

**DATE OF HEARING:** 4/9/2026 - FY27 OPERATING BUDGETS AND FY27-32 PUBLIC SERVICES PROGRAM AND FISCAL POLICY FOR MONTGOMERY COUNTY GOVERNMENT, MONTGOMERY COLLEGE, MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION, WSSCWATER AND MONTGOMERY COUNTY PUBLIC SCHOOLS

**TOPIC:** REALLOCATION OF RESOURCES FROM THE AFRICAN AMERICAN HEALTH PROGRAM (AAHP)

**SPEAKER:** DONNA CAWLEY, INDIVIDUAL (ROCKVILLE, MD)

### ORAL TESTIMONY TRANSCRIPT

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Good afternoon, Council President and Members of the County Council,

My name is **Donna Cawley**, and I am a Montgomery County resident.

I am here today to urge that, if the Council approves the County Executive's budget—which includes a reallocation of resources away from the African American Health Program (AAHP)—that the Council also take intentional steps to **protect AAHP and ensure its long-term sustainability**.

Montgomery County is consistently ranked among the healthiest counties in Maryland and the nation and that is something to be proud of— **yet that success is not experienced equally**.

According to the **2025 Annual County Health Rankings**, persistent racial disparities in health outcomes remain—particularly for African American residents.

Black residents experience worse outcomes across major chronic diseases, including heart disease, cancer, and diabetes.

And Black women face significantly higher risks of severe maternal morbidity—more than 50% higher than the county average— along with higher rates of preterm birth and infant mortality.

These disparities are not just about access. **They are about trust.**

**That's what I want to focus on today.**

For many African American residents, historical inequities and lived experiences have created understandable mistrust in the healthcare system. And without trust—even the best services go unused. **What looks good on paper may not work in the community. The one-size fits all approach doesn't work when the needs are different.**

**Trust** is the cornerstone of what makes AAHP successful—and it must not be lost in any of this.

AAHP uses a proven, evidence-based model—combining community health workers and health professionals, grounded in a community-engaged approach that builds trust, improves engagement, and delivers better outcomes. AAHP isn't just providing services—**it builds relationships** and meets people where they are.

This week is **National Public Health Week** and AAHP has partnered with Black churches across the County to host free health and wellness fairs—bringing screenings, education, and resources directly into trusted community spaces. At every community event I've attended over the past few years, AAHP is there and I have benefited from their screenings.

**That is what an effective public health model looks like.**

But I worry about the proposed reallocation of resources from the African American Health Program Administrator to the Department of Health and Human Services—and what it may do to the program.

While alignment within DHHS may be the goal, any shift must be done strategically to ensure it does not weaken the program's autonomy, community connection, or ability to sustain the trust it has built.

**Transparency and meaningful engagement with the AAHP Executive Committee and other key AAHP stakeholders is critical to ensuring that any transition does not undermine the program's effectiveness.**

Because trust takes years to build—and **only moments to lose.**

Without sustained funding, structural support, and protection of the program's integrity, we risk dismantling a trusted bridge between the African American community and the healthcare system—and **reversing measurable progress.**

Investing in—and protecting—AAHP is not only a moral obligation, it is a **data-driven, evidence-based, and fiscally responsible decision** that strengthens the health of our entire county.

**Health equity does not happen by accident—it requires intentional investment. AAHP is that investment.**

Thank you for your time and consideration.

Donna Cawley

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