

Obesity and Children

The Centers for Disease Control and Prevention (CDC) estimates that 9 million American children ages 6-19 are overweight. 15% of the child population in the US are considered overweight or obese. This is three times the number of children who were classified as overweight in 1980. Children are playing less, watching more TV, eating larger portions of food and eating more packaged foods. Busy parents squeezed for time are purchasing meals on the go rather than preparing nutritious home cooked meals.

Obesity can be caused by a number of factors, including genetics although childhood obesity is often related to lifestyle. Ask yourself. Does your child eat large portions of food? Does he eat foods with a high fat content? Does she eat fast food on a regular basis? Does he spend hours in front of the TV or computer? Does she become tired easily after being active? If you answered yes to any of these questions, your child may be at risk of becoming overweight or obese. If you believe your child is overweight or at risk of being overweight, talk with your child's doctor. He or she can determine your child's Body Mass Index (BMI) and assist you in developing strategies to help decrease your child's weight and health risks.

Health risks that are associated with childhood obesity, include but are not limited to:
increased risk of diseases like diabetes, high blood pressure, heart disease, asthma, sleeping difficulties, early puberty, depression, liver problems, joint stress, decreased flexibility, loss of

self-esteem and depression.

Adapting to healthier eating and lifestyle habits will improve the health and well being of your family whether or not your children are overweight or obese.

Some changes you can make today are:

1. Make activity a family affair. Take walks together. Invest in a few low-cost pedometers and have a daily contest to see who in your family takes the most steps per day.
2. Eat fewer meals on the go. Each week devote time for eating with your family. Encourage your family not to eat while watching TV, playing video games or doing homework. Become more aware of when and what you are eating.
3. Create more opportunities for you and your children to be active. Gardening, vacuuming, sweeping, raking leaves, hand washing dishes, dusting and taking out the trash all count as physical activity and burn off calories.
4. Find additional ways to expose your child to extra curricular activities. Schools are cutting back on the amount of time given for physical education. Low-cost alternatives are local county programs offered by the recreation department, the YMCA and community centers.
5. Read labels. Learn what makes a serving size. How many calories are in a serving of what you are eating. Talk with your child about what she/he is eating.
6. Don't label foods good or bad. When possible, supply your children with healthier

snacks. Fruits, vegetables and low fat snacks rather than chips and sweets.

7. Watch what your child drinks. While juice is a healthier choice than soda, it has a lot of sugar. One 8oz serving of juice a day will supply your child with the vitamins and nutrients they need to grow. Switch to 1% or skim milk rather than whole milk. This will reduce the amount of fat your child is consuming and increase their calcium intake.

8. Make gradual changes. Your child didn't become overweight over night; becoming healthier is a process and it takes time.

9. Avoid using food as a reward and encouraging children to eat all that is on their plate.

10. Give your child a hug. Children, like adults, eat when they are anxious, sad, bored and lonely. Remind your child that you love him/her regardless of weight and that you will support them no matter what. Parents, grandparents, aunts, uncles and adults you set the example of a healthy lifestyle. Practice what you preach. You are your child's best role model.

Resources continued on page 3

Ask yourself:

Does your child spend hours in front of the TV or Computer?

Does your child eat fast food on a regular basis?

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African American Men's Health

Black American men suffer far worse health than any other racial group in America. It is accepted that the reasons for this, although complex, include several well known factors. These include racial discrimination, a lack of affordable health services, poor health education, cultural barriers, poverty, employment that does not carry health insurance, insufficient medical and social services catering to African American men, to name but a few.

African American Male Health Statistics:

*African American men live 7.1 years less than other racial groups.

*They have higher death rates than women for all leading causes of death.

*They experience disproportionately higher death rates in all the leading causes of death.

*40% of African American men die prematurely from cardiovascular disease as compared to 21% of white men.

*They have a higher incidence and a higher rate of death from oral cancer.

*African American men are 5 times more likely to die of HIV/AIDS.

*44% of African American men are considered overweight.

*24% of African American men are obese.

*African American men suffer more preventable oral diseases that are treatable.

*African American men have a 60% higher incidence rate for prostate cancer than white men and highest mortality rate for prostate cancer in the world.

*There is a 50% higher incidence of diabetes than other ethnic groups.

The preceding information was retrieved from the website: http://menshealth.about.com/od/blackhealth/a/AF_amer_stats.htm and was written by Jerry Kennard a Chartered Psychologist and academic with particular interests in health and health-related psychology.

“Black American men suffer far worse health than any other racial group in America.”

New Dietary Guidelines, 2005

Every 5 years, two government agencies, the United States Department of Agriculture and the Department of Health and Human Services, release new dietary recommendations for people to follow in order to have a healthy diet. The purpose of the guidelines is to help people avoid diseases like obesity, diabetes, heart disease, stroke and cancer. In January, the new Dietary Guidelines for Americans, 2005 were released. These new guidelines match what nutritionists have been saying for years, and they provide more specific suggestions to eat healthier.

What is new about the Dietary Guidelines is all the practical advice. Now, when people are told to eat 9 servings of fruits and vegetables each day, it is defined as 2.5 cups of vegetables and 2 cups of fruits. In other words a serving is ½ cup. People are encouraged to choose whole fruits over fruit juice and actually limit juice and all other beverages with calories, except for low fat or non fat milk. Now when

people are told to eat whole grains, they are told to choose whole grains over refined grains such as white rice, pasta and bread half of the time and to eat at least 3 servings of whole grains per day. Whole grains have whole wheat, rye, oats, barley, corn and brown rice as the main ingredient.

The new Guidelines also try to help people have healthier weights. Now when people are told that if they eat too much they will gain weight, the guidelines go on to explain that even 100 extra calories per day will mean an extra 10 pounds gained during a year. One hundred calories is only a half cup of rice or an 8 oz soda. In this case, a very little bit of extra food can mean a big weight gain. Then just as people were getting used to hearing that 30 minutes of physical activity is needed each day, thirty minutes are now only enough to lower your risk of chronic diseases. If you want to avoid gaining weight, 60 minutes of moderate or vigorous activity is needed

daily. That number goes up to 90 minutes of physical activity if you have lost weight and do not want to gain it back.

Since “one size fits all” never did apply to nutrition recommendations, African Americans are now urged to eat one third less salt than other Americans in order to reduce the rate and risks of high blood pressure. Sodium plays a bigger role in the disease for African Americans and they are advised to make sure they also get enough potassium every day. Luckily, following all the new guidelines with an emphasis on fruits, vegetables, whole grains and low fat dairy will take care of these potassium needs.

Food manufacturers, chain restaurants and TV advertising have been very influential in shaping the food we eat. These foods have high amounts of refined grains, sugar and fats. In summary, these guidelines are calling for us to get back to the basics: whole grains, fruits, vegetables, low fat or non fat dairy and small amounts of protein foods.

Preventive Maintenance Schedule For Men's Health

Blood Glucose (for Diabetes) – age 20 & over – every 5 years or as directed by doctor.

Blood Pressure – age 20 & over – every 2 years or as directed by doctor.

Cardiovascular Disease Risk Screening – age 20 & over – includes body mass index, waist circumference, pulse and cholesterol at least every 2 years.

Dental Exam – age 18 & over – every 6 months or as directed by dentist.

Eye Exam – age 20-39 - baseline exam and as needed; age 40-64 – every 2-4 years; age 65 & over – every 1-2 years.

Prostate-Specific Antigen Blood Test (prostate cancer) – age 50 and over – discuss annual screenings with doctor; a Digital Rectal Exam is recommended at the same time (African Americans and others at high risk should start testing at age 45)

Routine Physical Exam – age 18 and over – annually or as directed by doctor.

Testicular Exam (for testicular cancer) – age 15 and over – monthly self exam and professional exam when you have a complete physical or upon detection of lumps.

Thyroid screening – age 35 and over – every 5 years or as directed by doctor.

Colorectal Exam (for colorectal cancer) consult your doctor

Source for schedule: *Men's Guide to Health Tests and Screenings*



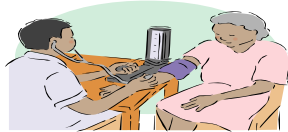


G.O.S.P.E.L. Blood Pressure Screening Project

High blood pressure, the silent killer, continues to threaten more African Americans than others and the GOSPEL (Glorifying Our Spiritual & Physical Existence for Life) team is ready to tackle it head-on. With the help of a small grant from DHMH, 13 GOSPEL and 2 AAHP outreach

workers were trained to do blood pressure screenings. Outreach workers learned about the risks of the disease, including strokes, heart attacks, blindness and kidney failure. They were also instructed on the different action of medications used to treat high blood pressure and to advise

people that several medications may be needed to get blood pressure under control. In the coming months look for community blood pressure screenings at GOSPEL churches, and for more information, call: 240-777-1772.



It is important to keep your blood pressure under 140/90 mm Hg. Blood pressure higher than that is considered dangerous!

"The CDC estimates that more than 9 million children ages 6—19 are overweight."

Obesity and Children

Continued from page 1

Resources:

American Heart Association

www.americanheart.org

Centers of Disease Control and Prevention

Division of Nutrition and Physical Activity

1-888-232-4674

www.CDC.gov

www.cdc.gov/nccddphp/dnpa/bmi/bmi-for-age.htm

Children's Nutrition Research Center

Baylor College of Medicine

www.bcm.tmc.e/cnrc

Kids Health

www.Kidshealth.Org

Weight Control Information Network

Win@info.niddk.nih.gov

Keeping Grandchildren Drug-free

These tips for grandparents are from **Drawing the Line on Underage Alcohol Use**, a Montgomery County program that promotes the message that underage drinking is unhealthy, unlawful and unacceptable.

1. Start talking to children about alcohol and other drugs early in their lives and keep talking throughout their adolescence and early adulthood. (Many adults are surprised to learn that children often start drinking and using other drugs in middle school, so waiting until they reach high school to start talking to them

about the importance of staying drug free is often too late.)

2. When talking with children about substance abuse, grandparents, parents and other adults can help children to practice ways to respond if a peer offers them alcohol, tobacco or other drugs. If children are prepared to say no, they may be less likely to accept the offer to try a drug just because they do not know how to comfortably refuse. Adults can help children practice saying things like, "No, I've got to go",

"Forget it!", "I'm allergic to that stuff!" or anything else that makes the child feel prepared.

3. Grandparents can also encourage their grandchild's parents to talk with the child about substance abuse, to practice these "refusal skills" and to create an environment for the child that encourages a substance abuse-free lifestyle. If a child or grandchild is pregnant, grandparents can also remind the pregnant mother that alcohol can harm a developing fetus.



Diabetes Corner

Diabetes Dining Club

Lincoln Park Community Center

Must register one week before club night

Call Diane Herron 301-421-5767

Meets once a month on

April 11, 2005

May 16, 2005

June 13, 2005

July 11, 2005

Dinner contribution - \$5.00



Diabetes Self Management Classes

East Montgomery Regional Services Center

Four classes on Thursdays

April 7, 14, 21, 28, 2005

Free classes include:

Educational materials

Activities

Light dinner

Door prizes

Call Diane to register at 301-421-5767

They can do it, you can do it - one step at a time!

African American Health Program Saving Smiles

The mission of the African American Health Program is to develop strategies for eliminating health disparities in Montgomery County's African American population. The African American Oral Health Coalition (OHC) serves as one of the components within the AAHP to specifically address health disparity issues surrounding oral health. The OHC has developed and implemented several programs and activities to address oral cancer and childhood oral health disparities among African Americans in Montgomery County.

The African American Health Program's Oral Cancer Screening Program was implemented in 2000, and blends culture, community, and a message about the seriousness of oral cancer. Oral cancer is commonly referred to as the "forgotten cancer"; although annually over 30,000 people are diagnosed with the disease, and over 8,000 die from it. Unfortunately, the large percentage of deaths occur among African Americans, in fact, the 5-year survival rates for blacks are 33%, versus 55% for whites. This disparity may be attributed to late diagnosis, limited access to treatment, and limited knowledge of oral cancer and the importance of early detection and screening.

According to Maryland's Department of Health and Mental Hygiene:

Maryland ranks 8th in the nation in the

number of deaths from oral cancers.

Maryland's oral cancer death rate is 15% higher than the national rate.

A quarter of the oral cancer in Maryland is found in African American men and these cases are disproportionately represented among the number of patients with advanced disease.

The AAHP Oral Cancer Screening and Education program services include oral cancer prevention, education, screening, diagnosis, and treatment and case management. Educational presentations are offered on oral cancer severity, symptoms, risk factors, self-examination, and highlight the importance of tobacco or alcohol cessation. In addition, free oral cancer screenings are given and include a comprehensive oral cancer examination administered by a dental professional. If a suspicious looking lump or sore is found, the dental professional will administer a painless brush biopsy to be tested for pre-cancerous or cancerous cells. Eligible individuals diagnosed with oral cancer through the program will receive free treatment and any other oral cancer related care. Income eligible is defined as an income within 250% of the poverty level for family size.

For additional information on free oral cancer screenings or educational sessions, please contact Tina Palmer, CHES, AAHP Cancer Program Coordinator at 240-777-3496.

Last year, the African American Health Program Oral Health Coalition launched a new program, the Children's Dental Screening Activity. The mission of this program is to provide dental screening examinations for children, as well as educational presentations for children, parents and others who coordinate children programs. The target population is African American children age three through eighteen, but screening is available to all children in that age group. Children who need dental treatment will be referred to county dental health programs and private practitioners who accept state funded children's dental programs.

The program goals are:

- To improve the oral health status of the African American children
- To increase awareness of the importance of good dental health practices
- To empower parents with dental health information to support their children's dental health
- To provide referral information for dental treatment services

In order to realize the goals established, the Children's Dental Screening Activity has participated in health fairs, community faith based and health provider events to provide dental screenings for the children.

Signed parental consent is required prior to the child's screening examination. If you are interested in scheduling a screening activity or would like to have your child screened, please call Marie Frazier-Kelley, dental hygienist, Oral Cancer Screening Program case manager at 240 777-3491 for information.

The dental hygienist is also available to provide dental health presentations on the following topics:

Orthodontics (straightening the teeth)	Implants
Dental Health Careers	Oral infection control
Sealants	Adolescence dental health
Pregnancy and dental health	Halitosis (bad breath)
Benefits of fluoride	Geriatric dental health
Infant/Toddler dental health	Denture care
Tooth whitening	Nutrition and dental health



Did you that The People's Community Wellness Center offers free Colorectal Cancer, Oral Cancer and Prostate Cancer screenings at the Men's Clinic on the second Wednesday of every month from 6:00 pm—9:00 pm. Call (301) 847-1172 for more information.

Next Screening is April 13, 2005 Call today!!!



Myths about HIV Vaccines and Vaccine

Reprinted with permission of the Black AIDS Institute, March 2005

The development of a preventive vaccine, as part of a comprehensive response to HIV that includes treatment and prevention, will be our best hope for ending this pandemic. Vaccines have ended smallpox epidemics, have nearly eliminated polio and have drastically reduced the incidence of infectious diseases like measles in the U.S.

In the Black community, due to our historical memory of previous injustices, we are suspicious about vaccines and research. Over the years of our elders sharing these experiences, stories have turned into myths. These myths become perceived as "truth," even though, in the telling, some of the information has become inaccurate.

However, when HIV is one of the leading causes of death for Black men and women in the U.S., it is critical that the myths which have become harmful to our community are demystified. Below are some of the most prevalent myths in our community about HIV vaccines and research that are not accurate and the facts

Myth 1: An HIV vaccine already exists.

The Facts:

In a survey conducted by the National Institute of Allergy and Infectious Diseases, 48 percent of African Americans believe that an HIV vaccine already existed, but was being concealed.

An effective HIV vaccine has NOT been developed yet. An HIV vaccine is a substance that teaches the body's immune system to recognize and protect itself against HIV. The effort to develop an HIV vaccine is one of the most urgent efforts in the world today. There have been over 70 small-scale studies in humans of over 35 different types of HIV vaccine candidates globally, but to date, none has proven effective in preventing HIV infection.

Myth 2: HIV vaccine research uses Blacks as guinea pigs.

The Facts:

Many of us cannot think about the word "research" without thinking about the Tuskegee Syphilis study conducted on Black men. This 1932 study looked at the natural history of syphilis without treatment. None of the men was given syphilis, but when penicillin became available in 1946 to cure syphilis, researchers did not inform or treat these men.

Because of Tuskegee and other research misconducts, systems have been put in place to protect Blacks and others who become involved in clinical trials (or research) from being exploited. Today, instead of "guinea pigs", participants in trials have more say in what happens to them. Participants in HIV vaccine trials are volunteers, so if at any time a person no longer feels comfortable in the study, they can stop without consequences.

Volunteers are made fully aware of any risks involved through a process called informed consent, where the volunteer sits with a member of the research staff to make sure that the volunteer understands what will occur during the trial as well as the risks and benefits of their participation. Additionally, groups have been established to oversee research studies to make sure that participants are protected. These groups are not connected to the research. They monitor and review whether trials are relevant, safe and ethical before, during and after the trial.

Myth 3: In order for the HIV vaccine to work, it must have HIV in it.

The Facts:

Many of us may remember our parents making sure that we had our vaccinations when we were children. As we grew older, we learned that in order to make the vaccines, scientists used some part of the disease they were trying to vaccinate against.

Due to the risk of HIV infection, HIV vaccines are NOT being developed in this way. Advances in technology allow HIV vaccines to be developed from genetically engineered components of HIV. These man-made products DO NOT have actual HIV in them.

Myth 4: You must have HIV to volunteer in a preventive HIV vaccine trial.

The Facts:

All volunteers in preventive HIV vaccine trials are HIV-negative. In order to test whether an HIV vaccine will prevent HIV infection, the participants MUST be HIV-negative when they start the trial.

Myth 5: You risk becoming HIV positive if you participate in a vaccine trial.

The Facts:

Some volunteers in HIV/AIDS vaccine trials receive vaccines that will stimulate their immune systems to respond to genetically engineered pieces of HIV. However, these vaccines DO NOT contain the actual virus.

People who volunteer to participate in HIV vaccine trials are just like people who do not; they may engage in behaviors that expose them to HIV. Because the HIV vaccines do not contain the actual virus, volunteers in these trials may become HIV positive as a result of engaging in behaviors that are high risk for HIV transmission.

Myth 6: With HIV treatments available, we do not really need a vaccine.

The Facts:

There have been great successes in HIV treatments. Anti-HIV drugs have saved countless lives. However, these drugs treat HIV, they do not cure HIV.

HIV treatments can reduce how fast HIV grows in the body, however there are many people who experience serious side effects. People who take these drugs may also develop resistance, making the drugs less effective in treating HIV in their body.

Blacks have less access to the most current treatment information and quality care. As a result of this and other factors, Blacks have the lowest AIDS survival rate of any racial/ethnic group in the U.S.

HIV treatment and prevention alone cannot stop the HIV epidemic. To stop the epidemic, we need a comprehensive approach that includes HIV treatment, prevention and effective HIV vaccines.

Final word

Research involves testing ideas and concepts to develop new drugs and vaccines. This includes HIV/AIDS vaccines. Research allows us to see the effectiveness of vaccine candidates. What you should know is that there is no way that researchers can test the safety and effectiveness of HIV vaccines in Black folks if we do not participate in these trials.

This Fact Sheet is designed for educational purposes only and is not engaged in rendering medical advice or professional services. The information provided through this Fact Sheet should not be used for diagnosing or treating a health problem or a disease. It is not a substitute for professional care.

Find out more

For more information on HIV vaccines and research, or to obtain any of these publications:

Black AIDS Institute
1833 W. Eighth St.
Los Angeles, CA 90057
213-353-3610
213-989-0181
www.BlackAIDS.org
AIDS Vaccine Advocacy Coalition.

www.avac.org
HIV Vaccine Trials Network
www.hvtn.org
National Institute of Allergies and Infectious Diseases, Division of AIDS
www.niaid.nih.gov/daids/vaccine/
AIDS info – for information on HIV vaccine trials in your area
www.aidsinfo.nih.gov



The African American Health Program is now offering **FREE** and **CONFIDENTIAL** oral HIV testing and counseling at two locations:

East County Services Center

3300 Briggs Chaney Road

Silver Spring, MD 20904

240-777-1833

Monday and Friday

9:00am – 12:00pm By Appointment Only

Wednesday

6:00pm – 9:00pm By Appointment Only

Colesville Center

10415 New Hampshire Avenue

Silver Spring, MD 20901

301-421-5410

Wednesday and Friday

9:00am – 12:00pm Walk-In

Monday and Tuesday

By Appointment Only

You can become a statistic, or you can play it safe.



Get Tested



NEWS & EVENTS

Kick-off for the **Not in Mama's Kitchen** campaign, a program to help reduce exposure to secondhand smoke, Saturday, May 14, 2005, 9:30 a.m. at The People's Community Baptist Church. This free program includes education, inspiration, entertainment, food and recognition for community leaders who have helped clean up our indoor air. For more information call: 240-777-1710

Senior Health Fair

Wednesday, April 20, 2005,

9:00 – 3:00 pm

Location: Holiday Park Senior Center

Please call 301-896-3939 to register

Participants will have access to free health screenings and seminars focusing on topics such as diabetes, stroke, memory, health insurance, first aid and more. Free boxed lunches, giveaways, and door prizes!

AAHP Baby Basics Classes

3rd Wednesday of each month (May 18, June 15, July 20, August 17 and Sept 21)

10 am -12 noon

East County Regional Services

Center

3300 Briggs Chaney

Silver Spring

Call 240-777-4471 to register

Community Health Extravaganza!

Wed., April 27, 5 – 7 pm

Gwendolyn Coffield Community Center

2540 Lyttonsville Road, Silver Spring

or

Tues., May 3, 5 – 7 pm

Gilchrist Center for Cultural Diversity

11319 Elkin Street, Wheaton

Please call 301-896-3939 to register

Walk Your Way Out of Peripheral

Artery Disease

Tues., May 17, 2005

6:30 Registration / Screening

7:00 – 8:30 Seminar / Screening

Please call 301-896-3939 to register

HEALTH FREEDOM WALK:

A Path to Wellness 2005

Come learn the history of the Underground Railroad in Maryland while walking for better health!

Saturday, April 23, 2005

Woodlawn Manor Park (3MI)

Rural legacy Trail, Sandy Spring, MD

\$20 registration fee

Call 240-777-1833 for more information

3rd Annual Maximizing Men's Health Symposium

Wednesday, June 8, 2005

Please call 301-896-3939 to register

Location: Suburban Hospital

There is an ongoing silent crisis in the health and well-being of men. Raise your awareness, educate yourself about your health, and change your behavior patterns at work and personal life to become happier and healthier. Please join Suburban Hospital in an informational and interactive symposium on men's health, by and for men.

Women's Health Check-Up Day

Monday, May 9, 2005

4:00 pm — 8:00 pm

Mid-County Services Center

2424 Reddie Drive, Wheaton, Md

For more information call 240-777-3118

Free health risk screenings for women including

Breast exams	Blood Pressure
Cholesterol	HIV/AIDS
Depression	Bone Density
Body fat	Diabetes

also cooking demonstrations referrals and free giveaways !



AAHP Newsletter
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The African American Health Program is co-sponsored by the Montgomery County Department of Health and Human Services and The People's Community Baptist Church.



3300 Briggs Chaney Road
Silver Spring, Maryland 20904
www.onehealthylife.org
240-777-1833
240-777-1295 TTY



Resources

African American Health Program240-777-1833
Black Babies S.M.I.L.E......240-777-4471
Breast and Cervical Cancer Screening
 2424 Reedie Drive, Wheaton240-777-1750
Church-based Health Education Programs240-777-1772
Community Clinics
 Community Clinic, Inc.301-340-7525
 L'A.M.I. Family Health Clinic301-434-8400
 Mobile Medical Care, Inc.301-493-2400
 Montgomery Volunteer Dental Clinic, Inc.301-984-9796
 The People's Community Wellness Center301-847-1172

- Men's Clinic
- Women's Clinic

Colorectal, Prostate, Oral Cancer Screening.....240-777-3496
Diabetes Education Classes301-421-5767
G.O.S.P.E.L. Program.....240-777-1772
HIV/AIDS Services2000 Dennis Avenue, Silver Spring.....240-777-1869

Maternity, Family Planning, Child Health Services
Service Eligibility Units
 Germantown.....12900 Middlebrook Road, Germantown..... 240-777-3591
 Rockville1335 Piccard Drive, Rockville 240-777-3120
 Silver Spring8630 Fenton Street, Silver Spring 240-777-3066

Oral Health.....240-777-3496
Quit Smoking240-777-3848

Can't find a Montgomery County government service? Call 240-777-1000



3300 Briggs Chaney Road · Silver Spring, MD · 20904