

Partnering for Health Equity:

Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County



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The Morton K. and Jane Blaustein Foundation

Executive Summary

La Clínica del Pueblo was honored to convene dozens of committed partners for health equity in Prince George's County on April 25, 2018 to discuss critical factors in Latino immigrant health in the county. Latinos make up a fast-growing 18% of Prince George's County's population and have distinct demographics and health needs that must be acknowledged and addressed with effective health interventions.¹ The stark health disparities for Latino immigrants in the county highlighted by many panelists during the convening speak to the gaps in the county's safety net and the challenges of meeting the needs of a population that is growing more rapidly than the health system can adequately serve. Since the Latino immigrant community is uninsured at starkly disproportionate rates in the county, and because many other language, cultural, and socio-economic barriers also prevent them from receiving the care that they deserve, the work toward achieving Latino immigrant health equity in Prince George's county will entail a multi-sectoral effort, including many of the partners gathered for this convening.

Through presentations by elected officials about policy solutions to achieve health equity at the city, county, and state level, convening participants gained a greater understanding of both the opportunities and the obstacles ahead to address structural barriers to health for Latino immigrants

in the county. Academics, advocates, and county administration representatives mapped out the unmet need and particular disparities that must be addressed to build a more equitable health system for all. Partners in serving the Latino immigrant community noted economic, nutritional, educational, and immigration factors that are essential components of a vibrant and healthy community. Throughout the day, participants shared their reactions and recommendations to develop an agenda for building health equity.

La Clínica calls upon county policymakers and activists to work toward the recommendations made by participants in this convening to improve health and healthcare for Latino immigrants in Prince George's County. The primary recommendations centered on a few principal concerns, approaches, and desired outcomes:

- Provide access to insurance and health care for all uninsured and uninsurable people, especially immigrants who are not eligible for other types of insurance.
- Dedicate a larger percentage of the county's budget toward health services.
- Foster community member involvement at all levels of the health care system planning process and promote inter-sectoral collaboration in the development of that system.
- Ensure linguistic and cultural

1. Prince George's County Health Department (2016). Prince Georges County Community Health Needs Assessment. Retrieved From Doctors Community Hospital

Website:https://www.dchweb.org/sites/doctors-community-hospital/files/Documents/Health_Wellness/2016%20PGCCHNA%20Report.pdf

accessibility for all health services.

- Use health promoters as a way of building trust with the community and extending services to the population
- Provide trainings for health care providers to understand the migrant experience so they can practice trauma-informed, and more culturally competent care

The path to achieving health equity for the Latino immigrant community in Prince George's County will require participation and collaboration across all sectors of the county's leadership. Health does not reside solely in a doctor's office; activists and policymakers must address the multiple social determinants of health through innovative partnerships, progressive legislation and funding decisions, and culturally competent interventions that are led by the community itself.



Alicia Wilson
Executive Director, La Clínica Del Pueblo

Acknowledgements

La Clínica Del Pueblo wishes to thank the following organizations and individuals who contributed to the convening:

- The City of Hyattsville
- Maryland Office of Minority Health and Health Disparities
- Consumer Health Foundation
- The Morton K. and Jane Blaustein Foundation
- Dannielle Glaros, Chair County Council, Prince George's County
- Candace B. Hollingsworth, Mayor of City of Hyattsville
- Carlo Sanchez, Maryland State Delegate District 47B
- Sharon Zalewski, Executive Director of Regional Primary Care Coalition
- Mark Edberg, Associate Professor, Department of Prevention and Community Health, George Washington University
- Mercedes Lemos, Langley Park Multi Service Center Coordinator
- Evelyn Kelly, Senior Program Manager, Institute for Public Health Innovation
- Lee Hopkins, Senior Program Manager, Casa de Maryland
- Tre Jerdon-Cabrera Assistant Project Manager, Prince George's County TNI
- All attendees who contributed in making this event possible

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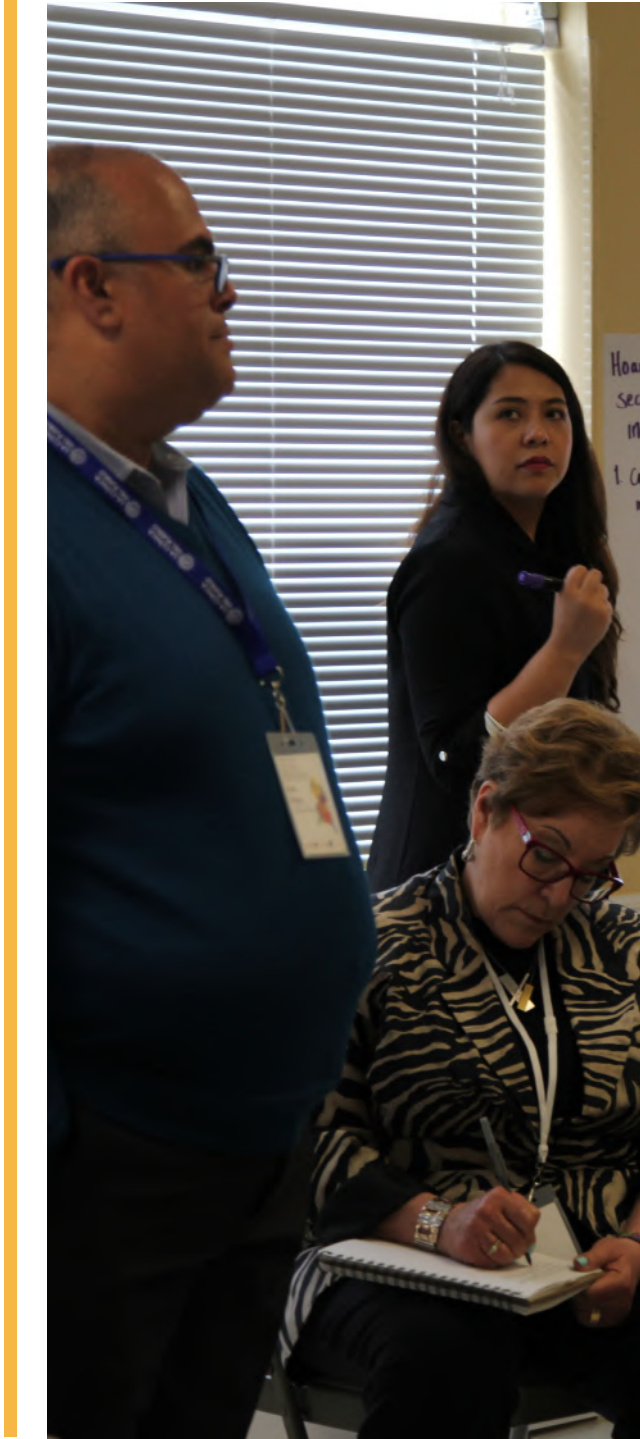
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1. Introduction



On April 25th, 2018, La Clínica del Pueblo organized the Partnering for Health Equity Convening in Hyattsville, Maryland to discuss solutions to address the health disparities and health inequities of immigrants in Prince George's County, Maryland. Honoring the theme of "Partnering for Health Equity," the event aimed to create recommendations for how to close the gap for health care access for vulnerable populations. The event was attended by representatives from local government, health and mental health professionals, community-based organizations, academic institutions, Promotores de Salud (health promoters), and staff from La Clínica del Pueblo. The attendees shared experiences and expert knowledge with the overall goal of creating strategies to improve health outcomes and overall wellness for Latino and immigrant populations.

2. Report from the Convening



The Partnering for Health Equity Convening brought together 68 key community stakeholders with the shared value that health care is a human right. The conference provided panelists with the opportunity to share their knowledge on health care policy, health and mental health coverage for immigrants, and the role of immigration as a social determinant of health. La Clínica del Pueblo invited community members to discuss best practices and recommendations for moving forward. Following the panels, small group discussions, in both English and Spanish, were held to give all the attendees a chance to share their voice.

Major highlights from the discussion groups included the need on behalf of policy makers to address the high volume of uninsured Latinos in Prince George's County. Additionally, groups considered alternatives on how to direct resources and help; the complexity of the lives of recently arrived immigrant's which meant that multi-sectorial responses have to be developed. Both groups concluded with the idea that we need to meet the community where they are. This means ensuring the community has access to culturally competent and bilingual service providers who understand the obstacles immigrants face in obtaining quality health care services. At the conclusion of the conference, a list of recommendations was drafted that is useful not only for Prince George's County, but for any immigrant community.

Opening Plenary- Identifying policy and regulatory solutions for immigrant healthcare access, in Prince George's county.

The opening plenary focused on identifying policy and regulatory solutions for immigrant healthcare access in Prince George's County. The speakers consisted of the Mayor of Hyattsville, Candace Hollingsworth; the Prince George's County Council Chair, Dannielle Glaros; and Maryland State Delegate, Carlo Sanchez.

Mayor Hollingsworth started off the panel by stating that the city of Hyattsville has done a lot of work in creating a welcoming community for all residents, but there is room for growth in helping the immigrant community much more. She stressed the idea that each of us must find a way in our own sphere of influence to create radical change for immigrant health outcomes. Hyattsville has been working towards creating an inclusive environment for all residents through the implementation of many initiatives such as: non-citizen voting at the local level, providing simultaneous translation at city meetings, and establishing an Equity Taskforce to help see where the city needs to enact future policy to ensure all residents are being treated fairly. Mayor Hollingsworth closed with the statement that we can't just focus on medical health but rather overall community wellness through quality education and employment opportunities that give residents a life worth living. When asked about the main obstacles of immigrant health care access, Hollingsworth responded that if the government tries to make a program that reaches everyone, they will reach no one. She suggested creating programs that specifically target the Latino immigrant community in order to better address their needs.





Dannielle Glaros, the Prince George's County Council Chair, compared the disparities Prince George's County has relative to neighboring counties in their human services budget, stating that in Prince George's County, roughly \$38.94 is spent per person on health services while neighboring Montgomery County uses \$224 per person. This drastic difference in financing of health services explains why Prince George's county is ranked 22nd out of the 24 counties in Maryland. Besides funding for health services, Glaros described a lack of mental health care providers in the county, with the statistic of 1 provider for every 890 residents. Shifting to a more optimistic tone, Glaros shared that the University of Maryland Regional Medical Center will be coming to Largo soon, and it will provide residents with quality care within the county. She also stated that the Children's National Health System will be opening an outpatient facility in 2020 that will provide specialized care for the children in Prince George's County. While she expressed enthusiasm for these developments as well as the arrival of more FQHC clinics in the county, Glaros noted that they county only invests 1.1% of its total budget in health and human services.

Glaros ended with the strong statement that, "The only way we are going to move up in the rankings is if we deepen the dollar investment in community services." State Delegate Carlo Sanchez explained that at the state level, they are developing policy that will work to address the reasons why people are not insured. He stated that Prince George's County has the largest block of uninsured Marylanders due to a variety of reasons, including immigration status. Sanchez continued this point by sharing data demonstrating that 25% of Hispanics in Maryland are consistently unable to access healthcare because they cannot afford it. While data over the past few years reflects that this number of Hispanic people not seeing a doctor has decreased, Sanchez attributed this to the higher number of people identifying as "other" on surveys, which greatly skews the data. Sanchez's final suggestion was that we need to create public sector partners, especially with schools, where immigrants are already going to find services. He believes that if we are able to reach families through schools, service providers will be able to extend their reach to those who are not utilizing them.

Panel 1- Mapping Health and Mental Health Coverage for Immigrants in Prince George's County.



The speakers in this panel were Mark Edberg of George Washington University; Mercedes Lemos, Langley Park Multiservice Center Coordinator; and Sharon Zalewski, Executive Director of Regional Primary Care Coalition.

The speakers mapped out the unmet need and particular disparities that must be addressed to build a more equitable health system for all. A consistent theme among the speakers was how ensuring economic, educational, immigration and legal opportunities are essential components of a vibrant and healthy community. They also explained that mental healthcare services are underutilized by the immigrant

community because of the cultural stigma associated with mental illness. These attitudes have perpetuated the lack of mental health care services because the need for it is often ignored.

Mark Edberg shared his work with the AVANCE center on the social determinants of mental health in Langley Park, particularly focusing on trauma. He used qualitative life history interviews with a sample group of 75 Central American migrants to better understand the daily stressors and trauma that are affecting the community. He found that the migration experience itself left almost all the participants with trauma caused by the



violence, confinement, ransom, health problems, and depression caused by their journey to the United States. While some migrants felt like they were better off after escaping the violence in their home countries, many confirmed that they felt isolated in their new home due to their loss of social network and support systems. Edberg concluded that there needs to be better screening for delayed trauma in migrant youths because the current screenings do not pick up the full effects of the trauma they experience during migration. When asked about how to use resources more effectively, Edberg stated that universities like University of Maryland and George Washington University are highly interested in collecting data that can be used as an effective tool for getting funding from the government.

Mercedes Lemos focused on the need for community awareness regarding mental illness in order to change the attitudes and stigma of mental health. She explained how migration itself can cause mental health problems because it is overwhelming for many migrants to adapt to their new life, schools, jobs, and community. Lemos stressed that mental healthcare providers

in the area need to have a cultural context that makes the issue relevant to the Latino community, otherwise the services will not be utilized.

Sharon Zalewski closed out the panel by talking about factors affecting health care access in Prince George's County. She provided data indicating that 23% of Prince George's county residents are foreign born and 19% of the Latino population in Prince George's county are undocumented. Lack of documentation is one of the main deterrents for immigrants seeking healthcare. Prince George's County also has the highest number in the DMV area of children fleeing violence, which is very significant when talking about mental health services because they typically have experienced a great deal of trauma and daily stressors.

Panel 2 - Understanding the role of immigration as a social determinant of health.



The speakers in this panel consisted of Lee Hopkins, the Senior Manager of Health and Social Services at CASA, Tre Jerdon-Cabrera, the Project Manager at Prince George's County Transforming Neighborhood Initiatives (TNI), and Evelyn Kelly, the Senior Program Manager at Institute of Public Health Innovation.

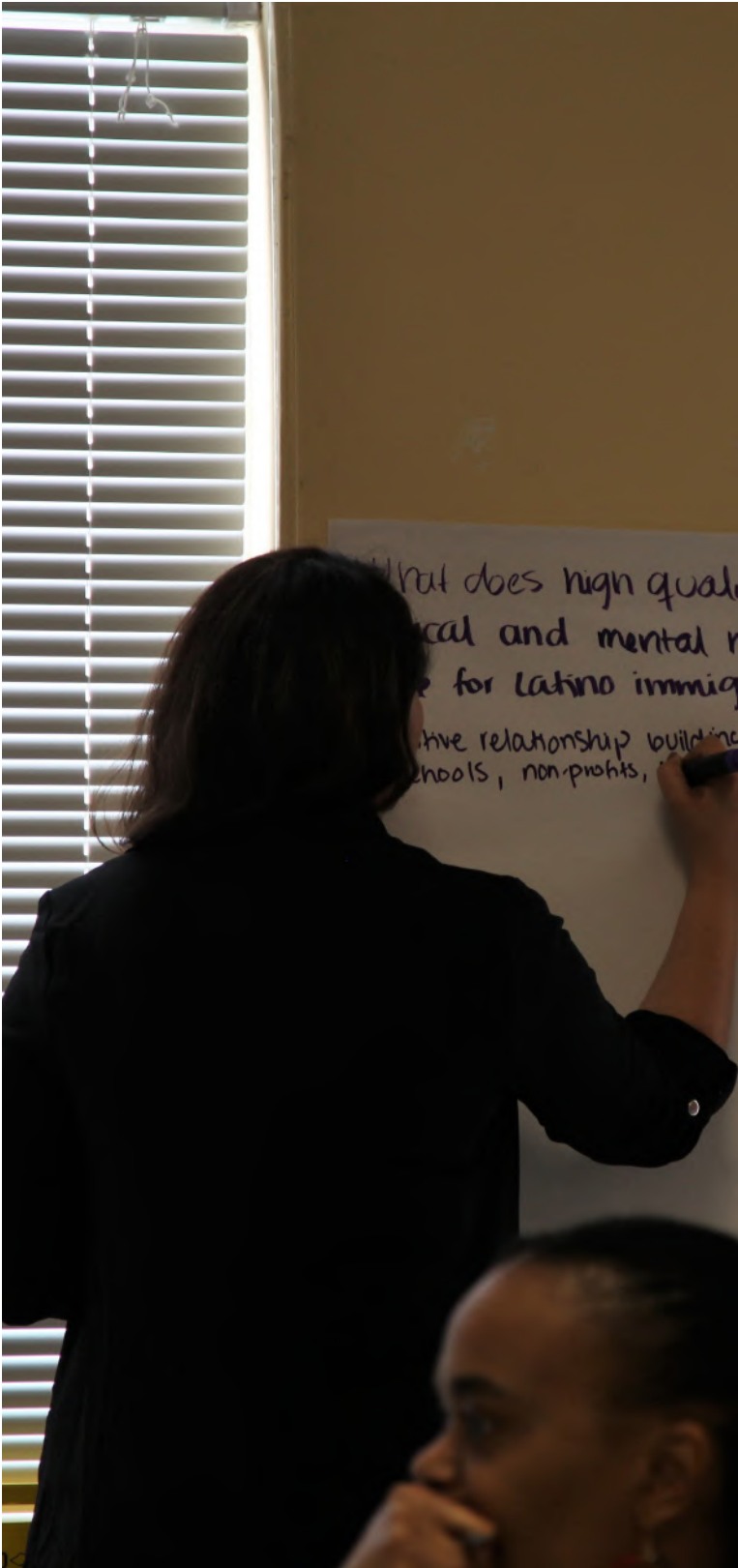
Lee Hopkins opened the panel by explaining the work that CASA is doing in promoting health services for immigrants in the area. CASA values the work of health promoters greatly because they have the ability to communicate with the community and engage them. Health promoters also work to provide community members with personalized educational programs on how to navigate the health system and insurance. Hopkins explains that in light of recent fears of deportation and anti-immigrant sentiments, it is necessary that we are disseminating correct information about future policies and the rights that all residents have regardless of immigration status.

Tre Jerdon-Cabrera explained how the TNI initiative in schools have been really successful in service delivery to all residents by reaching them where they are already going. Jerdon-Cabrera stated that the current political environment has increased the fear of deportation so much that it is visible within the schools. In order to make sure immigrant families are accessing the services they need,



we need to work to make kids and parents feel safe at school and stay engaged.

Evelyn Kelly discussed how immigrant families do not apply for federal help because of language barriers, confusion about the system, and fear of deportation. She stated that the current administration has created a hostile anti-immigrant environment, and highlighted the upcoming threat of including health services in an expanded “public charge” definition for immigration adjustments. Kelly adds that it is critical that we are pushing for civic engagement in order to make change and that we need “su voto y su voz” in order to hold policymakers accountable.



Closing Plenary - Recommendations

Catalina Sol, the Chief Programs Officer at La Clínica del Pueblo, closed out the conference by reminding participants of the purpose of the conference and sharing the list of recommendations that the two discussion groups came up with (below is the list of highlighted recommendations). Attendees expressed their interest in continuing as a coalition who could potentially attend county budget meetings this upcoming summer in order to advocate for immigrant healthcare. The conference concluded with the following call to action:

- Share what you learned today, make it a goal to say “immigrant health equity”.
- Work with local officials to make them care more about the immigrants in their community.

Recommendations



How to ensure high quality integrated health and mental health care for Latino immigrants?

- Enhance cultural competency of the staff working in the health care and mental health sector
- Guarantee language access in all services
- Provide access to insurance and health care for all uninsured and uninsurable people, especially immigrants who are not eligible for other types of insurance
- Promote inter-sectoral collaboration to build a health service delivery system that fosters economic, nutritional, educational, and immigration as essential components of a vibrant and healthy community
- Foster community member involvement at all levels of the health care system planning process
- Place health services in the Latino community
- Share best practices for data collection systems so that stake holders are coordinating efforts to serve the Latino Community
- Make sure that any advocacy agenda is nurtured and informed by members of the community
- Develop a well-functioning network of service providers, through all levels of the health system, including hospitals, specialty care, and primary care providers
- Address the barriers caused by health care payment issues and lack of resources to provide care for Latino immigrants
- Create and maintain an updated version of a resource list for the Latino immigrant population

How can we sustain local initiatives to provide equitable health access to immigrant populations?

- Foster the ongoing involvement of the beneficiaries and consumers of these services
- Establish a multi-sectoral coalition that participates in public funding hearings in Prince George's County to advocate for funding allocations towards health access initiatives for the Latino immigrant population



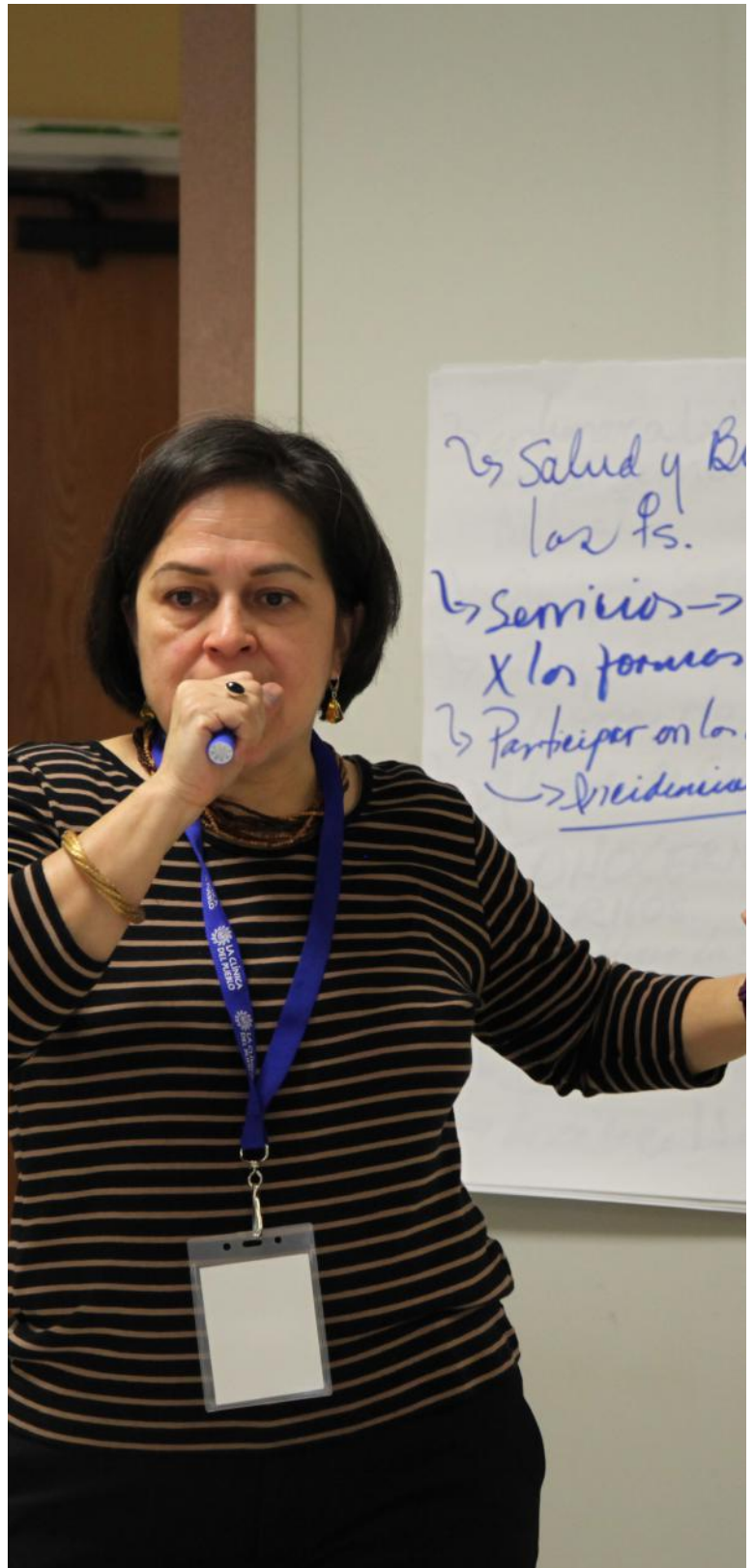
How do we reorient the health sector towards reducing health inequities?

- Invest in community assessments that provide a clear sense of what the barriers are, what services are and are not available, and what information needs to be disseminated
- Increase knowledge about health outcomes in the county
- Create safe spaces for marginalized communities
- Galvanize resources for equity task forces that work to eliminate biases
- Advocate and demand more resources for the health sector within the county budget
- Get inspired by best practices of other organizations/counties and cities already promoting health equity for immigrants.
- Use health promoters as a way of building trust with the community and extending services to the population
- Professionalize the role of the health promoters
- Foster alliances with police to eliminate fear within the immigrant community so they can seek out services
- Provide better trainings with health care systems to understand the migrant experience so they can practice trauma-informed care
- Invest in community forums to develop the voice of the community



Next Steps

This report and the recommendations made will act as guide to sustain dialogue for community members, public and private stakeholders, health and mental health professionals, and elected officials in collaborating and advancing health equity for immigrant populations in Prince George's County.



Appendix 1- Agencies Represented at the Conference

- American University
- Aetna Better Health of Maryland
- CASA de Maryland
- Consumer Health Foundation
- City of Hyattsville
- Family Restoration and Healing Center
- George Washington University, Milken Institute School of Public Health
- Holy Cross Health
- Institute for Public Health Innovation
- Kaiser Permanente
- Latin American Youth Centers- Maryland Multicultural Youth Center
- Maryland House of Delegates
- Regional Primary Care Coalition
- Maryland-National Capital Park and Planning Commission | Prince George's County
- Office of Candidate for County Executive Donna Edwards
- Office of City Councilmember Deni Taveras
- Office of County Council Chair Dannielle Glaros
- Office of Delegate Carlo Sanchez
- Office of Minority Health & Health Disparities
- Office of the Prince George's County Executive
- Prince George's County Public Schools
- Prince George's County Memorial Library System
- Prince George' County Public Schools Board of Education
- Prince George's County Health Department
- Telemundo
- TNI (Transforming Neighborhood Initiatives) @ School

Appendix 2- Agenda



Partnering for Health Equity:

Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

In recognition of Minority Health Month in April, 2018, La Clínica del Pueblo is organizing a convening to discuss health disparities and health inequities among the Latino immigrant community in Prince George's County. Honoring this year's theme "Partnering for Health Equity," this event will bring together key community members across all sectors, including State and County officials, community agencies, academic partners, and elected officials to explore strategies to achieve health equity within the Latino population in the county.

- 9:00am-9:30am** **Participants On-Site Registration & Light Breakfast**
- 9:30am-10:30am** **Opening Plenary, followed by a Q&A session:**
Identifying policy and regulatory solutions for immigrant healthcare access, in Prince George's county.
 Panelists: Danielle Glaros, Chair County Council, Prince George's County
 Candace B. Hollingsworth, Mayor City of Hyattsville
 Carlo Sanchez, Maryland State Delegate representing District 47B
 Facilitator: Alicia Wilson, Executive Director, La Clinica Del Pueblo
- 10:30am-10.45am** **Break**
- 10:45am-11:45am** **Panel 1: *Mapping health and mental health coverage for immigrants, in Prince Georges' County.***
 Panelists: Sharon Zalewski, Executive Director of Regional Primary Care Coalition
 Mark Edberg, Associate Professor, Department of Prevention and Community Health, George Washington University
 Mercedes Lemos, Prince George's County
 Facilitator: Catalina Sol, Chief Program Officer, La Clínica del Pueblo
- 11.45am-12:30pm** **Discussion Groups**
What does high quality, integrated medical and mental health care look like for Latino immigrants in the county ? How can we sustain local initiatives to provide equitable health access to immigrant populations?
- 12:30pm-1:30pm** **Lunch**

Appendix 2- Agenda



Partnering for Health Equity:

Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

- 1:30-2:30pm** **Panel 2: *Understanding the role of immigration as a social determinant of health and its impact on equitable health outcomes.***
 Evelyn Kelly, Senior Program Manager, Institute for Public Health Innovation
 Lee Hopkins, Senior Manager of Health and Social Services, CASA de Maryland
 Tre Jerdon-Cabrera, Assistant Project Manager, Prince George's County, TNI
 Facilitator: Yecenia Castillo, School Program Manager, La Clínica del Pueblo
- 2:30-3:15pm** **Discussion Groups**
Intersectionality: Collaborating with diverse stakeholders 'skills and/or positions to further health equity in Prince George's County. How do we reorient the health sector towards reducing health inequities?
- 3:15-3:30pm** **Break**
- 3:30pm-4:15pm** **Closing plenary to present recommendations.**
- 4:15pm** **Adjourn**



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Appendix 3- Invitation



SAVE THE DATE

Partnering for Health Equity:

Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

DATE AND TIME:

Wednesday- April 25, 2018 | 9.00 am - 4.15pm

WHERE:

City of Hyattsville, Town Hall,
4310 Gallatin St, Hyattsville, MD 20781

Please RSVP by [clicking here](#) or call **202.448.2853**



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Appendix 4- Presentations

Danielle Glaros, Chair County Council, Prince George's County

SLIDE 1



Partnering for Health Equity:

Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County



Danielle M. Glaros
Chair

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SLIDE 2




Partnering for Health Equity:
Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

Danielle Glaros, Council Member
Wanda Brooks, Citizen Services
Alvinia Kelly, Office Manager & Scheduler
Tom Mayah, Citizen Services
Aimee Olivo, Chief of Staff
Alina Smith, Latino Liaison
Alesha Wilson, Community Engagement & Special Projects

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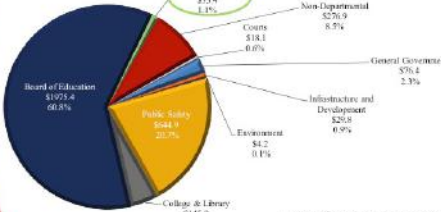


SLIDE 3




Partnering for Health Equity:
Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

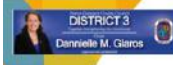
FY 2018 Approved General Fund Expenditures (\$ in millions)



Total: \$3,251,537,400

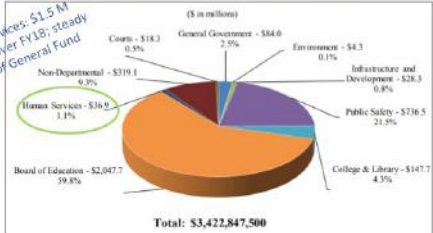


SLIDE 4




Partnering for Health Equity:
Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

FY 2019 Proposed Budget - General Fund - Expenditures (\$ in millions)



Total: \$3,422,847,500

Human Services: \$1.5 M increase over FY18; steady at 1.1% of General Fund



SLIDE 5



Partnering for Health Equity:
Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

The 9-member Prince George's County Council serves 3 distinct functions:

- County Council on legislative and business matters
- District Council on zoning and land use matters
- Board of Health on health policy matters



Under state law, the Board of Health, which in Prince George's County is the County Council, must meet at least semi-annually during May and October. In practice, it meets in that capacity far more often to consider various aspects of local Health Department policies and programs and a rather broad spectrum of related health issues.

State law permits the local Board of Health to adopt and enforce all rules and regulations concerning nuisances and causes of sickness within its jurisdiction, as long as these are not contrary to and are at least as stringent as existing laws, rules and regulations promulgated on the state level. The local Board may also establish all fees and charges in connection with local regulation.



SLIDE 6



Partnering for Health Equity:
Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

Board of Health - 2018

Watch online:
pgccouncil.us/303/County-Council-Video

February 13, 2018

- The Maryland Global Budgeting Revenue Model
- Prince George's County Primary Healthcare Strategic Plan

April 3, 2018

- Health Sector Development in South County: The Medical Pavilion At National Harbor
- Chesapeake Regional Info. System for Our Patients
- Discussion of 2018 County Health Rankings
- Discussion of Parameters for a Health and Human Services Needs Assessment Study

2009 Rand Report
Read online: [pgccouncil.us Search "Rand"](http://pgccouncil.us/Search/Rand)

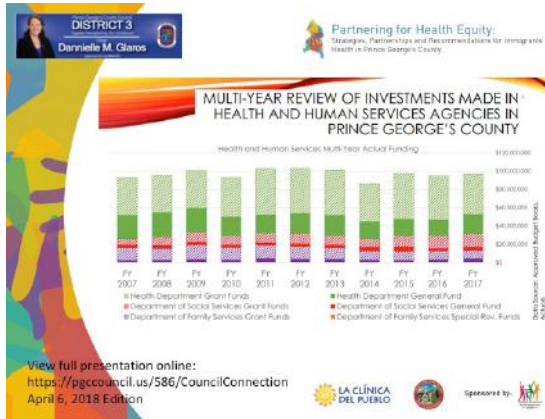


Assessing Health and Health Care in Prince George's County

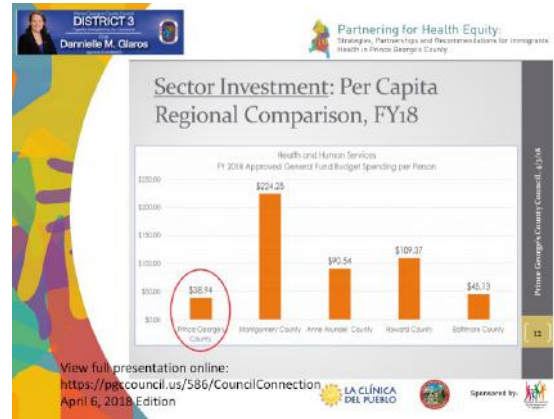


Danielle Glaros, Chair County Council, Prince George's County

SLIDE 7



SLIDE 8



SLIDE 9

Health Factors: What are the Principal Drivers?

- Prince George's is #22 of 24 in Clinical Care

Category	County	Margin of Error	Top U.S.	Maryland
Uninsured	11%	±1-12%	6%	7%
Primary care physicians	1,910:1		1,030:1	1,140:1
Dentists	1,650:1		1,280:1	1,320:1
Mental health providers	890:1		330:1	460:1
Reventable hospital stays	46	44-47	35	47
Diabetes monitoring	82%	81-84%	91%	85%
Mammography screening	61%	59-63%	71%	64%

View full presentation online:
<https://pgccouncil.us/586/CouncilConnection>
 April 6, 2018 Edition

SLIDE 10



SLIDE 11



SLIDE 12

- PRINCE GEORGE'S COUNTY BUDGET PROCESS (FISCAL YEAR 2019)**
- March 14: County Exec. transmitted proposed FY19 Budget
 - March – May: Council Budget Work-Sessions & Public Hearings
 - April 17: Public Hearing on Community Development Block Grant Funding
 - April 24: Public Hearing on M-NCPPC Funding
 - May 1: Public Hearing on full budget @ 7pm
 - May 7: Public Hearing on full budget @ 7pm
 - May 10: Bi-County Budget Meeting on WSSC
 - Prior to June 1: County Council Budget Adoption
 - Prior to July 1: BOE Budget Reconciliation
- View full presentation online:
<https://pgccouncil.us/586/CouncilConnection>
 April 6, 2018 Edition

Danielle Glaros, Chair County Council, Prince George's County

SLIDE 13



Partnering for Health Equity:
Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

DISTRICT 3
Dannielle M. Glaros

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SLIDE 14



Partnering for Health Equity:
Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

DISTRICT 3
Dannielle M. Glaros

Dannielle Glaros, Council Member
Wanda Brooks, Citizen Services
Alvinia Kelly, Office Manager & Scheduler
Tom Mayash, Citizen Services
Aimee Olivo, Chief of Staff
Alina Smith, Latino Liaison
Alesha Wilson, Community Engagement & Special Projects

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Sharon Zalewski, Executive Director of Regional Primary Care Coalition

SLIDE 1



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Health Care Access
Sharon Zalewski, Regional Primary Care Coalition
szalewski@regionalprimarycare.org

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SLIDE 2

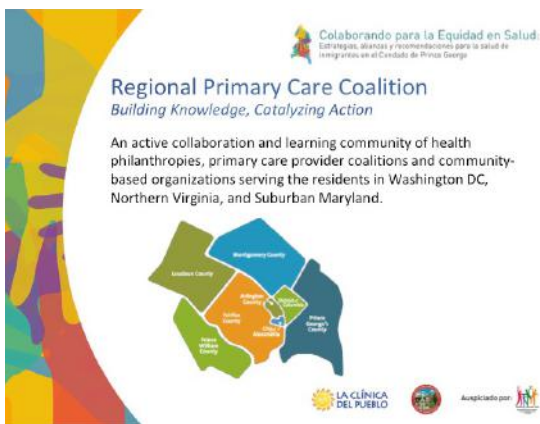


Colaborando para la Equidad en Salud:
Estrategias, alianzas y recomendaciones para la salud de inmigrantes en el Condado de Prince George

Health Care Access
Sharon Zalewski, Regional Primary Care Coalition
szalewski@regionalprimarycare.org

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SLIDE 3



Colaborando para la Equidad en Salud:
Estrategias, alianzas y recomendaciones para la salud de inmigrantes en el Condado de Prince George

Regional Primary Care Coalition
Building Knowledge, Catalyzing Action

An active collaboration and learning community of health philanthropies, primary care provider coalitions and community-based organizations serving the residents in Washington DC, Northern Virginia, and Suburban Maryland.



LA CLÍNICA DEL PUEBLO | Auspicado por

SLIDE 4



Colaborando para la Equidad en Salud:
Estrategias, alianzas y recomendaciones para la salud de inmigrantes en el Condado de Prince George

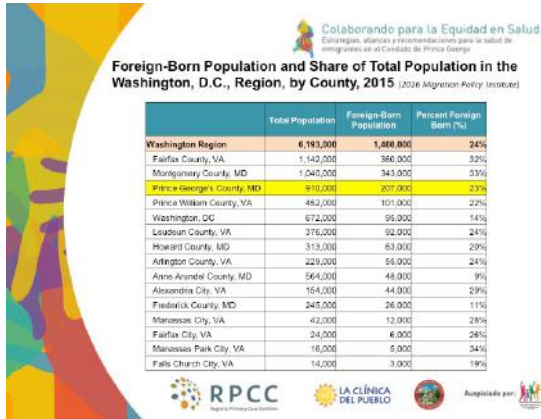
RPCC is committed to advancing regional partnerships, policies and practices that

- Improve health care access and quality.
- Establish integrated systems of care.
- Address the underlying determinants of health.
- Reduce health disparities.
- Promote health equity.
- Create healthy, safe and thriving communities for all residents across the National Capital Region.

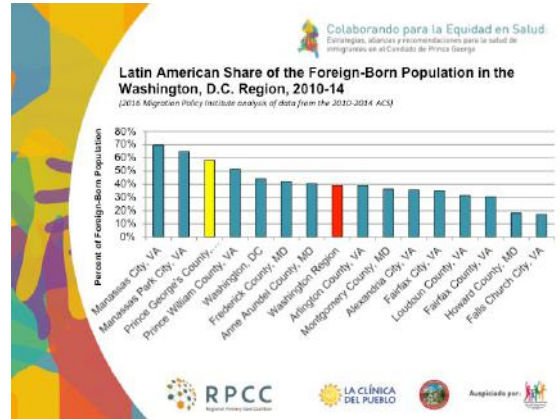
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Sharon Zalewski, Executive Director of Regional Primary Care Coalition

SLIDE 5



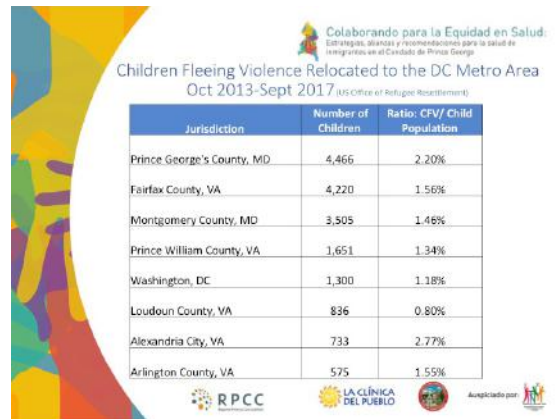
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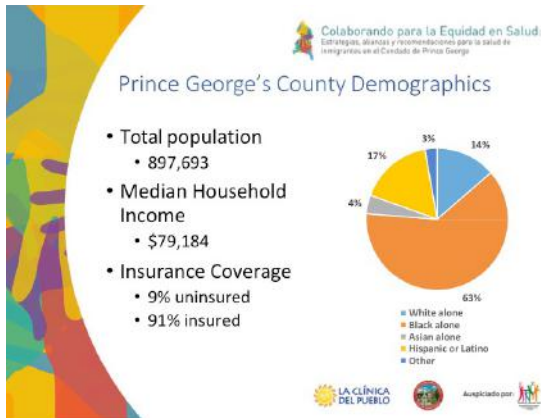
SLIDE 7



SLIDE 8



SLIDE 9



SLIDE 10



Sharon Zalewski, Executive Director of Regional Primary Care Coalition

SLIDE 11

Colaborando para la Equidad en Salud.
Estrategias, alianzas y recomendaciones para la salud de inmigrantes en el Condado de Prince George

Factors Affecting Health Care Access

Where You Live Matters!

- All regions are served by Federally Qualified Health Centers and non-profit community free and charitable clinics that serve non-citizen residents as well as citizens regardless of insurance status or ability to pay.
- States, counties and cities can use local funds to provide health care coverage, pay for health services or provide direct care to immigrants living within their jurisdictions.
- The District of Columbia, Montgomery County, Maryland and Fairfax, Virginia have long-standing health programs serving non-citizen residents as well as citizens.
 - DC Healthcare Alliance/Immigrant Children's Program
 - Montgomery Cares/Care for Kids
 - Community Health Care Network/Medical Care for Children's Health Partnership

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Colaborando para la Equidad en Salud.
Estrategias, alianzas y recomendaciones para la salud de inmigrantes en el Condado de Prince George

Prince Georges County Health Care Safety-Net

- 6 Federally Qualified Health Centers
- Kaiser Permanente's Care for Kids Program
- 6 Non-Profit Hospitals
- University of Maryland Regional Medical Center (in progress)
- 2 U.S. Military and Veterans Facilities
- 1 new non-profit medical and dental clinic
- Public and private grants support other health programs.

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Estrategias, alianzas y recomendaciones para la salud de inmigrantes en el Condado de Prince George

Federally Qualified Health Centers

Federally Funded Qualified Health Centers, also known as FQHCs or Community Health Centers, are funded by the U.S. Department of Health and Human Services to provide care in "medically underserved" areas. FQHC's must:

- Serve everyone, without regard for insurance coverage, immigration status or ability to pay.
- Provide care to people of all ages.
- Offer a sliding fee schedule based on household income.
- Provide a range of services including primary medical care, medications, behavioral health care and dental care.
- Arrange for specialty care for its patients.
- Most provide support services such as case management, legal consultation, interpreter services and other types of assistance.

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Estrategias, alianzas y recomendaciones para la salud de inmigrantes en el Condado de Prince George

Who Are they?

There are six Federally Qualified Health Centers with 11 locations in Prince George's County as well as locations in DC, Montgomery County and Charles County.

- Community Clinic Health and Wellness Services
- Elaine Ellis Center of Health
- Family and Medical Counseling Services
- Greater Baden Medical Services
- La Clinica Del Pueblo
- Mary's Center

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Estrategias, alianzas y recomendaciones para la salud de inmigrantes en el Condado de Prince George

Where Clinics are Located Nearby in Maryland

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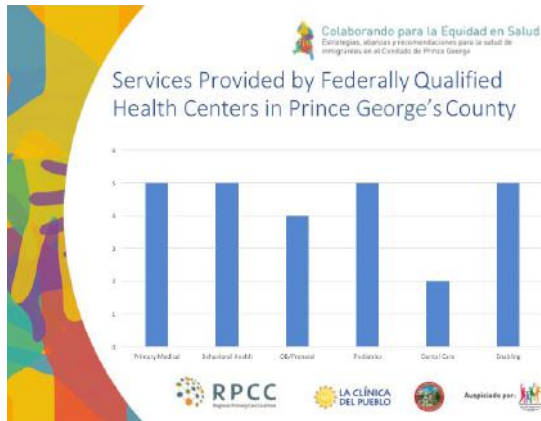
Colaborando para la Equidad en Salud.
Estrategias, alianzas y recomendaciones para la salud de inmigrantes en el Condado de Prince George

Where Clinics are located Nearby in DC

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Sharon Zalewski, Executive Director of Regional Primary Care Coalition

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Colaborando para la Equidad en Salud
Estrategias, alianzas y recomendaciones para la salud de inmigrantes en el Condado de Prince George

Access to Health Care Alone Does Not Improve Health or Reduce Health Disparities

- There are significant health disparities in this region based on conditions of life, personal behaviors and genetics.
- Poverty, educational attainment, employment and housing are significant factors contributing to health disparities in this region.
- African Americans and some immigrant communities experience higher rates of chronic illness, obesity and behavioral health conditions than other racial/ethnic groups.
- Immigration status continues to be both a daily stressor and barrier to health, opportunity and prosperity.

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Center for Social Well-Being and Development
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Brief Summary of Preliminary Results: A Qualitative Study on Trauma and Other Health Determinants of Central American Migrants

M. Edberg*, J. Benavides***, H. Shaikh*, I. Rivera**, R. Mattioli***, L. F. Andrade**, R. Grinker***

April, 2018

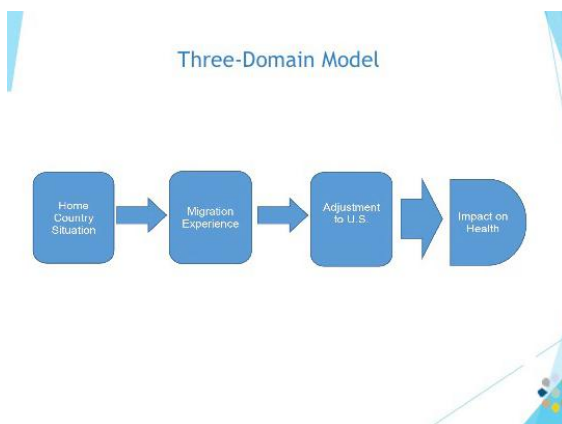
*Dept. of Prevention and Community Health, **Rivera Group, ***Dept. of Anthropology

SLIDE 2

Study Goals

- **Goal 1:** To conduct life-history interviews with a sample of 75 Central American migrants (age 18+) in Langley Park, MD, in order to understand transnational determinants of health for these (and potentially other) immigrants/refugees.
- **Goal 2:** In conducting the interviews, to collect data on potential determinants in three domains - *home country situation; migration experience; and adjustment to the U.S.* - conceptualizing these three domains as a *transnational continuum*.
- **Goal 3:** To develop and test a life-history interview protocol covering the three domains.
- **Goal 4:** To contribute to the legitimization and use of the three-domain model for understanding determinants of health for immigrants.

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SLIDE 4

Sample

- 75 total interviews
- 59% female (n=44), 41% male (n=31)
- Age range from 18-57, the latter an outlier. Most in the 25-40 age range.
- Countries of origin: 37 from El Salvador; 27 from Guatemala; 10 from Honduras; and just 1 from Nicaragua.

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Selected Preliminary Results: Reasons for Leaving

- The two primary reasons for leaving respondents' home country (so far) are to escape imminent violence victimization; and poverty with little available opportunity.
- Those escaping violence have fled from gang violence or domestic violence, or for a few respondents who are transgender/LGBTQ, discriminatory violence. Respondents paid smugglers (coyotes) anywhere from \$5,000 to \$20,000 to make the journey.

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Selected Preliminary Results: Reasons for Leaving

- One respondent (female, Interview 5) described how dangerous it had become in her hometown of Cuscatancingo, a municipality near San Salvador in El Salvador. It had become *"very, very ugly because imagine witnessing, how they killed a person, and, no, I have no words to tell you that, that, well, how I and my son were witnesses of how they killed a person in the minibus where we were traveling. What can I tell you? No longer, it was not life because every day, every minute you heard a shooting and we had to close windows, doors and fear of maybe going out to the corner and to the shop, because you didn't know if you were going to come back."*

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Reasons for Leaving, continued

- With regard to gangs, a female respondent (age 24, Interview 7) said: *"They are killing. There they go to students at the college, they are even killing...Look, the reason they are killing there is because, maybe you go and turn and look at them, because you see them... There they (take) rent and if you don't pay the rent they open the house and kill (the person). Well, I wanted to come (to the U.S.) more because I saw when they killed a family. A massacre."*
- One young woman (age 18, Interview 71) left her home town of San Pedro Sula, Honduras, because: *"there are parts (of Honduras) that are dangerous, many neighborhoods you can't enter...the gang members, the gangs, they don't give permission to enter there, and if you don't know somebody they don't let you enter. In my neighborhood it got ugly, in the night the killed many people my age, sometimes in front of the house."*

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Reasons for Leaving, continued

- From a young male (age 23, Interview 75): *"[Many people left the country] for fear of being killed. Some were threatened, others left because they needed to move their families forward economically."*
- From Interview 70 (male, age 45): *"...One leaves their country by necessity, due to the economic situation. We are not lucky enough to be born with money and we have to fight for our families."*

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Preliminary Results: Migration Stress

- By preliminary count - more than two-thirds of respondents whose interviews have been analyzed so far experienced migration stress, including experiencing or witnessing violence or sexual assault, imprisonment for ransom, temporary incarceration, and difficulties crossing the desert.
- Almost half experienced health problems during migration.

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Preliminary Results: Migration Stress

- One respondent (male, age 23, Interview 72) described his first attempt: *"Yes, the first time I suffered enough, 3 days passed without eating. I went to stop in a place where they treated everyone badly, they left us locked up for 3 months, more women because they intended to abuse (rape?) them, and she did not leave them, they had them punished up to 3 months, 5 months there, and in this moment, they treated us bad enough, it was a very bad trip, but the second time we came [to the U.S.]... On the first trip I got sick, I had bone pain, it was very cold, I think that my bones grabbed ice, I don't know, or that's to say I nearly could not walk, it was hard."*

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Migration Stress, continued

- Another female respondent (age 24, Interview 34) also talked about forced confinement: *"In Mexico, at the border right next to the river. They wouldn't let us leave and the most stressful moment of the journey was there; that's where I was the most scared because they didn't want to give us food. They held us for about 5 days. There were lots of us in a house that was shuttered."*

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Preliminary Results: U.S. Adjustment

- Many respondents felt that being in the U.S. was both better and worse than their home situation, though the majority felt that it was better here, because of access to school, safety, public transportation, work opportunities, and the ability to send money home to help.
- Many miss social connections and family back home. A male respondent (age 40, Interview 64) said: *"[In my home country], I had all my family, not like in this country where I don't have anyone. Here, I can't say, 'I'm going to my grandmother's' or 'I'm going to my uncle's'."*

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Preliminary Results: U.S. Adjustment

- At the same time, more than half of respondents whose interviews have been analyzed at this point reported stress in the U.S. Some of this appears related to the current climate. According to one respondent (male, age 24, Interview 42): *"Well, I worry about the rumors about laws. They say they're going to deport everyone. What worries me is being deported to a bad situation with all the gangs, and it's hard to think about that. If God wills it, so be it, but you live with the pressure that someone is going to report you."*

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Preliminary Results: U.S. Adjustment

- According to Interview 51 (female, age 30): *"The emotional stability that I had there is different than here because here one lives in fear. You can't buy anything because you're not in your country. If you want to get a house or buy a car, they might deport you. And then everything will get thrown away if you don't know who to leave it with. So there's an insecurity to buying things in this country."*

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Preliminary Results: U.S. Adjustment

- A female respondent (age 42, Interview 43, teacher), whose life had improved in the U.S., said: *"Yes, in thinking that I am very happy here with my children while the rest of my family is back there, suffering what we were suffering, as well as all my students who don't have anyone."*

Interviewer: *Are they suffering from violence?*

Respondent: *Yes [crying]... That's the part I can't get over. I feel like a traitor.*

Interviewer: *For leaving them?*

Respondent: *Yes.*

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Conclusions (Preliminary)

Primary determinants in the three domains (so far) are:

- DOMAIN 1, HOME COUNTRY:
 - *Negative:* Violence from gangs, domestic violence, gender-based violence, poverty, lack of opportunity
 - *Positive:* Home, family, social relationships/friends, natural food
- DOMAIN 2, MIGRATION EXPERIENCE: Difficult for most. Some respondents experienced forced confinement for ransom, sexual/physical violence. Health problems included depression, knee problems, bone aches and frostbite, stomach, kidney problems, fever. One birth reported.
- DOMAIN 3, ADJUSTMENT TO U.S.:
 - *Negative:* High living costs, fear/insecurity due to political climate (fear of deportation), lack of doctors nearby, language barriers, lack of social support.
 - *Positive:* Work opportunities (though mixed response on this), more secure/safe than home country, schools, transportation.

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Acknowledgments

Many thanks to all study team members: Jorge Benavides, Hina Shaikh, Ivonne Rivera, Rosalie Mattiola, and Leonardo Flores Andrade.

And thanks to the Rivera Group team for engaging in the difficult recruiting process.

And...thanks to all our interview respondents!

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Avance
Center

THE AVANCE CENTER FOR THE ADVANCEMENT OF IMMIGRANT/ REFUGEE HEALTH – UPDATE ON ACTIVITIES

Mark Edberg, PhD, MA
Avance Center Director

Sean D. Cleary, PhD, MPH
Avance Center Co-Director

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AVANCE CENTER BACKGROUND

What is the Center? The Avance Center for the Advancement of Immigrant/Refugee Health is a P20 Exploratory Research Center (2012-2017) funded by the National Institute on Minority Health & Health Disparities (NIMHD) within the National Institutes of Health

What do P20 Centers do? P20 Centers are intended to address health disparities in specific populations through:

- community collaboration
- capacity building
- engagement
- exploratory research on interventions and contributing factors

The Avance Center is focused on understanding and addressing disparities among Latino and other immigrant/refugee populations.

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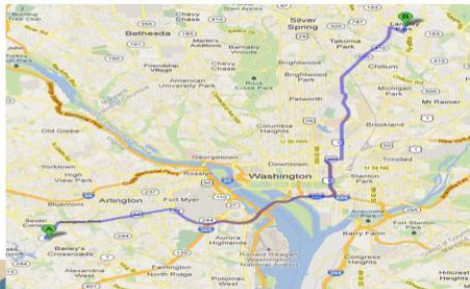
PARTNERS FOR THE ADELANTE INTERVENTION

- *Maryland Multicultural Youth Center (MMYC)* – our key partner for the intervention. MMYC manages most of the intervention components for youth and parents, and assists with collection of data. We have been working with MMYC since the SAFER Latinos intervention (beginning in 2005).
- *The Rivera Group* – a Latino, woman-owned research group that plays a major role in managing the data collection, recruitment, and community outreach.
- *The Community Advisory Board (CAB)* – Includes many Langley Park organizations such as CASA de Maryland, Mary's Center, Centro Nia, some businesses, and parents (and some youth) who attend meetings. The CAB is now divided between the members who focus on youth development and internships (Youth Professional Pathways) and those who focus on nutrition activities (REACH project).

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INTERVENTION AND COMPARISON COMMUNITIES



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DEFINING A CHANGED COMMUNITY



- Before beginning data collection, necessary to identify boundaries of a changing Langley Park community. Used an ethnographic/mixed methods approach.
- Definition protocol involved GIS mapping of service clients who claimed Langley Park residence, key informant interviews, physical observation of "boundary" areas, and 140 intercept interviews.
- Resulted in a new definition of the community in two counties (previous Census definition included only one county).
- The new definition is the basis of intervention planning and data collection (sample design).

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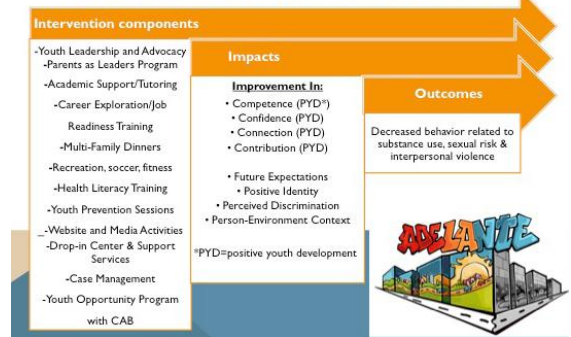
THE HEALTH DISPARITIES ISSUES ADDRESSED BY ADELANTE

- Health disparities often occur in clusters (sometimes called "syndemic").
- Among Latino immigrant populations, one such health disparities cluster affecting youth is associated with substance abuse and includes family/partner violence, other interpersonal violence, and sexual risk.
- For purposes of the Adelante intervention, substance abuse is viewed as a key element within a vulnerability cluster that, as a co-occurring syndrome, is disproportionately high among Latino youth.
- Data from our previous intervention in the same community (SAFER Latinos, funded by CDC) also showed that substance use was a "risk node" linking to other risks, including violence and risky sex.

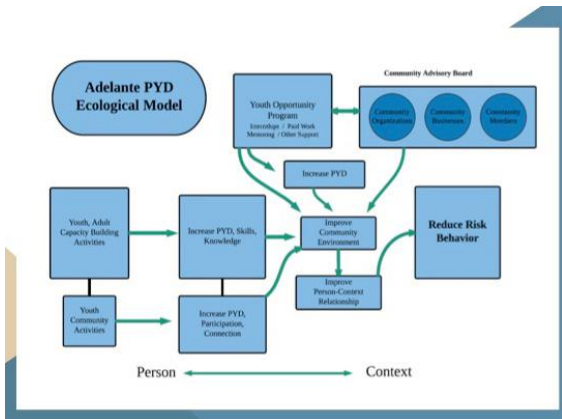


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COMPONENTS OF ADELANTE MULTI-LEVEL INTERVENTION, IMPACT AND OUTCOMES



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EVALUATING ADELANTE

Community Survey – At baseline and in Years 3 and 4, in both intervention and a comparison community in Virginia (Culmore). Randomized two stage cluster sampling. **BASELINE AND YEAR 3 COMPLETED.**

Survey in Spanish or English, assesses PYD and other mediating constructs, demographics, attitude, knowledge and behavior: outcomes. N=1200 each wave.

High-Risk Cohort Survey – For cohort youth and parents, at baseline, midpoint & end of 12-24 months for each cohort (3 cohorts, 239 dyads total). Similar to community survey, with some variation. Non-randomized sample.

Process and Focus Group Data – Track community participation in activities, assess cohort experience with case management, understand CAB interaction with Adelante, understand the nature of multiple trauma. Process data rigorous – activities coded by FIVE LEVELS of data specificity.



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INNOVATIVE ENGAGEMENT: BRANDING, SOCIAL MEDIA, COMMUNICATIONS



SLIDE 28

MEDIA CAMPAIGN LAUNCHED SEPTEMBER, 2015



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MEDIA CAMPAIGN GOALS:

- Reinforce Adelante brand
- Message PYD attributes in engaging way
- Prevention messaging
- Engage youth in online prevention content, including social media advocacy and entertainment education materials

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MEDIA CAMPAIGN THEMES:

- Adelante is...
 - Live Your Dream
 - Adelante is about Choices
 - Be Part of Something Bigger
- *The campaign will also intersect with a text messaging campaign, in-person activities, social media messaging and advocacy, online contests and videos.



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“WATER UP!” PROJECT (CDC REACH GRANT)

- Funded by CDC. The CDC REACH (Racial and Ethnic Approaches to Community Health) program is a longstanding program to support community based participatory efforts to address health disparities. Ours awarded in September 2014.
- Due to changes in the program and CDC needs as a cooperative agreement partner, the focus of our program changed from community nutrition improvement to a focus on promotion of water vs. sugared beverages.
- The Avance Center REACH effort is called “Water Up!” and focuses on environmental changes and change in knowledge/attitudes related to drinking water (especially tap water). Sugared beverages are one significant factor in the rates of obesity and diabetes in Latino populations.



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WATER UP! PROJECT PARTNERSHIPS

- 1) **NGOs** serving the Latino immigrant population (e.g. MMYC, CASA de Maryland; Mary’s Center; CrossRoads Farmers’ Market; Prince George’s County Food Equity Council; CentroNia; EcoCity Farms, the Rivera Group).
- 2) **Local health department:** Transforming Neighborhoods Initiative
- 3) **University/academic institution:** George Washington University



- 4) **Nontraditional partners:** Maryland Business Clergy Partnership, Sugar-free Kids MD



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WATER UP! PROJECT ACCOMPLISHMENTS

- Formed a Community Advisory Board (CAB) subunit from the Avance Center CAB, developed a mission statement related to poor nutrition, based on data and discussions in the Water Up! CAB about causal factors.
- Formative work conducted in 2015: Food environment observations; 9 key informant interviews; 6 interviews to assess community readiness; 15 interviews using Photovoice approach with mothers of young children; 10 focus group discussions with youth.
- Activities – For 2016 increase access in schools (vs comparison schools); for 2016-17 increased knowledge/awareness through dissemination, media roundtables, youth advocacy, and promotion through local businesses. Began test of water fountains in schools.
- Data collected baseline-followup on knowledge, attitudes, behavior.



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Evelyn Kelly, Institute for Public Health Innovation

SLIDE 1



Partnering for Health Equity:

Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

Evelyn B. Kelly, MPH
Senior Program Manager,
Institute for Public Health Innovation



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Partnering for Health Equity:
Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

Food Insecurity and the Impact on Immigrants in Prince George's County

Overview of the Presentation:

- Food insecurity rates among immigrants and the impact on health
- Barriers to Food Access Programs
- Recommendations to address Food Insecurity



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SLIDE 3

Partnering for Health Equity:
Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

Institute for Public Health Innovation serves the DC-MD-VA region

- Design, Implement, Evaluate Innovative Public Health Strategies
- Facilitate Cross-Sector Partnerships for Health
- Provide Training, Technical Assistance, and Capacity Support
- Support Effective Public Policy





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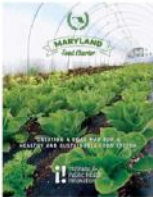




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Partnering for Health Equity:
Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

Creating Healthy and Sustainable Food Systems

- CDC Community Transformation Grant in Prince George's County
 - Community Support Agriculture Programs
 - Double Value Coupon Incentive Programs
 - Prince George's County Food Equity Council
- HEAL Cities and Towns Campaign
- Maryland Food Charter
- Healthy Montgomery Transforming Communities Initiative

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Partnering for Health Equity: Strategies, Partnerships and Recommendations for Immigrant Health in Prince George's County

Food Insecurity Risks

- **Food Insecurity: A chronic lack of access to sufficient nutritious food.**
- Food as a social determinant of health
- Impacts every community particularly:
 - Families headed by single women and households with children
 - Black and Latino populations
 - Households affected by poverty, unemployment, and underemployment

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Partnering for Health Equity: Strategies, Partnerships and Recommendations for Immigrant Health in Prince George's County

Impact on Health

POOR OBESITY DEPRESSION EDUCATIONAL WEIGHT ANEMIA STOMACHACHES ASTHMA HYPERTENSION COMPLICATIONS PERFORMANCE BIRTH LOW IRON DEFICIENCY

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Consumer Health Foundation, Briefing Paper: November 2017
Immigration Status as Social Determinant of Health: Focus on Food Insecurity

Table 1
Prevalence of Food Insecurity for Households with at Least One Immigrant and U.S. Citizens-only Households in the District of Columbia, Maryland, and Virginia, 2010-2012 (Average)

	Households with One or More Immigrant Members		Households with only U.S. Citizens Members	
	Food Insecurity Rate (%)	Margin of Error (%)	Food Insecurity Rate (%)	Margin of Error (%)
DC	9.4	0.9	10.5	0.6
MD	10.7	1.2	11.4	0.6
VA	9.9	1.2	9.8	0.9

SOURCE: FHC analysis of USDA ERS data from the Current Population Survey Food Security Supplement (2010-2012).
* Indicates statistically significant difference between households with at least one immigrant and U.S. citizen-only households.
Note: Margins of error with 90 percent confidence (1.48) cover the standard error of the estimated prevalence rate. Standard errors associated with the 95 percent confidence interval (95%) results based on standard weights for the Current Population Survey.

SLIDE 8

Partnering for Health Equity: Strategies, Partnerships and Recommendations for Immigrant Health in Prince George's County

Food Insecurity Rates in Prince George's County

- 14.4 percent or 128,650 Prince George's County residents lack sufficient food — the highest rate in the metropolitan region. (Feeding America, 2015)

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Partnering for Health Equity: Strategies, Partnerships and Recommendations for Immigrant Health in Prince George's County

Quality of Food in Prince George's County

According to a 2015 Planning Department study, "Healthy Food for All Prince Georgians,":

- County residents are having difficulty accessing quality, nutritious, affordable, and culturally appropriate food within a reasonable distance from where they live.
- It is not the lack of supermarkets but the spatial distribution of them and the quality and price of products they carry that create inequity in accessing healthy food.
- There are more than enough supermarkets in the study area; in fact, there are 20 more supermarkets than this market would normally support. Therefore, opening new supermarkets may not solve the problem.

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Partnering for Health Equity: Strategies, Partnerships and Recommendations for Immigrant Health in Prince George's County

Barriers to Food Access Programs among Immigrants

- Language Barriers
- Confusion about the Program/Inaccurate information
- Fear

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Partnering for Health Equity: Strategies, Partnerships and Recommendations for Immigrant Health in Prince George's County

Proposed Rule to Public Charge

- Leaked policy proposals have indicated that the US Department of Homeland Security (DHS) intends to expand the definition of public charge to make life more difficult for immigrant families, including their U.S. citizen children, by restricting their ability to access basic programs that safeguard their health care, nutrition, housing, and economic security.
- Proposed rule has instigated fear among immigrant families and discourages families from accessing public benefit programs.
- Proposed rule will be published in July 2018 and then open for Public Comment.
- Join Protecting Immigrant Families, Advancing Our Future campaign, co-chaired by the Center for Law and Social Policy (CLASP) and the National Immigration Law Center (NILC).

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Partnering for Health Equity: Strategies, Partnerships and Recommendations for Immigrant Health in Prince George's County

Maryland Food Charter

THE "TRIO" EFFECT

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SLIDE 13

Partnering for Health Equity: Strategies, Partnerships and Recommendations for Immigrant Health in Prince George's County

Prince George's County Food Equity Council

2018 Food Policy Platform

- Ensure food system workers have safe working conditions and are paid living wages.
- Promote high-quality healthy food retail outlets of all scales where residents live, work, and play.
- Preserve farmland and ensure growers have access to the market channels and support they need to produce high-quality foods.

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SLIDE 14

Partnering for Health Equity: Strategies, Partnerships and Recommendations for Immigrant Health in Prince George's County

Food As Medicine

- Creates a permanent pathway that effectively links the safety-net health care programs in Montgomery County with food assistance & nutrition education services.
- Coordinated by the Primary Care Coalition and includes: Mercy Health Clinic, Mobile Med, Manna, Crossroads, University of Maryland EFNEP, Montgomery County Food Council and Community Health & Empowerment through Education & Research (CHEER).
- First cohort has shown decreases in BMI, increase in fruit and vegetable consumption and improved blood glucose levels (HbA1c).

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SLIDE 15

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Lee Hopkins, CASA de Maryland Silver Spring Welcome Center

SLIDE 1



Partnering for Health Equity:

Strategies, Partnerships and Recommendations for Immigrants' Health in Prince George's County

PROMOTORAS: THE ROLE OF COMMUNITY-BASED HEALTH EDUCATION AND SYSTEM NAVIGATION IN HEALTH EQUITY

By: **Lee Hopkins Senior Manager of Health and Social Services, CASA De Maryland Silver Spring Welcome Center**



SLIDE 2



OUR MISSION

To create a more just society by building power and improving the quality of life in working class, immigrant communities.

- Community Organizing (Leadership Academy, Tenants Assoc., Issue actions)
- Legal Services (representation and policy advocacy)
- Health and Social Services (referrals, case management, public health education)
- Worker Centers (day labor, vocational training, permanent placements)
- Education for the whole family (After school programs, Adult ESL, GED, High School)



SLIDE 3





Health Promotora model


- A model with historical roots in Latin America, started at CASA in 1996
- Considered a best practice for community health by DHHS Office of Minority Health
- HPs are community members with skills in outreach and engagement, with professional or lay training in a variety of health and systems navigation topics
- They have access and can establish trust in a deeper way than the institution can, since they are members of the same community they are reaching
- They do health and wellness education and explain how to access systems and overcome barriers (systems navigation)
- Provide feedback to CASA about community needs, concerns, and interests



SLIDE 4

Ida, Health Promotora, providing health insurance literacy education in French



SLIDE 5



PROMOTORAS ACHIEVING HEALTH EQUITY



OUTREACH:
Ongoing promotion of CASA and community-based services at non-health community events – reaching 10,000 individuals per year



EDUCATION:
Leading health literacy workshops about health insurance and wellness – educating over 750 individuals per year



SLIDE 6





ADVOCACY:
Fighting to protect the current healthcare system, with the goal of expanding eligibility for affordable insurance to ALL



SYSTEM NAVIGATION:
Partnering with access to mammograms and community clinic services thru one-on-one assistance – over 5000 assisted per year



La Clínica del Pueblo

About Us

La Clínica del Pueblo was founded in 1983 as a free health clinic for Latino immigrants displaced by armed conflict. Today, La Clínica del Pueblo is a Federally Qualified Health Center operating five sites across D.C. and Prince George's County, Maryland. La Clínica has gained a reputation for being a safe place where refugees, immigrants, and all can come to receive high-quality, compassionate care. In 2017, La Clínica served more than 4,400 patients with culturally and linguistically accessible medical services, provided more than 20,000 community-based services, and provided more than 17,000 interpretation services to Latinos across the region. La Clínica continues to have an important and growing presence in the community advancing health equity and health access for Latino Immigrants.



Our Mission

To build a healthy Latino community through culturally appropriate health services, focusing on those most in need.

Vision

We envision a diverse, inclusive, healthy, safe, and happy community, free from violence and discrimination, where individuals have access to health care and are well-informed and empowered to care for themselves and their families. Continually advocating for healthcare as a human right, we envision our community united and organized to end health inequities based on immigration status, language, gender, sexual identity, and race.

Values

We, La Clínica del Pueblo, as a part of the community we serve, believe in and are guided by the following values:

- Health Equity
- Quality Care
- Perseverance
- Community
- Enthusiasm
- Collaboration



2018
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