HHS COMMITTEE #1
March 21, 2013

MEMORANDUM

March 19, 2013

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **Health and Social Services Challenges for the Continental African Community**

At this session, the Committee will have an opportunity to learn about and discuss the health and social services challenges facing the Continental African Community. A panel will provide comments and presentations to the Committee. The panel includes:

- Ms. Uma Ahluwalia, Director of the Department of Health and Human Services (DHHS), and Ms. Betty Lam, Director of the DHHS Office of Community Services.

- Mr. Marcos Pesquera and Dr. Marilyn Lynk from the Adventist HealthCare Center on Health Disparities who will inform the Committee about the development of an African Immigrant Health Training Project that is funded by a grant from the U.S. Department of Health and Human Services (©12-14)

- Mr. Daniel Koroma, Community Outreach Manager from the County Executive's Office of Community Partnerships and Ms. Josephine Garnem, Chair of the African Affairs Advisory Group, will provide comments on the work that is done by the Advisory Group and the County Executive. (©15-16)

- Ms. Evelyn Joe, organizer of the Continental African Partnership Forum, which in 2007 completed a community needs assessment. Ms. Joe will be joined by other speakers from organizations such as the African Women's Cancer Awareness Association, who will provide a community-based perspective on the health, economic, and social issues facing Continental Africans.

- Ms. Pat Grant, Co-Chair of the African American Health Program, and Dr. Abimbola Idowu, Director of the African American Health Program will share with the Committee the work being done in the AAHP to address disparities faced by Continental Africans.

Attached at ©1-11 is a brief overview of the African and Caribbean populations in Montgomery County from the Office of Community Partnerships. Circle 3 indicates that about 15% of foreign born county residents are of African origin. Circle 5 shows the percentage of the population that comes from seven countries of origin.

As noted, Ms. Joe was a key organizer of the Continental African Community Needs Assessment, produced by the Continental African Partnership Forum, which was provided to the County Executive as a part of the 2007 African American/African/Caribbean Leadership Summit. The needs assessment notes that "African immigrants do not form monolithic community. In our diversity, we are people from different countries and ethnic and indigenous groups (sometimes 250 or more) within a single country." The assessment also notes national data from the 2000 Census that found that African immigrants are more likely to be college educated than any other group. The needs assessment says that it is important to collect better demographic data to promote fair and equal access to opportunity to the Continental African Community (CAC) and that current policy can result in unintentional marginalization of the CAC. The survey conducted showed that 83% of respondents strongly or somewhat agreed "the CAC should be distinguishably classified to provide equitable benefits of the same rights and privileges on programs and services designed to minority populations and other communities."

The needs assessment called for the creation of an independent volunteer CAC advisory group headed by a Continental African to advise the County Executive and departments. There should also be a liaison in the County Executive's Office. There was concern voiced about the ability of the CAC to receive timely information on County government news and alerts which would improve engagement in the CAC. The survey indicated that 90% of the respondents strongly or somewhat agreed that there should be more visibility and awareness on African affairs, arts and culture, and increased engagement of community residents in multicultural dialogue and understanding because when there is not a balanced effort to promote the positive contributions of Continental Africans an inaccurate, compromised and negative view can promote discrimination and inequality. The report urges support for African arts, culture, and humanities and recognition of CAC non-governmental organizations.

The report discusses the need for affordable housing, promoting homeownership, education on Fair Housing, and encouraging transit-oriented development. The report notes that many low-income Continental Africans rely on public transit and that there is a shortage of English/French speaking bus drivers on routes heavily travelled by Continental Africans, which can lead to misunderstandings. The reports calls for improved transit and walkways.

With regards to healthcare, the assessment says, "A substantial majority of Continental African newcomers and low-income residents do not have medical insurance and this segment of the population is hard to reach through conventional outreach methods. Residents may not know how to independently access centralized primary care or even localized public health clinic

facilities. Some shy away from public services due to fear of immigration rules, embarrassments/discomforts when privacy is not guaranteed or because they are uninsured or under-insured. These barriers have limited access to health care mainly through the emergency room." The assessment calls for the establishment of a CAC Family Care Clinic that would provide and array of preventive services by bi-cultural staff. There should also be a cultural-linguistic health line. The report also notes that mental health carries a social taboo and that sufferers may not seek help. Yet, the report notes many stresses faced by Continental Africans by changes in social and family environment and economic status that may results in working multiple jobs.

The assessment discusses the need for data collection, cultural competence, and a holistic intervention approach in the schools. The report also recommends increased access to pre-K and childcare that promotes school readiness regardless of the immigration status of their parents. The assessment highlights the need for after school activities for teenagers.

The assessment also highlights the need for increased community education for vulnerable populations including the elderly and victims of domestic violence. It recommends that information about civil rights should be made available in English, French, Swahili, and Amharic. It suggests cultural sensitivity workshops for agency workers so that they are more conversant with specific victim experiences. The report call for ways to improve Police-community relations in the CAC.

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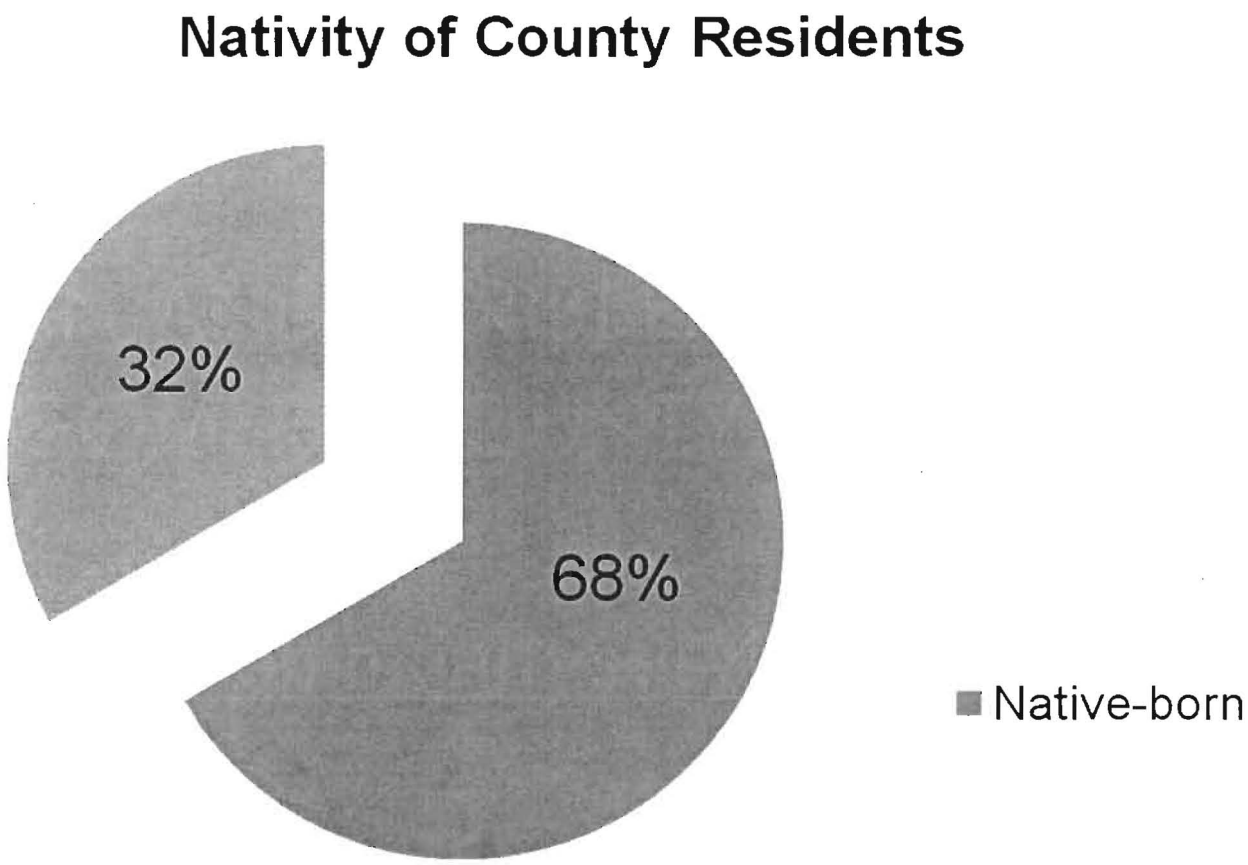
THE AFRICAN AND CARIBBEAN POPULATIONS OF MONTGOMERY COUNTY

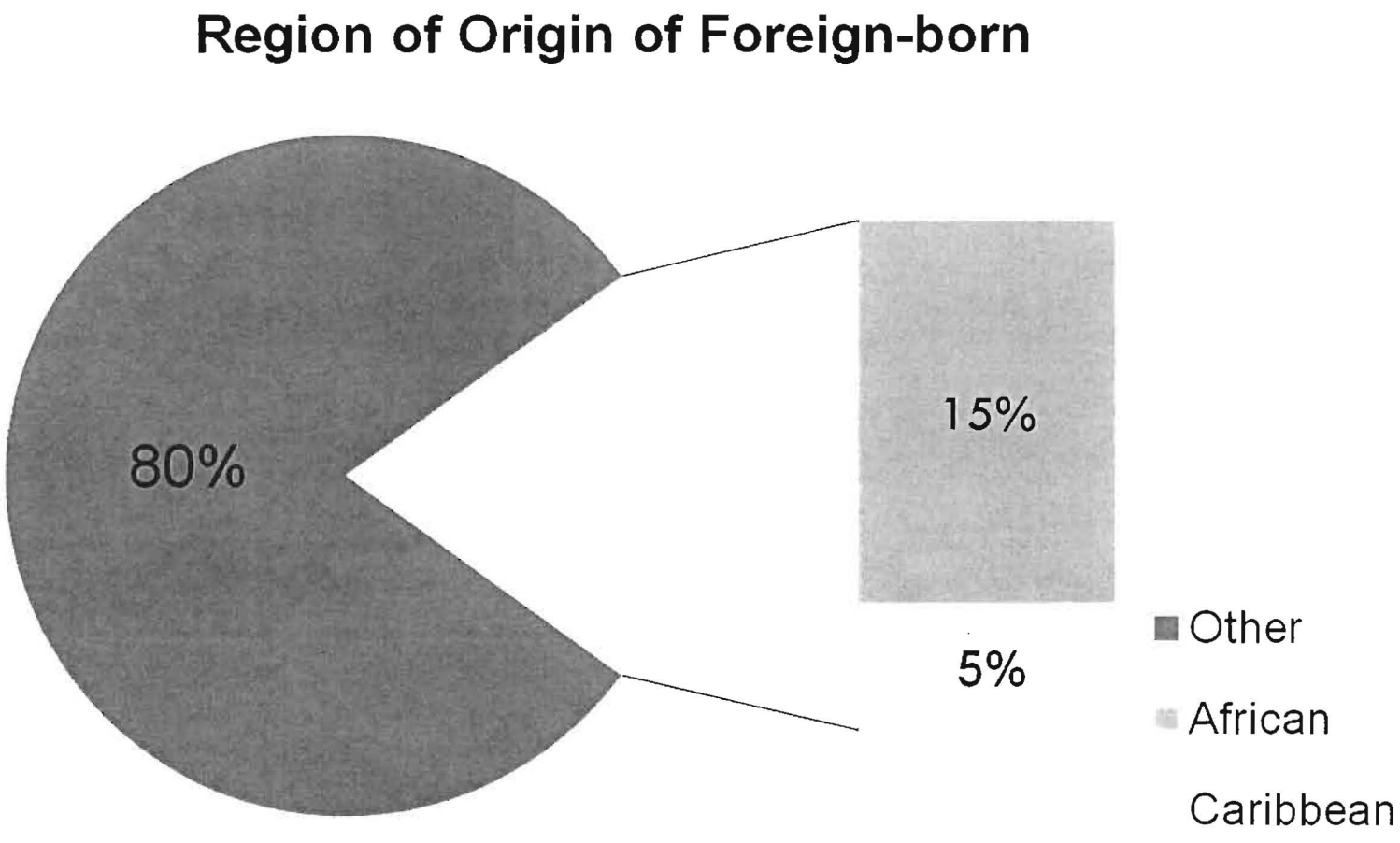
www.immigrantcommunityservices.org

By Immigrant Community Services in coordination with Mr. Daniel Koroma, African and Caribbean Community Liaison, MC Office of Community Partnerships

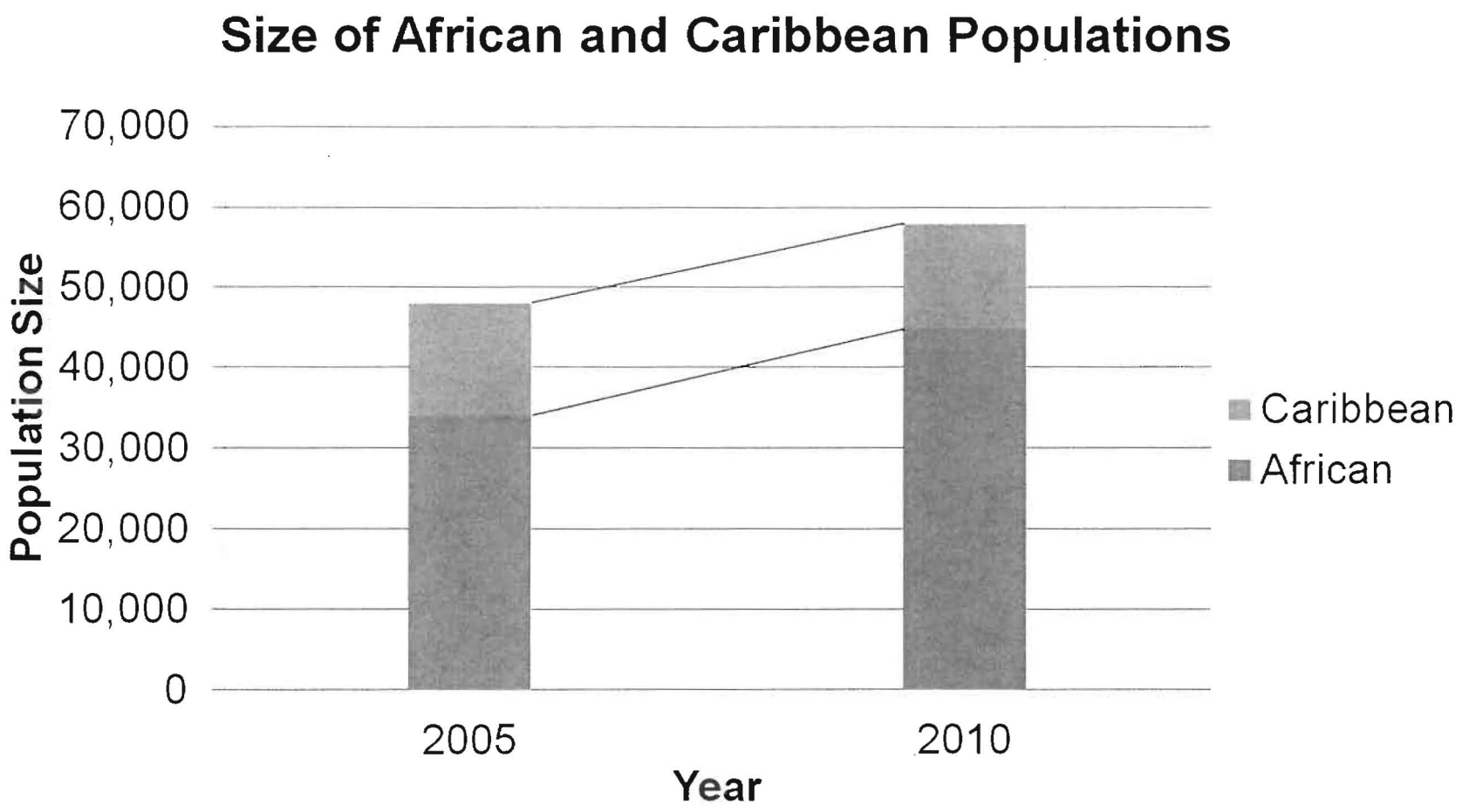
Large Foreign-born Population



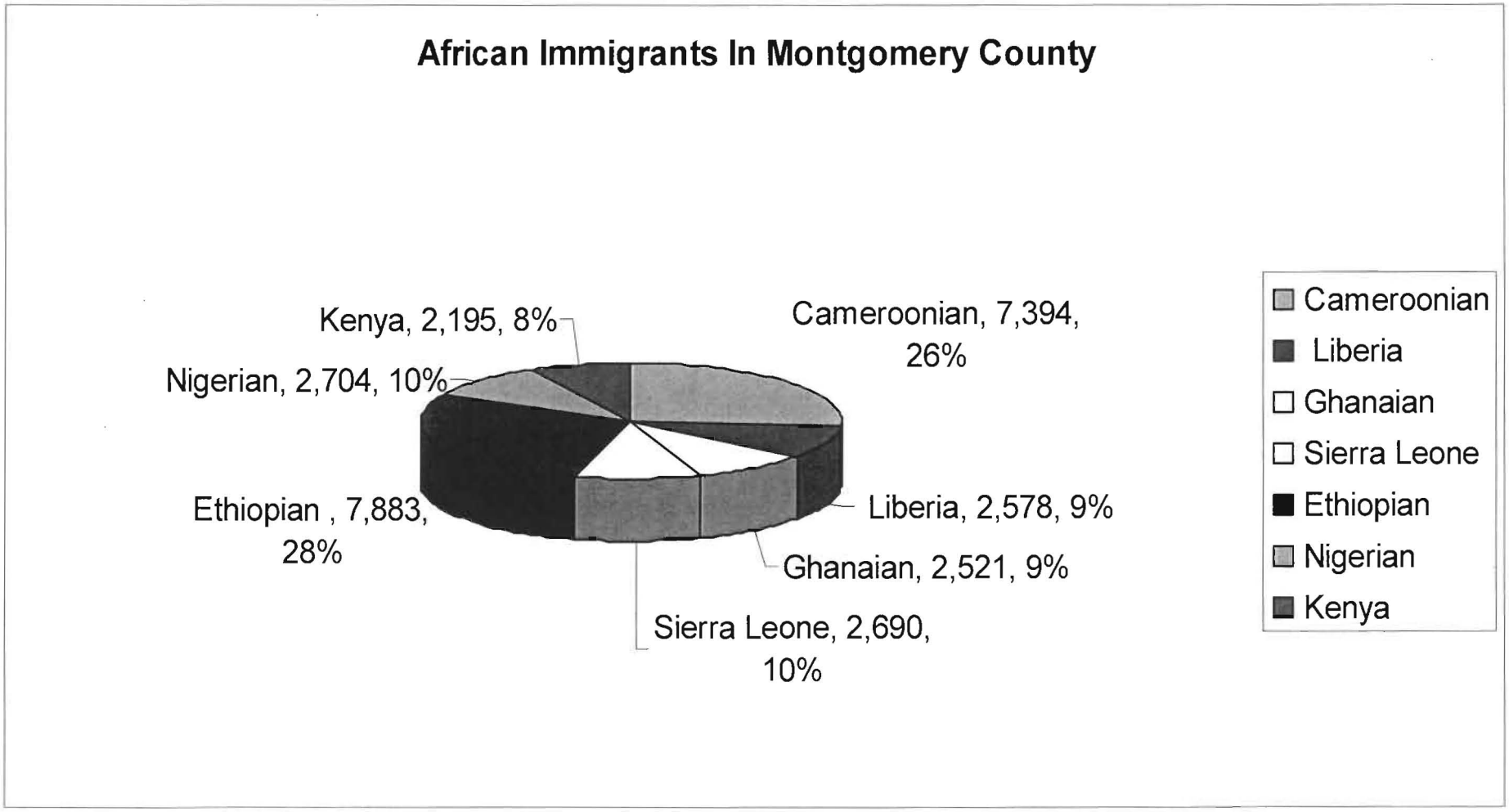
Large African and Caribbean Population



Growing African and Caribbean Population



Population by Country of Origin



Problem

- Providers sometimes overlook the unique emotional and behavioral issues that come with the culture/country of origin and traditional practices of Africans.
- Providers sometimes focus on outreach strategies instead of addressing the real issues impacting the African communities.

Outreach Limitations to Reach African and Caribbean Populations

- Little is known about this demographic populations by the County
- Anecdotal information indicates barriers to services
- Need a systematic collection of data
  - Determine service gaps and barriers
  - Reveal patterns of vulnerability
  - Develop strategies to enhance well being
- Results will assist nonprofits, businesses and County's public policy and planning

Barriers and Issues

- Poverty
- Language barrier
- Parents working long hours
- Parent discomfort with teachers/school system
- Moral/Cultural Differences
- Developmental/Psychological Issues
- Immigration Status
- Discrimination
- Safety
- Alienation
- Emotional difficulties
- Stigma

Community Engagement Strategies for African and Caribbean Populations

□ Faith Based Community Outreach

- African culture is very much centralized around community and faith leaders
- Working with local Pastors, Imams and Community Leaders in recognition to their role as counselors and trusted frontline advocates in their communities
- Collaborate with trusted nonprofits in the African Communities and act as their mentors; help them find their ways around the County through trainings, advocacy events, and resource identifications

Community Engagement Strategies for African and Caribbean Populations

- Support Groups

- Creating "safe zones" on common issues
- Open lines of communication with credible African nonprofits and leaders
- Open forum where African nonprofits are comfortable in openly and honestly discussing their needs and problems without ramifications of loosing

Conclusion

- Immigrant Community Services (ICS) seeks to help nonprofits, businesses, and the County government develop and implement community engagement strategies.
- Contact:
  - jgarnem@immigrantcommunityservices.org
  - 301.570.9522

News Release

Media Contact: Danielle Lewald
dlewald@adventisthealthcare.com
301-315-3229

Published on February 21, 2012

Adventist HealthCare Center on Health Disparities Receives $200,000 Grant to Develop African Immigrant Health Training Project

Award from Office of Minority Health to Focus on Infectious and Chronic Diseases, such as HIV, Hepatitis B and Type 2 Diabetes

Rockville, Md. —The Adventist HealthCare Center on Health Disparities will collaborate with a division of the U.S. Department of Health and Human Services to develop culturally competent tools and resources targeted toward improving the health of the region's African immigrant community.

The partnership, in conjunction with the Office of Minority Health Resource Center's National African Immigrant Project (NAIP), recognizes the Center on Health Disparities' efforts to eliminate health disparities among the region's underserved. The $200,000 grant provides an opportunity for the Center to further build upon its missionby gaining valuable resources and experience in shaping a culturally competent curriculum that will have a direct impact on African immigrants and refugees living in the community.

According to the NAIP, African immigrants are increasingly faced with chronic diseases such as HIV, diabetes andhepatitis B, which expands the need for effective care and support from health-care providers. However, members of this community are sometimes hesitant to trust their providers or do not understand the health-care information presented to them. The Center on Health Disparities will develop two tools to help tackle this issue:

- A culturally competent curriculum for health-care providers to utilize when providing care and support to African patients with HIV, hepatitis B and type 2 diabetes and
- A health education module to teach the African immigrant community to manage their health and illnesses using community resources and by addressing their specific cultural needs.

Additionally, the project will be a key component of Adventist HealthCare's strategy of delivering population-based care by addressing the underlying causes of disease and coordinating care across all stages of the patient's care experience.

"We are honored to be working with the Office of Minority Health Resource Center's National African ImmigrantProject on this powerful endeavor," said Marcos Pesquera, Executive Director of the Center on Health Disparities."With more than one-hundred thousand African-born residents, the Washington, D.C. region serves as an ideal landscape to focus efforts on tackling health inequity among this population."

"Giving organizations that work with the African immigrant community pertinent information helps these agenciesto successfully address the health-care needs of individuals who need it most," said William G. "Bill" Robertson, President & CEO of Adventist HealthCare.

The Center on Health Disparities will be collaborating with community leaders, health-care experts, community clinics and local African immigrant residents in developing the training tools. The Center held its first event on Friday, Feb. 3, with a community advisory board that will help guide their efforts during the 20-month project. Once the tools are implemented at local hospitals and clinics, outcomes will be formally tracked and measured, and made available to other health care organizations.

Adventist HealthCare, an integrated health-care delivery organization based in Rockville, MD, is one of the largest employers in the State of Maryland. The mission of Adventist HealthCare is to demonstrate God's care by improving the health of peopleand communities through a ministry of physical, mental and spiritual healing. Adventist HealthCare includes Shady GroveAdventist Hospital, Washington Adventist Hospital, Adventist

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We're in!

We support a nation free of disparities in health and healthcare.

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Improving African Immigrant Health at Adventist HealthCare

By Emeobong E. Martin

African-born individuals account for four percent of the total population in the United States. In the Washington, D.C. area, African immigrants make up 11% of the total immigrant population, making it one of the largest U.S. metropolitan areas where African immigrants reside.

Statistics indicate that many of the chronic and infectious diseases that disproportionately affect African Americans (e.g., type 2 diabetes, hepatitis, and HIV/AIDS) are burdensome for African immigrants as well. For example, African immigrants are three times more likely to be infected with hepatitis B virus than Asian immigrants and four times more likely to be infected than European immigrants1. However, unlike African Americans, African immigrants also have unique health needs.

Many providers who work with African immigrants experience challenges when delivering care to this population, including in identifying appropriate resources and understanding the cultural needs of their patients. Similarly, many African immigrant patients experience barriers to communicating with healthcare practitioners, which often results in reduced medical adherence. To address the unique health issues of African immigrants, the Center on Health Disparities at Adventist HealthCare (the Center) developed BEAT IT! (Becoming Empowered Africans through Improved Treatment of Diabetes, Hepatitis B, and HIV/AIDS) through an award funded by the Office of Minority Health Resource Center's National African Immigrant Project. The 20-month pilot project promotes improvements in disease self-management for patients in the greater Washington D.C. and surrounding areas and provides training to assist healthcare providers in delivering culturally appropriate care.

"The health problems of [African] immigrants may not be much different from [that] of people [born in the United States]," says Elias Mamo, MD, an Ethiopian-born infectious disease physician at Washington Adventist Hospital, "but the thinking of African immigrants is different."

A total of eight health provider training sessions will be held throughout the Washington, DC area in the fall of 2012. Prior to implementing this training, the Center is holding several focus groups to solicit the input of healthcare providers of African immigrants. Overall, the BEAT IT! Project hopes to improve the patient-provider relationship by engendering trust through increased cultural awareness and improved delivery of culturally appropriate care throughout the continuum of care.

Still, challenges exist and a significant hurdle to collecting feedback and possible training implementation is the willingness of persons affected with HIV/AIDS to disclose their health status.

"The stigma associated with having HIV/AIDS still exists and is still a huge barrier, especially for

people born in Africa, to either disclose their status or to opt for HIV testing," notes Thoko Moffat, a native of South Africa and a nurse manager at the Dennis Avenue Clinic in Silver Spring, Maryland.

As a result, the Center is collaborating closely with community clinics and leaders who work within the African immigrant community to identify eligible candidates to provide curriculum feedback and participate in training sessions this fall.

To view a three-minute video about the BEAT IT! Project, visit the Center on Health Disparities YouTube channel: http://www.youtube.com/watch?v=3463MghR_Nw

For more information about the upcoming provider focus groups and training sessions, e-mail Emeobong Martin, BEAT IT! Project Manager at emartin2@adventisthealthcare.com.

***Emeobong E. Martin** has over nine years of experience in public health in academic, government and local community-based settings. She earned her master's in public health in behavioral science and health education from Saint Louis University. As the daughter of Nigerian immigrants, Ms. Martin works within her passion of addressing health disparities as project manager of BEAT IT! at the Center on Health Disparities at Adventist HealthCare in Rockville, MD.*

References:

Shire, A. M., Sandhu, D. S., Kaiya, J. K., Oseini, A. M., Ju Dong, Y., Chaiteerakij, R., & Roberts, L. R. (2012). Viral Hepatitis Among Somali Immigrants in Minnesota: Association of Hepatitis C With Hepatocellular Carcinoma. Mayo Clinic Proceedings, 87(1), 17-24.

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Office of Minority Health
Toll Free: 1-855-JOIN-NPA (1-855-564-6672) / Fax: 301-251-2160
Email: npainfo@minorityhealth.hhs.gov
Provide Feedback

County Executive's African Affairs Advisory Group

Purpose:

The purpose of the Advisory Group is to ensure that the County Executive is well informed of and able to act effectively to respond to the needs and concerns of African immigrants living and/or working in Montgomery County.

Tasks:

The Advisory Group's primary tasks include the following:

- Advise the County Executive on the needs and concerns of African immigrants living and/or working in Montgomery County, including but not limited to advice regarding policy initiatives, budget priorities, economic and other partnership opportunities, and implementation of programs.

- Reach out to African immigrant community in Montgomery County to bring their needs and concerns to the attention of the County Executive and to inform them of County programs and resources beneficial to them.

- Identify and recommend to the County Executive candidates for County positions, including boards, committees, and commissions so the County workforce and advisory committees better reflects the changing faces of Montgomery County.

- Identify opportunities for increasing the cultural competence of the County government workforce to better serve African immigrants in the County and for enhancing the public's awareness of the culture, traditions, and history of African immigrants in Montgomery County.

- Identify opportunities for increasing the capacity of nonprofit organizations and faith communities serving African immigrants in Montgomery County.

- Identify opportunities for collaboration of public, community, and private organizations to better serve the County's African immigrant community.

- Perform other duties as requested by the County Executive, including reviewing and commenting on existing or proposed Federal, State, County, or Municipal legislation, regulations, policies, or programs that affect African immigrants living and/or working in Montgomery County.

Membership:

- In order to provide timely and full representation of the diverse African immigrant community in Montgomery County, members will not be limited to fixed terms of office and the membership will not be set at a fixed number. The County Executive may add members to provide needed expertise or representation at any time.

- Members may be removed from the Advisory Group for failure to attend meetings or at the pleasure of the County Executive.

- In order to bring expert opinion together across the range of issues that affect the African immigrant community in Montgomery County, the County's prohibition against serving on more than one County board, committee, or commission does not apply to the Advisory Group.

- The Chair will be designated by and serve at the pleasure of the County Executive.

Organization:

- The Chair will work with the County Executive's Office of Community Partnerships to set the dates and draft the agendas for meetings of the Advisory Group. Members are encouraged to suggest discussion topics.

- The Advisory Group will not have standing committees but will establish working groups as needed.

- The Advisory Group may adopt rules to ensure the orderly transaction of its business.

Meetings:

- The Advisory Group will meet at least four times each year.

- The County Executive will meet with the Advisory Group two or more times each year.

- The County Executive's Office of Community Partnerships will be responsible for providing public notice of the time and place of meetings and maintaining a public record of attendance and a summary of actions taken.

- Meetings of the Advisory Group will be open to the public except for discussions allowed to be held in executive session pursuant to County law.

Staff:

The County Executive's Office of Community Partnerships will provide staff support and act as the point of contact for all issues related to this Advisory Group.

HHS COMMITTEE #1
March 21, 2013

ADDENDUM

MEMORANDUM

March 20, 2013

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **Health and Social Services Challenges for the Continental African Community – Presenters joining Ms. Evelyn Joe**

The following people will be joining Ms. Evelyn Joe, founder of Continental African Services and organizer of the Continental African Needs Assessment, at the March 21 session to provide comments to the Committee. They were not listed in the memo that was distributed yesterday.

- Ify Nwabukwu and Dr. Emeka Onyewu, African Women's Cancer Awareness Association
- Dr. Sulayman Nyang, School of African Studies, Howard University
- M. Lamin Sarr, Immigrant and Refugee Resettlement Program
- Mr. Ben Baker, Bilingual Expert, African Community Representatives' Outreach Director, Mwavuli Project

Background – Professor Sulayman S. Nyang

Professor Nyang is a member of the African Studies Department of Howard University where he served as chair from 1986-1993. His teaching and research areas are Islam, African Systems of Government, and African Political Thought and Public Policy. He has a Ph.D. in Government and a M.A. in Public Administration from the University of Virginia. He is the author of many published and unpublished works including "Islam in the United States of America" (1999) and "A Line in the Sand: Saudi Arabia's Role in the Gulf War" (co-authored with Evan Hendricks, 1995). Among other projects, he served as the lead developer for the African Voices Project,

Museum of natural History, Smithsonian Institution (1993-1999) and as a member of the Board of the African Studies Association (USA/Canada).

Background – M. Lamin Sarr

M. Lamin Sarr has a long history of helping to organize the African communities since he was a student. He was the President of the African Students Union at the University of Washington. He founded the African Alliance of Rhode Island as an umbrella organization for the numerous African community organizations. Professionally, he has extensive background with the immigrant community experience. He was the Deputy Executive Director and Senior Director for Administration of the International Institute of Rhode Island. He was also the Special Adviser to the President and CEO of Progreso Latino, the preeminent Latino resettlement and community service agency in Rhode Island. Mr. Sarr has also consulted for the Ethiopian Community Development Center based in Virginia. He presently serves on the Board of the African Immigrant and Refugee Foundation, The Foundation for West Africa, and he is the Founder and President of Heritage Revival Projects.

M. Lamin Sarr who currently resides in Maryland is a native born Gambian who was brought up in the capital city of Banjul. He first came to the United States as a student in the 1970s and received his education and training from Keystone Junior College, Brown University, Woods Hole Oceanographic Institution and the University of Washington. Trained in interdisciplinary studies, he developed his expertise in international relations, regional integration and in the field of marine policy and ocean management.

The Mwavuli Project

Mwavuli " Umbrella in Swahili" is a consortium of community based organizations and mutual aid associations. Recognizing that it is not feasible for national or cultural groups to implement and sustain quality of life programs on health, social and economic services that require 9-5 and beyond staffing and resources, Mwavuli promotes community collaboration through joint programming and volunteerism in order to maximize resources for sustainable, community-based services. The Needs Assessments and Recommendation Report presented to the county in 2007/8 and subsequent forums demonstrated the effectiveness of collaboration with over 700 groups, individuals, and professionals participating at the multiple community based participatory research and information sessions. One of the results was a Community Resource Guide, which was a step toward the creating a **"Community Asset Inventory" on social, economic, health and cultural entities.** The objective is to identify nonprofit organizational resources that promote the social web the community by facilitating connections and collaboration among organizations with interrelated goals, which, in turn, expand capacity and improve efficiencies in service delivery.