



Fostering a Culture of Health in Latino Communities across New Jersey

The Beginning of a Conversation July, 2016



Morris County Organization for
Hispanic Affairs

There is empirical and anecdotal evidence to suggest that Latino communities across New Jersey and the United States lag behind other racial and ethnic groups in securing health care and maintaining healthy lifestyles. This led the **Hispanic Family Center of Southern New Jersey, Inc.** and the **Morris County Organization for Hispanic Affairs** to convene a “listening session” of more than 30 experts in various health-care related fields on **April 22, 2016**. The gathering was sponsored by New Jersey Health Initiatives, a national program of the Robert Wood Johnson Foundation in Princeton, where the meeting was held, and focused on how to build a “Culture of Health” with Latinos. The very definition of a “Culture of Health” and what it means to Latinos in New Jersey was a central theme of the gathering and part of the effort by the Foundation, as noted on its website [http://www.rwjf.org/en/library/annual-reports/presidents-message-2015.html], to “listen” to a broad range of communities.

Latino communities in New Jersey and across the nation are in the crosshairs of recent health care debates and this is borne out by some recent studies and headlines. The most comprehensive study of Latino health was conducted by the National Institute of Health called the Sol Study (2009-12). It showed the importance of targeting health care to the needs and culture of Latinos. The study found that the cause of death among Latinos and whites are significantly different. For example, diabetes and liver disease are more prevalent in the Latino community and account for higher rates of death. Behavior was identified as a key distinction. For instance, less than half of Latinos, ages 45-64, suffering from diabetes took affirmative steps to control the disease. A significant trend the Sol study documented was that Latinas, ages 45 to 64, were most likely among Latinos to show symptoms of depression. The study supported the need for culturally competent health care.

Access to health care for Latinos is a complex issue and complicated by the fact that a high percentage are uninsured. The Rutgers Center for State Health Policy completed a comprehensive Family Health Survey in 2009 in New Jersey which showed 37.4% of Latinos, ages 19-64, were uninsured as compared to 8.3% of whites and 17.5% of African-Americans. The Affordable Care Act [ACA] was supposed to address the issue, but it fell short for Latinos. Kaiser Family Foundation data gathered in 2013-14 showed that the Latino uninsured rate increased by 8% while the percentage of uninsured whites decreased by 13% and by plummeted by 37% for African-Americans. Kaiser data in 2015 gathered from the U.S. Census shows 41%

of New Jersey Latinos were uninsured. A Kaiser analysis last year found that a cause of the problem was that 37% of Latinos were ineligible for ACA benefits because they were undocumented or were ineligible for five years after they obtained legal permanent residency. Clearly, even though a greater effort is being made to enroll more Latinos this year, it is still a critical barrier to improving their culture of health.

There is some positive data as well particularly among foreign born Latinos. For example, levels of obesity are much lower for immigrants than for Latinos born in the United States. The incidence of hypertension, smoking, heart disease and cancer is lower among foreign born Latinos as well. This illustrates the need to place a critical eye on the importance of culture rather than trying to “Americanize” immigrants in ways that can damage their health. We have much to learn from immigrants about the ways in which they have been successful in staying healthy in their home countries. What healthy traditions to keep and which new ones to adopt was a central focus of many of the panelists.

Another purpose of the gathering was to begin to identify the barriers and obstacles Latinos face in embracing and participating in a culture of health. The professionals involved in the conversation represented a broad range of individuals from leaders of community-based non-profits serving Latinos across New Jersey, to government health officials at the federal, state and local levels, to major foundations including New Brunswick Tomorrow. The letter of invitation set forth the goal of “beginning a dialogue” and “amplifying the voice of Latinos across New Jersey.”

The participants were assigned to one of three groups and asked to consider the following questions:

*** What are the three greatest obstacles to establishing a culture of health in New Jersey’s Latino Communities?

*** What does a Culture of Health mean to you? What steps need to be taken to create such a culture in New Jersey?

*** Why are Latinos often absent from crucial discussions over health care issues? How can they be brought into the discussions?

The questions reflect the initial nature of the inquiry undertaken as well as an effort to clarify definitions and delineate boundaries about the culture of health concept. The definitional challenge is substantial because the concept can be constructed so broadly that it means nothing on an operational level; each of the panelists were interested in creating a series of recommendations and next steps. Each saw the concept in very broad terms as far as the society-at-large but in very concrete terms regarding their specific areas of expertise.

Recognizing the definitional challenges, the Robert Wood Johnson Foundation is engaged in a pioneering effort to promote and define what it means to promote a culture of health and on

its website has identified “four action areas.” They are: **Making Health a Shared Value, Fostering Cross-Sector Collaboration, Creating Healthier and More Equitable Communities, and Integration of Health Services and Systems.** Their goal is to develop a more specific and concrete framework to bring the varied tentacles of the definition together and additional guidelines and suggestions from them are expected later this year.

As the three panels discussed a culture of health for Latinos they all agreed their understanding was further complicated by the fact that the community consists of many sub-groups in New Jersey and across the nation. Approximately 55 million identify themselves as Latinos in the United States and of those 65% are Mexican, with Puerto Ricans making up the second largest ethnic group at 9.5%. These two communities are united by a common language and a history of discrimination but are culturally distinct in most areas, a fact that must be recognized in any attempt to build a culture of health. In New Jersey the Latino community is more diverse than almost any other state. In addition to Puerto Ricans and Mexicans, there are significant populations of Dominicans, Cubans, Colombians, Salvadorians Peruvians, Ecuadorians and Guatemalans in the state. Therefore, understanding the variations in values and behaviors is particularly challenging.

The immigration experience is another major factor that plays an outsized role in the culture of health for Latinos. One in five New Jersey residents are foreign born and 46% of these immigrants are Latinos. One participant pointed out how the health of an entire family is affected by the stress caused by the trauma of immigration. This stress continues after immigrants are settled in the country because of the danger of deportation in some cases and the structural racism many people and institutions practice against Latinos, particularly immigrants. Many victims fear government systems including police. About half the Latino population, including many Puerto Ricans, suffer from this malaise. This stress can have a real impact on health and increases the need for mental health services.

In the broadest terms, community health leaders described many segments of the Latino community as being in “survival mode” spending so much time earning a living that little thought or time is given to prevention or healthy lifestyles. Latinos in New Jersey are often trapped in low wage employment and discrimination makes it difficult to access housing and education for their children. Efforts to thwart the worst effects of poverty often fail at the start because of the state’s failure to adopt holistic approaches particularly in supporting community programs.

Crisis management of health care issues was seen as a byproduct of the Latino experience with recent immigrants suffering the most because of their difficulty in navigating the bureaucracies of a new society. Some of those same factors account for the lack of a voice in government and foundation health circles. Often health policies to “assist” the Latino communities of New Jersey and the nation are developed without input from those communities so that those policies feel like an imposition rather than an invitation. One panelist noted that the paternalistic manner in which public policy is handed down leads some community members to respond: “I don’t want to get fixed.”

One area of particular concern to New Jersey Latinos, perhaps more than in other parts of the country, was the state’s disjointed mass transit system. New Jersey is a state that is unkind to those without a car. It is a state with a few major urban areas dominated by suburban municipalities so getting from one place to another, without a car, can be a frustrating and circuitous process.

Latinos are no longer concentrated in New Jersey’s larger cities, as was true in the past, but the 2010 Census indicated that the community has spread across the state to suburban and rural areas. Many Latinos in suburban and rural areas lack access to a car. In some instances they may not have a driver’s license or are unable to afford the expenses associated with owning and maintaining a car. This lack of transportation prevents Latinos in the suburbs from having easy access to available services. It is often the case that in order for Latinos to access legal and medical services they have to spend more money than the average person since they often need to use private taxis or a car.

According to New Jersey Policy Perspective 464,000 out of 525,000 undocumented New Jersey residents will benefit from a law change. The think tank estimates the state could rake in millions of dollars in revenue from license fees. In addition, a Pew report points out that nearly 37 percent of the estimated 11.2 million unauthorized immigrants in the United States now live in places where they can get driver’s licenses. Of this population, 22 percent, or an estimated 2.4 million people, reside in California. Allowing unauthorized immigrants to obtain a driver’s license comes with a variety of benefits, ranging from improved roadway safety to economic gains from additional vehicle sales.

Nearly 37% of Unauthorized Immigrants Live Where They May Get a Driver’s License
Largest percentage of total resides in California

State	Estimated number of unauthorized immigrants	As a percentage of total unauthorized immigrants in the United States
U.S. total	11,200,000	100%
California	2,450,000	22%
Colorado	180,000	2%
Connecticut	130,000	1%
District of Columbia	20,000	Less than 1%
Illinois	475,000	4%
Maryland	250,000	2%
Nevada	210,000	2%
New Mexico	70,000	1%
Utah	100,000	1%
Vermont	Less than 5,000	Less than 1%
Washington	230,000	2%
		Total: 37%

Source: Jeffrey S. Passel and D’Vera Cohn, “Unauthorized Immigrant Totals Rise in 7 States, Fall in 14,” Pew Research Center (Nov. 18, 2014)
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The panelists sorted through a variety of regional and state issues effecting Latinos as well as uniquely political and geographic challenges and identified several common themes. They are:

***** Cultural sensitivity in the provision of health services whether primary care, preventive or educational. Many public and private entities are contracted to provide services and outreach to Latino communities with whom they have little or no familiarity. Latinos frequently face a situation where they receive medical treatment or information from people in a language they do not understand. Even something as basic as the dietary chart that indicates desirable food groups does not include, in many cases, foods that are common to Latino families.**

***** The lack of a Latino voice at the policy-making level of government and foundations. Allowing local communities to decide their priorities and encouraging the development of leaders based on those priorities was seen as a key to changing Latino participation in a Culture of Health. Policies and definitions imposed by outsiders, even well-meaning ones, are likely to miss the true needs of the community and fail.**

***** Community Outreach efforts that fail to recognize the need for Spanish language materials and a lack of bilingual personnel. These efforts often fail because of government systems geared to monolingual communication. Often the distribution of multi-lingual information is viewed by those who oppose it as a political issue rather than a means of promoting public health and safety.**

In keeping with these overall themes, the community health leaders developed a series of initial recommendations to insure a more inclusive process in the development, promotion and advocacy of public health policies for Latinos in New Jersey.

The recommendations are:

No. 1 – A revamping of the New Jersey State Government funding process away from a silo approach to a more holistic strategy that includes a culture of health as a factor in the allocation of funds.

The current funding system identifies a narrow programmatic goal and does not allow community based non-profits and other providers to move beyond a very limited and targeted goal. The goal should be to integrate health into all community programs and convince funders to support this approach. Community service providers, state governments, advocates, and policy makers need to educate the community on what is healthy living, both at an individual and organizational level. All types of communication, including social media as well as traditional means should be used to counter negative health messages particularly in our urban centers. Programs such as home improvement and preschool are excellent vehicles to deliver the culture

of health message, but because they are funded through separate silos they do not receive funding to deliver a health message. Even community preschool programs are suffering cutbacks in home workers to educate parents.

No. 2 -- Latino community organizations need to build coalitions, but at the same time maintain a Latino identity to be sure that programs target Latino needs.

Advocacy efforts have fragmented in recent years and there is a need to come together in larger umbrella organizations to create a “big voice” at the state level for Latinos that make up nearly 20% of the state’s population. In the current climate Latino-based organizations often find themselves competing for a smaller piece of the already scarce programmatic funding opportunities and in “survival mode” like many of their clients.

No. 3 – A requirement that state and foundation grants aimed at serving the Latino communities require that recipients have substantial Latino representation on their board of directors and sufficient bilingual personnel to service the community.

Panelists noted that many of the organizations serving the Latino community have insufficient Spanish language speakers or are incapable of providing culturally sensitive services.

No. 4 – Continue the discussion by engaging in a series of additional issue-centered roundtables to dissect health issues more specifically.

Future roundtables should prioritize how to remove obstacles to achieving a culture of health in Latino communities and extend to issues of environmental justice, community policing, immigration policy, housing and recreation. The roundtables would focus on developing a Latino-centered agenda on the path to a Culture of Health.

No. 5 – Since the next two years will bring extensive changes in both federal and state political leadership that will directly affect the advancement of the culture of health in Latino communities, some panelists recommended we form a task force to create an agenda for the Latino community and monitor developments.

It is especially important to follow what will happen to the Affordable Care Act and whether Latinos will be able to continue to increase access to healthcare.

The participation of 39 panelists from a wide range of fields in a listening session on April 22 was intended as a first step – the Beginning of a Conversation. The conversation still has many untraveled paths but it is the goal of participants that government and foundations will “listen” to the above themes and recommendations and consider them when allocating resources. The conversation needs to be translated into real action.

The Latino community deserves more than a conversation.

The Participants in the Listening Session were:

Kendra Allen, Migrant Health Outreach Program Southern Jersey Family Medical Centers, Inc.

Bob Atkins, Director, NJ Health Initiatives of the Robert Wood Johnson Foundation

Adonis Banegas, Program Director, Hispanic Family Center of Southern New Jersey, Inc.

Howard Banker, Director of Housing, Finance New Jersey Community Capital

Michelle Blanchfield, ZuFall Health Center (Morris, Essex, Hunterdon, Warren, and Somerset)

Johanna Calle, Program Coordinator, NJ Alliance for Immigrant Justice

Maura Collinsgru, Health Policy Advocate, Citizen Action Health Care Program

Elsa Candelario, Executive Director, Hispanic Family Center of Southern New Jersey, Inc.

Jackie Cornell-Bechelli, U.S. Department of Health & Human Services, Region 2 Director

Lauren Galarza, National Urban Fellow, Strengthening Vulnerable Children & Families

Alma Garcia, Executive Director, Puerto Rican Community Daycare

Xiomara Guevara, Executive Director, Morris County Organization for Hispanic Affairs

Ivette Guillermo-McGahee, Executive Director, Allies in Caring

Francisco Guzman, Save Latin America

Diane Hagerman, Manager, Program Development, NJ Health Initiatives of the Robert Wood Johnson Foundation

Edward Hernandez, Director, Youth, Family & Health, La Casa de Don Pedro

Dr. Iris Herrera, Associate Professor, Rutgers New Jersey Medical School

Steve Jobin, President and CEO, Raritan Bay Area YMCA

Arleen Jacoby, Board Member, Puerto Rican Community Daycare

Raymond L. Lamboy, Executive Director, Latin American Economic Development Association

Yvonne Lopez, Executive Director, Puerto Rican Association for Human Development

Susan Macios, Program Director, Hispanic Family Center of Southern New Jersey, Inc.

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Jayme Santiago, Vice President, New Brunswick Tomorrow

Ulana Tatunchak, NJ Department of Children and Families

Felix Torres-Colon, Board President, Hispanic Family Center of Southern New Jersey, Inc.

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