

**Howard County Local Health Improvement Coalition  
2015-2017 Local Health Improvement Strategic Action Plan  
SUMMARY REPORT**

Submitted to:

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## INTRODUCTION

The Howard County Local Health Improvement Coalition (HCLHIC) was formed in 2011 as part of the Department of Health and Mental Hygiene’s State Health Improvement Process (SHIP). The coalition’s mission is to identify and reduce health disparities and achieve health equity among Howard County residents. Using local health data and input from stakeholders from throughout the County, the coalition developed the 2015-2017 Action Plan, setting goals and strategies for the top three priority areas – Access to Care, Behavioral Health, and Healthy Weight and identified Healthy Aging as a fourth priority area. Maryland Department of Health’s State Health Improvement Process (SHIP) measures and Howard County Health Assessment (HCHAS) data served as the basis by which outcomes were measured. Work groups were maintained to implement each area of the plan. The FY 15-17 Strategic Plan goals were:

- **Access to Care Goal:** Increase access to health care among Howard County residents;
- **Behavioral Health Goal (s):** Expand access to behavioral health resources and reduce behavioral health emergencies in Howard County;
- **Healthy Weight Goal:** Ensure Howard County residents achieve and maintain a healthy weight; and,
- **Healthy Aging Goal (\*added in FY 2016):** promote proactive personal planning for the future for our aging population and their social supports in Howard County.

This report details the progress made toward the 2015-2017 Action Plan as well as opportunities/recommendations for the 2018-2020 HCLHIC Strategic Plan.

## STRUCTURE

The Howard County Local Health Improvement Coalition is co-chaired by Dr. Maura Rossman, Health Officer for the Howard County Health Department and Mr. Steven Snelgrove, President, Howard County General Hospital Johns Hopkins Medicine. The coalition is staffed by Kelly Kesler, M.S., C.H.E.S., Director. Additional support is provided through the Bureaus of Health Promotion and Behavioral Health through the Howard County Health Department. The program is funded by the Howard County Health Department.

As of June 2017, the Howard County LHIC membership represents 88 organizations and 234 individuals representing the seven social determinants of health. During the Fiscal Year 2016 membership enrollment period, members identified the social determinants of health addressed by their respective organizations and a baseline for measurement was established. By identifying members in this way, gaps and needs have been better identified allowing the HCLHIC staff to recruit member organizations that were needed to better serve the health needs of Howard County. As of June 2017, membership reflected the following:

Indicator	July 2016	June 2017
Number of housing-related organizations with HCLHIC memberships Baseline as of July 1, 2016 8 organizations	8	13

Number of education-related organizations with HCLHIC memberships (Baseline as of July 1, 2016 19 organizations)	19	40
Number of transportation-related organizations with HCLHIC memberships (Baseline as of July 1, 2016 5 organizations)	5	10
Number of access to care-related organizations with HCLHIC membership (Baseline as of July 1, 2016 26 organizations)	26	50
Number of health-related organizations with HCLHIC memberships (Baseline as of July 1, 2016 31 organizations)	31	57
Number of employment-related organizations with HCLHIC memberships (Baseline as of July 1, 2016 8 organizations)	8	15
Number of food assistance-related organizations with HCLHIC memberships (Baseline as of July 1, 2016 7 organizations)	7	18

## LESSONS LEARNED AND FUTURE RECOMENDATIONS

<b>FY 15-17 HCLHIC Coalition Lessons Learned</b>
Participating in existing events of faith communities and other community groups may yield better participation and build stronger relationships with community partners. Collaborative efforts enable these groups see the HCLHIC as a support to them to accomplish projects and see the quality of the “product” and partnership with the HCLHIC. These opportunities serve as a gateway to future collaboration.
Member organization and/or individual engagement is based upon a spectrum of perceived benefits of participation. Aligning coalition meetings and priority work group meeting structure to maximize member benefit is integral to active and continued member involvement.
<b>FY 18-20 HCLHIC Coalition Recommendations and Areas of Opportunity</b>
It is recommended that partnering with faith-based groups and other community organizations would increase the credibility and participation by priority populations in the HCLHIC and the priority work group initiatives.
It is recommended that the FY 18-20 action plan incorporate strategic organizational goals in addition to those identified for the four priority areas of the plan. Specifically, it is recommended that the coalition seek to increase its visibility in the community and develop an intentional recruitment and retention strategy for coalition member engagement.
It is recommended that the FY 18-20 plan outline clear process objectives and strategies to address each goal. It is also recommended that annual benchmarks and milestones relevant to the identified process objectives should be included in the plan to ensure measurable progress throughout the period of the plan.

**Howard County Local Health Improvement Coalition  
Access to Care Work Group FY 15-17 Summary Report**

**The 2015-2017 Access to Care goal was to increase access to health care among Howard County residents.**

The following strategies were identified, and outcomes were produced in the 2015-2017 HCLHIC Action Plan cycle:

<b>Strategy</b>	<b>Outcome</b>
Support efforts to decrease the language barrier in accessing care among Limited English Proficiency (LEP) residents.	Support for insurance enrollment and connection support services were available through HCLHIC partner and Maryland Health Care Exchange (MHE) connector organizations such as Health Care Access Maryland/Healthy Howard/Door to HealthCare.
Improve Howard County residents' access to comprehensive, quality health care services, including medical homes, primary and specialty care, behavioral health care, oral health care, and pharmacy services.	<p>Supported and promoted programs that connect residents to medical homes, specialty care, behavioral healthcare, oral healthcare, etc. through the Community Care Team (CCT), faith-based partnerships and other Community Health Worker (CHW) programs.</p> <p>Hosted two Community Health Forums. On March 24, 2016 (<i>Working toward a Healthier Howard County</i>) and October 27, 2016 (<i>Transforming Healthcare in Howard County</i>).</p> <p>Piloted a comprehensive, searchable database of Howard County and Regional Healthcare and Social Determinants of Health Resources (CareAPP) including transportation, food, housing, etc.</p>
Increase percentage of Howard County residents covered by health insurance and increase awareness among residents about how to utilize insurance.	<p>Developed and distributed health literacy materials intended to educate consumers on the proper use of health insurance, how and where to access help to connect to providers and how to navigate the health care system.</p> <p>Worked with partners to create and disseminate materials and programs that help residents understand how to access and use health insurance.</p> <p>Worked with partners to analyze data on insurance coverage to target enrollment activities to areas of greatest need.</p>
Promote and enhance 211 as a resource for Howard County residents.	Promoted 211 as a community resource at HCLHIC outreach events and activities.

<b>Access to Care Outputs</b>				
	FY 2015	FY 2016	FY2017	Total
<b>Community Care Team (CCT)</b>				
Referred to CCT	230	398	744	1,507
Served by CCT (includes CHWs in the Emergency Department and Primary Care Provider practices as of FY 17)	73	129	325	796
Enrolled	73	198	246	517
Total # enrolled/graduated clients with a readmission during the month	15	36	*	51 (does not include FY 17)
<b>Journey to Better Health (J2BH)</b>				
Screenings		320	476	796
Congregations		11	13	24
<b>Community Forum</b>				
Participants		100	125	225

\* Data not available

**Howard County Local Health Improvement Coalition  
Behavioral Health Work Group FY 15-17 Summary Report**

**The 2015-2017 Behavioral Health goals were to expand access to behavioral health resources and reduce behavioral health emergencies in Howard County.**

The following strategies were identified, and outcomes were produced in the 2015-2017 HCLHIC Action Plan cycle:

<b>Strategy</b>	<b>Outcome</b>
Support programs and activities working to expand access to behavioral health resources and reduce behavioral health emergencies.	<p>Developed and piloted a resource referral tool for primary care providers.</p> <p>Promoted Mental Health First Aid (MHFA) Trainings for Adults and Youth to educate the public on how to identify and assist family and friends with a behavioral health issue.</p> <p>Behavioral Health Specialist hired as part of the Community Care Teams (CCTs) that work closely with Howard County General Hospital to serve residents who are frequently hospitalized.</p> <p>Conducted Crisis Intervention Training (CIT) twice a year for HCPD patrol officers, detectives, and dispatch on how to respond to a behavioral health issue.</p> <p>Collaborated on forum for providers to discuss behavioral health for youth.</p>
Increase suicide prevention activities.	<p>Promoted Questions-Persuade-Refer (QPR) Trainings for Adults and Youth to educate the public on suicide prevention.</p>
Support programs and activities working to reduce the number of drug and alcohol-related intoxication deaths (Specifically: Opiates, Alcohol, and Benzodiazepines).	<p>Increased awareness of and participation in drug prevention programs using social media, newsletters, forums, and community fairs.</p> <p>Facilitated overdose response program trainings for naloxone use for the public and for specific groups such as police officers.</p> <p>Established overdose fatality review team.</p> <p>Established opioid prevention coalition.</p> <p>Three permanent medication collection boxes were installed and continued to have bi-annual drug take-back days and review collection data to determine on-going need (HC DrugFree)</p>

<b>Behavioral Health Outputs</b>				
	FY 2015	FY 2016	FY2017	Total
<b>Mental Health First Aid</b>				
trainings	21	14	23	58
Individuals trained	237	221	300	758
<b>Crisis Intervention Training</b>				
trainings	1	2	2	5
Officers trained	42	55	55	152
Other First Responders trained	10	5	15	30
<b>Addictions</b>				
<b>Overdose Response Program Trainings</b>				
trainings	26	38	46	110
Individuals trained	251	237	715	1,203
<b>Overdose Fatality Review Team</b>				
meetings	0	3	4	7
fatalities reviewed	0	4	11	15
<b>Opioid Prevention Coalition</b>				
meetings	10	10	10	30
<b>Peer Recovery Support</b>				
patients served	390	203	323	916
<b>Drug Take-Back and Medication Disposal</b>				
Permanent collection boxes installed	3	0	1	4
#lbs. medicine collected at collection boxes *calendar year	1,118	2,538	3,038.9	6,694.9
Drug Take-Back Days	2	2	2	6
#lbs. medicine collected at Drug Take-Back Days *fiscal year	1,659	1,300	2,338.6	5297.6
<b>Suicide Prevention</b>				
<b>Question-Persuade-Refer Training</b>				
trainings			20	20
Individuals trained			359	359

**Howard County Local Health Improvement Coalition  
Healthy Weight Work Group FY 15-17 Summary Report**

**The 2015-2017 Healthy Weight goals were to ensure Howard County residents achieve and maintain a healthy weight.**

The following strategies were identified, and outcomes were produced in the 2015-2017 HCLHIC Action Plan cycle:

Strategy	Outcome
Increase access to and consumption of healthy food and drinks.	Offered an on-site Farmer’s Stand at the Howard County Health Department in FY 2015 and FY 2016 to promote the use of benefits such as food stamps, WIC, and Senior Farmers’ Market Nutrition Program coupons at farmers’ markets. Due to lack of interest from local farmers in FY 2017, WIC/ SNAP clients were encouraged to visit the Oakland Mills Farmers Market to redeem vouchers. The Oakland Mills area has the highest number of WIC/SNAP recipients in the county. WIC and HCLHIC staff was onsite to distribute vouchers at the July and August Oakland Mills Farmer’s Markets. Additionally, in August, the HCLHIC arranged for cooking demonstrations, to be provided by United Health Care to assist clients with learning healthy recipes and cooking methods for the produce available.
Increase access to and participation in physical activity.	Encouraged participation in programs promoting physical activity developing a comprehensive community calendar on <a href="http://www.hclhic.org">www.hclhic.org</a> to promote physical activity programs throughout county for all residents.
Create walkable/bikeable communities.	Supported educational advocacy efforts to create safe walking and biking options through walking and biking safety education and participation in Fit Family Night programs held in HCPSS elementary schools. HCLHIC staff and volunteers attended 15 Fit Family Nights and educated an estimated 294 youth and 228 adults (522 total people) on walking and biking safety.  Submitted a letter of support to the County Executive for the Howard County Bikeway.
Support education activities related to healthy living.	Developed educational materials to increase awareness of the importance of adequate sleep and the effects that it has on overall health.



<b>Healthy Weight Outputs</b>				
	FY 2015	FY 2016	FY2017	Total
<b>Fit Family Night Walking and Biking Safety Education</b>				
Youth Educated			294	294
Adults Educated			228	228
<b>Farmer's Market Participation by WIC Clients at HCHD Farmer's Market</b>				
# \$5.00 voucher given	1,936	1,464		3,400
# \$5.00 voucher redeemed	1,149	684		1,833
% Redemption	59.4%	46.7%		53.9%
<b>Farmer's Market Participation by WIC Clients at Other HC Farmer's Markets</b>				
# \$5.00 voucher given	2300	2,300	2,300	6,900
# \$5.00 voucher redeemed	1,543	1,246	895	3,684
% Redemption	67.1%	54.2%	38.9%	53.4%

**Howard County Local Health Improvement Coalition  
Healthy Aging Work Group FY 15-17 Summary Report**

In Fiscal Year 2016, the 2015-2017 HCLHIC Action Plan was expanded to include Healthy Aging as a priority. **The FY 2016 goals were to promote proactive personal planning for the future for our aging population and their social supports in Howard County.**

The following strategies were identified, and outcomes were produced in the 2015-2017 HCLHIC Action Plan cycle:

Strategy	Outcome
Develop a white paper.	A Healthy Aging “white paper” to identify areas of personal planning for the future for the aging population was completed and posted on <a href="http://www.hclhic.org">www.hclhic.org</a> .
Develop a resource referral tool and planning for the future checklist.	A resource tool/future planning checklist was developed to provide resources that could be used by community providers, etc. to offer quick and easy references to Healthy Aging resources and important future planning concepts.  A Healthy Aging Resource page was added to <a href="http://www.hclhic.org">www.hclhic.org</a> .  Through a collaborative grant from the Alzheimer’s Association, a Future Planning File kit that will assist individuals in identifying and organizing important resources was developed.
Establish educational sessions in collaboration with the Commission on Aging.	With funding from the Maryland Department of Health, in collaboration with the Alzheimer’s Association and the Howard County Office on Aging and Independence, the Howard County Local Health Improvement Coalition (HCLHIC) educated 56 individuals on Legal and Financial Planning through three educational sessions.

Healthy Aging Outputs				
	FY 2015	FY 2016	FY2017	Total
<b>Educational Sessions</b>				
Individuals Educated			56	56

## APPENDIX

**Howard County  
Local Health Improvement Coalition  
Access to Care 2015-2017 Action Plan**

**Goal: Increase access to health care among Howard County residents.**

<b>Percentage of adults reporting that there was a time in the last 12 months that they could not afford to see a doctor.</b>	<b>All</b>	<b>African-American</b>	<b>Asian</b>	<b>Hispanic</b>	<b>Other</b>	<b>White</b>
2014 SHIP Measure (BRFSS 2011-2013)	7.6%	8.3%	*	*	N/A	6.6%
2016 SHIP Measure (BRFSS 2015)	7.8%	N/A	N/A	N/A	N/A	4.5 %
2014 HCHAS	5.7%	8.0%	7.9%	1.6%**	4.7%	5.0%
2016 HCHAS	6.8%	8.1%	6.9%	16.6%	12.9%	5.5%
2017 Goals set by coalition based on 2014 data	5.4% (5% decrease)	7.2% (10% decrease)	7.1% (10% decrease)	*	4.5% (5% decrease)	4.8% (5% decrease)
<b>Percentage of adults, age 18-64, who report having health insurance.</b>	<b>All</b>	<b>African-American</b>	<b>Asian</b>	<b>Hispanic</b>	<b>Other</b>	<b>White</b>
2014 SHIP Measure (Small Area Health Insurance Estimate 2012)	92.9%	*	*	*	N/A	*
2014 HCHAS	93.9%	89.8%	96.7%	90.0%**	90.1%	96.1%
2016 HCHAS	94.6%	93.7%	94.2%	78.6%	95.7%	96.1%
2017 Goals set by coalition based on 2014 data	95.8% (2% increase)	94.3% (5% increase)	98.6% (2% increase)	*	94.6% (5% increase)	98.0% (2% increase)

SHIP – State Health Improvement Process  
BRFSS – Behavioral Risk Factor Surveillance System  
HCHAS - Howard County Health Assessment Survey  
\* Insufficient data  
\*\* Small sample size - data may be unreliable  
N/A Data not available

**Howard County**  
**Local Health Improvement Coalition Healthy Weight 2015-2017 Action Plan**  
**Goal: Ensuring Howard County residents achieve and maintain a healthy weight.**

<b>Percentage of adults who are at a healthy weight.</b>	<b>All</b>	<b>African-American</b>	<b>Asian</b>	<b>Hispanic</b>	<b>Other</b>	<b>White</b>
2012 HCHAS	43.6%	29.6%	55.2%	61.1%	38.4%	45.1%
2014 HCHAS	44.1%	38.8%	63.8%	46.8%*	46.4%	40.9%
2016 HCHAS	39.8%	28.7%	54.0%	32.3%	31.3%	40.2%
<b>2017 Goals set by coalition based on 2014 data</b>	<b>46.3% (5% increase)</b>	<b>40.7%</b>	<b>67%</b>	<b>49.1%</b>	<b>48.7%</b>	<b>42.9%</b>
<b>Percentage of adolescents who are obese.</b>	<b>All</b>	<b>African-American</b>	<b>Asian</b>	<b>Hispanic</b>	<b>Other</b>	<b>White</b>
SHIP Measure (YRBS 2013)	5.9%	8.1%	3.6%	6.6%	7.1%	5.4%
SHIP Measure (YRBS 2014)	7.5%	12.5%	N/A	9.8%	5.7%	5.2%
<b>2017 Goals set by coalition based on 2014 data</b>	<b>5.7% (3% decrease)</b>	<b>7.9%</b>	<b>3.5%</b>	<b>6.4%</b>	<b>6.9%</b>	<b>5.2%</b>

SHIP – State Health Improvement Process

YRBS – Youth Risk Behavior Surveillance

HCHAS - Howard County Health Assessment Survey

\* Insufficient data

\*\* Small sample size - data may be unreliable

N/A Data not available

**Howard County Local Health Improvement Coalition  
Behavioral Health Work Group 2015-2017 Action Plan**  
Goals: Expand access to behavioral health resources and reduce behavioral health emergencies.  
Reduce number of drug-induced deaths in Howard County.  
Reduce number of suicides in Howard County.

<b>Emergency Department Visits Related to a Mental Health Condition, per 100,000 population</b>	<b>All</b>	<b>African-American</b>	<b>Asian</b>	<b>Hispanic</b>	<b>Other</b>	<b>White</b>
2013 SHIP Measure (HSCRC)	2243.9	2919.0	519.1	914.9	N/A	2666.5
2014 SHIP Measure (HSCRC)	2209.9	2873.8	234.7	851.0	N/A	2590.4
2015 SHIP Measure (HSCRC)	2613.8	3223.3	N/A	1784.4	N/A	2743.2
<b>2017 Goals set by coalition based on 2014 data</b>	<b>2099.4 (5% decrease)</b>	<b>2730.1 (5% decrease)</b>	<b>231.5 (5% decrease)</b>	<b>808.5 (5% decrease)</b>		<b>2460.9 (5% decrease)</b>
<b>Number of Drug-Induced Deaths in Howard County</b>	<b>All</b>					
2013	29	N/A	N/A	N/A	N/A	N/A
2014	21	N/A	N/A	N/A	N/A	N/A
2015	26	N/A	N/A	N/A	N/A	N/A
2016	46	N/A	N/A	N/A	N/A	N/A
<b>2017 Goals set by coalition based on 2014 data</b>	<b>(5% decrease)</b>					
<b>Rate of Suicides in Howard County per 100,000</b>	<b>All</b>					

2013 SHIP Measure Maryland Department of Health Vital Statistics Administration Annual Report Data Range 2009-2011)	9.3	N/A	N/A	N/A	N/A	N/A
2017 SHIP Measure Maryland Department of Health Vital Statistics Administration Annual Report Data Range 2013-2015)	7.8	N/A	N/A	N/A	N/A	N/A
2017 Goals set by coalition based on 2014 data	(5% decrease)					

SHIP – State Health Improvement Process  
 YRBS – Youth Risk Behavior Surveillance  
 HSCRC – Health Services Cost Review Commission  
 \* Insufficient data  
 \*\* Small sample size - data may be unreliable  
 N/A Data not available