

# **Montgomery County Commission on Health**

**FISCAL YEAR 2010  
ANNUAL REPORT**



**July 1, 2009 – June 30, 2010**



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

**Commission on Health  
Annual Report Fiscal Year 2010**

September 30, 2010

The Honorable Isiah Leggett  
Montgomery County Executive

Dear Mr. Leggett and Ms. Floreen:

The Commission thanks you for the honor and pleasure of serving Montgomery County through the activities of the Montgomery County Commission on Health (COH). During fiscal year 2010, we continued to build an infrastructure to address the health needs of our community. The infrastructure included defined roles and responsibilities, actions and outcomes. The Commission was diligent in the discernment of specific health issues thought to make the most impact.

Our annual retreat provided the guidance for the new year. Collectively, it was decided to continue the work on the three previously established committees. For fiscal year 2010 a summary of the priorities, goals and accomplishments are as follows:

1. *Health Disparities Committee* goals:

- Gain knowledge about infant mortality by gathering the latest data
- Support programs that reduce infant mortality
- Respond to the rise in sexually transmitted infections and HIV/AIDS
- Work with the *Prevention and Wellness Committee* of the COH to support the development of a new sexually transmitted infection health clinic in upper Montgomery County.

To address these goals, the group conducted meetings with the following subject experts: (1) Ms. Brenda Lockley of the African American Health Program (2) Mr. George Leventhal, Chair of the HHS Committee of the County Council and (3) Thomas Storch, Chair of the Fetal and Infant Mortality Review Board.

The meeting with the African American Health Program centered around the S.M.I.L.E. (Start More Infants Living Equally Healthy) program and their development of a tool to collect data on this population to determine the social determinants of health that impact infant mortality in Montgomery County. The full COH supports the Community Health Improvement Process (CHIP) to help identify the persistently high infant mortality rates among the County's African-Americans and blacks of Caribbean and African descent.

The meeting with Councilmember Leventhal was an opportunity to talk about infant mortality disparities and encourage him to continue to support projects such as the African American Health Program, and other county initiatives to address health equity.

The committee also met with Dr. Thomas Storch about fetal and infant mortality monitoring. Dr. Storch encouraged the COH to develop “outside-the-box thinking” to address infant mortality. He advocated change in the public health system and a look at the role of Managed Care Organizations that provide pregnant women with health care.

2. *Prevention and Wellness Committee* goals:

- Establish an up-county sexually-transmitted infection (STI) clinic
- Promote increased physical activity in the elementary schools
- Promote better school nutrition to reduce the prevalence of childhood obesity

To meet these goals the committee took the following actions:

- Conducted monitoring and provided regular feedback to Dr. Tillman concerning the establishment of an up-county STI clinic located at the Germantown Regional Health Center.
- Contacted Ms. Kathy Lazor, Director of Food Services for Montgomery County Public Schools (MCPS) about school meal nutrition, registered dietitian staffing, school breakfast programs, and the criteria for food to be placed in vending machines.
- Contacted Ms. Terri McCauley, the Coordinator of MCPS Physical Education regarding kindergarten through fifth grade and the amount of required physical education (PE) and recess periods, before and after school programs, and didactic sessions on exercise, nutrition and health. The committee will continue to monitor the standards and progress within MCPS, in an effort to make appropriate recommendations toward approaching the 150 minutes of moderate intensity physical activity per week as recommended by the National Physical Activity Guidelines for Americans and Healthy People 2010.

In conjunction with the Montgomery County Obesity Prevention Strategy Group (OPSG), the committee has gathered information concerning vending machine nutrition criteria and current food vendor contracts. In preparation for making a motion to support of a healthy vending machine policy for Montgomery County facilities, the committee is currently assisting the OPSG in locating registered dietitians to further examine the proposed nutritional standards that will be recommended in the policy.

3. *Public-Private Partnerships Committee* goals:

- Work with Montgomery County Department of Health and Humans Services (MCDHHS) leaders to energize the Federal Health Professionals Care Project. Identify, establish and convene workgroup.
- Determine the health professional needs for specialty and primary care in the Montgomery Cares clinics in order to present the needs assessment to the Montgomery County Medical Society.
- Provide a presentation for volunteer physicians before the Medical Society.

The County Executive and County Council endorsed these goals in July 2009. Following these endorsements, the *Private-Public Partnerships Committee* developed a work plan to guide the implementation process of the Committee’s goals.

The following actions have been undertaken:

1. Met with leaders from Montgomery Cares Advisory Board to solicit input and obtain feedback.
2. Obtained a letter of support from the Specialty Care Workgroup/Montgomery Cares Advisory Board leadership
3. Met with Uma Ahluwalia, MCDHHS Director; Dr. Ulder Tillman, Health Officer; and representatives from Montgomery Cares to establish dialogue and discuss ways to increase the healthcare volunteer pool available to uninsured Montgomery County residents.
4. Initiated a process for determining needs for primary and specialty care from the various clinics. Staff has now developed and will distribute a needs survey.
5. Communicated with leadership of the Montgomery County Medical Society to inform them of our Committee’s efforts and desire to make presentation at general membership meetings to include solicitation of physician volunteers.
6. Obtained an informational document describing availability of county-provided medical liability coverage for distribution to potential volunteer physicians.
7. Identified potential Federal Government champions to assist with efforts in revitalizing the Federal Health Professionals Care Project.

During fiscal year 2011, we will revisit some of the goals and actions taken to report and follow-through where additional action is needed.

This year, the End-of-Life/ "DNR" (Do Not Resuscitate) Workgroup orders as carried out by emergency transport teams. A DNR is part of advanced medical directives allowed by federal law passed in 1991, providing patient autonomy in situations where they may not be able to make crucial medical decisions due to incapacitation. The decision to have a DNR order should not to be made at a time of crisis, and could provide the patient and their significant others reassurance, and less cost emotionally, physically and monetarily. It instructs medical personnel not to perform life-saving cardiopulmonary resuscitation or other procedures to restart the heart or breathing once they have ceased. A guest speaker from King County in Seattle, Washington, met with this workgroup to discuss their successful and model community-based DNR program. We will continue to explore this "new issue" during fiscal year 2011 in collaboration with the Montgomery End-of-Life Coalition, Montgomery County Fire and Rescue Service, Montgomery County Commission on People with Disabilities and other Montgomery County-based organizations including hospitals and hospice providers.

With the encouragement of the Director of MCDHHS, Uma Ahluwalia, we continue to work collaboratively with the other boards, committees and commissions. Our commission essentially operates using the three "C's"- communication, collaboration and connection. Through 11 very engaged commissioners acting as unofficial liaisons to other boards and committees, we are able to support shared interests and concerns. Throughout fiscal year 2010, liaisons brought to the Commission an understanding of community health issues, an opportunity to discuss the Commission's perspective and hear the perspective of others on pressing issues affecting the well being of Montgomery County. This year we have again 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, Mental Health Advisory Committee, Community Health Improvement Process Advisory Board, Commission on Children and Youth, Obesity Prevention Strategy Group and the Montgomery County Medical Society.

Two examples of liaison work are:

1.) Throughout the fiscal year, the Commission's *Prevention and Wellness Committee* pursued the reduction of childhood obesity. One of the major concerns was the need for better school nutrition and healthier food choices. Throughout the United States school children are gaining a greater understanding of healthy eating habits and sustainable food production through direct experience with the growing of vegetables at their schools. Surprisingly, the MCPS Administration did not share this view nor would they permit the growing of vegetables and the establishment of vegetable gardens on school property – a policy that is inconsistent with strategies that promote healthier food choices and options for students. Additionally, working in vegetable gardens provides children with a healthy physical activity, and opportunity for positive social development and community engagement.

The majority of the members of the Commission supported the initiative to grow vegetable gardens at school as an interactive way to teach healthy eating habits and model healthy lifestyles. On June 17, 2010, the Commission voted and approved the motion: *That the Montgomery County Commission on Health supports the Montgomery County Master Gardener Association and Montgomery Victory Gardens in their effort to remove the Montgomery County Public School (MCPS) ban and promote the establishment of school vegetable gardens by signing the letter to Dr. Weast, MCPS Superintendent.*

A second motion was also passed: *That the Montgomery County Commission on Health advise the Montgomery County Executive and County Council on the importance of permitting school vegetable gardens on MCPS property consistent with Commission's standing interest in the health and nutrition of the County's schoolchildren, reduction of childhood obesity and promotion of healthy lifestyles.*

Currently, in collaboration with the Maryland-National Capital Park and Planning Commission, six schools adjacent to Montgomery County parks were identified as potential vegetable garden sites. On-school sites, designed to maximize the opportunity to teach/demonstrate vegetable gardens as part of the curriculum directly to children at schools, are yet to be determined. Even with this positive early discussion, challenges and barriers to school vegetable gardens remain. The COH looks forward to the lifting of the vegetable garden ban on MCPS property and remains concerned that there has not

been more progress in this area. We are committed to working with the garden associations and the County Council to discuss the vegetable garden issue with MCPS representatives and other interested groups.

2.) The Commission on Aging was joined by representatives from the Commission on Health, the Commission on People with Disabilities, the Montgomery County End-of-Life Coalition and other Montgomery County-based organizations including hospitals and hospice providers over the summer to study end-of-life care. Group members identified barriers from the legal, educational and emotional issues to the challenges of cost and education to provide successful end-of-life care. The group examined best practices and strategies that are successful in other areas; and developed four key recommendations 1.) End-of-Life Care Bill of Rights for use by facilities, providers, organizations and individuals in Montgomery County, 2.) Practitioner and Public Education 3.) End-of-Life Pilot Project for First Responders in 2012 and 4.) Monitor Legislation related to End-of-Life Issues.

Thank you for allowing us to serve the County. It is my honor to chair the COH, which was comprised of 19 very accomplished and prestigious commissioners. The commissioners were engaged and brought insight and clarity to our meetings. As chair, I was afforded the opportunity to share the Commission's collective efforts and activities through correspondence and testimonies to the County Executive and County Council. For fiscal year 2011, we 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.

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 guidance. The Montgomery County Commission on Health respectfully submits the attached fiscal year 2010 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.<sup>1</sup> “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.”<sup>2</sup> 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 2009 through June 2010.

## **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.<sup>3</sup> 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 FY10, 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 2010 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 FY10, 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.

The COH voted in June 2009 to form a workgroup to explore end-of-life issues and the care associated with these patients of all ages. The COH End-of-Life Care/DNR Workgroup has explored the issues associated with the File of Life, Emergency Response and Do Not Resuscitate Orders, culminating with a meeting and presentation by Sylvia Feder, describing the emergency response approaches utilized in King County (Seattle, WA) as a possible model for Montgomery County. Members of the workgroup participated in the Commission on Aging’s Summer Study on End-of-Life Care where priority recommendations and next steps were determined. The COH End-of-Life Care/DNR Workgroup will meet during fiscal year 2011 and continue to collaborate with the Commission on Aging, the Montgomery County End-of-Life Coalition, the Commission on People with Disabilities and other Montgomery County-based organizations.

The COH has an elected chair and vice chair whose terms are one year. During FY 2010, 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 2009. The chair, with input from staff and the Vice Chair, created the agenda for the monthly meetings. (See Addendum B)

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<sup>1</sup> 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.

<sup>2</sup> Orientation materials for the Commission on Health on the mission and functions of the COH.

<sup>3</sup> 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.

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 2010, 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 2010 Priorities**

##### **1. Health Disparities Committee**

*Goal:* Reduce health disparities and promote cultural, financial and geographical access to care to all Montgomery County residents.

*Expected Outcomes by year-end:*

- Collect and analyze infant mortality data
- Promote education and awareness about sexually transmitted infections (STIs) to at-risk populations

##### **2. Prevention and Wellness Committee**

*Goal:* Promote healthy lifestyles and utilization of physical activity within Montgomery County.

*Expected Outcomes by year-end:*

- Monitor the establishment of an upcounty clinic for STIs.
- Promote healthy lifestyles through increased physical activity in Kindergarten through fifth grade.
- Promote healthy school lunches in *all* MCPS

##### **3. Public-Private Partnerships Committee**

*Goal:* Leverage opportunities within the public and private sectors to improve the health of Montgomery County residents.

*Expected outcomes by year-end:*

- Work with Department of Health and Human Services leaders to energize the Federal Health Professionals Care Project.
- Determine the need for health professionals in the Montgomery Cares Clinics.
- Work with Montgomery County Medical Society to address the clinic's need for health professionals.

#### **FY 2010 Activities**

In FY 2010, the COH had liaisons with the following entities: African American Health Program Executive Committee; Asian American Health Initiative Steering Committee; Collaboration Council on Children and Youth; Commission on Aging; Commission on Children and Youth; Latino Health Initiative Steering Committee; Mental Health Advisory Board; Montgomery Cares Advisory Board; Montgomery County Medical Society; School Health Council; and the Obesity Prevention Strategy Group.

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. The End-of-Life Care/ Do Not Resuscitate (DNR) workgroup activity report is in Addendum D.
6. COH testimony is in Addendum E.
7. COH correspondence is in Addendum F.

### **Going Forward**

The Commission maintains its commitment to support programs that will reduce health inequities and disease prevention and promote self-management of health and healthy lifestyles for all residents in 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. This year, we will address opportunities to leverage new resources through the collaboration with groups and agencies outside of county government.

The COH will hold its annual retreat in October. The previous fiscal year's priorities will be reviewed and new ones may be identified. This is also an opportunity for commissioner to introduce themselves and learn and share ideas, concerns, issues, best practices, and tactics and strategies for success.

As an advisory board to the Executive and the Council, as well as the MCDHHS, the Commission continues to be a strong advocate for the Community Health Improvement Process (CHIP) for timely and effective data on gaps, deficiencies or duplication of existing programs and services, and the need for new programs and those that are needed to sustain the protection and improvement of and well-being in 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 work together 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, School Health Services Director Judith Covich, Legislative Officer Patricia Brennan 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 2010 Membership

B. Commission Agenda Topics Fiscal Year 2010

C. Liaison Reports

D. Committee Reports

E. Testimony

F. Correspondence

## **A. Fiscal Year 2010 Membership**

### Consumer Representatives

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

Michelle Nichole Browne, MSW, MPA

Dan Ermann, MBA, MPH

Eva Feder

Miryam C. Granthon Gerdine, MPH

Samuel P. Korper, Ph.D., MPH

Harry Kwon, Ph.D.

Jason K. Levine

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)

Anjad 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 Fiscal Year 2010

### 7/16/09 COH Meeting

- FIMR Review Board 2008 Summary & CHIP newsletter distributed
- H1N1 Influenza planning
- Committee Annual Reports
- Liaison Annual Reports (AAHP,AAHI, CCY,LHI, MCMS, MHAC, MCAB, OPSG and CoA)
- Policy Priorities discussion in preparation for the County Council's HHS Committee Worksession on Sept. 16, 2009

### 9/17/09 COH Meeting

- Distribution on COH Annual Report and Montgomery Cares Safety Net Clinic flyers
- Retreat announcement and COH survey results
- PHS Chief Dr. Tillman gives presentation on H1N1 Influenza situation
- Liaison reports

### 10/15/09 Annual Retreat

- Strategic Planning Presentation
- Prepare Committee Work Plans

### 11/19/09 COH Meeting

- Retreat Evaluation Summary
- Quarterly Meeting with DHHS Director Ahluwalia update
- 10/20/09 Board of Health Meeting
- Upcoming Liaison Meetings and Liaison Reports (AAHP, AAHI, Coll.Council, MHAC, MCAB, MCMS and OPSG)
- H1N1 Update
- Committee Work Sessions

### 12/17/09 COH Meeting

- Upcoming Liaison Meetings and Liaison Reports (AAHP, MHAC, CCY, MCMS and CHIP)
- Committee Work on FY10 Workplans
- PHS Chief Dr. Tillman gives update on H1N1 and budget

### 1/21/10 COH Meeting

- County Councilmember George Leventhal attends meeting

### 2/18/10 COH Meeting

- Liaison Reports
- End-of-Life Care Workgroup Discussion

### 3/18/10 COH Meeting

- PHS budget update and State budget cuts
- Annual meeting with County Executive Leggett
- Liaison Reports
- H1N1 Update
- Dr. Storch attends meeting and gives presentation entitled "Collaboration To Reduce Infant Mortality Necessary But Not Sufficient"
- Committee worksession

### 4/15/10 COH Meeting

- Membership Comm. appointments
- Proposed COH Bylaws Change
- Retreat Planning Committee formation
- Medical Society Rep legislative update
- End-of-Life Workgroup update
- Liaison Reports
- Patient Navigator Program
- COH vacancy notice

### 5/20/10 COH Meeting

- Nominating Comm. appointments
- Comm. on Aging Summer Study topics
- Budget Status
- Guest Speaker – Judy Covich SHS
- Committee Worksession
- DC Proposed Soda Tax

### 6/17/10 COH Meeting

- Officer elections
- HHS Legislative update from Pat Brennan
- Budget update from Dr. Tillman
- Retreat ideas
- Liaison reports
- Motions on MCPS ban on vegetable gardens by Dr. Sam Korper

## **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**

The chairs as well as some of the vice chairs of the 11 identified Montgomery County Boards, Committees and Commissions met with the chair and vice chair of the COH to introduce themselves and define the role and responsibilities 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 10 of our liaisons' actions:

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

Highlights of the African American Health Program (AAHP) for fiscal year 2010

- More than 6,000 Montgomery County residents received AAHP services, health promotional literature and referrals.
- Cancer and tobacco cessation information was provided to approximately 2,413 men and women. A total of 3 residents were referred to Montgomery Cares clinics and Holy Cross Hospital for breast (1) and cervical cancer screening (3). Referral numbers were very low this fiscal year due to budget constraints. Despite budget issues, the health promoters distributed literature on access to local primary care clinics and encouraged clients to ask their physicians for referrals to cancer screening services outside of County-sponsored programs.
- 417 County residents were screened for hypertension.
- 175 County residents attended the annual Health Freedom Walk.
- The AAHP was awarded the MOTA grant through Holy Cross Hospital for 2011. The grant now allows the health promoters to educate County residents about all chronic disease prevention as opposed to only cancer and tobacco cessation.
- The AAHP "Did You Know..." oral health campaign is ongoing. The program provides dental care kits for adults and children at every outreach event that AAHP attends. To date, more than 1,700 oral health kits have been distributed Countywide. 20 Montgomery County residents called the Oral Health Campaign toll-free number and were referred to the Colesville Adult Dental Clinic.
- 171 County residents of African descent were tested for HIV at various outreach events.
- The SMILE Nurse team saw 178 clients and provided 1,711 home visits. During the year the SMILE program had 72 term deliveries and 0 infant mortalities. Finally, 606 County referrals were provided.
- 1,041 hours of instruction were given to County residents in the AAHP Diabetes Dining Classes.
- AAHP, in partnership with Lee Memorial Baptist Church and Ken Gar Baptist Church, conducted a Prostrate Cancer Awareness Health Fair that took place at the Ken Gar Community Center on September 19, 2009. Forty-five people were present. Five men were screened for prostate cancer; one by exam and blood tests, indicated positive for prostate cancer. Seven people were tested for HIV with no positives and twenty people received blood pressure screenings. One client was referred to the hospital ER for a stroke level blood pressure.
- The AAHP was awarded the Montgomery County Infant Mortality Reduction Pilot Project for the 2010 fiscal year.
- The AAHP conducted a strategic planning workshop for members of the Executive Committee and select AAHP staff that took place on October 20, 2009. This workshop was designed to help the AAHP begin to focus on the social determinants of health while still addressing disease prevention.

- The AAHP partnered with the Primary Care Coalition and other community organizations in the 2<sup>nd</sup> African Health Fair held on November 14, 2009. AAHP set up a health education table and provided HIV testing to twenty participants during the event.
- The AAHP embraced new media by developing a Twitter site that enables the public to keep abreast of the latest AAHP information on programs, activities, health fairs, etc.
- The 10<sup>th</sup> Anniversary of the National Black HIV/AIDS Awareness Day was held on February 27, 2010. The town-hall style meeting was moderated by WPGC Radio personalities, Justine Love and Herkules at the East County Recreation Center.
- Dr. Bola Idowu developed a series of health education classes for the clients of Journey's Women's Shelter entitled "Prevention Education on Healthy Practices (PHEP)." PHEP was presented in four weekly phases starting in April and running through November. The program included women's health, safer and healthy practices (e.g., oral health, contraceptive use), nutrition, diabetes, and STI/HIV-related issues.
- On April 25, 2010, the AAHP received accreditation from the American Association of Diabetes Educators (AADE.)
- On April 13, 2010, AAHP was invited to teach a Court-ordered HIV Awareness Class at the 2<sup>nd</sup> Avenue Courthouse in Silver Spring. This marked the first time the courts opted to have AAHP provide HIV awareness classes as an option to an offender instead of having penalties incurred.

## **Asian American Health Initiative Steering Committee**

### **Harry Kwon, PhD, Commissioner**

The Commission on Health (COH) liaison to the Asian American Health Initiative (AAHI) Steering Committee attended all of the AAHI Steering Committee meetings for fiscal year 2010. Dr. Kwon also served as the chair of the AAHI Steering Committee through FY 2010.

During fiscal year 2010, the COH liaison to the AAHI Steering Committee provided the following information to the COH:

- Participated in the COH leadership meeting with the AAHI Steering Committee leadership.
- Updated the COH on the program activities and announcements of the AAHI and AAHI Steering Committee including:
  - Hepatitis B screening and education program.
  - HHS Committee work session report with the two policy priorities of expansion of the patient navigator program and data collection.
  - Addressing forthcoming budget challenges.
- Updated the AAHI Steering Committee on relevant information regarding the COH's priorities and committee activities.

As a COH liaison to the AAHI Steering Committee, Dr. Kwon identified the following goals for fiscal year 2011:

- To continue to attend the AAHI 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 AAHI 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 AAHI as it relates to the COH's priority areas of supporting the minority health initiatives and eliminating healthcare disparities.

Dr. Kwon will continue to serve as chair of the AAHI Steering Committee through 2010. New challenges include the recent departure of the AAHI program manager and FY 11 budget issues. In

addition, significant changes and expansion of the Steering Committee membership and activities are underway.

## **Collaboration Council for Children, Youth and Families**

### **Eva Feder, Commissioner**

The period of this report reflects the effects of severe budget cuts on an organization that is highly respected for its work with and on behalf of children. As liaison, Ms. Feder kept COH members informed on the Council's status. In addition, Ms. Feder, who is also COH liaison for the Mental Health Advisory Committee, was able to convey information to Committee members who have a strong interest in mental health services for children.

The Collaboration Council plans, coordinates, funds, and monitors specific interagency services to improve child well-being in Montgomery County. As the Local Management Board (LMB), the Collaboration Council and its partners develop collaborative models to share resources and improve outcomes for Montgomery's children and families. At this meeting of the board, in November of 2009, staff reviewed its annual report on early care and education issues, youth development, status of children with intensive needs, and progress on the goals toward equal justice for all youth. Staff also reported on after-school programs, school-based health centers, and the availability of information to the community via the InfoMontgomery web site. The most pressing concern of the Council is the effect that severe budget cuts will have on their services to children. Dr. Tillman mentioned that the Collaboration Council had seen an 11.7% cut in their funding at that point.

Later in the day, the Collaboration Council's annual meeting took place, a festive affair attended by several state and county legislators and administrators of agencies and organizations that collaborate with the council on services for children. Dr. Garth Graham, Assistant Secretary for the U.S. Department of Minority Populations spoke about health disparities in minority children. He spoke of the need to collect better data and to train providers on individualized, culturally-competent care.

On February 5, 2010, the Collaboration Council held an emergency meeting of members and stakeholders in reaction to proposed changes in the Governor's 2011 State budget, which outlined a fundamental change in the Children's Cabinet Interagency Fund. The current model, which supports local decision-making through 24 local management boards, would change to a centralized model with decisions and control administered by the Governor's Office for Children.

24 LMBs will see a \$4 million reduction, which in Montgomery County means that 3,000 children and 400 families will see a reduction or loss of services to after school, home visiting and children with intensive needs programs--and possibly a loss of 80 jobs.

If the proposed changes are made, LMBs and local jurisdictions would no longer be assured of receiving prevention and early intervention funds as in the past as this funding is proposed to be bid statewide with preference given to programs that support state-wide initiatives. As a result many of the programs that were developed under an effective-based practice model will no longer be funded especially impacting out-of-school-time activities.

The stakeholders meeting generated much concern and motivated enthusiasm for action to contact state lawmakers protesting the changes and urging for reinstatement of funds to LMBs and for maintaining local control.

Subsequently, a Senate Budget and Taxation hearing about the proposed changes to the Children's Cabinet Interagency Fund led Senators Nancy King and Rona Kramer asked pointed questions and led the charge to request that the early intervention and prevention resources in the children's cabinet

interagency fund continue to flow into local jurisdictions through Local Management Boards. They also raised lots of questions about the overall reduction to LMBs.

On June 9, 2010, the board held another meeting and the funding outlook for the Council appears better. Early intervention and prevention resources in the children's cabinet interagency fund continue to flow into local jurisdictions through Local Management Boards. However, the Council must raise money to maintain some of their services so fundraising will become an important element in the organization.

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

During fiscal year 2010, 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, and the Senior Health and Wellness Committee.

During fiscal year 2010 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:
  - *End-Of-Life-Care and Do Not Resuscitate (DNR) Order.* Following upon discussions of DNR in the Commission on Aging Health and Wellness committee, brought the issue to the COH as a possible area for collaborative effort. The COH voted to form a workgroup to explore end-of-life issues and the care associated with these patients of all ages. Subsequent meetings have explored the issues associated with the File of Life, Emergency Response and Do Not Resuscitate Orders, culminating with a meeting and presentation by Sylvia Feder, describing the emergency response approaches utilized in King County (Seattle, WA) as a possible model for Montgomery County.
  - *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.

As a COH liaison to the Commission on Aging, Dr. Korper identified the following goals for fiscal year 2011:

- Continue to attend the Commission on Aging meetings in the role of 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, such as the ongoing End of Life Summer Study.
- 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.
- Review 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 four-meeting Summer Study on End of Life Issues.

## **Commission on Children and Youth**

### **Michelle Nichole Browne, MSW, CSW, MPA**

The Children and Youth Service Committee members consist of approximately 25 individuals. The committee was established to address the educational and emotional concerns of young people who are enrolled in the Montgomery County School System. As a member of the Commission on Health, from September 2009 through May 2010, I actively attended the committee meetings. These meetings are informative and I have investigated opportunities whereby Children and Youth Committee can develop a stronger partnership with the COH. To achieve this goal, I have been a participant in a sub-committee called the Health and Wellness Committee. One of the initial efforts that were completed was the February 2010 meeting between Wendy Friar, Co-chair of the COH and I with the leadership of this committee to determine enhanced collaborations.

The objective of the Health and Wellness Committee in this calendar year was to ascertain the reproductive services and other health care services for adolescents. As a member, I provided extensive information on the following: (1) data on pregnancy rates among teens; (2) location of services for teens; (3) suggested a town-hall type meeting whereby teens can gather information on services in MC. The data for the group was provided with the assistance of Linda McMillan. In attending these meetings, I continuously inform the group on the work of the COH and why partnering are so critical. The group was told about the efforts of the MC government and the advocacy of the COH's Prevention and Wellness Committee for an additional clinic in MC to address the growing need for prevention services among our residents.

In the next committee year that begins in September, I do hope that both groups can foster a stronger partnership. My strategy in accomplishing this agenda is to request that I present at one of the early meetings of the Children and Youth Service Committee. I believe this approach will garner the support necessary for both groups to cross collaborate on similar interests in the coming year. The years ahead are full of excitement in public health and this partnership in particular will be a worthwhile endeavor.

## **Montgomery County Medical Society**

### **Peter B. Sherer, M.D.**

The Montgomery County Medical Society (MCMS), along with physicians nationwide, expended a great deal of time and effort this year fighting the proposed 21% cut in Medicare reimbursement. This would have had a significant impact on senior citizen's access to care. A temporary "fix" was passed by Congress, but no long-term solution has been enacted.

The Medical Society continues to have a strong presence in Annapolis as well, supporting such public health issues as smoking cessation, clean air, and safe driving legislation.

The MCMS, along with its Alliance, has supported the *Tree House*, a shelter for abused or neglected children, the *Save Today* program, which seeks to reduce violence in schools and *Sun Safety*, which promotes skin cancer prevention and screening.

The Community Outreach Committee started a program to recognize county restaurants which offer at least three healthy choice options.

Approximately 160 physicians donate their time and expertise to the care of indigent patients as part of the Primary Care Coalition's *Project Access* and the Montgomery Cares programs. Many physicians also volunteer in various community clinics.

The MCMS looks forward to its continuing relationship with the Commission on Health to promote the health and safety of County residents.

## **Montgomery County Mental Health Advisory Committee**

### **Ms. Eva Feder**

The Commission on health (COH) has had a liaison with the Mental Health Advisory Committee (MHAC) for at least six years, and the two organizations have benefited by strengthening communications with each other and collaborating on a number of activities.

As the 2009-2010 year progressed, MHAC meetings focused on the expanding budget cuts and their effect on services on which vulnerable clients were dependent. As in the previous year, committee members decided that in their budget review and testimony before county officials they would need to be sensitive to the state and county fiscal problems and mainly support and protect existing mental health services. Of special interest were the following:

- Retain full staffing of the Mobile Crisis Team for 24/7 coverage (Funding for full coverage was finally achieved after 6 years of lobbying by MHAC)
- Increase the number of supported affordable housing units. Provide additional housing for individuals transitioning from Springfield Hospital. Monthly reports from staff at Springfield assert that a number of Montgomery County residents could be discharged if appropriate services and supported housing were available.
- Protect the rights of the uninsured and facilitate their ability to obtain services

The MHAC held its first-ever Planning Retreat in October and further defined the committee's direction. Members first identified problems that are being seen in our community, including the following:

- Insufficient information and understanding of mental illness in the community.
- Housing shortage, especially publicly supported housing that is available to residents with mental illness.
- Inadequate resources for transitional youth.
- Increased needs of veterans with PTSD and their families for mental health services

MHAC held their first-ever retreat in October, 2009, where priorities were set for the upcoming year. These were identified after lengthy consideration and discussion:

- *Children:* Ensure there is a continuum of services, including inpatient beds for children and adolescents within the county. The subcommittee is worried about possible cuts the Regional Institute for Children and Adolescents (RICA) in Gaithersburg, a residential treatment facility.

## **Montgomery Cares Advisory Board**

### **Duane J. Taylor, M.D.**

There were several areas that the Montgomery Cares Advisory Board had decided to focus on this year including Advocacy and Specialty Care.

The Advocacy Workgroup and other members of the MCAB were able to effectively interact and dialogue with the County Executive, County Council Members and their staff throughout the year updating them on the efforts, needs and accomplishments of the 12 Montgomery County safety net clinics. This team effort proved very effective and helpful when the Council approved the final budget of Montgomery Cares and final decisions were made to keep the reimbursement rate unchanged at the level of fiscal 2010 for each of the 70,000 visits anticipated in fiscal 2011.

The Specialty Care Work Group had effective dialogue with the COH on their efforts to create Public Private Partnership to create a greater pool of health care volunteers for the areas clinics. Dr. Duane J. Taylor was a member of this workgroup and was able to share information to provide insight on the efforts of the committee. A letter supporting the recommendations of the Public Private Partnership committee of the Commission on Health was generated by the MCAB Specialty Care Work Group and sent to the County Executive and the County Council.

A Specialty Care Options paper was generated and the Committee is meeting with hospitals to collaborate on ways to meet the specialty care needs of the clinics.

The most recent year to date data on Montgomery Cares included:

Patients: 24,712, 89% of clinic target, Encounters 64471, 87% of clinic target.

#### **The End of Year Projections**

- The clinics will provide approximately 71,000 encounters
- The clinics will serve approximately 26,300 patients
- The average number of per patient encounters remaining about the same as last year at 2.7.

#### **Expected future changes**

- FY11 Montgomery Cares Budget includes funding for 70,000 encounters at a rate of \$62.00 / encounter
- FY11 included funding for homeless that is budgeted for 2400 encounters.
- Facility renovation and expansion was eliminated.
- Support for annual QA survey was maintained at current level.
- Technical Assistance funds are not available with exception of the Office Practice Redesign collaborative.
- Pharmacy budget was reduced by \$ 345,000 to 1.6 million.  
Options to address reduction were presented
- Specialty Care was reduced by \$210,000
- Annual Retreat of MCAB, July 28, 2010

## **Montgomery County School Health Council**

### **Nayab Ali, MD, Commissioner**

Subjects of mental health, safety, health & environment and nutrition were discussed at the May 11, 2010 meeting. The major subject at the meeting was regarding "Healthy Teen Dating," which was discussed and presented in detail: the definition of dating; healthy relationships; signs of abuse; sources for help; dating bill of rights; high incidence (33%) of dating abuse; and the prevention of such abuse through different programs. The main purpose of the dating program is to maintain

healthy relationships and provide help if abuse occurs before there are serious criminal and/or emotional consequences.

## **Obesity Prevention Strategy Group**

### **Yusef Battle, ACSM, RCEP**

The Obesity Prevention Strategy Group chair Lenora Sherard recently retired from her county position and Robin Steinwand from the Primary Care Coalition currently chairs the group. Meetings have now been scheduled quarterly.

The following projects continue to be promoted or assessed:

- Funding to train child-care providers in the research-based Color Me Healthy curriculum
- Health promotion to increase physical activity minutes in schools
- Creation of a Montgomery County facility healthy vending machine policy
- 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 and related to health behaviors.
- Fostering of community and healthcare partnerships and relationships that will improve obesity prevention strategy effectiveness.

## D. Commission on Health Committee Reports for FY10

At the October 15, 2009 each committee prepared a work plan that included expected outcomes for the upcoming year:

<b>FY10 WORKPLAN – Committee Name</b>	
<b>Goal:</b>	<b>Co-chairs:</b>
<b>Expected outcomes by year end</b> 1. 2.	
<b>Key Steps to achieve outcomes</b>	<b>Lead</b>
A. Advisory • •	
B. Advocacy • •	A.
C. Oversight • •	

**Accomplishments relative to expected outcomes (*determine whether to update monthly, quarterly, semi-annually*)**

- 
- 

**Additional information on progress**

- 
- 

**Issues for FY11**

- 
-

## THE HEALTH DISPARITIES COMMITTEE

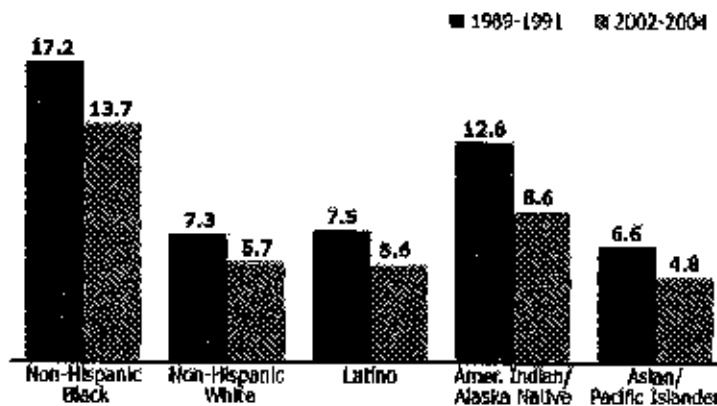
Summary of Activities

July 2009-June 2010

### BACKGROUND:

All across the nation, infant mortality continues to be a problem in the African-American community. Members in this community have consistently had higher infant mortality rates compared with other racial/ethnic groups in the United States. The following is an illustration of the trends in infant mortality among various race and ethnic groups.

Figure #1---National Trends in Infant Mortality



Source: National Center for Health Statistics, *Health, United States 2006*.

Public health officials continue to grapple with the reasons for this problem. In Montgomery County (MC), the rate of infant mortality mirrors the national figure. To combat this critical health and social issue, MC has developed programs to address this problem. The Health Disparities Committee was developed after the Retreat in October 2008. Given the urgent need to address infant mortality and maternal and child health care to reduce health disparities, this group developed a strategy to focus on infant mortality.

### Goals and Objectives

This year the goals for this committee included the following:

- To continue to gain knowledge on infant mortality in Montgomery County by gathering the latest data.
- To support programs leading to the reduction of infant mortality among MC residents.
- To respond to the rise in sexually transmitted diseases and HIV/AIDS among MC residents.
- To work with the Prevention and Wellness Committee of the COH to support the development of a new health clinic in upper MC. This new clinic would increase geographic access to health care services by low income residents in MC. Due to the spearheading of Mr. Richard Takamoto of the Prevention and Wellness Committee, the clinic was established and is operational.

## **Committee Outcomes**

To address the goals for this year, the group conducted meetings with the following: (1) Ms. Brenda Lockley of the African American Health Program; (2) Mr. George Leventhal, Chair of the HHS Committee of the County Council and; (3) Thomas Storch, Chair of the Fetal and Infant Mortality Review Board.

### **African American Program**

The meeting with the African American Health Program was to gather new information on the SMILE program. SMILE provides intensive case management and support services to women who are pregnant. Members of the COH wanted to understand the referral processes; the outreach strategy, the continued rationale for the growing infant mortality among the native African population, demographic data collected on the population, the outcomes of this unique initiative, funding sources and the program's sustainability. We learned that SMILE is developing a tool to collect data on this population so that a more enhanced analysis could be performed to determine the social determinants of health that impact infant mortality in MC. We believe that support of the CHIP initiative in MC could highlight variables that result in the persistence of high infant mortality rates among the county's native and growing foreign-born populations.

### **Chair of HHS Health Committee**

The meeting with Mr. Leventhal was conducted to: (1) to follow-up on the letter that was provided to the HHS Health Committee in June 2009. In that letter, the COH outlined potential reasons for the infant mortality disparities. (2) to encourage him to continue to support projects not only like the African-American Program, but also the County's minority initiatives to address health equity in MC among all minority groups.

### **Fetal and Infant Mortality Review Board Chair**

The group invited Dr. Storch to educate the Commission on Health about Fetal and Infant Mortality monitoring in MC. During this informative session, Dr. Storch encouraged the COH to begin to develop outside-the-box thinking to address infant mortality. To paraphrase his words, to implement changes to address this public health problem, we must consider all internal and external stakeholders working on maternal and child health issues. As an example, he cautioned the group to look at the role of Managed Care Organizations and other health maintenance organizations in MC. These organizations are under contract to provide pregnant women with health care and related services to achieve good pregnancy outcomes for Medicaid beneficiaries. These entities are provided with funds to address case management needs of our committee target population groups.

## **Future Steps**

As a committee, the group anticipates to continue the following:

- Support the African-American Program and other minority initiatives in MC.
- Develop a strategy to educate low-income residents in MC on health care reform.

- Gather information on managed care organizations to determine the role such organizations may play in infant mortality reduction and required services for pregnant women.
- Continue to support Montgomery Cares Programs.
- Develop a stronger partnership with the Prevention and Wellness Committee to accomplish future goals.
- Support the development of the CHIP.

**Members of the Committee:**

Michelle Browne

Dr. Konrad Laird-Dawson

Eva Feder

Miryam Gerdine

Dr. Harry Kwon

Linda McMillan

Marcos Pesquera

Dr. Amjad Riar



# THE PREVENTION AND WELLNESS COMMITTEE

Summary of Activities

July 2009-June 2010

The goal of the Prevention and Wellness Committee is to promote healthy lifestyles within Montgomery County. At the beginning of the year the committee decided to focus on three goals:

- 1) Establishment of an up-county sexually transmitted infection (STI) clinic.
  - 2) Promotion of increased physical activity in the elementary schools.
  - 3) Promotion of better school nutrition to reduce the prevalence of childhood obesity.
- The committee conducted monitoring and provided regular feedback concerning the progress toward establishing the up county sexually transmitted infection (STI) clinic located at the Germantown Regional Health Center.
  - The committee also contacted Ms. Kathy Lazor, Director of Food Services for MCPS to gather detailed insight concerning school meal nutrition content, registered dietitian staffing, school breakfast programs, and vending machine criteria.
  - The committee contacted Ms. Terry McCauley concerning the physical education (PE) program for Kindergarten through 5<sup>th</sup> grade in Montgomery County Public Schools (MCPS) to gather detailed insight concerning daily and weekly physical education requirements, recess periods, before and after school programs, and didactic sessions on exercise, nutrition and health.
  - The committee will continue to monitor the standards and progress within MCPS, in an effort to make recommendations toward approaching the 150 minutes of moderate intensity physical activity per week recommended by the National Physical Activity Guidelines for Americans and Healthy People 2010.
  - The committee, in conjunction with the Montgomery County Obesity Prevention Strategy Group (OPSG), gathered information concerning vending machine nutrition criteria and current food vendor contracts. In preparation for making a motion for support of a healthy vending machine policy for Montgomery County facilities, the committee is currently assisting the OPSG in locating registered dietitians to further examine the proposed nutritional standards that will be recommended in the policy.

A goal of the Commission's Prevention and Wellness Committee is to reduce childhood obesity through diet and exercise. For this reason, the Montgomery County Commission on Health supports the initiative to grow vegetable gardens at school as an interactive way to teach healthy eating habits and model healthy lifestyles.

On June 17, 2010, the Commission voted and approved the following motion: *That the Montgomery County Commission on Health support the Montgomery County Master Gardener Association and Montgomery Victory Gardens in their effort to remove the Montgomery County Public School (MCPS) ban and promote the establishment of school vegetable gardens by signing the letter to Dr. Weast, MCPS Superintendent.*

A second motion was also passed: *That the Montgomery County Commission on Health advise the Montgomery County Executive and County Council on the importance of permitting school vegetable gardens on MCPS property consistent with Commission's standing interest in the health and nutrition of the County's schoolchildren, reduction of childhood obesity and promotion of healthy lifestyles.*

## Prevention and Wellness Committee

Mr. Yusef Battle, Co-Chair

Dr. Peter Sherer, Co-Chair

Dr. Nayab Ali

Mr. Richard Takamoto

## THE PRIVATE-PUBLIC PARTNERSHIPS COMMITTEE

Summary of Activities

July 2009-June 2010

The Private-Public Partnerships Committee developed and submitted the following goals:

1. Work with DHHS leaders to energize the Federal Health Professionals Care Project (FHPC Project). Identify, establish and convene workgroup.
2. Determine the health professional needs for specialty and primary care in the Montgomery Cares clinics in order to present the needs assessment to the Montgomery County Medical Society.
3. Presentation for volunteer physicians before the Medical Society.

The County Executive and County Council endorsed these goals in July 2009. Following these endorsements, the Private-Public Partnerships Committee set out to develop a work plan to guide the implementation process of the Committee's goal.

The following actions have been undertaken:

1. Met with leaders from Montgomery Cares Advisory Board to solicit input and obtain feedback.
2. Obtained a letter of support from the Specialty Care Workgroup / Montgomery Cares Advisory Board leadership
3. Met with Uma Ahluwalia, DHHS Director; Dr. Ulder Tillman, Health Officer, and representatives from Montgomery Cares to establish dialogue and discuss ways to increase the healthcare volunteer pool available to uninsured Montgomery County residents.
4. Initiated a process for determining needs for primary and specialty care from the various clinics. Staff has now developed and will distribute a needs survey.
5. Communicated with leadership of the Montgomery County Medical Society (MCMS) to inform them of our Committee's efforts and our desire to make presentation at general membership meetings to include solicitation of physician volunteers.
6. Obtained an informational document describing availability of county-provided medical liability coverage for distribution to potential volunteer physicians.
7. Identified potential Federal Government champions to assist with efforts in revitalizing the Federal Health Professionals Care Project.

Next Steps:

1. Finalize assessment of Clinics' needs for physician and other provider volunteers.
2. Deliver presentation to Montgomery County Medical Society's general membership meeting.
3. Continue coordination with DHHS
  - To finalize and tabulate clinics' needs assessment.
  - Develop a process for federally employed physicians and other providers with initial focus on connecting those who do not have a barrier with regards to licensure or malpractice coverage.

### Public-Private Partnerships Committee

Fadi Saadeh, MHSA, Co-Chair

Duane J. Taylor, MD, Co-Chair

Dan Ermann, MBA, MPH

Sam Korper, Ph.D., MPH

Jason Levine

Dan Moskowitz

## **End-of-Life Care/DNR Workgroup Annual Report**

### **Summary of Activities 2009-2010**

The COH End of Life/Do Not Resuscitate (DNR) Workgroup met four times during the past year. The Workgroup was reminded that the DNR issue was first presented as a request from the Commission on Aging (Dr. Korper serves as Liaison to the Commission on Aging (COA) for COH consideration.

Shawn Brennan, Program Manager of Senior Health Promotion for DHHS, Mary Blanken, nurse practitioner with Holy Cross Home Care and Hospice, and Captain Michael Glazier, Quality Assurance Officer, Montgomery County Fire and Rescue Service, met with the Workgroup on December 17, 2009 to learn about how a "Do Not Resuscitate" (DNR) order is carried out in Montgomery County. Workgroup members, in addition to Dr. Korper, participating in the meeting were Ms. Eva Feder, Ms. Wendy Friar, Mr. Marcos Pesquera, Dr. Peter Sherer, and COH staff member Ms. Jeanine Gould-Kostka.

The Workgroup explored several issues, including expansion beyond DNR to the full range of EMS concerns across the life spectrum; the two categories of DNR orders - "A" Advanced and "B" Basic; legal and ethical issues; professional training and public education. The Workgroup was informed that approximately 85% of DNR issues involve people over the age of 55, (and thus a primary focus on End-of-Life specifically in the context of aging was appropriate) though it is important to realize that many DNR-related concerns are relevant to accident victims of all ages.

The Workgroup next met on February 16, 2010 to discuss DNR recommendations as well as COA End-of-Life issues.

On March 15, 2010, the workgroup sponsored a multi-group meeting that included: Mary Blanken (Coalition on End-of-Life Care), Barbara Blaylock (Coalition on End-of-Life Care), Shawn Brennan (Coalition on End-of-Life Care), Tammy Duell (Commission on Aging), Ismael Gama (Adventist Health Care), Jeanine Gould-Kostka (COH), Judith Levy (Commission on Aging), Anna Moretti (by phone, Montgomery Hospice) and Seth Morgan (Commission on People with Disabilities). Discussion at the meeting surrounded the "Workgroup Report on Hospice Care, Palliative Care and End-of-Life Counseling." This extensive report, prepared by the Maryland Office of the Attorney General, includes the following recommendations, which were discussed by the Workgroup:

- Establish a Maryland End of Life Bill of Rights
- Educate Practitioners
- Educate the Public
- Establish End of Life Quality of Care Indicators
- Reimburse End of Life Counseling: Pilot Program

The participants agreed that the issues of public and professional education are central to opportunities to build on the recommendations of the Work Group Report. Involvement of the faith communities and the libraries should be considered and developed. The regional/geographic (e.g. MD, DC, VA) differences in definitions and approaches to the various aspects of end-of-life care should be assessed and approaches to resolution considered. Other Work Group Report Recommendations should be considered at the next meeting of this group.

Ms. Duell and Ms. Levy, Co-Chairs of the COA Health and Wellness Committee said that the Health and Wellness Committee would discuss this topic at their next meeting, and a COA Summer Study proposal might be developed. It was noted that the COA would vote on their Summer Study topics at the May 20, 2010 annual meeting.

Participants agreed that this workgroup should meet again shortly after a COA decision about next steps, including collaboration with the possible Summer Study.

At its fourth meeting, the Workgroup invited Sylvia Feder, MA, MICP, to discuss her Emergency Medical Services work in the King County (Seattle), Washington area to implement the withholding of resuscitation for terminal patients, a new approach to pre-hospital end-of-life decisions which Ms. Feder has described in journal in the Annals of Internal Medicine and elsewhere. Dr. Korper reported that the Workgroup focus on the DNR issue will be incorporated into a proposal to be considered the Commission on Aging for a Summer Study on End of Life issues, which, if adopted, will be studied in greater detail throughout the summer, with the goal of developing recommendations for the full Commission to consider. The COH, along with the Montgomery County Coalition on End-of-Life Care and the Commission on People with Disabilities have been asked to collaborate in the Summer Study.

Members of the Workgroup:

Nayab Ali, MD

Wendy Friar, RN, MS

Sam Korper, Ph. D.

Marcos Pesquera

Amjad Riar, MD

Peter Sherer, MD

## **E. Testimony**



## 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.



**Commission on Health  
Testimony to the Montgomery County Council – Board of Health  
October 20, 2009**

Good Morning. My name is Wendy Friar and I am the Chair of the Montgomery County Commission on Health.

Our commission collaborates with the County Health Officer and staff to the Commission on Health to *review and comment* on the gaps, deficiencies or duplications in the County's public health programs, services, facilities, proposed allocations of funds, and other health issues affecting Montgomery County residents. Annually, the Commission advises the Department of Health and Human Services, the County Executive and the County Council about public health programs, issues and planning needs by *reporting* recommended priorities for action and improvement.

The ongoing support of Dr. Tillman, the Montgomery County Health Officer and Chief of Public Health Services; Doreen Kelly, Administrator of Public Health Services; Linda McMillan, County Council Staff Liaison; and Helen Lettlow, the Deputy Health Officer has been essential to a transparent relationship between the County government and the Commission on Health. Jeanine Gould-Kostka, staff to the Commission on Health, provides administrative support that is indispensable to the way we function and operate.

The Commission is comprised of 19 voting members representing consumers and providers of healthcare. Ten commissioners are consumers, eight are providers and one representative is from the Montgomery County Medical Society. We are pleased that the membership includes representation from the League of Women Voters, and the steering committees of the African American Health Program, the Asian American Health Initiative and the Latino American Health Initiative. There are two ex-officio non-voting members, Dr. Tillman, and Linda McMillan; and two county staff members Doreen Kelly and Jeanine Gould-Kostka.

We are also very fortunate to have 12 very engaged commissioners who act as unofficial liaisons to other boards, committees and commissions. Last year, the vice chair, Marcos Pesquera and I met with each of the liaisons and the chairs and vice-chairs of these boards, commissions and committees – Mr. Pesquera and I plan to meet with them again this year. During these meeting we discussed strategies for collaboration and shared interests. These meetings serve as an excellent opportunity to learn about our mutual missions, visions, goals and objectives.

Our 2009 Annual Report has been respectfully submitted with the assistance Mr. Pesquera and Ms. Gould-Kostka. Some of the fiscal year 2009 highlights are:

- The annual report of the 11 liaisons
- Our work with the Commission on Aging and support of the Community Health Improvement Process (CHIP)
- Guest speakers from the Institute of Medicine covering health disparities and the American Heart Association discussing obesity in children, and subject matter experts addressing infant mortality and public private partnerships
- Colleen Ryan-Smith, Epidemiologist, Department of Health and Human Services presented data related to programs dealing with infant mortality
- The testimonies and correspondence with the County Executive and County Council

This past year the Commission on Health worked hard to build an infrastructure for fiscal year 2010. The specific priorities of three standing committees have been carried over, and the commitment remains strong

and intact. We are sure that the Commission will keep its finger on the pulse of the County and continue to identify and respond to other issues and needs as well.

As a demonstration of our commitment, last Thursday we had an annual retreat that was designed to develop work plans for fiscal year 2010. Additionally, all of the commissioners looked ahead in preparation of the fiscal year 2011 county budget and policy recommendations for the County Executive and County Council.

Thank you for your letter of inspiration and your clear direction in response to our letters describing the work of these committees.

For fiscal year 2010, the key points that emerged from the retreat are as follows:

**1. Public Private Partnership Committee**

**Goal:** Leverage opportunities within the public and the private sectors to improve the health of Montgomery County residents

Expected outcomes by year-end:

- Work with Department of Health and Human Service leaders to energize the Federal Health Professionals Care Project
- Determine the need for health professionals in the Montgomery Cares Clinics
- Work with the Montgomery County Medical Society to address the clinic's need for health professionals

**2. Health Disparities Committee**

**Goal:** Reduce health disparities and promote cultural, financial and geographical access to care to all Montgomery County residents

Expected outcomes by year-end:

- **Collect and analyze infant mortality data**
- **Promote education and awareness about sexually transmitted infections (STIs) to at-risk populations**

**3. Prevention and Wellness Committee**

**Goal:** Promote healthy lifestyles and utilization of physical exercise within the County

Expected outcomes by year-end:

- **Monitor the establishment of an upcountry clinic for sexually-transmitted infections (STIs)**
- **Promote healthy lifestyles through increased physical activity in Kindergarten through fifth grade**
- **Promote healthy school lunches in all MCPS**

These three areas of concern will be addressed throughout the year. The priorities will be viewed in terms of needs and resources, while remaining cognizant of the economic crisis among vulnerable populations.

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

Wendy Friar, RN, MS

Chair, Montgomery Commission on Health





## Montgomery County Commission on Health

### Presentation to County Executive Isiah Leggett

March 10, 2010

Budget FY 2011

#### Overview:

This fiscal year, the Commission on Health has applied tremendous effort to the development of three priorities that were identified in fiscal year 2010. The Commission On Health utilizes living documents that measure progress that can be refined; monitor outcomes; update work plans; accomplish short- and long-term goals before adopting new issues that detract from progress; and provide monthly committee updates at the Commission on Health meetings. It is incumbent upon our committee chairs and their members to be proactive throughout the year; remain cognizant of the County budget process, meet with and obtain information from subject matter experts, and analyze available data to support committee actions.

The three committees and their respective priorities are:

1. *Health Disparities Committee* – Focus on infant mortality and sexually transmitted infections.
2. *Public-Private Partnership Committee* – Identify opportunities to increase the number of volunteer physicians and provide them with liability coverage.
3. *Prevention and Wellness Committee* – Follow the establishment of an upcounty sexually transmitted infection clinic, promote increased physical activity in kindergarten through the fifth grade and explore healthy options in the MCPS's nutrition program as well as vending machines in Montgomery County facilities.

Last fiscal year we spoke about an effort to collaborate with other Montgomery County Boards, Committees and Commissions to become informed and supportive of issues relevant to improving the health status of our residents. Currently, we are actively and successfully engaged with 11 Montgomery County Boards, Committees and Commissions as well as the Collaboration Council and Montgomery County Medical Society. To date, eight meetings that have been scheduled to explore and renew fiscal year 2010 opportunities for collaboration and a collective goal of goal sharing knowledge, learning and building.

#### Budget Priorities:

We are well 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 fiscal support for the following programs:

- Community Health Improvement Process (CHIP) to enhance the County's capacity for comprehensive data collection and analysis.
- Montgomery Cares and Care for Kids to increase access to care for the medically underserved.
- The three County Minority Health Initiatives/Program to reduce health disparities.

Although we have identified several programs, we remain concerned about the lack of funding that will impact 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 in effort to provide the County Executive and County Council with recommendations that can make a difference in the improvement of systems that determine the health and well-being of others.

As *collaborators*, the Commission on Health reaches out to Montgomery County Boards, Committees and Commissions through our 13 active liaisons. Collaboratively, recommendations are prepared for the County Executive and County Council. This is accomplished by:

- Liaisons identify areas of mutual interest, relevant information sharing and potential joint support.
- Liaisons provide information about the Boards, Committees and Commissions to the Commission on Health.
- Liaisons 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 full Commission on Health.

### **Priority Areas:**

To actualize our priorities and liaison activities, the Commission on Health:

- Advocates for programs critical to public health.
- Prepares recommendations from the committee chairs.
- Identifies and advocates issues that can be addressed without additional funding.
- Participates in ongoing discussions about county proposals and budget issues.

1. **The Health Disparities Committee** focus is on infant mortality and the increase in sexually transmitted infections (STI) in the County.

In Montgomery County, infant mortality has been a persistent public health concern in the African American community. This committee is seeking ways in which to improve infant mortality rates among Blacks of African descent and African Americans. Two areas that are being explored are provider outreach and education and data collection on reproductive health issues in Montgomery County. The committee will discuss these queries with the Fetal/Infant Mortality Review (FIMR) Board.

The Committee will join the Commission on Health's *Prevention and Wellness Committee* around STI issues and the opening of an up-county clinic.

2. **The Public-Private Partnership Committee** works collaboratively with the *Montgomery Cares Advisory Board* and appreciates the support received from the County Executive and County Council to increase volunteer opportunities and liability coverage to health care professionals. The committee is actively compiling a list of volunteer needs for *Montgomery Cares* and is also working to (1) document the County's liability coverage in conjunction with MCDHHS and *Montgomery Cares*, and (2) is preparing a detailed presentation for the Montgomery County Medical Society and their listserv and at area hospital medical staff meetings.

To address the availability of county provided/funded liability coverage for physicians who volunteer at safety net clinics, the committee co-chairs have met with Uma Ahluwalia, Director, MCDHHS, Dr. Ulder Tillman, County Health Officer, and the *Montgomery Cares* leadership to develop a plan to re-energize the Federal Health Professionals Care Project from 2003. The Federal Health Professionals Care Project members will work to identify champions from the federal government who can move this project forward.

3. **The Prevention and Wellness Committee** has been following the establishment of an up-county sexually transmitted infection clinic, and the promotion of healthy lifestyles by advocating for increased physical activity for children in kindergarten through fifth grade and the choice of healthier foods and appropriate portions in Montgomery County Public Schools (MCPS) meal programs and vending machines in Montgomery County facilities.

The committee met with the directors of the MCPS Division of Food and Nutrition Services and Health and Physical Education to discuss nutrition and physical education in the County schools.

**Initiatives:**

The following initiatives and programs are well aligned with the Commission on Health's committees. We 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. Increase, and at the minimum sustain access to care, for the uninsured through Montgomery Cares, the Maternity Partnership and Care for Kids.
4. Maintain the critical functions around public health services such as, prevention of food borne disease, HIV/AIDS, sexually transmitted infection, hepatitis B, immunizations, tuberculosis (TB), and services for the homeless.

Thank you.

Wendy Friar, Chair

Marcos Pesquera, Vice Chair

## **F. Correspondence**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Loggett  
County Executive

Uma S. Ahluwalia  
Director

June 21, 2010

Gordon Clark, Project Director  
Montgomery Victory Gardens  
822 Gist Avenue Suite 100  
Silver Spring, MD 20910

Sheryl Freishtat, President  
Montgomery County Master Gardener Association  
1840 Muncaster Road  
Derwood, MD 20855

Dear Mr. Clark and Ms. Freishtat:

The *Montgomery County Commission on Health* supports the initiative of the Montgomery County Master Gardener Association and Montgomery Victory Gardens to grow vegetable gardens at school as an interactive way to teach and model healthy lifestyles and eating habits. Your organization's initiative is directly tied to a goal of the *Commission's Prevention and Wellness Committee* to actively pursue reduction of childhood obesity through diet and exercise.

On June 17, 2010, the *Commission* voted to approve the following Motion:

**That the *Montgomery County Commission on Health* support the Montgomery County Master Gardener Association and Montgomery Victory Gardens in their effort to remove the Montgomery County Public School (MCPS) ban and promote the establishment of school vegetable gardens by signing the letter to Dr. Weast, MCPS Superintendent.**

Your leadership in this area is most timely and welcome. The *Montgomery County Commission on Health* would like to request to be added to the list of organizational co-signers in your letter to Superintendent Jerry D. Weast of the MCPS that requests re-consideration of the anti-vegetable garden policy of the MCPS.

We look forward to participating with you on further steps to promoting re-consideration by the MCPS. Please feel free to contact me at the *Commission on Health* by calling Ms. Jeanine Gould-Kostka, staff to the Commission at 240-777-1141.

Sincerely,

Wendy Friar, RN, MS

Chair

Montgomery County Commission on Health

Commission on Health



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County Executive

Uma S. Ahluwalia  
Director

June 28, 2010

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

Dear County Executive Leggett:

An important initiative of the Commission's Prevention and Wellness Committee is to reduce childhood obesity through diet and exercise. For this reason, the Montgomery County Commission on Health supports the initiative to grow vegetable gardens at school as an interactive way to teach healthy eating habits and model healthy lifestyles.

On June 17, 2010, the Commission voted and approved the following motion: **That the Montgomery County Commission on Health support the Montgomery County Master Gardener Association and Montgomery Victory Gardens in their effort to remove the Montgomery County Public School (MCPS) ban and promote the establishment of school vegetable gardens by signing the letter to Dr. Weast, MCPS Superintendent.**

A second motion was also passed: **That the Montgomery County Commission on Health advise the Montgomery County Executive and County Council on the importance of permitting school vegetable gardens on MCPS property consistent with Commission's standing interest in the health and nutrition of the County's schoolchildren, reduction of childhood obesity and promotion of healthy lifestyles.**

The initiative to grow vegetable gardens at school is directly tied to the Commission's goal of reducing childhood obesity by educating school children about sustainable food production and healthy eating habits. The Commission feels strongly that the current MCPS policy is inconsistent with strategies that promote healthier food choices and options for students.

The existence of thousands of school vegetable gardens throughout the United States including Maryland and the District of Columbia, demonstrates that with appropriate supervision and volunteer support, this educational opportunity could be provided in a safe and low-cost manner. The Commission on Health recommends that the MCPS work with representatives of the Montgomery Victory Gardens and the Montgomery County Master Gardener Association to address the concerns described by Superintendent Jerry D. Weast of the MCPS in reconsideration of the MCPS anti-vegetable garden policy.

**Commission on Health**

This significant issue falls within two of your policy priorities: Preparing Children to Live and Learn; and Building Healthy and Sustaining Communities. The Commission on Health welcomes the opportunity to work on further steps to promote the reconsideration of the ban on school vegetable gardens. Please feel free to contact me by calling Ms. Jeanine Gould-Kostka, staff to the Commission at 240-777-1141.

Sincerely,

A handwritten signature in black ink that reads "Wendy Friar". The signature is written in a cursive, flowing style.

Wendy Friar, RN, MS  
Chair, Montgomery County Commission on Health

WWF: jgk

cc: Uma Ahluwalia, Director Department of Health and Human Services  
Dr. Ulder J. Tillman, County Health Officer  
Gordon Clark, Project Director, Montgomery Victory Gardens  
Sheryl Freishtat, President, Montgomery County Master Gardener Association



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett  
County Executive

Uma S. Ahluwalia  
Director

June 28, 2010

Nancy Floreen, President  
Montgomery County Council  
Council Office Building  
100 Maryland Avenue  
Rockville, MD 20850

Dear Council President Floreen:

An important initiative of the Commission's Prevention and Wellness Committee is to reduce childhood obesity through diet and exercise. For this reason, the Montgomery County Commission on Health supports the initiative to grow vegetable gardens at school as an interactive way to teach healthy eating habits and model healthy lifestyles.

On June 17, 2010, the Commission voted and approved the following motion: **That the Montgomery County Commission on Health support the Montgomery County Master Gardener Association and Montgomery Victory Gardens in their effort to remove the Montgomery County Public School (MCPS) ban and promote the establishment of school vegetable gardens by signing the letter to Dr. Weast, MCPS Superintendent.**

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**Commission on Health**

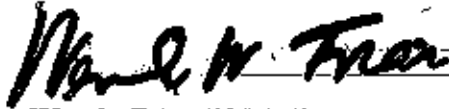
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1335 Piccard Drive, 2<sup>nd</sup> Floor • Rockville, Maryland 20850 • 240-777-1141



The Commission on Health appreciates the Council's interest in the obesity epidemic and welcomes the opportunity to work on further steps to promote the reconsideration of the ban on school vegetable gardens. Please feel free to contact me by calling Ms. Jeanine Gould-Kostka, staff to the Commission at 240-777-1141.

Sincerely,



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Wendy Friar, RN, MS  
Chair, Montgomery County Commission on Health

WWF:jgk

cc: Uma Ahluwalia, Director Department of Health and Human Services  
Dr. Ulder J. Tillman, County Health Officer  
Gordon Clark, Project Director, Montgomery Victory Gardens  
Sheryl Freishtat, President, Montgomery County Master Gardener Association



MONTGOMERY COUNTY COUNCIL  
ROCKVILLE, MARYLAND

OFFICE OF THE COUNCIL PRESIDENT

July 9, 2010

Ms. Wendy Friar, RN, MS  
Chair, MC Commission on Health  
Department of Health and Human Services  
1335 Piccard Drive, Suite 236  
Rockville, Maryland 20850

Dear Chair Friar:

Thank you for your letter on behalf of the Commission on Health sharing the Commission's support for school vegetable gardens and your request to Superintendent Weast to overturn the Montgomery County School System's current policy against allowing school gardens. I distributed your correspondence to Councilmembers when I received it.

It is very clear that childhood obesity of one of our most pressing health problems and if not addressed will result in tremendous health problems for a significant percent of our society for decades to come. The cost of dealing with these health problems once they occur far surpasses the cost of prevention and education. Teaching healthy eating habits to young children is an excellent place to start to change the current pattern. As you are aware, the Council's Education and Planning, Housing, and Economic Development Committees met jointly to discuss the issue of community gardens and school gardens. The joint Committee asked MCPS to follow-up with Park and Planning to see if MCPS might not be able to modify its policy regarding school gardens. I understand that MCPS is following up on this request and is looking to see if there might be some suitable sites where MCPS and Park and Planning could partner on such an effort.

Thank you again for providing the Council with the Commission's thoughts and recommendations. We appreciate the Commission's service to Montgomery County and its members' commitment to improving the health of our community.

Sincerely,

A handwritten signature in black ink that reads "Nancy Floreen".

Nancy Floreen  
Council President

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