



Healthy Montgomery Steering Committee Meeting
Virtual via Zoom Meeting
November 1, 2021
Meeting Minutes

Members and Alternates Present: Jackie DeCarlo, Dr. Christopher Rogers, Crystal DeVance-Wilson, Monika Driver, Amy Lindsey, Gina Maxham, Kathy McCallum, Kate McGrail, Andrea Mocca, Nguyen K. Nguyen, Patricia Reed, Jade-Ann Rennie, Monique Sanfuentes, Cristina Sassaki, Jacquelyn Williams

Healthy Montgomery Staff: Rita Deng, Felicia Hugee, Diana Tato-Nikdash

Guests: Anna Shao, Chunfu Liu, Karen Gutierrez, Muhammad Hasan, Meghan Sontag, Mindy Pierce, Patricia Swanson, Patricia Maclay, Tiffany Basdeo, Susan Emery, Sanjana Quasem, Paola Fernan-Zegarra

Topic/Presenter	Key Points	Action Item/ Responsible Person
Welcome and Opening Remarks <i>Dr. Christopher Rogers & Jackie DeCarlo</i>	The beginning of the meeting was not recorded The meeting was called to order at 6:00 p.m.	N/A
Montgomery County COVID-19 Updates <i>Sean O'Donnell</i>	Sean O'Donnell shared the following COVID-19 updates: <ul style="list-style-type: none">• The current case rate per 100k residents is 51.2• The mask mandate was lifted last Wednesday• The Council will meet to come up with the measures that need to be put in place to determine when the mask mandate would return• To date, 85% of Montgomery County residents have received at least one dose of the vaccine, and 77% have received two doses or the single J&J vaccine• Montgomery County continues to rank #1 nationwide for percentage of 12+ population fully vaccinated in counties with more than 300k residents• The County is averaging 9k-11k additional doses per week for either immunocompromised individuals or boosters• Large demand is expected from parents to have their 12–15-year-old children vaccinated• The County routinely looks at data to determine which areas have below average vaccination rates to better focus their efforts and resources	

	<ul style="list-style-type: none"> • The unvaccinated population accounts for more than half the current cases and more than 60% of hospitalizations • The County continues to test at high rates with the help of different Community providers. There are currently many places where residents can get tested • Sean provided an overview of the booster shot guidance eligibility requirements for the general population as well as individuals who are immunocompromised • Sean also provided an update on the pediatric vaccine as well as the timeline. He noted that: <ul style="list-style-type: none"> ○ On 10/29, FDA approved an update to the Pfizer EUA authorizing the use of Pfizer for 5-11 y.o. ○ CDC (ACIP) is scheduled to meet November 2 & 3. Need CDC and MDH authorization to begin administering vaccine ○ National distribution of pediatric dosages will begin ○ The vaccine will be available through Pediatricians/family practices, (this is where most of the vaccines will be sent to) 2) Community and Public Health Clinics, and 3) Pharmacies • Sean pointed out the strategies the County will use for the pediatric vaccination and noted that the County clinics are expanding capacity and hours for boosters and pediatric doses. He also mentioned that they County is coordinating with transportation partners to implement increased access • He shared the strategies the County will be using to increase equitable access to vaccinations and explained that those same strategies will be used to determine clinic locations • There are 12 school site clusters planned sites for the initial weekend roll out of the pediatric vaccine and weekday sites are in the planning stages • MCPS is working with the Department of Transportation to coordinate transportation access • MCPS developed age targeted ad-campaigns. “Vaccination Station: Pulling Up for our little heroes” for the younger kids, and “Took my best shot” for the slightly older kids. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Nguyen Nguyen wanted to know what the County’s anticipated number for vaccination rate to keep the community safe was, and the cost associated with testing. Sean O’Donnell explained that that there is no cost associated with testing at the County clinics, however, there could be an administration fee depending upon where the patients go get tested. Sean explained that the herd immunity concept is the rate at which the community spread begins to slow and eventually stop because enough people are immune. He noted that from what they have seen with the different variants is that while the serious illness may be under control, the disease itself 	
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	continues to spread which can lead to mutations of the virus. Sean also explained that the County has gone past any estimations of the vaccination rate	
Minority Health Initiatives & Program Updates	<p><u>Latino Health initiative</u></p> <ul style="list-style-type: none"> • Paola Fernan-Zegarra introduced herself as the acting program manager for the Latino Health initiative and provided a brief overview of Por Nuestra Salud y Bienestar (PNSYB). She noted that the program was created by special appropriation to deploy culturally proficient health resources, testing, vaccination, and public education in areas of Montgomery County where the Latino community was hit the hardest by Covid-19. • She explained that Salud y Bienestar is a public-private partnership sponsored by the Offices of Montgomery County Executive Marc Elrich and Councilmembers Nancy Navarro and Gabriel Albornoz. The seven community-based organizations are Mary's Center, Proyecto Salud, Care for your Health, Kaseman Clinic, CASA, the Upcounty hub, and Identity, Inc. • The testing and vaccinations services from PNSYB are provided at convenient community locations such as churches and supermarkets • The information line is open Monday-Friday from 9:00 am – 7:00 pm and provides referral services not only for the PNSYB program but other DHHS programs as well <p><u>African American Health Initiative</u></p> <ul style="list-style-type: none"> • Jacquelyn Williams informed that the testing and vaccination efforts continue via churches as well as various fraternities and organizations • She noted that she did not have up to date data since the program's meeting had not yet taken place, but she will make it available at the next meeting • She reported that 62% of the clients in the SMILE program (infant mortality project) are of African descent, 33% are black African American, and 5% are Caribbean. She also reported that 82% of the infants 6 months and younger are being breastfed • The certified diabetes education program shows that several of the clients who were pre-diabetic have reversed it due to the wrap around services (yoga, nutrition classes, diet education, among others) <p><u>Asian American Health Initiative</u></p> <ul style="list-style-type: none"> • Nguyen Nguyen reported that there are several activities that the initiative has been involved with over the past few months <ul style="list-style-type: none"> ○ Covid-19 relief fund - The County Council allocated funding for Covid related activities to support the Asian American community. In addition to vaccination and testing, there are other concerns related to mental health, anti-Asian bias, and hate. They partner with PCC to find an organization to provide the needed services. The project will start from November 15, 2021, and will run until June 2022 	

	<ul style="list-style-type: none"> ○ The Asian American Health Initiative has been working on community outreach and they have done several workshops that aim to train and educate community leaders about resources available in the County. ○ The “phonovels”, one of the mental health resources that the AAHI has produced is now available for request via the AAHI’s website 	
Hospital Workgroup Updates <i>Kate McGrail-Suburban Hospital</i>	<p>Kate McGrail with Suburban Hospital introduced herself and mentioned that they are also working on their Community Health Needs Assessment. As the representative of the workgroup’s hospitals, she provided an update on the workgroup’s activities and noted the following:</p> <ul style="list-style-type: none"> • For the first time in Montgomery County, 6 hospitals across the 4 systems are collaborating in the CHNA process. She pointed out that over 528 responses to the survey have been received • The results of the survey will be analyzed as part of the next phase. • They have also gone through a list of over 500 data indicators and narrowed it down to 250 and are now in the process of collecting the most recent data for those indicators • They are developing a collaborative framework to contain all collected information • A sub-workgroup of the hospitals is the behavioral workgroup. They are in the process of planning another program with Everymind for mental health providers regarding gaming addiction and bullying. She pointed out the CEUs will be provided to attendees <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Crystal DeVance-Wilson asked for clarification on the numbers of CHNA responses received. Kate McGrail stated that a little over 525 responses have been received between the English and Spanish language surveys • Nguyen Nguyen wanted to know the difference between the Hospital and the County’s CHNA. Kate McGrail pointed out that the hospitals CHNAs are guided by the IRS as part of the Affordable Care Act (ACA). She noted that all non-profit hospitals are required to conduct this process every 3 years to support their tax-free status. She mentioned that there is primary and secondary data collection, community conversations, focus groups, and hospital census. She also pointed out that there is a formal prioritization process once all data is gathered • Nguyen Nguyen also wanted to know if the findings could be shared with the steering committee and if there were any plans to collaborate or share with the County to create a more robust data set. Karen McGrail stated that partnership and collaboration are the plan. In addition, she mentioned that there is public feedback at the end of the process before the needs assessment is finalized (June 2022) • Andrea Mocca explained that this is the first time all 6 hospitals are completing this process together 	

	<ul style="list-style-type: none"> • Cristina Sassaki wanted to know the timeframe to deliver the CHNA’s preliminary results. Karen McGrail explained that it should be done by June 2022 but noted that some reports may be available once data analysis begins • Andrea Mocca pointed out that each hospital has made their most current CHNA data available on their website 	
CHNA Update <i>Dr. Christopher Rogers</i>	<p>Dr. Rogers pointed out that the timing of the collaborative CHNA report for the hospitals is in line with the County’s strategically by design so that both reports will corroborate each other. He also noted that the County is looking to include much of the data and findings from the hospitals’ CHNA into the County’s CHNA. Dr. Rogers provided an update of the County’s CHNA process and timeline and noted the following: <i>(Please refer to the presentation slides for specific details)</i></p> <ul style="list-style-type: none"> • He anticipates having the final draft of the CHNA report available for community input in March of 2022 with a vote from the HMST on the final CHNA report on April of 2022 • Dr. Rogers informed the steering committee members of the Environmental Scan survey results. He mentioned that the survey remained open for several months and the deadline was extended a few times in an effort to receive additional responses. He pointed out that there were 30 responses to the environmental scan survey and noted that the responses span nearly all the health priorities. He explained that there were some emerging health issues in the responses which included disparities in health care, food insecurities, post-pandemic grief, and adjustment issues; lack of access to breast feeding/pumping facilities and time to do so • Dr. Rogers also reported on the results of the Oral Health Capacity and Demand Environmental Scan and noted that 37 responses were received. 92% of respondents serve uninsured patients, approx. 75% serve Medicaid – adult and children, approx. 11% have sliding fee scale based of patients income, and approx. 27% provide pro-bono services • Dr. Rogers provided an update of the Qualitative Analysis. He noted that the results are still being reviewed and that about 80% of the surveys have been coded and analyzed. He explained that there were 285 participants across the focus groups and key informant interviews. • He noted key points of importance regarding the social and economic factors, health behaviors, clinical care, and physical environment • Dr. Rogers informed the steering committee of the following: <ul style="list-style-type: none"> ○ CHNA Primary Health Survey is expected to go out during the winter months and the analysis/results completed by March/April 2022 ○ The first draft of the surveillance report on population health was completed and is currently under HHS review ○ The first draft of the COVID-19 report has been completed and is currently under HHS review 	

	<p><u>Discussion:</u></p> <ul style="list-style-type: none"> Cristina Sassaki wanted to know if zip code data was available from the survey results. Dr. Rogers explained that the zip codes are not attached to the answers, however, he explained that a demographic survey for the focus groups was completed 	
Vote on Calendar Meetings for 2022	Jackie DeCarlo explained that the meeting schedule is being worked on and is not available yet	
Announcements	<ul style="list-style-type: none"> Jackie DeCarlo reminded steering committee members that one of the things that was put on hold due to the pandemic and more recently due to transitions was looking at the charter. She explained that in the absence of leadership it would be inappropriate to continue that discussion. She announced that she was stepping down as co-chair but would continue to serve until a new public health officer is selected or the January 2022 meeting (whichever comes first). She asked members to let Dr. Rogers know if anyone was interested in being nominated for that role Dr. Rogers announced that once a Co-Chair is identified to replace Jackie DeCarlo and/or the public health officer is selected, the meeting minutes from July as well as today's meeting will be voted on 	
Wrap up/Adjourn	<u>A MOTION</u> was made by Amy Lindsey to adjourn the meeting at 7:32 p.m. The motion to adjourn was seconded by Jacquelyn Williams	