

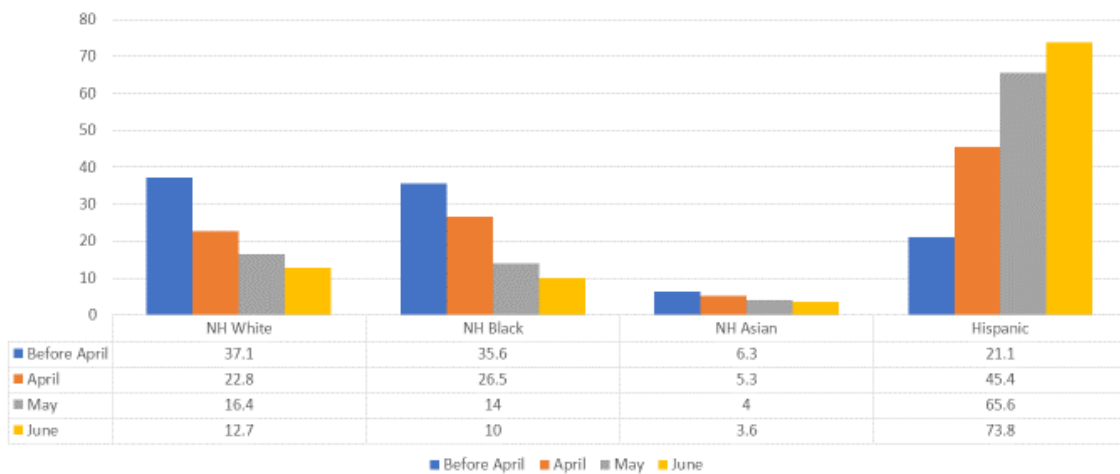


Montgomery County Council Public Hearing Testimony - *Por Nuestra Salud y Bienestar*

July 24, 2020

Good afternoon. My name is Olivia Carter-Pokras. I am a Professor of Epidemiology at the University of Maryland School of Public Health, and a resident of Montgomery county for over four decades. Since 2003, I have served as a member of the Latino Health Steering Committee of Montgomery County. We are an independent group of volunteer professionals and community leaders, who contribute our time and efforts to advocate for policies and practices that will improve the health status of Latinos in Montgomery County. It is in this capacity that I appear before you today to support the *Por Nuestra Salud y Bienestar* proposal.

Positive Case Rate per 100,000 in Montgomery County, Maryland by race/ethnicity



In Summer 2017, we launched our *Blueprint for Latino Health in Montgomery County* for the next decade.¹ All 6 of our priorities are essential to addressing the pandemic today in our county: health promotion, equitable access to care, meaningful participation, cultural competency, data, and health professionals. We therefore appreciate the interest of County Council and the County Executive in addressing the disproportionate impact that the coronavirus pandemic is playing amongst Latinos in our county. Not only do Latinos represent 73% of all new cases in Montgomery county, but case rates for Latinos in our county are increasing while decreasing for all other racial/ethnic groups—completely different trends. That is why a focused outreach effort to improve access to testing, contact testing, case management and education for Latinos is vital.

Health issues are inter-related with other problems such as employment and stress.² Latinos are more likely to live in poverty³ and in crowded housing with multi-generational families, take public transportation⁴, and to be uninsured. Immigrant workers are more likely to work in jobs that put them in greater risk of exposure such as cleaning hospital rooms, and staffing grocery stores.⁵ They are also over-represented in sectors that are suffering mass layoffs (e.g., restaurants and hotels, in-home childcare). Latinos are also at increased risk of severe illness from COVID-19 due to higher rates of diabetes, HIV, severe obesity and liver disease as well as poor control of these conditions along with asthma and hypertension.⁶

Health disparities are not new; neither are the recommendations on how to address them:

- Universal access to health care
- Adequate infrastructure for providing health care
- Enlarging the pool of Latino health professionals to provide culturally competent care

¹ <https://www.lhiinfo.org/wp-content/uploads/2013/08/LHI-2017Blueprint-508-compliant.pdf>

² *AJMC* 2004;10(1):SP29-SP36; *JHCPU* 2006;17(4):899-909; *JAAMP* 2006;17:61-67, Montgomery County Latino Cancer Survey; *J Transcultural Nursing* 2008;19(2)

³ <http://www.pewhispanic.org/states/state/md/>

⁴ <https://salud-america.org/research-latinos-face-big-public-transportation-challenges/>

⁵ <https://www.migrationpolicy.org/research/immigrant-workers-us-covid-19-response>

⁶ <https://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>;
https://www.cdc.gov/pcd/issues/2014/13_0439.htm; Cheng YJ, Kanaya AM, Araneta MRG, et al. Prevalence of Diabetes by Race and Ethnicity in the United States, 2011-2016. *JAMA*. 2019;322(24):2389–2398. doi:10.1001/jama.2019.19365; <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=62>;
<https://www.cdc.gov/bloodpressure/facts.htm>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3830901/>;
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4566965/>;
<https://www.cdc.gov/hiv/group/raciaethnic/index.html>

Policy and prevention efforts in our county to address this pandemic should be data driven. Surveillance is needed to measure the health of the population, assess health risks, assess health needs, and identify priority targets for policy development. To build public trust, it is important that more COVID-19 data be shared with the public on a regular basis. It is much more important to share the data that are available and explain their limitations than to suppress the data. We need data stratified by age, race, ethnicity and zip code for number of new cases and per capita rates, number and rates of tests, positivity rates, hospitalization rates, and mortality rates.⁷ In addition, it is recommended that the percent of new cases that are linked to at least one other case be presented by age, sex, race and ethnicity. Mortality data should be presented within age categories because that is where you really see the disparities.

Clear communication best practices, and plain language is needed in developing messages for the public. This includes ensuring that there are sufficient bilingual contact tracers (e.g., 60 per 100,000 population as recommended by the National Association of County and City Health Officials⁸). Turn-around times for test results need to be reduced so that the work of the contact tracers can be effective in reducing the spread of this pandemic. Outreach and education efforts, and transmission of test results should consider the digital divide.⁹

Governmental agencies and employers who oversee schools, hospitals, aged care homes, and workplaces also play an important role in addressing this pandemic. Given what we now know regarding air-borne transmission of the virus,¹⁰ measures should be taken to mitigate airborne transmission risk:

- Provide sufficient and effective ventilation (supply clean outdoor air, minimize recirculating air);
- Supplement general ventilation with airborne infection controls such as local exhaust, high efficiency air filtration, and germicidal ultraviolet lights; and

⁷ <https://preventepidemics.org/covid19/resources/indicators/>

⁸ <https://www.naccho.org/uploads/full-width-images/Contact-Tracing-Statement-4-16-2020.pdf>

⁹ <https://www.pewresearch.org/fact-tank/2019/08/20/smartphones-help-blacks-hispanics-bridge-some-but-not-all-digital-gaps-with-whites/>

¹⁰ <https://www.cnn.com/2020/07/06/health/coronavirus-airborne-transmission-letter/index.html>

- Avoid overcrowding, particularly in public transport and public buildings.¹¹

Finally, given their persistence, we need to rethink our approaches to addressing health disparities. Interventions and initiatives targeting upstream social determinants of health are likely most effective for improving health equity.

Thank you for the opportunity to appear before you today. We look forward to further discussion regarding these important issues.

Sincerely,

A handwritten signature in black ink, appearing to read 'Olivia Carter-Pokras', written in a cursive style.

Olivia Carter-Pokras, PhD
Professor of Epidemiology
Department of Epidemiology and Biostatistics
University of Maryland College Park School of Public Health
2234G SPH Bldg.
College Park, MD 20742
opokras@umd.edu

¹¹ <https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa939/5867798?searchresult=1>