HARFORD COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

JANUARY 2019 - 2024

REVISED JULY, 2019
UPDATED OCTOBER, 2021

LOCAL HEALTH IMPROVEMENT COALITION

HARFORD COUNTY
LHIC

Contents

2019 Local Health Improvement Coalition Member Organizations

A.M.E. Church
ARS Health
Bel Air Volunteer Fire Company
Cancer Coalition
Harford Community Action Agency
Harford County Council
Harford County Department of Community Services
Harford County Department of Social Services
Harford County Health Department
Harford County Housing & Community Development
Harford County Office on Aging
Harford County Office on Drug Control Policy
Local Addictions Authority
Harford County Office on Mental Health/ Core Service Agency
Harford County Planning & Zoning
Harford County Public Schools
Harford County Sheriff's Office
Healthy Harford/ Healthy Cecil
Inner County Outreach
Maryland Department of Health
Office of Cancer Prevention
St. James A.M.E. Church
St. Margaret's Parish Health Ministry
Town of Bel Air
Towson University
University of Maryland Upper Chesapeake Health
University of Maryland School of Law Legal Resource Center
The Ward Y in Abingdon
Y in Central Maryland

A special thank you to the many Harford County organizations, community partners, and LHIC members who contributed to the 2017 LHIC Community Forum, and to those that shared inventive ideas at the 2018 Annual Meeting to address these priorities. Your dedication to improving the wellbeing of Harford County residents is appreciated and valued.

2019

MISSION

To protect, promote, and improve the health, safety, and environment of Harford County residents.

VISION

To make Harford County the healthiest community in Maryland.

WHAT IS HEALTH?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease (World Health Organization).

WHAT IS A HEALTHY COMMUNITY?

A healthy community is one in which local groups from all parts of the community work together to prevent disease and make healthy living options accessible. It reduces health gaps caused by differences in income, education, race and ethnicity, location and other factors that can affect health (Centers for Disease Control and Prevention).

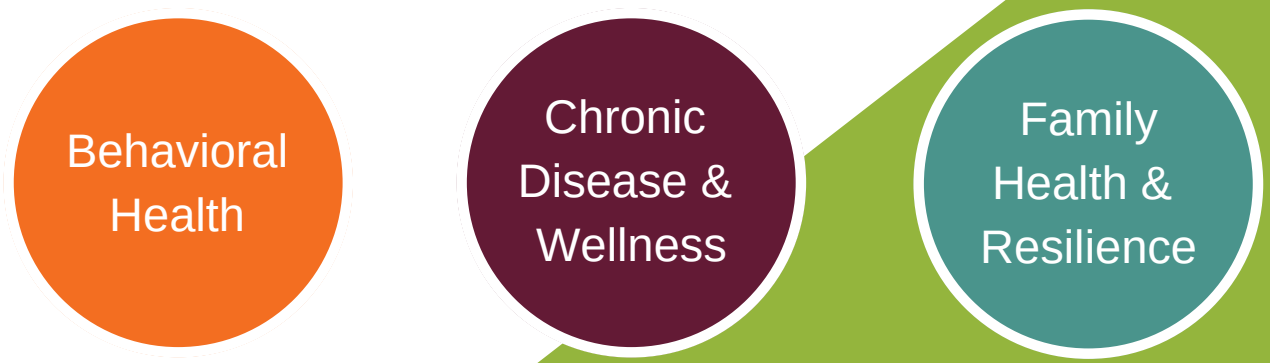
EXECUTIVE SUMMARY

The Harford County Local Health Improvement Coalition (LHIC) is pleased to present the following Community Health Improvement Plan (CHIP) to county residents, community organizations, and civic groups after engaging in a two-year strategic planning process. The CHIP aligns with gaps identified within the 2018 Harford County Community Health Needs Assessment (CHNA).

The LHIC is composed of over 30 member organizations and individuals who represent a broad spectrum of the community and all aspects of health. The CHNA data was both quantitative and qualitative. Input was gathered from residents through a community forum, focus groups, and Community Health Survey that reached 1,700 respondents. Other quantitative data on the health status of the community was gathered to provide a complete picture of Harford County's health landscape. The resulting data was examined by LHIC members, who identified three health priorities including Behavioral Health, Chronic Disease & Wellness, and Family Health & Resilience.

Goals and strategies relating to these three issues comprise the health improvement plan. The next step in the process is a five-year action cycle that is being implemented by community partners. Three workgroups and subcommittees composed of individuals and organizations committed to improving health issues have been formed and are currently being working on their priority action plans. An annual update will be provided as an appendices to the 2019 CHIP through 2024.

It is the goal of the LHIC to implement these strategies through collaboration and synergy in order to accomplish goals and decrease the health disparities that exist in Harford County.



COMMUNITY FORUM

The Harford County Local Health Improvement Coalition conducted a Community Forum on October 26, 2017 at Harford County Community College. The group met to discuss the health status of Harford County residents and current organizational structure of community efforts to address health priorities. Key leaders within the Harford County health community and community members at large were in attendance (see Appendix A).

Dr. Russell Moy, MD, MPH Harford County Health Officer presented State and Harford County health statistics with attention to areas where challenging health problems persist within the county. Dr. Moy spoke to the current organizational structure of community health efforts, with the LHIC centered on three Health Priorities; Obesity, Tobacco, and Behavioral Health. He concluded that although the current priorities continue to be problems in Harford County, that high cancer, COPD, suicide, and drug-related mortality rates are also of concern. With limited access to care, health disparities, poor dental health, fall-related mortality, and other health issues persisting, Dr. Moy requested a community call to action to discuss the data and reexamine LHIC priorities.

Following the presentation, the groups participated in a Community Forum facilitated by Kathy Kraft and Latoya Patterson-Spencer of University of Maryland Medical System. There was a robust discussion about the health priorities that the LHIC should focus on in the future. Seven health priorities were identified with three health priorities receiving the most votes: Behavioral Health (26 votes), Chronic Disease Prevention/Wellness (16 votes), and Environmental Stability (15 votes).

The LHIC general assembly convened once again in October 2018 to confirm commitment to the three priorities, as well as to share progress and plans for continued advancement.

PRIMARY AND SECONDARY DATA

A subcommittee comprised of members from Harford County Health Department, University of Maryland Upper Chesapeake Health, and Healthy Harford met regularly over a 9-month period, following the October 2017 LHIC Forum, collecting primary and secondary health data. Primary data was gathered from four targeted focus groups and an online Community Health Survey that reached 1,741 residents. Secondary data was collected from sources such as Maryland Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey, Robert Wood Johnson County Health Rankings, and the U.S. Census Bureau. The 2018 Harford County Community Health Needs Assessment was released in July 2018 and served as a basis for the identification of needs, gaps, strengths, and overall status of health in Harford County.

The culmination of primary and secondary data created a robust picture of life and health in Harford County and enabled the Coalition to inform the next iteration of the Community Health Improvement Plan (CHIP). Primary and secondary data, including the Harford County Community Health Needs Assessment, was presented to the LHIC during the 2018 annual meeting. This data was used to refine the strategies and action plans in the CHIP. The plan is divided into three action plans based on the priority workgroups selected during the Coalition's Community Forum. The three plans include Behavioral Health, Chronic Disease & Wellness, and Family Health & Resilience. Each action plan is accompanied by related goals and strategies that align with the work currently being done to improve the health of Harford County residents.

Healthy Harford
LIVE WELL. BE WELL.

Public Health
Prevent. Promote. Protect.
Harford County Health Department

University of Maryland Upper Chesapeake Health

PRIORITY 1: BEHAVIORAL HEALTH

Goal: Reduce the Burden of Substance Use and Mental Health Disorders in Harford County

2024 Behavioral Health Targets

- Reduce the rate of drug intoxication deaths to no more than 30.0 deaths per 100,000 population
- Reduce the rate of suicide to no more than 9.0 suicide deaths per 100,000 population
- Increase the proportion of adolescents (grades 9 through 12) who have never consumed alcohol, to no less than 50.0%

	County Baseline	Maryland Baseline	County 2024 Target	Healthy People Target
Rate of drug intoxication deaths per 100,000 population*	**35.29**	**31.2**	**30.0**	**11.3**
Rate of suicide per 100,000 population	**10.7**	**9.3**	**9.0**	**10.2**
Percentage of students who have never consumed alcohol**	**43.8%**	**46.5%**	**50.0%**	**94.2%**

Data is reflective of 2017 Maryland Vital Statistics population, mortality, and morbidity data, unless otherwise noted.

**Alcohol intoxication-related deaths were removed from the Harford County & Maryland totals in order to align with the HP 2020 goals.*

*** Data is reflective of 2016 Harford County high school Youth Risk Behavior Survey (YRBS) results.*

PRIORITY 1: BEHAVIORAL HEALTH

Goal: Reduce the Burden of Substance Use and Mental Health Disorders in Harford County

Strategies

Strategy A: *Prevent and Treat Substance Use Disorders (SUDs)*

- Educate the community about substance use disorders (SUDs) including parents, students, and providers
- Strengthen the referral process for SUD treatment
- Prevent future overdose fatalities through community-based strategies

Strategy B: *Create an Integrated Behavioral Health System*

- Increase the availability of treatment by developing an integrated crisis center - 24/7 hotline, mobile crisis, urgent care, and residential beds
- Build an informed community that engages peers, families, faith-based communities, and others in the recovery process
- Strengthen community partnerships to promote behavioral health screenings

Strategy C: *Mental Health Strategies*

- Develop a mental health infrastructure throughout the community to expand trauma-informed care and the use of data systems to promote collaboration and service planning
- Train and educate the community regarding mental health including Mental Health First Aid and Wellness Recovery Action Plans

101 deaths

Number of Drug and Alcohol Intoxication Deaths in Harford County in 2018.

PRIORITY 2: CHRONIC DISEASE & WELLNESS

Goal: Prevent Chronic Disease & Improve Wellness Through the Creation of Health Literate Materials & Projects

2024 Chronic Disease & Wellness Targets

- Reduce the percentage of adolescents (grades 9 through 12) who report smoking, using smokeless tobacco, or vapor products (within the last 30 days) to no more than 18.9%
- Reduce the percentage of adults who are obese to no more than 27.4%
- Reduce the overall cancer death rate (age-adjusted, per 100,000 population) to no more than 161.0 cancer deaths per 100,000 population

	County Baseline	Maryland Baseline	County 2024 Target	Healthy People Target
Percentage of students who report smoking, using smokeless tobacco, or vapor products.	**21.9%**	**21.6%**	**18.9%**	**21%** "Use of any tobacco products within the past 30 days"
Percentage of adults who are obese*	**29.4%**	**29.6%**	**27.4%**	**30.5%**
Cancer death rate (age-adjusted, per 100,000 population)**	**164.1**	**154.5**	**161.0**	**161.4**

Data is reflective of 2016 Harford County Youth Risk Behavior Survey (YRBS) data.

**Data is reflective of 2016 Harford County Behavioral Risk Factor Surveillance System (BRFSS) data.*

***Data is reflective of 2017 Maryland Vital Statistics mortality data.*

PRIORITY 2: CHRONIC DISEASE & WELLNESS

Goal: Prevent Chronic Disease & Improve Wellness Through the Creation of Health Literate Materials & Projects

Strategies

Strategy A: *Cancer Prevention Health Literacy*

- Increase referrals for screening
- Educate through social media on importance of screening and prevention for lung, colorectal, and cervical cancer
- Increase education on HPV vaccination for women and the connection of HPV and cervical cancer

Strategy B: *Healthy Eating/Active Living Health Literacy*

- Create toolkit for partners to use that contains health literate and evidence-based information on maintaining healthy eating and an active living lifestyle
- Educate Harford County residents through social media about childhood obesity during National Childhood Obesity Month

Strategy C: *Tobacco Health Literacy*

- Improve vaping education for first and second Harford County Public Schools (HCPS) tobacco policy offenders
- Educate public on risk of nicotine addiction from use of vaping devices through commercials/ads
- Educate LHIC members on health literacy and vaping

63.3%

of Harford County adults were considered overweight or obese in 2016.

PRIORITY 3: FAMILY HEALTH & RESILIENCE

Goal: Improve Outcomes for Pregnant Women and Families Affected by Substance Use

2024 Family Health & Resilience Targets

- Reduce the rate of Substance Exposed Newborns (SENs) per 1,000 live births to no more than 30.0 per 1,000 live births
- Reduce the infant mortality rate (per 1,000 live births) to no more than 4.0 per 1,000 live newborns
- Reduce the percentage of low birth weight (< 2,500 grams) babies to no more than 6.1%
- Increase the percentage of mothers accessing early (1st trimester) prenatal care by to a minimum of 80%

	County Baseline	Maryland Baseline	County 2024 Target	Healthy People Target
SENs rate per 1,000 live births*	**38.1**	**31.4**	**30**	**N/A**
Infant mortality rate per 1,000 live births	**4.8**	**6.5**	**4.0**	**6.0**
Percent low birth weight babies (<2500 grams)	**7.1%**	**8.9%**	**6.1%**	**7.8%**
Percent of mothers accessing early pre-natal care	**75%**	**70%**	**80%**	**77.9%**

Data is reflective of 2017 Maryland Vital Statistics population, mortality, and live birth data unless otherwise noted.

**Substance Exposed Newborn data: HSCRC Hospital Inpatient Files (includes MD resident delivery discharges at MD hospitals only. Excludes MD resident newborns delivered out of state.*
Newborns identified via ICD 9 V-Codes (V30.x - V34.x, V39) and ICD 10 Z-Codes (Z38.x).
SEN identified by ICD-9 Codes (760.80, 760.71, 760.72, 760.3, 760.75, 760.77, 779.5) & ICD-10 Codes (P04.3, P04.4, P04.41, P04.49, P04.8, P04.9 and P96.1)

PRIORITY 3: FAMILY HEALTH & RESILIENCE

Goal: Improve Outcomes for Pregnant Women and Families Affected by Substance Use

Strategies

Strategy A: *Develop a Transportation System to Provide Access to Care*

- Assess the target population for transportation requirements by surveying Healthy Families America, Helping Families Recover, and MA Transport clients
- Provide demand response transportation options for clients (e.g. van pools, Uber Health, MA Transportation contract, and volunteers)
- Train MEGAN's Place staff on use of public transportation system for clients
- Offer Car Seat Installation courses and car seat assistance program to MEGAN's place clients at HCHD & in the community
- Explore Year 2-3 funding opportunities for transportation

Strategy B: *Create Materials that Help Remove Stigma & promote Care for Pregnant & Postpartum Women Affected by SUD*

- Determine key words & phrases that are barriers to receiving care or to promoting care for target population
- Advertise services for MEGAN's Place using non-stigmatizing words and phrases
- Promote access to care through media campaigns and other appropriate materials

Strategy C: *Promote Early Access to Family Planning Services*

- Strengthen community referral system to HCHD's Behavioral Health Services
- Strengthen HCHD's Behavioral Health Services and community behavioral health services to HCHD's Family Planning & Clinical Services
- Offer adequate resources to new and expecting mothers, both at HCHD clinics and other points of contact with women experiencing SUD
- Establish a broader and more diverse network of OBGYN and family planning resources for behavioral and mental health providers

38.1 per 1,000

Rate of Hospital Encounters for Newborns Born with Maternal Drug/Alcohol Exposure in 2018.

WORK PLAN

PRIORITY 1: BEHAVIORAL HEALTH

Goal: Reduce the Burden of Substance Use and Mental Health Disorders in Harford County

Strategy A : Prevent and Treat Substance Use Disorders (SUDs)			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Educate the community about SUDs including parents, students, & providers	# Students educated in schools # Community events hosted # Community campaigns	Office of Drug Control Policy, Harford County Sheriff's Office, HCHD, LAA, Local Addictions Authority (LAA) Core Service Agency	Ongoing
2. Strengthen the referral process for SUD treatment	# Participating partners & MOUs # Referrals for those using MA	HCHD, UMUCH, LAA, Core Service Agency, local treatment programs	Ongoing
3. Prevent future overdose fatalities through community-based strategies	# Community Naloxone trainings Strengthen re-entry program for detention center Establishment of the EMS leave-behind program # Community drug take back events & safe disposal sites	HCHD, UMUCH, LAA, Harford County Community Services, Harford County Sheriff's Office, Detention Center, Emergency Services, OIT members, OFRT members, Core Service Agency	Ongoing
Relationship to Community Health Assessment: Overdose deaths, law enforcement drug encounters, ED visits for substance use			
Health Outcomes: Reduced overdoses, reduced overdose deaths, reduced law enforcement drug encounters			
Considerations for Social Determinants of Health: Services offered in each zip code, services offered to low-income populations, language-appropriate community campaigns			
Plans for Policy & System Level Changes: Provide support for legislated medication assisted therapy (MAT) programs in the detention center			

WORK PLAN

PRIORITY 1: BEHAVIORAL HEALTH

Goal: Reduce the Burden of Substance Use and Mental Health Disorders in Harford County

Strategy B: Create an Integrated Behavioral Health System			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Increase the availability of treatment by developing an integrated crisis center- 24/7 hotline, mobile crisis, urgent care, and residential beds	# Partnerships for integrated services within the center # Services available at center Expansion of services & extension of hours for available services	UMUCH, Core Service Agency, Office of Drug Control Policy, HCHD, Harford County Government, local treatment facilities	December, 2019 – June 2020
2. Build an informed community that engages peers, families, faith-based communities, and others in the recovery process	# Peers trained / in practice # Faith-based community events & partnerships Implement campaigns to reduce stigma & build community support	HCHD, UMUCH, LAA, Core Service Agency, local treatment facilities, faith-based organizations, Community Services	Ongoing
3. Strengthen community partnerships to promote behavioral health screenings	# Community partners & MOUs System in place for community referrals at participating locations (i.e. Crisis Center, MEGAN's Place, HCHD) Opioid Intervention Team (OIT) & Overdose Fatality Review Team (OFRT)	HCHD, UMUCH, LAA, Community Services, Harford County Sheriff's Office, Core Service Agency, local treatment facilities, OIT members, OFRT members	Ongoing
Relationship to Community Health Assessment: Mental health BRFSS & YRBS percentages, mental health services offered, overdose & suicide rates			
Health Outcomes: Improved mental health BRFSS & YRBS percentages, reduced suicide rate, reduced overdose rate, reduced ED visits for mental/behavioral health			
Considerations for Social Determinants of Health: Services offered to all populations (age, income, race, zip code), connection to MA			
Plans for Policy & System Level Changes: Utilization of the OFRT & OIT			

WORK PLAN

PRIORITY 1: BEHAVIORAL HEALTH

Goal: Reduce the Burden of Substance Use and Mental Health Disorders in Harford County

Strategy C: Mental Health Strategies			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Develop a mental health infrastructure throughout the community to expand trauma-informed care and the use of data systems to promote collaboration and service planning	# Community campaigns # Participating community partners & MOUs # ACE- related community events	UMUCH, Core Service Agency, Office of Drug Control Policy, HCHD, Harford County Sheriff's Office, ACE Steering Committee	Ongoing
2. Train and educate the community regarding mental health including Mental health First Aid and Wellness Recovery Action Plans	# Mental Health First Aid/QPR Trainings Held Utilization of Harford County Suicide Prevention sub-committee	HCHD, UMUCH, LAA, Core Service Agency, local treatment facilities, Harford County Suicide Prevention sub-committee	Ongoing
Relationship to Community Health Assessment: Mental Health BRFSS & YRBS percentages, suicide rate			
Health Outcomes: Improved Mental Health BRFSS & YRBS percentages, reduced suicide rate			
Considerations for Social Determinants of Health: Services offered to all populations (age, income, race, zip code)			
Plans for Policy & System Level Changes: Education of policy makers on trauma-informed care and ACEs			

WORK PLAN

PRIORITY 2: CHRONIC DISEASE & WELLNESS

Goal: Prevent Chronic Disease & Improve Wellness Through the Creation of Health Literate Materials & Projects

Strategy A: Tobacco Health Literacy

Actions	Measures	Agencies Responsible	Assessment
1. Improve vaping education for first and second HCPS tobacco policy offenders	# Modules created for violation program # Students educated Focus group responses # Evidence-based learning modules recognized	HCHD, HCPS, UMUCH, Inner County Outreach, YMCA, Inner County Outreach, Local Resource Center, Towson University	June, 2020
2. Educate public on risk of nicotine addiction from use of vaping devices through commercials/ads	# Health literate nicotine/vaping prevention ads created Commercial reach calculation	HCHD, HCPS, Comcast Spotlight	Ongoing
3. Educate LHIC members on Health Literacy and Vaping	# Trainings held # Members trained	HCHD, University of Maryland Horowitz Center, UMUCH	December, 2019

Relationship to Community Health Assessment:
Percentage of current smokers in Harford County, percentage of students reporting that they currently use electronic nicotine delivery systems, and percentage of students using any type of tobacco products (cigarette, smokeless tobacco, cigar, or electronic vapor products).

Health Outcomes:
Reduce YRBS percentage of tobacco product and electronic nicotine delivery system usage among high school students, Reduce BRFSS smoking prevalence among adults

Considerations for Social Determinants of Health:
Education offered in all parts of the county

Plans for Policy & System Level Changes:
Provide support and education on Tobacco 21 law and enforce new legislation on tobacco use outdoors and in private locations (i.e. apartments)

WORK PLAN

PRIORITY 2: CHRONIC DISEASE & WELLNESS

Goal: Prevent Chronic Disease & Improve Wellness Through the Creation of Health Literate Materials & Projects

Strategy B: Healthy Eating & Active Living Health Literacy

Actions	Measures	Agencies Responsible	Assessment
1. Create toolkit for partners to use that contains health literate and evidence-based information on *maintaining* healthy eating and an active living lifestyle	# Toolkits distributed to partners # Toolkits placed on websites # Toolkits distributed to local grocery stores	HCHD, Healthy Harford, YMCA, HCHD-WIC, Klein's Shopright, UMUCH Healthlink, Inner County Outreach, Local Resource Center, Towson University	July, 2020
2. Educate Harford County residents through social media about childhood obesity during National Childhood Obesity Month	# Health literate social media posts created for Facebook, Instagram, and Twitter # Displays from posts # Post likes # Post shares	HCHD, Healthy Harford, YMCA, HCHD-WIC, Klein's Shopright, UMUCH Healthlink, Inner County Outreach, Local Resource Center, Towson University	Ongoing

Relationship to Community Health Assessment:
Adults reported engaging in some form of leisure time physical activity throughout the week, Harford County's obesity rate, fruit and vegetable consumption, high school students who report if they are overweight

Health Outcomes:
YRBS percentage of students who describe themselves as slightly or very overweight, BRFSS overweight and obese prevalence among non-institutionalized adults, BRFSS percentage of fruit and vegetable consumption in adults, YRBS percentage of students fruit and vegetable consumption

Considerations for Social Determinants of Health:
Information includes considerations for those on food assistance and those experiencing food insecurity

Plans for Policy & System Level Changes:
Review system level education to ensure evidence-based and best practice information is only utilized

WORK PLAN

PRIORITY 2: CHRONIC DISEASE & WELLNESS

Goal: Prevent Chronic Disease & Improve Wellness Through the Creation of Health Literate Materials & Projects

Strategy C: Cancer Prevention Health Literacy			
Actions	**Measures**	**Agencies Responsible**	
1. Increase referrals for screening	# Referrals for cancer screenings # At-risk population screened	HCHD, Healthy Harford, HCPS, YMCA, HCHD- WIC, Klein's Shopright, UMUCH, Inner County Outreach	Ongoing
2. Educate through social media on importance of screening and prevention for lung, colorectal, and cervical cancer	# Health literate social media posts created for Facebook, Instagram, and Twitter # Impressions from posts # Post likes # Post Shares	HCHD, Healthy Harford, HCPS, YMCA, HCHD- WIC, Klein's Shopright, UMUCH, Inner County Outreach	Ongoing
3. Increase education on HPV vaccination for women and the connection of HPV and cervical cancer	# HPV Vaccination Rates # New marketing materials created # Education events held	HCHD, Healthy Harford, HCPS, YMCA, HCHD- WIC, Klein's Shopright, UMUCH, Inner County Outreach	Ongoing
Relationship to Community Health Assessment: Cancer mortality rates of Harford County residents, cancer incidence rates by type, cancer incidence rates by race, lung, colorectal, and prostate cancer incidence rates for Whites and Blacks/African Americans, connection with chronic diseases and common cancers			
Health Outcomes: Decreased cancer mortality rates from Maryland Vital Statistics, decreased incidence rates from Cancer Registry, increased HPV vaccination rates from hospital system data, CRISP ED Visit data			
Considerations for Social Determinants of Health: Increased education to at-risk population			
Plans for Policy & System Level Changes: Policy promotion for required HPV vaccination in schools			

WORK PLAN

PRIORITY 2: CHRONIC DISEASE & WELLNESS

Goal: Prevent Chronic Disease & Improve Wellness Through the Creation of Health Literate Materials & Projects

Strategy D: Improve Diabetes Prevention

Actions	Measures	Agencies Responsible	Assessment
1. Increase number of participants in evidence-based classes: Diabetes Prevention Program (DPP)	# People enrolled # Targeted postcards mailed out.	HCHD, UMUCH, Healthy Harford	October 2021-October 2022
2. Increasing the number of dieticians and promoting access to them in community settings 3. Identify the gaps between the flow of food distribution supply to shelters and ensuring access to these foods	# gaps identified # Dieticians in Harford County # of partnerships established	HCHD, UMUCH, Healthy Harford, Harford County Council, Harford County Supermarkets, Harford County Food Shelters, Maryland Universities	Ongoing
4. Increase education on the negative effects of sugary drinks and awareness of those at-risk for diabetes	# Posters placed in libraries # Social media impressions # Registered for Water Wednesday challenge	HCHD, UMUCH, Healthy Harford, Harford County Public Libraries	October 2021-October 2022
5. Increase community awareness of the importance of exercise and the availability of local exercise resources	# Posters/place cards developed #Infographics placed in pharmacy bags	Harford County Health Department, Office on Aging, Senior Centers, Parks and Rec, Area Healthy Ministries, Local Pharmacies	October 2021-October 2022

Relationship to Community Health Assessment:
Diabetes mortality rates of Harford County residents, chronic diseases related to diabetes (i.e. BMI), health disparities between races and ZIP codes.

Health Outcomes:
Decreased diabetes mortality rates from Maryland Vital Statistics, CRISP Hospital Utilization Data, Maryland BRFSS data (doctor diagnosed diabetes, fruit and vegetable consumption, self-report physical activity, self-reported BMI), Maryland YRBS (fruit and vegetable consumption, self-reported physical activity and weight)

Considerations for Social Determinants of Health:
Increased education and access to at-risk population

Plans for Policy & System Level Changes:
Policy promotion for providers to refer at-risk patients to evidence-based diabetes prevention classes.

*STRATEGY D WAS ADDED TO THE CHIP IN OCTOBER 2021

WORK PLAN

PRIORITY 3: FAMILY HEALTH & RESILIENCE

Goal: Improve Outcomes for Pregnant Women and Families Affected by Substance Use

Strategy A: Develop a transportation system to provide access to services for pregnant women affected by SUD & their families			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Assess the target population for transportation requirements	# Surveys returned Focus Group Responses	HCHD, HFA, HFR, Harford County Community Services, UMUCH	July, 2019
2. Provide demand response transportation options for clients (e.g. van pools, Uber Health, MA Transportation contract, and volunteers)	# Transportation services utilized	HCHD, HFA, HFR, Harford County Community Services, UMUCH	Ongoing
3. Train MEGAN's Place staff on use of public transportation system for clients	Completion of train the trainer session # Additional trainings offered	HCHD, HFA, HFR, UMUCH	Ongoing
4. Offer Car Seat Installation courses and car seat assistance program to MEGAN's place clients at HCHD & in the community	# Trainings conducted # Car seats provided	HCHD, HFA, HFR, Harford County Community Services, UMUCH	August, 2019 - Ongoing
5. Explore Year 2-3 funding opportunities for transportation	Funding source(s) secured for years 2 & 3	HCHD	June, 2020
Relationship to Community Health Assessment: Community access to care, SENs, maternal health outcomes			
Health Outcomes: Improved access to care, decreased SENs rate, improved maternal health outcomes			
Considerations for Social Determinants of Health: Improved access to services for at-risk and vulnerable women			
Plans for Policy & System Level Changes: Examine sustainable strategies for public transportation in Harford County			

WORK PLAN

PRIORITY 3: FAMILY HEALTH & RESILIENCE

Goal: Improve Outcomes for Pregnant Women and Families Affected by Substance Use

Strategy B: Create materials that help remove stigma & promote care for pregnant & postpartum women affected by SUD			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Determine key words & phrases that are barriers to receiving care or to promoting care for target population	Focus group responses Survey responses # of key words & phrases collected	HCHD, HFA, HFR, Healthy Harford	June, 2019
2. Advertise services for MEGAN's Place using non-stigmatizing words and phrases	# Promotional materials created # Contacts from flyers/web advertisements	HCHD, HFA, HFR Harford County Community Services Agency, Healthy Harford	Ongoing
3. Promote access to care through media campaigns and other appropriate materials	# Promotional materials created # Channel reach # Reporting social media reach	HCHD, HFA, HFR, Community Services Agency, Brantwood Family Services, Healthy Harford	Ongoing
Relationship to Community Health Assessment: Community access to care, SENs, maternal health outcomes			
Health Outcomes: Improved access to care, decreased SENs rate, improved maternal health outcomes			
Considerations for Social Determinants of Health: Connection of at-risk and vulnerable women to services			
Plans for Policy & System Level Changes: Reduce barriers to care and essential services for vulnerable families			

WORK PLAN

PRIORITY 3: FAMILY HEALTH & RESILIENCE

Goal: Improve Outcomes for Pregnant Women and Families Affected by Substance Use

Strategy C: Promote early access to family planning services			
Actions	**Measures**	**Agencies Responsible**	**Assessment**
1. Strengthen community referral system to HCHD's Behavioral Health Services	Review & update formal referral processes Adopt a new re-call system for HCHD's Clinical Services # Referrals	HCHD, UMUCH, DSS, HFA, Detention Center, local treatment facilities	Ongoing
2. Strengthen HCHD's Behavioral Health Services and community behavioral health services to HCHD's Family Planning & Clinical Services	Add screening questions to intake forms for pregnancy & BH Educate providers & teams on services offered # Referrals	HCHD, DSS, HFA, UMUCH, Detention Center, local treatment facilities, Brantwood Family Services	Ongoing
3. Offer adequate resources to new and expecting mothers, both at HCHD clinics and other points of contact with women experiencing SUD	# New materials developed & added to patient packets # Promotional materials distributed to at-risk clients	HCHD, HFA, Judy Center, DSS, UMUCH, Detention Center, local treatment facilities, Brantwood Family Services	Ongoing
4. Establish a broader and more diverse network of OBGYN and family planning resources for behavioral and mental health providers	Educate community partners on services provided in network # Materials provided to community partners Establish reciprocal referral processes with partners	HCHD, DSS, HFA, Judy Center, UMUCH, local treatment facilities, Brantwood Family Services	Ongoing
Relationship to Community Health Assessment: Community access to care, SENs, maternal health outcomes			
Health Outcomes: Improved maternal health outcomes, decreased SENs rate			
Considerations for Social Determinants of Health: Services provided for at-risk and vulnerable women			
Plans for Policy & System Level Changes: System level changes to community referral processes for at-risk and vulnerable women			

2019