Howard County LHIC
Local Health Improvement Coalition
HOWARD COUNTY HEALTH DEPARTMENT
THE HEALTH DEPARTMENT AND YOU

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Howard County Health Department
Cancer Prevention and Control Program

1. **Program contact(s)**

Connie Ford, BSN, RN
cford@howardcountymd.gov
410-313-5158

2. **Key Websites**

Health Department website
https://www.howardcountymd.gov/health/breast-cervical-cancer-program
https://www.howardcountymd.gov/health/colorectal-cancer-program
https://www.howardcountymd.gov/health/tobacco-control-program

CAREAPP
Colorectal Cancer Screening Program (CRCP)
https://www.findhelp.org/programs/view/5316951190667264
Breast and Cervical Cancer Program (BCCP) - Screening
https://www.findhelp.org/programs/view/6366956676579328
Tobacco/Vaping Use Prevention and Cessation
https://www.findhelp.org/programs/view/6010143007440896

3. **Purpose and Function(s) of Program**

The Breast and Cervical Cancer Screening Program (BCCP) provides breast and cervical cancer screening, diagnosis, and patient navigation services to eligible women in Howard County, Maryland.

The Cigarette Restitution Fund/Cancer Prevention, Education, Screening and Treatment (CRF CPEST) Program provides colorectal screening, diagnosis, and patient navigation services to eligible individuals in Howard County Maryland.

Cigarette Restitution Fund (CRF) Tobacco Control-The Howard County Tobacco Use Prevention and Cessation Program offers an evidence-based smoking cessation program modeled after the American Lung Association's Freedom From

Smoking Curriculum. No cost education and nicotine replacement therapies (NRTs) are offered to anyone who lives, works, or studies in Howard County.

4. **Primary Populations / Audiences Serviced by the Program**

BCCP-Women 40 and older
CRF CPEST-Women and Men 45 and older
Tobacco Control-18 and older

5. **Partnerships**

Contracted Program Providers
Office on Aging and Independence-Courtney Barkley, <cbarkley@howardcountymd.gov
Howard County General Hospital-Janice Stanton, Telephone Number 410-740-7601
Howard County Library-Natalie Hall, nhall@howardcountymd.gov
NAACP-See Bureau of Population Health-Kelly Kesler, kkesler@howardcountymd.gov
Tuerk House-Albert Arrington, Telephone Number 410-772-3915
On Our Own-Bryan Johnson, Telephone Number 410-772-7905
Sheppard Staff (Way Station)- Tiffany Brewer, Telephone Number 410-740-1901
Accessible Resources for Independence-Erin Ashinghurst, eashinghurst@arinow.org
Celebration Church-Rhonda Holbrook, rhondaholbrook@bellsouth.net
Just Living Advocacy, Inc-Nette Stokes, nette@justlivingadvocacy.org
Luminus Network for New Americans-Paloma León, pleon@beluminus.org
Resurrection St. Paul School-Nickole Conyngham, nconyngham@resstpaul.org

6. **Program successes and challenges/barriers**

Successes

Stable funding to provide no cost services to community
Link clients to medical home
Assess for barriers and link to resources
Prevent or detect cancer in earliest stage for better outcome
Provide in person or telephone smoking cessation with no cost physical exam and medications to assist with smoking cessations
Staff includes bilingual team members to assist populations

Challenges

Limited staff time to conduct outreach activities

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7. **Potential opportunities to explore/collaborate with LHIC work group members**

   Share/distribute program information to community about services to increase referrals to all programs.

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Howard County Health Department
Bureau of Assessment, Planning and Community Engagement
Chronic Disease Prevention in HC Residential Communities (pilot initiative)

1. **Program contact(s)**
   Vanda Lerdboon; plerdboon@howardcountymd.gov; 410-313-7506
   Reena Rambharat; rrambharat@howardcountymd.gov; 410-313-6573
   Chynáe Vicks; cvicks@howardcountymd.gov; 410-313-7526
   Natalie Hall; nhall@howardcountymd.gov; 410-313-6295

2. **Key Websites**
   N/A

3. **Purpose and Function(s) of Program**
   Promote primary and secondary prevention strategies to address diabetes and other chronic diseases in Howard County by engaging with/offering identified residential communities the following services:
   - Free on-site health education and screenings for diabetes and hypertension
   - Free on-site fitness sessions and/or class passes to fitness sessions/facility
   - Free on-site nutrition/healthy eating sessions and/or certificates for food/meal kits

4. **Primary Populations / Audiences Serviced by the Program**
   8 residential communities located in Ellicott City (21042, 21043), Columbia (21045, 21046), Elkridge (21075), and Laurel (20723)

5. **Partnerships**
   - Columbia Association
   - Giant Food
   - HCHG – Journey to Better Health
   - HC Office of Aging and Independence
   - HC Recreation and Parks
   - Roving Radish
   - The Y in Ellicott City (Dancel)
   - University of MD Extension

6. **Program successes and challenges/barriers**
   - Successes: strengthened partnership and collaboration with residential community managers and partner agencies;

- Challenges/lessons learned: Pilot the project with fewer residential communities (i.e. 4-5 sites) and fewer community partners (i.e. 3-4 partners). This would allow more time to process agreements, schedule site visits to assess space, and promote events.

7. Potential opportunities to explore/collaborate with LHIC work group members

- Continue place-based interventions

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[Organization Name]: Howard County General Hospital, Population Health
[Program Name]: Journey to Better Health

1. **Program contact(s)**
   [Program lists key contact name, email and phone number.]

   Living Well, Chronic Disease Self Management Program Classes and Health Screenings
   Journey to Better Health, hcgh-j2bh@jhmi.edu, 410-740-7601
   Clara Richards, cricha88@jhmi.edu, 443-774-4257

   Heath Promotion Program Manager
   Tehani Mundy, tmundy1@jhmi.edu, P: (410) 720-8781 C: (667) 240-5349

   Member Care Support Network
   Carrie Embrey, cembrey2@jhmi.edu, 410-740-7605, 443-518-8643 C

2. **Key Websites**
   [Program lists key websites that LHIC members/potential referring source must know and will use to access the program.]

   Living Well with Chronic Disease:
   https://livingwellwithchronicdisease.events.hcgh.hopkinsmedicine.org/
   Living Well with Diabetes: https://livingwellwithdiabetes.events.hcgh.hopkinsmedicine.org/
   Tomando Control de su Salud: https://tomandocontroldesusalud.events.hcgh.hopkinsmedicine.org/
   Cancer Self-Management: https://cancerselfmanagement.events.hcgh.hopkinsmedicine.org/
   Community Screenings: https://communityhealthscreenings.events.hcgh.hopkinsmedicine.org/
   Member Care Support Network (MCSN):
   https://www.hopkinsmedicine.org/howard_county_general_hospital/services/population_health/journey_to_better_health/care_support.html
   Journey to Better Health Page:
   https://www.hopkinsmedicine.org/howard_county_general_hospital/services/population_health/journey_to_better_health/

3. **Purpose and Function(s) of Program**
   [Program succinctly summarizes the purpose and function of the program]
   Journey to Better Health provides free services to help individuals identify, monitor and manage their health conditions with health screenings and classes and a support care program, the Member

Care Support Network. Our goal is to empower members to manage their health and encourage their journey with a network of people who support them.

4. **Primary Populations / Audiences Serviced by the Program**
   [Program lists all primary recipients of the program services offered. Include specific HC zip codes if applicable.]

   Adults 18+ that live, work, or worship in Howard County.

5. **Partnerships**
   [Program lists key agencies and organizations that collaborate with the program. This does not need to be an exhaustive list].

   Mental Health First Aid and Youth Mental Health First Aid
   Janice Stanton, jstanto6@jhmi.edu, C: (667) 261-2149
   Diabetes Support Group
   Kristine Batty. NP, kbatty2@jhmi.edu, 301-715-8592
   Maternal/ Child Health
   Carrie Embrey, cembrey2@jhmi.edu, 410-740-7605, 443-518-8643
   Luminus
   Paloma Leon, pleon@beluminus.org
   LARS
   Ali Milner, AMilner@laureladvocacy.org, (301) 776-0442 x1035
   See Attached Faith Partners Document

6. **Program successes and challenges/barriers**
   [Program lists current successes and challenges/barriers related to program implementation and/or meeting program goals.]
   - Off to a good start with screenings and classes for this fiscal year
   - More volunteers for community events.
   - More participants for the CDMSE classes.

7. **Potential opportunities to explore/collaborate with LHIC work group members**
   [Program lists possibilities for expansion and/or improvement to increase opportunities to better serve the HC community.]
   - Providing community screenings
   - LHIC referring diabetes support group and class participants
   - Referring people for MCSN (as volunteers and members)
   - Scheduling in community/ online Living Well classes

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OAI-Office on Aging and Independence
Living Well with Chronic Conditions

1. **Program contact(s)**
   Akasha Dotson, adotson@howardcountymd.gov , 410-313-3507.

2. **Key Websites**
   Hopkins General Hospital portalhttps://events.hcgh.hopkinsmedicine.org/ ,OAI website www.howardcountymd.gov/livingwell

3. **Purpose and Function(s) of Program**
   Provide culturally competent health education workshops in Korean centered around chronic conditions such as; diabetes and hypertension.

4. **Primary Populations / Audiences Serviced by the Program**
   Open to all Howard county residence and caregivers 18 or older. Participants of Korean speaking organizations throughout the county.

5. **Partnerships**
   Howard County General Hospital, Howard county health department, Living Well Center of Excellence.

6. **Program successes and challenges/barriers**
   Challenges: Cost associated with translation of program material to provide culturally competent workshops.
   Successes: Having a staff member that can speak Korean, having access to the Howard county hospital portal to promote programming, Programming offered in Korean has a high completion rate.

7. **Potential opportunities to explore/collaborate with LHIC work group members**
   OAI, Howard County Health Department and Howard County General Hospital can collaborate with each other on scheduling workshops that support enrollment for all organizations.

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Food and Care For All Inc
FCFA Food Pantry

1. **Program contact(s)**
   Dr. Oluwatosin Olateju
   oolateju@fcfaglobal.org
   410-988-5392

2. **Key Websites**
   www.fcfaglobal.org
   https://www.fcfaglobal.org/our-programs/

3. **Purpose and Function(s) of Program**
   Promote food security and access to quality sexual and reproductive health services for underserved populations while empowering them to be self-sustaining.

4. **Primary Populations / Audiences Serviced by the Program**
   Uninsured, underinsured, low-income, minorities, immigrants, persons with limited English proficiency. Our facility is in Ellicott City, MD 21042. However, we cater to all Marylanders and do not turn anyone away or discriminate against them based on their age, color, gender, sexual orientation, ability, or socio-economic status. Most of our clients have reported living in the following areas: Howard County, Anne Arundel County, Baltimore City, Baltimore County, and Prince George's County.

5. **Partnerships**
   Maryland Food Bank
   Hungry Harvest
   Google for Nonprofit
   Microsoft for Nonprofit
   Giant Foods
   Wegmans
   4MyCity
   The Wawa Foundation
   Kent Richard Hoffmann Foundation
   University of Maryland School of Nursing
   Morgan State University
   Walden University
   Grand Canyon University
   Howard County Health Department HIV Ryan White Part B Program
   AETNA

United Care Community Plan
etc

6. **Program successes and challenges/barriers**
[Program lists current successes and challenges/barriers related to program implementation and/or meeting program goals.]

Successes: Since the organization was founded in 2019, we have been able to make significant impact by serving participants from different geographical regions in Maryland and Sub-Saharan Africa. We strongly believe in building meaningful partnerships to achieve common goals. FCFA also has been 100%-volunteer run. We have amazing volunteers who take turns to aid in the FCFA STI Clinic, food pantry, clothing closet, or at scheduled outreach events.

Challenges:

- We are currently facing staffing challenges and pursuing grant funding opportunities to cover the costs of staff's salary and fringe benefits.
- Moreover, many donor organizations or foundations are still experiencing financial hardship due to the COVID-19 pandemic. The hardship has unfortunately impacted our donation pool, making it more difficult for us to sustain some of our programs.
- We have also seen a gradual rise in the cost of foods and other supplies due to the current inflation. Consequently, our expenses have increased this calendar year more than anticipated. As a result of these challenges, we are tasked with building alliances with new partners to leverage their assistance and meet our goals.
- In the past three months, there have been a steady rise in the number of Spanish-speaking clients visiting our food pantry. We do not always have volunteer interpreters on schedule and tend to rely on google translate. We hope to hire a bilingual staff soon to be more culturally inclusive.
  Note: We are aware of the health disparities that many minorities seeking services at our STI Clinic, Outreach Sites, or Food Pantry face such as diabetes, hypertension, and other chronic diseases. Our optimal goal is to promote health equity for all clients served; this aligns with HCLHIC to —- "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." (HCLHIC 2020-2025 Strategic Plan).

Potential opportunities to explore/collaborate with LHIC work group members

- Funding or other related support for healthier food choices
- Physical activities
- Culturally appropriate diabetes prevention and management education
- Culturally sensitive support groups to manage chronic diseases