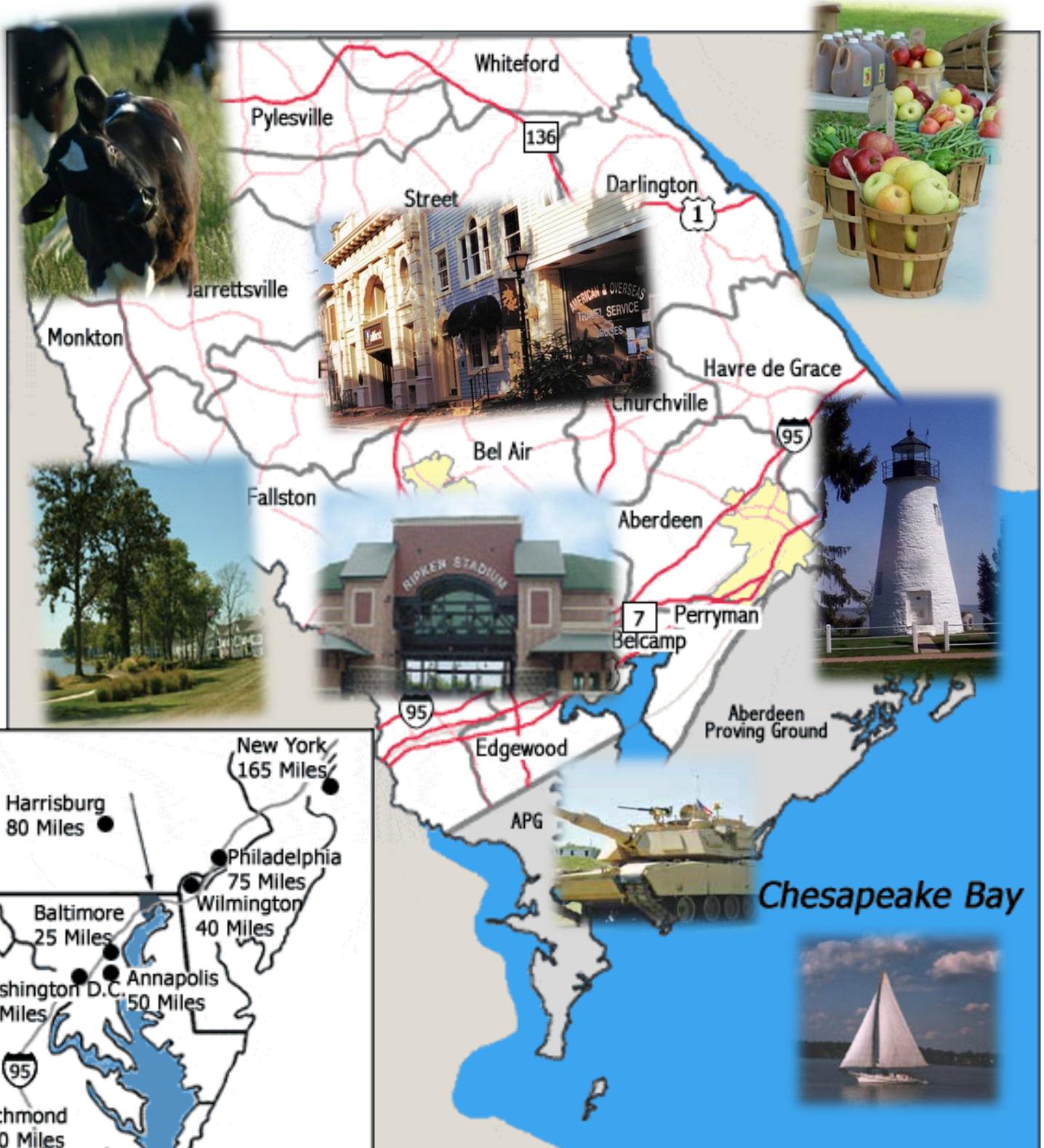


DRAFT HARFORD COUNTY, MARYLAND COMMUNITY HEALTH IMPROVEMENT PLAN, 2012



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- Kathy Kraft (Chair, Community Engagement Subcommittee), Upper Chesapeake Health
- Mary Chance, Harford County Government
- Elizabeth Hendrix (Chair, Access to Healthy Food Subcommittee), Harford County Department of Community Services
- Sharon Lipford (Chair, Behavioral Health Workgroup), Harford County Department of Community Services
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Harford County Health Department was the lead organization in preparing this report: Susan Kelly, Health Officer, Russell Moy, MD, Deputy Health Officer, Joan Salim, Laura McIntosh and Bari Klein, Health Policy Analysts, contributed to the preparation of this document.

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VISION AND MISSION OF THE HARFORD COUNTY LOCAL HEALTH IMPROVEMENT COALITION

Vision

To make Harford County the healthiest community in Maryland

Mission

To protect, promote and improve the health, safety, and environment of the residents of Harford County through community assessment, education, collaboration and assurance of services.

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Executive Summary

Harford County's Community Health Improvement Plan (CHIP) is a long-term, systematic process for addressing issues identified in its Community Health Assessment (CHA) in order to improve health outcomes. The purpose of the Community Health Improvement Plan is to describe how the Health Department and the community will work together to improve the health of the population that they serve. The planning and implementation process is community-driven and reflects the results of a participatory process that includes significant involvement by a broad set of stakeholders and partners. Stakeholders and partners will use the Community Health Improvement Plan to set priorities, direct the use of resources, and develop and implement projects and programs. The Community Health Improvement Plan reflects Harford County's effort to increase awareness of public health issues and support improvements in the well-being of its residents.

Harford County's Plan is being conducted under the umbrella of Maryland's State Health Improvement Process (SHIP). In 2011, the Maryland Department of Health and Mental Hygiene (DHMH) launched an initiative to improve the health of all Marylanders through SHIP (<http://dhmh.maryland.gov/ship>). With a focus on health priorities, SHIP provides a framework for accountability, local action, and public engagement. Each of the 39 SHIP objectives has a measurable target for Maryland's health in 2014. DHMH has provided all 24 jurisdictions with an individual profile of their current health status. Harford County's profile is available online: http://eh.dhmh.md.gov/ship/SHIP_Profile_Harford.pdf. When compared to Maryland, Harford County is comparable to or better on 28 of the objectives, but ranks worse on 11 objectives, including suicide rates, youth and adult tobacco use, drug-induced deaths, cancer and heart disease mortality rates.

Following the recommendation of DHMH to take local action to ensure public health progress, (<http://dhmh.maryland.gov/ship/SitePages/execsummary.aspx>), Harford County formed a Local Health Improvement Coalition (LHIC) to guide its planning process. The LHIC will develop strategies to address selected measures and craft a Local Health Action Plan (LHAP). Drawing upon strategies from a variety of resources, including the World Café model for facilitating large group dialogue, the Mobilizing for Action through Planning and Partnership (MAPP) participatory model, and the Healthy Harford Community Health Assessment Project (CHAP), the LHIC has chosen to conduct its community health improvement planning process in a way that uniquely meets the needs of Harford County.

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Harford County's LHIC met in December 2011 to review a wide variety of health indicators for the County and, after careful deliberation, identified three top health priority areas: (1) obesity prevention/healthy eating and active living, (2) tobacco use prevention/tobacco-free living, and (3) behavioral health, including access to mental health care and substance abuse prevention. These priorities are fully addressed in the Harford County LHAP (see Appendix 3), which includes strategies supported by LHIC workgroups comprised of representatives from a wide array of community organizations.

Two LHAP objectives related to obesity prevention are as follows:

Obesity Baseline and Target for 2014

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Percentage of adults who are at a healthy weight (not overweight or obese) BRFSS 2008-2010	36.6%	34%	38%	35.7%
Percentage of youth (ages 12-19) who are obese (MYTS 2008)	9.7%	11.9%	9%	11.3%

Note: The Healthy People 2020 objectives for the percent of adults who are at a healthy weight is 33.9% and for the percent of youth 12 – 19 who are obese, 16.1% (<http://www.healthypeople.gov/2020/topicsobjectives2020/>).

In Harford County, the importance of obesity prevention as a public health imperative has been affirmed, as evidenced by the passage of Harford County Council Resolution 28-11, enacted in October, 2011, that established an Obesity Task Force (see Appendix 4). The charge to the Task Force was to make recommendations on programs and policies that support a healthier Harford, which is consistent with the following strategies included in the LHAP to address obesity through the promotion of healthy eating and active living:

- Increase access to healthy foods;
- Enhance the built environment; and
- Create a “Community of Wellness” through community engagement.

The LHAP targets for tobacco include one for the adult population and one for youth:

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Baseline and Target for 2014

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Percentage of adults that currently smoke (BRFSS 2008-2010)	20.3%	15.2%	18.6%	13.5%
Percentage of high school students (9-12) that have used any tobacco product in the past 30 days (MYTS 2010)	26.8%	24.8%	24.8%	22.3%

Note: The 2020 Healthy People Objectives for the percent of adults that currently smoke is 12% and the percent of high school students that have used any tobacco product in the past 30 days is 21% (<http://www.healthypeople.gov/2020/topicsobjectives2020/>)

The LHAP outlines three strategies to address the high tobacco rates in the County:

- Raise awareness of the tobacco issue and gain community support
- Encourage workplaces to adopt tobacco free campuses
- Create policy level change

The tobacco workgroup defined their responsibilities as follows:

- To facilitate community change through the development of more restrictive county, municipal and workplace tobacco policies;
- To raise awareness of tobacco issues as related to personal and community health status;
- To “light a fire” and ignite interest among Harford County residents, who despite educational and income levels higher than most counties, have higher rates of tobacco use.

The LHAP includes three targets related to behavioral health, two for mental health and one for substance abuse:

Baseline and Target for 2014

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Rate of suicides per 100,000 population (VSA 2007-2009)	11.7	9.6	11.2	9.1%
Rate of drug- induced deaths per 100,000 population (VSA 2007-2009)	14.9	13.4	13.9	12.4%
Number of emergency department visits related to behavioral health conditions (HSCRC 2010)	1,243.7	1,206.3	1,183.4	1,146.0

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Note: The 2020 Healthy People Objective for suicide rates is 10.2 per 100,000 and for drug-induced deaths, 11.3 per 100,000 (<http://www.healthypeople.gov/2020/topicsobjectives2020>)

The LHAP has two overarching strategies to address behavioral health problems, in line with the workgroup's objective:

- Develop mechanisms to integrate substance abuse and mental health treatment programs; and
- Improve delivery of behavioral health services.

A survey of the workgroup to identify actions that should be given top priority, taking into consideration ease of implementation and cost, resulted in the following recommendations:

- Identify and address veterans' needs;
- Decrease youth alcohol use/drinking parties;
- Increase parental involvement;
- Increase positive youth activities;
- Use public and social media to educate on warning signs of addiction, suicide, etc.; and
- Connect with the community and offer education about screening, treatment and monitoring of prescription medications.

Health improvement strategies designed to address these three priorities are being implemented as part of a larger Harford County public health effort. Healthy Harford (<http://www.healthyharford.org/>), a non-profit organization established in 1993 by leaders from Upper Chesapeake Health, Harford County Health Department, and Harford County Government is a community coalition dedicated to improved health outcomes of the County. Recognizing that good health extends well beyond the confines of somatic care, Healthy Harford seeks to bring both traditional and nontraditional segments of the community together and by removing barriers and limitations to achieving a healthier lifestyle "create a community where the healthy choice is the easy choice." The Community Health Improvement Plan builds on the foundational work established by Healthy Harford.

Implementation of the Community Health Improvement Plan is being supported by two grants: (1) Community Transformation Grant (CTG), a federal Centers for Disease Control and Prevention (CDC) program through DHMH, and (2) Maryland Community Health Resources Commission (MCHRC) grant. The CTG supports community-level efforts to reduce chronic diseases, such as heart disease, stroke and diabetes, by promoting healthy lifestyles and focusing on nutrition, physical activity and tobacco use prevention. In Harford County, the CTG will support implementation of strategies formulated by the Obesity Task Force, Tobacco Use Prevention Workgroup, Behavioral Health Workgroup, as well as other strategies by key

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community partners. MCHRC funding will be used to create a Healthy Harford marketing plan to promote messages of healthy eating and active living, provide behavioral health integration trainings, and pilot a text message program aimed at improving appointment adherence and medication compliance.

The number of community health improvement planning and implementation efforts currently underway in Harford County has reinvigorated the public health community and the community at large. Strategies for addressing the County's three priorities – obesity prevention/healthy eating and active living, tobacco use prevention/smoke-free living, and behavioral health – are generating enthusiasm from multiple stakeholders and partners. Schools, workplaces, community settings, households and other venues will be targeted for ideas and actions. Special attention to vulnerable populations, disparities and minority outreach will be given and built into the action plans. This community-driven framework will serve as a model in future years, as additional priorities such as maternal and child health, injury prevention, and access to care will be carefully examined.

The Local Health Improvement Coalition will continue to serve a key role in informing, advising and guiding Harford County's Community Health Improvement Plan. Health status indicators and trends will be assessed, action plans monitored, and priorities revisited to best optimize the health status of Harford County residents.

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Introduction

In June 2011, more than 60 staff from the Maryland Department of Health and Mental Hygiene along with 15 other state government agencies participated in charting a course for cross-cutting state level action to improve the health of Marylanders through the State Health Improvement Process (SHIP). This process provides a framework to measure health improvement not only in Maryland but in all of the state's 24 jurisdictions, including Harford County. The SHIP's focus is on critical prevention factors and population health outcomes.

SHIP measures were selected after an exhaustive process that took into consideration state, local and national plans and indicators, including CDC's Healthy People 2020 objectives, and the concerns of state officials and health and community leaders. Consideration was also given to the 260 comments received on a draft set of measures distributed during the spring of 2011 (<http://dhmh.maryland.gov/ship/SitePages/mechanics-ship.aspx>).

The 39 SHIP objectives provide a means for comparing Maryland with other states as well as comparing jurisdictions to the state and one another. Each measure has a 2014 target for improvement. DHMH also developed local data for the state's jurisdictions, with targets for the measures, providing a Local Health Improvement Process (LHIP) for each jurisdiction.

DHMH encouraged jurisdictions to join in the health improvement process, and Harford County followed the state recommendations by creating a Local Health Improvement Coalition (LHIC) and a Local Health Action Plan (LHAP). In December 2011, Harford County convened the LHIC with over 50 members, representing diverse interests, all committed to improving the health of Harford County residents. After reviewing public health indicators for the County, the LHIC identified three significant public health issues: **obesity, tobacco use, and behavioral health** (mental health and substance abuse) and formed workgroups to address each of these, consistent with the LHAP, which was developed to jump start the health improvement process and gain state funding for public health initiatives.

Harford County's Community Health Improvement Plan 2012 includes a summary of the data, the process used to select the plan's three priority areas and outlines the strategies developed by the LHIC workgroups to target the County's unacceptably high rates of obesity and tobacco use and to address the mental health and substance abuse problems facing County residents.

*The State Health Improvement Process provides a framework for continual progress toward a healthier Maryland and has three main components: **accountability, local action and public engagement.***

<http://dhmh.maryland.gov/ship/SitePages/execsummary.aspx>

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Starting with the Data

Harford County is one of the fastest growing jurisdictions in Maryland, with a strategic location between New York and Washington D.C. Harford's population grew from 182,132 in 1990 to 244,826 in 2010, representing a 34% increase, far surpassing the growth experienced by Maryland (9%) during the same 20-year period. However, while the County is relatively wealthy and well educated, it has a high burden of chronic disease. Harford County residents have age-adjusted mortality rates worse than the State average for the four leading causes of death – heart disease, cancer, stroke, and chronic obstructive pulmonary disease (COPD).

A number of sources document the health status of Harford County residents, providing data that illustrate the County's relatively high age-adjusted mortality rates and the detrimental health behaviors that contribute to chronic conditions and death. Below is a summary of the various analyses that were used in assembling the *Harford County Community Health Assessment* (June 2012) and in developing this health improvement plan. These sources were supplemented by other data, such as Maryland Vital Statistics, giving additional insight into the health of the Harford County population.

Maryland Surveys - The Maryland Behavioral Risk Factor Surveillance Survey (BRFSS), which has been ongoing since 1987, includes survey questions about health-related behaviors in the adult population with a specific focus on behaviors and conditions that place adults at risk for chronic diseases, injuries, and preventable infectious diseases. The Maryland Youth Tobacco Survey (MYTS), which began in early 2000, is conducted in a sample of middle and high schools across the state and provides data on high-risk youth behavior.

These two surveys document that the percentage of tobacco use by both adults and youth is above that of Maryland as a whole: the 2008-2010 BRFSS data reflect that 20.3% of adults in Harford County use tobacco as compared to 15.1% in Maryland while the 2010 MYTS data on tobacco use for underage middle and high school youth indicate that in Harford County 17.3%

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of youth use tobacco as compared to 17.1% in Maryland. Furthermore, Harford County adults and youth tobacco use trends are moving in the wrong direction.

According to 2008-2010 BRFSS data, other lifestyle risk factor indicators, such as adult obesity/overweight prevalence (63.5% in Harford vs. 64.1% in Maryland) are troubling in both Harford County and the State. Similarly, 2009 Pediatric Nutrition Surveillance results, using data from the Maryland Women, Infants and Children (WIC) Program, reveal comparably poor obesity/overweight indicators for 2 to 4 year olds in both Harford County (31.2%) and Maryland (32.9%).

While adult smoking has decreased over time in Maryland, the percentage of Harford County adults who smoke increased from 17% in 2000 to 20% in 2010. (Behavioral Risk Surveillance Survey)

Mental health and substance abuse are significant public health concerns in Harford County, reflected by an increase in the County's suicide death rate, which rose by 20% between 2005-2007 and 2008-2010. Greater percentages of Harford County adults and youth are binge drinking and a higher percentage of Harford County high school students use marijuana, heroin, and other narcotics when compared to state averages.

Healthy Harford 2010 - Healthy Harford, the Healthy Communities Initiative of Harford County, is a non-profit 501c3 organization founded by community leaders from the Harford County Health Department, Upper Chesapeake Health, and Harford County Government. Beginning in 1996, Healthy Harford initiated a Community Health Assessment Project (CHAP) to assess the overall health of adult residents. The goals of this assessment are to ensure that health improvement strategies match the actual needs, establish baseline health indicators to track progress over time, and to create Community Action Teams with the aim of improving the health of county residents. The resulting Preventive Health and Wellness Report Card, developed in 2010, highlighted indicators that show an increase in diagnosed diabetes, high rates of adult smoking, high blood pressure and lack of dental care, among others.

County Health Rankings 2012 - The County Health Rankings project, published for the first time in 2010 with funding from the Robert Wood Johnson Foundation, ranks health outcomes and factors for nearly every county in the nation, providing data on a variety of measures that affect health (<http://www.countyhealthrankings.org/about-project>). Two county rankings are provided, one for health outcomes (mortality and morbidity) and the other for health factors (behavioral, clinical, social and economic, and environmental). Harford County was ranked 9th highest out of the 24 Maryland jurisdictions on the health outcomes and 8th highest on health factors. Of particular note was the difference within the overall health outcomes measure:

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Harford ranked 6th out of the 24 counties on length of life, but only 12th on morbidity, with higher average numbers of poor physical health days and poor mental health days.

Maryland State and Local Health Improvement Process - In an effort to improve the health of all Marylanders, the Maryland Department of Health and Mental Hygiene (DHMH) launched the State Health Improvement Process (SHIP) (<http://dhmh.maryland.gov/ship>) to focus on health priorities and provide a framework for accountability, local action, and public engagement. The development of the SHIP measures included a public engagement process, and DHMH received more than 250 comments about the proposed objectives.

SHIP includes six vision areas, with 39 health objectives, which were defined to create and measure changes in Maryland's health. DHMH provided each state jurisdiction with a Local Health Improvement Process (http://eh.dhmh.md.gov/ship/SHIP_Profile_Harford.pdf), with jurisdictional data for the 39 objectives. Harford County is comparable to or better than the State average on 28 of the objectives, but ranks worse than the Maryland in the following 11 objectives:

- Objective 8 – Suicide rate
- Objective 19 – Air Quality Index exceeds 100
- Objective 24 – Adult seasonal influenza vaccine rate
- Objective 25 – Heart disease mortality
- Objective 26 – Cancer mortality
- Objective 29 – Drug-induced deaths
- Objective 32 – Adult tobacco use
- Objective 33 – Youth tobacco use
- Objective 34 – Behavioral admissions to the emergency room
- Objective 35 – Alzheimer's related admissions to the emergency room
- Objective 38 – Dental care for children and adolescents

DHMH set measurable targets for Maryland's health in 2014 based on the most recent data available for each objective. Noting that local action is "key to public health progress" (<http://dhmh.maryland.gov/ship/SitePages/execsummary.aspx>), DHMH encouraged each county to form local health improvement coalitions and, working through these, to adopt strategies to address selected SHIP measures. To that end, a Local Health Improvement Coalition (LHIC) Steering Committee was established in Harford County in November, 2011. The Steering Committee membership represents a wide variety of governmental agencies with ongoing interests in public health (Appendix 1).



Engaging the Community



On November 22, 2011, a Harford County Community Health Improvement Process Steering Committee convened to review public health indicators and to formulate a plan to improve the health and well-being of local residents. The eleven-member committee, representing Harford County government agencies and the local hospital system, Upper Chesapeake, agreed that full community participation was needed to craft a public health action plan that would bring positive changes in health behavior and outcomes for Harford County residents.

The Steering Committee invited over 60 stakeholders, representing a broad array of individual and organizational interests to a meeting on December 8, 2011 at Harford Community College. This group, which formed the Local Health Improvement Coalition (LHIC), included representatives from Harford County Planning and Zoning, the Y of Central Maryland, Harford County Parks and Recreation, the Sheriff's Office as well as other organizations and individuals concerned about the health and well-being of County residents (Appendix 2).

The coalition was asked to identify priorities for health improvement efforts. After reviewing the health indicators for the County (<http://www.harfordcountyhealth.com/wp-content/uploads/2011/12/Dr-Moy-Harford-County-LHIC-12-8-11.pdf>), the coalition began prioritizing local health improvement objectives, using the **World Café Model** (<http://www.theworldcafe.com/method.html>). This format actively engages groups as they move from table to table learning about different health issues, after which they communicate their feedback to the larger group as a whole.

During their table discussions, coalition members emphasized the importance of reaching youth and on partnering with the schools to improve nutrition and to increase physical activity. Access to fruits and vegetables for low income residents was voiced as a concern. The built

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environment and how it contributed to the inability to walk or bike safely, as well as the lack of access to affordable public recreation and swim areas, was also discussed. Smoking was not addressed as frequently as the other health priorities, but those who did address this health problem stated that they did not understand why youth choose to start smoking when they had all the information regarding its negative health effects.

Several initiatives were suggested to decrease adult smoking: higher tobacco taxes and support for community and business wellness programs. While participants thought that youth substance abuse was often due to poor parent modeling behavior and a permissive culture, they were less sure of what to make of mental health concerns.

Overall, LHIC participants were surprised that as a well-educated affluent County, Harford would have such poor health outcomes. Many did not realize that access to care (mental, dental, and primary) was an issue for many.

The LHIC declared the three top health priority areas to be: (1) obesity prevention/healthy eating and active living, (2) tobacco use prevention/tobacco-free living, and (3) behavioral health, including access to mental health care and substance abuse prevention. The Coalition noted that physical and behavioral health issues must be addressed in tandem in order to achieve optimal outcomes. A complete meeting summary is available online (<http://www.harfordcountyhealth.com/wp-content/uploads/2012/03/Dec.-8-CHIP-Meeting.pdf>).

In order to more effectively address the priority areas, the coalition formed workgroups to focus on the top three issues. Obesity is being addressed by the Obesity Task Force, which was established by a County Council Resolution in October 2011 and includes three subcommittees: Access to Healthy Foods, Built Environment and Community Engagement. In addition, a Behavioral Health Workgroup and Tobacco Workgroup were also formed. Each group was populated with LHIC members and additional community members that can offer valuable subject-related expertise.

The LHIC deliberations are reflected in the Harford County Local Health Action Plan (Appendix 3), which used health indicators from the Local Health Improvement Process to identify priorities and targets for improvement. The action plan focuses on the three LHIC priority areas, offering specific strategies to guide each workgroup's planning efforts.

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Focusing on Priorities: Obesity

The Harford County Local Health Action Plan (LHAP) includes targets to be met by 2014, consistent with the DHMH planning efforts for state-wide participation in addressing public health concerns. Below are the targets related to obesity.

Obesity Baseline and Target for 2014

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Percentage of adults who are at a healthy weight (not overweight or obese) BRFSS 2008-2010	36.6%	34%	38%	35.7%
Percentage of youth (ages 12-19) who are obese (MYTS 2008)	9.7%	11.9%	9%	11.3%

Note: The Healthy People 2020 objectives for the percent of adults who are at a healthy weight is 33.9% and for the percent of youth 12 – 19 who are obese, 16.1% (<http://www.healthypeople.gov/2020/topicsobjectives2020/>).

Concurrent with DHMH's disseminating the State and Local Health Improvement Processes to Maryland jurisdictions, the Harford County Council established the Obesity Task Force with Council Resolution 28-11, enacted in October, 2011 (Appendix 4). The Task Force was directed by the County Council to make recommendations on programs and policies that support a healthier Harford County, with a final report due in October, 2012.

The resolution specified what organizations were to be represented on the 15-member Task Force (Appendix 5) and named the County Health Officer, Susan Kelly, as chair. The Task Force formed three subcommittees to more fully address the underlying causes of obesity in Harford County: Community Engagement, Access to Healthy Foods, and Built Environment. The subcommittees expanded participation in their deliberations by inviting representatives from diverse organizations who could contribute knowledge and experience in addressing social and environmental issues. Subcommittees were able to coordinate their planning efforts and share information through periodic meetings of the committee chairs.

The focus of the subcommittees was consistent with the strategies included in the LHAP to address obesity through diet and physical activity:

- Increase access to healthy foods;
- Enhance the built environment; and

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- Create a “Community of Wellness” through community engagement.

Increase Access to Healthy Foods Committee

The Local Health Action Plan outlines strategies to improve the availability of healthy foods for Harford County residents:

- Determining if and/or where Harford County had food deserts.
- Looking for ways to familiarize families that receive public assistance and seniors on a fixed income with access to healthy foods via farmers markets.
- Developing and incentivizing a Healthy Restaurant Designation program.

The Access to Healthy Foods Subcommittee, chaired by Elizabeth Hendrix, Director of Harford County’s Department of Community Services, began deliberations by reviewing current Harford County projects that address food access, including activities that encourage the consumption of fresh fruits and vegetable and agreeing on the need to identify food deserts as defined by the federal government (a low income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store).

Concurrently, the Department of Community Services (DCS) was assessing the availability of food to low and moderate income households as part of its report to the United States Department of Housing and Development. No area in Harford County qualified as a food desert although three areas of the northern part of the county were found to be lacking food resources: Darlington, Street, and Whiteford. The committee agreed that action should be taken to fill in the gaps for the economically disadvantaged residents of these areas.

The Committee deliberations laid out three top priorities:

1. Utilize schools (and PTA’s as a central way to reach families) to teach meal planning and ways to exercise outside of the school day.
2. Promote farmer’s market at senior centers. Continue use of the federal farmer’s market coupon program.
3. Advocate for additional fresh fruit and vegetable tastings at more elementary schools in Harford County.

An interim report to County Council was presented May 1, 2012. This document contains membership lists and additional details of subcommittee work as of this date (Appendix 6).

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Built Environment Committee

The LHAP includes proposals to enhance the built environment in support of active living:

- Encourage multi-modal and “active” transportation, particularly in low socio-economic status areas, through targeted outreach and education concerning available resources.
- Encourage development of walking paths for use during work/school day as well as promoting community activity and recreation opportunities.

The Built Environment Committee, chaired by Arden McClune, Director of Harford County Department of Parks and Recreation, focused on strategies to encourage Harford County residents to increase their level of activity, such as walking and biking, by providing public education and engagement related to the benefits of an active lifestyle.

The Built Environment Committee laid out a broad range of activities, consistent with the LHAP, in the following categories:

- Connectivity - In order to encourage walking and biking as forms of active transportation, the road, sidewalk and/or trail connections must be in place.
- Commuting Alternatives -To encourage “Active Transportation,” the use of bicycles and public transportation such as transit buses must be a safe and attractive option.
- Walking Paths - Walking is a key component to both incorporating activity in the work/school day and in promoting active recreation pursuits.
- Recreation - The 2012 Land Preservation Parks and Recreation Plan should incorporate goals regarding provision of facilities that promote healthy activity by all residents.
- Community Support - Public education and engagement is essential to change perceptions regarding an active lifestyle and its importance to health.

Community Engagement Committee

The LHAP includes proposals for community engagement that revolve around:

- Creating a unified message of healthy eating and active living via social, print and visual media.
- Working with businesses, physicians, child care providers and schools to support wellness initiatives.

The recommendations of the Community Engagement Committee, chaired by Kathy Kraft, Director of Community Health/Leadership and Learning for Upper Chesapeake Health, build on the past efforts of Healthy Harford, a well-established non-profit health advocacy organization,

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to bring a strong public health message to Harford County residents. Healthy Harford represents a long history of collaboration involving the local health department, community hospital, County government and other key stakeholders. This non-profit advocacy organization has supported public health initiatives in the County since the mid-1990's.

The committee priorities include proposals to:

- Develop and implement a comprehensive Community Campaign promoting awareness and education about the importance of Harford County “getting healthy.”
- Partner with major “influencers” that have the potential to impact large segments of the population in all areas of Harford County: schools, businesses, child care centers and health providers.
- Provide opportunities for major “influencers” to receive formal recognition and a healthy designation (“Get Healthy Harford” symbol) that can be displayed for achieving nutrition and physical activity defined criteria.
- Implement a structure for long-term sustainability of the Obesity Task Force initiative.

Focusing on Priorities: Tobacco Use

The LHAP targets for tobacco include one for the adult population and one for youth:

Baseline and Target for 2014

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Percentage of adults that currently smoke (BRFSS 2008-2010)	20.3%	15.2%	18.6%	13.5%
Percentage of high school students (9-12) that have used any tobacco product in the past 30 days (MYTS 2010)	26.8%	24.8%	24.8%	22.3%

Note: The 2020 Healthy People Objectives for the percent of adults that currently smoke is 12% and the percent of high school students that have used any tobacco product in the past 30 days is 21%

[\(http://www.healthypeople.gov/2020/topicsobjectives2020/\)](http://www.healthypeople.gov/2020/topicsobjectives2020/)

The LHAP outlines three major strategies to address the high smoking rates in the county:

- Raise awareness of the tobacco issue and gain community support
- Encourage workplaces to adopt tobacco free campuses

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- Create policy level change

A Tobacco Workgroup, chaired by Vickie Bands, Director of Community Outreach at Upper Chesapeake Health, was formed to address the second priority of the LHIC: Tobacco (Appendix 7). Of particular concern are the County’s high percentages of both youth and adult smokers. While Maryland adult smoking rates have decreased over time, Harford County rates have been on the rise.

The Tobacco Workgroup reviewed the prevention and services provided by the County’s Cigarette Restitution Fund Program’s Tobacco Program. It was decided that the Tobacco Workgroup and the Tobacco Program’s Coalition would remain separate entities since the Coalition’s work is defined by the funding received from DHMH, while the workgroup will cast a much wider net in developing strategies to address the high smoking rates in the County. The Tobacco Workgroup defined their responsibilities as follows:

- To facilitate community change through the development of more restrictive County, municipal and workplace tobacco policies;
- To raise awareness of tobacco issues as related to personal and community health status;
- To “light a fire” and ignite interest among Harford County residents, who despite educational and income levels higher than most counties, have higher rates of tobacco use.

Focusing on Priorities: Behavioral Health

The LHAP includes three targets related to behavioral health, two for mental health and one for substance abuse:

Baseline and Target for 2014

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Rate of suicides per 100,000 population (VSA 2007-2009)	11.7	9.6	11.2	9.1%
Rate of drug- induced deaths per 100,000 population (VSA 2007-2009)	14.9	13.4	13.9	12.4%
Number of emergency department visits related to behavioral health conditions (HSCRC 2010)	1,243.7	1,206.3	1,183.4	1,146.0

HARFORD COUNTY

Draft Community Health Improvement Plan 2012



Note: The 2020 Healthy People Objective for suicide rates is 10.2 per 100,000 and for drug-induced deaths, 11.3 per 100,000 (<http://www.healthypeople.gov/2020/topicsobjectives2020>)

The LHAP had two overarching strategies to address the behavioral health problems, in line with the workgroup's objective:

- Develop mechanisms to integrate substance abuse and mental health treatment programs; and
- Improve delivery of behavioral health services.

A Behavioral Health Workgroup, chaired by Sharon Lipford, Deputy Director of the Harford County Department of Community Services, was formed in order to address local concerns related to substance abuse and mental health (Appendix 8). At its first meeting, the Behavioral Workgroup reviewed the County's statistics related to behavioral health and noted that Harford County is worse than the State on a number of health indicators: adult binge drinking, youth binge drinking, youth marijuana use, youth narcotic use, youth heroin use, suicide rate, number of drug-induced deaths, and number of emergency department visits for behavioral health reasons. The workgroup then turned to developing an overall objective for strategies, defined as "a focused approach to include prevention, intervention and recovery." Also of importance was the development of a "no wrong door" approach and a decrease in language barriers.

A survey of the workgroup to identify actions that should be given top priority, taking into consideration ease of implementation and cost, resulted in the following recommendations:

- Identify and address veterans' needs;
- Decrease youth alcohol use/drinking parties;
- Increase parental involvement;
- Increase positive youth activities;
- Use public and social media to educate on warning signs of addiction, suicide, etc.; and
- Connect with the community and offer education about screening, treatment and monitoring prescription medications.



Supporting Health Improvements

Health improvement strategies designed to address these three priorities are being implemented as part of a larger Harford County public health effort. Healthy Harford (<http://www.healthyharford.org/>), a non-profit organization established in 1993 by leaders from Upper Chesapeake Health, Harford County Health Department, and Harford County Government, is a community coalition dedicated to improved health outcomes in the County. Recognizing that good health extends well beyond the confines of somatic care, Healthy Harford seeks to bring both traditional and nontraditional segments of the community together and by removing barriers and limitations to achieving a healthier lifestyle “create a community where the healthy choice is the easy choice.” The Community Health Improvement Plan builds on the foundational work established by Healthy Harford.

Implementation of the Community Health Improvement Plan is being supported by two grants: (1) Community Transformation Grant (CTG), a federal Centers for Disease Control and Prevention (CDC) program through DHMH, and (2) Maryland Community Health Resources Commission (MCHRC) grant.

To help support health improvement efforts, the Harford County Health Department applied for and received grant funds from the Community Transformation Grant, a federal Centers for Disease Control and Prevention (CDC) program through DHMH. The Community Transformation Grant provides funding for community-level efforts to promote healthy lifestyles among population groups experiencing the greatest burden of chronic disease in order to improve health, reduce health disparities, and control health care spending.

In Harford County, the CTG will support implementation of strategies formulated by the Obesity Task Force, Tobacco Workgroup, Behavioral Health Workgroup, as well as other strategies by key community partners. For example, the CTG School Wellness Initiative is an innovative public health/school system collaboration being piloted at three Harford County elementary schools, Edgewood, Havre de Grace and William Paca/Old Post, that will serve as model programs for promoting school wellness. Edgewood, Fallston, North Harford and Patterson Mill High School public health students will work with the three elementary schools to develop public health awareness projects that creatively inform, educate and engage students, parents and the community about the importance of healthy lifestyles. Upper Chesapeake Health HealthLink staff are working with the schools to promote staff wellness through education and health screenings.

HARFORD COUNTY

Draft Community Health Improvement Plan 2012



In addition, the Harford County Health Department applied for and received grants from the Maryland Community Health Resources Commission (MCHRC). MCHRC funding will be used to create a Healthy Harford marketing plan to promote messages of healthy eating and active living, provide behavioral health integration trainings, and pilot a text message program aimed at improving appointment adherence and medication compliance. An example of how MCHRC funds will help integrate ongoing efforts of the Obesity Task Force, Healthy Harford, and Community Health Improvement Plan, is its support of Healthy Harford Restaurants, a project being designed to encourage the promotion of healthier menu items in participating restaurants.

The number of community health improvement planning and implementation efforts currently underway in Harford County has reinvigorated the public health community and the community at large. Strategies for addressing the County's three priorities – obesity prevention/healthy eating and active living, tobacco use prevention/smoke-free living, and behavioral health – are generating enthusiasm from multiple stakeholders and partners. Schools, workplaces, community settings, households and other venues will be targeted for ideas and actions. Special attention to vulnerable populations, disparities and minority outreach will be given and built into the action plans. This community-driven framework will serve as a model in future years, as additional priorities such as maternal and child health, injury prevention, and access to care will be carefully examined.

The Local Health Improvement Coalition will continue to serve a key role in informing, advising and guiding Harford County's Community Health Improvement Plan. Health status indicators and trends will be assessed, action plans monitored, and priorities revisited to best optimize the health status of Harford County residents.

Appendix 1
Local Health Improvement Coalition (LHIC)
Steering Committee

Vickie Bands
Upper Chesapeake Health

Susan Kelly
Harford County Health Department

Kathy Kraft
Upper Chesapeake Health

Mary Chance
Harford County Government

Nick McDonald
Upper Chesapeake Health

Russell Moy
Harford County Health Department

Mary Nasuta
Harford County Public Schools

Rob Reier
Town of Bel Air

Peggy Vaughan
Private Citizen

Mark Wild
Upper Chesapeake Health

Tina Zimmerman
Harford Community College

Appendix 2

Local Health Improvement Coalition (LHIC)

First name	Last name	Organization
Marcy	Austin	Harford County Health Department
Dr. Kathy	Baker-Brosh	Anita Leight Estuary Center
Vickie	Bands	Upper Chesapeake Health
Mary Jo	Beach	Harford County Health Department
Dr. Ann	Bizzano	Physical Therapist
Carole	Boniface	Harford County Government
Kathy	Burley	Harford Community College
Jonathan	Carter	Boys & Girls Clubs of Harford County
Cindy	Dawson	Harford County Health Department
Tammy	Duff	Rural Head Start
Terry	Farrell	Office on Mental Health, Core Service Agency
Janet	Gleisner	Harford County Planning & Zoning
Beth	Hendrix	Harford County Government
Beth	Jones	Harford County Health Department
Robin	Keener	Home Coming Project, Inc.
Susan	Kelly	Harford County Health Department
Bari	Klein	HC Health Department/UCH
Kathy	Kraft	Upper Chesapeake Health
Whitney	Lang	Y of Central Maryland
Mark	Lewis	Upper Chesapeake Health
Sharon	Lipford	Harford County Government
Arden	McClune	Harford County Government/Parks and Rec

First name	Last name	Organization
Rev. Nick	McDonald	Upper Chesapeake Health
Marlena	McKenna	Harford County Office of Sustainability
Vanessa	Milio	Harford County Chamber of Commerce
Brad	Milton	Farmer, Brad's Produce
Dr. Russell	Moy	Harford County Health Department
Hudson	Myers	Harford County Dept of Public Works
Paula	Nash	Harford County Health Department
Mary	Nasuta	Harford County Public Schools
Earl	O'Bryant	The Arena Club
Elaine	Orbino	ARC
Debra	Ostrowski	Upper Chesapeake Health
Linda	Pegram	Harford County Health Department
Ginny	Popiolek	Harford County Public Schools
Keith	Rawlings	The Arena Club
Dr. Rob	Reier	Town of Bel Air
Jerry	Reyerson	Department of Social Services
Barbara	Richardson	Mason-Dixon, Inc.
Joe	Ryan	Harford County Government
Gale	Sauer	Aberdeen Proving Ground
Chass	Seymour	ARC
Kathy	Shaffer	Parish Nurse, BA United Methodist
Stefanie	Stevenson	Occupational Therapist
Robin	Stokes-Smith	Upper Chesapeake Health
Jill	Svjeck	Department of Social Services

First name	Last name	Organization
Patrick	Sypolt	City of Havre de Grace
Pastor Carol	Taylor	FACE IT
Kim	Theis	Upper Chesapeake Health
Pat	Thompson	Upper Chesapeake Health/Behavioral Health
Posie	Thompson	Harford County Health Department
Melynda	Velez	LASOS
Hon. Barbara	Wagner	Havre de Grace City Council
Capt. Keith	Warner	Sheriff's Office
Karen	Winkowski	Harford County Office on Aging
Bill	Wiseman	Harford County Health Department

Appendix 3 Local Health Action Plan (LHAP)

Priority #1: Obesity

Baseline and Goal for 2014:

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Percentage of adults who are at a healthy weight (not overweight or obese) BRFSS 2008-2010	36.6%	34%	38%	35.7%
Percentage of youth (ages 12-19) who are obese (MYTS 2008)	9.7%	11.9%	9%	11.3%

Strategies:

- A. Increase access to healthy foods
- B. Enhance the built environment to support active living
- C. Create a 'Community of Wellness' through community engagement
- D. Increase physical activity and healthy eating in schools
- E. Increase physical activity and healthy eating in early child care settings

Strategy A. Increase access to healthy foods

Actions	Responsible parties	Timeline	Measures
Conduct a study of food deserts in Harford County.	Obesity Task Force Access to Healthy Food Subcommittee (AHF) and Harford County Government, Department of Community Services	May 2012	Food desert study
Create a map highlighting access to food in	AHF and Harford County	December	Completed map highlighting:# of

Actions	Responsible parties	Timeline	Measures
Harford County to determine underserved areas.	Government, Department of Community Services (DCS)	2012	supermarkets, # of food pantries, # soup kitchens # of farmers markets/coops
Strategize how community based organizations such as food pantries can operate in underserved areas.	AHF, LHIC members, Department of Community Services	July 2013	Access to Food Community Needs Assessment
Determine ways to familiarize families that receive public assistance and seniors on fixed income to access healthy foods via the farmers markets.	AHF, Farmer's markets, Department of Social Services, senior centers	December 2014	# of community outreach efforts # of SNAP participants accessing food at farmers markets.
Review local bus routes and ensure linkages between low income residential areas and supermarkets.	AHF and DCS	December 2013	Percentage of people in low income areas that have public transportation access to supermarkets.
Develop and incentivize a Healthy Restaurant Designation program.	AHF, Healthy Harford, Community Engagement Subcommittee (CE), Chamber of Commerce	December 2014	Number of restaurants providing calorie menu labeling Number of restaurants identifying healthy options on their menus.
Promote Healthy Harford website - www.healthyharford.org	AHF, CE, Healthy Harford	December 2014	Number of website hits
Utilize schools (and PTA's as a central way to reach families) to teach meal planning and ways to exercise outside of the school day.	AHF, School Wellness Workgroup (SWW)	December 2014	Number of schools participating, number of families reached
Look into opportunities to offer additional fresh fruit & vegetable tastings at more elementary schools in Harford County.	AHF, School Wellness Workgroup (SWW)	December 2014	Number of schools participating, number of children reached
Explore opportunities for targeted educational outreach on healthy eating including recipe cards at food pantries and healthy meal planning for church groups	AHF, CE, food pantries, faith based groups	December 2014	Number of outreach activities conducted

Strategy B. Enhance the built environment to support active living

Actions	Responsible Parties	Timeline	Measure
Work with leadership in the Planning and Zoning Department (PZD) to have a representative from the Obesity Task Force (OTF) or workgroup member appointed by the County Executive to sit on the Bike and Pedestrian Advisory Board.	Planning and Zoning Department (PZD), OTF chairs.	February 2012	Representative appointed
Complete a Bike and Pedestrian Master Plan that outlines strategies to improve bikability and walkability in Harford County, present to County Council.	Planning and Zoning Bike and Pedestrian Advisory Board	February 2013	Bike and Pedestrian Master Plan
Launch a web-based interactive map that overlays bike routes with bus routes to encourage multi-modal transportation.	Built Environment Subcommittee (BE), Harford County Transportation Department, Planning and Zoning, Healthy Harford	December 2013	Number of people utilizing service to meet their transportation needs.
Encourage multi-modal and “active” transportation, particularly in low socio-economic status areas, through targeted outreach and education concerning available resources (potential examples - Quick Response (QR) bus schedules, bike racks on buses, interactive web based bus/bike maps, safe riding classes and mentors, bike racks, helmet giveaways).	BE, Minority CBOs, Health Department, Harford County Office of Sustainability, Sheriff’s Office, Public Libraries, Parks and Rec., Healthy Harford (HH), Harford County Transportation Department	December 2014	Number of people utilizing multi-modal means of transportation.
Explore possibility of a community education “Street Smart Campaign” to encourage drivers to share the road with bicyclists.	PZD, BE, Bike/Ped Advisory Board, Health Department, Dept. of Public Works (DPW), Sheriff’s Office.	December 2014	Number of pieces of information disseminated

Actions	Responsible Parties	Timeline	Measure
Develop Healthy Workplace Designation program guidance such as: commuter program, bike to work program, showers, use of stairs, participation in County's Bike Mentor Program, Bike to Work Day and Ride Share Program	BE, Community Engagement Subcommittee (CE), Tobacco Workgroup (TW), HH, PZD, Office of Sustainability, DCS	December 2014	Healthy Workplace Designation program strategies
Encourage changes that emphasize active movement (examples – visible, well-lit staircases in buildings, more sidewalks as opposed to parking spaces, path connections between retail, residential, and workplaces).	BE, PZD, Department of Inspections, Licenses and Permits	December 2014	Number of strategies implemented
Encourage development of walking paths for use during work/school day as well as promoting community activity and recreation.	BE, Parks and Rec., Healthy Harford Designation programs	December 2014	Number of walking paths established
2012 Land Preservation Parks and Recreation Plan should incorporate goals regarding provision of facilities that promote healthy activity by all residents.	BE, Parks and Recreation, County Government	December 2014	2012 Land Preservation Parks and Recreation Plan
In cooperation with the School Wellness Workgroup, encourage students to walk, bike or otherwise “actively commute” to and from school whenever possible. Show support through annual Walk to School Day (Oct.) and Bike to School Day (May).	BE, Office of Sustainability, Sheriff's Office, SWW, CE, school staff	December 2014	Active Transport guidance

Strategy C. Create a ‘Community of Wellness’ through community engagement

Actions	Responsible Parties	Timeline	Measure
Create and employ a unified message of healthy eating and active living via social, print, and visual media; community health fairs; and partnerships with CBOs, schools, and business, to reduce obesity related health consequences and preventable chronic disease. Specific attention will be paid to minority disparities.	Community Engagement Subcommittee (CE), Healthy Harford, Health Department, Upper Chesapeake Health, marketing specialist, schools, businesses, CBOs.	December 2014	Number of health promotion messages disseminated Number of people aware of the health risk associated with obesity
Build community support for the new Master Plan, Land Use plan, and Bicycle and Pedestrian Master Plan in achieving the goals of a more walkable/bike able community.	CE, Built Environment (BE) Subcommittee, PZD, Healthy Harford, Media Specialist.	December 2013	Number of outreach efforts
Develop and promote Healthy Designation programs for restaurants, workplaces, schools and child care centers.	CE, BE, Access to Healthy Foods (AHF), Tobacco Workgroup (TW), Healthy Harford, Chamber of Commerce	December 2014	Number of organizations designated. Number of strategies implemented.
Provide trainings and toolboxes to physicians on how to discuss obesity issues with their patients. Modules specifically for pediatricians will be developed to help them communicate effectively with parents regarding concerns about their children’s weight.	CE, HCHD Health Educator, Media Specialist, Healthy Harford, Upper Chesapeake Health	December 2014	Number of participating physician practices Number of patients receiving obesity consultations
Provide regular updates regarding LHIC and the Obesity Task Force to elected officials and policy makers to keep them abreast of work and encourage them to promote	CE chair, County Council, City Councils	December 2014	Summary of e-mails, reports to County Council

Actions	Responsible Parties	Timeline	Measure
healthy eating and physical activity in their districts.			
Implement a structure for long-term sustainability of the Obesity Task Force initiative.	Harford County Government, Health Department, Upper Chesapeake Health	December 2014	Sustainability plan developed
Encourage local businesses to become a “Healthiest Maryland Business”	Community Transformation Grant Coordinator (CTGC), CE, Harford County Health Department (HCHD) Health Educator, Chamber of Commerce, Healthy Harford,	December 2014	Number of businesses recruited for Healthiest Maryland Business
Encourage local businesses to offer an Asheville-like pharmacist model for employees addressing, at a minimum, control of high blood pressure, high cholesterol and/or diabetes.	CTGC, Harford County Health Department, Healthy Harford, Upper Chesapeake Health, Chamber of Commerce, Rotary Club, Businesses	December 2014	Number of new worksites supporting Asheville-like pharmacist model Number of employees reached at these worksites

Strategy D. Increase physical activity and healthy eating in schools

Actions	Responsible Parties	Timeline	Measure
As part of the Local Health Improvement Plan, recruit members of the Local Health Improvement Coalition (LHIC) to sit on the School Wellness workgroup (SWW)	Health Officer as LHIC lead, Obesity Task Force (OTF), and School Wellness Chair	October 2012	Schedule of meetings
Conduct meeting for members of SWW to familiarize group with the Harford County Public School (HCPS), School Wellness Policy, amendments made in 2009, and implementation in 2011. Introduce Wellness	SWW chair, Wellness Policy Committee	March 2013	Number of school wellness council meetings

Actions	Responsible Parties	Timeline	Measure
Policy Committee who is responsible for implementation of the School Wellness Policy.			
Three elementary schools will receive targeted school wellness enhancements: William Paca, Edgewood, and Havre de Grace. SWW chair will meet with principals to discuss proposed enhancements and work toward plan for wellness enactments	CTG Coordinator (CTGC), SWW, Healthy Harford, HCPS Coordinator of Physical Activity, HCPS Nurse Coordinator, and school principals	September 2012	Number of school partnerships with Number of students enrolled in participating schools
As per recommendations from the National Assoc. for Sports and Physical Education, increase the total number of physical activity opportunities during the day.	CTGC, SWW, Healthy Harford, HCPS Coordinator of Physical Activity, HCPS Nurse Coordinator, and school principals	June 2013	Physical activity break changes
As per evidenced based Shape Up Sommerville (SUS) program, switch recess to before lunch for calmer children and increased consumption of milk, fruits, and vegetables. Hand washing stations will be required so students can wash hands before eating.	CTGC, SWW, Healthy Harford, HCPS Coordinator of Physical Activity, and school principals	June 2013	Recess changes implemented
Build and utilize recess carts, one at each school, filled with hoops, balls, jump ropes, etc. to enhance recess and encourage active play. Equipment will be replaced as necessary.	CTGC, SWW, Healthy Harford, HCPS Coordinator of Physical Activity, and school principals	December 2012	Recess changes implemented
Provide training sessions to provide hands on training in encouraging active play. These teachers will then function as Recess	CTGC, SWW, Healthy Harford, HCPS Nurse, and school principals	June 2013	Recess changes implemented, training notes

Actions	Responsible Parties	Timeline	Measure
Coaches to encourage physical activity on the playground.			
Once developed, support schools in applying for a Healthy Schools Designation.	CTGC, SWW, CE, Healthy Harford, HCPS Nurse Coordinator, and school staff	December 2014	Number of schools participating in Healthy School Program
Explore opportunity to engage parents and promote the importance of healthy eating and active living - keeping parents up to date on changes in the school and how they can support these changes at home (importance of not using food as a reward, encouraging non food related fundraisers, and offering healthier food options at after school events).	CTGC, SWW, Community Engagement Subcommittee (CE), Healthy Harford, Public Schools, Media Specialist	December 2014	Number of outreach initiatives, messages
Explore opportunities to promote a comprehensive unified message regarding healthy eating and active living at targeted schools (ACTIVATE video, social media, healthy living commercial contest, etc).	CTGC, SWW, Healthy Harford, HCPS Nurse Coordinator, and school staff, CE	December 2014	Unified Media Plan
Engage staff at targeted schools to design and implement a Staff Wellness program focusing on healthy eating and active living, as directed in the School Wellness Policy, to encourage a culture of wellness, and model positive behavior.	CTGC, SWW, Healthy Harford, HCPS Nurse Coordinator, and school staff	December 2014	Staff Wellness Program plan
Analyze data from selected schools to monitor school wellness progress	CTGC, SWW, HCPS data services, Superintendent	December 2014	Wellness data, school wellness survey data
Ensure school district offers comprehensive physical activity practices (in accordance	CTGC, SWW	December 2014	Number of physical activity practices include in local school wellness policy

Actions	Responsible Parties	Timeline	Measure
with CDC and other national standards)			
Ensure school district institutes nutrition guidelines (aligning with 2010 Dietary Guidelines for Americans recommendations)	CTGC, SWW	December 2014	Number of improved nutrition standards included in the local school wellness policy

Strategy E. Increase physical activity and healthy eating in child care

Actions	Responsible Parties	Timeline	Measure
Provide educational trainings to child care providers, including tool-kits to help them incorporate age appropriate healthy eating and active lessons in their curriculum as well as model positive behaviors.	CTGC, Healthy Harford, Child Care Resource and Referral Center, Child Care Centers	December 2014	Number of child care providers/programs trained Number of children served by trained providers/programs
Encourage early care and education settings regulated by MSDE to implement Caring for our Children: National Health & Safety Performance Standards for Early Care and Education Programs (3 rd Ed.) physical activity and screen time standards	CTGC, Healthy Harford, Child Care Resource and Referral Center, Child Care Centers	December 2014	Number of child care providers/programs trained Number of children served by trained providers/programs
Encourage early care and education centers/homes to complete the Let's Move Child Care checklist quiz	CTGC, Healthy Harford, Child Care Resource and Referral Center, Child Care Centers	December 2014	Number of child care providers/programs trained Number of children served by trained providers/programs

Priority #2: Tobacco

Baseline and Goal for 2014:

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Percentage of adults that currently smoke (BRFSS 2008-2010)	20.3%	15.2%	18.6%	13.5%
Percentage of high school students (9-12) that have used any tobacco product in the past 30 days (MYTS 2010)	26.8%	24.8%	24.8%	22.3%

Strategies:

- A. Raise awareness of the tobacco issue and gain community support
- B. Encourage workplaces to adopt tobacco free campuses, create policy level change
- C. Smoke-free multi-unit housing
- D. Youth cigar use awareness

Strategy A. Raise awareness of the tobacco issue and gain community support

Actions	Responsible Parties	Timeline	Measure
Participate in community events to educate the public regarding the negative effects of high rate of tobacco usage in Harford County on the health and well-being of our community.	TW, Healthy Harford, HCHD Tobacco Health Educator, municipal employees, Upper Chesapeake Health	December 2014	Number of community events
Promote smoking cessation programs as well as access to low/no cost cessation assistance medication.	TW, Healthy Harford, HCHD Tobacco Health Educator, Minority Outreach Technical Assistance grantee (MOTA)	December 2014	Number of outreach efforts

Actions	Responsible Parties	Timeline	Measure
Create a media campaign around tobacco to increase awareness and gain community support. As part of the campaign, look into recording a Public Health Matters spot on Harford Cable Network.	TW, Community Engagement Subcommittee (CE), Healthy Harford, HCHD Tobacco Health Educator, Media Specialist, municipalities	December 2013	Number of people reached by campaign

Strategy B. Encourage workplaces to adopt tobacco free campuses, create policy level change

Actions	Responsible Parties	Timeline	Measure
Develop Healthy Workplace Designation program guidance.	TW, CE, Harford County Health Department (HCHD) Tobacco Education Specialist (TES), Healthy Harford, Media Specialist	December 2012	Healthy Harford Workplace Designation Program
Engage and educate local workplaces, including municipalities, as to importance of tobacco free campuses and Smoke Free Outdoor Areas (SFOA) to the health and well-being of the community.	TW, HCHD Tobacco Health Educator, CBO, Municipal leaders	June 2013	Schedule of meetings, number of people educated (face to face) about benefits of SFOA
Recruit and train partners to support SFOA	TW, CTGC, Harford County Health Department	December 2014	Number of partners trained to support SFOA
Explore opportunity to make policy changes that will increase the availability of smoke-free outdoor areas (college campuses, parks, etc. that are under state/local authority)	TW, CTGC, Harford County Health Department, Department of Community Services, Municipalities	December 2014	Number of new SFOA policies enacted
Offer additional smoking cessation classes per semester for participating workplaces. Train minority cessation specialist for culturally sensitive peer counseling.	Harford County Health Department Community Health Education (HCHD-CHE)	December 2014	Number of available cessation classes, number of participants

Actions	Responsible Parties	Timeline	Measure
Train a minority tobacco awareness outreach/cessation specialist to work within minority populations.	Harford County Health Department Community Health Education (HCHD-CHE)	December 2014	Outreach specialist recruited
Provide educational materials to physicians that highlight negative effects of tobacco and the importance of tobacco prevention and cessation.	TW, HCHD Health Educator, Media Specialist, Healthy Harford, Upper Chesapeake Health	December 2014	Number of participating physician practices Number of patients receiving tobacco consultations
Reach out to members of County Council, as the Board of Health, to educate them regarding the importance of the policy change; data statistics on youth smoking rates, public health implications, success of policy change in other counties, etc.	TW, HCHD-CHE, Healthy Harford	June 2013	Number of County Council members interested in public health initiative.
Tobacco Workgroup, in consultation with tobacco policy experts from the Maryland Wellness Institute (MWI), will research legislation and enforcement efforts regarding switch to civil offense for sale to minors in other Maryland jurisdictions.	TW, Harford County Health Department, Community Health Education (HCHD-CHE), MWI	December 2012	Comparative research on adoption and implementation of policy in other jurisdictions.

Strategy C. Smoke-free multi-unit housing

Actions	Responsible Parties	Timeline	Measure
Engage in community outreach regarding the benefits of smoke-free multi-unit housing (SFMUH)	TW, CTGC, Harford County Health Department	December 2014	Number of people educated (face to face) about benefits of SFMUH
Recruit and train partners to support SFMUH	TW, CTGC, Harford County Health Department	December 2014	Number of partners trained to support SFMUH
Explore opportunity to make policy changes	TW, Community Transformation	December	Number of new SFMUH policies enacted

Actions	Responsible Parties	Timeline	Measure
that will increase the availability of smoke-free affordable/low income multi-unit housing	Grant Coordinator (CTGC), Harford County Health Department, Department of Community Services	2014	

Strategy D. Youth cigar use awareness

Actions	Responsible Parties	Timeline	Measure
Share information with youth about the danger of cigar use and industry marketing	TW, CTGC, Harford County Health Department Health Educators, Upper Chesapeake Health	December 2014	Number of youth educated (face to face) about the danger of cigar use and industry marketing
Share information with adults about the danger of cigar use and industry marketing	TW, CTGC, Harford County Health Department Health Educators, Upper Chesapeake Health	December 2014	Number of adults educated (face to face) about the danger of cigar use and industry marketing

Priority #3: Behavioral Health Integration

Strategies

- A. Develop mechanisms to integrate substance abuse and mental health treatment programs
- B. Improve delivery and awareness of behavioral health services

Baseline and Goals for 2014:

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Rate of suicides per 100,000 population (VSA 2007-2009)	11.7	9.6	11.2	9.1%
Rate of drug- induced deaths per 100,000 population (VSA 2007-2009)	14.9	13.4	13.9	12.4%
Number of emergency department visits related to behavioral health conditions (HSCRC	1,243.7	1,206.3	1,183.4	1,146.0

2010)				
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Strategy A. Develop mechanisms to integrate substance abuse and mental health treatment programs

Actions	Responsible Parties	Timeline	Measure
As part of the Local Health Improvement Plan, recruit members of the Local Health Improvement Coalition to sit on the Behavioral Health Workgroup (BHW).	Health Officer as LHIC lead and BHW chair	January 2012	Meeting minutes and presentations.
Explore ways to reduce Emergency Department visits for behavioral health conditions.	BHW, Upper Chesapeake Health, Office on Mental Health (OMH), Health Department Division of Addictions, local providers	December 2013	Reduced ED visits for behavioral health
Bring together multi-disciplinary providers for information sharing and cross training of addiction and mental health.	BHW chair, HCHD Addictions Division, Office on Mental Health (OMH), local providers	June 2013	Number of providers trained, number of presentations held
Investigate ways to promote behavioral health screenings within primary care and urgent care practices.	BHW chair, HCHD Addictions Division, OMH, local practices	December 2014	Number of providers adopting the use of screenings
Look into ways to share resources between addictions and mental health providers	BHW chair, HCHD Addictions Division, OMH, local providers	December 2014	Number of clients supported through these resources

Strategy B. Improve delivery and awareness of behavioral health services

Actions	Responsible Parties	Timeline	Measures
Utilize technology to promote behavioral health wellness.	HCHD, Office on Mental Health-Core Service Agency, Department of Community Services Office of Drug Control Policy (ODCP),	December 2012	Decreased appointment no-show rate, increased medication compliance rate

Actions	Responsible Parties	Timeline	Measures
	Harford County Health Department (HCHD)		
Increase community education on behavioral health - warning signs, treatment options and promoting wellness (potential ideas: Public Health Matters cable network show, Partner with HealthLink to distribute information, utilize social media).	HCHD, Office on Mental Health-Core Service Agency, ODCP, Upper Chesapeake Health community addiction and mental health providers.	December 2014	170 parents participated in youth behavior survey. Number of individuals reached through outreach efforts
Raise community awareness around prescription drug use, treatment and monitoring as well as misuse, storage and disposal.	HCHD, Office on Mental Health-Core Service Agency, ODCP, Drug Enforcement Administration, community addiction and mental health providers.	December 2014	Meeting minutes, presentations, number of pounds of unused medication turned in to take-back events
Increase education on prescription drugs and behavioral health within schools (potential ideas: support distribution of ODCP's youth-targeted Drinking and Driving DVD; explore possibility of a youth-produced behavioral health-focused DVD to be shared in schools; investigate ways to work with school counselors on detection of early psychosis)	Harford County Public Schools, local private schools, HCHD Health Education Workers, ODCP	December 2012	Number of presentations, number of students reached
Investigate ways to promote recovery and support through peers, families and faith based community (examples: participation in Recovery Day, promotion of church recovery programs, use of peer specialists, partnership with detention center). Create a subcommittee to support this effort – include family members.	HCHD, Office on Mental Health-Core Service Agency, community providers, faith-based community, SPIN Adult Drop-in Center	December 2014	Action Plan and results.

Appendix 4
County Council Resolution No. 28-11

COUNTY COUNCIL

OF

HARFORD COUNTY, MARYLAND

Resolution No. 28-11

Legislative Session Day 11-23

October 18, 2011

Introduced by Council Member Lisanti

A RESOLUTION establishing a Harford County Obesity Task Force to review and make recommendations concerning the programs and policies for creating a healthier Harford County; to educate Harford County citizens regarding healthier living, food choices, and exercise; to provide for accessibility to healthy and affordable foods; to identify ways to develop and implement more opportunities for walk able communities and recreational activities throughout the County; to appoint certain persons to serve on the Task Force; to provide for the duties of the Task Force, including the duty to submit an interim and final report with its findings and recommendations on or before certain dates; and generally relating to the Harford County Obesity Task Force.

WHEREAS, Obesity has emerged as a significant contributing factor for chronic diseases; and
WHEREAS, Obesity is known to increase a person's risk for coronary heart disease, high blood pressure, Type 2 diabetes, gallstones, breathing problems, and certain cancers; and

WHEREAS, Sixty percent of adults living in Harford County are overweight (35.2%) or obese 4 (25.1%); and

WHEREAS, The Harford County Health Department has reported that the health of Harford County adults and children has declined from 1996 to 2010 with respect to numerous chronic diseases including, diabetes, heart disease, high blood pressure and high cholesterol; and

WHEREAS, The percentage of obese children has tripled in Harford County since 1996; and

WHEREAS, Lack of physical activity and poor nutrition contribute significantly to obesity; and

WHEREAS, Many adults and children living in Harford County fail to consume the recommended servings of fruits and vegetables per day and fail to meet the weekly recommendations for moderate exercise; and

WHEREAS, Annual medical care costs associated with obesity in Harford County are staggering and impose disproportionately high economic burdens on not only the individual suffering from obesity but on our local economy; and

WHEREAS, The Harford County Board of Health recognizes the significant negative impact 7 obesity has on everyone in Harford County; and

WHEREAS, The Board of Health recognizes that individual effort alone is not sufficient to combat obesity and that changes in public policy and the built environment need to occur in Harford County to provide citizens with access to fitness opportunities and healthy foods; and

WHEREAS, The County Council, which also acts as the Board of Health, recognizes that to achieve the goal of making Harford County citizens healthier requires the commitment and cooperation of the County Government to educate and provide better opportunities for the citizens of Harford County.

NOW, THEREFORE, BE IT RESOLVED, that the Harford County Council hereby creates a task force to study and make recommendations concerning programs and policies for the following:

- 1) educating citizens of all ages regarding healthier living, including food choices and exercise;
- 2) accessibility to healthy and affordable foods;
- 3) encouraging food providers to provide healthier food choices and menu options; and
- 4) identify ways to develop and implement more opportunities for walk able communities and recreational activities for all citizens throughout the County.

AND, BE IT FURTHER RESOLVED, that the Task Force shall consist of 15 members representing the following areas: restaurants, grocery stores, nutritionists, physicians, farmers, fitness specialists, County Council, Board of Education, Parks and Recreation, the Harford County Health Department, Community Services, Harford County Sheriff's Office, Planning and Zoning, and the Economic Development Advisory Board.

AND, BE IT FURTHER RESOLVED, that the Task Force shall be chaired by the County Health Officer and submit its first interim report with its findings and recommendations to the County Council by May 1, 2012, and a second final report with its findings and recommendations to the Council by October 2, 2012.

ATTEST:

Pamela Meister Billy Boniface

Council Administrator President of the Council

ADOPTED:

Appendix 5

Obesity Task Force Committee Members

Susan Kelly (Chair)
Harford County Health Department

Jesse Bane
Harford County Sheriff's Office

Bruce Clarke
Laurrapin Grille Restaurant

Mike Elder
Citizen

Janet Gleisner
Harford County Department of Planning and Zoning

Rebecca Hartwig
Pediatric Partners

Beth Hendrix
Harford County Department of Community Services

Jayne Klein
Shop Rite Grocery Store

Kathy Kraft
Upper Chesapeake Health Center

Kelly Lepley
YMCA of Central Maryland

Mary Ann Lisanti
Harford County Council

Arden McClune
Harford County Department of Parks and Recreation

Vanessa Milio
Harford County Chamber of Commerce

Brad Milton
Brad's Produce

Robert Tomback
Harford County Public Schools

Appendix 6

Harford County Obesity Task Force

Interim Report to County Council

May 1, 2012

Introduction

The following is an interim report as required by Resolution No. 28-11 introduced by Council Member Lisanti on October 18, 2011 establishing a Harford County Obesity Task Force. The Task Force has been created to review and make recommendations on programs and policies that support a healthier Harford County. The resolution states that “individual effort alone is not sufficient to combat obesity and that changes in public policy and the built environment need to occur.” The following provides an overview of the progress of the Obesity Task Force to date. A final report with findings and recommendations will be shared with the Council October 2, 2012.

Obesity Task Force Charge

Study and make recommendations concerning programs and policies for the following:

- 1) Educating citizens of all ages regarding healthier living, including food choices and exercise;
- 2) Accessibility to healthy and affordable foods;
- 3) Encouraging food providers to provide healthier food choices and menu options; and
- 4) Identify ways to develop and implement more opportunities for walkable communities and recreational activities for all citizens throughout the County.

Members

The Obesity Task Force was to consist of 15 members representing the following areas: restaurants, grocery stores, nutritionists, physicians, farmers, fitness specialists, County Council, Board of Education, Parks and Recreation, the Harford County Health Department, Community Services, Harford County Sheriff’s Office, Planning and Zoning, and the Economic Development Advisory Board. The Task Force shall be chaired by the County Health Officer.

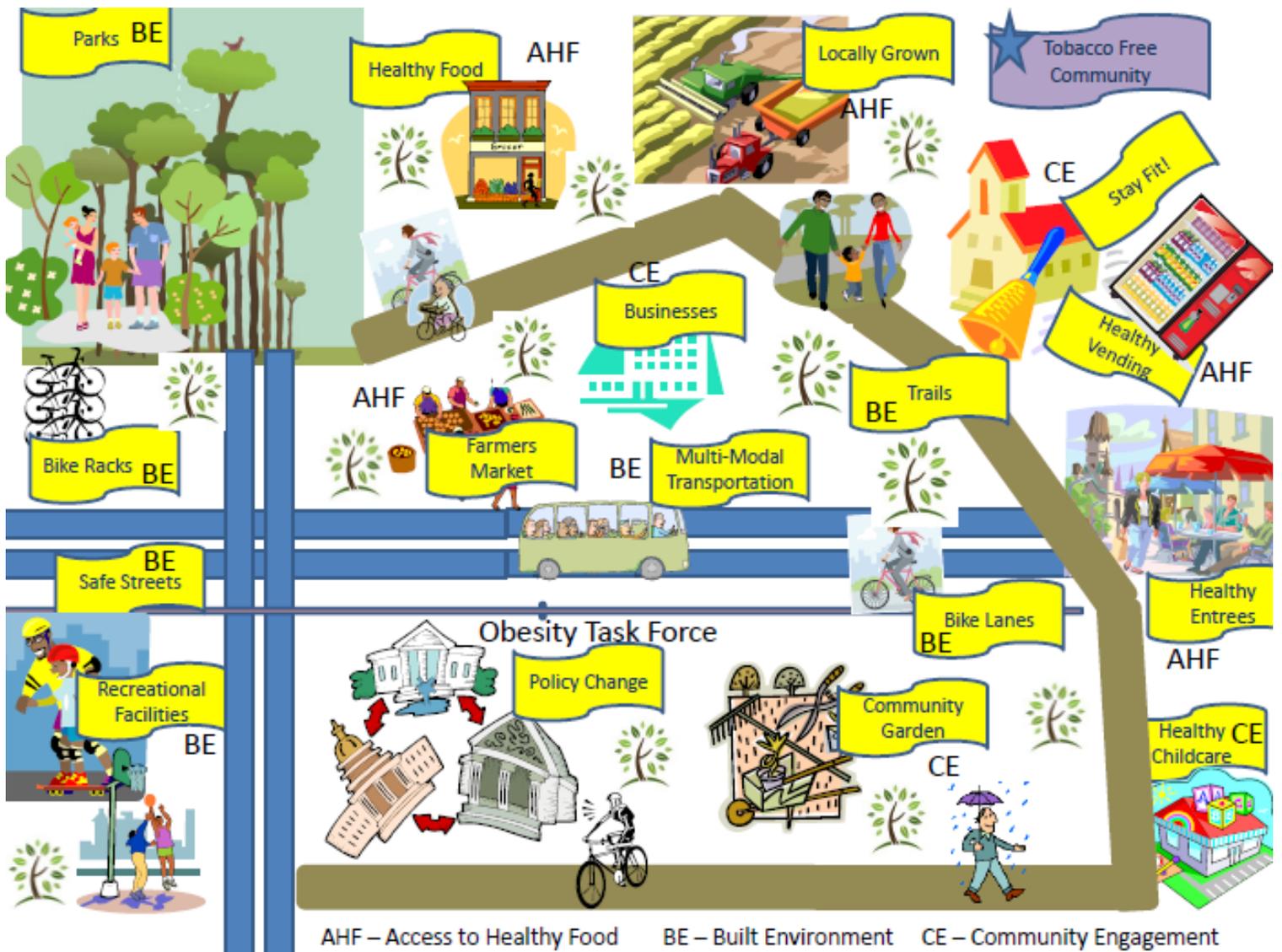
- Susan Kelly (Chair) - Harford County Health Department
- Mary Ann Lisanti (Vice-Chair) - Harford County Council
- Jesse Bane - Harford County Sheriff’s Office
- Bruce Clarke (Laurrapin Grille) - Restaurant
- Michael Elder - Fitness Specialist
- Janet Gleisner - Harford County Department of Planning and Zoning
- Rebecca Hartwig (Pediatric Partners) - Physician
- Elizabeth Hendrix (Harford County Government) - Community Services
- Jayne Klein (Klein’s ShopRite) - Nutritionist & Grocery Store
- Kathy Kraft (Upper Chesapeake Health) - Community Services
- Kelly Lepley (Y of Central Maryland) - Fitness Specialist
- Arden McClune - Harford County Department of Parks and Recreation
- Vanessa Milio (Harford County Chamber of Commerce) - Economic Development Advisory Board
- Brad Milton (Brad’s Produce) - Farmer
- Robert Tomback - Board of Education

Project Progress

The following three committees were established to carry out the charge of the Obesity Task Force: **Access to Healthy Foods, Community Engagement** and **Built Environment**. To date, these groups have engaged in the following process: data review, idea generation and idea prioritization.

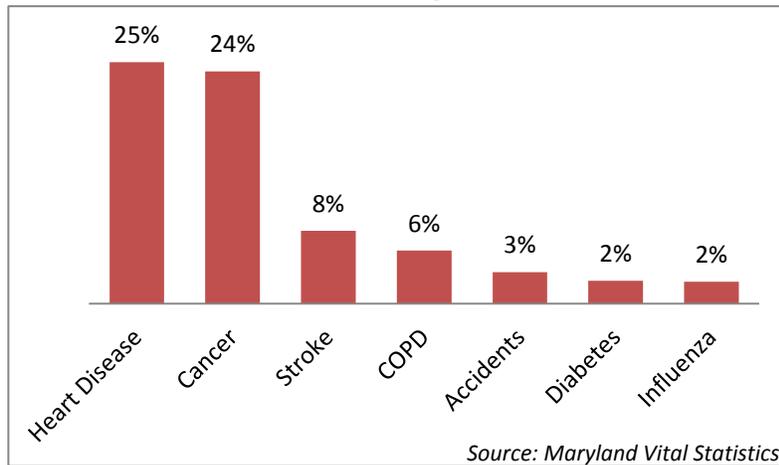
All Obesity Task Force members were asked to participate in one of the three subcommittees, with the exception of the chair. Subcommittees were also populated with local experts and interested community members. These groups meet on a monthly basis to discuss their specific piece of the health and wellness puzzle. The following chart, created by Kathy Kraft of Upper Chesapeake Health and chair of the Community Engagement subcommittee, is a visual representation of how all three groups have an important role to play in building a healthier Harford County.

Vision of a Healthy Community



DATA REVIEW - Members of the task force and its subcommittees reviewed local data on current health trends, such as the number of individuals suffering from a chronic disease and those that are overweight or obese. In Harford County, similar to the state and nation, there has been an overall decline in the health of the local community in recent years. Two ways to work towards a reversal of these trends are to encourage physical activity and healthy eating.

**Top 7 Causes of Death
Harford County, 2009**



**For chronic disease outcomes,
Harford County ranks worse than the State**

Indicator	Harford	Maryland
Heart Disease Mortality	210	197.8
Cancer Mortality	185.8	177.7
Stroke Mortality	57.3	55.7
COPD Mortality	45.7	35.6

*Mortality rates per 100,000 population, 2007-2009
Source: Maryland Vital Statistics*

**For lifestyle choices,
Harford County has room for improvement**

Indicator	Harford	Maryland
Obesity/Overweight	63.5%	64.1%
Physical Activity	37.1%	33.9%
Fruits/Vegetables	25.2%	27.3%

Source: CDC Behavioral Risk Factor Surveillance System, 2008-2010

IDEA GENERATION - Subcommittee members then engaged in brainstorming exercises in order to identify projects which would have an impact on the health of Harford County citizens. Group members drew from their respective expertise as well as examples from similar communities throughout the nation. While brainstorming, groups were encouraged to think about whether the idea would have far reaching impact, address a significant health issue, have measurable results, be fundable and sustainable.

IDEA PRIORITIZATION - Brainstormed ideas were then ranked based on level of priority, ease of implementation and cost to implement. Based on this review and ranking process, each subcommittee has made preliminary recommendations. It is important to note that there can be overlap between the subcommittees' work as some priorities fall within the purview of more than one group.

Examples of potential overlap:



Access to Healthy Foods Subcommittee

Members:

- Elizabeth Hendrix, Harford County Department of Community Services (Chair)
- Linda Sue Ames, Registered Nurse
- Marcy Austin, Harford County Health Department
- Dee Athey, United Way of Central Maryland, Inc.
- Heidi Brady, Registered Dietician
- Gary Childress, Harford County Public Schools Food and Nutrition Department
- Bruce Clark, Lurrappin Grille Restaurant
- Meg Deem, Office of the County Executive
- Erin Ferriter, PhD, Harford County Sustainability Office
- Jayne Klein, RD, Shop Rite Grocery Store
- Judy Mason, Harford County Community Action Agency, Inc.
- Brad Milton, Brad's Produce
- Andrea Pomilla, Harford County Department of Community Services - Office on Aging
- Ginny Popiolek, Harford County Public Schools
- Barbara Richardson, Mason Dixon Community Services, Inc.
- Rob Reier, DC, Town of Bel Air
- John Sullivan, Deputy Chief of Staff for Agricultural Affairs
- Terry Troy, Community Member
- Andrew Walsh, SAIC
- Cindy Weyant, Consultant

The following is an excerpt of the Department of Community Service's report to the U.S. Department of Housing and Urban Development (HUD) on its assessment of the availability of food to low and moderate income households in Harford County. This assessment was conducted in collaboration with the work of the Access to Healthy Foods Subcommittee.

Purpose:

Access to healthy food can be a challenge for many residents of Harford County. In some areas, healthy food is not as readily available as in other parts of the county. In many communities unhealthy alternatives may be more convenient or more appealing than healthy choices.

Healthy food refers to foods that can provide an individual with a balanced diet that meets their personal dietary needs, comprised mostly of fruits and vegetables, whole grains, low fat dairy products, lean meats and legumes, and healthy unsaturated fats such as olive or canola oil (United States Department of Agriculture, Center for Nutrition Policy and Promotion, 2010).

The variety of retail food outlets in Harford County including supermarkets, farmers markets, Community Supported Agriculture (CSA), farm stands, food pantries, and soup kitchens increases opportunities for accessing healthy food. Local food production and direct sales increase options to purchase and consume more fruits and vegetables. The majority of food resources are located in the southern half of the county (See Attachment A).

Many studies on the availability of healthy food review the amount and types of restaurants in a particular geographic area. The subcommittee discussed the abundance of chain restaurants, fast food,

and premade food in Harford County, but did not want to label a certain type of establishment as healthy vs. unhealthy. The group felt that fast food is accessible and cost friendly and believes there is a need for more locally based establishments serving healthy food.

The Access to Healthy Food Subcommittee defined a food desert as an area that is lacking:

- Access to fresh fruits, vegetables, and healthy options, preferably local products
- Consistent physical access (transportation/walking)
- Consistent access 7 days per week

By reviewing the data, it was found that the assistance programs, such as soup kitchens, food pantries, and congregant meals are primarily found in the Route 40 corridor. Based on the definition and standards that the subcommittee developed to define a food desert, the identified gaps are prevalent in the northern area of the county. However, since the northwestern zip codes are more affluent, have a higher educational level, and transportation is not typically an issue, that area does not meet the criteria for a food desert. The only true food desert, as defined by the subcommittee, is the northeastern area, primarily 21154 (Street), 21160 (Whiteford), and 21034 (Darlington). The committee agreed that there is work to be done to fill those gaps for our economically disadvantaged residents.

Status Report of Recommendations to Date:

Highest priority

- Utilize schools (and PTA's as a central way to reach families) to teach meal planning and ways to exercise outside of the school day.
- Promote farmers market at senior centers. Continue use of farmer's market coupons.
- Advocate for additional fresh fruit & vegetable tastings at more elementary schools in Harford County.

Easiest to implement

- Promote the Healthy Harford website: www.healthyharford.org.
- Advocate for additional fresh fruit & vegetable tastings at more elementary schools in Harford County.
- Promote farmers market at senior centers. Continue use of farmer's market coupons.

Lowest cost

- Promote the Healthy Harford website: www.healthyharford.org.
- Provide recipe cards with fruits and vegetables at food pantries.
- Utilize schools (and PTA's as a central way to reach families) to teach meal planning and ways to exercise outside of the school day.
- Do educational outreach on calories consumed versus calories burned through exercise.
- Educate church groups on healthy meal planning for potluck events, community events and serving the homeless.

The group agreed about the importance of utilizing schools, in particular PTAs, to teach healthier habits and feels that the good things happening in schools related to healthy eating and exercise should be highlighted. This is an easy way to reach both parents and children. Another idea is to offer healthy food options at Parks and Recreation functions.

As faith and community groups organize food drives, the focus should be on donating healthy foods. This will assist our local food banks with having nutritious options for their clients. Another idea is to capitalize on existing campaigns such as National Hunger Awareness month.

Educational outreach continues to remain a high priority. The group agreed that it is important to get the word out about healthy eating through organizations like the Robert Wood Johnson Foundation and the Centers for Disease Control, and locally through the Healthy Harford website and other means. Outreach is essential to educate all of our residents to make better and healthier food choices.

Some concerns were noted that funding for programs can be inconsistent and at times unavailable. Policy changes may be needed at local and school system levels. Also, there is a perception in the public that healthy food may be more costly, but the long term health benefits must be factored in. In the long run, the most important cost benefits to healthy living are health costs.

The subcommittee is interested if the amount and type of restaurants impact food deserts. There was considerable discussion regarding the health effects of foods at fast food and chain restaurants. A popular idea that came out of the discussion is to champion restaurants that use healthy ingredients and foods, and highlight their “best practices”. Another idea is to incentivize restaurants to provide healthy alternatives. These restaurants could be publicized on the Healthy Harford website. The group felt there should be more “mom and pop” and organic establishments. It is important to get evidence and outcomes as to what can be done to assist, encourage, and nurture these types of start-ups.

Equitable access to healthy food is a cornerstone for healthy communities in which all residents have the opportunity to participate, work, prosper, and enjoy healthy, productive lives. As the Harford County Obesity Task Force continues to champion this effort, it must help residents choose health – strengthen their ability to make healthy decisions, remove obstacles to healthy choices, and create more opportunities to be healthy.

Built Environment

Members:

- Arden McClune, Harford County Department of Parks and Recreation (Chair)
- Kathy Baker-Brosh, PhD, Anita Estuary Center
- Jesse Bane, Harford County Sheriff
- Ann Bizzano, PhD, Physical Therapist
- Michael Elder, Citizen
- Erin Ferriter, PhD, Harford County Sustainability Office
- Janet Gleisner, Harford County Department of Planning and Zoning
- Dale Gomez, Community College of Baltimore County – Essex
- David Hagen, Harford County Public Schools, Physical Education
- Gil Jones, City of Aberdeen
- Mary Ann Lisanti, Harford County Council
- Julie Mackert, Harford County Health Department
- Hudson Myers, Harford County Department of Public Works
- Keith Rawlings, The Arena Club
- Kevin Small, Town of Bel Air
- Jeff Springer, Booz Allen Hamilton
- Barbara Wagner, Havre de Grace City Council
- Keith Warner, Harford County Sheriff's Office

Purpose:

The impact of the Built Environment on efforts to reduce obesity fall into two basic categories – elements which encourage more activity as part of conducting one's tasks of daily living and those that promote more activity in leisure pursuits.

Many people, when asked about becoming more active in order to lose weight or prevent weight gain, will quickly focus on their lack of time to add an exercise program to their schedule. One of the most important ways to fight obesity is for people to be more active throughout their day. For adults, activities such as walking or bicycling to stores, banks and other services and taking the stairs instead of the elevator can burn calories and contribute to the fight against obesity. For children, walking or biking to school and to visit friends, together with active play opportunities can be more important than participation in organized sports.

In many situations, the evolution of the suburban environment has encouraged dependence on the automobile and discouraged walking and biking. To make active transportation a reality, the built environment must make the use of transit such as buses an attractive and convenient option.

These concepts have already been incorporated in the County policy in the 2012 Harford County Master Plan and Land Use Element Plan. The plan sets forth:

“A healthy community offers a built environment that encourages and supports behaviors focused on physical activity. Trails, sidewalks, and bikeways create linkages between residential and business areas, and they encourage walking or bicycling instead of automotive travel.

Creating a safe structural environment for children to walk to school is also a way to promote physical activity. Harford County recognizes the importance of providing recreational facilities including bicycle and pedestrian linkages. The Department of Parks and Recreation oversees the development and management of the County's sports fields, and they work with non-profit groups, the recreation councils and the Board of Education to provide playgrounds, activity centers, and assorted recreational programs. Additional walking and bicycling opportunities are provided along the Ma and Pa Heritage Trail and the Lower Susquehanna Heritage Greenway. The County Development Regulations also require the provision of pedestrian and bicycling facilities, and the 2010 Transportation Element Plan emphasizes the need for the continued development of these facilities as part of a functional multimodal transportation network."

Status Report of Recommendations to Date:

- **Connectivity:** The term "connectivity" focuses on the linkages between people and their desired destinations. In order to encourage the walking and bicycling as forms of active transportation, the road, sidewalk and/or trail connections must be in place. The current built environment often does not meet the needs of the public to use these modes of transportation.
 - The County Bicycle and Pedestrian Master Plan should identify the existing gaps in connectivity and prioritize the county projects needed.
 - Public awareness should be raised regarding current and future plans for community connections and the use of alternate means of transportation.
 - Safe Routes to School programs should be developed to encourage children to walk or bicycle to school. This program would include Harford County Government, Harford County Public School, the Town of Bel Air and the Cities of Aberdeen and Havre de Grace in the establishment and implementation of uniform standards, consistent with the Manual on Uniform Traffic Control Devices, for traffic control signs and pavement markings near Harford County schools
 - Harford County Public Schools should establish a pilot Walking School Bus program at one (or several) school
 - The County should review the Subdivision Regulations to ensure that adequate regulations requiring that new development and redevelopment support accessibility by walking biking or transit.
- **Commuting Alternatives:** To encourage "Active Transportation", the use of bicycles and public transportation such as transit buses must be a safe and attractive option. There are numerous problems with the current transit stops in the Harford and Maryland transit systems that discourage pedestrians and cyclists from utilizing this option.
 - A study should be done of the current transit system stops to determine the pedestrian accessibility, safety and comfort of the stops. A priority list of improvements should be developed and funding sought.
 - The availability of bike racks on the current transit buses should be publicized.
- **Walking Paths:** Walking is a key component to both incorporating activity in the work/school day and in promoting activity recreation pursuits. While gaps in connectivity are an issue, many paths and trails exist but the public lacks information about these facilities.

- Existing walking paths should be clearly labeled where available for public use. Plaques or signage can encourage their use when going from neighborhoods to a community amenity such as a school or library.
- A website should be developed to provide information about available walking paths, including both trails such as the Ma and Pa Trail which connect parks and facilities, trails within existing parks and smaller community connections.
- Programs which encourage families to utilize local trails through activities such as a “passport” program (record participation at various walking/biking sites) should be promoted in conjunction with walking/running groups or other groups.
- **Recreation:** Harford County has numerous indoor and outdoor recreation facilities at its State and County Parks (See Attachment B).
 - The 2012 Land Preservation Parks and Recreation Plan should incorporate goals regarding community health and the provision of facilities that promote healthy activity by all residents. Facilities for individual and independent use should be incorporated into future parks in addition to the team sports fields.
 - Public information efforts to promote the availability of recreation facilities at County parks and public schools should be improved. Many citizens are unaware of the fact that outdoor school facilities such as tracks and playgrounds can be used by the public when not needed for school activities.
 - Public outreach should advertise family activity programs at schools and recreation through a variety of outlets, including social media, websites, grocery stores and libraries.
- **Community Support:** Public education and engagement is essential to change public perceptions regarding an active lifestyle and its importance to health.
 - An alliance should be developed to draw support from a broad range of stakeholders (i.e. walking groups, running stores, senior centers) to gain support for the Built Environment Subcommittee’s recommendations.
 - Community buy-in can be achieved through public outreach at existing meetings such as community councils or PTAs, as well as with the use of social media.

Community Engagement

Members:

- Kathy Kraft, Upper Chesapeake Health (Chair)
- Rob Bailey, Harford County Parks and Recreation
- Gregory Beatty, Vetcentric, Inc.
- Carole Boniface, Harford County Government
- Kathy Burley, Harford Community College
- Rebecca Hartwig, MD, Pediatrician
- Mary Hastler, Harford County Public Libraries
- Bari Klein, Upper Chesapeake Health/Harford County Health Department
- Jayne Klein, RD, Klein's ShopRite
- Whitney Lang, Y of Central Maryland
- Kelly Lepley, Y of Central Maryland
- Vanessa Milio, Harford County Chamber of Commerce
- Donarae Moulodale, Harford County Chamber of Commerce
- Mary Nasuta, Harford County Public Schools
- Katy Richardson, MD, Physician
- Gale Sauer, Aberdeen Proving Ground
- Robin Stokes-Smith, Upper Chesapeake Health
- Robert Tomback, PhD, Superintendent, Harford County Public Schools
- Martha Valentine, Business Wellness Consultant

Purpose:

The purpose of the Community Engagement Subcommittee is twofold: (1) to broadly educate the community with respect to healthy lifestyle choices related to good nutrition and physical activity; and (2) to engage influencers in the community to support, enable, and empower adults, youth, and children to make healthier and better choices with respect to nutritional habits and physical activity levels.

The work of this subcommittee supports the work of the Built Environment and Access to Healthy Foods Subcommittees through the following:

- educating Harford County citizens with respect to the positive health outcomes associated with good nutritional choices and increased physical activity levels;
- enhancing awareness about the opportunities available in Harford County to support those healthy lifestyle choices; and
- partnering with key influencers (Businesses, Child Care Centers, Schools, Health Providers) to increase the sphere of influence and potential impact in Harford County with respect to healthy lifestyle choices associated with good nutrition and increased physical activity levels (See Attachment C).

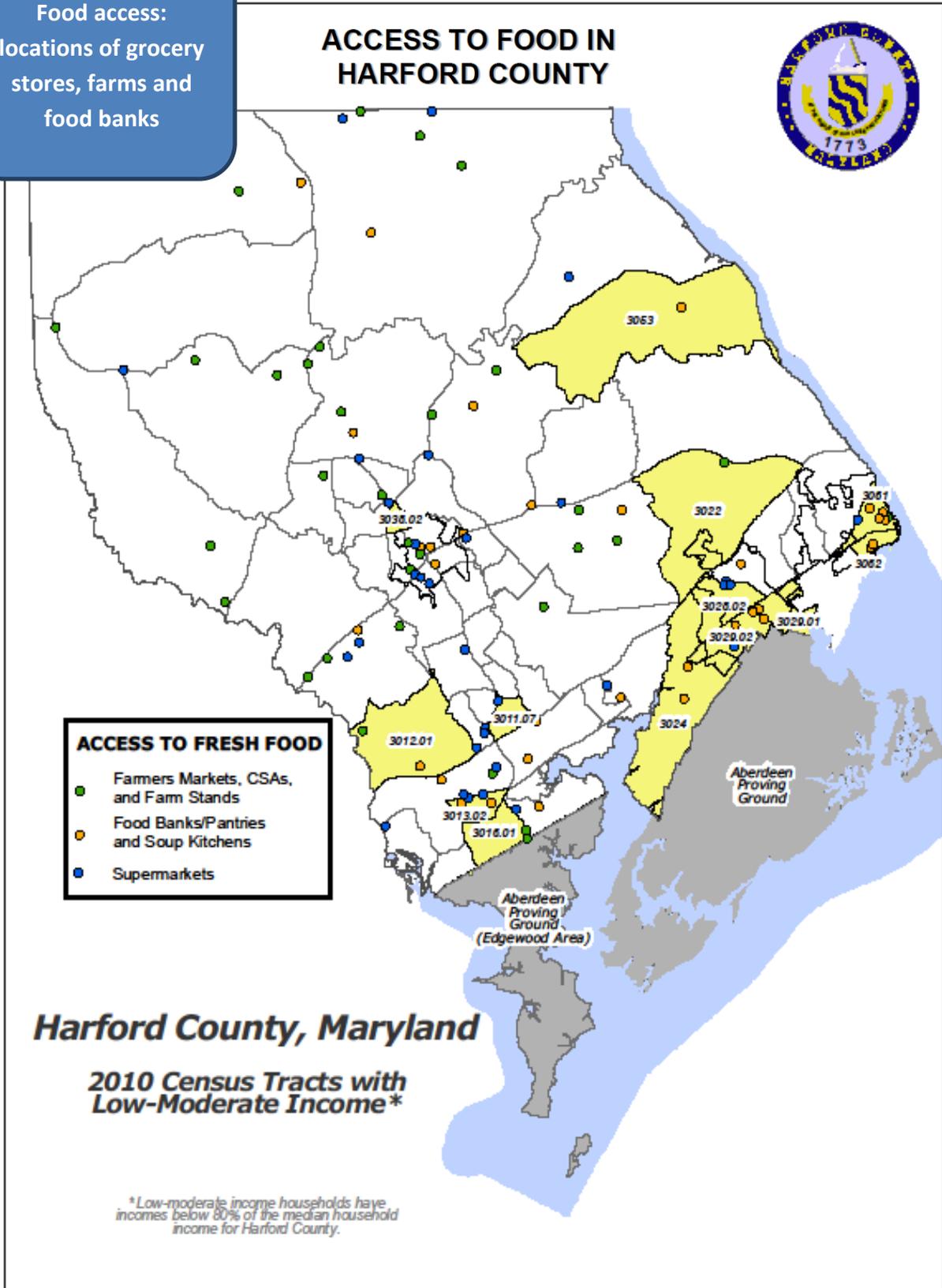
At the present time, the Community Engagement Subcommittee is focusing their efforts around four key recommendations that support their stated purpose. While these recommendations are considered to be in their initial developmental phase, the following is a summary of the recommendations to date for purposes of this interim report.

Status Report of Recommendations to Date:

- Develop and implement a comprehensive Community Campaign promoting awareness and education about the importance of Harford County “getting healthy.”
 - A positive, active, easy to recognize message/symbol (i.e. “Get Healthy Harford”)
 - Branding for work of the 3 subcommittees associated with the Obesity Task Force
 - A key target is parents
 - Emphasize the long-term benefits (health) associated with a healthier lifestyle
 - Keep it positive
 - Use existing in addition to new venues for promotion and education such as:
 - Public Health Matters on Harford Cable Network
 - Existing public and private newsletters/ publications
 - Billboards
 - Local Buses
- Partner with major “influencers” that have the potential to impact large segments of the population in all areas of Harford County: Schools, Businesses, Child Care Centers, Health Providers.
 - Provide information related to strategies based on evidence based best practices
 - Identify strategic partnerships that link influencers with nutrition/physical activity opportunities. Examples include:
 - Joint Use Agreements with schools to enable public access to recreational facilities
 - CSA partnerships with businesses to enable enhanced access to healthy foods
 - Provide avenues to share information and strategies
 - Provide a support mechanism to insure long-term follow through
 - Ensure all areas of Harford County are included
 - Provide guidelines while ensuring opportunities for flexibility and creativity
- Provide opportunities for major “influencers” to receive formal recognition and a healthy designation (“Get Healthy Harford” symbol) that can be displayed for achieving nutrition and physical activity defined criteria.
 - Provide a gold, silver, and bronze level
 - Formal recognition by key county officials at an annual ceremony
 - Formal recognition in local publications
 - Formal recognition through Department of Economic Development and Tourism
 - Ensure all areas of Harford County are included
 - Provide guidelines while ensuring opportunities for flexibility and creativity
- Implement a structure for long-term sustainability of the Obesity Task Force initiative.
 - Get Healthy Harford Board comprised of key Harford County leaders that will serve as the governing Board for the initiative
 - Get Healthy Harford Coalition comprised of representatives from key agencies and organizations that will oversee the implementation of the Obesity Task Force recommendations and report their activities directly to the Board
 - Hire an Executive Director for the Get Healthy Harford initiative that will lead the Coalition and report directly to the Board

Attachment A
Access to Healthy Foods Subcommittee

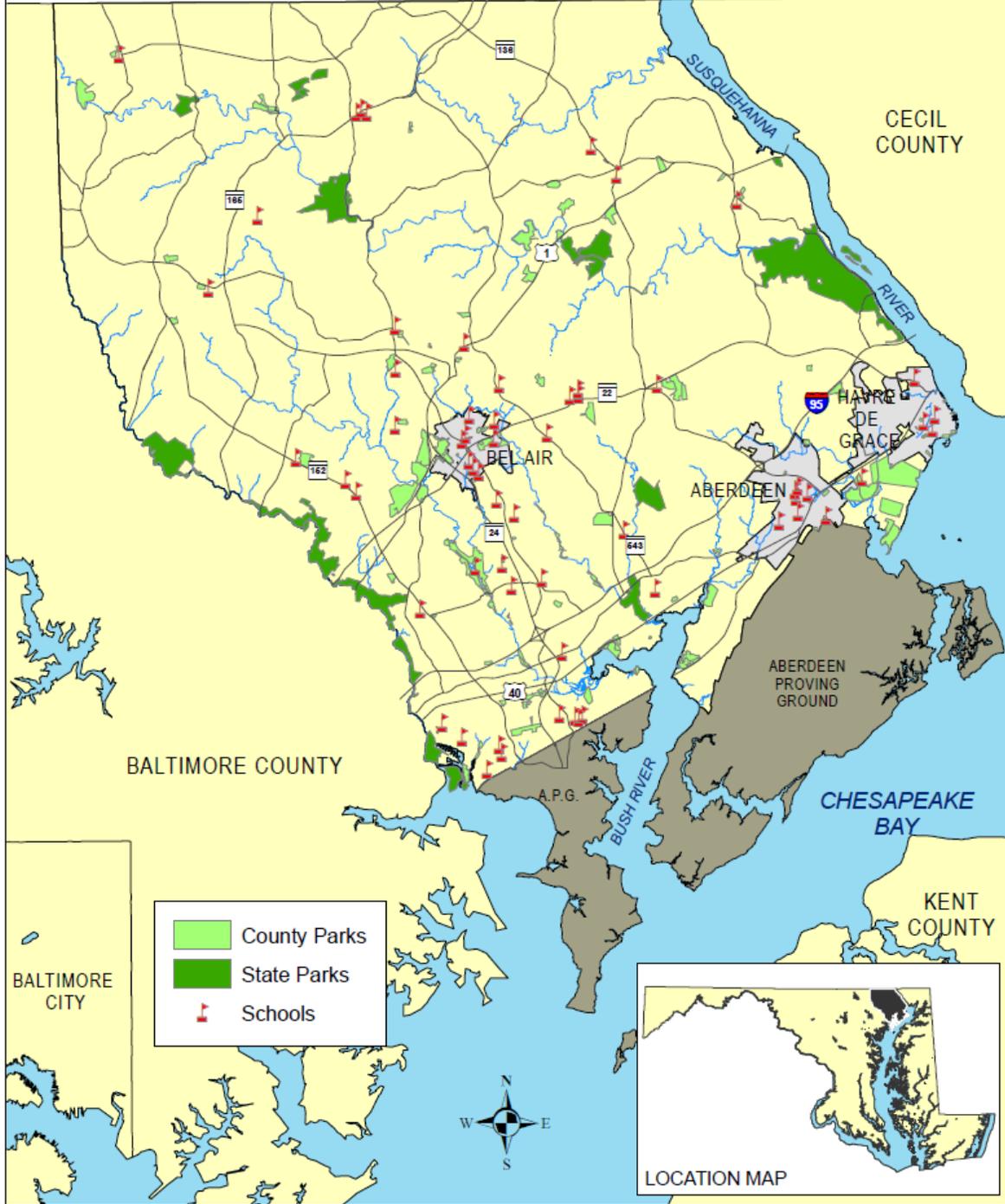
Food access:
locations of grocery
stores, farms and
food banks



Attachment B
Built Environment Subcommittee

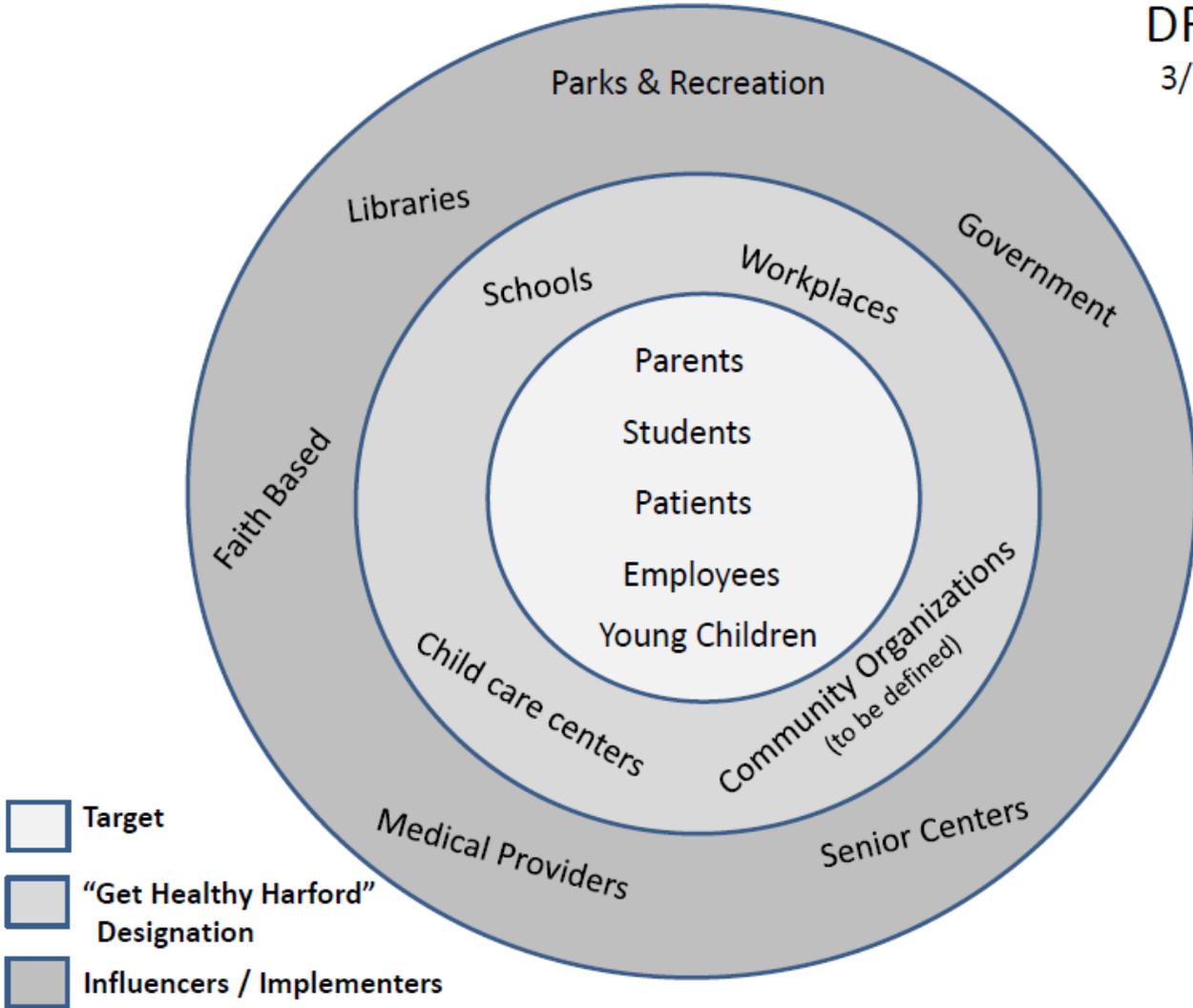
RECREATION OPPORTUNITIES
Harford County, Maryland

P E N N S Y L V A N I A



Attachment C
Community Engagement Subcommittee

DRAFT
3/23/12



Appendix 7

Tobacco Workgroup Members

Vickie Bands (Chair)
Upper Chesapeake Health

Greta Brand
Health Educator, Community Representative

Jean Calcut
Upper Chesapeake Health

Karen Goodison
Upper Chesapeake Health System

Mary Kate Herbig
Harford County Law Department

Bruce Lewis
Total Urgent Care

Mark Lewis
Upper Chesapeake Health System

Karen McElwain
Upper Chesapeake Health System

Linda Pegram
Harford County Health Department

Dottie Ruff
Harford County Health Department

Kathy Shaffer
Parish Nurse, Bel Air United Methodist

Patrick Sypolt
Risk Manager, City of Havre de Grace)

Bill Wiseman
Harford County Health Department

Appendix 8

Behavioral Health Workgroup Members

Sharon Lipford (Chair)
Harford County Department of Community Services

Judge Mimi Cooper
District Court

Terry Farrell
Office on Mental Health

Beth Jones
Harford County Health Department

Robin Keener
Homecoming Project, Inc.

Nick McDonald
Upper Chesapeake Health

Paula Nash
Harford County Health Department

Jerry Reyerson
Department of Social Services

Joe Ryan
Harford County Department of Community Services – Office of Drug Control Policy

Pastor Carol Taylor
FACE-IT

Posie Thompson
Harford County Health Department

Melynda Velez
LASOS – Linking All So Others Succeed

Captain Keith Warner
Harford County Sheriff's Office

Karen Winkowski
Harford County Department of Community Services – Office on Aging