The Montgomery County Department of Health and Human Services (MCDHHS) Asian American Health Initiative (AAHI), in partnership with the African American Health Program (AAHP), Latino Health Initiative (LHI), and Community Action Agency (CAA) hosted a free workshop entitled “Aging in Montgomery County: Building a Safer Community Together” as part of the Empowering Community Health Organizations (ECHO) Project 2017. Launched in 2011, ECHO is a series of practical and professional training workshops aimed to build the capacity and sustainability of community organizations. This workshop was made possible by a joint collaboration between the MCDHHS Office of Community Affairs and Aging and Disability Services. This is the second in a three-part series which focuses on the impact and opportunities that come with an aging community. The last part of this series will follow in the fall of 2017.

“Aging in Montgomery County: Building a Safer Community Together” invited community leaders to learn more about the prevalence of mistreatment and abuse of older residents in Montgomery County, programs and services available in the county to support our older residents, and ways to prevent elder abuse in the community. The workshop featured a panel discussion with representatives from various programs and organizations that work to protect older people against different forms of abuse and harm. Prior to the discussion, Ms. Debbie Feinstein, Senior Assistant State’s Attorney, Montgomery County State’s Attorney’s Office (SAO), provided a short presentation on elder abuse disparities among minority communities and the importance of instituting a collaborative approach to ensure the safety of our aging community.

Ms. Feinstein moderated the panel discussion which included several members of the Montgomery County Elder and Vulnerable Adults Abuse Task Force: Jason Bahm, Montgomery County Police Department; Eileen Bennett, Montgomery County Long Term Care Ombudsman Program; Kelly Davis, Montgomery County SAO; James Resnick, Montgomery County Department of Fire and Rescues Services; Bryan Roslund, Montgomery Country SAO; and Mario Wawrzusin, MCDHHS.

Prior to the workshop, a resource fair was organized to provide community resources and information for elders and their families.

The workshop was attended by 101 individuals who represented 47 organizations from the community. The workshop concluded with a brief question and answer session.

In preparation for World Elder Abuse Awareness Day (WEAAD) on June 14, 2017, the Elder and Vulnerable Adults Abuse Task Force created a video in hopes of educating the public about the issue of elder abuse in the community. Click here for the video.
TABLE OF CONTENTS

Workshop Summary ................................................................. 1
Table of Contents ................................................................. 2
Taking a Multidisciplinary Approach to Elder/Vulnerable Adult Abuse Presentation ........ 3
Introduction of Panelists .......................................................... 7
Summary of Presentations by Panelists ....................................... 11
Audience Questions & Answers .................................................. 12
Workshop Feedback ............................................................... 14
Workshop Attendees ............................................................. 15
Contact Us ............................................................................. 20
Handouts ................................................................................ 21

Aging In Montgomery County: Building a Safer Community Together

Tuesday, May 16, 2017 5:30pm-8:00pm
Silver Spring Civic Building, Great Hall, One Veterans Place, Silver Spring, MD 20910
Empowering Community Health Organizations (ECHC) Workshop for Community Leaders,
Office of Community Affairs and Aging and Disability Services,
Montgomery County Department of Health and Human Services

Did you know approximately 1 in 10 Americans aged 60+ have experienced some form of elder abuse?

This free workshop is the second in a three-part series focusing on the health and social needs of seniors and their families.

Montgomery County’s Adult Protective Services, State Attorney’s Office, Police Department, and Fire & Rescue Services will lead a panel discussion.

Join us to learn about the warning signs of and community interventions for elder abuse.

A resource fair will be held before the workshop from 5:30pm to 6:00pm featuring local organizations and programs addressing the area of elder abuse.

RSVP by Wednesday May 3, 2017

Space is limited. Registration is required via http://conta.cc/9nMyRF or contact Diem-Thanh (Tanya) Dang at Dием-Thanh.Dang@montgomerycountymd.gov or 240-777-4517

Montgomery County will provide ASL (American Sign Language) Interpretation. Notification of ADA access needs is requested at least 3 business days in advance. For more information call Maryland Relay at 711 (hearing) or 711 (text only) or 1-800-735-2255 (out-of-state).
INTRODUCTION
- The issue of elder and vulnerable adult abuse is incredibly prevalent and exists not only in Montgomery County but also across the country.
- Education and outreach in the community is vital to the prevention of elder abuse and mistreatment.
- Montgomery County uses a multidisciplinary approach to focus on holding offenders accountable and responsible to their criminal actions.

OVERVIEW OF OLDER ADULT POPULATION
- The older adult population is increasing. Refer to slides for statistics about the senior population.
- Communities need to be prepared to meet this population increase, which includes an increase of abuse in the aging population.
- Current resources allocated to the older population will not be able to cope with the growing numbers, so as a community, we need to be prepared and have services already in place to meet the demands of a growing population.

ELDER ABUSE IN MINORITY COMMUNITIES
Overview of Elder Abuse
- Elder abuse is underreported. Only one in 24 instances of abuse is reported to authorities. Therefore 23 out of 24 persons who are victimized do not report, seek resources, or even ask for help.
- There are many reasons why elders do not report abuse, including:
  - Not knowing where to go to report abuse,
- Being afraid or feeling ashamed,
- Feeling they are casting aspersions or bad things on their family,
- Not knowing services exist, and
- Hesitating and worrying about the consequences of reporting.

- Basic categories of elder abuse include physical abuse, emotional abuse, sexual abuse, neglect, financial abuse, or exploitation.
- Financial exploitation can be defined as when an older person’s resources or money are used for someone else, and not for the benefit of the elder. In terms of financial abuse, many elders may not even recognize that they are being financially exploited or abused. A study found that Asian American elders do not recognize financial abuse because money is often given within families from one member of the family to another. Thus, it is important to recognize the signs of abuse so that people will get help.
- A vast majority of elder abuse is perpetrated by someone the victim knows. Most often offenders are the older person’s adult children, spouses, friends, neighbors, or caregivers.
- There is an increase in the occurrence of family members struggling with substance abuse or mental health issues which then influence and create negligent or abusive situations.

**Challenges supporting abused elders in minority communities**
- The National Center of Elder Abuse (NCEA) has more statistical information on elder abuse in minority communities, including the impact of racism and cultural issues on elder abuse and causes behind why people are less likely to report abuse.
- Risk factors that can lead to elder abuse in minority communities:
  - Language barriers create additional obstacle and prevent elders from seeking help. They perceive that no one can speak their language.
  - They may not know where to go for services or assistance.
  - Services that are not culturally competent may ostracize or alienate victims.
  - An individual who is victimized may not report abuse because in certain cultures, the needs of the family supersede the needs of an individual. S/he may be trying to protect their family, family name, and/or reputation.
  - Shame and fear of reporting is common in minorities although it is not unique to minority communities.

**Elder Abuse in Hispanic/Latino Community**
- Studies indicate that Hispanic Americans are less likely to report verbal and financial abuse.
- One study found that 40% of Latino elders experience at least one or more types of abuse and 21% experience multiple types. In other words, 40 in 100 older people experience some form of abuse.
- In contrast, only one in 100 people report abuse to Adult Protective Services.
**Elder Abuse in African American Community**
- African Americans are disproportionately impacted by financial exploitation; however, compared to other racial and ethnic groups they are more likely to report financial abuse.
- African Americans are twice as likely to experience psychological abuse compared to other elders.

**Elder Abuse in Asian American Community**
- Forty percent of Asian elders experience one type of abuse and mistreatment. Asian American elders most frequently experience emotional abuse followed by financial abuse, physical abuse, and sexual abuse.
- Close to 80% of participants in one study perceived being told by family members that they would be sent to nursing homes against their will as senior mistreatment. This is a type of emotional abuse because an individual is being forced to comply with a request through intimidation and threats.
- A caregiver may use an older person’s vulnerabilities, such as physical disability/deterioration or cognitive disability/dementia, against him/her to gain control and for exploitation.

**ELDER ABUSE PREVENTION**

**Reducing Stigma**
- Communities need to provide education on this issue, collaborate, and have an open dialogue to reduce the stigma and barriers surrounding elder abuse.
- By reducing stigma, it takes victims out of the shadows and isolation. It allows people to talk more openly and learn about elder abuse so that it can be prevented.

**Multidisciplinary Approach**
- Montgomery County created a multidisciplinary team – the Montgomery County Elder/Vulnerable Adult Abuse Task Force – to draw on the expertise of individuals from a variety of different backgrounds. Bringing all these experiences and perspectives together allows us to most effectively and efficiently address elder abuse in our community.
  - Resources for domestic violence and elder abuse are co-located in the Family Justice Center.
  - The team meets once a month to share resources, identify problem areas, and find solutions. They hope to minimize the impact on elder abuse victims by bringing all the resources together in one place.
  - The goal of the Task Force is to ensure the safety and security of most vulnerable elders and prosecute and hold offenders against elders accountable.
- The Task Force wants the community to know that you can hold criminals accountable by reporting them.
- Refer to slides to learn more about the multidisciplinary approach.
**Types of Abuse and Red Flags**

- **Neglect** is the refusal or failure to fulfil any part of a person’s obligations or duties to an elder or senior, including failure to provide basic necessities, personal hygiene, medicine, comfort, and safety.

- **Physical abuse** is a physical force that may result in physical injury, physical pain, or impairment. However, it may not always be visible on someone’s body. Lack of attention to medical necessity, such as someone needing medication or bandages, can also be a form of physical abuse.

- **Sexual abuse** is non-consensual sexual contact of any kind. Some older individuals may not be able to give informed consent and be able to make decisions on their own. This increases the difficulty in determining whether a situation is considered abuse.

- **Financial abuse** is the illegal or improper use of an elder’s funds, property, or assets. As a result, the older person may be unable to get vital services, medicine or go to doctor’s appointments, pay for groceries, or may be living in a bad home environment.

- **Refer to slides for details on the different types of abuse and signs.**

**Elder abuse prevention Tips**

- Be suspicious of pressured situations to send money. Most importantly, if it is too good to be true, it probably is! Inquire and get more information, especially in writing, before you proceed with any action.

- If you suspect something, do not hesitate to call Adult Protective Services. It is always better to report than not to do so. Usually, it is a community member or a person in an elder’s life who is concerned and noticed situational or behavioral changes in the elder, the arrival of a new caregiver, or that the elder has stopped attending community events and has become isolated. Report it if you have a suspicion because it is always better to overreport than underreport.

- The county has multiple numbers for people to report elder abuse and scams.

- **Refer to slide for more prevention tips and agency numbers.**
JASON BAHM
Detective Sergeant, Sexual Assault Unit, Montgomery County Police Department
✉️ Jason.Bahm@montgomerycountymd.gov  ☎️ 240-773-5050
🌐 www.montgomerycountymd.gov/pol

- Sergeant Bahm works at the Family Justice Center which handles domestic violence, sexual assault, and elder and vulnerable adult abuse. They take all cases of elder physical abuse and neglect where there is a care and custody element to the situation. For example, an elder is at home or a nursing home and is neglected or abused by a home healthcare nurse, a family member, or someone who is in charge of that individual’s daily needs.
- Custody is required for Sergeant Bahm’s unit to accept the case. If an elderly person is assaulted on the street, then they do not handle that situation. There is also another unit that manages financial related cases.
- This unit works closely with Adult Protective Services (APS) because people are less likely to talk to police at first. They will let APS investigate and then send out a detective to determine if a crime has been committed.
- There are many different situations of abuse that are reported, including caregivers who become overwhelmed by the situation or caregivers who become frustrated by elders who do not understand what is being asked. The caregiver may act out their stress and frustration in a physical way against the elder by punching, kicking, or slapping them.
- Neglect can often be seen when an elder is in an environment which is not sustainable – there is no food, there is no access to a bathroom, or there is not enough medication, or someone with dementia is left for an entire day on their own. This can become a dangerous situation and can lead to death. For example, when there is a fire the older adult cannot escape because s/he is left alone and cannot get out of bed.
JAMIE BALTROSKY
Lieutenant, EMS Executive Officer, Montgomery County Department of Fire & Rescue Services
Jamie.Baltrotsky@montgomerycountymd.gov  240-777-2458
www.montgomerycountymd.gov/mcfrs

- Lieutenant Baltrosky was not able to attend the workshop. Please see James Resnick’s section for details on the Mobile Integrated Healthcare Program.

EILEEN BENNETT
Program Manager, Montgomery County Long Term Care Ombudsman Program
Eileen.Bennett@montgomerycountymd.gov  240-777-1067
http://www.montgomerycountymd.gov/HHS-Program/ADS/OMBUDSMAN/OmbudIndex.html

- The Ombudsman Program works with nursing homes and assisted living communities to ensure residents’ rights are protected. It supports elders and disabled individuals who are afraid to talk about what has happened to them due to caregivers or family members.
- Eileen noted that one of the biggest issues the Task Force faces is when family members hide finances or income of an older person who is on Medicaid, which jeopardizes them being able to stay in a nursing home. Family members would use the money from Medicaid to pay for the rent of their home or their family needs. When the older person moves into a nursing home, the income must go with the elder. The change in financial situation and family dynamics may affect a family’s decision on keeping the money.
- This program also addresses issues of paid caregiver fraud where someone has taken advantage of people in nursing home.
- Staff and volunteers can investigate complaints. Unlike other programs, they do not prosecute offenders, but work with residents to promote their rights and pursue everything that is available to them to correct the situation.

KELLY DAVIS
Program Manager/Investigator, Crimes Against Seniors and Vulnerable Adults, Montgomery County State’s Attorney’s Office
Kelly.Davis@montgomerycountymd.gov  240-777-7316
www.montgomerycountymd.gov/sao

- Kelly provides community education and outreach to create awareness of scams and elder abuse at assisted living facilities and nursing homes. Presentations are available in multiple languages.
- The State’s Attorney’s Office (SAO) also collaborates with other agencies in Montgomery County. Every time Adult Protective Services receives a call on elder abuse, the SAO is also notified so that they can track the case and respond as soon as possible.
JAMES (JIM) RESNICK
Program Manager, Senior Outreach & Education, Montgomery County Department of Fire and Rescue Services
James.Resnick@montgomerycountymd.gov 240-777-2426
www.montgomerycountymd.gov/mcfrs

- Jim is responsible for providing free home safety checks for elders, such as checking smoke alarms and carbon monoxide detectors. As they check the alarms at homes, they also look for signs of abuse and neglect and provide resources. Elders must voluntarily consent for them to come to the home. If an issue is found, they will then reach out to the multidisciplinary team to take the next steps.
- Jim also discussed Lieutenant Baltrosky’s program, the Mobile Integrated Healthcare Program, which works specifically with the most vulnerable who frequently calls 911 for emergency medical services. Sometimes these vulnerable adults may have an actual emergency, but on other occasions they are often calling for nonemergency reasons such as social needs and home safety needs. The mobile program will connect these individuals to resources available in the community for the appropriate care.
- Emergency Medical Technicians (EMT) and firefighters are instructed to use their senses of touch, sound, smell to identify situations where someone is neglected, whether it is self-neglect or due to caregiver’s neglect. Sometimes the home gives clues that the older adult is not able to take care of him/herself, such as signs of urine and feces at the home or animals are not properly cared for by the elder.
- Jim also brought up the need for communities to cater to older people. Villages is a great resource where communities are connected by locations, churches, or cultural groups. People in Villages often look out for each other in the community.

BRYAN ROSLUND
Chief, Special Prosecution Unit, Montgomery County State’s Attorney’s Office
Bryan.Roslund@montgomerycountymd.gov 240-777-7378
www.montgomerycountymd.gov/sao

- Bryan leads the financial investigation division which focuses on the prosecution of financial crimes. The unit gathers evidence on how financial crimes come together and uses the evidence as proof in court. One of the difficulties in uncovering financial crimes in the aging population is the determination of whether an individual has given consent. This includes if s/he has the capacity to consent to giving away the money or if the money is given willingly.
- County Executive, Ike Leggett, and the County Council have been a great support of this initiative and provides funding for programming on elder abuse.
- An example of financial abuse can be when a woman met an elderly man in a grocery store, and in a few weeks, the woman married that man. On the first day of their marriage, she moved a large amount of money from his bank account to her own. He was a gentleman of limited cognitive capacity.
MARIO WAHRZUSIN
Administrator, Assessment, APS & Care Management Services, Aging and Disability Services
Montgomery County Department of Health and Human Services
✉ Mario.Wawrzusin@montgomerycountymd.gov  ☎ 240-777-3851
§ www.montgomerycountymd.gov/senior

- The Adult Protective Services (APS) investigates reports of abuse. Through the program’s social workers, who go out into the community, the program will investigate individuals who may be abused and utilize resources to ensure the safety of individuals. The program works to move individuals out of situations that may be unsafe. APS has a bilingual staff and uses the language line to serve the diverse community of Montgomery County.
- Self-neglect is one of the most common investigations at APS, particularly due to dementia and Alzheimer’s. Some of the signs of self-neglect include an individual not being able to adequately take care of themselves, not maintaining one’s home, or missing doctor’s appointments.
- Financial exploitation often co-occurs together with other types of abuse.
- The Adult Protective Services referral line is 240-777-3000. If you have a question or have someone you are concerned about, call and provide as much detailed information as you can.
The following presentations were delivered during the panel discussion.

Presentation on Montgomery County demographics and types of abuse experienced by different minority communities by Mario Wawrzusin

- Montgomery County is a growing county. Between 2010 and 2040, the 65+ population will double. This is significant because elder abuse is occurring in these communities.
- Fifty-eight percent of cases are self-neglect cases. Onset dementia is occurring more often. One in three elders have a cognitive deficit which makes it harder to care for yourself and easier for others to scam you.
- Demographics are changing in the county. Minorities will make up 60% of the county so we need to take these cultural considerations into account for the work we do.
- Asian Americans are currently the largest minority group in the 65+ category, then African Americans, followed by Hispanics/Latinos. We also see the fastest growth rate among Asian American elders. We need to be cognizant of languages and bilingual staffing needs.
- Refer to slides on demographics being served by Adult Protective Services.

Presentation on scams targeting minority communities by Kelly Davis

- Scams are often considered financial exploitation. Three million scams were reported in 2016 by the Federal Trade Commission (FTC), however most go unreported.
- Scammers disproportionately target minority communities because minorities are less likely to report due to distrust and fear of the government. They may worry about their immigration status and do not think that reporting will make a difference.
- Rising trends of scams targeting the minority population:
  - A recent trend on the rise is the startup company scams. In these scams, the scammer may indicate someone can work from home as part of starting their own business, but the individual will have to pay all the fees upfront and the scammer will send a check for fees. It seems legitimate at first but the check bounces when an attempt is made to deposit it.
  - Be suspicious of notarios in the United States. Notarios, or immigrant consultants as they called themselves, are not immigration lawyers and are not qualified to help you with immigration issues. They usually charge a large sum of money for help that they never provide, such as filling out government forms or drafting legal documents. Instead, seek advice from a legitimate lawyer and ask for credentials before you pay anything.
- For more information on scams and resources, go to www.ftc.gov/immigration.
- Always report on scams. You can also report scams at www.ftc.gov or the attorney general’s office at www.marylandattorneygeneral.gov.
- Refer to slides for details on types of scams and prevention strategies.
The following questions were asked throughout the panel discussion and during the Q&A session.

One of the slides under prevention includes education. I feel it is important to talk about both the victim and offender when you talk about education – how do you educate the victim but also the offender?

Majority of reports we receive do not come from offenders or victims, but by someone in the community such as a family member, a caregiver at the hospital, and so forth. When we talk about education, it is targeted to the community as a whole.

Elders are highly stigmatized. How do you support victims in speaking up and in turn gather data on elder abuse to support programming or program funding?

It is true that we do not know to whom or how often abuse is happening because a lot of people do not report their abuse. Therefore, the data we have is often anecdotal and not fully accurate. However, we are focusing more on prevention and education so that people can recognize signs of abuse and will know where and how to report if a situation occurs. With the increase of the aging population, the number of cases of elder abuse will also increase. Since the creation of the Elder and Vulnerable Adults Abuse Task Force, we have seen reported cases of abuse continue to rise. We may not have the data right now but we hope to do so in the future. We also hope that the audience will share this information with your community groups so that more people will know and report cases of abuse.

Can you tell us more about the Keeping Seniors Safe Program?

The Keeping Seniors Safe Program is a program by the Montgomery County Police Department that supports the safety of older people. The group goes to outreach events and community organizations to educate, raise awareness, and prevent elder abuse. They do a lot of community outreach about scams to help people understand what scams are. Presentations are available in multiple languages.

I live in an active senior community. Due to the cost of nursing homes, we are seeing family members move older people into a senior community instead of a nursing home, which does not meet the needs of some of these older people. Is there any mandatory licensing of caregivers?

No, not right now. There is discussion on how to proceed with this type of licensing and regulations and how to better regulate companies or individuals that are providing caregiver services. This is hard because of the many informal agreements made between family members, or family members and neighbors, etc. While there is discussion, it is very much in the infancy stage. Therefore, it is important to talk to your lawmakers or members of congress about this issue. Currently there is discussion on how to regulate offenders who have committed abuse so that they cannot be hired in caregiving roles.
If the older person is alert and oriented, can they be exploited for financial abuse?
Yes, if you have a mild cognitive deficit it may compromise financial decision making. We have some tools on how to determine if an older person is fully aware and cognizant of their decisions or if they are putting themselves at risk. Adult Protective Services (APS) can assist you in these situations and assess whether someone is compromised. If we believe the action is criminal, we can bring in the police as needed. We can also explore guardianship of property and assess whether a person can make some decisions, such as caring for oneself, taking medication, or making doctor’s appointments, but is unable to do other things like paying utilities and rent, or monitoring their credit card limits. We will examine to see if someone else is taking advantage of their situation. We will document all these issues along the way and make a criminal case.

Can you speak particularly to the Vietnamese community? People may fear reporting due to shame or retaliation by a caregiver or family member.
The process of reporting is confidential and if there are concerns of retaliation, we will put in place precautions to support and protect that person. Police can do a few things at the beginning of the investigation. For example, if they are in the hospital we can work with the hospital to shield them from having their records made public. If a family member is calling about the victim, they will not get any information on their medical records or any indication of whether the older person is being treated at the hospital. We can also provide shelter for older people who are in very abusive situations. The location of the shelter is protected as prosecution continues. APS will determine if they must take guardianship or if other measures should be taken to ensure the safety of the older adult.

One way to combat this fear of reporting due to retaliation is to continue to raise awareness in your communities so that people understand and know how to do so. Reporting is one of the key problems in cases of abuse as it can make things a lot worse in some situations. That is why we need to educate the whole community to support older people and prevent abuse. As a multidisciplinary team this is the best way to collectively discuss how to help this person to achieve safety and protection from retaliation. It is very real and there is no easy answer.

Many families store hidden cameras to watch caregivers and prevent home theft. Is this an invasion of privacy?
If the person owns the home, they can put a video without any legal issues. However, you cannot use sound in that video as that is illegal. This recording can be used in the court room. If it is a stranger that wants to install a video camera in someone else’s home then it can be a problem. You can only use it in nursing homes or assisted living facilities if you are living alone or have ensured the protection and privacy of the roommate. Audio recordings without someone’s knowledge cannot be used because of wiretapping regulations according to US law.
WORKSHOP FEEDBACK

The response rate from the workshop evaluations was 62%. Percentages may not add to 100 due to rounding and skipped questions.

1. Please rate this workshop:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Value of topic</td>
<td>81%</td>
<td>19%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>b. Quality of presentation content</td>
<td>63%</td>
<td>36%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>c. Quality of speaker</td>
<td>69%</td>
<td>25%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>d. Quality of panel</td>
<td>68%</td>
<td>29%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>e. Usefulness of handouts</td>
<td>64%</td>
<td>29%</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>f. Length of workshop</td>
<td>49%</td>
<td>37%</td>
<td>7%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>g. Time for questions and answers</td>
<td>53%</td>
<td>37%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>h. Overall rating of workshop</td>
<td>66%</td>
<td>24%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

2. Please rate the following:

<table>
<thead>
<tr>
<th>After attending this workshop:</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Undecided</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I received the information I wanted to learn about the safety of older people.</td>
<td>83%</td>
<td>12%</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>b. I better understand the safety and abuse concerns related to older adults.</td>
<td>80%</td>
<td>15%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>c. I am more knowledgeable about the available resources related to physical abuse and neglect of older adults.</td>
<td>86%</td>
<td>8%</td>
<td>3%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>d. I am knowledgeable about the available resources related to financial exploitation of older adults.</td>
<td>78%</td>
<td>14%</td>
<td>3%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>e. I plan to use the information I learned today to help prevent the abuse of older adults in my community.</td>
<td>85%</td>
<td>15%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
## WORKSHOP ATTENDEES

The following workshop registrants provided permission to publish their name, organization and email.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kayoko Abe</td>
<td>MU.GEN Inc.</td>
<td><a href="mailto:mugendcusa@gmail.com">mugendcusa@gmail.com</a></td>
</tr>
<tr>
<td>Carl Abella</td>
<td>St. Michael Catholic Church</td>
<td><a href="mailto:alphatravel@verizon.net">alphatravel@verizon.net</a></td>
</tr>
<tr>
<td>KerryAnn Aleibar</td>
<td>ElderSAFE</td>
<td><a href="mailto:aleibar@ceslc.org">aleibar@ceslc.org</a></td>
</tr>
<tr>
<td>Michelle Armstead</td>
<td>Kaiser Permanente</td>
<td><a href="mailto:michelle.g.armstead@kp.org">michelle.g.armstead@kp.org</a></td>
</tr>
<tr>
<td>Mary Arriola</td>
<td>Montgomery County State’s Attorney’s Office</td>
<td><a href="mailto:maryarriola@montgomerycountymd.gov">maryarriola@montgomerycountymd.gov</a></td>
</tr>
<tr>
<td>Kathy Awkard</td>
<td>Maryland Emergency Response Team (MDERS)</td>
<td><a href="mailto:kawkard@msn.com">kawkard@msn.com</a></td>
</tr>
<tr>
<td>Jason Bahm</td>
<td>Montgomery County Police Department</td>
<td><a href="mailto:jason.bahm@montgomerycountymd.gov">jason.bahm@montgomerycountymd.gov</a></td>
</tr>
<tr>
<td>Jasmine Bailey</td>
<td>The Coordinating Center</td>
<td><a href="mailto:jbailey@coordinatingcenter.org">jbailey@coordinatingcenter.org</a></td>
</tr>
<tr>
<td>Nilsa Benavides</td>
<td>Primary Care Coalition</td>
<td><a href="mailto:nilsa_benavides@primarycarecoalition.org">nilsa_benavides@primarycarecoalition.org</a></td>
</tr>
<tr>
<td>Eileen Bennett</td>
<td>Montgomery County Long Term Care Ombudsman Program</td>
<td><a href="mailto:eileen.bennett@montgomerycountymd.gov">eileen.bennett@montgomerycountymd.gov</a></td>
</tr>
<tr>
<td>Karen Blanton</td>
<td>African American Health Program</td>
<td><a href="mailto:karen.blanton804@gmail.com">karen.blanton804@gmail.com</a></td>
</tr>
<tr>
<td>Shawn Brennan</td>
<td>Montgomery County Aging and Disability Services</td>
<td><a href="mailto:shawn.brennan@montgomerycountymd.gov">shawn.brennan@montgomerycountymd.gov</a></td>
</tr>
<tr>
<td>Huyen Bui</td>
<td>Asian American Health Initiative</td>
<td><a href="mailto:huyen.bui@montgomerycountymd.gov">huyen.bui@montgomerycountymd.gov</a></td>
</tr>
<tr>
<td>Antonio Calaro</td>
<td>Fil-Am Ministry of St Michael</td>
<td><a href="mailto:tonymc830@gmail.com">tonymc830@gmail.com</a></td>
</tr>
<tr>
<td>Denia Calaro</td>
<td>Fil-Am Ministry of St Michael</td>
<td><a href="mailto:deniamanila@hotmail.com">deniamanila@hotmail.com</a></td>
</tr>
<tr>
<td>Perry Chan</td>
<td>Asian American Health Initiative</td>
<td><a href="mailto:perry.chan@montgomerycountymd.gov">perry.chan@montgomerycountymd.gov</a></td>
</tr>
<tr>
<td>Wendy Chan</td>
<td>Montgomery County Office of Consumer Protection</td>
<td><a href="mailto:Wendy.Chan@montgomerycountymd.gov">Wendy.Chan@montgomerycountymd.gov</a></td>
</tr>
<tr>
<td>Deanna Cho</td>
<td>MedStar Total Elder Care</td>
<td><a href="mailto:deannaycho@gmail.com">deannaycho@gmail.com</a></td>
</tr>
<tr>
<td>Herman Cohen</td>
<td>Department of Police Keeping Seniors Safe</td>
<td><a href="mailto:herman.cohen@montgomerycountymd.gov">herman.cohen@montgomerycountymd.gov</a></td>
</tr>
</tbody>
</table>
Joseph Corona
Montgomery County Office of Emergency Management and Homeland Security (OEMHS)
joe.corona@montgomerycountymd.gov

Tanya Dang
Asian American Health Initiative
diem-thanh.dang@montgomerycountymd.gov

Morton Davis
Keeping Seniors Safe
morton.davis@comcast.net

Kelly Davis
Montgomery County State’s Attorney’s Office
kelly.davis@montgomerycountymd.gov

Eleanor De Vera
St. Michael the Archangel Catholic Church
Filipino Community
mayumidevera@yahoo.com

Clifford Duthinh
cuongdzu@aol.com

William Dutton
Aging and Disability
28dutton@cua.edu

Walter Engelen
Indonesian Christian Fellowship Church
walterengelen@aol.com

Debbie Feinstein
Montgomery County State’s Attorney’s Office
debbie.feinstein@montgomerycountymd.gov

Melissa Ferguson
Montgomery County Community Action Agency
melissa.ferguson@montgomerycountymd.gov

Amy Fier
EveryMind
afier@every-mind.org

Lylie Fisher
Montgomery County Department of Health and Human Services Area Agency on Aging
lylie.fisher@montgomerycountymd.gov

Wilbur Friedman
Asian American Health Initiative Steering Committee
wfriedma@capaccess.org

Denise B. Gambrell
Montgomery County Department of Health and Human Services
denise.bruskin-gambrell@montgomerycountymd.gov

Leah Goldfine
Montgomery County Community Action Agency
leah.goldfine@montgomerycountymd.gov

Saubhagya Hada
Nepal American Senior Community
dibyahada2@gmail.com

Dibya Hada
Nepal American Senior Community
dibyahada@yahoo.com

James Han
Montgomery County Office of Consumer Protection
James.Han@montgomerycountymd.gov

Villy Iranpur
EveryMind
viranpur@every-mind.org

Abi F Jinadu-Mustapha
Quest
quest1@email.com

Evelyn Kelly
Institute for Public Health Innovation
ekelly@institutephi.org
Jay Kenny
Montgomery County Department of Health and Human Services Aging and Disability Services
john.kenney@montgomerycountymd.gov

Betty Lam
Montgomery County Department of Health and Human Services
betty.lam@montgomerycountymd.gov

Maureen Larenas-Rivas
Montgomery County Department of Health and Human Services Office of Community Affairs
maureen.larenas@montgomerycountymd.gov

Elsa Lau
Cross Cultural Infotech
wlau@ccinfotech.com

M K Lee
Asian American Health Initiative Steering Committee
meng.lee@verizon.net

Hyewon Lee
Asian American Health Initiative
hyewon.lee@montgomerycountymd.gov

A Jin Lee
Korean Community Service Center of Greater Washington
ajlee@kcscgw.org

Karlie Leung
Asian American Health Initiative
karlie.leung@montgomerycountymd.gov

D. Lord
dmld@juno.com

Latisha Lowery, Msw
Housing Opportunities Commission
latisha.lowery@hocmc.org

Cornelius Lungociu
MC311
cornelius.lungociu@montgomerycountymd.gov

Ram Makakar
Nepal American Senior Community
malakar.ram@gmail.com

Bisnu Malakar
Nepal American Senior Community
malakar.ram@gmail.com

Hyun Martin
Community Action Board
hyun@hyunmartin.com

Luis Martinez
Montgomery County Department of Health and Human Services
luis.martinez@montgomerycountymd.gov

Kate McGrail
Suburban Hospital
kmcgrail@jhmi.edu

Susan Mondelo
Montgomery County Long Term Care Ombudsman Program
susan.mondelo@montgomerycountymd.gov

Yuki Moorman
ymoorman@aol.com

Sam Mukherjee
Asian Indians for Community Service (AICS)
smukh5521@gmail.com

Mona Negm
The American Muslim Senior Society
snegm@aol.com
Doug Numbers
Montgomery County Office of Consumer Protection
Doug.Numbers@montgomerycountymd.gov

Aizat Oladapo
Montgomery County Community Action Agency
aizat.oladapo@montgomerycountymd.gov

Elizabeth Ortega-Lohmeyer
Montgomery County Recreation
elizabeth.ortega@montgomerycountymd.gov

Viviana Ortiz
Latino Health Initiative
viviana.ortiz@montgomerycountymd.gov

Shinyoung Park
Korean Community Service Center of Greater Washington
sypark@kcscgw.org

Michelle Pineda
Holy Cross Health
michelle.pineda@holycrosshealth.org

Saroj Prajapati
Nepa Pasa Pucha Ametikaye
psaroj_d@hotmail.com

Aparna Puri
Cross Cultural Infotech
apuri@ccinfotech.com

Sanjana Quasem
Asian American Health Initiative
sanjana.quasem@montgomerycountymd.gov

Meera Raja
Interfaith Works
mraja@iworksmc.org

James Resnick
Montgomery County Department of Fire and Rescue Services
james.resnick@montgomerycountymd.gov

Tracy Rezvani
Montgomery County Office of Consumer Protection
tracy.rezvani@montgomerycountymd.gov

Patricia Rich
Montgomery County Department of Health and Human Services Dennis Avenue Health Clinic
patti.rich@montgomerycountymd.gov

Bryan Roslund
Montgomery County State’s Attorney’s Office
bryan.roslund@montgomerycountymd.gov

Sue Sandler
Keeping Seniors Safe
28dutton@cua.edu

Shahin Sebastian
Cross Cultural Infotech
ssebastian@ccinfotech.com

Magan Shrestha
NPPA
mdevishrestha@gmail.com

Erin Kate Smith
Montgomery County Department of Health and Human Services Aging and Disability Services
erin.smith@montgomerycountymd.gov

Adeyinka Taiwo
Montgomery County Community Action Agency
adeyinka.taiwo@montgomerycountymd.gov

Bettie Toy
nancymtoy@yahoo.com
Thomas Tran
Association of Vietnamese Americans (AVA)
thomas.tran@mdvietmutual.org

Jennifer Tran-Kiem
Primary Care Coalition (PCC)
jenennifer_tran-kiem@primarycarecoalition.org

Hoai-An Truong
International Community Initiatives
htruong@abcforyourhealth.org

Elizabeth Umana
Maryland Department of Human Resources
State’s Attorney’s Office of Child Support
Enforcement
elizabeth.umana@maryland.gov

Arlee Wallace
African American Health Program
arlee.wallace@montgomerycountymd.gov

Kejuana Walton
Maryland Insurance Administration
kejuana.walton@maryland.gov

Mario Wawrzusin
Montgomery County Department of Health and Human Services
mario.wawrzusin@montgomerycountymd.gov
African American Health Program  
Montgomery County, Maryland  
Department of Health and Human Services  
14015 New Hampshire Avenue  
Silver Spring, MD 20904  
Telephone: 240-777-1833  
Fax: 301-421-5975  
Website: www.aahpmontgomerycounty.org  
Email: www.aahpmontgomerycounty.org/en/contact-us

Asian American Health Initiative  
Montgomery County, Maryland  
Department of Health and Human Services  
1401 Rockville Pike, 3rd Floor  
Rockville, MD 20852  
Telephone: 240-777-4517  
Fax: 240-777-4564  
Website: www.AAHlinfo.org  
Email: info@AAHlinfo.org

Latino Health Initiative  
Montgomery County, Maryland  
Department of Health and Human Services  
8630 Fenton Street, 10th Floor  
Silver Spring, MD 20910  
Telephone: 240-777-3221  
Fax: 240-777-3501  
Website: www.lhiinfo.org  
Email: www.lhiinfo.org/en/contact-us/

Montgomery County Community Action Agency  
Montgomery County, Maryland  
Department of Health and Human Services  
1401 Rockville Pike, 3rd Floor  
Rockville, MD 20852  
Telephone: 240-777-1697  
Fax: 240-777-3295  
Website: www.montgomerycountymd.gov/communityaction  
Email: montgomerycountycaa@gmail.com
Handouts from the “Aging in Montgomery County: Building a Safer Community Together” ECHO Workshop

Please note the information provided in this section may be subject to change. Please contact the respective organizations to ensure the most current information. The following documents were compiled on 6/15/2017.
Taking a Multidisciplinary Approach to Elder/Vulnerable Adult Abuse

Lieutenant Jamie Baltrotsky, Mont. County Dept. of Fire & Rescue Services
Eileen Bennett, Montgomery County Long Term Care Ombudsman Program
Kelly Davis, Crimes Against Seniors & Vulnerable Adults, State’s Attorney’s Office
Debbie Feinstein, Chief, Special Victims Division, State’s Attorney’s Office
Jim Resnick, Montgomery County Department of Fire & Rescue Services
Bryan Roslund, Chief, Special Prosecutions Division, State’s Attorney’s Office
Sergeant Jason Bahm, Montgomery County Police Department
Mario Wawrzusin, LCSW-C, MCDHHS, Adult Protective Services

Senior Population

- In Maryland, the population over 65 has grown about 27% over the last 10 years while population under 65 has grown only by about 7%.
Our Senior Population

- 1 out of every 7 persons is over 65 in the United States.

- Between 2012 and 2050, the United States will experience considerable growth in its older population. In 2050, the population aged 65 and over is projected to be **83.7 million**, almost double its estimated population of **43.1 million** in 2012.

- By 2020, for the first time in history, people aged 65 and over will outnumber children under age 5.

Elder Abuse Numbers

- Elder abuse is underreported nationwide and in Montgomery County—a May 2011 study found that only **1 in every 24** cases of physical abuse or neglect involving a senior was reported.

- The same study found that only **1 out of every 44** cases of financial exploitation was reported.

- Between **2-5 million** older Americans experienced abuse over one year, and many experienced it in multiple forms.
Elder Abuse in Minority Communities

- Language barriers create additional obstacles and prevent seniors from seeking help.
- Lack of culturally competent services.
- Cultural expectations of family where the need of the family may supersede the need of the individual.
- Shame, embarrassment, fear contribute to underreporting.

Elder Abuse in Hispanic/Latino Community

- Less likely to report verbal and financial mistreatment than other ethnicities.
- One study found that 40% of Latino seniors experienced at least one type of abuse and 21% experienced multiple types of abuse.
- Only 1.5% of seniors reported abuse to Adult Protective Services.
Elder Abuse in African American Community

- Financial exploitation disproportionately impacts African American seniors than other seniors. However, African Americans more likely to report financial exploitation.
- African Americans are twice as likely to experience psychological abuse compared to other seniors.

Elder Abuse in Asian American Community

- In one study, 40% of elders had experienced one type of mistreatment. Most frequent type was emotional followed by financial, physical and sexual.
- Close to 80% of participants perceived being told by family members that they would be sent to nursing homes against their will as senior mistreatment. However, less than 40% of seniors considered adult children borrowing money without paying them back to be mistreatment.
Elder Abuse Prevention

- Education
- Collaboration
- Remove barriers
- Open dialogue
- Reduce stigma

What is a Multidisciplinary Team?

- A group composed of members with varied but complimentary experience, qualifications, and skills that contribute to the achievement of the organization's specific objectives.
What is a MDT Approach?

- A multidisciplinary approach means drawing ideas and resources from multiple disciplines in order to think outside the box and reach resolutions for complex situations.
- Essentially, the opposite of professionals guarding and protecting their “turf” or area of expertise.

What is the Montgomery County Elder/Vulnerable Adult Abuse Task Force?

- Multidisciplinary team with the goal of ensuring a coordinated response to elder and vulnerable adult abuse investigations between:
  - Adult Protective Services
  - Ombudsman Program
  - Licensure & Regulatory Services
  - County Attorney’s Office
  - State’s Attorney’s Office
  - MCPD/Special Victims Investigations Division
  - MCPD/Fraud Division
Why coordinate efforts?

- Share information
- Prevent reinventing the wheel
- Effective safety planning
- Early identification of problem areas
- Fewer interviews for victims
- Quick access to available resources
- Greater success in holding offenders accountable criminally where appropriate

The Ultimate Goal

- Safety and security for elder/vulnerable adults
- Accountability for offenders
Types of Abuse and Red Flags

- Neglect
- Physical Abuse
- Sexual Abuse
- Financial Abuse/Exploitation

Neglect

The refusal or failure to fulfill any part of a person's obligations or duties to an elder, including failure to provide:

- life necessities as food, water, clothing & shelter
- personal hygiene
- medicine
- comfort
- personal safety, and other essentials included in an implied or agreed-upon responsibility to an elder
Physical Abuse

- The use of physical force that may result in bodily injury, physical pain, or impairment, including:
  - Striking, hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning
  - Force-feeding, unauthorized use of medications or physical restraints

  Signs include:
  - Untreated cuts/sores
  - Unexplained bruising, broken bones, etc.
  - Lack of medical necessities

Sexual Abuse

- Non-consensual sexual contact of any kind. Sexual contact with any person incapable of giving consent is also considered sexual abuse.
  - Forcing the senior to observe sexual acts or view pornography
  - Coerced nudity
  - Photographing the senior
  - Spying on the senior in the bedroom or bathroom

  Signs include:
  - Unexplained bruising or bleeding, particularly in genital/pelvic area
  - Unexplained sexually transmitted diseases
  - New difficulty sitting or walking
Financial Abuse/Exploitation

- The illegal or improper use of an elder's funds, property, or assets, including:
  - cashing an elderly person's checks without authorization or permission
  - forging an older person's signature
  - misusing or stealing an older person's money or possessions
  - coercing or deceiving an older person into signing any document (e.g., contracts or will)
  - the improper use of guardianship, or power of attorney

- Signs:
  - Sudden changes in bank account (ex. unexplained withdrawal of large sums of money), unpaid bills, unininvolved relatives claiming rights, sudden transfer of assets, changes in lifestyle

Why are older adults at risk?

- Older adults may:
  - Have regular income and accumulated assets
  - Be trusting and polite
  - Be lonely and socially isolated
  - Be vulnerable due to grief from the loss of a spouse, family member, friend, or pet
  - Be unfamiliar with managing financial matters
  - Be unprepared for retirement and the potential loss of financial decision-making capacity
  - Have cognitive impairments
  - Be receiving care from a person with substance abuse, gambling or financial problems, or mental health issues
  - Be dependent on a family member, caregiver or another person who may pressure them for money or control of their finances
Who commits elder abuse?

- Two thirds of perpetrators are adult children or spouses, followed by friends and neighbors and then caregivers.
- Secure your valuables, such as jewelry
- Secure private financial documents (checks, financial statements, credit cards, etc.)
- Require receipts for purchases
- Monitor bank accounts
- Do not let hired caregivers/helpers open your mail, pay your bills, manage your finances.
- Never promise money or assets after you die in exchange for care now.
- Never lend money or personal property.
- Don’t put persons other than your spouse/life-partner on the title to your home.

Elder abuse prevention tips

- Be suspicious of pressure to wire funds or send pre-paid cards
- Be wary of requests for secrecy
- Ask for the information to be mailed to you
- Don’t base your trust on appearances or the sound of a voice
- If it’s “too good to be true” It probably is!
- Make checks payable to a company or financial institution, never an individual
- Stay in charge of your money or enlist a trusted third party such as a loved one, family member, friend or money manager
- Try www.nomorobo.com to block unwanted calls
- Get your annual free credit report from annualcreditreport.com or call 1-877-322-8228
Who to call?

- Emergencies: 911
- Non-emergencies: 311
- Adult Protective Services: 240-777-3000
- Crisis Center: 240-777-4000
- Montgomery County Police Department, Elder/Vulnerable Adult Abuse Section: 240-773-5050
- State’s Attorney’s Office, Crimes Against Seniors and Vulnerable Adults Unit: 240-773-0444

Report scams:
- Federal Trade Commission: FTC.gov
- Internet Crime Complaint Center of the FBI: IC3.gov
- For international scams: econsumer.gov
Montgomery County Demographics

Mario Wawrzusin
Administrator, Assessment, APS & Care Management Services, Aging and Disability Services
Montgomery County Department of Health and Human Services

Projected growth in Montgomery County’s Older Population (65+)

Source: Maryland Department of Planning
By 2040, nearly 60% of 55+ adults will be part of a minority group.

Montgomery County’s Older Population is Diverse.
Asian-American older Population Growth is Highest among the 75+ Population

The majority of APS cases, are Self-Neglect Cases.
Scams Targeting Minority Communities

The Federal Trade Commission (FTC) stated that 3 million scams were reported in 2016.

- 72% of scams start with a telephone call; most involve a wire transfer.
- In 2011, 17.3% of African Americans and 13.4% of Hispanics were victims of fraud, compared to 9% of non-Hispanic whites.
- African Americans were more than three times as likely, and Hispanics 2.5 times as likely to have experienced debt-related scams than non-Hispanic whites.
- African Americans were 2.75 times as likely to have been a victim of income-related fraud than non-Hispanic whites.
- Hispanics experienced income-related fraud at a rate almost 50% higher than non-Hispanic whites.
Minorities as Targets

- Scammers disproportionately target minority communities. Why?
  - Language barrier
  - Unstable economic situation
  - Immigration status
  - Unfamiliarity with US Government
  - Cultural differences
  - Lack of education

Types of Scams

- Immigration scams - wrong person can file paperwork incorrectly, miss deadlines, lose or misuse your information
- Debt collection scams - demand immediate payment to avoid deportation, arrest, fines, etc.
- Foreclosure scams - help with loans
- Start up companies, work from home scams - send you money to get started, then check bounces
Be Suspicious of...

- Notarios – in Latin America, notaries are highly skilled lawyers but in US, this is not the case. Seek advice from a lawyer.
- Fees for government forms. You can obtain these for free from government websites.
- Fake government websites. Make sure the website ends in .gov!
- If someone asks you for your original documents...
- For scams that are specific to immigration issues, visit ftc.gov/immigration

Always Report!

- FTC states that African American and Latino communities under report scams, despite being more vulnerable to them. Why?
  - Distrust of the government
  - Don’t think their complaint will make a difference
  - Concerns about immigration status
  - Don’t know where to file a complaint
  - Fear, shame, embarrassment
Resources Available in Montgomery County

The following handouts were included in the folders provided to ECHO workshop attendees.

**Crimes Against Seniors and Vulnerable Adults Unit Brochure**  
In recognition of the projected older adult population growth in Montgomery County, the Crimes Against Seniors and Vulnerable Adults Unit at the State’s Attorney’s Office was established to aggressively prosecute crimes against older adults and to protect these vulnerable members in the community.

**Montgomery County Family Justice Center Brochure**  
[https://www.montgomerycountymd.gov/fjc/resources/files/brochure4-21-09.pdf](https://www.montgomerycountymd.gov/fjc/resources/files/brochure4-21-09.pdf)  
The Family Justice Center provides shelter and protection for families in abusive situations. The center is co-located with multiple agencies to provide coordinated advocacy, law enforcement, civil legal services, and social services.

**Montgomery County Long Term Care Ombudsman Program Brochure**  
The Long Term Care Ombudsman Program helps Montgomery County residents to resolve problems in long term care communities such as nursing homes and assisted living facilities and advocates for their resident rights.

**Programs and Services for Seniors and Persons with Disabilities Flyer**  
The Aging and Disability Resource Unit provides personalized hands on assistance and referrals to services and specific information to older people, people with disabilities, and caregivers over the phone and in person.

**Programs and Services for Seniors and Persons with Disabilities Flyer (Multilingual)**  
This flyer has information on how to reach the Aging and Disability Services in English, Spanish, Chinese, Korean, Vietnamese, and Russian.

**Red Flags of Abuse Flyer**  
This flyer provides information on the warning signs of mistreatment that we should look out for and where we can seek help if needed. The flyer is created by National Center on Elder Abuse (NCEA).
Smoke Alarm Flyer and Door Hanger
The flyer and door hanger provides information for the community on the life-saving benefits of smoke alarms and methods on checking whether the smoke alarms are working properly. You can also schedule a free home safety check to install smoke alarms with the Montgomery County First and Rescue Service by clicking here.

Smoke & Fire Safety Action Planner
This planner guides residents on how to install and maintain smoke alarms, prepare an exit route and prevent residential fires. Community members can use this planner to help improve the smoke and fire safety of their homes.
FACT SHEET

CANCER is the second-leading cause of death in the U.S. Blacks have the highest death rate and shortest survival rate of any racial and ethnic group for most cancers. Source: American Cancer Society

CARDIOVASCULAR DISEASE is the leading cause of death for Blacks. Who have high rates of diabetes, obesity, and high blood pressure, the most common conditions that increase the risk of heart disease and stroke. The prevalence of high blood pressure among Blacks in the U.S. is the highest in the world. Source: American Heart Association

INFANT MORTALITY is disproportionately high across all social and economic levels of the Black population. Black women in the U.S. are two times more likely than non-Hispanic White and Hispanic women to experience infant death in the first year of their child's life. Factors such as stress, absence of prenatal care, teen pregnancy, advanced maternal age, substance abuse, cord/placental complications, and a history of premature births drive the prevalence of infant mortality among Black women. Source: Centers for Disease Control and Prevention

MENTAL HEALTH conditions severely impact the health and well-being of Blacks. Black adults are 20% more likely to report serious psychological distress than White adults but less likely to seek professional guidance or treatment. Source: National Alliance on Mental Illness

ORAL HEALTH plays a major role in the overall health of Blacks. Several diseases that disproportionately affect the Black population can be linked to oral care. The African American Health Program continues to provide Montgomery County with an essential public health service as it informs, educates, and empowers Black communities to address health issues impacting their lives, families, and communities.

The African American Health Program provides education, resources, and treatment referrals in seven major focus areas of health:

MATERNAL AND CHILD HEALTH

The S.M.I.L.E. (Start More Infants Living Equally healthy) Program provides education, counseling, support groups, case management, and referrals to help reduce the number of preterm and low birthweight babies born to Black women in Montgomery County. We offer professional guidance to expecting mothers through pregnancy, childbirth, breastfeeding, and through the first year of their child's life.

DIABETES/HEART HEALTH

We provide education and counseling on prevention and management of diabetes and heart disease. We offer diabetes education classes and heart health classes that include cooking demonstrations and tastings of heart-healthy foods. We conduct health screenings to detect health issues like high blood pressure ("the silent killer"), high blood glucose, and high BMI (body mass index). All AAHP Diabetes Educators are accredited by the American Association of Diabetes Educators.

STI/HIV/AIDS

We provide free and confidential HIV testing at several locations throughout Montgomery County, as well as counseling, referrals, and educational materials.

CANCER

We provide cancer education, community outreach, and referrals for cancer screenings.

MENTAL HEALTH

We provide mental health education and referrals for professional care for mental disorders and substance abuse problems.

ORAL HEALTH

We provide oral health education and spread awareness of the impact of oral health on disease prevention.

The African American Health Program is funded by the Montgomery County Department of Health and Human Services and implemented by McFarland & Associates, Inc.

Meeting Accessibility: Montgomery County will provide sign language interpreters, and other auxiliary aids or services, upon request, with at least three (3) business days' notice. For a written statement or to request a reasonable accommodation, please call 301-477-1431 or send a request by email to americanswithdisabilities@montgomerycounty.gov. Taking these steps will help us better meet your needs.
Community Programs

Outreach and Health Education

Working with community-based and faith-based partners, AAHI provides the community with direct services such as preventative screenings and health education on diseases shown to disproportionately affect the Asian American community. On average, AAHI attends 40-50 events per year.

ECHOC

Launched in 2011, the Empowering Community Health Organizations (ECHOC) Project is a series of practical and professional training workshops aimed to build the capacity and sustainability of community organizations. The workshops are held twice a year in the fall and the spring.

Health B Prevention

AAHI partners with community- and faith-based organizations to expand hepatitis B education, screening, vaccination, and treatment referral for Asian American communities.

Health Communication

Educational Materials

AAHI has created culturally and linguistically tailored health education materials for the Asian American community. These materials are available in English, Chinese, Korean, Vietnamese, and Hindi. You can download these materials for free on our website: www.AAHIinfo.org.

Website & Social Media

AAHI's website and social media are platforms to disseminate educational materials and update the community with upcoming events and other important information.

AAHI in the News

AAHI develops educational articles on various health topics affecting Asian Americans. These articles are published in multiple media news sources in both English and Asian languages.

Community Support

Steering Committee

AAHI is supported by its Steering Committee which is composed of stakeholders representing various ethnic and professional groups in the community. They are responsible for advocating, advising, and assisting AAHI in achieving its mission.

Health Promoters Program

Similar to Community Health Workers, Health Promoters are a group of bilingual and bicultural volunteers who assist program staff in identifying community partners. Developing cultural awareness, and providing language assistance during outreach events.

Patient Navigators Program

AAHI Patient Navigators assist limited English-speaking and low-income County residents in accessing County services through two main services offered in Chinese, Hindi, Vietnamese, Korean, and English: 1) Multilingual Health Information and Referral Telephone Line and 2) Trained Multilingual Medical Interpreters.

Special Projects

Needs Assessments

Conducted in 2005 and 2008, the needs assessments examine the health status of the Asian American community in Montgomery County. It provides recommendations to guide AAHI.

Strategic Plan

Based on the needs assessments, scientific literature, and MCDHHS priorities, AAHI formulated a strategic plan to define and guide their goals and objectives between 2011 and 2015.

Conferences

In 2006 and 2009, AAHI hosted an Asian American Health Conference, convening public health professionals and practitioners from around the nation to offer an expert array of conceptual and substantive presentations related to Asian American health and to help facilitate the AAHI strategic planning process.
The Montgomery County Community Action Agency seeks to reduce poverty and improve the self-sufficiency of low-income residents.

Community Action manages $3 million in federal and state Head Start and Community Services Block Grant funding. We provide comprehensive early childhood services through Head Start, deliver social services at the Takoma-East Silver Spring Center (TESS), and increase asset development through the Volunteer Income Tax Assistance (VITA) partnership. Throughout the County, nonprofits with contracts monitored by Community Action staff—totaling over $3 million—deliver emergency food, clothing, and social services; legal assistance; employment training; and education and facilitate community engagement among Montgomery County’s diverse low-income community members, including residents with Limited English Proficiency.

At A Glance

Last year, Community Action assisted low-income County residents directly by providing:
- 8,800 clients with social services at TESS
- 2,500 families with free tax help (VITA)
- 648 children and their families with comprehensive Head Start services

FY2017 Partners

Emergency Services – Clothes
- C-4 Clothes Closet
- Interfaith Works Clothing Closet

Emergency Services – Utilities/Rent
- East Montgomery Emergency Assistance Network (EEMAN)
- Catholic Charities, Archdiocese of Washington

Emergency Services – Food
- Caribbean Help Center
- Catholic Charities, Archdiocese of Washington
- Crossroads Community Food Network
- Kids In Need Distribution
- Manna Food Center
- Mid-Atlantic Gleaning Network
- Women Who Care Ministries

Employment and Training/Support
- CASA de Maryland
- Catholic Charities at Spanish Catholic Center
- Catholic Charities of the Archdiocese of Washington
- Empowered Women International
- Korean Community Services Center of Greater Washington

Community Engagement and Outreach
- Circle of Rights
- Community Health & Empowerment Through Education and Research (CHEER)
- IMPACT Silver Spring
- MoverMoms

Agency Development
- The Nonprofit Village Center

Economic Enhancement
- Community Action “VITA” Partnership (free tax help)

Social Services and Referrals
- Caribbean Help Center
- CASA de Maryland
- Catholic Charities, Archdiocese of Washington
- Catholic Charities at Spanish Catholic Center

Community Ministries of Rockville
- Conflict Resolution Center of Montgomery County
- Family Services, Inc.
- Korean Association of the State of Maryland
- Catholic Charities of the Archdiocese of Washington
- Maryland Metropolitan Area
- World Organization for Resource Development & Education (WORDE)

Early Childhood Education, Youth Development and Academic Support
- Head Start – in partnership with DHHS, MCPS and Montgomery College
- Community Ministries of Rockville
- YMCA of Silver Spring

Legal Services
- Legal Aid Bureau
- Montgomery County Maryland Bar Foundation

If you need additional help, call
240-777-1697
240-773-8260
Maryland Relay - 711
240-777-3295 FAX

mc311.com
For calls made outside of Montgomery County: 240-777-0311
Maryland Relay - 711
To request this information in alternate formats, call 240-777-1697.
July 2016 - June 2017

The Montgomery County Community Action Agency provides direct services and administers partnerships that reduce poverty and promote low-income families’ self-sufficiency. Community Action funding comes from federal and state grants and County government.

Contracts monitored by Community Action receive funding from the federal Administration of Children & Families, Office of Head Start, HHS; the Maryland State Department of Education; and the Montgomery County Executive and County Council Community Grants programs.

The Montgomery County Community Action Board (CAB), the County’s federally designated antipoverty group, advises the County about poverty and the needs of low-income people. CAB provides oversight for the agency’s federal grants and of the agency’s services.

The Promise of Community Action

Community Action changes people’s lives, embodies the spirit of hope, improves communities, and makes America a better place to live.

We care about the entire community, and we are dedicated to helping people help themselves and each other.

Through Education and Research (CHEER)
The influx of Latino people into Montgomery County over just the past two decades has helped transform this County into the most diverse one in Maryland. As the Latino population continues to grow, its contributions to the County’s economic, political, social and cultural landscape will continue to increase and accordingly, County services must reflect evolving demographics and related health trends.

The Latino Health Initiative (LHI) of the Montgomery County Department of Health and Human Services was established in July 2000 with the support of the County Executive and County Council.

**OUR MISSION**

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

**OVERALL FUNCTIONS**

- Enhance coordination between existing health programs and services targeting Latinos.
- Provide technical assistance to programs serving the Latino community.
- Develop and support models of programs and services to adequately reach Latinos.
- Advocate for policies and practices needed to effectively reach and serve Latinos.

**WHO IS INVOLVED WITH THE LHI?**

The LHI is comprised of staff members from the Department of Health and Human Services and a group of volunteer professionals and community leaders. These individuals work as a team to inform the Latino community about the LHI and to collect feedback from them regarding their health concerns. In addition, this group acts as the planning body for the LHI and advocates to improve the health of Latino communities.

**FOR MORE INFORMATION ABOUT THE LHI**

For more information about the Latino Health Initiative, please visit our website at www.lhiinfo.org.

---

**BLUEPRINT FOR LATINO HEALTH**

In 2000, soon after the LHI was established, the Latino Health Steering Committee engaged in a two year long intensive community participatory process to determine the major health priorities crucial to improving the health of Montgomery County Latinos. This effort culminated with the development of the Blueprint for Latino Health in Montgomery County Maryland.

Every five years, the Blueprint is updated in response to the changing social-political landscape and to the progress achieved in the prior five years. The document offers socio-demographic and health profiles of Montgomery County Latinos, and it also outlines seven action-oriented priority areas each accompanied by policy recommendations:

A. Improving Data Collection, Analysis and Reporting
B. Ensuring Access to and Quality of Health Care
C. Ensuring the Availability of Culturally and Linguistically Competent Health Services
D. Enhancing the Organizational Capacity of Latino Community-Based Organizations to Provide Health Services
E. Enhancing Community Participation in Decisions that Impact the Health of Latinos
F. Expanding Health Promotion and Disease Prevention Efforts Targeting Latino Communities
G. Increasing the Number of Latino Health Care Professionals Working in the County

**PURPOSE OF THE BLUEPRINT FOR LATINO HEALTH**

The Blueprint plays a pivotal role in guiding the LHI programs and activities and in informing, engaging and mobilizing policy and decision makers, stakeholders and community members. The Blueprint aims to help readers:

- Make strategic and programmatic decisions that will better correspond to the needs of low-income Latino people.
- Obtain funding and other support from government and private sources for programs that correspond to the needs of the Latino community.
- Support policy initiatives and budget requests from local and State governments that will further the health interests of the Latino community.
- Enhance collaborations with academic and non-profit organizations to increase resources, funding, and support for programmatic activities.

**HOW CAN I GET A COPY OF THE BLUEPRINT?**

Major Programs and Activities

Community Programs and Campaigns

“Ama tu Vida” Campaign
The “Ama tu Vida” campaign promotes health and wellness in the Latino community. The “Ama tu Vida” campaign invites the community to make a commitment to living a healthier life, and encourages them to adopt lifelong health promotion and disease prevention habits.

Asthma Management Program
This program is designed to increase the knowledge of Latino parents of children with asthma regarding the condition and its management, and increase awareness and utilization of pediatric clinical services. The desired outcome is Latino families who are empowered to appropriately self-manage asthma in their children.

Health Promoters Program
“Vías de la Salud”
The mission of the HPP is to improve the health and well-being of the low-income Latino community in Montgomery County through training and empowerment of Latino health promoters to promote healthy behaviors, facilitate access to health services, and advocate of health policies that benefit the community.

Latino Youth Wellness Program (LYWP)
This program provides the unique opportunity for participating youth between the ages of 12-19 and their families to engage in a holistic approach to wellness by including components that address mental, physical, social, environmental and emotional issues in a culturally and linguistically competent manner. This program has a component to improve physical fitness.

Program for Licensure of Foreign-Trained Health Professionals
This program is a multi-institutional collaboration of the LHI, Montgomery College, Holy Cross Hospital, Washington Adventist Hospital and Workforce Investment Board. The program provides a comprehensive, integrated and coordinated approach to effectively address the needs and decrease the challenges and barriers Latino nurses encounter in Maryland to obtain the nursing license. The program incorporates four components: support and guidance system, academics, practical exposure to the U.S. healthcare system, and mentoring.

Smoking Cessation Program for Latinos
The goal of the program is to reduce the prevalence of cigarette use among low-income Latinos who live or work in Montgomery County. Smoking cessation interventions are available to current smokers willing to try to quit smoking.

System Navigator & Interpreter Program
The goal of this program is to guide, provide resources and professional medical interpretation in a culturally competent manner in order to facilitate access to health care for low-income, uninsured Latinos. Another component of the program is the Bilingual Health Services Information Line (301-270-8432) which informs callers of existing health and human services and other related programs in Montgomery County and assists them to successfully access these services.

Special Projects

Emergency Preparedness Project
This project is a collaborative effort between the Latino Health Initiative and the Montgomery Advanced Practice Center (APC). This project intends to increase awareness, understanding and knowledge of public health emergency threats among low income Latino families and to develop and test culturally and linguistically appropriate educational interventions. The project uses the health promoter model as a strategy.

Latino Data Workgroup
Under the auspices of the Latino Health Steering Committee, this Workgroup seeks to unite stakeholders in Montgomery County through training and empowerment of Latino health promoters to promote healthy behaviors, facilitate access to health services, and advocate of health policies that benefit the community.

Latino Youth Wellness Program (LYWP)
This program provides the unique opportunity for participating youth between the ages of 12-19 and their families to engage in a holistic approach to wellness by including components that address mental, physical, social, environmental and emotional issues in a culturally and linguistically competent manner. This program has a component to improve physical fitness.

Program for Licensure of Foreign-Trained Health Professionals
This program is a multi-institutional collaboration of the LHI, Montgomery College, Holy Cross Hospital, Washington Adventist Hospital and Workforce Investment Board. The program provides a comprehensive, integrated and coordinated approach to effectively address the needs and decrease the challenges and barriers Latino nurses encounter in Maryland to obtain the nursing license. The program incorporates four components: support and guidance system, academics, practical exposure to the U.S. healthcare system, and mentoring.

Smoking Cessation Program for Latinos
The goal of the program is to reduce the prevalence of cigarette use among low-income Latinos who live or work in Montgomery County. Smoking cessation interventions are available to current smokers willing to try to quit smoking.

System Navigator & Interpreter Program
The goal of this program is to guide, provide resources and professional medical interpretation in a culturally competent manner in order to facilitate access to health care for low-income, uninsured Latinos. Another component of the program is the Bilingual Health Services Information Line (301-270-8432) which informs callers of existing health and human services and other related programs in Montgomery County and assists them to successfully access these services.

Emergency Preparedness Project
This project is a collaborative effort between the Latino Health Initiative and the Montgomery Advanced Practice Center (APC). This project intends to increase awareness, understanding and knowledge of public health emergency threats among low income Latino families and to develop and test culturally and linguistically appropriate educational interventions. The project uses the health promoter model as a strategy.

Latino Data Workgroup
Under the auspices of the Latino Health Steering Committee, this Workgroup seeks to unite stakeholders in Montgomery County through training and empowerment of Latino health promoters to promote healthy behaviors, facilitate access to health services, and advocate of health policies that benefit the community.

Latino Youth Wellness Program (LYWP)
This program provides the unique opportunity for participating youth between the ages of 12-19 and their families to engage in a holistic approach to wellness by including components that address mental, physical, social, environmental and emotional issues in a culturally and linguistically competent manner. This program has a component to improve physical fitness.

Program for Licensure of Foreign-Trained Health Professionals
This program is a multi-institutional collaboration of the LHI, Montgomery College, Holy Cross Hospital, Washington Adventist Hospital and Workforce Investment Board. The program provides a comprehensive, integrated and coordinated approach to effectively address the needs and decrease the challenges and barriers Latino nurses encounter in Maryland to obtain the nursing license. The program incorporates four components: support and guidance system, academics, practical exposure to the U.S. healthcare system, and mentoring.

Smoking Cessation Program for Latinos
The goal of the program is to reduce the prevalence of cigarette use among low-income Latinos who live or work in Montgomery County. Smoking cessation interventions are available to current smokers willing to try to quit smoking.

System Navigator & Interpreter Program
The goal of this program is to guide, provide resources and professional medical interpretation in a culturally competent manner in order to facilitate access to health care for low-income, uninsured Latinos. Another component of the program is the Bilingual Health Services Information Line (301-270-8432) which informs callers of existing health and human services and other related programs in Montgomery County and assists them to successfully access these services.

Emergency Preparedness Project
This project is a collaborative effort between the Latino Health Initiative and the Montgomery Advanced Practice Center (APC). This project intends to increase awareness, understanding and knowledge of public health emergency threats among low income Latino families and to develop and test culturally and linguistically appropriate educational interventions. The project uses the health promoter model as a strategy.

Latino Data Workgroup
Under the auspices of the Latino Health Steering Committee, this Workgroup seeks to unite stakeholders in Montgomery County through training and empowerment of Latino health promoters to promote healthy behaviors, facilitate access to health services, and advocate of health policies that benefit the community.

Latino Youth Wellness Program (LYWP)
This program provides the unique opportunity for participating youth between the ages of 12-19 and their families to engage in a holistic approach to wellness by including components that address mental, physical, social, environmental and emotional issues in a culturally and linguistically competent manner. This program has a component to improve physical fitness.

Program for Licensure of Foreign-Trained Health Professionals
This program is a multi-institutional collaboration of the LHI, Montgomery College, Holy Cross Hospital, Washington Adventist Hospital and Workforce Investment Board. The program provides a comprehensive, integrated and coordinated approach to effectively address the needs and decrease the challenges and barriers Latino nurses encounter in Maryland to obtain the nursing license. The program incorporates four components: support and guidance system, academics, practical exposure to the U.S. healthcare system, and mentoring.

Smoking Cessation Program for Latinos
The goal of the program is to reduce the prevalence of cigarette use among low-income Latinos who live or work in Montgomery County. Smoking cessation interventions are available to current smokers willing to try to quit smoking.

System Navigator & Interpreter Program
The goal of this program is to guide, provide resources and professional medical interpretation in a culturally competent manner in order to facilitate access to health care for low-income, uninsured Latinos. Another component of the program is the Bilingual Health Services Information Line (301-270-8432) which informs callers of existing health and human services and other related programs in Montgomery County and assists them to successfully access these services.

Emergency Preparedness Project
This project is a collaborative effort between the Latino Health Initiative and the Montgomery Advanced Practice Center (APC). This project intends to increase awareness, understanding and knowledge of public health emergency threats among low income Latino families and to develop and test culturally and linguistically appropriate educational interventions. The project uses the health promoter model as a strategy.

Latino Data Workgroup
Under the auspices of the Latino Health Steering Committee, this Workgroup seeks to unite stakeholders in Montgomery County through training and empowerment of Latino health promoters to promote healthy behaviors, facilitate access to health services, and advocate of health policies that benefit the community.

Latino Youth Wellness Program (LYWP)
This program provides the unique opportunity for participating youth between the ages of 12-19 and their families to engage in a holistic approach to wellness by including components that address mental, physical, social, environmental and emotional issues in a culturally and linguistically competent manner. This program has a component to improve physical fitness.

Program for Licensure of Foreign-Trained Health Professionals
This program is a multi-institutional collaboration of the LHI, Montgomery College, Holy Cross Hospital, Washington Adventist Hospital and Workforce Investment Board. The program provides a comprehensive, integrated and coordinated approach to effectively address the needs and decrease the challenges and barriers Latino nurses encounter in Maryland to obtain the nursing license. The program incorporates four components: support and guidance system, academics, practical exposure to the U.S. healthcare system, and mentoring.

Smoking Cessation Program for Latinos
The goal of the program is to reduce the prevalence of cigarette use among low-income Latinos who live or work in Montgomery County. Smoking cessation interventions are available to current smokers willing to try to quit smoking.

System Navigator & Interpreter Program
The goal of this program is to guide, provide resources and professional medical interpretation in a culturally competent manner in order to facilitate access to health care for low-income, uninsured Latinos. Another component of the program is the Bilingual Health Services Information Line (301-270-8432) which informs callers of existing health and human services and other related programs in Montgomery County and assists them to successfully access these services.