**HCLHIC Priorities: Healthy Beginnings, Healthy Living, Healthy Minds** 

**HCLHIC Workgroup: Health Literacy Advisory Committee (HLAC)** 

**Goal 1:** Engage community members in healthy lifestyle activities by increasing awareness; culturally appropriate opportunities; accessible and inclusive communications and initiatives related to promoting movement; healthier food choices; and social engagement to promote improved physical and mental health.

**Goal 2** (*DHS*): Improve the health and independence of people with disabilities by promoting inclusive communications and initiatives related to accessibility; increasing awareness and utilization of accessibility procedures and policies in Howard County; actively involving community members living with disabilities in the activities of the Health Literacy Advisory Committee (HLAC) with guidance for implementation and evaluation efforts.

#### Key Measure(s): 2021 HCHAS:

- Percentage of children who were advised by a medical professional to lose weight increased from 7% in 2018 to 18% in 2021
- 29% of adults were overweight and 25% of adults were obese; 1 in 2 adults in Howard County is either overweight or obese
  - o Of those identified as obese: 37% were Black, 27% were White and 7% Asian
- 11% of individuals drink regular soda daily; 18% of individuals eat fruits three times or more per day; and 16% of individuals eat vegetables three or more times per day while 32% of residents ate vegetables less than once per day over the past week
  - Of those reporting having eaten vegetables less than once per day over the past week 47% earn less than \$50K annually

Key Measure(s) (DHS): 2021 ACS & BRFSS/ Howard County Community Roundtables and Accessible Resources for Independence (ARI) Focus Groups:

- 9% of non-institutionalized adults in Howard County report having a disability
  - Columbia, Ellicott City, Savage were some of the areas identified with the highest prevalence of working age adults with any disability (above 7% of population)
- Adults with disabilities in Howard County were more likely to report poor physical and mental health, chronic conditions like cancer (16.1%), hypertension (36.4%), doctor diagnosed asthma (32.2%), doctor-diagnosed depressive disorder (52.1%) or being current or lifetime smokers.

- People with disabilities from Howard County were less likely than people without disabilities to engage in certain preventative health behaviors such as eating vegetables once per day (79.6% compared to 87.0%), getting some leisure-time physical activity (72.0% compared to 89.8%) or getting a routine health checkup in the last year (69.4% compared to 74.0%).
- Barriers to attaining good health for people with disabilities include stigma, communication challenges, physical obstacles, social determinants, and policy gaps

Alignment with Johns Hopkins Howard County Medical Center Priorities (if applicable): N/A

Alignment with Howard County Health Department Priorities (if applicable): Healthy Lifestyle - Goal 3

**HCLHIC Staff:** Ashton Jordan

Co-Chairs: Erin Ashinghurst – Accessible Resources for Independence & Chynáe Vicks - HCHD

By May 2023, collaborate with Coalition members to develop and pre-test key messages to promote improved physical and mental health based on identified facilitators, barriers, and engagement strategies  Conduct Focus Groups with diverse community members to assess facilitators and barriers to healthy lifestyle Analyze data to ascertain key themes of Healthy Lifestyle Focus Group sessions Draft and revise healthy lifestyle key messages based on feedback  Conduct Focus Groups with diverse community members to assess facilitators and barriers to healthy lifestyle Analyze data to ascertain key themes of Healthy Lifestyle Focus Group sessions Draft and revise healthy lifestyle key messages based on feedback  Messages drafted an initial feedback gathered in August	Objectives	Measure	Action Steps	Timeframe	Status Update
related to movement, healthier food choices as needed	By May 2023, collaborate with Coalition members to develop and pre-test key messages to promote improved physical and mental health based on identified facilitators, barriers, and engagement strategies related to movement, healthier food choices,	messages  Target: 36  Messages total (6  for each  community of	<ul> <li>Conduct Focus Groups with diverse community members to assess facilitators and barriers to healthy lifestyle</li> <li>Analyze data to ascertain key themes of Healthy Lifestyle Focus Group sessions</li> <li>Draft and revise healthy lifestyle key messages based on feedback</li> <li>Year 2:</li> <li>Review key messages and make updates</li> </ul>	2021	conducted in October and November 2021  Focus Group findings presented at the January 2022 Full LHIC Meeting  Messages drafted and initial feedback gathered in August 2022  Messages updated in

populations in Howard County.				Focus group held with Community Health Workers (CHWs) in February 2023  Messages updated in February 2023  Messages finalized in March 2023  72 messages developed (12 for each community of focus)  Messages stocked for future use April – June 2023
Objective 2 (SP):  By June 2025, collaborate with Coalition members to plan, implement, and evaluate a marketing campaign to promote improved physical and mental health across the lifespan in Howard County.	Baseline: 0 Campaign Target: 1 Campaign piloted	<ul> <li>Year 1:         <ul> <li>Convene regular HLAC meetings with partners and community members</li> <li>Plan pilot launch of healthy lifestyle campaign</li> </ul> </li> <li>Year 2:         <ul> <li>Summer 2023: Launch pilot healthy lifestyle campaign</li></ul></li></ul>	Start: June 2022 End: June 2025	Initiated discussion of campaign promotion and launch strategies in March 2023  May – August 2023  Campaign materials made available in several language translations

		<ul> <li>Winter 2023: Review and present findings from pilot healthy lifestyle campaign at Full LHIC Meeting</li> <li>Year 3:</li> <li>Make plans for full campaign launch and continuity of efforts</li> </ul>	
Objective 3:  By June 2025, periodically review Howard County Local Health Improvement Coalition (HCLHIC) website content and other digital and print materials to ensure that the American with Disabilities Act (ADA) guidelines are followed, and content materials are up-to-date, culturally appropriate, accessible, and inclusive.	Baseline: Annual update  Target: Quarterly update	<ul> <li>Review HCLHIC website Disability Resources page and make updates as needed quarterly.</li> <li>Review HCLHIC messaging and make updates to meet ADA guidelines as needed.</li> <li>Promote HCLHIC website, disability resources, and other local and national accessibility resources widely.</li> </ul>	December 2022: Disability Resources webpage updated  June 2023: Continued monitoring and review of LHIC website content  September 2023: Reviewed and updated Accessibility Resources on LHIC website  September – October 2023: Added new disability services resources to CAREAPP  October 2023: 6 Health and Human Services Questions added to

				CAREAPP for data purposes
Objective 4 (DHS):  By October 2024, collaborate with coalition members to strengthen availability of disability and health resources and data by incorporating the Six (6) Human and Health Services questions into four (4) partner intake assessment tools/data collection system (i.e., CAREAPP).	Baseline:  O presentations on Human and Health Services (HHS) questions  O health and independent living needs survey  O partner intake assessment tool(s)/ data collection system(s) utilizing 6 HHS questions  Target:  1 presentation on Human and Health Services (HHS) questions  1 health and independent living needs survey	<ul> <li>Year 1:</li> <li>Build awareness of the Six (6) Human and Health Services (HHS) questions within LHIC</li> <li>Collaborate with HLAC members to construct a health and independent living needs survey that will be distributed among people with disabilities in Maryland</li> <li>Link adults with disabilities to preventative healthcare resources and programs</li> <li>Gather disability and health data</li> <li>Year 2:</li> <li>Build awareness of health department resources and action plans.</li> <li>Recommend information, training, and resources to increase the number of healthcare professionals that can effectively offer accessible preventative healthcare to adults with disabilities</li> <li>Implement utilization of Six HHS questions into partner intake assessment tool(s)/data collection system(s)</li> <li>Continue gathering of disability and health data</li> </ul>	Start: October 2023 End: October 2024	Began Disability Inclusion Grant (DIG) Project July 2023  DIG Scope of Works (SOWs) drafted and finalized August 2023  6 Health and Human Services Questions added to CAREAPP for data purposes October 2023

	4 partner intake assessment tool(s)/ data collection system(s) utilizing 6 HHS questions			
Objective 5 (DHS):  By June 2025, develop a policy statement for public accommodations of people with disabilities to be used across health department programs.	Baseline:  0 focus groups for policy statement development  0 training or toolkit on disability and health inclusion, accessibility, or disability cultural competency  0 policy statement  Target:  1 focus group for policy statement development  1 training or toolkit on disability and health	<ul> <li>Year 1:</li> <li>Conduct focus group(s) with inclusion from Disability Inclusion Subcommittee to develop language for policy statement</li> <li>Year 2:</li> <li>Identify and promote at least one training or toolkit on the topic of disability and health inclusion, accessibility, and awareness of disability cultural competency to public health professionals</li> <li>Year 3:</li> <li>Implement utilization of policy statement across HLAC programs/health department programs</li> </ul>	Start: October 2023 End: June 2025	Began Disability Inclusion Grant (DIG) Project July 2023  DIG Scope of Works (SOWs) drafted and finalized August 2023  Disability & Health Subcommittee (DHS) formed September 2023  Disability Focused Mission Statement, objectives, goals, measures and actions steps constructed by Disability & Health Subcommittee (DHS) September 2023  Disability Focused Mission Statement,

Objective 6 (DHS):	inclusion, accessibility, or disability cultural competency 1 policy statement Baseline:	Year 1:	Start: October	objectives, goals, measures and actions steps incorporated into HLAC workplan  Began Disability
By June 2025, utilize committee resources to implement at least one inclusion solution within Howard County to improve the health and independence of the disability community. (Living Well in the Community)	O health and independent living needs survey implemented  O published results of health and independent living needs survey  O Living Well in the Community program/Another evidence-based health program designed for individuals with disabilities implemented  O evaluations of implementation of Living Well in the	<ul> <li>Partner with Howard County agencies to implement a health and independent living needs survey among people with disabilities in Maryland</li> <li>Partner with Howard County agencies to publish the results of the survey as a Howard County Health and Disability Assessment, incorporating quantitative and qualitative data analysis and recommending disability and health inclusion solutions</li> <li>Implement medium-large scale Living Well in the Community program/Another evidence-based health program designed for individuals with disabilities</li> <li>Year 3:</li> <li>Evaluate implementation of Living Well in the Community program/another</li> </ul>	End: June 2025	Inclusion Grant (DIG) Project July 2023  DIG Scope of Works (SOWs) drafted and finalized August 2023  1 Living Well in the Community Workshop (2 classes) held in September for Individuals living with disabilities

Community program/Another evidence-based health program designed for individuals with disabilities  Target:  1 health and independent living needs survey implemented  1 published result of health and independent living needs survey  1 Living Well in the Community program/another evidence-based health program designed for individuals with disabilities implemented	evidence-based health program designed for individuals with disabilities  • Evaluate changes to policy, systems, and environment		
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1 evaluation of		
implementation of		
Living Well in the		
Community		
program/another		
evidence-based		
health program		
designed for		
individuals with		
disabilities		

**HCLHIC Priorities: Healthy Beginnings, Healthy Livings, Healthy Minds** 

**HCLHIC Workgroup: Movement Group** 

**Goal 1:** Engage community members in healthy lifestyle activities by increasing awareness; culturally appropriate opportunities; accessible and inclusive communications and initiatives related to promoting movement; healthier food choices; and social engagement to promote improved physical and mental health.

#### Key Measure(s): 2021 HCHAS:

- 73% of those aged 18-34 exercised in the past week (lower than any other age group)
- 69% of those making under \$50,000 exercised in the past week compared to 77% or higher in other income groups

Alignment with Howard County General Hospital Priorities (if applicable): Healthy Living

Alignment with Howard County Health Department Priorities (if applicable): Healthy Lifestyle – Goal 2

**HCLHIC Staff:** Sonya Lloyd

Co-Chairs: Michelle Rosenfeld, Howard County Office on Aging and Independence & Natalie Hall - HCHD

Objectives	Measure	Action Steps	Timeframe	Status Update:
Objective 3 (SP):  By May 2023, collaborate with Coalition members to develop and pilot a movement initiative including a community calendar and	Baseline: 0 events (2020) Target: 20 events	<ul> <li>Walktober - Annually:</li> <li>Convene Movement Group partner meetings to plan, implement and evaluate annual Walktober and WalkMDDay collaborative movement events and activities in October</li> <li>Engage diverse community partners</li> <li>Create Walktober calendar of events in Howard County</li> </ul>	Start: May 2021 End: November 2024	Walktober 2021: 27 events  Walktober 2022: 22 (plus 2 events post- ponded) with 582 participants

programming to encourage Howard County community members of all ages and abilities to engage in movement for improved physical and mental health.		<ul> <li>Widely promote Walktober calendar of events and other State-led WalkMDDay and Walktober events</li> <li>Evaluate Walktober and WalkMDDay efforts to improve in subsequent years</li> <li>Present results to partners in November.</li> <li>Move All Year Quarterly Events/Promotion:</li> <li>Promote activities in collaboration with diverse partners to encourage movement throughout the year</li> <li>Fall – Walktober</li> <li>Winter- Heart Health month</li> <li>Spring – Earth Day</li> <li>Summer - Parks and Trails</li> </ul>	Start: November 2022 End: May 2025	Calendar of events created and promoted widely  Walktober 2023: 45 events  March 2023 – Ongoing promotion of Movement activities and events via social media, calendar, and website.  September 2023 – Ongoing promotion of Movement activities and events via social media, calendar, and website.
Objective 4 (SP):  By June 2025, based on results of the pilot program plan, implement and evaluate a Movement Initiative that promotes physical	Baseline: 0 flyer Target: 2 flyers	<ul> <li>Update Howard County Department of Recreation and Parks 1-Mile Moving Map</li> <li>Create free and low-cost Movement flyers that utilize CAREAPP and promotes physical activity all year round in Howard County.         <ul> <li>Spring and Summer activities flyer</li> <li>Fall and Winter activities flyer</li> </ul> </li> </ul>	Start: May 2021 End: May 2025	Fall 2021: 1-Mile Howard County Recreation and Parks maps updated  March 2023: Low- cost/free Movement flyer for Spring and

activity and encourages Howard County community members of all ages and abilities to engage in movement for improved physical and mental health year- round.				Summer created, placed on Physical Activity page, promoted on social media and by partners.  August 2023: Low-cost/free Movement flyer created for Fall and Winter and placed on Physical Activity page; promoted on social media and by partners.  September 2023: CAREAPP Free and Low-Cost Movement Activities Favorites Folder updated to 29 programs
Objective 5:  By June 2025, conduct quarterly review and update of the HCLHIC website and collaborate on a walk to school's social media campaign with HCHD Comms Dept.	Baseline: Annual update Target: Quarterly update Baseline: 0 Social Media Campaign	<ul> <li>Review HCLHIC website's Physical Activity page and make updates as needed quarterly.</li> <li>Promote HCLHIC website, activity guides and other local and national physical activity resources widely.</li> </ul>	Start: May 2021 End: May 2025	November 2022: Walk Maryland Registration Tool added to Physical Activity page  March 2023: Physical activity website updated

Gather resources on	Target: 1 Social		June 2023: Physical
walk and bike to school	Media Campaign		Activity website update.
and promote content widely among partners and community members and share on LHIC's website and social media pages.			August 2023: Walk to School Staples Social Media Campaign

**HCLHIC Priorities: Healthy Beginnings, Healthy Livings, Healthy Minds** 

**HCLHIC Workgroup: Chronic Disease Prevention and Management Group** 

**Goal 2:** Increase culturally appropriate, accessible and inclusive education on chronic disease prevention and support for management of chronic diseases and related health conditions in Howard County.

#### Key Measure(s): 2021 HCHAS & BRFSS:

#### Diabetes:

- Increase in the percentage of residents with both pre-diabetes (11%) and diabetes (13%) compared with 2018 (8% respectively for both).
  - o Diabetes rates among Non-Hispanic Blacks in 2019 was 12.3% compared with 6.1% for Non-Hispanic Whites (BRFSS, age-adjusted rate).
- Prediabetes among residents <30 years old increased from 9% in 2018 to 28% in 2021.

#### Tobacco:

- Data from the Youth Risk Behavior/Youth Tobacco Survey (YRBS/YTS) indicates that from 2016 2018, the prevalence of any tobacco/electronic smoking devices (ESDs), cigarettes, cigars, smokeless tobacco use among middle school (MS) students has increased 100% and 47% for high school (HS) students.
  - o In 2018, tobacco use was highest for Black (6.7%) and Hispanics (6.1%) MS students.
- Among adults, data from the 2016 Behavioral Risk Factor Surveillance System (BRFSS) showed a higher proportion of tobacco use among adults with incomes lower than \$50K (13.2%) compared to those with incomes greater than \$50K (8.0%).

Alignment with Johns Hopkins Howard County Medical Center Priorities (if applicable): Healthy Living

Alignment with Howard County Health Department Priorities (if applicable): Healthy Lifestyle – Goal 1

**HCLHIC Staff:** Ashton Jordan

Co-Chairs: Jennifer Lee – Howard County Office on Aging and Independence & Vanda Lerdboon - HCHD

Objectives	Measure	Action Steps	Timeframe	Status Update:

Through June 2025, convene quarterly Chronic Disease Community (public) forums to increase awareness of and access to resources to increase culturally appropriate, accessible, and inclusive disease prevention activities across the  O Chronic disease related outreach activities in high-need areas including evidence-based programs  - Assist with screenings & referrals  Plan and promote activities that align with key health observances  - Expand CAREAPP directory of relevant chronic disease prevention and management resources  - Screenings, mini— Farmers' Market, and other partners/programs  July – December 2022: 22 Evidence- based programs	Objective 1 (SP):	Baseline:	Year 1:	Start: June 2022	July – November
	Through June 2025, convene quarterly Chronic Disease Community (public) forums to increase awareness of and access to resources to increase culturally appropriate, accessible, and inclusive disease prevention activities across the lifespan for Howard	O Chronic disease related outreach activities  O people reached by chronic disease related outreach activities  O Chronic disease related programs  O completers of chronic disease related evidence-based programs (adults)  O CAREAPP searches/connections related to chronic disease prevention and/or management  Target(s):  20 Chronic disease	<ul> <li>Conduct outreach and educational activities in high-need areas including evidence-based programs</li> <li>Assist with screenings &amp; referrals</li> <li>Year 2:         <ul> <li>Plan and promote activities that align with key health observances</li> <li>Expand CAREAPP directory of relevant chronic disease prevention and management resources</li> </ul> </li> <li>Year 3:         <ul> <li>Evaluate impact of outreach events and evidence-based programs</li> </ul> </li> </ul>	Start: June 2022 End: June 2025	2022: Nutrition, Fitness, free fitness memberships to residents, Health Fairs held — Screenings, mini— Farmers' Market, and other partners/programs  July — December 2022: 22 Evidence- based programs held, 90 completers of evidence-based programs July — December 2022: 41 Chronic disease related outreach events held, 882 enrolled individuals for chronic disease related events  January — June 2023: 23 Evidence- based programs held, 153 completers of

	250 enrolled individuals on disease prevention (adults)  25 Chronic disease related evidence-based programs			26 Chronic disease related outreach activities held, >2000 individuals reached through chronic disease related activities
	100 Completers of chronic disease related evidence-based programs  25 CAREAPP searches/connections related to chronic disease prevention and/or management			July – September: 5 Evidence-based programs held, 32 completers of evidence-based programs 13 Chronic disease related outreach activities held, 275 individuals reached through chronic disease related activities
Objective 2 (SP):  Through June 2025, convene quarterly Chronic Disease Community (provider) forums to increase awareness of and access to resources across the lifespan and coordinated community	Baseline:  O new providers utilizing/promoting CAREAPP  O CAREAPP searches/connections related to chronic disease prevention and/or management	<ul> <li>Year 1:         <ul> <li>Convene regular CDPMG meetings with Coalition partners and community members</li> <li>Support and promote accessible and culturally appropriate evidence-based programs</li> </ul> </li> <li>Year 2:         <ul> <li>Expand utilization of CAREAPP by providers as a tool for resource sharing and connections.</li> </ul> </li> </ul>	Start: June 2022 End: June 2025	February 2022: Meetings initiated to start place-based outreach efforts with 8 residential communities  June 2022: Began partnerships with Columbia Association, HC

planning to increase	Target(s):		ı	Recreation & Parks,
culturally appropriate,		Year 3:	F	Roving Radish and,
accessible and inclusive	8 new providers	<ul> <li>Monitor provider CAREAPP usage</li> </ul>	-	The Y in Ellicott City
support for	utilizing/promoting	Review outreach event and evidence-		(Dancel)
management of chronic	CAREAPP	based program data		
diseases and related	25 CAREAPP			February 2023:
health conditions	searches/connections			Began partnership
	related to chronic		\	with Claudia Mayer
			/	/ Tina Broccolino
	disease prevention		(	Cancer Resource
	and/or management			Center
				March 2023: Began
			·	partnership with
				American Lung
			/	Association
			,	April – August:
				Began Partnerships
			\	with Chase Brexton
				Health Care's
				Center for LGBTQ
				Health Equity,
				CareFirst
			1	Engagement
				Center, Priority
				Partners MCO,
				Food at the Center
				January –
				September 2023:

				Met regularly as workgroup to discuss ongoing chronic disease initiatives from providers(partners)
Objective 3:  By June 2025, conduct quarterly review and update of the HCLHIC website and Chronic Disease Resource Guide and promote content widely among partners and community members.	Baseline: Monthly update  Target: Quarterly update	<ul> <li>Review HCLHIC website Chronic Disease page and make updates as needed quarterly</li> <li>Review the Howard County Chronic Disease Resource Guide and make updates as needed quarterly</li> <li>Promote HCLHIC website, resource guide and other local and national chronic disease resources widely</li> </ul>	Start: May 2021 End: June 2025	January 2023: Chronic Disease webpage updated  February 2023: Chronic Disease Self-Management Program Resource Guide created  May 2023: Health Action Item Updated  June 2023: Cronic Disease Webpage and Self- Management Program Resource Guide updated  August 2023: Chronic Disease Webpage and Self- Management

		Program Resource
		Guide updated,
		Health Action Item
		updated
		October 2023:
		Chronic Disease
		Webpage and Self-
		Management
		Program Resource
		Guide updated,
		Health Action Item
		updated

**HCLHIC Priorities: Healthy Beginnings, Healthy Livings, Healthy Minds** 

**HCLHIC Workgroup: Healthy Minds and Suicide Prevention Coalition** 

**Goal 3:** Increase awareness of culturally appropriate, accessible and inclusive mental health resources and supports to reduce stigma around mental health, promote brain health, and promote social engagement across the lifespan in collaboration with Coalition and community partners in Howard County.

#### **Key Measure(s): 2021 Maryland Vital Statistics Administration & BRFSS:**

#### Mental Health:

- 14.0% of Howard County residents reported having 8+ days of not good mental health in 2020 compared to 11.3% in 2016 (BRFSS, age-adjusted rate).
- The prevalence of doctor-diagnosed Depression was 14.8% in 2020 compared with 12.2 in 2019 (BRFSS, age-adjusted rate). **Suicide:**
- The (3-year age-adjusted rate per 100,000) death rate increased to 8.3 in 2019 compared with 7.6 in 2016 (Maryland Vital Statistics Administration).

Alignment with Johns Hopkins Howard County Medical Center Priorities (if applicable): Healthy Minds

Alignment with Howard County Health Department Priorities (if applicable): Behavioral Health – Goal 1

**HCLHIC Staff:** Ashton Jordan

Co-Chairs: Jessica Fisher – HCHD, Stephanie Reid (temporary) & Jessica LaFave - VA Maryland Health Care System

Objectives	Measure	Action Steps	Timeframe	Status Update
Objective 1 (SP):  Through June 2025,  collaborate with	Baseline: 1 campaign (youth-focused)	<ul> <li>Year 1:</li> <li>Convene regular meetings with         Coalition partners and community members     </li> </ul>	Start: June 2021 End: 2025	April 2022: Suicide Prevention campaign

	O manufal la salth for the	81 11 1 6 1 1 1 1	Januaria and at C. U. C. U.
coalition members	0 mental health forum	Plan and launch of suicide prevention	launched at full LHIC
through various partner	0 mental health	campaign across lifespan	meeting
forums to advance		Plan and launch suicide prevention	Mary 2022, Cuisida
shared priorities and	presence at outreach	forum	May 2022: Suicide
ensure awareness of	events	Vaca 2.	Prevention Forum
and access to resources	Target(s):	Year 2:	held
to increase social	Target(3).	Monitor and evaluate suicide	September 2022:
engagement of	1 campaign (across	prevention campaign	'
culturally appropriate,	lifespan)	<ul> <li>Increase mental health presence at</li> </ul>	Community
accessible and inclusive	,	outreach events	Ambassador Mental
mental health resources	2 mental health	Host Veterans Mental health	Health Awareness
and supports across the	forums	presentation at full LHIC meeting	Session
* *		Plan trainings for staff related to	October 2022:
lifespan for Howard	4 mental health	mental health first aid and Veterans'	
County community	presence at outreach	outreach efforts	Howard County Out
members.	events		of the Darkness Walk
		<u>Year 3:</u>	December 2022:
			Soldier and Family
		Make plans for continuity of efforts	Readiness and
		including future forums and	
		presentations	Resiliency Forum
			March 2023:
			Initiated planning of
			"Healthy Minds"
			Mental Health Fair
			for summer and
			winter, Light the
			Night 5k, Substance
			Use Tabling,
			Community Mental

		health St Johns
		Baptist Church
		April 2022: Not
		April 2023: Not
		"Check Box"
		Training: Real
		Practices in
		Resilience for Police
		hosted with 20+ law
		enforcement officer,
		NAMI Our turn to
		talk documentary,
		June - September
		·
		2023: Increased
		mental health
		presence at events,
		NAACP Blood Drive,
		HC Fall Festival

Objective 2 (SP):  By June 2025, collaborate with Coalition members to promote culturally appropriate, accessible and inclusive social engagement opportunities, mental health resources and supports for Howard County residents of all ages and abilities.	Baseline: Monthly update  Target: Quarterly update	<ul> <li>Review HCLHIC website Healthy Minds pages and make updates as needed quarterly</li> <li>Promote HCLHIC website, Howard County Behavioral Health resources and Mental Health and Suicide Prevention Programs and other local and national behavioral health resources widely</li> <li>Conduct outreach and education around mental health resources and supports</li> </ul>	End: June 2025	August 2022: Healthy Minds – Mental Health and Suicide Prevention pages on the LHIC website updated  August 2022: Howard County Behavioral Health – Program Guide Updated  November 2022: Created a Veterans Resources Page on the LHIC website  January 2023: Mental Health Suicide Prevention Programs Resource Guide updated  June - September 2023: Mental Health Webpage, Suicide Prevention Programs Resource Guide Updated
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**HCLHIC Priorities: Healthy Beginnings, Healthy Livings, Healthy Minds** 

**HCLHIC Workgroup: Food Security Committee** 

**Goal (new):** Increase access to and awareness of culturally appropriate, accessible, affordable, and nutritious food to decrease food and nutrition insecurity among Howard County residents

#### Key Measure(s): 2021 HCHAS:

- 5% of residents indicated that it is *often true* and 11% of residents indicated that it is *sometimes true* that they worry about whether food would run out before they had money to buy more.
- Percentage of children who were advised by a medical professional to lose weight increased from 7% in 2018 to 18% in 2021
- 29% of adults were overweight and 25% of adults were obese; 1 in 2 adults in Howard County is either overweight or obese
  - Of those identified as obese: 37% were Black, 27% were White and 7% Asian
- 11% of individuals drink regular soda daily; 18% of individuals eat fruits three times or more per day; and 16% of individuals eat vegetables three or more times per day while 32% of residents eat vegetables less than once per day over the past week
  - o Of those reporting having eaten vegetables less than once per day over the past week 47% earn less than \$50K annually

Alignment with Howard County General Hospital Priorities (if applicable): Healthy Living

Alignment with Howard County Health Department Priorities: Healthy Lifestyle - Goal 3

**HCLHIC Staff:** Sonya Lloyd

Co-Chairs: Carrie Ross – Community Action Council & Razan Sahuri – Howard County SNAP-Ed

Objectives	Measure	Action Steps	Timeframe	Status Update
Objective 1:  By June 2025, collaborate with	Year 1: Baseline: 0 Food Security	<ul> <li>Year 1:</li> <li>Convene regular Food Security Committee meetings with Coalition partners and community members</li> </ul>	Start: May 2022	June 2022: Food Security Committee meetings: bi-

partners to review and implement solutions to address food and nutrition security needs of Howard County residents	Committee meetings  Target: Bi-monthly Food Security Committee meetings  Year 2:  Baseline: 0 Food Security Panel session	<ul> <li>Assess food and nutrition security needs of residents through survey data collection</li> <li>Gather feedback from partners related to barriers and needs related to food and nutrition security of residents</li> <li>Year 2:</li> <li>Analyze and present food and nutrition survey data</li> <li>Convene food and nutrition security panel/ round table discussion to determine gaps and solutions to decrease food and nutrition insecurity</li> </ul>	End: June 2025	monthly meetings convened and held.  Food and Nutrition Survey created and translated into four languages: Spanish, French, Korean and Mandarin.  Distributed with the assistance of partners through February 2023; 406
		framework  Create collaborative plan for addressing identified gaps		Food Connection GIS Map created and embedded on the LHIC website.  September 2023: 2 Food Security roundtable sessions conducted on Food Access and Food Needs: 25-30 participants

Objective 2:  By June 2025, increase awareness of and access to culturally appropriate, accessible, affordable, and nutritious food for Howard County residents across the lifespan	Baseline: Non- updated Food and Nutrition Resource guide  Target: Updated Food and Nutrition Resource guide  Year 2:  Baseline: No Food Access Brochure  Target: Food Access Brochure  Baseline: No Food Connection Map Poster  Target: Food Connection Map poster	<ul> <li>Update and disseminate Partner Food and Nutrition Resource Guide</li> <li>Update guide bi-annually</li> <li>Year 2:</li> <li>Draft digital and print brochures for residents to easily access free and reduced-cost nutritious food places in Howard County</li> <li>Gather feedback, finalize, translate, and disseminate food brochures widely</li> <li>Update brochures bi-annually</li> </ul>	Start: November 2022 End: June 2025	October 2022: Partners gathered to inform updates to the LHIC Food and Nutrition Resource guide.  January & March 2023: Resource Guide updated  March 2023: All locations tri-fold food brochure (print and digital) approved and placed on LHIC website. Translations to Spanish, French, Korean and Chinese in progress and creation of city- specific bi-fold brochures in progress.  May 2023: Resource Guide updated
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	May 2023: Food
	Connection Map
	Poster created and
	distributed to
	partners.
	September 2023:
	Resource Guide
	updated.
	October 2023: 181
	Food Connection
	Map posters
	distributed to
	partners.

**HCLHIC Priorities: Healthy Beginnings, Healthy Living, Healthy Minds** 

**HCLHIC Workgroup:** The Growing Healthy Families Workgroup focus is to improve birth outcomes for people of color in Howard County to advance efforts toward reducing health disparities.

**Key Measure(s):** 

Infant Mortality Rate per 1,000 Deliveries by Race

Baseline: 5.09 Overall; 2.12 NH White; 10844 NH Black; 4.53 NH Asian and 5.96 Hispanic (2017-2019 VSA)

Target: 9.7 or below in NH Blacks

Maternal Mortality Overall

Baseline: 2 Deaths (2017 VSA)

Target: 0 Deaths

Infant Mortality Rate per 1,000 Deliveries by Race
Baseline: 176.6 per 10,000 (2017 MDmom.org, HSCRC)

Target: Under 160 Events per 10,000

Alignment with Howard County General Hospital Priorities (if applicable): N/A

Alignment with Howard County Health Department Priorities (if applicable): Maternal Infant Health Goals 1, 2, 3

**HCLHIC Staff:** Sonya Lloyd

Co-Chairs: Erica S. Taylor, Howard County Office of Children and Families & Dr. Oluwafunmilola Bada, HCHD

Objectives	Measure	Action Steps	Timeframe/Resp.	Status Update

**Goal 1:** Improve early access to respectful prenatal care experience for reproductive-aged women of color.

Objective 1.1 (SP): Increase early enrollment into prenatal care for women of color	Baseline: No Prenatal Care: <1% overall; 1.8% NHB moms; 5.0% Hispanic moms (2015-2019 VSA)  Target: <1% for all Race/Ethnic Groups  Baseline: PNC Started in First Trimester: 77% NH White; 61% NH Black; 69% NH Asian; 50% Hispanic (2105-2019 VSA)  Target: PNC Started in Frist Trimester for 67% NH Blacks and 55% Hispanics	<ul> <li>Communications to women in communities of focus and providers using CHWs and partners to share messages and help connect people in the community to pre-natal care (PNC.)</li> <li>Encourage OBs to start PNC early and promote pre-conception care in OB/GYN practices.</li> </ul>	Start: Fall 2024 (Year Three of CHW Network)  Black Maternal Health Week (Spring 2024)	
Objective 1.2:  Increase access to implicit bias training for	Baseline: 1 training Target:	Create a central resource for training opportunities on implicit bias	Jan 2024	Implicit bias training recording from February 11, 2020 on

healthcare providers and				LHIC website's Special	
staff				Program's page	
Goal 2: Decrease disparities in pre-term and low birth weight births.					
Objective 2.1 (SP):	Baseline:	Identify and support community efforts	Start: January		
Support community efforts to close gaps in	Target:	in PN support and education in identified communities	2024 End: Ongoing as		
PN support and education especially in			part of Workgroup		
Columbia, Ellicott City, Laurel, and Elkridge		<ul> <li>Plan and implement outreach to selected communities and their providers</li> <li>Incorporate as part of Black Maternal Health Week</li> </ul>	Start: 2024		
Goal 3: Promote equitable access to bias-free and culturally congruent prenatal and post-partum support services					
Objective 3.1 (SP):  Improve equitable access to doula and midwifery services by increasing awareness of their availability and benefits among prenatal providers.	Baseline: 74 PN providers in county – found 7 with OBs and 2 with midwives that promote doula services  Target: 20 PN providers aware of doula services	<ul> <li>Collect information from NH Black and Hispanic women on interest in doulas</li> <li>Provide information to prenatal providers about doulas and midwives</li> </ul>	Start: August 2024 December 2024 – Focus Group with CHWs recruiting	Midpoint: MomCares contracted to recruit, train, and support doulas in the county.	

Objective 3.4 (SP):  Facilitate access to antiracist and culturally congruent education for home visiting programs staff.  Goal 4: Increase awarenes	Baseline: Parents as Teachers and Healthy Families have culturally congruent components  Target: 100% of programs will have access to training in anti-racist and culturally congruent practices	<ul> <li>Engage the community, specifically cultural organizations, in information practice and connecting families with home visiting services</li> <li>Black Maternal Health Week activities: start October/November 2023 for Spring 2024</li> </ul>	LHIC communication channels	
Objective 4.1: By June 2025, conduct quarterly review and update of the HCLHIC website and Healthy Beginnings> Maternal/Infant/Child Health Resources webpage and promote healthy beginnings resources and information widely among partners and community members.	Baseline: No updates Target: Quarterly updates	<ul> <li>Review and update HCLHIC website's         Healthy Beginnings&gt;         Maternal/Infant/Child Health Resources         webpage quarterly</li> <li>Share healthy beginnings resources and         information through LHIC         communications including at meetings,         newsletters, and social media social         media</li> </ul>	Start: November 2023 End: May 2025	