DC: The National Academies Press. May 2009. http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/final-reports/iomracereport/iomracereport.pdf (accessed September 20, 2016).

[69] Race, ethnicity, and language data: standardization for health care quality improvement. National Academy of Science. Health and Medicine Division. August 31, 2009. http://www.nationalacademies.org/hmd/Reports/2009/RaceEthnicityData.aspx (accessed September 20, 2016).

[70] Collecting data on patient race, ethnicity and primary language to help hospitals improve quality of care. Robert Wood Johnson Foundation. June 4, 2008. http://www.rwjf.org/en/library/research/2008/06/collecting-data-on-patient-race-ethnicity-and-primary-language-t.html (accessed September 20, 2016).

[71] Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. Public Health Rep. 2014 Jan-Feb;129 Suppl 2:19-31.

72 Montgomery County Department of Health and Human Services. HHS Data Issues among Minority Health Initiatives and Programs: Impacts on HHS Program Evaluation Efforts and Population Health and Well-Being Status of Specific Communities within Montgomery County. November 12, 2013.

73 Montgomery County Department of Health and Human Services. HHS Data Issues among Minority Health Initiatives and Programs: Impacts on HHS Program Evaluation Efforts and Population Health and Well-Being Status of Specific Communities within Montgomery County. November 12, 2013.

74 Aguirre-Molina M, Molina CW, Zambrana RE. Health Issues in the Latino Community. John Wiley & Sons, 2002.

75 How to deal with Latino data: a guide for Montgomery County service providers. Latino Health Initiative. Montgomery County, Maryland. Department of Health and Human Services. July 2011. http://www.lhiinfo.org/downloads/Informational_Resources/Materials_and_Publications/LHI_2011_latino_data_guide_web.pdf (accessed September 20, 2016).

76 The rationale for diversity in the health professions: a review of the evidence. United States Department of Health and Human Services. Health Resources and Services Administration. Bureau of Health Professions. October 2006. http://bhpr.hrsa.gov/healthworkforce/reports/diversityreviewevidence.pdf (accessed September 20, 2016).

77 Diversity in the health professions. Maryland Department of Health and Mental Hygiene. Office of Minority Health and Health Disparities. May 2011.

78 A fresh start: renewing immigrant integration for a stronger Maryland. Maryland Council for New Americans. August 2009.

79 Bierman AS, Magari ES, Jette AM, Splaine M, Wasson JH. Assessing access as a first step toward improving the quality of care for very old adults. J Ambul Care Manage. 1998 Jul;21(3):17-26.

80 Finch RA, Phillips K. An employer's guide to behavioral health services: a roadmap and recommendations for evaluating, designing, and implementing behavioral health services. Center for Prevention and Health Services. National Business Group on Health. Washington, D.C., 2005. https://www.businessgrouphealth.org/pub/f3139c4c-2354-d714-512d-355c09ddcbc4 (accessed September 20, 2016).

81 Minkler M, Wallerstein N (Editors). Community-based participatory research for health. From process to outcomes. John Wiley & Sons. April 18, 2011.

82 National standards for culturally and linguistically appropriate services in health care. Final report. United States Department of Health and Human Services. Office of Minority Health. March, 2001. http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf (accessed September 20, 2016).

83 National standards for culturally and linguistically appropriate services in health care. Final report. United States Department of Health and Human Services. Office of Minority Health. March, 2001. http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf (accessed September 20, 2016).

84 McGuire TG, Alegria M, Cook BL, Wells KB, Zaslavsky AM. Implementing the Institute of Medicine definition of disparities: an application to mental health care. Health Serv Res. 2006 Oct;41(5):1979-2005.

85 The Ottawa Charter for Health Promotion. First International Conference on Health Promotion, Ottawa. World Health Organization. November 21, 1986. http://www.who.int/healthpromotion/conferences/previous/ottawa/en/ (accessed September 20, 2016).

86 United States Census Bureau. Census 2000 Public Law 94-171 Redistricting Data. https://www.census.gov/rdo/data/redistricting_data.html (accessed September 20, 2016).

87 Goode T, Jones W. A definition of linguistic competence. Georgetown University Center for Child and Human Development, National Center for Cultural Competence, 2006.

88 Hawe P, Noort M, King L, Jordens C. Multiplying health gains: the critical role of capacity-building within health promotion programs. Health Policy. 1997 Jan;39(1):29-42.

89 National Institutes of Health. National Cancer Institute. NCI dictionary of cancer terms. https://www.cancer.gov/publications/dictionaries/cancer-terms (accessed September 20, 2016).

90 National healthcare quality & disparities reports. Agency for Healthcare Research and Quality. http://www.ahrq.gov/research/findings/nhqrdr/index.html (accessed September 20, 2016).

91 Information for Part D sponsors on contracting with safety net pharmacy providers. Health Resources and Services Administration. ftp://ftp.hrsa.gov/bphc/pdf/opa/PartD.pdf (accessed September 20, 2016).

92 Social determinants of health. World Health Organization. http://www.who.int/social_determinants/en/ (accessed September 20, 2016).

Stakeholders Involved in the Development of the *Blueprint for Latino Health in Montgomery County, Maryland, 2017–2026*

Martha Acosta
Community Activist

Rodrigo Aguirre
Spanish Catholic Center

Maximiana Allasi
Community Activist

Elena Alvarado
Montgomery County Department of Health and Human Services

Nestor Alvarenga
Montgomery County Office of Community Partnerships

Lisseth Aparicio
Community Activist

Bruce Baker
Community Health and Empowerment through Education and Research

JoAnn Barnes
Montgomery County Department of Health and Human Services

Mayra Bayonet
Latin American Advisory Group

Alejandro Becerra
Community Action Board

Vanessa Briggs
Holy Cross Hospital

Marcela Campoli
Welcome Back Center Advisory Board

Rosa Campos
Community Activist

Luis Cardona
Montgomery County Department of Health and Human Services

Judy Carver
Workforce Development Consultant

Soffie Cessay
Welcome Back Center Advisory Council

Norma Colombus
Community Activist

Paula Jaramillo Cotrina
Community Activist

Karen Crist
Montgomery County Department of Health and Human Services

Elyssa Diamond
National Alliance on Mental Illness

Jose Luis Diaz
CCI Health and Wellness Services

Bolivia Duque
Community Activist

Ruth Escobar
Community Activist

Paola Fernan-Zegarra
Montgomery County Department of Health and Human Services

Johana Flores
Community Activist

Wendy Friar
Holy Cross Foundation

Maria Garcia
Montgomery County Public Schools

Joe Heiney-Gonzalez
Montgomery County Office of Human Resources

Rosa Guzman
Community Activist

Nancy Heredia
Community Activist

Margarita Hernandez
Community Activist

Francisca Hernandez
Community Activist

Teodora Cancha Huaichao
Community Activist

Hilda Moreno Machacuay
Community Activist

Elva Jaldin
Community Activist

Kathleen Knolhoff
CCI Health and Wellness Services

Maureen Larenas
Montgomery County Department of Health and Human Services

Michelle LaRue
CASA de Maryland

Betty Lam
Montgomery County Department of Health and Human Services

Helen Lettlow
Montgomery County Department of Health and Human Services

Michael Lin
Welcome Back Center Advisory Council

Molly Love
CCI Health and Wellness Services

Marylyn Lynk
Adventist Healthcare

Maria Adela Machado
Community Activist

Luis Martinez
Montgomery County Department of Health and Human Services

Luisa Montero
Montgomery County Mid-County Regional Services Center

Juliana Monsalve
Community Activist

Oswaldo Montoya
Community Activist

Regina Morales
Montgomery County Department of Health and Human Services

Yolanda Pinto
Community Activist

Sanjana Quasem
Montgomery County Department of Health and Human Services

Zoila Quevedo
Community Activist

Nick Reale
Community Activist

Claudia Rios-Phelps
Family Services, Inc.

Aldo Rivera
Community Activist

Maria Elena Rocha
Community Activist

Reemberto Rodriguez
Montgomery County Silver Spring Regional Services Center

Agnes Saenz
Community Ministries of Rockville

Stakeholders (continued)

Monique San Fuentes
Suburban Hospital

Ana Schmitz
Montgomery County Department of
Health and Human Services

Kathleen Sheedy
Montgomery County Department of
Health and Human Services

Karla Silvestre
Montgomery College

Floyd Starnes
Montgomery County Public Schools

Ben Turner
Primary Care Coalition

Patricia Valencia
Community Activist

Maria Vethancourt
Community Activist

Latino Health Initiative Staff

Luis Rolando Aguirre, M.D.
Coordinator, Navigation and Family
Reunification

Jose Amaya
Client Assistance Specialist

Daisy De Leon, B.S.
Health Educator

Ana Harvey
Administrative Assistant

Gianina Hasbun, M.A.
Senior Program Specialist

Johana Jones, B.S.
Health Promotion Specialist

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

Viviana Ortiz, B.A.
Program Manager

Carmen I. Saenz, M.S.
Program Manager

Mercedes Warsaw, B.S.
Client Assistance Specialist

Tirsit Weldehawariat, M.A.
Services Coordinator

Blueprint Consultants

Gwendolyn K. Crider
Blueprint Development

Everly Macario, Sc.D., M.S., Ed.M.
Editor

Virginia Robles-Villalba, B.F.A.
Graphic Design

Luis Valdez, M.P.H.
Intern

Carlos Ugarte, M.S.P.H.
Blueprint Development

♥ AMA TU VIDA

Latino Health Initiative

MONTGOMERY COUNTY, MD

Latino Health Initiative
8630 Fenton Street, 10th Floor
Silver Spring, MD 20910
240-777-3221
www.lhiinfo.org