

MONTGOMERY COUNTY COMMISSION ON HEALTH

Meeting Minutes

November 21, 2013

401 Hungerford Drive, Rockville, Maryland

Members Present: Mitchell Berger, Ron Bialek, Tara Clemons, Michelle Hawkins, Graciela Jaschek, Alan Kaplan, Joneigh Khaldun, Pierre-Marie Longkeng, Marcia Pruzan, Nelson Rosenbaum, Daniel Russ, Tonya Saffer, Ashraf Sufi, Wayne L. Swann, Shari Targum, and Ulder J. Tillman

Members Absent: Kathy Ghiladi, Rose Marie Martinez, Linda McMillan

Staff Present: Jeanine Gould-Kostka and Doreen Kelly

Guests: Marla Caplon, Director, MCPS Division of Food and Nutrition Services; Howard University Students: Shavon Moody and Hazel Moses; and Jenna Umbriac, Director of Nutrition Programs, Manna Food Center

1.0 Call to Order

Chair Ron Bialek called the meeting to order at 6:10 p.m. upon reaching a quorum.

2.0 Approval of Minutes

Dr. Nelson Rosenbaum made a motion to approve the October 2013 Commission on Health (COH) meeting minutes. Mr. Pierre-Marie Longkeng seconded the motion to approve the minutes. The motion was passed unanimously by voice consent.

3.0 Report of Officers – Ron Bialek, Chair

3.1 Upcoming Meetings – Mr. Bialek asked the COH membership to indicate if they are able to attend the December 19, 2013 meeting that was approved by the COH during the September meeting. Ten COH members indicated they would be in attendance, which would constitute a quorum.

3.2 Retreat Evaluation – The retreat survey results were shared electronically with the COH on November 13 and 19, 2013. Mr. Bialek thanked the COH for providing feedback on the retreat, which will help next year's Retreat Planning Committee.

4.0 PHS Chief's Report – Ulder J. Tillman, M.D., MPH, County Health Officer

Ms. Doreen Kelly announced the PHS Chief's Report for October 2013 would be included in an upcoming newsletter and is included at the end of these minutes.

Ms. Kelly discussed the PHS Chief's Report and the Affordable Care Act (ACA) presentation given to the County Council. The Council packet can be found at:

http://montgomerycountymd.granicus.com/Viewer.php?view_id=6&clip_id=6112&meta_id=56313

The following issues were discussed with Dr. Tillman: Homeless Resource Day with approximately 400 guests attending; 100,000 Homes campaign; 21 efficiency apartments planned for Progress Place; National Association of Counties dental discount program

<http://www.naco.org/programs/residents/Pages/NACoDentalDiscountCardProgramCountyInformation.aspx>; metrics related to the ACA; the difficulties related to the ACA application process; and the target enrollment for the Capital Region is approximately 52,000 enrollees.

5.0 Reports – Ron Bialek, Chair

5.1 County Council Report – Ms. Linda McMillan was unable to attend the meeting.

5.2 MCPS Report – Ms. Marla Caplon discussed the FARMS program and how there has been a 1% increase in students eligible for the program from the previous school year. 52 schools now participate in the Universal Breakfast program within Montgomery County Public Schools. The after-school supper program has increased by about 300 students daily for a total of more than 2000 participating daily. The proposed USDA competitive food regulations standards for foods and beverages are being reviewed by USDA after the comment period. Of interest to note is that the MCPS wellness regulations that have been in place since 2006 mirror the proposed USDA regulations.

Discussion followed: Real Food for Kids – Montgomery, an advocacy group rooted in the Takoma Park area. While the intention of the group is positive, the changes that they propose are not realistic for a county our size. For example, elimination of processed foods is impossible; for safety reasons all proteins that are delivered to schools are fully cooked. MCPS has approximately 1 in 3 students (of the 151,000 MCPS students) enrolled in the FARMS program.

5.3 Staff Report – Ms. Gould-Kostka discussed the following items: The Commission on Children and Youth's 7th Annual *Youth Having a Voice* Roundtable on Wednesday, December 4, 2013; the resignation of COH member Dr. Gregory Serfer; the **COH inclement weather policy, which follows the MCPS closure policy so if MCPS evening activities are cancelled, then COH meetings are cancelled**); the County Executive's policy for members to serve on only one appointed board, committee or commission (with the exception of the COH Montgomery Cares Advisory Board liaison, that is legislated).

6.0 COH Liaison Reports – Ron Bialek, Chair

6.1 Montgomery Cares Advisory Board – Mr. Wayne Swann presented his quarterly report, which is included at the end of these minutes.

7.0 The Food Environment in Montgomery County – Ron Bialek, Chair

Dr. Rosenbaum introduced Jenna Umbriac, Director of Nutrition Programs, Manna Food Center. Ms. Umbriac is a registered dietician and in addition to working as the Director of Nutrition Programs at Manna Food Center, serves as co-chair of the Food Access Work Group on the Montgomery County Food Council.

Ms. Umbriac shared a PowerPoint presentation, which is attached at the end of these minutes.

Discussion followed: the average cost of a meal in Montgomery County is \$3.30 while the SNAP program provides \$1.60 per meal; Montgomery County is an expensive county to live in; Maryland Hunger Solutions, an advocacy group; coordination of food distribution efforts across the county is difficult; Children's Health Watch is a great reference that works to improve child health by offering evidence and analysis of research – www.childrenshealthwatch.org; volunteer opportunities in the *Farm to Food Bank* program; www.healthyfoodbankhubb.org; how licensed kitchens are needed to prepare food for food classes since food cannot be prepared at the Manna Food Center; how there is a lot of nutritional information available through the University of Maryland Extension but people do not always know how to access the information; how taking education opportunities right into communities would be the most useful; the possibility of incentivizing education programs; the need for insulated containers for cooking demonstrations; "Nourish Now" program for seniors; how Manna has many partner organizations; and how the definition for "food desert" in Montgomery County needs to be determined since the traditional definition does not fit.

Mr. Bialek thanked Ms. Umbriac for presenting to the COH.

8.0 Workgroup Session – Ron Bialek, Chair

Mr. Bialek asked the COH workgroups to further clarify their work plans and work with Ms. Gould-Kostka on inviting potential speakers for future meetings.

The workgroups met for approximately thirty minutes and were asked to prepare a brief update to offer at the December COH meeting.

9.0 Adjournment

Dr. Ashraf Sufi made a motion to adjourn at approximately 8:08 p.m. Dr. Rosenbaum seconded the motion, which was passed unanimously by voice consent.

Respectfully submitted,

Jeanine Gould-Kostka
Staff to Commission on Health

Public Health Services Chief's Report October 2013

SUCSESSES AND GOOD NEWS

The **Dental Program**, in collaboration with DHHS Aging and Disability Services, received an award of \$50,000 from the Maryland Department of Aging, which will be used to provide dentures to approximately 50 senior patients.

On October 11, 2013, the **Public Health Emergency Preparedness and Response** (PHEP&R) Team visited Walter Reed National Military Medical Center to serve as evaluators of their flu clinic for military staff and contractors. The Walter Reed Emergency Preparedness team designed the flu clinic to operate as an emergency Point of Dispensing (POD) clinic that would be activated during a large-scale bioterrorist event. The PHEP&R Team observed the operations of Walter Reed's flu clinic, participated in the hot wash discussions following the completion of the clinic, and provided a written evaluation report outlining the strengths and weaknesses of Walter Reed's POD setup.

HOT SPOTS

Employee Flu Vaccinations: There are 1,060 employees/contractors in ADS, BHCS, and PHS covered under the Mandatory Influenza Vaccination policy, coordinated by the Immunization Program. To date, 52% have been vaccinated, 5% have refused vaccination, and 43% must comply with the policy by 12/1/2013.

Community Flu Vaccinations: During October, the **Immunization Program** provided logistics services and pushed out 3,000 doses of injectable flu vaccine for community clinics and vulnerable populations; and 4,000 doses of nasal spray vaccine for school clinics.

UPDATES ON KEY ISSUES

Communicable Disease and Epidemiology - Staff from CD&E and from HHS Fiscal Team attended the 2-day STI billing training in Baltimore. Immunizations and HIV are also preparing for billing in

their programs. The Immunization Program participated in 2 Immunization Billing Webinars hosted by DHMH and SHR during the month of October.

Refuge Health Program - The program received their Federal FY14 award letter. The refugee clinic will implement a new quantitative mental health screening tool with referrals as appropriate to *In Spirit* a pastoral care nonprofit located in Silver Spring.

TB Control Program - The outdated Health Information Management System (HIMS) used by the TB Control Program, Refugee Health, and Community Health Services was finally replaced by the new “HIMS Lifeboat.” This temporary solution will be used until the new Electronic Health Record is deployed across Public Health Services and elsewhere in DHHS.

Colorectal Cancer Screening Program (funded by the DHMH Cigarette Restitution Fund grant) completed 295 colonoscopies in FY13, for uninsured County residents, and provided follow up and case management as needed, with no cancers found. Of those screened, 101 had pre-cancerous polyps removed. The program also coordinated with hospitals and others to provide health education sessions to residents regarding cancer and cancer screening guidelines for many types of cancer.

Women’s Cancer Control Program provided 1,592 uninsured County women with mammograms and clinical breast exams to screen for breast cancer, and also provided follow up and case management through biopsy, as well as screening the women for cervical cancer in FY13.

Montgomery Cares Program

YTD data for FY 2014 (July - September 2013):

- Non-homeless patients 13,359 (41.4% of budget target)
- Non-homeless encounters 19,962 (23.3% of budget target)
- Homeless patients 76 (19% of budget target)
- Homeless encounters 123 (13.6% of budget target)

Maternity Partnership Program - YTD data for FY 2014 (July - September 2013):

Number of patients referred to contracting hospitals by DHHS clinics	449
New patients enrolled in prenatal care by hospitals	436
Number of teens enrolled	18
Percent entry during first trimester	58%
Fetal losses	3

Care for Kids - YTD data for FY 2014 (July - September 2013):

- Number of children newly enrolled in Care for Kids: 127 children
- Percent of children referred to CFK from DHHS Service Eligibility Units and linked to medical care: 76%
- Total Number children served by CFK during the quarter: 2, 291 children

Reproductive Health -YTD data for FY 2014 (July - September 2013):

Mary’s Center	122 visits
Planned Parenthood of Greater Washington	318 visits
TAYA	607 visits
TOTAL	1,047 visits

Oral Health - YTD data for FY 2014 (July - September 2013):

Maternity:	294 patients	500 visits
Children:	432 patients	605 visits
Adults:	520 patients	817 visits
Seniors:	244 patients	366 visits

As of November 4, 2013, the programmatic oversight of the Public Health Services' Oral Health Program, formerly located in the Community Health Services unit, is being transferred to the Health Care for the Uninsured section of Public Health Services. This reorganization will enable a more focused effort to ensure the linkage of primary care and oral health services and the beginning of a move to a family-centered approach to oral health.

School Health Services is currently in the process of hiring both substitute School Community Health Nurses (SCHNs) and substitute School Health Room Aides (SHRAs). They have interviewed 31 SCHNs and 43 SHRAs candidates for the January 27, 2014 orientation.

Joan Glick, Senior Administrator for School Health Services, was part of the community providers panel presentation at the Montgomery County Affordable Care Act (ACA) leadership summit at the "Healthcare Reform in Action" conference on October 28, 2014.

Community Health Services

Germantown and Silver Spring Health Centers each held their first public influenza clinics in late October. The health center staff provided influenza vaccine to pregnant women, children and seniors for the first of 6 public clinics held for Montgomery County residents. Germantown Health Center staff administered 124 influenza vaccines, and Silver Spring Health Center staff administered 94 influenza vaccines. The two health centers implemented an appointment system for immunization clinics. The appointment system allows for Vaccine for Children (VFC) eligibility screening to occur when clients make an appointment. This will avoid clients making a trip to clinic and being turned away due to ineligibility for VFC. 157 Maternity clients were enrolled in the Maternity Partnership Program and received prenatal education. Both Health Centers implemented a 3rd Trimester and postpartum class for Maternity Partnership clients.

ACCU/DACCT Team (July – Sept 2013)

- Number of pregnant women screened and enrolled in an MCO for prenatal services: 1006 (This reflects a 22% increase in the number screened and enrolled the 1st Quarter FY13)
- Number of pregnant adolescents up to 18 years of age enrolled in an MCO: 37
- Number of prenatal referrals received from an MCO for Care Coordination: 542
- Number of care coordination encounters completed to assist clients to access Medical Assistance services: 2515 encounters
- Number of Ombudsman Cases – 24

Improved Pregnancy Outcome Program: Reviewed all newly received fetal/infant and child death certificates (100%) received via new electronic notification system from Maryland Vital Statistics Administration. Facilitated 10-22-13 FIMR Board's Community Action Team (CAT) meeting, with 24 members attending and a presentation from new CAT member Andrea Goodman, MSW, MPH, Program Manager with the National Healthy Mothers, Healthy Babies Coalition.

Licensure and Regulatory Services

- During the month of October 2013, the EHS Staff in Licensure and Regulatory Services conducted 777 routine food service inspections, 46 re-inspections, 10 mobile unit inspections and 185 itinerant food service inspections. Critical violations were found during 200 food service inspections; eight (8) food service facilities were closed and re-opened when the critical violations were corrected. Forty-two (42) food service complaints were investigated. The food-borne disease team investigated two (2) food illness complaints. The EHS Staff conducted 272 Tran's fat inspections and noted 7 violations. Sixty (60) nutritional labeling inspections were conducted and six (6) violations noted. One smoking violation was noted during routine food service inspections.

- The EHS Staff inspected 20 group homes, 1 nursing home, 7 domiciliary care facilities, 121 private schools and 18 swimming pools. Thirteen (13) rat complaints were investigated and 5 violations noted. There was one harm done deficiencies noted this month currently under investigation. Thirty-three (33) plans for food service facilities and pools were reviewed and approved.

Montgomery Cares Advisory Board (MCAB) Liaison Report (July-October 2013)

During the MCAB Board Retreat in July 2013 the Board approved the following **guiding principles**:

1. Montgomery Cares is the payer of last resort:
If a patient is eligible for Medicaid or a Qualified Health Plan through the Health Benefit Exchange and chooses not to enroll, services provided to that individual will not be eligible for MCares reimbursement.
2. Uniform eligibility screening for MCares and pre-screening for Medicaid and other health insurance coverage should be performed.
3. DHHS will provide coordinated navigator services. The Advisory Board has strong preference for assistors on site at all participating clinics

Confirming Committee Leadership and Membership

FY13 committee structure continue into FY14.

- Advocacy - Cesar selected as chair
- Transformation – Lynda will continue as chair
- Quality – Steve will chair the committee
- Specialty – Okianer will continue

Dr. Tillman wanted to know what group would cover equity and cost considerations. The MCAB decided to include “equity” in the quality workgroup and “cost “in the transformation workgroup.

Lynda Honberg reminded Board members that the Board received an Oral Health update in June and learned that it is an area in great demand.

Montgomery Cares Status Report/Montgomery Cares Monthly Report provided by Sharon Zalewski (PCC)

Highlights

- Cesar mentioned that the transition to e-Clinical works for Proyecto Salud has been smooth. He wanted to thank PCC for all their assistance and support.
- Sharon mentioned that Muslim clinic had reported a 50% decline in their productivity for the first 30 days but they are back up to speed.
- Sharon explained that PCC is the performance manager for the connector. PCC’s job is to monitor enrollment and its process. The goal is to register 52,000 between both PG and Montgomery County.
- Sharon explained that 88% of their expenditures are for Direct Services and 12% are for

Non-Direct services

- Sharon also explained that there was a 10% surplus on the specialty care budget due to limits that hospitals had placed on accessing services during the second half of the fiscal year.
- Sharon pointed out that there are 100-150 patients a year who require expensive cancer Treatment.
- The clinics to implement a diabetes program are CCI, Spanish Catholic, Mercy, and Holy Cross.
- Sharon informed the group that during the first year Care for Your Health enrolled 76 unduplicated Montgomery Cares patients and provided 143 primary care encounters; 121. office visits and 22 virtual visits. The project will continue for at least one additional year
- In response to the need for more specialty care Sharon described the different approaches to reach physicians to do more pro bono work. Sharon explained that times have changed and most doctors that would do this type of work are either retiring or joining bigger practices. She also explained that the bigger practices are more difficult to reach as you have to deal with either their attorney or business manager instead of the physician directly. Sharon also pointed out that it was very helpful when the hospitals assisted in the recruitment and/or referral process.

A major project underway is the **Performance Incentive Program (PIP)**. I am now part of the workgroup. The goal of the program is to incentivize the clinics to focus on quality through the identification of selected HEDIS measures as supported by the Clinic Medical Directors. The program is well designed and has been the topic for presentation and discussion during each Board meeting. The latest iteration will be presented to the MCAB at the December 4th meeting.

I attended the **Montgomery County ACA Leadership Summit “Healthcare Reform in Action”** sponsored by Montgomery County, the Primary Care Coalition, and the Maryland Women’s Coalition for Healthcare Reform held at the Silver Spring Civic Center on October 28, 2013. The program was very informative and presented the topic from multiple perspectives; insurers, providers and the public.

Steve mentioned that the County Council HHS Committee Policy Breakfast is scheduled for October 17th. Lynda will give the testimony for the Board at this event. In addition, **the MCAB in collaboration with the Commission on Health has been asked to draft an additional testimony on how all of the Boards/Commissions and Committees have been affected by the ACA.**

**Submitted: Wayne L. Swann, FACHE
November 21, 2013**

Montgomery County Commission on Health – Food Security and Nutrition Subgroup

The Four Main Components of Food Security

- 1. AVAILABILITY**
There is a reliable and consistent source of quality food.
- 2. ACCESS**
People have sufficient resources to produce and/or purchase food.
- 3. UTILIZATION**
People have the knowledge and basic sensory capabilities to choose, prepare, and distribute food in a way that results in good nutrition.
- 4. STABILITY**
People's ability to access and utilize food that remains stable and sustained over time.

Counterpart.org

manna food center
fighting hunger and feeding hope in montgomery county

Jenna Umbriac MS, RD
Director of Nutrition Programs
Manna Food Center

Food Access Issues in Maryland

Nearly 16.2% were unable to afford enough food in 2012. (FRAC)

National

- Food Security rate: 16.8%
- Income households with food insecurity: 17.9%
- Income households with very low food security: 2.9%
- Income households with low food security: 15.0%
- Average cost of a meal: \$1.54

Food Access Issues in Montgomery County

- 8% of us or just under 78,000 residents
- 49% below 200% of the federal poverty level
- 51% do not qualify for federal aid

(Feeding America-Map the Meal Gap 2013)

Food Access Issues in Montgomery County

- Increase in SNAP/Food Supplement Program participation...
 - 11.3% over the past year
 - 151% over the past five years (MHS)

27,799 people using SNAP in MoCo, July 2008
69,794 people using SNAP in MoCo, July 2013.

Food Access Issues – Minority Groups

1 in 4 Latino families in U.S. experience food insecurity
 1 in 3 Latino families with children

MCP's Student Demographics

- African American
- Asian American
- Hispanic
- White

WHEATON, % OF POPULATION

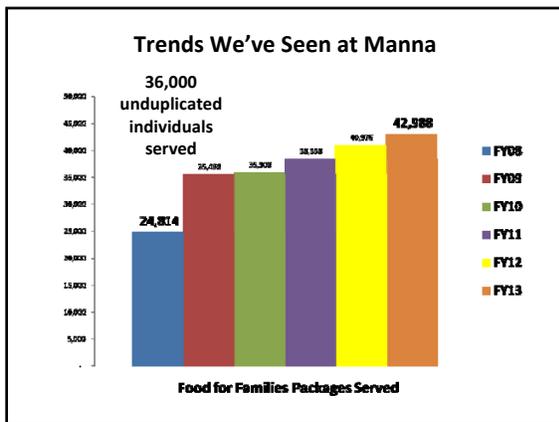
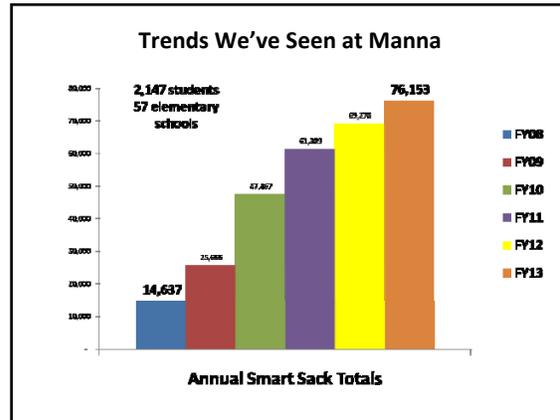
	White	Hispanic	Asian	Black	TOTALS
1990	61%	13%	10%	15%	40,265
2000	38	29	12	17	42,554
2010	26	42	12	18	48,254

Majority Hispanic

Trends We've Seen at Manna



- Average family visits Manna **5-6 times per year**.
- On average, Manna Food Center serves **3600 households monthly**.



Food Insecurity and Health

"food-insecure children had odds of having their health reported as "fair/poor" (versus 90% greater, and odds of having been hospitalized since birth 31% greater than similar children in food-secure households. We also found a **dose-response relation between fair/poor health status and severity of food insecurity**, with higher odds of "fair/poor" health at increasingly higher levels of severity of food insecurity. In the overall Children's HealthWatch sample receipt of SNAP attenuated the effects of food insecurity on this outcome, but did not eliminate it."

Cook, J.T., Frank, D.A., Berkowitz, C., Black, M.M., Casey, P.H., Cutts, D.B., Meyers, A.F., Zaldívar, N., Skalticky, A., Levenson, S., Heeren, T., Nord, M. Food insecurity is associated with adverse health outcomes among human infants and toddlers. *J Nutr*, 2004 Jun; 134(6):1432-8

ENTERED SCHOOL WITH LOWER MATH SCORES
LEARNED LESS OVER THE COURSE OF THE SCHOOL YEAR
LAGGED BEHIND THEIR PEERS
HYPERACTIVITY ABSENTEEISM SUSPENSIONS



Food Insecurity and Health

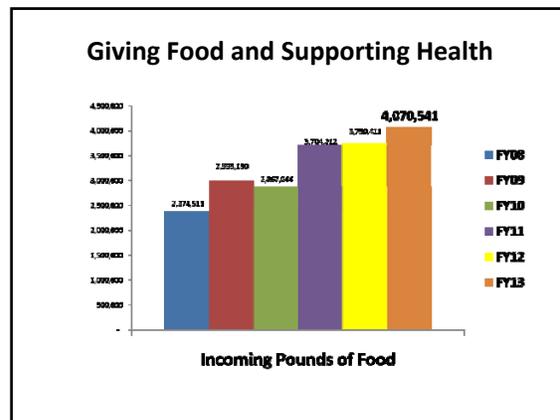


"...**food insecure seniors had significantly lower intakes of vital nutrients** in their diets when compared to their food secure counterparts. In addition, food insecure seniors were **2.33 times more likely to report fair/poor health status** and had higher nutritional risk."

Lee, S., Frongillo, P. DA. (2002). Nutritional and health consequences are associated with food insecurity among U.S. elderly persons. *J Nutr*; 132: 1509-1509, 2002

Hispanic children are more likely to develop diabetes than other children. Among children born in 2000...Hispanic boys have a 45.4 percent lifetime risk while Hispanic girls have a 52.5 percent lifetime risk.

Narasayan KMV, Boyle JP, Thompson TI, et al. "Lifetime Risk for Diabetes Mellitus in the United States." *Journal of the American Medical Association*, 290(14): 1884-1891, 2003



What does Manna's Nutrition Educator do?

- teach cooking skills!
- write recipes!
- cook for clients!
- lead grocery tours!
- promote healthy eating!

Giving Food and Supporting Health

Healthyfoodbankhub.org

Crossroads Community Food Network

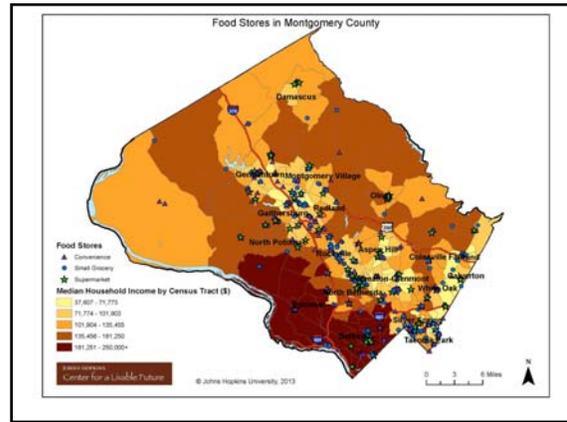
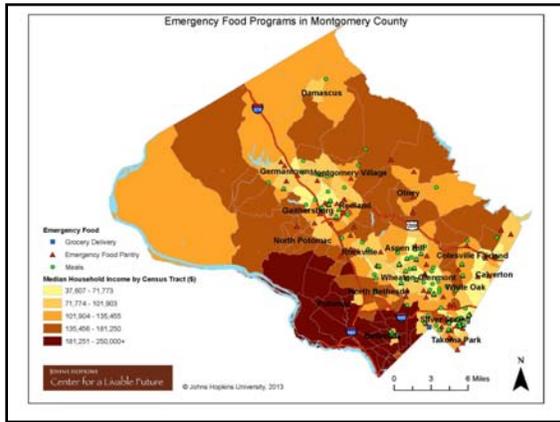
UNIVERSITY OF MARYLAND EXTENSION
Solutions in your community

Making County-Wide Changes

- Montgomery County Food Council
– Food Access Working Group

MARYLAND FOOD SYSTEM MAP
Visualizing information to improve food systems.

817
THE NUMBER OF FARMS IN MARYLAND THAT SELL PRODUCE, DAIRY, AND MEAT LOCALLY.



FACT SHEET

What we do.

What we do is simple and essential. Manna Food Center fights hunger in Montgomery County by collecting and distributing approximately 4 million pounds of food annually to needy individuals and families.

- *Food for Families Distribution:* Manna provides a three to five-day supply of perishable and nonperishable food to each household at one of eighteen distribution points in the County.
- *Karen Goldberg Smart Sacks:* Manna gives food to hungry elementary school children through Manna's innovative Goldberg Smart Sacks program. Hungry elementary school students receive a backpack full of kid-friendly food on Fridays so they have food to eat over the weekend when there are no school meals to fill empty stomachs. There are currently 56 participating Smart Sacks schools serving more than 2,100 children.
- *Agency Food Distribution:* Manna provides food to Montgomery County homeless shelters, soup kitchens, group homes, and low-income housing areas so they can focus on providing their core services that will help people reach their highest degree of self-sufficient living.

Here are a few phenomenal statistics about what Manna accomplished in FY 2013:

- Households Served via Food For Families Distribution: 11,490
- Individuals Served via Food For Families Distribution: 36,080
- Packages of food distributed through Food For Families program: 42,988
- Smart Sacks Distributed to Elementary School Children: 76,153
- Pounds of Food Donated by Grocery Stores and Wholesalers: 2,335,033
- Pounds of Food Donated by Community Members: 532,125
- Pounds of Fresh Produce Donated to Manna from local Farms and Farmers Markets: 217,438
- Total Pounds of Food Distributed: 4,012,483
- Number of Volunteer Hours Given by the Community: 64,626

We serve more than 3,600 households each month and more than 2,100 elementary school children each week during the school year.

Many of our clients come to us in crisis and require emergency food. Others find themselves consistently unable to put food on the table because of low-income jobs and the high cost of housing and health care. Clients are referred to Manna from 360 different partners across the county including churches, social service organizations, schools, employee assistance programs, hospitals, and more.

It takes an income of \$74,000 to support a family of four in Montgomery County today. Steep increases in the cost of basic necessities such as housing, groceries, gasoline, and health care have put tremendous pressure on poor families in Montgomery County. Manna has seen the impact of these unfortunate trends and is helping an increasing number of adults and children each year.

Nearly one-half of all the people we feed are children, which is not surprising when you realize that 33.3% of all MCPS benefit from free or reduced price meals. This means that more than **1 of every 3 students in Montgomery County are at risk for hunger.**

Where does Manna get its food and funding?

Manna depends on the generosity of individuals and organizations to sustain its essential operations. Manna also fills its shelves through donations from local grocery stores, community food drives, and state and federal emergency food grant

programs. Manna is funded by state and local government as well as by United Way and workplace campaigns, corporate gifts, donations from faith-based and community organizations, foundation grants, and individual contributions.

Is Manna Food Center well managed?

Yes. We are one of the most efficient organizations in Montgomery County. \$0.94 of every dollar goes directly to feed the hungry. Manna is able to turn a \$1 donation into \$3--\$5 worth of food. Manna accomplishes this by operating with a small but efficient staff of fifteen employees and by relying on the help of hundreds of generous volunteers.

How can you help?

Manna needs both food and funds to feed our hungry neighbors. You can organize a food drive or make a financial contribution. You could also volunteer to sort food and pack boxes at our warehouse. Your company could become a Goldberg Smart Sacks partner organization. You can start a Manna Garden to grow healthy vegetables for families in need.

Manna Food Distribution Locations and Hours of Operations

Clients must have a referral every time they pick up food at Manna Food Center.

To refer a client, call 301-424-1130 or email referral@mannafood.org

Manna Food Center Main Warehouse

9311 Gaither Road, Gaithersburg, MD 20877
Monday through Friday, 12 noon to 3:30 pm
Second Saturday of Every Month: 11:30-1:30
(Office is open Monday through Friday, 8:00 am to 4:00 pm)

Manna's Satellite Locations:

St. Camillus Church, 1600 St. Camillus Drive, Silver Spring, MD 20903 - Mondays 2- 4 pm

Catholic Community Services, 12247 Georgia Avenue, Wheaton MD 20902 - Tuesday 4-7 pm

Long Branch Center, 8700 Piney Branch Road, Silver Spring, MD 20901 - Wednesday 4-7 pm East County Regional

Family Services Agency, 630 E. Diamond Ave., Gaithersburg, MD 20877 - Thursdays, 5-7 pm

Salvation Army, 20021 Aircraft Drive, Germantown, MD 20874 - Thursday 2-4 pm Services Center, 3300 Briggs

Chaney Road, Silver Spring, MD 20904 - Fridays, 2-4 pm

Manna's Apartment Program:

Manna also distributes food to low-income apartment complexes including: Emory Grove Village, Forest Oak Towers, Franklin Apartments, Hampshire Village, Homecrest House, Jean Smith Center at Washington Square, Londonderry Towers, Oak Grove, Paddington Square, Rockville Town Center, Seneca Heights Apartments, Seneca Ridge, Shady Grove Apartments, Tanglewood Apartments, Town Center Olney, Towne Center Place, Victory Forest, Victory Towers and Willows Apartments.

For more information, to make a donation, or to volunteer contact 301-424-1130 or info@mannafood.org; to hold a food drive, email fooddrive@mannafood.org for more information and a healthy food drive wish list.