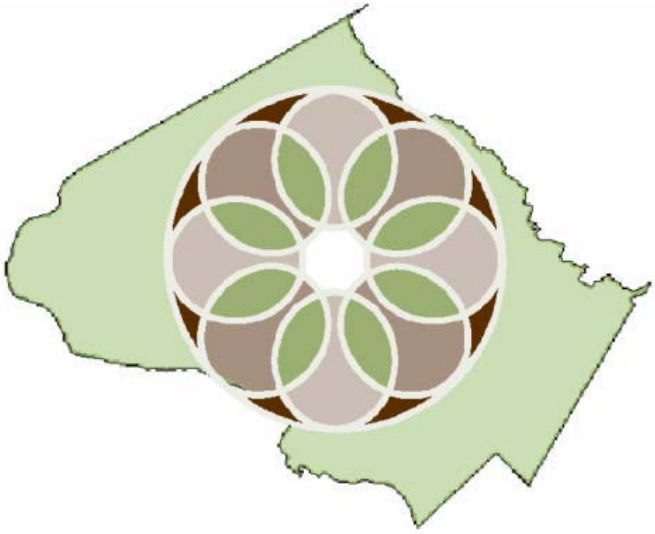

Healthy Montgomery
Obesity Action Plan Report

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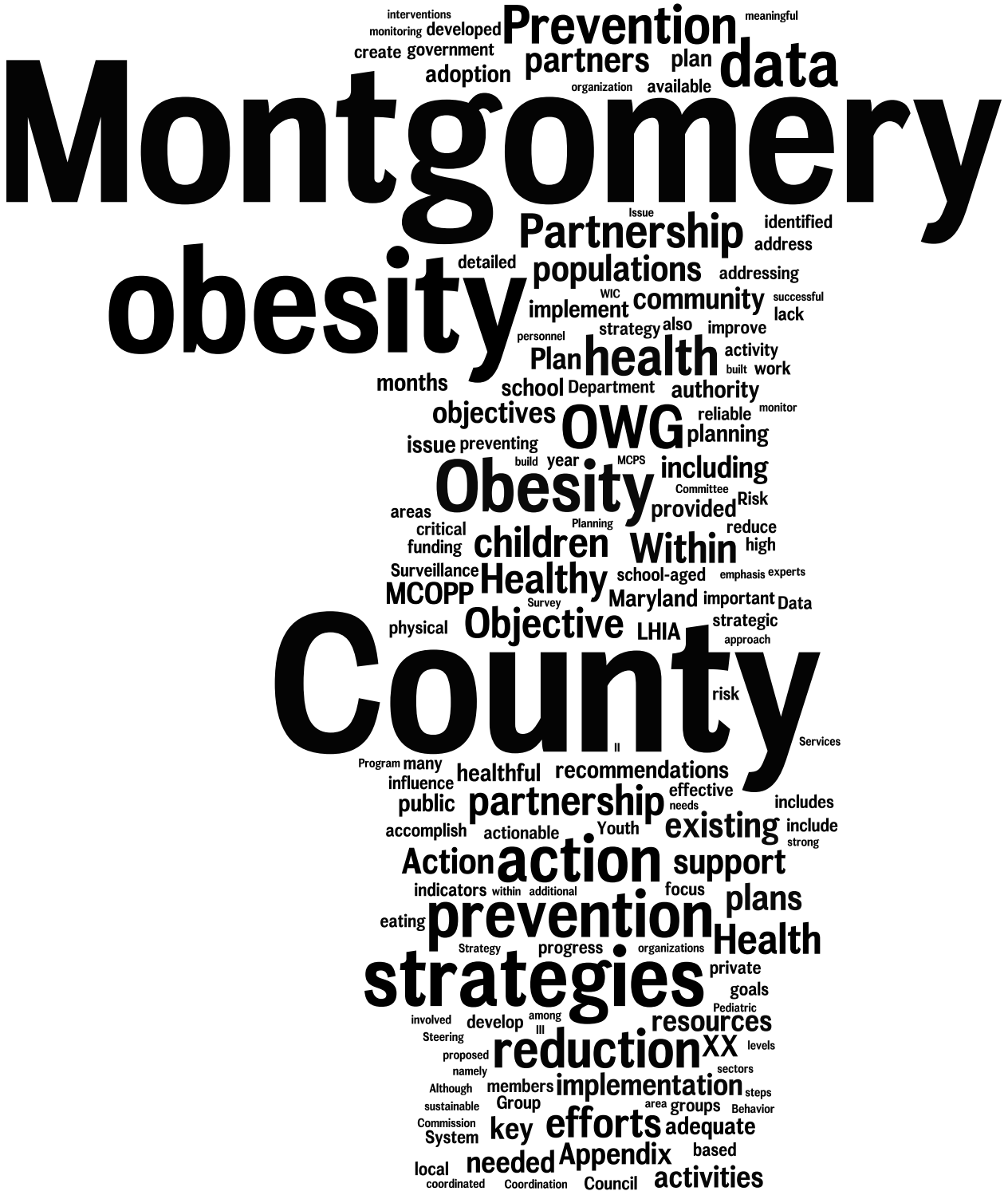
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The Healthy Montgomery Steering Committee and the Montgomery County Department of Health and Human Services extends its sincere appreciation to the following:

Members of the Healthy Montgomery Obesity Work Group who completed the action planning process over the past year:

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A Note to the Reader:

Obesity has been identified by Healthy Montgomery as a priority concern for the County and several government agencies and other organizations have been engaged in working on obesity over a period of several years. However, members of the Obesity Work Group, many of whom were involved in these earlier efforts, recognize the vital need for an entity that can more effectively address gaps in programming and policy, reduce redundancies and make the best use of finite resources. The Work Group also recognizes that the County lacks a reliable data system for monitoring the effectiveness of interventions undertaken that target children and populations at risk. Therefore, the Obesity Action Plan emphasizes the goals of building a broad and empowered partnership and establishing a data system with sufficient support from County leadership in order to develop a measurable obesity reduction and prevention approach.

We anticipate a number of activities that would begin simultaneously:

- A broad partnership will be formed with strategic mission, goals and some suggested interventions defined. New partnership members will participate in a strategic planning process using a Best Practices "tool kit" developed from evidence-based strategies used around the country. This kit will give the new partnership options for interventions that work well and could be expanded (if already existing in the County) or initiated as new interventions.
- A data system will be established to monitor progress, permitting the review of data on obesity-related behaviors, Body Mass Index and health conditions associated with obesity. This data system will use existing data from sources such as the Maryland Behavioral Risk Factor Surveillance System, the Pediatric Nutrition Surveillance System and others.

Although specific interventions will depend on the partnership's strategic plan, anticipated interventions will fall into the following three major categories:

1. **Employee Wellness** (e.g., support for wellness programs for County employees; enforcement of minimum nutritional standards for all County contracts that involve food);
2. **Support for Existing Policies and Interventions that have Proven Effectiveness in Targeting Children** (e.g., school lunch program, WIC, after-school programs);
3. **Community Interventions** (e.g., identifying target neighborhoods based on high risk for obesity and related health conditions in order to decrease the barriers to healthy lifestyles by addressing safety concerns in the built environment, increasing access to low-cost produce and other changes).

Much of the preliminary work has been done to quickly establish a broad-based partnership and begin developing and expanding proven strategies. Similarly, resources are currently in place to create a data system that will reliably monitor progress in efforts to address obesity over time.

We welcome comments to the Report and look forward to the work ahead.

Carol Garvey
Linda Ashburn
Co-Chairs, Healthy Montgomery Obesity Work Group

Executive Summary

Executive Summary

In June, 2012 the Healthy Montgomery Steering Committee (HMSC) convened the Obesity Action Planning Work Group (OWG) and charged it with developing recommendations for obesity prevention and reduction among County residents while addressing lack of access to services, health inequities and unhealthy behaviors. The work of the OWG incorporated exploring ways to support existing efforts, assets and collaborations; create efficiencies; and identify opportunities to better address obesity among Montgomery County residents.

The initial effort by the OWG involved narrowing its focus and choosing specific issue areas for which local strategies could be developed. The Work Group determined that obesity prevention and reduction must be a two-pronged approach that encourages both healthful eating (e.g., balanced diet, smaller portion sizes) and active living (e.g., daily physical activity, reduced screen time).

The OWG also agreed that its action plans should build upon and strengthen the existing efforts and recommendations of the Montgomery County Obesity Prevention Strategy Group, the Montgomery County Commission on Health, the Montgomery County School Health Council, the Montgomery County Food Council, Montgomery County Recreation, the Maryland-National Capital Park and Planning Commission, and other organizations that are addressing the problem of obesity in Montgomery County.

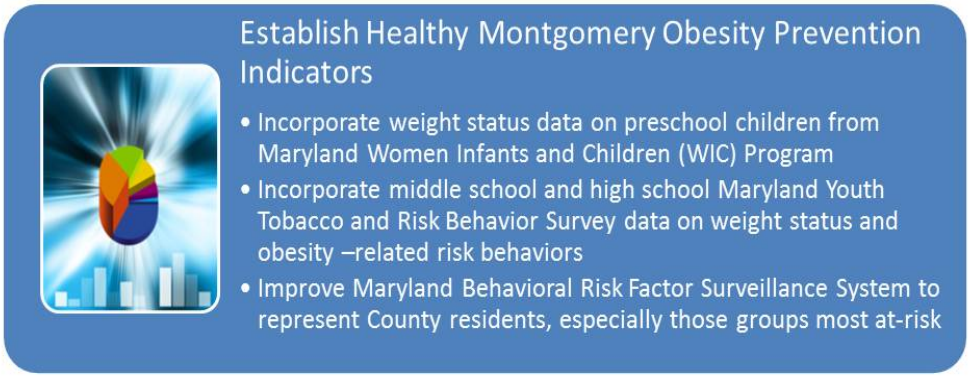
The OWG decided that the focus of the planning efforts would include:

- Consolidating, streamlining and implementing the valuable existing obesity prevention and reduction-related policies, programs, and services in Montgomery County to more effectively address gaps and redundancies in order to make the best use of finite resources; and
- Building a sustainable set of population-based obesity prevention indicators that characterize the risk of becoming overweight or obese and the overweight and obesity status in Montgomery County among vulnerable populations and across the life span, in order to monitor outcomes and evaluate the impacts of implemented strategies.

Through a series of meetings held across the County, the OWG reached consensus on two Local Health Issue Areas (**LHIAs**) that aligned with its focus:

- **LHIA 1. Coordination, Authority and Resources**. While there are various groups within Montgomery County making progress and producing strong recommendations to address obesity, the work is often done in silos and without the requisite resources and authority, thus creating problems of overlap and gaps in scope and strategies, and a lack of power to implement actions.
- **LHIA 2. Data Needs**. The County lacks adequate and reliable obesity-related data on high-risk populations, particularly racial and ethnic populations and children, by which the effectiveness of intervention strategies can be measured.

In order to address these issue areas, the actionable strategies below were developed to meaningfully impact obesity-related risk behaviors, health status, and health outcomes for residents in Montgomery County within 3-5 years.



The OWG identified an additional longer-range strategy involving the utilization of BMI data in school health records that should be considered for action after more consideration and planning.

The Montgomery County Obesity Prevention Partnership

Establishing the Montgomery County Obesity Prevention Partnership (MCOPP) acknowledges the need for a strong, sustainable organization that can effectively facilitate collaboration and support the implementation and evaluation of evidence-based strategies that promote healthful eating and active living. The action plan for establishing the MCOPP, as developed by the OWG, includes action steps that require the MCOPP to consider ways in which it can create a sustainable, long-term organizational structure and funding strategy, and also to develop and implement strategies for preventing and reducing obesity. The community-based MCOPP will include a broad range of private and public sector members with the ability to influence policy in many spheres, reach targeted populations, and acquire and leverage limited resources with maximum impact. MCOPP efforts will need the high-profile support of the highest levels of County government and private sector leadership to make changes to the food system and built environment that are needed to prevent and reduce obesity.

Healthy Montgomery Obesity Prevention Indicators

Creating Healthy Montgomery Obesity Prevention Indicators addresses the lack of adequate, reliable metrics that are based on a set of valid, reliable, comparable and timely indicators on overweight and obesity and related protective and risk factors, especially with regard to children and high risk (more vulnerable) populations in the County. The Healthy Montgomery Obesity Prevention Indicators being developed will allow for meaningful assessment of obesity prevention and reduction interventions and provide monitoring of progress in accelerating the prevention and reduction of obesity. The action plan

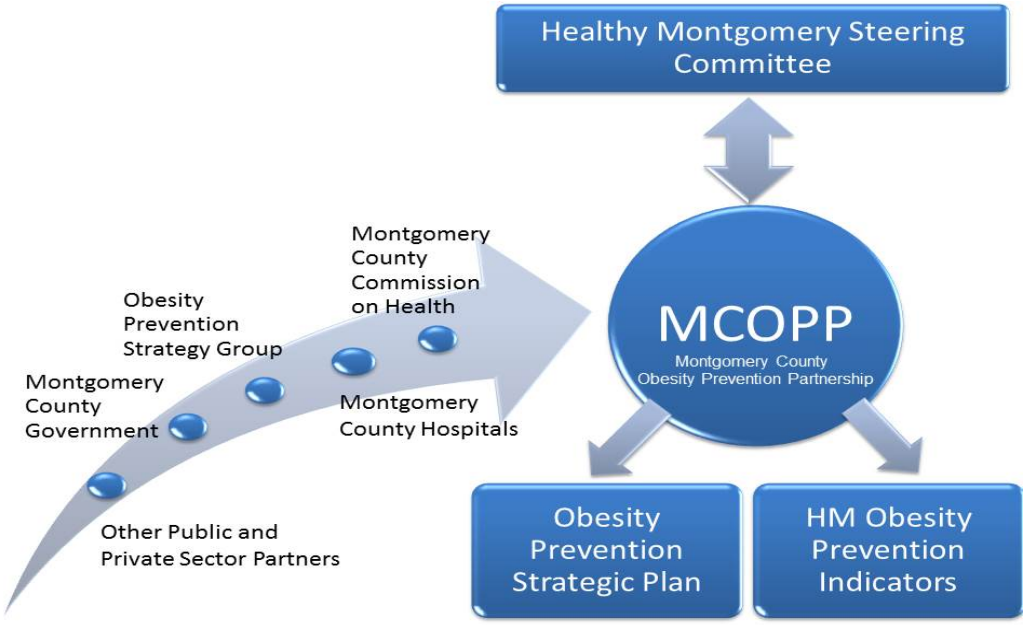
for this strategy, as developed by the OWG, builds upon existing and planned data improvements that are underway at the Montgomery County Department of Health and Human Services. They involve building upon and filling data gaps in the existing Maryland Youth Tobacco and Risk Behavior Survey (YTRBS), The Pediatric Nutrition Surveillance System (PedNSS/WIC data) and the Maryland Behavioral Risk Factor Surveillance System (MD BRFSS) to monitor the County's most vulnerable and at-risk diverse populations. Utilization of existing BMI data in school health records should also be explored.

Implementing the Obesity Action Plan

To manage the implementation of the Obesity Action Plan, the OWG recommends that the Healthy Montgomery Steering Committee (HMSC) serve in an advisory capacity to guide and support the MCOPP's efforts. Equally as important, the OWG recommends that the HMSC assess the feasibility of acting as a funding mechanism (e.g., a 501(c)(3)) for the acquisition of funds that would support Healthy Montgomery's work on obesity prevention and reduction as well as work on other Healthy Montgomery priority areas. It is also essential that as the MCOPP is formed and begins to work to implement interventions and promote preventive policies, the HMSC consider the most effective ways in which it can grant the MCOPP the requisite authority needed to work effectively.

In addition, chartering and populating the MCOPP will require the leadership of the HMSC. The OWG recommends that the HMSC encourage the existing membership of the OWG to join the MCOPP and the related task forces creating the Healthy Montgomery Obesity Prevention Indicators. In addition, the HMSC should promote the participation of other needed professionals and community members. The HMSC also needs to provide direction on how it will charter, convene, and provide administrative support to the MCOPP and the Task Force.

The following graphically depicts the proposed management structure for implementation of the Obesity Action Plan:



Section 1: Introduction

What is Healthy Montgomery?

Healthy Montgomery is the community health improvement process for Montgomery County, Maryland. This community-based process builds upon previous and current health assessment efforts and integrates community input through an ongoing, consensus-driven approach to identify and improve priority health and well-being areas in our community.

Healthy Montgomery is governed by a Steering Committee, which is comprised of members from the broad local public health system, including government agencies and commissions, hospitals, community-based health and social service agencies, the County planning agency, and development agencies.[1]

Healthy Montgomery History

Prior to the launch of Healthy Montgomery in 2008, the most recent Montgomery County Department of Health and Human Services (DHHS) community needs assessment was completed in 2001. Since then, DHHS and its diverse community partners have recognized the need to conduct timely, comprehensive, data-based health needs assessments in order to better determine health and human services needs in the various communities and populations in the County. Data-based needs assessment identifies disparities in health status among the County's communities and populations, identifies unmet needs, and allows for the development, implementation, and evaluation of strategies to meet the needs.

In June 2008, the Montgomery County Collaboration Council for Children, Youth and Families sponsored a community meeting to engage the members of the local public health system in a one-day structured series of brain-storming sessions. The purpose was to identify the strengths and weaknesses of the local public health system in carrying out the ten essential pubic health functions, using a tool from the National Public Health Performance Standards Program of the Centers for Disease Control and Prevention, and facilitated by the National Association of City and County Health Officials (NACCHO).

This process elucidated the "need for a mechanism to coordinate the efforts of public and private organizations to identify and address health and health-related issues in the County."[2] Additional areas for improvement included:

- Community-wide use of community health assessment or community health profile data;
- Establishment of a community health improvement committee;
- Review of community partnerships and strategic alliances;
- Review of public health policies;
- Establishment of a community health improvement process;
- Implementation of strategies to address community health objectives; and

[1] Visit http://www.healthymontgomery.org/index.php?module=htmlpages&func=display&pid=5000 for a list of the current Healthy Montgomery Steering Committee members.

[2] Local Public Health System Performance Assessment: Report of Results, Local Public Health System Assessment Retreat, June 10, 2008. Accessed at: http://www.healthymontgomery.org/javascript/htmleditor/uploads/Montgomery_County_LPHSA_Combined_Report_FIN_5_14_2009.pdf

- Use of the Local Public Health System Assessment evaluation to guide community health improvement activities.

Healthy Montgomery was designed to respond to many of these needs.

Coincidentally, as part of several new requirements of the Patient Protection and Affordable Care Act signed into law on March 30, 2010, tax-exempt hospitals are now required to conduct a Community Health Needs Assessment every three years, including implementation plans on actionable strategies, effective for taxable years beginning after March 23, 2012. The state of Maryland has had a requirement for several years that each non-profit hospital submit to the state a Community Benefit Report in order to justify its non-profit status. While each hospital has conducted its own assessments, it is apparent that a joint effort at community health assessment will permit a better coordinated effort to improve the health status of the community.

The Healthy Montgomery Steering Committee

The Healthy Montgomery Steering Committee (HMSC) is broadly representative of the community, including our most vulnerable residents, and of the organizations involved in the delivery of health care services, social services, and services related to the social determinants of health.

Affiliations on the HMSC include:

- The four County hospital systems:
  - Adventist HealthCare (Shady Grove Adventist Hospital and Washington Adventist Hospital)
  - Holy Cross Hospital
  - MedStar Montgomery Medical Center
  - Suburban Hospital
- Montgomery County Department of Health and Human Services
  - African American Health Program
  - Latino Health Initiative
  - Asian American Health Initiative
- Montgomery County Health Officer
- Maryland County Planning Department, Maryland-National Park and Planning Commission
- Montgomery County Recreation
- Montgomery County Commissions and Committees:
  - Commission on Health
  - Commission on Aging
  - Commission on People with Disabilities
  - Mental Health Advisory Committee
- Montgomery County Collaboration Council for Children, Youth and Families
- Kaiser Permanente
- Georgetown University School of Nursing and Health Studies
- Primary Care Coalition of Montgomery County

The HMSC identified its overarching mission, goals and objectives to carry out its community health improvement work.[3]

[3] Visit http://assets.thehcn.net/content/sites/montgomery/HM_Overview_updated_FINAL_10_14_13.pdf for an overview of Healthy Montgomery: The Montgomery County Community Health Improvement Process.

The mission of Healthy Montgomery is to achieve optimal health and well-being for Montgomery County, Maryland, residents. The Healthy Montgomery process is based upon an ongoing sustainable community and consensus-driven approach that identifies and addresses key priority areas that ultimately improve the health and well-being of our community.

As approved by the Steering Committee, the three overarching goals of Healthy Montgomery are to:

I. Improve access to health and social services;
II. Achieve health equity for all residents; and
III. Enhance the physical and social environment to support optimal health and well-being.

The Healthy Montgomery objectives are to:

- Identify and prioritize health needs in the County as a whole and in the diverse communities within the County;
- Establish a comprehensive set of indicators related to health processes, health outcomes and social determinants of health in Montgomery County that incorporate a wide variety of County and sub-County information resources and utilize methods appropriate to their collection, analysis and application;
- Foster projects to achieve health equity by addressing health and well-being needs, improving health outcomes and reducing demographic, geographic, and socioeconomic disparities in health and well-being; and
- Coordinate and leverage resources to support the Healthy Montgomery infrastructure and improvement projects.

Process

The Healthy Montgomery community health improvement process is based on four phases[4]

Phase 1: Compiling of available quantitative data and establishment of an accessible Web-based database. (See www.healthymontgomery.org);

Phase 2: Collection of qualitative data and development of a comprehensive community health needs assessment;

Phase 3: Setting of health priorities and development of action plans to address identified priorities; and

[4] www.healthymontgomery.org

Phase 4: Implementing, monitoring and evaluation as well as preplanning for the next iteration of the process.

All four phases of work are supported by the data systems and related infrastructure. The Healthy Montgomery process relies on techniques that are sustainable and adaptable to the growing and changing needs of the community over time. Healthy Montgomery builds efficiencies into its multi-disciplinary approach by aligning partners to eliminate redundancies and maximize returns on investment.

The Healthy Montgomery Timeline

Year	Activity	Time Frame
	NPHPSP Local Public Health System Performance Assessment identifies need for community health improvement process (CHIP, a.k.a. Healthy Montgomery)	June 2008
Year 1	Healthy Montgomery launch	June 2009
	Environmental scan complete	December 2009
Year 2	Healthy Montgomery Website content development	June 2010-February 2011
	• Healthy Montgomery indicators selected	December 2010
	• Healthy Montgomery Website public launch	February 2011
Year 3	Healthy Montgomery Needs Assessment released	September 2011
	Healthy Montgomery priority-setting process completed	October 2011
	Healthy Montgomery priorities chosen	November 2011
	Work Groups formed for action plan development	May-June 2012
Year 4	Local health issue areas and strategies identified	November 2012
Year 5	Implementation and evaluation plans completed:* Behavioral Health Obesity	 September 2013 December 2013
	Implementation and evaluation plans receive public comment : Behavioral Health Obesity	 Nov.- Dec. 2014 January-February 2014
	Implementation begins	April 2014
Year 6	Performance measurement/planning for next cycle begins	June 2014 and onward

* Delays due to staffing issues

Environmental Scan

At the December 2010 HMSC meeting, the Healthy Montgomery Environmental Scan was submitted to the HMSC for their review and approval.[5] The compiled set of resources served as the baseline knowledge of all past and current efforts related to the health and well-being of residents in Montgomery County.

[5] 2010 Environmental Scan Updated Nov2010. Available at: http://assets.thehcn.net/content/sites/montgomery/Appendix_XX__2010_Environmental_scan_data_sources_Updated_Nov2010_RMH_8_19_13.pdf

Needs Assessment

By September 2011 the Montgomery County Community Needs Assessment was drafted for the Healthy Montgomery Steering Committee to use in its priority-setting process.[6] The assessment consolidated the most currently available health and well-being data and identified key findings for the HMSC to take under consideration in its process. "Community conversations" were held across the County to capture qualitative input from residents to inform the priority-setting process as well.

Priority Setting Process

In October 2011, the HMSC held a half-day retreat to choose the strategic priority areas for improvement activities.[7] The priority-setting process utilized an online survey tool[8] that the Steering Committee members completed prior to the retreat to enable them to independently evaluate potential priority areas by five criteria:

I. How many people in Montgomery County are affected by this issue?
II. How serious is this issue?
III. What is the level of public concern/awareness about this issue?
IV. Does this issue contribute directly or indirectly to premature death?
V. Are there inequities associated with this issue? (Health inequities are differences in health status, morbidity, and mortality rates across populations that are systemic, avoidable, unfair, and unjust.)

The survey results were compiled for each member and for the entire HMSC. The results were ranked and provided at the retreat[9]. Through multi-voting and consensus discussion, the Steering Committee narrowed the top-ranked priority areas to be the following:

- Behavioral Health;
- Cancers;
- Cardiovascular Health;
- Diabetes;
- Maternal and Infant Health; and
- Obesity

In addition to selecting the six broad priorities for action, the HMSC selected three overarching themes that Healthy Montgomery should address in the health and well-being action plans for each of the six priority areas: lack of access; health inequities, and unhealthy behaviors.

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[6] Healthy Montgomery 2011 Needs Assessment. Available at: http://www.healthymontgomery.org/index.php?module=InitiativeCenters&func=display&icid=7 Accessed on September 5, 2013.
[7] http://www.healthymontgomery.org/index.php?module=InitiativeCenters&func=display&icid=2
[8] Healthy Montgomery Priority Setting Tool. Available at: http://www.healthymontgomery.org/javascript/htmleditor/uploads/HM_PSP_tool_FINAL.pdf Accessed on September 5, 2013.
[9] Healthy Montgomery Priority Setting Tool: Summary of Results. Available at: http://www.healthymontgomery.org/javascript/htmleditor/uploads/HM_OnlinePSP_tool_Group_Results__October_23_2011.pdf. Accessed on: September 5, 2013.

Because of limited resources to support the work groups, at the March 5, 2012 meeting, the Steering Committee chose behavioral health and obesity as the initial two focus areas to complete action planning,

starting in June 2012 with the intention of phasing in the remaining four areas as staffing resources would permit.

By June 2012, membership had been finalized on the initial action planning work groups. Their task was to develop, execute, and evaluate specific action plans designed to improve the health and well-being of the residents of Montgomery County.

The Work Groups continued to meet regularly until February of 2013. Each Work Group analyzed existing data bases to create indicator tables focusing on each of their issue areas, created an inventory of resources, reviewed the status of related activities, programs, services, and policies, including identifying gaps in resources, data and coordination of activities and began writing its respective Action Plan Reports. In February, however, the Work Groups' activities were suspended due to staffing issues. Work resumed in June 2013, with the final draft of the Behavioral Health Action Plan Report being submitted to the Healthy Montgomery Steering Committee in September 2013. The final draft of the Obesity Action Plan Report will be submitted to the Committee in December, 2013. After a public comment period on both reports concludes, the final action plans on both behavioral health and obesity will be implemented; thereafter, monitoring and evaluation on their effectiveness will be accomplished through prescribed evaluation plans.

Section 2: Data Summary

Obesity Data Summary

In its action planning, the Obesity Action Planning Work Group (OWG) reviewed and evaluated the most current population-based health and well-being data available to the group by June 2012. Work Group members first reviewed the *2011 Healthy Montgomery Needs Assessment*[1] and then reviewed and updated the *2012 Healthy Montgomery Obesity Data Profile*[2] (the 2012 Obesity Data Profile was drafted specifically to provide updated and expanded obesity data available subsequent to the 2011 Needs Assessment). Key findings from the updated profile were summarized and were considered in the identification of key local priority issue areas for which strategies were developed. A summary of the findings is provided below. For OWG members, the data revealed the extent of the problem of overweight and obesity and their related health conditions among County residents and, in particular, the health inequity that exists among residents of different races and ethnic groups. The findings also revealed the need for more adequate data especially among children in the County.

- Over half (54.3%) of all adults in Montgomery County are overweight or obese.
- African-American/Black and Hispanic County residents experience inequities in overweight or obese weight status at a rate that is two times the rate experienced by Asian/Pacific Islander residents. Among Montgomery County residents surveyed, 64.9% of Hispanic residents, 63.7% of American/Black residents, 52.4% of White residents, and 37.6% of Asian/Pacific Islander residents reported being overweight or obese.
- According to the Maryland Behavioral Risk Factor Surveillance System (BRFSS), among Montgomery County households reporting children residing in the household, nearly four out of every ten children (36.3%) are overweight or obese.
- Since 2000, the rate of hospitalizations per 10,000 Montgomery County residents with a primary or secondary diagnosis of obesity has increased more than three-fold for adults and more than four-fold for children.
- Asian and African American/Black adults in Montgomery County are less likely to engage in recommended moderate physical activity and leisure time physical activity than other races or ethnic groups.
- More White and Asian adults eat 5 or more servings of fruit and vegetables daily than African Americans/Blacks and Hispanics; adults who eat less than 5 or more servings of fruits and vegetables a day are more likely to be overweight or obese.
- Chronic diseases and conditions, such as high blood pressure, high cholesterol, and diabetes, are related to overweight and obesity, and affect a large proportion of Montgomery County residents.
- High blood pressure affects nearly one in four adults (24.5%) in Montgomery County, and is a frequent reason for hospital visits among County residents.
- In Montgomery County, women are more likely than men to have high blood pressure; seniors are more likely than younger age groups to have high blood pressure; and African Americans/Blacks are more likely to have high blood pressure than any other race or ethnic group.
- Over a third of Montgomery County adults have high cholesterol. Women are more likely than men to have high cholesterol and Asians are more likely than individuals of other races or ethnic groups to have high cholesterol.
- Diabetes is the eighth leading cause of death among Montgomery County residents and is a frequent cause of hospital visits among residents.
- Seniors are more likely than adults of younger ages to have diabetes, and adults who are

[1] http://www.healthymontgomery.org/index.php?module=InitiativeCenters&func=display&icid=7

[2] http://www.healthymontgomery.org/javascript/htmleditor/uploads/MC_Obesity_Profile_Final_Copy__Public.pdf

overweight or obese are more likely to have diabetes than adults of healthy weight.

Data Sources:

- Maryland Assessment Tool for Community Health, 2000-2010 (MATCH)
- Maryland Behavioral Risk Factor Surveillance System, 2000-2011 (BRFSS)
- United States Behavioral Risk Factors Surveillance System, 2010-2011
- State Health Improvement Process Indicators, Maryland Department of Health and Mental Hygiene
- Vital Statistics Administration, Maryland Department of Health and Mental Hygiene
- Health Services Cost Review Commission (HSCRC), 2010

Summary Table of Healthy Montgomery Obesity Health Indicators

INDICATORS (SOURCE/YEAR)	COUNTY BASE-LINE	MARYLAND BASELINE	COUNTY COMPARED TO MARYLAND	SHIP 2014 TARGET	COUNTY COMPARED TO SHIP TARGET	USA	COUNTY COMPARED TO UNITED STATES	HEALTHY PEOPLE 2020	COUNTY COMPARED TO HEALTHY PEOPLE 2020
Obesity (Children/Young Adults)									
Children Reported Being Overweight or Obese (BRFSS, 2010)	36.3%								
Percentage of Youth (ages 12-19) who are obese (MYTS, 2008)	8.4%	11.9%	BETTER	11.3%	BETTER	17.9%			
Rate of Hospital Discharges with Obesity as Co-Morbidity for Young People, Ages 5-19, per 10,000 County Residents (MATCH, 2010)	5.6								
Obesity (Adults)									
Percentage of Adults who are at a healthy weight (not overweight or obese) BRFSS, 2008-2010)	47.7%	34.0%	BETTER	35.7%	TARGET MET	30.8%	BETTER	33.9%	TARGET MET
Percentage of Overweight or Obese Adults (BRFSS, 2011)	56.1%	64.4%	BETTER	64.3% (imputed)	TARGET MET (imputed)	63.6%	BETTER		
Percentage of Obese Adults (BMI of 30+) (BRFSS, 2011)	17.1 %	28.3%	BETTER			27.8%	BETTER	30.5%	TARGET MET
Percentage of Overweight but not Obese Adults (BMI of 25-29) (BRFSS, 2011)	39%	36.1.3%	WORSE			35.8%	WORSE		
Physical Activity									
Adults Who Reported Engaging in Regular Physical Activity (BRFSS, 2011)	52.4%	48.6%	BETTER			43.5%	BETTER	47.9%[3]	TARGET MET
Adults Who Reported Engaging in Leisure Time Physical Activity (BRFSS, 2011)	78.5%	73.8%	BETTER			73.8%	BETTER		
Adults Engaged in **No Leisure** Time	22.9%	28%	BETTER			36.2%	BETTER	32.6%	TARGET

[3] http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=33

Physical Activity (BRFSS, 2011)									MET
Healthy Eating									
Adults Fruits and Vegetable Consumption (BRFSS, 2010)	29.6 %	27.1%	BETTER						
Percentage of census tracts with food deserts (USDA, 2000)	1.1%	5.8%	BETTER	5.5%	TARGET MET	10.0%	BETTER		
Chronic Diseases Related to Obesity									
Adults Who Reported Ever Being Diagnosed with **High Blood Pressure** (BRFSS, 2011)	21.6 %	32 %	BETTER			30.8%	BETTER		
Rate of Hospital Discharges with **Hypertension as Co-Morbidity** for Adults Ages 20-39 per 10,000 County Residents (MATCH, 2010)	42.9	101.2	BETTER						
Adults Who Reported Ever Being Diagnosed With **High Cholesterol** By A Doctor (BRFSS, 2011)	31.8%	35.4%	BETTER						
Adults Who Reported Ever Being Diagnosed With **Diabetes** By A Doctor (Excluding Gestational Diabetes), (BRFSS, 2011)	5.1%	9.6%	BETTER						
Rate of Hospital Discharges with **Diabetes as Co-Morbidity** for Adults Ages 20-59 per 10,000 County Residents (MATCH, 2010)	73	160.4	BETTER						
Age-Adjusted Death Rate Due to **Heart Disease** per 100, 000 population (MATCH, 2008-2010)	127.8	190.7	BETTER	173.4	TARGET MET	190.9	BETTER		
Age-Adjusted Death Rate Due to **Stroke** per 100, 000 population (MATCH, 2008-2010)	30	39.5	BETTER					33.8	TARGET MET
Hospital Utilization									
Rate of ED visits for **Diabetes** per 100,000 population (HSCRC, 2010)	168.8	347.2	BETTER	330.0	TARGET MET				
Rate of ED visits for **Hypertension** per 100,000 population (HSCRC, 2010)	123.3	237.9	BETTER	225.0	TARGET MET				
Rate of Hospital Discharges With **Obesity As Co-Morbidity** Adults (20+ years) per 10,000 County Residents (MATCH, 2010)	87.8	200.7	BETTER						

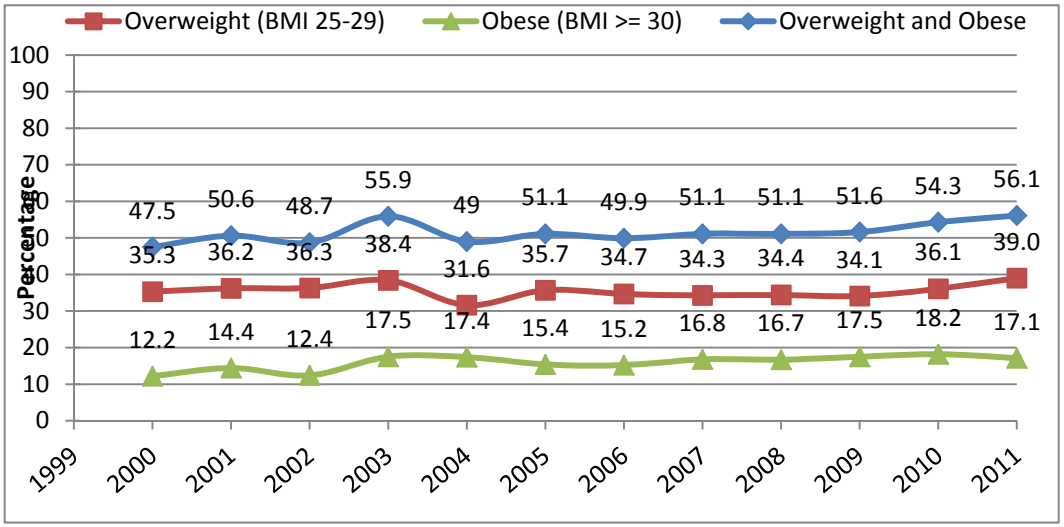
Wellness and Lifestyle									
Self-Reported **General Health:** Excellent, Very Good, and Good (BRFSS, 2010)	91.4%								
Self-Reported Life Satisfaction (BRFSS, 2010)	96.8%								
Self-Reported Physical Health	82.2%								

BRFSS	Maryland Behavioral Risk Factor Surveillance System
MYTS	Maryland Youth Tobacco Survey
MATCH	Maryland Assessment Tool for Community Health
USDA	United States Department of Agriculture
HSCRC	Maryland Health Services Cost Review Commission

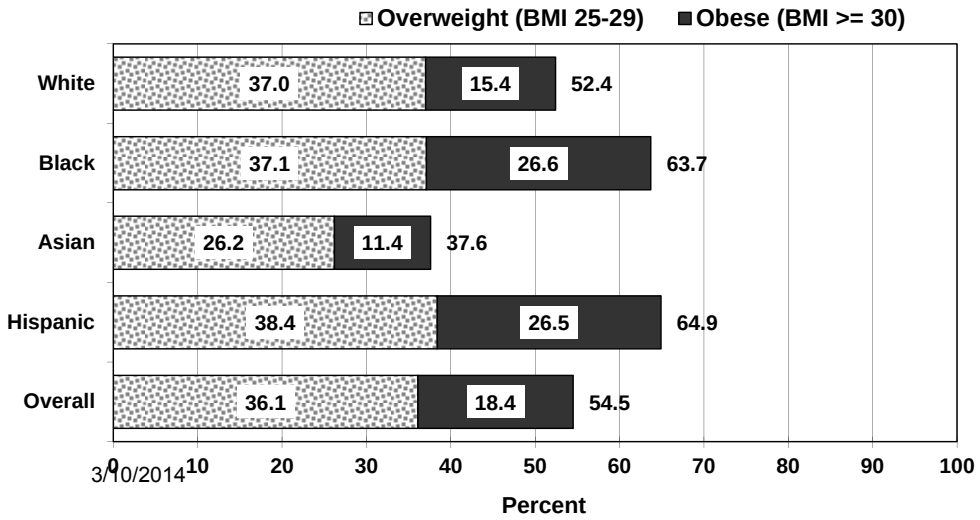
Charts of Highlighted Findings

According to the 2011 Maryland Behavioral Risk Factor Surveillance Survey (BRFSS), 54.3% of adult respondents in Montgomery County are overweight or obese. Since 2000, the percent of adult respondents in Montgomery County who are obese increased from 12.2% to 17.1%.

Graph 1: Montgomery County Adults Who Reported Being Overweight or Obese, 2000-2011 **Source: BRFSS, 2000-2011**

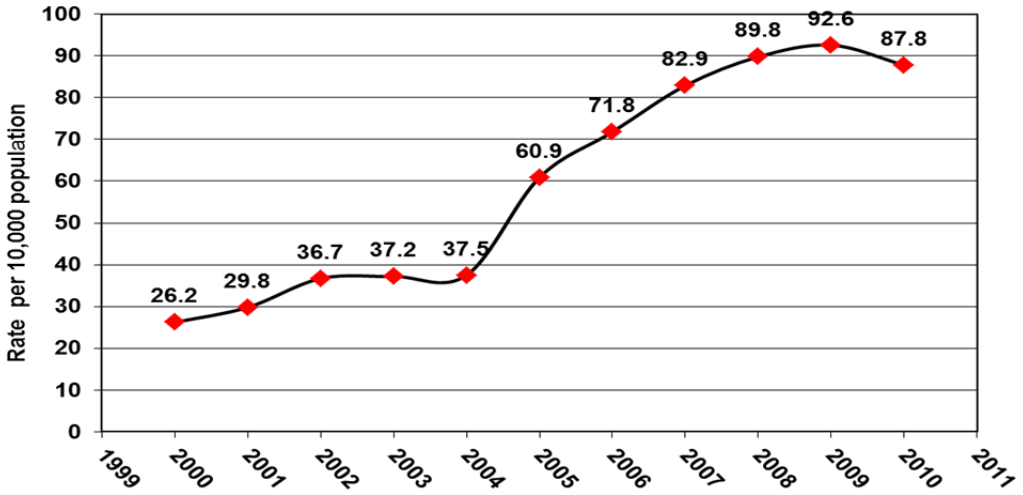


Graph 2: Montgomery County Adults Who Reported Being Overweight or Obese By Race/Ethnicity, 2010
Source: BRFSS, 2010



Obesity disproportionately affects African-American/Black and Hispanic residents of Montgomery County. Among Montgomery County residents surveyed, 64.9% of Hispanic residents, 63.7% of African American/Black residents, 52.4% of White residents and 37.6% of Asian residents reported being overweight or obese.

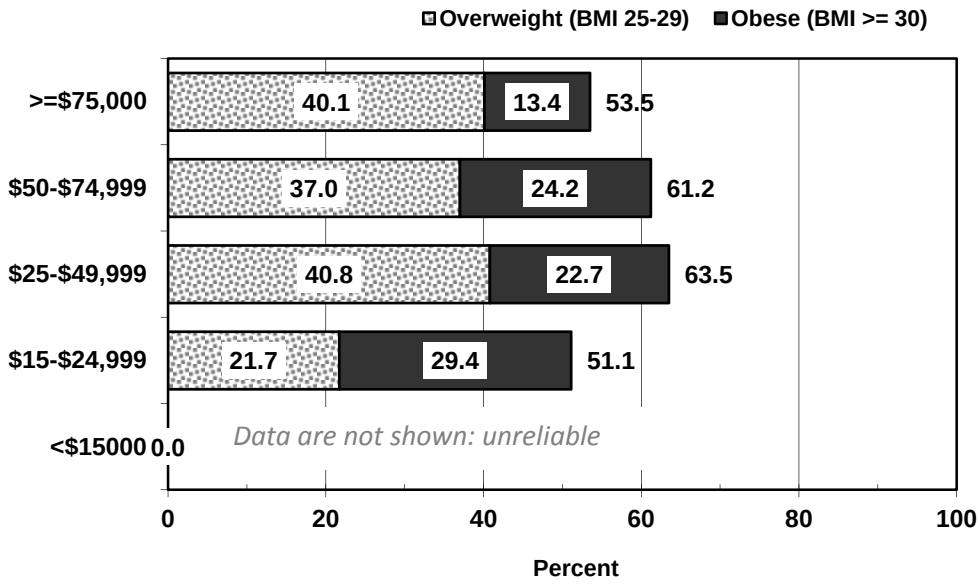
Graph 3: Hospital Discharges with Obesity as Co-Morbidity for Adults (20+years) per 10,000 County Residents, 2000-2010



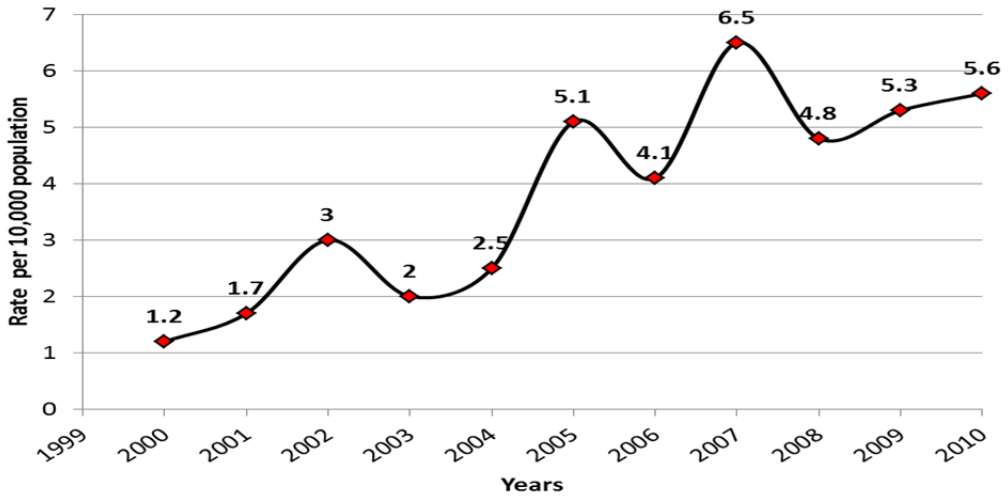
Since 2000, obesity has become increasingly prevalent among Montgomery County adults discharged from the hospital. Form 2000-2009, the rate of adult hospital discharges with obesity as a co-morbidity that required medical attention during the hospital stay rose more than three-fold. **Source: MATCH, 2000-2010**

Graph 4: Montgomery County Adult Weight Status, By Income Level, 2010
Source: BRFSS, 2010

Among Montgomery County residents surveyed, more residents at the $25,000-$49,999 annual income level reported being overweight or obese than residents at other income levels. This pattern differs from the Maryland average. Statewide, more residents at the less than $15,000 annual income level (70.3%) reported being overweight or obese than residents at other income levels.



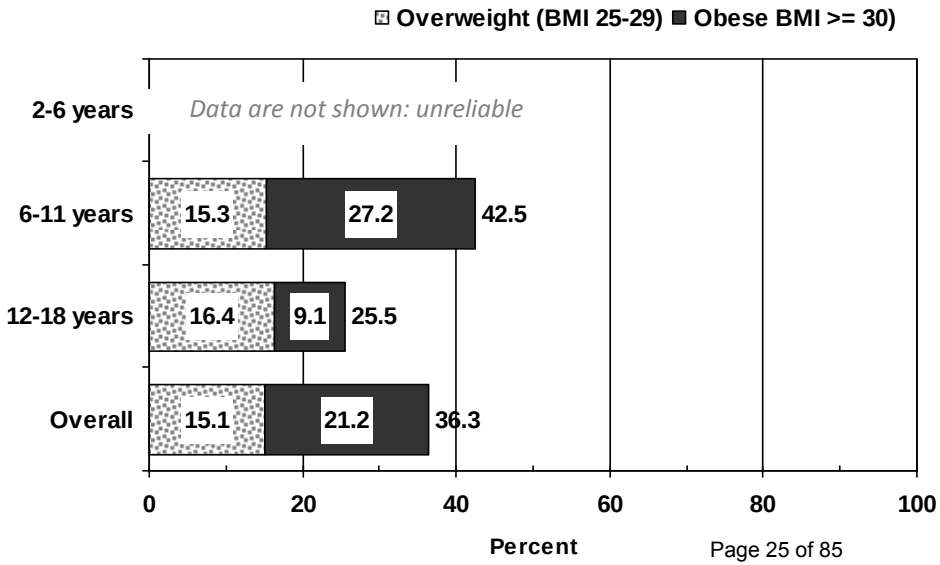
Graph 5: Hospital Discharges with Obesity as Co-Morbidity for Young People, Ages 5-19, per 10,000 County Residents, 2000-2010



Since 2000, the rate of hospital discharges with obesity as a co-morbidity that required medical attention during the hospital stay rose more than four-fold for children ages 5-19 in Montgomery County.
Source: MATCH, 2000-2010

Graph 6: Montgomery County Children/Young Adults Reported Being Overweight or Obese By Age, 2010 **Source: BRFSS, 2010**

According to the BRFSS in 2010, almost 4 out of 10 children (36.3%) in Montgomery County were overweight or obese. Among adults, more were overweight (36.1%) than obese (18.2%) but among children, more children were obese (21.2%) than overweight (15.1%).



Section 3: Putting the Obesity Action Plan in Context

Charge from the Healthy Montgomery Steering Committee to the Obesity Action Planning Work Group

At the March 5, 2012 Healthy Montgomery Steering Committee (HMSC) meeting,[1] the Committee formulated the following charge to the Obesity Action Planning Work Group (OWG):

Within obesity prevention, achieve optimal health and well-being for Montgomery County, Maryland residents while addressing lack of access, health inequities, and unhealthy behaviors.

The HMSC identified the following key activities of the action planning process for the OWG:

- Conduct an updated scan that compiles existing efforts in the area of focus:
  - Identify organizations/stakeholders/partners;
  - Identify current activities and potential evidence-based best practices;
  - Identify current and potential resources to support efforts.
- Develop metrics to monitor activities, evaluate process, and measure performance and outcomes of efforts; and
- Evaluate opportunities and challenges within the area of focus.

The HMSC offered guidance on the process of identifying and developing strategies to impact obesity prevention. The Work Group was advised to:

- Build on existing strengths;
- Maximize collaboration;
- Build efficiencies across sector efforts;
- Fill gaps that are critical to improving outcomes in area of focus; and
- Develop an evaluation plan that measures impact of strategies on performance measures and outcomes

Furthermore the OWG was instructed by the HMSC to develop action plans that build on existing efforts to improve access, achieve health equity, and promote healthy behaviors.

Using the proposed framework from the HMSC, the Obesity Action Planning Work Group was formed in June 2012 with Dr. Carol Garvey, representing the Collaboration Council for Children, Youth and Families, serving as the HMSC member liaison to the Obesity Action Planning Work Group. The Work Group was comprised of representatives from existing organizations who have subject-matter expertise in obesity, nutrition, physical activity, community settings (schools, hospitals, health providers, and recreational facilities) and from organizations that advocate for vulnerable populations disproportionately affected by poor obesity outcomes. OWG member responsibilities included attending semi-monthly meetings for approximately six months, preparing for meetings, and carrying out assignments between meetings to keep work group activities on schedule. The OWG membership included:

- Linda Ashburn, University of Maryland Extension Program, Expanded Food and Nutrition Education Program (Co-Chair)
- Clark Beil, Liaison to Montgomery County Food Council and Administrator, Licensure and Regulatory Service, Montgomery County Department of Health and Human Services

[1] Healthy Montgomery Steering Committee Meeting, March 5, 2012. Online electronic handout packet, page 4. Accessed on April 5, 2013 at http://www.healthymontgomery.org/javascript/htmleditor/uploads/March_5_2012_HANDOUTS.pdf

- Marla Caplon, Division of Food and Nutrition Services, Montgomery County Public Schools
- Mary Dolan, Functional Planning and Policy Division, Montgomery County Department of Planning
- Lisa Euliss, WIC Program, Community Clinic, Inc.
- Wendy Friar, Community Health, Holy Cross Health
- Carol Garvey, Collaboration Council for Children, Youth and Families (Co-Chair)
- Linda Goldsholl, Obesity Prevention Strategy Group
- Cara D. Grant, Health and Physical Education, Office of Curriculum and Instructional Programs, Montgomery County Public Schools
- Colleen Ryan Smith, Senior Epidemiologist, Planning and Epidemiology, Public Health Services, Montgomery County Department of Health and Human Services
- Jon Smink, Montgomery County Department of Recreation
- Shari Targum, Montgomery County Commission on Health
- Jacquelyn Williams, African American Health Program

Environmental Scan

To ensure that the obesity action plan would reflect and build upon existing programs, services and resources, the Work Group conducted an environmental scan to construct a comprehensive picture of the obesity prevention/reduction environment. Initially, the OWG reviewed several foundational strategic planning documents as well as reference documents related to obesity prevention and reduction.

The OWG reviewed the following foundational strategic planning documents:

1. National Prevention Council, *National Prevention Strategy*, Washington, D.C.: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf
2. Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2009. http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
3. Center for Preventive Services, Maryland Department of Health and Mental Hygiene, *Maryland Nutrition and Physical Activity Plan, 2006-2016.* May 2006. http://www.healthyactivemaryland.org/npaplan.pdf
4. Maryland Department of Health and Mental Hygiene, *Maryland Comprehensive Cancer Control Plan: Executive Summary.* http://mdquit.org/sites/default/files/pdf_files/MCCCP%20Executive%20Summary.pdf

Other reference documents compiled and reviewed by the Work Group in its action planning process were:

1. Memorandum from Vivian Yao, Legislative Analyst to the Montgomery County Health and Human Services Committee, Education Committee, July 30, 2012. http://www6.montgomerycountymd.gov/content/council/pdf/agenda/cm/2012/120730/20120730_EDHHS2.pdf
2. U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010.* 7th Edition, Washington, D.C.: U.S. Government Printing Office, December 2010. www.dietaryguidelines.gov

3. Montgomery County Commission on Health, Presentation to the Healthy Montgomery Obesity Work Group: Overview of Commission on Health Obesity Prevention Efforts, September 6, 2012. http://www.healthymontgomery.org/javascript/htmleditor/uploads/COH_Overview_9_6_12_OWG_Mtg_FINAL.pdf
4. Montgomery County Obesity Prevention Strategy Work Group, Montgomery County Department of Health and Human Services, *Make a Move Montgomery: Take Action for a Healthier County*, March 2008. http://www.healthymontgomery.org/javascript/htmleditor/uploads/OPSG_Brochure_Overview_2012.pdf
5. Task Force on Employee Wellness and Consolidation of Agency Group Insurance Programs, (Established by Montgomery County Council Resolution 17-107), *Final Report*, December 2, 2011. http://www6.montgomerycountymd.gov/content/council/wgitf/Report/wellness_and_consolidation_task_force_appendix_title_and_table_of_contents.pdf.
6. Trust for America's Health, *F as in Fat 2012: How Obesity Threatens America's Future* , 2012. http://healthyamericans.org/assets/files/TFAH2012FasInFatFnlRv.pdf
7. Trust for America's Health, *Issue Brief: Bending the Obesity Cost Curve in Maryland*, September 2012. http://healthyamericans.org/assets/files/obesity2012/TFAHSept2012_MD_ObesityBrief02.pdf

Also, as part of the environmental scan conducted by the OWG in July-August 2012, an inventory tool was utilized to document programs, services, and initiatives within Montgomery County. Drawing from the literature on community health assessment and improvement processes as well as previously published community health improvement action plans, the tool was used to create a summary table of the individual-level and environmental and policy-based level interventions and best practices currently within Montgomery County. This "Inventory of Obesity-Related Programs in Montgomery County" is available on the Healthy Montgomery website.[2]

While the Inventory is not an exhaustive listing of obesity prevention programs and services in the County, it does include details on certain practices, networks, and partnerships that have made meaningful gains in obesity prevention and which informed the development of the Obesity Action Plan. Best practices or model programs of obesity prevention programs and services for which the County has been recognized are also highlighted. Environmental-based interventions included existing or proposed policies, regulations, or laws that create an environment in which positive impacts can be made in obesity prevention and reduction.

Using the inventory tool to document the environmental context and existing interventions that influence obesity prevention within Montgomery County, the OWG members could more easily identify assets currently available as well as existing systems-level gaps that need to be addressed. Compiling the identified assets and gaps in Montgomery County helped to inform the direction of the Action Plan as well as highlight and align both potential and existing partner organizations to assist in implementing the Plan once finalized.

Later in the Action Planning Process, the OWG created the Montgomery County Obesity Effort Matrix (see Appendix 5) which includes the initiatives listed in the "Inventory of Obesity-Related Programs in

[2] http://www.healthymontgomery.org/javascript/htmleditor/uploads/MASTER_Inventory_Tool_Obesity_HHS_additions_MCPS.pdf

Montgomery County" as well as additional obesity-related programs, services, and policies in the County, representing a more extensive and current compilation.

Also, throughout the process of conducting the environmental scan, the OWG members developed a glossary of terms to provide guidance and consistency in their action planning.[3]

Actions, Policies, Regulations and Laws that Affect Obesity Prevention in Montgomery County

There are a number of factors that can influence action planning within a community. Understanding the environment within which community health improvement will occur requires an understanding of policies, regulations, laws, and existing best practices with proven impact. The federal, state, and county level environments in which obesity prevention action planning and implementation take place in Montgomery County are described below.

Federal Level Environment

Within the highest levels of the federal government, much attention is being paid to the prevention of obesity. In May 2010, the interagency White House Task Force on Childhood Obesity released its Report to the President, "Solving the Problem of Childhood Obesity Within a Generation" which provides recommendations for actions the federal government, the private sector, state and local leaders and parents can take to improve the health of the nation's children. The Task Force carefully reviewed the research on obesity and consulted with experts and the broader public. The recommendations focus on four priority areas which are also the focus areas of the First Lady's *Let's Move!* Campaign, a comprehensive and well-publicized initiative launched by the First Lady that is dedicated to the prevention of childhood obesity. These priorities involve (1) providing parents with helpful information and fostering environments that support healthy choices, (2) providing healthier foods in schools, (3) ensuring that every family has access to healthful, affordable food and (4) helping children become more physically active.

The U.S. Surgeon General has issued several calls to action related to obesity prevention: *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* in 2001 and more recently in 2010, *The Surgeon General's Vision for a Healthy and Fit Nation*. The 2011 *Surgeon General's Call to Action to Support Breastfeeding* also recognizes the importance of breastfeeding in preventing obesity. The Surgeon General also chaired the National Prevention Council (comprised of seventeen federal departments, agencies and offices) created by the Affordable Care Act. The Act charged the Council with developing a National Prevention and Health Promotion Strategy. The National Prevention Strategy, published in 2011, includes healthful eating and active living among its seven priorities which provide evidence-based recommendations for reducing the burden of the leading causes of preventable death and major illness.

At the U.S. Centers for Disease Control and Prevention, the Division of Nutrition, Physical Activity, and Obesity (DNPAO) is leading the public health community's response to the obesity epidemic with policy and guidelines development, surveillance, epidemiological and behavioral research, intervention development, technical assistance to states and communities, training and education, communication, and

[3] Healthy Montgomery Obesity Work Group Glossary. Available at: http://www.healthymontgomery.org/javascript/htmleditor/uploads/Healthy_Montgomery_Obesity_Glossary_10_16_121.pdf

partnership development. Its *Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide* encourages and supports healthful eating and active living. Its recently released *Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities* recognizes the need to focus on developing and implementing effective strategies to address obesity in populations that face health disparities.

Recognizing that good nutrition, physical activity, and a healthy body weight are essential to overall health and well-being, *Healthy People 2020*, a prominent resource in public health, includes leading health indicators for physical activity, nutrition, and obesity. Developed by a federal interagency work group, *Healthy People 2020* provides science-based, 10-year national objectives for improving the health of all Americans.

With the June 2011 release of the *National Prevention Strategy*, the National Prevention Council put forward a road map for prevention that included specific actionable strategies across the diverse sectors that make up our local public health system.

The National Prevention Strategy

"…builds upon the state-of-the-art clinical services we have in this country and the remarkable progress that has been made toward understanding how to improve the health of individuals, families, and communities through prevention."

"For the first time in the history of our nation, we have developed a cross-sector, integrated national strategy that identifies priorities for improving the health of Americans. Through these partnerships, the National Prevention Strategy will improve America's health by helping to create healthy and safe communities, expand clinical and community-based preventive services, empower people to make healthy choices, and eliminate health disparities."

Leading national public health organizations including the American Public Health Association (APHA) and Trust for America's Health (TFAH) provide trusted resources and policy direction on obesity prevention. Among the many APHA resources is its *Detailed ACTION Plan: Recommendations for Action by Families Schools, Communities and Policy Makers.* Trust For America's Health publishes its high-profile *F as in Fat: How Obesity Threatens America's Future* report annually along with accompanying state profiles.

Leading research organizations and foundations have focused resources and grant making on obesity prevention. The Institute of Medicine (IOM) which serves as an "advisor to the nation to improve health" called national attention to the obesity epidemic and the need for actions in every sector and level of society to address it with its 2005 report, *Preventing Childhood Obesity: Health in the Balance*. The IOM has since then recommended community, state and national level strategies that have been shown to change environments in ways that increase healthful eating and physical activity. The Robert Wood Johnson Foundation, among other foundations, has made a major commitment to funding research, practice, and scholarship on childhood obesity prevention.

The new Patient Protection and Affordable Care Act (ACA) includes several provisions that promote obesity prevention efforts including the National Prevention Strategy, the Prevention Fund, greater coverage for preventive services, a childhood obesity demonstration project, and new approaches through the Center for Medicare and Medicaid Innovation. In addition, the Act includes menu labeling requirements for restaurants with twenty or more locations and vending machine operators with twenty or more vending machines. The Healthy Hunger-Free Kids Act, the Agriculture Appropriations Act, and the Healthy Food Financing Initiative also include several nutrition and obesity-related provisions. Other federally funded nutrition-related policies and programs that have significant impact in the County include the National School Lunch Program, the School Breakfast Program, the Summer Food Service

Program, the Supplemental Nutrition Assistance Program (SNAP), and Women, Infants and Children (WIC). At present, these programs are potentially vulnerable to federal budget cuts.

State Level Environment

As part of its effort to address the obesity epidemic in Maryland, the Maryland Department of Health and Mental Hygiene established the Nutrition and Physical Activity (NPA) Program within the Family Health Administration's Center for Preventive Health Services. The mission of the Maryland Nutrition and Physical Activity Program is to prolong the length and improve the quality of life of Maryland citizens through healthful eating and increased physical activity. Working in partnership with the Maryland Healthy Eating and Active Lifestyle Coalition, and with input from many organizations and citizens across the State, the Maryland Nutrition and Physical Activity (NPA) Program developed the *Maryland Nutrition and Physical Activity Plan, 2006-2016* as a first step toward achieving its mission. The Plan presents a way to help Marylanders contribute to the effort to make healthful food choices and physical activity opportunities available throughout the state.

In addition, the Maryland State Health Improvement Process (SHIP), led by the Maryland Department of Health and Mental Hygiene, includes objectives that directly address obesity in the state: increase access to healthful food, increase the percentage of adults who are at a healthy weight, and reduce the percentage of children who are considered obese.[4]

The Maryland Health Quality and Cost Council (MHQCC) launched the Healthiest Maryland campaign in 2010, an initiative to encourage a culture of wellness throughout the State – "where the healthiest choice is the easiest choice." Healthiest Maryland uses a peer-to-peer campaign to improve the health of all Marylanders by encouraging businesses, schools and communities to engage in wellness initiatives. *Healthiest Maryland Business* (HMB) is part of this campaign. Employers who join HMB commit to making the health of their employees a top priority and receive resources and technical assistance from the State to create a supportive work environment.

Legislation has also been passed on the state level that supports obesity prevention and reduction measures:

- In 2000, Maryland passed a "Complete Streets" law that requires that the needs of people riding bicycles and walking be considered in all phases of transportation planning, including highway design, construction, reconstruction, and repair.
- In 2004, Maryland mandated that the state participate in the Center for Disease Control and Prevention's Youth Risk Behavior Surveillance System which collects self-reported data on body weight, dietary behaviors, and physical activity levels among high school students and, starting in the 2013-2014 school year, among middle school students. The data collected help to identify health problems, measure progress in improving health outcomes, and inform policy and program development. Recent changes to the mandate allow the test to be administered with passive parental consent which improves participation and enables the reporting of County-level data.
- In 2005, Maryland passed a law requiring all vending machines in public schools to have and use a timing device to automatically prohibit or allow access in accordance with nutrition policies established by local county boards of education. It also requires health education instruction by each county board of education to include the importance of physical activity.
- In 2008, the Maryland legislature passed "farm to school" legislation that promotes the sale of Maryland-grown farm products to schools.

[4] http://dhmh.maryland.gov/ship2/SitePages/Home.aspx

- In 2008, Maryland's legislators established a task force on student physical fitness to study the advisability of requiring all public schools to provide a minimum amount of physical activity or education to students. The Task Force's report recommended a requirement for a minimum 90 minutes of physical education per week, of which at least 50% of the time, students should be engaged in moderate to vigorous physical activity.

County Level Environment

Diverse Socio-Economic Environment. Montgomery County is increasingly economically and demographically diverse. It is the most populous County in the state, with an estimated 1,004,709 residents in 2012. An estimated 47.8% of the population is non-Hispanic White, 18.3% are African American/Black; 17.9% are Hispanic/Latino; and 14.7% residents are Asian. In 2010, for the first time, non-Hispanic White residents constituted less than half of the County's residents. In addition, by 2010 foreign-born residents represented almost one-third (31.4%) of the population (in 1990, less than one in five residents were foreign-born). From 2007-2011, an estimated 38.1% spoke a language other than English at home. Between 2007 and 2010, the number of residents living below the federal poverty level grew by two-thirds. From 2007-2011, an estimated 6.3% of the population (over 63,000 residents) was living below the poverty level. In 2012, over 118,000 residents did not have public or private health insurance (a 10%- increase from 2009) and over 8,000 or 7.0% were children under 18 years. Residents with public health insurance totaled more than 116,000 – more than 54,000 of these residents were under 18 years of age, more than 31,000 residents were 18-64 years of age, and another 31,000 residents were 65 and older. [5]

The diversity in the County underscores the importance of acknowledging and addressing issues of health disparity and how unequal access to healthful food and places to be physically active disproportionately impacts the health and well-being of County residents of different races and ethnic groups. It also raises the importance of integrating and implementing cultural and linguistic competence in any obesity prevention and reduction strategies undertaken.

Current Activities, Policies and Recommendations Related to Obesity in the County. Many organizations and government agencies in the County provide programs and services and implement policies to reduce and prevent obesity and improve health among County residents. These programs, services and policies provide a hopeful backdrop to the work of the OWG and provide a favorable environment for implementation of the Healthy Montgomery Obesity Action Plan. A description of the programs and services provided and policies implemented is provided below. For a more detailed listing, see the Montgomery County Obesity Effort Matrix in Appendix 5.

Montgomery County Government has adopted and implemented innovative legislation, policies and practices to promote obesity prevention and reduction. They include:

- The Montgomery County Council passed healthful eating legislation:

[4] Confronting Suburban Poverty in America, Montgomery County: A Collaborative Model for Meeting Changing Needs. Accessed on October 31, 2013 at: http://confrontingsuburbanpoverty.org/wp-content/uploads/2013/05/Brookings_ToolKit_CaseStudies_MoCo.pdf; U.S. Census Bureau: State and County QuickFacts. Accessed on September 3, 2013 at http://quickfacts.census.gov/qfd/states/24/24031.html; Source: U.S. Census Bureau, 2009-2011 American Community Survey. Accessed on September 3, 2013 at http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_3YR_DP03&prodType=table;

  - A ban on the use of artificial trans fats for most foods sold in County restaurants and at prepared food sections of supermarkets, passed in 2007 (Council Resolution #16 -134) ;
  - A nutrition labeling legislation requiring that calories and other nutrition information be provided to customers at restaurant chains with 20 or more locations, passed in 2009 (Eating and Drinking Establishments Nutrition Labeling, Montgomery County Code §15-15A). Results of a study conducted by the University of Maryland Extension that describes the effect of the nutrition labeling legislation in the County is available at: https://extension.umd.edu/learn/montgomery-county-restaurant-menu-labeling-survey#;
- A Wellness Coordinator has been hired to address the health and wellness of Montgomery County government employees;
- A vending machine is installed in the Montgomery County Executive Office Building that contains healthful snack foods (a nutrition chart comparing snack foods to the Institute of Medicine's guidelines for healthful snacks was put on display at the vending machines and put on the Healthy Montgomery website[6]);
- Walking routes that County government employees can use for lunchtime exercise are available at some County workplaces; and
- *Be Active Montgomery!*, an initiative begun by County Executive Ike Leggett, is designed to make County residents aware that a healthier lifestyle can be achieved in incremental steps -- that is, by doing something fun, fit and healthy every day. Collaborating with other County agencies, the initiative organizes physical activities and provides healthy lifestyle tips that can make residents realize how easy it is to include physical activity and good nutrition in their daily schedules."[7]

In 2012, the **Montgomery County Commission on Health (COH),** finding that obesity greatly increases the risk of many diseases and adverse health conditions, developed recommendations to address obesity that are focused on four evidence –based strategies taken from a list of twenty-four identified by the U.S. Centers for Disease Control and Prevention. The COH developed recommendations for:

- affordable, healthful food and beverage choices in County vending machines;
- the promotion of breastfeeding;
- procurement of food from local farms; and
- increased opportunities for physical activity.

On March 22, 2012, the COH sent letters to the County Executive and County Council Chair, advocating for adoption of the recommendations. The response from the County Executive and County Council Chair has focused on the recommendation regarding the promotion of locally grown foods. Also, lactation rooms have been established in County government buildings.

Montgomery County Public Schools provide:

- nutrition instruction --Maryland State Department of Education Standard #6: Students will demonstrate the ability to use nutrition and fitness knowledge, skills and strategies to promote a healthy lifestyle (standard #6 instruction occurs in grades 1-8 and grade 10);
- Opportunities for students to demonstrate the skills of self-management, advocacy, decision-making, goal setting, and accessing and analyzing information with the content standard for Nutrition and Fitness;

[6] http://www.healthymontgomery.org/index.php?module=htmlpages&func=display&pid=5031

[7] http://www6.montgomerycountymd.gov/rectmpl.asp?url=/content/rec/bam.asp

- a Wellness Specialist who talks with students about a healthy diet and applies for grants that support obesity prevention programming in the schools such as *Road of Health, Nudge and Nutrition Nuggets* programs offered in collaboration with the University of Maryland Extension Service;
- all students with access to meals and snacks; implementation of the Healthy, Hunger-Free Kids Act of 2010 provides additional funding to improve nutrition and reduce childhood obesity;
- special diet support for students struggling with obesity or related medical issues;
- a policy that all food and beverages available to students a la carte in the cafeteria, school store or vending must be in compliance with wellness policy/regulations;
- calorie information on menus so parents are made aware of calorie content of various foods and to students as they are making food choices;
- salad bars that offer a greater degree of student access to fresh fruits and vegetables;
- recipes that have been reformulated to offer lower sodium menu items and fewer processed menu items;
- healthful after-school snacks and suppers to students in the *Healthy Choices, Happy Students* program in partnership with the Maryland County Department of Health and Human Services.

The **Montgomery County School Health Council** has made obesity prevention a priority since 2011. The Council has voted to endorse and lend its support to Montgomery County's *Be Active Montgomery!* initiative; it has a working subcommittee on Nutrition chaired by the Montgomery County Public Schools Director of the Division of Food and Nutrition Services and it has also reviewed and endorsed the Montgomery County Board of Education Policy on Wellness: Physical and Nutritional Health, which includes new physical education requirements and healthier menu options for school lunches. Cafeteria food in County schools has improved steadily. Finding time for increased physical activity during the school day is proving harder to achieve. The **Maryland Safe Routes to School Program**, managed by the Maryland State Highway Administration, works to improve the safety of walkable routes to school. Since the Program's launch in 2007, about $16 million has been invested statewide in the program primarily through local jurisdictions and non-profits to enhance the safety of neighborhoods around schools throughout Maryland. However, much still needs to be done in Montgomery County to improve the safety of routes to school.

The **Montgomery County Department of Health and Human Services** provides a variety of programs and services that address obesity prevention and reduction across the lifespan. They include:

- African American Health Program: (AAHP) Breast Pump Loan Program that promotes breastfeeding in the workplace; *When I Get Out* (WIGO) health education program that includes in-class demonstrations about reading food labels and food portion modeling for Montgomery County Detention Center inmates preparing to re-enter the community; *Projet Santé Pour Tous* which provides health education, including healthul eating habits, to French-speaking African immigrant laborers at the CASA de Maryland labor center; diabetes self-management education classes and dining clubs focused on improving participants' nutrition, physical activity and blood glucose control for both diabetes prevention and management; *Health Freedom Walk*, an annual 6 week training program that promotes walking and culminates in a 3.75 mile walk through the Underground Railroad symbolizing the flight to good health; *Power Play!*, a workshop at the White Oak Community Recreation Center where children learn the importance of physical activity and good nutrition;
- Asian American Health Initiative provides education related to the importance of exercise such as Tai Chi, gardening, and walking to prevent osteoporosis;
- The Latino Health Initiative's *Vias de la Salud Health Promoters Program* provides outreach activities and educational interventions in the Latino community that focus on healthful eating and active living. Health Promoters teach about the benefits of physical activity,

provide examples of activities to incorporate into daily life, and provide motivation to maintain a healthy lifestyle. Community members are recruited to participate in weekly, 2-hour, Caminatas (walking sessions) held in schools, parks and neighborhoods that provide an opportunity to walk for physical activity and include demonstrations about how to prepare healthful meals and snacks;

- School Health Services: obesity prevention school-based program called *Healthy Choices, Happy Students* which includes *Nutrition Nuggets*, an afternoon nutrition information program (in collaboration with the University of Maryland Extension) and *Student Strides Walking Club*; *I am Moving, I am Learning* for Head Start programs that includes structured vigorous exercise, nutrition education and food tasting. *Color Me Healthy* is a program for Head Start and Pre-K focused on healthful foods and nutrition;
- Aging and Disability Services: provides nutritious meals that meet federal nutrition guidelines for older adults and comply with the Dietary Guidelines for Americans in group settings where activities and services for seniors are available; nutrition education, screening & counseling are also available; *Bone Builders*, an osteoporosis prevention exercise program; two publications (provided online and in print) with fitness opportunities for seniors in the County -- *The Montgomery County Navigator: Vital Living After 50* and Living & Thriving in Montgomery *County: A Guide for Residents 60 and Over;* scholarships to children so that they can attend SPORTS PLUS, a non-profit organization in the County which provides sports and swimming programs for children and young adults with developmental disabilities.
- Licensing and Regulatory Services conducts inspections to enforce County laws that require chain restaurants with 20 or more locations nationwide to provide nutritional information on the menu and prohibit food service establishments from storing, using or serving any food item containing more than .5 grams of artificial trans fat per serving; inspection results are posted for public access on the County's open data portal;
- The Department partnered with the Center for Science in the Public Interest (CSPI) to design and implement the Montgomery County Public Schools (MCPS) *Food and Beverage Marketing Study* to assess the extent of food and beverage marketing in MCPS elementary, middle, and high schools.

Montgomery County Recreation manages 34 facilities including community and neighborhood recreation centers, senior centers, and indoor and outdoor aquatic facilities and provides thousands of programs such as out-of-school activities, aquatics classes, youth and adult sports programs and leagues, senior programs, and therapeutic recreation. It participates in *Excel Beyond the Bell*, a program run by the Montgomery County Collaboration Council of Children, Youth and Families that provides after-school activities to selected middle schools, such as food & fitness class, dance class, sports, and a wide variety of other activities. Summer Fun Camps offer low-cost summer activities for many youth that include a wide variety of physical activity and wellness lessons. For seniors, Montgomery County Recreation provides full service senior centers that offer fitness classes and the *Silver Sneakers* program that promotes fitness activities for older adults. The *55+ Active Adult Program* provides opportunities for older adults to gather for sports and exercise. Montgomery County Recreation provides programming for the County's *Be Active Montgomery!* initiative.

Maryland National Capital Park and Planning Commission is involved in many activities related to changes in the built environment that promote active living and healthful eating. The Commission:

- encourages and incentivizes grocery stores, farmers' markets, and full-service restaurants to prevent food deserts; discourages liquor stores and limited service restaurants (e.g., fast food restaurants) in food deserts
- recommends mixed use space to promote passive exercise for daily commute to work, to promote pedestrian access to retail and other business; also encourages development of

recreational facilities (e.g., fitness facilities, gyms, playgrounds, schools, golf courses, boating, swimming pools, trailheads)

- recommends opportunities for exercise; making walking/biking safe; providing green spaces (quantity and distribution); providing connections to parks and natural areas; encouraging mixed-use development which promotes walking to meet needs of daily living; providing walkable routes to school; and providing access to good nutrition (community gardens, farmers markets, etc)
- recommends more transportation choices (e.g., transit, walking paths, bike paths), transit oriented development and compact mixed use development to reduce vehicle miles traveled (VMTs); promotes connected sidewalks, bike facilities and safe accommodation at road crossings
- provides access to outdoor spaces and activities such as hiking, biking, horseback riding, ice skating, ice hockey, lacrosse, miniature golf, tennis, hiking, canoeing, kayaking and over 250 playgrounds; Brookside Gardens provides walking paths and a series of cooking classes focused on teaching healthful recipes using local fruits, vegetables and herbs
- provides community garden spaces in many parks
- provides *Eco-TEEN Montgomery* that offers teens opportunities to hike and learn about the environment

The **Montgomery County Department of Transportation** has installed Capital Bikeshare stations throughout several areas of the County. The program encourages a healthy commute to work and daily physical activity.

Montgomery County Food Council brings together a diverse representation of stakeholders in a public and private partnership to improve the environmental, economic, social and nutritional health of Montgomery County, through the creation of a robust, local, sustainable food system. It works to achieve the following goals:

- to develop and sustain an economically viable County food system that supports producers, processors, distributors, retailers and consumers of local food;
- to increase access to locally produced food among County residents, especially communities with limited access;
- to increase Montgomery County residents' understanding of the importance of local, healthful food through education opportunities that lead to healthier food choices by residents;
- to improve agricultural soils and reduce the environmental impacts of local land and water use and the environmental footprint from non-local food in Montgomery County;
- to pursue or support emerging, dynamic opportunities in the County which promise to build a more inclusive, robust and sustainable food system; and
- to become a regional and national leader in modeling collaboration and community-driven data gathering, monitoring and evaluation to improve the food system.

The **County's five community hospitals** also provide a large array of programming and services to County residents that promote healthful eating and active living. They work with community partners to reach out to disadvantaged communities and provide culturally and linguistically appropriate programs and services that target:

- **Children**: (e.g., Holy Cross Hospital, in collaboration with the Montgomery County Housing Opportunities Commission and the Silver Spring Boys and Girls Club, offers the *Kid's Fit* program, a free after school program that includes exercise, information on healthy lifestyle choices, and a nutritious snack; Suburban Hospital partners with *Girls on the Run* of Montgomery

County to provide an after school program, for 3rd through 8th grade girls, designed to promote healthy habits and an active lifestyle)

- **Adults** (e.g., Shady Grove Adventist Hospital offers the *Healthy Choices* Program in Damascus, MD that provides classes to low-income women on nutrition, exercise and other health topics and is run in collaboration with Faith Connections, Damascus MD and the Hospital's Health Ministry Department; Medstar Montgomery Medical Center offers pre-diabetes and breastfeeding classes and a Wellness Supermarket Tour at low cost to the community as well as free "lunch and learn" classes that focus on healthful food choices.
- **Older Adults** (e.g., through a partnership with Kaiser Permanente, Montgomery County Recreation, Maryland National Capital Parks and Planning Commission, local churches and Asbury Methodist Village, Holy Cross Hospital offers *Senior Fit,* a strengthening, flexibility and endurance program for adults ages 55 and older; both Suburban Hospital and Adventist HealthCare work with area malls to provide mall walking programs that promote regular exercise and fitness through walking; Medstar Montgomery Medical Center hosts a free Senior Exercise class once a week at Longwood Community Center for seniors 55 and older that focuses on increasing strength, flexibility, balance, coordination and cardiovascular endurance).

Several of the community hospitals also provide programming and services for their employees. For example, through a partnership with a local farmer offering a Community Supported Agriculture (CSA) program, employees at Suburban Hospital and community members can sign up for a CSA share and receive a box containing local and fresh fruits and vegetables once a week during the spring and summer months. Medstar Montgomery Medical Center and Holy Cross Hospital also have a weekly Farmers' Market on the hospital grounds. Adventist HealthCare's employee wellness program provides access to an online portal of health resources and discounted membership to a gym. Holy Cross Hospital's free employee wellness programs include an Employee Fit class, paloxing (pilates and boxing), the American Heart Association's *Start!Walking* program and *Weight Watchers at Work*. (See a more comprehensive listing of the Hospitals' programs and services in Appendix 5).

The Obesity Prevention Strategy Group is a long-lasting, private-public ad hoc group in the County with representatives from about seventy different entities over the years. It has worked for about a decade to encourage County agencies to make obesity prevention a priority. Successes have been modest and include:

- advocacy for enforcement of the state law prohibiting sales of non-nutritional food in school vending machines during school hours (the law allows such sales during after-school activities);
- publication in 2008 of eleven potential strategies for obesity prevention;
- advocacy for Council-proposed laws on banning trans fats and requiring menu labeling in chain restaurants;
- advocacy for healthful food and beverage vending choices in all County buildings (which resulted in the placement of only one healthful vending machine in one County building, leaving the adjacent machines with cheaper, less healthful food in place);
- advocacy for nearby walking routes that County employees can use for lunchtime exercise;
- advocacy for passive parental consent for student participation in the Maryland Youth Risk Behavior Survey (YRBS) -- increases participation by students so that data collected on obesity-related measures is meaningful and useful.

Staff members from Montgomery County Recreation and the Montgomery County Department of Health and Human Services co-chair this group, but adequate resources or authority to implement any recommended strategies is lacking.

The **University of Maryland Extension**, part of the College of Agriculture and Natural Resources in College Park, is headquartered at the Agricultural History Farm Park and provides several nutrition education and youth programs in the County. The U.S. Department of Agriculture provides funding to the Food Supplement Nutrition Education Program (FSNE/SNAP Ed) and the Expanded Food and Nutrition Education Program (EFNEP) to support the work of several educators who offer basic nutrition to limited-income families with young children and youth as well as other vulnerable populations at many locations such as schools and community centers. Other classes available at low cost to the public include food preservation. The 4-H programs offer a wide array of low-cost activities for youth with various interests that promote and teach skills such as cooking.

Gaps Identified through the Action Planning Process

To further characterize the action planning environment, identified gaps in the environmental scan were also inventoried. These gaps serve as opportunities for improvement in obesity-related outcomes, as discussed below.

Lack of a Coordinated, High-Level Commitment to Obesity Prevention

Although there is acknowledgement of the importance of obesity prevention and reduction within the health care community, inside and outside of government, there is no person or entity which has taken or been given responsibility and authority for initiating and monitoring obesity prevention and reduction efforts County-wide. Also the successes of limited initiatives are unlikely to improve the health of the community. Without strong leadership, authority, and effective coordination of strategies and activities, the OWG believes that needed changes will not occur as quickly and effectively as warranted, nor be sustained.

Lack of an Adequate Data System for Monitoring Obesity Prevention and Reduction

Although existing data indicate that obesity is a problem in Montgomery County, there is a lack of sufficient, reliable data representative of our County residents, especially with regard to children and high-risk racial and ethnic subpopulations in the County. There is also a lack of an adequate data collection system that would allow for meaningful assessment of obesity prevention interventions and enable monitoring of the progress in accelerating the prevention and reduction of obesity.

Lack of Funding and Workforce Resources

Due to current budget constraints, lack of public and private funding is a barrier to implementing some (but not all) obesity prevention measures. Current funding shortfalls and resource gaps among key partner organizations include, for example, the lack of an obesity prevention program at the Montgomery County Department of Health and Human Services, few resources at the Montgomery County Public Schools to improve school time for physical education, and no streamlined, coordinated County entity to facilitate the preparation of applications for competitive grants for finite grant opportunities in the obesity prevention arena. Currently, the County also lacks a single website where health professionals and County residents can find consolidated, comprehensive and up-to-date listings of obesity prevention-related resources and activities in the County. In addition, resources that currently exist and are serving County residents may be depleted due to potential federal budget cuts.

Lack of Public Awareness and a Supportive Environment for Behavior Change

OWG members discussed the lack of awareness they perceive among the public about obesity and its health consequences and about how to address it – that is, how to make healthful food choices and how and where to be more physically active. Residents from culturally and linguistically diverse populations were perceived as being at a particular disadvantage with regard to receiving useable information about obesity prevention and in having access to healthful foods and places to be physically active. In neighborhoods at a distance from parks and playing fields or where personal safety concerns keep people indoors, increased physical activity may be difficult to accomplish. Omnipresent screens – television, computers, and electronic (video) games – also discourage physical activity. The presence of affordable but unhealthful fast food and the absence of similarly convenient healthful food outlets may discourage intake of healthier food items.

OWG members discussed other barriers to obesity prevention and reduction among the public. A person struggling with being overweight who feels reasonably well may choose to continue in a lifestyle which is not healthy but is comfortable and convenient. Learning how to buy and prepare fruits and vegetables is not difficult but may be avoided simply because it is unfamiliar. Buying prepared foods, often containing high levels of salt and fat, may seem a lot easier. And trying to convince children to eat healthful but unfamiliar food may not be a priority in the context of today's contemporary lifestyles. Exercising may have less appeal than watching television, playing video games, or using the computer – for adults as well as for children. Driving to school, work, and stores, even when nearby, is quicker than walking or biking and protects one from the elements.

Section 4: Local Health Issue Area Development

Local Health Issue Area Development

Approach to Local Health Issue Area Development

Initial efforts of the Obesity Action Planning Work Group (OWG) involved narrowing its focus and choosing specific issue areas for which local strategies could be developed. The OWG decided that obesity prevention and reduction must be a two-pronged approach that encourages both healthful eating (e.g., balanced diet, smaller portion sizes) and active living (e.g., daily physical activity, reduced screen time). In its action planning, OWG members agreed to build upon the existing efforts and recommendations of the Montgomery County Obesity Prevention Strategy Group, the Montgomery County Commission on Health, the Montgomery County School Health Council, the Montgomery County Food Council, Montgomery County Recreation, the Maryland-National Capital Park and Planning Commission, and other organizations that are addressing the problem of obesity in Montgomery County. (See the Montgomery County Obesity Efforts Matrix, Appendix 5).

The OWG's goal of preventing and reducing obesity in Montgomery County targets families and children with an emphasis on those populations that available data show are at greatest risk for obesity and overweight.

The group identified two local health issue areas (LHIAs) that aligned with their focus:

- While there are various groups within Montgomery County making progress and producing strong recommendations to address obesity, the work is often done in silos and without the requisite resources and authority, thus creating problems of overlap and gaps in scope and strategies, and a lack of power to implement actions. [Coordination, authority, and resources]
- The County lacks adequate and reliable obesity-related data on high-risk populations, particularly racial and ethnic populations and children, by which the effectiveness of intervention strategies can be measured.[Data needs]

Goals, objectives, and strategies were articulated for each local health issue area to develop action plans that, upon implementation, will achieve meaningful impact. The goals and objectives to address each of the LHIAs are provided below. The OWG has also developed detailed action plans with key action steps to accomplish proposed strategies. The action plans provide a roadmap to implement the activities needed to accomplish the goals and objectives put forward by the OWG. The action plans include details on community partners involved in the key activities, explanations on how activities align with the three Healthy Montgomery lenses (achieve health equity, improve access, and promote healthful behaviors), as well as how the action steps can be evaluated for effectiveness. The detailed action plans are provided in Appendix 5 and summarized in a table provided below. For one of the objectives addressing LHIA 2, long-range planning recommendations are provided (rather than an action plan), also in Appendix 5, to create a framework to move toward strategies that are actionable.

Also, the OWG, in its discussions, identified two additional issues that it believed would be important topics of concern for the Montgomery County Obesity Prevention Partnership, (created under LHIA 1) to consider for inclusion in its strategic planning and implementation efforts – (1) implementing a public awareness campaign, accompanied by expansion of opportunities for healthful eating and physical activity and (2) improving and expanding County government efforts related to healthful eating and physical activity. These action recommendations are offered and briefly discussed in Appendix 4.

Obesity Action Plan

LHIA 1. Coordination, Authority and Resources

Formation of a public-private partnership (tentatively named the Montgomery County Obesity Prevention Partnership or MCOPP), is needed to focus on obesity prevention and reduction with partners representing the sectors listed below. This partnership would evaluate and recommend interventions and monitor progress, with the commitment of County government and its partners, to assure implementation and provide the needed accountability to the work. Individuals and organizations with administrative and public relations skills will also be important to the success of the partnership organization.

A coordinated effort that has the high-profile support of the highest levels of County government and leadership from the private sector will be more likely than any one entity to accomplish changes in the food system and built environment that are needed to prevent and reduce obesity. A successful obesity prevention and reduction effort in Montgomery County will require involving the many sectors which influence obesity, such as:

- food retailers (restaurants and grocers)
- agricultural producers
- transportation, planning, zoning, and development personnel who influence the built environment
- large employers
- minority health groups
- educators and school administrators
- school nurses
- nutritionists
- exercise and recreation experts
- health professionals, including hospital personnel and public health experts

The partnership formed to carry out the work of the obesity action plan will require many key partner affiliations that are represented on the HMSC along with additional community partners critical to obesity prevention and reduction in Montgomery County. Appendix 2 includes a list of proposed members. Most important to success will be adequate staff support to manage the partnership and a composition of members which has the ability to influence policy in many spheres, reach targeted populations, and acquire and leverage limited resources with maximum impact.

Goal #1: Improve coordination among all public and private agencies addressing obesity prevention and reduction activities in order to create an organization capable of developing and implementing effective strategies to prevent and reduce obesity and improve the health of Montgomery County residents.

Objective I Within two (2) months of Action Plan adoption, Healthy Montgomery Steering Committee will establish a partnership tentatively named the Montgomery County Obesity Prevention Partnership (MCOPP) - a coordinating body of key community public and private partners that are empowered to implement policies, programs, and services that address obesity through healthful eating and physical activity. The Partnership will establish a collaborative vision, mission and goals for preventing and reducing obesity in Montgomery County through a multi-faceted and coordinated approach.

Objective II Within six (6) months of its formation and with existing resources, the Montgomery County Obesity Prevention Partnership will develop a strategic plan that outlines an effective long-term organizational structure that can implement actionable strategies to enhance obesity prevention and reduction efforts that directly increase healthful eating and physical activity to reduce obesity.

Objective III Within one (1) year of its formation, the Montgomery County Obesity Prevention Partnership will develop a sustainable funding strategy (including consideration of forming a 501 (c)(3) or having the Healthy Montgomery Steering Committee form its own 501 (c)(3) to support all of its priority areas' funding needs) to support the MCOPP's collaborative efforts in Montgomery County, including identifying an individual or agency that manages the support of the Montgomery County Obesity Prevention Partnership.

LHIA 2. Data Needs

Among high risk populations and preschool and school-aged children, there is a lack of an adequate data collection system that would allow for meaningful assessment of obesity prevention and reduction interventions, and for adequate monitoring of future progress.

Many of the actionable strategies put forward by the OWG build upon existing and planned data improvements underway in the Montgomery County Department of Health and Human Services. A critical strategy is to build upon newly available data sources (namely the Youth Tobacco Risk Behavior Survey and the Pediatric Nutrition Surveillance System) and, subsequently, to fill data gaps with additional primary data collection efforts. This can be done by leveraging existing untapped data sources, such as school health records, as prevention and reduction of obesity early in life is of particular importance.

Goal #1: Establish Healthy Montgomery Obesity Prevention Indicators based on a set of valid, reliable, comparable and timely indicators on overweight and obesity among all races, ethnicities, and socio-economic levels in Montgomery County, with particular emphasis on children.

Objective I Within nine (9) months of Action Plan adoption, the Healthy Montgomery website will include Healthy Montgomery obesity prevention indicators for children aged 2-4 years old in the Montgomery County Women Infants and Children (WIC) Program based on the Maryland WIC Program Data (the Pediatric Nutrition Surveillance System (PedNSS)).

Objective II Within six (6) months of release of data from Maryland Department of Health and Mental Hygiene, the Healthy Montgomery website will include obesity prevention indicators for middle and high school students based on the Maryland Youth Tobacco and Risk Behavior Survey.

Objective III Within one (1) year of Action Plan adoption, the MCOPP Maryland Behavioral Risk Factor Surveillance System (MD BRFSS) Task Force will research and derive strategy and cost estimates to acquire sustainable funding strategies to support a County-wide representative sample which includes over-sampling of high risk groups including Hispanic/Latino, African American/Black, and Asian/Pacific Islander populations and subpopulations where available.

Objective IV Within one (1) year of Action Plan adoption, the MCOPP will convene key stakeholders into a Childhood Weight Status Task Force to create a strategic plan in partnership with Montgomery County Public Schools (MCPS), the Montgomery County Department of Health and Human Services (MCDHHS), the Obesity Prevention Strategy Group (OPSG), the Primary Care Coalition (PCC), the Collaboration Council for Children Youth and Families and other partners for the collection/measurement of the BMI status of MCPS elementary school students in Kindergarten and 5th or 6th grade.

The summary table below lists the strategies identified by the OWG as necessary for implementation of the objectives developed. It includes existing County resources and assets that will contribute to the successful implementation of the strategies along with anticipated short- and long-term outcomes. See Appendix 1 for detailed action plans for the strategies.

Summary of Strategies to Address Coordination, Authority and Resources and Data Needs

Strategies	Resources/Assets	Short Term Outcomes	Long Term Outcomes
LHIA 1. Coordination, Authority and Resources			
1.Establish the Montgomery County Obesity Prevention Partnership (MCOPP)—a coordinating body of key community public and private partners that are empowered to implement policies, programs, and services that address obesity by promoting healthful eating and physical activity.	Many existing public and private organizations addressing obesity prevention and reduction in the County. Existing broad-based, interdisciplinary organizations with expertise in both active living and healthful eating. Dedicated members of the OWG who are motivated to join the MCOPP.	The Healthy Montgomery Steering Committee (HMSC) will convene community partners to form the MCOPP and provide the MCOPP with the authority it needs to be effective. The MCOPP will develop its mission, vision and goals.	The MCOPP will be able to effectively promote and implement policies and interventions that encourage healthful eating and active living and that result in the prevention and reduction of obesity and that improve population health.
2. Develop a strategic plan that includes an effective long-term organizational structure that would support the implementation of actionable obesity prevention and reduction strategies.	Evidence-based recommendations developed by national, state and county organizations that can be implemented in the County, especially among high-risk populations. Partners with experience in effective non-profit organizational structures.	A strategic plan will be created which includes action steps to develop an effective organizational structure and actionable, evidence-based strategies.	The MCOPP's structure will contribute to its sustainability and its ability to effectively implement actionable strategies included in its strategic plan to promote healthful eating and active living.
3. Develop a sustainable funding strategy that includes consideration of obtaining 501(c) 3 status for the MCOPP or for the Healthy Montgomery Steering Committee (HMSC).	MCOPP partners and HMSC members with expertise and experience in non-profit development, management and sustainability.	A funding strategy will be adopted and implemented that successfully facilitates the acquisition of funds.	The funding strategy adopted and implemented will provide an effective, efficient and sustained process for acquiring funds in the long-term.
4. Identify and secure funding to implement strategies.	MCOPP partners with experience identifying funding opportunities and securing funding.	Funds will be secured to implement and sustain actionable strategies developed in the MCOPP strategic plan.	Healthy Montgomery and/or the MCOPP will be adequately funded to effectively implement actionable strategies included in its strategic plan to promote healthful eating and active living.

Strategies	Resources/Assets	Short Term Outcomes	Long Term Outcomes
LHIA 2. Data Needs			
1. Enhance Montgomery County participation in the Maryland Behavioral Risk Factor Surveillance System (MD BRFSS) sample to represent high risk populations and all Montgomery County residents.	The Maryland BRFSS, conducted by the Maryland Department of Health and Mental Hygiene (DHMH)—an established annual survey that collects health risk behavior data on adults. County Epidemiologist, MD BRFSS Coordinator and other Healthy Montgomery (HM) Data Project Team members with the necessary expertise and experience.	Adapted frame will be created to enable the BFRSS to represent the County, especially high-risk populations who are racially, ethnically, socio-economically, culturally and linguistically diverse.	County-level data on obesity prevention and reduction will be enhanced so that the obesity problem, including in high-risk populations, can be better identified and interventions evaluated.
2. Establish Montgomery County-specific Maryland Youth Tobacco and Risk Behavior Survey (YTRBS) obesity status/risk behavior indicators for middle-school and high-school aged students in Montgomery County.	The Maryland YTRBS, administered by DHMH -- a newly established survey that collects data in alternate years on body weight, dietary behaviors, and physical activity levels among middles school and high school students. County epidemiologist, DHMH YTRBS staff, and other HM Data Project Team members with the necessary expertise and experience.	Indicators will be established to measure obesity status/risk behavior among middle school and high school-aged children in Montgomery County.	MCOPP's ability to identify the obesity problem among middle-school and high school-aged children, especially in high-risk populations in Montgomery County, will be enhanced as will be its ability to evaluate interventions implemented among that age group.
3. Establish Women, Infant and Children Pediatric Nutrition Surveillance System (PedNSS) obesity status indicators among children 2-4 years in Montgomery County.	Established working relationships between MCDHHS and Community Clinic, Inc (CCI) involving data sharing, facilitates sharing of WIC PedNSS data (DHMH supplies the data to CCI). County epidemiologist, CCI WIC manager, and other HM Data Project Team members with the necessary expertise and experience.	Indicators will be established to measure obesity status/risk behavior among children 2-4 years in Montgomery County.	MCOPP's ability to identify the obesity problem among 2-4 year old children, especially in high risk populations in Montgomery County, will be enhanced as will be its ability to evaluate interventions implemented among that age group.
4. Convene interagency panel to devise feasible strategies to capture aggregate estimates of height/weight (BMI) in Montgomery County Public Schools (MCPS) Kindergarten and 5th or 6th grades.	BMI data collected on children entering kindergarten, on newly entering children in any grade, and on incoming 6th graders. Height and weight data collected by nurses in School-Based Health Centers. Interagency task force with needed expertise. The successful history of cooperation between key stakeholders.	Feasible strategies will be developed to capture aggregate estimates of height/weight and BMI in MCPS Kindergarten and 5th or 6th grade.	Collection of BMI percentile by school for Kindergarten and 5th or 6th grade will enhance MCOPP's ability to identify the obesity problem among school-age children, especially in high-risk populations in Montgomery County, and its ability to evaluate interventions implemented among that age group.

Section 5: Evaluation Planning Using Logic Models

Healthy Montgomery Obesity Action Plan: Logic Model for Local Health Issue Area 1

STRATEGY: Enhance effectiveness of local efforts to prevent and reduce obesity by promoting coordination among agencies and organizations.

While there are various groups within Montgomery County making progress and producing strong recommendations regarding combating obesity, the work is often done in silos without the requisite authority, thus creating problems of overlap and gaps in scope and strategies, and a lack of power to implement actions.

GOAL: Improve coordination among all public and private agencies addressing obesity prevention and reduction activities in order to create an organization capable of developing and implementing effective strategies to prevent and reduce obesity and improve the health of Montgomery County residents.

Logic Model	Description	Possible Evaluation Measures
Target Population *Who will directly benefit?*	All County residents; residents vulnerable to obesity; residents that lack access to obesity prevention and reduction resources;	Baseline data on weight status of all County residents by life stage (young children, school-aged, adults), health insurance status, medical home/regular source of care
	All agencies and partners in the community working in obesity prevention and reduction	List of agencies and obesity-related services offered in the community (Montgomery County Obesity Effort Matrix in HM Obesity Action Plan Report, Appendix 5)
Inputs *Resources, workforce, costs?*	HMSC (Advisory Board)	Meeting agendas and minutes that establish MCOPP
	Data from state, local and national sources to identify priorities and evaluate outcomes	HM Obesity Data Profile; HM indicators (www.healthymontgomery.org); Proposed Montgomery County Obesity Prevention Surveillance System implementation plan
	Montgomery County Obesity Prevention Partnership (MCOPP) members with technical knowledge to support activities	Proposed MCOPP membership organizations that join MCOPP (HM Obesity Action Plan Report, Appendix 2)
Activities *What we do- quantified terms. (What will produce measureable results)*	Define relationship between HMSC and MCOPP	Formal agreements (e.g., MOU, MOA, Charter, 501(c)(3), other business agreement) adopted, MCOPP budget
	Create a group with authority and resources to implement changes that will decrease the obesity rate (MCOPP)	
	Recruit and hold a meeting of MCOPP members	MCOPP membership list; Meeting agendas and minutes
	Create a vision, mission, goals of MCOPP	Written MCOPP vision, mission and goal statements
	Develop strategic plan that includes action steps to create organizational structure and strategies for reducing/preventing obesity	Formal strategic plan approved by HMSC that provides actionable strategies achievable in Montgomery County over the next 3-5 years
	Develop a sustainable funding strategy that includes consideration of 501(c)(3) for HMSC or MCOPP	Written funding strategy document
		501(c)3 status or other defined funding mechanism
Outputs *Direct products of activities. (How will strategy be counted? What portfolio of services will produce desired change?)*	By 2 months of HM Obesity Action Plan adoption, MCOPP will convene with clear goals related to obesity established.	Work plan adopted by membership MCOPP meeting schedule, membership list, vision, mission, goals
	By 6 months of MCOPP formation, a strategic plan will be developed with long-term organizational structure and strategies to combat obesity	Adopted strategic plan; MCOPP recognition by County Executive, County Council, County Hospitals, MCPS, and other leadership entities as the lead entity to coordinate and apply for obesity prevention-related funding opportunities that align with strategic plan; Grant applications submitted for obesity prevention funding opportunities within Montgomery County to achieve strategies
	By 1 year after MCOPP formation, a sustainable funding strategy will be developed for obesity prevention and reduction efforts in the County	501(c)(3) status obtained for HMSC or MCOPP or other funding mechanism; Sustainable funding plan for MCOPP
Short-Term Outcomes *Initial changes. (Who/what would change -how? Accountable for what outcomes?)*	MCOPP establishes actionable strategies that are implemented in Montgomery County to increase healthy weight status among all residents	Activities from Strategic Plan are implemented and evaluated to reduce overweight and obesity among residents (including identified vulnerable populations)
	Coordinated efforts establish efficient and comprehensive approaches to improve weight status of residents	Number of strategies in MCOPP Strategic Plan that incorporate multiple organizations to align resources, settings, populations and best practices in obesity prevention and reduction activities
Intermediate Term Outcomes *Resulting behavior change. (Who or what would change and how? Accountable for what outcomes?)*	Resources become available for obesity prevention and reduction interventions	Funding awarded to MCOPP to impact obesity in Montgomery County; Funds "procured" for obesity prevention and reduction efforts
	County residents become aware that obesity prevention efforts are taking place through MCOPP and HMSC	MCOPP and HMSC media coverage, press releases, public speeches/publications that recognize MCOPP in community for its obesity prevention work; County residents able to describe obesity prevention efforts
	Policies can be established that support obesity prevention as needed and identified by MCOPP	Policy makers support policies to increase obesity prevention efforts
Long Term Outcomes *Changes in policies, programs and practices. (What's possible, who cares? Accountable for what outcomes?)*	Partnership established with community partners to coordinate obesity reduction activities in the County for over 5 years or more with the authority and resources to implement necessary changes via the HMSC and other community partners.	Comprehensive obesity prevention network established that impacts positive change where we live, work and play to improve the health and well-being of our residents throughout our lifespan
		Shared goals for entire County related to obesity; Public awareness of public-private efforts, as part of MCOPP and HMSC, to prevent and reduce obesity
Anticipated Impacts *Longer term indicators of impact. "If we got it right, in 10 yrs..."*	Decrease in obesity in the population, particularly of children, and increased healthy lifestyle behaviors	Increased proportion of the local public health system entities that is directly working on obesity prevention and reduction in Montgomery County through MCOPP
	Montgomery County has an empowered sustainable obesity prevention partnership that achieves meaningful and sustained improvements in reducing the disparities and inequities facing residents in Montgomery County.	Reduction in disparity ratios among key nutrition and physical activity measures while moving measures in positive direction[1].
	More residents are living within a healthy weight and without chronic and disabling conditions that can result from being overweight and obese.	Reduction in disparity ratios among key preventable chronic diseases; disabling conditions measures that are also moving in a positive direction.

[1]*Metrics include: decreased BMI of all residents, decreased BMI percentile of WIC participants, decrease in middle and high school students who self-report being overweight or obese, increase in middle and high school students consuming fruit, increase in middle and high school students consuming vegetables, decrease in consumption of soda by middle and high school students, increase in percent of students engaged in physical activity, decrease in percent of students engaged in screen time activities for 3 hours or more a day, Improved diet and exercise of middle and high school students, decreased BMI percentile of school-aged children.*

Healthy Montgomery Obesity Action Plan
Logic Model for Local Health Issue Area 2, Strategy #1

STRATEGY #1: Establish adequate and reliable indicators on children 2-4 years old participating in Maryland Women Infants and Children Program (WIC) for inclusion in the Healthy Montgomery Obesity Prevention Indicators.

The County lacks adequate and reliable obesity-related data on high-risk populations, particularly racial and ethnic populations and children.

GOAL: ***Establish Healthy Montgomery Obesity Prevention Indicators based on a set of valid, reliable, comparable and timely indicators[1] on overweight and obesity among all races, ethnicities, and socio-economic levels in Montgomery County, with particular emphasis on children.***

Logic Model	Description	Possible Evaluation Measures
Target Population *Who will directly benefit?*	Low-income children 2-4 years, including those at risk for becoming overweight or obese or who are overweight or obese	Number of children 2-4 years children enrolled in WIC Number of children enrolled in WIC with a BMI at risk of becoming overweight/obese Number of children enrolled in WIC with a BMI that is overweight/obese
Inputs *Resources, workforce, costs?*	Healthy Montgomery Steering Committee (Advisory Board)	Meeting schedule, attendance and minutes
	WIC/PEDNSS Task Force (under leadership of CCI and HHS)	List of individuals and partner organizations who are involved in the MCOPP and the WIC/PEDNSS task force; meeting agendas/minutes; compiled at-risk and obese status prevalence rates based on WIC enrollees
	PEDNSS (Maryland DHMH)	Data files (data release schedule) provided to CCI for compiling at risk and overweight/obesity prevalence by age, gender, and race/ethnicity
Activities *What we do- quantified terms. (What will produce measureable results)*	WIC coordinator/Senior Epidemiologist (PHS/HHS) develop sustainable schedule/strategy for acquiring and processing data to compute metrics	Meeting schedule, attendance and minutes Formal partnership agreements among MCDHHS and WIC (and any other identified essential partners) DHMH Schedule for releasing semi-annual aggregate data on Montgomery County WIC enrollees aged 2-4 years
	Data are transferred to MCDHHS via agreed upon protocols and data elements/definitions	Communications between CCI and HHS on transfer of data.
	MCDHHS processes data and compiles health indicators ; circulates to CCI for review/approval; posts on HM website	Obesity prevention indicators on low-income children are included in obesity indicators on HM website (MCOPSS)
Outputs *Direct products of activities. (How is strategy counted? What services will produce desired change?)*	Resulting indicators compiled onto HM website	Online HM reports presenting indicators with subgroup results.
Short Term Outcomes *Initial changes in condition, attitude, knowledge beliefs, skills. (Who or what would change and how? Accountable for what outcomes?)*	At risk and overweight/obese prevalence data are monitored among low-income children 2-4 years old enrolled in WIC in Montgomery County	Number of hits (visits) to low-income children 2-4 year that are at risk for being overweight/obese HM indicator url Number of hits (visits) to low-income children 2-4 year that are overweight/obese HM indicator url
	A protocol is established for transferring data from WIC to MCDHHS data base on a schedule that aligns with DHMH data release	Formalized process between HHS and CCI to monitor indicator.
	MCOPP utilizes indicators on young children enrolled in WIC in Montgomery County in strategic planning	WIC data are included in MCOPP Strategic Plan
Intermediate Term Outcomes *Resulting behavior change. (Who or what would change and how? Accountable for what outcomes?)*	Obesity prevention indicators for low-income, young children are integrated into the HM website (MCOPSS) and updated on a regular basis	Trends established on obesity prevention indicators based on overweight/prevalence data are monitored over sequential years among low-income children 2-4 years old enrolled in WIC in Montgomery County
	Overweight/prevalence data that are monitored among low-income children 2-4 years old enrolled in WIC in Montgomery County inform actionable strategies on this vulnerable population to prevent older childhood, adolescent, and adult obesity prevalence.	Number of actionable strategies implemented in MCOPP strategic plan that positively impact overweight/obese prevalence rates among low-income children 2-4 years old enrolled in WIC in Montgomery County
	Data from HM website (MCOPSS) are used in funding proposals by MCOPP and other partners to obtain resources for strategy implementation	Funding proposals that incorporate MCOPSS data to describe the problem of obesity and effective strategies that need continued funding
Long Term Outcomes *Changes in policies, programs and practices. (What's possible, who cares? Accountable for what outcomes?)*	Partnership agreements ensure that MCDHHS regularly receives updated data from WIC to include in the HM website	Partnership agreements are renewed over time and partners remain in compliance
	Obesity declines among low-income, at-risk young children in targeted populations because of the ability of MCOPP and other partners to implement and effectively evaluate prevention and intervention efforts to achieve effective strategies	Percent reduction in obesity rates among 2-4 year old low-income children in WIC population across age-, gender- and racial/ethnic specific sub-groups attributable to strategies implemented by MCOPP
Anticipated Impacts *Longer term indicators of impact. "If we got it right, in 10 yrs..."*	Monitoring and evaluating overweight/obese prevalence data among low-income children 2-4 years old enrolled in WIC in Montgomery County leads to measurable impacts from effective overweight/obesity prevention efforts	Sustained reduction in overweight and obesity rates among 2-4 year old low-income children enrolled in WIC in Montgomery County

[1] The HM Obesity Work Group proposed the name of the obesity prevention indicator set could be the Montgomery County Obesity Prevention Surveillance System (MCOPSS).

Healthy Montgomery Obesity Action Plan
Logic Model for Local Health Issue Area 2, Strategy #2

STRATEGY # 2: Establish adequate and reliable indicators on middle-school and high-school students for inclusion in the Healthy Montgomery Obesity Prevention Indicators.

The County lacks adequate and reliable obesity-related data on high-risk populations, particularly racial and ethnic populations and children.

GOAL: ***Establish Healthy Montgomery Obesity Prevention Indicators based on a set of valid, reliable, comparable and timely indicators[1] on overweight and obesity among all races, ethnicities, and socio-economic levels in Montgomery County, with particular emphasis on children.***

Logic Model	Description	Possible Evaluation Measures
Target Population *Who will directly benefit?*	Middle school and high school age children enrolled in Montgomery County Public Schools (MCPS), especially those at risk for becoming overweight or obesity and those who are overweight or obese	Estimated percent of MCPS enrolled students at a healthy weight, overweight, obese, or with a number of other risk factors/unhealthy behaviors that could increase likelihood of developing an overweight or obese weight status
Inputs *Resources, workforce, costs?*	Healthy Montgomery Steering Committee (Advisory Board)	Meeting schedule, attendance and minutes
	Maryland Department of Health and Mental Hygiene (DHMH) reports on the Montgomery County Youth Tobacco and Risk Behavior Survey (YTRBS) results to MCDHHS (Senior Epidemiologist) for inclusion in Healthy Montgomery	Number of YTRBS indicators on MCPS middle school and high school students related to risk behaviors and health status for overweight or obesity by key sub-populations (age/grade, gender, race, ethnicity)
	Healthy Montgomery (HM) website currently includes a set of 100 core health indicators	Health indicators based on YTRBS that are listed on the Healthy Montgomery website Overweight/obesity indicators based on YTRBS that are listed on the Healthy Montgomery website
Activities *What we do- quantified terms. (What will produce measureable results)*	Upon 2013 YTRBS release, MCDHHS Epidemiologist compiles and disseminates all available indicators/subgroups to MCOPP, HMSC, and HM Data Project Team to identify indicators for inclusion in HM website (including MCOPSS) and submits proposed indicators to MCDHHS and HM Data Project Team for inclusion	Correspondence and materials circulated by MCDHHS (Senior Epidemiologist) for selection of YTRBS indicators. Meeting schedule, attendance and minutes of HMSC, MCOPP, and HM Data Project Team
	MCDHHS collaborates with DHMH to acquire aggregate detailed findings from YTRBS for integration into the HM website (MCOPSS); MCDHHS works with HM Data Project Team and HMSC to post as many of the YTRBS indicators on HM site that are in support of the six HM priorities and three lenses	YTRBS indicators that are posted on HM website
	MCDHHS (via the HM website vendor Healthy Communities Institute) provides HMSC cost estimates for including cost schedule to add above the 100 indicator limit if needed	Cost schedule from HCI to include more than 100 indicators on the HM website; HMSC motion to cover additional funding needs to post key indicators
Outputs *Direct products of activities. (How will strategy be counted? What portfolio of services will produce desired change?)*	Relevant indicators regarding middle-school and high school age children are visited on HM website	Number of hits (visits) to YTRBS overweight/obesity related indicators (urls)
	YTRBS overweight and obesity indicators for middle school and high school-age children are used to inform and frame strategies in the MCOPP Strategic Plan	Number of YTRBS indicators that are used by MCOPP in its Strategic Plan
Short Term Outcomes *Initial changes in condition, attitude, knowledge beliefs, skills. (Who or what would change and how? Accountable for what outcomes?)*	MCOPP strategies can effectively measure impacts on middle-school and high school youth from the actionable strategies that are implemented	Number of MCOPP-developed strategies and related evaluation metrics that leverage YTRBS data/indicators.
	YTRBS indicators that are not available to Montgomery County are compiled with strategies identified in collaboration with DHMH on future opportunities to acquire needed metrics not released in 2013 by County	MCDHHS, HMSC, and MCOPP advocate to include any unavailable YTRBS indicators needed to monitor, evaluate, or plan local efforts to prevent overweight/obese weight status among middle and high school aged students
Intermediate Term Outcomes *Resulting behavior change. (Who or what would change and how? Accountable for what outcomes?)*	Obesity prevention indicators for middle school and high school-age children are integrated into the HM website (MCOPSS) and updated in subsequent years that the YTRBS is administered	Overweight ad obesity risk factors, status, and co-occurring conditions are evaluated in concert with implementation of strategies that will positively impact them
	Data from HM website (MCOPSS) is used in funding proposals by MCOPP and other partners to obtain resources for strategy implementation	Funding proposals that incorporate MCOPSS data to describe the problem of obesity and effective strategies that need continued funding
Long Term Outcomes *Changes in policies, programs and practices. (What's possible, who cares? Accountable for what outcomes?)*	Obesity among middle school and high school-age children, especially among targeted populations, is prevented or reduced because of the ability of MCOPP and other partners to evaluate prevention efforts and determine most effective strategies and to acquire funding for strategy implementation	Reduction in obesity rates among middle school and high school-age children in targeted population
Anticipated Impacts *Longer term indicators of impact. "If we got it right, in 10 yrs…"*	Targeted interventions on specific subgroups in greatest need of improvement are successfully applied and evaluated with health and well-being indicators derived from YTRBS indicators	The percent reduction in overweight and obesity rates among middle school and high school-age children in targeted populations

[1] The HM Obesity Work Group proposed the name of the obesity prevention indicator set could be the Montgomery County Obesity Prevention Surveillance System (MCOPSS).

Healthy Montgomery Obesity Action Plan
Logic Model for Local Health Issue Area 2, Strategy #3

STRATEGY # 3: Develop viable approaches to support a County-wide representative sample of adults, including an oversampling of the Hispanic/Latino, African American/Black and Asian/Pacific Islander populations, in the surveys conducted through the Maryland Behavioral Risk Factor Surveillance System (MD BRFSS).

The County lacks adequate and reliable obesity-related data on high-risk populations, particularly racial and ethnic populations and children.

GOAL: ***Establish Healthy Montgomery Obesity Prevention Indicators based on a set of valid, reliable, comparable and timely indicators[1] on overweight and obesity among all races, ethnicities, and socio-economic levels in Montgomery County, with particular emphasis on children.***

Logic Model	Description	Possible Evaluation Measures
Target Population *Who will directly benefit?*	Montgomery County adult residents (especially vulnerable sub-groups)	Proportion of obesity related BRFSS indicators that can produce estimates among racial/ethnic, health insurance status, age-specific populations
Inputs *Resources, workforce, costs?*	Healthy Montgomery Steering Committee (Advisory Board)	Meeting schedule, attendance and minutes
	Maryland Department of Health and Mental Hygiene (DHMH) Maryland Behavioral Risk Factor Surveillance System (MD BRFSS) Coordinator; MCDHHS Senior Epidemiologist to conduct review of current survey methodology to develop future approach	List of individuals and partner organizations who are involved in the MCOPP and the BRFSS survey methodology review process
Activities *What we do- quantified terms. (What will produce measureable results)*	MCOPP representatives, MCDHHS, and MD BRFSS staff meet as MD BRFSS Task Force to devise a work plan to evaluate existing sampling of Montgomery County in the MD BRFSS and to create an new approach to increase sample size to include high-risk populations in the County	Meeting schedule, attendance and minutes Formal partnership agreements among MCDHHS and MCOPP/HMSC, if needed, regarding the augmentation of the MD BRFSS; existing DHMH contract with MD BRFSS consultant; CDC technical assistance documents to design method to meet oversampling needs
	MD BRFSS Task Force derives a cost estimate for the proposed approach to MCOPP/HMSC to approve and fund	Derived cost estimate; Report from MD BRFSS Task Force to MCOPP/HMSC
	MCOPP/HMSC seeks and acquires funding for implementation of the proposed approach	Written proposal Funding secured
	DHMH/MD BRFSS consultant agreement is drafted proposed approach	Formal agreement for augmenting the MD BRFSS to compile representative Montgomery County estimates
Outputs *Direct products of activities. (How will strategy be counted? What portfolio of services will produce desired change?)*	Adapted frame that will augment MD BFRSS is in place	Adapted frame devised and applied with survey results
	Estimate for cost of implementing the adapted frame	Cost estimate derived
	Successful funding proposal for adapted frame implementation	Funding proposal
	Contract/agreement to augment/revise MD BRFSS sample size	Partnership agreement/contract
Short Term Outcomes *Initial changes in condition, attitude, knowledge beliefs, skills. (Who, what would change, how? Accountable for what outcomes?)*	Montgomery County has a viable approach to report health status and risk behaviors related to obesity and other HM priorities that capture vulnerable subgroups as well	Montgomery County results are able to capture subgroups for comparison and assessment for health disparities and inequities
	Cost estimate for augmenting BRFSS sample size	Cost estimated derived
Intermediate Term Outcomes *Resulting behavior change. (Who or what would change and how? Accountable for what outcomes?)*	Proposal for funding written and submitted to secure funds for new sampling approach for Montgomery County respondents in the MD BRFSS	Funding source identified Submitted written proposal
	Funds are acquired for implementation of adapted frame	Funds acquired from funding source
Long Term Outcomes *Changes in policies, programs and practices. (What's possible, who cares? Accountable for what outcomes?)*	The MD BRFSS includes obesity-related data for high-risk adult populations in Montgomery County and becomes a viable source of obesity-related data for inclusion in the HM website	Partnership agreement between DHMH MD BRFSS and funding source endures over time for successful transfer of data from MD BRFSS to MCDHHS for the HM website
	Obesity among adults, especially in targeted populations, is prevented or reduced because of the ability of MCOPP and other partners to evaluate prevention efforts and determine most effective strategies	Reduction in obesity rates among adults in targeted population; Number of MCOPP-developed strategies and related evaluation metrics that leverage modified MD BRFSS data/indicators
Anticipated Impacts *Longer term indicators of impact. "If we got it right, in 10 yrs…"*	The Healthy Montgomery Obesity Prevention Indicators are integrated in the MCDHHS HM data systems and website; continues to be used by organizations across the County to track obesity rates among adult residents and demonstrate success of obesity prevention/reduction efforts	Reduction in obesity rates among adults in targeted population

[1] The HM Obesity Work Group proposed the name of the obesity prevention indicator set could be the Montgomery County Obesity Prevention Surveillance System (MCOPSS).

Section 6: Appendix

Appendix 1: Acton Plans for LHIA 1 and LHIA 2

The Obesity Action Plan Work Group (OWP) developed goals, objectives, and strategies for each local health issue area as well as action plans that, upon implementation, will achieve meaningful impact. For one of the strategies for LHIA 2, long-range planning recommendations are provided (rather than an action plan) to create a framework to move toward strategies that are actionable (the long-range recommendations follow the action plan tables below).

LHIA 1. While there are various groups within Montgomery County making progress and producing strong recommendations regarding combating obesity, the work is often done in silos and without the requisite resources and authority, thus creating problems of overlap and gaps in scope, strategies, and a lack of power to implement actions.

Strategy #1: Enhance effectiveness of local efforts to prevent and reduce obesity by promoting coordination among agencies and organizations.

FUNDING STATUS: Start-up costs to initiate this strategy include staffing support to provide meeting coordination and follow up. This support can be provided in-kind from key coalition partners or additional funds can be allocated to provide the human resources, IT support and other incidentals needed. In addition, a professional meeting facilitator may be hired for the strategic planning session.

ESTIMATED AMOUNT OF FUNDING NEEDED: Minimal funding for the first year is estimated at $10,000 either as direct funds or in-kind donated hours. Cost of a professional facilitator is estimated at $5,000 including preparation for and facilitation during the meeting (if a facilitator who can provide in-kind services is not identified). Additional funding for a media consultant will be required as deemed appropriate by the coalition.

ANTICIPATED SOURCES OF FUNDING: Key partners with vested interest could contribute staff time or a percentage of the cost in the first year. A funding source should be identified to cover the cost of the facilitator, if necessary, to ensure successful outcomes of the key initial planning meetings. Funding for a media specialist will depend on needs and resources identified by the coalition.

ACTION STEPS	COMMUNITY PARTNERS' Roles and Responsibilities	SPECIFY HOW YOU WILL ADDRESS ACCESS TO CARE, HEALTH INEQUITIES, UNHEALTHY BEHAVIORS THROUGH THIS ACTION STEP	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
1. Convene community partners listed in Appendix 2 to discuss how best to combine efforts under a joint entity: the Montgomery County Obesity Prevention Partnership (MCOPP).	**Lead agency:** Healthy Montgomery Steering Committee (HMSC)–Convenes and leads meeting. **List other agencies and what they plan to do:** See the list of recommended	Providers of services that impact obesity will be encouraged to participate in MCOPP. Advocates from the community and those representing populations inordinately affected by obesity will be encouraged to	**Quantify what you will do:** Hold an organizational meeting to discuss how best to combine local efforts to prevent and reduce obesity. **Expected outcomes:**

ACTION STEPS	COMMUNITY PARTNERS' Roles and Responsibilities	SPECIFY HOW YOU WILL ADDRESS ACCESS TO CARE, HEALTH INEQUITIES, UNHEALTHY BEHAVIORS THROUGH THIS ACTION STEP	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
	Partnership members in Appendix 2. **Include how you're marketing the intervention/strategy:** Use e-mails to contact groups on suggested membership list; assign individual partners to maintain inclusion and involvement of other key partners as needed; ensure all partners are kept informed of meeting details and necessary information.	participate. Unhealthy behaviors related to obesity and known strategies to prevent them will be the focus of the discussion.	Formation of a partnership focused on obesity prevention and reduction with membership including those engaged in efforts to address the problem. Outcomes include: partnership membership, name, vision and mission. See Appendix 3 for suggested Vision, Mission and Goals
2. Develop a strategic plan that includes action steps to create a sustainable, long-term organizational structure as well as actionable strategies for reducing and preventing obesity (e.g., identify duplication and gaps, assets and challenges of collaborative efforts; consider existing recommendations and interventions).	**Lead agency:** MCOPP **List other agencies and what they plan to do:** Montgomery County DHHS – provide data for consideration IPHI – provide information on successful strategies used elsewhere **Include how you're marketing the intervention/strategy:** Membership will be invited and background information provided prior to meeting. Survey questions could be used to help members consider options and think broadly prior to meeting.	Access to services will be viewed in various ways, including costs, time/schedule, physical access and other criteria to create a more complete picture of the gaps. Advocates representing various populations in the community will be invited to participate in order to gain a more complete picture of gaps and inequities. Assets and gaps in services will focus on unhealthy behaviors and known strategies to address them.	**Quantify what you will do:** Review and discuss data collected related to obesity; review and discuss current efforts and recommendations of County organizations (see Montgomery County Obesity Effort Matrix in Appendix 5) ; Identify gaps in services and specific needs; review and discuss successful strategies implemented elsewhere; identify key strategies that can be used in Montgomery County. **Expected outcomes:** Strategic plan to create an organizational structure that supports implementation of strategies. Strategic plan for coordination of obesity efforts over 2-5 year period.

ACTION STEPS	COMMUNITY PARTNERS' Roles and Responsibilities	SPECIFY HOW YOU WILL ADDRESS ACCESS TO CARE, HEALTH INEQUITIES, UNHEALTHY BEHAVIORS THROUGH THIS ACTION STEP	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
3. Develop a sustainable funding strategy that includes consideration of obtaining 501(c)(3) status for the MCOPP or for the HMSC.	**Lead Agency:** HMSC and MCOPP **List other agencies and what they plan to do**: MCOPP members will contribute their expertise and experience in non-profit development, management, sustainability and fundraising. **Include how you are marketing the intervention/strategy**: N/A	N/A	**Quantify what you will do:** Gather information on alternative funding strategies (e.g., seek out relevant resources from the Foundation Center, Maryland Organization of Non-profit Organizations and other organizations that support non-profit organizations); poll MCOPP members for ideas); hold meetings of the MCOPP and HMSC to consider the most feasible funding strategies and appropriate funding mechanisms (e.g. 501(c)3 status).. **Expected outcomes:** A resolution of the issue of how best to structure the HMSC and the MCOPP to allow for the effective acquisition of funds.
4. Identify funding sources to adequately address needs identified in the strategic plan and begin to procure funding.	**Lead agency: HMSC** **List other agencies and what they plan to do:** MCOPP members will identify any contributions his/her agency can make, including financial and in-kind contributions. Each member will also identify any funding sources familiar to him/her for consideration. **Include how you're marketing the intervention/strategy:** Each coalition member will receive information about what type of funding is needed. No external publicity is needed at this point.	Funding sources will include service providers and collaborators who can link to services. Funding will be channeled to address inequalities prior to increasing services to the general population. Focus of funding will be to address unhealthy behaviors.	**Quantify what you will do:** Using strategic plan, identify funding needs compiling funding options, applying for funds. **Expected outcomes:** • Funding strategy document that permits efforts to be sustained for a minimum of 2-5 years. • Written timeframe and process for funding to be re-evaluated periodically.

LHIA 2. The County lacks adequate and reliable obesity-related data on high risk populations, particularly racial and ethnic populations and children, by which the effectiveness of intervention strategies can be measured.

Strategy #1: *Establish adequate and reliable indicators on children 2-4 years old participating in Maryland Women Infants and Children Program (WIC) for inclusion in the Healthy Montgomery Obesity Prevention Indicators.*			
FUNDING STATUS: No funding needed if other Healthy Montgomery Indicators are removed from initial set of 100 indicators- or Montgomery County Department of Health and Human Services (MCDHHS) assumes ownership over the maintenance and upkeep of content on www.healthymontgomery.org; if additional funds are required by MCDHHS to post all proposed indicators, the cost estimates will be compiled by MCDHHS and presented to Healthy Montgomery Steering Committee (HMSC) with proposed strategy to cover the corresponding costs. **ANTICIPATED SOURCES OF FUNDING:** To be determined.			
ACTION STEPS	**COMMUNITY PARTNERS'** **Roles and Responsibilities**	**ADDRESSING ACCESS TO CARE, HEALTH INEQUITIES AND UNHEALTHY BEHAVIORS**	**PLAN HOW YOU WILL EVALUATE EFFECTIVENESS**
1. Montgomery County WIC coordinator will hold meetings with key partners to determine best approach to acquire annual data on WIC children (PedNSS) from Maryland Department of Health and Mental Hygiene (DHMH) to Montgomery County Department of Health and Human Services (MCDHHS) for inclusion in Healthy Montgomery.	**Lead agency**: Community Clinic, Inc. (CCI) **List other agencies and what they plan to do:** MCDHHS (data support/recipient of data/manages HM website); DHMH (partner agency providing data) **Include how you're marketing the intervention/strategy:** Indicators will be published on www.healthymontgomery.org	Indicators that capture access to care among children will be considered for inclusion. Indicators that capture health inequities among children will be considered for inclusion; indicators will be reported by subgroups where possible. Indicators that capture unhealthy behaviors among children will be considered for inclusion.	**Quantify what you will do:** Hold meetings to discuss and determine approach to acquiring data. **Expected outcomes:** Workable approach to acquire data on WIC children from DHMH to MCDHHS.
3. Data are transferred via agreed upon protocols and data elements to MCDHHS.	**Lead agency**: CCI **List other agencies and what they plan to do:** MCDHHS (data support/recipient of data/manages HM website); DHMH (partner agency providing data) **Include how you're marketing the intervention/strategy:** Indicators will be published on www.healthymontgomery.org	Indicators that capture access to care among children will be considered for inclusion. Indicators that capture health inequities among children will be considered for inclusion. Indicators that capture unhealthy behaviors among children will be considered for inclusion.	**Quantify what you will do:** Data will be transferred. **Expected outcomes:** Data is successfully transferred according to protocols without difficulty.

4. MCDHHS processes data and compiles indicators to integrate into the HM Obesity Prevention Indicators on the HM website.	**Lead agency:** MCDHHS **List other agencies and what they plan to do:** CCI (WIC administrator for Montgomery County); DHMH (partner agency providing data) **Include how you're marketing the intervention/strategy:** Indicators will be published on www.healthymontgomery.org	Indicators that capture access to care among children will be considered for inclusion. Indicators that capture health inequities among children will be considered for inclusion. Indicators that capture unhealthy behaviors among children will be considered for inclusion.	**Quantify what you will do:** Process data and compile health risk behavior metrics. **Expected outcomes:** Data is successfully integrated into the HM Obesity Prevention Indicators on the HM website.
5. Obesity prevention indicators on low income children are posted on www.HealthyMontgomery.org and evaluated over time to determine impact of Montgomery County obesity prevention efforts on low-income children.	**Lead agency:** MCDHHS **List other agencies and what they plan to do:** CCI (WIC administrator for MC); DHMH (partner agency providing data) **Include how you're marketing the intervention/strategy:** Indicators will be published on www.healthymontgomery.org	Indicators that capture access to care among children will be considered for inclusion. Indicators that capture health inequities among children will be considered for inclusion. Indicators that capture unhealthy behaviors among children will be considered for inclusion.	**Quantify what you will do:** Post indicators on Healthy Montgomery website and use data for evaluation of interventions. **Expected outcomes:** WIC data is part of the HM Obesity Prevention Indicators and is used effectively to monitor and evaluate interventions.

Strategy #2: Establish adequate and reliable indicators on middle-school and high-school students for inclusion in the Healthy Montgomery Obesity Prevention Indicators.			
FUNDING STATUS: No funding needed if other Healthy Montgomery Indicators are removed or HHS assumes ownership over the maintenance and upkeep of content on www.healthymontgomery.org; if additional funds are required by MCDHHS to post all proposed indicators, the cost estimates will be compiled by MCDHHS and presented to HMSC with proposed strategy to cover the corresponding costs. **ANTICIPATED SOURCES OF FUNDING:** To be determined.			
ACTION STEPS	**COMMUNITY PARTNERS'** **Roles and Responsibilities**	**SPECIFY HOW YOU WILL ADDRESS ACCESS TO CARE, HEALTH INEQUITIES, UNHEALTHY BEHAVIORS THROUGH THIS ACTION STEP**	**PLAN HOW YOU WILL EVALUATE EFFECTIVENESS**
1.MCDHHS will acquire final questionnaires for middle schools and high schools from DHMH to identify potential indicators to include in the Healthy Montgomery Obesity Prevention indicators.	**Lead agency:** MCDHHS **List other agencies and what they plan to do:** DHMH (provide surveys) **Include how you're marketing the intervention/strategy:** Indicators will be published on www.healthymontgomery.org	Indicators that capture access to care among adolescents will be considered for inclusion. Indicators that capture health inequities among adolescents will be considered for inclusion. Indicators that capture unhealthy behaviors among adolescents will be considered for inclusion.	**Quantify what you will do:** MD YTRBS indicators included in the 2013-2014 middle school and high school surveys will be provided by DHMH to MCDHHS. **Expected outcomes:** MCDHHS can compile indicator list for distribution to partners.
2. The Montgomery County Obesity Prevention Partnership, HMSC and HM Data Project Team will review and submit proposed indicators to MCDHHS to include indicators based on survey results upon release from DHMH	**Lead agency:** MCDHHS **List other agencies and what they plan to do:** MCOPP and Healthy Montgomery Steering Committee will provide guidance **Include how you're marketing the intervention/strategy:** Indicators will be published on www.healthymontgomery.org	Indicators that capture access to care among adolescents will be considered for inclusion. Indicators that capture health inequities among adolescents will be considered for inclusion. Indicators that capture unhealthy behaviors among adolescents will be considered for inclusion.	**Quantify what you will do** MCDHHS will distribute list to members and compile recommended indicators for inclusion **Expected outcomes:** A final list of proposed indicators for inclusion in the HM website will be compiled for review and MCDHHS will develop a plan to incorporate recommendations.

ACTION STEPS	COMMUNITY PARTNERS' Roles and Responsibilities	SPECIFY HOW YOU WILL ADDRESS ACCESS TO CARE, HEALTH INEQUITIES, UNHEALTHY BEHAVIORS THROUGH THIS ACTION STEP	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
3. DHMH will provide Montgomery County a report of the findings from the initial administration of the MD YTRBS for Healthy Montgomery to integrate into the HM website.	**Lead agency: DHMH** **List other agencies and what they plan to do: MCDHHS** **Include how you're marketing the intervention/strategy:** Indicators will be published on www.healthymontgomery.org	Indicators that capture access to care among adolescents will be considered for inclusion. Indicators that capture health inequities among adolescents will be considered for inclusion. Indicators that capture unhealthy behaviors among adolescents will be considered for inclusion.	**Quantify what you will do** MCDHHS will crosswalk report of results with recommended indicators and transfer matches to HM website. **Expected outcomes:** Core indicators on youth obesity prevention will be established.
4. MCDHHS will coordinate with the HM Data Project Team and HMSC to post the maximum number of selected indicators on the Healthy Montgomery site and provide HMSC any cost estimates from HCI (HM website vendor) required to include any additional indicators that MCDHHS cannot maintain on its own over the 100-indicator limit.	**Lead agency:** MCDHHS and HMSC **List other agencies and what they plan to do:** N/A **Include how you're marketing the intervention/strategy:** Indicators will be published on www.healthymontgomery.org	Indicators will be presented with subgroups comparisons wherever possible that characterize unhealthy behaviors, age, grade, gender, race, ethnicity, SES, and other social determinants of health.	**Quantify what you will do:** MCDHHS will direct website vendor to post indicators to the 100-indicator limit, MCDHHS will provide cost estimates to HMSC for any that exceed MCDHHS capacity to support. **Expected outcomes:** All supported indicators will be posted and cost estimates for remaining indicators will be provided to HMSC to examine the potential for including remaining indicators.
5. Indicators on middle-school and high-school students will be maintained and monitored by Healthy Montgomery to evaluate the effectiveness and impact of MC .obesity prevention on weight status.	**Lead agency: MCDHHS and HMSC** **List other agencies and what they plan to do**: N/A **Include how you're marketing the intervention/strategy:** Indicators will be published on www.healthymontgomery.org	Indicators will be presented with subgroups comparisons wherever possible that characterize unhealthy behaviors, age, grade, gender, race, ethnicity, SES, and other social determinants of health.	**Quantify what you will do:** Posted indicators will be maintained and evaluated to characterize obesity prevention efforts among middle school and high school students **Expected outcomes:** Healthy Montgomery will have baseline and evaluation data on its impact on obesity among middle/high school youth in Montgomery County.

Strategy #3: Develop viable approaches to support a County-wide representative sample of adults, including an oversampling of the Hispanic/Latino, African American/Black, and Asian/Pacific Islander populations, in the surveys conducted through the Maryland Behavioral Risk Factor Surveillance System (MD BRFSS).

FUNDING STATUS: Funding is needed to support the Partnership's work on this strategy. This support can be provided in-kind from key coalition partners or additional funds can be allocated to provide the human resources, IT support and other incidentals needed. Partnership members and key partners will determine the estimated cost of including the sampling and over-sampling in the Maryland BRFSS and will seek funding to cover the cost.
ANTICIPATED SOURCES OF FUNDING: To be determined.

ACTION STEPS	COMMUNITY PARTNERS' Roles and Responsibilities	ADDRESSING ACCESS TO CARE, HEALTH INEQUITIES AND UNHEALTHY BEHAVIORS	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
1. Key members of Montgomery County Obesity Prevention Partnership will hold meetings with partners including, MCDHHS, Maryland BRFSS staff and other experts (MD BRFSS Task Force) to discuss and determine how representative the current state BRFSS sampling strategy is with respect to Montgomery County residents, particularly underrepresented, high-risk populations that are culturally and linguistically diverse	Lead agency: MCDHHS **List other agencies and what they plan to do:** DHMH, BRFSS staff (partner agency providing information about the BRFSS system and access to the system); Contractor employed by MD BRFSS to determine effort and expense to modify existing sample **Include how you're marketing the intervention/strategy:** N/A	N/A	**Quantify what you will do:** Hold meetings and discussions to better understand the current sampling system and what is needed to move forward **Expected outcomes:** An understanding of how representative the current state BRFSS sampling strategy is and what is required to make it more representative, particularly with regard to underrepresented, high-risk populations in the County.
2. The MD BRFSS Task Force will hold meetings with members and key partners including DHMH MD BRFSS staff and other experts to devise a work plan to evaluate existing sampling of Montgomery County in MD BRFSS and outline activities to augment the sample size in a meaningful way to produce standard health risk behavior metrics for high-risk populations underrepresented in the State and County sampling	**Lead agency**: MCDHHS **List other agencies and what they plan to do:** MCDHHS (data support/recipient of data/manages HM website) DHMH, BRFSS staff (partner agency providing data) **Include how you're marketing the intervention/strategy:** N/A	Health risk behavior metrics that capture access to health care among adults and their children will be considered for inclusion in the adapted frame developed. Health risk behavior metrics that capture access to health care among adults and their children will be considered for inclusion in the adapted frame developed. Health risk behavior metrics that	**Quantify what you will do:** Hold meetings and develop an adapted frame for sampling and oversampling. **Expected outcomes:** Adapted frame is created to enable the BRFSS to represent the County, particularly high-risk populations of Hispanics/Latinos, African Americans/Blacks and Asians/Pacific Islanders; cost estimates of implementation of the adapted frame.

ACTION STEPS	COMMUNITY PARTNERS' Roles and Responsibilities	ADDRESSING ACCESS TO CARE, HEALTH INEQUITIES AND UNHEALTHY BEHAVIORS	PLAN HOW YOU WILL EVALUATE EFFECTIVENESS
results: namely Hispanic/Latino, African American/Black, and Asian/Pacific Islander populations; the group will also identify cost estimates of implementing the revised sampling strategy.		capture access to health care among adults and their children will be considered for inclusion in the adapted frame developed.	
3. The MD BRFSS Task Force will seek funding to support the proposed implementation of the adapted frame for the sampling and oversampling.	**Lead agency:** MCDHHS **List other agencies and what they plan to do:** Partnership members will collaborate to find potential funders and write proposals/applications for funding.	Funding will be sought from funders potentially interested in addressing access to care, health inequities and unhealthy behaviors	**Quantify what you will do:** Identify funding sources and apply for funds. **Expected outcomes:** funding is secured from a successful grant proposal or other funding proposal.
4. When funding is procured, formal contracts, partnership agreements (MOU, Data Sharing, other) will be drafted, approved, and signed by partner agencies as needed.	**Lead agency**: MCDHHS **List other agencies and what they plan to do:** MCDHHS (data support/recipient of data/manages the HM website) DHMH (partner agency providing data) **Include how you're marketing the intervention/strategy:** N/A	N/A	**Quantify what you will do:** Draft needed partnership agreements that will be approved and signed. **Expected outcomes:** Agreements that provide clear and fair parameters and protocols and detail the scope of work of partners to the agreements.

Long-Term Action Planning Considerations for Obesity Prevention Strategies

The following strategy developed by the Obesity Action Planning Work Group (OWG) during the action planning process did not evolve to a place where action could be taken. More planning is needed to resolve barriers and challenges and to identify resources needed to initiate the work.

Below is the long term strategy proposed to address LHIA 2, Goal 1, Objective IV. It specifies the barriers that prevent immediate implementation. It also provides recommendations for moving forward toward action, so that the Montgomery County Obesity Prevention Partnership (MCOPP) can work to overcome the barriers identified and prioritize implementation activities based on further action planning work.

Local Health Issue Area 2: The County lacks adequate and reliable obesity data on high-risk populations, particularly racial and ethnic populations and children, by which the effectiveness of intervention strategies can be measured.

Goal #1: Establish Healthy Montgomery Obesity Prevention Indicators based on a set of valid, reliable, comparable and timely indicators on overweight and obesity among all races, ethnicities, and socio-economic levels in Montgomery County, with particular emphasis on children.

Objective IV: Within 1 year of Action Plan adoption, the MCOPP will create a strategic plan in partnership with Montgomery County Public Schools, the Montgomery County Department of Health and Human Services, the Obesity Prevention Strategy Group, the Primary Care Coalition, the Collaboration Council for Children Youth and Families and other partners for the collection/measurement of the BMI status of MCPS elementary school students in Kindergarten and 5th or 6th grade.

Strategy #4: Develop viable approaches for the measurement of the weight status of Montgomery County Public Schools (MCPS) students in Kindergarten and 5th or 6th grade to measure impacts from Montgomery County obesity prevention and reduction efforts.

Barriers/Challenges to Implementation:

- There is no survey administered to elementary school-aged children to quantify height, weight, or Body Mass Index (BMI) status of students.
- There is no administrative mechanism in MCPS to collect, aggregate, and report the BMI results for students in Kindergarten through grade 5.
- There are multiple agencies needed to engage, collaborate and support a valid approach to measure BMI in elementary schools that minimizes burden on school administrators, teachers, students, and other professional staff in the schools.
- Resources do not exist within MCPS or the Montgomery County Department of Health and Human Services to implement an approach to capture BMI in elementary school children.
- While only de-identified BMI data will be sought and used, privacy concerns may make agencies such as MCPS and medical providers resistant to providing data.

Recommended Approach to Long-Term Strategy:

What is needed:

- **Formal relationship between stakeholder agencies to devise and implement a feasible strategy that captures the Body Mass Index (BMI) of elementary school children.** To create an effective reliable method to measure weight status (BMI), the MCOPP needs to develop a partnership with the Montgomery County Public School System, the Montgomery County Department of Health and Human Services, the Obesity Prevention Strategy Group, the Primary Care Coalition, and the Collaboration Council for Children, Youth and Families for the collection/measurement of the BMI status of MCPS elementary school students in Kindergarten and 5th or 6th grade.

- **Reliable population-based data systems to monitor obesity in children from infancy through high school are essential**. Because obesity can start early in infancy and become well-established in childhood, obesity rates should be monitored throughout childhood. As electronic health records become the established means to provide and track health care transactions, and access to local health departments and other trusted parties that conduct public health surveillance gain access to utilize such data systems, standardized biometrics will make tracking obesity in the County much easier. Once a data system has been implemented, the effectiveness of interventions – or lack thereof – in lowering childhood obesity rates can be measured by observing obesity rate changes in the population of infants and children at specific ages.

- **Especially in the early years of childhood, a system to monitor obesity accurately is needed, ideally in the general child population but at the very least, in the most at-risk populations**. This should entail collecting recorded height and weight measurements as well as gender and age on children or the BMI status of children (de-identified) or, where such data have not been collected, obtaining support and personnel to collect and calculate those data.

- **Funding status:** Development of a strategic plan will require in-kind resources in the form of time spent by MCOPP members. Upon completion of the plan, MCOPP will derive cost estimates and compile options for consideration by the Healthy Montgomery Steering Committee, and funding opportunities will be pursued.

Appendix 2: Potential Partners for the Montgomery County Obesity Prevention Partnership

It is recommended that representatives from the following organizations be recruited to join the Montgomery County Obesity Prevention Partnership:

Montgomery County Hospitals:

- Holy Cross Hospital
- Medstar Montgomery Medical Center
- Shady Grove Adventist Hospital
- Suburban Hospital (Johns Hopkins Medicine)
- Washington Adventist Hospital

Montgomery County Wellness Coordinator

Montgomery County Public Schools

Kaiser (Kaiser-Permanente Medical Plan or Kaiser Foundation)

Medicaid Managed Care Organization

Montgomery County Food Council

Montgomery County Commission on Health

Montgomery County Chamber of Commerce

Montgomery County Medical Society

Montgomery County Department of Health and Human Services

Montgomery County Recreation

MD-National Capital Park and Planning Commission

Montgomery County Council

Women, Infants and Children (WIC) Program

University of Maryland Extension Service

Parent Teacher Associations/School Health Councils

Minority Health Initiatives/Programs:

- African American Health Program
- Asian American Health Initiative
- Latino Health Initiative

Schools of Public Health

Business Schools

Community Youth Organizations (e.g., YMCA, Jewish Community Center, Boys and Girls Club)

Collaboration Council for Children Youth & Families

Primary Care Coalition

Family Services, Inc.

Public Health Institutes

Obesity Prevention Strategy Group

Early Head Start, Head Start

Health Insurers

Appendix 3: Suggested Vision, Mission and Goals for the Montgomery County Obesity Prevention Partnership (MCOPP)

MCOPP Vision: A community in which all residents have the knowledge, motivation and opportunity to eat well and be physically active.

MCOPP Mission: Develop and implement successful strategies to reduce obesity among Montgomery County residents by addressing lack of access, unhealthy behaviors, and health inequities.

MCOPP Goals:

Goal 1: Prevent/reduce obesity in Montgomery County residents

- Prevent/reduce obesity in children
- Prevent/reduce obesity in adults

Goal 2: Reduce illnesses and deaths from obesity-related diseases in Montgomery County residents

- Reduce hospitalization rate in children in which obesity is a listed diagnosis
- Reduce hospitalization rate in children with Type 2 diabetes
- Reduce hospitalization rate in adults in which obesity is a listed diagnosis
- Reduce hospitalization rate in adults with diabetes[1]

[1] Heart disease and cancer are also associated with obesity, but there are so many additional causes, that they are not useful measures for obesity prevention/reduction.

Appendix 4: Action Recommendations for Consideration by the Montgomery County Obesity Prevention Partnership (MCOPP)

In order to promote efficiency and collaboration and capitalize on the thoughtful work of existing organizations addressing obesity in the County, the OWG recommends that in developing its strategic plan, the MCOPP review the interventions currently being implemented and consider adopting the recommendations for obesity prevention and reduction developed by existing organizations in the County (see the County Obesity Effort Matirx in Appendix 5). In addition, in their discussions, Obesity Work Group (OWG) members identified two issues that they believed would be important topics of concern for the MCOPP to, discuss further and consider for action. These recommendations are briefly discussed below.

I. Develop a County-Wide Obesity Prevention Public Awareness Campaign

There is a need to raise public awareness in the County about how to prevent obesity and to encourage behavior change by providing environments that support healthful eating and active living, especially in disadvantaged communities. Therefore, the OWG recommends that the MCOPP consider planning and implementing a public awareness campaign, accompanied by expansion of opportunities for healthful eating and physical activity. The public awareness campaign is more likely to be successful if it is integrated into and supported by an evidence-based, multi-faceted obesity prevention/reduction plan devised by the MCOPP. The public awareness campaign effort should engage all County departments and should include a combination of innovative approaches and evidence-based strategies of proven effectiveness. The commitment of all organizations that impact healthful lifestyles in the County would result in better public understanding of obesity and its dangers, and a greater range of healthful options for eating and physical activity. This will not be achieved without a dependable funding source and substantial public embrace of health promotion concepts by County policymakers and other influential residents. Planning and implementing the public awareness campaign may require consultation with public health media experts who are familiar with the elements of successful and effective public health campaigns.

Public Awareness Campaign -- proposed action items/milestones:

1. Establish a work group or task force to plan the Montgomery County obesity prevention public awareness campaign (consider the feasibility of contracting for the assistance of public health media expert).

2. Develop goals and objectives for the campaign.

3. Identify appropriate partners/sponsors, required resources and establish **a** campaign implementation timeline.

4. Develop campaign content/messaging.

5. Begin implementation of the public awareness campaign in collaboration with public and private obesity prevention partners.

Strategies that could be used to carry out the actions above:

- Compile and review an inventory of existing public and private sector obesity prevention efforts to identify areas best suited for collaboration.
- Identify and recruit appropriate partners/sponsors to fund/support a public education obesity awareness campaign.
- Develop an obesity prevention public education campaign that ensures that campaign content and messaging are culturally and linguistically appropriate for the various racial/ethnic groups including the county's emerging populations.
- Engage and involve racial/ethnic groups to participate in the planning activities.
- Develop campaign action planning and implementation timelines that are realistic and achievable.
- Foster on-going collaborative partnerships with community and public/private sector partners.

Background:

While there are individual groups/partners who are conducting public education prevention programs as well as education and outreach, there is currently no *coordinated* County-wide effort to initiate an obesity prevention public education awareness campaign, accompanied by expansion of opportunities for healthful eating and physical activity. At present, there are also no resources available to support a County-wide public education obesity initiative. There is also a need for a centralized repository of information on various partners and community groups conducting outreach in hard-to-reach areas within Montgomery County.

II. Improve and expand County government efforts related to healthful eating and physical activity

There is a need in Montgomery County to enhance and expand the healthful eating and physical activities available to County employees and other residents through employer and public and private nonprofit programs**.** Creating opportunities for healthful eating and daily physical activity for County government employees would serve as a model to other employers.

Promote lifestyle choices that balance healthful nutrition and daily physical activity for Montgomery County government employees – proposed action items and milestones:

1. Develop and publicize walking routes that take less than an hour to complete near at least three County government buildings. (These walking routes would be in addition to the three already constructed). Encourage the County to increase the number of County facilities for which walking routes have been mapped and promoted by at least three buildings per year until all County government facilities have walking routes.

2. Work with the County to assure that at least 50% of vending machine items will meet the Institute of Medicine guidelines for healthful snacks in three County government buildings.[2]

3. Work with the County to establish exercise programs in at least one County building each year.

4. Promote breastfeeding among Montgomery County employees by encouraging the County to assure that 100% of County buildings have designated lactation rooms, in compliance with the federal Fair Labor Standards Act

5. Collaborate with other Montgomery County employers to share information about and assist in the development and implementation of healthful eating and physical activity through formal wellness programs.

Improve access to and utilization of private, non-profit and public programs/services to prevent & reduce obesity for Montgomery County residents – proposed action items and milestones:

1. Identify and quantify baseline enrollment in selected existing local physical activity and healthful eating programs.

2. Develop a strategic plan to address barriers to physical activity and healthful eating as identified by the community

3. Work with the County to increase enrollment in existing physical activity and health eating programs offered by the Montgomery County government and community partners at low or no cost.

4. Work to increase the number of Montgomery County residents who implement evidence-based practices for weight management, healthful eating and behavior modification techniques.

Background: There are some logistical challenges to implementing some of these changes (e.g., creating walking routes in high-traffic areas or creating space for breastfeeding facilities and exercise programs). Also, some of the desired changes carry a cost to them. In order to offer resources to employees for little or no cost, some creative strategies to cover the costs might be required.

[2] The Institute of Medicine report entitled, *Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth*, makes recommendations regarding the availability and nutritional content of competitive foods and beverages in schools (i.e., food and beverage sold outside of the federal reimbursable school meals program during the school day). The report is available at: http://www.iom.edu/Reports/2007/Nutrition-Standards-for-Foods-in-Schools-Leading-the-Way-toward-Healthier-Youth.aspx#sthash.3T9WHlu8.dpuf

Appendix 5: Montgomery County Obesity Effort Matrix

The Montgomery County Obesity Effort Matrix below contains current obesity-related activities in the County. It builds upon the Obesity Work Group's (OWG) "Inventory of Obesity-Related Programs in Montgomery County" compiled earlier in its action planning process. This matrix of County programs and services helped the OWG complete the "County Environment" subsection in Section 3 of this Report. That subsection describes the county-level environment in which obesity prevention and reduction activities take place. The matrix will also be helpful to the Montgomery County Obesity Prevention Partnership (MCOPP) as it develops its strategic plan to implement obesity prevention and reduction activities.

The matrix classifies programs and services according to the group of County residents served over the lifespan (i.e., children, adult and older adult) and according to three categories that reflect different life environments: 1) Living, 2) Working, and 3) Playing and are defined as:

- **Living**: Individual, family, community or policy intervention that impacts where people live, their living environment or the intervention takes place in that environment (including school environments and transportation).
- **Working**: Individual or policy intervention that impacts where people work, their work environment or the intervention takes place in that environment.
- **Playing:** Individual, family, community or policy intervention that impacts where people recreate, the environment in which they recreate or takes place in that environment (includes exercise programs/facilities).

Due to the dynamic nature of programming in the County, this matrix is not an all-inclusive list of obesity-related activities in the County and is only current through the publication date. Entries in the matrix are presented as a brief overview of programs, services and policies. More complete information may be obtained by visiting the organizations' websites (provided in table when available) or by contacting the organization.

	Children	Adult	Older Adult
Montgomery County Commission on Health[i] *Maintains and improves local health care services…leading to improved health status of Montgomery County residents*	**Living, Working, Playing**: Recommends improving the availability of affordable food and beverage choices in public service venues.(Centers for Disease Control and Prevention (CDC) Strategy 2)		
	Living: Recommends that communities 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 6/4)		
	Living, Working, Playing: Recommends that communities increase support for breastfeeding. (CDC Strategy 11)		
	Living, Working, Playing: Recommends that communities increase opportunities for extracurricular physical activity. (CDC Strategy 14)		
Obesity Prevention Strategy Group[ii] *Prevents and reduces obesity and promotes good health by enhancing healthful habits and encouraging increased physical activity.*	**Living, Working, Playing**: Promotes an increase in culturally and linguistically appropriate nutrition and physical activity information and training for low-income parents and children.		
	Living, Working, Playing: Advocates for enforcement of the County trans fat ban; posting of nutritional information in chain restaurants; improving nutritional content of County vending machines; increased enrollment in federal food and nutrition programs, the Montgomery County Wellness Policy; healthier food in MCPS vending machines; Head Start and Linkages to Learning programs promoting physical activity and healthful eating; and physical activity programs for children offered by Montgomery County Recreation. Additional specific recommendations for action can be found at: http://www.healthymontgomery.org/javascript/htmleditor/uploads/OPSG_Brochure_Overview_2012.pdf.		
	Living: Successfully advocated for passive parental consent for student participation in the Maryland Youth Risk Behavior Survey (YRBS) to obtain more complete and useful obesity-related data.		

	Children	Adult	Older Adult
Montgomery County Government[iii]	**Living:** Legislation passed by the Montgomery County Council promotes healthful eating: in 2007, Montgomery County became the first county in the nation to pass a ban on the use of artificial trans fats for most foods sold in County restaurants and at the prepared food sections of supermarkets (Council Resolution #16 -134); in 2009, the Council enacted nutrition labeling legislation requiring that calories and other nutrition information be provided to customers at restaurant chains with 20 or more locations. (Eating and Drinking Establishments Nutrition Labeling, Montgomery County Code §15-15A).	**Working**: A newly-hired Wellness Coordinator addresses the health of County government employees.	
		Working: A vending machine located in the Montgomery County Executive Office Building contains healthful snack foods.	
		Working: Walking routes near County office buildings are available to County employees to use for lunchtime exercise.	
	Living, Playing: Be Active Montgomery!, an initiative begun by County Executive Ike Leggett, is designed to make County residents aware that a healthier lifestyle can be achieved in incremental steps -- that is, by doing something fun, fit and healthful every day. Collaborating with other County agencies, the initiative organizes physical activities and provides healthful lifestyle tips that can make residents realize how easy it is to include physical activity and good nutrition in their daily schedules.		

<table>
<tr><th></th><th>Children</th><th>Adult</th><th>Older Adult</th></tr>
<tr><td rowspan="4">Montgomery County Department of Health and Human Services[iv]
Provides core public health and human services that protect the community's health, protect the health and safety of at-risk children and vulnerable adults and basic human needs</td><td></td><td>Living, Playing: The African American Health Program's (AAHP) When I Get Out (WIGO) health education program includes in-class demonstrations about reading food labels and food portion modeling for Montgomery County Detention Center inmates preparing to re-enter the community.</td><td>Living: The Senior Nutrition Program provides nutritious meals in group settings where activities and services for seniors are available; nutrition education, screening & counseling are also available. Meals meet federal nutrition guidelines for older adults and comply with the Dietary Guidelines for Americans.</td></tr>
<tr><td>Living: Provides I am Moving, I am Learning for Head Start programs that include structured vigorous exercise, nutrition education and food tasting. Color Me Healthy is a program for Head Start and Pre-K focused on healthful foods and nutrition.</td><td>Living, Working: AAHP's Projet Santé Pour Tous is designed to provide health education including healthy eating habits to French-speaking African immigrant laborers at the CASA de Maryland labor center.</td><td>Playing: The Department's Aging and Disability Services offers Bone Builders, an osteoporosis prevention exercise program that includes balance training and weight training.</td></tr>
<tr><td colspan="3">Living, Playing: The Latino Health Initiative's Vias de la Salud Health Promoters Program provides outreach activities and educational interventions in the Latino community that focus on healthful eating and active living. Health Promoters teach about the benefits of physical activity, provide examples of activities to incorporate into daily life, and provide motivation to maintain a healthy lifestyle. Community members are recruited to participate in weekly, 2-hour, Caminatas (walking sessions) held in schools, parks and neighborhoods that provide an opportunity to walk for physical activity and include demonstrations about how to prepare healthful meals and snacks.</td></tr>
<tr><td></td><td>.</td><td>Playing: The Asian American Health Initiative provides education related to the importance of exercise such as Tai Chi, gardening, and walking to prevent osteoporosis.</td></tr>
</table>

<table>
<tr><th></th><th>Children</th><th>Adult</th><th>Older Adult</th></tr>
<tr><td rowspan="5">Montgomery County Department of Health and Human Services
(continued) [iv]</td><td>Playing: In collaboration with the White Oak Community Recreation Center summer camp program, AAHP implemented Power Play! – a 3-day workshop series in which children learn the importance of physical activity and nutrition.</td><td>Living, Playing: The AAHP provides free self-management education classes focused on improving participants control over nutrition, exercise, and medication to prevent or manage diabetes. AAHP hosts dining clubs to provide support and education to people with diabetes. Clubs include an educational presentation, 30 minutes of physical activity, discussion time, and a meal chosen by a registered dietitian.</td><td>Playing: The Department's Aging and Disability Services promotes senior fitness through two publications (provided online and in print) that include fitness opportunities for seniors in the County: The Montgomery County Navigator: Vital Living After 50 and Living & Thriving in Montgomery County: A Guide for Residents 60 and Over.</td></tr>
<tr><td>Playing: The Department’s Aging and Disability Services provides scholarships to children so that they can attend SPORTS PLUS, a non-profit organization in the County which provides sports and swimming programs for children and young adults with developmental disabilities.</td><td>Living, Playing: The AAHP organizes a Health Freedom Walk, an annual 6 week training program that promotes walking and culminates in a 3.75-mile walk through the Underground Railroad, symbolizing the flight to good health.</td><td>Playing: Provides cardio equipment to senior centers as well as pedometers and a scale for use by senior center participants.</td></tr>
<tr><td colspan="2">Living, Working: The AAHP’s Breast Pump Loan Program promotes breastfeeding in the workplace by providing subsidized breast pumps, breast pump kits, and breastfeeding training.</td><td></td></tr>
<tr><td colspan="3">Living: Conducts inspections to enforce County laws that require chain restaurants with 20 or more locations nationwide to provide nutritional information on the menu and prohibits food service establishments from storing, using or serving any food item containing more than .5 grams of artificial trans fat per serving. Inspection results are posted for public access on the County’s open data portal.</td></tr>
<tr><td>Living: The Department provided support for the design and implementation of the Montgomery County Public Schools (MCPS) Food and Beverage Marketing Study conducted in collaboration with the Center for Science in the Public Interest to assess food and beverage marketing in MCPS elementary, middle, and high schools.</td><td></td><td></td></tr>
</table>

	Children	Adult	Older Adult
	Living: School Health Services provides an obesity prevention school-based program called *Healthy Choices, Happy Students* which includes *Nutrition Nuggets*, an afternoon nutrition information program (in collaboration with the University of MD Extension Service) and *Student Strides Walking Club* that encourages increased physical activity.		
Montgomery County Public Schools[v] *Combats the dangers of childhood obesity through both nutrition and physical education programs.*	**Living**: Nutrition instruction is Maryland State Department of Education Standard #6: Students will demonstrate the ability to use nutrition and fitness knowledge, skills and strategies to promote a healthy lifestyle. Standard #6 instruction occurs in grades 1-8 and grade 10.		
	Living: Students are given opportunities to demonstrate the skills of self-management, advocacy, decision-making, goal setting, and accessing and analyzing information with the content standard for Nutrition and Fitness.		
	Living: A Wellness Specialist talks with students about a healthy diet and applies for grants that support obesity prevention programming in the schools such as *Road of Health*, *Nudge and Nutrition Nuggets* programs offered in collaboration with the University of Maryland Extension Service.		

	Children	Adult	Older Adult
	Living: Ensures that all students have access to meals and snacks; implementation of the Healthy, Hunger-Free Kids Act of 2010 provides additional funding to improve nutrition and reduce childhood obesity.		
	Living: Provides special diet support for students struggling with obesity or related medical issues.		
Montgomery County Public Schools *(continued)*	**Living:** Implements a policy that all food and beverages available to students a la carte in the cafeteria, school store or vending must be in compliance with wellness policy/regulations.		
	Living: Provides calorie information on menus so parents are made aware of calorie content of various foods and to students as they are making food choices.		
	Living: Provides salad bars that offer a greater degree of student access to fresh fruits and vegetables.		
	Living: Recipes have been reformulated to offer lower sodium menu items and less processed menu items are featured.		
	Living: Partners with MCDHHS to provide healthful after-school snacks and suppers to students in the *Healthy Choices, Happy Students* program**.**		

	Children	Adult	Older Adult
Montgomery County School Health Council[vi] *An advisory and advocacy group dedicated to promoting the health and well-being of Montgomery County school age youth.*	Several Council efforts have addressed the issue of obesity among Montgomery County students. The Council has voted to endorse and lend its support to Montgomery County's *Be Active Montgomery!* initiative; it has a working subcommittee on Nutrition chaired by the Montgomery County Public Schools Director of the Division of Food and Nutrition Services and it has also reviewed and endorsed the Montgomery County Board of Education Policy on Wellness: Physical and Nutritional Health, which includes new physical education requirements and healthier menu options for school lunches.		
Montgomery County Recreation[vii] *Provides inclusive, quality recreation programs and activities that serve the recreation and leisure needs of the Montgomery County community*	**Playing:** Montgomery County Recreation provides programming for the County's *Be Active Montgomery! Initiative.*		
	Playing: Montgomery County Recreation manages 34 facilities including community and neighborhood recreation centers, senior centers, and indoor and outdoor aquatic facilities. Montgomery County Recreation provides thousands of programs that enhance the quality of life for participants of all ages, cultures, and abilities such as aquatics classes, dance classes, fitness and wellness classes including Zumba, aerobic classes, meditation, Pilates, yoga, martial arts, group personal training, and sports such as basketball for children, adults and seniors.		
	Playing: Montgomery County Recreation offers competitive sports leagues on a countywide basis; clinics, leagues, camps and tournaments in numerous sports are available for youth, adults and seniors		
	Playing: Participates in *Excel Beyond the Bell,* a program run by the Montgomery County Collaboration Council for Children, Youth and Families that provides after-school activities in selected middle schools, such as food and fitness class, dance class, sports and a wide variety of other activities.		**Playing:** *Silver Sneakers* program promotes fitness activities for older adults.
			Playing: The *55+ Active Adult Program* provides opportunities for older adults to gather for sports and exercise.

	Children	Adult	Older Adult
Maryland-National Capital Park and Planning Commission[viii] *Provides planning and community design to positively affect public health directly and indirectly.*	**Living:** Encourages and incentivizes grocery stores, farmers' markets, and full-service restaurants to prevent food deserts; discourages liquor stores and limited service restaurants (e.g. fast food restaurants) in food deserts. (Planning)		
	Living, Playing: Recommends mixed use space to promote passive exercise for daily commute to work, to promote pedestrian access to retail and other business; also encourages development of recreational facilities (e.g., fitness facilities, gyms, playgrounds, schools, golf courses, boating, swimming pools, trailheads). (Planning)		
	Living: Recommends more transportation choices (e.g., transit, walking paths, bike paths), transit oriented development and compact mixed use development to reduce vehicle miles traveled (VMTs); promotes connected sidewalks, bike facilities and safe accommodation at road crossings. (Planning)		
	Living, Playing: Recommends opportunities for exercise; making walking/biking safe; providing green spaces (quantity and distribution); providing connections to parks and natural areas; encouraging mixed-use development which promotes walking to meet needs of daily living; providing walkable routes to school; and providing access to good nutrition (creates community garden spaces in many parks, farmers' markets, etc.). (Planning)		
	Playing: Provides access to outdoor spaces and activities such as hiking, biking, horseback riding, ice skating, ice hockey, lacrosse, miniature golf, tennis, hiking, canoeing, kayaking and over 250 playgrounds. (Park)		
	Living, Playing: Brookside Gardens provides walking paths and a series of cooking classes focused on teaching healthy recipes using local fruits, vegetables and herbs. (Park)		
	Playing: *Eco-TEEN Montgomery* is a program that provides teens with opportunities to hike and learn about the environment. (Park)		
University of Maryland Extension Service[ix] *A statewide, non-formal education system within the College of Agriculture and Natural Resources that provides educational programs and problem-solving assistance to citizens.*	**Living:** As part of the federally-funded Food Supplement Nutrition Education Program and the Expanded Food and Nutrition Education Program, the University of Maryland Extension Service teaches basic nutrition to limited-income families with young children and to youth as well as other vulnerable populations in the County. Lessons are provided in a series using various curricula in English and Spanish by community educators. Teachers, nurses and other school staff members are also trained to teach nutrition during and after school and instructional materials are provided. Nutrition programs are offered for free. Low-cost programs offered to the community include instruction on canning and preserving foods. A Master Gardener certification program is also offered though Extension with a requirement to provide consultation to community gardens.		
	Living: The Extension Service's 4-H programs offer a wide array of low-cost activities for youth that promote and teach skills, such as cooking and gardening.		

	Children	Adult	Older Adult
Montgomery County Food Council[x] *Brings together a diverse representation of stakeholders in a public and private partnership to improve the environmental, economic, social and nutritional health of Montgomery County, through the creation of a robust, local, sustainable food system.*	**Living**: Goals include: develop and sustain an economically viable County food system that supports producers, processors, distributors, retailers and consumers of local food; increase access to locally produced food among County residents, especially communities with limited access; increase Montgomery County residents' understanding of the importance of local, healthful food through education opportunities that lead to healthier food choices by residents; improve agricultural soils and reduce the environmental impacts of local land and water use and the environmental footprint from non-local food in Montgomery County; pursue or support emerging, dynamic opportunities in the County which promise to build a more inclusive, robust and sustainable food system; and become a regional and national leader in modeling collaboration and community-driven data gathering, monitoring and evaluation to improve the food system.		
Holy Cross Hospital[xi]	**Living, Playing:** Offers an extensive range of classes in community settings that promote physical exercise and activity including yoga, Pilates, Zumba, dance, and aerobics. Cooking demonstrations and physical activity classes are also held at the Holy Cross Health Senior Source (public/private partnership with the Montgomery County government), a vital aging center in downtown Silver Spring.		
	Living, Working: A weekly Farmers' Market is hosted on the hospital grounds.		
	Living, Playing: In collaboration with the Montgomery County Housing Opportunities Commission and the Silver Spring Boys and Girls Club, the Hospital offers *Kid's Fit,* a free after school program for children ages 6 to 12 that includes exercise, information on healthy lifestyle choices, and a nutritious snack. Outcomes are measured by the President's Challenge Fitness Test	**Playing:** Pre- and postnatal exercise classes are offered and include classes designed to improve stretching, muscle toning, and strength training, while incorporating cardiovascular work throughout.	**Playing**: Through partnerships with Kaiser Permanente, Montgomery County Recreation, Maryland National Capital Parks and Planning Commission, local churches and Asbury Methodist Village, the hospital offers *Senior Fit,* a 45-minute exercise program for adults aged 55 and older. *Senior Fit* is offered at 17 locations throughout the county and designed to provide age-appropriate exercise classes to minimize symptoms of chronic disease and improve strength, balance, flexibility and cardiovascular endurance.

	Children	Adult	Older Adult
Holy Cross Hospital *(continued)*	**Living:** A program for young women aged 8-11 and their moms, *Girl Talk,* is offered at a nominal fee and is designed to improve communication between mothers and daughters, provide nutrition information, and explore the changes associated with puberty.	**Working:** The Hospital's free employee wellness programs include *Employee Fit*, (which offers walking and weight reduction programs, fitness challenges, and several different types of exercises classes including Paloxing – that is, pilates and boxing), the American Heart Association's *Start!Walking* program and Weight Watchers at Work.	
		Living: The *Diabetes Prevention Class* offers free nutritional guidance, exercise classes and ongoing support to help prevent or delay diabetes.	
		Living: A free disease self-management program, *Living Well: A Chronic Disease Self-Management Program*, teaches adults how to live a healthy life with a chronic disease(s) that includes obesity. This program includes techniques on how to communicate with your medical provider, how to manage self-care and live proactively day-to-day, and how to cope with a chronic disease.	
	Living, Working: Breastfeeding is a natural process with many benefits for mom and baby, HCH offers *Getting Started with Breastfeeding*, a three hour class that provides information to help expectant mothers get off to a great start. Topics include: affirming the benefits, how breastfeeding works, latching on, positioning, signs that baby is getting enough, and returning to work.		
Medstar Montgomery Medical Center[xii]	**Living, Playing:** Collaborates with local elementary schools to organize walking groups to promote physical activity.	**Living:** Pre-diabetes classes are offered at low cost to the community. A Wellness Supermarket Tour is offered by a Registered Dietitian at low cost. Free "lunch and learn" classes are offered weekly to teach participants how to make healthful food choices.	**Playing:** Senior Exercise is a free 45 minute exercise program designed for seniors age 55 and older. It focuses on increasing strength, flexibility, balance, coordination, and cardiovascular endurance.
		Working: *My*Health online employee portal provides a variety of programs to promote healthier lifestyles and discount to local health clubs. An onsite fitness center is available 4p-6a, Mon-Fri, and anytime on the weekend.	

	Children	Adult	Older Adult
Medstar Montgomery Medical Center[xiii] *(continued)*	**Living, Working:** *Breastfeeding for Working Moms* is a 2 hour class provided for mothers in the community. The American Academy of Pediatrics recommends breastfeeding for the first year, but many new moms struggle with trying to balance work and breastfeeding. Discussion includes aspects of planning, preparing, pumping and returning to work while breastfeeding.		
		Playing: Offers Body Balance, Yoga classes (Introduction, Beginning, &Intermediate) and Tai Chi for Health classes to promote good health and well-being.	
	Living, Working: An Employee Assistance Program (EAP) is available to employees and family members. EAP provides free short-term counseling (6 sessions) on a variety of issues such as health and weight management. Weight Watchers at Work is available to all employees including free e-tools. The program is available at a discounted rate and MedStar Montgomery reimburses 50% of the cost for all who complete the series.		
	Living, Working: A weekly Farmers' Market is hosted on the hospital grounds and is regularly attended by community members and visitors to the Hospital.		
Shady Grove Adventist Hospital and Washington Adventist Hospital[xiv]	**Living:** The *BEST Program: Breastfeeding Education, Support & Togetherness* is offered to breastfeeding moms and their babies at Shady Grove Hospital. It is an informal group, lead by a lactation consultant who provides breastfeeding information, support, and assistance.		
	Living: A 2-1/2 hour prenatal class designed to help expectant parents get off to the right start with breastfeeding after the birth of their baby is provided at Shady Grove Hospital.		
		Living, Playing: In collaboration with Faith Connections, Damascus MD and the Hospital's Health Ministry Department, Shady Grove Hospital's *Healthy Choices* program provides classes on nutrition, exercise and many other health issues. The program is targeted to low-income women.	**Playing:** In cooperation with Westfield Montgomery Mall, Adventist HealthCare offers the *Adventist HealthCare Walking Club* to promote fitness through walking. The Club meets every Tuesday at 8 am.
		Working: Adventist HealthCare's employee wellness program provides access to an online portal of health resources and discounted membership to a gym.	

	Children	Adult	Older Adult
Shady Grove Adventist Hospital and Washington Adventist Hospital[xv] *(continued)*		**Living:** Washington Adventist Hospital offers the Complete Health Improvement Program (CHIP) which provides counseling to participants on achieving a healthier lifestyle, including healthy choices regarding nutrition and exercise.	
		Living: In partnership with Telemundo, Washington Adventist Hospital sponsors an annual event – "Fiesta de Las Madres" – in Silver Spring that focuses on providing health education for Latina women that includes diabetes and nutrition education. Women are connected to primary care physicians and also receive various health screenings that include body composition (weight, BMI, % fat, etc.).	
		Living: Every February, Adventist Healthcare holds *Love Your Heart* at Westfield Montgomery Mall. The free *Love Your Heart* event features heart healthy cooking and exercise demonstrations, heart healthy talks from medical professionals, and various health screenings, including BMI, cholesterol and glucose finger stick tests, waist-to-hip ratio, and sleep apnea.	
	Living, Playing: Both hospitals offer individual and group nutrition counseling, pre-diabetes classes (prevention) and diabetes classes (management), cardiac health support groups, and health education related to exercise and nutrition to community members on site and at health fairs, senior and community centers and faith-based organizations. Shady Grove Hospital also offers T'ai Chi classes.		
	Living: *Adventist HealthCare & You*, a quarterly magazine, regularly features articles on good nutrition and active living for children and adults.		
Suburban Hospital[xvi]	**Living, Playing**: Participates in Walk to School activities with Safe Kids Coalition while promoting physical activity.	**Living**: Coordinates health education seminars in community and senior centers that include nutrition and physical activity topics. HeartWell in Action classes facilitated by nurses on various strategies for heart healthy living.	
	Living, Playing: Partners with *Girls on the Run* of Montgomery County to provide an after school program, for 3rd through 8th grade girls, designed to promote healthy habits and an active lifestyle through running games and workouts.		**Playing:** Senior Shape program provides a low-impact, aerobic exercise regimen that focuses on strength and weight training, balance, and flexibility. Other specialty exercise classes offered include: Zumba Gold, Pilates, Tai Chi, Qigong, balancing act, and Yoga.
	Living, Playing: Weight management programs are offered at the individual and group level through the Healthy Choices, Height Weight series, and nutrition counseling classes.		

	Children	Adult	Older Adult
Suburban Hospital *(continued)*	**Living**: Works closely with *Clinica Proyecto Salud* by supporting numerous health initiatives targeted at its patients. Another partnership initiative is the Hospital's Diabetes School which provides classes on medical, health, and nutrition topics for people with diabetes.		
	Living, Working: A partnership with a local farmer offering a Community Supported Agriculture (CSA) program has provided staff, patients and visitors the opportunity to purchase local fruits and vegetables sold in the Hospital's cafeteria. Employees and community members can sign up for CSA Share and receive a box containing local, fresh fruits and vegetables once a week during the spring and summer months.		
		Living: Offers numerous cooking classes during which a chef demonstrates how to prepare healthy meals incorporating non-traditional ingredients, such as Greek yogurt and gluten-free meals.	
		Living, Working: Healthy Destination is an incentive-based annual program offered to staff and volunteers to keep them physically active during the summer months. Weight training classes are offered on a quarterly basis to help staff and family members maintain muscular strength. Special membership discounts are given to employees and family members. Supports the Capital Bikeshare program in Montgomery County.	
		Living: Has screened culturally relevant documentaries including "FRESH" and "The Weight of the Nation," that emphasize the need to consume local and sustainable foods. Presented free to the public.	
			Living: Organizes the *Women's Health Symposium*, an annual free event that is open to the public and focuses on women's health.
		Playing: The Community Health and Wellness Department regularly conducts Mall Walking Programs at Lakeforest Mall to encourage community members to engage in physical activity.	

[i] Montgomery County Commission on Health: http://www.healthymontgomery.org/javascript/htmleditor/uploads/COH_Overview_9_6_12_OWG_Mtg_FINAL.pdf
[ii] Montgomery County Obesity Prevention Strategy Group: http://www.healthymontgomery.org/javascript/htmleditor/uploads/OPSG_Brochure_Overview_2012.pdf
[iii] Montgomery County Government: www.MontgomeryCountyMD.gov
[iv] Montgomery County Department of Health and Human Services http://www.montgomerycountymd.gov/hhs/
[v] Montgomery County Public Schools: http://www.montgomeryschoolsmd.org/
[vi] Montgomery County School Health Council (Maryland State School Health Council) http://www.marylandstateschoolhealthcouncil.org/Aboutus.aspx
[vii] Montgomery County Department of Recreation: http://www6.montgomerycountymd.gov/rectmpl.asp?url=/content/rec/index.asp
[viii] Maryland-National Capital Park and Planning Commission-Montgomery County: http://www.mncppc.org/Our_Departments/Montgomery_County.html
[ix] University of Maryland Extension, Montgomery County: http://extension.umd.edu/montgomery-county
[x] Montgomery County Food Council: http://www.mocofoodcouncil.org/
[xi] Holy Cross Hospital: http://www.holycrosshealth.org/
[xii] Medstar Montgomery Medical Center: https://www.medstarhealth.org/montgomery/Pages/default.aspx
[xiii] Medstar Montgomery Medical Center: https://www.medstarhealth.org/montgomery/Pages/default.aspx
[xiv] Adventist Healthcare: http://www.adventisthealthcare.com/
[xv] Adventist Healthcare: http://www.adventisthealthcare.com/
[xvi] Suburban Hospital, Johns Hopkins Medicine: https://www.suburbanhospital.org/