

AGENDA ITEM #3
October 20, 2009

UPDATE and DISCUSSION

MEMORANDUM

October 16, 2009

TO: County Council sitting as the Board of Health

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Update from County Health Officer on H1N1 Flu and Seasonal Flu
Annual Meeting with Commission on Health**

Update on H1N1 and Seasonal Flu

Dr. Ulder Tillman, Health Officer for Montgomery County, will be present to provide the Board of Health with an update on the H1N1 flu and seasonal flu. The Centers for Disease Control and Prevention (CDC) identifies Maryland as one of 37 states with widespread influenza activity. Attached at ©1-2 is recent information from the county's website. At ©3-5 is current information from the Montgomery County Public Schools' website, including an October 13th letter from Dr. Tillman (©5). On September 24th, the HHS and ED Committee received an update on the school-based seasonal flu vaccination effort which has since been suspended. The letter at ©5 informs families about where students may receive a seasonal flu vaccine. Attached at ©6-7 is information from the Maryland State Department of Health and Mental Hygiene on the tenth death in Maryland related to the H1N1 flu. In this instance, the adult had serious underlying medical conditions. Since June 1, 2009, the State of Maryland has reported 257 hospitalizations and 10 deaths statewide related to the H1N1 flu.

Annual Meeting with the Commission on Health

Wendy Friar, RN, MS, and Chair of the Commission on Health, will be present at this session to discuss with the Council the work of the Commission during Fiscal Year 2009. A copy of the Commission's Annual Report is attached at ©8-73.

For FY09, the Commission organized itself into three standing committees: (1) Health Disparities, (2) Prevention and Wellness, and (3) Public/Private Partnerships. These committees will continue in FY10. Also in FY10, a committee will look at end-of-life and Do Not Resuscitate (DNR) orders. The Commission's membership is included at ©15 and a summary of the Commission's meeting agendas is included at ©16-17.

Each of the FY09 committees developed recommendations that were reviewed with the entire Commission and forwarded to the Council and Executive in correspondence last June (see © 51-73 for more detail on each recommendation.)

Health Disparities Recommendations:

The Commission's recommendations were in response to data (©53) on the continued disparities in the rates of infant mortality.

1. Expand collection and analysis of primary data to identify specific factors that contribute to infant mortality.
2. Increase, or at a minimum, sustain funding based on the findings for programs such as the AAHP and its SMILE project, the Fetal and Infant Mortality Review Board (FIMR), and the Health Families Program.
3. Leverage dollars by expanding public/private partnerships to increase services for at-risk women.
4. Fund outreach provider education about community resources with the county (e.g. AAHP's SMILE).

Prevention Committee

The Commission's recommendations were in response to prevention data presented to the Commission during the year. The Commission notes that there are other priority areas not included in these recommendations such as diabetes, cancer, and chronic diseases.

1. Provide an up-county clinic that duplicates the efforts of the Dennis Avenue clinic to address HIV/AIDS, Hepatitis B Virus (HBV), Hepatitis C Virus, and Sexually Transmitted Infections (STIs).
2. Vaccinations/Immunizations to address Hepatitis B Virus (HBV).
3. Fitness and nutrition programming to address obesity.

Public/Private Partnerships

The Commission's recommendations focus on the need to encourage more physicians and licensed health care professionals to volunteer in the safety net clinic system serving the county's vulnerable populations.

1. Develop and implement a streamlined process to address barriers to volunteering for the many physicians, nurses, dentists, and other licensed health care professionals currently employed or in training at public institutions such as the National Institutes of Health, Uniformed Services University of Health Services, National Naval Medical Center or other federal agencies...reactivate the Federal Health Professionals Care Project, which began in 2003 as a collaborative pilot project of the Federal Department of Health and Human Services, U.S. Public Health Service, the Montgomery County Department of Health and Human Services, the County Volunteer Center, the Primary Care Coalition, and the safety net clinics.
2. Develop and implement a streamlined process to attract the approximately 217 emeritus physician members of the Montgomery County Medical Society to volunteer in the safety net clinics. This is another valuable resource within our county which could help fill the increasing need for access for care.

Liaisons

Members of the Commission serve as liaisons to eight other county boards, committees, or commissions and the Medical Society: (1) African American Health Program Executive Committee, (2) Asian American Health Initiative Steering Committee, (3) Commission on Aging, (4) Commission on Children and Youth, (5) Latino Health Initiative Steering Committee, (6) Montgomery County Medical Society, (7) Montgomery Cares Advisory Board, (8) Obesity Prevention Strategy Group. Information on the activities of these liaisons is attached at ©19-26.

September 16, 2009 Breakfast with HHS Committee

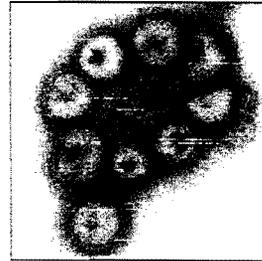
Attached at ©74 is the testimony provided by the Commission on Health at the HHS Committee's breakfast with boards, committees, and commission housed within the Department of Health and Human Services. The testimony supported the efforts outlined in the annual report.

COUNTY MARYLAND

Flu Information (H1N1 and Seasonal Flu)

Last updated: 10/13/09

The H1N1 virus is considered widespread in the community at this time. Montgomery County's Health and Human Services has received doses of intranasal H1N1 vaccine (nasal spray) and injectable H1N1 flu vaccine (flu shots). Consent forms must be filled out at the clinic but sample consent forms ([English/Spanish](#)) are available [here](#).



FREE H1N1 vaccination clinics (providing nasal spray and injectable) will be held on:

- **Wednesday, October 14**
9 a.m. to noon
Dennis Avenue Health Center
2000 Dennis Avenue, Silver Spring.
- **Wednesday, October 21**
9 a.m. to noon
Piccard Drive Health Center
1335 Piccard Drive, Rockville

These clinics will be focused on the following priority groups:

- Pregnant women
- Children and young adults from ages six months to 24 years
- Household contacts and caretakers of infants younger than six months of age
- Health care workers
- Adults ages 25 to 64 years with chronic health conditions such as asthma, heart disease, cancer and HIV

Beginning later this month, **FREE** H1N1 vaccination clinics (providing nasal spray and injectable) will be held **for all children and young adults, including public and private school students, ages six months to 24 years, on the following dates at the three locations listed below:**

- Wednesday, October 28 from 4 to 8 p.m.
- Wednesday, November 4 from 4 to 8 p.m.
- Wednesday, November 11 from 4 to 8 p.m.
- Wednesday, November 18 from 4 to 8 p.m.

Northwood High School

919 University Boulevard West, Silver Spring

Northwest High School

13501 Richter Farm Road, Germantown

Rockville High School

2100 Baltimore Road, Rockville

Health officials recommend that everyone consider receiving an H1N1 vaccination. Clinics for the general public will be held at a later date. Dates and locations for those clinics will be posted when information is available. In addition to local health departments, retail locations and some private physicians will be receiving the H1N1 vaccine, as well.

Montgomery County's flu hotline -- 240-777-4200-- is open Monday through Friday from 9 a.m. to 5 p.m.

Please visit the links below for information on what you can do to prevent the spread of the H1N1 virus.

Information is also included for health care professionals.

Information for Residents

- [County Health Officials Provide Guidance on H1N1 Vaccinations: Initial Supplies of Vaccine Expected Soon](#) (press release)
- [Seasonal Flu Vaccination Clinics](#) (press release)
- [MCPS letter regarding seasonal flu vaccination for elementary students](#) (PDF)
- [Seasonal Flu Vaccination Resources for Middle/High Schools](#) (PDF)
- [Seasonal Flu Vaccination Resources for Private Schools](#) (PDF)
- ["The Citizen's Common Sense Swine Flu Checklist"](#) (MD State Department of Health & Mental Hygiene)
- [Plan 9 Emergency Kit](#) - Disaster preparedness for individuals and families. (PDF | 1 MB)
- [Stay At Home Tool Kit](#) - What you can do to prevent the spread of flu. (PDF | 2.2 MB)
- [CDC Resources for Businesses](#)
- [H1N1 Vaccine and Seniors](#)

Information for Health Care Providers

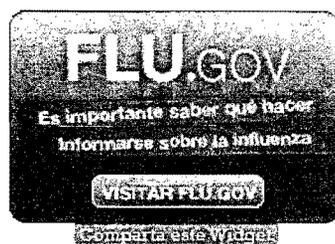
- [New England Journal of Medicine H1N1 Information Center](#)
- [CDC Resources for Health Care Providers](#)

Other Resources

- [Centers for Disease Control and Prevention: Swine Influenza \(flu\)](#)
- [Key Facts about Swine Influenza \(CDC\) Spanish](#)
- [MD State Department of Health and Mental Hygiene](#)
- [Cover your Cough \(NYC DHMH\)](#) available in Arabic, Bengali, Chinese, Creole, English, French, Hebrew, Hindi, Korean, Russian, Spanish, Urdu, Vietnamese, Yiddish

Community Seasonal Flu Vaccination Resources

- www.adventisthealthcare.com/health/calendar
- <http://www.findaflushot.com/>
- <http://www.medstarhealthvna.org/>
- <http://www.minuteclinic.com/>
- <http://www.walgreens.com/default.jsp>
- <http://www.washingtontravelclinic.com/>



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H1N1 (Swine) and Seasonal Flu

Public health officials are concerned that in the fall the H1N1 flu virus might cause more serious illness than it did this spring. All schools are developing plans in case they have to close for some period of time and, if they do, for ways to continue teaching and learning. The school system will use a variety of communications methods to keep families informed.

MCPS will be guided by health officials in decisions related to H1N1 flu. Schools will distribute new information about the flu and school operations to families as it becomes available. Up-to-date information will be posted to this site.

H1N1 (Swine) Flu Vaccination Information



The Montgomery County Department of Health and Human Services (DHHS) will

Flu Hotline

📞 Questions about the seasonal or H1N1 (swine) flu? Call the Montgomery County Flu Hotline at **240-777-4200** weekdays 9 a.m. to 5 p.m. For specific medical questions about your health and flu vaccine, contact your doctor.

Health and Wellness

[Health and wellness resources](#)



How You Can Prevent the Flu

1. **Get vaccinated**
 - Vaccination is the BEST protection
 - Get the seasonal flu vaccine –

be offering the H1N1 (swine) flu nasal spray vaccine to all MCPS pre-K, Head Start, and PEP students in school during the school day between October 26 and November 6. At this time, there are no plans to provide vaccinations during the school day for other students.

- [Department of Health and Human Services \(DHHS\) letter on H1N1 \(swine\) flu clinics](#)

For additional information, [check the county's website](#) or call the county flu hotline at 240-777-4200.

(updated 10/14/09)

Seasonal Flu Vaccination Information

[Information about community clinics for seasonal flu vaccinations](#) and suspension of school-based seasonal flu vaccination clinics.

(updated 10/6/09)

Parents: Keep your emergency contact information up to date



Has your phone number or other contact information changed? Complete the appropriate form below and return it to your school as soon as possible.

- **Elementary and middle school:** [Student Emergency Information Form](#)
- **High school:** [Student Emergency Information Form](#)

Government Resources



[General resources and flu background](#)

- [MCPS Home](#)
- [Parents](#)
- [Students](#)

everyone should be vaccinated

- Guidance about the H1N1 (swine flu) vaccine will be provided when it becomes available this fall

2. Practice good hygiene

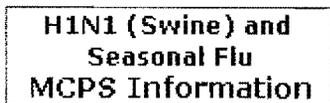
- Wash hands frequently with soap and water
- Avoid touching your eyes, nose, and mouth
- Cover your mouth and nose with tissue when you cough or sneeze
- Cough or sneeze into your upper sleeve if you don't have a tissue
- Put used tissues into a waste basket right away
- Clean your hands after coughing or sneezing. Use soap and water or hand sanitizer.

3. If you or a family member gets the flu

- Stay home from work or school if you have flu-like symptoms (fever of 100 degrees or greater with a cough or sore throat)
- Children should be fever-free for 24 hours before returning to school
- Follow your doctor's orders
- Avoid close contact with others, especially anyone who is sick
- Get plenty of rest
- Drink clear fluids
- Avoid using alcohol or tobacco
- Cover coughs and sneezes
- Clean hands with soap and water or sanitizer

For School Webmasters

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

October 13, 2009

Uma S. Ahluwalia
Director

Isiah Leggett
County Executive

Montgomery County Department of Health and Human Services (DHHS) will offer H1N1 (swine) flu vaccine to MCPS students, private school students and other healthy children from 2 years up to 18 years of age at FREE school-located clinics on the following dates: Wednesday, October 28, Wednesday, November 4, Wednesday, November 11 and Wednesday, November 18 from 4:00 p.m. – 8:00 p.m.

Northwood High School, 919 University Boulevard West, Silver Spring, MD 20901

Northwest High School, 13501 Richter Farm Road, Germantown, MD 20874

Rockville High School, 2100 Baltimore Road, Rockville, MD 20851

H1N1 vaccine will also be offered for students at the School Health Services Center, MCPS Rocking Horse Road Center, and 4910 Macon Road, Rockville, MD 20852 starting on Thursday, October 15, from 8:30 a.m. - 12:30 p.m. and 1:30 p.m. - 3:30 p.m.

Both the H1N1 (swine) flu nasal spray and injectable (flu shot) vaccine will be offered as it is available. Individuals cannot receive the H1N1 (swine) flu nasal spray within 28 days of receiving the *seasonal* nasal spray (FluMist) vaccine.

In the next several weeks, the DHHS will offer the H1N1 (swine) flu nasal spray vaccine to MCPS students in Pre-K, Head Start and PEP classes during the school day. The Centers for Disease Control and Prevention (CDC) have identified children of this age as one of the priority groups for the H1N1 (swine) flu vaccine. There are no plans to administer H1N1 (swine) flu nasal spray vaccine to other MCPS students during the school day.

For current information on locations and times of H1N1 (swine) flu clinics, check the County's website at www.montgomerycountymd.gov/h1n1flu or call the flu hotline at 240-777-4200. In addition to the local health department, retail locations and some private physicians will be receiving the H1N1 (swine) flu vaccine.

As you know, the *school based seasonal* flu vaccine campaign has been suspended. Instead, free seasonal injectable flu vaccine is being offered for students at the School Health Services Center, MCPS Rocking Horse Road Center, 4910 Macon Road, Rockville, MD 20852 on Thursdays, 8:30 a.m. - 12:30 p.m. and 1:30 p.m. - 3:30 p.m. Students under 9 years of age who need a second dose of seasonal flu vaccine may receive it at these clinics. Free seasonal flu vaccine clinics that are open to everyone will be held on October 31st at Silver Spring Health Center 10:00 a.m. – 2:00 p.m., on November 5th at Germantown Recreational Center 8:30 a.m. – 12:00 Noon and on November 12th at University of Maryland Shady Grove, 4:00 p.m. - 7:00 p.m. The vaccination for the seasonal flu and the H1N1 (swine) flu is entirely voluntary and not required for school attendance.

Sincerely,

Ulder J. Tillman, M.D., M.P.H.

UJT:kvr

Public Health Services

Press Releases

Maryland Reports Tenth H1N1 (Swine) Flu Related Death

Western Maryland Adult had Serious Underlying Medical Conditions

Department of Health & Mental Hygiene News Release

Baltimore, MD (October 13, 2009) - The Maryland Department of Health and Mental Hygiene (DHMH) will report to the Centers for Disease Control and Prevention (CDC) Maryland's tenth death related to the H1N1 (Swine) Flu virus. The latest report involves an adult with serious underlying medical conditions from Western Maryland. **As with the release of each previous flu death, personal details about the case, including age, gender and specific jurisdiction of residence, will not be released to protect the privacy of the resident and the resident's family.**

"We cannot emphasize enough that people with serious underlying health conditions should contact their health care providers as soon as they experience flu-like illness regardless of whether it is H1N1 (Swine) flu or seasonal flu" said DHMH Secretary John M. Colmers. "As with seasonal flu, we know H1N1 (Swine) flu is on the rise as we move further into the normal flu season. As a result, we do expect to see more hospitalizations and deaths as the season progresses. We wish to express our condolences to the family and friends of this latest resident to die as a result of illness related to H1N1 (Swine) flu."

Maryland is one of 37 states reporting geographically widespread influenza activity as virtually every indicator reveals the spread of H1N1 (Swine) flu is on the rise across the state. Additionally, the presence of regular seasonal flu in Maryland has been confirmed by laboratory tests. Since June 1, 2009, DHMH has reported 217 hospitalizations due to H1N1 (Swine) Flu-related illness to the CDC.

The CDC reports that since August 30 (the beginning of the 2009-2010 flu season) through October 3, that 1,544 people nationwide have died from influenza and pneumonia-associated illness and 12,384 have been hospitalized. CDC and state health departments discontinued reporting of individual cases as of July 24th.*

"Every indicator tells us that H1N1 (Swine) Flu continues to spread in the community and remains the dominant factor in flu-like illness statewide," said Frances Phillips, DHMH Deputy Secretary for Public Health Services. "We have seen the first few shipments of the H1N1 (Swine) flu vaccine arrive in Maryland and while we are ordering every dose available for our residents, vaccine remains at a trickle at doctor's offices, clinics, hospital and local health departments. Remember, vaccination is the best prevention against the flu, but basic measures like hand washing and covering your cough can help."

Symptoms of influenza include fever, cough, and sore throat. Additional symptoms may include chills, headache, fatigue, vomiting, diarrhea or shortness of breath.

Good personal hygiene can reduce the risk of illness:

- Wash your hands often
- Cover your mouth when coughing or sneezing
- If you have flu symptoms, stay home

Complications and death from flu-related illness are more common among those with serious underlying health conditions. If you have a flu-like illness and begin to experience emergency warning signs, contact your health care provider as soon as possible. Emergency warning signs include:

In Children

- Bluish skin color (for fair tones) and grayish skin color (for darker tones)
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

In Adults

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen

- Sudden dizziness or confusion
- Severe or persistent vomiting

Additional Information

Maryland DHMH H1N1 Influenza information:

www.flu.maryland.gov

Updated CDC Guidance for Schools, Colleges and Universities, Employers and more:

<http://www.flu.gov/>

The Weekly CDC Novel H1N1 Flu Situation Update:

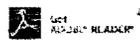
<http://www.cdc.gov/h1n1flu/update.htm>

CDC Interim Patient Treatment and Risk Guidance:

<http://www.cdc.gov/h1n1flu/identifyingpatients.htm>

***Editor's Note:** CDC discontinued reporting of individual confirmed and probable cases of H1N1 infection on July 24, 2009. CDC will report the total number of hospitalizations and deaths weekly, and continue to use its traditional surveillance systems to track the progress of the H1N1 flu outbreak. For more information about CDC's H1N1 influenza surveillance system, see Questions & Answers About CDC's H1N1 Influenza Surveillance.

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Montgomery County, Maryland
Department of Health and Human Services
Public Health Services

Commission on Health
Annual Report Fiscal Year 2009

August 31, 2009

The Honorable Isiah Leggett
Montgomery County Executive

The Honorable Phil Andrews
President, Montgomery County Council

Dear Mr. Leggett and Mr. Andrews:

Thank you for the honor and pleasure of serving Montgomery County through the activities of the Montgomery County Commission on Health (COH). During the past year this commission ambitiously built an infrastructure addressing the health needs of our community.

Starting at the fall retreat, the COH formed three committees. Throughout fiscal year 2009, all of the committees were cognizant of the County's budget constraints. Building upon the work accomplished in previous years, the committee activities included the following:

The *Health Disparities Committee* focused on ways the Commission could contribute to the reduction in health care disparities, ensure health equity and promote access to care for all Montgomery County residents. The committee made budget recommendations to support the County's minority health initiatives and the Community Health Improvement Process (CHIP) initiative, and these recommendations were incorporated into the COH testimony presented to the County Executive and County Council.

After reviewing the data on infant mortality in Montgomery County and noting the disturbing disparity in infant mortality between African American, native and foreign-born and white residents, the committee invited subject experts to discuss the findings and describe existing programs and strategies to deal with this problem, and a letter was generated to the County Executive and the County Council asking for more vigorous support of the programs for our County's black/African American at-risk mothers and babies. We greatly appreciated the County Executive's and County Council's response to this letter; the committee supports your efforts and has chosen to make African American infant mortality a high priority public health concern for the *Health Disparities Committee* in the coming year.

This committee also arranged for Dr. Rose Martinez, director of the Institute of Medicine's Board on Population Health and Public Health Practice, to speak about the importance of collecting better local data, and achieving health equity and literacy in our public health system to reduce health disparities. She also expressed her delight in the engaging conversation following her presentation.

The *Prevention Committee* met with representatives of the Dennis Avenue Health Center and the American Heart Association, conducted several interviews with infectious disease physicians, and gathered information from the Montgomery County Obesity Prevention Strategy Group for a better understanding of the health of our residents. Based on their findings three key areas were identified as priorities and highlighted in an advisory letter sent to the County Executive and County Council. In response to that letter, (1.) Recommendation for an establishing an up-county clinic for STIs and HIV - we are very glad to hear that the DHHS staff is taking instrumental steps towards establishing this clinic. (2.) Recommendation to reinstate the County adult vaccinations/immunizations program - we appreciate and applaud how the County will utilize multiple budget streams to provide our residents with critical and life-saving immunizations that are cost-effective. And, (3.) recommendations to support obesity and fitness programs – the Jane Lawton Farm to School Programs (SB 158) is especially impressive. We will continue to explore and look for additional ways to promote greater utilization of our green spaces and physical activity programs.

This *Prevention Committee* also secured the COH's endorsement of the Northwood High School wellness program for the "Fast and Fabulous Food and Fitness Initiative".

The third committee, the *Public-Private Partnerships Committee* identified an area where a partnership between public and private sectors could join efforts to improve the health of Montgomery County residents. The committee initially met with the leadership of the Montgomery County Medical Society (MCMS) to dialogue about opportunities to improve access to the underserved and uninsured. Robert Karp, MD, President Elect of the MCMS outlined several of the challenges that physicians in private practice currently face and how these challenges might inhibit further volunteerism for this segment of the population. This presentation and the ensuing discussion led to the identification of two potential changes that can help increase the availability of physicians and other trained clinicians to volunteer in our community: (1) Increase awareness of the availability of County-sponsored medical malpractice insurance to practicing and or retired physicians who become County volunteers in community clinics; and (2) develop a streamlined process allowing physicians working in federal agencies to volunteer in our community clinics. The COH liaison to the Montgomery Cares Advisory Board (MCAB) shared these recommendations and gained the support of the MCAB for these efforts as well. Thank you for the positive response to the Committee's letter to the County Executive and County Council. We look forward to progress through presentations to retired physicians, re-energizing the Federal Health Professionals Care Project and working closely with HHS Director Ahluwalia and Dr. Tillman.

Lastly, in the interest of working collaboratively with the other Boards, Committees and Commissions, this year we focused our attention on the role of a liaison to serve as an advocate to enhance and foster relationships between the COH and these other groups. To launch the liaisons in the community, in the beginning of the fiscal year, the vice chair, Marcos Pesquera and I met with the chairs and co-chairs of eleven other boards, committees and commissions in Montgomery County to discuss how we can exchange information, learn about and from each other and identify potential collaborations.

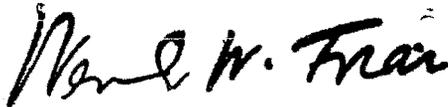
Throughout the year, liaisons brought to the Commission an understanding of community health issues, opportunity to discuss the Commission's perspective and hear their perspective on issues, learn about other concerns, and create an affiliation with the Commission. The Commission successfully established an increased visibility and goodwill between the other Boards, Committees and Commissions. I am very pleased to report that this year we have successfully liaised with

Montgomery County's County Executive, Department of Health and Human Services, County Council, Minority Health Initiatives, Commission on Aging, Montgomery Cares Advisory Board, School Health Council, Collaboration Council, and the Montgomery County Medical Society.

It was my honor to chair the COH, comprised of very accomplished and prestigious commissioners. The commissioners were engaged and brought their insight and clarity to the table. As chair, I was honored to share their efforts/activities through correspondence and various testimonies to the County Executive and County Council. For fiscal year 2010, we truly look forward to another productive year of active participation, information sharing and collaboration with the County government and our community partners to improve our County's health and vitality. Again, thank you for giving the COH an opportunity to be heard and serve in this capacity.

This annual report was prepared with the expertise and support of the staff of the Department of Health and Human Services, Public Health Services, and County Executive. We are grateful for their patience, unending support and advice. The Montgomery County Commission on Health respectfully submits the attached FY09 annual report.

Sincerely,



Wendy W. Friar, RN, MS
Chair

Introduction

The primary mission of the Montgomery County Commission on Health (COH) is to advise the County Executive and the County Council on public health issues, programs, services and the allocation of funds devoted to public health needs and to monitor and assess the priorities of the Montgomery County Department of Health and Human Services (MCDHHS) in its efforts to address the health needs of residents in this county.¹ “By providing advice to the County Executive and the County Council, the COH seeks to maintain and improve local health care services and to assure financial and geographic access to quality health care at a reasonable cost to all residents, leading to improved health status of the Montgomery County community.”² The purpose of this report is to comply with the annual requirement that the Commission provide the County Executive and the County Council with an update on the activities of the Commission from July 2008 through June 2009.

Membership, Structure and Governance

The Commission is comprised of 19 voting members with representation from consumers and providers of health services in the county. The majority of the members must be from sectors of the County’s health care consumer population.³ As dictated by County Code, the Commission also has a representative from the county Medical Society. The County Health Officer and the County Council liaison serve on the Commission in an ex-officio capacity.

In FY09, there were 10 consumers, 8 providers, the Medical Society representative as well as the ex-officio members, the County Public Health Officer and the County Council liaison. The COH continues to represent a diverse cross-section of Montgomery County residents. The membership consisted of 15 men and 4 women who are racially and ethnically diverse, and a wide range in age, geography and experience in health policy and health care system.

The list of the FY 2009 membership is provided in Addendum A. The COH has no standing committees as required by the bylaws. However, the Chair can appoint committees, as necessary to accomplish the work of the COH. During FY08, the Chair appointed the following three standing committees consistent with the COH’s stated priorities and with approval of the voting COH:

- Health Disparities – Focused on reducing health disparities and promoting cultural, financial and geographical access to care to all Montgomery County residents.
- Prevention and Wellness – Focused on promoting healthy lifestyles and utilization of physical exercise resources within the County.
- Public/Private Partnerships – Focused on leveraging opportunities where the public and private sector could join efforts to improve the health of Montgomery County residents.

During FY 2009, the Emergency Preparedness Workgroup and the Role and Function Workgroup continued their efforts to explore if the COH should focus more intensively in these areas in the future. In June 2009, a new workgroup was created to work on end of life

¹ See Chapter 24-24 of the Montgomery County Code for a description of the mission of the Commission on Health. The Commission on Health (COH) was established on July 1, 1988.

² Orientation materials for the Commission on Health on the mission and functions of the COH.

³ All members are instructed to sign up for the training offered by the County Attorney’s office on Ethics & the Public Meeting Act. In addition, the chair urged members to attend HHS and/or County Council meetings at least once during the fiscal year. Members are provided with the County Council and HHS Committee schedule.

and "DNR" (Do Not Resuscitate) orders as carried out by emergency transport teams. This new workgroup will meet during fiscal year 2010.

The COH has an elected chair and vice chair whose terms are one year. During FY 2009, Wendy Friar was the Chair of the Commission and Marcos Pesquera was the Vice Chair. The entire COH met monthly with the exception of August 2008. The chair, with input from staff and the Vice Chair, created the agenda for the monthly meetings. (See Addendum B)

Committees met as directed by the committee's chair to accomplish its objectives. Reports from the committees were presented at the COH meetings. COH staff frequently communicated with the chair, vice chair, staff and other commissioners between monthly meetings regarding future plans, agenda items, Council activity, Executive updates and events and news related to public health issues in the County.

At a minimum, every member of the Commission was expected to either serve on one committee or as a liaison. During FY 2009, every commissioner satisfied this minimum requirement of service and in many instances exceeded it. Several COH members served on two or three committees/workgroups in addition to being a liaison to a board, commission, committee, and health initiative or program.

With its broad perspective of public health, the COH recognizes the value of collaboration and communication with other health-related boards, commissions and committees. Many commissioners have an area of specialization or interest in a particular area or constituency of public health; and were therefore encouraged to serve as liaisons with other relevant health-related boards, commissions and committees. Integral to this area of special interest is the constraint that all actions are in voice of the entire COH and not self-serving in any manner.

Finally, members of the COH also served on committees that allowed the COH to conduct its business such as the membership, nominating and retreat planning committees. These committees require significant time during a concentrated period of time and typically do not occur during the monthly scheduled meetings. The COH has been well served by both the leadership and service of the members on these committees.

FY 2009 Priorities

1. Reduction of health disparities
2. Prevention (promotion of health lifestyles and prevention of obesity)
3. Public/Private Partnerships

FY 2009 Activities

In FY 2009, the COH had liaisons with the following entities: African American Health Program Executive Committee; Asian American Health Initiative Steering Committee; Commission on Aging; Latino Health Initiative Steering Committee; Mental Health Advisory Board; Montgomery Cares Advisory Board; Montgomery County Medical Society; and the School Health Council.

1. The chair regularly attended quarterly meetings of the Boards/Commissions/Advisory Committee convened by the Director of DHHS.

2. The committee on health disparities activity report is in Addendum D.
3. The committee to promote health lifestyles is in Addendum D.
4. The committee to support public/private partnerships activity report is in Addendum D.
5. COH testimony is in Addendum E.
6. COH correspondence is in Addendum F.

Going Forward

It is anticipated, that the fiscal pressures facing the County and State will continue beyond FY10. However, the Commission maintains its commitment to support programs that will reduce health inequities and promote healthy lifestyles for a greater and healthier Montgomery County. The Commission will continue its efforts to advise, advocate, provide oversight and identify low-cost, high-impact ways to improve the health status in our community and leverage resources by collaborating with our community partners.

The COH will hold its annual retreat in October at which time the previous fiscal year's priorities will be reviewed, revised, evaluated, and identify new ones. This is also an opportunity for commissioner to socialize, learn and share ideas, concerns, issues, best practices, and strategies for success.

As an advisory board to the Executive and the Council, as well as the DHHS, the Commission continues to be a strong advocate for the Community Health Improvement Process to provide timely and effective data on gaps, deficiencies or duplication of existing programs and services, and the need for new programs to protect and improve the health of our community.

Conclusion

The COH is composed of dedicated and knowledgeable members of our community who are committed to improving the public health of our community. It is our privilege to serve the County and to advise on public health matters. We look forward to working to address current and emerging public health issues.

We would like to acknowledge the invaluable support and assistance of our colleagues in the MCDHHS, most notably County Health Officer Dr. Ulder Tillman, Deputy Health Officer Helen Lettlow, PHS Administrator Doreen Kelly, County Epidemiologist Colleen Ryan Smith, Senior Health Planner Ruth Martin, and COH staff Jeanine Gould-Kostka who have been instrumental in providing direct support and assistance to the Commission. They are readily available and always on target.

It is with appreciation that we respectfully submit this report to the Council.

Thank you.

Wendy W. Friar
Chair, Commission on Health

Addenda

A. Fiscal Year 2009 Membership

B. Commission Agenda Topics Fiscal Year 2009

C. Liaison Reports

D. Committee Reports

E. Testimony

F. Correspondence

A. Fiscal Year 2009 Membership

Consumer Representatives

Yusef R. Battle (Co-Chair, Prevention and Wellness Committee)

Michelle Nichole Browne, MSW, MPA

Dan Ermann, MBA, MPH

Eva Feder

Lee Goldberg, J.D.

Miryam C. Granthon Gerdine, MPH

Samuel P. Korper, Ph.D., MPH

Harry Kwon, Ph.D.

Jessica B. Moore (resigned 11/08)

Dan Moskowitz

Arthur L. Williams

Provider Representatives

Nayab Ali, MD

Konrad Laird Dawson, MD

Wendy W. Friar, RN, MS (Chair)

Marcos Pesquera, R. Ph., MPH (Vice Chair)

Amjad Riar, MD (Chair of the Health Disparities Committee)

Fadi Saadeh, MHSA (Co-Chair of the Public-Private Partnerships Committee)

Richard Takamoto, MBA, MN, RN

Duane Taylor, MD (Co-Chair of the Public-Private Partnerships Committee)

Medical Society Representative

Peter Sherer, MD (Co-Chair, Prevention and Wellness Committee)

Ex-Officio Members

Ulder Tillman, MD, MPH, Public Health Officer

Linda McMillan, County Council Liaison

B. Commission Agenda Topics FY 2009

7/17/08 COH Meeting

- Attendance policy
- HHS Committee Breakfast
- FIMR Annual Report distributed
- Committee Annual Reports
- Retreat Planning
- Montgomery Cares Advisory Board

9/18/08 COH Meeting

- Local Public Health System Assessment Update
- Retreat Announcement and introduction of facilitator
- Introduction of new County Council liaison
- Liaison reports

10/16/08 Annual Retreat

- DHHS Director talk on budget priorities
- Determine COH FY09 priorities
- Presentations on community needs by Special Assistant to the CE, Chuck Short as well as Community Liaisons Lily Qi, Karla Silvestre and Rev. Tim Warner

11/20/08 COH Meeting

- Retreat Wrap up
- 10/28/08 Board of Health Meeting
- DHHS Community Budget Forum 11/10/08
- DHHS B/C/C Meeting 11/13/08
- Community Partnerships anti-poverty meeting 11/16/08
- Adventist Health Disparities Conference 11/18/08
- COH Committee Determination
- AAHP update and World AIDS Day
- AAHI update
- Mental Health Advisory Comm. update
- CHIP update
- Certificate of Need applications and the County Council

12/18/08 COH Meeting

- Senior Summit summary
- Certificate of Need letter to the County Council
- 2/9/08 annual B/C/C meeting with the County Executive
- World AIDS Day presentation by Dr. Bola Idowu
- AAHI and LHI update
- MHAC, Medical Society, CCY and MCAB updates

1/15/09 COH Meeting

- Committee roles and expectations
- Preparation for annual meeting with County Executive Leggett on 2/9
- Prepare for dialogue with Chuck Short on 2/19
- Commission on Aging and AAHP updates

2/19/09 COH Meeting

- Annual meeting with County Executive Leggett
- Annapolis legislative report with Ruth Martin
- Dialogue with Chuck Short
- Update on liaison meetings
- Committee presentation preparation
- LHI, Mental Health Advisory Committee and AAHI updates

3/19/09 COH Meeting

- PHS budget update
- COH Budget FY10 Recommendations and upcoming County Council Public Hearing
- Dr. Rose Martinez, IOM, speaks about racial and ethnic health disparities
- COH talking points update
- Possible collaboration with the Commission on Aging on minority health disparities in the senior population

4/16/09 COH Meeting

- Membership Comm. appointments
- County Council FY10 Operating Budget Public Forum
- AAHI Conference set for 5/20/09
- AAHP Conference Letter of Support
- Liaison Reports
- Letter of Support for the Foreign-Trained Nurses Program
- Letter of Support for wellness program at Northwood HS

5/21/09 COH Meeting

- Nominating Comm. appointments
- AHA speaker Michaeline Fedder on PE in schools

- Committees met to discuss: Infant Mortality-Health Disparities Comm.; Physician volunteerism-Public/Private Partnerships; STD/HIV/AIDS-Prevention Comm.
- County Council budget update
- Child Welfare update from Ms. Feder

6/18/09 COH Meeting

- Committee advisory letters regarding infant mortality, physician volunteerism, STD/HIV/AIDS and obesity
- Officer elections
- Commission on Aging and DNR liaison report
- AAHP liaison report

C. Liaison Reports

Guidelines for the Commission on Health (COH) Members as Liaison to other Organizations

General Summary:

The role of the liaison is to serve as an advocate to enhance and foster relationships between the COH and the "organization". This role will bring to the Commission an understanding of community health issues, provide an opportunity to discuss the Commission's perspective on these issues and create an affiliation with the "organization" and the Commission.

This role will promote the activities of the Commission and work to establish increased visibility and goodwill between the Commission and the "organization". The COH liaison will identify opportunities for collaboration that will strengthen the relationship between the Commission and the "organization". The liaison's affiliation will be in alignment with the dynamic priorities of the Commission.

An "organization's" liaison is welcome to approach the Commission in this same capacity.

Duties:

Annually, the chair or the Commission will officially appoint the liaisons. Any commissioner may request to act in this role.

The COH is interested in the liaison's connection, and then serves as an initial point of contact between the Commission and "organization."

Foster a relationship with the "organization" or group as appropriate. A workgroup may be formed with a representative from each committee to identify the "organization" or group with which to form a liaison.

Meet with the "organization" on a pre-scheduled basis (minimum of three times annually) to keep them abreast of current activities. This may provide an opportunity for collaboration with the Commission.

Explore opportunities for collaboration, advocacy, advisory assistance, and information gathering. This information gathering may be relevant to a priority or committee, but should not be limited to the Commission's priorities or committees.

Explore possible areas for specific budget support and/or initiatives, including a formal incorporation and reference in annual budget documents.

Report (in writing and verbally) to the COH at least three times per year about the interactions with the "organizations."

Encourage feedback from the Commission on the manner and/or direction of the relationship

Planning:

Incorporate liaison activities with Commission activities e.g., budget recommendations (three or four times/year), letters to the CE and CC re. the County health initiatives, Maryland legislation, the County public health legislation, interagency collaboration, and arrange for guest speaker(s).

THIS IS AN INTERNAL WORKING DOCUMENT OF THE COMMISSION ON HEALTH.

Revised: June 6, 2008

Commission on Health (COH) Members as Liaisons to Other County Organizations

All of the chairs as well as some of the vice chairs of the Montgomery County Boards, Committees and Commissions met with the chair and vice chair of the COH to introduce themselves, the liaison and the role of the liaison. Without exception, the COH was greeted with warmth, excitement and interest in establishing a collaborative relationship. The following is the result of our liaisons' actions:

African American Health Program Executive Committee Mr. Art Williams, Commissioner

At the beginning of fiscal year 2009, the chair and vice chair of the COH met with the chair of the African American Health Program's Steering Committee to establish a connection to learn about each other and the potential to collaborate when possible.

The COH liaison, Mr. Art Williams to the African American Health Program Executive Committee attended the African American Health Program Executive Committee meetings. Mr. Williams provided the COH with the following 2009 highlights:

- The African American Health Program serves the people of Montgomery County in ways that are tailored to meet their needs.
- The African American Health Program established a collaborative relationship with CASA of Maryland to provide health education and access to healthcare for newly arrived African immigrants in Montgomery County.
- The African American Health Program translated into French and produced 1,500 copies of a brochure to help the African French speaking population of Montgomery County become aware of free or reduced priced health care services.
- Dr. Bola Idowu, an African American Health Program health educator, developed and presented *When I Get Out: A Healthy and Safer Lifestyle (WIGO)*, a program designed to provide HIV/STD information resources for inmates. The eight-week program was recognized by the Montgomery County Department of Correction and Rehabilitation with a certificate of special recognition.
- The African American Health Program provided guidance to six high school, undergraduate and graduate level interns. Three interns worked with the HIV/STD unit, two with the diabetes unit and one on the oral health media campaign.
- The Infant Mortality Unit of the African American Health Program conducted 13 group health education sessions for high-risk women, teens and their families.
- The African American Health Program took part in 146 community outreach activities that served more than 5,000 Montgomery County residents.
- The African American Health Program S.M.I.L.E. program was featured on the Channel 9 news "To Your Health" segment on June 23, 2008.
- The African American Health Program 10th Anniversary Commemoration & Call to Action Summit was held on June 4, 2009.

During fiscal year 2009, the liaison presented the African American Health Program's progress in meeting their annual goals:

- To raise awareness in the Montgomery County community about key health disparities.

- To further integrate African American health concerns into existing services and programs.
- To monitor health status data for African Americans in Montgomery County.
- To further implement and evaluate strategies to achieve specific health objectives.

As a COH liaison to the African American Health Program Executive Committee, Mr. Williams identified the following goals for fiscal year 2010:

- Continue to attend the African American Executive Committee meetings in the role of a COH liaison.
- Continue to report relevant issues to the COH and ensure a link between the African American Executive Committee and the COH.
- Identify opportunities for collaboration.

Asian American Health Initiative Steering Committee **Harry Kwon, PhD, Commissioner**

The COH liaison to the Asian American Steering Committee attended all of the Asian American Steering Committee meetings for fiscal year 2009. The liaison, Dr. Kwan was also elected to serve as the chair of the Asian American Steering Committee for fiscal year 2010.

During fiscal year 2009, the COH liaison to the Asian American Steering Committee provided the following:

- Participated in the initial COH leadership meeting with the American Health Initiative Steering Committee leadership.
- Updated the COH on the activities of the Asian American Steering Committee.
- Updated the Asian American Health Initiative Steering Committee on relevant information regarding the COH's priorities and committee activities.
- Distributed the Asian American Health Initiative needs assessment report.
- Initiated the COH's letter of support for the Asian American Health Initiative's 2009 conference.

As a COH liaison to the Asian American Health Initiative Steering Committee, Dr. Kwan identified the following goals for fiscal year 2010:

- Continue to attend the Asian American Health Initiative Steering Committee meetings in the role of a COH liaison.
- To continue to report relevant issues to the COH and enhance the link between the Asian American Health Initiative Steering Committee and the COH.
- To identify opportunities for collaboration.
- To broadly promote further collaborative efforts in the area of advocacy.
- To specifically provide continued advocacy for Asian America Health Initiative as it relates to the COH's priority areas of supporting the minority health initiatives and eliminating healthcare disparities.

Commission on Aging **Sam Korper, PhD, MPH, Commissioner**

During fiscal year 2009, the COH liaison to the Commission on Aging, attended all of the Commission on Aging meetings and was actively engaged in various aspects of the

Commission on Aging, i.e., the Community Health Improvement Process workgroup and the Senior Health and Wellness Committee.

During fiscal year 2009, as the COH liaison to the Commission on Aging, Dr. Korper performed the following:

- Represented the COH at the Commission on Aging monthly meetings.
- Participated in the work and monthly meetings of the Senior Health and Wellness Committee of the Commission on Aging.
- Provided monthly reports to the full Aging Commission that reviewed the COH's discussion and the issues that had direct interest to the Commission on Aging members. This encompassed identifying topics and issues of mutual interest and potential for collaboration, with the following outcomes:
 - *Community Health Improvement Process (CHIP)*. The County epidemiologist introduced and led discussions of CHIP at Health and Wellness Commission on Aging committee and the full Commission on Aging meeting. After the COH's extensive assessment of CHIP, the COH supported the Commission on Aging's strong recommendation for implementation to the County Executive.
 - *End-Of-Life-Care and Do Not Resuscitate (DNR) Order*. Participated in discussions of DNR in the Commission on Aging Health and Wellness committee and brought the issue to the COH as a possible area for collaborative effort. At the June COH meeting, the COH voted to form a workgroup to explore end-of-life issues and the care associated with these patients of all ages.

As a COH liaison to the Commission on Aging, Dr. Korper identified the following goals for fiscal year 2010:

- Continue to attend the Commission on Aging meetings in the role of a COH liaison.
- Continue to report relevant issues to the COH and enhance the link between the Commission on Aging and the COH.
- Identify opportunities for collaboration.
- Broadly promote further collaborative efforts in the area of advocacy.
- Consistent with the standing COH Committee on Public/Private partnerships, the Commission on Aging will identify potential for creative joint ventures and develop strategies for maximizing services to county residents building on collaborations among private, voluntary and public organizations.
- Explore what is happening in Montgomery County with the evolution of naturally occurring retirement communities (NORCs) and the implications for health services (and other county services, such as websites/ communication, transportation, safety, library, etc.) for older residents wishing to remain/age in their homes and report findings to the COH.
- Report to the COH, the progress on the Commission on Aging's summer study examination of the need to expand geriatric manpower and services to county residents.

Commission on Children and Youth

Michelle Nichole Browne, MSW, MPA

The Commission on Children and Youth was developed to promote the well being of children from birth to seventeen residing in Montgomery County. As a member of the COH, the liaison, Ms. Michelle Browne began attending the Commission on Children and Youth's meetings in November 2008. To initiate this relationship, the chairs of the Commission on



Children and Youth and COH met to determine how both groups can develop a strong partnership to address needs concerning children and youth in Montgomery County. For the first time, the privilege of attending this commission provided the COH, the opportunity to understand the mission and vision of the Commission on Children and Youth and develop a connection to the COH.

- Ms. Browne attended the Commission on Children and Youth monthly meetings and provided the COH with the following 2009 highlights:
 - Representation of resident youths attended the monthly meetings.
 - A school psychologist discussed school concerns.
 - The director of the school food program attended the meetings.
 - Various minority health disparity groups discussed health care for minorities in Montgomery County.
 - An annual meeting on Youth Having a Voice Roundtable was developed.
 - The Commission on Children and Youth generated multiple letters on the school budgets and written and testimonies were completed

The COH liaison, Ms. Browne, identified the following goals for fiscal year 2010:

- Continue to attend the monthly Commission on Children and Youths meetings in the role of a COH liaison.
- Attend the Commission on Children and Youth's annual retreat.
- Join the Commission on Children and Youth's committee on health and wellness to enhance the linkage between the Commission on Children and Youth and the COH.
- Identify opportunities for collaboration.

Latino Health Initiative Steering Committee

Miryam Gerdine, MPH

Historically, the COH has had a liaison to the Latino Health Initiative Steering Committee. Ms. Gerdine has served as the COH liaison to the Latino Health Initiative Steering Committee for many years. Ms. Gerdine also serves as a co-chair of the Latino Health Initiative Steering Committee. At the beginning of the fiscal year the COH's chair and vice visited with the co-chairs of the Latino Health Initiative Steering Committee to discuss potential collaborative activities.

As the COH liaison, Ms. Gerdine served the COH by providing the following for fiscal year 2009:

- Attended monthly Latino Health Initiative Steering Committee meetings.
- Proposed that the COH support funding for the Foreign-Trained nurses program. The County Council responded to the COH's letter of support.
- Participated in Steering Committee meetings and shared COH activities/discussions.
- Reported on the Latino Health Initiatives activities.
- Provided the Latino Health Initiative Steering Committee's co-chair and key staff committee with all of the COH agendas, summary of meetings and other relevant information.
- Provided the COH with the following information about Latino Health Initiative Steering Committee activities:
 1. Worked with the leadership of the Minority Health Program and Initiatives to secure funding to support activities and programs to improve minority health.

2. Advocated and provided expert testimony at the County Executive budget forum in support of the Foreign Trained Nurses Program.
3. Attended various County Council HHS Committee meetings on budget, and Latino youth issues.

The COH liaison, Ms. Gerdine identified the following goals for fiscal year 2010:

- Coordinate an annual meeting between the co-chairs of the Steering Committee with the chair and vice chair of the COH and other key members to identify potential areas for collaboration.
- Continue to attend the monthly Latino Health Initiative Steering Committee meetings.
- Allocate time during the Latino Health Initiative Steering Committee meetings for a formal report from the COH liaison.
- Establish ongoing communication between the COH committees and the Latino Health Initiative Steering Committee to address issues of health disparities, such as access to care and improving Latino youth health.

Montgomery County Medical Society

Peter B. Sherer, M.D.

At the beginning of the fiscal year, the COH's chair and vice chair met with the President of the Montgomery County Medical Society, the Executive Director and their liaison to the COH, Peter Sherer, MD to discuss the expected role of the liaison.

During fiscal year 2009, Dr. Sherer provided the following:

- Reported to the Montgomery County Medical Society on the activities of the COH.
- Arranged for Dr. Robert Karp, president – elect of the Montgomery County Medical Society to address the COH Public-Private Partnership's Committee to discuss potential cooperative activities. Discussion included exploring ways for federally employed physicians (NIH, FDA and USUHS) and emeritus (retired) members of the Montgomery County Medical Society to volunteer in the County health clinics.

During fiscal year 2009, Dr. Sherer brought to the attention and engaged the COH regarding the following Montgomery County Medical Society highlights:

- Several Montgomery County Medical Society physicians participated in health fairs and screenings throughout the County.
- The executive board met with state attorney general, Douglas Gansler, to discuss health insurance and access to care issues.
- The Montgomery County Medical Society met with our county delegation in Annapolis to discuss health insurance, access to care, public health measures, and a smoke free Maryland.
- The Montgomery County Medical Society has online courses available for physicians on cultural competence and disparities in health care.
- The Montgomery County Medical Society has a standing school health committee which addresses combating childhood obesity by encouraging increased activity and improved nutrition.

The Montgomery County Medical Society liaison, Dr. Sherer identified the following goals for fiscal year 2010:

- Continue to attend the monthly COH meetings in the role of a Montgomery County Medical Society liaison.
- Share information about the Montgomery County Medical Society with the COH and vice versa.
- Facilitate medical collaboration when feasible, i.e., public private partnership.
- Contribute to COH committees when appropriate.

Montgomery County Mental Health Advisory Committee
Ms. Eva Feder

The COH has had a liaison with the Mental Health Advisory Committee for approximately five years. Early in the fiscal year, the chair and vice chair of the COH met with the chair of the Mental Health Advisory Committee and the COH's liaison, Ms. Eva Feder.

Both the Mental Health Advisory Committee and the COH have benefited from working collaboratively. Jointly we provided a community forum on Accessing Mental Health Services in 2005 and acted on the passage of a proclamation marking May as *Mental Health Month* in Montgomery County (2005).

As the COH liaison to the Mental Health Advisory Committee, Ms. Feder has brought to the attention of the COH the following fiscal year 2009 highlights of the Mental Health Advisory Committee:

- During fiscal year 2009, a pervasive concern in the monthly meetings of the Mental Health Advisory Committee was the effect of budget cuts on services for dependent vulnerable clients.
- Early in the fiscal year, the Mental Health Advisory Committee members determined in their review of the budget and in the preparation of their testimony to the County, that they would be sensitive to the State and County budget problems and ask to retain the mental health services that were in place, despite the need for expanded services; and request that there be no further cuts.
- Special interest concerns of the Mental Health Advisory Committee include:
 - Retention of full staffing of the Mobile Crisis Team for 24/7 coverage. Funding for full coverage was finally achieved after six years of lobbying by Mental Health Advisory Committee. The last shift staff was hired in November 2007.
 - Achieve a smooth transition of the Assertive Community Treatment (ACT) program to the People Encouraging People (PEP) program with minimal disruption to clients and expand the number of clients to 100.
 - Increase the number of supported and affordable housing units. And, provide additional housing for individuals transitioning from Springfield Hospital.
 - Integrate services for those having co morbidities (co-occurring disorders). *Under One Roof* provides somatic and addiction care in a behavioral health setting. *Under One Roof* also provides services to homeless twice a week at the Gude Drive shelter.
 - The need to protect the rights of the uninsured and facilitate their ability to obtain services.
- In May, the Mental Health Advisory Committee had a public seminar, "Wellness in Troubled Times" with excellent speakers but a disappointing lack of attendance.
- The Mental Health Advisory Committee's Children's Subcommittee compiled a comprehensive listing of all mental health services for children in Montgomery County.



The COH liaison to the Mental Health Advisory Committee, Ms. Feder identified the following goals for fiscal year 2010:

- Continue to attend the monthly Mental Health Advisory Committee meetings in the role of a COH liaison.
- Share information about the Mental Health Advisory Committee with the COH and vice versa.
- Collaborate and support community programs that are of concern to the COH and the Mental Health Advisory Committee.

Montgomery Cares Advisory Board

Duane J. Taylor, M.D.

In the beginning of the fiscal year, the COH's chair and vice chair met with the chair of the Montgomery Cares Advisory Board and their liaison to the COH, Duane Taylor, MD to discuss the expected role of the liaison.

During fiscal year 2009, Dr. Taylor kept the COH well informed about the actions of the Montgomery County Advisory Board. Some of the highlights for fiscal year 2009 include:

- Ms. Jean Hochron is the new administrator for Montgomery Cares Program.
- The fiscal year 2009 ended with all of the funds utilized for the first time.
- There are 12 clinical organizations participating in Montgomery Cares, serving patients at 34 sites.
 - It is anticipated that by June 30, 2009 Montgomery Cares will have served more than 21,000 for fiscal year 2009.
 - The Montgomery Cares Advisory Board Annual Retreat took place on July 17, 2009 at Montgomery General Hospital.
 - During fiscal year 2009, the clinics met 99% of their targeted goals:
 - 21,077 patients
 - 56,597 encounters
 - 2.69 encounters per patient
 - 8% of the total visits for specialty care
- Dr. Taylor participated in three work groups:
 1. Montgomery Cares Advisory Board's Specialty Care Workgroup
 2. Montgomery Cares Advisory Board Advocacy Workgroup
 - Reviewed promotional venues to better inform the public and get the media's attention.
 - Performed outreach /advocacy to the Director of the MCDHHS, County Executive, County Council Staff, County Council Members and Director Office of Management and Budget.
 - Developed an advocacy budget for fiscal year 2010.
 - Established a self-governance and internal management workgroup.
 3. Co-chair of the COH's Public Private Partnership Committee - sent a letter to the County Executive and County Council.

The Montgomery Cares Advisory Board liaison to the COH, Dr. Taylor identified the following goals for fiscal year 2010:

- Continue to attend the monthly COH meetings in the role of a liaison for the Montgomery Cares Advisory Board.

- Share information about the Montgomery Cares Advisory Board with the COH and vice versa.
- Continue to dialogue/meet with individual council members regarding Montgomery Cares.

Obesity Prevention Strategy Group Yusef Battle, ACSM, RCEP

The COH liaison to the Montgomery County Obesity Prevention Strategy Group is Mr. Yusef R. Battle. Despite the Montgomery County Obesity Prevention Strategy Group having a limited number of meetings during fiscal year 2009, the following projects continued to be promoted:

- Funding to train child-care providers in the research-based *Color Me Healthy* curriculum.
- Health promotion to increase physical activity minutes in schools.
- Health awareness and promotion around family meals and breast-feeding.
- The Medical Society's advocacy for the inclusion of obesity prevention, screenings, counseling, referrals and tool kit use in routine clinical practice.
- The exploration of medical education and community partnerships to ensure that messages are consistent related to health behaviors.

In conjunction with the COH's Prevention Committee this fiscal year, Mr. Battle was instrumental in bringing Michaeline Fedder, Director of the American Heart Association Government Relations to talk with the full COH. She addressed the importance of increasing the amount of physical activity in public schools.

In terms of fiscal year 2010 goals, it is undetermined at this time whether there will be a liaison depending on the existence of the Montgomery County Obesity Prevention Strategy Group.

D. Commission on Health Committee Reports for FY09

Montgomery County Commission on Health Discussion with Roles and Function Work Group and Committee Chairs January 6, 2009

Overarching Goal: The Commission on Health will impact the health status of Montgomery County through the county executive's recognition of the recommendations and advice from the Commission on Health.

Intended Outcomes: Follow-up with the Commission on Health as needed for more information such as action plans and/or possible involvement.

Committee Process: In accordance with the three priorities identified at the retreat

I. Identify a problem/issue

1. What is the baseline (history)?
2. What is the scope?
3. What are the current resources?
 - a.) What is already in place?
 - b.) What are the budget allocations?
 - c.) What are the budget restraints?
 - d.) Who are the stakeholders?
4. What aspect of the problem/issue will the committee *focus* on?
 - Narrow down for analysis and action

II. Action Plan

1. Provide a literature review
2. Demonstrate relevance and importance to Montgomery County
3. What are the committee's goals?
4. What are the committee's objectives?
5. What are the committee's strategies?
6. What are the committee's measurable outcomes?
7. Create a timeline that can be accomplished by June 30th (end of fiscal year 2009)
8. Assign tasks: Who and how, such as:
 - a.) During COH meeting time
 - b.) In addition to the COH meeting time
 - c.) In lieu of COH meeting time (?)
 - d.) Individually
 - e.) Group
 - f.) Meeting with key stakeholders
 - g.) Networking with external group(s)

Discuss Possible Issues Demonstrating Relevance/
Importance to Montgomery County

Focus on
top issue (if
tie, no more
than 2)

STEP ONE:
Identify ways to
better educate
yourself on the
issue

- 1. What is the history/baseline?
- 2. Who are the stakeholders?
- 3. What literature is available on topic?

STEP TWO:
Investigate current
local efforts

- 1. What are current resources in place:
 - budget allocations
 - budget restraints
- 2. What are different community organization doing about this issue?
- 3. Identify Challenges/Gaps

STEP THREE:
Develop Action
Plan

- 1. Develop committee's
 - goals
 - objectives
 - strategies
- 2. How will we measure success?
- 3. What is your proposed timeline?
(Create one with a date of completion no later than June 30th)
- 4. Assign owner/ leader of each task
(i.e. meet with key stakeholders, network with external groups, etc)

STEP FOUR:
Provide Final
Recommndations

- 1. Inform County Council
- 2. Communicate with County Executive
- 3. Results

COH Health Disparities Committee Summary of Activities 2008-2009

The Health Disparities Committee was formed after the COH Retreat in October 2008 and built upon work done by the previous year's Health Equity Committee. The committee activities included the following:

- Reviewed the County's proposed budget evaluating the level of support for minority issues and organizations that help eliminate or reduce health disparities. The committee recommendations were incorporated into the COH testimony presented to the County Council.
- Supported, as part of the COH, the revival of the Community Health Improvement Process (CHIP) to obtain updated, local information about our diverse community, its health status, unmet needs, and a survey of the health resources available. Lack of good data was a common complaint of the minority organizations in the County and the activation of CHIP is key to sound health planning.
- After reviewing materials on infant mortality in Montgomery County, and noting the wide disparity in infant deaths between African American residents, native and foreign-born, and White residents, the committee invited Ms. Brenda Lockley, Program Manager of the African American Health Program, and Ms. Colleen Ryan Smith, DHHS Epidemiologist, to expand our understanding of the data and to describe existing programs to deal with the problem. Subsequently, the committee chose to make African American infant mortality a high priority concern for the Health Disparities Committee in the coming year. The committee wrote letters to the County Executive and County Council asking for more vigorous support of programs that help at-risk mothers bear and raise healthy babies.
- The committee expanded its own "education" (and that of the COH) by inviting and learning from speakers on minority health disparity issues. This included a presentation by Dr. Rose Martinez, director of the Institute of Medicine's Board on Population Health and Public Health Practice, who spoke of the importance of collecting better local data, and achieving health equity and health literacy in our public health system.

Health Disparities Committee Chair,
Amjad Riar, MD

Members of the committee:

Michelle Nichole Browne, MSW, MPA
Konrad Laird Dawson, MD
Eva Feder
Miryam Gerdine, MPH
Harry Kwon, PhD
Ulder Tillman, MD, MPH

COH Prevention and Wellness Committee Summary of Activities 2008-2009

In May 2009, the Prevention subcommittee met with representatives of the Dennis Avenue Health Center and the American Heart Association and conducted several interviews with infectious disease physicians to solicit feedback on prevention. Information was also gathered from the Montgomery County Obesity Prevention Strategy Group. Based on our findings, three areas were identified as priorities. These priorities were highlighted in an advisory letter sent to the County Council, County Executive and Department of Health and Human Services.

1. Establishing an up-county clinic that duplicates the efforts of the Dennis Avenue clinic to address HIV/AIDS, Hepatitis B Virus (HBV), Hepatitis C Virus and Sexually Transmitted Infections (STIs).
2. Reinstatement of the County adult Vaccinations/Immunizations program to address Hepatitis B Virus (HBV) or the funding as needed to sustain the community-based programs.
3. Fitness and nutrition programming to address and reduce obesity. More specifically, we recommended support for the Maryland American Heart Association's *2008 Physical Activity Guidelines* for children and adolescents, which recommends 60 minutes or more of physical activity daily. We also recommended a daily physical activity period for every private and public school student as well as nutritional education and provisions for healthy food choices.

April 16, 2009 the Prevention subcommittee also made a motion for the COH to be a co-sponsor along with the Silver Spring chapter of The Links Inc (a women's service organization) and the Northwood High School wellness program for the Fast and Fabulous Food and Fitness Initiative. The program encouraged students, parents of students, and families in the community to promote and participate in more physical activity, healthy eating and other habits pertaining to the healthy lifestyle.

Prevention and Wellness Committee Co-Chairs,
Yusef Battle and Peter Sherer, M.D.

Members of the committee:

Nayab Ali, M.D.

Richard Takamoto, MBA, MN, RN

Art Williams

COH Public-Private Partnerships Committee Summary of Activities 2008-2009

The Public-Private Partnerships Committee held several meetings during the past year to identify areas where a partnership between public and private sectors could join efforts to improve the health of Montgomery County residents.

The Committee invited leadership of the Montgomery County Medical Society (MCMS) to receive input and to dialogue about opportunities to improve access to the underserved and uninsured. Robert Karp, MD, President Elect of the MCMS, gave a presentation to the Public-Private Partnerships Committee on May 21, 2009 outlining several of the challenges that physicians in private practice currently face and how these challenges might inhibit further volunteerism for this segment of the population.

The presentation and the ensuing dialogue and discussion led to the identification of two potential changes that can help increase the availability of physicians and other trained clinicians to volunteer in our community: (1) Increase awareness of the availability of County-sponsored medical malpractice insurance to physicians who become County volunteers in community clinics; and (2) develop a streamlined process allowing physicians working in federal agencies to volunteer in our community clinics. The Public-Private Partnership Committee developed a letter to the County Executive and County Council advocating for these efforts.

The Committee presented this letter to the Commission on Health (COH) during the June 18, 2009 meeting where it was approved. The Montgomery Cares Advisory Board (MCAB) liaison to the COH shared these recommendations with the MCAB and gained their support for these efforts.

Public-Private Partnerships Committee Co-Chairs,
Fadi Saadeh, MHSA and Duane J. Taylor, M.D.

Members of the committee:

Dan Ermann, MBA, MPH

Lee Goldberg, J.D.

Sam Korper, Ph.D., MPH

Dan Moskowitz

Art Williams

E. Testimony



Montgomery County Commission on Health

Commission on Health FY09 Policy Priorities Health and Human Services Committee Work Session July 17, 2008

Good morning, I am Wendy Friar, the new Chair of the Commission on Health (COH). The Commission's immediate past Chair, Dan Moskowitz is also in attendance. Historically, the COH advocates for funding health programs and initiatives that provide access to care for the medically underserved and uninsured, and the elimination of racial and ethnic health disparities for the residents of Montgomery County. We are also advocates for worker safety and the promotion of healthy lifestyles for all County residents.

Thank you for this opportunity for the Commission to present the two policy priorities for fiscal year 2009. In light of the complex financial situation in the County, we appreciate the difficulty the Council is facing for the fiscal year 2010 budget. The two priorities that the Commission has identified will also be included in our budget priorities for the fiscal year 2010 budget.

1. Community Health Improvement Process (CHIP):

As stated in the County Code 24-24, our role is to advise the County Executive and the County Council by "Periodically reviewing available County public health programs, services, and facilities and to comment on gaps, deficiencies or duplication in County public health programs, services, and facilities; as well as advise on local health planning needs." It is the Commission's opinion that in the effort to effectively comment on gaps, deficiencies or duplication of existing programs and services, and the need for new programs to improve the health of our community, we need a reliable and ongoing health data system.

The Commission believes that the proposed *Community Health Improvement Process* or "CHIP" would provide such a system and enable the Commission to effectively advise by understanding the County's "health story" from data that is population-based and health-related; compiled in a scientifically rigorous fashion, documents data sources' strengths and weaknesses, and identifies recommendations for improvement. We strongly support the *Community Health Improvement Process*.

2. The Reduction and Elimination of Health Disparities

It is the COH's opinion that there must be funding to support and maintain the County's Public Health programs that reduce health disparities. These programs demonstrate the key components that eliminate health disparities -- increased cultural, linguistic, financial and geographical access to care for the uninsured. The COH strongly supports the continued focus on reducing health disparities through the following health programs and initiatives:

- African American Health Program
- Asian American Health Initiative
- Latino Health Initiative
- Montgomery Cares
- Maternity Partnership Program
- Care for Kids

Again, thank you for this opportunity to present the Commission's identified policy priorities for fiscal year 2009. This fall, the COH looks forward to providing specific items for support for the fiscal year 2010 budget.



**Commission on Health
Testimony to the Montgomery County Council – Board of Health
October 28, 2008**

Good Morning. My name is Wendy Friar and I am the Chair of the Montgomery County Commission on Health. With the expertise of the past chair, Dan Moskowitz, our 2008 Annual Report has been respectfully submitted.

The primary mission of the Montgomery County Commission on Health is to provide advice to the County Executive and the County Council on matters related to health and to monitor the Department of Health and Human Services in its efforts to address the public health needs of residents in our county.

The Commission is comprised of 19 members representing a cross-section of consumers and providers of health care. Additionally, we have a representative from the Medical Society – Peter Sherer, MD; the County Public Health Officer, Ulder Tillman, MD as an ex officio non-voting member; and several county staff members Doreen Kelly, Manager, Office of Partnerships; Jeanine Gould-Kostka, Program Specialist II who provides administrative support; and prior to his retirement, the Deputy Health Officer, Richard Helfrich, and until recently, Mitchell Berger, Health Planner.

We are also very fortunate to have 12 engaged commissioners who act as unofficial liaisons to other Boards, Commissions and Committees within the County. The continued support of Dr. Tillman, Doreen Kelly and Jeanine Gould-Kostka and most recently Helen Lettlow, the new Deputy Health Officer and Linda McMillan, County Council Staff Liaison are essential to sustaining a transparent relationship between the County government and the Commission on Health.

Historically, the Commission has used a variety of approaches to carry out our mission. Multiple testimonies have been provided to the County Executive on budget priorities and a worker safety initiative. Last year, a testimony was provided at the County Council's public hearing on the County Executive's proposed fiscal year 2009 budget. Through our liaison with the Commission on Aging, we continue to eagerly and jointly support the need for the Community Health Improvement Process – CHIP. We also have a voice through our letter writing such as the letter to the County Council in support for a special appropriation to install sprinklers in group homes and to the County Executive regarding the Worker Safety and Health Initiative. We do not remain silent on issues that are a priority to the Commission on Health; in May 2008, Marcos Pesquera (the current vice chair) and I provided a formal presentation to the Montgomery County Medical Society on health disparities that resulted in the Medical Society's interest in the Commission submitting information on health disparities for their newsletter.

The relationships with other Boards, Commissions and Committees have also provided visibility. The past Chair, Dan Moskowitz and Health Equity Committee Chair, Marcos Pesquera taped an episode of *Seniors Today*, a cable television program sponsored by the Commission on Aging, the Office of Public Information and Department of Health and Human Services. The show focused on health disparities in the County – one of the Commission's ongoing priorities.

Our members also actively attended the meetings of the Montgomery Cares Advisory Board, Latino Health Initiative, Commission on Aging, Senior Plan Advisory Committee, Obesity Task Force, African American Health Program, Community Health Improvement Process Advisory Board, School Health Board, Collaboration Council, and the Montgomery County Medical Society. This fiscal year, we look forward to being more involved through a greater exchange of information and providing support

whenever possible. Today, I am pleased to say that Duane Taylor, MD our liaison to the Montgomery Cares Advisory Board is growing the role and responsibilities as a liaison.

Due to a high level of commitment and interest in the community, the Commission is reactive and responsive. Last year, there was concern about worker safety incidents disproportionately affecting minorities. From a public health perspective, improving worker safety through employee training, support, and responsible care, is an important step to improving the health of our County. Although a private coalition was formed independently of the Commission, a Commission on Health task force was involved in the genesis of the Montgomery County Coalition on Occupational Safety and Health (MOSH).

Every year the Commission on Health has an annual retreat to identify key priorities, this past year our priorities included:

1. Advocating for funding of the Community Health Improvement Process (CHIP)
2. Providing outreach and collaboration in the community
3. Eliminating and reducing health care disparities among racial and ethnic communities
4. Providing support to the Montgomery County Department of Health and Human Services minority health initiatives and programs
5. Promoting healthy lifestyles

These priorities were addressed through three committees: 1.) *Health Equity* which focused on reducing health disparities and promoting access to care for all 2.) *Support of the County Minority Health Initiatives and Program's* infrastructure to provide support and expertise beyond advocacy and 3.) *Healthy Lifestyle Promotion* through the utilization of physical exercise resources within the County. Through work groups, the Commission is flexible enough to address other issues in a dynamic manner.

The Commission typically has three primary areas of concern that are addressed through committee activities throughout the year. This year, as discussed at our retreat just two week ago, we expect that the three priorities for this year will be viewed in terms of needs and resources. The three priorities are: 1.) *Health disparities* and the economic crisis among the vulnerable populations which will be hardest hit; 2.) *Culturally tailored prevention* such as Hepatitis B in the Asian American community; mental health and stress issues in the Latino American Community; and infant mortality in the African American community and 3.) *Public/private partnerships* that utilizes untapped resources in the community.

Finally, the Commission has significant ties to the Montgomery County Department of Health and Human Services. In addition to Dr. Ulder Tillman who provides an informative monthly public health service report with emphasis on the hot spots in the County; we have also been honored with speakers such as Judy Covich, Director, School Health Services, who shared with us how the Montgomery County Public Schools are dealing with MRSA – Methicillin-resistant Staphylococcus aureus, a potentially fatal bacteria that is resistant to the broad-spectrum antibiotics commonly used to treat it; Colleen Ryan Smith, County Epidemiologist, who spoke to us about the Community Health Improvement Process; and Sonia Mora, Manager, Latino Health Initiative, who discussed the Blueprint for Latino Health in Montgomery County. The Commission on Health was also debriefed monthly on the Maryland State Legislation by Mitchell Berger, Health Planner.

As noted by my predecessors, the Commission is comprised of people who have broad experience and education on public health and other health related issues. We are also a group of people who care deeply about making a positive difference in this community. We welcome the opportunity to join you and work cooperatively with the Council throughout this year to help ensure the overall health of our community.

Thank you for the opportunity to address you in this session as the Council sits as the County Board of Health.



Montgomery County Commission on Health

Presentation to County Executive Isiah Leggett

February 9, 2009

Budget FY 2010

Overview:

In effort to have meaningful participation and become informed on the issues relevant to improving the health status of residents of Montgomery County, we are engaged with 11 Boards, Committees and Commissions. The Commission on Health has liaisons with these Boards, Committees and Commissions and we are currently meeting with the respective chairs and co-chairs in hopes to work collaboratively with an intersection of common goal sharing, knowledge, learning and building consensus that is mutually supportive.

As a commission with a mandate that includes an advisory capacity component, the Commission on Health will advocate three priorities that were the result of the Commission on Health's annual retreat and are being addressed in a flexible and dynamic manner through committees and work groups.

Each committee will focus on one priority: 1.) Health disparities aggravated by the economic crisis 2.) Wellness and prevention activities that address healthy lifestyles, and 3.) Public/private partnerships that utilize the availability of untapped health resources that can be shared in the community.

Budget Priorities:

As the nation's recession deepens, we are aware of the budget constraints and reductions due to the current fiscal crisis. We support the County Executive and County Council's efforts during this time of difficult decision-making and trust that services will build upon serving the critical needs of the community. In the Commission's advisory capacity we recommend funding the following:

- Community Health Improvement Process (CHIP) to enhance the County's capacity for comprehensive data collection and analysis. We support this initiative along with the Commission on Aging.
- Montgomery Cares and the three County minority health initiatives/programs – to increase access to care and reduce health disparities.

Although we identified two priorities, in general, we are concerned about how the County will deal with the needs of different socio-economic groups and the varying degrees of health and illness.

Collaboration Statement:

As *advocates*, the Commission on Health is interested in building capacity around shared interests and concerns with Boards, Committees and Commissions, county residents and health providers to provide the County Executive and County Council with suggested solutions that can make a difference in improving the conditions and systems that determine the health and well-being of county residents.

As *collaborators*, the COH will reach out to Montgomery County Boards, Committees and Commissions through our 11 active liaisons:

- Liaisons will identify areas of mutual interest, relevant information sharing and potential collaboration.

- Liaisons will bring information about the Boards, Committees and Commissions to the Commission on Health.
- Liaisons will bring information about the Commission on Health to the Boards, Committees and Commissions.

Collaboration with Boards, Committees and Commissions may be through committee action or the Commission on Health as a whole.

Priority Areas:

As determined at the annual retreat, our recommendations and advisement are based on committee activities that are focused on the following:

1.) Health Disparities

- Access to care for the under- and uninsured.
- Health equity and quality of care.
- Clinic accessibility of teenagers for treatment of sexually transmitted diseases and the lack of resources that cause patients to suffer a delay in treatment or be turned away.

2.) Healthy Lifestyles

- Promoting inclusion of physical exercise during medical examinations.
- Removing empty calorie items such as soft drinks from school vending machines.

3.) Public/Private Partnerships

- Identifying shared resources at the local level to leverage funding to ensure delivery of services.
- Identify partnerships that promote the provision of (medical) provider services to the Montgomery Cares clinics and health centers.

Initiatives:

The following initiatives and programs are well-aligned with the Commission on Health's committees. Our intent is to be supportive when possible, by the Commission as a whole, a committee(s) or through our liaisons. We will also continue to explore and expand our understanding of other county initiatives not listed. We encourage the County Executive to:

1. Support the Community Health Improvement Process (CHIP).
2. Continue budgetary support of the County Minority Health Initiatives to reduce health disparities.
3. Address health disparities in outcomes based on race, ethnicity and language.
4. Increase access to care for the uninsured through Montgomery Cares, the Maternity Partnership and Care for Kids, for primary and specialty care.
5. Maintain the critical functions around public health services such as, prevention of food borne disease, HIV/AIDS, sexually transmitted disease and tuberculosis (TB) and services for the homeless.
6. Promote "Yes Montgomery Can!" and other grassroots campaigns.

Thank you.

Wendy Friar, Chair

Marcos Pesquera, Vice Chair



Montgomery County Commission on Health

Budget Testimony to County Council April 15, 2009 FY 2010

The Montgomery County Commission on Health is the only citizen commission in the County devoted to public health issues. The priorities for the Commission on Health are in the interest of increasing access to quality health care and the promotion of healthy lifestyles for all members of our community.

The Commission has identified three priorities. First, we respectfully recommend ongoing support of programs that will eliminate or decrease health disparities in our racial and ethnic communities through accessible quality health care and healthcare navigation. Second, we recommend providing opportunities for a healthy lifestyle for all members of the community. The Commission's third priority is to create public-private partnerships to leverage dollars within Montgomery County.

Over the years, the Commission on Health has demonstrated its commitment to quality health care access and the elimination of health disparities through its staunch support of the *Montgomery Cares* program and the *Montgomery County Minority Health Program and Initiatives*:

The *Montgomery Cares* program currently provides access to quality primary health care for approximately 24,000 uninsured adults in Montgomery County. *Montgomery Cares* increases access to primary care to different segments of culturally diverse subpopulations in the County through a variety of safety net health centers and clinics. The Commission on Health fully supports the funding for at least 28,000 patients in fiscal year 2010 as well as funding for the expansion of facilities to serve more of the uninsured and increase access to specialty care.

The *Montgomery County Minority Health Program and Initiatives* have been instrumental in improving access to quality care, ensuring equity in health care and promoting the empowerment of racial and ethnic communities by community engagement that leads to the action of obtaining primary, secondary and tertiary prevention. We remain solid in our support of the Asian American Health Initiative, the African American Health Program and the Latino Health Initiative.

We are also deeply concerned about assistance for the homeless, the growing aging population in Montgomery County and limited services in mental health. Due to the rise in number of suicides and calls to the *Crisis Center* we support full funding for the County's 24-hour *Crisis Center*.

Pregnant women and children are critical populations that must have access to dependable health care. We support the County's continued and successful efforts in

enhancing maternity services by providing pre- and post-natal care through the Maternity Partnership, as well as primary care for uninsured children through the Care for Kids program, for children who are not eligible for medical assistance. We support full funding for maternal and child health care services. This type of access to care, especially for vulnerable populations, is critical for these individuals and to promote the overall health of our community.

Another cause for concern is the growing need for emergency assistance for individuals and families in crisis. The number of people requesting food from MANNNA is up by 45% (Washington Post, Feb 1, 2009), which clearly demonstrates the need for an increase in food stamps. When quality day care becomes unaffordable and unemployment rises, child abuse rates go up. We strongly support funding for essential services to meet the needs of the most vulnerable members of our community who are sometimes facing devastating circumstances.

We are relentlessly supportive, as we are hopeful about the rollout of the Community Health Improvement Process (CHIP). We continue to struggle with the lack of actionable data to evaluate existing programs and the need for new programs to enable change in an efficient and cost-effective manner.

We realize that the County is confronting a complex financial situation, and we appreciate the difficult choices facing the Council over the fiscal year 2010 budget. We invite you to speak with us at our meetings to share your concerns and discuss ways in which we as a commission can improve the health status for all members of the community.

On a positive note, this year we have had the honor and privilege to explore some of these issues and emerge as a strong and collective voice through our collaborative relationships with other Boards, Committees and Commissions.

Thank you.

Wendy W. Friar, RN, MS
Chair, Commission on Health

F. Correspondence



COMMISSION ON HEALTH

November 26, 2008

Ms. Uma Ahluwalia, Director
Montgomery County Department of Health and Human Services
401 Hungerford Drive
Rockville, MD 20850

Dear Ms Ahluwalia:

The Commission on Health (COH) has supported the Montgomery County Department of Health and Human Services in the development and implementation of a Community Health Improvement Process (CHIP) and I have included COH testimony presented to the County Executive and the County Council that supports the CHIP. The Commission on Health looks forward to participating in the establishment of a CHIP process and has designated COH member, Sam Korper, as the COH liaison to the Community Health Improvement Process Advisory Board for FY09.

The Commission on Health anticipates that the CHIP will help identify and set goals and priorities to serve Montgomery County residents and will provide information to help the Commission on Health assess those goals and priorities. Generally letters of support from the COH are discussed and voted on at the COH monthly meeting. However, the COH will not meet again until December 18th so as staff to the COH I am forwarding this recent testimony, which addresses the Commission's support for the Community Health Improvement Process.

If you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Jeanine Gould-Kostka
Program Specialist II
Commission on Health Staff

CC: Commission on Health members





COMMISSION ON HEALTH

December 5, 2008

Phil Andrews, President
Montgomery County Council
Council Office Building
100 Maryland Avenue
Rockville, MD 20850

Dear Council President Andrews,

Wendy Friar, Commission on Health (COH) Chair, presented the Commission's FY08 Annual Report on October 28, 2008 when the County Council met as the Board of Health. Members of the Board of Health requested an opinion from the COH on whether or not the County Council should comment on Certificate of Need applications. Wendy Friar asked the Role and Function Work Group to respond to the Board of Health's request. At the November 20, 2008 COH meeting, the Commission discussed the Certificate of Need application process at length. The COH approved this letter to be sent to the County Council.

The opinion of the Commission on Health is that some Certificate of Need applications have a potential impact on the access, quality and cost of care to county residents and, therefore, would benefit from County Council comments.

The COH is aware that at the present time the Department of Health and Human Services (DHHS) does not have the resources for analytical studies of Certificate of Need applications. This is based on the information the DHHS provided to the County Council HHS Committee during the July 17, 2007 session "Benchmark Study of Montgomery County Hospitals" as well as at the County Council HHS Committee briefing on November 6, 2007 "Status Update on Request for Expressions of Interest (REOI) #8646024105." The COH hopes in the future, with the advent of additional resources and the opportunity to implement programs such as the Community Health Improvement Program (CHIP), Montgomery County will be able to fully assess and comment on CON applications.

Sincerely,

Dan Ermann
Chair, Role and Function Work Group, Commission on Health

cc: Isiah Leggett, Montgomery County Executive
Uma Ahluwalia, Director, Department of Health and Human Services



COMMISSION ON HEALTH

March 31, 2009

Julie Bawa, MPH
Program Manager, Asian American Health Initiative
Department of Health and Human Services
Montgomery County Government
1335 Piccard Drive
Rockville, Maryland 20850

Dear Ms. Bawa:

On behalf of the Commission on Health, I would like to express our support for the **Asian American Health Conference 2009 "A Time for Change: Transforming Opportunities into Action"**, which will be held on May 20, 2009 at the Hilton Hotel, Gaithersburg, Maryland.

The Commission on Health supports the goals and mission of the Asian American Health Initiative and understands the importance of educating health professionals, health advocates, community leaders and others about the unique issues facing the Asian American population in Montgomery County.

The Commission on Health recognizes and thanks the Asian American Health Initiative for its work to eliminate health disparities and securing linguistically competent health care in the Asian American community.

Sincerely,

Wendy W. Friar, RN, MS
Chair, Commission on Health

WWF:

cc: Isiah Leggett, Montgomery County Executive
Phil Andrews, President, Montgomery County Council
Uma Ahluwalia, Director Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer



COMMISSION ON HEALTH

April 20, 2009

Okianer Christian Dark, Esq.
2504 Locustwood Place
Silver Spring, MD 20905

Dear Ms. Christian Dark:

On behalf of the Commission on Health, I would like to express our support as a co-sponsor of the *Fast, Fabulous, Food for Fitness* wellness program on Thursday, April 23, 2009 at Northwood High School in Silver Spring. The Montgomery County Commission on Health is the only citizen commission in the County devoted to public health issues. The priorities for the Commission on Health are in the interest of increasing access to quality health care and the promotion of healthy lifestyles for all members of our community.

An evening of activities that promote healthy lifestyles within our community provided by Dr. Johnson, Principal of Northwood High School, the Health and Wellness Program at Northwood High School and the Silver Spring Chapter of *The Links, Incorporated* is greatly appreciated by the Commission. We wish you success with this wellness program!

Thank you for the opportunity to act as a co-sponsor for this worthwhile this event.

Sincerely,

Wendy W. Friar, RN, MS
Chair, Commission on Health

WWF:jgk

cc: Isiah Leggett, Montgomery County Executive
Phil Andrews, President, Montgomery County Council
Uma Ahluwalia, Director Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer
Yusef Battle, Commission on Health Prevention Committee Co-Chair



COMMISSION ON HEALTH

May 8, 2009

Phil Andrews, President
Montgomery County Council
Council Office Building
100 Maryland Avenue
Rockville, MD 20850

Dear Council President Andrews:

In response to the original Blueprint for Latino Health in Montgomery County, Priority G was to increase the number of Latino Health Care Professionals working in the county. Three years ago, the *Foreign-Trained Health Professionals* program was designed to expand a culturally competent and multi-ethnic nursing workforce in Montgomery County by efficiently and cost effectively assisting foreign trained nurses, in their efforts to attain a Registered Nursing license in Maryland. These nurses live in the area and are employable. This program has now expanded to multiethnic foreign-trained nurses and is essential to our health care delivery system as demonstrated by the ability to address:

- Decreasing the nursing shortage in Montgomery County
- Not adding to the burden of Maryland nursing schools' limited enrollment capacity
- Not interfering with global health by international nurse recruitment
- Providing a national model program

The *Foreign-Trained Health Professionals* program is a multi-institutional collaboration involving multiple sectors of our community:

- Latino Health Initiative, Montgomery County Health and Department of Health and Human Services
- Montgomery College
- Montgomery County Workforce Investment Board/Montgomery Works One Stop
- Three hospitals - Holy Cross Hospital, Shady Grove Adventist Hospital and Washington Adventist Hospital

We appreciate the difficult choices facing the Council regarding the fiscal year 2010 budget. On behalf of the Commission on Health, I would like to express our support for the Latino Health Initiative's *Foreign-Trained Health Professionals* program. The Commission on Health recognizes and thanks the County Council for taking their time to read this while realizing that the County is confronting a complex financial situation. We

respectfully ask the County Council to protect the *Foreign-Trained Health Professionals* program from further reductions in budget and that as soon as possible restore their budget for growth and sustainability.

Sincerely,



Marcos Pesquera, R.Ph., MPH.
Vice Chair, Commission on Health

MP:jgk

cc: Isiah Leggett, Montgomery County Executive
Uma Ahluwalia, Director Department of Health and Human Services
Ulder J. Tillman, MD, County Health Officer
Sonia Mora, Manager, Latino Health Initiative, Administrator, Program for
Foreign-Trained Health Professionals



OFFICE OF THE COUNTY EXECUTIVE
ROCKVILLE, MARYLAND 20850

Isiah Leggett
County Executive

May 22, 2009

Mr. Marcos Pesquera, R.Ph., MPH
Vice Chair, Commission on Health
Department of Health and Human Services
Public Health Services
Office of Partnership and Health Planning
1335 Piccard Drive, Suite 236
Rockville, Maryland 20850

Dear Mr. Pesquera:

Thank you for your recent letter on behalf of the Commission on Health expressing your support for the Latino Health Initiative's Foreign-Trained Health Professionals (FTHP) Program.

As you are aware, we are currently confronting very difficult economic times, which pose many challenges including making tough decisions regarding budget allocations. Regarding your concern, we have taken steps to maintain the FTHP Program and have worked collectively with partner organizations to leverage funding for FY 2010. It is our hope to be able to reinstate the reduced funds once the economy improves.

I appreciate your commitment to improving the health of Montgomery County residents and thank you again for taking the time to share your views.

Sincerely,

Isiah Leggett
County Executive

IL:sm



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

OFFICE OF THE COUNCIL PRESIDENT

June 16, 2009

Mr. Marcos Pesquera, Vice Chair
 Montgomery County Commission on Health
 Department of Health and Human Services
 1035 Piccard Drive, Suite 236
 Rockville, Maryland 20850

Dear Mr. Pesquera:

Thank you for your letter to the County Council on behalf of the Commission on Health sharing the Commission's concerns about reductions to the Foreign-Trained Health Professionals Program and the program's importance in helping the county expand diversity and cultural competence in our health care workforce. I am sorry that this response has been delayed, but the Council received an extraordinary amount of correspondence during our budget sessions. Please know that the Commission's letter was made available to all Councilmembers for their consideration when it arrived.

As you may know by now, the Council concurred with the Executive's recommended reductions to the Minority Health Initiatives. The Health and Human Services Committee discussed the \$23,100 reduction to the Career Transition Center that is a part of these reductions. The HHS Committee was told by the Department that they are hopeful that the cost of the program can be shifted to a grant in the Department of Economic Development, but it was not certain that this grant would be available in FY10 or what the amount would be. Therefore, we recognize that there may be an impact to this program in the coming year.

I would also like to share with the Commission some information about the proposal that was discussed by the HHS Committee to reduce the Minority Health Initiatives by ten percent in order to partially offset costs for expanding capacity for screening and treatment of STDs and HIV and Tuberculosis as I think there is some misunderstanding about why this was considered and how the Council budget process works.

Each of the Council's committees is charged with reviewing a set of departmental budgets, looking for additional cost savings, and identifying pressing issues that may not have been addressed in the Executive's budget. The Council does this in a very short timeframe and in public session. The HHS Committee spent parts of several worksessions reviewing public health issues. The data showed that on average over 300 people are turned away every month from the

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STD/HIV clinic because of a lack of capacity and there is a long wait list for treating people with latent TB. In addition, the State has dramatically reduced the Hepatitis B immunization grant. The Committee requested information from the Department of Health and Human Services and was told that the cost to increase capacity for screening and treatment of STD/HIV and TB would be about \$475,000. Knowing that this much money could not be added to the budget, the Committee considered whether a 10% reduction in the Minority Health Initiatives might help offset this cost. The reduction was not considered as a stand-alone reduction but only as an offset for improving these other important public health services, several of which would address health problems that disproportionately affect minority communities.

At the Council's worksession, the Department of Health and Human Services informed us that they now believe that new staff that has recently been hired for the TB treatment program should help to reduce the wait list and that for \$100,000 they can begin to increase capacity for STD/HIV screening and treatment services. The Council was able to approve the additional \$100,000 without having to take an offsetting reduction in the Department.

This is not the only area where Council committees reviewed some very undesirable potential reductions. For example, the Public Safety Committee considered whether five police stations (rather than two as recommended by the Executive) should have limited public access in the early morning hours and the HHS Committee discussed whether libraries might be closed one day per week. In the end we restored money to keep all our police stations open to the public and did not have to reduce library hours, but these were options that were publicly discussed and resolved during our five weeks of budget worksessions.

We are very appreciative of the work of the Minority Health Initiatives to try to reduce health disparities and educate the public about how we can improve the health of all our county residents. We are also appreciative of the work being done by the Commission and the information and perspective you provide to us on a range of health issues facing the county.

Sincerely,



Phil Andrews
Council President



COMMISSION ON HEALTH

May 13, 2009

Brenda Lockley, RN, MS
Program Manager
African American Health Program
Montgomery County Department of Health and Human Services
14015 New Hampshire Avenue
Silver Spring, Maryland 20904

Dear Ms. Lockley:

On behalf of the Commission on Health, I would like to express our support of the *African American Health Program's 10th Anniversary Commemoration and Call to Action*, which will be held on June 4, 2009 at the Universities at Shady Grove Conference Center.

The Commission on Health supports the goals and mission of the African American Health Program and appreciates the work done in the areas of diabetes, HIV/AIDS, cardiovascular disorders, infant mortality, oral and dental health, and other chronic diseases in Montgomery County's African American communities.

We look forward to the *African American Health Program's 10th Anniversary Commemoration and Call to Action* as an opportunity to educate health professionals, health advocates, community leaders and others about the unique issues facing African Americans and the people of African descent in Montgomery County. Topics that will be presented such as social justice, health equity, wellness, prevention, and culturally competent healthcare at the *Call to Action* are key to improving the health status of our community.

We wish you great success on June 4, 2009!

Sincerely,

Wendy W. Friar, RN, MS
Chair, Commission on Health

WWF:jgk

cc: Isiah Leggett, Montgomery County Executive
Phil Andrews, President, Montgomery County Council
Uma Ahluwalia, Director Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer

Department of Health and Human Services • Public Health Services • Office of Partnerships and Health Planning

1335 Piccard Drive, Suite 236 • Rockville, Maryland 20850 • 240-777-1141 • 240-777-4499 FAX
www.montgomerycountymd.gov/hhs



COMMISSION ON HEALTH

June 26, 2009

The Honorable Isiah Leggett
Executive Office Building
101 Monroe Street, 2nd Floor
Rockville, Maryland 20850

Dear County Executive Leggett:

The Commission on Health (COH) would like to express its support for sustaining funding for county programs that reduce infant mortality among African Americans, native and foreign born, residing in Montgomery County. Since 2001, infant death rates, and the disparity between Whites and those of African Americans have increased to a level not seen in more than ten years. The rate of African American infant mortality in Montgomery County was 2.3 times greater than that of Whites in 2007 and 3.29 times greater in 2004 and 2006. In 2006, infant mortality rates of African Americans reached 16.7 deaths for every 1,000 births, the highest recorded in the past 14 years. These data are depicted in the attached graph.

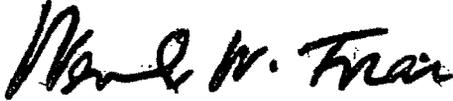
In 2003 the Montgomery County African American Health Program's (AAHP) Black Babies "Start More Infants Living Equally Healthy" (SMILE) program was founded to reduce the rates of infant mortality, low-birth weight and preterm deliveries. Program participants face multiple hardships in their lives due to poverty, shortage of affordable housing and limited access to specialty medical care including mental health, factors which make the program particularly challenging.

In an effort to improve the birth outcomes of African Americans in the county, the COH respectfully recommends the following:

1. Expand collection and analysis of primary data to identify specific factors that contribute to infant mortality.
2. Increase or, at a minimum, sustain funding based on the findings for programs such the AAHP and its SMILE project, the Fetal and Infant Mortality Review Board (FIMR) and the Healthy Families Program.
3. Leverage dollars by expanding public/private partnerships to increase services for at-risk women.
4. Fund outreach provider education about community resources within the County (e.g. AAHP's SMILE).

The COH is aware of the current budgetary challenges facing the county government, but we consider that the infant mortality rates of African Americans in Montgomery County are significant and require increased attention and resources. We appreciate your consideration of these recommendations and would be glad to work with the county in any way we can.

Sincerely,



Wendy W. Friar, RN, MS
Chair, Commission on Health



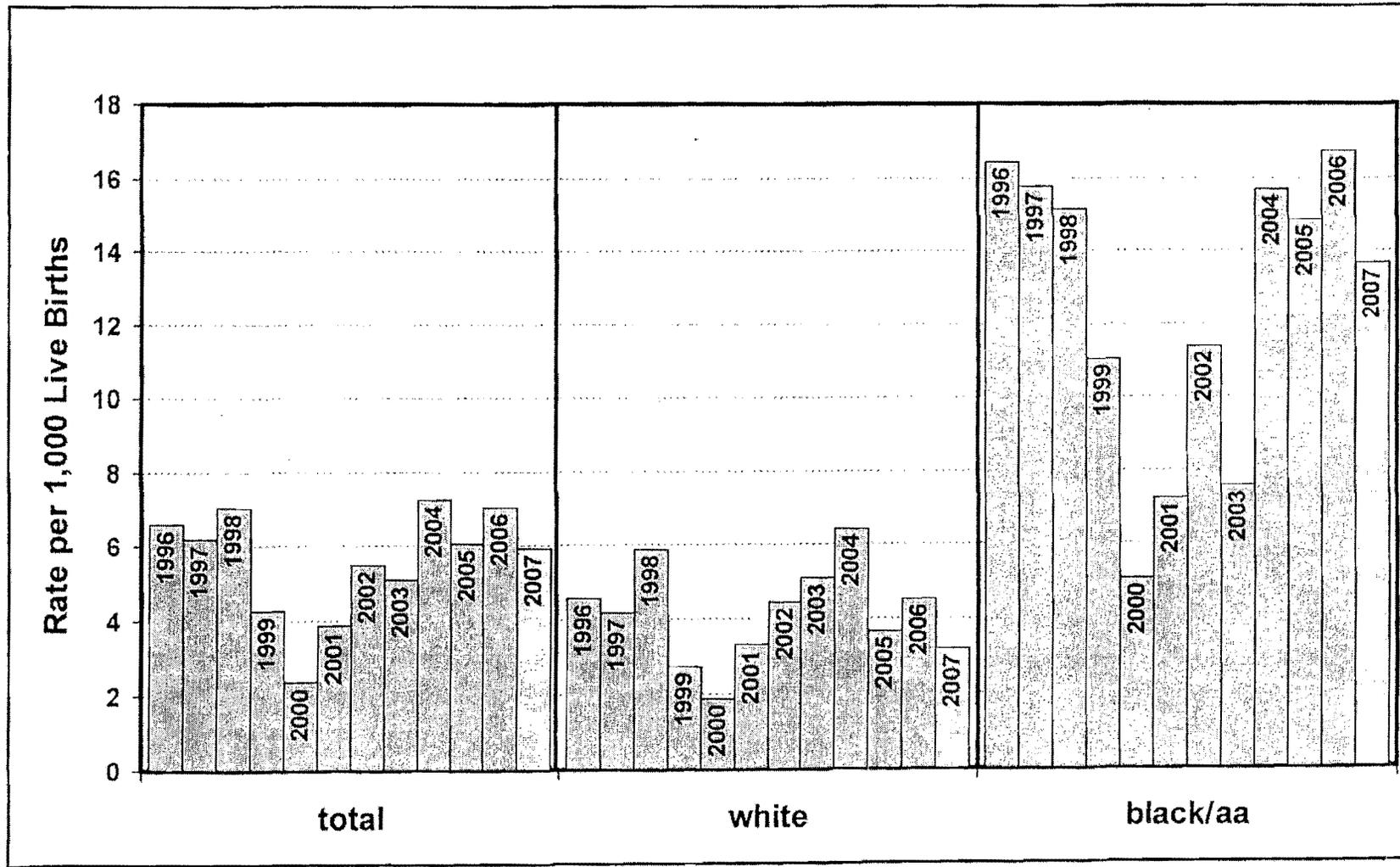
Amjad Riar, MD
Chair COH Health Disparities Committee

WWF: jgk

Enclosure: Montgomery County infant mortality bar graph

cc: Uma Ahluwalia, Director Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer

Montgomery County Infant Mortality By Select Race Groups, 1996-2007



SOURCE: Maryland Vital Statistics Administration, Annual Mortality File, Montgomery County, 1996-2007; Montgomery County Department of Health and Human Services, Public Health Services.

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OFFICE OF THE COUNTY EXECUTIVE
ROCKVILLE, MARYLAND 20850

Isiah Leggett
County Executive

July 29, 2009

Ms. Wendy Friar, R.N., M.S.
Department of Health and Human Services
Public Health Services, Office of Partnerships and Health Planning
1335 Piccard Drive, Suite #236
Rockville, Maryland 20850

Dear Ms. Friar:

Thank you for your June 26, 2009 letter noting the Commission on Health's support for reducing the high rate of infant mortality in our County's Black/African American population. I share your concern and I appreciate the work that the Commission on Health does to advise me, the County Council and the Department of Health and Human Services and I share your concern about the infant mortality rate among African Americans in Montgomery County.

Montgomery County was recently awarded a new grant from the Maryland Department of Health and Mental Hygiene (DHMH) Office of Minority Health and Health Disparities, to implement the Minority Infant Mortality Reduction Pilot Project. This pilot project is an educational program to address some of the social determinants that lead to disparate infant mortality rates. In addition to this new grant, DHMH continues to fund the Fetal and Infant Mortality Review program, known in Montgomery County as the Improved Pregnancy Outcomes Program. This program works with community advisors to collect and analyze data and then recommends strategies to address infant mortality. In addition, Montgomery County Government continues to fund the infant mortality reduction project of the African American Health Program. This program uses an evidence-based model for providing nurse home visiting services to high-risk pregnant women. All of these programs work in close collaboration with each other and with many community partners to address the infant mortality disparity in Montgomery County.

Thank you for your vigilance and your concern for this high priority public health issue. With your support and the continuing availability of sufficient funding streams we will continue to address the needs of our residents, improve birth outcomes and significantly reduce this disturbing disparity in infant mortality rates.

Sincerely,

Isiah Leggett
County Executive

IL:kvr

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COMMISSION ON HEALTH

June 26, 2009

Phil Andrews, President
Montgomery County Council
Council Office Building
100 Maryland Avenue
Rockville, MD 20850

Dear Council President Andrews:

The Commission on Health (COH) would like to express its support for sustaining funding for county programs that reduce infant mortality among African Americans, native and foreign born, residing in Montgomery County. Since 2001, infant death rates, and the disparity between Whites and those of African Americans have increased to a level not seen in more than ten years. The rate of African American infant mortality in Montgomery County was 2.3 times greater than that of Whites in 2007 and 3.29 times greater in 2004 and 2006. In 2006, infant mortality rates of African Americans reached 16.7 deaths for every 1,000 births, the highest recorded in the past 14 years. These data are depicted in the attached graph.

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In an effort to improve the birth outcomes of African Americans in the county, the COH respectfully recommends the following:

1. Expand collection and analysis of primary data to identify specific factors that contribute to infant mortality.
2. Increase or, at a minimum, sustain funding based on the findings for programs such the AAHP and its SMILE project, the Fetal and Infant Mortality Review Board (FIMR) and the Healthy Families Program.
3. Leverage dollars by expanding public/private partnerships to increase services for at-risk women.
4. Fund outreach provider education about community resources within the County (e.g. AAHP's SMILE).

The COH is aware of the current budgetary challenges facing the county government, but we consider that the infant mortality rates of African Americans in Montgomery County are significant and require increased attention and resources. We appreciate your consideration of these recommendations and would be glad to work with the county in any way we can.

Sincerely,



Wendy W. Friar, RN, MS
Chair, Commission on Health



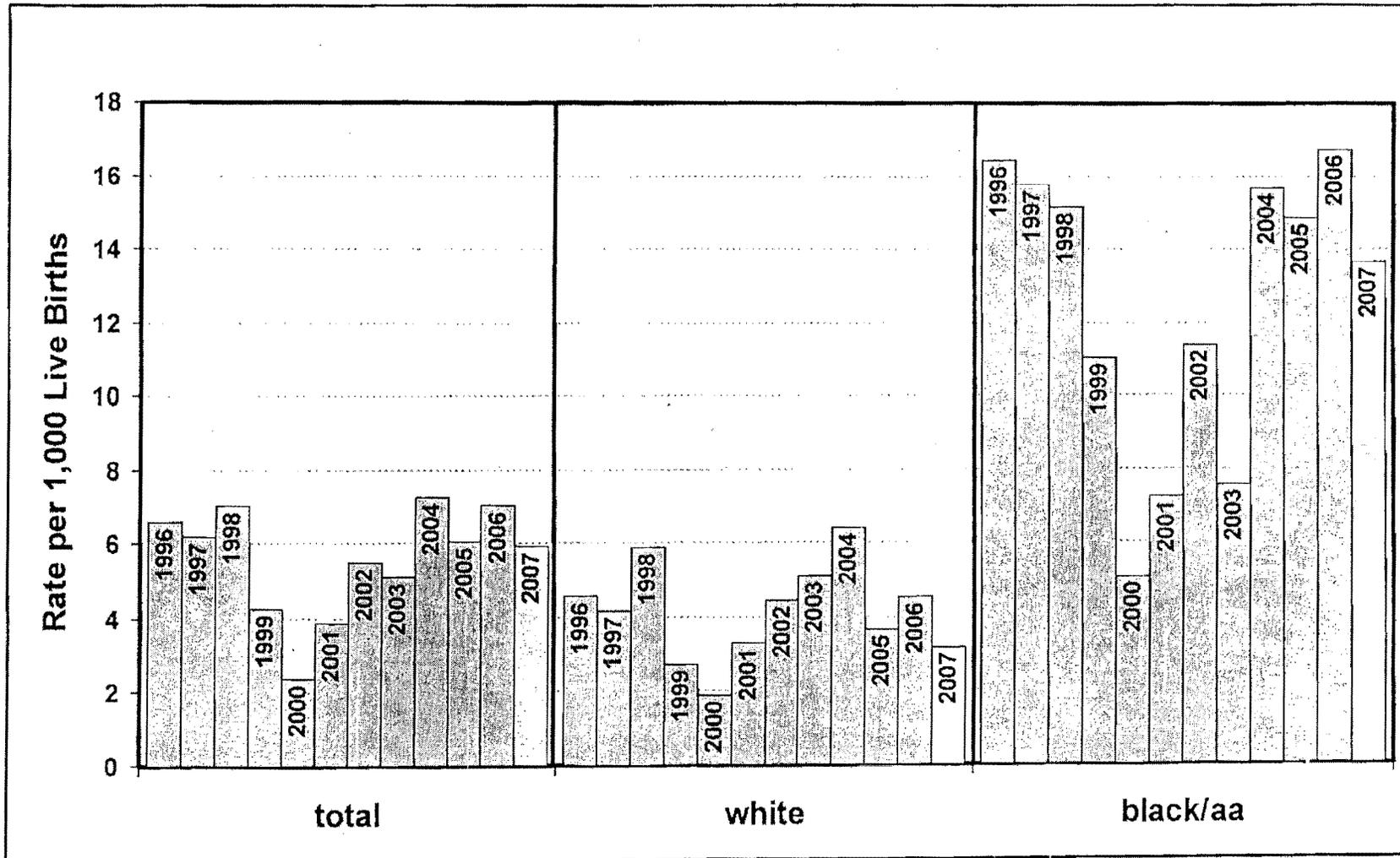
Amjad Rian, MD
Chair COH Health Disparities Committee

WWF: jgk

Enclosure: Montgomery County infant mortality bar graph

cc: Uma Ahluwalia, Director Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer

Montgomery County Infant Mortality By Select Race Groups, 1996-2007



SOURCE: Maryland Vital Statistics Administration, Annual Mortality File, Montgomery County, 1996-2007; Montgomery County Department of Health and Human Services, Public Health Services.



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

OFFICE OF THE COUNCIL PRESIDENT

July 31, 2009

Wendy W. Friar, RN, MS
Chair, Commission on Health
Amjad Riar,
Chair, COH Health Disparities Committee
1335 Piccard Drive, Suite 236
Rockville, MD 20850

Dear Commission Members:

Thank you for your letter expressing support for sustained funding of County programs that reduce infant mortality among African Americans, native and foreign born, residing in Montgomery County. Your letter was made available to all Councilmembers at the time it was received.

I share your concerns over the increasing African American infant mortality rate and the increasing disparity between infant death rates between Whites and African Americans. The Council appreciates the efforts of the Commission on Health and its Health Disparities Committee in developing recommendations to improve the birth outcomes of African Americans in the County. I understand that reducing the County's African American infant mortality rate is a priority of the African American Health Program and that the Department of Health and Human Services is taking the Commission's recommendations under advisement.

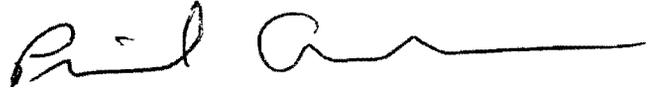
The HHS Committee will be meeting with representatives of the HHS boards, committees and commissions on September 16. The meeting will provide an opportunity to highlight the Commission's priorities.

Because of recent budget constraints, it may be difficult to make substantial progress on the Commission's recommendations that require expanded County funding, but the Council will certainly keep the Commission's priorities in mind when it is time to make budget decisions. However, because budgets will continue to be constrained in the coming year, the Council is very interested in data analysis that will help ensure we are funding efforts and programs that are resulting in positive outcomes.

Letter to Commission Members
July 31, 2009
Page 2

Again, thank you for sharing your thoughts with the County Council and all that you are doing to improve the health of Montgomery County residents. Please feel free to keep in touch with me about this or any other issue in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Phil Andrews", with a long horizontal flourish extending to the right.

Phil Andrews
Council President

049959



COMMISSION ON HEALTH

June 26, 2009

The Honorable Isiah Leggett
Executive Office Building
101 Monroe Street, 2nd Floor
Rockville, Maryland 20850

Dear County Executive Leggett:

The Commission on Health (COH) is pleased to present recommendations on three focus areas for preventative health in Montgomery County. These recommendations are based on data that was presented to and investigated by the COH. We also recognize that there are additional County priority focus areas including diabetes, cancer and chronic disease among others.

In May 2009, our Prevention subcommittee met with representatives of the Dennis Avenue Health Center and the American Heart Association, and conducted several interviews with infectious disease physicians to solicit feedback on prevention. Information was also gathered from the Montgomery County Obesity Prevention Strategy Group. Based on our findings, three areas have been identified as priorities:

1. An up-county clinic that duplicates the efforts of the Dennis Avenue clinic to address HIV/AIDS, Hepatitis B Virus (HBV), Hepatitis C Virus and Sexually Transmitted Infections (STIs)
2. Vaccinations/Immunizations to address Hepatitis B Virus (HBV)
3. Fitness and nutrition programming to address obesity

The following recommendations are proposed for your consideration:

1.) Up-County Clinic

Studies have shown (Hanna DB et al. Most positive HIV Western blot tests do not diagnose new cases in New York City: Implications for HIV testing programs. *J Acquir Immune Defic Syndr* 2009 May 7) that individuals prefer utilizing public health departments and community clinics for screening and testing services related to STIs, including HIV and Hepatitis. We applaud the success of the Dennis Avenue Health Center and support the commitment of the County and MCDHHS to provide additional funding for an up-county clinic to provide additional capacity and geographical access. This clinic will improve access to education, screening and testing, and help address the backlog of clients and provide opportunities for preventive interventions.

2.) Immunizations

Immunizations are among the most successful and cost-effective public health interventions. The County's adult immunization clinic has been temporarily suspended, thereby interrupting a vital service.

Alternatively, to sustain a level of service in the County, the adult immunization program is partnering and Under One Roof community-based programs to offer Twinrix (combination Hepatitis B and Hepatitis A vaccine) to adults at no cost. This project is currently supported with funds from the Maryland DHMH at no cost to the County and without it being known how long these funds will be available. The COH feels this immunization program is critical to prevent the spread of Hepatitis A and B in high-risk populations and recommends the reinstatement of the County adult immunization program or funding as needed to sustain the community-based programs.



3.) Obesity and Fitness Programs

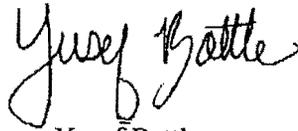
To reduce childhood obesity, we recommend support for the Maryland American Heart Association's 2008 *Physical Activity Guidelines* for children and adolescents, which recommends 60 minutes or more of physical activity daily. We recommend a daily physical activity period for every private and public school student and also recommend nutritional education and provision of healthy food choices. The Montgomery County Obesity Prevention Strategy Group also supports an increase physical activity in schools.

Thank you for your consideration of the proposed recommendations. We look forward to working with you and are committed to being involved in these issues in the next fiscal year.

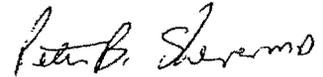
Sincerely,



Wendy W. Friar, RN, MS
Chair, Commission on Health



Yusef Battle
Co-Chair COH
Prevention Committee



Peter Sherer, MD
Co-Chair COH
Prevention Committee

WWF: jgk

cc: Uma Ahluwalia, Director Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer
Carol Jordan, MPH, BSN, RN, Director, Communicable Disease & Epidemiology



OFFICE OF THE COUNTY EXECUTIVE
ROCKVILLE, MARYLAND 20850

Isiah Leggett
County Executive

July 29, 2009

Ms. Wendy Friar, R.N., M.S.
Department of Health and Human Services
Public Health Services, Office of Partnerships and Health Planning
1335 Piccard Drive, Suite #236
Rockville, Maryland 20850

Dear Ms. Friar:

Thank you for your June 26, 2009, letter with recommendations regarding three County health promotion and prevention programs. I would like to address them in the order you presented them.

Recommendation for an Up-County Clinic for STIs and HIV

I support improving health services for all County residents; and, I agree there has been an unmet need for increased capacity and better geographic access for the screening and treatment of sexually transmitted infections (STIs) and HIV, particularly in the northern area of the County. I am pleased to let you know that the Department of Health and Human Services (DHHS) staff is taking instrumental steps towards establishing this clinic. As a first step, the County Council set aside funding for a Nurse Practitioner to provide this care. Public Health Services has begun the task of locating and assessing space in the northern area of the County. We expect this clinic to provide essential screening and treatment for sexually transmitted diseases as well as HIV prevention counseling and testing. By adding capacity and expertise for these clinic sessions in the Up County area, our dual goals will be to diminish the waiting list for such services and to offer significant opportunity for education, STIs, and HIV testing and prevention activities to residents in their own neighborhood.

Recommendation to Support Immunizations

I acknowledge and support the critical and life saving role of immunizations as a cost-effective public health measure to prevent disease. I understand that the County's Adult Immunization Clinic has been temporarily suspended due to staffing shortages. I have requested that the Under One Roof Clinic, which is a DHHS grant-funded clinic in Rockville, continue its partnership with our Immunization program to bring Hepatitis vaccinations to adults at no cost. We will work with Department of Health and Mental Hygiene in the hopes that they will continue to support the cost of the vaccine for this program. In addition, with the Federal Stimulus funds, the County's Immunization Program will receive funding to support influenza vaccination, both seasonal and the H1N1 swine flu. In addition, our plan is that a certain portion of the Stimulus funds will be directed towards reaching unvaccinated adults through the Montgomery Cares clinics for such things as measles, mumps, rubella and other adult vaccinations.

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Ms. Wendy Friar
Page 2
July 29, 2009

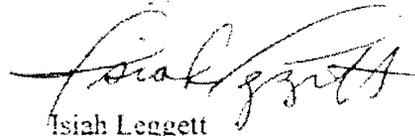
Recommendation to Support Obesity and Fitness Programs

I share your concerns about childhood obesity and support the need for more physical activity and healthier food choices for children and adolescents. The recommended amount of time for physical activities can be achieved through a combination of in-school and out-of-school activities. In addition to our abundance of parks and hiking/biking trails, Montgomery County supports a number of after school programs, many of which includes time for physical activities.

The Jane Lawton Farm to School Program (*Senate Bill 158 Farm-to-School Program - Activities and Promotional Events*) was signed into law by the Governor in May 2008. In addition to facilitating the procurement of local Maryland produce for school menus, the bill also creates a Maryland Homegrown School Lunch Week to promote Maryland agriculture through school meal and classroom programs and interaction between students and local farmers. In 2008, Montgomery County participated with other Maryland counties and more than 30 different Maryland farms. This successful statewide program shows promise for improving healthy food choices in school lunches and providing related information in the classroom. I encourage students and parents to continue asking for fresh, local produce in school lunches. In 2009 the Maryland Home Grown Lunch Week will be held from September 14-18, 2009. This is an example of a successful federal, state, local and private collaboration.

I appreciate the work that the Commission on Health does to advise me, the County Council and the DHHS. Thank you for your continued oversight and recommendations to improve public health for the residents of Montgomery County.

Sincerely,



Isiah Leggett
County Executive

IL:kvr

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COMMISSION ON HEALTH

June 26, 2009

Phil Andrews, President
Montgomery County Council
Council Office Building
100 Maryland Avenue
Rockville, MD 20850

Dear Council President Andrews:

The Commission on Health (COH) is pleased to present recommendations on three focus areas for preventative health in Montgomery County. These recommendations are based on data that was presented to and investigated by the COH. We also recognize that there are additional County priority focus areas including diabetes, cancer and chronic disease among others.

In May 2009, our Prevention subcommittee met with representatives of the Dennis Avenue Health Center and the American Heart Association, and conducted several interviews with infectious disease physicians to solicit feedback on prevention. Information was also gathered from the Montgomery County Obesity Prevention Strategy Group. Based on our findings, three areas have been identified as priorities:

4. An up-county clinic that duplicates the efforts of the Dennis Avenue clinic to address HIV/AIDS, Hepatitis B Virus (HBV), Hepatitis C Virus and Sexually Transmitted Infections (STIs)
5. Vaccinations/Immunizations to address Hepatitis B Virus (HBV)
6. Fitness and nutrition programming to address obesity

The following recommendations are proposed for your consideration:

1.) Up-County Clinic

Studies have shown (Hanna DB et al. Most positive HIV Western blot tests do not diagnose new cases in New York City: Implications for HIV testing programs. *J Acquir Immune Defic Syndr* 2009 May 7) that individuals prefer utilizing public health departments and community clinics for screening and testing services related to STIs, including HIV and Hepatitis. We applaud the success of the Dennis Avenue Health Center and support the commitment of the County and MCDHHS to provide additional funding for an up-county clinic to provide additional capacity and geographical access. This clinic will improve access to education, screening and testing, and help address the backlog of clients and provide opportunities for preventive interventions.

2.) Immunizations

Immunizations are among the most successful and cost-effective public health interventions. The County's adult immunization clinic has been temporarily suspended, thereby interrupting a vital service.

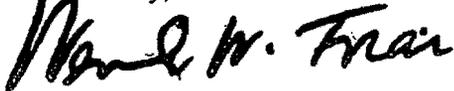
Alternatively, to sustain a level of service in the County, the adult immunization program is partnering and Under One Roof community-based programs to offer Twinrix (combination Hepatitis B and Hepatitis A vaccine) to adults at no cost. This project is currently supported with funds from the Maryland DHMH at no cost to the County and without it being known how long these funds will be available. The COH feels this immunization program is critical to prevent the spread of Hepatitis A and B in high-risk populations and recommends the reinstatement of the County adult immunization program or funding as needed to sustain the community-based programs.

3.) Obesity and Fitness Programs

To reduce childhood obesity, we recommend support for the Maryland American Heart Association's 2008 *Physical Activity Guidelines* for children and adolescents, which recommends 60 minutes or more of physical activity daily. We recommend a daily physical activity period for every private and public school student and also recommend nutritional education and provision of healthy food choices. The Montgomery County Obesity Prevention Strategy Group also supports an increase physical activity in schools.

Thank you for your consideration of the proposed recommendations. We look forward to working with you and are committed to being involved in these issues in the next fiscal year.

Sincerely,



Wendy W. Friar, RN, MS
Chair, Commission on Health



Yusef Battle
Co-Chair COH
Prevention Committee



Peter Sherer, MD
Co-Chair COH
Prevention Committee

WWF: jgk

cc: Uma Ahluwalia, Director Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer
Carol Jordan, MPH, BSN, RN, Director, Communicable Disease & Epidemiology



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

OFFICE OF THE COUNCIL PRESIDENT

July 31, 2009

Wendy W. Friar, RN, MS
Chair, Commission on Health
Yusef Battle
Co-Chair, COH Prevention Committee
Peter Scherer, MD
Co-Chair, COH Prevention Committee
1335 Piccard Drive, Suite 236
Rockville, MD 20850

Dear Commission Members:

Thank you for your letter presenting recommendations for preventative health focus areas: (1) an upcounty clinic that addresses HIV/AIDS, hepatitis B virus, hepatitis C virus, and sexually transmitted infections, (2) vaccinations/immunizations to address the Hepatitis B Virus, and (3) fitness and nutrition programming to address obesity. Your letter was made available to all Councilmembers at the time it was received.

The Council appreciates the efforts of the Commission on Health and its Prevention Subcommittee in developing these recommendations. As you may know, the need for services highlighted by the Commission has been the focus of recent discussions with the Council and the Department of Health and Human Services. As a part of FY10 budget discussions, the Council provided an additional \$100,000 for a nurse practitioner to increase capacity for STD and HIV screening and treatment upcounty. This incremental expansion step acknowledges the capacity and geographical access needed in that area of the County.

During FY10 budget discussions, the Department of Health and Human Services reported that with filling positions in the tuberculosis treatment program it would be able to eliminate the wait list for appointments seeking the treatment of latent tuberculosis. The Department also reported that it was in discussions with the State about additional funding for Hepatitis B immunizations, also a priority of the Asian American Health Initiative.

The HHS and Education Committees have discussed the issue childhood obesity and expressed support for nutritional food choices and the importance of physical activity. However, decisions related to specific educational programming fall under the jurisdiction of the Board of Education. You may be interested in directing your comments related to increase physical activity in schools to Shirley Brandman, President of the Board of Education.

Letter to Commission Members
July 31, 2009
Page 2

You may also be interested in raising some of these issues at the HHS Committee meeting with representatives of the HHS boards, committees and commissions on September 16. The meeting will provide an opportunity to highlight the Commission's priorities. Again, thank you for sharing your thoughts with the County Council and all that you are doing to improve the health of Montgomery County residents. Please feel free to keep in touch with me about this or any other issue in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Phil Andrews", written in a cursive style.

Phil Andrews
Council President

049958

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COMMISSION ON HEALTH

June 26, 2009

The Honorable Isiah Leggett
Executive Office Building
101 Monroe Street, 2nd Floor
Rockville, Maryland 20850

Dear County Executive Leggett:

The Commission on Health (COH) would like to recommend supporting physician and other licensed health care professionals volunteers to help address our vulnerable county residents' increasing needs for health care. The number of uninsured and underinsured in our county is on the rise and their health care needs are stretching the limits of our health care delivery system,

In order to increase access to health care for medically underserved Montgomery County residents, and increase the number of physicians and other licensed health care professionals who are willing to volunteer at community-based clinics, we are making the following suggestions:

- Develop and implement a streamlined process to address barriers to volunteering for the many physicians, nurses, dentists and other licensed health care professionals currently employed or in training at public institutions such as the National Institutes of Health, Uniformed Services University of the Health Sciences, National Naval Medical Center or other federal agencies. These individuals could volunteer or serve part of their training in our existing safety net clinics. State licensure requirements and malpractice insurance are two areas to address. Malpractice coverage for volunteer licensed health care professionals may be obtained through the county's Office of Risk Management or may be covered by the federal government if the time spent at our clinics is approved as part of health care provider's work plan. (Under that scenario their medical license could also be recognized -- from any state.)

This project builds on efforts to develop the Federal Health Professionals Care Project, which began in 2003 as a collaborative pilot project of the Federal Department of Health and Human Services (DHHS), U.S. Public Health Service, the MCDHHS, the County Volunteer Center, the Primary Care Coalition and the safety net clinics. We believe that the continuation of this project will make it easier to attract some of the 1,000 medically licensed officers and civil servants in the area to volunteer at our safety net clinics and county programs.

The Commission on Health recommends developing a workgroup similar to the Federal Health Professionals Care Project to work towards a streamlined licensure process for the large local pool of licensed health care professionals employed in federal agencies in our region.



- Currently there are approximately 217 emeritus physician members of the Montgomery County Medical Society (MCMS). This is another viable resource within our county, which could help fill the increasing need for access for care.

We are requesting the County's support for a fiscal year 2010 project to be undertaken by the COH to increase and attract more interested physicians to volunteer at the safety net/Montgomery Cares clinics. The COH will organize a presentation to these emeritus members of the MCMS and other interested physicians. This presentation would be done in collaboration with the MCMS and Montgomery Cares and the MCDHHS staff and County Office of Risk management for full discussion of the availability of the malpractice insurance coverage to encourage volunteerism.

We recognize the current budgetary challenges facing us today. We believe that we have identified a significant opportunity to increase access to health care without creating an added burden to the already constrained County budget. We appreciate the County's leadership and we look forward to the possibility of an initiative that will increase access to care. We thank you for your consideration of these recommendations and welcome the opportunity to work with you in any way we can.

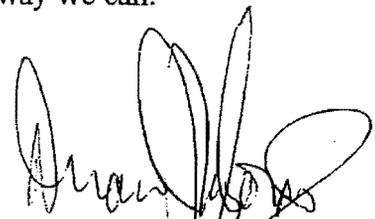
Sincerely,



Wendy W. Friar, RN, MS
Chair, Commission on Health



Fadi Y. Saadeh, MHSA
Co-Chair COH Public/Private
Partnerships Committee



Duane J. Taylor, MD
Co-Chair COH Public/Private
Partnerships Committee

WWF:jgk

cc: Uma Ahluwalia, Director Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer



OFFICE OF THE COUNTY EXECUTIVE
ROCKVILLE, MARYLAND 20850

Isiah Leggett
County Executive

July 29, 2009

Ms. Wendy Friar, R.N., M.S.
Department of Health and Human Services
Public Health Services, Office of Partnerships and Health Planning
1335 Piccard Drive, Suite #236
Rockville, Maryland 20850

Dear Ms. Friar:

Thank you for your June 26, 2009, letter that included two excellent suggestions from the Commission on Health to encourage more volunteerism among the medically licensed professionals in our County, including retired physicians and medical professionals working in nearby federal agencies.

I sincerely appreciate the many County medical volunteers who offer their time and expertise each week to help the uninsured in our clinics and other programs. I am also proud of the County's ongoing support for these County volunteers through its coverage of their malpractice insurance while serving County residents in our clinics.

I am grateful that the Commission on Health has identified an additional group of County medical professionals, the emeritus physician members of the Montgomery County Medical Society, who may not be aware of this collaborative relationship between the County and medical volunteers. Thank you for your offer to make a presentation to this group of retired physicians. I am sure you will be given any assistance needed for this presentation by Public Health staff in the Department of Health and Human Services. Making it easier for some of the large number of licensed medical professionals, working in nearby federal agencies in the County, to volunteer with our clinics for the uninsured, is a proposal that, as the Commission has suggested, deserves to be explored once again.

I am asking DHHS Director, Uma Ahluwalia, and Health Officer, Dr. Ulder Tillman, to offer their full support to this project, working with the Commission on Health, federal agencies, the clinics, and other partners to re-energize the Federal Health Professionals Care Project work group, as described in your letter.

I appreciate the Commission on Health offering these creative strategies to improve public health during these difficult economic times, through leveraging some of the expertise and interest in volunteering that may be available among our federal and retired medical professionals. I look forward to hearing about the progress of both of these initiatives.

Sincerely,


Isiah Leggett
County Executive

HL:kyr



COMMISSION ON HEALTH

June 26, 2009

Phil Andrews, President
Montgomery County Council
Council Office Building
100 Maryland Avenue
Rockville, MD 20850

Dear Council President Andrews:

The Commission on Health (COH) would like to recommend supporting physician and other licensed health care professionals volunteers to help address our vulnerable county residents' increasing needs for health care. The number of uninsured and underinsured in our county is on the rise and their health care needs are stretching the limits of our health care delivery system,

In order to increase access to health care for medically underserved Montgomery County residents, and increase the number of physicians and other licensed health care professionals who are willing to volunteer at community-based clinics, we are making the following suggestions:

- Develop and implement a streamlined process to address barriers to volunteering for the many physicians, nurses, dentists and other licensed health care professionals currently employed or in training at public institutions such as the National Institutes of Health, Uniformed Services University of the Health Sciences, National Naval Medical Center or other federal agencies. These individuals could volunteer or serve part of their training in our existing safety net clinics. State licensure requirements and malpractice insurance are two areas to address. Malpractice coverage for volunteer licensed health care professionals may be obtained through the county's Office of Risk Management or may be covered by the federal government if the time spent at our clinics is approved as part of health care provider's work plan. (Under that scenario their medical license could also be recognized -- from any state.)

This project builds on efforts to develop the Federal Health Professionals Care Project, which began in 2003 as a collaborative pilot project of the Federal Department of Health and Human Services (DHHS), U.S. Public Health Service, the MCDHHS, the County Volunteer Center, the Primary Care Coalition and the safety net clinics. We believe that the continuation of this project will make it easier to attract some of the 1,000 medically licensed officers and civil servants in the area to volunteer at our safety net clinics and county programs.



- Currently there are approximately 217 emeritus physician members of the Montgomery County Medical Society (MCMS). This is another viable resource within our county, which could help fill the increasing need for access for care.

We are requesting the County's support for a fiscal year 2010 project to be undertaken by the COH to increase and attract more interested physicians to volunteer at the safety net/Montgomery Cares clinics. The COH will organize a presentation to these emeritus members of the MCMS and other interested physicians. This presentation would be done in collaboration with the MCMS and Montgomery Cares and the MCDHHS staff and County Office of Risk management for full discussion of the availability of the malpractice insurance coverage to encourage volunteerism.

We recognize the current budgetary challenges facing us today. We believe that we have identified a significant opportunity to increase access to health care without creating an added burden to the already constrained County budget. We appreciate the County's leadership and we look forward to the possibility of an initiative that will increase access to care. We thank you for your consideration of these recommendations and welcome the opportunity to work with you in any way we can.

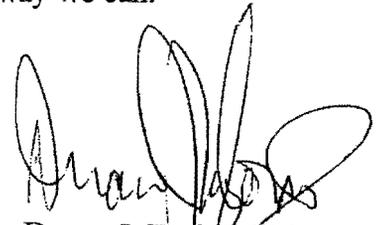
Sincerely,



Wendy W. Friar, RN, MS
Chair, Commission on Health



Fadi Y. Saadeh, MHSA
Co-Chair COH Public/Private
Partnerships Committee



Duane J. Taylor, MD
Co-Chair COH Public/Private
Partnerships Committee

WWF:jgk

cc: Uma Ahluwalia, Director Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

OFFICE OF THE COUNCIL PRESIDENT

July 31, 2009

Wendy W. Friar, RN, MS
Chair, Commission on Health
Fadi Y. Saadeh, MHSA
Co-Chair, COH Public/Private Partnerships Committee
Duane J. Taylor, MD
Co-Chair, COH Public/Private Partnerships Committee
1335 Piccard Drive, Suite 236
Rockville, MD 20850

Dear Commission Members:

Thank you for your letter presenting recommendations to increase volunteer physicians and other licensed health care professionals at safety net/Montgomery Cares clinics. Your letter was made available to all Councilmembers at the time it was received.

The Council appreciates the efforts of the Commission on Health and its Public/Private Partnerships Subcommittee to find creative way to increase access to health care with minimal fiscal impact. As you know, current budget constraints may prevent new investment in initiatives of value. I would be very interested in understanding what resources might be needed to put agreements in place that would allow Federal health professionals to volunteer their services. Does the Commission believe that this is something that needs to be handled by the County Attorney's office or by the Department of Health and Human Services?

While I understand that the Department of Health and Human Services is taking the Commission's recommendations under advisement, the Commission will have the opportunity to raise its priority recommendations with HHS Committee on September 16. That meeting with representatives of the HHS boards, committees and commissions provides an opportunity to discuss Commission priorities.

Again, thank you for sharing your thoughts with the County Council and all that you are doing to improve the health of Montgomery County residents. Please feel free to keep in touch with me about this or any other issue in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Phil Andrews", written over a horizontal line.

Phil Andrews
Council President

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Montgomery County Commission on Health

Commission on Health FY10 Policy Priorities Health and Human Services Committee Work Session September 16, 2009

Good morning Mr. Leventhal and other distinguished members of the County Council. My name is Wendy Friar and I am the chair of the Commission on Health. Thank you for this opportunity to brief you on the policy issues our commission is focusing on in fiscal year 2010.

As everyone knows this is a year of constrained resources. We see the statistics of escalating need for our poor and vulnerable county residents and the need for linking somatic care with behavioral healthcare. We are very concerned that 13% of single parenting women in Montgomery County live at, or are below the federal poverty guideline that is substantially lower than the self-sufficiency standard identified by the Community Action Agency. We can't help but also notice the number of "new poor"-- the newly unemployed and uninsured, a population likely to continue expanding over the next few years.

Mindful of these concerns, the Commission's *Public-Private Partnerships Committee* tasked itself with finding a way to increase access to healthcare with minimal fiscal impact. Specifically, this committee identified an area where a partnership between public and private sectors could leverage resources and join efforts to improve the health of our county residents. Between this committee and the leadership of the Montgomery County Medical Society, we were able to exchange ideas about opportunities to improve access for the underserved and uninsured. The ensuing discussion led to the identification of two ways that might increase the availability of physicians and other trained clinicians to volunteer in our community clinics: (1) increasing awareness of the availability of county-sponsored medical malpractice insurance to practicing and retired physicians who are interested in becoming county volunteers; and (2) developing a streamlined process that would allow physicians working in federal agencies to volunteer. It was reassuring to know that the COH liaison to the Montgomery Cares Advisory Board shared these recommendations and gained the Montgomery Cares Advisory Board's support of these efforts as well. As you may recall, the commission sent you a letter outlining these recommendations. On behalf of the full Commission, thank you for your positive response and we appreciate your interest in the resources that might be needed to put agreements in place that would allow federal health professionals to volunteer their services. We will seek guidance about this issue from County Attorney's office and the Department of Health and Human Services.

Our second priority of focus is *prevention*. The *Prevention Committee* met with representatives of the Dennis Avenue Health Center, the American Heart Association, the Montgomery County Obesity Prevention Strategy Group, and conducted several interviews with infectious disease physicians. Based on their findings three key areas were identified (1.) the need to establish an up-county clinic for Sexually Transmitted Infections (STIs) and HIV, (2.) the reinstatement of the County adult vaccination/immunization program with critical and life-saving immunizations that are cost-effective, and, (3.) recommendations to support fitness programs to combat obesity in children. We are pleased and support the County's efforts for the establishment of an up-county clinic, filling the positions in the tuberculosis treatment program to eliminate delays in treatment of latent tuberculosis, and the possibility of additional state funding for Hepatitis B immunizations.

As in the past fiscal year, we eagerly and enthusiastically approach 2010 through the work of three committees, each with a specific focus. In closing, the two committees and their priorities I mentioned are equally as important as our third priority of *health disparities*, where a key area of the focus of the *Health Disparities Committee* is on the disturbing disparity in infant mortality between African American, native and foreign-born, and white residents.

Thank you for this opportunity to allow the Commission on Health to serve the residents of Montgomery County. We look forward to working with the County Executive and County Council to improve the health and wellness of our residents. Thank you.

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