



STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Annapolis, MD 21401, Room 336

Office (410) 260-6290 Fax No. (410) 626-0304

Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor

John A. Hurson, Chairman - Nelson J. Sabatini, Vice Chairman - Mark Luckner, Executive Director

LHIC Grant Application Cover Sheet FY 2013-FY 2014

State Health Improvement Process: Supporting Local Health Improvement Coalitions (LHICs) to Fuel Local Action and Improve Community Health

LHIC Designated Applicant Organization:

Name of Organization: Howard County Local Health Improvement Coalition

Federal Identification Number (EIN): 52-1892929

Street Address: 7178 Columbia Gateway Dr.

City: Columbia State: MD Zip Code: 21046 County: Howard

LHIC Official Authorized to Execute Grants/Contracts:

Name: Maura Rossman

Title: Health Officer E-mail: mrossman@howardcountymd.gov

Phone: 410-313-6363 Fax: 410-313-6303

Signature: *Maura Rossman* Date: 5/31/13

LHIC Project Director (if different than the official authorized to execute contracts)

Name: Amanda Nugent

Title: Acting Director of Health Policy and Communication E-mail: anugent@howardcountymd.gov

Phone: 410-313-6233 Fax: 410-313-6303

Overall LHIC Grant Funding Request:

(Range of \$150,000 to \$250,000 may be provided by CHRC on a competitive basis; funding requests below \$150,000 will also be received and considered).

2. LHIC Local Health Action Plan

Howard County's Local Health Improvement Coalition: 2012-2014 Local Health Improvement Action Plan

Submitted to:

Mark Luckner, Executive Director
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Submitted by:

Maura Rossman, MD
Health Officer & Chair, Local Health Improvement Coalition
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046
mrossman@howardcountymd.gov
Tel: 410-313-6363

June 3, 2013

Howard County's Local Health Improvement Coalition: 2012-2014 Local Health Improvement Action Plan

1. Local Health Planning Coalition Description

See Appendix A: Health Planning and Coalition Description

2. Local Health Data Profile- Local Health Disparities and SHIP Data

The Howard County Local Health Improvement Coalition (LHIC) is responsible for guiding local health planning specifically as it relates to addressing health disparities and inequities in the local community. Local health data available from SHIP and other sources, despite their limitations (e.g., limited availability of data for Asian or Hispanic populations), demonstrate health disparities that require local attention and action.

Table 1 presents selected SHIP objectives for Howard County. In 2010, Blacks in Howard County had higher rates than the County baseline and than Whites (and Asians, for those indicators where data for Asians are available) for emergency department visits for diabetes, asthma, and hypertension. Racial/ethnic disparities also exist for the percentage of adults who were at a healthy weight (i.e., not obese/overweight) based on 2006-2008 BRFSS data, in which Asians demonstrated the highest proportion of healthy weights for adults (52.8%), followed by Whites (42.7%) and Blacks (28.4%). Blacks and Whites demonstrate a higher cancer mortality burden compared to Asians. It is also important to note data related to chronic disease mortality, morbidity, and risk factors that are *not* available at this time, including: mortality rates for heart disease among Hispanics and Asians; obesity/overweight prevalence among Hispanics; tobacco use among Hispanics; and the cancer death rate for Hispanics. Many of the SHIP measures have been updated with 2012 data, others will be updated once the data is available.

Table 1. Selected SHIP Objectives: Howard County Baseline vs. Racial/Ethnic Disparities

Obj. #	Objective Name	Objective Description	County Baseline (2011)	County Update (2012)	County Disparities (2011)	County Disparities Update (2012)
27	Reduce diabetes-related emergency department visits	Rate of ED visits for diabetes per 100,000 population (HSCRC 2010)	142.1	138.2	White--103.1 Black – 360.6	White--112.5 Black--303.0 Asian – 48.5
17	Reduce hospital emergency department visits from asthma	Rate of ED visits for asthma per 10,000 population (HSCRC 2010)	50.5	33.2	White – 30.0 Black –130.3 Asian – 21.4 Hispanic – 62.2	White--20.7 Black--85.1 Asian--11.3 Hispanic--38.0
28	Reduce hypertension-related emergency department visits	Rate of ED visits for hypertension per 100,000 population (HSCRC 2010)	117.4	115.3	White – 79.0 Black –312.8	White--71.7 Black--328.2
30	Increase the proportion of adults who are at a healthy weight	Percentage of adults who are at a healthy weight (not overweight or obese) (BRFSS 2008-2010)	41.5%	No Update Available	NH White --42.7% Black--28.4% Asian--52.8%	No update available
25	Reduce deaths from heart disease	Rate of heart disease deaths per 100,000 population (age adjusted) (VSA 2007-2009)	169.6	150.1	White--170.1 Black--165.6	White – 160.5 Black – 154.0 API – 77.7

Obj. #	Objective Name	Objective	County	County Update (2012)	County Disparities (2011)	County Disparities Update (2012)
26	Reduce the overall cancer death rate	Rate of cancer deaths per 100,000 population (age adjusted) (VSA 2007-2009)	161.2	145.6	White--199.0 Black--181.9 Asian--100.7	White – 153.4 Black – 145.6 API – 112.4
32	Reduce tobacco use by adults	Percentage of adults who currently smoke (BRFSS 2008-2010)	7.2%	No update available	White --8.1% Black--7.4% Asian--5.1%	No update available
39	Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines	Percentage of people who reported there was a time in the last 12 months they could not afford to see a doctor (BRFSS 2008-2010)	7.2%	No update available	White/NH--4.1% Black--12.8%	No update available

Source: DHMH, *Howard County Disparities*, Maryland SHIP, October 28, 2011

Addressing health disparities and implementing policies and programs to achieve greater health equity in Howard County is particularly important because of the increasing racial, ethnic, and linguistic diversity of the local population. The foreign-born population in Howard County has grown over the past decade. Data from 2006-2008 American Community Survey indicate that there are approximately 41,888 foreign-born individuals residing in the county. Of these, 55% are U.S. citizens. The number of county residents that speak a language other than English at home was 54,143 in 2009, representing 21% of the population age five and older.¹ Over the past decade, the Howard County Health Department has been spending significantly more on translation and interpretation services to account for increasing demand for services among the non-English speaking population. HCHD clinics and Healthy Howard's Door to Healthcare report serving a client population that collectively speaks a total of over 20 languages other than English. The significant numbers of undocumented County residents presents particular challenges to all organizations that deliver services to this population, whether they are publicly-funded agencies or private nonprofits.

¹ U.S. Census Bureau, 2009 American Community Survey 1-Year Estimates.

Additional areas of need flagged in the State Health Improvement Process (SHIP), include the proportion of children and adolescents receiving Medicaid who receive dental care, life expectancy at birth, the percentage of adults who have had a flu shot in the last year, and the percentage of children who enter kindergarten ready to learn.²

3. Local Health Context

Overview

Howard County is a relatively affluent, educated, and healthy community inhabited by 287, 085 residents. The county population increased 15% from 2000-2010. According to the 2010 Census, the age distribution of the Howard County population is similar to that of the state population. The racial/ethnic distribution in Howard County is 58% White, 18% Black, 14% Asian, and 6% Hispanic. From 2000-2010, Howard County's African American population grew by 39% and the County's Hispanic population increased by 123%.³ Howard County's mortality and morbidity indicators are overall positive compared to most Maryland jurisdictions. Compared to other areas in the state, Howard County demonstrates a relatively low prevalence of chronic disease risk factors including physical inactivity, smoking, high blood pressure, and diabetes. However this is only part of the story.

Understanding Local Health Needs

Comparing Howard County to other Maryland jurisdictions does not offer a complete picture of the health needs and challenges faced here, particularly in the areas of chronic disease risk factor prevalence, chronic disease burden, and health disparities. Compared to state and national data on chronic disease risk factors, Howard County residents demonstrate a relatively low prevalence of physical inactivity, smoking, high blood pressure, and diabetes, which are all risk factors for chronic disease. However, despite their relatively low prevalence of these risk factors, Howard County residents are not immune to chronic disease risks. For example, Howard County residents have a higher risk of high cholesterol (41% vs. 37% State vs. 37% national). In addition, the percentage of Howard County adults who are overweight (35%) is equivalent to State and national rates (both 36%). Finally, while the percentage of Howard County adults who are obese (22%) is lower than the State and national data (26% and 27%, respectively), obesity prevalence is not as low as might be expected given the relatively high level of physical activity and relatively low levels of other risk factors previously discussed.⁴

The Howard County population also experiences a significant burden of chronic disease on par with statewide data. Statewide, 63.7% of deaths in Maryland are caused by chronic disease – heart disease, stroke, cancer, chronic obstructive pulmonary disease (COPD), and diabetes. The proportion of deaths due to chronic disease in Howard County is 60%, which represents the leading cause of death in Howard County.⁵ Based on 2009 data from the Maryland Behavioral Risk Factor Surveillance Survey (BRFSS), cancer is the most prevalent chronic disease among Howard County residents, followed by diabetes, angina, heart attack, and stroke. In other words, the burden of chronic disease

² State Health Improvement Process (SHIP), Maryland Department of Health and Mental Hygiene, *SHIP Profile: Howard County*. Available at: http://eh.dhmh.md.gov/ship/SHIP_Profile_Howard.pdf.

³ 2010 U.S. Census Report. U.S. Census Bureau

⁴ Maryland Department of Health and Mental Hygiene. *Burden of Chronic Disease: Howard County*. 2011.

⁵ Maryland Department of Health and Mental Hygiene. *Burden of Chronic Disease: Howard County*. 2011.

is comparable to that across the state, despite the relatively healthy state of the County's population as compared to the State on other health indicators and outcomes.

Another important factor in assessing the specific local health needs in Howard County is an understanding of the demographics of the population served by the Howard County Health Department, which often have a higher proportion of Black and Hispanic clients and a lower proportion of White and Asian clients compared to the general population of the County. For example, the Howard County WIC program had a total enrollment of 4,935 women, infants and children as of December 2011. Of these, 34% were White, 29% Black, 23% Hispanic, and 9% Asian.⁶ In the HCHD family planning clinic, 45% of women seen in FY10 self-identified as having limited English proficiency (LEP) and 52% of family planning clients were Hispanic. Howard County's family planning program has also experienced an increase in the number of foreign-born Asian clients from countries such as Burma, China, and Korea. In FY09, 15% of Asian family planning clients requested an interpreter.

A strong and overarching theme throughout all LHIC discussions to date has been the significant need for increased local capacity to deliver culturally-competent health services, navigators, and "connector" organizations to connect the uninsured, underinsured, and/or foreign-born and LES populations to health care and services.

Funding Landscape

At the same time that local population demographics are shifting and demand for public and community-based services is increasing, state funding for local public health has been cut significantly. During the 2011 Maryland General Assembly legislative session, state funding cuts to core public health funding were made permanent with the elimination of the population-based formula approach used since 1997, and Howard County took a 48% funding cut. Other substantial cuts have been made to other funding sources including chronic disease prevention, tobacco prevention and cessation (cut by 71%), substance abuse services, and cancer control. As a result, services have been cut or eliminated, positions have been eliminated or held vacant, and all available budget efficiencies have been exhausted.

HCHD secured a 2-year Community Transformation Grant award for work in the areas of childhood obesity prevention, tobacco prevention, and chronic disease prevention. The CTG proposal was very well-aligned with the priorities of the Local Health Improvement Coalition, and almost all LHIC member organizations provided letters of support for the HCHD proposal.

Responding to the Need for Better Local Disparities Data

In 2011, a consortium of public and private partners (Howard County General Hospital, Horizon Foundation, the Columbia Association, and the Howard County Health Department) came together to discuss local health data needs. As a result, these organizations are collaborating on the development and implementation of a Biannual Health Survey to be administered four times starting in 2012-2013. OpinionWorks, designed the survey instrument and Simplicity Metrics developed our materials. (Appendix A). The survey included questions concerning local health data and disparities data otherwise unavailable to the LHIC, policymakers, and funders.

⁶ Howard County Health Department, WIC Program data, January 30, 2012.

4. Local Health Improvement Priorities 2012-2014

Howard County Local Health Improvement Coalition has set three top priorities as the main focus of its work aimed to reduce disparities and improve outcomes. These priorities were chosen with consideration of the following criteria:

- High levels of disparities related to this health outcome.
- Improving this issue would affect large populations.
- Addressing the priority can improve a number of different health outcomes.
- There is a high cost and long-term impact of not addressing the issue.
- Organizations in the LHIC can make change happen related to the priority.
- Results can be quantified.

PRIMARY OUTCOMES: Disparities will be reduced and outcomes will improve in the three key priority areas. Specifically:

1. Access to health care will be increased and delays in accessing medical care will be reduced.
2. More people will achieve a healthy weight
3. Behavioral health services are available and fewer behavioral health emergencies occur.

RELATED OUTCOMES:

- Improve collaboration and shared vision between key stakeholders and systems – the hospital, school system, health department, nonprofit community, etc.
- Increase funding for addressing health disparities and improving health outcomes.
- Health and wellness services will be more accessible and appropriate for people of different cultures, language ability, and immigration status.
- Ensure local data is available on health disparities and their causes, including issues of race and ethnicity, undocumented status, income level, gender, and other factors.
- Raise awareness among residents of health disparities and their causes.
- Health access will be inclusive of services for mental health, substance abuse, and will meet the needs of people with disabilities.
- Develop and adopt new policies to improve health equity.
- Coordinate and publicize existing health, health education, and wellness services in Howard County.

OVERARCHING LHIC STRATEGIES TO ADDRESS DISPARITIES

- Include more people and organizations affected by disparities in the LHIC and other efforts to reduce disparities.
- Outreach and gather data on health needs of specific populations including diversity in terms of income level, gender, race, ethnicity, language, and immigration status, as well as other characteristic such as veterans and military families, commuters, and farmers. Address gaps in data on health outcomes for Hispanic and Asian populations.
- Reach out to faith-based communities and nonprofit human services organizations.
- Devote more resources for language access.
- Ensure strategies are culturally and age appropriate.

PRIORITY #1: Increase access to health care.

Background: People having access to health care is fundamental to achieving improvement in nearly all health outcomes. Significant disparities in access exist in Howard County related to different racial groups and immigration status.

Measure

1a) Reduce the proportion of people who reported there was a time in the last 12 months they could not afford to see a doctor (obtain medical care, dental care, or prescriptions).

Data Sources and Definitions:

- BRFSS: Percentage of people who, in the last 12 months, have had a time when they could not afford to see a doctor (Source: SHIP)

Baseline Data

1a) The baseline data for this measure are:

County: 7.2%
African American: 12.8%
Hispanic: Not Available
White: 4.1%
Asian: Not Available

Goals

1a) By March 1, 2014, Howard County will achieve the following outcomes:

County: 5.8% (20% reduction)
African American: 7.2 % (55% reduction)
Hispanic: Obtain a local measure
White: 3.2 % (20% reduction)
Asian: Obtain a local measure

Strategies

- A. Develop a Community Integrated Medical Home.
- B. Identify and reduce barriers to access to existing services such as lack of knowledge/information, language barriers, transportation and barriers for specific populations such as seniors, low-income residents, etc.
- C. Collaborate among service providers to educate and share knowledge of available services and market the availability of services to communities affected by disparities.
- D. Increase access to care for people who are not eligible for subsidized health care but aren't able to afford full coverage by providing funding for more services that are low-cost or free. Expand hours of operation to make them more accessible.
- E. Enroll people who are eligible for existing programs. Current programs at DSS and Healthy Howard enroll people but do not have resources to meet growing demand or to do outreach.
- F. Develop a County hotline for people who are uninsured or who are insured but need help connecting to the care they need.
- G. Assess healthcare access through school enrollment and refer uninsured to a hotline for

coverage.

- H. Create greater access to care for undocumented immigrants.
- I. Open access and eligibility for services at urgent care centers, inclusive of behavioral health services.
- J. Promote preventive care for all populations by exploring standards and policies to ensure people have a medical home.

PRIORITY #2: Enable people of all ages to achieve and maintain a healthy weight through healthy eating and physical activity.

Background: Obesity prevention has been selected as a local health priority area because of its potential to improve a variety of important health outcomes that affect County residents and demonstrate health disparities, including diabetes, hypertension, heart disease, stroke, cancer and behavioral health problems. Healthy eating and active living not only improves health status, it is a wellness goal that when achieved enhances the quality of life and ability to be productive participants in society (students, employees, etc.) for individuals, families, and communities.

Measures

2a) Percentage of adults who are at a healthy weight (i.e., not overweight or obese) based on their Body Mass Index (BMI).

Data Sources and Definitions:

- Behavioral Risk Factor Surveillance Survey (BRFSS). Body Mass Index (BMI) determined through self-reported height and weight that is less than 25.0 kg/m². (Source: SHIP)

2b) Proportion of adolescents who are at a healthy weight (i.e., not obese) based on their Body Mass Index (BMI). Obese children have a BMI that is equal to or above 95% percentile for their age and height.

Data Sources and Definitions:

- Maryland Youth Tobacco Survey: The percentage of children who are obese are adolescents ages 12 to 19 attending public school who have a Body Mass Index (BMI) (determined through self-reported height and weight) equal to or above the 95th percentile for age and gender. (Source: SHIP)

2c) Proportion of children ages 2-14 who are at a healthy weight (i.e., not obese) based on their Body Mass Index (BMI). Obese children have a BMI that is equal to or above 95% percentile for their age and gender.

Data Sources and Definitions:

- WIC client data: BMIs for children ages 2-5 based on age and gender (Source: HCHD)
- FitnessGram data for 4th-8th grade students (Source: HCPSS)
- Healthy Childcare: BMIs for children ages 2-5 as a percentile for their age and gender (Source: Healthy Howard)

Baseline Data

2a) The baseline data for this measure are:

County: 41.5%
African American: 28.4%

Hispanic: Not Available
White: 42.7%
Asian: 52.8%

2b) The baseline data for this measure are:

County: 92.0%
African American: Not Available
Hispanic: Not Available
White: Not Available
Asian: Not Available

2c) To be determined by LHIC Obesity Prevention Working Group.

Goals for 2014

2a) By March 1, 2014, Howard County will achieve the following outcomes for this measure:

County: 50% (Increase of 20%)
African American: 40% (Increase of 40%)
Hispanic: Obtain a Local Measure
White: Obtain a Local Measure
Asian: Obtain a Local Measure

2b) By March 1, 2014, Howard County will achieve the following outcomes for this measure:

County: 96% (Increase of 43%)
African American: Obtain a Local Measure
Hispanic: Obtain a Local Measure
White: Obtain a Local Measure
Asian: Obtain a Local Measure

2c) By March 1, 2014, Howard County will achieve the following outcomes for this measure:

To be determined by LHIC Obesity Prevention Working Group.

Strategies:

- A. Bring together and coordinate efforts among a wide group of players that have a stake in promoting healthy weight, including schools, parents, employers, faith-based organizations, health care providers, interest groups (such as associations focused on heart disease or diabetes), nonprofit organizations that provide nutritional support (such as food banks) and others.
- B. Develop awareness campaigns and marketing messages such as the First Lady's "Let's Move" initiative. Create incentives for people and communities to participate, such as community targets for BMI.
- C. Work with and educate health care providers, including Medicaid and CHIP providers, to include

- age-appropriate BMI screening and counseling as part of regular health check-ups.
- D. Create a repository of resources for referrals for individuals and groups working on achieving a healthy weight.
 - E. Improve access to opportunities for physical activity by people with disabilities.
 - F. Help establish and revise wellness policies (schools, government offices, workplaces) to emphasize opportunities and incentives for physical activity and good nutrition. Look to new technology platform implemented by HCPSS for healthy workplace incentives.
 - G. Increase outreach and connections between mental health and eating behaviors.
 - H. Expand health coaching such as that offered by Healthy Howard to enable populations affected by disparities to gain access to health coaches and physical trainers.
 - I. Increase physical activity at schools through trained recess monitors and well-trained physical education teachers and ensure adequate time for physical activity.
 - J. Increase access to healthy food by expansion of programs like the SHARE program (boxes of groceries), food pantries, Community Action Council Garden, School Breakfast and First Class Breakfast programs, after-school supper program, summer food programs, senior nutrition programs, and adding EBT machines to enable people to buy food from farmers markets with food stamps.

PRIORITY #3: Expand access to behavioral health resources and reduce behavioral health emergencies.

Background: Access to behavioral health resources (including mental health and addictions) was identified as a significant gap in the county, especially for youth. Good behavioral health is related to a number of other important health outcomes, and may impact a person’s ability to access the healthcare that they need.

Measure

3a) Rate of Emergency Department (ED) visits for a behavioral health condition per 100,000.

Data Sources and Definitions:

- HSCRC Emergency Department diagnostic code data (SHIP)

Baseline

3a) The baseline data for this measure are:

- County: 806.7 ED visits per 100,000
- African American: 1219.4
- Hispanic: 442.3
- White: 808.9
- Asian: 233.1

Goal

3a) By March 1, 2014, Howard County will achieve the following outcomes for this measure

- County: 645 ED visits per 100,000 (20% reduction)
- African American: 806 ED visits per 100,000 (35% reduction)
- Hispanic: 354 (20% reduction)
- White: 645 (20% reduction)

Asian: 186 ED (20% reduction)

Strategies

- A. Analyze SHIP data in collaboration with Howard County General Hospital to gain understanding of distribution of ICD codes for behavioral health ED visits.
- B. Incorporate behavioral health assessments into preventive care, primary care and other assessments/screenings.
- C. Promote emotional wellness as part of overall health.
- D. Educate physicians, including pediatricians, to identify behavioral health issues.
- E. Create an easy-access referral system, including a hotline number, to define eligibility for services and help people gain access to them.
- F. Create a single point of entry for mental health and substance use issues.
- G. Learn more about how behavioral health issues affect different populations and where disparities exist.
- H. Analyze gaps and funding resources.
- I. Identify and address administrative barriers to care.
- J. Review capabilities of urgent care centers keep a current directory of services, and increase capacity of urgent care centers to include behavioral health services.
- K. Educate the public about behavioral health issues, how to identify when friends or family may be having issues, and where to go for help. Incorporate into the school health curriculum.
- L. Review behavioral health data and ensure all ages, including youth and seniors, have access to behavioral health services.

5. Local Health Planning Resources and Sustainability

Howard County's Local Health Improvement Coalition (LHIC) includes 50 actively engaged and dedicated stakeholders from across Howard County representing a variety of key agencies, organizations, and communities affected by health disparities. The LHIC has begun its work to improve health equity in the Howard County community by undertaking a transparent, inclusive local health improvement process that continuously engages diverse stakeholders, provides a more clear understanding of the prevalence and causes of local health disparities, and develops an action plan to improve local health outcomes in alignment with the State Health Improvement Process (SHIP).

The Coalition is accountable to the State for a 2-year Local Health Improvement Action Plan and will take immediate steps toward achieving its vision. The LHIC is committed to working within the County over the long term as it recognizes that achieving health equity will take time and perseverance. At the March 12 meeting, the LHIC will set a 2012-2013 meeting schedule for the full group and three working groups (one per priority area). In addition, the Health Department will immediately incorporate the LHIC measures into a new section of its "HealthStat" report, an internal performance measurement tool used in monthly meetings to track and evaluate progress in departmental programs and initiatives.

The Health Department will continue to provide high-level support for the LHIC's work in the areas of planning, communications, data collection and analysis, project management, and resource development. Potential funding sources to sustain and evaluate the outcomes of the Local Health Improvement Action Plan include the Maryland Community Health Resources Commission (CHRC) and Community Transformation Grant funding through the Department of Health and Mental Hygiene. Additional funding may be sought from partnership and LHIC member organizations.

6. Timeline and Methods for the Community Health Needs Assessment (Optional)

Howard County General Hospital a key member of the LHIC reports that they have completed their Community Health Needs Assessment using the Howard County Health Assessment Survey.

Appendix A :
Health Planning and Coalition Description

Health Coalition and Planning Description

1st Funding Round Deadline – November 1, 2011

2nd Funding Round Deadline – December 31, 2011

1. **Jurisdiction/Region Name** Howard County

2. **Local Health Action Planning Coalition Leadership and Contact Information**

a. Local/Regional Public Health Coalition Leader (Health Officer Name, Title, Address, Telephone, e-mail address)

LHIC Chair: Dr. Maura Rossman, Health Officer
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046
(410) 313-6363
mrossman@howardcountymd.gov

b. If applicable, Other (Name, Title, Organization, Telephone, e-mail address)

LHIP Director: Amanda Nugent, MPH
Acting Director of Health Policy and Communications
HCHD
7178 Columbia Gateway Drive
Columbia, MD 21046
(410) 313-6233
anugent@howardcountymd.gov

3. **Local Health Action Planning Coalition Membership (names, titles, organizations)**

Attached as separate document.

4. **Local Health Action Planning Coalition Structure (committees, workgroups and chairs)**

Full Coalition: As of 12/31/11=39 members; as of 3/30/13 = 59 members

Working Group: 9 volunteer members from the Full LHIC

5. **Health Planning Coalition Vision and Mission Statement**

VISION

All residents of Howard County will have access to health care and health outcomes will be equitable for all.

MISSION

Howard County's Local Health Improvement Coalition works to achieve health equity in Howard County and to identify and reduce health disparities.

EXPECTED 2- YEAR GOALS/OUTCOMES

- a) Develop a Community Integrated Medical Home.
- b) Improve collaboration and shared vision between key stakeholders and systems – the hospital, school system, health department, nonprofit community, etc.
- c) Increase funding for addressing health disparities and improving health outcomes.
- d) Health and wellness services will be more accessible and appropriate for people of different cultures, language ability, and immigration status.
- e) Ensure local data is available on health disparities and their causes, including issues of race and ethnicity, undocumented status, income level, gender, and other factors.
- f) Raise awareness among residents of health disparities and their causes.
- g) Health access will be inclusive of services for mental health, substance abuse, and will meet the needs of people with disabilities.
- h) Develop and adopt new policies to improve health equity.
- i) Coordinate and publicize existing health, health education, and wellness services in Howard County.

VALUES

- Evidence-based
- All stakeholders have a voice
- Inclusive of Howard County's diverse community
- Collaboration
- Transparency

ABOUT HOWARD COUNTY LOCAL HEALTH IMPROVEMENT COALITION

Howard County's Local Health Improvement Coalition (HCLHIC) includes nearly 60 stakeholders from across

Howard County. The HCLHIC works to improve health equity in the Howard County community by undertaking a transparent, inclusive local health improvement process that engages diverse stakeholders, provides a more clear understanding of the prevalence and causes of local health disparities, and develops an action plan to improve local health outcomes in alignment with the State Health Improvement Process (SHIP).

6. Activities/Schedules – Health Planning Coalition meeting dates and schedules (include link to local websites for public meeting schedules to be posted on the SHIP website)

Webpage: <http://www.howardcountymd.gov/DisplayPrimary.aspx?id=6442463227>

Meeting Schedule for 2013:

January 14

February 11

March 11

May 13

July 8

September 9

November 18

7. Documents (Optional) –Local/Regional Community Health Assessments, Plans and other related documents as available for posting on the SHIP website.

Submitted by Amanda Nugent -anugent@howardcountymd.gov and (410) 313-6233

Finalized: December 21, 2011

Revise: May 30, 2013

Local Health Improvement Coalition: Howard County

Revised 3/1/13

Name	Organization	Title	Category
Albert, Barbara	Howard County Office on Aging/ SHIP		
Anantua, Bob	Build Haiti Foundation	President	Community organization
Anderson, Erin	United Health Care	Health Educator	Health insurer
Barnum, Charles	Kappa Alpha Psi		Community organization
Beatty, Carol	The Arc of Howard County	Executive Director	Community service provider (nonprofit)
Blackburn, Dr. Julie	Columbia Association	Assistant manager of The Columbia Gym	Community organization
Blackwell, Paula	FIRN/MOTA	Program Manager	Community service provider (nonprofit)
Blevins, Mike	Howard County Recreation and Parks	Manager	County government
Blitz, Joy	Johns Hopkins School of Public Health	Preventive Medicine Resident	
Booth, Lenora	Alpha Kappa Alpha Sorority	President	Community organization
Briscoe, Wauseca	Saint Agnes Hospital		Hospital
Brown, Dayna	Department of Citizen Services, Office on Aging	Administrator	County government
Brown, Raymond	Howard County Public School System	Chief Operating Officer	Schools
Buchanan, Juli	Chase Brexton Health Services, Inc.	Director of Behavioral Health	Service provider
Butler, Dr. Georgene	Howard Community College	Division Chair, Health	Community

Name	Organization	Title	Category
		Sciences	organization
Carunungan, Maria	Howard County Health Department	WIC Program Director	Local health department
Chang, Bianca	Chinese Language School of Columbia	Principal	Community Organization
Collins, Laurie	Howard County Public School System	Instructional Facilitator, Family and Consumer Science	Schools
Dayhoff, Bitá	Community Action Council of Howard County	President	Community service provider (nonprofit)
de la Torre, Desiree	Johns Hopkins Health System	Representative	Hospital
Dodson Reed, Candace	Office of the County Executive	Director, Constituent and Community Affairs; African American Roundtable	County government
Doerr, Gail	Howard County Board of Health	Member	Board of Health
Driessen, Joan	ACS	Acting Executive Director	Community organization
England, Brian	British American Auto Care	Owner	Business
Flynn, Leslie	Columbia Association	General Manager of the Columbia Athletic Club	Community organization
Garcia, Hector	FIRN Howard County	Executive Director	Community organization
Giromini, Bob	We Promote Health	Vice President	Community organization
Gleichauf, Paul	Howard County General Hospital	Senior Vice President, Planning & Marketing	Hospital
Gotthainer, Ronna	Howard County Health Department	Deputy Health Officer	Local Health
Guercio, Jesse	Humanim Inc.	Director of Behavioral Health	Community Orgnaization

Name	Organization	Title	Category
Hall, Christine	Healthy Howard	Health Policy & Advocacy Manager	Community service provider (nonprofit)
Hayes, Yvette	BBMS PTA	President	Schools
Hershkovitz, Lena	Healthy Howard, Inc.	Director of Eligibility Services	Community service provider (nonprofit)
Highsmith Vernick, Nikki	Horizon Foundation	President/CEO	Funder
Hoffman, Peggy	Office on Aging	ADRC Division Manager	County Government
Hu, Rev. Kwon	Asian American Healthcare Center	Representative	Community service provider (nonprofit)
Hull, M.L.	Phi Beta Sigma Fraternity	Representative	Community organization
Hyde, Keri	Howard County OCS	Administrator	County government
Ingram, Andrea	Grassroots Crisis Intervention	Executive Director	Board to Promote Self-Sufficiency; Community service provider (nonprofit)
Jolles, Brian	We Promote Health	President	Community organization
King, Dr. Tracie	Bay Family Eye Care/ MD Optometric Association	Private Practice Optometrist/President-Elect	Provider
Kohn, Stuart	Howard County Citizens Association	Board Member	Community organization
Lee, Amy	Asian American Healthcare Center	President	Community service provider (nonprofit)
Lee, David	Office of the County Executive	Special Assistant for Minority Affairs	<u>County government</u>
Leitzer, Tom	Priority Partners		Community Organization
Lindsley, Matt	Horizon Foundation	Intern	Funder

Name	Organization	Title	Category
McClave, Robin	Healthy Howard	Director CHP/CDP	Community service provider (nonprofit)
McLaughlin, Jo H	Transition Howard County		County Government
Melendez, Rosimar	Horizon Foundation	Senior Staff Associate	Funder
Miller, Cassandra	Department of Student, Family and Community Services	Specialist, Family and Community Outreach Program	Schools
Miller, Cindi	Howard County General Hospital	Director of Community Health Education	Hospital
Minsk, Paula	MD Chapter of the American Academy of Pediatrics	Executive Director	Community organization
Monjan, Andrew	Transition Howard County		County Government
Monroe , Dwyan	Advisory Board Member for Healthy Howard	Community Health Outreach Consultant	Community Organization
Morgal, Nicola	Howard County Recreation and Parks	Manager	County government
Nester, Colleen	Howard County Health Department	Social Worker/Program Manager	Staff to Coalition
Osborne, Lisette	Howard County Health Department	Director of Nursing, Bureau of Community and Child Health	Local health department
Phillips, Wanda	Howard County Department of Housing and Community Development	Family Self Sufficiency Coordinator	County government
Ramsing, Becky	University of Maryland Extension	Nutrition, Health and Wellness Educator	County government
Rangos, Linda	Howard County Public School System	Coordinator	Schools
Robinson, Mia	It Takes a Village Foundation	President & CEO	Community Organization
Rossmann, Maura	Howard County Health Department	Health Officer	Local health

Name	Organization	Title	Category
			department
Schneider, Glenn	Horizon Foundation	Chief Program Officer	Funder
Scornaienchi, Joan Webb	HC DrugFree	Executive Director	Community organization
Segal, Carl	Private Practice Psychiatrist	MD	Service provider
Shimabukuro, Kelli	Howard County Library	Community Education & Partnerships	Community organization
Sigaty, Mary Kay	Howard County Council	Member, District 4	Local Elected Official
Simon, Alexandra	Alianza Hispana		
Sola-Carter, Feli	Conexiones	President	Non-Profit Organization
Sowers, Starr	Office on Aging; Department of Citizen Services	Health & Wellness	County government
Stevens, Julie	Houlihan's Restaurant	Owner	Business
Sunwoo, Emily	Asian American Healthcare Center		Service provider
Tate, Arleen	Delta Sigma Theta Sorority	Representative	Community organization
Thompson, Nancy	Talbott Springs Elementary School	Principal	Schools
Turner, Rev. Robert	St. John Baptist Church	Pastor	Faith-based organization
Wasserman, Dr. Barbara	Howard County Nutrition and Physical Activity Coalition (NPAC)	Chair	Community organization
Weaverling, Jill	Chase Brexton Health Services, Inc.	Development and Communications Specialist	Service provider
Wells, Donna	Howard County Mental Health Authority	Director	Community service provider (nonprofit)
Wildesen, Faith	Healthy Howard , Inc.	Community Health Promotion Manager	Community service provider

Name	Organization	Title	Category
Williams, Tracey	Alpha Kappa Alpha Sorority Inc. & HCPSS Homeless Education Program	1st Vice President & PPW	Community organization; Schools
Zimmerman, Kathy	Economic Development Authority	Agricultural Marketing Specialist	County government
Zumbrun, Linda	Howard County Department of Social Services	Assistant Director for Community Initiatives	County government

3. Project Narrative

Introduction: Howard County Local Health Improvement Coalition

The Local Health Improvement Coalition (LHIC) is a very dedicated group of over 60 members representing more than 30 organizations that has developed and maintained the momentum to reduce health disparities and ensure measurable and meaningful progress on improving local health priority outcomes: Access to Health Care, Obesity Prevention, and Behavioral Health. The Howard County LHIC selected three priorities for the *2012-2014 Local Health Improvement Action Plan*. These priority areas were determined based on data from the State Health Improvement Process (SHIP), LHIC stakeholder input, research on evidence-based strategies to improve community health outcomes and reduce health disparities, the local understanding of the impact of the Affordable Care Act (ACA) on local public health systems, and public input received during the development of the action plan. Although Howard County has higher educational attainment and higher incomes compared to the nation, our chronic disease death rates are on par with national rates and improvement is needed.

Howard County's LHIC priority action areas are:

1. To increase residents' access to quality, affordable health care.
2. To enable people of all ages to achieve and maintain a healthy weight through healthy eating and physical activity.
3. To expand residents' access to behavioral health resources and reduce behavioral health emergencies.

Successes

The Howard County LHIC has been very successful in implementing the action steps of the Local Health Improvement Plan. Many of the action steps were addressed through the implementation of the Howard County Health Assessment Survey (HCHAS), policy work of LHIC members, and the continued marketing and outreach of the LHIC to the community. The following are a few of the greater successes of the Howard County LHIC.

- Fielded a new adult health survey. The 2012 HCHAS was commissioned by the Horizon Foundation, the Howard County Health Department, Howard County General Hospital, and the Columbia Association. More than 2,000 interviews were conducted between July 30 and October 3, 2012. The results were released in May 2013. The following materials were developed to enhance dissemination to potential partners, stakeholders, and the public: website (www.howardcountyhealthsurvey.com), executive summary, fact sheets, and trainers' guide. (Appendix A)
- Worked to improve the Howard County Public School System (HCPSS) Health and Wellness Policy to emphasize opportunities and incentives for physical activity and good nutrition. Members of the LHIC sat on the policy committee and made best practices recommendations to HCPSS. Three key recommendations of the policy committee will be implemented this coming school year: a healthy breakfast will be available to students in all schools; student-accessible vending machines will adhere to Institute of Medicine Standards; and elementary school recess will have a standard 30 minute time frame.

LHIC members will continue to work with the school system over the summer to make further improvements to the wellness policy. (Appendix B)

- Coordinated and implemented training to educate health care providers, including Medicaid and CHIP providers, to include age-appropriate BMI screening and counseling as part of regular health check-ups. Surveys of current provider practices educating families on child's overweight or obese status were conducted. Material development is ongoing and a provider training is tentatively scheduled for October 2013.
- Designed and disseminated a weekly digest to keep LHIC members engaged. The LHIC developed a Weekly LHIC News Digest to highlight the events and updates of LHIC member organizations and the health department. Members submit items to the digest highlighting the events of their organizations. The digest is emailed electronically every Wednesday to a membership list of nearly 100 subscribers. Additionally, members are encouraged to disseminate the digest to their agencies and other organizations that may benefit from this resource. This dissemination addresses a major hurdle of many organizations working in silos by encouraging ongoing communication between member organizations. (Appendix C)
- Developed outreach materials to inform potential partners, stakeholders, and the public. The Howard County Health Department developed and distributed a brochure and PowerPoint presentation highlighting its mission, vision, and goals as well as the health status of Howard County. (Appendix D)
- Utilized social media to inform the public of the activities of the LHIC and the Health Department. Twitter, Facebook posts, and Mailchimp emails are sent out weekly to LHIC members and the public concerning access to health care, behavioral health, and other health issues.

Howard County Areas of Greatest Population Health Needs

Howard County is a relatively affluent, educated, and healthy community inhabited by approximately 299,430 residents. The county population increased by nearly 20% from 2000 to 2010. According to the 2010 Census, the age distribution of Howard County's population is similar to the state population. The racial/ethnic distribution in Howard County is 58% White, 18% African-American, 15% Asian, and 6% Hispanic. Howard County's African-American population has increased by 40% and the County's Hispanic population increased by 123%.¹ In addition to shifts in the racial/ethnic distribution of Howard County, the rate of poverty has increased as well. The Maryland State Archives report that the Howard County rate of poverty is 5.2% which is lower than the state's rate of 9.9%. However, the number of persons living in poverty in Howard County has increased by approximately 68% from 1989 to 2010.² This was further evidenced by data from the HCHAS which reported that 25% of Howard County residents were always or sometimes stressed about money for vital expenses including: rent, mortgage, and food.³

¹2010 U.S. Census Report. U.S. Census Bureau

²Maryland State Archives, Maryland Department of Health and Mental Hygiene. Available at: <http://msa.maryland.gov/msa/mdmanual/01glance/economy/html/income.html#poverty>

³Howard County Health Department, Howard County Health Assessment Survey, May 2013

While Howard County's mortality and morbidity indicators are overall positive compared to the state and other Maryland jurisdictions, there are still areas of need. The U.S. Census provided a general analysis of the status of Howard County, while the HCHAS provided greater details on the health needs of Howard County.

Low Income, Low Educational Attainment, Uninsured, and Underinsured

Access to Health Care

In 2009–2010, 48.1% of unemployed adults aged 18–64 years had health insurance compared with 81.4% of employed adults; among the insured, a higher proportion of the unemployed had public insurance.⁴ The HCHAS reports that approximately 17,965 residents in Howard County currently do not have health insurance coverage. Higher income, higher levels of educational attainment, and employment were the demographic characteristics most often associated with the attainment of health coverage and access to affordable health care.³

Health Care Coverage

- 93% of residents have some type of health care coverage
- 79% of households making less than \$50,000 a year have coverage
- 63% without a high school diploma or GED have coverage

Primary Care Doctor

- Countywide 87% of residents have a primary care doctor
- 76% of those living in households making less than \$50,000 have a primary care doctor

Health Insurance

- 95% of those employed have some type of health care insurance
- 87% of those who were self-employed have some type of health care insurance
- 85% of those unemployed were insured

Chronic Disease

Chronic diseases, such as heart disease, stroke, cancer, diabetes, and arthritis, are among the most common, costly, and preventable of all health problems in the U.S.⁵ The survey included questions about many chronic diseases, including cancer, high blood pressure, and diabetes. These medical conditions were more prevalent among residents with lower levels of educational attainment.³

³Howard County Health Department, Howard County Health Assessment Survey, May 2013

⁴Health and Access to Care Among Employed and Unemployed Adults: United States, 2009–2010. Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/nchs/data/databriefs/db83.htm>

⁵Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/chronicdisease/index.htm>

- 34% of residents with less than a high school diploma and 30% with a high school diploma reported high blood pressure, compared with 24% Countywide.
- 40% of residents with less than a high school diploma reported having asthma, compared with 13% Countywide.
- 18% of residents with less than a high school diploma have been told they have obstructive pulmonary disease, emphysema, or chronic bronchitis, compared with 4% Countywide.
- 9% of residents whose highest level of education is a high school diploma or equivalent use some kind of special health equipment like a wheelchair, cane, or special telephone. Countywide, 4% of residents use such equipment.

Health Disparities

Access to Health Care

An important factor in assessing the specific local health needs of Howard County is addressing the demographics of the population. The Health Department serves a large proportion of African-American and Hispanic clients and a lower proportion of White and Asian clients compared to the general population of the County. HCHAS respondents who identified their race as African-American or Native American/other were more likely to experience health access difficulties.³

- 95% of White residents have health coverage, compared with 89% for African-Americans, 88% of Hispanics, and 87% of those in the Native American/other category,
- 11% of African-Americans and 13% identifying as Native American/other said there was a time in the past year did not go to the doctor because of cost, compared with 5% of White residents.
- 7% of African-Americans usually go to the emergency room when sick compared with 3% of all respondents and 2% of White residents.

Chronic Disease

As a nation, 75% of our health care dollars goes to treatment of chronic diseases. These persistent conditions, the nation's leading causes of death and disability, leave in their wake deaths that could have been prevented, lifelong disability, compromised quality of life, and burgeoning health care costs.⁵ The proportion of deaths due to chronic disease in Howard County is 60%, which represents the leading cause of death in Howard County.³ HCHAS reports that a lower percentage of African-Americans were told by a doctor that they have a chronic disease, compared with White residents. See table on next page.

³Howard County Health Department, Howard County Health Assessment Survey, May 2013

⁵Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/chronicdisease/index.htm>

Have you ever been told you have...	Howard County Total	African-Americans	Whites
High Blood Pressure	24%	24%	27%
Diabetes	7%	2%	8%
Lung Disease	4%	2%	5%
Any Type of Cancer	7%	2%	10%
Heart Disease	3%	1%	3%
Asthma	13%	13%	14%

According to 2010 Maryland SHIP (State Health Improvement Process) data, African-Americans in Howard County were more likely to go to the emergency room due to hypertension, diabetes, and asthma.⁶

	African-Americans	Whites
Deaths from Heart Diseases (per 100,000)	154	160.5
Death from Cancer (per 100,000)	145.6	153.4
Hypertension-related emergency department visits (per 100,000)	328.2	70.7
Diabetes-related emergency department visits (per 100,000)	303	112.5
Asthma-related emergency room visits (per 100,000)	85.1	20.7

Source: Maryland SHIP, Howard County Profile Data

The data suggests that African-Americans in Howard County are less likely to be diagnosed with chronic diseases than White residents due to disparities in access to health care.

- 89% of African-Americans have health care coverage, compared to 95% of White residents.
- 11% of African-American residents were unable to see a doctor in the last year due to cost, compared to 5% of White residents.

⁶State Health Improvement Process (SHIP), Maryland Department of Health and Mental Hygiene, SHIP Profile: Howard County. Available at: http://eh.dhmmh.md.gov/ship/SHIP_Profile_Howard.pdf.

Developing Community-Integrated Medical Homes in Howard County

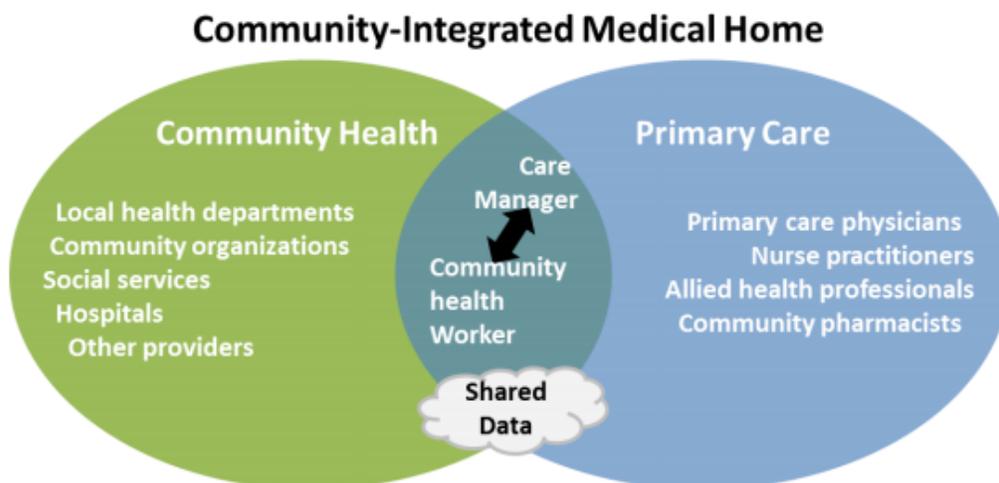
Howard County's LHIC has made great strides towards addressing the health needs of the county. A great first step was designing and implementing the Howard County Health Assessment Survey. This survey provided the first in-depth snapshot of the specific needs of the county. Howard County is often lauded for being the healthiest county in Maryland, and though this is a great honor, it overshadows the growing unique health needs of the residents of the county. There are significant challenges in the areas of chronic disease risk factor prevalence, chronic disease burden, and health disparities.

The priority areas for the LHIC also provide a strategic roadmap for the County as it plans and positions itself for the local implementation of significant federal and state health policy reforms. These include the requirements under the ACA, the activation of Maryland's Health Benefit Exchange and the role of local health systems as consumer navigators. We have focused our efforts to increase access to health care and enhance chronic disease prevention.

The LHIC is uniquely suited to assist in the development of Community-Integrated Medical Homes (CIMH) that can serve the unique health care needs of our growing population, provide our residents with high quality care, and reduce the overall cost of health care. The CIMH model will transform the health care system and truly integrate patient-centered primary care with innovative community health initiatives. The four pillars of this vision are (1) primary care, (2) community health, (3) strategic use of data, and (4) workforce development. Through this program, primary care providers will lead a team of health professionals focused on coordinating personalized care that meets the complex needs of patients. Research suggests that integration of community-based services may be a determining factor in whether or not a Patient Centered Medical Home (PCMH) model results in cost savings. If patients do not have additional tools and resources from the community to manage their health, they may not improve and may repeatedly require care in an acute setting. The solution is to both strengthen primary care and invest in community health coalitions. The LHIC's role in the CIMH is to offer complementary supports to high-risk patients, be able to identify and respond to hot spots of health needs, and monitor community and population health.

Due to the high level of community engagement, strong partnerships and data driven focus of the LHIC, it is the ideal institution to take the lead on this charge. See figure 1.

Figure 1: Community Integrated Medical Home Conceptual Model



Our LHIC is requesting funding from the CHRC to help get Howard County ready for CIMH development. To do so, our LHIC wants to 1) Use “Hotspotting” data analysis to find and effectively manage the care of high-cost patients and high utilizing patients; 2) Establish a community health worker program that improves public health for vulnerable populations and connects those at risk to high quality PCMH practices for followup; 3) increase the number of PCMH’s in the community that give patients high quality care and reduce health care costs; and 4) negotiate with the state and federal government to find a way for stakeholders to benefit from shared-savings.

1) Utilize “Hotspotting” Data Analysis

The LHIC currently functions as a repository and facilitator of data sharing and integration across the community. Fielding and analyzing the results from the HCHAS was Howard County’s LHIC initial step in ascertaining the high-needs areas in the county. Previously, Howard County’s LHIC has been able to utilize data from SHIP, RWJF County Health Rankings, Maryland Vital Statistics, and other data sources to identify the needs of the community and engage partners and stakeholders to develop initiatives to address them. The HCHAS data provided more in-depth information about the health behaviors and racial/ethnic population of Howard County. With providers transitioning to electronic health records and connecting with the Chesapeake Regional Information System for our Patients (CRISP), the LHIC can now collect, aggregate, and analyze, patient care and claims data in ways that will dramatically improve individual and public health.

Examining inpatient and emergency department claims data to identify high cost/high use patient populations is not new in Howard County. Recently, the Horizon Foundation gave a grant to the Howard County General Hospital to engage the services of Jeffrey Brenner, MD (aka, Dr. Hotspot) and the Camden Coalition of Healthcare Providers. Dr. Brenner and his team analyzed claims data from Howard County General Hospital over a two year period to identify hotspots and diagnoses of concern. Having prospective, county-wide “hotspotting” data available from CRISP in the near future will allow the LHIC to design more effective and timely interventions that will better provide and manage the care available to high-cost/high use patients.

Once available, CRISP, SHIP, HCHAS, and other data sources in conjunction with technology and GIS mapping software will identify the high health care utilization areas. Once the “hotspotting” data is available and is analyzed by staff, the LHIC will engage a consultant to advise on how to best address the needs of this select patient population. The consultant will either identify a private contractor who can manage the care of these patients or detail what team of health professionals (e.g., nurses, social workers, and community organizers) would need to be hired. These results will be shared with our partners including the Howard County General Hospital, Healthy Howard, and the Horizon Foundation among others so that a sustainable “hotspotting” plan can be created.

2) Establish a community health worker program

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting

relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.⁷ CHW's will translate health information to improve health outcomes, eliminate health disparities and develop specific community prevention strategies. In addition they will transform the community and medical home to create an environment that supports community wellness and disease prevention. The Project manager in collaboration with HCHD and Healthy Howard, Inc. (HHI) will coordinate the work and efforts of the CHW's. HHI has previous experience developing and operating a CHW program through their innovative Healthy Howard Health Plan. The Healthy Howard Health Plan provided health care access to uninsured residents with the additional benefit of having a health coach. This experience makes Healthy Howard a great resource for the development of CHW programs. In Healthy Howard's model, the health coach helped the patient establish health goals, tracks their progress, and ensured that the patient was successful in realizing a better health outcome. This is similar to what a CHW can do in a community of need.

HCHD successfully lobbied the county to include funds in its FY 2014 budget to develop and implement a CHW initiative (see budget for county match). HCHD will hire 7 FTE staff to provide for the implementation and management of the county's CHW initiative. These staff members will recruit CHWs from among the populations at risk, provide them training, and manage their work on a daily basis. Research has demonstrated CHWs are effective in improving health care access and improving outcomes; increasing health knowledge and self-sufficiency; strengthening health care teams; reducing barriers to controlling chronic disease; and reducing health care costs from unnecessary hospitalizations and specialty care. The Health Department will build on the lessons learned from the approach to health education and social support provided as part of the Healthy Howard Health Plan to utilize CHW's to assist at-risk populations in the County, including those who are newly insured under health care reform ACA.

3) *Increase the number of primary care providers meeting the National Committee for Quality Assurance (NCQA) PCMH designation*

To prepare our medical community for a smooth and successful transition to the new CIMH model, we understand that training and technical assistance is necessary and the LHIC is in a good position to provide it. There are 52 practices statewide that are participating in the state's PCMH program though none are practices located in Howard County. While some local practices may be implementing a PCMH model through insurance plan-based incentives, the actual number achieving PCMH status is unknown. As such, the county must determine the actual number of practices participating in the PCMH model, determine barriers to participation, and encourage and support practices that actively want to engage. All residents of the county, especially those populations identified as having the greatest need, should have access to quality health care services that are cost effective and improve health outcomes. Increasing the number of local providers who are recognized as PCMH practices will improve quality of care and reduce health care costs.

⁷Community Health Workers. American Public Health Association. Available at: <http://www.apha.org/membergroups/sections/aphasections/chw>

The Horizon Foundation, a long standing partner and supporter of the LHIC, will assist in providing funding for practice coaching and technical assistance to providers on the changes needed to implement the CIMH model. Utilizing the practice coaching model similar to that in use in the PCMH model being piloted by the Maryland Health Care Commission, Howard County providers will be encouraged to participate as a PCMH practice. Based on the findings of a provider assessment, practice coaching can be tailored to address the needs/barriers facing the provider's practice. Coaching will be data driven and utilize evidenced based or promising practices. Horizon Foundation funding will also be used to assist in conducting staff continuing education which will include cultural competency among other topics.

4) Create Shared Savings for Stakeholders

Full implementation of the CIMH model will provide a cost savings to the health care system but it will not come without community investment in its success. It is imperative that stakeholder's are able to share in savings the CIMH creates. The state of Maryland has provided a tentative CIMH governance structure that will establish standards for patient attribution, risk adjustment, patient selection, and other processes that are required for shared savings calculations. This framework provides two methods for payers to engage in savings sharing. Payers may elect to administer the shared savings themselves or they may elect to utilize a public utility for administration.⁸ The Howard County LHIC, in collaboration with the state of Maryland, would like to be fully involved in the discussion on how shared savings should be applied locally. Should our locally-applied and funded CIMH model improve quality and drive down costs for state and federal health care programs, we think that a portion of these savings should be returned proportionately among the stakeholders that drove this change including county government, local medical practices, local hospitals, and other funders.

Infrastructure Needed to Implement CIMH Model

Howard County's LHIC has been very active in addressing the health needs of the county, despite its limited staff and funding. Full-time paid staff is necessary to sustain the successful efforts of the LHIC. Access to statewide health information from among physician practices, hospitals, labs, radiology centers, and other healthcare institutions will require the LHIC to create an infrastructure able to effectively utilize this new data. The LHIC is currently staffed by .25 FTE and 9 in-kind staff members who all work at 10%. The addition of two full-time staff would allow the LHIC the capacity to manage the data from the SHIP, CRISP, HCHAS and other sources to better meet the needs of the community. Recruitment for the Project Director and Project Manager positions will provide the infrastructure for the LHIC to utilize patient care and claims data provided by CRISP.

Developing the CIMH is one of the new strategies listed in the updated LHIC Implementation Plan. The CIMH model is a comprehensive strategy for addressing the three LHIC priorities: access to affordable health care, healthy weight attainment, and expanding access to behavioral health care. A CIMH Strategic Plan for Howard County will be developed by the Project Director.

⁸State of Maryland Department of Health and Mental Hygiene. Community Integrated Medical Home Narrative. Available at: <http://hsia.dhmdh.maryland.gov/Documents/CIMH%20Project%20Narrative.pdf>

This plan will include a CRISP readiness strategy; explicit expectations for CHW’s; a best-practice based CIMH training curriculum; succinct stakeholder engagement strategy; and an evaluation strategy. The Project Director will be responsible for developing and implementing the entire CIMH model, including the oversight of any hired consultants. The Project Director will also engage new and current LHIC partners to provide input and participate in the CIMH implementation process. Continued engagement of stakeholders is inherent to the success of the CIMH and will be a priority of the LHIC.

The Project Manager will collect, aggregate, and track data from CRISP, SHIP, HCHAS and other data sources to determine trends and “hotspots.” The data obtained from the various sources mentioned above will provide vital insight to the greatest areas and populations of need in the county. To adequately use the information, a venue for review and discussion by members of the community is required. This venue is currently built into the LHIC workgroup meetings. The full LHIC meets bi-monthly, the workgroups and executive staff meet on the alternating month. During these meeting stakeholders are engaged to share their expertise and qualitative insight to supplement the data. This ensures a complete and accurate assessment of the health status of the county. With an understanding of the health needs in the community, cost effective priorities and targeted strategies can be developed and implemented. Additionally, LHIC members assist in the development of actions and initiatives. Engaging the community prevents working in silos and optimizes resources. Concomitantly the Project Manager will oversee the implementation of the county’s CHW program including the recruitment, training, and management of staff who direct the day-to-day work of the CHWs.

The following table provides a breakdown of the tasks of the Project Director and Project Manager:

Project Director	<p>Community Integrated Medical Home (CIMH) Planning and Development</p> <ul style="list-style-type: none"> • Develop local strategic plan for CIMH • Oversee all staff, consultants, and volunteers • Develop new models to carry out populations health activities • Encourage participation of safety net providers in health reform • Improve coordination of behavioral health and somatic services • Promote access to quality care for special populations <p>Identification, Outreach, and Support for PCMH Providers</p> <ul style="list-style-type: none"> • Oversee consultants to help identify practices interested in PCMH designation. • Identification of best practices and inventory of coaching opportunities • Identify opportunities to streamline and reduce barriers to credentialing of providers • Coordinate practice coaching and continuing education opportunities • Recruit and refer local providers to participate • Convene technical assistance providers and chart path forward • Monitor providers following training and provide technical assistance
------------------	---

Project Manager	<p>Build Data Collection Infrastructure</p> <ul style="list-style-type: none"> • Determine elements necessary to prepare Health Department and LHIC for prospective CRISP “hotspot” data • Use CRISP and hot spotting technology to identify health care system high utilizers • Monitor population health data from CRISP, SHIP, and HCHAS • Link data to community information and efforts • Develop targeted data-driven interventions • Monitor progress on community-based interventions <p>Outreach and Development of Community Health Workers (CHW)</p> <ul style="list-style-type: none"> • Define responsibilities and required skills/education for CHW’s • Develop pathways to connect to practices • Create inventory of training programs and CHW models • Identify best practices for integration of CHW referrals into PCMH medical practices
-----------------	---

Resources and Partnerships

A necessary component of the CIMH model is the engagement of multiple partners. Howard County’s LHIC members represent diverse sectors and communities throughout the county. This includes HCHD, the local hospitals, community health centers, government agencies, schools, workplaces, businesses, community service providers, nonprofits, faith-based organizations, elected officials, and residents. LHIC partners assess community priorities, coordinate action, and build political will. Although this is a robust group of stakeholders, primary care providers have been identified as a group we should engage. Recruitment of primary care providers will be a priority in the second year of LHIC implementation. Additional outreach to develop partnerships with other Health Care, Public Health, and Community Organizations should be the charge of the LHIC. Through these partnerships LHIC would be able to advocate for community health and mobilize patient populations.

Additionally, to further our goal of developing a CIMH we plan to forge a partnership with *2-1-1 Maryland*. They connect callers to local health and human service resources. Services are accessible by telephone, TTY, directories, and the Internet in over 180 languages. Using an information and referral standards-based approach such as that provided by the Alliance of Information and Referral Systems, *2-1-1 Maryland* will develop and implement system-wide performance measures to ensure reliable, accurate, and consistent service. As the ACA is implemented it will be imperative to provide residents with a simple to use hotline that will triage their health and social service needs and provide accurate and timely referrals to care and social services.

Conclusion

When the LHIC was initially convened, priorities were identified using stakeholder and community engagement. The updated action plan includes strategies that are still ongoing and the new strategy of developing a CIMH. The LHIC will embark on its main action steps to prepare for CRISP data and prepare both providers and community health workers (CHW) to implement CIMH. Community involvement is imperative to change the current health delivery model to a model that focuses on wellness and prevention in addition to traditional disease

treatment. Focusing on policies and resource distribution at the community level has the potential to reduce health disparities within the community. As with any organizational change in thinking or operations, strong leadership will be needed to implement and sustain these changes over time. Development of the CIMH will require the enhanced capacity of the LHIC, outreach, development and participation of medical providers, implementation of a CHW program, and utilization of newly available “hotspotting data.” With funding from Community Health Resources Commission, the Howard County LHIC will be able to enhance its capacity, leverage resources and partnerships and prepare the medical community in Howard County for the implementation of the ACA.

4. Post-CHRC Funding Sustainability Plan

Howard County's LHIC is committed to working long-term with its partners and the community as it recognizes that achieving health equity and addressing the many needs of the county will take time. Through strategic planning the Howard County LHIC has poised itself to begin a new venture, developing a Community-Integrated Medical Home model. The LHIC has celebrated some great success in its first year including: launching the biennial Howard County Health Assessment Survey; influencing Howard County Public School System Wellness policies; implementing a pediatric provider training to encourage BMI screening and healthy weight counseling; engaging members and recruiting new members with social media; and conducting outreach through social media (Facebook, Twitter, and Mailchimp). This is only the beginning and with greater capacity the LHIC can touch more lives. The funding from CHRC will assist with capacity-building of the LHIC to prepare it for health reform. Specifically funding from CHRC will assist with the start-up of the CIMH. By utilizing strong partnerships, existing staff, and the current community health worker program funded by HCHD we will continue the momentum of the CIMH. The resources and in-kind services of our dedicated staff, stakeholders, partners, and the community will help implement and sustain the LHIC and CIMH model. Additionally, HCHD has been funded to implement a Community Health Worker initiative. This is a 3 year program and includes the hiring of 7 FTE CHW staff.

Many of the items requested in the grant proposal are onetime costs or will have a decreased cost in subsequent years. The following costs will decrease or be non-existent beyond startup: equipment (laptop), supplies (photocopying, printing, and office supplies), Community Health Worker training, and materials development. The developed materials will be used for subsequent trainings requiring only minor updates and edits. Materials will be provided through electronic means to reduce printing costs following the first trainings. The costs of providing future trainings and technical assistance will be minimal.

In addition, the enhanced capacity of the LHIC will provide leverage to obtain future funding. Potential future funding sources for LHIC implementation activities include: Agency for Healthcare Research and Quality (Infrastructure Development Program in Patient-Centered Outcomes Research); AETNA Foundation (Healthy Community Grants Program and the Healthy Community Outreach Program, Aetna and Aetna Foundation); Robert Wood Johnson Foundation (Changes in Health Care Financing and Organization) and the Horizon Foundation.

Lastly, reimbursement for services under the expanded coverage options of healthcare reform will help to sustain the CIMH model as it grows.

5. Budget

Project Budget Form for LHIC Grant Funding Request	
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION	
State Health Improvement Process: <i>Supporting Local Health Improvement Coalitions (LHICs) to Fuel Local Action and Improve Community Health</i>	
LHIC/Organization Name:	Howard County Local Health Improvement Coalition
Project Name:	Community-Integrated Medical Homes Development
Budget Request for CHRC Grant Funding	Amount of Request
Personnel Salary	
100% FTE – LHIC Project Director	\$65,000.00
100% FTE – LHIC Project Manager	\$55,000.00
Personnel Subtotal	\$120,000.00
Personnel Fringe (27% - Rate)	
100% FTE – LHIC Project Director	\$17,550.00
100% FTE – LHIC Project Manager	\$14,850.00
Personnel Fringe Subtotal	\$32,400.00
Equipment/Furniture	
Laptop	\$1,000.00
Supplies	
Printing	\$2,500.00
Photocopying	\$2,000.00
Office Supplies	\$1,000.00
Travel/Mileage/Parking	\$2,600.00
Staff Trainings/Development	\$20,000.00
Contractual	
Healthy Howard, Inc. (Community Health Worker Training)	\$10,000.00
2-1-1 Maryland	\$10,000.00
Materials Development - Vendor to be determined	\$10,000.00
Consultants (PCMH, High Utilizer Teams)	\$36,000.00
Other Expenses (LHIC Meeting Expenses)	\$2,500.00
Indirect Costs (no more than 10% of direct costs)	\$0.00
Matching Funds –	\$225,000.00
Howard County Government Match (CHWs)	\$200,000
Horizon Foundation (PCMH Practice Coaching)	\$25,000
Total Budget	\$475,000.00
Total Request	\$250,000.00

**Please see appendix E for letter of commitment.

Line Item Justification:

Personnel Salary

The base funding budget seeks to secure adequate staff support at the Howard County Health Department for the successful implementation of the *2012-2014 Local Health Improvement Action Plan*. The allocated salary figures represent the equivalent of 2 FTE (100% of annual salary) for each staff person for a 12-month period from July 1, 2013 - June 30, 2014.

Specific responsibilities will include:

LHIC Coordination

- Planning and facilitating LHIC meetings (bi-monthly full LHIC meetings, bi-monthly LHIC Working Group meetings, and bi-monthly Executive Staff meetings)
- Coordination of the work of each Priority Work Group.
- Coordination of LHIC activities and HCHD programs and projects.
- Community outreach and engagement
- Recruitment and orientation of new LHIC members
- *2012-2014 Local Health Improvement Action Plan* data collection and analysis through HCHD's "HealthStat" process (performance management system)
- Submission of all deliverables to DHMH required for SHIP participation.
- Grant writing and resource development to sustain the LHIC.

Community Integrated Medical Home (CIMH) Planning and Development

- Develop local strategic plan for CIMH
- Develop new models to carry out populations health activities
- Encourage participation of safety net providers in health reform
- Improve coordination of behavioral health and somatic services
- Promote access to quality care for special populations

Training Development and Coordination for Providers

- Identification of best practices and inventory of training models
- Identify opportunities to streamline and reduce barriers to licensing and credentialing of providers
- Coordinate training and continuing education opportunities
- Recruit local providers to participate in training
- Convene technical assistance providers and chart path forward
- Monitor providers following training and provide technical assistance

Build Data Collection Infrastructure

- Determine elements necessary to prepare Health Department and LHIC for the CRISP data
- Use CRISP and hot spotting technology to identify health care system high utilizers
- Monitor population health data from CRISP, SHIP, and HCHAS
- Link data to community information and efforts
- Develop targeted data-driven interventions
- Monitor progress on community-based interventions

Outreach and Development of Community Health Workers (CHW)

- Define responsibilities and required skills/education for CHW's
- Develop pathways to connect to practices
- Create inventory of training programs and CHW models
- Identify best practices for integration of CHW into medical practices and broader health care systems
- Present training model at LHIC stakeholder engagement process

Equipment/Furniture

The requested amount will cover the cost of a laptop needed for LHIC monthly meetings, provider training and technical assistance and community health worker development trainings. The breadth of this project requires a sole portable computer be available to LHIC staff to assist in implementing the action steps of the plan.

Supplies

The requested amount will cover the cost of supplies needed for monthly full LHIC meetings and LHIC Working Group meetings. These include photocopying, printing, colored paper, easels and markers, note cards, pens, etc.

Travel/mileage/parking

The requested amount will cover the travel-related costs associated with the development of the Community Integrated Medical Home and participation by Howard County LHIC members and/or HCHD staff in meetings and/or activities in other jurisdictions directly related to implementation activities outlined in the funding proposal.

Staff Training

The requested amount will cover the cost of Community Integrated Medical Home training and readiness; Department of Health and Mental Hygiene LHIC related trainings; and other state or local trainings directly related to implementation activities outlined in the funding proposal.

Contractual

The requested amount will cover the costs of material development, training and workforce development of providers and community health workers. Additionally, the contract with 2-1-1 will further enhance their capacity to triage caller's health and social service needs and provide accurate and timely referrals to care and social services

Other expenses

The requested amount will cover meeting expenses for monthly full LHIC meetings held at the Howard County Health Department.

6. Key Staff

Two new (2 FTE) positions of Project Director and Project Manager will be created at the Howard County Health Department with CHRC funding. We expect to have this position filled by early FY 14. The addition of these positions to the HCHD organizational structure will represent a significant increase in our departmental capacity to implement the Community Integrated Medical Home and advance evidence-based programs. The Project Director will coordinate the LHIC, develop plans for the implementation of the CIMH, and identify trainings and technical assistance for providers. The Project Manager will build the capacity of the LHIC, prepare the Health Department and LHIC for CRISP data, and coordinate training for community health workers. The remainder of staff responsibilities will be covered by existing staff of Howard County Health Department and Healthy Howard, Inc.

Staff responsible for implementation include:

Priority Area	Staff	New Staff
Community Integrated Medical Home Development	LHIC Project Director (Health Department)	New
	LHIC Project Manager (Health Department)	New
LHIC Coordination	LHIC Project Director (Health Department)	New
	LHIC Project Manager (Health Department)	New
Access to Care Workgroup Staff	Director of Eligibility (Healthy Howard, Inc.)	Existing
Healthy Weight and Nutrition Workgroup Staff	Childhood Obesity Prevention Coordinator (Healthy Howard, Inc.)	Existing
Behavioral Health Workgroup Staff	Director of Behavioral Health (Health Department)	Existing
	Social Worker/ Program Coordinator (Health Department)	Existing

Additionally, the Health Officer, Deputy Health Officer, and Acting Director of Health Policy and Communications will play active roles in ensuring adequate organizational support, guidance, and coordination for the implementation of LHIC and CIMH activities at the departmental level.

Appendix A:

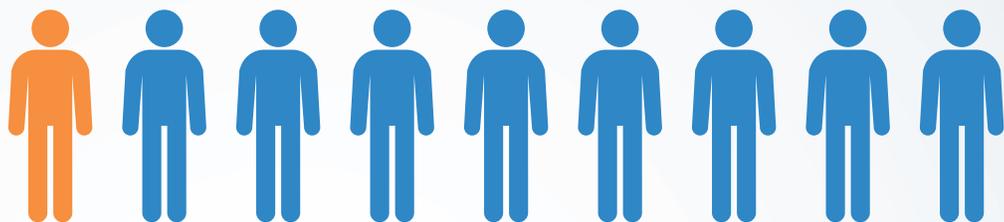
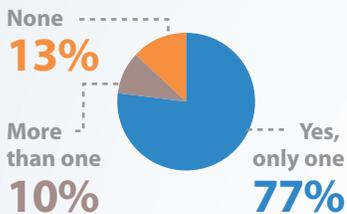
Howard County Health Assessment Survey Fact Sheets

Howard County Health Assessment Survey

Access to Affordable Health Care

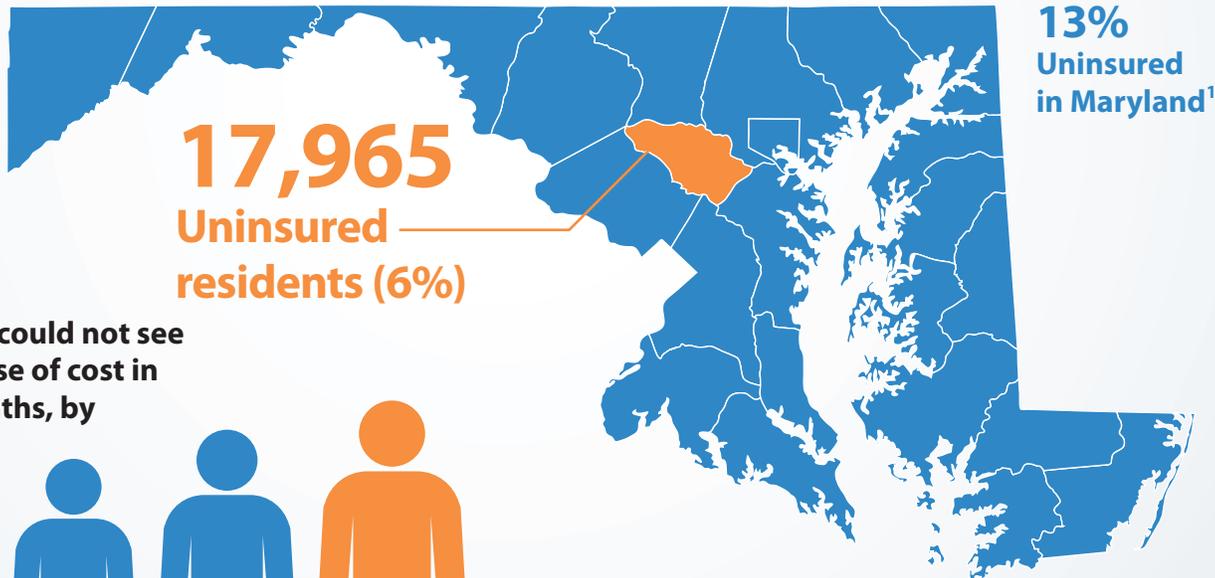
Access to affordable care improves quality of life and health outcomes. Without affordable access to a doctor, residents are more likely to end up in expensive emergency room care with problems that could have been prevented. Howard County has the lowest rate of uninsured residents in the state.¹ Yet there are differences in access to care when you compare by income, race and education. What are the most common barriers in Howard County?

Do you have a doctor you regularly see?

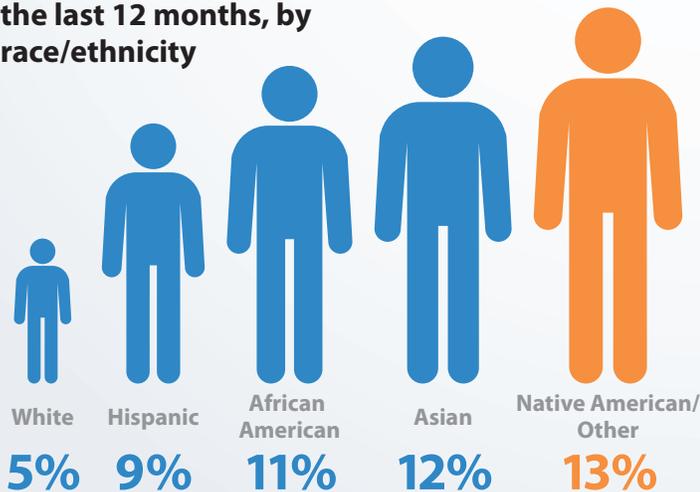


1 in 9 residents with incomes less than \$50k have ended up in the ER because they could not get a timely appointment with a doctor.

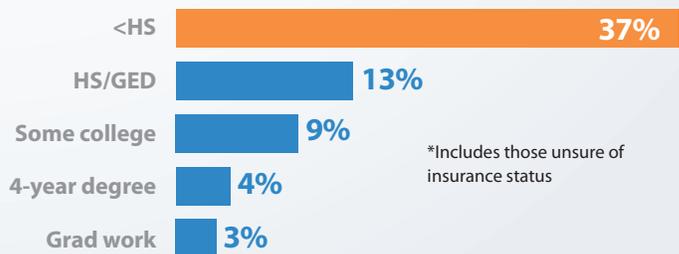
More can be done about uninsured residents



Residents who could not see a doctor because of cost in the last 12 months, by race/ethnicity



Uninsured* by education

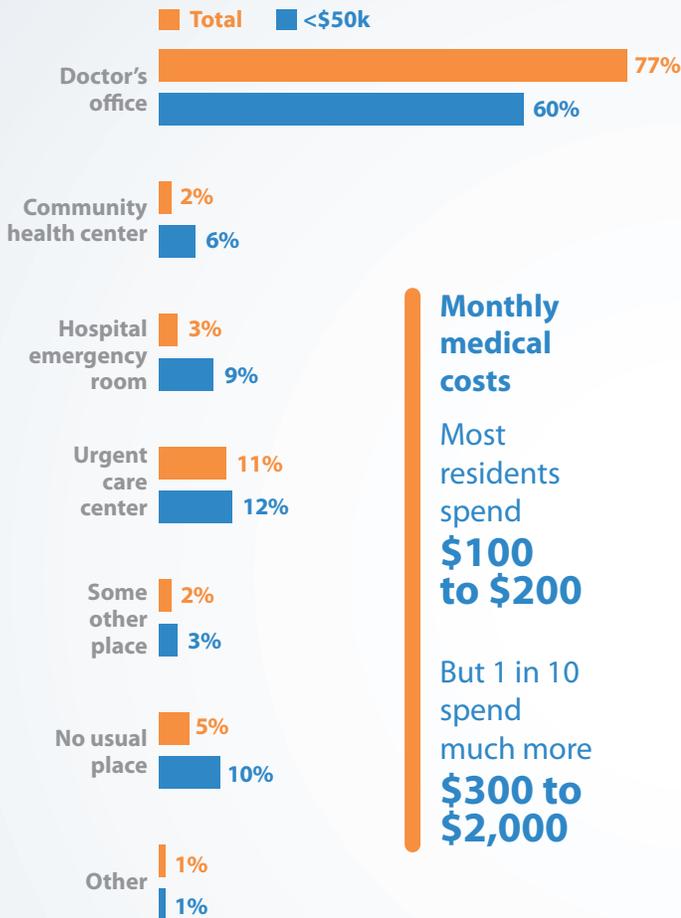


¹ County Health Rankings, Behavioral Risk Factor Surveillance System

Howard County Health Assessment Survey

Access to Affordable Health Care

Income plays a big role in the decision on where Howard County residents go for medical care.

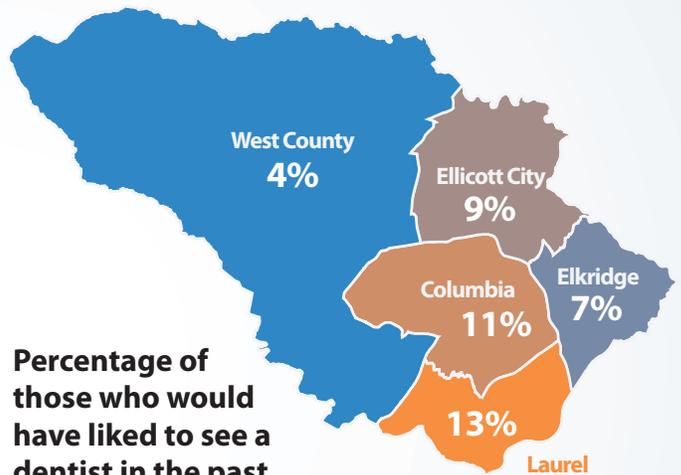
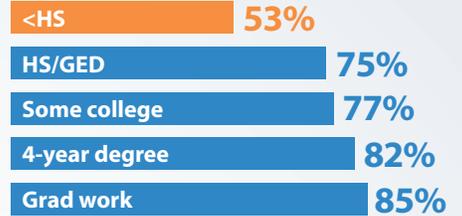


Monthly medical costs

Most residents spend **\$100 to \$200**

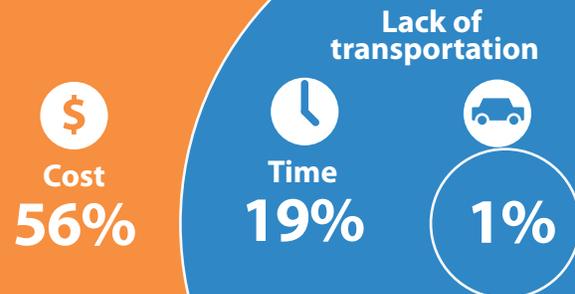
But 1 in 10 spend much more **\$300 to \$2,000**

Percentage of respondents who saw a dentist in the last year, by education level



Percentage of those who would have liked to see a dentist in the past year but didn't

Why didn't they see a dentist?



Visit Healthy Howard's Door to Health-Care (www.healthyhowardmd.org) to connect with local, affordable care options. For information on providers and the affordable care act, visit Maryland's Health Benefit Exchange (www.marylandhealthconnection.org) and HealthCare.gov.

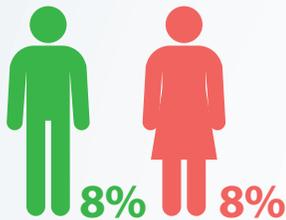
Mental Health and Addictions

People may turn to drugs, tobacco and alcohol to cope with stress and mental health problems, yet these habits can have a detrimental effect on overall wellbeing. How are Howard County residents doing in terms of stress, drinking, tobacco use and mental health?

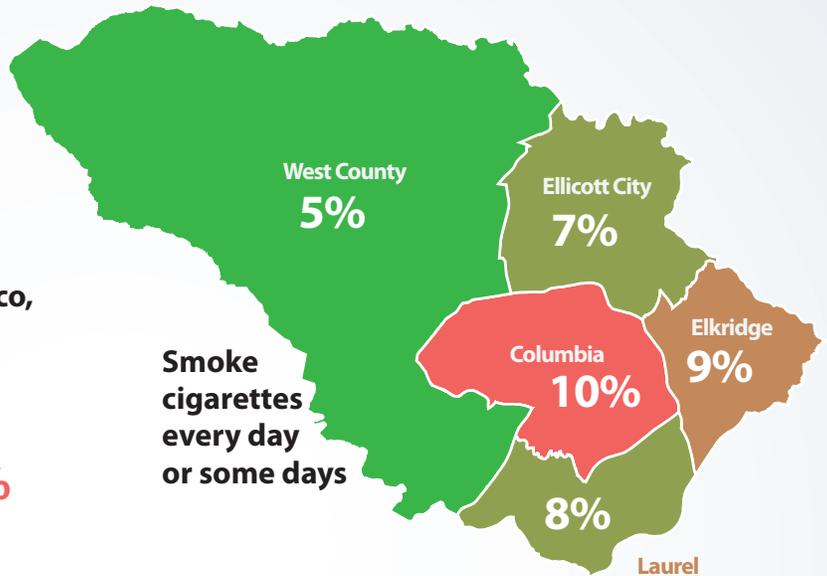


TOBACCO PRODUCTS

Smoking by gender



Chewing tobacco, snus or snuff



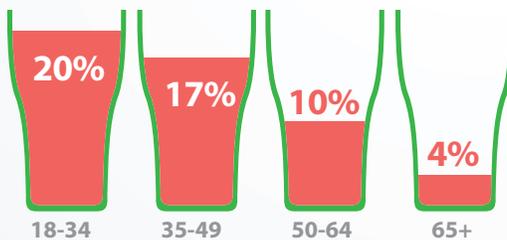
Smoke cigarettes every day or some days



BINGE DRINKING

Those who report binge drinking* at least once in a month ...

... by age



... by income



*More than five drinks for men, four drinks for women

Need a reason to quit?

Smoking harms nearly every organ of your body, causing diseases and affecting overall health. Quitting has immediate as well as long-term benefits for you and loved ones.

How many drinks are okay?

The National Institutes of Health recommends no more than one drink per day for women and no more than two for men.

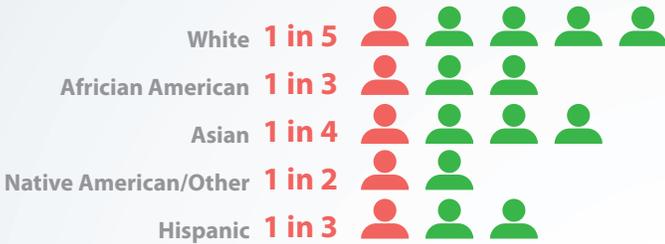
Howard County Health Assessment Survey

Mental Health and Addictions

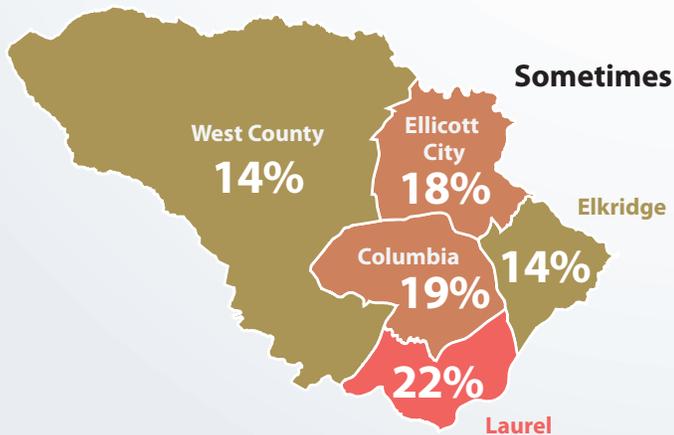
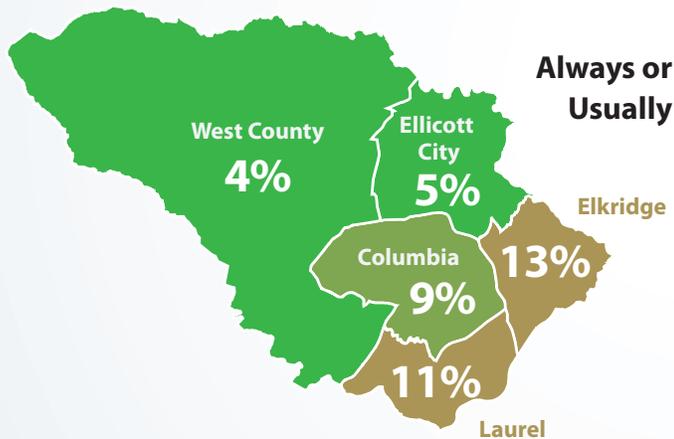


STRESS

Residents stressed about money for vital expenses, such as rent, mortgage, food*

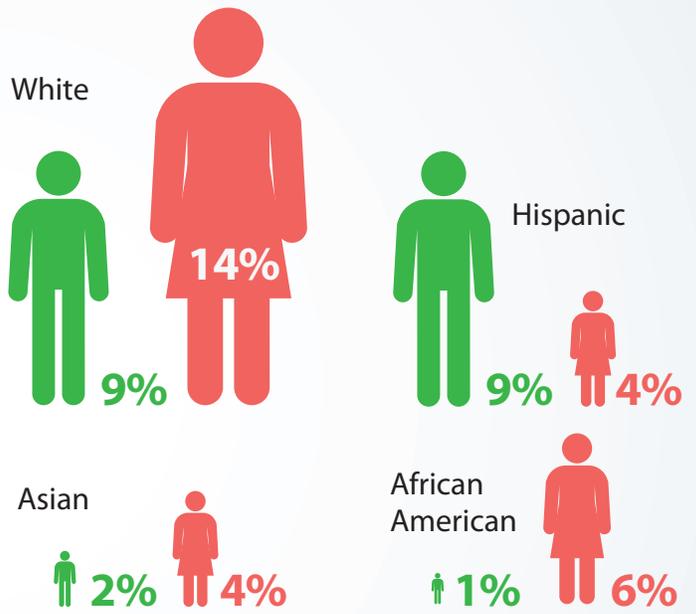


*Those who were sometimes, usually or always stressed about being able to pay for vital expenses (rent, mortgage or food) in the last year.



MENTAL HEALTH

Taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem



How do residents of Howard County compare to the nation in terms of mental health?



Healthy ways to cope with stress

Exercise regularly, connect socially and ask for support from friends, family or a counselor.

Howard County Health Assessment Survey

Chronic Diseases

In many ways, Howard County residents are in better health than in other areas of the state. Yet chronic diseases are still common in the county and a leading cause of premature death. A chronic disease is a long lasting condition that can be controlled but not cured. Unhealthy choices increase the odds of high blood pressure, heart disease, diabetes and cancer. Maintaining a healthy diet and weight are important lifestyle choices in reducing the risk of chronic diseases.

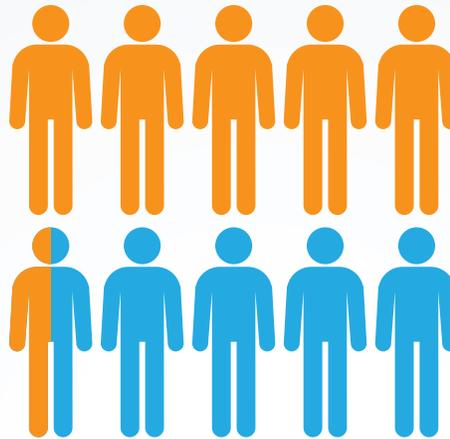
Have high blood pressure, by age group

Age 65+
59%

50-64
35%

35-49
17%

18-34
9%



55% of deaths in the county are due to heart disease, stroke, diabetes or cancer — the same as the national average.¹

How residents with high blood pressure try to lower it

At least some college²



Households with an income under \$50k³



Considering the higher levels of education and income, it is surprising that health outcomes are not better.

Reducing alcohol

33%

Exercising
73%

80%

Changing eating habits or cutting down on salt

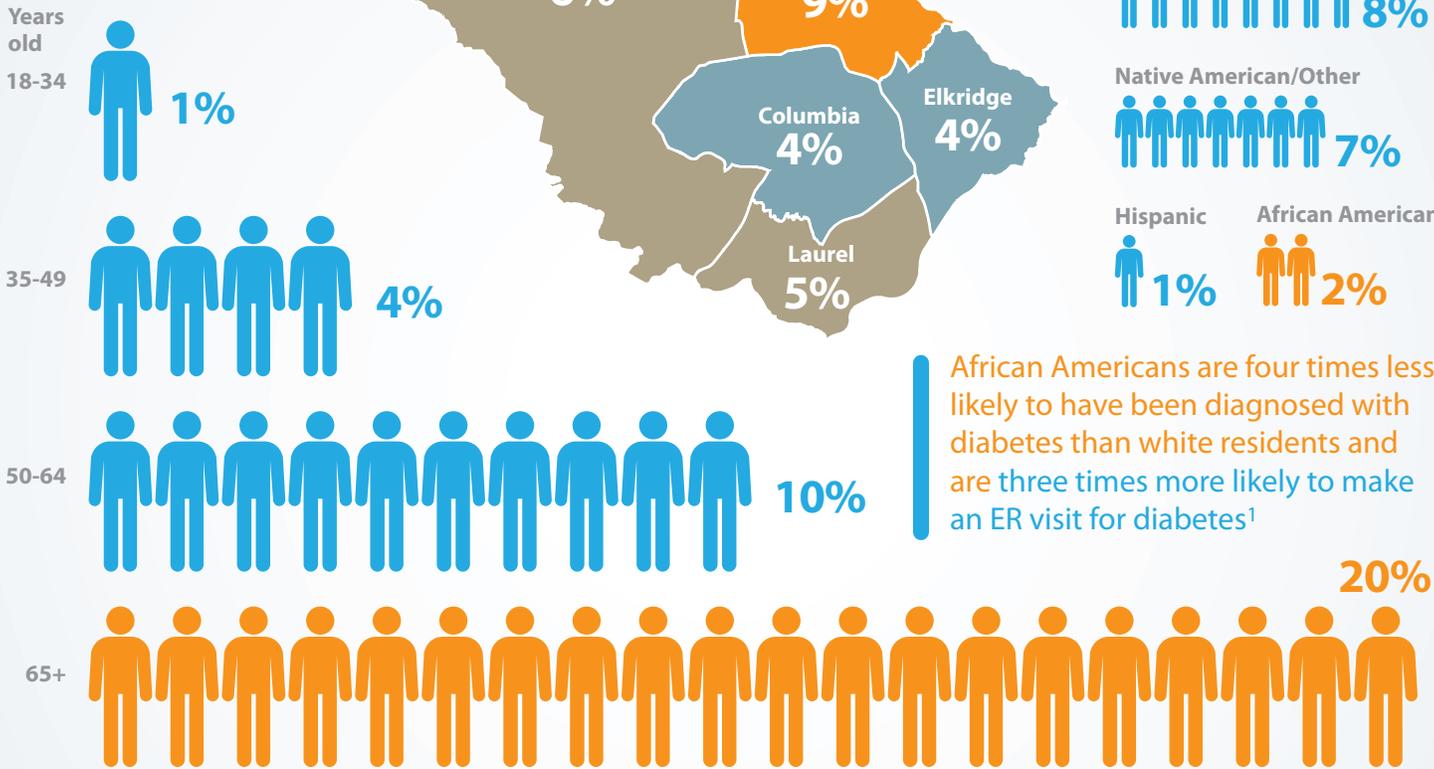
Keeping blood pressure in the normal range reduces risk of cardiovascular disease, congestive heart failure and kidney disease (Dietary Guidelines for Americans).

¹ DHMH, Vital Statistics; ² County Health Rankings; ³ American Community Survey 2011

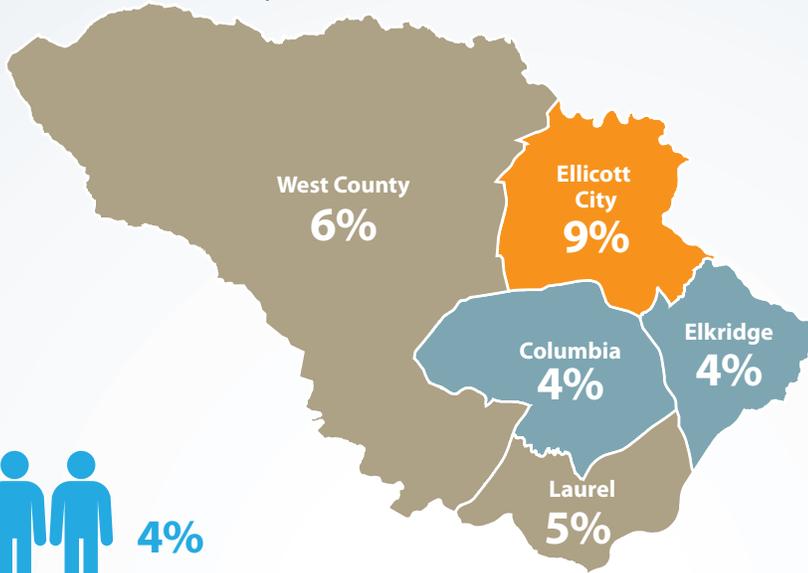
Chronic Diseases

Percentage of residents who have been told they have diabetes...

... by age

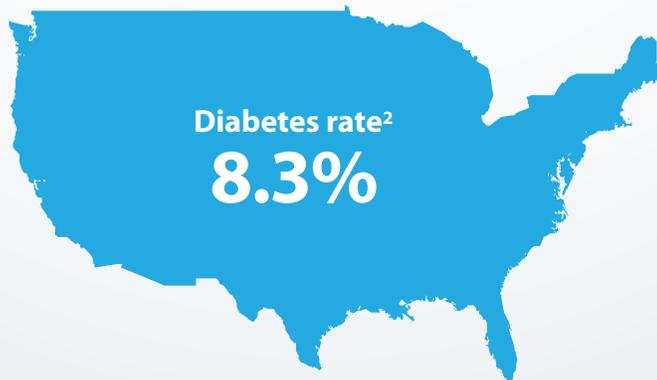
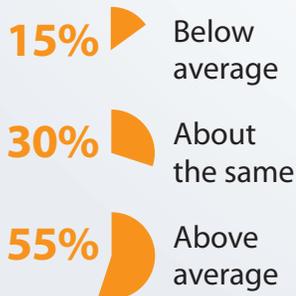


... by location



African Americans are four times less likely to have been diagnosed with diabetes than white residents and are three times more likely to make an ER visit for diabetes¹

Physical health compared to general U.S. population



Reduce your risk of Type 2 diabetes by choosing healthy foods, maintaining a healthy weight and exercising regularly.

¹ Maryland SHIP Howard Baseline Data; ² Behavioral Risk Factor Surveillance System, 2010

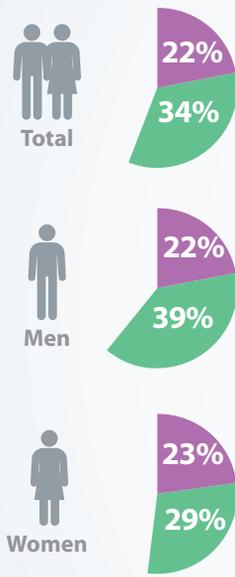
Howard County Health Assessment Survey

Healthy Weight, Exercise & Nutrition

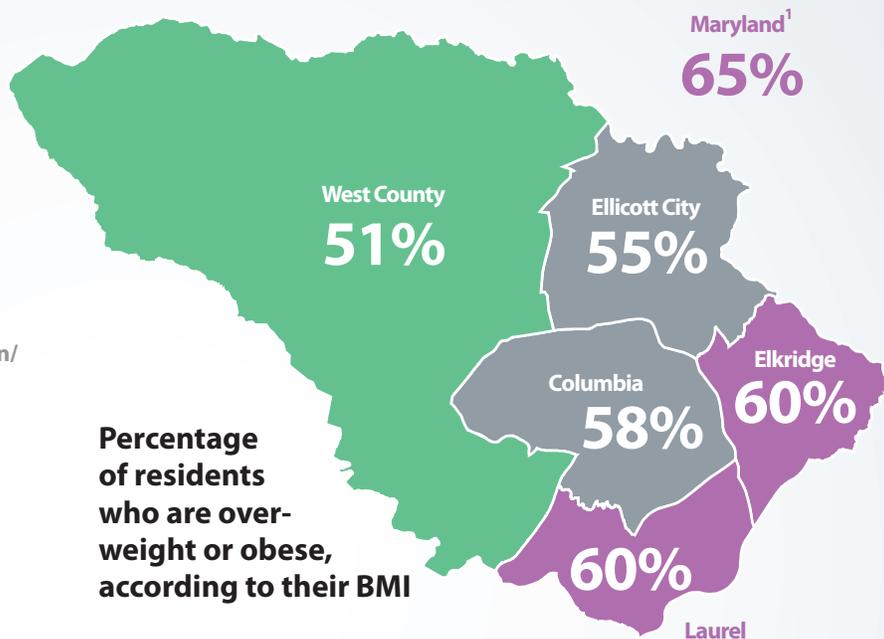
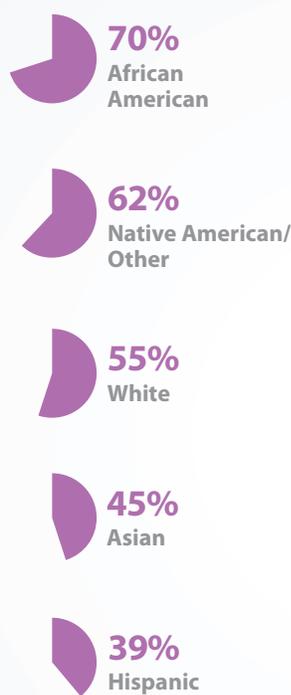
Every day we make choices about what to eat and how often to move our bodies. Inactivity and unhealthy foods and drinks may lead to being overweight or obese. How are Howard County residents' eating and exercise habits measuring up?

Weight by gender

Obese
Overweight



Overweight/obese by race



Percentage of residents who are overweight or obese, according to their BMI

Body Mass Index (BMI) is calculated using a person's weight and height. For most, BMI is a reliable indicator of body fatness.

The CDC recommends that children and adolescents get an hour or more of exercise each day.

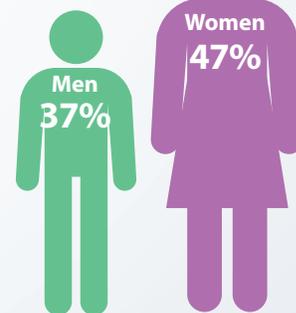
Adults need at least 2 hours and 30 minutes of weekly medium-intensity exercise (such as water aerobics or light gardening) OR 1 hour and 15 minutes of weekly high-intensity exercise (such as jogging or jumping rope).

35% Advised to lose weight

10% Parents who have been told their child should lose weight by a doctor

88% Got exercise such as walking, running or swimming in the last month

Trying to lose weight



Days of exercise in a week

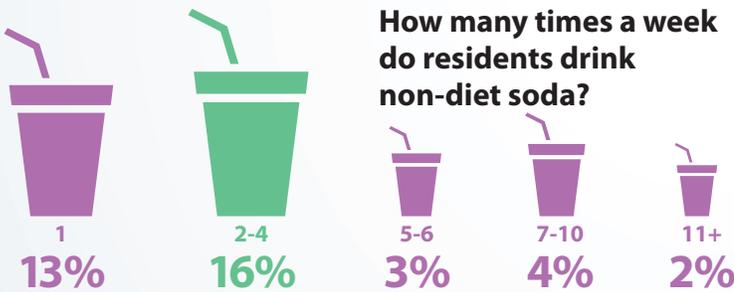
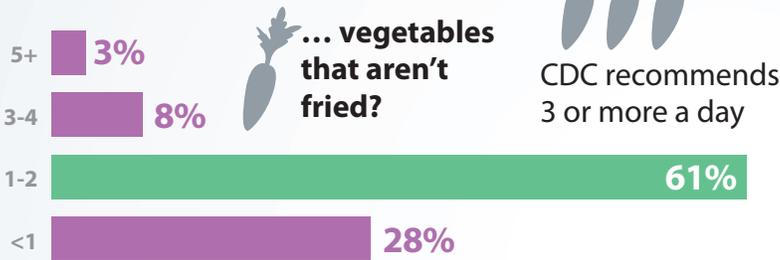
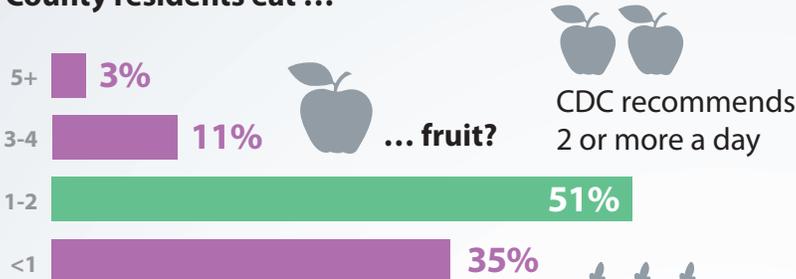


¹ Behavioral Risk Factor Surveillance System, 2010

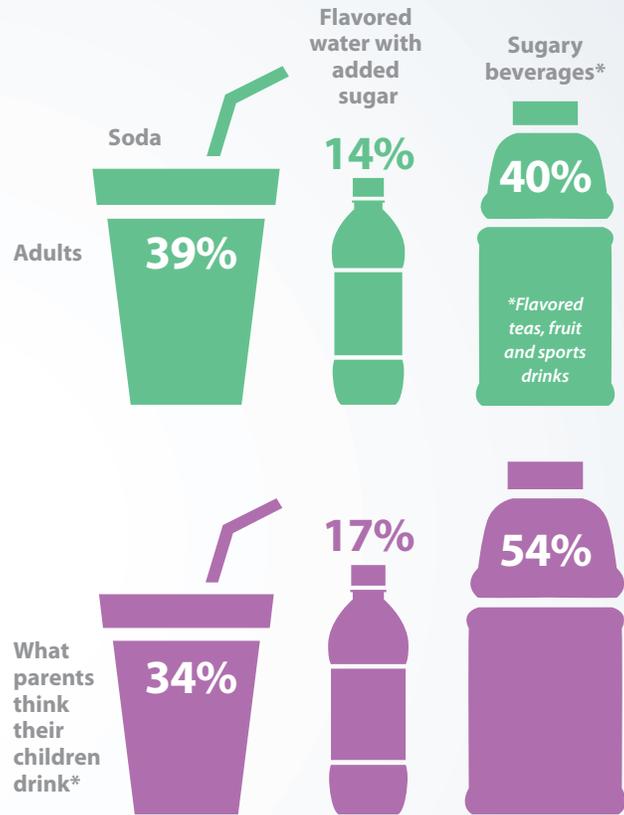
Howard County Health Assessment Survey

Healthy Weight, Exercise & Nutrition

How often each day do Howard County residents eat ...



How many residents drink at least one non-diet soda, flavored water with added sugar or sugary beverage per week?



*Other studies indicate kids drink more than parents think they do.

Who isn't getting enough fruits and vegetables?

54% of those earning less than \$50,000 are getting less than one serving of fruit/day and ...

39% are eating less than one serving of vegetables daily.

African Americans, Asians and Native American/Other residents are more likely to report eating less than one serving of fruits and vegetables daily.

Sugary drinks are the largest source of added sugar in the American diet today. They are also the source of many extra calories that cause weight gain. Choosing healthier beverage options can help you achieve and maintain a healthy weight. See www.betterbevfinder.org for a list of healthy beverage choices for you and your family.

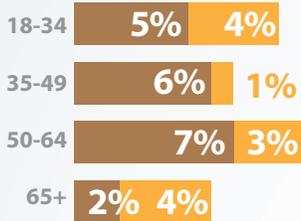
Tobacco Usage

Smoking is the single most preventable cause of disease and premature death, according to the CDC. How common is smoking and exposure to secondhand smoke in Howard County?

Smoking frequency by ...

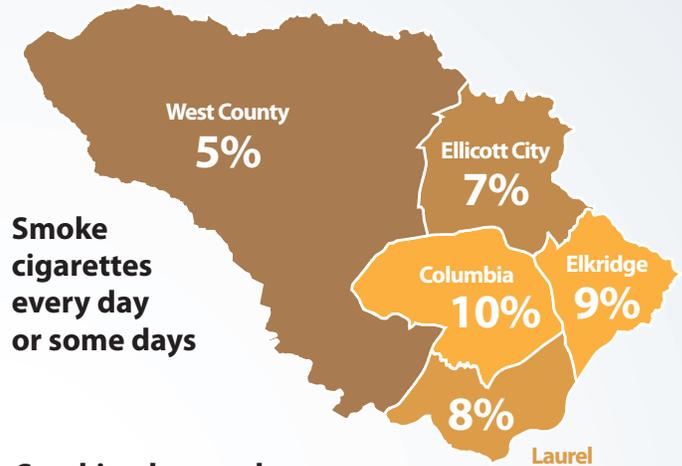
Every day Some days

... Age



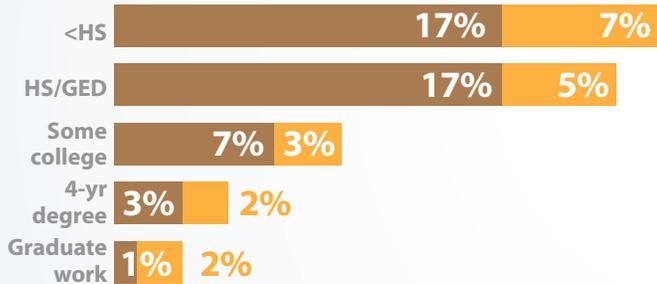
Adults who smoke

Howard County
1 in 13
Maryland¹
1 in 6



Smoke cigarettes every day or some days

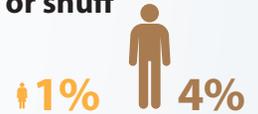
... Education



Smoking by gender



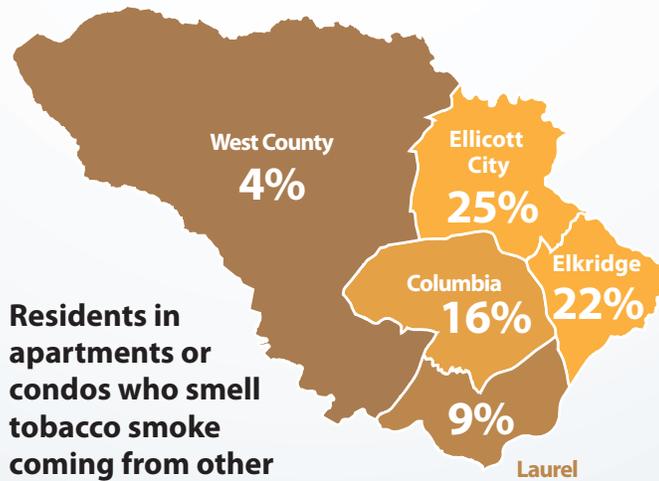
Chewing tobacco, snus or snuff



Secondhand smoke exposes children and other nonsmokers to harmful toxins.

Residents exposed to secondhand smoke from others

Home **1 in 33** Vehicle **1 in 20**



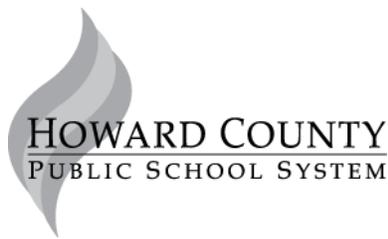
Residents in apartments or condos who smell tobacco smoke coming from other units or outside.

The Howard County Health Department offers free classes for those interested in quitting smoking. Call 410-313-6265 for more information.

¹ Behavioral Risk Factor Surveillance System

For this survey, more than 2,000 Howard County residents answered questions about diet, health histories, access to care and health behaviors in 2012. These key facts will be used to meet health needs and improve the quality of life in Howard County.

Appendix B:
Howard County Public School System
Policy 9090: Wellness through Nutrition and
Physical Activity



**BOARD OF EDUCATION OF HOWARD COUNTY
MEETING AGENDA ITEM**

TITLE: Policy 9090 Wellness Through Nutrition and Physical Activity **DATE:** May 9, 2013

PRESENTER(S): Katrina Burton, Executive Director of Business and Finance
Carol Hahn, Principal, West Friendship Elementary School
William H. Ryan, Executive Director, School Improvement and Administration
Franklin V. Eastham, Jr., Principal, Oakland Mills High School

OVERVIEW:

Policy 9090 was reviewed under the guidelines for policy development and adoption. A committee of stakeholders, chaired by Katrina Burton, Executive Director of Business and Finance and Carol Hahn, Principal, West Friendship Elementary, was convened to make recommendations for revisions to the policy.

The committee's recommendation was submitted to the Superintendent's Cabinet on February 25, 2013. A report was presented to the Board on March 12, 2013 and a public hearing was held on April 11, 2013.

This Work Session has been scheduled to discuss the policy in more depth.

Attached are policy and implementation procedures documents for Policy 9090 that were provided to the Board at the March 12, 2013 Report.

RECOMMENDATION/FUTURE DIRECTION:

The date the Board will take action to adopt revised Policy 9090 is tentatively scheduled for November 7, 2013.

Submitted by:

Katrina Burton, Executive Director of Business and Finance

Carol Hahn, Principal
West Friendship Elementary School

Approval/Concurrence:

Renee A. Foose, Ed.D.
Superintendent

Linda T. Wise
Deputy Superintendent, Curriculum, Instruction, and Administration

Susan C. Mascaro
Chief of Staff

Camille B. Jones
Chief Operating Officer

THIS IS AN UNOFFICIAL DOCUMENT PROVIDED AS A TOOL FOR STUDYING PROPOSED CHANGES

I. Policy Statement

The Board of Education of Howard County recognizes the connection between health and wellness and student achievement and that students need nourishing foods and physical activity in order to grow, learn, and thrive. The Board recognizes its responsibility to provide a safe and healthy learning environment for all students. The Board recognizes that staff wellness is also an integral part of a healthy school environment and believes that promoting staff wellness fosters improved health status, improved morale, greater commitment to the health of students, and positive role modeling opportunities.

The Board further acknowledges the necessity for the Howard County Public School System (HCPSS) to ensure a coordinated approach to school health. The Board acknowledges the necessity to ensure that the school environment promotes and protects students' ability to learn by providing nutrition education, physical activity, and a variety of healthy food and beverage choices. The Board believes schools have a responsibility to help students develop the skills, knowledge, and attitudes necessary to adopt and maintain a healthy lifestyle.

II. Purpose

The purpose of this policy is to provide direction to HCPSS staff regarding staff and student wellness through nutrition education, physical education, physical activity, and the selection of nourishing foods and beverages and to fulfill the requirements of the Healthy Hunger-Free Kids Act of 2010.

III. Definitions

Within the context of this policy, the following definitions apply:

- A. Comprehensive School Health Education – A sequential curriculum that addresses the physical, emotional, and social dimensions of health; develops knowledge, attitudes, and skills regarding health; and is tailored to the developmental level of children.
- B. Concessions – Foods sold on school property at events such as sports where members of the public make up a substantial portion of the customers.
- C. Coordinated School Health – A systematic approach to improving the health and well-being of all students so they can fully participate and be successful in school. Coordinated school health typically integrates health promotion efforts across eight

interrelated components that already exist to some extent in most schools. These components include health education, physical education, health services, nutrition services, counseling, psychological and social services, healthy and safe school environments, staff wellness, and family and community involvement.

- D. Curriculum – The prescribed elements of programs and courses which state clearly and specifically what students are expected to know and be able to do, how well they will be able to do it, how they will meet the learning objectives, and by what means they will be assessed.
- E. Extracurricular Activities – Activities available to students beyond the regular school day which are voluntary and are not required for satisfactory completion of a particular class.
- F. Healthy Eating Behavior – The federal recommendations for meals, such as making one’s plate half fruits and vegetables, eliminating sugary drinks, and limiting empty calories.
- G. Healthy and Nutrient-Dense Foods – Foods that provide substantial amounts of vitamins and minerals while limiting the amount of sugar, fat, salt, and calories per serving such as fruits, vegetables, whole grains, and low-fat dairy products.
- H. Howard County School Health Council (HCSHC) – An advisory group, which identifies needs, reviews practices, programs and policies, and generally provides advice to the HCPSS and the Howard County Health Department (HCHD) on aspects of child health as defined by the coordinated school health approach.
- I. Interscholastic Athletics – Approved athletic competition between or among two or more high schools.
- J. Intramural Program – An extracurricular activity program within a school that provides students an opportunity to participate in activities that are an extension of the physical education program.
- K. Nutrition Education – Educational strategies designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being.
- L. Physical Education – A sequential curriculum that teaches skills, knowledge, and attitudes which are needed to establish and lead a physically active life.
- M. Recess – Regularly scheduled periods within the school day for unstructured physical activity and play.

IV. Standards**A. Health and Nutrition Education**

Health and nutrition education provides students with opportunities to acquire the knowledge, attitudes, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others.

1. The HCPSS will implement a curriculum in nutrition education as part of the instructional program in comprehensive health education, in accordance with COMAR13A.04.18.
2. Nutrition education will be included in the health education curriculum each year in prekindergarten–grade 8, and in the high school health education curriculum that enables students to meet graduation requirements and to select a health education elective.
3. The health education curriculum will be aligned with the National Health Education Standards and the Maryland State Health Education Curriculum.
4. Nutrition education will be integrated in appropriate curricular areas.

B. Physical Education

Physical education provides instructional opportunities for students to gain the necessary skills and knowledge for lifelong participation in physical activity.

1. The HCPSS will implement a curriculum in physical education in accordance with Maryland State Physical Education Curriculum, COMAR 13A.04.13, and the Fitness and Equity Act 2008.
2. Physical education will be provided each year for all students in prekindergarten–grade 8.
3. In grades 9–12, program offerings will be provided to enable students to meet graduation requirements and to select physical education electives.
4. Under the Maryland State Board of Education regulations, the physical education curriculum will be modified if a student’s physical limitation or medical condition warrants such accommodation rather than exemption from physical education.

C. Physical Activity

Physical activity opportunities will be offered throughout the school day to support student learning and achievement.

1. Recess will be a daily component of all elementary school students' physical, social, and academic development.
2. Recess will provide an opportunity for students to take a break from classwork, engage in play with their peers, and participate in unstructured activities.
3. Staff members will not deny participation in recess or other physical activity opportunities as a form of discipline or punishment unless the safety of students is in question.
4. Physical activity will not be used as a punishment (e.g. running laps or doing push-ups).
5. All staff will be provided professional development on physical activity breaks and encouraged to incorporate physical activity into classroom instruction.
6. All middle school students will have the opportunity to participate in intramural sports and other physical activities which will be provided by each middle school.
7. Each high school will provide an interscholastic athletic program in accordance with Policy 9080 Interscholastic Athletic Program and Policy 9070 Academic Eligibility for Extracurricular Activities.
8. The HCPSS will promote using school facilities outside of school hours for physical activity programs offered by community-based organizations. Priority for space within school buildings will be given to school-sponsored activities and community-based activities in accordance with Policy 10020 Use of School Facilities.

D. Nutrition Services; Foods and Beverages

The HCPSS will provide access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. The following standards apply to all foods and beverages made available to students in schools, on HCPSS property, or through school-sponsored events.

1. General
 - a. All foods must meet safety guidelines (as outlined in Implementation Procedures Section V.A.).
 - b. Foods and beverages should not be consumed as part of the instructional program except as defined in the curriculum for Family and Consumer Science, Academic Life Skills (ALS), and when indicated in a student's Individualized Educational Program (IEP) or 504 Plan.

- c. Foods and beverages will not be offered as a reward or withheld as punishment, except when indicated in a student's IEP or 504 Plan.
- d. All students and employees will have free access to clean and safe drinking water throughout the school day and at after-school activities. The HCPSS promotes the consumption of water as an essential element that plays a role in overall health and wellness.
- e. The Superintendent/Designee will establish HCPSS Nutritional Guidelines to implement best practice standards such as the Institute of Medicine Standards for Competitive Foods and the Healthier US Schools Challenge.

2. School Meals

- a. The HCPSS will provide the opportunity for all students to begin the school day with a nutritious breakfast.
- b. The HCPSS School Food and Nutrition Service Office will make meal pattern lunches available to students each day that school is in session (including early dismissal days), as well as a la carte and snack/dessert items.
- c. School nutrition programs reflect the U.S. Dietary Guidelines for Americans, the Healthier US Schools Challenge Standards, and the Institute of Medicine Standards.

3. Other Foods and Beverages

- a. A la carte and snack/dessert items sold by the Food and Nutrition Service will meet the guidelines from Maryland State Department of Education (MSDE) and the Institute of Medicine Standards for Competitive Foods.
- b. School celebrations involving food and beverages may be permitted by the principal no more than once per month after the end of the last lunch period and will comply with HCPSS Nutritional Guidelines. Schools are encouraged to develop alternatives to the use of food and beverages for celebrations.
- c. Concessions will follow HCPSS Nutritional Guidelines and will include some healthier items.
- d. All foods and beverages sold in vending machines that are accessible to students will meet the HCPSS Nutritional Guidelines.
- e. All other food and beverages sold or provided free of charge on school system property where the primary customers or recipients are students will comply with the HCPSS Nutritional Guidelines.

- f. Clubs and organizations authorized to raise money on school property using order forms for food and beverages to be consumed off of school property are encouraged to offer healthier options. Clubs and organizations are also encouraged to consider fundraisers that do not involve food and beverages.
- g. No candy, soda, or artificially flavored drinks that contain no pure juices will be sold or given without charge to students during the school day.

E. Staff Health and Wellness

- 1. The HCPSS will provide opportunities for staff members to improve their health status through the HCPSS Commit To Be Fit Employee Wellness Program which includes activities such as health assessments, health education, and health-related fitness activities.
- 2. The HCPSS Commit To Be Fit Employee Wellness Program will be overseen by the Employee Wellness Council consisting of representatives from all employee groups.
- 3. All staff members are encouraged to model healthful eating and physical activity.

V. Responsibilities

- A. The Superintendent/Designee will provide an annual report on the implementation of the policy.
- B. The Superintendent/Designee will ensure that any subsequent changes to this policy are reported to the MSDE.
- C. The Superintendent/Designee will develop, implement and monitor a process for the development and review of the HCPSS's curriculum and assessment programs that complies with state and local requirements and provides sufficient academic rigor for students.
- D. The Superintendent/Designee will provide for annual notification of this policy and procedures to staff, students, parents, and the community.
- E. The Superintendent/Designee will ensure that opportunities for physical activity are provided during the school day in accordance with this policy.
- F. The Superintendent/Designee will oversee school implementation and compliance with this policy, including:
 - 1. Provide technical assistance and support to assist schools with implementation of the policy and improve programming functions.

2. Ensure schools are offered support services through various departments including the Food and Nutrition Service, Physical Education, and Health and Physical Education, to ensure the full implementation of this policy.
 3. Establish a process for identifying and distributing resources made available by qualified agencies and community organizations for the purpose of collaborating with schools and community organizations such as Boosters and the PTA Council of Howard County (PTACHC) to enhance implementation of this policy.
 4. Establish a process to gather regular reporting and feedback from individual schools, community partners, students, and parents on the implementation of the policy.
 5. Conduct periodic evaluations and report on systemwide and individual schools' compliance with the policy.
 6. Conduct periodic, systemwide review and assessment of this policy and other related Board policies on their effectiveness and, based on this assessment, propose policy revisions.
- G. Each school principal will ensure that a School Wellness Team is formed annually to spearhead health and wellness initiatives at the school that are in compliance with this policy. The principal will establish a system to annually identify School Wellness Team members which may include parents/guardians, teachers of physical education, classroom teachers, school nurses/assistants, students, school administrators, and community health and wellness partners.
- H. Each school principal will annually designate a school employee to serve as the School Wellness Champion who will:
1. Lead and coordinate their school's efforts to increase healthy eating and physical activity for students.
 2. Serve as the liaison for their respective school's policy implementation and reporting.
 3. Establish and lead a School Wellness Team that develops goals, strategies, and initiatives for student health, wellness, and physical activity during the school year.
- I. Each school principal will provide annual updates to the Superintendent/Designee regarding the school's health and wellness initiatives and the school's implementation of this policy.
- J. The Howard County School Health Council, which serves in an advisory capacity, will provide feedback annually to the Board.

- K. The HCPSS will report the number of schools that meet the HealthierUS Schools Challenge annually. Additional annual school progress measures may be developed to track progress on implementation of Coordinated School Health.
- L. The Food and Nutrition Service Office and school principals will ensure that all foods and beverages made available to students in schools or through school-sponsored events, from 12:01 a.m. until the end of the school day, are in compliance with this policy.
- M. Professional development on the implementation of this policy will be provided as part of the regular professional development program for staff.

VI. Delegation of Authority

The Superintendent is authorized to develop procedures for the implementation of this policy.

VII. References

- A. Legal
 - National School Lunch Act, Public Law 79-396, Section 9 amended
 - Child Nutrition and WIC Reauthorization Act of 2004, Public Law 108-265, Section 204
 - 7 CFR 210-11, Foods of Nutritional Value
 - 7 CFR 220.12, Competitive Food Services
 - COMAR 13A.04.13 Maryland State Physical Education Curriculum
 - COMAR 13A.04.13.01 Requirements for Physical Education Instructional Programs for Grades K-12
 - COMAR 13A.04.18 Program in Comprehensive Health Education
 - COMAR 13A.05.05 Programs of Pupil Services
 - COMAR 13A.05.05.05-.15 Regulations for School Health Services
 - COMAR 13A.06.03 Interscholastic Athletics in the State
 - COMAR 13A.06.04 Corollary Athletic Programs
 - Maryland State Student Health Promotion Act of 2005
 - Fitness and Equity Act 2008
- B. Other Board Policies
 - Policy 2050 Advisory Committees to Staff and Schools
 - Policy 2060 Advisory Committees to the Board of Education
 - Policy 4020 Fund Raising
 - Policy 5200 Pupil Transportation
 - Policy 6020 School Planning/School Construction Programs
 - Policy 7120 Coaches and Advisors of High School Extracurricular Activities
 - Policy 8000 Curriculum
 - Policy 8090 Non-School-Hour Curricular Programs
 - Policy 9070 Academic Eligibility for High School Extracurricular Activities
 - Policy 9080 Interscholastic Athletic Program

Policy 10000 Parent, Family and Community Involvement
Policy 10010 Distribution and Display of Materials and Announcements
Policy 10020 Use of School Facilities

C. Relevant Data Sources

Lifetime Fitness Course Assessment
Trend data for Fitnessgram
Maryland Youth Tobacco and Risk Behavior Survey (CDC)
Maryland Hunger Solutions – School Breakfast in Maryland’s Counties Policy Brief
Maryland Hunger Solutions – The Federal Nutrition Programs in Howard County
Report

D. Other

HCPSS Student Code of Conduct
Maryland State Department of Education, School and Community Branch,
Management and Operations Memorandum (MOM) #12
Health Department Hazard Analysis Critical Control Points (HACCP)

VIII. History

ADOPTED: March 23, 2006

REVIEWED:

MODIFIED:

REVISED: July 1, 2006
October 11, 2007
May 13, 2010
May 9, 2013

EFFECTIVE: July 1, 2013

Appendix C:

Local Health Improvement Coalition Weekly Digest

May 30



Local Health Improvement Coalition Weekly Digest



Dear Howard County LHIC Members –

The Howard County Health Department is proud to announce the release of the Howard County Health Assessment Survey (HCHAS) results. Please view our new website which contains an executive summary, fact sheets, and links to other data sources. We would like to thank our partners the Horizon Foundation, Howard County General Hospital, and the Columbia Association. This was made possible by our joint effort. The survey will be repeated again in 2014, 2016, and 2018.

[Howard County Health Assessment Survey Website](#)
{new}

Please find below this week’s LHIC digest and corresponding attachments. Additionally we welcome you to submit any news or events that you would like to share with the group. The deadline for submissions is Monday by 5:00pm to anugent@howardcountymd.gov. Again, we thank you for your continued support and participation as we work to achieve health equity in Howard County and to identify and reduce health disparities.

UPCOMING EVENTS

LHIC Meeting
 July 8th
 10:00am - 12:00pm



LHIC Updates

Facebook

Twitter

Next LHIC meeting Monday, July 8th from 10:00am to 12:00pm. [Click here for calendar invitation.](#)

WHAT'S HAPPENING IN THE FIELD - RELEVANT NEWS & RESEARCH

Community Transformation Grant resources and upcoming webinars.

- [2013 Maryland Workplace Health & Wellness Symposium](#)
- [Webinars and Resource List](#)

Healthy Eating Research Studies Examine Menu Labeling {new}

Diners at fast-food restaurants [significantly underestimate the number of calories in their meals](#), according to a study released by [Healthy Eating Research \(HER\)](#) last week. Researchers found teens underestimate the number of calories in their meals by as much as 34 percent, parents of school-age children by as much as 23 percent, and adults by as much as 20 percent. According to lead researcher Jason Block, “having the [calorie] information is an important first step for anyone wanting to make changes”; another [HER study](#) released last week shows that adults and teens who used calorie information posted on menus or menu boards in Seattle-area chain restaurants purchased up to 143 fewer calories than customers who did not see or use the calorie information.

IOM Study Examines Physical Education and Activity in Schools {new}

An Institute of Medicine (IOM) report released last week examining the status of physical education and physical activity in schools recommends that [“students should engage in vigorous or moderate-intensity physical activity throughout the school day.”](#) The report, funded by the Robert Wood Johnson Foundation, cites “extensive scientific evidence” that regular physical activity has multiple benefits for

physical, mental, and cognitive health; the report also cites “a growing body of evidence” that children and adolescents who achieve at least the recommended amount of vigorous or moderate-intensity physical activity “may well improve overall academic performance.” Specific recommendations include adopting/strengthening physical education and/or recess policies as well as instituting dedicated classroom physical activity time.

Study: Physical Activity Reduces Obesity Risk for Youth {new}

A study to be published in the Journal of Health Economics has found that [an additional hour of physical education in elementary school reduces the probability of obesity among fifth-graders](#), and that the increased gym time did not replace academic time or affect test scores negatively. Researchers found that the additional hour lowers body mass index by 0.5 for all children, including 0.9 for boys.

IOM: Low Sodium Intake May Also Cause Adverse Health Effects

While multiple studies have shown that the average daily sodium intake for U.S. adults is far too high, lowering the intake too much could also lead to health problems, according to a new report from the Institute of Medicine. The average daily intake is 3,400 mg, or about 1.5 teaspoons. The Dietary Guidelines for Americans call for a maximum of 2,300 mg, and even 1,500 mg for certain demographics. However, there is also some evidence suggesting low sodium levels could be harmful to people such as those with mid- to late-stage heart failure. [For full article, click here.](#)

Study: Teen’s Use of Smokeless Tobacco Steady Over Past Decade

Despite a myriad of efforts to combat tobacco use by U.S. teens, their usage rate of “smokeless” tobacco products such as chew or snuff has remained steady since 2000, according to a new study in the Journal of the American Medical Association. The rate was 5.3 percent in 2000 and just barely lower in 2011, at 5.2 percent. While younger teens in the 9-14 age range have

decreased their use, those in the 15-17 range have increased. The study suggests that the relatively low prices of smokeless tobacco products may be a contributor. About 9 million Americans used smokeless tobacco in 2012. [For full article, click here.](#)

Teen Girls Who Exercise Are Less Likely to be Violent

A study from the Columbia University Mailman School of Public Health finds that high school girls who play sports or run have a lower risk of being in fights or in a gang. Researchers at the school reviewed results of a 2008 survey completed by 1,312 students at four inner-city high schools in New York to determine if there was an association between regular exercise and violence-related behaviors. The survey results found that girls who had exercised more than 10 days in the last month had decreased odds of being in a gang, those who did more than 20 sit-ups in the past four weeks had decreased odds of carrying a weapon or being in a gang and those who reported running more than 20 minutes the last time they ran had lower odds of carrying a weapon. Girls who participated in team sports in the past year had decreased odds of carrying a weapon, being in a fight, or being in a gang. [For full article, click here.](#)

LOCAL ANNOUNCEMENTS

Network of Care for Behavioral Health

Network of Care for Behavioral Health is an online information place for individuals, families, and agencies concerned with mental and emotional wellness, substance abuse and developmental disabilities. This online community provides critical information, communication, and advocacy tools with a single point of entry. It ensures there is "No Wrong Door" for those navigating the system of behavioral health services, those working to avoid the need for formal services, and those ready to transition out of the behavioral health system.

[For more information, click here.](#)

Howard County Health Department Tobacco Treatment Program and Volunteer Opportunities

Wednesdays, 6:00pm – 7:00pm **{free}**

Quit Smoking Today! FREE Tobacco Treatment Program open to anyone who lives or works in Howard County. This is a 4 week program, 1 session per week. A physician evaluation for medication support will be offered from 5:00pm -8:00pm, by appointment only. Walk-in clinics for a one-on-one counseling session with a Tobacco Treatment Specialist, offered in English and Spanish will be offered on Thursdays, 1:00pm - 4:00pm. For more information, [click here](#).

Office on Aging Information - MAP and SHIP Maryland Access Point (MAP)

MAP is Howard County's Aging and Disability Resource Center (ADRC). We help identify a person's strengths, needs, situations and preferences and help them make informed decisions through a service known as Options Counseling. In addition to our telephone assistance, we can make home visits or meet a person in an alternate location such as a senior center or library. To contact MAP call 410-313-5980 Monday through Friday 8:00 a.m. – 5:00 p.m. or visit the statewide searchable database at www.marylandaccesspoint.info.

Senior Health Insurance Assistance Program (SHIP)

SHIP offers one-on-one counseling and assistance to people with Medicare of any age and their families. Counseling is a free service and assistance is given via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. To contact SHIP call 410-313-7392 Monday through Friday 8:00 a.m. – 5:00 p.m.

Cancer Prevention Study-3 Comes to Howard County

Help the American Cancer Society create a world with less cancer! The American Cancer Society is seeking cancer fighters in Howard County to participate in Cancer Prevention Study-3 (CPS-3), a historic,

nationwide study to help researchers better understand the genetic, environmental and lifestyle factors that cause or prevent cancer, which will ultimately save lives. For more information, please visit the website.

www.CPS3HowardCounty.org

2-1-1 Maryland

2-1-1 Maryland is a toll-free, 24-hour hotline that provides information on local and national health and human service resources. We serve the entire state of Maryland and are available simply by dialing 2-1-1 or 800-492-0618. The hotline is staffed by trained and nationally certified Information and Referral Specialists who assess callers' needs and then link them with appropriate resources and services. **Many of you are already included in our database but others may not be included. Please use the following contact information to update current forms or submit new program forms.** [Kate](#)

[Schulz](#), Information and Referral Specialist and Howard County Outreach Coordinator. **Contact number: 410-895-1452.** [Brandi Nieland](#), Database Administrator

[Powerpoint Presentation](#)

[2-1-1 Maryland Fact Sheet](#)

[2-1-1 MD Inclusion Exclusion Guidelines](#)

[New Program Form](#)

UPCOMING EVENTS & ANNOUNCEMENTS

Parents: Enter To Win HC DrugFree's Drawing for a \$50 Gift Card to Stanford Grill in Columbia

For the third consecutive year, HC DrugFree is holding a drawing for **PARENTS** of students who attended a Howard County PTSA sponsored After Prom. HC DrugFree thanks parents for keeping our children safe and not holding parties where alcohol might be served. To win a \$50 gift card to Stanford Grill, please enter at www.hcdrugfree.org before noon on Monday June 3rd. HC DrugFree is proud partners with the Howard County Public School System, the PTA Council of Howard

County, the Howard County Police Department, the Howard County Dept. of Fire and Rescue Services and the Howard County Library System and provides substance abuse prevention services on behalf of the Howard County Health Department.

well4life® Program at Saint Agnes Hospital **{free}**

A holistic and comprehensive approach to weight loss and healthy living, the well4life® program at Saint Agnes Hospital provides medical oversight, your own personal health coach, educational and fitness classes, support groups, a web companion and more. If you'd like to change your lifestyle habits and reach a meaningful health and wellness goal, we can give you the support and expertise you need. Find out more at www.well4lifeprogram.com or register for our free monthly information sessions by calling [1-866-690-9355](tel:1-866-690-9355).

You Can Prevent Diabetes!

Saint Agnes Hospital is now offering a 4-month program designed to prevent the development of Type 2 Diabetes in people who test as Pre-Diabetic. The goal of the program is to teach you lifestyle changes geared towards reducing your risk. The program combines the resources and expertise of the Saint Agnes endocrinologists, certified diabetes educators, dietitians, fitness professionals and other health educators in collaboration with the American Diabetes Association. This program includes eight 90-minute group-based behavioral lifestyle intervention classes, complimentary, weekly fitness classes, monthly support groups and biometric screenings at the beginning, end and 6-months post completion of the program. **A physician referral is required.** For details, contact Roslyn Snyder, Pre-Diabetes Program Coordinator, at [410-368-3244](tel:410-368-3244).

Living Your Best Life With Diabetes Group Education Class {new}

Friday & Saturday, July 26th & 27th from 8:30 am – 12:30 pm at Saint Agnes Hospital

In this eight-hour class, you'll learn how to manage your diabetes to help prevent complications and live your life to the fullest. Our Saint Agnes experts will offer useful, realistic tips for nutrition and exercise, stress management and blood sugar control. To attend these classes, all patients must first schedule an individual diabetes appointment for initial assessment. Diabetes education and classes are covered by most health insurances. **Physician referral is required.** For further details, obtain referral form, or schedule your initial appointment, call (410) 368-8448.

SAVE THE DATE!

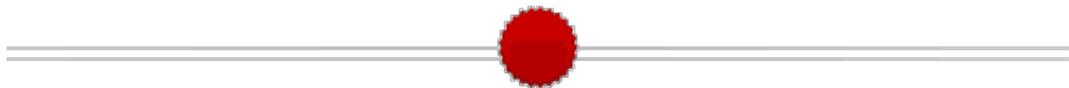
Training Opportunity: 4th Annual Maryland Workplace Health & Wellness Symposium

June 7, 2013, 7:45a.m.-2:00p.m., BWI Marriott Hotel.

Don't miss one of the best attended events of the year:

The Maryland Workplace Health & Wellness Symposium. Hear from experts and get the latest information on employee health and wellness, how to create a workplace wellness program for your organization, and how good employee health can generate bottom line results. Continental breakfast and healthy box lunch provided. [Register now](#) or call Carolyn Gutermuth at 410-494-2170

Developed by: Maryann Thomas



 [Update Subscription Preferences](#)

 [Unsubscribe](#)

 [Forward to a Friend](#)

Additionally we welcome you to submit any news or events that you would like to share with the group. The deadline for submissions is Monday by 5:00pm to anugent@howardcountymd.gov

Our mailing address is: 7178 Columbia Gateway Dr., Columbia, MD 21046 **Notify me Howard**

Appendix D:

Local Health Improvement Coalition Brochure

Howard County LHIC members are actively engaged and dedicated stakeholders representing diverse sectors and communities throughout the county. These include the local health department, local hospitals, community health centers, government agencies, schools, workplaces, businesses, community service providers, nonprofits, faith based organizations, elected officials, and residents.

Alianza de la Comunidad • Alpha Kappa Alpha Sorority • The Arc of Howard County • Asian American Healthcare Center • Association of Community Services • Bay Family Eye Care • British American Auto Care • Chase Brexton Health Services • Columbia Association • Community Action Council of Howard County • County Executive's Office • Delta Sigma Theta Sorority • FIRN Howard County • Grassroots Crisis Intervention • HC DrugFree • Healthy Howard • Horizon Foundation • Houlihan's Restaurant • Howard Community College • Howard County Board of Health • Howard County Citizens Association • Howard County Council • Howard County Department of Citizen Services • Howard County Department of Housing and Community Development • Howard County Department of Recreation and Parks • Howard County Department of Social Services • Howard County Economic Development Authority • Howard County General Hospital/Johns Hopkins Health System • Howard County Health Department • Howard County Library • Howard County Mental Health Authority • Howard County Nutrition and Physical Activity Coalition (NPAC) • Howard County Public School System • Kappa Alpha Psi Fraternity • Korean American Community Association • Maryland Chapter of the American Academy of Pediatrics • Maryland Metabolic Institute • Maryland Optometric Association • NAMI Howard County • St. John Baptist Church • Talbott Springs Elementary School • United Healthcare • University of Maryland Extension • We Promote Health • Women Heart

LOCAL HEALTH IMPROVEMENT COALITION

.....
2012-2014

LOCAL HEALTH IMPROVEMENT ACTION PLAN



MARYLAND'S STATE HEALTH IMPROVEMENT PROCESS (SHIP)

In 2011, Maryland launched the **State Health Improvement Process (SHIP)**. This initiative is implemented at the local level through **Local Health Improvement Coalitions (LHICs)**. The purpose of the LHIC is to improve the health of all residents with particular attention to health disparities.

Howard County's Local Health Improvement Coalition (LHIC) is made up of over seventy members. The LHIC aims to improve health equity in Howard County through a transparent and inclusive process of illuminating local health disparities, engaging stakeholders, and implementing the **2012-2014 Local Health Improvement Action Plan**.

ABOUT HOWARD COUNTY'S LOCAL HEALTH IMPROVEMENT COALITION (LHIC)

VISION

All residents of Howard County will have access to health care, and health outcomes will be equitable for all.

MISSION

Howard County's Local Health Improvement Coalition works to achieve health equity in Howard County and to identify and reduce health disparities.

VALUES

Evidence-based • All stakeholders have a voice • Inclusive of Howard County's diverse community • Collaboration • Transparency

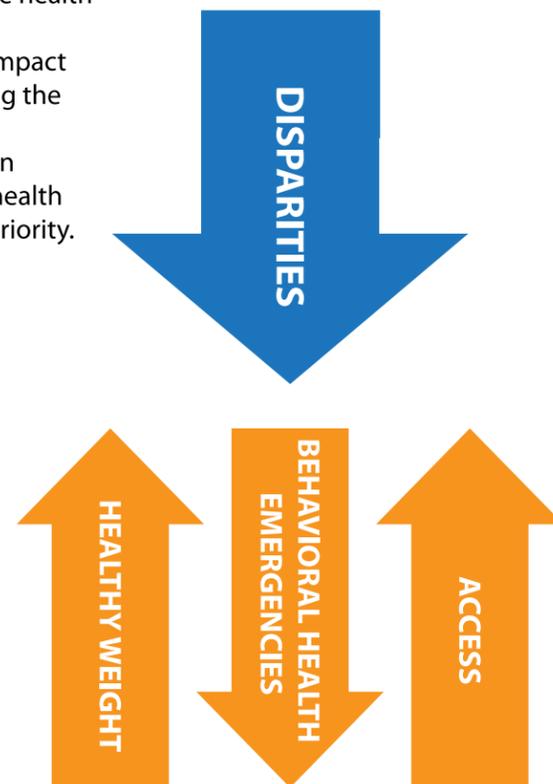
PRIORITIES AND ACTION

Howard County's LHIC has set three top priorities as the main focus of its work aimed to reduce disparities and improve outcomes.

Howard County's **2012-2014 Local Health Improvement Action Plan** outlines measures, goals, and strategies for each priority area. LHIC action plans provide a roadmap for local action. Action plan strategies may include clinical, community, environmental, policy and legal changes that address health priorities, including eliminating racial and ethnic health disparities.

The prioritization criteria were:

- High levels of disparities related to a health outcome.
- Potential to improve the health of large populations.
- Potential to improve multiple health outcomes.
- A high-cost and long-term impact associated with not addressing the issue.
- Organizations in the LHIC can take action to spark positive health improvement related to the priority.
- Results can be quantified.



PRIORITIES

- #1 Increase access to health care.**
- #2 Enable people of all ages to achieve and maintain a healthy weight through healthy eating and physical activity.**
- #3 Expand access to behavioral health resources and reduce behavioral health emergencies.**

OVERARCHING LHIC STRATEGIES TO ADDRESS DISPARITIES

- Actively engage people and organizations affected by disparities through partnerships with faith-based, community service provider, and civic organizations.
- Conduct outreach and data collection on health needs of specific subpopulations.
- Address gaps in baseline SHIP data.
- Devote resources to increase cultural competency.

ACTION PLAN: KEY MEASURES AND GOALS

	<i>* local measure unavailable</i>	Baseline	Goals for 2014	Change
Measure 1: Reduce Delays in Accessing Care				
Reduce the proportion of people who reported there was a time in the last 12 months they could not afford to see a doctor (obtain medical care, dental care, or prescriptions). (Data Source: BRFSS)				
Maryland		12%	*	*
County		7.2%	5.8%	-20%
African-American		12.8%	7.2%	-55%
Asian		*	*	*
Hispanic		*	*	*
White		4.1%	3.2%	-20%
Measure 2A: Adult Healthy Weight				
Increase the percentage of adults who are at a healthy weight (i.e., not overweight or obese) based on their Body Mass Index. (Data Source: BRFSS)				
Maryland		34%	*	*
County		41.5%	50%	+20%
African-American		28.4%	40%	+40%
Asian		52.8%	55%	+4%
Hispanic		*	*	*
White		42.7%	50%	+17%
Measure 2B: Child and Adolescent Healthy Weight				
Decrease the proportion of young children and adolescents (ages 12-19) who are obese based on their Body Mass Index. (Data Source: Maryland Youth Tobacco Survey)				
Maryland		11.9%	*	*
County		7.2%	5.8%	-19%
African-American		12.8%	7%	-44%
Asian		*	*	*
Hispanic		*	*	*
White		4.1%	3.2%	-22%
Measure 3: Behavioral Health				
Reduce the rate of Emergency Department (ED) visits for a behavioral health condition per 100,000. (Data Source: HSCRC)				
Maryland		1,206.3	*	*
County		806.7	645	-20%
African-American		1,219.4	806	-34%
Asian		233.1	186	-20%
Hispanic		442.3	354	-20%
White		808.9	645	-20%

ALL HEALTH IS LOCAL

Improving the quality and length of life for all Howard County residents means addressing the varied needs of the county's increasingly diverse population. Eighteen percent of Howard County residents are African American, 14 percent Asian, 6 percent Hispanic or Latino, and 62 percent White. Howard County is home to a growing foreign-born population (17 percent). Howard County also has a diverse mix of incomes and both rural and urban areas.

Appendix E:
Letter of Commitment



BOARD OF TRUSTEES

John B. Isbister
Chair

Nikki Highsmith Vernick
President & CEO

Lynn C. Coleman
Treasurer

Felicita Solá-Carter
Secretary

Duane F. Alexander

David H. Barrett

Lily Bengfort

Guillermo A. Birmingham

Shirley D. Collier

Glenn M. Falcao

Steven A. Gershman

Paul M. Gleichauf

Michael Graham

Michael H. Kelemen

Pamela J. Mack

Floyd J. Malveaux

Henry E. Posko, Jr.

Robin Steele

Ned Tillman

Kwang Chul "KC" Whang

Dou Alvin Zhang

June 3, 2013

John Hurson, Chairman
Mark Luckner, Executive Director
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401

Dear Mr. Hurson and Mr. Luckner:

The Horizon Foundation wholeheartedly supports the grant application from the Howard County's Local Improvement Coalition submitted to the Maryland Community Health Resources Commission. The Horizon Foundation is an independent philanthropy dedicated to improving the health and wellness of people living or working in Howard County, Maryland. We will provide \$25,000 in local funds to match resources from the Commission and the County.

Our local match will be dedicated to helping local practices become Community Integrated Medical Home (CIMH) providers by providing practice coaching and technical assistance. National best practice evidence highlights how much these practices need additional support to transition to new primary care models.

Our support of this grant application underscores a long history of partnership in the county between the Horizon Foundation, the Howard County Health Department, medical providers, and community-based organizations in the county. We have a foundation of work to build upon to drive innovations in primary care redesign and community health promotion -- which can ultimately drive down health care expenditures and improve health outcomes.

Sincerely,

Nikki Highsmith Vernick
President and CEO