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MONTGOMERY COUNTY COMMISSION ON HEALTH

Meeting Minutes
October 17, 2013
MedStar Montgomery Medical Center, 18101 Prince Philip Drive, Olney, MD

Members Present:	Mitchell Berger, Ron Bialek, Tara Clemons, Michelle Hawkins, Graciela Jaschek, Joneigh Khaldun, Pierre-Marie Longkeng, Rose Marie Martinez, Linda McMillan, Marcia Pruzan, Nelson Rosenbaum, Daniel Russ, Tonya Saffer, Ashraf Sufi, Shari Targum, Wayne L. Swann, Ulder J. Tillman
Members Absent:	Kathy Ghiladi, Alan Kaplan and Gregory Serfer
Staff Present:	Jeanine Gould-Kostka, Doreen Kelly and Helen Lettlow, Deputy Health Officer
Guests:	Kaye Bender, PhD, RN, FAAN, President and CEO, Public Health Accreditation Board; Barbara A. Brookmyer, M.D., M.P.H., Frederick County Health Officer; and Danny Bender

1.0 Call to Order

Chair Ron Bialek called the annual retreat meeting to order at 3:35 p.m. upon reaching a quorum.

2.0 Welcome and Overview – Ron Bialek, Chair and Dan Russ, Vice Chair

2.1 Introductions and Retreat Overview – Mr. Bialek asked all present to introduce themselves and discussed the goals for the retreat.

2.2 Approval of Minutes – Mr. Wayne Swann made a motion to approve the September 2013 meeting minutes. Dr. Michelle Hawkins seconded the motion to approve the minutes. The motion was passed by majority voice consent with two abstentions.

2.3 PHS Chief's Report and ACA Update – Dr. Ulder J. Tillman announced the inclusion of the PHS Chief's Report for September 2013 in an upcoming COH newsletter. The report is also included at the end of these minutes.

Dr. Tillman discussed the following issues: immunization compliance within the MCPS student population; PPD shortage affecting TB testing; the Affordable Care Act (ACA) and applications; Dourakine Rosarion is available to update the COH at an upcoming meeting on the ACA implementation; and the availability of pamphlets that were distributed to the COH.

Discussion followed: requirements of confidential information; Internet issues related to applications; how the problems with the online applications will be remedied; ambassador training will improve and be available in the near future; consumer interface issues; opportunities to enroll individuals in local emergency rooms; looking for volunteers for the Montgomery County 100,000 Homes Campaign, which will be referenced in an upcoming COH newsletter.

3.0 FY12-13 COH Accomplishments – Dan Russ, Vice Chair

Dr. Russ presented an overview on the Commission's accomplishments during Fiscal Years 12 and 13. The PowerPoint presentation slides are attached to these minutes.

4.0 Monitoring action on COH Recommendations: What remains relevant and how best to monitor? – Ron Bialek, Chair

Mr. Bialek offered that one workgroup could focus on areas that the COH has made specific recommendations that have not been addressed and follow up on those items.

Discussion followed: the County Council HHS Committee will receive an update on the ACA on 11/21/13, which will be televised on County Cable Montgomery; HHS technology; the effectiveness of writing letters to the County Council related to the County Executive's proposed budget on health matters; undocumented patients will be seen at Montgomery Cares clinics but are not covered by the ACA; the County Council will hold hearings on the proposed changes in the Zoning Law on 11/12/13 and 11/14/13; Ms. McMillan will provide a summary of the proposed changes to the COH; chickens in residential areas; zoning changes in agricultural zones related to the ability of farms to bring in products from other farms; how to advance the FY12 and FY13 recommendations and possible follow up letters; and interest in serving on this workgroup.

5.0 Hunger in the County: What do we know and what needs to be learned? – Ron Bialek, Chair

Mr. Bialek mentioned that many groups are working on the issue of hunger and food insecurity and that the COH recommendations related to obesity prevention possibly need follow up. The discussion of hunger within the County needs to include gathering information on what is already being done to address this issue.

Discussion followed related to the following issues: the Food Recovery Work Group; the Food Council; the Commission on Children and Youth; Montgomery County Public Schools (MCPS); a lot of advocacy for food security for children within the County but not as much for seniors; consider the impact on health for seniors and children related to food insecurity; the Food Access Work Group within the Food Council have identified neighborhoods within the County that have issues with transportation; neighborhood surveys; Crossroads article in the *Washington Post*; senior congregate meals and sequestration; the Commission on Aging and their ability to advocate; homeless food issues; studies on food insecurity and age groups; questions related to how the COH can impact this issue along with what would be a possible action; Food Council next meeting on 11/13/13; varied views on the percentage of people living with food insecurity within the County; one-third of MCPS students are enrolled in the FARMS program; data from BRFSS and posted on www.healthymontgomery.org; the need to define this work group will come during the breakout sessions; align work with the Commission on Aging as well as the Commission on Children and Youth; and Jenna Umbriac is a nutrition specialist at Manna and is co-chair of the Food Council's Food Access Working Group and a possibility as a future speaker during a COH meeting.

6.0 Guest Speaker: Kaye Bender, CEO of the Public Health Accreditation Board (PHAB) – Introduction by Michelle Hawkins

Dr. Hawkins introduced Dr. Kaye Bender who has been the President and CEO of PHAB since 2009. Dr. Bender has over 26 years' experience in public health practice and administration, working at both the state and local levels within the Mississippi Department of Health.

Dr. Bender's PowerPoint presentation is included at the end of these minutes.

Discussion followed: Nineteen accredited public health departments so far nationwide; the accreditation process can lead to accreditation that lasts 5 years; fee schedule; site visit teams from a pool of over 200 site visit volunteers; 226 public health departments are currently working on becoming accredited; there are approximately 2,400 health departments in the U.S.; length of accreditation process; 105 measures under the standards of accreditation; the health department and the governing entity work together in this process; Montgomery County Public Health Services is one of five service areas within HHS; the

Montgomery County Council serves as the Board of Health; the Board of Health passes laws as health regulations while HHS determines how to implement those laws; and strategic planning.

7.0 Guest Speaker: Barbara Brookmyer, Frederick County Health Officer – Introduction by Michelle Hawkins

Dr. Hawkins introduced Dr. Barbara Brookmyer who serves as the lead health official for Frederick County. In the role of Health Officer she directs the Frederick County Health Department's seven divisions and their numerous programs including immunizations, WIC, cancer prevention, emergency preparedness planning, dental services, well and septic inspections, substance abuse and mental health counseling, school health services, and programs for developmentally disabled children and adults.

Dr. Brookmyer discussed the following: Frederick County Health Department decided to move forward with accreditation because she believes that accreditation is a necessity for health departments to demonstrate to their communities that they are providing essential public health services and serving the community well; they were concerned about waiting for the next version of accreditation standards to come out, and they had savings available to cover the costs of applying for accreditation; the importance of applying for accreditation before the community health assessment expires; Frederick County has a population of approximately 240,000 people; Frederick County and Worchester County applied for accreditation at the same time to help secure training at the same time; difficulty in obtaining documents from Maryland's Department of Health and Mental Hygiene (DHMH); Frederick County has an assigned accreditation coordinator; the final submission date should happen by the end of May 2014; challenges in the application process with finding documentation for all measures; communicating data to the community can be a challenge; this effort takes a great deal of staff time to prepare all necessary documents and Frederick County's Health Department staff meets weekly for the accreditation process; PHAB offers support during the accreditation process; the Public Health Foundation web site offers implementation information; three items that must be current within any organization – a performance management systems and quality improvement plan, , a core competency plan and a workforce development plan; Dr. Brookmyer is willing to share her expertise and documentation with PHS; Dr. Brookmyer implemented incentives to gain employee buy in through contests; PHAB Version 1.5 will come out in January 2014; changes in accreditation will come as the ACA shifts the ability to collect data; the accreditation documents can become training tools for new employees; Montgomery County is a "home rule County," which is different from Frederick County; DHMH will have a web page in the future with documents needed for any public health department working on accreditation; Mr. Bialek mentioned that he heads the Public Health Foundation and that he is not seeking work for his organization with Montgomery County; and there are many tools on the PHF web site that are free and can be used by health departments as they prepare for accreditation.

8.0 Strategic Planning and Work Group Formation – Mitchell Berger

Mr. Berger described the potential work groups for the year and asked the membership to decide on an area they would like to work on for the upcoming year. Each work group was asked to look at the worksheets provided and determine a chair and vice chair for the group along with determining the scope and parameters for the group.

8.1 Accreditation: Mitchell Berger, Tara Clemons (Vice Chair), Graciela Jaschek, Joneigh Khaldun (Chair), Dan Russ and Dr. Tillman have chosen to join this work group.

8.2 Food Security and Nutrition: Linda McMillan, Marcia Pruzan, Nelson Rosenbaum (Chair), Ashraf Sufi and Shari Targum (Vice Chair) have chosen to join this work group.

8.3 Surveillance: Michelle Hawkins, Pierre-Marie Longkeng (Vice Chair), Rose Marie Martinez, Tonya Saffer and Wayne Swann (Chair) have chosen to join this work group.

9.0 Wrap Up – Graciela Jaschek

Ms. Jaschek asked each work group to give a brief summary of the discussions they had related to Accreditation, Food Insecurity and the ACA – Obesity Prevention Follow Up.

8.1 Accreditation: The initial work plan sheet is attached at the end of the minutes

8.2 Food Security and Nutrition: The initial work plan sheet is attached at the end of the minutes

8.3 Surveillance: The initial work plan sheet is attached at the end of the minutes

10.0 Staff Report and Survey Evaluation – Jeanine Gould-Kostka

Ms. Gould-Kostka asked COH members to be prompt in completing the Survey Monkey Retreat Evaluation that will be sent out electronically.

Ms. Gould-Kostka thanked MedStar Montgomery Medical Center and Ms. Tara Clemons for arranging the use of their facilities and the Retreat Planning Committee (Mr. Berger, Mr. Bialek, Dr. Hawkins, and Ms. Jaschek) for their hard work and attention to detail as well. The COH membership was reminded that the COH voted to meet on 12/19/13 and that quorum for the COH is set at 10 members.

Discussion followed on: work session during the 11/21/13 COH meeting for all work groups; fact finding is permitted by COH members however members are not allowed to speak on behalf of the COH unless they have been given permission, by vote, to do so; COH members wishing to contact staff within Montgomery County should send requests to Ms. Gould-Kostka who will coordinate them; fact-finding requests to other organizations, including the Maryland Association of County Health Officers, should copy Ms. Gould-Kostka so a record of such contacts can be collected.

11.0 Adjournment

Dr. Shari Targum made a motion to adjourn at approximately 8:36 p.m. Dr. Russ seconded the motion, which was passed by unanimous voice consent.

Respectfully submitted,

Jeanine Gould-Kostka
Staff to Commission on Health

Public Health Services
Chief's Report
September 2013

SUCCESSES AND GOOD NEWS

School Health Nurses have trained identified MCPS staff to administer epinephrine auto-injectors to students determined, or perceived, to have a life threatening allergic reaction, in compliance with the Education Article Section §7-426.2.
In compliance with COMAR 13A.06.08, School Health Services staff refer students with possible concussions to their health care provider for medical clearance before returning to participation in team sport practice and play, physical education classes and recess. School Nurses case manage students diagnosed with a concussion, communicating the health care provider's recommendations as appropriate, and support students as they gradually return to full participation in academics and physical activity.

Planning and Epidemiology has completed the new DHMH Virtual Data Unit application process and subsequently has been approved by DHMH/HSCRC to acquire 2012 hospitalization (inpatient and ER) data to update its analyses.

HOTSPOTS

The EHS Staff inspected 17 group homes, no nursing homes, 5 domiciliary care facilities, 75 private schools and 11 swimming pools. Ninety-five (95) rat complaints were investigated and 16 violations noted. There were no harm done deficiencies in health care facilities noted this month. There was one harm deficiency at a facility regarding an improperly executed Do Not Resuscitate order. Investigation report has been completed and facility is preparing response.

School Health Services staff have reviewed 101,331 student health records out of the 151,351 students enrolled in Montgomery County Public Schools (MCPS) to identify which students require a mumps and/or rubella vaccine as a result of a new law implemented this year. To date the health staff has identified 1,312 students that require mumps and /or rubella vaccines.

PHS Epidemiologist (C. Ryan Smith) provided a presentation to the DHMH Cancer Cluster Workgroup on the Poolesville, Maryland Cancer Concerns raised in 2008 that led to receiving CDC Epi-AID support, as a case study for the group to consider in its charge to develop protocols/procedures to address cancer cluster concerns and active/passive cancer surveillance needs.

TAYA plans to merge with CCI, Inc. on February 1, 2014. We have begun working with CMT on transferring the TAYA contract, the contractual agreement for repayment of the FY10-12 overpayments, and TAYA's Council grant.

UPDATES ON KEY ISSUES

Disease Control:

Immunizations and STI Programs are moving forward, with assistance from DHMH contractors, to be able to bill for some services. Immunization is much further along than the STI Program and should be able to bill for VFC administration fees soon.

Disease Control is in the middle of a large Shiga-toxin producing E. coli outbreak at an Early Headstart facility in the County. There is one confirmed case and two infants with symptoms. All babies and toddlers, and all staff are in the process of submitting specimens for testing. This investigation involves over 40 people. So far, there have been no other cases identified.

Emergency Preparedness and Response:

The Public Health Emergency Preparedness and Response program participated in the Maryland 2013 Strategic National Stockpile Exercise for four days (September 23-26). The exercise involved a communicable disease outbreak that affected the entire state and was designed to trigger healthcare facilities to request the support of local, state and federal agencies to meet the demand for increased medical resources and countermeasure medications.

Refugee and Immunization Programs:

The 2013 Employee Flu Vaccination Campaign was launched the first week in September for 1,061 employees/contractors in the following service areas: ADS, BHCS, and PHS. OMS held 4 Outreach Clinics vaccinating 292 employees. The Online Appointment Booking System opened September 16th offering county constituents 3,000 appointments for community flu clinics. Nearly 1,000 appointments were booked in 2 weeks.

The Refugee Health Program closed the federal grant year on Sept 30th. During Federal FY13 the Refugee Clinic screened 388 refugees/asylees and was reimbursed $228K for their screening services.

TB Control Program:

The PPD shortage continues nationwide affecting TB testing of new foreign-born students entering MCPS as well as the correctional facility in Clarksburg. Alternate strategies have been put into place until supply of PPD solution is restored.

Licensure and Regulatory Services

During the month of September 2013, the EHS Staff in Licensure and Regulatory Services conducted 663 routine food service inspections, 54 re-inspections, 5 mobile unit inspections and 161 itinerant food service inspections. Critical violations were found during 145 food service inspections. Ten (10) food service facilities were closed and re-opened when the critical violations were corrected. Twenty-six (26) food service complaints were investigated. There were no food borne outbreak investigations in September. The EHS Staff conducted 279 Tran's fat inspections and noted 17 violations. Forty-five (45) nutritional labeling inspections were conducted and four (4) violations noted. Seven (7) smoking violation were noted during routine food service inspections. Eighty-five (85) plans for new food service facilities and pools were reviewed and approved.

Improved Pregnancy Outcome Program

- Reviewed all newly received fetal/infant and child death certificates (100%) received via new electronic notification system from Maryland Vital Statistics Administration.
- Facilitated 9-24-13 FIMR meeting, reviewed four cases with 19 members attending, and welcomed new FIMR members Jennifer Abell, Division Director, and William Callahan, Communication Director, March of Dimes, Dr. Janice Johnson, and Daryl Leach, Family Justice Center.

- Great news: The electronic link to the "Reproductive Life Plan" brochure has been shared with ACOG, March of Dimes, CDC, AMCHP, and NFIMR. New FIMR & CAT member Dr. Hani Atrash from HRSA forwarded the brochure link to colleagues at these national organizations.

- September was Infant Mortality Awareness Month. Mary Anderson, Montgomery County Public Information Office, posted it to the County website and distributed the press release to local media outlets.

- Facilitated the 09/17/13 Child Fatality Review (CFR) team meeting, reviewing 5 cases with 16 members attending. Following up on several CFR Team recommendations made during the meeting.

- Finalized drafts of the Montgomery County Improved Pregnancy Outcome *Women's Health Card,* and English and Spanish versions of the *Reproductive Life Plan* brochure and sent to the print shop. Holy Cross Perinatal Education Program is printing these educational brochures for residents.

ACCU/DACCT TEAM September Statistics

Number of pregnant women screened and enrolled in an MCO for prenatal care services: 203
Number of Pregnant adolescents up to 18 years of age enrolled in an MCO: 7
Number of Prenatal referrals received from an MCO for care coordination: 143
Number of Care Coordination encounters completed to assist clients to access Medical Assistance services: 506

Montgomery Cares YTD data for FY 2014 (July -August, 2013):

o Non-homeless patients	10,314	(32% of budget target)
o Non-homeless encounters	13,853	(16% of budget target)
o Homeless patients	46	(11.5% of budget target)
o Homeless encounters	88	(10% of budget target)

Maternity Partnership Program – July-August 2013

Number of patients referred to contracting hospitals by DHHS clinics	286
New patients enrolled in prenatal care by hospitals	289
Number of teens enrolled	9
Percent entry during first trimester	45%
Fetal losses	3

Reproductive Health Program - Year-to-date information on Reproductive Health (July-August 2013):

Mary's Center	97 clients
Planned Parenthood of Greater Washington	220 clients
TAYA	435 clients
TOTAL	752 clients

FY 2014 Retreat Workgroup Planning Session	
Workgroup Name/Focus: **PH Accreditation** **Workgroup Goal:** Educate the Council on the accreditation process and recommend actions	**Subcommittee Chair/Vice Chair:** **Joneigh Khaldun** **Vice Chair:** **Tara Clemons** **Members:** **Graciela Jaschek** **Mitchell Berger** **Daniel Russ**

Key outcomes by year end

1. Report that looks at measures (gap analysis)
2. Letter in support for moving forward or not

Possible first steps/initial workgroup activities	**Lead(s)**
A. Preliminary research on domains involved and what the Health Department needs to do to get there • Educate ourselves as a workgroup on each of 12 domains • Identify where the HD is already doing work that aligns with domains B. Determine what the benefits and drawbacks are of accreditation (SWOT analysis) • Monetary • Staff time • Others C. Talk to ours and other health department/leaders on their thoughts/efforts around accreditation • Internal: Dr. Tillman and others • External: all PH departments in MD, other non-Maryland departments that may have similar demographics	

* “HD” refers to Montgomery County Health Department

FY 2014 Retreat Workgroup Planning Session	
Workgroup Name/Focus: **Food Security and Nutrition** **Workgroup Goal:** 1. Educate workgroup and commission on food security/nutrition issues in the county; 2. Make specific, actionable recommendations to the County Executive and County Council.	**Subcommittee Chair/Vice Chair:** **Nelson Rosenbaum** **Shari Targum** **Members:** **Marcia Pruzan** **Linda McMillan** **Nelson Rosenbaum** **Ashraf Sufi** **Shari Targum**
Key outcomes by year end 1. Problem definition/scope; gather background/data 2. If applicable, begin to construct recommendations, metrics	

Possible first steps/initial workgroup activities	**Lead(s)**
A. Gather information • Inquiry to Commission on Aging: whether there are food insecurity issues (Marcia Pruzan) • Inquiry to Marla Caplon—possible invitation to speak (Shari Targum) • Begin to contact relevant groups in Montgomery County to obtain information/liaison/potential speakers at future COH meetings (e.g., Food Council, Farmers Market/Crossroads/double dollars program)	
B. Discussion/Notes: • Groups potentially affected by food insecurity: schoolchildren (especially when MCPS not in session—vacation, weekends); low income immigrants; elderly (scope of problem; problem definition) • How to best measure food insecurity/health, financial and societal impact of food security and inadequate nutrition (amount/balance); • Crossroads Farmers Market double dollars SNAP program recently highlighted in Washington Post—could this program be expanded across Montgomery County/potential barriers to expansion (potential recommendation) • SNAP ED—Nutrition education (potential recommendation). • Potential groups/stakeholders to contact: Manna, AAHI, Food	

Council, Commission on Aging, Commission on Children and Youth, MCPS. Meals on Wheels, --are these programs sufficient? If not, what is the problem? • Model of community volunteer program to bring meals to homes (potential recommendation)	

FY 2014 Retreat Workgroup Planning Session	
Workgroup Name/Focus: Surveillance of FY 2012 and 2013 Recommendations **Workgroup Goal:** Review achievement and relevancy of FY 2012 & 2013 goals, determine progress	**Subcommittee Chair/Vice Chair:** Wayne Swann /Pierre-Marie Longkeng **Members:** Michelle Hawkins, Rose Marie Martinez, Tonya Saffer
Key outcomes by year end 1. Determine which goals are still relevant 2. Identify goals we still need work towards 3. Determine actions necessary for advancing goals 4. Make suggestions for moving forward on those goals	

Possible first steps/initial workgroup activities	**Lead(s)**
A. Review all recommendations and their status – Make recommendations on work still to be done ❖ ACA Data – Rose Marie Martinez ❖ Access to Care – Wayne Swann ❖ Prevention – Tonya Saffer ❖ Obesity/CVD – Pierre-Marie Longkeng o Breastfeeding o School Vending o Local Food Access • Tobacco – Michelle Hawkins	

Montgomery County Commission on Health

Commission on Health
Recommendations from
FY12 and FY13

Commission on Health Retreat
October 17, 2013

Addressing the Problem of Obesity in FY12

After considerable research, and querying County agencies, the Commission's recommendations focused on four strategies (based on the CDC *Community Strategies Guide)*:

- Strategy 2 – Improve the availability of healthier food and beverages in public service venues.
- Strategies 6/4 – Provide incentives for the production, distribution, and procurement of foods from local farms. Provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.
- Strategy 11 – Increase support for breastfeeding.
- Strategy 14 – Increase opportunities for extracurricular physical activity.

Strategy 2 – Improve the availability of healthier food and beverages in public service venues

1.Product: Adopt healthy-choice nutritional standards for vending machines. A list of healthy products that meet nutritional standards should be developed and maintained.
2.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.
3.Placement: Proper placement of the healthy vending machine items can assist employees in identifying healthy choices and makes it easier to purchase a healthy item.
4.Promotion: Promotion or publicizing the availability of healthy food products is critical to success.
5.Implementation: Current procurement contracts should be revised to reflect the adopted nutritional guidelines for vending machines and all new contracts should comply with county guidelines.
6.Enforcement: Vending machines should be inspected quarterly and vendors that do not comply should be removed from service.

Status of Strategy 2 Recommendations

County Government will implement a pilot program to improve healthy choices in County Government vending machines.

Strategies 6/4 – Provide incentives for the production, distribution, and procurement of foods from local farms. Provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas.

1. The Commission believes Montgomery County should adopt policies that encourage the procurement of food from local farms, promote and increase the viability of local farms, and increase the availability, security, and consumption of healthful, locally-produced foods. Incentives may include farmland preservation, marketing of local crops, zoning variances, subsidies, and streamlined licensing.
2. The Commission recommends that the County Council and Executive review proposals from DED on horticultural and agricultural uses in the Rural Density Transfer zone.

Status: Council President Berliner response indicated that no proposal had been received by the Council at that time.

Strategy 11 – Increase support for breastfeeding

1.Montgomery County agencies have clear policies requiring facilities to provide breastfeeding accommodations that include both time and a clean space for expressing milk during work hours. The facilities should be a private, enclosed area with an electrical outlet and must not be a bathroom. A refrigerator should be available.

2.State and local governments can offer incentives to private businesses to accommodate breastfeeding by employees; they can also set policies requiring government agencies to support breastfeeding by female employees.

3.Any policy referring to breastfeeding practices should include a communication strategy to improve awareness and clearly state consequences of non-compliance.

Status of Strategy 11 Recommendations

The Commission has been informed that County agencies are implementing breast feeding recommendations – accommodations, refrigeration, etc.

Strategy 14 – Increase opportunities for extracurricular physical activity

1.MCPS develop programs that encourage their students not currently involved in sports to increase physical activity as a part of a healthy lifestyle.

2.MCPS measure weight and height from students and provide anonymous BMI data to DHHS to track obesity rates and set a baseline for future obesity prevention programs.

3.MCPS add Field Day as a part of the Elementary School K-5 physical education program. An event that celebrates physical education sends a strong message of the importance of physical activity and a healthy lifestyle.

Status of Strategy 14 Recommendations

- MCPS responded that MCPS middle schools offer opportunity to participate in 7 interscholastic athletic teams and that the high school program includes 40 interscholastic teams per each high school. The $30 activity fee is contingent on income. Barriers to offering additional activities include limited facilities, funds, interest, and personnel to supervise activities.
- MCPS does not measure BMI and responded that it provides few medical tests for students. This information is not required to participate in athletic teams.

Tobacco Recommendations

- Advocate for increased cigarette taxes at the state and federal level. 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.

Additional Recommendations

- Greater enforcement of current smoking laws. This may include changes to allow County police to 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 with in 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.
- 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.

Legislative Outcomes

- The COH gave testimony before the Health and Human Services Committee on October 18, 2012 on the smoking recommendations.
- Bill 33-12 was introduced in the County Council (Health and Sanitation – Smoking - County Property) on 11/27/12 and was revised on 2/12/13. The bill would ban smoking on County-owned or leased property. The COH sent a letter of support for the bill on 1/25/13. The bill became law and Timothy Firestine, Chief Administrative Officer for Montgomery County, sent out a letter on 5/22/13 announcing the law would go into effect on 5/25/13.
- The new ban encompasses areas outside of County buildings and includes the following places:
  - County parks;
  - County parking lots and parking garages;
  - County-owned vehicles; and
  - Bus stops and bus shelters.

FY13 Focus: Affordable Care Act Summary of Commission's Recommendations

- Monitor health care service utilization to ensure that disparities are not increasing
- Facilitate seamless enrollment by residents into all health and social services County programs for which they are eligible, including those related to the ACA
- Educate County government employees, residents and health care providers about no-cost preventive health services available as a result of the ACA

Specific Recommendations Related to Access to Care

- HHS monitor access to care for underserved populations and report semi-annually any issues/concerns to the County Executive, County Council, and COH in the event disparities increase during ACA implementation.
- The County Executive and County Council continue to support Montgomery Cares, the Care for Kids and Maternity Partnership programs as well as other HHS programs that provide necessary health care for uninsured County residents
- The COH urges the County Executive and County Council to work with the State to ensure that HHS has the flexibility to enroll individuals in both health insurance and social services at the same time.

Specific Recommendations Related to Prevention

- Educate County government employees about the no-cost preventive services available under the ACA and encourage use of these benefits. Education can be through individual departments, supervisors, Human Resources and others.
- Work with employers, employee groups, civic organizations, and other stakeholders to provide education about the availability of no-cost preventive services available through health insurance plans now that the ACA is being implemented.
- Work with health care providers to raise awareness of the new preventive benefits. Health care providers are influential in decisions of their patients to access and use health care services.

Governance Engagement in Public Health Department Accreditation

PHAB
Advancing public health performance

Kaye Bender, PhD, RN, FAAN
Public Health Accreditation Board
Montgomery County Commission on Health
October 17, 2013

Greetings from the PHAB Board of Directors

PHAB

A Few Facts About Accreditation of Health Departments

Advancing public health performance phaboard.org

What is Public Health Accreditation?

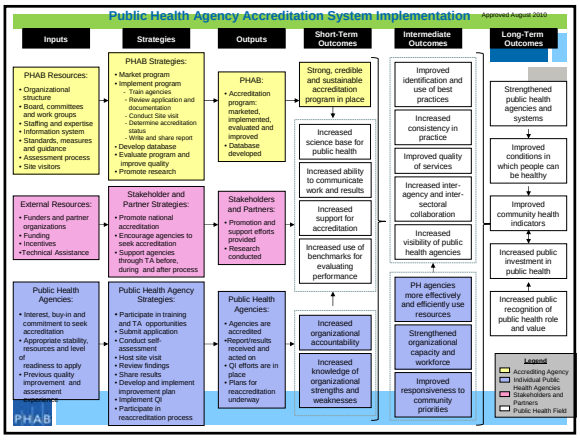
- The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.
- The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.
- The continual development, revision, and distribution of public health standards.

PHAB

Public Health Accreditation Board (PHAB)

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state ,local, tribal and territorial public health departments.

PHAB

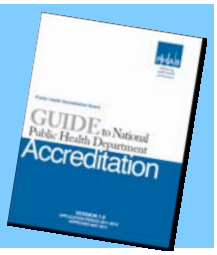


Three Prerequisites

- **Community Health Assessment**
- **Community Health Improvement Plan**
- **Health Department Strategic Plan**

- Submitted with the application for accreditation
- Criteria included in Standards Domains 1 and 5

The PHAB Accreditation Process



Seven Steps

1. Pre-application
   Applicant prepares and assesses readiness, informs PHAB of its intent to apply (SOI)
2. Application
   Applicant submits application and pre-requisites and receives training
3. Documentation Selection and Submission
   Applicant gathers and submits documentation
4. Site Visit
   Documentation review, site visit and site visit report
5. Accreditation Decisions
   PHAB Accreditation Committee determines accreditation status:
   Accredited (5 years)
   or Not Accredited
6. Reports
   Annual progress reports
7. Reaccreditation

Health Department Role

- Appoint an Accreditation Coordinator
- Establish an Accreditation Team
- Select the best documentation for each of PHAB's measures and requirements for documentation
- Outreach and involve staff department-wide and partners, especially their governing entity
- Partner with PHAB in Site Visit

Standards and Measures Version 1.0

PHAB 12 Domains

Based on Core Functions of Public Health & Ten Essential Public Health Services

Twelve Domains

1. Conduct assessments focused on population health status and health issues facing the community
2. Investigate health problems and environmental public health hazards to protect the community
3. Inform and educate about public health issues and functions
4. Engage with the community to identify and solve health problems
5. Develop public health policies and plans
6. Enforce public health laws and regulations
7. Promote strategies to improve access to healthcare services
8. Maintain a competent public health workforce
9. Evaluate and continuously improve processes, programs, and interventions
10. Contribute to and apply the evidence base of public health
11. Maintain administrative and management capacity
12. Build a strong and effective relationship with governing entity

Structural Framework

Domain
- Standard
  - Measure
    - Documentation
      - Guidance

Domain 12: Maintain capacity to engage the public health governing entity

Domain 12 focuses on the health department's capacity to support and engage its governing entity in maintaining the governmental public health infrastructure for the jurisdiction served. Governing entities play an important role in the function of many public health departments. Governing entities both directly and indirectly influence the direction of a health department and should play a key role in accreditation efforts. However, much variation exists regarding the structure, definition, roles, and responsibilities of governing entities.

A governing entity, as it relates to the accreditation process, should meet the following criteria:
1. It is an official part of Tribal, state, regional, or local government.
2. It has primary responsibility for policy-making and/or governing a Tribal, state, or local, health department.
3. It advises, advocates, or consults with the health department on matters related to resources, policy making, legal authority, collaboration, and/or improvement activities.
4. It is the point of accountability for the health department.
5. In the case of shared governance (more than one entity provides governance functions to the health department), the governing entity, for accreditation purposes, is the Tribal, state, regional, or local entity that, in the judgment of the health department being accredited or PHAB site visitors, has the primary responsibility for supporting the applicant health department in achieving accreditation.

DOMAIN 12 INCLUDES THREE STANDARDS:

Standard 12.1	Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities
Standard 12.2	Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity
Standard 12.3	Encourage the Governing Entity's Engagement in the Public Health Department's Overall Obligations and Responsibilities

Standard 12.1: Maintain current operational definitions and statements of public health roles, responsibilities, and authorities.

Measure	Purpose	Significance
12.1.1 A Provide mandated public health operations, programs, and services	The purpose of this measure is to assess the health department's knowledge and provision of the operations, programs, and services that it is mandated to provide and that those mandates are put into action.	Each health department has a set of mandated operations, programs, and services that it provides to protect and preserve the health of the population within the jurisdiction that it serves. It is important that the health department is knowledgeable of these mandates and performs them as required.

Required Documentation	Guidance
1. Authority to conduct public health activities	1. The health department must provide a copy of the body of law (statutes, rules, regulations, ordinances) that sets forth its mandated public health operations, programs, and services or a listing of mandated public health services and the reference to the legal citation. The health department must have copies or access to the laws and regulations available to the site visit team. An example is the disease reporting rules or regulations reflected by the Council of State and Territorial Epidemiologist's list of Nationally Notifiable Conditions. Other examples include: mandated vaccinations; mandated oversight of environmental public health conditions, such as solid waste, small public water systems, underground storage tanks, and hazardous materials; and various inspection programs, such as restaurant inspections. Examples of documentation for Tribal health departments may include: Tribal resolution, ordinance, or executive order.

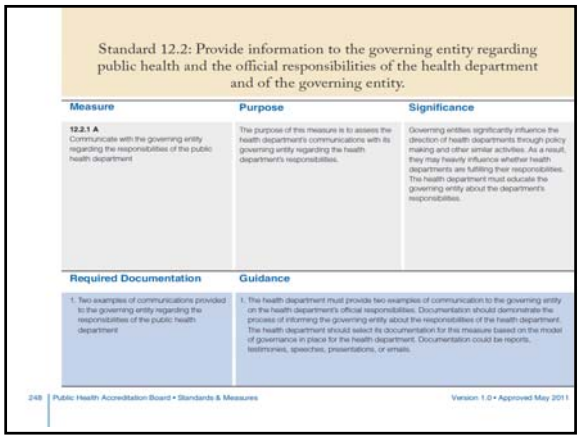
Measure 12.1.1 A, continued

Required Documentation	Guidance
2. Description of operations that reflect authorities	2. The health department must provide a written description that shows how the health department implements the mandated responsibility through a process, program, or intervention. Documentation can be service descriptions, annual reports, meeting minutes, reports to governance, functional descriptions, organizational descriptions, or other written material.

Standard 12.1: Maintain current operational definitions and statements of public health roles, responsibilities, and authorities.

Measure	Purpose	Significance
12.1.2 A Maintain current operational definitions and/or statements of the public health governing entity's roles and responsibilities	The purpose of this measure is to assess the health department's knowledge of the governing entity's operational definition and/or governing entity's roles and responsibilities.	The health department should have a clear understanding of expectations for its accountability. The governing entity is that point of accountability, and the health department should understand the governing authority's structure, responsibilities, and expectations.

Required Documentation	Guidance
1. Authority of the governing entity	1. The health department must provide a written description of its governing entity's authority. Documentation could be a copy of the body of law (statutes, rules, regulations, ordinances) that sets forth the mandated authority, or a description of the authority and the reference to the legal citation. Examples of documentation for Tribal health departments may include Tribal resolution, ordinance, or executive order.
2. Description of governing entity	2. The health department must provide a written description of the governing entity. The governing entity could be, for example, a board of health, a governor's office, county commissioners, or other point of accountability. Documentation could be a statute, rules, regulations, a charter, a charge statement, or other written description.



Standard 12.2: Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity.

Measure	Purpose	Significance
12.2.1 A Communicate with the governing entity regarding the responsibilities of the public health department	The purpose of this measure is to assess the health department's communications with its governing entity regarding the health department's responsibilities.	Governing entities significantly influence the direction of health departments through policy making and other similar activities. As a result, they may heavily influence whether health departments are fulfilling their responsibilities. The health department must educate the governing entity about the department's responsibilities.

Required Documentation	Guidance
1. Two examples of communications provided to the governing entity regarding the responsibilities of the public health department	1. The health department must provide two examples of communication to the governing entity on the health department's official responsibilities. Documentation should demonstrate the process of informing the governing entity about the responsibilities of the health department. The health department should select its documentation for this measure based on the model of governance in place for the health department. Documentation could be reports, testimonies, speeches, presentations, or emails.

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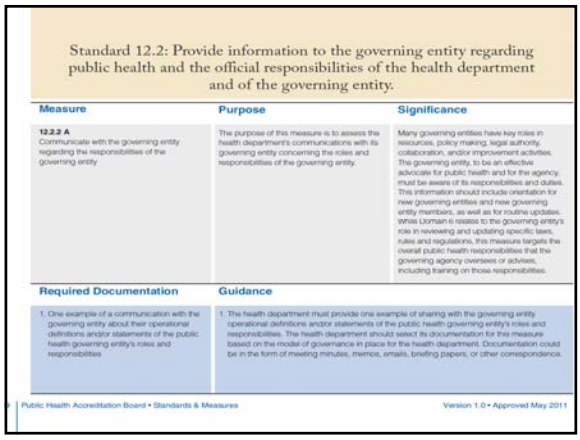

Standard 12.2: Provide information to the governing entity regarding public health and the official responsibilities of the health department and of the governing entity.

Measure	Purpose	Significance
12.2.2 A Communicate with the governing entity regarding the responsibilities of the governing entity	The purpose of this measure is to assess the health department's communications with its governing entity concerning the roles and responsibilities of the governing entity.	Many governing entities have key roles in resources, policy making, legal authority, collaboration, and/or improvement activities. The governing entity, to be an effective advocate for public health and for the agency, must be aware of its responsibilities and duties. This information should include orientation for new governing entities and new governing entity members, as well as for routine updates. While Domain 6 relates to the governing entity's role in reviewing and updating specific laws, rules and regulations, this measure targets the overall public health responsibilities that the governing agency oversees or advises, including training on those responsibilities.

Required Documentation	Guidance
1. One example of a communication with the governing entity about their operational definitions and/or statements of the public health governing entity's roles and responsibilities	1. The health department must provide one example of sharing with the governing entity operational definitions and/or statements of the public health governing entity's roles and responsibilities. The health department should select its documentation for this measure based on the model of governance in place for the health department. Documentation could be in the form of meeting minutes, memos, emails, briefing papers, or other correspondence.

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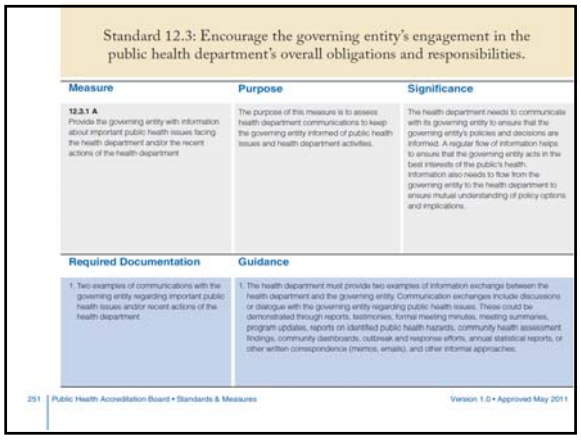

Standard 12.3: Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities.

Measure	Purpose	Significance
12.3.1 A Provide the governing entity with information about important public health issues facing the health department and/or the recent actions of the health department	The purpose of this measure is to assess health department communications to keep the governing entity informed of public health issues and health department activities.	The health department needs to communicate with its governing entity to ensure that the governing entity's policies and decisions are informed. A regular flow of information helps to ensure that the governing entity acts in the best interests of the public's health. Information also needs to flow from the governing entity to the health department to ensure mutual understanding of policy options and implications.

Required Documentation	Guidance
1. Two examples of communications with the governing entity regarding important public health issues and/or recent actions of the health department	1. The health department must provide two examples of information exchange between the health department and the governing entity. Communication exchanges include discussions or dialogue with the governing entity regarding public health issues. These could be demonstrated through reports, testimonies, formal meeting minutes, meeting summaries, program updates, reports on identified public health hazards, community health assessment findings, community dashboards, outbreak and response efforts, annual statistical reports, or other written correspondence (memos, emails), and other informal approaches.

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Standard 12.3: Encourage the governing entity's engagement in the public health department's overall obligations and responsibilities.

Measure	Purpose	Significance
12.3.3 A Communicate with the governing entity about assessing and improving the performance of the health department	The purpose of this measure is to assess the health department's communication with the governing entity on assessing and improving the overall performance of the health department.	The governing entity should be knowledgeable about the health department's overall assessment and quality improvement initiatives. The governing entity will be in a better position to guide, advocate for, and engage with the health department if they are aware of improvements being undertaken.

Required Documentation	Guidance
1. Two examples of communication with the governing entity concerning assessment of the health department's performance	1. The health department must provide two examples of communications with the governing entity on its plans and process for improving health department performance. The health department should select its documentation for this measure based on the model of governance in place for the health department. Examples of improvement efforts could include: program reviews, accreditation efforts, quality improvement projects, and other performance improvement activities. Documentation could be meeting minutes, reports, presentations, memos, or other discussion records.
2. Two examples of communication with the governing entity concerning the improvement of the health department's performance	2. The health department must provide two examples of communication with the governing entity on its performance improvement as a result of performance improvement processes and/or activities. The health department should select its documentation for this measure based on the model of governance in place for the health department. Documentation could include: annual reports, department dashboards, program reviews, meeting minutes, reports, presentations, memos, or other record of discussion.

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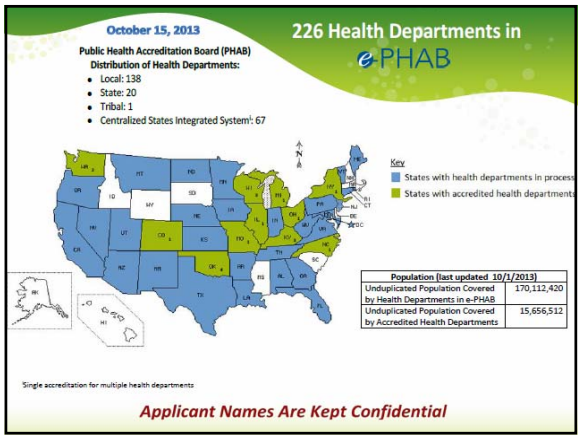
Governance Role in Accreditation



October 15, 2013

Public Health Accreditation Board (PHAB)
Distribution of Health Departments:

- Local: 138
- State: 20
- Tribal: 1
- Centralized States Integrated System[1]: 67

226 Health Departments in e-PHAB

Key
States with health departments in process
States with accredited health departments

Population (last updated 10/1/2013)	
Unduplicated Population Covered by Health Departments in e-PHAB	170,112,420
Unduplicated Population Covered by Accredited Health Departments	15,656,512

Single accreditation for multiple health departments

Applicant Names Are Kept Confidential

Accredited Health Departments in 2013

- Central Michigan Public Health District (MI)
- Chicago Department of Public Health (IL)
- Comanche County Health Department (Lawton, OK)
- El Paso Health Department (CO)
- Franklin County Health Department (Frankfort, KY)
- Kansas City Health Department (MO)
- Livingston County Department of Health (Mt. Morris, NY)
- Northern Kentucky Independent District Health Department (Edgewood, KY)
- Oklahoma City-County Health Department (Oklahoma City, OK)
- Oklahoma State Department of Health (Oklahoma City, OK)
- Polk County Health Department (Balsam Lake, WI)
- Spokane Regional Health District (Spokane, WA)
- Summit County Combined General Health District (Stow, OH)
- The Public Health Authority of Cabarrus County, Inc. d/b/a Cabarrus Health Alliance (Kannapolis, NC)
- Three Rivers District Health Department (Owenton, KY)
- Tulsa Health Department (OK)
- Washington State Department of Health (Olympia, WA)
- West Allis Health Department (West Allis, WI)
- Wood County Health Department (Wisconsin Rapids, WI)

Why Were These Health Departments Interested in Accreditation?

- Transparency and Accountability
- Most other governmental and health related services are accredited: hospitals, schools, child care centers, police departments, fire departments, etc.
- Provides a priority setting framework
- Commitment to improving their services
- Increased public engagement and support
- Increased staff morale
- Potential for increased funding in the future; already using their accreditation certificate in grant proposals

Sample Info about Governance Engagement

Of the total number in our system, 43 were chosen for this analysis

- Governing Board = 30
- Policy-making Board = 10
- Advisory Board = 7
- Other = 5

Note: 9 health departments selected more than one category

Governance Letters of Support

Chair of Board = 24
Chair of County Commissioners = 5
Director of Umbrella Agency = 3
Governor = 2
Mayor = 2
Other = 7

Three others also included a resolution from the BOH, documenting their support

Common Reasons Cited for Supporting Accreditation

- Matches the long-term vision and strategic priorities set by the BOH
- BOH desires to see the health department be a model in the community
- BOH believes accreditation will improve the health of their community
- BOH believes accreditation will improve the health department's leadership, operations, coordination of services, collaboration and accountability
- BOH looks forward to learning from the site visit report and making improvements accordingly

Characteristics of Board of Health/Health Department Work on Accreditation

- Accreditation is a priority for both
- Health Department has spent a lot of time on preparing for accreditation, with BOH support
- The BOH is well informed. They received orientation to accreditation and are regularly updated about the progress of the HD
- BOH is committed to ensuring that the health department is successful
- BOH and HD are enthusiastic about the process

National Association of Local Boards of Health Survey of First Accredited Health Departments' Boards

- **February of 2013 – announcement**
- **April 2013 NALBOH Board of Directors …**

what role did the associated Boards of Health contribute to their respective departments throughout the accreditation process?

- **Develop interview questions/guide**
- **Six Functions of Public Health Governance**
- **9 questions, 7 function-specific/2 general**
- **Conducted first 2 weeks of May 2013**
- **Phone Interviews lasted 60 minutes**

Q#1) Legal Authority

- **39% Aware**
  Informed, one-day retreat, beta testing
- **22% Un-Aware**
  Questioned need, interested in their role, wanted to be first to achieve
- **22% not actively involved but informed throughout**

Q#2) Resource Stewardship

- **41% Budget**
  Combined with another grant, PHAB payment plan
- **25% Staffing**
  Fulltime dedicated staff, no need for consultants, capacity
- **17% Leadership**
  Cheerleader, champion, selling the project
- **17% Status**
  Show taxpayers accountable for tax dollars spent

Q#3) Policy Development

- **69% closely involved**
  - **Building awareness community forums**
  - **Liaison , other boards, community initiatives, synergy**
- **31% not involved**
  - **Not role (advisory)**
  - **Simply documented proceedings**

Questions #4 & #5

Continuous Improvement

- ✓on board agenda
- ✓focus groups
- ✓site visits
- ✓trainings

The entire accreditation process was very transparent.

Q#6) Oversight

- **50% Actively Involved**
  - Current community health information
  - Suggested partnerships
  - Strategic planning
  - Writing letters of support
- **40% Non-leadership role, but supportive**
- **10% advisory role only**

Q#7) Partner Engagement

- **64% Experienced increase**
  - Surveys, public forums,
  - New partners – schools, community
  - BOH 'business connectors'
- **36% Too soon to tell**

Q#8) Best Experience…

- **89% strengthened relationships between board/staff & board/community**

Knowing staff as people gave the board members more comfort to ask more questions of the staff about their programs…

- **11% sense of pride at accomplishment**

Q#9) Closing Comments…

- **Sets the standard for being proactive and for accountability…**

It requires the board to think through the reasons we have specific policies, procedures, rules and laws. It also reminds us to be consistent in application and enforcement.

Questions

PHAB
Advancing public health performance

Public Health Accreditation Board

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