

HHS ITEM #1  
February 17, 2011

**Worksession**

**MEMORANDUM**

February 15, 2011

TO: Health and Human Services Committee

FROM: Amanda Mihill, Legislative Analyst *mihill*  
Linda McMillan, Senior Legislative Analyst *Lone*

SUBJECT: **Worksession:** Bill 1-11, Administration – Department of Health and Human Services - Duties

Bill 1-11, Administration – Department of Health and Human Services - Duties, sponsored by Councilmembers Leventhal, Navarro, and Rice, was introduced on January 18, 2011. A public hearing was held on February 8 at which 3 speakers testified in support of Bill 1-11 (see testimony beginning on ©9). The County Executive generally supports Bill 1-11 (©7).

Bill 1-11 would:

- authorize the Department of Health and Human Services to provide direct access to health care;
- authorize the Department to administer programs to reduce disparities in access to health care, preventative health services, and human services based on gender, race, ethnicity, and poverty;
- authorize the Department to provide health education and promotion programs;
- amend the functions of the Commission on Health; and
- generally amend the law regarding health and human services and health and sanitation.

**Background**

The 2009 US Census American Community Survey estimates that approximately 110,000 county residents do not have health insurance that would provide a regular source of primary care. In FY10, the Montgomery Cares safety net clinics saw over 26,000 adult uninsured patients, a 25% increase over the number of patients seen in FY09. A majority of those receiving care were aged 40 to 64 and 65% were women. Over half identified themselves as Hispanic.

A lack of a primary care medical home can cause people to seek medical care in emergency rooms for conditions that can be treated in a much less costly setting. In FY10, 3,052 low income uninsured or Medicaid insured patients were referred from Montgomery County hospital emergency rooms to community clinics through the Primary Care Coalition's Emergency Room Diversion project.

In FY10, the Care for Kids Program provided 5,000 primary care visits and 3,224 routine dental visits to 3,366 children who are not eligible for Maryland's Children's Health Insurance Program. Almost one-half of these children were from families with incomes below 100% of the Federal Poverty Level (\$22,050 for a family of 4).

There are disparities in access to health care and preventive health services, including health education and promotion, and they can adversely impact health conditions among races and ethnic groups in Montgomery County. For example, the 2009 infant mortality rate for Black babies was 10.7 per 1,000 births compared to 3.9 for Whites and 5.5 for all races. The African American Health Program's 2009 Strategic Plan notes that 7.6% of Black residents in the county report having been diagnosed with diabetes compared to 5.5% for the general population; Blacks comprise over 72% of all county AIDS cases; and, Black women are less likely to be diagnosed with breast cancer but are more likely to die from it than Whites. In its 2008 health priorities report, the Asian American Health Initiative noted that Asian Americans have a 60% higher prevalence of diabetes compared to non-Hispanic Whites and that Asian Americans and Pacific Islanders account for over one-half the chronic Hepatitis B cases and deaths from Hepatitis B in the United States. In 2008, the Latino Health Initiative reported in its Blueprint that in Maryland in 2005, Latinos had 1.6 times as many new HIV diagnoses as non-Hispanic Whites; that diabetic and hypertensive end-stage renal failure was significantly higher than for non-Latino Whites; and that the rate of obesity is a growing problem for Latinos. All three Minority Health Initiatives have called for improved data and research on the social determinants of health and increased access to culturally competent health care and preventive health services.

### **Issues for Committee Discussion**

1. *How specific should the authorization be?* Bill 1-11 would authorize the Department to provide direct access to health care; administer programs to reduce disparities in access to health care, preventive health services, and human services based on gender, race, ethnicity, and poverty; and provide health education and promotion programs (©2, lines 12-16). Arva Jackson, on behalf of the African American Health Program, urged the Council to include certain specific requirements in Bill 1-11, including providing certain needs assessments and standards of performance (©9-10).

These are certainly important considerations. However, Council staff does not believe that these types of specifics should be added to the authorizing legislation. Council staff suggests the Committee discuss with the Department how this oversight and evaluation might be provided through the Health Montgomery (community health improvement process) effort that is noted by the Executive (©7). Will there be data points that can be used to determine whether programs provided through the Department and other health care partners are impacting trends in areas such as infant mortality, death rates from coronary disease or cancer, or the prevalence of

Hepatitis B? Is there the expectation that there will be some type of annual reporting to the Executive and Council by Health Montgomery to discuss trends in healthcare? Will Healthy Montgomery in coordination with the work of existing groups such as the Commission on Health, African American Health Program, Asian American Health Initiative, and Latino Health Initiative provide the type of oversight and accountability Ms. Jackson suggests?

**2. *Should the bill including language about appropriate funding levels?*** Ms. Jackson urged the Council to include language in Bill 1-11 requiring appropriate funding for the programs that Bill 1-11 would authorize the Department to provide (©10). Especially given the current budget situation, Council staff does not recommend amending Bill 1-11 as suggested. The County has many important programs that serve County residents. The Council makes funding decisions for all of these programs during the annual budget process.

**3. *Technical amendments for the Committee's consideration.***

**A. *Minority Health Initiatives.*** Bill 1-11 would state that the Department provides staff support to “any program created to achieve health equity among County residents” (©3, lines 36-37). Grace Rivera-Oven, on behalf of the Latino Health Steering Committee, urged the Council to specifically mention the minority health initiatives in this section (©11). Council staff interprets the phrase “any program created to achieve health equity” to include the minority health initiatives. However, if the Committee prefers to specifically mention minority health initiatives, Council staff has drafted the following amendment:

(N) any program created to achieve health equity among County residents, including any minority health initiative established under paragraph (c).

**B. *County residents v. citizenry.*** The current language of Code §24-22, Policy, states (©3, lines 39-48):

It is the policy of Montgomery County to protect and promote the public health and safety and general welfare by fostering the development of a health care system that provides for all **citizens**, financial and geographic access to quality health care at a reasonable cost. To accomplish this purpose it is essential that plans for maintaining the health of the **citizenry** and developing health services to meet the current and future health needs of the **citizens** of the county be prepared, programs to implement these plans be developed and executed, and proposed developments or alterations of health services be publicly reviewed and commented upon.

Ms. Rivera-Oven suggested this language be modified to substitute the words “citizenry” and “citizen” with broader language (©11). If the Committee agrees, Council staff suggests the following amendment:

It is the policy of Montgomery County to protect and promote the public health and safety and general welfare by fostering the development of a health care system that provides [[for all citizens,]] financial and geographic access to quality

health care at a reasonable cost for all County residents. To accomplish this purpose, it is essential that plans for maintaining the health of [[the citizenry]] County residents and developing health services to meet the current and future health needs of [[the citizens of the county]] County residents be prepared, programs to implement these plans be developed and executed, and proposed developments or alterations of health services be publicly reviewed and commented [[upon]] on.

**C. Health Policy.** Bill 1-11 would add the following sentence to §24-22:

Health planning should address the overall health status of County residents and health disparities within social, economic, geographic, racial and ethnic groups.

Ms. Rivera-Oven suggested adding the phrase “effects of the social determinants” to this section (©12). If the Committee agrees, Council staff suggests the following amendment:

Health planning should address the overall health status of County residents, [[and]] health disparities within social, economic, geographic, racial and ethnic groups, and the effects of social determinants of health on County residents.

**D. Direct access to health care.** Bill 1-11 would authorize the Department to “provide direct access to health care” (©2, line 12). The Council received a comment from Carol Garvey suggesting that the word “provide” be changed to the word “assure” (©27). Council staff believes “provide” is an appropriate word that encompasses all of the ways the Department provides direct access, including the County-staff clinic in Silver Spring and administering direct access to care through contracts (i.e., Montgomery Cares).

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Bill No. 1-11  
Concerning: Administration –  
Department of Health and Human  
Services – Duties  
Revised: 2/3/2011 Draft No. 4  
Introduced: January 18, 2011  
Expires: July 18, 2012  
Enacted: \_\_\_\_\_  
Executive: \_\_\_\_\_  
Effective: \_\_\_\_\_  
Sunset Date: None  
Ch. \_\_\_\_\_, Laws of Mont. Co. \_\_\_\_\_

## COUNTY COUNCIL FOR MONTGOMERY COUNTY, MARYLAND

By: Councilmembers Leventhal, Navarro, and Rice

**AN ACT** to:

- (1) authorize the Department of Health and Human Services to provide direct access to health care;
- (2) authorize the Department to administer programs to reduce disparities in access to health care, preventative health services, and human services;
- (3) authorize the Department to provide health education and promotion programs;
- (4) amend the functions of the Commission on Health; and
- (5) generally amend the law regarding health and human services and health and sanitation.

By amending

Montgomery County Code  
Chapter 2, Administration  
Section 2-42A

Chapter 24, Health and Sanitation  
Sections 24-22 and 24-24

<b>Boldface</b>	<i>Heading or defined term.</i>
<u>Underlining</u>	<i>Added to existing law by original bill.</i>
[Single boldface brackets]	<i>Deleted from existing law by original bill.</i>
<u>Double underlining</u>	<i>Added by amendment.</i>
[[Double boldface brackets]]	<i>Deleted from existing law or the bill by amendment.</i>
* * *	<i>Existing law unaffected by bill.</i>

*The County Council for Montgomery County, Maryland approves the following Act:*

1           **Sec. 1. Sections 2-42A, 24-22, and 24-24 are amended as follows:**

2                   **Division 7A. Department of Health and Human Services.**

3   **2-42A. Functions, powers, and duties.**

4                                   \*       \*       \*

5       (c)   *Powers of the Department.* The Department may:

6                                   \*       \*       \*

7           (4)   collect data on the health status of County residents, including  
8                   health disparities and inequities, and on the need for services and  
9                   the effectiveness of programs;

10                                  \*       \*       \*

11           (15) conduct studies and investigations; [and]

12           (16) provide direct access to health care;

13           (17) administer programs to reduce disparities in access to health care,  
14                   preventive health services, and human services based on gender,  
15                   race, ethnicity, and poverty;

16           (18) provide health education and promotion programs; and

17           (19) carry out any other functions that are necessary to achieve the  
18                   purposes of this Section.

19       (d)   *Duties of the Department.*

20                                  \*       \*       \*

21           (3)   The Department provides staff support to [the]:

22                   (A)   the Commission on Children and Youth;

23                   (B)   the Commission on Aging;

24                   (C)   the Community Action Committee;

25                   (D)   the Commission on Child Care;

26                   (E)   the Commission on People with Disabilities;

27                   (F)   the Alcohol and Other Drug Abuse Advisory Council.

- 28 (G) the Mental Health Advisory Council.
- 29 (H) the Juvenile Court Committee;
- 30 (I) the Commission on Health;
- 31 (J) the Board of Social Services;
- 32 (K) the Adult Public Guardianship Review Board; [and]
- 33 (L) the Victim Services Advisory Board;
- 34 (M) the Advisory Board for the Montgomery Cares Program;
- 35 and
- 36 (N) any program created to achieve health equity among
- 37 County residents.

38 **24-22. Policy.**

- 39 (a) It is the policy of Montgomery County to protect and promote the
- 40 public health and safety and general welfare by fostering the
- 41 development of a health care system that provides for all citizens,
- 42 financial and geographic access to quality health care at a reasonable
- 43 cost. To accomplish this purpose it is essential that plans for
- 44 maintaining the health of the citizenry and developing health services to
- 45 meet the current and future health needs of the citizens of the county be
- 46 prepared, programs to implement these plans be developed and
- 47 executed, and proposed developments or alterations of health services
- 48 be publicly reviewed and commented upon. Health planning should
- 49 address the overall health status of County residents and health
- 50 disparities within social, economic, geographic, racial and ethnic
- 51 groups.

52 \* \* \*

53 **24-24. Functions.**

54 (a) To advise the County Executive and the County Council, the  
55 Commission must:

56 (1) Periodically review available County public health programs,  
57 services, and facilities and data on the health status of the County  
58 population and subgroups within it;

59 (2) Comment on gaps, deficiencies, or duplication in County public  
60 health programs, services, and facilities, including health status  
61 disparities and inequities;

62 \* \* \*

63 (5) Advise on local public health planning needs based on health  
64 status data;

65 \* \* \*

66 *Approved:*

67

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Valerie Ervin, President, County Council

Date

68 *Approved:*

69

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Isiah Leggett, County Executive

Date

70 *This is a correct copy of Council action.*

71

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Linda M. Lauer, Clerk of the Council

Date

## LEGISLATIVE REQUEST REPORT

Bill 1-11

Administration – Department of Health and Human Services - Duties

<b>DESCRIPTION:</b>	Bill 1-11 would authorize the Department of Health and Human Services to provide direct access to health care; authorize the Department to administer programs to reduce disparities in access to health care, preventative health services, and human services based on gender, race, ethnicity, and poverty; authorize the Department to provide health education and promotion programs; amend the functions of the Commission on Health; and generally amend the law regarding health and human services and health and sanitation.
<b>PROBLEM:</b>	The 2009 US Census American Community Survey estimates that approximately 110,000 county residents do not have health insurance that would provide a regular source of primary care. A lack of a primary care medical home can cause people to seek medical care in emergency rooms for conditions that can be treated in a much less costly setting.
<b>GOALS AND OBJECTIVES:</b>	To authorize the Department to provide direct access to health care, administer programs to reduce disparities in access to health care, and provide health education and promotion programs
<b>COORDINATION:</b>	Department of Health and Human Services, Commission on Health
<b>FISCAL IMPACT:</b>	To be requested.
<b>ECONOMIC IMPACT:</b>	To be requested.
<b>EVALUATION:</b>	To be requested.
<b>EXPERIENCE ELSEWHERE:</b>	To be researched.
<b>SOURCE OF INFORMATION:</b>	Amanda Mihill, Legislative Analyst, 240-777-7815
<b>APPLICATION WITHIN MUNICIPALITIES:</b>	To be researched.
<b>PENALTIES:</b>	N/A

BILL 1-11

NAN  
CC  
SBF  
LL  
AH  
MF  
BD



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OFFICE OF MANAGEMENT AND BUDGET

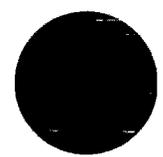
Isiah Leggett  
County Executive

RECEIVED  
MONTGOMERY COUNTY  
COUNCIL  
Joseph F. Beach  
Director

MEMORANDUM

February 8, 2011

060478



TO: Valerie Ervin, President, County Council  
FROM: Joseph F. Beach, Director  
SUBJECT: Council Bill 1-11, Administration – Department of Health and Human Services - Duties

The purpose of this memorandum is to transmit a fiscal and economic impact statement to the Council on the subject legislation.

**LEGISLATION SUMMARY**

Council Bill 1-11 would amend Montgomery County Code; Chapter 2, Administration; Section 2-42A; Chapter 24, Health and Sanitation, and Sections 24-22 and 24-24 as follows:

- Authorize the Department of Health and Human Services (DHHS) to provide direct access to health care;
- Authorize the DHHS to administer programs to reduce disparities in access to health care, preventative health services, and human services based on gender, race, ethnicity, and poverty;
- Authorize the DHHS to provide health education and promotion programs;
- Amend the duties of the DHHS to provide staff support to the Advisory Board for the Montgomery Cares Program and any program created to achieve health equity among County Residents;
- Amend the functions of the Commission on Health; and
- Generally amend the law regarding health and human services and health and sanitation.

**FISCAL AND ECONOMIC SUMMARY**

The subject legislation would not have a direct fiscal impact because it authorizes the Department to take certain actions, but does not mandate either that the services be provided or specify the level or value of the services to be provided. However, the department is already carrying out the health services authorized in the proposed legislation including providing direct access to health care; administering programs to reduce disparities in access to health care, and providing health education and promotion programs. The FY11 budgeted cost of the County's Public Health programs is \$67.5 million. This does not include the resources for behavioral health programs.

One of the goals of Bill 1-11 is to allow the DHHS to continue to address health disparities among specific populations in the County. Included among the Department's goals are reductions in the incidence of asthma, hepatitis, and infant mortality. While some of the disparities may have economic impacts on the "targeted" population and the County as a whole, these impacts are qualitative. However, with regard to reducing the level of infant mortality, the direct economic impact is to ensure the life expectancy of an infant. As such, the increase in an infant's life expectancy will most likely add to the County's total personal income as that infant achieves a productive and healthy life.

Office of the Director

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OFFICE OF THE COUNTY EXECUTIVE  
ROCKVILLE, MARYLAND 20850

Isiah Leggett  
County Executive

MEMORANDUM

February 10, 2011

TO: Valerie Ervin, President  
Montgomery County Council

FROM: Isiah Leggett, County Executive 

SUBJECT: Bill 1-11, Administration-Department of Health and Human Services-Duties

I am writing to express my support for Bill 1-11, Administration - Department of Health and Human Services – Duties, which reflects our joint commitment to identifying and eliminating health disparities and evaluating social determinants that impact health outcomes among County residents. The bill is a strong affirmation of the County's determination to address these disparities and outcomes.

Bill 1-11 authorizes the Department of Health and Human Services (DHHS) to administer programs that provide direct access to health care and reduce health disparities. With the support of the Council, we are already working with our non-profit partners to provide primary care to uninsured adults and children who live in the County. The recipients of that care are overwhelmingly poor and members of minority groups. Bill 1-11 recognizes the importance of that work in reducing health disparities. In fact, the largest complement of DHHS programs serve vulnerable and needy residents of our County who disproportionately represent minority populations defined by race, ethnicity, disability, age, or gender.

There is widespread recognition that significant disparities exist among various elements of our population in health status and access to health care and human services. We cannot design programs to combat disparities unless we can identify where the disparities exist and the magnitude of those disparities.

To meet that challenge DHHS developed Healthy Montgomery, which is a community health improvement process that is designed to improve the health and well being of all County residents. A critical component of that program is the newly launched website that provides a one-stop source of population-based data and information about community health and the wide range of determinants that impact health such as socio-economic status, social isolation, disabilities, housing, availability of healthy foods, and air quality. My goal is that this valuable resource will enable policymakers and DHHS to identify health disparities and social

Valerie Ervin, President  
February 10, 2011  
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determinants that impact population subgroups and to make optimal use of available resources to reduce those disparities. This resource will assist the Commission on Health in meeting the bill's charge of reviewing data and commenting on the health status of population subgroups in the County.

I want to emphasize that I do not support any modification to the bill which would require the Commission on Health to gather any data beyond what is readily available. The demand for staff and other resource support grows with each new responsibility and we must avoid adding to the Commission's workload. In addition, while I applaud the intentions of the bill's sponsors, and support it as drafted, we must be careful not to create the expectation that the County is obligated to fund specific programs regardless of our fiscal situation.

cc: Uma S. Ahluwalia, Director, DHHS  
Kathleen Boucher, Assistant Chief Administrative Officer

Testimony: **Tuesday February 8, 2011—Public Hearing 1:30pm**  
Montgomery County Council Office Building  
Rockville, MD 20850

**Introduction**

Thank you for the chance to share observations and recommendations regarding Bill 1-11 on behalf of the Montgomery County Maryland’s African American Health Program Executive Committee (AAHPEC). My name is Arva Jackson. Currently I chair the AAHPEC. This document was sent to the Executive Committee for review and endorsement.

**Observations**

Our working premise that this Bill, if adopted by no less than a majority of the Montgomery County, MD Council, would codify the authority of the Department of Health and Human Services to provide direct access to healthcare (for those in the Montgomery County area of service); to administer (directly) programs to reduce disparities in access to healthcare (including services fashioned to promote well being, so as to prevent the onset of ill health); and to administer any collaborative human services in such a manner as to avoid any disparities that were the result of discrimination based on race, ethnicity, gender and/or poverty.

In addition, this bill would authorize the Department of Health and Human Services to (directly) provide (or see to the provision of) health education and promotion programs; and would generally amend the law regarding health and human services and health and sanitation.

Finally, this Bill would “amend the functions of the Commission on Health.”

The infrastructure that would legitimize the proposed role of the Commission on Health is not apparent to the early reader of the proposed Bill.

**Recommendations**

It would be “comforting” if this proposed Bill were introduced with a statement of an “Intention of Guiding Principles” i.e.

It is the intent of this legislation, if enacted, that the following principles will be realized through its implementation.

- I. Integrity.
  - Assessment of needs should (shall) be conducted with transparency; and the public given preliminary access to the population being assessed, the conduct of the assessment methodology; and the unequivocal evidence of the authenticity of the results.

II. Equity

- Appropriate fiscal and human resources needed should (shall) be determined and allocated on the basis of need.

III. Quality (see Standard of Performance)

- Planning, Policy and Program determination regarding level of service, service sustainability and service reconfiguration should be directly related to all established Standard of Performance.

**Standards of Performance**

- An internal review committee within the DHHS should be established to coordinate those existing policies and programs under the aegis of the Department's operational activities—and to advise the Director DHHS regarding the existing and possible relations that exist between internal directives within the DHHS that might be given additional support or reconfigured to better contribute to the reduction of health disparities.
- An external review committee to provide oversight to the County Council that should include representation of existing advisory bodies regarding specific racial, ethnic disparities. This would include health providing services that are not under the administrative executive mandate, but where these services can and do have an impact on the diminution of health disparities in Montgomery County.



February 8<sup>th</sup>, 2011

Montgomery County Council  
100 Maryland Avenue  
Rockville, MD 20850

RE: Bill 1-11, Administration Department of Health and Human Services -Duties

Honorable Council members:

Good evening, my name is Grace Rivera-Oven. I am a community activist, and currently member of the Latino Health Steering Committee of Montgomery County (LHSC). Today on behalf of the LHSC, I want to thank you for the opportunity to provide input on the review of Bill 1-11.

First, the LHSC applauds Mr. Leventhal and the members of the Health and Human Services Committee for their vision and effort to draft this bill. We also thank Mr. Leventhal for giving us the opportunity to provide feedback on an earlier draft of this bill. The background section of the bill is compelling in describing the substantial disparities in access to health care and preventive health services; including health education and promotion, and the adverse impact, these disparities have on all races and ethnic groups in Montgomery County. We believe this bill presents an important opportunity to improve the current situation and to enhance the health status of all county residents. We also believe that a few small edits could significantly strengthen this bill. We offer the following three suggestions and strongly encourage their adoption:

- I. Section 2-42A of the bill identifies duties of the Department, and for which the Department provides staff support. We strongly believe that specifically mentioning "**Minority Health**" in the list of programs (A-N) identified is an essential enhancement that would sharpen the authority and responsibility of the Department to act in developing strategies for addressing the health of minority populations. Offices of minority health exist in virtually every state. At the Federal level, the recent landmark Affordable Care Act heightened the focus on minority health by calling for the establishment of new or reauthorization of existing Offices of Minority Health across all of its health agencies. It also elevated the National Center on Minority Health and Health Disparities at NIH from a Center to a full Institute. Such a robust system of focused attention and resources to address minority health and health disparities indicates that these programs are a recognized approach to protecting and promoting the health of these populations. Further, academic centers exist around the U.S. and at most schools of public health that have minority health as their mission and topic of research and service concerns. The minority health approach deserves greater recognition as a method of improving the health of minorities in Montgomery County. Bill1-11 should not shy away from acknowledging the Department's commitment to addressing minority health and health disparities and the already existing Departmental structures that support these activities.
- II. We believe it is important to substitute the terms citizenry" and "County citizens" in Part 24-22 Policy to "**County populations**" and "**County residents**", in order to clarify the holistic purpose of this bill.

III. The inclusion of the phrase "**effects of the social determinants of health**" at the end of section 24-22 Policy is an important addition. This language is consistent with the US Public Health Service, and most professional health organizations' recognition that improving the health of populations and individuals must also address the social determinants of health. This wording is the 21st century conceptualization of the World Health Organization's framing definition of health which goes beyond addressing just disease, illness and injuries to include the holistic well-being of populations and individuals by also addressing the conditions in which people grow, live, work and age, and the systems that protect and promote their health.

We are grateful for your leadership and understanding of the role and importance of all county residents, and we look forward to continue collaborating and working with you in addressing the needs of all community members. We would be delighted to provide further feedback and ideas as you continue to deliberate this bill.

**Testimony in support of Bill 1-11**

**February 8, 2011**

**Russell C. Campbell, Sr.**

**Chairman of the Montgomery County Human Rights  
Commission**

**Good Afternoon, Honorable Members of the Montgomery County  
Council**

**Honorable Valerie Ervin, President of the Montgomery County  
Council**

**My name is Russell Campbell and I am here representing the  
Montgomery County Human Rights Commission in supporting  
Bill Number 1-11**

**We who reside in Montgomery County are often affected by  
disparity in the health care delivery system as it relates to poor  
and minority residents of our County. Having equal access to  
sufficient and quality health care is not only a human right but a  
human necessity. We have worked long and hard to bring forth  
the African American Health Program, the Hispanic Health  
initiative and other programs such as these, and fully  
understand the need for continual programs and legislation to  
assure the elimination of the disparities in our health care  
system. There are disparities in access to health care services  
and preventive health services, which can adversely impact  
health conditions among minorities in Montgomery County.**

**All we have to do is to look at the statistic related to this issue to  
fully recognize the severity of the problem. As you know The  
African American Health Program's 2009 Strategic Plan notes  
that 7.6% of Black residents in the county report having been  
diagnosed with diabetes compared to 5.5% for the general  
population; Blacks comprise over 72% of all county AIDS cases;  
and, Black women are less likely to be diagnosed with breast  
cancer but are more likely to die from it than Whites. In 2008, the  
Latino Health Initiative reported that, Latinos had 1.6 times as**

many new HIV diagnoses as non-Hispanic Whites; that diabetic and hypertensive end-stage renal failure was significantly higher than for non-Latino Whites; and that the rate of obesity is a growing problem for many of our people because lack of health education in dietary consumption. All three Minority Health efforts have called for improved data and research on the social determinants of health and increased access to culturally competent health care and preventive health services.

We have made some progress over the last 12 years in developing health efforts to provide better care for our poor and minorities in the County. First with the African American health Initiative under County Executive Doug Duncan which eventually help to pave the way for our Hispanic and Asian health initiatives.

It is time we put into place greater strength to these efforts to provide open health care in Montgomery County to all of the residence. It is hoped that the Federal Health Acts will lead us to greater participation but we need to make sure Montgomery County continues to provide these services

Many minorities struggling to live in Montgomery County are not covered with insurance to have good health service. Many newly unemployed are struggling to survive and hope that their health and the health of their children remain good. However, they need more than good luck they need good health care.

We support this efforts set forth in the Bill to address the health disparity experience by our residence and need to have laws in place to help those who need care.

We support efforts to direct the concern addressed in Bill 01-11 and hope that the Council will work vigorously to fight for those who cannot fight for themselves. To stand up for those who cannot stand for themselves and to unremitting advocates to the health of all of our people. Thank you for you allowing me to speak.



**Vision:** African Americans in Montgomery County will be as healthy and safe as the rest of the population.

**Mission:** To eliminate health disparities and improve the number and quality of years of life for African Americans.

## inside:

- 2 From the Director's Desk
- 3 The Fatherhood Series
- 4 Red Ribbon Report
- 5 Health Freedom Walk
- 5 Diabetes Corner
- 7 AAHP Announcements
- 8 Resources

## Always Think Pink

By Msache Mwaluko

As a means to raise awareness, educate and empower the community about breast cancer, the Astra Zeneca Foundation, the American Academy of Family Physicians, and Cancer Care Inc. designated October as the National Breast Cancer Awareness Month (NBCAM) in 1985. For the past 25 years, the NBCAM organization has been educating communities about the disease, encouraging women to perform self breast exams and providing numerous resources. (NBCAM,2010)

According to the American Cancer Society, more than 192,000 women were diagnosed with breast cancer and more than 40,000 women were expected to die from the disease. Men were expected to account for 1% of breast cancer cases (1,910) and more than 400 men were expected to die from this disease. More Caucasian women are diagnosed with breast cancer compared to Black women, but death rates are higher in Black women at every age.

What should a woman look for? In the early stages of breast cancer, a lump is too small to feel and does not cause any visual changes, and thus it is very important for women to have their annual mammograms. As it grows, however, breast cancer can cause changes in how the breast looks and feels. (CDC, 2010)

These changes include:

- A new lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.

- Pulling in of the nipple or pain in the nipple area.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or the shape of the breast.
- Pain in any area of the breast.

**Breast Cancer Screening Guidelines:** It is recommended that:

- Starting age 30-39: A woman should have a clinical breast exam conducted by a physician or a nurse at least every 3 years.
- Starting age 40: A woman should have a mammogram done annually. This is the best method of cancer detection.

Early detection is key!

Although October is designated as Breast Cancer awareness month, you can continue to do your part all year round to detect any signs and symptoms of breast cancer.

Cancer can be detected by a mammogram in its early stages before any symptoms may appear. When found early, the chances of a woman surviving from breast cancer are higher.

STAGE	5-YEAR SURVIVAL RATE
0	93%
I	88%
IIA	81%
IIB	74%
IIIA	67%
IIIB	41%*
IIIC	49%*
IV	15%

Source: American Cancer Society

\*These numbers are correct as written (stage IIIB shows worse survival than stage IIIC).

continued on p.6



## Did you Know...

Practicing good oral hygiene such as brushing and flossing your teeth and gums each day can help to reduce your risk of developing serious health issues. Take preventive steps now and Smile to a Healthier You!

For information about free or reduced priced dental services in Montgomery County call 1-800-899-3906.

## From the Director's Desk

# Recognizing our Family Caregivers

By Darlene L. Coles, Project Director

Many articles have called those of us in our 40s as the "sandwich generation." The sandwich generation is defined as a group who is taking care of their aging parents while supporting and caring for their own children.

While November is designated as National Family Caregiver Month, it's important to recognize those who take the time to care for others all year round. The observance was developed to draw attention to those of us facing the challenges of caregivers to any family members.

One of its central themes is that we who are family caregivers need to take care of ourselves and protect our physical and mental health in order to live happier, more fulfilled lives and to be better able to provide the best care possible for our loved ones.

Some of the ways that we can support those who are the caregivers of young, elderly or sick family members are to:

1. Offer a few hours of break time to a family caregiver so that they can spend time with friends, take a walk or simply relax.
2. Send a card of appreciation or a bouquet of flowers to brighten up a family caregiver's day.
3. Use your connections to local businesses to offer a free service for family caregivers.
4. Offer comic relief! Purchase tickets to a local comedy club, give a family caregiver your favorite funny movie to view, or provide them with a book on tape.
5. Offer to prepare dinner for a caregiving family in your community.

*continued on p.6*

## Dining in the Right Direction!

Learn how to prepare this and many more future healthy recipes we will feature to help you achieve a healthier lifestyle!

### Spicy Black-Eyed Peas with Rice

- 1 T canola oil
- 2 C frozen black-eyed peas (no salt added)
- 1 C minced onions
- 1 C diced tomatoes
- 2 cloves garlic, minced
- Crushed red pepper – to taste
- 2 T dried Italian seasoning blend
- 1 tsp black pepper
- 1 ½ C water
- ¼ tsp salt (optional)
- 1 1/3 C cooked brown rice

Heat oil in 3-quart saucepan over medium heat; add onions and cook 4 minutes or until beginning to turn light golden color, stirring often. Add garlic, cook 15 seconds.

Add water, black-eyed peas, tomatoes, Italian seasoning and pepper to onion mixture; stir and bring to a boil over high heat. Reduce heat to a simmer; cover and cook 18 to 20 minutes or until tender.

Use slotted spoon to remove black-eyed peas. Reduce liquid by cooking on high 2 to 3 minutes. Add reduced liquid to black-eyed peas and stir. If adding salt, add it at the end. Serve peas over brown rice.

Makes 6 1/3 cup bean mixture and 1/3 cup rice

## Message from the Editor

# The Fatherhood Series

By Xerxeser Kayodé

Infant mortality continues to disproportionately threaten the lives of many African American infants within the United States. The root causes of this health disparity are unknown, but several risk factors such as drug and alcohol abuse, poor nutrition, insufficient prenatal care, and stress have been identified. As of now, the majority of the risk factors seem to involve the health of the mother, but are there other external factors that may have an impact on the infant's biological and cognitive development? One factor being addressed is the role expectant fathers play prior to, during, and after pregnancy and its influence on the health of an infant.

According to the U.S. Census Bureau, 1 out of every 3 children (33%) live without their biological father and approximately 2 out of every 3 (66%) African American children live in fatherless homes.

The importance of father involvement in the African American/Black community is arguably one of the most talked about issues for many years; however its relationship to pregnancy, birth outcomes and the family's health has been understudied. The African American Health Program has taken strides to provide support for fathers and expectant fathers through its Childbirth and Breastfeeding Education classes in which special sessions are devoted to providing education just for them.

The following article was written by a first time Dad whose son is enrolled in the AAHP SMILE program. He was asked to give us some insight into what fatherhood means to him. It is the second in the "Fatherhood Series." The second article is a testimonial written by an expecting father who attended one of the S.M.I.L.E. Childbirth and Breastfeeding Education Classes.

## The Joys of Being a Father

By Dillon Morrison



I always knew that some day I wanted to be a father. Being a father to me is not just being part of the reproduction process. A father can be any male that supports and cares for a child.

On September 3, 2009 a day clearly engraved in my head. The day I found out I was to be a father. I remember screaming and shouting "Yes! Yes! I knew it!" I pretty much started telling everyone right away. I must admit even though there was instant elation, so many thoughts and feelings ran through me. This was to be my first child and I wanted to be the best father that I could. Having a great father relationship with my dad, I had big foot steps to follow in and fill.

With all the excitement to start off there was some stressing in the very beginning. Our health insurance didn't have prenatal coverage, so after many phone calls and switching insurance plans everything came together. Due to that, the first ultrasound didn't come for months, and when it did I was ready to burst with excitement. To see him was an amazing sight to behold, no words could describe the pride and

*continued on p.6*

## SMILE Program Testimonial

To Who It may Concern,

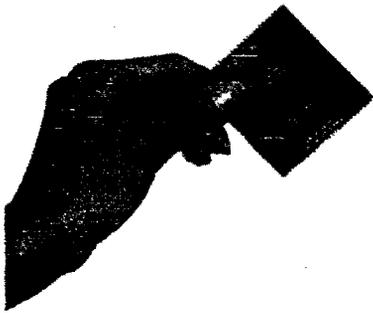
My name is D.A. Warner. I am 29 years old about to have my first son. I am writing this basically to express my extreme elation for this program. I found it to be very educational, well run, and facilitated, not to mention needed. I feel the program caters to all class levels, races and ages. I enjoyed the information about birthing, and caring for the baby, but especially I enjoyed the male segment of the seminar. Please continue this program for it empowers parents with the tools they need to succeed. Thank you very much.



Participants in *The Dads Class* at a SMILE Childbirth and Breastfeeding Education Class.

*We want to  
hear from you!*

Submit your comments  
and suggestions at:  
[www.onehealthylife.org](http://www.onehealthylife.org)  
click on the  
**CONTACT US** tab.



**February 7<sup>th</sup>  
is National  
Black HIV/AIDS  
Awareness Day**

**March 10<sup>th</sup> is  
National Women  
& Girls HIV/AIDS  
Awareness Day**



**T.I.E.**

**your life to a  
healthy sex life!**

**Get T**ested!  
**Get I**nvolved!  
**Get E**ducated!

Call 301-421-5425 for more  
information and for  
a free HIV test.

## **HIV RED RIBBON Report Watch Out! This STD is on the Rise**

By Abimbola Idowu, DrPH, CHES

Research shows that more than 20 diseases fall within the sexually transmitted diseases group, and an infected person can transmit any of these through intimate sexual contact to their partner or spouse. A recent press release from the Centers for Disease Control and Prevention reproduced below highlights the continued nationwide high incidence of herpes simplex virus type 2 that is a sexually transmitted disease.

The reporting of herpes simplex virus is not as stringent as it is for other STDs such as chlamydia, gonorrhea, syphilis and HIV and therefore, it is not part of prevention education. This recent reporting and its disproportionate prevalence among black women should be enough reason to have prevention education on herpes for the benefit of the AAHP target population. The HIV unit of AAHP will be addressing this issue with continuous mention of incidence of herpes in all STD prevention education provided to the residents of the County.

We hope that various groups, associations, community and faith based organizations will continue to partner with AAHP in the effort to eliminate disparity in the prevalence and incidence of STDs in the neighborhoods.

### **CDC STUDY FINDS U.S. HERPES RATES REMAIN HIGH**

#### *1 in 6 Americans Infected; Highest Prevalence among Women and African-Americans*

About 1 in 6 Americans (16.2 percent) between the ages of 14 and 49 is infected with herpes simplex virus type 2 (HSV-2), according to a national health survey released today by the Centers for Disease Control and Prevention. HSV-2 is a lifelong and incurable infection that can cause recurrent and painful genital sores.

The findings, presented at the 2010 National STD Prevention Conference, indicate that herpes remains one of the most common sexually transmitted diseases (STDs) in the United States.

The new estimate, for 2005-2008, comes from CDC's National Health and Nutrition Examination Survey (NHANES), a nationally representative survey of the U.S. household population that assesses a broad range of health issues.

The findings suggest relatively stable HSV-2 prevalence since CDC's last national estimate (17 percent for 1999-2004), because the slight decline in prevalence between the two time periods is not statistically significant.

The study finds that women and blacks were most likely to be infected. HSV-2 prevalence was nearly twice as high among women (20.9 percent) than men (11.5 percent), and was more than three times higher among blacks (39.2 percent) than whites (12.3 percent). The most affected group was black women, with a prevalence rate of 48 percent.

*continued on p.7*

## Always Think Pink *(continued from cover)*

Join the Fight...What you can do.

- Host a Pink Party to raise awareness about the importance of breast screening and raise money for a charity.
- Participate in one of these walks to raise funds for breast cancer research, free mammograms for the uninsured and educational materials.
  - **American Cancer Society** - Making strides against breast cancer walk. Washington DC. 1-800-227-2345 or makingstrides.acsevents.org
  - **Avon Walk for Breast Cancer** - Walk for 2 days covering 39 miles. April 30-May 1, 2011. Washington DC. 1-888-540-WALK. or [www.avonwalk.org](http://www.avonwalk.org)

- **The Susan G Komen Foundation** - Race for the Cure- Held every June in Washington DC. June 4, 2011. 703-416-RACE(7223) or [info@globalraceforthecure.org](mailto:info@globalraceforthecure.org)
- Check on these locally available breast cancer resources.
  - **Holy Cross Hospital Mammogram Assistance Program (MAPS)** - Provides free breast screening for low income and uninsured women aged 40 and above residing in Prince George's and Montgomery County. Call 301-754-7162.
  - **Breast and Cervical Cancer Screening Program.** Provides yearly breast and cervical cancer screening and follow-up for low

income, uninsured/underinsured female residents of Montgomery County- Call 240-777-1750.

### Sources

1. Centers for Disease Control and Prevention (CDC), *Breast Cancer Symptoms (August, 2010)* [http://www.cdc.gov/cancer/breast/basic\\_info/symptoms.htm](http://www.cdc.gov/cancer/breast/basic_info/symptoms.htm).
2. *National Breast Cancer Awareness Month (September 2010)*. [http://www.nbcam.org/about\\_nbcam.cfm](http://www.nbcam.org/about_nbcam.cfm)
3. American Cancer Society. *Breast cancer survival rates by stage (September 2010)*. Retrieved from: <http://www.cancer.org/Cancer/BreastCancer/DetailedGuide/breast-cancer-survival-by-stage>.
4. *Making Strides Against Breast Cancer (September 2010)* [www.cancer.org/Involved/.../MakingStridesAgainstBreastCancer](http://www.cancer.org/Involved/.../MakingStridesAgainstBreastCancer)
5. Susan. G. Komen Foundation *Race for the cure*. [http://globalrace.info-komen.org/site/PageNavigator/hq\\_gr\\_learn\\_race\\_2010](http://globalrace.info-komen.org/site/PageNavigator/hq_gr_learn_race_2010)
6. *Avon Walk For Breast Cancer* <http://www.avonwalk.org/>

## From the Director's Desk *(continued from p.2)*

6. Locate information, resources and/or a support group on the internet and give it to a family caregiver that you may know.

Take time to celebrate those who take the time to care for others and mark

this as a time for all of us to thank, support, educate, and celebrate family caregivers across the Country.

If you are taking care of elderly or loved ones with special needs, don't be afraid to ask a family member, friend or close

colleague to do any of the above things to help you. Most people are happy to help once they know how!

Yours in Health,  
Darlene Lyric Coles

## The Joys of Being a Father *(continued from p.3)*

joy that I felt in that instant. I reveled in the things most fathers take for granted. I attended as many doctors appointments as I could, since I had so many questions of my own. Their was so much I know I needed to know. I remember watching him moving around in her tummy, I would feel his kicks and talk to him every chance I got. Whenever we had a sonogram, my anticipation increased for the day when we would meet and I could hold him.

My son was born May 10, 2010 and I felt so blessed he was perfect in every way. For the second time I never knew I could love another human being as I did my first born. I remember holding him and

knowing our lives would never be the same and that we had been completed. Three days later we bought him home and the journey had just really gotten started. Being his father not only meant providing for him financially, feeding him and changing diapers. It also meant I had to nurture him physically and emotionally. Thus far the physical part has been the hardest, in the beginning he would wake every two hours, I was a walking zombie. It's now almost six months later, and he is almost sleeping through the night. The emotional part comes so naturally and easily, when I look at him I couldn't imagine our lives without him. I count it a blessing to be able to cuddle him every day and let him

know how much he is loved and the joy he brings.

Being Keagans' father I have had so many proud moments. Seeing him smile for the first time, watching him as he contorts his body trying to figure out the dynamics of turning over. I love that he knows my voice and seems to know in his own way that I am his father. I enjoy reading to him, and seeing his reaction to the pictures and colors on the pages. Thus far fatherhood is everything and more than I could have imagined. I can't say that I know all there is to know about being a father. Every day I learn something new and I embrace the challenges that are yet to come.

# Health Freedom Walk: A Path to Wellness: Seeking Conductors to Lead Walking Groups

Did you know that heart disease is the #1 killer of men and women of all races in the United States? Major risk factors of heart disease include hypertension, obesity, smoking, a sedentary lifestyle, a high salt intake, and stress. ([www.cdc.gov](http://www.cdc.gov))

The African American Health Program (AAHP) of Montgomery County, MD invites you to Begin Your Journey with the Health Freedom: A Path to Wellness Program. This is an innovative program aimed at increasing physical activity while making creative use of Maryland's integral role in the Underground Railroad.

Just as Harriet Tubman was named conductor of the Underground Railroad, we are seeking leaders or "Conductors" to start a Circle of Friends (COF) Walking Group at your church, worksite or organization, school or with family and friends.

Your Preparation to Wellness starts with a Conductor training and 6 weekly one-hour sessions. Weekly Sessions Include: health and wellness information, history lessons of the Underground Railroad and weekly gifts to all members.

The 1<sup>st</sup> 15 conductors to respond will be eligible to receive a stipend of \$125.00 dollars upon recruiting a group of 7 individuals or \$150.00 for a group of 10 or more and fulfilling all specified requirements.

At the end of the 6 weeks, The Health Freedom: A Path to Wellness Celebration Walk will take place on Saturday June 11, 2011 at Woodlawn Manor Park in Sandy Spring, MD. It is a celebration of your group's commitment and accomplishments on your journey to wellness.

To sign up to be a Conductor, call the African American Health Program at 301-421-5445.

Be a part of this exciting adventure to a new and healthier you and develop leadership and fitness skills along the way.

For more information, visit [www.onehealthylife.org](http://www.onehealthylife.org) or [www.healthfreedomwalk.com](http://www.healthfreedomwalk.com).

## SAVE THE DATE

### Health Freedom: A Path to Wellness Celebration Walk!

Saturday June 11, 2011

Woodlawn Manor Park  
Sandy Spring, MD 20860

Interested in volunteering at the Walk?  
Call 301-421-5445 for more information.

## Diabetes Corner

### DIABETES DINING CLUBS at 6:30pm-9:00pm

Goshen United Methodist Church  
19615 Goshen Rd., Gaithersburg, MD 20876  
March 4, April 4, May 2, June 2

Mount Calvary Baptist Church  
608 N. Horner's La., Rockville, MD 20850  
March 14, April 11, May 9, June 13

Mount Jezreel Baptist Church  
420 University Blvd., East,  
Silver Spring, MD 20901  
March 24, April 28, May 26, June 23

\*Dinner contribution - \$5.00  
Enjoy physical activity, healthy food, meeting new friends, and learning new things!  
Must register one week before club night.



### FREE DIABETES SELF MANAGEMENT CLASSES

(four-week course)  
at 6:00pm-9:00pm

Wheaton Woods Baptist Church  
13200 Arctic Ave., Rockville, MD 20853  
Tuesday, March 10, 17, 24, 31

Up County Regional Center  
12900 Middlebrook Rd.,  
Germantown, MD 20874  
Tuesday, April 5, 12, 19, 26

Wheaton Library  
11701 Georgia Ave., Wheaton, MD 20902  
Thursday, May 5, 12, 19, 26

Stewartown Homes  
9310 Merust La., Gaithersburg, MD 20876  
Wednesday, June 1, 8, 15, 22

\*Dinner contribution - \$5.00  
Classes include: educational materials/  
activities, light dinner, door prizes

CALL DIANE HERRON  
301-421-5767 TO REGISTER

## HIV RED RIBBON Report *(continued from p.4)*

As with other STDs, biological factors may make women more susceptible to HSV-2 infection. Additionally, racial disparities in HSV-2 infection are likely perpetuated because of the higher prevalence of infection within African-American communities, placing African-Americans at greater risk of being exposed to herpes with any given sexual encounter.

"This study serves as a stark reminder that herpes remains a common and serious health threat in the United States. Everyone should be aware of the symptoms, risk factors, and steps that can be taken to prevent the spread of this lifelong and incurable infection," said Kevin Fenton, M.D., director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. "We are particularly concerned about persistent high rates of herpes among African-Americans, which is likely contributing to disproportionate rates of HIV in the black community."

Research shows that people with herpes are two to three times more

likely to acquire HIV, and that herpes can also make HIV-infected individuals more likely to transmit HIV to others. CDC estimates that over 80 percent of those with HSV-2 are unaware of their infection. Symptoms may be absent, mild, or mistaken for another condition. And people with HSV-2 can transmit the virus even when they have no visible sores or other symptoms.

"Many individuals are transmitting herpes to others without even knowing it," said John M. Douglas, Jr., M.D., director of CDC's Division of STD Prevention. "We can't afford to be complacent about this disease. It is important that persons with symptoms suggestive of herpes—especially recurrent sores in the genital area—seek clinical care to determine if these symptoms may be due to herpes and might benefit from treatment."

### Combination of Prevention Approaches Needed to Reduce National Herpes Rates

Although HSV-2 infection is not curable, there are effective medications

available to treat symptoms and prevent outbreaks. Those with known herpes infection should avoid sex when herpes symptoms or sores are present and understand that HSV-2 can still be transmitted when sores are not present. Effective strategies to reduce the risk of HSV-2 infection include abstaining from sexual contact, using condoms consistently and correctly, and limiting the number of sex partners.

CDC does not recommend HSV-2 screening for the general population. However, such testing may be useful for individuals who are unsure of their status and at high risk for the disease, including those with multiple sex partners, those who are HIV-positive, and gay and bisexual men.

###

References:  
<http://www.cdc.gov/nchstp/newsroom/hsv2pressrelease.html>

## AAHP Announcements

**4<sup>th</sup> Annual Heart Health Screening & Education Event**  
Saturday, February 12, 2011 (snow date: Saturday, February 19), 10:00am-2:00pm

Holy Cross Hospital Professional & Community Education Center  
1500 Forest Glen Road, Silver Spring, MD 20910

Register at [www.healthyheartmc.eventbrite.com](http://www.healthyheartmc.eventbrite.com) or call 301-754-8800

### Maternal and Child Health 2011 Calendars are In!

Go to [www.onehealthylife.org](http://www.onehealthylife.org)  
to view a copy or call 301-421-5445  
to request one.

### FREE Smoking Cessation Classes January 6 - February 24, 2011

Montgomery County Health  
Dept of Dennis Avenue  
2000 Dennis Avenue, Silver Spring, MD 20902

For more information or to register,  
call 301-879-7933

### Prostate Screenings Twice a Month

Piccard Drive Health Center  
1335 Piccard Drive,  
Rockville, MD 20850

Call 240-777-1222  
(Registration Required)

For more events, visit [www.onehealthylife.org](http://www.onehealthylife.org) or [www.facebook.com](http://www.facebook.com). Search African American Health Program



14015 New Hampshire Avenue  
Silver Spring, MD 20904  
P: (301) 421-5445  
F: (301) 421-5975  
onehealthylife.org



The African American Health Program is funded by the Montgomery County Department of Health and Human Services and administered by BETAH Associates, Inc. This material may be reproduced.

## AAHP NEWSLETTER

Xerxeser Kayodé, Editor-in-Chief

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### OTHER CONTRIBUTORS:

- Dillon Morrison

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-  [www.twitter.com/onehealthylife](http://www.twitter.com/onehealthylife)

## RESOURCES

African American Health Program	240-777-1833
AAHP S.M.I.L.E. Program	240-777-1833
Breast and Cervical Cancer Screening 2424 Reddie Drive, Wheaton	240-777-1750
The Partnership for Prescription Assistance	1-888-477-2669
Diabetes Education Classes through Maternity, Family Planning, Child Health Services	301-421-5767
Smoking Cessation	240-777-1734
Oral Health	240-777-3848

### COMMUNITY CLINICS

Community Clinic, Inc.	301-340-7525
L.A.M.I. Family Health Clinic	301-434-8400
Mobile Medical Care, Inc.	301-493-2400
Colesville Adult Dental Center	301-384-9795
The People's Community Wellness Center • Men's Clinic • Prostate Cancer Screening • Women's Clinic	301-847-1172
Colorectal, Prostate, Oral Cancer Screening	301-977-5255
G.O.S.P.E.L. Program	240-777-1772
HIV/AIDS Services, 2000 Dennis Ave., Silver Spring	240-777-1869
Maternity, Family Planning, Child Health Services	240-777-1635

### SERVICE ELIGIBILITY UNITS

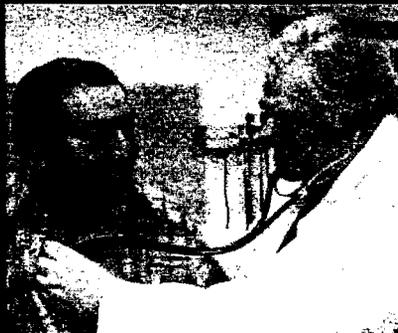
Germantown, 12900 Middlebrook Rd.	240-777-3591
Rockville, 1335 Piccard Dr.	240-777-3120
Silver Spring, 8630 Fenton St.	240-777-3066

\*Can't find a Montgomery County Government service? Call 240-777-1245 or visit My Montgomery at [www.montgomerycountymd.gov/mymontgomery](http://www.montgomerycountymd.gov/mymontgomery)



14015 New Hampshire Avenue  
Silver Spring, Maryland 20904

AMAR TU VIDA  
**Latino  
Health  
INITIATIVE**  
MONTGOMERY COUNTY, MD



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

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

#### OUR MISSION

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

#### OVERALL FUNCTIONS

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

#### WHO IS INVOLVED WITH THE LHI?

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

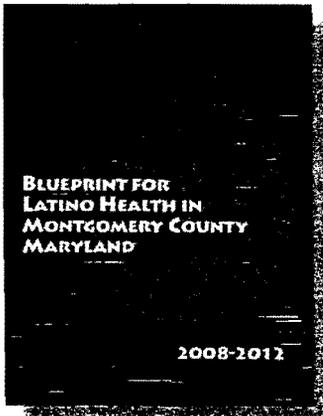
#### FOR MORE INFORMATION ABOUT THE LHI

For more information about the Latino Health Initiative, please visit our website at [www.lhiinfo.org](http://www.lhiinfo.org).



Latino Health Initiative.  
Montgomery County  
Department of Health and Human Services  
8630 Fenton Street, 10th Floor  
Silver Spring, MD 20910  
Phone: 240-777-3221

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## **BLUEPRINT FOR LATINO HEALTH**

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

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



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

### **PURPOSE OF THE BLUEPRINT FOR LATINO HEALTH**

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

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

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

The Latino Health Initiative's 2002-2006 and 2008-2012 Blueprints are available for free at [www.lhiinfo.org](http://www.lhiinfo.org).

# Major Programs and Activities

## Community Programs and Campaigns

### "Ama tu Vida" Campaign

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



### Asthma Management Program

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

### Health Promoters Program "Vías de la Salud"

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



### Latino Youth Wellness Program (LYWP)

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

### Program for Licensure of Foreign-Trained Health Professionals

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

### Smoking Cessation Program for Latinos

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



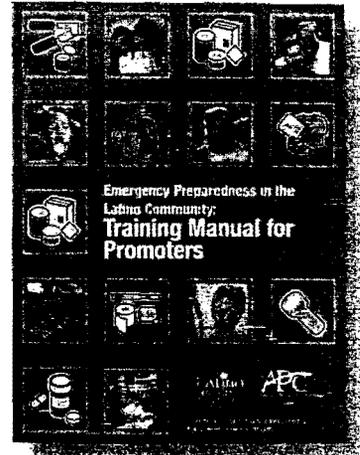
### System Navigator & Interpreter Program

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

## Special Projects

### Emergency Preparedness Project

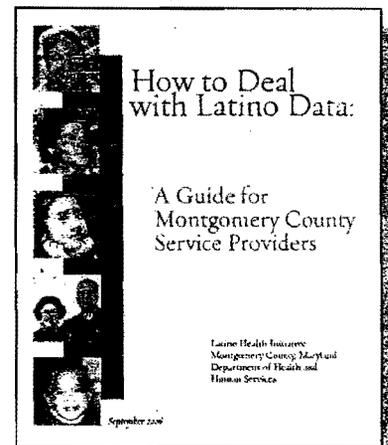
This project is a collaborative effort between the Latino Health Initiative and the Montgomery Advanced Practice Center (APC). This project intends to increase awareness, understanding and knowledge of public health emergency threats among low income Latino families and to develop and test culturally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



### Workgroups

#### Latino Data Workgroup

Under the auspices of the Latino Health Steering Committee, this Workgroup brings together stakeholders to collaboratively develop and implement an action plan that will enhance the current system for collecting, analyzing, and reporting health data on Latinos in Montgomery County.

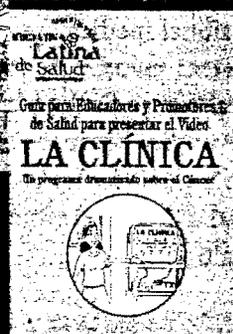
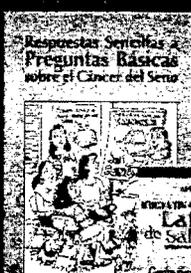
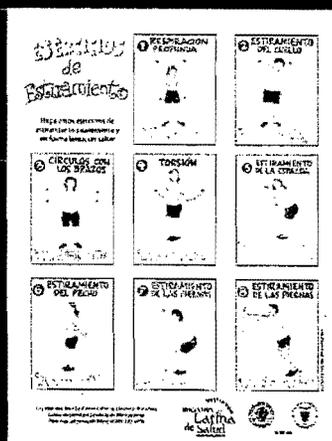
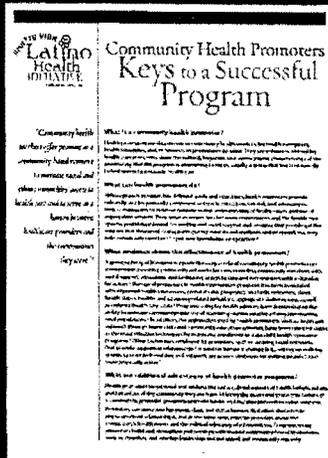


#### Community Engagement Workgroup

Under the auspices of the Latino Health Steering Committee, this Workgroup seeks to unite stakeholders in Montgomery County to increase community participation in decisions that impact the health of the Latino community by increasing the number and capacity of Latino service providers, community leaders and consumers who lead efforts to improve health.

The Latino Health Initiative's list of programs and activities is available at [www.lhiinfo.org](http://www.lhiinfo.org).

The Latino Health Initiative's website contains many resource materials that can be downloaded and used. Any material may be photocopied or adapted to meet local needs without permission from the LHI, provided that the parts copied are distributed free or at cost (not for profit) and that credit is given to the Latino Health Initiative of the Department of Health and Human Services, Montgomery County, Maryland. The LHI would appreciate receiving a copy of any material in which parts of LHI publications are used. Material(s) should be sent to LHI, 8630 Fenton St., 10th floor, Silver Spring, MD 20910.



**Mihill, Amanda**

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**From:** Carol Garvey [cgarvey@garveyassociates.com]  
**Sent:** Thursday, February 10, 2011 8:57 PM  
**To:** Ervin, Valerie; Councilmember George Leventhal; Navarro, Nancy; Rice, Craig  
**Cc:** McMillan, Linda; Mihill, Amanda; Ahluwalia, Uma; Tillman, Ulder  
**Subject:** Bill 1-11

**TO THE MONTGOMERY COUNTY COUNCIL:**

I support Bill 1-11 and its intent to address health care needs and health equity, but, in addition to the wording changes in Section 24-22 suggested by Grace Rivera-Oven, I suggest a small but important word change in Section 2-42 A. (c) (16):

The word "provide" in that line should be changed to "assure."

**RATIONALE:** HHS no longer "provides" direct access to health care, although in the past they provided pediatric well child care, prenatal care, and family planning. What HHS does now is works with private groups to "assure" that health care can be provided. It does this by providing seed money rather than full support to a host of private organizations affiliated with Montgomery Cares. HHS funding comprises ~35% of the resources utilized by these organizations, and it is the private organizations, rather than HHS, which provide direct access.

(Direct health care services in Montgomery County are now limited to the very old and traditional public health functions of preventing and treating communicable diseases of public health importance - influenza, TB, HIV, and STDs).

Public health organizations have been guided in recent decades by the seminal 1988 treatise THE FUTURE OF PUBLIC HEALTH, published by the Institute of Medicine. This document defined 3 roles for public health departments:

- ASSESSMENT of the health status of the area for which the agency is responsible,
- POLICY DEVELOPMENT to address the issues identified through assessment, and
- ASSURANCE that services exist to provide the services deemed to be necessary.

This work has stimulated health departments around the United States and in Montgomery County to divest themselves of many of their direct services. The rationale is that health department budgets are both finite and undependably variable, making it difficult to meet the ongoing needs of a local population. The private health care system is far larger and more stable, with greater elasticity in its resources to meet the needs of the population. The role of health departments is to work with the private sector to help them become more responsive to the needs of the population.

The work done by the Montgomery County Department of Health and Human Services is completely aligned with the Institute of Medicine premise, and Bill 1-11 would codify this approach. However, "assure" in line 16 is a far more accurate verb than "provide," and it is far more consistent with current public health theory and practice.

Carol Garvey

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