

Montgomery County Commission on Health

FISCAL YEAR 2011 ANNUAL REPORT



July 1, 2010 – June 30, 2011



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

Commission on Health
Annual Report Fiscal Year 2011

September 30, 2011

The Honorable Isiah Leggett
Montgomery County Executive

The Honorable Valerie Ervin
County Council President

Dear Mr. Leggett and Ms. Ervin:

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 2011, 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. The COH supported the formation of three committees that would each focus attention on the issue and concern of obesity in Montgomery County. For fiscal year 2011 a summary of the priorities, goals and accomplishments are as follows:

1. *Fitness Promotion Committee* goals:

- To create an inventory of fitness resources in Montgomery County and build momentum around daily fitness with the development of a County-wide Fitness Month Proclamation.

To achieve these goals, the group compiled an inventory of county wide available facilities and programs that promotes fitness and better nutrition. In addition, the committee worked on the Fitness Month Proclamation announced at the "Fiesta de las Madres" activity in downtown Silver Spring.

2. *Health Equity Committee* goals:

- Identify populations, particularly those that are hard-to-reach and especially at risk for obesity, and how to best reach them.

To meet these goals the committee took the following actions:

- Conducted a literature review to determine the hard to reach populations, particularly at risk for obesity in Montgomery County
- Recommended to promote all 24 strategies to prevent obesity from the Center for Disease Control and Prevention Report titled "Recommended Community Strategies and Measurements to Prevent Obesity in the United States.
- In conjunction with the Montgomery County Obesity Prevention Strategy Group (OPSG), the committee has gathered further information concerning strategies 2, 6, 11 and 14.

3. *Partnerships Committee* goals:

- Identify well researched and focused opportunities for partnerships, particularly non-traditional partnerships to leverage existing and untapped resources to reduce the prevalence of obesity.

To meet these goals the committee took the following steps:

- Developed a list of potential traditional and non-traditional partners by industry segments.
- Conducted a literature search of best practices addressing obesity.
- Drafted letter of support for the department application to the Community Block Grant.
- Solicited Montgomery County Medical Society support in promoting obesity prevention amongst its physician members.

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 2011, 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, Mental Health Advisory Committee, Healthy Montgomery/Community Health Improvement Process Advisory Board, Commission on Children and Youth, Obesity Prevention Strategy Group, Montgomery County Coalition on Care at End of Life and the Montgomery County Medical Society.

It is an honor to be able to serve as the new incoming chair of the COH. Every year a team of 19 very accomplished commissioners serve our county by sharing their knowledge and expertise in partnership with County government to improve our resident's health and vitality. During fiscal year 2012, we look forward to conducting a search throughout our county agencies to identify areas of strength and opportunities for improvements as it relates to obesity prevention practices particularly the chosen strategies from the CDC report.

This annual report was prepared with the expertise of Wendy Friar, the immediate past Chair. We would like to take this opportunity to express our gratitude to Wendy for serving as Chair of the COH for 3 years. Her leadership has been extremely valuable. The Commission also thanks the staff of the Department of Health and Human Services, especially Public Health Services, and the staff of the County Executive for their continued support and advice. We are grateful for their patience, unending support and guidance. The Montgomery County Commission on Health respectfully submits the attached fiscal year 2011 annual report.

Sincerely,



Marcos Pesquera, R.Ph., MPH
Chair

Department of Health and Human Services • Public Health Services

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Introduction

The primary mission of the Montgomery County Commission on Health (COH) is to advise the County Executive and the County Council on public health issues, programs, services and the allocation of funds devoted to public health needs and to monitor and assess the priorities of the Montgomery County Department of Health and Human Services (MCDHHS) in its efforts to address the health needs of residents in this county.¹ “By providing advice to the County Executive and the County Council, the COH seeks to maintain and improve local health care services and to assure financial and geographic access to quality health care at a reasonable cost to all residents, leading to improved health status of the Montgomery County community.”² The purpose of this report is to comply with the annual requirement that the Commission provide the County Executive and the County Council with an update on the activities of the Commission from July 2010 through June 2011.

Membership, Structure and Governance

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

In FY11, there were eleven consumers, seven 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 12 men and 7 women who are racially and ethnically diverse and vary in age, geography and experience in health policy and health care system.

The list of the FY 2011 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 FY11, the Chair appointed the following three standing committees consistent with the COH’s stated priorities and with approval of the voting COH:

- Fitness Promotion – Focused on promoting healthy lifestyles and utilization of physical exercise resources within the County.
- Health Equity – Focused on identifying hard-to-reach populations and how best to reach them.
- 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 for all ages. This provided an excellent opportunity for the COH End-of-Life Care/Do Not Resuscitate (DNR) workgroup to jointly explore these issues with the Commission on Aging. In 2010, the Commission on Aging formed a Summer Study group that focused on End-of-Life Care. Members of the COH End-of-Life Care/DNR workgroup as well as representatives from the Montgomery County Coalition on End-of-Life Care, the Commission on People with Disabilities and several Montgomery County-Based Organizations joined this summer study effort to identify barriers and challenges to providing end-of-life care, examine best practices and strategies, and develop recommendations for quality and appropriate end-of-life care. The Workgroup meet throughout fiscal year 2011 in collaboration with the Commission on Aging and the Montgomery County Coalition on End-of-Life Care to advance the following recommendations: provide additional public and practitioner education; pilot an end-of-life project for emergency and rescue first responders in Region 5; monitor and support legislation related to end-of-life care; and request sanction of an End-of-Life Care Bill of Rights in Montgomery County. The Medical Orders for Life-Sustaining Treatment (MOLST) Bill was passed by both houses of the State Legislature and will become effective on October 1, 2011; A County proclamation honored a National Health Care Decisions Day; co-sponsorship by the Commission on Health, the Commission on Aging and the Commission on People with Disabilities had a successful "Consider the Conversation" event; and development of a proposal for a Region 5 pilot project supports emergency personnel to withhold resuscitation from terminally ill patients when a family member or caregiver is at the scene and verbally reports that the patient does not want resuscitation, even without a state-sanctioned DNR document.

At the January 20, 2011 COH meeting the COH Role and Function Workgroup was reactivated and approved the following motion: *That the Commission on Health (COH) review and consider the implications for current and future COH activity and the*

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

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

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

County Attorney opinion, dated 8/26/04, taking into account the COH Purpose (as established in the Montgomery County Code Section 24-23, Bill 7-95 effective 7/11/95), mission and bylaws (as approved 6/19/03) as well as the recently introduced County Council Bill 1-11, by reestablishing the COH Role and Function Workgroup. Discussion around this motion centered on the Commission's scope, purposes and limitations in activity. The workgroup will continue to work in FY12 to explore potential expansion of COH activities in effort to be more effective as viewed by the commissioners and perhaps provide guidance to the incoming Committee Evaluation and Review Board.

The COH has an elected chair and vice chair whose terms are one year. During FY 2011, 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 and December 2010. The chair, with input from staff and the Vice Chair, created the agenda for the monthly meetings. (See Addendum B)

Committees met as directed by the committee's chair to accomplish its objectives. Reports from the committees were presented verbally and/or in writing 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 2011, most commissioners 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 and are in addition to the monthly scheduled meetings. The COH has been well served by both the leadership and service of the members on these committees.

FY 2011 Priorities

1. Fitness Promotion Committee

Goals: To build an inventory of fitness resources in Montgomery County and to support the development of a Countywide fitness awareness month.

Expected Outcomes by year-end:

- Identify 25 free and accessible resources of fitness facilities and programs for participants
- Organize and conduct a Kick off Fitness Day
- Work with the partnership and health equity committees and develop a month/day/week of fitness

2. Health Equity Committee

Goal: Identify populations (particularly hard to reach groups) who are especially at risk for obesity and how best to reach them.

Expected Outcomes by year-end:

- To encourage diverse /hard to reach populations to participate in fitness awareness
- Increase awareness of the available fun physical opportunities throughout the county for hard to reach communities

3. Partnerships Committee

Goal: Identify well researched and focused opportunities for partnerships, particularly non-traditional partnerships to leverage existing resources to reduce the prevalence of obesity.

Expected outcomes by year-end:

- Engaged partners that support fitness and wellness.
- Convene a group of non-traditional partners to work with the Obesity Prevention Strategy Group (OPSG) to create the capacity to respond to a grant/RFP.

FY 2011 Activities

In FY 2011, the COH had liaisons with the following entities: African American Health Program Executive Committee; Asian American Health Initiative Steering Committee; 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; Montgomery County Coalition on Care at End-of-Life; 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 fitness promotion activity report is in Addendum D.
3. The committee to promote health equity is in Addendum D.
4. The committee to support 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 is committed to support programs that will improve the health status of the community we serve by eliminating health inequities and promoting disease prevention and chronic disease self-management. The Commission will continue its efforts to advise, advocate, provide oversight and identify low-cost, high-impact ways to reduce the burden of disease in our community. We will continue to address opportunities that will leverage new resources through the collaboration with groups and agencies outside of county government.

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

As an advisory board to the Executive, Council and the MCDHHS, the Commission continues to be a strong advocate for *Healthy Montgomery*. This Community Health Improvement Process (CHIP) addresses population-based health and access to local data sets to help identify deficiencies or duplication of existing programs and services, the need new programs and those needed to sustain the protection and improvement of and well-being in our community.

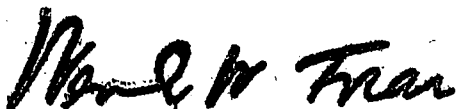
Conclusion

The COH is composed of dedicated and knowledgeable members of our community who are truly committed to improving the public health of Montgomery County residents. It is our privilege to work together to serve the County and to advise on emerging public health issues and public health matters.

We would like to acknowledge the invaluable support and assistance of our colleagues in the MCDHHS, most notably County Health Officer Dr. Ulder Tillman; Senior Legislative Analyst Linda McMillan; PHS Administrator Doreen Kelly; and COH staff Jeanine Gould-Kostka. They all have been instrumental in providing an extraordinary amount of meaningful and direct support and assistance to the Commission. They are always readily available and on target.

It is with appreciation and respect, that we submit this report to the Council.

Thank you.



Wendy Friar, RN. MS
Immediate Past Chair, Commission on Health

Addenda

A. Fiscal Year 2011 Membership

B. Commission Agenda Topics Fiscal Year 2011

C. Liaison Reports

D. Committee Reports

E. Testimony

F. Correspondence

G. Proclamation

A. Fiscal Year 2011 Membership

Consumer Representatives

Yusef R. Battle (Vice Chair, Partnerships Committee)

Ronald Bialek, MPP, CQIA

Michelle Nichole Browne, MSW, MPA (Chair, Fitness Promotion Committee)

Dan Ermann, MBA, MPH

Miryam C. Granthon Gerdine, MPH

Patricia Grant (Vice Chair, Fitness Promotion Committee)

Samuel P. Korper, Ph.D., MPH

Harry Kwon, Ph.D.

Rose Marie Martinez, Sc.D.

Wayne L. Swann, SPHR, FACHE (Chair, Partnerships Committee)

Steve Thronson, MBA (Chair, Health Equity Committee)

Provider Representatives

Nayab Ali, MD

Konrad Laird Dawson, MD

Wendy W. Friar, RN, MS (Chair)

Chrystina Lunn-Gilgeous

Kathleen A. McManus, RN, BSN, MA

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

Richard Takamoto, MBA, MN, RN

Duane Taylor, MD (Resigned 9/2010)

Medical Society Representative

Peter Sherer, MD

Ex-Officio Members

Ulder Tillman, MD, MPH, Public Health Officer

Linda McMillan, County Council Liaison

B. Commission Agenda Topics Fiscal Year 2011

7/15/10 COH Meeting

- Committee Annual Reports
- Liaison Annual Reports
- Priorities discussion in preparation for the County Council's HHS Committee Work session on Sept. 23, 2010
- Veggie Garden Letters

9/16/10 COH Meeting

- Liaison reports
- Veggie Garden Update
- FY11 Priorities Discussion and Potential Committee Structure
- County Council update

10/15/09 Annual Retreat

- Strategic Planning Presentation
- Dr. Tillman Presentation on the Patient Protection and Affordable Care Act
- Prepare Committee Work Plans

11/18/10 COH Meeting

- Retreat Evaluation Summary
- Upcoming Liaison Meetings and Liaison Reports
- Committee Work Sessions

12/16/10 COH Meeting (Canceled)

- Upcoming Liaison Meetings and Liaison Reports (AAHP, MHAC, CCY, MCMS and CHIP)
- Committee Work on FY11 Work plans

1/20/11 COH Meeting

- County Council HHS Committee Discussion
- Committee Reports
- Re-established Role and Function Workgroup
- Endorse the Obesity Prevention Strategy Group's statement, which includes the COH, to be used on letters distributed by the OPSG during the MCPS superintendent search.

2/17/11 COH Meeting

- Healthy Montgomery/CHIP presentation by Ruth Martin and Sam Korper
- Approval of letter of support for CPWD Accessible Parking letter to the County Executive
- Approval to support National Healthcare Decisions Day

3/17/11 COH Meeting

- PHS budget update and State budget cuts
- Liaison Reports
- Discussion on artificial turf on playing fields
- Discussion on direction for FY11
- Membership Committee appointments

4/21/11 COH Meeting

- Retreat Planning Committee formation
- Liaison Reports
- COH Vacancy Notice
- Approval of Fitness Month Proclamation Event Venue
- Obesity Prevention Strategies Discussion

5/19/11 COH Meeting

- Nominating Comm. Appointments
- Budget Status
- Task Force on Accessible Parking Abuse
- Membership Committee Update
- Letter of Support for HHS Community Transformation Grant Application
- Liaison Reports
- Obesity Prevention Strategies Discussion

6/16/11 COH Meeting

- Officer elections
- Certificate Presentation to Outgoing Members
- Budget update from Dr. Tillman
- Letter of Support Edits for HHS Community Transformation Grant Application
- Obesity Prevention Strategies Work session
- Legislative Proposals

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:

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 2011. Dr. Kwon also served as the chair of the AAHI Steering Committee through FY 2011.

During fiscal year 2011, 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 access to linguistically and culturally competent health and human services for low income and uninsured residents of MC support mental health education and awareness activities.
 - Major AAHI efforts: Storybook release and new website.
 - Expansion of AAHI steering committee membership.
 - Addressing forthcoming budget challenges.
 - Collaborative effort with the Mental Health Advisory Committee (MHAC) for Mental Health Awareness Month in May.
 - Policy related activities.
- 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 2012:

- 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 a member of the AAHI Steering Committee through 2011. Existing challenges include the vacant AAHI program manager position and FY 12 budget issues.

Commission on Aging

Sam Korper, PhD, MPH, Commissioner

During fiscal year 2011, the COH liaison to the Commission on Aging attended the Commission on Aging meetings and was actively engaged in various aspects of the full Commission on Aging, and the Senior Health and Wellness Committee.

During fiscal year 2011 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 and/or were of relevance to the Commission on Aging. 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) Orders.* Following upon discussions of DNR in the Commission on Aging Health and Wellness Committee, the CoA continued to explore end-of-life issues and the care associated with these patients of all ages, including File of Life, Emergency Response and Do Not Resuscitate Orders, culminating in the adoption by the State of Maryland of Maryland MOLST (Medical Orders for Life-Sustaining Treatment), which makes treatment wishes known to health care professionals such as first responders and emergency room personnel. MOLST is a portable and enduring form for orders about cardiopulmonary resuscitation and other life-sustaining treatments.
 - *Healthy Montgomery (formerly Community Health Improvement Process).* Continuing discussions of Health Montgomery at Health and Wellness Commission on Aging committee and the full Commission on Aging meeting. Based on ongoing assessment, the Commission on Aging's continues a strong recommendation for continued 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 progress on the Commission on Aging's Summer Study issues.
 - Summer Study work in prior years has contributed enormously not only to helping the Commission set priorities but also to the broader County Government as it works to improve lives of our seniors.
 - Earlier Summer Studies have contributed heavily to the work of the Commission and the broader County government. Earlier "Aging in Place" Summer Study initiative has now made this topic a priority for Commission focus. The Commission's work on this topic, including its work with the State legislature, also resulted in passage of a successful state bill, "Community for a Lifetime." Last year's "End of Life" Summer Study, along with tremendous effort by the Health and Wellness and Public Policy Committees, contributed to two successful outcomes as well: passage of the Medical Orders for Life-Sustaining Treatment Bill (MOLST) and a County proclamation that included an *End of Life* Patients Bill of Rights.
 - Report to the COH progress on the Commission on Aging's Summer Study issues.

Earlier Summer Studies have contributed heavily to the work of the Commission and the broader County government. Earlier “Aging in Place” Summer Study initiative has now made this topic a priority for Commission focus. The Commission’s work on this topic, including its work with the State legislature, also resulted in passage of a successful state bill, “Community for a Lifetime.” Last year’s “End of Life” Summer Study, along with tremendous effort by the Health and Wellness and Public Policy Committees, contributed to two successful outcomes as well: passage of the Medical Orders for Life-Sustaining Treatment Bill (MOLST) and a County proclamation that included an *End of Life* Patient’s Bill of Rights. This summer, the Summer Study issues chosen by the CoA are:

Mental Health Care for Older Adults in the County.

Mental and behavioral health is a very important issue for older adults. Unfortunately this topic generally takes a back seat to other health issues. There is a need to understand best practices and available County Services, and to assess where Montgomery County stands in providing those services so that we can make recommendations for the coming decade. A number of challenges need to be met, including:

- Stigma about mental health
- More people in need of mental health services than programs can provide
- Decrease in referrals to seniors service providers
- Lack of access to services
- Lack of providers
- Lack of awareness about mental health issues and treatment options
- Training
- Discomfort of some medical professionals in working with patients who have mental health problems and time constraints for doing so
- Reimbursement issues with Medicare

Housing for Seniors in Montgomery County

With the changing demographics in this County, there will be a need for need more multi-generational households, more auxiliary dwelling units for care givers and seniors, more accessory apartments used for creating income, virtual seniors’ villages, and “Golden Girls Housing.” In Montgomery County some of these options are not available by right, but require special exceptions. The Summer Study deals with three issues that are coming up in front of the Montgomery County Council.

1. Accessory apartments. How can we make them available to seniors who need them for their care givers, for their own use (perhaps at the home of a child), or for producing income that will allow them to stay in their own home?
2. Accessibility and Visitability. These are important issues for both seniors and people with disabilities. Building such residences is voluntary in this state. The study would examine the feasibility of making these mandatory.
3. How does the coming urbanization of the County affect housing for seniors? This summer Study provides an opportunity to look ahead for planning purposes.

Commission on People with Disabilities (CPWD)

Seth Morgan, M.D., CPWD Liaison to the COH

The Commission on People with Disabilities (CPWD) collaborated with the Commission on Health (COH) on various initiatives this year. The CPWD had three major areas of emphasis: Employment, Transportation and Housing.

The CPWD was able to make a presentation to the COH outlining the importance of visitability and livability to promote healthy, independent living and aging in place and keep the COH apprised of efforts in housing.

The COH and CPWD worked on the problem of disability parking abuse. Both commissions wrote letters to Mr. Leggett who responded by organizing an ad hoc work group consisting of commissioners and representatives of the Montgomery County Police, State’s Attorney, DOT with planned future

involvement of representatives from MVA and judiciary. Meetings have addressed such topics as State law reviews and options for more efficient education and enforcement of current laws. The possibility of a volunteer enforcement program to work as an auxiliary force among other options continues to be studied

Latino Health Initiative Steering Committee Rose Marie Martinez, ScD, Commissioner

During fiscal year 2011, the COH liaison to the Montgomery County Latino Health Initiative attended all of the Latino Health Initiative Steering Committee and was actively engaged in various aspects of the Latino Health Initiative, and the LHI Data Work Group.

During fiscal year 2011 as the COH liaison to the Latino Health Initiative, Dr. Martinez performed the following:

- Represented the COH at the Latino Health Initiative Steering Committee monthly meetings.
- Co-Chaired the work and monthly meetings of the LHI Data Work Group
- Provided monthly reports to the LHI Steering Committee and Data Work Group regarding COH's discussion and activities.
- Provided bi-monthly reports to the COH on the program activities and announcements of the LHI Steering Committee and LHI Data Working Group discussion and activities including updates on:
 - The Welcome Back Center of Suburban Maryland
 - System Navigator Program
 - Community Engagement Workgroup
 - Asthma Management Program
 - Health Promoters Program "Vías de la Salud"
 - Latino Youth Wellness Program
 - The COH and LHI worked effectively together to identify a venue for announcing the COH Fitness Month Proclamation. The Proclamation was read at Telemundo's *Fiesta de Las Madres* held on May 22nd, 2011 in downtown Silver Spring.
- Participated on the COH's Membership Committee
- Participates as the co-lead of the working group to address Strategy 2 –improve availability of affordable healthier food and beverage choices in public service venues.

As a COH liaison to the Latino Health Initiative, Dr. Martinez identified the following goals for fiscal year 2011:

- Continue to attend the Latino Health Initiative meetings in the role of COH liaison.
- Continue to report relevant issues to the COH and enhance the link between the Latino Health Initiative and the COH.
- Identify opportunities for LHI and COH collaboration around improving the availability of affordable healthier food and beverage choices in County public service venues
- Identify opportunities for collaboration on efforts to improve health equity, an area the LHI will pay greater attention to in 2011.
- Broadly promote further collaborative efforts in the area of health advocacy.

Healthy Montgomery - Community Health Improvement Process (CHIP) Advisory Board and Steering Committee Ron Bialek, MPP, Commissioner Sam Korper, PhD, MPH, Commissioner

During fiscal year 2011, the COH Liaison(s) to the Healthy Montgomery initiative - earlier called the Community Health Improvement Process (CHIP) - attended Healthy Montgomery Steering Committee meetings throughout the year and engaged in various activities which are supportive of this important public health activity in Montgomery County. Actively promoted (and incorporated in past COH budget recommendations to the County Council and County Executive), the design and implementation of the Healthy Montgomery web site was among the most prominent – and visible - achievements of the project during the past year.

At the Commission meeting in February, Dr. Sam Korper who has served as the COH liaison to the CHIP Advisory Board and Steering Committee, and Ms. Ruth Martin, Senior Health Planner in the Montgomery County Department of Health and Human Services gave a demonstration of the newly launched Healthy Montgomery web site: www.healthy montgomery.org. Ms. Martin described the web site as a public health effort that includes information from all service areas; the web site should have great utility in helping users to assess the health status and social determinants of health in the County. The legends are set with colored “dials” in red, yellow or green; Census 2010 is being incorporated into the web site’s data; the web site survey will periodically change and requests can be made to post a simple survey in the future; the site offers “Promising Practices” vetted by the Healthy Communities Institute. Areas of interest on the web site include “2020 Tracker,” “News,” and “Demographic Profile”, and the community “snapshots” which contains indicators that go beyond the traditional health-related indices. Currently, some data items are limited, with some sections coming from the annual phone survey associated with the Behavioral Risk Factor Surveillance System (BFRSS). Hopefully hospital discharge data could be used in the future to create a more complete view of the community.

The Healthy Communities Institute <http://www.healthycommunitiesinstitute.com/> serves as the webmaster for Healthy Montgomery. An interactive Geographic Information System (GIS) will be added to the web site in the future; the opportunity exists to employ other national health data from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The web site is developing into a ‘real time’ way to look at what is going on in the County, but in time it will aid in the evaluation of programs and the setting of priorities.

Dr. Korper asked for a volunteer to work with him during the coming year in order to have a seamless transition with the next liaison to the CHIP Advisory Board and Steering Committee. Mr. Ron Bialek offered to serve as the next COH liaison to the CHIP Advisory Board and Steering Committee.

The future role of the COH Liaison to Healthy Montgomery will include participation in meetings of the Healthy Montgomery Steering Committee and actively promoting the refinement, expansion and incorporation of the database and web-related components of Healthy Montgomery into numerous aspects of COH activity. While the pace of efforts to ‘build’ Healthy Montgomery are made difficult by the current County budget limitations, the COH continues to look for opportunities to support this critical public health activity.

Montgomery County Coalition on Care at End-of-Life Sam Korper, PhD, MPH, Commissioner

During fiscal year 2011, the Commission on Health (COH) Liaison to the Montgomery County Coalition on Care at End-of-Life (MCCCEL) attended Coalition meetings throughout the year and was engaged in discussions and programs sponsored by the Coalition.

The Montgomery County Coalition on Care at End-of-Life was formed in March, 2006 to help residents of Montgomery County understand end-of-life options and available resources, and learn how to communicate their choices to family and healthcare providers before a crisis or serious illness occurs.

The Coalition engages in public education programs such as: National Healthcare Decisions Day, 2011 “Consider the Conversation”. 165 people attended a screening of a documentary and participated in a panel discussion of issues related to advance care planning. The Coalition also secured a proclamation from the Montgomery County Executive/County Council. The Coalition website (www.mcccelc.org) provides links to information on local end-of-life care providers as well as end-of-life information. The site provides advance directive documents, including translations. In addition, information about upcoming and past coalition events is available on the site.

The Coalition has focused on the development of a plain language advance directive form focusing on appointment of health care agents. Further, translation into Korean and Spanish of a plain language advance directive form focusing on appointment of a health care agent and publication in Spanish using

culturally appropriate popular education principles (via partnership with Montgomery County Latino Health Initiative) are available.

The Coalition is also engaged in professional education, and partners with Montgomery County Government's Center for Continuous Learning to provide professional education to County and non-profit staff members on topics related to end-of-life care. Attendance averages 60 participants per session. Topics to date:

- Challenges, Local Resources, and Conversations about End-of- Life
- Bereavement: Supporting Caregivers and Those Who are Left Behind
- Understanding Diversity in Spirituality at the End-of-Life
- Distinguishing Fact from Fiction: Understanding Palliative Care and Hospice
- A Death in the Family: The Practical Realities of Caring for the Dead
- Diversity and End-of-Life Care
- Helping Families Find Emotional and Spiritual Support While Caring for the Seriously Ill and Dying
- Ethical Issues Relating to Patients with Alzheimer's Disease and Dementia at the End-of-Life
- Tools to Help Children and Families Cope with Grief
- Ethical Issues at the End-of-Life

Finally, the Coalition, along with the County Commission on Aging, Commission on Health, and the Commission on People With Disabilities, plays an active advocacy role, and this past year advocated for inclusion of end-of-life issues in the Community Health Improvement Process (CHIP) now known as Healthy Montgomery (2010), and supported creation of Maryland's Medical Orders for Life Sustaining Treatment (MOLST) form (2011).

As COH Liaison, Dr. Korper worked with Coalition members in engaging in strategic planning process and needs assessment and, based on previous activity of the COH surrounding End-of-Life Care, in proposing new procedures for first responders with patients not having Do Not Resuscitate Orders.

These efforts will continue in the coming year, with a special emphasis on MOLST training for Montgomery County residents and further extending the general education of the public on issues surrounding care at the end of life.

Montgomery County Medical Society

Peter B. Sherer, M.D., FACP, Commissioner

The Montgomery County Medical Society (MCMS), representing over 1400 physicians, has been actively involved in a number of public health issues.

The MCMS participates in the Obesity Prevention Task Force and has provided handouts on obesity to physicians at its general membership meetings. The Society's web site also has a link to further obesity management strategies.

Members of the Society had several meetings with our elected officials, both in Annapolis and Washington, to discuss health issues. We lobbied for stronger anti-smoking regulations and measures dealing with Trans fat, driving safety, childhood immunizations, and guidelines for dealing with concussions in student-athletes.

The Society also participated in many programs to provide care for the underserved, such as Montgomery Cares, Mobile Med, Project Access, as well as statewide programs, including the Center for a Healthy Maryland. The MCMS has also played a role in the establishment of patient-centered medical homes, to further primary care.

During the past year an entire edition of our medical journal was devoted to end-of-life issues, including advance directives, palliative care, and hospice.

The Medical Society's alliance was also very active in the public health arena, collecting stuffed animals and monetary contributions for the Tree House, a shelter for abused and neglected children, as well as working on skin cancer and smoking issues.

Montgomery County Mental Health Advisory Committee **Richard Takamoto, MBA, MN, RN, RAC, CCRP**

The Mental Health Advisory Committee (MHAC) has shared the Commission on Health's (COH) concerns regarding budget cuts for health services, especially those affecting vulnerable populations in the community such as the mentally ill. The reported increase in suicide rates and calls to police for mental health related issues has further raised concerns about cuts in services.

The MHAC and COH have also shared an interest in identifying opportunities for collaborative efforts between our groups. One such proposal has been a MHAC request for the COH to assist with promoting mental health screenings among the pediatric population. The American Academy of Pediatrics has developed resources to assist health care providers in implementing screening tools in clinical settings, and we are seeking potential opportunities to promote the use of these tools in Montgomery County. Dr. Peter Sherer, Medical Society Representative to the COH, has provided contact information at the Montgomery County Medical Society to assist with this project.

Other priorities for the MHAC include establishing a stet docket for non-violent offenders with mental illness, and investigating the possibility of implementing an interventional program for children (similar to the BCARS program in Baltimore) to provide mental health services in the community and avoid inpatient hospitalizations. The COH will continue to work with MHAC and provide support where possible.

Montgomery Cares Advisory Board **Steve Thronson, MBA, Commissioner**

Introduction:

Most recent estimates from the U.S Census indicated that approximately 100,000 adults in Montgomery County do not have health insurance and therefore may not have a regular source of primary medical care. Serving over 26,000 patients in FY11, the Montgomery Cares Program (MCares) is a network of eleven primary care/safety net clinics for uninsured, low income, adults living in Montgomery County. MCares is the primary source of health care for more than a quarter of the uninsured adults in Montgomery County.

MCares Program Activities

- **Patient Encounters:** Despite significant budget cuts in FY11, the eleven MCares clinics maintained the number of patient visits at nearly 72,000.
- **MCares Budget:** The FY12 County Council approved budget allows for the funding of 75,000 patient visits, this is up from 70,000 visits initially funded in FY11.
- **MCares Services:** In addition to primary care, the MCares clinics provide pharmacy services, specialty care services, Medicaid Eligibility Services and limited oral and behavioral health care services.
- **Grant Funding:** The MCares Program was awarded a \$100,000 grant from Kaiser Foundation of the Mid-Atlantic States to facilitate MCares clinic participation in Maryland Medicaid and the State's Primary Adult Care (PAC) program.
- **Health Care for the Homeless:** The MCares Program also supports the County's Health Care for the Homeless Program. Primary medical care is provided to residents of the County adult emergency shelters and those living on the street. Additionally, the program provides the shelter residents with a nurse case manager to help them navigate through the complicated health care system. The program also provides assistance with discharge planning for homeless persons following hospitalization.
- **Clinical Performance Indicators:** The clinics continue to provide quality medical care; diabetes and hypertension indicators are approaching and/or achieving national target benchmarks.

Montgomery Cares Advisory Board (MCAB) Activities:

The Board's work this year was guided by the goal to ensure, with the support of our essential partners, that the provider network remains strong, costs are minimized, and efforts are taken to acquire new resources to continue high quality primary care services.

- **Budget Priorities:** In support of this goal, the MCAB focused on three budget priorities for FY11
 1. **Preserve the County's Safety Net:** The Montgomery Cares Advisory Board advocated for no less than level funding in FY12:
 2. **Prepare for Health Care Reform:** The Board is taking a lead in exploring the opportunities and challenges posed by Health Care Reform and ensuring that the MCares clinics are prepared to participate in and benefit from the changes to health care financing and delivery.
 3. **Expand Resources:** The Board assumed a leadership role in maintaining adequate ancillary and support services, specifically specialty care.
- **Board Leadership:** Cesar Palacios began a two-year term as Board Chair on September 23, 2010. Deborah Parham Hopson, Vice-Chair was reappointed for a second term.
- **Legislation:** The MCAB proposed a change to the MCares enabling legislation to expand the board composition to include MCares program consumers. The proposal was approved by the County Executive and legislation was passed by the County Council. Candidate selection will begin in July 2011.
- **MCAB Workgroups:** The Board maintains three workgroups in support of the priorities outlined above:
 1. **Specialty Care Workgroup:** The Specialty Care Workgroup successfully created the MCares Hospital Workgroup consisting of members of the Montgomery Cares Advisory Board, clinic staff, and administrators from all five of the Montgomery County hospitals. The goal of the group is to reduce the gap in access to hospital-based specialty services. Through the collaborative efforts, the hospital systems have committed to increasing their support and providing a collective 1,200 additional hospital-based procedures for Montgomery Cares patients.
 2. **Health Care Reform Workgroup:** The Health Care Reform Workgroup's mission is to continue to align efforts to prepare for the implementation of Health Care Reform. The MCAB is committed to exploring the opportunities and challenges posed by the Affordable Care Act and ensuring that the MCares clinics are prepared to participate in and benefit from the changes
 3. **Advocacy Workgroup:** The Advocacy Workgroup also had a very successful year. During budget season, the workgroup held meetings with twelve elected and appointed officials including all seven members of County Council. In collaboration with the Montgomery Cares Clinics, the Health Clinic Leadership Council and the Primary Care Coalition, the Advocacy Workgroup successfully advocated for a budgetary increase to allow for more patient visits. They also collectively opposed a twenty-five dollar MCares program enrollment fee proposed by the County Executive, which ultimately was removed from the final County Council approved budget.

Obesity Prevention Strategy Group

Kathleen A. McManus, RN, BSN, MA

The Obesity Prevention Strategy Group (OPSG) met quarterly during the 2011 fiscal year. Robin Steinwand stepped down as the chair of the group and two new co-chairs were elected. Judy Stiles (MCRD) and Linda Goldsholl (HHS) were elected as co-chairs. The purpose and mission of the OPSG was discussed secondary to a survey that was sent to the members of the OPSG and to a wide range of public and private institutions. There were 27 respondents to the survey which identified the following areas of significant importance (1) Coordination- Sharing best practices and lessons learned, (2) Identifying gaps in service, (3) Networking among stakeholders, (4) Linking community-based organizations to public committees and commissions and finally (5) Activism- promoting public policy discussion and action.

With this survey completed, the OPSG went about establishing priorities and a strategic plan for 2011. Some of the ideas, actions and discussions that were completed during the remainder of the year are listed below.

- Councilman George Leventhal gave a presentation to the OPSG and acknowledged the dedication of the group. He discussed such issues as requiring calorie counts and reducing Trans fats in restaurants, a vending machine policy for schools and his intent to commission a study on quality of school food.
- Wendy Friar, Chairman of the COH had a conference call in which she reported on the retreat of the COH and its goal to have a Fitness Awareness Promotion Day/Proclamation in the coming year.
- A commitment was voiced to support the activities of the School Health Council who intended to highlight parent education and promotion of school activities in high-risk areas/populations on fitness and nutrition.
- Dr. Martin Golding on the Community Outreach Committee of the MC Medical Society attended a meeting to foster cooperation with the OPSG and to strengthen the partnership between the two groups.
- A length presentation was given on the new InfoMontgomery.
- The OPSG developed and presented a letter at the search for the new superintendent in which they stated the need to focus on childhood obesity in the schools.
- Additionally, a letter of testimony on the budget was drafted and presented to the County Council concerning priorities in relation to obesity and nutrition in the schools.
- Collaboration with the Medical Society in providing childhood obesity management tips in their bi-monthly newsletter was initiated.
- And finally there was a strategy discussed to start a Facebook page that listed information about OPSG and links to their statements and activities.

OPSG established their goals for the Fall of 2011. They included the intention to meet with the new superintendent, Mr. Starr and to express to him their ideas and expectations about childhood obesity in the schools. They projected the need to develop budget issues early and present them to department heads who in turn could relay them to County Executive Leggett in hopes that they might be more accepted. And finally the subject of vending machines and what is in them was resurrected from former discussions and the intent to look at the MC School Food Service was voiced.

D. Commission on Health Committee Reports for FY11

At the October 21, 2010 each committee prepared a work plan that included expected outcomes for the upcoming year:

FY11 WORKPLAN – <i>Committee Name</i>	
Goal:	Co-chairs:
Expected outcomes by year end 1. 2.	
Key Steps to achieve outcomes	Lead
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 FY12

-
-

THE FITNESS PROMOTION COMMITTEE

Summary of Activities

July 2010-June 2011

The Fitness Promotion Committee recognizes the adverse effects of obesity and the benefits of exercise and physical fitness. Its goals for the year were to promote physical fitness by planning a County "Physical Fitness Month," to compile an inventory of County facilities and programs, and to promote better nutrition.

A great deal of time and effort was spent on the planning of the "Fitness Month," and when it was determined that event planning was not within the committee's scope of authority and mission, the Committee still played a role in the development of background information and the actual fitness month proclamation.

Committee members visited the County Recreation and Parks office and collected information on a wide variety of programs available to County residents, including sports programs for all age groups, therapeutic recreation programs for individuals with disabilities, and summer camps. There are at least nineteen community recreation centers throughout the County, as well as many playgrounds, tennis courts, and swimming pools. County schools also have excellent facilities which are open to the public.

The Committee has also been compiling a list of farmer's markets and will continue to promote better nutrition.

Fitness Promotion Committee

Ms. Michelle Nichole Browne, Chair

Ms. Wendy Friar

Ms. Patricia Grant (resigned 2/11)

Ms. Katherine McManus

Peter Sherer, M.D.

Ulder J. Tillman, M.D.

THE HEALTH EQUITY COMMITTEE

Summary of Activities

July 2010-June 2011

1. The Health Equity Committee determined the following populations as hard-to-reach and especially at risk for obesity, based on various data sources:
 1. Locations: Silver Spring and Gaithersburg
 2. Age groups: 45 – 64 year olds and 2 – 5 year olds
 3. Sex/Race: Female – White, Hispanics, and African American

2. As agreed at 3/17/11 COH meeting - The COH recommends all 24 community strategies and measurements to prevent obesity in Montgomery County, Maryland.
<http://www.cdc.gov/mmwr/PDF/rr/rr5807.pdf> The 24 strategies are on pages 5 & 6.

The Health Equity Committee recommends the following 4 strategies to the COH to focus on to prevent obesity in the following identified groups as hard-to-reach and especially at risk for obesity:

Vol. 58 / RR-7 Recommendations and Reports 5 TABLE. Summary of recommended community strategies and measurements to prevent obesity in the United States

Strategies to Promote the Availability of Affordable Healthy Food and Beverages

Strategy 2

Communities should improve availability of affordable healthier food and beverage choices in public service venues.

Suggested measurement

A policy exists to affect the cost of healthier foods and beverages (as defined by the Institute of Medicine [IOM] [Institute of Medicine. Preventing childhood obesity: health in the balance. Washington, DC: The National Academies Press; 2005]) relative to the cost of less healthy foods and beverages sold within local government facilities in a local jurisdiction or on public school campuses during the school day within the largest school district in a local jurisdiction.

Strategy 6

Communities should provide incentives for the production, distribution, and procurement of foods from local farms.

Suggested measurement

Local government has a policy that encourages the production, distribution, or procurement of food from local farms in the local jurisdiction.

Strategy to Encourage Breastfeeding

Strategy 11

Communities should increase support for breastfeeding.

Suggested measurement

Local government has a policy requiring local government facilities to provide breastfeeding accommodations for employees that include both time and private space for breastfeeding during working hours.

Strategies to Encourage Physical Activity or Limit Sedentary Activity Among Children and Youth

Strategy 14

Communities should increase opportunities for extracurricular physical activity.

Suggested measurement

The percentage of public schools within the largest school district in a local jurisdiction that

allow the use of their athletic facilities by the public during non-school hours on a regular basis.

* (Note we might change this measure for Montgomery County)

Health Equity Committee

Steve Thronson, Chair

Konrad Dawson, MD

Harry Kwon, Ph.D.

Rose Marie Martinez, Sc.D.

Marcos Pesquera

Richard Takamoto

THE PARTNERSHIPS COMMITTEE

Summary of Activities

July 2010-June 2011

Goal: Identify well researched and focused opportunities for partnerships, particularly non-traditional partnerships to leverage existing resources to reduce the prevalence of obesity.

Expected outcomes by year-end:

1. Engaged partners that support fitness and wellness.
2. Convene a group of non-traditional partners to work with the Obesity Prevention Strategy Group (OPSG) to create the capacity to respond to a grant/RFP.

Summary:

- The Partnership Committee developed a list of potential traditional and non-traditional partners by industry segments:

Education and Exercise: Montgomery County Recreation Department (MCRD), Montgomery County Parks (MCPR) and Recreation, Boy and Girls Clubs

Education: Parent and Teacher Associations (PTA), Montgomery County Public Schools (MCPS), Colleges and Universities.

Food: Costco, Safeway, Giant, Whole Foods, Trader Joe's, Shoppers Food Warehouse.

Mental Health: Wellness Coaches, Doctors, Medical Society.

Restaurants: Culinary Associations, Restaurant Associations, Nutritional Education, Food portions.

Spiritual: Churches, Synagogues, Temples, Mosques.

Public Awareness: Public Service Announcements, Networks, Social Networking Media (Facebook, etc...)

Employers: Recreation Programs, Employee Assistance Programs, Human Resources, Wellness Programs, Occupational Medicine, Chambers of Commerce.

Governmental Agencies: Department of Agriculture, Food and Drug Administration (FDA).

- A Conference Call was held between Wayne Swann and Dr. Marty Golding, Chair of the Community Health Committee for the Montgomery County Medical Society. Dr. Golding expressed strong interest in working with the Commission on Health to share their expertise and provide their support in addressing the issue of obesity. The Medical society has over 1700 members and Dr. Golding's committee serves as a resource to physicians especially Pediatricians by providing poster's, newsletters and other formats to present information on obesity to their membership. A current initiative involved providing information and training to physicians on how to approach parents who have obese children. Dr. Golding was willing to partner with COH by sharing the information that they already have and will produce.
- The Partnership Committee identified Yusef Battle as the liaison to the Obesity Prevention Strategy Group (OPSG)
- Ron Bialek generously provided support to the Partnership committee by having one of his staff conduct a literature search of best practices for addressing obesity that was shared with the Partnership Committee and the Commission members.
- Yusef Battle researched possible celebrity spokespersons for the planned Fitness Day, Week or Month. Two potential candidates identified were Olympic Gold Medalist Gymnast Dominique Dawes and Fitness Expert Donna Richardson-Joyner. Both grew up in Montgomery County and attended Blair High School.

- Dr. Sam Korper provided on-going support to the Partnership Committee by serving as the liaison to CHIP/Healthy Montgomery and focusing on the data and information on obesity to support the committee's work. .
- The Partnership Committee helped support the Department of Health's application for a Community Block Grant through a written letter of support drafted by Ron Bialek and approved by the COH.

While the work of the Committee shifted during the year the need for key partnerships remained an important area of focus to support the work of the other Committees and for the Commission on Health.

Partnerships Committee

Wayne Swann, Chair

Yusef Battle, Vice Chair

Ron Bialek

Dan Ermann

Doreen Kelly, HHS Administrator

Sam Korper, Ph.D.

Chrystina Lunn-Gilgeous

E. Testimony



Montgomery County Commission on Health

Commission on Health Fiscal Year 2011 Policy Priorities Health and Human Services Committee Work Session September 23, 2010

Good morning Mr. Leventhal and other distinguished members of the County Council. My name is Wendy Friar, Chair of the Commission on Health. Thank you for this opportunity to briefly share with you the priorities that our commission is likely to focus on in fiscal year 2011.

Last week, the full commission, including six new commissioners, began the discussion of the priorities for the coming year which are outlined in this testimony. They are at best preliminary – although I do believe this is the direction we are headed. Our annual retreat is essential to the annual identification of our priorities and the design of work plans. Unfortunately, the retreat does not take place for another four weeks, making this a preliminary report.

Historically, we are in a very exciting period of national recognition of the importance of public health and prevention programs, and the development of a national strategy to improve the nation's health. The Affordable Care Act will help make wellness and prevention services affordable and accessible by requiring health plans to cover preventive services and by eliminating cost-sharing. The Federal establishment of a Prevention and Public Health Fund for prevention, wellness and public health activities and a grant program to support the delivery of evidence-based and community-based prevention and wellness services are aimed at strengthening prevention activities, reducing chronic disease rates and addressing health disparities.

With these programs and incentives, we are optimistic that disease prevention and health promotion will be at the forefront of a new health paradigm in Montgomery County. Under the overall umbrella of disease prevention, as a cost-saving and quality of life measure for all residents of Montgomery County, the priority that we have identified is childhood obesity. Nationally, nearly one-third of children are overweight or obese, putting them at risk for conditions such as diabetes and heart disease.

To support this priority, proposed areas of focus are: 1.) *obtaining data* 2.) *engaging nontraditional partnerships* and 3.) *ensuring health equity*. This effort to decrease childhood obesity will explore nontraditional partnerships as part of the solution to this problem. We will engage multiple entities such as schools, garden clubs, health clubs, restaurants, food stores, businesses, and faith-based organizations. We will look to the evolving Community Health Improvement Process (CHIP) for data about obesity in Montgomery County among racial and ethnic groups and their income, limited English speaking ability, chronic disease and geography. Access to physical exercise and wholesome food (diet and nutrition) will also be addressed.

We may propose and implement a countywide "physical education day." We look at these priorities through the lens of achievability and potential impact. We believe through our liaisons and collaborations with other boards, committees and commissions, there are ways to decrease childhood obesity and promote health and wellness in Montgomery County.

The Commission takes these priorities very seriously, so that we may contribute to the improvement of health in Montgomery County. We anticipate a productive year that will address these priorities by identifying long and short-term goals with measurable outcomes. Outcomes for these recommendations will take into consideration ways to decrease or eliminate health disparities and promote health equity, and will be designed to leverage existing funding or programs. Our 11 liaisons will address these priorities through communications and collaborations such as the recent Summer Study on end-of-life care issues with the Commission on Aging, Commission on People with Disabilities, Montgomery County Coalition on End-of-Life Care, hospice, hospitals, and faith-based organizations.

Overall, our ultimate goal is to improve the health status of our community in a responsible and responsive manner through the continued building of linkages and processes. The Commission will make every effort to be responsive to the County Executive, County Council, the Board of Health and the community in this most challenging fiscal environment.

As always, 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.



**Commission on Health
Testimony to the Montgomery County Council – Board of Health
October 12, 2010**

Good Morning. I am Wendy Friar, Chair of the Montgomery County Commission on Health. Thank you for the opportunity to address two critical initiatives that the Commission on Health participated in fiscal year 2010.

To give you a little background on the Commission on Health (COH), it has been an honor and a pleasure to serve the County with the County Health Officer, Dr. Ulder Tillman and County Council Staff Liaison, Linda McMillan as ex-officio members of our commission. They bring valuable county updates and information to our monthly meetings.

With Dr. Tillman, Ms. McMillan and a robust membership of consumers, providers and one representative from the Montgomery County Medical Society, (19 members in total), we are well-positioned 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. Like other county boards, committees and commissions, we annually *advise* the County Executive and the County Council, and quarterly the Department of Health and Human Services about public health programs, issues and planning needs by *reporting* the Commission's *priorities* for action and improvement.

The support of Doreen Kelly, Administrator in Public Health Services, 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.

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. Liaison activities serve as an excellent opportunity to learn about our mutual missions, visions, goals and objectives.

Two examples are:

1.) Throughout the fiscal year, the Commission's *Prevention and Wellness Committee* pursued the reduction of childhood obesity. Two major concerns surfaced: the need for better school nutrition and healthier food choices, and the lack of exercise during the school day. A tour of the school processing plant was also taken.

As hard as we tried, there was not much the Commission could do about physical exercise beyond promoting its value to health to Judy Covich, Director of School Health Services, and providing an exercise component to a school health fair at Northwood High School.

However regarding nutrition, it is a different story. This significant issue falls within two of the County Executive's policy priorities: Preparing Children to Live and Learn; and Building Healthy and Sustainable Communities. You may recall a letter I sent regarding this issue. It is worth re-telling this

story because with the County Council's support, there were many successful outcomes to improve the health status of our community. We would like to thank the Council for their interest and response to our letter and for having an update on this issue at today's Council session.

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 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.*

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 is 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.

In previous years, the Commission on Health has placed a priority on the need for better data on the health and well being of our residents. As a part of our discussion for this year's work plan, the Commission agreed efforts to improve data should come from moving the Community Health Improvement Process (CHIP) effort forward. The CHIP will provide a repository of local data that is essential to assess the health of our community and will allow us to better evaluate programs and initiatives that are needed to improve health outcomes and reduce health disparities.

Finally, our 2010 Annual Report has been respectfully submitted with the assistance of Vice Chair, Mr. Marcos Pesquera and Ms. Gould-Kostka.

As the Commission on Health looks forward to another productive year, we will tackle our priorities in terms of fiscal limitations, available resources and sustainability. As we recently shared with the Health and Human Services Committee, this is why one of our priorities will be to identify new partnerships with groups and agencies outside of county government no matter what specific health issue we are working on. We hope our role in the health of our community has been of assistance. 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

February 10, 2011

Budget FY 2012

Overview:

This fiscal year, the **Commission on Health (COH)** supported the formation of three committees that would each focus attention on the issue and concern about obesity in Montgomery County since obesity greatly increases the risk of many diseases and health conditions.

The three committees and their respective priorities are:

1. *Fitness Promotion Committee* – To create an inventory of fitness resources in Montgomery County and build momentum around daily fitness with the development of a *County-wide Fitness Awareness Day* as the kickoff.
2. *Health Equity Committee* – Identify populations, particularly those that are hard-to-reach and especially at risk for obesity, and how best to reach them.
3. *Partnerships Committee* – Identify well researched and focused opportunities for partnerships, particularly non-traditional partnerships to leverage existing and untapped resources to reduce the prevalence of obesity.

For the past two fiscal years, the COH has collaborated with other Montgomery County Boards, Committees and Commissions to create a unified voice that is supportive of issues relevant to improving the health status of our residents. We are pleased to report that we are actively and successfully engaged with 12 Montgomery County Boards, Committees and Commissions as well as the Montgomery County Medical Society.

Key Issues for the Commission on Health:

As we look at county public health programs, needs for improvement and the allocation of funding, we support the County Executive and County Council's efforts to meet the needs of our community during this difficult time of budget constraints and reductions in services of unimagined proportions. In a budget neutral manner, the Commission would like to comment on the following issues and provide proposed solutions that we feel are of significant importance to the well-being our residents:

- Obesity as an indicator of the overall health of a community greatly increases the risk of many diseases and health conditions. Obesity prevention is critical to the health of our residents.
- The Community Health Improvement Process (CHIP)/Healthy Montgomery is essential to the County's capacity for comprehensive data collection and analysis. Better data collection will help the DHHS and the COH determine areas of need, disparities and inequities.
- The COH's End-of-Life Workgroup joined the Commission on Aging's Summer Study on end-of-life care issues last summer. We seek the County Executive's support of the Summer Study recommendations.

Proposed Solutions from the Commission on Health:

- The COH supports and hopes that the County Executive will also support the *Obesity Prevention Strategy Group's* efforts in seeking a new MCPS superintendent who will push for better fitness and nutrition in our public schools.
- The COH applauds the County Executive's efforts through the DHHS Director as well as the efforts of Councilmember Leventhal in seeking partnerships to support Healthy Montgomery and looks forward to participating with this evolving project as it come to fruition.
- The COH has been supportive of the Commission on Aging's efforts to improve residents' ability to have their wishes adhered to regarding end-of-life care and life sustaining treatments.
- The COH applauds the County Executive's acknowledgement of the need to protect health services that are vital to the residents of our County during these distressing economic times.

Thank you.

Wendy Friar, Chair

Marcos Pesquera, Vice Chair



Montgomery County Commission on Health

Budget Testimony to County Council April 7, 2011 FY 2012

The Montgomery County Commission on Health, in accordance with Montgomery County Code 24-24, must advise the County Executive and the County Council "on the proposed allocation of funds to County public health programs in accordance with the Department's (HHS) priorities, considering the available financial resources and the need for health cost containment." In respect to the enabling code, the Commission on Health recognizes that there is a relationship between public health agency performance and community health status. After reviewing and discussing the County Executive's proposed FY12 budget at the Commission on Health meeting on March 17, 2011, the Commission passed the following motion:

"Due to the short- and long-term impact that continued budget cuts will have on the health of Montgomery County residents, the Commission on Health advises the County Executive and County Council to educate the public about the adverse health impacts of these cuts."

The members of the Commission are very concerned about cuts in services designed to protect the public from food-borne, infectious and chronic diseases; and provide access to healthcare and behavioral health services for vulnerable county residents. Continued budget cuts to Health and Human Services, Public Health Services and Behavioral Health and Crisis Services will affect the capacity in which residents are served and cause an adverse impact on the health status of our community.

The Commission advises the County Council and County Executive based on its belief that it is fair and appropriate for Montgomery County residents and taxpayers to be made aware of the long- and short-term impact that the budget cuts will have on the health and well-being of the public. With cuts to public health programs and services we will likely see greater costs related to potentially preventable and avoidable disease and injury. While strategies to increase revenue may not be desirable, the alternative of increased mortality and morbidity due to budget cuts is less desirable, and residents may agree that the time has come to be proactive.

We understand that extremely difficult decisions are made during this time of budget constraint and hope that you will consider our advisement. Please feel free to contact me if you would like to discuss this further. Thank you for your time and consideration.

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

F. Correspondence



COMMISSION ON HEALTH

February 18, 2011

The Honorable Isiah Leggett
County Executive
101 Monroe Street
Rockville, Maryland 20850

Dear Mr. Leggett,

The Montgomery County Commission on Health has developed a number of collegial relationships with other county boards, committees and commissions. One of our liaisons is with the Commission on People with Disabilities. On February 17, 2011, the Commission on Health passed a motion in support of the Commission on People with Disabilities' request for your assistance in ensuring the accessibility of parking for people with disabilities. The Commission on Health and the Commission on People with Disabilities ask that you launch an initiative to protect the availability of parking for people with disabilities whom the Motor Vehicle Administration has legally certified to park in such places. Our motion is as follows:

"That the Commission on Health, as a matter of public health concern, support and join the initiative of the Commission on People with Disabilities in requesting that the Montgomery County Executive give priority and provide leadership in the effort to protect the availability of parking for those people with disabilities whom the Maryland Motor Vehicles Administration has legally certified to park in designated parking spaces."

The health and well-being of the disabled community is directly related to accessible parking. For people with disabilities, accessible parking removes barriers to independence that allows them to work, care for their personal and social needs and participate fully as viable members of our community.

Abuse of disabled parking in Montgomery County should be addressed. Misuse of accessible parking permits in Montgomery County can interfere with access to care and creates frustration, inconvenience and risk of injury for people with disabilities and, as such, is a public health matter of concern to this commission.

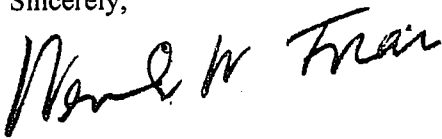
The Commission on Health believes this issue should be given the priority and leadership required to reach a consensus on the appropriate educational, legal, policy and administrative approaches required to solve the problem. With the cooperation from the County police, parking enforcement officials, the Maryland Motor Vehicle Administration, local organizations, and concerned groups, we are hopeful that solutions can be found to protect and provide accessible parking for people with disabilities.

We and our distinguished colleagues on the Commission on People with Disabilities look forward to working with you to explore ways to improve oversight of accessible parking in Montgomery County and to make recommendations for improvement on this important initiative. If you would like to discuss this further, please feel free to contact me. Thank you for your consideration.

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

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

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

CC:

Tom Manger, Chief of Police, Montgomery County Police Department

Rick Siebert, Chief, Management Services and Property Management, Division of Parking Management,
Department of Transportation

Uma Ahluwalia, Director, Department of Health and Human Services

Ulder J. Tillman, M.D., County Health Officer

Patricia A. Gallalee, Chair of the Commission on People with Disabilities



OFFICE OF THE COUNTY EXECUTIVE
ROCKVILLE, MARYLAND 20850

Isiah Leggett
County Executive

April 28, 2011

Wendy Friar, RN, MS, Chair
Commission on Health
401 Hungerford Drive
Rockville, Maryland 20850

Dear Ms. Friar:

Thank you for your recent letter regarding possible initiatives with the Montgomery County Police Department (MCPD) for the enforcement of laws pertaining to the accessibility of parking for people with disabilities. I concur with you that the abuse of disabled parking is a serious problem which needs to be addressed.

As a result of your communications, I convened a task force to explore potential measures to address the issue. That group consists of: Capt. Tom Didone, Director of the MCPD Traffic Division; Rick Siebert, Chief of the Management Services Section in the Division of Parking Management for the Montgomery County Department of Transportation (MCDOT); Betsy Luecking, Staff Director for the Commission on Peoples with Disabilities and the Commission on Health; and Michael Subin, Executive Director of the Criminal Justice Coordinating Commission and my Special Projects Officer. They have also been joined by Dr. Seth Morgan, M.D., a commissioner on the Commission on Peoples with disabilities. They recently met and are putting together a proposed initiative for a public education campaign and greater enforcement of the laws.

The task force identified two areas of primary concern: illegal parking spaces reserved for the disabled and the misuse of placards provided to those with disabilities for their use in multiple vehicles. While the Maryland Motor Vehicle Administration (MVA) issues the placards, Montgomery County is responsible for the enforcement of the laws and statutes regarding handicapped parking. MCPD, the Department of Fire and Rescue Services (DFRS) and MCDOT's Parking Enforcement personnel have jurisdiction to conduct enforcement of the Handicapped Parking spaces. Capt. Didone provided the group with a review of the 2010 data. What that data revealed was that there had been 618 parking violations in 2010. Of those, MCPD issued 315 citations, MCDOT issued 221 citations and DFRS, along with municipal law enforcement officers, issued 82 citations. Additionally, 583 calls were received regarding parking violations. Only 451 of those calls were verified. As a result, 89 citations were issued and 134 calls were found to be unwarranted or not verified. A majority of those calls were dispatched to police officers in the field who were either dispatched to other calls prior to arriving on the scene or where, for several reasons, a citation was not issued.

Wendy Friar, RN, MS, Chair
April 28, 2011
Page Two

MVA is responsible for issuing the placards. However, there is no known mechanism to check the validity of a placard. MVA simply does not maintain an accessible data which an enforcement officer can check to determine in that there is no data base to be able to check whether a placard is valid or not. Consequently, Montgomery County's enforcement personnel have only a very limited ability, and authority, to conduct enforcement operations and, more often than not, lack the necessary information to conduct any investigation. In that placards may also be provided to individuals with disabilities which are not obvious. Further, MCPD policy only allows for a discreet inquiry in which officers are reluctant to proceed for sensitivity reasons. It is my intention to discuss this problem with the Maryland DOT and explore options for our enforcement personnel to inquire as to the validity of the placards.

As you are aware, MVA is also responsible for the issuance of disability license plates. In this case, the person with the disability must be the owner of the automobile. While it is easier for the enforcement officer to determine whether the plates are valid or not, it simply is not appropriate to ask the individual who is driving the car, whether or not they are the person with the disability. While the person with the disability is required to have specific identification issued by the MVA in their possession, and is required to show the enforcement officer upon request, the enforcement officer must be able to have legal cause the identification. Just as with the fraudulent use of the placards, fraudulent use of disability plates is a misdemeanor under the law.

Traditionally, MCPD enforces County and State parking regulations on private property available for public parking, which includes malls and shopping centers where violations appear to be quite common. DOT parking enforcement officers and County police officers have concurrent jurisdiction over public parking facilities in the County's Parking Lot Districts (PLD), and have worked will to enforce laws and regulations related to disability parking.

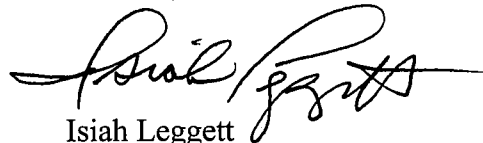
I have asked the task force to examine a series of measures to deal with this serious issue. I have asked them to establish a program to include, but not be limited to, the following measures: a public awareness campaign regarding the critical need to obey disabled parking laws; educating merchants as to the seriousness of the problem and the need to clearly mark disability spaces as well as enforce their proper use; the need to continue the close coordination and cross-support between MCPD and MCDOT parking enforcement officers; and, to meet with Judge Eugene Wolfe, Chief Administrative Judge of the District Court regarding enforcement issues.

In addition to the above measures, I have instructed my staff to contact the Maryland MVA in order to determine the feasibility of implementing a data base to track the issuance and validity of disability parking placards. My belief is that this measure, alone, will do much to enable the County's enforcement officers to determine the validity of any placard without having to confront individuals. I have also instructed my staff to work closely with Ms. Luecking so as to keep you updated as to the task force's progress.

Wendy Friar, RN, MS, Chair
April 28, 2011
Page Three

Please do not hesitate to contact me in the future so that we can collaboratively and effectively ensure that the rights of disabled persons are addressed and enforced.

Sincerely,

A handwritten signature in black ink, appearing to read "Isiah Leggett". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Isiah Leggett
County Executive

cc: J. Tom Manger, Chief of Police
Uma Ahluwalia, Director, Department of Health and Human Services
Arthur Holmes, Director, Department of Transportation
Capt. Thomas Didone, Director, Montgomery County Police Traffic Division
Rick Siebert, Chief, Management Services and Property Development Section
Stephen Nash, Department of Facilities and Services
Clifford Royalty, Esq., Office of the County Attorney
Betsy Luecking, Department of Health and Human Services
Fred Lees, Department of Transportation
Michael Subin, Office of the County Executive



COMMISSION ON HEALTH

February 28, 2011

Shawn Brennan, MSW
Program Manager
Senior Health Promotion
Department of Health and Human Services
Aging and Disability Services
401 Hungerford Drive, 4th Floor
Rockville, Maryland 20850

Dear Ms. Brennan:

The Montgomery County Commission on Health has voted to support the efforts of the Montgomery County Coalition on End-of-Life Care to promote *National Healthcare Decisions Day*. Our members approved the following motion:

“The Commission on Health, having played an important role with the Coalition on End-of-Life Care and others in fostering a community discussion of end-of-life issues among patients, families, health care professionals, clergy, and national experts from across the country, support the initiative of the Montgomery County Coalition on End-of-Life Care by endorsing *National Healthcare Decisions Day*.”

The Commission on Health looks forward to continuing our work with the Coalition on End-of-Life Care to explore ways to honor individual choices for end-of-life care and life sustaining treatments in Montgomery County. If I may be of further assistance, please feel to contact me through Jeanine Gould-Kostka, Program Specialist II, Commission on Health at 240-777-1141 or Jeanine.Gould-Kostka@montgomerycountymd.gov

Sincerely,

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

CC:

Uma Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, M.D., County Health Officer



COMMISSION ON HEALTH

March 18, 2011

Valerie Ervin, President
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Council President Ervin,

The Montgomery County Commission on Health, in accordance with Montgomery County Code 24-24, must advise the County Executive and the County Council “on the proposed allocation of funds to County public health programs in accordance with the Department’s (HHS) priorities, considering the available financial resources and the need for health cost containment.” In respect to the enabling code, the Commission on Health recognizes that there is a relationship between public health agency performance and community health status. After reviewing and discussing the County Executive’s proposed FY12 budget at the Commission on Health meeting on March 17, 2011, the Commission passed the following motion:

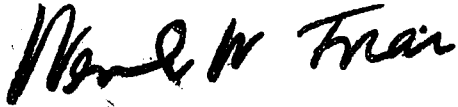
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The members of the Commission are very concerned about cuts in services designed to protect the public from food-borne, infectious and chronic diseases; and provide access to healthcare and behavioral health services for vulnerable county residents. Continued budget cuts to Health and Human Services, Public Health Services and Behavioral Health and Crisis Services will affect the capacity in which residents are served and cause an adverse impact on the health status of our community.

The Commission advises the County Council and County Executive based on its belief that it is fair and appropriate for Montgomery County residents and taxpayers to be made aware of the long- and short-term impact that the budget cuts will have on the health and well-being of the public. With cuts to public health programs and services we will likely see greater costs related to potentially preventable and avoidable disease and injury. While strategies to increase revenue may not be desirable, the alternative of increased mortality and morbidity due to budget cuts is less desirable, and residents may agree that the time has come to be proactive.

We understand that extremely difficult decisions are made during this time of budget constraint and hope that you will consider our advisement. Please feel free to contact me if you would like to discuss this further. Thank you for your time and consideration.

Sincerely,

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

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

CC:
Uma Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, M.D., County Health Officer



COMMISSION ON HEALTH

March 18, 2011

The Honorable Isiah Leggett
County Executive
101 Monroe Street
Rockville, Maryland 20850

Dear Mr. Leggett,

The Montgomery County Commission on Health, in accordance with Montgomery County Code 24-24, must advise the County Executive and the County Council “on the proposed allocation of funds to County public health programs in accordance with the Department’s (HHS) priorities, considering the available financial resources and the need for health cost containment.” In respect to the enabling code, the Commission on Health recognizes that there is a relationship between public health agency performance and community health status. After reviewing and discussing your proposed FY12 budget at the Commission on Health meeting on March 17, 2011, the Commission passed the following motion:

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Sincerely,

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

CC:

Uma Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, M.D., County Health Officer



OFFICE OF THE COUNTY EXECUTIVE
ROCKVILLE, MARYLAND 20850

Isiah Leggett
County Executive

April 4, 2011

Ms. Wendy Friar, RN, MS
Chair, Commission on Health
1335 Piccard Drive, Suite 237
Rockville, Maryland 20850

Dear Ms. Friar:

Thank you for your letter to me on behalf of the Commission on Health (COH) regarding concerns related to the proposed FY12 County Budget, particularly concerns about the potential impact to the health of Montgomery County's residents.

My staff and I shared the same considerations as we worked closely with Department of Health and Human Services (DHHS) Director Uma Ahluwalia and her leadership to balance our County-wide budget, while doing the least harm possible to health and other safety net programs. At my request, the total DHHS reductions for these programs were significantly less than reductions for most other County agencies. This is not to say there is no pain in these proposed reductions. We had to reduce some services and abolish some positions even in Public Health, as we did across all County agencies – but we did this very thoughtfully while keeping in mind our mandated role to protect the public's health. We purposely did not reduce positions performing mandated services to protect the public's health, such as Environmental Health Specialists who inspect County food facilities and nurses and health care workers who protect the public from communicable diseases such as TB, STDs and HIV.

Your letter advised educating the public about the potential health consequences of these budget reductions. In most cases, the Department was able to adjust programs and staffing to minimize any health impacts from loss of health services. I released all the details of the recommended FY12 budget in a public announcement covered by the media and we have posted information about the budget on the County's website. My department directors also hosted public forums to present the proposed FY12 County Budget, discuss the reductions in their respective programs, and answer the public's questions about any potential impacts. As for concerns about protecting the public's health – County residents and the COH should be assured that we were very careful to maintain the mandated functions of the Department's Public Health Services to protect the public's health.

Thank you again for taking the time to write. Your input is very valuable to me.

Sincerely,

Isiah Leggett
County Executive

IL:dk



COMMISSION ON HEALTH

June 23, 2011

Uma S. Ahluwalia, Director
Department of Health and Human Services
Montgomery County Government
401 Hungerford Drive
Rockville, Maryland 20850

Dear Director Ahluwalia:

The Montgomery County Commission on Health (COH) supports the initiatives proposed by the Montgomery County Department of Health and Human Services for a Community Transformation Grant (CTG). The diversity of the County's population, changing demographics, and increasing needs for public health and prevention services, combined with the partnerships and commitments that exist throughout the County in the public and private sectors, makes a CTG grant a wise investment of the Centers for Disease Control and Prevention.

As you know, the COH was established under Montgomery County Code to advise the County Executive and County Council on public health programs, services and facilities and comment on any gaps, deficiencies or duplication of efforts. With its 19 voting members representing a cross section of consumers and providers of public health and healthcare services, the COH is well-positioned to provide advice and input into the activities under the CTG. Additionally, the COH is prepared to participate in support of the Department of Health and Human Services to identify, develop, enhance and maintain partnerships with the many players throughout the County who will need to contribute to the activities under the CTG to achieve the health improvement goals.

The demonstrated need and commitment of Montgomery County are clearly expressed through the CTG application. What is important to note is that the CTG funds will not only be used to help the nearly 1 million residents of the County, but also can serve as a demonstration and model for the nation. With its proximity to Washington, DC, track-record of success, diversity of its population, increasing health needs, and willingness to learn and grow, Montgomery County can become a living and learning laboratory for the CTG initiative and other Federal, state, and local health improvement initiatives.

The COH looks forward to working with the Montgomery County Department of Health and Human Services as it plans, implements, and expands the activities under the Community Transformation Grant.

Sincerely,

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

G. Proclamation

Proclamation in Recognition of National Physical Fitness and Sports Month
Montgomery County, Maryland
May 2011

“Whereas, The President's Council on Physical Fitness and Sports has designated the month of May as National Physical Fitness and Sports Month; and created the Presidential Fitness Partners in May and

Whereas, National Physical Fitness and Sports Month is our country's observance of fitness and sports and many agencies have initiated programs designed to improve our quality of life; and

Whereas there are a number of resources and partners in Montgomery County to enable increased physical activity and fitness among all Montgomery County residents, workers and visitors; and

Whereas partners in this endeavor can better help one another communicate the common message of improved health through physical activity effectively; and

Whereas, National Physical Fitness and Sports Month is a time when we can do something special to direct deserved county and national attention to the benefits of physical activity;

Now, therefore, do we, Isiah Leggett as County Executive and Valerie Ervin as Council President hereby proclaim the month of May 2011 as National Physical Fitness and Sports Month in Montgomery County. We urge our residents to promote and engage in increased physical activity for improved health in recognition of this month.”