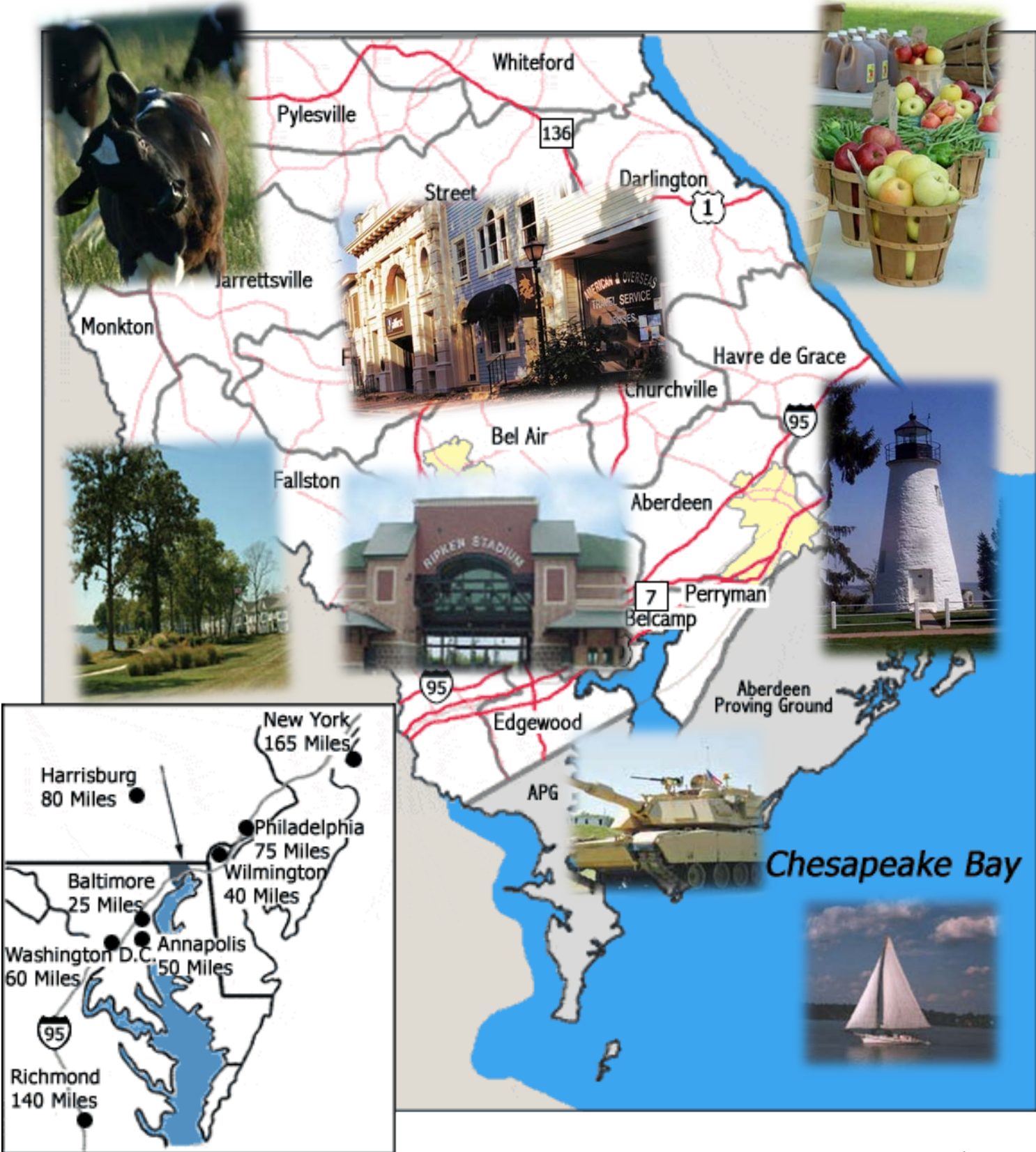


HARFORD COUNTY, MARYLAND COMMUNITY HEALTH IMPROVEMENT PLAN REVISED - DECEMBER 5, 2013



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Community Health Improvement Plan • Revised 2013



The Harford County Health Department was the lead organization in preparing this document, in collaboration with the Harford County Local Health Improvement Coalition.



Public Health
Prevent. Promote. Protect.
Harford County Health Department



VISION AND MISSION OF THE HARFORD COUNTY
LOCAL HEALTH IMPROVEMENT COALITION

Vision

To make Harford County the healthiest county in Maryland

Mission

To protect, promote and improve the health, safety, and environment of the citizens 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. It will be used to set priorities, direct the use of resources, develop and implement projects and programs and aims 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 which compared 39 health objectives among the State and its 24 jurisdictions. When compared to Maryland, Harford County was comparable to or better on 28 of the objectives, but ranked 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, Harford County formed a Local Health Improvement Coalition (LHIC) to guide its planning process. Drawing upon strategies from a variety of resources, including the World Café model, 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. The strategies chosen by the LHIC to address selected measures are outlined in the Harford County Local Health Action Plan (LHAP), Attachment 1.

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: obesity, tobacco and behavioral health. The LHIC met again in October 2012 to discuss workgroup progress and formally release the Community Health Improvement Plan for comment to the Coalition members as well as the community. A second annual meeting was held in October 2013, where the LHIC once again reviewed progress to date on selected health measures and set the stage for future work. This report serves as the 2013 annual report of the LHIC and outlines local action taken, future planning and corresponding grant funding and program support related to each of the County's health priority areas.

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Focusing on Priorities: Obesity

Based on 2008-2010 data from the Behavioral Risk Factor Surveillance System (BRFSS), the percent of adults who are at a healthy weight in Harford County is slightly better than the state average. Additionally, according to Maryland Youth Tobacco Survey (MYTS) data from 2010, the percent of youth who are obese is also slightly better than the state average as well. Little change was seen in youth obesity rates between 2008 and 2010.

Obesity Baseline and Target for 2014

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target	County Update	Maryland Update
Percentage of adults who are at a healthy weight (not overweight or obese) BRFSS, 2008-2010	36.6%	34%	38.3%	35.7%	*	*
Percentage of youth (ages 12-19) who are obese (MYTS, 2008)	9.7%	11.9%	9.1%	11.3%	9.8% (MYTS 2010)	11.6% (MYTS 2010)

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/>).

*At the time of this report, updated BRFSS data was not yet available

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. The Task Force was directed by the County Council to make recommendations on programs and policies that support a healthier Harford County.

The resolution specified what organizations were to be represented on the 15-member Task Force 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.

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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;
- Create a “Community of Wellness” through community engagement; and
- Increase physical activity and healthy eating in schools and early child care centers.

An interim report to County Council was presented May 1, 2012. The final Obesity Task Force Report, which included final recommendations, was presented to County Council on October 2, 2012. The interim report and the full version of the final Obesity Task Force Report can be accessed at: www.harfordcountyhealth.com.

Following the presentation of the Obesity Task Force’s recommendations, the subcommittees merged into one obesity-focused Local Health Improvement Coalition Workgroup, focused primarily on engaging the community. The workgroup is chaired by Kathy Kraft, Director of Community Health/Leadership and Learning at Upper Chesapeake Health. The following is a list of activities that have been accomplished between December 2012 and December 2013 by the Obesity Local Health Improvement Coalition Workgroup:

Local Action:

- Harford County Office on Aging developed a “produce in a box” program in order to bring fresh fruits and vegetables directly to seniors in the summer.
- The “Get Healthy Harford Program” was piloted in the summer of 2013. Harford County Public Library offered a web-based opportunity to pledge to participate in the program designed to help individuals and families make healthier choices.
- Healthy Harford Day was held September 28, 2013 in conjunction with the Bel Air Farmer’s Market. Over 1,000 community members were in attendance.
- A Healthy Harford marketing plan was completed and presented by the local advertising firm A. Bright Idea.
- The Bike and Pedestrian Master Plan & Parks and Recreation Land Use Plan were both passed by County Council.
- Bike to Work Day was held May 17, 2013 and promoted by the coalition.
- A Street Smart Campaign was launched in the fall of 2013 complete with local ads and street teams deployed in high crash areas.

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Future planning:

- Recruit restaurants to participate in the Healthy Restaurant Designation Program
- The Healthy Physicians program will sponsor trainings for local physicians to help them discuss obesity with youth and parents.
- Community Garden's will remain a focus for the group and support offered to help Parks & Recreation and the University of Maryland Master Gardner's expand local garden efforts.
- Establish a Healthy Work Place Designation program.

Grant funding and program support:

In addition to the work of the coalition, the County's Local Health Action Plan includes plans to increase physical activity and healthy eating in schools and early child care centers. Through the Community Transformation Grant (CTG), a federally funded program, innovative public health/school system collaborations were carried out by the Health Department at three Harford County elementary schools (Edgewood, Havre de Grace and William Paca/Old Post) during the 2012-2013 school year.

Work was also accomplished at the high school level among public health students at Edgewood, Fallston, and North Harford High Schools. These classes teamed up with the elementary schools to support their school wellness activities. Additionally, the public health students were given an opportunity to create a public health awareness project to creatively inform, educate and engage the community about the importance of healthy lifestyles. This project resulted in a number of student project submissions, with the top two awarded projects being highlighted at a Board of Education Meeting in July, 2013.

Lastly, a partnership was established with Child Care Links, the local Child Care Resource Center for Harford and Cecil Counties. The Health Department provided funding to support the creation and implementation of training focused on helping child care centers incorporate physical activity and healthy eating into daily programming.



Focusing on Priorities: Tobacco Use

According to BRFSS data from 2008-2010, the percent of adults that currently smoke in Harford County (20.3%) is worse than the state average (15.2%). Also, based on 2010 MYTS data, the percent of youth that have used tobacco within the past 30 days (26.8%) is also slightly worse than the state average (24.8%). Of particular concern is that while Maryland adult smoking rates have decreased over time, Harford County rates have been on the rise. At the time of this report, more recent BRFSS data was not yet available.

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 four 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 and create policy level change;
- Facilitate the creation of smoke-free multi-unit housing; and
- Raise awareness of surrounding youth cigar use.

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. This workgroup builds off of an existing coalition spearheaded by the Health Department, the Cigarette Restitution Fund (CRF) Tobacco Coalition. These two groups are kept aware of one another's work as to avoid duplication, while the CRF Tobacco Coalition focuses on programmatic work of the Health Department, the LHIC Tobacco Coalition is focused on population level and policy change.

The following is a list of activities that have been accomplished between December 2012 and December 2013 by the Tobacco Local Health Improvement Coalition Workgroup:

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Local Action:

- Recruited County Councilman Richard Slutzky as a member of the Coalition.
- Hosted a Regional Tobacco Meeting on January 10, 2013 in which representatives from the State of Maryland's MD Quit Program and University of Maryland Legal Resource Center presented information on marketing, policy, and strategic efforts to implement and sustain tobacco-free living.
- Launched an anti-tobacco media campaign in the spring of 2013 that featured ads on billboards, transit buses, movie theater ads and posters. In the fall, banner ads were added on local news websites. Many of the ads highlighted the dangers of second hand smoke.
- Presented at a Continuum of Care (COC) meeting on March 19, 2013 on smoke-free multi-unit housing and the availability of cessation resources. The COC is made up of local nonprofit organizations that offer low cost housing and/or case management.
- Conducted outreach at two low-income housing properties, Havre de Grace Housing Authority and Harford Family House (a transitional homeless shelter), to encourage smoke-free policies and incorporation of tobacco cessation classes.
- Worked with the Legal Resource Center and representatives of County Council to discuss potential to make the sale of tobacco to minors a civil, rather than criminal offense.
- Supported efforts to advertise the national Great American Smokeout in November, 2013

Future Planning:

- Continue to pursue changes in the local law to make selling tobacco to minors a civil offense.
- Increase efforts to encourage housing complexes, local municipalities and workplaces to adopt tobacco-free policies.

Grant funding and program support:

In addition to the work of the coalition, the County's Local Health Action Plan encompasses activities that promote a tobacco free lifestyle in the community, such as by having a presence at community events and promoting smoking cessation programs. Both the Harford County Health Department and Upper Chesapeake Hospital regularly attend community-based events to offer education and resources. The Health Department also offers free smoking cessation classes. Education programs also highlight the dangers of cigar use, as it has been found that youth are using cigars regularly as a less expensive, more flavorful alternative to cigarettes.

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Focusing on Priorities: Behavioral Health

According to 2008-2010 data from the Vital Statistics Administration (VSA), the suicide rate for Harford County (12.4) is worse than the State rate (8.7) per 100,000 population. Even more concerning is that the County rate is on the rise, while the State saw a reduction from 2007-2009. The drug-induced death rate (per 100,000 population) is also worse in the County (15.7) than the State (12.6). This indicator experienced an overall increase at both the state and local levels since 2007-2009.

Based on 2011 data from the Health Services Cost Review Commission (HSCRC), the rate of emergency department visits related to behavioral health conditions (per 100,000 population) in Harford County (6,469) are also worse than the State (5,522). Harford County did experience a slight decrease in the County rate since 2010 (6,577), while the State's rate increased.

Baseline and Target for 2014

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target	County Update	Maryland Update
Rate of suicides per 100,000 population (VSA 2007-2009)	11.7	9.6	11.2	9.1%	12.4 (VSA 2008-2010)	8.7 (VSA 2008-2010)
Rate of drug- induced deaths per 100,000 population (VSA 2007-2009)	14.9	13.4	13.9	12.4%	15.7 (VSA 2008-2010)	12.6 (VSA 2008-2010)
Number of emergency department visits related to behavioral health conditions (HSCRC 2010)	6,577	5,293	6,312	5,028	6,469 (HSCRC 2011)	5,522 (HSCRC 2011)

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:

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- 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. The following is a list of activities that have been accomplished between December 2012 and December 2013 by the Behavioral Health Local Health Improvement Coalition Workgroup:

Local Action:

- Created a referral process to streamline efforts to link individuals presenting in emergency departments with substance abuse issues to the Health Department's Division of Addiction Services.
- Formed a subcommittee to investigate opportunities to encourage primary care doctors to utilize depression screenings. Linked with Upper Chesapeake Hospital staff who regularly communicate with physicians.
- Established a regular presence of the Health Department's Division of Addictions Services peer recovery specialists at the local mental health drop-in center for adults.
- Developed opportunities for Addictions Services to offer substance abuse treatment directly to youth at the Alternative Education high school.
- Encouraged creation of a text-message pilot program at Teen Diversion, the Health Department's psychiatric day program, providing counseling appointment reminders to reduce no-show rates.
- Participated in the creation of a *Consolidated Resource Guide*, a directory of local behavioral health providers.
- Lead county-level planning efforts to develop an Opioid Prevention Plan.
- Sponsored the "Embracing Change: Behavioral Health Integration Conference" on June 11, 2013, where over 150 addictions and mental health providers were brought together to learn about integration happening at the state level.
- Hosted a viewing of the recovery-oriented film "Anonymous People" on September 18, 2013 featuring a panel of the film's actors and director.
- Advertised Harford County Prescription Drug Take Back events that occurred on a quarterly basis.
- Supported the Office of Drug Control Policy (ODCP) in their outreach to local pharmacists and physicians on prescription medication addiction, as well as ODCP's work in local

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middle and high schools to raise youth awareness around the dangers of popular drugs.

- Participated in community-based events, such as the Recovery Festival in Aberdeen Festival Park and the Mental Health Town Hall Event focused on resiliency and recovery.

Future Planning:

- Support the establishment of a permanent prescription medication drop-off site to be completed in January, 2014.
- Engage in multi-disciplinary information sharing and cross-training of addiction and mental health services creating a no-wrong door approach through Provider Education (e.g. CARF certification).
- Use Primary Care/Urgent Care Physicians as a first line of intervention - depression/suicide screening.
- Establish an Overdose Review Team.
- Conduct targeted outreach for mothers whose children are born addicted to prescription drugs.
- Expand training for law enforcement - Emergency Petition/Emergency Dept. Diversion
- Promote community education efforts such as the Drug Enforcement Administration's Target America and Mental Health First Aid .
- Continue to engage in activities that focus on recovery and support through peers, families and faith-based communities.

Grant funding and program support:

Access to care, especially in the area of behavioral health, has been a topic of increasing interest in recent months. In response, the Behavioral Health Workgroup has focused more on reducing barriers to access to care, including behavioral health training and outreach to primary care providers and efforts to cross-train mental health and substance abuse treatment providers.

Factors that have contributed to this level of interest include: (1) the advent of federal health care reform, with Maryland's health insurance exchange opening in October, 2013, (2) a growing realization that County residents in need of mental health and substance abuse treatment services are facing long wait times (e.g., 1-2 months) for appointments and (3) the Health Department's recent receipt of two grant awards aimed at increasing access to care. A Community Health Resources Commission grant was received to hire care coordinators that will link to clients in need of safety net services, including those in the hospital. A Connector Entity Grant was awarded by Seedco which will allow the department to hire Assistants that will familiarize community members with the insurance exchange, help them enroll in public insurance programs or link them with Navigators to become enrolled in a private program.

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Summary of Year One Update:

Since the release of Harford County's Community Health Improvement Plan in December 2012, good progress has been made with workplan actions and performance measures over the course of 2013, as documented by the Local Health Action Plan Update in Attachment 1. Progress made on the health indicators being monitored has been mixed, especially in the areas of obesity prevention and tobacco use prevention, as it will take several years to reverse long-standing trends. However, the lack of progress in the behavioral health indicators (e.g., worsening suicide rates in the County) was viewed as especially concerning. There was consensus among Coalition members that access to care should be further explored and strategies developed for both behavioral and somatic health care. Leading strategies include assisting uninsured and underinsured clients with insurance eligibility determination and enrollment, in light of health reform insurance mandates taking effect in 2014, and expanding provider capacity in the County with the establishment of a federally qualified health center new access point site. These discussions are summarized in Attachment 2 which contains the meeting minutes from the Fall 2013 Local Health Improvement Coalition meeting. Subsequently, an evaluation report on progress in implementing the Community Health Improvement Plan was prepared and these conclusions serve as the basis for the development of this revised Community Health Improvement Plan, released in December 2013.

Attachment 1

Harford County Local Health Action Plan (LHAP)

Last updated December, 2013

Priority #1: Obesity

Baseline and Goal for 2014:

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target		Harford County Update	Maryland Update
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%		9.8% (MYTS 2010)	11.6% (MYTS 2010)

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	Status

Actions	Responsible parties	Timeline	Measures	Status
1. 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	Department of Community Services completed assessment, April, 2012
2. Create a map highlighting access to food in Harford County to determine underserved areas.	AHF and Harford County Government, Department of Community Services (DCS)	December 2012	Completed map highlighting: # of supermarkets, # of food pantries, # soup kitchens # of farmers markets/coops	Completed April, 2012 as part of the food desert study.
3. 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	Department of Community Services conducted a community café, July 18, 2012
4. 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.	Harford County Office on Aging offers a \$10 produce to go box for seniors at the Activity Centers.
5. Review local bus routes and	AHF and DCS	December 2013	Percentage of people	Completed April, 2012 as part of the

Actions	Responsible parties	Timeline	Measures	Status
ensure linkages between low income residential areas and supermarkets.			in low income areas that have public transportation access to supermarkets.	food desert study.
6. 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.	Healthy Howard information gathering meeting held June, 2012. Active Healthy Restaurant Designation workgroup, guidelines established, partnership with HCC established for manager food handling class, initial contacts with select restaurants. Meeting to partner with Economic Development scheduled. Restaurant Designation Program launched at Healthy Harford Day, September 28, 2013.
7. Promote Healthy Harford website - www.healthyharford.org	AHF, CE, Healthy Harford	December 2014	Number of website hits	Healthy Harford marketing plan completed June 2013. Current ongoing promotional efforts in effect.
8. 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	School wellness programs piloted at 3 elementary schools in 2012-2013 school year.
9. Look into opportunities to offer additional fresh fruit &	AHF, School Wellness	December 2014	Number of schools participating, number	Accomplished during the 2012-2013 school year through the cafeteria lead at

Actions	Responsible parties	Timeline	Measures	Status
vegetable tastings at more elementary schools in Harford County.	Workgroup (SWW)		of children reached	Edgewood Elementary through Taste Test Tuesdays. University of Maryland Extension visits William Paca/Old Post once per month and does tastings through their ReFresh program.
10. 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	Eating Out Guides have been distributed to church groups, and Healthy Harford is presently engaged in helping some churches establish community gardens. Presentation given by Jane Howe at September Community Engagement meeting highlighting community garden opportunities.

Strategy B. Enhance the built environment to support active living

Actions	Responsible Parties	Timeline	Measure	Status
1. 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	Member appointed to board January, 2012

Actions	Responsible Parties	Timeline	Measure	Status
2. 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	Open comment period held in winter, 2013. Presented to County Council and approved spring, 2013.
3. Launch a web-based interactive map that overlays bike routes with bus routes to encourage multi-modal transportation.	Built Environment Subcommittee (BE), Harford Transit, Planning and Zoning, Healthy Harford	December 2013	Number of people utilizing service to meet their transportation needs.	Was concluded at state level that most cyclists still use paper maps. Such a map is put out by the state. Harford County will purchase 8 additional large buses in 2013. All will have front bike racks. Largest increase in ridership is students and seniors.
4. 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 Sustainability Office, Sheriff’s Office, Public Libraries, Parks and Rec., Healthy Harford (HH), Harford Transit	December 2014	Number of people utilizing multi-modal means of transportation.	Health Department purchased 36 bike racks which were installed at government buildings, Parks and Recreation sites and schools in the fall, 2012. Sheriff’s Office held a bike rodeo and Health Department sponsored a helmet giveaway at Healthy Harford Day on October 13, 2012. Helmet giveaways were also included in Family Wellness Nights at three pilot schools.

Actions	Responsible Parties	Timeline	Measure	Status
				<p>Healthy Harford is presently working with LASOS to arrange a helmet fitting and giveaway for their population, especially adults that commute to work via bike.</p> <p>Health Department participated in Bike to Work Day May 17, 2013</p> <p>Helmets fitted and given away at Healthy Harford Day on September 28, 2013.</p>
<p>5. Explore possibility of a community education “Street Smart Campaign” to encourage drivers to share the road with bicyclists.</p>	<p>PZD, BE, Bike/Ped Advisory Board, Health Department, Dept. of Public Works (DPW), Sheriff’s Office.</p>	<p>December 2014</p>	<p>Number of pieces of information disseminated</p>	<p>Street Smart campaign was funded through Community Transformation Grant. Media campaign held in the fall of 2013 complete with street teams deployed in high crash areas in Forest Hill, Edgewood and downtown Bel Air in August and September, 2013. Street Smart representatives attended Healthy Harford Day 2013.</p>
<p>6. Develop Healthy Workplace Designation program guidance such as: commuter program, bike to work program, showers, use of stairs, participation in County’s Bike Mentor</p>	<p>BE, Community Engagement Subcommittee (CE), Tobacco Workgroup (TW), HH, PZD, Sustainability Office, DCS</p>	<p>December 2014</p>	<p>Healthy Workplace Designation program strategies</p>	<p>Healthy Work Place Designation program has been slated for 2014.</p>

Actions	Responsible Parties	Timeline	Measure	Status
Program, Bike to Work Day and Ride Share Program				
7. 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	Encouragement and plans for such changes have been included in current government documents such as the OTF to County Council, the Bike and Pedestrian Master Plan, and the Parks and Rec. Land Use plan.
8. 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	School wellness pilot programs encourage staff/student walking programs through purchase of pedometers by the Community Transformation Grant. Havre de Grace Elementary using a web-based program to log steps and “walk across the country.” Encouragement for paths is also included in the above mentioned government documents.
9. Incorporate goals for recreation facilities to serve citizens of all ages and physical abilities in to the 2012 Land Preservation, Parks and Recreation Plan. This plan should	BE, Parks and Recreation, County Government	December 2014	2012 Land Preservation Parks and Recreation Plan	Plan finalized and published at harfordcountymd.gov in 2013.

Actions	Responsible Parties	Timeline	Measure	Status
promote physical activity for individuals and families as well as team sports.				
10. 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, Sustainability Office, Sheriff’s Office, SWW, CE, school staff	December 2014	Active Transport guidance	Sustainability Office worked with 3 HCPS pilot schools in 2012-2013 (Red Pump Elementary, Southampton Middle and Joppatowne High) to encourage walking and biking to school. Red Pump participating in National Bike to School, May 8, 2013.

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

Actions	Responsible Parties	Timeline	Measure	Status
1. 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	Healthy Harford marketing plan developed spring, 2013.

Actions	Responsible Parties	Timeline	Measure	Status
2. 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	Support and encouragement for community input through social media, e-mail blast and the Healthy Harford website.
3. 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, Harford County Public Library	December 2014	Number of organizations designated. Number of strategies implemented.	Eight-week Get Healthy Harford Program launched in the summer of 2013. Harford County Public Library offered a web-based opportunity to pledge to participate in the program designed to help individuals and families make healthier choices. T-shirts and decals were given out at libraries and HC Government activity centers to participants. Program culminated at Healthy Harford Day in September. Restaurant Designation Program also underway.
4. 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	CE, HCHD Health Educator, Media Specialist, Healthy Harford, Upper Chesapeake Health	December 2014	Number of participating physician practices Number of patients receiving obesity consultations	Sub-group of CE actively meeting to develop Dining with Doc meeting to engage and educate pediatricians regarding talking to their patients about obesity.

Actions	Responsible Parties	Timeline	Measure	Status
children's weight.				
5. 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 healthy eating and physical activity in their districts.	CE chair, County Council, City Councils	December 2014	Summary of e-mails, reports to County Council	Members of the CEW and the OTF Co-Chair meet with County Council OTF Co-Chair to discuss progress.
6. 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	Members of the CEW and the OTF Co-Chair meet with County Council OTF Co-Chair to draft sustainability plan.
7. 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	Health Department staff attended the Million Hearts Campaign Symposium in February, 2013. One focus was on the Healthiest MD Business effort.
8. 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	

Actions	Responsible Parties	Timeline	Measure	Status
			worksites	

Strategy D. Increase physical activity and healthy eating in schools

Actions	Responsible Parties	Timeline	Measure	Status
1. 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	School Wellness Workgroup made up of Health Department staff as well as HCPS administrative and school representatives participating in the Community Transformation Grant
2. 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 Policy Committee who is responsible for implementation of the School Wellness Policy.	SWW chair, HCPS Wellness Policy Committee	March 2013	Number of school wellness council meetings	Participating members of the SWW are up to date with the policy. The policy and its amendments are posted on the HH website.
3. Three elementary schools will receive targeted school wellness enhancements: William Paca, Edgewood, and Havre de Grace. SWW chair will meet with principals	CTG Coordinator (CTGC), SWW, Healthy Harford, HCPS Coordinator of Physical Activity, HCPS Nurse Coordinator, and	September 2012	Number of school partnerships with Number of students enrolled in	School wellness implementation conducted 2012-2013 school year. Meetings were held regularly with leadership of the 3 schools.

Actions	Responsible Parties	Timeline	Measure	Status
to discuss proposed enhancements and work toward plan for wellness enactments	school principals		participating schools	
4. 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	The Supervisor of Elementary and Middle School Physical Education and Health has introduced curriculum changes that encourage movement at least every two hours as per NASPE guidance.
5. As per evidenced based Shape Up Somerville (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	This initiative was introduced at select schools in spring of 2012, but met with some resistance. It was reintroduced in some elementary schools in 2013. Final feedback has not been received.
6. 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	Recess carts purchased or updated for 3 pilot schools in spring, 2012.
7. Provide training sessions to provide hands on training in encouraging	CTGC, SWW, Healthy Harford, HCPS Nurse, and	June 2013	Recess changes implemented, training	Introduced into teacher development for 2012-2013 school

Actions	Responsible Parties	Timeline	Measure	Status
active play. These teachers will then function as Recess Coaches to encourage physical activity on the playground.	school principals		notes	year.
8. 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	The guidance for Healthy Schools Designation includes 150 minutes of PE class, which is not available to schools in HC due to space/scheduling constraints.
9. 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	Student, staff and family wellness initiatives offered over the course of school year 2012-2013 included resources provided through the Health Department's Community Transformation Grant at back to school nights, conference days and winter school wellness nights which featured free Zumba classes, Y Fit 'N Fun activities, University of Maryland cooking demonstration, HCPS Food and Nutrition activities, helmet fittings and giveaways and a number of resource tables for families to explore together.
10. Explore opportunities to promote a comprehensive unified message	CTGC, SWW, Healthy Harford, HCPS Nurse	December	Unified Media Plan	Healthy Harford marketing plan

Actions	Responsible Parties	Timeline	Measure	Status
regarding healthy eating and active living at targeted schools (ACTIVATE video, social media, healthy living commercial contest, etc).	Coordinator, and school staff, CE	2014		completed spring, 2013
11. 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	Staff provided school wellness feedback through pre-survey and offered free health screenings by HealthLink August/September, 2012. Cultural changes at many schools have already taken effect. HCPS now offers health screenings to all of their employees.
12. Analyze data from selected schools to monitor school wellness progress	CTGC, SWW, HCPS data services, Superintendent	December 2014	Wellness data, school wellness survey data	Staff, family and student surveys conducted in concert with the school wellness initiatives; county-wide Fitness Gram data also reviewed.
13. Ensure school district offers comprehensive physical activity practices (in accordance with CDC and other national standards)	CTGC, SWW	December 2014	Number of physical activity practices include in local school wellness policy	
14. 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	Status
1. 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	Child Care Links Resource Center will provide a training to child care providers in April, 2013 which incorporates both physical activity and healthy eating. Attending providers will receive curriculum materials.
2. 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	This resource was shared with Child Care Links Resource Center Fall, 2012.
3. 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	Completion of the Let's Move Checklist quiz will be incorporated into the physical activity and nutrition training that will be offered by Child Care Links. Training offered in April, 2013, June 2013 and will be offered a number of times in the fall of 2013/spring 2014.

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	Status
1. 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	TW, Healthy Harford, HCHD Tobacco Health Educator, municipal employees, Upper Chesapeake Health	December 2014	Number of community events	Harford County Health Department Tobacco Cessation Program Specialist and School and Community Tobacco Education Specialist are involved in a number of events.

Actions	Responsible Parties	Timeline	Measure	Status
community.				<p>Examples: Provided CDC’s Tobacco Free Sports Playbook to all 22 Rec Councils, August 2012; Participated in three school family wellness nights winter 2013.</p> <p>Published a media packet distributed to local organizations with ways to promote the Great American Smokeout in November, 2013</p>
2. 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	<p>HCHD Tobacco specialists share information about smoking cessation at outreach events.</p> <p>Information shared with members of the Continuum of Care on March 19, 2013 as part of a Harford Roundtable meeting.</p>
3. 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	<p>Campaign conducted through use of billboards, transit ads and movie theater advertisements and posters, spring 2013. Fall, 2013 included addition of web-based ads. CTG funding used to support creation of second hand smoke-specific advertising.</p>

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

Actions	Responsible Parties	Timeline	Measure	Status
1. 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	
2. 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	<p>Representatives of County Council, Havre de Grace, Aberdeen and Bel Air have been engaged in discussions around smoke free areas. Regional Tobacco Meeting held January 10, 2013.</p> <p>Meeting held with Havre de Grace Authority on February 12, 2013.</p> <p>Presentation on “Tobacco and Affordable Housing” given to Continuum of Care members on March 29, 2013.</p>
3. Recruit and train partners to support SFOA	TW, CTGC, Harford County Health Department	December 2014	Number of partners trained to support SFOA	Work has been done to recruit Harford Family House and Havre de Grace Housing Authority to take steps towards smoke-free outdoor areas on their properties.
4. Explore opportunity to make policy	TW, CTGC, Harford County	December	Number of new SFOA	County property, hospital campuses,

Actions	Responsible Parties	Timeline	Measure	Status
changes that will increase the availability of smoke-free outdoor areas (college campuses, parks, etc. that are under state/local authority)	Health Department, Department of Community Services, Municipalities	2014	policies enacted	and community college are all smoke free. Presently in discussions with municipalities listed above. Meeting held with Department of Community Services January 18, 2013.
5. Offer additional smoking cessation classes per semester for participating workplaces.	Harford County Health Department Community Health Education (HCHD-CHE)	December 2014	Number of available cessation classes, number of participants	
6. 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	
7. 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	HCHD does some under its Cigarette Restitution Fund (CRF) grant
8. Reach out to members of County Council, as the Board of Health, to educate them regarding the importance of the policy change; data	TW, HCHD-CHE, Healthy Harford	June 2013	Number of County Council members interested in public	County Council member Richard Slutzky currently sits on the Tobacco Workgroup.

Actions	Responsible Parties	Timeline	Measure	Status
statistics on youth smoking rates, public health implications, success of policy change in other counties, etc.			health initiative.	
9. 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.	Research has been conducted. Tobacco Workgroup hosted Rita Vera of the MD Legal Resource Center in February, 2013 and is interested in this policy change. Meeting was held with Health Department and Hospital representative's and the Legal Resource Center in September, 2013. Information will be shared with Councilman Slutzky to communicate to the rest of County Council.

Strategy C. Smoke-free multi-unit housing

Actions	Responsible Parties	Timeline	Measure	Status
1. 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	Meeting held with Havre de Grace Authority on February 12, 2013. Presentation on "Tobacco and Affordable Housing" given to Continuum of Care (Harford Roundtable) members on March 29, 2013.

Actions	Responsible Parties	Timeline	Measure	Status
2. Recruit and train partners to support SFMUH	TW, CTGC, Harford County Health Department	December 2014	Number of partners trained to support SFMUH	
3. Explore opportunity to make policy changes that will increase the availability of smoke-free affordable/low income multi-unit housing	TW, Community Transformation Grant Coordinator (CTGC), Harford County Health Department, Department of Community Services	December 2014	Number of new SFMUH policies enacted	HCHD staff and Tobacco Workgroup Chair met with representatives of Community Services January 18, 2013. Health Department's representative on the Development Advisory Committee (DAC) has added a component on smoke-free housing to their comments for plans related to new multi-unit housing.

Strategy D. Youth cigar use awareness

Actions	Responsible Parties	Timeline	Measure	Status
1. 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	Health Department School and Community Tobacco Education Specialist educates over 7,000 youth per year about the dangers of tobacco, including cigar use. Upper Chesapeake Health's "Smoking Out the Truth Program" includes information about cigar use.

Actions	Responsible Parties	Timeline	Measure	Status
2. 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	Upper Chesapeake Health's "Smoking Out the Truth Program" includes information about cigar use.

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	Harford County Update	Maryland Update
Rate of suicides per 100,000 population (VSA 2007-2009)	11.7	9.6	11.2	9.1	12.4 (VSA 2008-2010)	8.7 (VSA 2008-2010)
Rate of drug- induced deaths per 100,000 population (VSA 2007-2009)	14.9	13.4	13.9	12.4	15.7 (VSA 2008-2010)	12.6 (VSA 2008-2010)

Reduce the number of emergency department visits related to behavioral health conditions (HSCRC 2010)	6,577	5,293	6,312	5,028		6,469 (HSCRC 2011)	5,522 (HSCRC 2011)
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Strategy A. Develop mechanisms to integrate substance abuse and mental health treatment programs

Actions	Responsible Parties	Timeline	Measure	Status
1. 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.	Coalition with representation from the Harford County School Board, District Court, Sheriff's Office, Social Services, County Government, Faith-based, Upper Chesapeake Health, treatment providers, and mental health leadership established in February, 2012.
2. 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	Focus group held 6/27/12 with Upper Chesapeake Health and Harford Memorial Hospital Emergency Department Staff to explore behavioral health encounters in the emergency department. OMH, local providers and ED staff meet on a quarterly basis. Health Department received FY2014 Community Health Resources Commission grant which will include hiring care coordinators that will link

				to clients in need of safety net services, including those in the hospital.
3. 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	150 addictions and mental health professionals attended the Embracing Change: Behavioral Health Integration Conference on June 11, 2013 at HCC.
4. 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	Meeting held with UCH/Harford Memorial psychiatric staff on March 26, 2013 to discuss potential referral process. Subcommittee formed in fall 2013 to investigate opportunities in primary care offices. Interested in hosting a webinar training on suicide for interested providers in the fall, 2013.
5. 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	Health Department Division of Addictions Peer Specialist to work with individuals at SPIN (Mental Health Drop-in Center for adults) Van purchased to facilitate transportation between SPIN and Division of Addictions to promote substance abuse treatment.

Strategy B. Improve delivery and awareness of behavioral health services

Actions	Responsible Parties	Timeline	Measures	Status
1. 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), Harford County Health Department (HCHD)	December 2012	Decreased appointment no-show rate, increased medication compliance rate	Teen Diversion text message pilot program for appointment and medication reminders implemented in school year 2012-2013.
2. 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	Online survey developed to query parents about youth tobacco, substance abuse and mental health use/treatment. Results compiled July, 2012. Survey results along with warning signs and resource information disseminated among parents, schools and provider agencies fall, 2012.
3. 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	Prescription Drug Task Force established in Fall, 2011. Partnership with the Office of Drug Control Policy (ODCP), Health Department, the District Court of Maryland, and local law enforcement agencies. Bi-monthly task force meetings are currently being held.

				<p>Quarterly drug take-back events have been scheduled throughout the county.</p> <p>Magnets detailing proper storage/disposal procedures for medications were ordered and are being disseminated.</p> <p>Presentations to pharmacists and physicians.</p> <p>ODCP has partnered with health educators at APG to bring similar education to the military base.</p> <p>ODCP's Harford County Symposium – Drug Prevention, Intervention and Treatment – “Just What the Doctor Ordered” 6/26/13</p> <p>National Drug Take Back Day will occur again in November, 2013.</p> <p>Permanent drop-off site to be created at the Bel Air Barracks January, 2014.</p>
4. 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	Harford County Public Schools, local private schools, HCHD Health Education Workers, ODCP	December 2012	Number of presentations, number of students reached	<p>ODCP presentations on refusal skills and substance abuse, including prescription drugs</p> <ul style="list-style-type: none"> -All 9th grade classes -spring -All 8th graders at Bel Air Middle -Meets with health teachers each fall

<p>schools; investigate ways to work with school counselors on detection of early psychosis)</p>				<p>-Presented for the first time at the Center for Educational Opportunity, fall 2012 (only high school without a PTA)</p> <p>Office of Drug Control Policy sponsoring buses for 7th grade students to attend “Target America” an exhibit by the Drug Enforcement Administration coming to the MD Science Center between February and June, 2014. Division of Addictions Services is encouraging youth and parents to attend as well.</p>
<p>5. 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.</p>	<p>HCHD, Office on Mental Health-Core Service Agency, community providers, faith-based community, SPIN Adult Drop-in Center</p>	<p>December 2014</p>	<p>Action Plan and results.</p>	<p>HCHD and County Government (FACE-IT) co-sponsored a Recovery Festival, September 22, 2012 at Aberdeen Festival Park.</p> <p>Mental Health Town Hall Event focused on “Resiliency: Building a Path to Recovery for Children and Adolescents” – 5/2/13. Town Hall in 2014 will focus on senior citizens.</p> <p>Film “Anonymous People” was screened and panel presentation given at HCC on September 26, 2013.</p>

Emerging Priority: Access to Care

Baseline and Goal for 2014:

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
People who cannot afford to see a doctor (BRFSS 2008-2010)	10.5%	12.6%	9.3%	11.4%
Adults with health insurance (U.S. Census, 2011)	91.2%	88.0%	96.8%	93.6%

Note: The 2020 Healthy People Objectives for the percent of people who cannot afford to see a doctor is 4.2% and percent of people who have health insurance is 100% (<http://www.healthypeople.gov/2020/topicsobjectives2020/>)

Strategies:

- A. Assist uninsured and underinsured clients with insurance eligibility determination and enrollment
- B. Assist clients with care coordination services
- C. Support and expand provider capacity

Strategy A. Assist uninsured and underinsured clients with insurance eligibility determination and enrollment

Actions	Responsible Parties	Timeline	Measure	Status
1. Work with Connector Entity in the Upper Eastern Shore (Seedco, Inc) to provide Maryland Health Connection Assister services to uninsured clients.	HCHD, Community Action Agency, Local Department of Social Services, Department of Community Services	October 2014 and on-going	Number of applicants enrolled. Number of community outreach events.	To be done

Actions	Responsible Parties	Timeline	Measure	Status
2. Work with safety net providers to ensure that uninsured and underinsured clients receive help with coverage.	HCHD clinical programs (including Women's Wellness, Addictions, Communicable Diseases, HIV/AIDS, Cancer Prevention), UCH HealthLink, UCH Emergency Departments, Core Service Agency	October 2014 and on-going	Number of applicants enrolled.	To be done

Strategy B. Assist clients with care coordination services

Actions	Responsible Parties	Timeline	Measure	Status
1. Work with Maryland Community Health Resources Commission to develop comprehensive care coordination services that facilitate services and follow up for safety net clients.	HCHD clinical programs, UCH HealthLink, UCH Emergency Departments, Core Service Agency	October 2014 and on-going	Number of clients receiving care coordination services.	To be done

Strategy C. Support and expand provider capacity

Actions	Responsible Parties	Timeline	Measure	Status
1. Provide training and other supports to primary care providers to address	HCHD, Upper Chesapeake Health, Mobile Crisis,	February 2014	Number of providers trained	To be done

Actions	Responsible Parties	Timeline	Measure	Status
referral needs (e.g., suicide prevention training and resources)	Aberdeen Proving Ground			
2. Work to establish an FQHC new access site in the County.	HCHD, Upper Chesapeake Health, West Cecil Health Center	July 2014		To be done

ATTACHMENT 2.

**Local Health Improvement Coalition Meeting
Minutes, 10/8/2013**

**Local Health Improvement Coalition Meeting
Harford Community College – Chesapeake Center
Harford County Health Department
October 8, 2013, 11:30am – 3:00pm**

Minutes

Attendees

See Attached.

Welcome – Susan Kelly, Harford County Health Officer

- Susan welcomed all coalition members to the second meeting of the Local Health Improvement Coalition since the launch of the State Health Improvement Process (SHIP) in 2011. She thanked and applauded the group for all of their hard work over the past two years.

State Health Improvement Process – Karen Silver, Acting Deputy Director, Office of Population Health Improvement, Maryland Department of Health and Mental Hygiene

- Provided updates on the State Health Improvement Process.
- Identified a few changes which have been made to the SHIP framework over the past year due to the expansion of data collection through the Trilogy Network of Care including:
 - The removal and addition of some measures from SHIP after review of county LHIC measures. These will be released in November 2013.
 - Creation of a new SHIP website which will serve as comprehensive tool to use and access data.
 - Each county will have their own SHIP website which they can use to analyze data, run reports, and create tables.
- Gave a brief overview of the State Innovative Model (SIM) which was created after the receipt of a Center for Medicare and Medicaid Services (CMS) grant. The goal is to establish an innovative health-care delivery model.

Maryland's Living Well Project – Sue Vaeth, Chronic Disease Self-Management Program Liaison, Maryland Department of Health and Mental Hygiene

- Provided an overview of Maryland's Living Well Project which aims to provide access for 5,000 seniors, adults with disabilities, and caregivers to a Chronic Disease Self-Management Program developed by Stanford University.
- This currently is not happening in Harford County with the exception of workshops being offered by the Town of Bel Air as well as at Catholic Charities.
- Sue asked how we can make this happen in Harford County. Many LHIC attendees seemed interested in the program.

Institute for a Healthiest Maryland – Dr. Renee Fox, Executive Director, Institute for a Healthiest Maryland

- Dr. Fox gave an overview of the Institute for a Healthiest Maryland (IHM) which was established through a partnership between DHMH and the University of Maryland Baltimore.
 - IHM began in 2011 through funding provided by the Community Transformation Grant (CTG). The overall goal is to assist in the advancement of SHIP objectives.
 - The primary focus of IHM is on the prevention of childhood obesity and food insecurity as well as prevention of tobacco use and the promotion of healthy eating/active living.

Obesity Task Force – Jamie Meier, Esq., Legislative Aide to Councilwoman Lisanti, Office of the Harford County Council

- Jamie gave an overview of the nine final recommendations from the Obesity Task Force final report which was presented in October 2012. Many of the recommendations have already been carried out such as the 2012 Land Preservation Plan and the Harford County Bike and Pedestrian Master Plan.
- Members of the Obesity Task Force continued to work to establish one of the other final recommendations – the Healthy Community Planning Board. Language for the legislation was continually discussed and Bill 13-28 was created which officially created the board and was effective August 2013. The intention of the Board is to bring groups together across the county to discuss health. The Board will be bigger than just the issue of obesity – they will discuss disease prevention, mental health, as well as nutrition.
- They are currently in the process of assembling the board and it should be established by the end of the year. The first report will be due December 2014.

Community Engagement Subcommittee – Kathy Kraft, Chair, Director of Community Health/Leadership and Learning, Upper Chesapeake Health

- Kathy gave an overview of the Community Engagement Subcommittee. She emphasized that the group has gone above and beyond their original intentions.
 - Healthy Harford Day which was held on September 28, 2013 drew nearly 1,000 people to the Bel Air Farmer’s Market. This was a large increase from last year’s Healthy Harford day which drew about 200-300 individuals.
 - The Get Healthy Harford Program culminated at Healthy Harford Day which encouraged families and individuals to engage in a healthy lifestyle through activities such as eating healthier food and getting active.
 - The Healthy Harford Restaurant Designation Program has been launched. They are looking for restaurants that may be interested in having a Healthy Restaurant Designation. In order to be designated, the restaurant would only need to offer one or two healthy entrées.
 - Due to the partnership between the Parks and Recreation Department as well as the University of Maryland Extension Master Gardeners Program, community gardens are starting to be created. Harford County has gone from 0 to 5 in the last 3 years.
 - Additionally, the group is also working to engage healthcare providers through educational session and focus groups.

Behavioral Health Workgroup – Sharon Lipford, Chair, Deputy Director of the Department of Community Services

- Sharon gave an overview of the Behavioral Health Indicators. She emphasized that there is not a singular cause which creates these issues. They are working to de-stigmatize the issues and talk more openly about addictions.
 - Two trainings were created by the workgroup including the Embracing Change conference which discussed behavioral health integration as well as a screening of Anonymous People.
 - Prescription drug take-back days continue. Nearly 9, 516 pounds of prescription drugs were collected. Additionally, a permanent receptacle will be established outside of the state police barracks to make getting rid of prescription drugs easier.
 - The group is continuing to reach out to primary care providers in order to educate them on suicide and depression awareness. They will be trying to start with 2-3 primary care doctors. They will also try to include mental health clinicians with the primary care doctors in a training.
 - They have worked to ensure the Emergency Departments at the hospitals are immediately referring patients who need detox to the Health Department.
 - The Health Department will now be offering treatment services on-site at schools in order to reach those high-risk youth who have difficulty coming to the Health Department for services.
 - The group is continuing to determine how they can apply any state level integration at the local level. Additionally, an Opioid Prevention Plan was created for Harford County.

Tobacco Workgroup – Vickie Bands, Chair, Director of Community Outreach, Upper Chesapeake Health

- Vickie reviewed the three main goals for the Tobacco Workgroup – public awareness campaign, policy change, and smoke-free housing.
 - Vickie shared ads that were created by the workgroup. These were provided to the community through billboards, cinema, The Link (transit), posters, and magnets. She told the group that if anyone wanted posters to place in their workplaces or around the community to let her know.
 - She also discussed the process they are currently going through to change sale of tobacco to minors from a criminal to a civil offense.
 - The other priority the workgroup is focusing on is smoke-free housing. They are currently working with Harford Family House as well as Havre de Grace Housing Authority to pursue their smoke-free options.

Community Health Improvement, Access to Care, and Prevention Services and Health Care Reform – Dr. Russell Moy, Harford County Deputy Health Officer

- Dr. Moy provided an update on Community Health Improvement Data in order to show the LHIC's progress. County data was reviewed for each of our priorities as well as other

SHIP indicators and compared to data from the state. Health disparities data was also reviewed for many of these indicators.

- Data collected from the Harford County Local Health Improvement Process Community Feedback Survey was also shared. The community indicated that Harford County's top 4 health problems were substance abuse, cancer, heart disease, and mental health. Additionally, drug and alcohol abuse were our top 2 risk behaviors. The community also indicated that access to health care was the sixth most important factor for a healthy community.
- Dr. Moy then reviewed access to care data for Harford County with the LHIC. Access to care, especially in the area of behavioral health, has been a topic of increasing interest over the past several months. Factors that have contributed to this level of interest include: (1) the advent of federal health care reform, with Maryland's health insurance exchange opening this month, (2) the Health Department's recent award of two grants for increasing access to care, and (3) a growing realization that County residents in need of mental health and substance abuse treatment services are facing long wait times (e.g., 1-2 months) for appointments. In response, the Behavioral Health Workgroup has focused more on reducing barriers to access to care, including behavioral health training and outreach to primary care providers and efforts to cross-train mental health and substance abuse treatment providers.
 - Dr. Moy's presentation on access to care was organized to address four questions: (1) Who are Harford County residents? (2) Are there enough providers in the County? (3) Do County residents have health care insurance? (4) Do County residents access health care?
 - He first identified the Harford County residents. They are generally wealthier and better educated than the State as a whole; however, there are pockets of high-risk areas in the County.
 - He then shared data on the number of health care providers in the County. He summarized that while Harford County has pockets of primary care and dental health shortage areas, the entire county is considered a mental health professional shortage area.
 - He then addressed if Harford County residents have health insurance. It was determined that Harford County is better insured than most other Maryland counties, but there are still nearly 20,000 uninsured in the County and the safety net is stretched thin.
 - Finally, he provided data to determine if Harford County residents access health care. It was found that Harford County residents do not always access health care services, even though they are better insured than most Marylanders.
 - In order to improve some of these access to care issues, the HCHD received two grants to help promote health and improve performance. These include the LHIC Care Coordination Grant and the Assister Services Grant.
 - Additionally, the Affordable Care Act may help increase access to preventive care services. The benefits of preventive care services that would be available without cost-sharing burdens were reviewed. In addition, Dr. Moy also reviewed the unintended impacts of providing these services, such as the possibility of

higher premium costs and the further stretching of an already stretched safety net system.

- Finally, Dr. Moy reviewed what is on the horizon for health care.
 - He gave a brief overview of the State Innovation Models (SIM) Grant which was submitted by DHMH to CMS. Maryland received a “Model Design” award to assist in developing a “Community-Integrated Medical Home”.

Open Discussion

- During the open discussion, a number of themes were heard:
 - In general, LHIC members believed that our progress with implementing the Community Health Improvement Plan was good, and that we should continue to advance the Plan’s strategies and actions as designed.
 - Access to care was recognized as an increasingly important topic in the County and a brief update on Upper Chesapeake Health’s plans to develop a satellite access site for a neighboring federally qualified health center was given.
 - There was recognition that a stronger focus on the current Plan’s strategies to expand access to behavioral health services for County residents would be beneficial.
- Access to care was recognized by LHIC members as a critical topic to further explore.
 - Barriers to access were reviewed including: lack of public understanding especially in underserved communities about the importance of accessing preventive and primary care; lack of understanding in the provider community about the educational and practice supports available to them; lack of a federally qualified health center provider in the County; lack of understanding about the implications of federal health care reform insurance coverage mandates; lack of assistance for at-risk clients who are trying to navigate the County’s health care delivery system.
 - There was a discussion about identifying and developing strategies including: improving educational outreach to the public (especially underserved, minority and at-risk populations) and to the provider community about assistance available to reduce barriers to care; re-doubling efforts to facilitate the establishment of a federally qualified health center site in the County; and assisting uninsured and underinsured clients in the County with health insurance coverage and comprehensive care coordination efforts.
 - Concrete steps have already been taken to develop some of these strategies, including: reaching out to the public to inform them about federal health care reform insurance coverage opportunities (through the Health Department’s Assister grant and the Community Action Agency’s Patient Navigator grant); reaching out to the primary care provider community to increase awareness about practice supports, such as the Suicide Prevention trainings being planned by the Behavioral Health Workgroup; reaching out to at-risk clients to offer care coordination and follow up services (through the Health Department’s new Care Coordination grant).
- Based on today’s discussion, the Coalition agrees that the Community Health Improvement Plan should continue to focus on its priorities of obesity prevention,

tobacco use prevention, and behavioral health, but should also be updated and revised so that access to care strategies can be further developed over the course of the coming year.

- Dr. Moy then asked the group to provide additional feedback by completing a survey on Harford County's Community Health Improvement Plan to answer the following four questions:
 - Are we making good progress?
 - Are we focusing on the best strategies?
 - Suggestions for strengthening?
 - Suggestions for other partners?
- Following the completion of the survey, Coalition members were thanked and the meeting was adjourned.

LHIC Attendees for the October 8, 2013 Meeting:

First Name	Last Name	Organization
Marcy	Austin	Harford County Health Department
Vickie	Bands	Upper Chesapeake Health
Kevin	Barnaba	Harford County Health Department
Mary Jo	Beach	Harford County Health Department
Greta	Brand	Health Educator, Community Rep.
Alex	Burkett	Department of Community Services
Kathy	Burley	Harford Community College
Mike	Castrignano	Y of Central Maryland
Shawn	Dundon	Mobile Crisis/Sheppard Pratt
Renee	Duzan	Alliance, Inc.
Terry	Farrell	Office on Mental Health
Mona	Figueroa	The Arc of Northern Chesapeake
Renee	Fox	Institute for a Healthiest Maryland
Angel	Gasior	Harford County Health Department
Debbie	Gebhardt	Upper Chesapeake Health
Brittany	George	Key Point Health Services
Suzanne	Green	Y of Central Maryland
Elizabeth	Hendrix	Department of Community Services
Connie	Howell	Maryland Coalition of Families for Children's Mental Health
Greer	Huffman	Institute for a Healthiest Maryland
Susan	Kelly	Harford County Health Department
Bari	Klein	Harford County Health Department/Upper Chesapeake Health
Jayne	Klein	Klein's Shoprite
Kathy	Kraft	Upper Chesapeake Health
Rod	LaPausky	Cancer Coalition
Mark	Lewis	Upper Chesapeake Health
Sharon	Lipford	Department of Community Services
Julie	Mackert	Harford County Health Department
Jennifer	Mayer	Johns Hopkins Healthcare LLC
Jamie	Meier	Office of the Harford County Council
Mallory	McCloskey	Harford County Health Department
Arden	McClune	Parks and Recreation
Laura	McIntosh	Harford County Health Department
Marlana	McKenna	Harford County Government
Nadine	McKenzie	Community Representative
Lisa	Miceli	Maryland Coalition of Families
Russell	Moy	Harford County Health Department
Molly	Mraz	Harford County Health Department

Paula	Nash	Harford County Health Department
Mary	Nasuta	Harford County Public Schools
Laura	Natali	Klein's Shoprite
Kim	Parksborne	Local Management Board
Linda	Pegram	Harford County Health Department
Ginny	Popiolek	Harford County Public Schools
Alex	Rawls	Department of Planning and Zoning
Dottie	Ruff	Harford County Health Department
Joe	Ryan	Office of Drug Control Policy
Joan	Salim	Harford County Health Department
Gale	Sauer	Aberdeen Proving Ground
Karen	Silver	Department of Health and Mental Hygiene
Laura	Stewart	Upper Chesapeake Health
Donna	Suwall	Cancer Coalition
Carol	Taylor	FACE-IT Coalition
Donna	Tenly	MedStar Cranberry Square Bel Air
Kim	Theis	Upper Chesapeake Health
Posie	Thompson	Harford County Health Department
Dana	Uhler	Key Point Health Services
Sue	Vaeth	Department of Health and Mental Hygiene
Martha	Valentine	Cultural Arts Board
Brendan	Welsh	Harford County Health Department
William	Wiseman	Harford County Health Department
Kelli	Zentkovich	Harford County Health Department