

Montgomery County Commission on Health

FISCAL YEAR 2012 ANNUAL REPORT



July 1, 2011 – June 30, 2012



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

Commission on Health
Annual Report Fiscal Year 2012

October 10, 2012

The Honorable Isiah Leggett
Montgomery County Executive

The Honorable Roger Berliner
County Council President

Dear Mr. Leggett and Mr. Berliner:

The Commission thanks you for the opportunity of serving Montgomery County through the activities of the Montgomery County Commission on Health (COH). During FY2012, the Commission on Health (COH) focused on developing recommendations in support of obesity prevention strategies in Montgomery County, since obesity greatly increases the risk of many diseases and adverse health conditions. After an extensive literature search, the COH decided to focus on five evidence-based strategies identified by the Centers for Disease Control and Prevention in its report, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*. In addition, the COH Smoking Prevention Taskforce issued recommendations on what the County government can do to further reduce smoking rates.

Our annual retreat provided the guidance for the new year. The COH supported the formation of four workgroups that would each focus attention on the issue and concern of obesity in Montgomery County. For the past two years, the COH has collaborated with other Montgomery County boards, committees and commissions to create a unified voice that is supportive of issues relevant to improving the health status of our residents. We are pleased to report that we are actively and successfully engaged with ten Montgomery County boards, committees and commissions as well as the Montgomery County Medical Society.

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

All these would have not been possible without the expertise, guidance and support of Jeanine Gould-Kostka and Vice-Chair Ron Bialek. The Montgomery County Commission on Health respectfully submits the attached fiscal year 2012 annual report.

Sincerely,

A handwritten signature in black ink, appearing to read "Marcos Pesquera".

Marcos Pesquera, R.Ph., MPH
Chair

Commission on Health

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Introduction

The primary mission of the Montgomery County Commission on Health (COH) is to advise the County Executive and the County Council on public health issues, programs, services and the allocation of funds devoted to public health needs and to monitor and assess the priorities of the Montgomery County Department of Health and Human Services (MCDHHS) in its efforts to address the health needs of residents in this county.¹ The purpose of this report is to comply with the annual requirement that the Commission provide the County Executive and the County Council with an update on the activities of the Commission from July 2011 through June 2012.

Membership, Structure and Governance

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

In FY12, there were 10 consumers, 8 providers, the Medical Society representative as well as the ex-officio members, the County Public Health Officer and the County Council liaison. The COH continues to represent a diverse cross-section of Montgomery County residents. The membership consisted of 14 men and 5 women who are racially and ethnically diverse and vary in age, geography and experience in health policy, public health, and the health care system.

The list of the FY 12 membership is provided in Addendum A. Consistent with its enabling legislation, the COH has no standing committees.. However, the Chair can appoint committees, as necessary to accomplish the work of the COH.

FY 2012 Priorities

During the FY12 annual retreat, the COH decided to break into smaller work groups to focus on specific obesity prevention strategies from the CDC's Recommended Community Strategies and Measurements to Prevent Obesity in the United States (Community Strategies Guide):

- CDC Strategy 2: Communities should improve the availability of affordable food and beverage choices in public service venues.
- CDC Strategy 6/4: Communities should provide incentives for the production, distribution, and procurement of foods from local farms./Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.
- CDC Strategy 11: Communities should increase support for breastfeeding.
- CDC Strategy 14: Communities should increase opportunities for extracurricular physical activity.

The CDC Community Strategies Guide specifically addresses local government's role in reversing the obesity epidemic. The COH choose the four prevention strategies for the following reasons:

- Montgomery County is at increasing risk for poor health due to high levels of obesity
- Obesity leads to higher costs and lower productivity
- This is a priority issue identified by County needs assessments and the Healthy Montgomery Steering Committee

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

- The expertise of COH members could be effectively leveraged to help the County address an important public health issues
 - Conducted an extensive literature search
 - Identified evidence to focus Commission's efforts
 - Developed a set of achievable strategies
- The CDC Community Strategies Guide provided excellence guidance for a County with a County Executive, County Council, and public health agency working together to improve the health of its population

After identifying feasible and reasonable strategies for Montgomery County government, the COH queried County agencies about current policies and practices related to the identified strategies. Responses from these agencies served as the basis of recommendations sent to the County Executive and the County Council, and provided in testimony to the County Council. Recognizing the difficult fiscal times of our County and budgetary limitations, the COH recommendations:

- Focus on policy and practices of County agencies
- Require an investment in education within and action by County agencies, not new resources
- Assess feasibility to implement throughout the County
- Will improve health within the County, if implemented

The COH has an elected Chair and Vice Chair whose terms are one year. During FY12, Marcos Pesquera was the Chair of the Commission and Ron Bialek was the Vice Chair. The entire COH met monthly with the exception of August 2011. The Chair, with input from staff and the Vice Chair, created the agenda for the monthly meetings. (See Addendum B)

Reports from the obesity prevention work groups were presented verbally and/or in writing at the COH meetings. COH staff frequently communicated with the Chair, Vice Chair, staff and other commissioners between monthly meetings regarding future plans, agenda items, Council activity, Executive updates and events, and news related to public health issues in the County.

At a minimum, every member of the Commission was expected to either serve on one work group and, if requested, as a liaison to other health-related County boards, commissions, committees, and health initiative or program. During FY12, most commissioners satisfied this minimum requirement of service and in many instances exceeded it. Several COH members served on two or three work groups in addition to being a liaison to a board, commission, committee, and health initiative or program.

With its broad perspective of public health, the COH recognizes the value of collaboration and communication with other health-related boards, commissions and committees. Many commissioners have an area of specialization or interest in a particular area or constituency of public health and were therefore encouraged to serve as liaisons with other relevant health-related boards, commissions and committees. Integral to this area of special interest is the constraint that all actions are in voice of the entire COH and not self-serving in any manner.

Finally, members of the COH also served on committees that allowed the COH to conduct its business such as the membership, nominating and retreat planning committees. These committees require significant time and are in addition to the monthly scheduled meetings. The COH has been well served by both the leadership and service of the members on these committees.

FY 2012 Activities

In FY12, the COH had liaisons with the following entities: African American Health Program Executive Committee; Asian American Health Initiative Steering Committee; Commission on Aging; Commission on Children and Youth; Healthy Montgomery Steering Committee and Obesity Work Group, Latino Health Initiative Steering Committee; Mental Health Advisory Board; Montgomery Cares Advisory Board;

Montgomery County Medical Society; School Health Council; Montgomery County Coalition on Care at End-of-Life; and the Obesity Prevention Strategy Group.

The COH for some time has recognized the adverse health implications of tobacco usage. While the COH has addressed this issue in the past and considerable policy progress has been made in Maryland and the County, the COH convened a task force to take stock of the current situation in the County and sent a letter and recommendations to the County Council and County Executive reinforcing the importance of enforcement and additional policies and practices to reduce tobacco usage in the County.

Going Forward

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

With the advent of health reform, there will be opportunities and challenges for the County, and implications for our County public health agency. The COH plans to focus considerable time and effort during FY13 on understanding the Affordable Care Act (ACA) and ways the ACA can be used to improve the health of County residents. We plan to focus on issues of access, prevention, health equity, and data. Over the course of the year, the COH will develop recommendations for the County Executive and County Council on ways to leverage the ACA to improve County health. We welcome questions and suggestions from the County Executive and County Council as we begin to explore this exciting opportunity for our County.

The COH also has an obligation to monitor progress towards implementation of the recommendations made during FY12 related to obesity prevention. We plan to provide feedback to the County Executive and County Council on progress achieved during FY13 and opportunities for continued improvement.

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

Conclusion

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

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

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

Thank you.



Ron Bialek
Vice Chair, Commission on Health

Addenda

A. Fiscal Year 2012 Membership

B. Commission Agenda Topics Fiscal Year 2012

C. Liaison Reports

D. Committee Reports

E. Testimony

F. Correspondence

G. Responses to Correspondence

H. CERB Submission

A. Fiscal Year 2012 Membership

Consumer Representatives

Mitchell Berger, MPH, J.D.

Ronald Bialek, MPP, CQIA (Vice Chair)

Michael Gibble

Samuel P. Korper, Ph.D., MPH

Harry Kwon, Ph.D.

Pierre-Marie Longkeng, MHSA

Rose Marie Martinez, Sc.D.

Daniel Russ, Ph.D.

Wayne L. Swann, SPHR, FACHE

Steve Thronson, MBA

Provider Representatives

Wendy W. Friar, RN, MS

Alan Kaplan, M.D., MPH

Chrystina Lunn-Gilgeous (Resigned 3/2012)

Kathleen A. McManus, RN, BSN, MA (Resigned 9/2011)

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

Gregory Serfer, D.O.

Richard Takamoto, MBA, MN, RN (Resigned 10/2011)

Shari Targum, M.D.

Medical Society Representative

Peter Sherer, MD

Ex-Officio Members

Ulder Tillman, MD, MPH, Public Health Officer

Linda McMillan, County Council Liaison

Marla Caplon, R.D., MCPS Liaison

B. Commission Agenda Topics Fiscal Year 2012

7/21/11 COH Meeting

- Committee Annual Reports
- Liaison Annual Reports
- Priorities discussion in preparation for the County Council's HHS Committee Worksession on October 6, 2011

9/15/11 COH Meeting

- Liaison reports
- Obesity Prevention Strategy Workgroups
- County Council update
- December 15, 2011 Meeting Vote

10/20/11 Annual Retreat

- Obesity Prevention Strategy Workgroups
- Strategic Planning
- Richard Hamburg, Deputy Director, Trust for America's Health
- Discussion on how the COH can best influence on health issues

11/17/11 COH Meeting

- Vice Chair Election
- MCPS Superintendent Starr letter discussion
- Obesity Prevention Strategy Workgroups
- County Council update

12/15/11 COH Meeting

- Montgomery County Public Health Preparedness and Response update
- Obesity Prevention Strategy Workgroup updates

1/19/12 COH Meeting

- CERB discussion
- Obesity Prevention Strategy Workgroup
- HMSC request

2/16/12 COH Meeting

- Obesity Prevention Strategy Workgroup Session

3/15/12 COH Meeting

- PHS budget update
- Liaison Reports
- Obesity Prevention Strategy Workgroup Session
- Membership and Nominating Committee appointments

4/19/12 COH Meeting

- Retreat Planning Committee formation
- Liaison Reports
- CERB submission discussion
- Obesity Prevention Strategy 4/6 Letter Discussion
- Maryland General Assembly update

5/17/12 COH Meeting

- Budget Status
- Task Force on Smoking Update
- Membership Committee Update
- Liaison Reports
- Obesity Prevention Strategies Measures Discussion

6/21/12 COH Meeting

- Officer elections
- Certificate Presentation to Outgoing Members
- BOH update from Dr. Tillman
- Legislative Proposals
- Smoking Task Force Letter
- Obesity Prevention Strategy Workgroups Discussion on Measures
- Liaison Reports

C. Liaison Reports

Guidelines for the Commission on Health (COH) Members as Liaison to other Organizations

General Summary:

The role of the liaison is to serve as an advocate to enhance and foster relationships between the COH and the “organization”. This role will bring to the Commission an understanding of community health issues, provide an opportunity to discuss the Commission’s perspective on these issues and create an affiliation with the “organization” and the Commission.

This role will promote the activities of the Commission and work to establish increased visibility and goodwill between the Commission and the “organization”. The COH liaison will identify opportunities for collaboration that will strengthen the relationship between the Commission and the “organization”. The liaison’s affiliation will be in alignment with the dynamic priorities of the Commission.

An “organization’s” liaison is welcome to approach the Commission in this same capacity.

Duties:

Annually, the chair or the Commission will officially appoint the liaisons. Any commissioner may request to act in this role.

The COH is interested in the liaison’s connection, and then serves as an initial point of contact between the Commission and “organization.”

Foster a relationship with the “organization” or group as appropriate. A workgroup may be formed with a representative from each committee to identify the “organization” or group with which to form a liaison.

Meet with the “organization” on a pre-scheduled basis (minimum of three times annually) to keep them abreast of current activities. This may provide an opportunity for collaboration with the Commission.

Explore opportunities for collaboration, advocacy, advisory assistance, and information gathering. This information gathering may be relevant to a priority or committee, but should not be limited to the Commission’s priorities or committees.

Explore possible areas for specific budget support and/or initiatives, including a formal incorporation and reference in annual budget documents.

Report (in writing and verbally) to the COH at least three times per year about the interactions with the “organizations.”

Encourage feedback from the Commission on the manner and/or direction of the relationship

Planning:

Incorporate liaison activities with Commission activities e.g., budget recommendations (three or four times/year), letters to the CE and CC re. the County health initiatives, Maryland legislation, the County public health legislation, interagency collaboration, and arrange for guest speaker(s).

THIS IS AN INTERNAL WORKING DOCUMENT OF THE COMMISSION ON HEALTH.

Revised: June 6, 2008

Commission on Health (COH) Members as Liaisons to Other County Organizations

With the encouragement of the Director of MCDHHS, Uma Ahluwalia, the COH works collaboratively with other boards, committees and commissions. Throughout fiscal year 2012, liaisons brought to the Commission an understanding of community health issues, an opportunity to discuss the Commission's perspective and hear the perspective of others on pressing issues affecting the well being of Montgomery County.

Asian American Health Initiative Steering Committee Harry Kwon, PhD, Commissioner

During fiscal year 2012, the COH liaison to the Asian American Health Initiative (AAHI) attended most of the AAHI Steering Committee meetings. Dr. Kwon also served as the Immediate Past Chair of the AAHI Steering Committee.

During fiscal year 2012 as the COH liaison to the AAHI Steering Committee, Dr. Kwon performed the following:

- Represented the COH at the AAHI Steering Committee meetings.
- Provided monthly reports to the AAHI Steering Committee regarding COH's discussion and activities.
- Provided reports to the COH on AAHI program activities and announcements including AAHI's major program efforts on hepatitis B education and prevention and efforts in part of the minority health initiative advisory group meetings.

As a COH liaison to the AAHI Steering Committee, Dr. Kwon identified the following goals for fiscal year 2013:

- Continue to serve as a liaison between the COH and the AAHI Steering Committee.
- Continue to report relevant issues to the COH and enhance the link between the AAHI and the COH.
- Identify opportunities for AAHI and COH collaboration around eliminating health disparities and on efforts to improve health equity.

Broadly promote further collaborative efforts in the area of health advocacy.

Commission on Aging Steve Thronson, MBA, Commissioner

I. Status of Fiscal Year 2012 Priorities:

Transportation:

- Researched successful escorted transportation programs around the country to learn about funding, fees, driver requirements, coordination, span of service, and technology to consider what may be adaptable to Montgomery County to start a transportation pilot.
- Currently drafting a Transportation and Mobility System Working Paper; its vision to enable older adults to go where they want to go, when they want to go and how they want to get there.

- Met with representatives of JCA and Senior Connection and the Commission sent a letter of support for the “Village Rides” proposal JCA submitted for a New Freedoms Mobility Management Grant. The requested grant would be to pilot a 2-year to expand transportation options beyond medical appointments and to reduce wait time using Village volunteers and Senior Connection volunteers.

Housing:

- Currently monitoring proposed changes in housing and zoning policies including simplifying the approval process for accessory apartments. The Commission supports purpose-built, affordable senior housing and is discussing ways to reach out to developers to include low income housing for older adults in their building plan. The Commissioners Elaine Binder and Leslie Marks made a presentation to developers for the White Flint project.
- Commissioner Leslie Marks participated in a MetLife-funded technical assistance project with representatives from HHS and the Housing Department.

Mental Health:

- The Commission continues to advocate for the development of programs for older adults that promote wellness and prevention, advocates for funding for senior mental health and supports programs and services that promote social connectedness, leisure time activities, volunteerism and intergenerational. Currently the Commission is focusing on prevention of social isolation. As a result of last year’s mental health Summer Study the Commission had the realization that addressing the social needs of older adults is one way to also address their mental health needs. A primary focus will be on prevention. The Commission will invite speakers from various perspectives to address this concern, explore definitions of social isolation and will support mental health activities such as National Depression Screening Day in October 2012.

II. Collaboration with other Board, Commission or Committee:

- Continues to collaborate with a range of stakeholders and has developed a more formal means of ongoing communications to stakeholders.
- Liaisons from the Health and People with Disabilities Commissions regularly attend all COA meetings. The Commission has also involved the Rockville Commission on Aging on a regular basis.
- Six Commission on Aging members joined colleagues from across Maryland for a statewide meeting on May 2, 2012. In addition, COA members serve on eleven County workgroups.
- Through the cable television program, “Seniors Today,” the Commission has reach out broadly to the community including recent segments with representatives from SAGE to discuss LGBT issues, the PATH Awards, and other topics extending beyond aging.
- Commission members served as judges for the Neil Potter Awards selection and ceremony.
- The Commission is seeking collaboration from all interested parties on summer studies focusing on: Senior workforce and economic vitality; transportation; and housing.

III. Special Events and Announcements of Interest to the Director and other Board, Commission or Committee:

- Commission Chair Judith Welles joined with County Executive Leggett in announcing a Senior Agenda: A Community for a Lifetime, an action plan to prepare the county for the tremendous growth

in the number of older people. Numerous improvements included in the FY 13 budget reflect this mission.

- Members of the Commission met with each County Council member in support of budget enhancements for seniors. Eighteen commissioners participated in this effort.
- The Commission advocated for the successful passage of a new state law to protect seniors from financial abuse sponsored by Montgomery County Delegate Ben Kramer. Commissioner Rudolph Oswald testified for the Commission before the State legislature in hearings on the bill. The new state law requires banks to report suspected financial abuse of seniors to authorities.
- In addition the Commission supported successful legislation to extend the senior prescription drug assistance program and to establish a task force to study the renovation and repair needs of senior homeowners.

Six members of the Commission also participated in a statewide meeting of County Commissions on Aging, held at National Harbor.

Commission on People with Disabilities (CPWD)

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

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

The CPWD continued efforts to promote visitability and livability in housing in association with the Commissions on Health and Commission on Aging (COA) to allow healthy, independent living and aging in place.

The COH, COA, Commission on Veteran's Affairs and CPWD worked on the problem of disability parking abuse. Efforts of these commissions and representatives of the Montgomery County Executive and County Council, Police, State's Attorney, DOT, MVA and judiciary resulted in the 'Respect the Space' public awareness program. Efforts have addressed such topics as State law reviews and options for more efficient education and enforcement of current laws. Volunteer assessments of parking lot compliance with current laws has been initiated.

Employment preference for the disabled (veterans and others with disabilities) to improve healthy involvement of under-represented qualified people with disabilities in the County workforce is a continued initiative being pursued by the CPWD.

Latino Health Initiative Steering Committee

Rose Marie Martinez, ScD, Commissioner

During fiscal year 2011-12, the COH liaison to the Montgomery County Latino Health Initiative attended meetings of the Latino Health Initiative Steering Committee and was actively engaged in various aspects of the Latino Health Initiative including the LHI Data Work Group and represented the LHI as a member of the DHHS Minority Health Initiative/Program Advisory Group.

During fiscal year 2012 as the COH liaison to the Latino Health Initiative, Dr. Martinez performed the following:

- Represented the COH at the Latino Health Initiative Steering Committee monthly meetings.
- Co-Chaired meetings of the LHI Data Work Group
- Participated as a LHI representative to the DHHS Minority Health Initiative/Program Advisory Group.

- Provided reports to the LHI Steering Committee and Data Work Group regarding COH's discussion and activities.
- Provided reports to the COH on the program activities and announcements of the LHI Steering Committee and LHI Data Working Group discussion and activities including updates on:
 - The Welcome Back Center of Suburban Maryland
 - System Navigator Program
 - Community Engagement Workgroup
 - Asthma Management Program
 - Health Promoters Program "Vías de la Salud"
 - Latino Youth Wellness Program
 - DHHS Minority Health Initiative/Program Advisory Group.
- Participates as the co-lead of the working group to address Strategy 2 –Improve availability of affordable healthier food and beverage choices in public service venues.
- Participated on the COH's Smoking Task Force (April 2012)

As a COH liaison to the Latino Health Initiative, Dr. Martinez identified the following goals for fiscal year 2013:

- Continue to attend the Latino Health Initiative meetings in the role of COH liaison.
- Continue to report relevant issues to the COH and enhance the link between the Latino Health Initiative and the COH.
- Continue to identify opportunities for LHI and COH collaboration around improving the availability of affordable healthier food and beverage choices in County public service venues
- Identify opportunities for collaboration on efforts to improve health equity; an area the LHI will pay greater attention to in 2013.
- Broadly promote further collaborative efforts in the area of health advocacy.

Healthy Montgomery Steering Committee Ron Bialek, MPP, Vice Chair

After an extensive review of County health data and focus group data, during Fiscal Year 2012 the Healthy Montgomery Steering Committee established two priority areas for its immediate focus: 1) obesity; and 2) behavioral health. To develop strategies to improve health within these two areas, the Steering Committee has established work groups for each of these focus areas. Membership on these work groups is being finalized and these work groups are beginning to meet. One Commission on Health member, Dr. Shari Targum, has agreed to serve on the Obesity work group.

The Commission on Health has provided information to the Healthy Montgomery Steering Committee regarding the Commission's work to address obesity prevention within the County. The Steering Committee expressed an interest in building on the work of the Commission, rather than duplicating efforts. This being the case, the Steering Committee has been informed about the letters the Commission sent to various County agencies, the County Executive, and the County Council recommending evidence-based obesity prevention strategies that can be implemented by County agencies at little or no cost to the County.

The Commission on Health has been engaged with the Healthy Montgomery Steering Committee in the following:

- Attending Steering Committee meetings
- Reviewing County health data
- Reviewing focus group data regarding health concerns of County residents
- Recommending health priorities for action
- Suggesting potential members for work groups
- Recommending strategies for addressing priority health areas

Presenting information about Commission on Health actions related to the obesity priority area.

Montgomery County Medical Society

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

The Montgomery County Medical Society (MCMS), representing over 1100 practicing physicians, plays an active role in the health of our county residents.

The Community Outreach Committee is a participant in the Obesity Preventions Strategy Group and is also involved in a variety of school health issues.

MCMS physicians meet frequently with our elected representatives in both Annapolis and Washington to discuss important health issues, including access to care, public health measures (including smoking and nutrition), and health care reform.

MCMS physicians are also actively involved in a variety of volunteer efforts including several clinics, health fairs, and screening programs.

The Medical Society's Alliance has also very active in the community events, raising money and donating stuffed animals to the Tree House Children's Shelter, as well as promoting skin cancer awareness and smoking cessation.

Montgomery Cares Advisory Board

Steve Thronson, MBA, Commissioner

I. Status of Fiscal Year 2012 Priorities:

- The Montgomery Cares (MCares) Advisory Board has concentrated on one budget priority for FY13 – to expand the capacity of MCares providers to offer essential health care services to more of the County's uninsured adult residents. Considering the addition of 1.3M into the Montgomery Cares budget for FY13, the MCAB is pleased with their success and fortune in advocating for their programs.
- Additions to the budget include funding for primary care, specialty care, behavioral health, oral health, electronic medical records and funding for the new Holy Cross Aspen Hill Clinic.

II. Collaboration with other Board, Commission or Committee:

- The Commission on Health collaborated with the Montgomery Cares Advisory board and wrote a letter to the County Executive and the County Council in support of the MCAB budget priorities.

III. Special Events and Announcements of Interest to the Director and other Board, Commission or Committee:

- The MCAB has worked hard this quarter reaching out to many appointed and elected officials to share their budget priorities. They were successful in meeting with the County Executive and all nine members of the Council.
- The MCAB held a conference call with the 5 area hospital CEOs and received their commitment to also support the MCAB budget priorities by writing a jointly-signed letter to the CE and the CC.

Additionally, each hospital leader has appointed a “MCares Liaison” for ongoing collaborative efforts.

- The MCAB is planning their annual retreat for July 25, 2012.

Obesity Prevention Strategy Group

Alan Kaplan, M.D., Commissioner

The Obesity Prevention Strategy Group (OPSG) met quarterly during the 2012 fiscal year. Judy Stiles (MCRD) and Linda Goldsholl (HHS) served as co-chairs. I started mid-year with this group. I attended three meetings and one conference call. The group is attempting to get healthy vending into the workplace, focusing now on the County government with the ultimate objective of all areas of society. OPSG participants are from other agencies, medical groups and the school system.

Originally the group hoped to set up a demonstration program in early June but because not all the key players could be present, that was put on hold. The plan now is do a pilot demonstration with appropriate educational efforts. The results of the pilot sales would be compared to the similar time frame from a previous year to judge the effectiveness of offering healthy vending.

The vendor is willing to participate in the study. His continuation of the effort will really depend on the sales/profits. The OPSG membership believes he has the special vending machines available for this effort. As part of the effort a select group of county employees were surveyed. While the study seems to indicate that people will participate/purchase healthy foods, the real test will be the pilot.

D. COH Committee Reports for FY12

Obesity Prevention Strategy 2 Workgroup **Summary of Activities** **July 2011-June 2012**

Goal: Identify well researched and focused opportunities to implement strategies to assist Montgomery County **improve the availability of affordable healthier food and beverage choices in public service venues** (CDC Obesity Prevention Strategy 2).

Expected outcomes by year end:

1. Review the scientific literature and conduct data gathering activities related to Preventions Strategy 2
2. Identify best method(s) for implementing Prevention Strategy 2 in Montgomery County
3. Make recommendations

Summary:

Workgroup Activities:

- Research was conducted to identify a range of strategies implemented by state and local governments to improve the availability of healthier food and beverage choices in public venues.
- The workgroup determined that environmental strategies such as increasing availability and variety of healthy food options, reducing the price of healthy food in worksite cafeterias and vending machines, and tailored nutrition education are strategies that are well supported by research and have been implemented by a number local jurisdictions across the country with success.
- The workgroup developed and submitted a data request to Director of General Services on November 18, 2011 requesting information regarding policies on nutritional standards for food products sold in County cafeterias and vending machines (non-MCPS facilities) and policies regarding the promotion, placement, and pricing of foods in vending machines.
- Workgroup members liaised with the MC Obesity Prevention Strategy Group to coordinate activities.
- The Workgroup recommended that *Nutritional Guidelines for Vending Machines* located in County facilities be established. The workgroup also identified specific provisions that should be included in such guidelines to address the characteristics of the products to be sold such as pricing, placement, and promotion.
- - **Product:** Adopt healthy-choice nutritional standards for vending machines. A list of healthy products that meet nutritional standards should be developed and maintained.
Examples:
 - Standards for food should consider calories, fats, sugar, sodium and fiber content and portion size. Products should not contain trans-fats.
 - Standards for beverages should consider calories, fat, and sugar or high-fructose corn syrup content and size. Water should be included among choices.
 - **Pricing:** The pricing of healthy items can be a strong determinant for when choosing from a vending machine, and may well be a key to changing behavior. Cost can positively or negatively impact purchasing decisions.
Examples:
 - Healthy items should not cost more than the regular version.
 - The price of the healthy items should either be set lower than the regular version of the items, or a comparable level.
 - **Placement:** Proper placement of the healthy vending machine items can assist employees in identifying the healthy choices and makes it easier to purchase a healthy item.

Examples:

- Fifty percent of products will be healthy food and drink choices.
 - Healthy items should be placed in center rows or in the far left rows of machines for easy viewing and selection.
 - Healthy choices should be inventoried and filled by contractors/vendors at all times.
- **Promotion:** Promotion or publicizing the availability of healthy food products is critical to success.
- Examples:
- Promotional materials may include front of package good choice symbols (i.e. Heart Healthy) or labeling, posters, bill boards, table tents.
 - Information to employees through websites, newsletters, or emails.
- **Implementation:** Current procurement contracts with vending machine providers should be reviewed immediately and revised accordingly to reflect the *Nutritional Guidelines for Vending Machines*. For new contracts, new Requests for Proposals should include in the solicitation a statement that all vending machines must comply with the nutritional guidelines.
- **Enforcement:** Vending machines should be inspected periodically (quarterly) for adherence. Contractors/vendors that do not comply should be removed from service.
- The workgroup's recommendations were submitted in a letter to the County Executive on (March 22, 2012)

Obesity Prevention Strategy 2 Workgroup

Ms. Marla Caplon

Mr. Pierre-Marie Longkeng

Dr. Rose Marie Martinez

Dr. Alan S. Kaplan

Dr. Shari Targum

Dr. Harry Kwon

Montgomery County Commission on Health Workgroup on Obesity Prevention Strategies 4 & 6 July 2011 – June 2012

Goal(s): Identify well-documented approaches and incentives 1) to food retailers to offer healthier food choices; 2) production, distribution and procurement of foods from local farms (CDCP Prevention Strategy 4 & 6).

Workgroup Activities Summary:

The U.S. Centers for Disease Control and Prevention (CDCP) has identified several obesity prevention strategies for creating and maintaining a healthy food environment in local areas (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>).

The Workgroup participated with several groups in collaborative efforts designed, in part, to assess the nutrition-related health status, food access and disparity problems in Montgomery County and considered obesity-related objectives.

To learn more about current obstacles to combat the obesity epidemic in the County, the Workgroup reviewed research into community food accessibility and choice, identified possible measurements (i.e.

'Food Deserts', etc.) and considered policy approaches consistent with the CDC Strategy 4 and 6 alternatives.

At meetings with the Montgomery County Department of Economic Development (DED), Agricultural Services Division, discussing research into community food availability, the Workgroup determined that the County's current land use and permitting regulations impose barriers to agricultural and horticultural businesses in Montgomery County. These strategies involve rethinking local zoning, land use planning, urban/peri-urban agriculture, farmland protection, local food distribution, food access, and more. The Workgroup reviewed these approaches for applicability to Montgomery County.

The DED has developed approaches that are designed to foster an environment to permit agricultural processing operations in the agricultural zone where agriculture is the preferred use, and identifies land uses that are needed to achieve the goals of more agricultural processing operations and farms similar to other jurisdictions where residents can more readily purchase locally grown and processed foods.

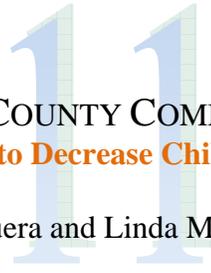
The COH also addressed with DED issues of accessibility to healthy foods for the elderly, disabled, and low income families. While there may be ample places to purchase healthy foods throughout the county, access may be limited due to transportation barriers. The cost and frequency of busses to and from supermarkets, and their accommodation for persons with disabilities, may limit access for individuals who have mobility and/or income limitations. DED requested evidence-based strategies for addressing these issues. At this time, COH has not been able to identify such strategies.

Based upon its studies, the Workgroup recommended that the County Executive and County Council consider policies that encourage the procurement of food from local farms. County policies should promote and increase the viability of local farms, and the availability, security and consumption of healthful locally-produced foods, and supports incentives such as farmland preservation, marketing of local crops, zoning variances, subsidies, and streamlined licensing.

At the April 19, 2012 COH meeting, a Workgroup draft letter to the Montgomery County Council and the County Executive recommending that the Council hold hearings on these and other DED proposals in the near future was presented and adopted. A response was received from Montgomery County Council President Berliner in a letter dated June 15, 2012, suggesting future broad community input to a consideration of these issues by the Council.

Obesity Prevention Strategy 4 & 6 Workgroup:

Mr. Ron Bialek
Ms. Wendy Friar
Mr. Michael Gibble
Dr. Samuel Korper
Mr. Steve Thronson



MONTGOMERY COUNTY COMMISSION ON HEALTH

2011 Plan to Decrease Childhood Obesity

Members: Wendy Friar, Marcos Pesquera and Linda McMillan

Category	Strategy/#	Suggested measurement
Strategy to Encourage Breastfeeding	11. Communities should increase support for breastfeeding.	Local government has a policy requiring local government facilities to provide breastfeeding accommodations for employees that include both time and private space for breastfeeding during working hours.

The Strategy 11 Workgroup decided to inquire from all Montgomery County Agencies their current policies and practices as it relates to breastfeeding in the workplace.

Research has shown that breastfeeding provides a significant degree of protection against childhood obesity (IOM, <http://www.iom.edu/Reports/2011/Updating-the-USDA-National-Breastfeeding-Campaign-Workshop-Summary.aspx>). Despite the advantages of breastfeeding, many women who work outside the home must bottle-feed their babies because their work setting does not provide time or private space to breastfeed or to pump breast milk. Further, federal law supports breastfeeding in the workplace. Section 4207 of the Patient Protection and Affordable Care Act (also known as Health Care Reform), signed into law on March 23, 2010) amended the Fair Labor Standards Act (FLSA) or federal wage and hour law regarding breastfeeding. The amendment requires employers to provide reasonable break time and a private, non-bathroom place for nursing mothers to express breast milk during the workday, for one year after the child's birth. Current applicable laws related to breastfeeding in the U.S. can be found at: <http://www.usbreastfeeding.org/LegislationPolicy/ExistingLegislation/tabid/233/Default.aspx>

The COH offered the following recommendations:

1. Montgomery County Government needs a clear policy requiring government agencies/facilities to provide breast-feeding accommodations for employees that include both time and designated clean space for breastfeeding and expressing breast milk during working hours. These facilities should be private, enclosed areas with an electrical outlet and equipped with a refrigerator for storage. This area cannot be a bathroom.
2. State and local governments can offer incentives to private businesses to accommodate breastfeeding among employees; they can also set policies that require government facilities to support breastfeeding among female employees.
3. Any policy referring to breastfeeding practices should include a communication strategy to improve awareness and clearly state consequences for non-compliance with the policy.

Our workgroup sees the implementation of such practices from as a best practice and mechanism for county government to serve as a role model for the private sector.

14
MONTGOMERY COUNTY COMMISSION ON HEALTH
2012 Plan to Decrease Childhood Obesity

Members: Wayne Swann (scribe), Dr. Peter Sherer, Dr. Daniel Russ, Dr. Gregory Serfer, and Mitchell Berger

Category	Strategy/#	Suggested measurement
Strategies to Encourage Physical Activity or Limit Sedentary Activity Among Children and Youth	14. Communities should increase opportunities for extracurricular physical activity.	The percentage of public schools within the largest school district in a local jurisdiction that allow the use of their athletic facilities by the public during non-school hours on a regular basis. (Note: We might change this measure for Montgomery County)

The Strategy #14 Workgroup initially inquired about the usage of public school and County recreational facilities during after school hours as an indication of the availability to children for extra-curricular activities. Based on the response from the Schools and anecdotal evidence it appears that the facilities are very well utilized during “after-school hours.” Our next effort was to promote and encourage attendance at these activities by all children as well as identify an appropriate measurement for evaluating success or failure. To this end we included in the letters to the County Council and the County Executive the following recommendations:

1. MCPS should develop programs that encourage their students not currently involved in interscholastic sports to increase physical activity as part of a healthy lifestyle.
2. MCPS should measure weight and height from students and provide anonymous Body Mass Index (BMI) data to Montgomery County DHHS to track obesity rates and set a baseline for future obesity prevention programs.
3. MCPS should add Field Day as part of the Elementary School K-5 Physical Education Program. With pressure to increase time in other subjects, an event that celebrates physical education sends a strong message of the importance of physical activity to a healthy lifestyle.

The Workgroup feels that this is a good start toward encouraging physical activity among children and youth not already engaged in sports and thereby promoting this aspect of a healthy lifestyle.

E. Testimony



Montgomery County Commission on Health

Fiscal Year 2012 Policy Recommendations Health and Human Services Committee Work Session October 6, 2011

Good morning Mr. Leventhal, Ms. Navarro, Mr. Rice and my fellow committee chairs. My name is Marcos Pesquera, Chair of the Commission on Health. Thank you for this opportunity to briefly share with you the priorities that our commission will be focusing on in fiscal year 2012.

Last year the commission decided to promote healthy choices and prevention, in particular the issue of obesity. To support this priority, we focused on: 1.) *obtaining data* 2.) *engaging nontraditional partnerships* and 3.) *ensuring health equity*. However, we found ourselves struggling given the immensity of this issue.

According to the recent "*F as in Fat Report*," from the Trust for America's Health, fifteen years ago, Maryland had a combined obesity and overweight rate of 64.1 percent. According to the Healthy Montgomery website, Montgomery County shows a combined rate of 54.3 percent. Clearly, the answer is to improve our diets and get moving, right? Sometimes it's not that simple, because the environment in which we live make it difficult to do the right thing. For our Montgomery County residents we want the healthy choice to be the easy choice.

Through the Patient Protection and Affordable Care Act, resources will be aimed at reducing obesity. At the state level, The Maryland State Health Improvement Process (SHIP) has two objectives aimed at reducing obesity. Objective 30, *Increase the proportion of adults who are at a healthy weight* and Objective 31, *Reduce the proportion of children and adolescents who are considered obese*.

As a commission, we examined the CDC report titled "Recommended Community Strategies and Measurements to Prevent Obesity in the United States." After much consideration and discussion, we decided to continue our focus on obesity prevention; however we changed our strategy and concentrated on 4 out of the 24 CDC recommendations.

In order to better understand the issues and work on measurable policy recommendations we formed 4 workgroups. Each workgroup will focus on one policy recommendation. The four strategies are:

1. Communities should improve availability of affordable healthier food and beverage choices in public service venues.
2. Communities should provide incentives for the production, distribution, and procurement of foods from local farms.
3. Communities should increase support for breastfeeding.
4. Communities should increase opportunities for extracurricular physical activity.

We began our process by sending a fact finding letter to Montgomery County Government, MCPS, Park and Planning, Montgomery College and WSSC, in order to determine what our County agencies provide employees with regard to breastfeeding facilities, policies and work schedules. The Commission will continue this fact finding process concerning the other three strategies in the next few months. As each workgroup completes their research we will be forwarding our policy recommendations to the County Council and County Executive for consideration.

During our upcoming annual retreat the commissioners will have the opportunity to listen to a national expert on obesity prevention Dr. Jeffrey Levi. He will discuss the "*F as in Fat*" report from the Trust for America's Health. Our annual retreat is essential as it will give us the opportunity to discuss strategies to advance adoption of the CDC's recommendations by County agencies, develop our work plans and begin to review agencies feedback as a baseline. All these plans will be finalized after the retreat in two weeks.

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

As always, thank you for this opportunity to allow the Commission on Health to serve the residents of Montgomery County. We look forward to working with the County Executive and County Council to improve the health and wellness of our residents.



Montgomery County Commission on Health

Presentation to County Executive Isiah Leggett

February 23, 2012

Budget FY 2013

Overview:

This fiscal year, the **Commission on Health (COH)** is focused on developing recommendations in support of obesity prevention strategies in Montgomery County, since obesity greatly increases the risk of many diseases and adverse health conditions. After an extensive literature search, the COH decided to focus on four evidence-based strategies identified by the Centers for Disease Control and Prevention in its report, *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*.

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

Key Issues for the Commission on Health:

- Obesity as an indicator of the overall health of a community greatly increases the prevalence and severity for many diseases and adverse health conditions. Budget neutral policies can be implemented by County government to prevent and reduce obesity of our residents.
- Continuing to develop the Healthy Montgomery process (Community Health Improvement Process - CHIP) is essential to the County's capacity for comprehensive data collection, analysis, and effective action. Better data collection will help the County and the COH determine health needs, health disparities and inequities.

Proposed Solutions from the Commission on Health:

The COH has structured four workgroups to further analyze and recommend solutions that will aid in the implementation of obesity prevention strategies by County agencies.

Each of the four workgroups was formed around one of the following specific strategies:

1. Improving the availability of affordable, healthier food and beverage choices in public service venues
2. Ensuring there are adequate incentives for food retailers to locate in and/or offer healthier food and beverage choices in underserved areas
3. Increasing support for breastfeeding with an initial focus on policy in County agencies to serve as models for other businesses
4. Ensuring there are adequate opportunities supported and promoted by County agencies for extracurricular physical activity

In the next couple of months, the COH will continue its background work on existing County policies that impact obesity of County residents, and will be presenting budget neutral policy recommendations for consideration by the County Executive and County Council. We look forward to discussing these recommendations further, so that they lead to implementation of County policies and reduced obesity within the County.

The four obesity prevention strategies upon which the COH is focused appear to be simple in nature, however changing behaviors is complex. Evidence-based strategies show that policy changes may be very effective in changing behaviors. The vision we have for all Montgomery County residents is for the healthy choice to be the easy choice.

Thank you for the opportunity to serve the residents of Montgomery County. We look forward to working with you to improve the health and wellness of all our residents.

Thank you.

Marcos Pesquera, Chair

Ron Bialek, Vice Chair

F. Correspondence



COMMISSION ON HEALTH

July 28, 2011

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

Dear Council President Ervin,

The Montgomery County Commission on Health (COH) is very fortunate to have Ms. Linda McMillan, the liaison from the County Council, attend our meetings. Ms. McMillan is an invaluable source of information and helps the COH better focus our efforts to advise the County Council and County Executive. Recently Ms. McMillan suggested that in addition to making proposals for state legislation to the Department of Health and Human Services, the COH should also make recommendations to the County Council. After discussing proposals at the Commission on Health meeting on July 21, 2011, the Commission passed the following motion:

“Support Body Mass Index (BMI) collection from Maryland’s school children in aggregate form broken down by age, race, gender and ethnicity. Aggregate data from local jurisdictions should be made available to local and state public health departments on an annual basis. These data will help health departments benchmark, monitor and improve efforts that are statewide and within local jurisdictions to reduce and prevent childhood obesity in Maryland.

The Commission recommends that the County Council consider this issue so that Maryland’s state and local health departments can more effectively prevent and reduce childhood obesity. Currently, there is very little population-wide data on heights and weights (to calculate BMIs) on children in the state and the Youth Behavioral Risk Factor Survey only provides self-reported data. As has been demonstrated throughout the nation, when schools and health departments share data and work to improve the health of children, great success is achieved.

Please feel free to contact me if you would like to discuss this further. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Pesquera', with a stylized flourish at the end.

Marcos Pesquera, R.Ph., MPH
Chair, Montgomery County Commission on Health

CC:

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



COMMISSION ON HEALTH

July 29, 2011

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

Dear Ms. Brennan:

The Montgomery County Commission on Health (COH), at a meeting on July 21, 2011, passed the following Motion:

That the Montgomery County Commission on Health join with and support the Montgomery County Coalition on Care at the End of Life in the Coalition's efforts to gain support for the adoption, appropriate training and professional and public education efforts in Montgomery County, of the "Medical Orders for Life-Sustaining Treatment" (MOLST) Form, and protocol changes to allow first responders to withhold resuscitative efforts for specified compelling reasons, and other efforts designed to enhance the quality of treatment to terminally ill patients.

As you know, the COH has been actively involved in reviewing issues surrounding care at the end of life. Thus the COH is pleased that the Maryland MOLST initiative was approved by the state legislature in the most recent legislative session (reference: Chapter 21 "Medical Orders for Life-Sustaining Treatment" Form. Authority: Health - General Article, §§ 2-104, 5-608, 5-608.1, 5-609; Annotated Code of Maryland).

The Commission believes that MOLST is an important tool to assist EMS personnel who are confronted with a patient who is clearly terminally ill or has just expired, for whom resuscitative efforts are not wanted by the patient or surrogate decision maker, but for whom no valid DNR/EMS order exists.

Training on MOLST implementation, as well as the development of ongoing professional and public education activities are the required next steps in assuring that emergency treatment of terminally ill patients is consistent with law and respectful of the wishes of the dying patient and those responsible for their care. The Commission on Health looks forward to participation with the Coalition on Care at the End of Life and other

organizations on this effort.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marcos Pesquera', written in a cursive style.

Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health

CC:

Uma Ahluwalia, Director, Department of Health and Human Services

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

Jay Kenney, Ph.D., Chief, Aging & Disability Services

Odile Saddi, Ed.D. Director, Area Agency on Aging, Aging and Disability Services



COMMISSION ON HEALTH

July 29, 2011

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Program Manager
Senior Health Promotion
Department of Health and Human Services
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COMMISSION ON HEALTH

July 29, 2011

Vivian M. Lawyer, Chief Human Resources Officer
Montgomery College
900 Hungerford Drive, Suite 130
Rockville, Maryland 20850

Dear Ms. Lawyer:

The Montgomery County Commission on Health (COH) is supporting the Montgomery County Department of Health and Human Services' (DHHS) effort to reduce adult and childhood obesity in the County. As a commission, we are exploring four strategies from the Centers for Disease Control and Prevention (CDC) as follows:

- Strategy 2: Communities should improve availability of affordable healthier food and beverage choices in public service venues.
- Strategy 6: Communities should provide incentives for the production, distribution, and procurement of foods from local farms.
- Strategy 11: Communities should increase support for breastfeeding.
- Strategy 14: Communities should increase opportunities for extracurricular physical activity.

In an effort to make realistic recommendations to the County Executive and County Council, we would like to enlist your assistance in responding to questions about policies in your organization relative to the CDC's recommended strategies to reduce obesity. We anticipate four letters of correspondence over the next few months.

Your assistance is greatly appreciated. We also welcome any thoughts you may have on how to improve the health of our residents by reducing obesity in Montgomery County.

Thank you for your assistance.

Sincerely,

Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health



COMMISSION ON HEALTH

July 29, 2011

Vivian M. Lawyer, Chief Human Resources Officer
Montgomery College
900 Hungerford Drive, Suite 130
Rockville, Maryland 20850

Dear Ms. Lawyer:

I am writing on behalf of Montgomery County's Commission on Health requesting information on your agency's policies and practices that support breastfeeding.

The Commission on Health is comprised of 21 representatives of the general public, health care professionals, health care organizations and institutions, the County Health Officer and the County Council that are charged with advising the County Executive and County Council on health planning needs and gaps in County public health programs.

The Commission is undertaking an effort to review several strategies established by the Center for Disease Control (CDC) to combat obesity. The Commission views obesity, and especially childhood obesity, and one of the most critical health problems facing Montgomery County. The CDC notes that about 2/3 of U.S. adults and 1/5 of U.S. children are obese or overweight and that from 1980-2004 obesity prevalence among U.S. adults doubled. The CDC

(<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>)

has adopted 24 strategies to combat obesity. Strategy #11 is **“Communities Should Increase Support for Breastfeeding.”** The CDC further suggests that, **local government should have a “policy requiring local government facilities to provide breastfeeding accommodations for employees that include both time and private space for breastfeeding during working hours.”**

Breastfeeding is shown to have many benefits:

- Breastfeeding protects infants and children from a variety of acute and chronic diseases.
- Breastfed infants have a reduced risk of obesity throughout their life span. One study showed that for each month of breastfeeding up to age 9 months, the odds of being overweight decreased by 4% when compared to a child who was never breastfed.
- Women who breastfeed have a reduced risk of breast cancer, ovarian cancer, Type 2 Diabetes, and postpartum depression.

One evidenced-based practice that is shown to increase the likelihood that a mother will continue to breast feed her baby is support for breastfeeding in the workplace. Working outside the home is associated with lower rates of initial breastfeeding and reduced total time for breastfeeding. In 2004, only 35% of mothers aged 20-29 breastfed their baby for the first six months.

In addition to health benefits, the United States Breastfeeding Committee reports that corporate lactation programs have demonstrated a decrease in absenteeism and a reduction in sick child health care claims. Employers including Aetna, Cigna, and Home Depot have documented savings. In 2002, the Arizona Department of Health Services adopted a breastfeeding policy for all its employees that allows new mothers to bring their child to work until age 4 months. This period can be extended in 1 month increments depending on job performance and the infant's activity level. Texas adopted the following as the components for a mother-friendly workplace that supports breastfeeding.

- Flexible work schedules to provide time for milk expression.
- Access to a private location for milk expression.
- Access to a nearby clean and safe water source and sink for washing hands and rinsing out any breast-pump equipment.
- Access to hygienic storage options for the mother to store her milk.

The Federal Patient Protection and Affordable Care Act that was signed into law on March 23, 2010 amended the Fair Labor Standards Act to require an employer to provide a covered employee with reasonable break time for a mother to express milk for 1 year after the child is born. The Act also requires that the employer provide a place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public.

In the interest of accessing what our County agencies provide, please provide us with a written response to the following questions:

1. Does your agency have a policy in place to support breastfeeding and, if so, what is that policy?
2. Are you able to provide employees who are nursing mothers with adequate time to express milk?
3. Does your agency allow a nursing mother to have her child at the workplace in order to encourage breastfeeding?
4. Do you have a room, other than a bathroom, which can be used as a lactation room? If so, is there access to clean water and to a refrigerator that could be used for milk storage?

5. Do your employee health plans cover lactation assistance programs that would help a nursing mother to begin breastfeeding and/or lengthen the duration of breastfeeding? Do these plans cover the cost of breast pumps?
6. Are there issues that prevent your agency from implementing this obesity prevention strategy?

Thank you in advance for assisting the Commission with this request. We are making the same request of all five County and bi-County agencies and will be forwarding the information we compile to the County Executive and County Council for their consideration.

Sincerely,



Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health

CC:

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



COMMISSION ON HEALTH

July 29, 2011

Carole C. Goodman, Associate Superintendent
MCPS Human Resources and Development
7361 Calhoun Place, Suite 401
Rockville, Maryland 20855

Dear Ms. Goodman:

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Your assistance is greatly appreciated. We also welcome any thoughts you may have on how to improve the health of our residents by reducing obesity in Montgomery County.

Thank you for your assistance.

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Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health



COMMISSION ON HEALTH

July 29, 2011

Carole C. Goodman, Associate Superintendent
 MCPS Human Resources and Development
 7361 Calhoun Place, Suite 401
 Rockville, Maryland 20855

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Thank you in advance for assisting the Commission with this request. We are making the same request of all five County and bi-County agencies and will be forwarding the information we compile to the County Executive and County Council for their consideration.

Sincerely,



Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health

CC:

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



COMMISSION ON HEALTH

July 29, 2011

Francoise Carrier, Chair
Montgomery County Planning Board
M-NCPPC
8787 Georgia Ave.
Silver Spring, MD 20910

Dear Ms. Carrier:

The Montgomery County Commission on Health (COH) is supporting the Montgomery County Department of Health and Human Services' (DHHS) effort to reduce adult and childhood obesity in the County. As a commission, we are exploring four strategies from the Centers for Disease Control and Prevention (CDC) as follows:

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Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health



COMMISSION ON HEALTH

July 29, 2011

Francoise Carrier, Chair
 Montgomery County Planning Board
 M-NCPPC
 8787 Georgia Ave.
 Silver Spring, MD 20910

Dear Ms. Carrier:

I am writing on behalf of Montgomery County's Commission on Health requesting information on your agency's policies and practices that support breastfeeding.

The Commission on Health is comprised of 21 representatives of the general public, health care professionals, health care organizations and institutions, the County Health Officer and the County Council that are charged with advising the County Executive and County Council on health planning needs and gaps in County public health programs.

The Commission is undertaking an effort to review several strategies established by the Center for Disease Control (CDC) to combat obesity. The Commission views obesity, and especially childhood obesity, and one of the most critical health problems facing Montgomery County. The CDC notes that about 2/3 of U.S. adults and 1/5 of U.S. children are obese or overweight and that from 1980-2004 obesity prevalence among U.S. adults doubled. The CDC

(<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>)

has adopted 24 strategies to combat obesity. Strategy #11 is **“Communities Should Increase Support for Breastfeeding.”** The CDC further suggests that, **local government should have a “policy requiring local government facilities to provide breastfeeding accommodations for employees that include both time and private space for breastfeeding during working hours.”**

Breastfeeding is shown to have many benefits:

- Breastfeeding protects infants and children from a variety of acute and chronic diseases.
- Breastfed infants have a reduced risk of obesity throughout their life span. One study showed that for each month of breastfeeding up to age 9 months, the odds of being overweight decreased by 4% when compared to a child who was never breastfed.
- Women who breastfeed have a reduced risk of breast cancer, ovarian cancer, Type 2 Diabetes, and postpartum depression.

One evidenced-based practice that is shown to increase the likelihood that a mother will continue to breast feed her baby is support for breastfeeding in the workplace. Working outside the home is associated with lower rates of initial breastfeeding and reduced total time for breastfeeding. In 2004, only 35% of mothers aged 20-29 breastfed their baby for the first six months.

In addition to health benefits, the United States Breastfeeding Committee reports that corporate lactation programs have demonstrated a decrease in absenteeism and a reduction in sick child health care claims. Employers including Aetna, Cigna, and Home Depot have documented savings. In 2002, the Arizona Department of Health Services adopted a breastfeeding policy for all its employees that allows new mothers to bring their child to work until age 4 months. This period can be extended in 1 month increments depending on job performance and the infant's activity level. Texas adopted the following as the components for a mother-friendly workplace that supports breastfeeding.

- Flexible work schedules to provide time for milk expression.
- Access to a private location for milk expression.
- Access to a nearby clean and safe water source and sink for washing hands and rinsing out any breast-pump equipment.
- Access to hygienic storage options for the mother to store her milk.

The Federal Patient Protection and Affordable Care Act that was signed into law on March 23, 2010 amended the Fair Labor Standards Act to require an employer to provide a covered employee with reasonable break time for a mother to express milk for 1 year after the child is born. The Act also requires that the employer provide a place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public.

In the interest of accessing what our County agencies provide, please provide us with a written response to the following questions:

1. Does your agency have a policy in place to support breastfeeding and, if so, what is that policy?
2. Are you able to provide employees who are nursing mothers with adequate time to express milk?
3. Does your agency allow a nursing mother to have her child at the workplace in order to encourage breastfeeding?
4. Do you have a room, other than a bathroom, which can be used as a lactation room? If so, is there access to clean water and to a refrigerator that could be used for milk storage?

5. Do your employee health plans cover lactation assistance programs that would help a nursing mother to begin breastfeeding and/or lengthen the duration of breastfeeding? Do these plans cover the cost of breast pumps?
6. Are there any issues that prevent your agency from implementing this obesity prevention strategy?

Thank you in advance for assisting the Commission with this request. We are making the same request of all five County and bi-County agencies and will be forwarding the information we compile to the County Executive and County Council for their consideration.

Sincerely,



Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health

CC:

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



COMMISSION ON HEALTH

July 29, 2011

Joseph Adler, Director
Montgomery County Office of Human Resources
101 Monroe Street, 7th Floor
Rockville, MD 20850

Dear Mr. Adler:

The Montgomery County Commission on Health (COH) is supporting the Montgomery County Department of Health and Human Services' (DHHS) effort to reduce adult and childhood obesity in the County. As a commission, we are exploring four strategies from the Centers for Disease Control and Prevention (CDC) as follows:

- Strategy 2: Communities should improve availability of affordable healthier food and beverage choices in public service venues.
- Strategy 6: Communities should provide incentives for the production, distribution, and procurement of foods from local farms.
- Strategy 11: Communities should increase support for breastfeeding.
- Strategy 14: Communities should increase opportunities for extracurricular physical activity.

In an effort to make realistic recommendations to the County Executive and County Council, we would like to enlist your assistance in responding to questions about policies in your organization relative to the CDC's recommended strategies to reduce obesity. We anticipate four letters of correspondence over the next few months.

Your assistance is greatly appreciated. We also welcome any thoughts you may have on how to improve the health of our residents by reducing obesity in Montgomery County.

Thank you for your assistance.

Sincerely,

Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health



COMMISSION ON HEALTH

July 29, 2011

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The Commission is undertaking an effort to review several strategies established by the Center for Disease Control (CDC) to combat obesity. The Commission views obesity, and especially childhood obesity, and one of the most critical health problems facing Montgomery County. The CDC notes that about 2/3 of U.S. adults and 1/5 of U.S. children are obese or overweight and that from 1980-2004 obesity prevalence among U.S. adults doubled. The CDC

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has adopted 24 strategies to combat obesity. Strategy #11 is **“Communities Should Increase Support for Breastfeeding.”** The CDC further suggests that, **local government should have a “policy requiring local government facilities to provide breastfeeding accommodations for employees that include both time and private space for breastfeeding during working hours.”**

Breastfeeding is shown to have many benefits:

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- Women who breastfeed have a reduced risk of breast cancer, ovarian cancer, Type 2 Diabetes, and postpartum depression.

One evidenced-based practice that is shown to increase the likelihood that a mother will continue to breast feed her baby is support for breastfeeding in the workplace. Working outside the home is associated with lower rates of initial breastfeeding and reduced total time for breastfeeding. In 2004, only 35% of mothers aged 20-29 breastfed their baby for the first six months.

In addition to health benefits, the United States Breastfeeding Committee reports that corporate lactation programs have demonstrated a decrease in absenteeism and a reduction in sick child health care claims. Employers including Aetna, Cigna, and Home Depot have documented savings. In 2002, the Arizona Department of Health Services adopted a breastfeeding policy for all its employees that allows new mothers to bring their child to work until age 4 months. This period can be extended in 1 month increments depending on job performance and the infant's activity level. Texas adopted the following as the components for a mother-friendly workplace that supports breastfeeding.

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- Access to a private location for milk expression.
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- Access to hygienic storage options for the mother to store her milk.

The Federal Patient Protection and Affordable Care Act that was signed into law on March 23, 2010 amended the Fair Labor Standards Act to require an employer to provide a covered employee with reasonable break time for a mother to express milk for 1 year after the child is born. The Act also requires that the employer provide a place, other than a bathroom, that is shielded from view and free from intrusion from co-workers and the public.

In the interest of accessing what our County agencies provide, please provide us with a written response to the following questions:

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5. Do your employee health plans cover lactation assistance programs that would help a nursing mother to begin breastfeeding and/or lengthen the duration of breastfeeding? Do these plans cover the cost of breast pumps?
6. Are there issues that prevent your agency from implementing this obesity prevention strategy?

Thank you in advance for assisting the Commission with this request. We are making the same request of all five County and bi-County agencies and will be forwarding the information we compile to the County Executive and County Council for their consideration.

Sincerely,



Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health

CC:

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



COMMISSION ON HEALTH

July 29, 2011

Yvonne McKinney, Human Resources Director
Washington Suburban Sanitary Commission
14501 Sweitzer Lane
Laurel, Maryland 20707

Dear Ms. McKinney:

The Montgomery County Commission on Health (COH) is supporting the Montgomery County Department of Health and Human Services' (DHHS) effort to reduce adult and childhood obesity in the County. As a commission, we are exploring four strategies from the Centers for Disease Control and Prevention (CDC) as follows:

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In an effort to make realistic recommendations to the County Executive and County Council, we would like to enlist your assistance in responding to questions about policies in your organization relative to the CDC's recommended strategies to reduce obesity. We anticipate four letters of correspondence over the next few months.

Your assistance is greatly appreciated. We also welcome any thoughts you may have on how to improve the health of our residents by reducing obesity in Montgomery County.

Thank you for your assistance.

Sincerely,

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Chair, Montgomery County Commission on Health



COMMISSION ON HEALTH

July 29, 2011

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 Washington Suburban Sanitary Commission
 14501 Sweitzer Lane
 Laurel, Maryland 20707

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Thank you in advance for assisting the Commission with this request. We are making the same request of all five County and bi-County agencies and will be forwarding the information we compile to the County Executive and County Council for their consideration.

Sincerely,



Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health

CC:

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



COMMISSION ON HEALTH

November 18, 2011

David Dise, Director
Montgomery County Department of General Services
9th Floor, 101 Monroe Street
Rockville, MD 20850

Dear Mr. Dise:

I am writing on behalf of Montgomery County's Commission on Health requesting information on your offices policies and practices that support access to healthy nutrition in county facilities.

The Commission on Health is comprised of 19 representatives of the general public, health care professionals, health care organizations and institutions, the County Health Officer and the County Council that are charged with advising the County Executive and County Council on health planning needs and gaps in County public health programs.

The Commission is undertaking an effort to review several strategies established by the Center for Disease Control and Prevention (CDC) to reduce obesity. The Commission views obesity, and especially childhood obesity, as one of the most critical health problems facing Montgomery County. The CDC notes that about two-thirds of U.S. adults and one out of five of U.S. children are obese or overweight and that from 1980-2004, obesity prevalence among U.S. adults doubled. The CDC has adopted 24 strategies to combat obesity. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>).

Among CDC's 24 Community Strategies to Prevent Obesity is the recommendation that: **"Communities Should Improve Availability of Affordable Healthier Food and Beverage Choices in Public Service Venues."** The CDC further suggests that public service venues are well positioned to influence the availability of healthier foods including those offered in after-school programs, child care centers, community recreational facilities (e.g., parks, playgrounds, and swimming pools), city and county buildings, prisons, and juvenile detention centers. Improving the availability of healthier food and beverage choices (e.g., fruits, vegetables, and water) in such venues might increase the access to and consumption of healthier foods.

Literature reviews conducted by a number of science-based organizations have found evidence to support implementing environmental strategies such as increasing the availability and variety of healthful food options, reducing the price of healthful food in work site cafeterias and vending

machines, and tailored nutrition education to be beneficial in helping individuals make better food choices.

In the interest of understanding how the County and its subcontractors support healthy nutrition in county facilities, please provide us with a written response to the following questions:

1. **Does the County have a policy to apply nutrition standards that are consistent with the Dietary Guidelines for Americans to all food sold (e.g., meal menus and vending machines) within local government facilities in the jurisdiction? If such a policy exists, we would appreciate receiving a copy of the policy.**
 - a. Is adherence to the policy monitored? How?
 - b. Does the County work with vendors (contractors) to modify food and beverage specifications to adhere to Dietary Guidelines for Americans? If so, how?
 - c. Has the nutritional content of cafeteria and vending machine food and beverages been analyzed? How is the information used?
 - d. If different nutrition guidelines or standards are applied, please provide a copy.
2. **Does the County have a policy for adjusting pricing to encourage the purchase of healthy foods?**
 - a. Are healthy foods and beverages sold at a lower cost?
 - b. Are the costs of healthy foods and beverages subsidized?
3. **Does the County have a policy for promoting healthy foods and beverages by:**
 - a. Using icons used to identify healthy foods and beverages?
 - b. Providing nutrition information at point of purchase (displaying signage or information on nutritional content)
 - c. Placing healthy foods and beverages where they will be most visible?
4. **Does the County have a policy for offering incentives to encourage healthy eating?**
 - a. Provide samples, coupons, has a frequent buyer program for healthy food and beverage purchases (e.g. buy 5 fruit get the 6th one free)
5. **Does the County have a policy for providing nutrition education to its employees?**
 - a. Displays, cooking demonstrations, classes, nutrition resources (e.g. literature)
6. **How and with what periodicity are these policies monitored?**

Thank you in advance for assisting the Commission with this request. We hope to discuss your response at our December 15, 2011 meeting. We are making similar requests regarding policies and practices that support reducing obesity of all five County and bi-County agencies and will be forwarding the information we compile to the County Executive and County Council for their consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Pesquera', written in a cursive style.

Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health

CC:

Uma Ahluwalia, Director, Department of Health and Human Services

Ulder J. Tillman, M.D., County



COMMISSION ON HEALTH

November 18, 2011

Dr. Joshua Starr
Superintendent of Schools
850 Hungerford Drive
Room 122
Rockville, Maryland 20850

Dear Dr. Starr:

The Commission on Health would like to congratulate you on your new position as Superintendent of the Montgomery County Public Schools (MCPS).

I am writing on behalf of the Montgomery County Commission on Health, a 19-member body appointed by the County Executive and confirmed by the County Council. The primary mission of the Montgomery County Commission on Health (COH) is to advise the County Executive and the County Council on public health issues, programs, services and the allocation of funds devoted to public health needs and to monitor and assess the priorities of the Montgomery County Department of Health and Human Services (MCDHHS) in its efforts to address the health needs of county residents.

In 2011, the Commission on Health decided to address the epidemic of obesity. As you are probably aware, more than one-third of U.S. adults (over 72 million people) and 17% of U.S. children are obese. Obesity rates during 1980–2008 have doubled for adults and tripled for children. During the past several decades, obesity rates for all population groups regardless of age, sex, race, ethnicity, socioeconomic status, education level, or geographic region have increased markedly.¹

The Commission has focused on four strategies recommended by the Centers for Disease Control and Prevention: improving availability of affordable healthier food and beverage choices in public service venues; incentives for production, distribution and procurement of food from local farms; support for breastfeeding; and increasing opportunities for extracurricular physical activity. Since physical activity and eating behavior in children are influenced by the school environment, we feel that MCPS could provide critical support for the COH strategies to lower the obesity rate. This is why in the past the COH has worked with MCPS to develop a

¹ source: www.cdc.gov/chronic_disease/resources/publications/AAG/obesity.htm

program in support of school gardens. In fact, these strategies would be consistent with MCPS mission. According to the National Association of State Boards of Education, "Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not fit physically, mentally and socially".²

The Commission and MCPS would benefit greatly if we could have a regular dialogue with the school system. We are asking you to designate a member of your staff to be an ongoing MCPS liaison to the COH in order to achieve the following: A. Engagement with the COH; B. Alignment of strategies; and C. Creation of a partnership to address the obesity and related health issues among students and staff. The COH meets one evening per month, from 6-8 pm, in downtown Rockville. A liaison would also be consistent with several recommendations made to you, including a "community engagement plan" and "two-way flow of information to stakeholders," in the *MCPS Transition Team* report of September, 2011.

We look forward to hearing from you and welcome your ideas for improving health in the schools and the County and how we might work together.

Sincerely,



Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health

CC:

County Executive Isiah Leggett
County Council President Valerie Ervin
Larry Bowers, MCPS Chief Operating Officer
Uma Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, M.D., County Health Officer
Linda Goldsholl, Obesity Prevention Strategy Group
Jack A. Yanovski, M.D., Ph.D. and Jennifer Maehr, M.D., School Health Council

² Wechsler H. et. al. Role of Schools in Preventing Childhood Obesity. December 2004



MONTGOMERY COUNTY PUBLIC SCHOOLS
MARYLAND
www.montgomeryschoolsmd.org

December 7, 2011



Mr. Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health
Department of Health and Human Services
Public Health Services
Office of Partnerships and Health Planning
1335 Piccard Drive, Suite 236
Rockville, Maryland 20850

Dear Mr. Pesquera:

Thank you for your letter of November 18, 2011, regarding the invitation to designate a Montgomery County Public Schools (MCPS) staff member as a liaison to the Commission on Health. I am recommending Mrs. Marla R. Caplon, R.D., director, Division of Food and Nutrition Services, Department of Materials Management, as the liaison for MCPS. Mrs. Caplon currently is a member of the School Health Council, Obesity Prevention Strategy Group, and the Food Council. In her role as the director of food and nutrition services, she has a vested interest in promoting and supporting the health and well-being of our students and staff. I am confident that she will be a valued member of the Commission. Mrs. Caplon may be reached via e-mail at Marla_R_Caplon@mcpsmd.org or by telephone at 301-840-8156.

We look forward to working together with the Montgomery County Commission on Health to achieve its goals for improving health in MCPS and Montgomery County.

Sincerely,

Joshua P. Starr, Ed.D.
Superintendent of Schools

Copy to:

- Mr. Leggett ✓
- Mr. Berliner
- Ms. Ervin
- Mr. Bowers
- Mr. Edwards
- Mrs. Caplon
- Mrs. Lazor

RECEIVED

DEC 12 2011

OFFICE OF THE
COUNTY EXECUTIVE

Office of the Superintendent of Schools

850 Hungerford Drive, Room 122 ♦ Rockville, Maryland 20850 ♦ 301-279-3381



COMMISSION ON HEALTH

November 30, 2011

Mr. Gabriel Albornoz, Director
 Montgomery County Recreation Department
 4010 Randolph Road
 Silver Spring, MD 20902

Dear Mr. Albornoz:

I am writing on behalf of Montgomery County's Commission on Health requesting information on your agency's efforts to promote extracurricular physical activity for children.

The Commission on Health is comprised of 19 representatives from the general public and the health care profession. The Commission is charged with advising the County Executive and County Council on public health issues, programs, services and facilities.

The Commission is undertaking an effort to review several strategies established by the Center for Disease Control (CDC) to combat obesity. The Commission views obesity, particularly childhood obesity, as one of the most critical health problems facing Montgomery County. The CDC notes that about 2/3 of U.S. adults and 1/5 of U.S. children are obese or overweight and that from 1980 to 2004 the obesity rate among U.S. adults doubled. The CDC has adopted 24 strategies¹ to combat obesity. Strategy 14 proposes that *Communities Should Increase Opportunities for Extracurricular Physical Activity*.

Physical activity is shown to have many benefits including:

- Decreased obesity
- Reduced risk of cardiovascular disease
- Reduced risk of type 2 diabetes
- Reduced risk of some cancers
- Improved mental health and mood

Research has demonstrated that non-competitive after-school programs increase children's levels of physical activity. Pilot after-school programs in Palo Alto and Oakland showed significant impact in physical activity and decreased sedentary behavior. Access to the programs, including transportation, was a significant barrier to participation.

¹ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

Please provide us with a response to the following questions to help the Commission evaluate opportunities available to Montgomery County youths.

1. What extracurricular programs does your agency/organization have in place to encourage physical activity? What are the eligibility criteria for these programs? Are fees charged to participate in these programs? If so, are the fees contingent on income?
2. What do you and your staff view as the major barriers to promoting extracurricular activities among young people? What advice can the Commission provide to the County Executive to help remove these barriers?

Thank you in advance for assisting the Commission with this request. Please feel free to provide any additional information or suggestions that would help further encourage and improve access to extracurricular activities and enhance our collaboration. Your input is critical to our review and will form the basis of the recommendations to be forwarded to the County Executive and County Council for their consideration.

Sincerely,



Marcos Pesquera, R.Ph., M.P.H
Chair, Montgomery County Commission on Health

CC:

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



COMMISSION ON HEALTH

November 30, 2011

Francoise Carrier, Chair
 Montgomery County Planning Board
 M-NCPPC
 8787 Georgia Ave.
 Silver Spring, MD 20910

Dear Ms. Carrier:

I am writing on behalf of Montgomery County's Commission on Health requesting information on your agency's efforts to promote extracurricular physical activity for children.

The Commission on Health is comprised of 19 representatives from the general public and the health care profession. The Commission is charged with advising the County Executive and County Council on public health issues, programs, services and facilities.

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CC:

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



COMMISSION ON HEALTH

November 30, 2011

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Please provide us with a response to the following questions to help the Commission evaluate opportunities available to Montgomery County youths.

1. What extracurricular programs does your agency/organization have in place to encourage physical activity? What are the eligibility criteria for these programs? Are fees charged to participate in these programs? If so, are the fees contingent on income?
2. What do you and your staff view as the major barriers to promoting extracurricular activities among young people? What advice can the Commission provide to the County Executive to help remove these barriers?
3. Do you measure body mass index (BMI) (or height and weight) in children? If so, when and how often? If BMI is not measured, why not?
4. Would you be able to release aggregated, non-identifying student BMI data maintained by your organization to the Montgomery County Department of Health and Human Services for research purposes?

Thank you in advance for assisting the Commission with this request. Please feel free to provide any additional information or suggestions that would help further encourage and improve access to extracurricular activities and enhance our collaboration. Your input is critical to our review and will form the basis of the recommendations to be forwarded to the County Executive and County Council for their consideration.

Sincerely,



Marcos Pesquera, R.Ph., M.P.H
Chair, Montgomery County Commission on Health

CC:

Larry Bowers, MCPS Chief Operating Officer
Uma Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, M.D., County Health Officer



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

February 17, 2012

Roger Berliner, President
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Council President Berliner:

The *Montgomery County Commission on Health* supports the County Executive's FY13 Capital Budget and FY13-18 Capital Improvement Program recommendations. All of the Health and Human Services programs, the Dennis Avenue Health Center, the Children's Resource Center, the School Based Health Centers at Weller Road and Veirs Mill Elementary schools, Linkages to Learning Centers at five elementary schools, Child Care Centers in four elementary schools and the construction of High School Wellness Centers at three high schools benefit the health and wellness of our most vulnerable residents in Montgomery County.

On February 16, 2012, the *Commission* voted to approve the following Motion:

That the *Montgomery County Commission on Health* supports the County Executive's FY13 Capital Budget and FY13-18 Capital Improvement Program recommendations, which include the Dennis Avenue Health Center, the Children's Resource Center, the School Based Health Centers at Weller Road and Veirs Mill Elementary schools, Linkages to Learning Centers at five elementary schools, Child Care Centers in four elementary schools and the construction of High School Wellness Centers at three high schools.

The *Montgomery County Commission on Health* appreciates the leadership of the County Executive and the County Council, which working together have always been diligent about protecting our public health safety net services.

Understanding the difficult fiscal times we find ourselves in, we thank you for your support. Please feel free to contact me or Commission on Health staff, Ms. Jeanine Gould-Kostka, at 240-777-1141.

Sincerely,

Marcos Pesquera, R.Ph., MPH
Chair, Montgomery County Commission on Health

CC:

Isiah Leggett, Montgomery County Executive
Uma Ahluwalia, Director, Department of Health and Human Services
Dr. Ulder J. Tillman, County Health Officer

Commission on Health



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

March 16, 2012

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

Dear Mr. Leggett:

The Commission on Health of Montgomery County thanks you for your ongoing support of the Montgomery Cares program. By supporting the program, you are supporting expanded access to health care for our county residents.

Thanks to the Montgomery Cares Program, the County has improved the health of our residents by providing health access for some of our most disadvantaged, the uninsured. Unfortunately, the program is not able to serve all in need. The Montgomery Cares providers are currently serving 28,000 low-income, uninsured adults; however, there are approximately 110,000 uninsured adults in the County.

The Montgomery Cares provider network has the capacity to serve more patients, but limited financial resources stand in the way of program expansion. **The Montgomery Cares Advisory Board is asking for an ADDITIONAL \$1,200,000 in Fiscal Year 2013 to support critically needed growth in patient capacity for the Montgomery Cares Program.**

The Montgomery County Commission on Health strongly endorses the Board's request. The Montgomery Cares Program must have needed resources to expand essential health care services, with the ultimate goal of providing access to primary care services to all residents of Montgomery County.

Sincerely,

Marcos Pesquera, R.Ph., MPH
Chair, Montgomery County Commission on Health

CC:

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

Commission on Health



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

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March 16, 2012

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Chair, Montgomery County Commission on Health

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Dr. Ulder J. Tillman, County Health Officer

Commission on Health



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

March 22, 2012

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

Dear Mr. Leggett:

The Montgomery County Commission on Health (COH) is supporting the Montgomery County Department of Health and Human Services' (DHHS) effort to reduce adult and childhood obesity in the County. As a commission, we reviewed 24 strategies to prevent obesity in children and adults recommended by the Centers for Disease Control and Prevention (CDC) and identified four as our focus. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

- Strategy 2: Communities should improve availability of affordable healthier food and beverage choices in public service venues.
- Strategy 6/4: Communities should provide incentives for the production, distribution, and procurement of foods from local farms/Communities should provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.
- Strategy 11: Communities should increase support for breastfeeding.
- Strategy 14: Communities should increase opportunities for extracurricular physical activity.

This letter addresses Strategies 2, 11, and 14. A letter regarding Strategy 6/4 will be finalized later this spring and thus is not addressed in this letter.

To assess current county practices around the four obesity prevention strategies we sent fact finding letters to the following county agencies: Montgomery County Government (Office of Human Resources and General Services), MCPS, Park and Planning, Montgomery College and WSSC. We received responses from two of the five agencies. However, after reviewing the literature and other sources of information, the Commission is prepared to submit recommendations to the County Executive and County Council for your consideration.

In conducting our work, we organized in four workgroups. Each group was assigned one strategy to research and outline recommendations. What follows is the final report of each workgroup by Strategy.

Commission on Health

Strategy 2 Workgroup: “Communities should improve availability of affordable healthier food and beverage choices in public service venues”

Literature reviews conducted by a number of science-based organizations have found evidence to support environmental strategies such as increasing availability and variety of healthy food options, reducing the price of healthy food in work site cafeterias and vending machines, and tailored nutrition education to help people make better food choices.

In an effort to understand County policies to support healthy foods in county facilities, a letter to the Director of General Services was sent on November 18, 2011 requesting information on such policies. Specifically, information was requested on policies for nutritional standards for food products sold in County cafeterias and vending machines (non-MCPS facilities) and policies regarding the promotion, placement, and pricing of foods. A response to that letter has not been received. COH research on county websites and communications with the County Obesity Prevention Strategy Group did not reveal relevant existing nutritional policies or guidelines for vending machines.

A healthy Montgomery County population is a high priority. Implementing healthy vending machine policies in worksites and County facilities can be an effective strategy for increasing access to healthy foods for employees and visitors to Montgomery County facilities. The COH recommends that the County Executive establish *Nutritional Guidelines for Vending Machines* in County facilities. These guidelines should apply to all vending machines located on property owned or leased by the County. Guidelines should include provisions that address: characteristics of the products to be sold such as pricing, placement, and promotion.

Product: Adopt healthy-choice nutritional standards for vending machines. A list of healthy products that meet nutritional standards should be developed and maintained.

Examples:

- Standards for food should consider calories, fats, sugar, sodium and fiber content and portion size. Products should not contain trans-fats.
- Standards for beverages should consider calories, fat, and sugar or high-fructose corn syrup content and size. Water should be included among choices.

Pricing: The pricing of healthy items can be a strong determinant when choosing from a vending machine, and may well be a key to changing behavior. Cost can positively or negatively impact purchasing decisions.

Examples:

- Healthy items should not cost more than the regular version.
- The price of the healthy items should either be set lower than the regular version of the items, or a comparable level. For example, water should cost less than soda.

Placement: Proper placement of the healthy vending machine items can assist employees in identifying the healthy choices and makes it easier to purchase a healthy item.

Examples:

- Fifty percent of products will be healthy food and drink choices.
- Healthy items should be placed in center rows or in the far left rows of machines for easy viewing and selection.
- Healthy choices should be inventoried and filled by contractors/vendors at all times.

Promotion: Promotion or publicizing the availability of healthy food products is critical to success.

Examples:

- Promotional materials may include front of package good choice symbols (i.e. Heart Healthy) or labeling, posters, bill boards, table tents.
- Information to employees through websites, newsletters, or emails.

Implementation: Current procurement contracts with vending machine providers should be reviewed immediately and revised accordingly to reflect the *Nutritional Guidelines for Vending Machines*. For new contracts, new Requests for Proposals should include in the solicitation a statement that all vending machines must comply with the nutritional guidelines.

Enforcement: Vending machines should be inspected periodically (quarterly) for adherence. Contractors/vendors that do not comply should be removed from service.

Strategy 11 Workgroup: Communities should increase support for breastfeeding

Research has shown that breastfeeding provides a significant degree of protection against childhood obesity (IOM, <http://www.iom.edu/Reports/2011/Updating-the-USDA-National-Breastfeeding-Campaign-Workshop-Summary.aspx>). Despite the advantages of breastfeeding, many women who work outside the home must bottle-feed their babies because their work setting does not provide time or private space to breastfeed or to pump breast milk. Further, federal law supports breastfeeding in the workplace. Section 4207 of the Patient Protection and Affordable Care Act (also known as Health Care Reform), signed into law on March 23, 2010, amended the Fair Labor Standards Act (FLSA) or federal wage and hour law regarding breastfeeding. The amendment requires employers to provide reasonable break time and a private, non-bathroom place for nursing mothers to express breast milk during the workday, for one year after the child's birth. Current applicable laws related to breastfeeding in the U.S. can be found at: <http://www.usbreastfeeding.org/LegislationPolicy/ExistingLegislation/tabid/233/Default.aspx>

The COH offers the following recommendations:

1. Montgomery County Government needs a clear policy requiring government agencies/facilities to provide breastfeeding accommodations for employees that include both time and designated clean space for breastfeeding and expressing breast milk during working hours. These facilities should be private, enclosed areas with an electrical outlet and equipped with a refrigerator for storage. This area cannot be a bathroom.
2. State and local governments can offer incentives to private businesses to accommodate breastfeeding among employees; they can also set policies that require government facilities to support breastfeeding among female employees.
3. Any policy referring to breastfeeding practices should include a communication strategy to improve awareness and clearly state consequences for non-compliance with the policy.

Strategy 14 Workgroup: Communities should increase opportunities for extracurricular physical activity

The COH offers the following recommendations:

1. MCPS should develop programs that encourage their students not currently involved in interscholastic sports to increase physical activity as part of a healthy lifestyle.
2. MCPS should measure weight and height from students and provide anonymous Body Mass Index (BMI) data to the Montgomery County DHHS to track obesity rates, and set a baseline for future obesity prevention programs.

3. MCPS should add Field Day as part of the Elementary School K-5 Physical Education Program. With pressure to increase time in other subjects, an event that celebrates physical education sends a strong message of the importance of physical activity to a healthy lifestyle.

The Commission takes these recommendations very seriously. While the four obesity prevention strategies and recommendations appear to be simple in nature, some will require policy and programmatic changes. Our ultimate goal, which we believe is also shared by the County Executive and County Council, is to improve the health status of our community in a responsible and responsive manner.

It is our vision that the healthy choice is the easy choice for all Montgomery County residents.

As always, the Commission on Health appreciates the opportunity to serve the residents of Montgomery County. We look forward to working with the County Executive and County Council to improve the health and wellness of our residents.

Thank you for your consideration of these recommendations.

Sincerely,



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References

Timmings, Caitlyn, Steven Savvaids, Manager, Matt Drennan-Scace. Addressing healthy eating and active living: a community level policy scan. 2011. Second Edition Report prepared by: Media Network Media Network Expansion Project, Program Training and Consultation Centre, University of Toronto

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Healthy Vending Guide, Nemours

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COH FY12 Annual Report

Kelly B, Baur LA, Bauman AE, King L, Chapman K, Smith BJ. Examining opportunities for promotion of healthy eating at children's sports clubs. Aust N Z J Public Health. 2010 Dec;34(6):583-8. Prevention Research Collaboration, School of Public Health, University of Sydney, New South Wales.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

March 22, 2012

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Chair, Montgomery County Commission on Health

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

April 19, 2012

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

Dear Mr. Leggett:

The Montgomery County Commission on Health continues to make the obesity problem and approaches to appropriate interventions in Montgomery County a priority.

Scientific evidence has demonstrated that successful approaches to the reduction of the leading causes of death and disability in the United States – heart disease, cancer, and diabetes - are related to dietary patterns and physical activity, particularly in young populations. **Ref 1.** In combating the obesity epidemic, it is well established that good nutrition is vital to good health, disease prevention, and essential for healthy growth and development of children and adolescents. **Ref 2.**

In this effort, the Commission has participated with several groups and pursued a variety of strategies, including support of the Healthy Montgomery, the Montgomery County Community Health Improvement Process (MCCHIP); Maryland's State Health Improvement Process (SHIP) and the County Obesity Prevention Strategy Group (OPSG) to improve the health and well-being of Montgomery County residents. These collaborative efforts are designed to address the nutrition-related health status, food access and disparity problems in Montgomery County and have developed obesity-related objectives and measures which are tracked for status and improvement. **Ref 3.**

The U.S. Centers for Disease Control and Prevention (CDCP) has identified several strategies for creating and maintaining a healthy food environment in local areas. These strategies involve rethinking local zoning, land use planning, urban/peri-urban agriculture, farmland protection, local food distribution, food access, and more. **Refs. 4,5.** The Commission has reviewed these approaches for applicability to Montgomery County.

To learn more about current obstacles to combat the obesity epidemic in Montgomery County, the Commission has met with the Montgomery County Department of Economic Development (DED) and its Agricultural Services Division. In these discussions, the Commission has learned that the County's current land use and permitting regulations impose barriers to agricultural and horticultural businesses in Montgomery County. The DED has developed approaches that are designed to foster an environment to permit agricultural processing operations in the agricultural zone where agriculture is the preferred use, and identifies land uses that are needed to achieve the goals of more agricultural processing operations and farms similar to other jurisdictions where residents can more readily purchase locally grown and processed foods.

Based upon its studies, the Commission believes that Montgomery County should adopt policies that encourage the procurement of food from local farms. County policies should promote and increase the viability of local farms, and thus the availability, security and consumption of healthful locally-produced foods. Thus, the Commission supports incentives such as farmland preservation, marketing of local crops, zoning variances, subsidies, and streamlined licensing.

The Commission supports efforts at all levels of government to reduce obesity and improve community health, employing a wide variety of related strategies. Based on our recent studies, the Commission recommends that the County Council and the County Executive review the forthcoming DED proposal for *Zoning Text Amendments on Horticultural and Agricultural Uses in the Rural Density Transfer Zone*. We encourage the Council to hold hearings on these and other DED proposals in the near future.

The Commission has explored many strategies and opportunities to reduce obesity in Montgomery County and looks forward to working with you on these proposals for enhancing the nutritional and overall health status of our residents.

Sincerely,



Marcos Pesquera, R.Ph., MPH
Chair, Montgomery County Commission on Health

CC:

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

References

Reference 1:

Centers for Disease Control and prevention: *Overweight and Obesity* CDC Division of Nutrition, Physical Activity, and Obesity (DNPAO)
<http://www.cdc.gov/obesity/>

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Story M, Kaphingst KM, Robinson-O'Brien R, Glanz K. *Creating healthy food and eating environments: policy and environmental approaches*. Annual Review of Public health, April 2008; 29:253-72.

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Horowitz CR, Colson KA, Hebert PL, Lancaster K. *Barriers to buying healthy foods for people with diabetes: evidence of environmental disparities*. Am J Pub Health. 2004; 94:1549-54.

Reference 3:

Healthy Montgomery: *The Community Health Improvement Process for Montgomery County, MD* :see for example: Community Dashboard (exercise, nutrition & weight; diabetes; heart disease & stroke, etc.)
<http://www.healthymontgomery.org/>

Reference 4:

Centers for Disease Control and Prevention: *Healthy Food Environment*
http://www.cdc.gov/healthyplaces/healthtopics/healthyfood_environment.htm

Reference 5:

Centers for Disease Control and Prevention: *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*. Khan et.al., Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, CDC
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>



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Scientific evidence has demonstrated that successful approaches to the reduction of the leading causes of death and disability in the United States – heart disease, cancer, and diabetes - are related to dietary patterns and physical activity, particularly in young populations. **Ref 1.** In combating the obesity epidemic, it is well established that good nutrition is vital to good health, disease prevention, and essential for healthy growth and development of children and adolescents. **Ref 2.**

In this effort, the Commission has participated with several groups and pursued a variety of strategies, including support of the Healthy Montgomery, the Montgomery County Community Health Improvement Process (MCCHIP); Maryland's State Health Improvement Process (SHIP) and the County Obesity Prevention Strategy Group (OPSG) to improve the health and well-being of Montgomery County residents. These collaborative efforts are designed to address the nutrition-related health status, food access and disparity problems in Montgomery County and have developed obesity-related objectives and measures which are tracked for status and improvement. **Ref 3.**

The U.S. Centers for Disease Control and Prevention (CDCP) has identified several strategies for creating and maintaining a healthy food environment in local areas. These strategies involve rethinking local zoning, land use planning, urban/peri-urban agriculture, farmland protection, local food distribution, food access, and more. **Refs. 4,5.** The Commission has reviewed these approaches for applicability to Montgomery County.

To learn more about current obstacles to combat the obesity epidemic in Montgomery County, the Commission has met with the Montgomery County Department of Economic Development (DED) and its Agricultural Services Division. In these discussions, the Commission has learned that the County's current land use and permitting regulations impose barriers to agricultural and horticultural businesses in Montgomery County. The DED has developed approaches that are designed to foster an environment to permit agricultural processing operations in the agricultural zone where agriculture is the preferred use, and identifies land uses that are needed to achieve the goals of more agricultural processing operations and farms similar to other jurisdictions where residents can more readily purchase locally grown and processed foods.

Based upon its studies, the Commission believes that Montgomery County should adopt policies that encourage the procurement of food from local farms. County policies should promote and increase the viability of local farms, and thus the availability, security and consumption of healthful locally-produced foods. Thus, the Commission supports incentives such as farmland preservation, marketing of local crops, zoning variances, subsidies, and streamlined licensing.

The Commission supports efforts at all levels of government to reduce obesity and improve community health, employing a wide variety of related strategies. Based on our recent studies, the Commission recommends that the County Council and the County Executive review the forthcoming DED proposal for *Zoning Text Amendments on Horticultural and Agricultural Uses in the Rural Density Transfer Zone*. We encourage the Council to hold hearings on these and other DED proposals in the near future.

The Commission has explored many strategies and opportunities to reduce obesity in Montgomery County and looks forward to working with you on these proposals for enhancing the nutritional and overall health status of our residents.

Sincerely,



Marcos Pesquera, R.Ph., MPH
Chair, Montgomery County Commission on Health

CC:

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

References

Reference 1:

Centers for Disease Control and prevention: *Overweight and Obesity* CDC Division of Nutrition, Physical Activity, and Obesity (DNPAO)
<http://www.cdc.gov/obesity/>

Reference 2:

Story M, Kaphingst KM, Robinson-O'Brien R, Glanz K. *Creating healthy food and eating environments: policy and environmental approaches*. Annual Review of Public health, April 2008; 29:253-72.

Glanz, et al. *Healthy nutrition environments: concepts and measures*. Am J Health Promotion. 2005; 19(5):330-3, ii.

Horowitz CR, Colson KA, Hebert PL, Lancaster K. *Barriers to buying healthy foods for people with diabetes: evidence of environmental disparities*. Am J Pub Health. 2004; 94:1549-54.

Reference 3:

Healthy Montgomery: *The Community Health Improvement Process for Montgomery County, MD* :see for example: Community Dashboard (exercise, nutrition & weight; diabetes; heart disease & stroke, etc.)
<http://www.healthymontgomery.org/>

Maryland Department of Health and Mental Hygiene: *Maryland State health Improvement Process* (SHIP): Nutrition Measures (diabetes; hypertension; obesity & healthy weight)
<http://dnhm.maryland.gov/ship/SitePages/Home.aspx>

Reference 4:

Centers for Disease Control and Prevention: *Healthy Food Environment*

http://www.cdc.gov/healthypplaces/healthtopics/healthyfood_environment.htm

Reference 5:

Centers for Disease Control and Prevention: *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*. Khan et.al., Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, CDC

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

June 21, 2012

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

Dear Mr. Leggett,

The Commission on Health strongly supports Montgomery County's previous efforts to restrict smoking. The 2003 and 2011 smoking bans protect Montgomery County residents from health complications caused by exposure to secondhand smoke. The negative economic consequences anticipated by pro-smoking advocates have not materialized. In fact in 2005, Councilman Andrews testified to the Maryland Senate Finance Committee that restaurant sales tax receipts were up 7.6% in the first year after the ban.

The connection between smoking bans and decreased heart attack rates has been firmly established. The Institute of Medicine Committee on Secondhand Smoke Exposure and Acute Coronary Events recently issued a comprehensive review of the scientific literature on the connection between secondhand smoke and acute coronary events¹. The review identified eleven observational studies on the effects of smoking bans. These studies consistently show that after smoking bans are implemented, the rate of heart attacks decrease. Even though the smoking bans in the studies are implemented differently, a causal relationship between smoking bans and decreases in the rate of heart attacks can be concluded.

Despite significant progress, we remain deeply concerned about the effects of smoking and secondhand smoke on our fellow citizens. According to the Centers for Disease Control and Prevention (CDC) approximately 8% (5.5-10.5) of County residents smoke. The smoking rates reported by the CDC agree with the Maryland Adult Tobacco Study² (MATS) and the 2010-2012 County Health Rankings and Roadmaps³. These studies show that tobacco use by Montgomery County adults, although the lowest in the state, has remained stagnant since 2000. Healthy Montgomery reports 15.5% of people aged

¹ IOM (Institute of Medicine). 2010. *Second Hand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence*. Washington DC: The National Academies Press.

² Maryland Department of Health and Mental Hygiene. *Monitoring Changing Tobacco-use Behaviors in Maryland*, November, 2007.

³ <http://www.countyhealthrankings.org/app/maryland/2012/montgomery/county>

12 or older smoke cigarettes, which could indicate an area of concern⁴. The result is based on the *National Survey on Drug Use and Health*, which measured cigarette smoking in the months prior to the survey as opposed to self-reported smokers.

Reaching an even lower smoking rate is important because of the major expense involved in treating smoking-related diseases. The State of Maryland estimated in 2004 that medical treatments of smoking related diseases will cost the Maryland economy over \$2 billion annually, and that 60% of the medical expenses are paid by government health plans (Medicare/Medicaid). Medical expenses cost the State of Maryland approximately \$7.40 per pack.

The Commission on Health recommends the County Council and County Executive take action to lower the smoking rate in Montgomery County. We recognize that the County is not currently in a position to completely ban smoking, although we applaud the idea. Instead, the Commission supports the following recommendations based on recommendations from the Institute of Medicine⁵.

- Advocate for increased cigarette taxes – We encourage our community leaders to advocate for cigarette tax increases at the state and federal level. Such efforts by our leaders, in the past, have been very effective. The tax on cigarettes in New York City is \$6.46 per pack, and the smoking rate has declined from 22% in 2002 to 14% in 2011 and from 18% to 7% in teenagers.
- Limit youth access to cigarettes to prevent smoking initiation
 - The Montgomery County Public Schools should periodically review its anti-smoking programs, and provide the County School Board and County Council statistics measuring the effectiveness of its programs.
 - The County should review rules and regulations on placement of tobacco products in stores.
- Increase access to smoking cessation programs by increasing the budget for the DHHS Tobacco Use Prevention and Cessation programs.

Additionally we recommend:

- Greater enforcement of current smoking laws. This may include changes to allow county police assist DHHS and the Department of Liquor Control in the enforcement of smoking laws and tobacco placement regulations.
- County Council expansion of the smoking ban to **prohibit** smoking along store fronts and covered walkways such as at strip malls and shopping centers. Other locations ban smoking around location where smoking is prohibited including:
 - The State of Hawaii prohibits smoking within a “Presumptive reasonable distance” of 20 feet distance from entrances, exits, windows, and air intake of location where smoking is prohibited.
 - The State of Arizona Rule R9-2-102 also prohibits smoking with 20 feet from a location where smoking is banned.

⁴ <http://www.healthymontgomery.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=309>

⁵ IOM (Institute of Medicine). 2007. *Ending the tobacco problem: A blueprint for the nation*. Washington, DC: The National Academies Press.

- Establishment of a new County **requirement** for businesses (including multi-dwelling units) to provide “smoking areas” away from the general public to limit exposure to secondhand smoke.
 - In April 2012, the San Jose, CA city council passed a smoking ban that includes prohibition of smoking within 30 feet of doorways, windows, and air intakes of multi-dwelling units.

Additionally, we understand that the County has little enthusiasm for any tax increase or increased spending; however, these measures are effective in lowering the smoking rate and over time can result in significant health care savings. The cost of prevention is cheaper than the cost of treatment.

Thank you for your time and consideration.

Sincerely,



Marcos Pesquera
Chair, Montgomery County Commission on Health

CC:

Uma S. Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, MD, MPH, County Health Officer

Commission on Health

1335 Piccard Drive, 2nd Floor • Rockville, Maryland 20850 • 240-777-1141



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Isiah Leggett
County Executive

Uma S. Ahluwalia
Director

June 21, 2012

Roger Berliner, President
Montgomery County Council
100 Maryland Avenue
Rockville, Maryland 20850

Dear Council President Berliner,

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⁵ IOM (Institute of Medicine). 2007. *Ending the tobacco problem: A blueprint for the nation*. Washington, DC: The National Academies Press.

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Thank you for your time and consideration.

Sincerely,



Marcos Pesquera
Chair, Montgomery County Commission on Health

CC:

Uma S. Ahluwalia, Director, Department of Health and Human Services
Ulder J. Tillman, MD, MPH, County Health Officer

Commission on Health

1335 Piccard Drive, 2nd Floor • Rockville, Maryland 20850 • 240-777-1141

G. Responses to Correspondence



MONTGOMERY COUNTY PLANNING BOARD
THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

OFFICE OF THE CHAIRMAN

August 16, 2011

Mr. Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health
Department of Health and Human Services—Public Health Services
1335 Piccard Drive, Suite 236
Rockville, Maryland 20850

RE: Montgomery County Commission on Health Information Request

Dear Mr. Pesquera:

This letter is in response to your July 29, 2011 inquiry concerning the Maryland-National Capital Parks and Planning Commission's ("MNCPPC") policies and practices concerning breastfeeding. In your letter, a written response was requested to six (6) specific questions concerning the Commission's administrative procedure on breastfeeding. The Commission's responses are outlined in detail below.

In response to Question # 1, the Commission's administrative procedure referencing breastfeeding is entitled "The Nursing Mother Program" (See Attached). The procedure has been in effect since September 1995.

In response to Question # 2, pursuant to the administrative procedure, an employee wishing to utilize the nursing mother program must first complete an application requesting space and additionally schedule a time in which to use the space to express breast milk.

In response to Question # 3, although not specifically addressed by the administrative procedure, a nursing mother is permitted, with the approval of the employee's Department Head, to bring her child to the workplace to express breast milk.

In response to Question # 4, the administrative procedure does not specifically address the designation of a "lactation room." However, the past practice utilized by the divisions and/or departments has been to designate a private room or available office space for utilization by a nursing mother. Additionally, the administrative procedure does not address that clean water and refrigeration facilities are to be provided. However, based on past practice, the specifically designated areas have been either outfitted with or closely accessible to clean water and a refrigerator for milk storage.

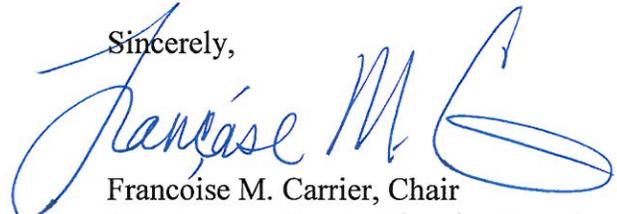
Mr. Marcos Pesquera, R.Ph., M.P.H.
August 16, 2011
Page Two

In response to Question # 5, the Commission's health plans do not cover lactation assistance programs and the costs of breast pumps.

In response to Question # 6, there are no issues which exist to prevent the Commission from implementing this obesity prevention strategy, since the Commission currently has an administrative procedure in place covering nursing mothers.

I hope that this information fully responds to your questions. Should you wish to ask any follow-up questions, please contact our Director of Human Resources, William Spencer, at 301-454-1706.

Sincerely,



Françoise M. Carrier, Chair
Montgomery County Planning Board

cc: William Spencer, M-NCPPC Human Resources Director

Attachments: Administrative Procedure # 95-05
Application for Nursing Mother Program

Administrative Procedures



WORK LIFE PROGRAM

No. 95-05

Effective Date September 20, 1995

Authorized by

Trudye Morgan Johnson
Trudye Morgan Johnson, Executive Director

NURSING MOTHER PROGRAM

The Nursing Mother Program provides for a clean, private space for nursing mothers to express milk, as space allows.

ELIGIBLE EMPLOYEES:

All employees are eligible to apply for the Nursing Mother Program.

RESPONSIBILITIES/PROCEDURES:

- | | |
|------------------------|--|
| Employee | Submits to supervisor a completed "Application For Nursing Mother Program" (attached) requesting private space to express milk. |
| Supervisor | Reviews request and identifies available clean, private space for nursing mothers. If space is not available, the supervisor will advise the employee in writing that there is not adequate space at the facility to accommodate the requests. If the supervisor denies the employee's request, the supervisor must forward the employee's request along with the reason for denial. |
| Department Head | A Department Head shall review all requests which are forwarded by the supervisor and will approve or deny the employee's request. In all cases, the Department Head's decision is final and is not grievable. |

**APPLICATION FOR
NURSING MOTHER PROGRAM**

EMPLOYEE:

Name: _____

Work Location/Department: _____

Work Phone: _____

I request space under the Nursing Mother Program. I propose the following space and, if necessary, the scheduling time(s) the space will be needed.

Signature: _____ **Date:** _____

SUPERVISOR:

Approve Employee's Request Deny Employee's Request

If employee's request is denied, please explain:

Supervisor may also recommend available alternate space below:

Signature: _____ **Date:** _____

DEPARTMENT HEAD:

Approve Employee's Request Deny Employee's Request

Signature: _____ **Date:** _____



MONTGOMERY COUNTY PUBLIC SCHOOLS
MARYLAND
www.montgomeryschoolsmd.org

December 7, 2011



Mr. Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health
Department of Health and Human Services
Public Health Services
Office of Partnerships and Health Planning
1335 Piccard Drive, Suite 236
Rockville, Maryland 20850

Dear Mr. Pesquera:

Thank you for your letter of November 18, 2011, regarding the invitation to designate a Montgomery County Public Schools (MCPS) staff member as a liaison to the Commission on Health. I am recommending Mrs. Marla R. Caplon, R.D., director, Division of Food and Nutrition Services, Department of Materials Management, as the liaison for MCPS. Mrs. Caplon currently is a member of the School Health Council, Obesity Prevention Strategy Group, and the Food Council. In her role as the director of food and nutrition services, she has a vested interest in promoting and supporting the health and well-being of our students and staff. I am confident that she will be a valued member of the Commission. Mrs. Caplon may be reached via e-mail at Marla_R_Caplon@mcpsmd.org or by telephone at 301-840-8156.

We look forward to working together with the Montgomery County Commission on Health to achieve its goals for improving health in MCPS and Montgomery County.

Sincerely,

Joshua P. Starr, Ed.D.
Superintendent of Schools

Copy to:

Mr. Leggett
Mr. Berliner
Ms. Ervin
Mr. Bowers
Mr. Edwards
Mrs. Caplon
Mrs. Lazor

Office of the Superintendent of Schools

850 Hungerford Drive, Room 122 ♦ Rockville, Maryland 20850 ♦ 301-279-3381



December 9, 2011

Mr. Marcos Pesquera, R.Ph., M.P.H.
Chair, Montgomery County Commission on Health
Department of Health and Human Services
1335 Piccard Drive, Suite 236
Rockville, Maryland 20850

Dear Mr. Pesquera:

I am responding on behalf of Dr. Joshua P. Starr, superintendent of schools, Montgomery County Public Schools (MCPS), to questions that you have concerning MCPS extracurricular interscholastic activities for students.

On the middle school level, each of the 38 MCPS middle schools offers opportunities to participate on seven interscholastic athletic teams: boys' and girls' soccer (spring), boys' and girls' basketball (winter), boys' and girls' softball (fall), and coed cross country (fall). Approximately 4,700 MCPS middle school students participate annually in middle school interscholastic athletics.

On the high school level, approximately 21,500 MCPS students participate annually in the high school interscholastic athletics program. The program includes 40 interscholastic teams per each of the 25 high schools.

Regarding eligibility criteria, students at both the middle school level and the high school level are required to maintain a minimum of a 2.0 grade point average with no more than one failing grade for the most recently completed grading period. At the high school level, students also must satisfy state athletic association eligibility criteria including age, residence, and years of participation.

In addition to the interscholastic athletics program, schools offer many other after-school participation opportunities of a physical nature, some of which are associated with specific classes such as marching band. Others are on the club level, including the physical development club, ski club, sports club, drill team, step club, and majorettes. Most middle schools have active intramural programs.

Students are required to pay an extracurricular activity fee of \$30 annually in order to participate in an after-school activity in which there is a paid activity coach or sponsor. The \$30 fee covers all activities for the year—it is not a separate fee for separate activities. The fee is contingent on income.

Mr. Marcos Pesquera

2

December 9, 2011

Some barriers associated with offering additional after-school physical activities include limited facilities, limited funds, limited interest, and limited personnel to supervise the activities.

Regarding your question on body mass index, the school system does not measure body mass index for students. The school system provides relatively few medical tests and procedures for students. This information also is not requested on health inventories required for participation on interscholastic athletics teams.

I hope that this information will assist you. If you have any further questions, please contact me at 301-279-3144.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. G. Beattie', written in a cursive style.

William G. Beattie, Ph.D.
Director of Systemwide Athletics

WGB:dlw

Copy to:

- Dr. Starr
- Mr. Bowers
- Dr. Lacey
- Ms. Ahluwalia
- Mr. Tillman



OFFICE OF THE COUNTY EXECUTIVE
ROCKVILLE, MARYLAND 20850

Isiah Leggett
County Executive

May 11, 2012

Marcos Pesquera, R.Ph., MPH
Chair, Montgomery County Commission on Health
1335 Piccard Drive, 2nd Floor
Rockville, Maryland 20850

Dear Dr. Pesquera:

Thank you for your letter regarding the obesity problem in Montgomery County and appropriate interventions as developed by the County's Commission on Health.

The Commission on Health has done an excellent job outlining a comprehensive strategy and approach to addressing obesity in Montgomery County. Specifically, I am pleased that the Commission has reached out to our Department of Economic Development (DED) to explore how collaborative efforts can be developed to promote more locally grown and fresh food in the County.

The DED has briefed me on the proposed Zoning Text Amendment (ZTA) that will create opportunities for agricultural and horticultural uses permitted by right in the Rural Density Transfer zone, which we refer to as the Agricultural Reserve. The components of the proposed ZTA to expand opportunities for more local food production are also identified as recommendations in the County's Sustainability Work Group report and in the Green Economy Task Force report.

I know that DED has reached out to the rural community on this proposed Zoning Text Amendment, and that some residents are concerned that these expanded uses may create conflicts in some of our neighborhoods. The DED is currently revising the proposed ZTA in an attempt to address the concerns raised by the residents.

The County will need to work closely with entities such as the Commission on Health and the newly created Montgomery County Food Council once the proposed ZTA is introduced. We will need to strike a balance between the broader needs of our community and the concerns of our rural residents. I hope the Commission on Health will be able to assist us in this effort.

Thank you again for reaching out to me on this important matter.

Sincerely,

Isiah Leggett
County Executive

cc: Kathleen Boucher, Assistant Chief Administrative Officer
Ramona Bell-Pearson, Assistant Chief Administrative Officer
Uma Ahluwalia, Director, Health and Human Services
Steven A. Silverman, Director, Economic Development
Greg Ossant, Deputy Director, General Services



MONTGOMERY CARES ADVISORY BOARD

June 15, 2012

Dear Commission on Health:

On behalf of the patients and partners of the Montgomery Cares program, the Montgomery Cares Advisory Board (MCAB) thanks you for all of your assistance in our advocacy efforts during the FY 13 budget season. The MCAB greatly appreciates the letter the Commission sent to our elected officials requesting added funding for the Montgomery Cares Program. We feel confident that it was this close collaboration between MCAB and its community partners that demonstrated to the Executive and County Council that Montgomery Cares is deserving of additional resources.

As you most certainly know, our collaborative efforts were extremely successful! This year, the County Executive and the County Council approved over \$1.4 million in increased Montgomery Cares funding that will support primary care, pharmacy, specialty care, behavioral health, oral health, and an electronic medical record for the Montgomery Cares program.

We couldn't be more pleased with the outcome, and we know we owe much appreciation to the Commission on Health for your support. You are a very dedicated group of people and we are proud to work with you.

Sincerely,

Cesar Palacios, Chair

Montgomery Cares Advisory Board

C: Uma Ahluwalia, Montgomery County DHHS

**Department of Health and Human Services, Public Health Services,
Montgomery Cares Program**

11 N. Washington Suite 310 • Rockville, MD 20850
240-777-1278 Office • 240-773-0369 Fax



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

OFFICE OF THE COUNCIL PRESIDENT

June 15, 2012

Marcos Pesquera, R.Ph., MPH
Chair, Montgomery County Commission on Health
1335 Piccard Drive, 2nd Floor
Rockville, Maryland 20850

Dear Dr. Pesquera,

Thank you for your letters on behalf of the Commission on Health that focused on how to address the ongoing and growing problem of obesity and in support of additional funding for Montgomery Cares. I am sorry that this response did not come to you sooner, but budget worksessions have caused a delay in some correspondence. When your letter was received, it was made available to all Councilmembers for their consideration.

I expect that the Commission is already aware that the Council was able to provide substantial additional funding for Montgomery Cares. In addition to approving the funds recommended by the County Executive for the new Holy Cross Hospital Clinic in Aspen Hill, the Council funded 7,500 additional primary care visits, restored \$100,000 to the pharmacy program, added \$250,000 for specialty care, and funded a care manager for the behavioral health care program. In addition, the Council provided \$100,000 in new funding for dental services that will serve both Montgomery Cares patients and others in need. We appreciated hearing from the Commission, the Montgomery Cares Advisory Board, and the County's hospitals regarding the need for increased resources for Montgomery Cares.

The ongoing work of the Commission on obesity provides very useful information. It is helpful that the Commission has used the Centers for Disease Control as the basis for its work as this provides a strong foundation and references best practices. The recommendations regarding portion size and products in County vending machines, the need for clear policies that support breastfeeding, and supporting increased physical activity do seem like issues where we could make progress. I do note that with regard to physical activity, the Commission has focused on recommendations that will have to be addressed by the Board of Education. I recognize, however, that the Commission is advisory to the Executive and Council and not the Board of Education and this limits your ability to advocate directly to the Board.

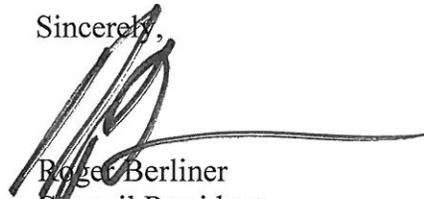
I have reviewed the Commission's request regarding consideration of proposals developed by the Department of Economic Development to increase the production of food that is grown in

Commission on Health
June 15, 2012
Page 2

the agricultural reserve and sold locally. The Council has been very supportive of finding ways to increase the availability of fresh foods. I have also reviewed the County Executive's response to the Commission. At this time, as the Executive is still considering the DED package, no zoning text amendment or other proposals have been transmitted to the Council. When they are, the Council will consider them in a careful and timely manner. I agree with the Executive that we will want to hear from the Commission, the Food Council, our farmers, our rural residents, and the broader community to make sure we are taking a balanced approach. I know there is also interest in understanding how community gardens and non-traditional farming can increase access to fresh produce.

Thank you again for providing both information and recommendations to the Council. The Commission's input is very helpful.

Sincerely,



Roger Berliner
Council President

RB:lam
067309/067416/067963

H. CERB Submission



Montgomery County Commission on Health

Committee Evaluation and Review Board Report Commission on Health Response April 23, 2012

Section 1

A description of the work the advisory board does, citing the enabling legislation, the membership and makeup of the board, and the sub-committee structure (if any)

The Montgomery County Commission on Health was established in 1988 with amending of the Montgomery County Code, Section 24-23 *et seq.* The Commission superseded the previously established Montgomery County Health Planning Commission.

The County Code provides that Commission members are appointed by the County Executive subject to confirmation by the County Council. The code further states that the composition of the Commission should reflect the “social, economic, linguistic, geographic, cultural and racial characteristics of Montgomery County.” Moreover, Commission members should be diverse with respect to their health/medical and personal background, representing both consumers and health care providers and being able to represent the perspectives of such communities as persons with disabilities, the elderly, minority groups, health professions (allied health, physicians), health institutions (insurers and health maintenance organizations) and health professional schools. Commission members must reside in Montgomery County or have their principal place of business within the County. The County Code mandates that one member of the Commission must be a member of the Montgomery County Medical Society, a subdivision of the state medical society which represents roughly 1700 Montgomery County physicians (<http://www.montgomerymedicine.org/>). The County Code does not state how many members should be either consumers or health professionals -- and, of course, health professionals themselves also may be patients or consumers of health services -- but the Code does state that a majority of Commission members must not be health care providers.

The County Code (24-24) indicates that the overall function of the Commission is to “advise” the Council and Executive. Functions of the Commission explicitly mentioned in the County Code include:

- ✓ Periodically reviewing public health services, facilities, programs and data on health status of the Montgomery County population and subgroups;
- ✓ Commenting on gaps, deficiencies and duplication, including health inequities and disparities;
- ✓ Reporting to the County Executive each year on the Department of Health & Human Services’ programs, suggested improvements and priorities for these improvements. [The Commission also must meet at least annually with the

- County Council, sitting as the County Board of Health, to discuss issues within its purview].;
- ✓ Commenting on budgetary issues, taking into account available resources and the need to contain costs;
 - ✓ Providing advice on public health planning needs;
 - ✓ Commenting on the appropriateness of institutional health services proposed to be offered in the County and metropolitan area by public, private and nonprofit entities; and advising on the development of statewide criteria and certificates of need and health planning, taking into account the regional impact of these programs. [For at least fifteen years, these functions have been handled at the state level by the Maryland Health Care Commission, which has funding and staff capable to perform this function. The County Code should be amended to delete these sections].

When fully constituted, the Commission on Health has 19 voting members as well as two *ex officio* non-voting members, the county health officer and, at their option, a member of the County Council or a representative of the County Council. The Commission must select a Chair from among its members. Commission members serve staggered three year terms, with roughly one-third of the members being replaced each year but appointed members may continue to serve until new members are confirmed. In addition, current members may reapply for a second term upon expiration of their first three-year term. New members begin their service on the commission on July 1st.

Current Commission members include interested consumers of health services, public health representatives from such organizations as the Public Health Foundation, Adventist HealthCare, Holy Cross Hospital and the Institute of Medicine, federal officials (Food and Drug Administration, National Institutes on Health, National Disaster Medical System/HHS), business representatives (SL Swann Enterprises, PFC Associates, HTB Architects), academic representatives (Howard University Health Sciences), allied health professionals (acupuncture, health education, health coaching) and active and retired physicians and epidemiologists. In accordance with the County Code, Commission members are diverse not only with respect to their professional backgrounds but also in terms of gender, race/ethnicity and place of residence in the county and include both consumer and health professional representatives.

The County Code states that the Commission must adopt its own bylaws and meet at least quarterly. In practice, the Commission meets monthly (except August) at the health department's main facility on Hungerford Drive. The County Code states that a majority of members is sufficient to constitute a quorum and is sufficient to take any proposed actions on behalf of the Commission. Commission members are not compensated for their service on the Commission (County Code 24-26).

It has been the practice of the Commission on Health to informally establish certain subcommittees, task forces and work groups to work on particular issues or projects of interest to the entire Commission or to certain members. The focus of these subcommittees changes periodically as the overall Commission or individual members

seek to fulfill their role of advising the Council and Executive and contribute to essential public health services in Montgomery County. As a matter of course, the Commission also has, each year, appointed a Nominations subcommittee to help select the Chair and Vice-Chair, a Retreat Planning subcommittee to help design the Commission's annual five hour planning meeting at which the Commission identifies its goals and priorities for the year and a Membership subcommittee to assist in the process of identifying and interviewing potential Commission members.

In Fiscal Year 2010, subcommittees included health disparities, public-private partnerships and prevention and wellness as well as an End-of-Life Work Group [Commission FY 2010 Annual Report]. Fiscal Year 2011, subcommittees included fitness promotion, health equity and partnerships while work groups included the COH Role and Function Work Group and the End-of-Life Work Group [FY 2011 COH Interview Materials]. For 2012, the Commission has established subcommittees on obesity prevention and work groups on End-of-Life Care and Roles and Functions.

Section 2

Justification why the advisory board should continue. This may include a general statement concerning why the advisory board was established, and why its efforts are still needed

The Commission's importance to the county health system is reflected by its inclusion in the section of the County Code devoted to health planning, which, as amended in 2011, now states that "health planning should address the overall health status of County residents, health disparities within social, economic, geographic, racial and ethnic groups, and the effects of social determinants of health on County residents" (Montgomery County Code 24-22).

The Commission's Advisory Role

As stipulated in the County Code, the Commission on Health serves in an advisory role to the County Executive and County Council. As discussed below, the Commission works with many other groups and individuals in the county, researches important public health issues, discusses and analyzes public health data and information, and uses its collective perspective and expertise to develop its advice. Each Commissioner brings a unique perspective, experiences, and expertise to the discussions. The Commission works tirelessly to develop consensus around important public health issues so that it can provide the best possible advice to the County Executive and County Council. This advisory role is the greatest value of the Commission. To maximize the talents and value of the Commission requires the County Executive and County Council to engage the Commission in discussions and seriously consider the advice that it provides. If the County Executive and County Council value and use the advice provided by the Commission, this is the greatest reason for the Commission to continue to exist. The Commission has provided advice over the past year on issues such as obesity prevention policies and practices that can be adopted by county agencies, capital budget recommendations related to public health services, and others. In the event the

Commission's advice is not valued and used by the County Executive and County Council there is little reason for the Commission to continue to exist.

The Centers for Disease Control and Prevention, in collaboration with organizations representing state and local public health such as the National Association of County and City Health Officials have collectively identified ten Essential Public Health Services every jurisdiction should be able to provide to its residents (<http://www.cdc.gov/nphpsp/essentialServices.html>). The Commission potentially has a role in helping to provide all of these essential services but in particular has shown the capacity to contribute to: mobilizing community partnerships and action to identify and solve community health problems; informing and educating people about health issues; monitoring health status to identify and solve community health problems; linking persons to needed health services; and evaluating the effectiveness, accessibility and quality of population-based health services.

Public Health Partnerships

Commission members contribute to public health partnerships by acting as liaisons to other County commissions and Task Forces, sharing their public health perspectives with others and, since health department staff cannot attend meetings of all of these entities, bringing information back not only to the Commission but also the Department of Health & Human Services. Commission liaisons may change periodically as new Commission members are appointed who wish to serve as liaisons to committees and task forces reflecting their professional backgrounds and personal interests. However, the Commission has traditionally appointed liaisons to such committees as the Commission on Aging as well as to programs and committees working on county health disparities issues.

In FY 2012, the Commission has appointed liaisons to the Latino Health Initiative, African American Health Program and Asian American Health Initiative, Montgomery Cares, the Commission on Aging, the County Coalition on Care at the End-of-Life and Healthy Montgomery, the Montgomery County Community Health Improvement Process (CHIP) (<http://www.healthymontgomery.org/>). For instance, Commission Vice-Chair Ron Bialek is a Steering Committee member of the Healthy Montgomery/CHIP, which is intended to help the county identify and address health priorities in collaboration with community residents.

Similarly, the Commission supports liaisons from other committees and organizations. In addition to the county medical society, the Commission typically hosts representatives from the County Council (currently Linda McMillan), the Montgomery County Public Schools (Marla Caplon, nutrition services) and the Commission on People with Disabilities (Dr. Seth Morgan). Significantly, Ms. Caplon's appointment as a liaison this year was one result of the Commission's outreach efforts to County Superintendent Joshua Starr on issues of physical activity and healthy food in the schools, which has helped to forge closer ties between two important county public health partners.

Commission members have consistently shown leadership in actively promoting Montgomery County's Minority Health Initiatives, which are intended to promote community partnerships, link residents to health services and identify and reduce health disparities (See <http://www.montgomerycountymd.gov/hhstmpl.asp?url=/content/hhs/phs/index.asp>). Commission members attend meetings of these initiatives, participate in activities and have provided an important leadership role in addition to their work on the Commission.

Commission members also may informally attend other relevant meetings and report back to the Commission. One liaison, for instance, recently attended a meeting of the recently established Montgomery County Food Council (<http://www.mocofoodcouncil.org/>) and provided a report to the Commission on the Food Council's planned activities to improve access to health and locally grown foods, a goal which is complementary to the Commission's own efforts on obesity prevention. Commission members also have participated in members of the County's Obesity Prevention Task Force, Mental Health Advisory Committee, Collaboration Council, Commission on Children and Youth and School Health Council.

Educating People about Health Issues

Commission members along with the Commission's Commission on People with Disabilities (CPWD) liaison, Dr. Seth Morgan, supported Montgomery County's *Respect the Space* campaign to support parking for persons with disabilities and participated in a county press conference on this issue (http://www.montgomerycountymd.gov/apps/News/press/PR_details.asp?PrID=8057). In March 2011, Commission members provided a letter of support to CPWD in support of this issue.

The Commission also educates residents and policymakers through its letters, public testimony and annual report, which are discussed more extensively, below and through participation in the Minority Health Initiatives.

Monitoring Health Status and Linking Persons to Needed Services

Commission on Health members have served a critical role in supporting the Montgomery Cares program (<http://www.montgomerycares.org/>), a nationally-recognized effort that links more than 28,000 working adults to a network of community health clinics providing basic and specialty health services. In March 2012, Commission members wrote a letter to County Executive Leggett supporting the Montgomery Cares Advisory Board's request for additional appropriations for this program, one of the few health coverage programs available to uninsured adults. In 2010, Commission members worked with the Montgomery Cares Advisory Board and the Montgomery County Medical Society to explore the possibility of increasing the pool of volunteer physicians, including the potential role of federally-employed physicians and other health professionals who reside and work in Montgomery County.

Commission members were also among the first to provide input on the County's incipient CHIP effort, participating in the county's completion of the CDC's Local Public Health System Assessment (<http://www.cdc.gov/nphpsp/>) in 2008 and emphasizing the importance of the CHIP's role in collecting, storing and communicating data about health issues to public health leaders and residents.

In 2010, Commission members participated in discussions of whether to establish a second clinic for sexually-transmitted diseases at the county's Germantown Regional Health Center, providing input to County Health Officer Dr. Ulder Tillman on this initiative.

Commission members supported the county's application for an HHS Community Transformation grant in 2011 and frequently share information with the County's commission staff liaison and other staff on grants, relevant publications and public health events.

Evaluation of Public Health Services

Evaluation of public health services includes assessment of the quality of services and suggestions for improvement. Though most evaluation activities are formally implemented by health department staff, Commission members also serve an important role in evaluation activities, helping to provide an objective external perspective of public health activities. Many meeting includes a presentation from community organizations or governmental public health staff, allowing Commission members to ask questions and provide input about county public health issues.

Commission members usually receive at least one briefing each year from the health department's legislative officer (currently Pat Brennan) hearing an update about the county's efforts to educate legislators about public health issues and support favorable legislation at a state level. Commission members have provided important input about such issues as obesity, tobacco use and flavored alcohol-containing beverages (so-called "alcopops") that have helped to guide the department's legislative approach to these issues. In July 2011, Commission members formally provided recommendations about the county's planned legislative agenda for FY 2012 and the Commission plans a similar meeting in the near future for FY 2013.

On an annual basis, the Commission also has provided testimony or written statements about the county's proposed fiscal year budget, explaining to the County Executive, County Council and residents how the proposed budget will impact county public health services. The Commission has provided a strong and consistent voice for maintenance of public health services at a time when, throughout the nation, more than 40,000 governmental public health jobs have been eliminated since 2008 (<http://www.naccho.org/topics/infrastructure/lhdbudget/index.cfm>), a trend from which Montgomery County, unfortunately, has not been immune. The Commission has noted in its testimony the importance of these services both for the individuals directly assisted and for the community as whole, and how provision of such services may actually help to

reduce overall county expenditures while promoting and enhancing public health (e.g., communicable disease prevention activities to prevent and mitigate outbreaks; programs to increase physical activity, reduce smoking and obesity can save millions in reduced health costs for public and private entities). In February 2012, the Commission provided input to the County Executive and Council and expressed its support for planned FY 2013 allocations to improve Department of Health and Human Services facilities.

Each month, Commission members receive a copy of the Public Health Services' Chief's report which discussed the Department of Health and Human Services' legislative, environmental health, chronic disease, communicable disease and Montgomery Cares and other public health program updates. The County Health Officer, Dr. Ulder Tillman, and/or Deputy Health Officer, Dr. Helen Lettlow, attend the monthly Commission meetings and provide an overview of public health services activities. Commission members and public health staff discuss the report and Commission members provide their input and recommendations.

At most monthly meetings, Commission members typically hear a presentation by a Department of Health & Human Services (DHHS) staff member or nongovernmental public health leader and then discuss and provide their input on the issue. For instance in January 2012, the Commission heard a presentation from county emergency preparedness staff about the Montgomery County Public Health Emergency Preparedness and Response Program and discussed such issues as distribution of medical supplies and the Medical Reserve Corps as well as the department's emergency preparedness programs. In February 2012, the Commission heard presentations about the county's Refugee Health and Immunization Program and provided input on public health screenings, health access, vaccination and tuberculosis prevention efforts for this uniquely vulnerable population.

Section 3

A list of accomplishments from the prior two years, including any direct service provided by volunteers to residents

In accordance with its mission, the Commission cites a number of accomplishments from the past two fiscal years, some of which are noted in other sections of this report.

The Commission has played an important advisory role within county government, helping to emphasize the importance of public health issues. Commission achievements include:

- ✓ A letter in March 2012 to County Executive Leggett urging additional support for the Montgomery Cares program
- ✓ Letters in June 2010 urging support for vegetable gardens on Montgomery County Public Schools (MCPS) property (restricted by the schools system).
- ✓ A letter in February 2011 to support the County Coalition on End-of-Life Care's National HealthCare Decisions Day
- ✓ In collaboration with Coalition on End-of-Life Care, the Commission on Aging and CPWD as well as health care institutions such as local hospitals, supporting

- adoption of an End-of-Life Care Bill of Rights by health care entities and a “Consider the Conversation” event to encourage health care providers and patients to discuss the important issue of end-of-life care (2011)
- ✓ Contacted the MCPS Coordinator of Physical Education on elementary school-level physical activity and recess and monitored the county’s progress on ensuring children have at least 150 minutes per week of at least moderate physical activity in accordance with national physical activity standards
 - ✓ A letter in November 2011 to incoming MCPS Superintendent Joshua Starr about the importance of obesity prevention, the Commission’s four key strategies and how the Commission and MCPS could work together
 - ✓ Letters in July 2011 to the Montgomery County Planning Board, MCPS, Montgomery County College and the Montgomery County Office of Human Resources and the Washington Suburban Sanitary Commission requesting information on their policies to support breastfeeding by employees or visitors and reminding them of federal recommendations in support of breastfeeding (<http://www.cdc.gov/breastfeeding/>)
 - ✓ A letter of support in June 2011 for the Department of Health & Human Services’ application for a Community Transformation grant to provide the county with additional funding for chronic disease prevention activities
 - ✓ A letter in July 2011 to County Council advising council members of potential legislation affecting collection of body mass index information from school children and encouraging the collection and sharing of aggregate-level BMI data to help policymakers and public health staff understand and reduce obesity (i.e., aggregate data does not contain identifying information on any particular individual)
 - ✓ A letter in March 2012 to the County Council and County Executive on county-level obesity prevention activities
 - ✓ Letters in March 2011 to the County Council and County Executive concerning public education on health impact due to proposed budget cuts
 - ✓ Helping to organize and plan the county’s Fitness Month proclamation event in April 2011
 - ✓ Supporting efforts to implement the federal health professionals program through which federally-employed licensed health care providers such as nurses and physicians can provide services through hospitals and community clinics (2010)
 - ✓ Supporting a pilot end-of-life care project for emergency responders in the region including Montgomery County (2011)
 - ✓ Supporting the Medical Orders for Life-Sustaining Treatment bill passed at the state level
 - ✓ Identifying both traditional and non-traditional partners that could be better linked to the DHHS and other local public health partners, including culinary associations, grocery stores and federal agencies with significant presence in Montgomery County such as FDA (2010-Partnerships Committee)
 - ✓ Provided input into the Obesity Prevention Strategy Group’s effort to highlight the importance of public schools’ support for public health activities as part of the county’s effort to recruit a new superintendent.

Section 4

A statistical overview of the advisory board members' workload. Include in the review a list of how many regular and sub-committee meetings are held per month/quarter, and the length of the meetings. In addition, list any other board or sub-committee activities. Finally, include a listing of materials produced by the board, such as research papers, newsletters, etc.

The time commitment of Commission members varies depending upon the meeting schedules of the Committees on which they are serving, their participation in other events and public health activities, and their membership on Commission subcommittees.

At a minimum, Commission members participate in 2-3 hour monthly meetings. Some Commission workgroups arrange conference calls, exchange e-mail information or meet the hour prior to the Commission's monthly meeting. Commission members serving as liaisons to other county committees or the minority health initiatives have additional quarterly or monthly time commitments depending on the meeting schedules of these entities. Commission members also devote time to interviewing and screening potential new members, an annual process that requires at least fifteen hours of time.

The Commission collectively prepares an annual report each fiscal year discussing county public health issues, the Commission's meetings and activities, testimony and advisory efforts. Commission members also may contribute to reports prepared by other committees and the public health services such as the Healthy Montgomery/CHIP.

The Commission Chair, currently Marcos Pesquera (Adventist Health) and Vice-Chair, currently Ron Bialek (Public Health Foundation), devote at least fifteen hours each month interacting with Commission members and county staff and planning and coordinating the Commission activities.

Section 5

As done in typical annual reports, provide a 2-year work program outlining planned activities and goals for the future

As discussed above, the Commission on Health works with many other Commissions and Task Forces, and seeks input and discussion with County policymakers, as it formulates its goals and priorities. Historically, the Commission establishes goals and objectives each year so that it always remains focused on public health needs and programs that are essential for protecting and promoting the health of County residents. Based on priorities of Healthy Montgomery, needs identified by Public Health Services, and initiatives of the County Executive and County Council, this past year the Commission has focused its efforts on strategies that the County can pursue to prevent and reduce obesity.

During the Commission's annual retreat hosted by Adventist HealthCare and held on October 20, 2011, the Commission affirmed its decision the previous year to focus on obesity prevention. To further educate ourselves so that our work is informed by current evidence, the Commission invited Richard Hamburg, deputy director of the Trust for

America's Health, to meet with us to discuss strategies for preventing obesity. Also during the retreat, Dr. Ulder Tillman, County Health Officer, and Linda McMillan, County Council liaison to the Commission, discussed how the Commission can best contribute to public health activities. The Commission agreed that during the coming year one key emphasis will be to engage in activities to help reduce and prevent obesity in the County.

Toward this end, the Commission subdivided into subcommittees that include every Commission member. The Commission established four subcommittees to work on four of 24 strategies recommended by the CDC to reduce and prevent obesity (<http://www.cdc.gov/mmwr/PDF/rr/rr5807.pdf>). These include:

- ✓ Improving the availability of affordable healthy foods and beverages
- ✓ Promote and increase the viability of local farms, and thus the availability, security and consumption of healthful locally-produced foods.
- ✓ Support for breastfeeding (which improves maternal and child health and nutritional status)
- ✓ Increasing opportunities for extracurricular physical activities

Commission members and subcommittee members have drafted letters on each of these strategies to be sent to the County Executive, County Council and others. The Commission anticipates that it will continue to work on this issue.

Additionally, the Commission continues to work on End-of-Life activities through its End-of-Life issues subcommittee. As noted above, the subcommittee has prepared letters to the County Executive and County Council, supported an End-of-Life Bill of Rights, and supported legislation. In the year ahead, the subcommittee will continue to support legislation and education efforts as well as development of an online registry for advance health care directives through which patients can provide their instructions for end-of-life care. Commission members also have expressed interest in more frequent discussions of the county's legislative efforts and activities, and ways in which the Commission could provide support.

Though priorities may change somewhat from year-to-year, because of the staggered turnover of commission members, there is significant continuity from year-to-year and Commission members typically acquire significant expertise in their role as they gain experience on the Commission.

Section 6

A description of the amount of County government resources, including County employee staff time, currently being used. Include an outline of a plan to reduce the use of these resources. Note that "staff time" and "resources" includes preparing for and attending meetings, setting up meeting space, office supplies expended, photocopying, and any other monetary costs for equipment rental, parking, etc.

The County Code provides that the Department of Health and Human Services must “provide appropriate support for the Commission in order to assist in carrying out the Commission’s responsibilities” (24-27).

The Department of Health and Human Services has therefore assigned a staff liaison, currently Jeanine Gould-Kostka, to provide 10 hours per week of support (20 hours until this year) for Commission activities. She also provides similar support for the Healthy Montgomery/CHIP. Ms. Gould-Kostka fulfills what all Commission members agree is a substantive and irreplaceable role in furthering the Commission’s activities. The Commission has discussed with some concern the reduction of the hours she devotes to Commission activities from 20 hours to 10 hours as of this fiscal year but is pleased to note that her activities with the Healthy Montgomery/CHIP complement her work with the Commission. She prepares the Commission agenda, prepares and distributes monthly minutes, coordinates the meetings in consultation with the Commission Chair and Vice-Chair and her DHHS colleagues and sends weekly emails with relevant announcements, events and information. Ms. Gould-Kostka also helps orient new members, answers questions from Commission members, helps with editing of Commission materials such as letters of support and plans the process to interview new members. Ms. Gould-Kostka also handles meeting logistics, tracks member attendance, and acts as COH liaison to the County Executive’s staff.

County staff typically participating in Commission meetings, including the County Health Officer and/or her Deputy, public health services administrator (Doreen Kelly) and program specialist II in her role as Commission staff. The County Health Officer devotes approximately 3 hours per month to Commission activities. The public health services administrator devotes approximately 6 hours per month to Commission activities, mostly attending the Commission meetings but sometimes also for follow up activities such as referring Commission questions to appropriate staff members and reviewing statements and minutes; and providing supervision and direction to the program specialist II and providing liaison with senior staff as needed to solve occasional issues.

In addition to the Commission’s assigned DHHS staff liaison and her supervisor, other county staff members provide occasional support to the Commission in its mission, including preparing reports, answering questions and preparing and delivering presentations about Public Health Services’ programs at Commission meetings. The Commission estimates that other staff, collectively, provide perhaps on average one hour per week in support of Commission activities and notes that this support to the Commission often complements other activities (e.g., data provided to the Commission also would be provided to other entities such as the County Council, Healthy Montgomery/CHIP members or the state health department).

The estimated FY 2012 budget for Commission activities is \$19,061. This includes the personnel costs (.25 FTE) for 10 hours of the program specialist II and \$3,600 in operating costs, including office and meeting supplies, mileage, and food for the monthly meetings and the annual retreat/planning meeting. Every effort is made by both the staff

and members to reduce costs. The Commission has always met at a county facility or been hosted at the workplace of one of its members so there is no additional cost associated with Commission meetings such as parking or external facility rental. Because most Commission members attend Commission meetings immediately following work, meetings do include light refreshments at a monthly cost which is limited to \$6.50 per person. Commission members receive emails with the agenda and other information and print this on their own computers. Commission members can request reimbursement for childcare and transportation costs although members rarely do so. Apart from some printed materials, there are no other equipment or logistical costs associated with Commission meetings or activities. Other staff involvement in Commission on Health activities is given in kind.