

HARFORD COUNTY LOCAL HEALTH ACTION PLAN – Revised 1/2/2014

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
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	Completed April, 2012 as part of the food desert study.

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3. Strategize how community based organizations such as food pantries can operate in underserved areas.	AHF, LHIC members, Department of Community Services	July 2013	markets/coops 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 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.	Completed April, 2012 as part of the 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	AHF, CE, Healthy	December 2014	Number of website	Healthy Harford marketing plan

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website - www.healthyharford.org	Harford		hits	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 & vegetable tastings at more elementary schools in Harford County.	AHF, School Wellness Workgroup (SWW)	December 2014	Number of schools participating, number of children reached	Accomplished during the 2012-2013 school year through the cafeteria lead at 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	Planning and Zoning Department (PZD), OTF chairs.	February 2012	Representative appointed	Member appointed to board January, 2012

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(OTF) or workgroup member appointed by the County Executive to sit on the Bike and Pedestrian Advisory Board.				
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.	<p>Health Department purchased 36 bike racks which were installed at government buildings, Parks and Recreation sites and schools in the fall, 2012.</p> <p>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.</p> <p>Healthy Harford is presently working with LASOS to arrange</p>

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				<p>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 Program, Bike to Work Day and Ride Share Program</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>
<p>7. Encourage changes that emphasize active movement (examples – visible, well-lit staircases in buildings, more</p>	<p>BE, PZD, Department of Inspections, Licenses and Permits</p>	<p>December 2014</p>	<p>Number of strategies implemented</p>	<p>Encouragement and plans for such changes have been included in current government documents such as the OTF to County</p>

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sidewalks as opposed to parking spaces, path connections between retail, residential, and workplaces).				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 promote physical activity for individuals and families as well as team sports.	BE, Parks and Recreation, County Government	December 2014	2012 Land Preservation Parks and Recreation Plan	Plan finalized and published at harfordcountymd.gov in 2013.
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.

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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.
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

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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 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	also underway. Sub-group of CE actively meeting to develop Dining with Doc meeting to engage and educate pediatricians regarding talking to their patients about obesity.
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,	CTGC, Harford County Health Department, Healthy Harford, Upper	December 2014	Number of new worksites supporting Asheville-like	

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at a minimum, control of high blood pressure, high cholesterol and/or diabetes.	Chesapeake Health, Chamber of Commerce, Rotary Club, Businesses		pharmacist model Number of employees reached at these 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 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	School wellness implementation conducted 2012-2013 school year. Meetings were held regularly with leadership of the 3 schools.

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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 active play. These teachers will then function as Recess Coaches to encourage physical activity on the playground.	CTGC, SWW, Healthy Harford, HCPS Nurse, and school principals	June 2013	Recess changes implemented, training notes	Introduced into teacher development for 2012-2013 school 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.

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Actions	Responsible Parties	Timeline	Measure	Status
<p>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).</p>	<p>CTGC, SWW, Community Engagement Subcommittee (CE), Healthy Harford, Public Schools, Media Specialist</p>	<p>December 2014</p>	<p>Number of outreach initiatives, messages</p>	<p>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.</p>
<p>10. 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).</p>	<p>CTGC, SWW, Healthy Harford, HCPS Nurse Coordinator, and school staff, CE</p>	<p>December 2014</p>	<p>Unified Media Plan</p>	<p>Healthy Harford marketing plan completed spring, 2013</p>
<p>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.</p>	<p>CTGC, SWW, Healthy Harford, HCPS Nurse Coordinator, and school staff</p>	<p>December 2014</p>	<p>Staff Wellness Program plan</p>	<p>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.</p>

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Actions	Responsible Parties	Timeline	Measure	Status
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	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.

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Actions	Responsible Parties	Timeline	Measure	Status
activity and screen time standards				
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

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

Actions	Responsible Parties	Timeline	Measure	Status
<p>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 community.</p>	<p>TW, Healthy Harford, HCHD Tobacco Health Educator, municipal employees, Upper Chesapeake Health</p>	<p>December 2014</p>	<p>Number of community events</p>	<p>Harford County Health Department Tobacco Cessation Program Specialist and School and Community Tobacco Education Specialist are involved in a number of events.</p> <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>
<p>2. Promote smoking cessation programs as well as access to low/no cost cessation assistance medication.</p>	<p>TW, Healthy Harford, HCHD Tobacco Health Educator, Minority Outreach Technical Assistance grantee (MOTA)</p>	<p>December 2014</p>	<p>Number of outreach efforts</p>	<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>
<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</p>	<p>TW, Community Engagement Subcommittee (CE), Healthy Harford, HCHD Tobacco Health Educator,</p>	<p>December 2013</p>	<p>Number of people reached by campaign</p>	<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</p>

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Actions	Responsible Parties	Timeline	Measure	Status
spot on Harford Cable Network.	Media Specialist, municipalities			funding used to support creation of second hand smoke-specific advertising.

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

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Actions	Responsible Parties	Timeline	Measure	Status
				take steps towards smoke-free outdoor areas on their properties.
4. 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	County property, hospital campuses, 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 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.	County Council member Richard Slutzky currently sits on the Tobacco Workgroup.

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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.
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	December 2014	Number of new SFMUH policies enacted	HCHD staff and Tobacco Workgroup Chair met with representatives of Community Services January 18, 2013.

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	of Community Services			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.
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

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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)

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

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				<p>meet on a quarterly basis.</p> <p>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.</p>
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	<p>Meeting held with UCH/Harford Memorial psychiatric staff on March 26, 2013 to discuss potential referral process.</p> <p>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.</p>
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	<p>Health Department Division of Addictions Peer Specialist to work with individuals at SPIN (Mental Health Drop-in Center for adults)</p> <p>Van purchased to facilitate transportation between SPIN and Division of Addictions to promote substance abuse treatment.</p>

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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. Quarterly drug take-back events have been scheduled throughout the county.

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				<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>
<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 schools; investigate ways to work with</p>	<p>Harford County Public Schools, local private schools, HCHD Health Education Workers, ODCP</p>	<p>December 2012</p>	<p>Number of presentations, number of students reached</p>	<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 -Presented for the first time at the Center for Educational Opportunity, fall 2012 (only high school without a PTA)

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<p>school counselors on detection of early psychosis)</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
<p>People who cannot afford to see a doctor (BRFSS 2008-2010)</p>	<p>10.5%</p>	<p>12.6%</p>	<p>9.3%</p>	<p>11.4%</p>
<p>Adults with health insurance (U.S.</p>	<p>91.2%</p>	<p>88.0%</p>	<p>96.8%</p>	<p>93.6%</p>

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Census, 2011)				
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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
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	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

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Actions	Responsible Parties	Timeline	Measure	Status
services that facilitate services and follow up for safety net clients.				

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 referral needs (e.g., suicide prevention training and resources)	HCHD, Upper Chesapeake Health, Mobile Crisis, Aberdeen Proving Ground	February 2014	Number of providers trained	To be done
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