

WELCOME! WE WILL BEGIN SHORTLY!!

Participants will be muted upon entry.
When the line is opened, please mute yourself during discussion/questions if not speaking

Please use the Chat Box to submit questions and share announcements! You may also raise your “virtual” hand during the Q&A sessions.

This meeting will be recorded... Presentation and recording will be posted at www.hclhic.org

For additional information or questions contact lhic@howardcountymd.gov

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HOWARD COUNTY LOCAL HEALTH IMPROVEMENT COALITION

January 20, 2022



HOWARD COUNTY
HEALTH DEPARTMENT

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Howard County LHIC

Local Health Improvement Coalition

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GOAL & AGENDA

GOAL: Present data on Maternal-Infant Health and the Community Engagement focus group sessions and review the 2022-2025 HCLHIC Strategic Plan priorities, goals and objectives

AGENDA:

- A. Welcome & Introductions
- B. Maternal-Infant Health Presentation
- C. Community Engagement Focus Group Presentation
- D. Virtual Stretch Break
- E. 2022 – 2025 HCLHIC Strategic Plan
- F. Member Announcements, Resource Sharing and Networking
- G. Next Steps and Wrap-up

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WELCOME & OPENING REMARKS

Welcome

New Members and Guests

Opening Remarks:

Howard County Health Department &
Howard County General Hospital

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Maternal and Infant Health Initiative

*Dr. Oluwafunmilola Bada,
Gynecologist, Howard County Health Department*

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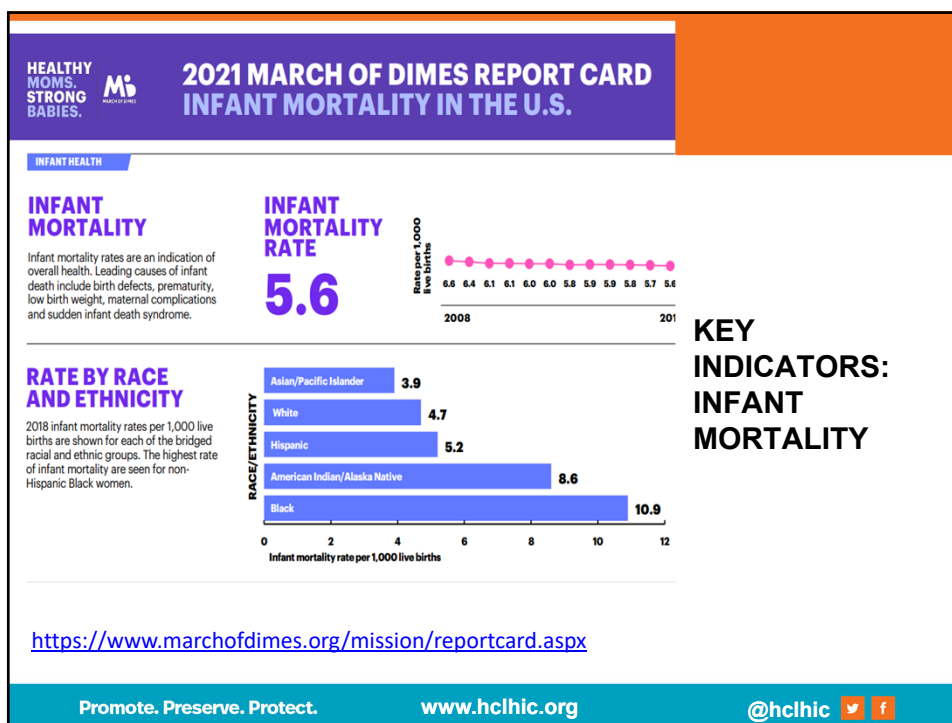
MATERNAL HEALTH IN THE UNITED STATES

- Maternal deaths and women suffering from severe health complications due to pregnancy continue to rise
- 700 Women in the U.S still die from pregnancy related causes each year and over the last 30 years these deaths have more than doubled
- Health inequities are highlighted when evaluating the statistics for mothers and babies of color
- The U.S remains the most dangerous developed nations for childbirth

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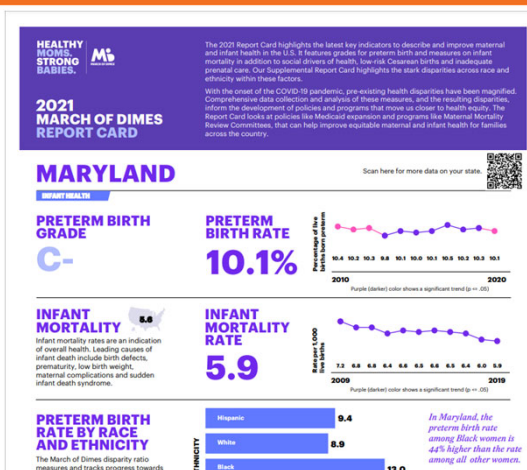
INFANT MORTALITY

- Defined as the death of an infant before his/her 1st birthday
- Infant mortality rate is the number of infant death for every 1000 live births
- Important marker of the overall health of a society

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

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MARYLAND'S REPORT CARD



<https://www.marchofdimes.org/peristats/tools/reportcard.aspx?frmdrc=1®=24>

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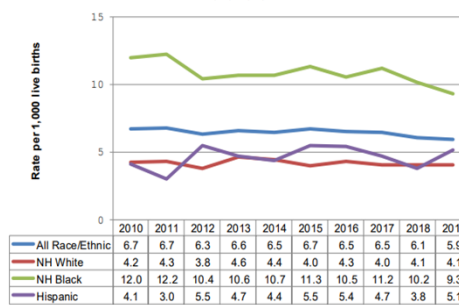
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INFANT MORTALITY

- Infant mortality in Maryland in 2019 was 5.9 per 1,000 live birth
- 3% decrease compared to 2018 rate
- Leading cause of death is:
- Low birth weight
- Congenital abnormalities
- Sudden Infant Death Syndrome (SIDS)
- Maternal complications of pregnancy
- Infectious disease

Figure A. Infant Mortality Rates by Race/ethnicity, Maryland, 2010-2019.



https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Infant%20Mortality/Infant_Mortality_Report_2019.pdf

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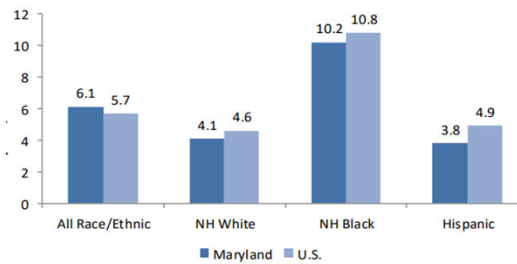
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INFANT MORTALITY RATES BY RACE

- Maryland's infant mortality rate for all race and ethnicities combined has historically been higher than the national rate.

Figure C. Infant Mortality Rates by Race/ethnicity, Maryland and the U.S., 2018



https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Infant%20Mortality/Infant_Mortality_Report_2019.pdf

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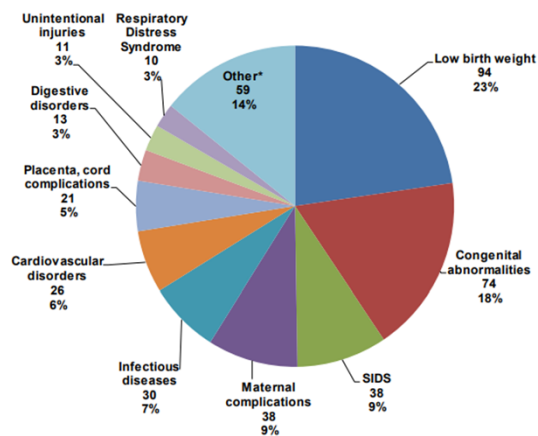
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INFANT DEATH

Figure B. Leading Causes of Infant Death, Maryland 2019



https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Infant%20Mortality/Infant_Mortality_Report_2019.pdf

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MATERNAL MORTALITY AND PREGNANCY-RELATED DEATHS

- Approximately 1 in 3 deaths among women, during or within 1 year of pregnancy were pregnancy related
- Pregnancy related deaths occur during pregnancy, during delivery and up to a year postpartum
- Leading causes of death vary by race and ethnicity
- 2 out of 3 deaths were determined to be preventable

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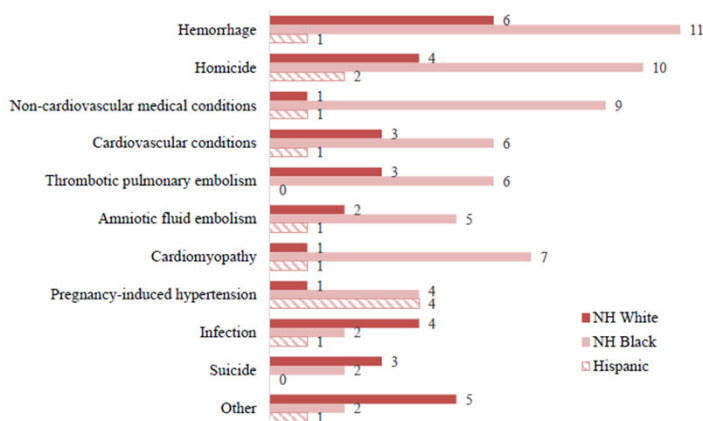
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MATERNAL MORTALITY AND PREGNANCY-RELATED DEATHS

Figure 16. Number of Pregnancy-Related Deaths, by Cause of Death, Race and Ethnicity, Maryland, 2010-2017



Data Source: Maryland Maternal Mortality Review Program

<https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20c2%a7%20a7%2013-1207%2013-1208%20and%20c2%a713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

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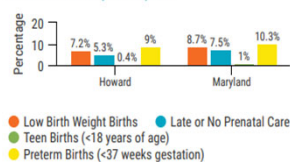
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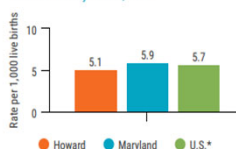


HOW IS HOWARD COUNTY DOING?

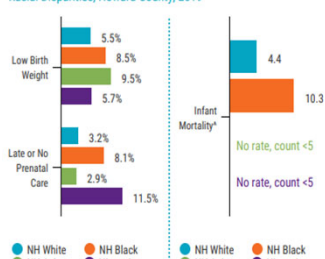
Selected Indicators, Howard, 2019



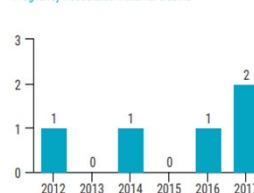
Infant Mortality Rates*, 2019



Racial Disparities, Howard County, 2019



Pregnancy-Associated Maternal Deaths**



<https://www.howardcountymd.gov/sites/default/files/2021-11/Report%20Card%20FINAL%20Nov2021.pdf>

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PRETERM BIRTHS

- Defined as a delivery before the completion of 37 weeks of gestation
- In 2020, preterm births affected 1 in 10 infants born in the United States
- Racial and ethnic differences in preterm birth rates remain

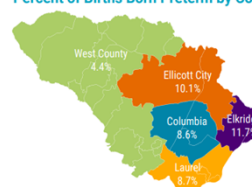
PRETERM BIRTHS 2019 Estimates

Percent of Births Born Preterm by Race

Race/Ethnicity	Howard %	Maryland %
White Non-Hispanic	7.6% ▼	8.9% ●
Black Non-Hispanic	12.4% ●	13.0% ●
Asian Non-Hispanic	7.8% ▼	8.2% ▼
Hispanic	9.0% ▲	9.7% ▲

Trend Since 2010: ▼ FALLING ● STABLE ▲ RISING

Percent of Births Born Preterm by Community



<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>

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LOW BIRTH WEIGHT

- Is an important indicator of perinatal morbidity and mortality
- Defined as birthweight <2500gm
- Lack of Prenatal Care is a major risk factor for LBW and preterm birth

<https://www.howardcountymd.gov/sites/default/files/2021-11/Report%20Card%20FINAL%20Nov2021.pdf>

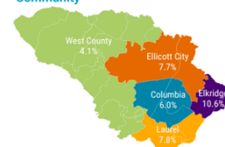
LOW BIRTH WEIGHT 2019 Estimates

Percent of Births with Low Birth Weight by Race

Race/Ethnicity	Howard %	Maryland %
White Non-Hispanic	5.5%	6.6%
Black Non-Hispanic	8.5%	12.6%
Asian Non-Hispanic	9.5%	8.8%
Hispanic	5.7%	6.9%

Trend Since 2010: ▼ FALLING ● STABLE ▲ RISING

Percent of Births with Low Birth Weight by Community



Prenatal Care

Lack of prenatal care is a major risk factor for low birth weight and preterm birth. Fewer than 1% of births in Howard County didn't receive any prenatal care. However, this number rises to 2.8% for births to Black mothers and 5.0% for births to Hispanic mothers.

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THE CRITICAL CONNECTION

MARYLAND

MATERNAL HEALTH

There is a critical connection between infant health, maternal health and the health of a family. All are dependent on their lived social context, the quality and accessibility of healthcare and the policies within a state. Each factor can provide insight into how a state serves its population.

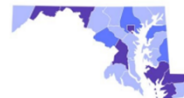
SOCIAL VULNERABILITY INDEX

Where you live matters.

March of Dimes is offering the opportunity to examine social determinants of health at the county level using the Social Vulnerability Index (SVI). Socially vulnerable populations are at greater risk of experiencing poor health outcomes during a public health emergency. The same factors used in the index also contribute to poor maternal and infant health outcomes, including poor access to maternity care. The differences in counties are measured using 15 social factors, grouped into four areas including: socioeconomic status; household composition and disability; minority

status and language; housing type and transportation. Each aspect of the index uses physical or social factors that help to estimate where poor health outcomes may be more prevalent.

The overall SVI for each county represents the amount of vulnerability relative to other counties in the state. The SVI measure is always a number between 0 and 1. A lower SVI indicates lesser vulnerability and a higher SVI indicates greater vulnerability.



CLINICAL MEASURES

Your healthcare matters.

Access to and quality of healthcare before, during and after pregnancy can affect health outcomes in the future. An unnecessary Cesarean birth can lead to medical complications and inadequate prenatal care can miss important milestones in pregnancy.

27.6
PERCENT

LOW-RISK CESAREAN BIRTH

This shows Cesarean births for first-time moms, carrying a single baby, positioned head first and at least 37 weeks pregnant.

16.3
PERCENT

INADEQUATE PRENATAL CARE

Percent of women who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

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LEGISLATIVE WORKS

To build on these efforts, Congresswoman Lauren Underwood, Congresswoman Alma Adams, Senator Cory Booker, and members of the Black Maternal Health Caucus are introducing the **Black Maternal Health Momnibus Act of 2021**. The Black Maternal Health Momnibus builds on existing legislation to comprehensively address every dimension of the maternal health crisis in America.

Bill summary: The Black Maternal Health Momnibus Act will:

1. **Make critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation and nutrition.**
2. Provide funding to **community-based organizations that are working to improve maternal health outcomes and promote equity.**
3. Comprehensively study the unique maternal health risks facing pregnant and postpartum veterans and support VA maternity care coordination programs.
4. **Grow and diversify the perinatal workforce to ensure that every mom in America receives culturally congruent maternity care and support.**
5. Improve data collection processes and quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.
6. **Support moms with maternal mental health conditions and substance use disorders.**
7. Improve maternal health care and support for incarcerated moms.
8. Invest in **digital tools like telehealth** to improve maternal health outcomes in underserved areas.
9. Promote **innovative payment models** to incentivize high-quality maternity care and non-clinical perinatal support.
10. Invest in federal programs to address the unique risks for and effects of COVID-19 during and after pregnancy and to advance respectful maternity care in future public health emergencies.
11. Invest in community-based initiatives to reduce levels of and exposure to climate change-related risks for moms and babies.
12. **Promote maternal vaccinations to protect the health and safety of moms and babies.**

- Helps address the maternal health crisis in the United States
- Fills gaps in existing legislation to improve health outcomes in black and brown mothers

<https://blackmaternalhealthcaucus-underwood.house.gov/Momnibus>

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SOCIAL DETERMINANTS OF HEALTH



Social Determinants of Health
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Healthy People 2030

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COMMUNITY BASED SOLUTIONS

- Reduce barriers to access
- Prioritize peer support



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CULTURALLY CONGRUENT



- The Perinatal Workforce includes nurse practitioners, clinical nurse specialists, physician assistants, and perinatal health workers such as doulas, community health workers, peer supporters, certified lactation consultants, nutritionists and dietitians, social workers, home visitors, and navigators.

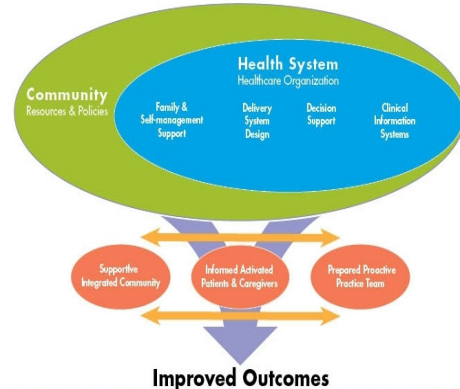
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CARE MODEL

The Care Model for Perinatal Health



Coordinated, culturally-appropriate care that is patient-centered, timely, and effective.

Adapted from: Edward H. Wagner, MD, MPH, Chronic Disease Management: What Will It Take To Improve Care for Chronic Illness? Effective Clinical Practice, Aug/Sep 1998, 161.

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WHAT'S OUR STRATEGY?



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RESOURCES

- <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>
- <https://www.marchofdimes.org/mission/reportcard.aspx>
- https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Infant%20Mortality/Infant_Mortality_Report_2019.pdf
- <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20c2%a7c2%a7%2013-1207%2013-1208%20and%20c2%a713-1212%20%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

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RESOURCES

- <https://www.howardcountymd.gov/sites/default/files/2021-11/Report%20Card%20FINAL%20Nov2021.pdf>
- <https://www.marchofdimes.org/momnibus.aspx>
- <https://blackmaternalhealthcaucus-underwood.house.gov/Momnibus>
- <https://www.abclawcenters.com/blog/2018/11/12/doulas-who-are-they-and-what-do-they-do/>
- <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
- <https://labestbabies.org/care-quality/care-model-perinatal-health>
- <https://mhctcnetwork.org/centers/global-mhctc/perinatal-mental-health>
- <https://www.leedsandYorkpft.nhs.uk/news/articles/journeys-recovery-maternal-mental-health-awareness-week-2021/>

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Engaging Communities to Assess Current Health Needs FOCUS GROUP SUMMARY

Reena Rambharat, MPH, CHES®
Manager, HCLHIC, Howard County Health Department

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OVERVIEW

- Stipend opportunity for community-based organizations to recruit community members and host sessions
- Organizations:
 - Howard County Chinese School – 5 sessions
 - Management team, students, teachers and parents – PTA (2)
 - Accessible Resources for Independence – 3 sessions
 - Individuals with disabilities
 - Luminus – 3 sessions: Spanish (through translator)
 - Latino youth, women and men
- 11 Virtual Focus Group sessions; average of 10 participants each

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OUTLINE

- Health meaning
- Impact of COVID on health
- Physical Activity: types, satisfaction, advice
- Fruits and vegetables: favorite, what makes it easy and hard, advice
- Beverages (apart from coffee and tea): favorite, advice
- Engagement with HD and partners: interest, what, how
 - For individuals with disabilities: accommodations when communicating, hosting events, giveaways to consider
- Change lifestyle: Yes/No and what

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HEALTH – MEANING

- Physical health/ exercise
- Wellness
- Happy
- Healthy eating/ diet
- Mental health
- Physical + Mental health

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COVID IMPACT - POSITIVE

- Increase:
 - Time to exercise and do outdoor activities
 - Family time: bonding, cooking, gardening
- Decrease:
 - Driving; more efficient with work
 - Social anxiety

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COVID IMPACT - NEGATIVE

- Increase:
 - Mental health concerns: anxiety, isolation, stress, depression
 - Eating
- Decrease:
 - Exercise (lack of motivation, time)
 - Socialization

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PHYSICAL ACTIVITIES – PAST WEEK

- Walking, walking dog, hiking
- Running/ jogging
- Indoor cycling, biking
- Gym, jump rope, squats and push-ups
- Dancing, Zumba
- Swimming, kayaking, sculling
- Sports: softball, basketball, volleyball, tennis, badminton
- Yoga, Tai Chi, Qigong, Ba Duan Jin
- Gardening
- Active Video games (e.g. Kakana)

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PHYSICAL ACTIVITY - SATISFACTION

Satisfied:

- Intense program, community challenge, set goals
- Daily walks (e.g. with dogs)
- Sports

Not satisfied:

- Time: busy work schedule and homework
- Lack energy and motivation

➤ Individuals with disabilities: disability, fear of exposure to COVID

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PHYSICAL ACTIVITY – ADVICE

- Exercise with others (ask first)
 - *“More motivate: workout; less motivated: play sports”* (Youth FG)
- Start early, slow, small steps, do what you enjoy, have fun, make routine, convenient times
- Paid Apps, YouTube videos
- Individuals with disabilities:
 - Ask before offering advice; limitations
 - Boost energy with drinks and supplements
 - Exercise online with YouTube videos and active video games
 - Explore adaptive dance classes and sports

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FAVORITE FRUIT



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FAVORITE VEGETABLE



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FRUITS/VEGGIES - EASY

- Taste
- Health benefits
- Easy to eat
- Seasonal varieties
- Availability
- Accessibility
- Eat with spices, sauces, dressing

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FRUITS/VEGGIES - HARD

- Taste and texture: bitter; kids don't like
- Time and energy to prepare
- Shelf life
- Availability: Winter
- Cost
- Food allergies
- Temptation to eat poorly: chips, sugary snacks

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FRUITS/VEGGIES - ADVICE

- Make affordable
- Make accessible
- Education: health benefits and nutrition
- Share recipes
- Don't buy unhealthy foods
- Farming
- Start at young age; parents lead by example
- Add spices, seasoning, sauces

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FAVORITE DRINK



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BEVERAGES - ADVICE

- Don't purchase
- Education
- Additives to water
- Set example; make habit; listen to body; occasional drinks okay
- Policy

Schools:

- Offer water instead of milk
- Offer more fruits and veggies
- Move vending machines further from general traffic

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ENGAGEMENT - INFORMATION

- Address accessibility, translated
- Creative content (e.g. cartoons)
- Events
- Specific themes
- Healthy living tips

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ENGAGEMENT - FORMAT

- Organizations: website and emails (e.g. library, Howard County government, other partners)
- Newsletter: email (once/twice monthly), mail (quarterly)
- Forums and outreach
- Social Media: Facebook, Instagram, Tik Tok, short YouTube videos
- Simple messages, short videos, not too much content
- School system

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ACCOMMODATIONS

- Recipes: consider accessibility barriers, dietary restrictions
- Events: accessibility accommodations, transportation
- Messages and flyers
- Feedback

Promotional items

- Water bottles
- Gift cards
- Others

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LIFESTYLE CHANGES

- Exercise more
- Eat more fruits and veggies
- Drink more water
- Sleep more

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VIRTUAL STRETCH BREAK



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2022 – 2025 HCLHIC STRATEGIC PLAN PROCESS

PHASE I – July

- Member Survey

PHASE II – September

- Two virtual community forums
- Four Round table discussions: Healthy Beginnings, Healthy Living, Mind Health and Community Engagement Grantees

PHASE III – October

- Draft priorities, feedback survey, presented at October's Full LHIC Meeting

- Finalize
- Convene and collaborate with groups

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COALITION PRIORITIES

Promote health; prevent and support management of chronic diseases; and promote social engagement and mental health across the lifespan through culturally appropriate, accessible and inclusive healthy lifestyle activities in the following priority areas:

- 1. Healthy Beginnings:** Healthy lifestyle activities related to prevention and care for gestational diabetes, maternal and infant health and prevention of pediatric obesity.
- 2. Healthy Living:** Health promotion related to chronic disease prevention and care, increased movement and healthier food and beverage choices.
- 3. Healthy Minds:** Health promotion for social engagement and support mental health.

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GOAL 1 AND OBJECTIVES

Goal 1: Communications and initiatives related to promoting movement, healthier food choices, and social engagement to promote improved physical and mental health.

Strategies:

1. Develop and pre-test key messages
2. Launch campaign to promote improved physical and mental health
3. Pilot movement initiative
4. Expand movement initiative to encourage movement year-round

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GOAL 2 AND OBJECTIVES

Goal 2: Education on chronic disease prevention and support for management of chronic diseases and related health conditions.

Strategies:

Convene quarterly Chronic Disease Community-Provider forums to increase awareness of and access to resources for chronic diseases and related health conditions through:

1. Quarterly Chronic Disease Community (public) forums
2. Quarterly Chronic Disease Community (provider) forums

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GOAL 3 AND OBJECTIVES

Goal 3: Awareness of resources and supports to reduce stigma around mental health, promote brain health and social engagement.

Strategies:

Collaborate with Coalition members through:

1. Partner forums to advance common Agenda
2. Promotion of social engagement opportunities, mental health resources and supports

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GROUPS

HCLHIC-convened Groups:

- Chronic Disease Prevention and Management Stakeholder Group (formerly CDSME Action Group)
- Communication, Health Literacy and Community Engagement Group
- Movement

HCLHIC-supported/affiliated Groups:

- Maternal Infant Health Group
- Diabetes Coalition (Horizon)
- Suicide Prevention Coalition
- Opioid Intervention Team
- HCGH Faith Health Advisory Council (FHAC)
- Other

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MEMBER ANNOUNCEMENTS, RESOURCE SHARING AND NETWORKING

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HOWARD COUNTY OFFICE ON AGING AND INDEPENDENCE



**VIRTUAL PROGRAMS
JANUARY 2022**

Howard County
Office on Aging and Independence

LEARN—LAUGH—READ—COOK—CRAFT—EXERCISE—LISTEN—CONNECT



Giant Food Free Classes and Events

Link:
<https://giantfood.com/pages/health-and-wellness-classes>
(Webinars are available upon request and en Español)

Cervical Cancer Awareness Month

Videos:

- [Cervical Cancer Awareness Video](#)
- [STIs, HPV & Cancer Prevention Video](#)

Learn more: <https://www.hclhic.org/healthy/chronic-disease>

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Living Well With Diabetes: Online



• **FREE 6-week Class**
 Saturdays
 Feb 12 - March 19
 10 am to 12:30 pm

• **Classes held via easy-to-use Zoom Video Conferencing**

• **Book Included**

Managing diabetes does not have to be overwhelming or faced alone. In a supportive environment, learn more about diabetes, how to reduce its effects, and steps you can take to manage the condition. Learn self-management skills including:

- Goal setting and stress management strategies
- Glucose monitoring
- Skin and foot care
- Techniques to cope with frustration, fatigue, pain and isolation
- Appropriate exercise and nutrition for diabetes

For more information or to register:
<https://bit.ly/diabetes-virtual> | 410-740-7601 | HCGH-28H@jhmi.edu

DIABETES SUPPORT GROUP

Free

1st Thursday
of month, 6 pm

3rd Thursday
of month, 10 am

90-minute sessions

REGISTER ONLINE:
bit.ly/VirtualDiabetesGroup

A Diabetes Support Group is an important part of diabetes management, providing you with social and emotional support as well as educational resources. To join the Zoom sessions by phone instead, call 301-715-8592 and use the meeting ID included in your email confirmation when you sign up online at bit.ly/VirtualDiabetesGroup. Contact Kristine Batty with questions, kbatty2@jhmi.edu.

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OTHER MEMBER ANNOUNCEMENTS, RESOURCE SHARING AND NETWORKING

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**Please share any updates by typing
them into the Chat Box. The host may
also unmute your microphone to speak.**

Thank you!

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NEXT STEPS & WRAP UP

2022 Quarterly Full Coalition Meetings:

Register [here](#) (format to be determined)

- April 21, 2022 8:30-10:30am
- July 21, 2022 8:30-10:30am
- October 20, 2022 8:30-10:30am

Presentations and recording will be posted at
www.hclhic.org

For additional information or questions contact
lhic@howardcountymd.gov

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