

Howard County's Local Health Improvement Coalition: 2015-2017 Local Health Improvement Action Plan

Submitted to:

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Howard County Local Health Improvement Coalition 2015-2017 Local Health Improvement Action Plan

Introduction

In 2011, Howard County embarked on a Local Health Improvement Process to review local health data and set priorities for 2012 to 2014. The Howard County Health Department gathered stakeholders and convened a series of meetings to identify and prioritize the health needs of the County. From those meetings, stakeholders created the 2012-2014 Local Health Improvement Action Plan, and formed the Howard County Local Health Improvement Coalition (LHIC).

At the same time, a consortium of public and private partners - Howard County General Hospital, Horizon Foundation, the Columbia Association, and the Howard County Health Department - came together to discuss local health data needs. In several places in the 2012-2014 Action Plan, there was insufficient data to describe health disparities for some subpopulations. This was indicated on the plan with "Obtain Local Measure." Beginning in 2012, these organizations collaborated on the development and implementation of a Biannual Health Survey. The survey was administered in 2012 and again in 2014, and there are plans to repeat the survey in 2016 and 2018. This survey has allowed much better data collection for subpopulations in Howard County, but there is still work to be done to ensure a high enough number of respondents in various groups to provide robust data. For example, in the 2014 survey, there were only 42 respondents who identified as Hispanic, and only 13 respondents with less than a high school education. The need for better sampling of subgroups will be addressed in the 2016 fielding of the survey.

In early 2015, Howard County General Hospital received a planning grant from the HSCRC to develop a regional partnership for health system transformation. Using the connections of the LHIC, HCGH staff were able to quickly form leadership teams and core committees that will develop the transformation plan. Many LHIC partners, the co-chairs, and staff, are participating in the planning process, and the LHIC will play a critical role in the implementation of the plan.

Local Health Priorities

The Howard County LHIC identified three priority areas for the 2012-2014 Action Plan and formed work groups for each area:

- Increase access to health care (Work Group: Access to Care);
- Enable people of all ages to achieve and maintain a healthy weight through healthy eating and physical activity (Work Group: Healthy Weight); and,
- Expand access to behavioral health resources and reduce behavioral health emergencies (Work Group: Behavioral Health).

These priorities were chosen with consideration of the following criteria:

- High levels of disparities related to the health outcome.
- Improving the issue would affect large populations.

- Addressing the priority can improve a number of different health outcomes.
- There is a high cost and long-term impact of not addressing the issue.
- Organizations in the LHIC can make change happen related to the priority.
- Results can be quantified.

The LHIC intends to continue its focus on the three priority areas identified in 2012. Although some progress has been made, as outlined in the 2012-2014 wrap-up report, all work groups felt that these issues continue to be priorities for the County. In addition, data from the 2014 Howard County Health Assessment Survey (HCHAS) showed on-going needs in the areas of access to care, behavioral health, and overweight and obesity. For example, more than 10% of African-Americans in Howard County still report not having health insurance, the percentage of Howard County residents at a healthy weight improved only slightly between 2012 and 2014, and there were only small changes in Emergency Department visits for behavioral health conditions between 2012 and 2014.

In addition to continuing its work on the three initial priority areas, the LHIC plans to create a fourth work group focused on Healthy Aging. This will align our priorities with those identified by Howard County General Hospital's Community Health Needs Assessment and will integrate with the work being done by the Office on Aging on the Master Plan for the Aging Population. The Office on Aging is completing the final report from the planning process, after which we will convene the first Healthy Aging work group meeting.

Overarching Goals for 2015-2017

In addition to the work being done in the LHIC work groups, LHIC staff have identified two overarching goals to improve the overall functioning of the LHIC:

1. Ensure broad participation by offering telephone and web-based access to full LHIC and work group meetings.
2. Improve communications within LHIC and with the community by building and maintaining a website, achieving better use of social media, and exploring ways to increase readership of the bi-weekly LHIC Digest.

Highlights of the 2015-2017 Action Plans

The LHIC revised its template for the 2015-2017 Action Plan, adding timelines, outputs and intermediate measures where possible. This will help us focus our efforts and allow for better tracking of progress.

The Access to Care work group has recognized a great need for services to the County's foreign-born population. One section of the action plan focuses on addressing the ways in which language is a significant barrier to accessing care. This group is also planning to work on initiatives to help individuals, particularly those newly insured, understand how to use their health insurance benefits.

In 2014, the Howard County Executive convened a Behavioral Health Task Force to make recommendations for improvements to the behavioral health care system in the County. The Behavioral Health work group will be assuming the lead role on some of those recommendations. In addition, the work group expanded its priorities to include reducing

suicides and reducing drug-induced deaths in Howard County.

The Healthy Weight work group has identified four critical strategies toward reducing obesity within the County: increase access to and consumption of healthy food and drinks; increase access to and participation in physical activity; create walkable/bikeable communities; and, support education related to healthy living. A Million Hearts grant recently awarded to the Howard County Health Department will be used, in part, to support one of the action steps of this group – creating and promoting a list of health-related resources for county residents, particularly those with hypertension, diabetes, and prediabetes.

Also of note, two of the work groups have divided into subgroups, called Action Groups, to work on specific parts of their Action Plan. These groups have already begun meeting and making progress toward sections of the plan.

Other LHIC Highlights

Over the past year, significant progress has been made in the structure and functioning of the LHIC. Under a grant from the Maryland Community Health Resources Commission, we hired a Program Director and a Program Manager to staff the coalition. With the help of a consultant, the LHIC administered a comprehensive member survey, conducted an all-day retreat, wrote bylaws and a charter, and received training on effective collaboration.

The President of Howard County General Hospital, Steve Snelgrove, was elected as the LHIC community co-chair, and each work group now has an appointed co-chair and an elected co-chair. LHIC staff work with the co-chairs on agenda planning, meeting facilitation, data tracking, and work group communications.

LHIC meeting attendance, which had been falling off since 2013, has increased to more than 40 members at each meeting. In addition, the LHIC has added about 15 new member organizations since June of 2014.

Finally, the LHIC was able to obtain funding to create a new website, which will greatly improve communications with members and increase visibility within the community. We anticipate having the website up by August of 2015. LHIC staff will ensure that the website is kept up to date with meeting documents, membership information, community resources, and a calendar of events.

The 2015-2017 Action Plans

The following pages contain the Action Plans for each of the three work groups: Access to Care, Behavioral Health, and Healthy Weight. Each priority area has a data page showing the current SHIP measure metrics and the goals for 2017, followed by the strategies and actions that the group is planning to undertake in pursuit of the long-term goals.

**Howard County
Local Health Improvement Coalition
Access to Care 2015-2017 Action Plan**

Goal: Increase access to health care among Howard County residents.

| Percentage of adults reporting that there was a time in the last 12 months that they could not afford to see a doctor. | All | African-American | Asian | Hispanic | Other | White |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|------------------------|-----------------|------------------------|------------------------|
| 2014 SHIP (2011-2013 BRFSS) | 7.6% | 8.3% | * | * | N/A | 6.6% |
| 2014 HCHAS | 5.7% | 8.0% | 7.9% | 1.6%** | 4.7% | 5.0% |
| 2017 Goal | 5.4% (5% decrease) | 7.2% (10% decrease) | 7.1% (10% decrease) | * | 4.5% (5% decrease) | 4.8% (5% decrease) |
| Percentage of adults, age 18-64, who report having health insurance. | All | African-American | Asian | Hispanic | Other | White |
| 2014 SHIP (source: 2012 Small Area Health Insurance Estimate) | 92.9% | * | * | * | N/A | * |
| 2014 HCHAS*** | 93.9% | 89.8% | 96.7% | 90.0%** | 90.1% | 96.1% |
| 2017 Goal | 95.8% (2% increase) | 94.3% (5% increase) | 98.6% (2% increase) | * | 94.6% (5% increase) | 98.0% (2% increase) |

SHIP – State Health Improvement Process

BRFSS – Behavioral Risk Factor Surveillance System

HCHAS - Howard County Health Assessment Survey

* Insufficient data

** Small sample size - data may be unreliable

*** These numbers include age 65+; determining numbers for 18-64 requires further analysis

N/A Data not available

| Strategies | Actions | Partners | Timeline | Outputs | Intermediate Measures |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Language Barrier</i></p> <p>Support efforts to decrease the language barrier in accessing care among Limited English Proficiency (LEP) residents.</p> | <p>Analyze existing data to identify most needed languages.</p> | <ul style="list-style-type: none"> - Horizon Foundation - FIRN - Chase Brexton - HCPSS - Build Haiti Foundation - Ethnic Roundtable - Healthy Howard/Door to Healthcare - Walgreens - HC DSS - HCGH - MD DHMH - Community Action Council | <p>December 2015</p> | <p>Data from independent studies conducted by Horizon and FIRN</p> | <p>We are assessing ways to measure outcomes in this area and ensure that we not only have the right metrics but also measure impact on our target populations.</p> |
| | <p>Promote awareness about language as a barrier among providers and resources for practices serving the LEP community.</p> | | <p>December 2016</p> | <p>List of resources.</p> | |
| | <p>Develop a resource guide for LEP residents that includes: how to access care; obtaining translation and interpretation services; where to go for assistance with medications; and, a glossary of healthcare terms.</p> | | <p>Beginning by October 2015 and ongoing.</p> | <p>Number of languages included. Number of resource guides distributed. Number of workshops held. Number of residents attending trainings.</p> | |
| | <p>Work with partners to ensure that LEP residents have access to health advocates who speak the languages most needed in the county.</p> | | <p>Beginning in 2015 and ongoing</p> | <p>Number of advocates. Number of languages.</p> | |

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| Access to Care Improve Howard County residents' access to comprehensive, quality health care services, including medical homes, primary and specialty care, behavioral health care, oral health care, and pharmacy services. | Create a comprehensive, searchable database of Howard County and Regional Healthcare Resources. Utilize partners to write requirements for the database. Include insurances accepted. | <ul style="list-style-type: none"> - The Build Haiti Foundation - British American Auto Care | December 2017 | Web based database created. Number of partner links to database. | Number of searches. Time spent on website. |
| | Inform and educate residents about free and sliding scale fee clinics. | <ul style="list-style-type: none"> - Chase Brexton - Healthy Howard - Community Action Council | December 2015 | List of participating providers | Number of patients accessing services. |
| | Identify and enhance support services that assist residents in accessing healthcare. (Transportation, Caregivers, etc.) | <ul style="list-style-type: none"> - HC Health Department - Regional Transportation Agency - Neighbor Ride | December 2015 | List of available resources. | |
| | Conduct gap analysis of current state of health care and desired future state. Create three year plan to close the gaps. | <ul style="list-style-type: none"> - The Build Haiti Foundation - British American Auto Care | December 2017 | Completed report. | |
| | Support and promote programs that connect residents to medical homes, specialty care, behavioral healthcare, oral healthcare, etc. | <ul style="list-style-type: none"> - Healthy Howard - HC Health Department - HC General Hospital - Horizon Foundation - FIRN - Korean Resource Center - Chinese School - African American CR - PATH - HC Dental Association - HC Dental Hygienists' Association - Community Action Council | Ongoing | Number of CCT clients served. Number of clients served through other CHW programs. | |

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| Health Insurance Outreach and Facilitation Increase percentage of Howard County residents covered by health insurance and increase awareness among residents about how to utilize insurance. | Work with partners to create and disseminate materials and programs that help residents understand how to access and use health insurance. | <ul style="list-style-type: none"> - Chase Brexton - Healthy Howard - Korean Resource Center - MD Health Care For All - Univ. of MD Extension - MD Women’s Coalition for Health Reform | Beginning in Summer 2015 and ongoing. | Number of workshops held. Number of residents attending trainings. | Pre- and post-training assessments. |
| | Analyze data on insurance coverage to target enrollment activities to areas of greatest need. | <ul style="list-style-type: none"> - African American CR - MD Health Connection - HC DSS - The Build Haiti Foundation | December 2015 | Data sources identified. Plan created to target areas of greatest need. | Progress toward plan. |
| Promote and enhance 211 as a resource for Howard County residents. | Increase awareness of 211 as a resource for residents. | <ul style="list-style-type: none"> - United Way of Central MD - Horizon Foundation - Healthy Howard - LHIC partner organizations | Ongoing | Number of Howard County organizations in 211. | Number of referrals from 211 to Howard County entities. |
| | Work with UWCM to ensure that 211 has all community resources and is kept up to date. | | | | Reported satisfaction with 211 services. |

**Howard County
Local Health Improvement Coalition
Behavioral Health Work Group 2015-2017 Action Plan**

**Goals: Expand access to behavioral health resources and reduce behavioral health emergencies.
Reduce number of drug-induced deaths in Howard County.
Reduce number of suicides in Howard County.**

Note: This plan uses the SHIP measure of Emergency Department Visits Related to a Mental Health Condition under the assumption that an improved continuum of care for behavioral health conditions will result in fewer ED visits, per 100,000 population, for these conditions.

| Emergency Department Visits Related to a Mental Health Condition, per 100,000 population | All | African-American | Asian | Hispanic | Other | White |
|-------------------------------------------------------------------------------------------------|-------------------------|-------------------------|--------------|-----------------|--------------|--------------|
| 2013 SHIP (2012 HSCRC) | 2266 | 2733.1 | 522.1 | 1106.4 | | 2565.2 |
| 2014 SHIP (2013 HSCRC) | 2222.3 | 2683.5 | 236.7 | 1335.6 | | 2430.7 |
| 2017 Goal | 2111.2 (5% decrease) | 2549.3 | 224.9 | 1268.8 | | 2309.2 |
| Number of Drug-Induced Deaths in Howard County | All | | | | | |
| | 29 | N/A | N/A | N/A | | N/A |
| 2017 Goal | 27.5 (5% decrease) | | | | | |
| Rate of Suicides in Howard County per 100,000 | All | | | | | |
| | 9.3 | N/A | N/A | N/A | | N/A |
| 2017 Goal | 8.8 (5% decrease) | | | | | |

N/A - Demographic breakdown not available

| Strategies | Actions | Partners | Timeline | Outputs | Intermediate Measures |
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| 1. Educate physicians, including pediatricians, primary care providers, geriatricians, and urgent care centers, to identify behavioral health issues and incorporate behavioral health screenings into services. | 1. Organize a forum for providers to discuss behavioral health screenings. | HC DrugFree HCHD HC MHA Horizon PCMH Program | 2016 | # of forums # of attendees | Referrals for behavioral health services |
| | 2. Develop educational tools for providers. | Healthy Howard Evergreen Chase Brexton | 2016 | Toolkit developed # of providers reached | |
| | 3. Research creating a program like BHIPP (Behavioral Health Integration in Pediatric Primary Care) for adult primary care providers. | NAMI HC Faith Community | 2016 | | |
| 2. Educate the public, police officers, and fire and rescue personnel about behavioral health issues, how to identify when friends or family may be having a behavioral health issue, and where to go for help. (Mental Health First Aid and MHFA for Youth, Crisis Intervention Training) | 1. CIT: Establish a group with each entity (fire department, EMS, etc.) to discuss how training would address the groups' needs. | MHA Grassroots HCPSS On Our Own HC HC EMS HC DrugFree | CIT: Twice/year MHFA: 8 training per year | MHFA: # trainers in Ho. Co. # trainings # individuals trained CIT: # trainings # officers trained # other first responders trained | Evaluation of trainings May also include: Number of injuries to officers (expect to decrease) Number of repeat calls (expect to decrease) |
| | 2. Conduct trainings, including at least 2 per year for Crisis Intervention Training. | | | | |

| Strategies | Actions | Partners | Timeline | Outputs | Intermediate Measures |
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| 3. Strengthen the delivery of urgently needed behavioral health services. | 1. Pilot a program that would assure prompt (24-48 hours) access for adults, and possibly children, to short-term, outpatient psychiatric crisis stabilization services. | HCHD HC MHA Healthy Howard NAMI HC Grassroots HCGH Way Station | July FY16 | # of patients served by program | ED visits for BH conditions |
| | 2. Add a Behavioral Health Specialist to the Community Care Teams (CCTs) that work closely with Howard County General Hospital to serve residents who are frequently hospitalized. | HCHD Healthy Howard HCGH | July FY16 | # of people served by Behavioral Health Specialist. | ED visits for BH conditions |
| 4. Help residents access services by widely distributing current information on behavioral health providers in Howard County on an ongoing basis. | 1. Improve the Howard County Mental Health Authority's online directory and enable mobile device accessibility to provide search options that will link to listed providers based on specific search requests. | HCHD HC MHA Healthy Howard | December FY16 | # of hits on website and online directory. | Referrals based on the online directory |
| | 2. Use Howard County Mental Health Authority's website to provide information about community resources such as support groups, training programs, and MHFA trainings, etc. with the opportunity to schedule and purchase MHFA trainings online. | | December FY16 | | |

| Strategies | Actions | Partners | Timeline | Outputs | Intermediate Measures |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 5. Increase suicide prevention activities. | 1. Review and analyze data for at-risk populations, identify gaps in data collection, develop action plan. | <ul style="list-style-type: none"> - Suicide Prevention Association - MHA - Private providers - Grassroots - HCPD - HCGH | Ongoing | Completed action plan | YRBS – number of students contemplating or having plan for suicide HCPSS data HCPD data ED visits for BH conditions |
| | 2. Educate providers and the public through an annual community forum. | | Ongoing | # forum attendees # QPR trainings # trained in QPR | |
| | 3. Investigate alternate ways to reach youth for suicide prevention messages. | | Ongoing | | |
| | 4. Begin and monitor MHA/Grassroots ED Follow-Up Program for suicide prevention and BH ED visits to HCGH. | | Begin – FY15 Q3 Monitor - ongoing | # individuals referred # linked to outpatient providers | |

| Strategies | Actions | Partners | Timeline | Outputs | Intermediate Measures |
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| 6. Support programs and activities working to reduce the number of drug-induced deaths. | 1. Increase awareness of and participation in drug prevention programs using social media, newsletters, forums, and community fairs. | -HC DrugFree -HCHD -HCGH -ADAAB -HCPD -Opioid Prevention Coalition -Community Providers | Ongoing | # of forums and community activities # of activities advertised in LHIC Digest | # of OD deaths # of drug related ED visits |
| | 2. Continue overdose response program trainings for naloxone use for the public and for specific groups such as police officers. | | Ongoing | # trainings conducted # individuals trained # calls for refills of naloxone # calls to Poison Control to report use of naloxone | |
| | 3. Reduce overdose fatalities by identifying and targeting services to individuals who have survived previous overdoses. | | Ongoing | # patients served | |
| | 4. Establish overdose fatality review team. | | September 2015 | # of meetings # of fatalities reviewed | |
| | 5. Establish opioid prevention coalition. | | January 2015 | # of members # of meetings | |
| | 6. Install at least 3 permanent medication collection boxes. | | June 2015 | # boxes installed # lbs. medicine collected | |
| | 7. Continue to have bi-annual drug take-back days and review collection data to determine on-going need. | | Ongoing, review by December 2015 to determine future need due to success with Action 6. | # take-back days # lbs. medicine collected | |

**Howard County
Local Health Improvement Coalition
Healthy Weight 2015-2017 Action Plan**

Goal: Ensuring Howard County residents achieve and maintain a healthy weight.

| Percentage of adults who are at a healthy weight. | All | African-American | Asian | Hispanic | Other | White |
|----------------------------------------------------------|------------------------|-------------------------|--------------|-----------------|--------------|--------------|
| 2012 HCHAS | 43.6% | 29.6% | 55.2% | 61.1% | 38.4% | 45.1% |
| 2014 HCHAS | 44.1% | 38.8% | 63.8% | 46.8%* | 46.4% | 40.9% |
| 2017 Goal | 46.3% (5% increase) | 40.7% | 67% | 49.1% | 48.7% | 42.9% |
| Percentage of adolescents who are obese. | All | African-American | Asian | Hispanic | Other | White |
| 2013 YRBS | 5.9% | 8.1% | 3.6% | 6.6% | 7.1% | 5.4% |
| 2017 Goal | 5.7% (3% decrease) | 7.9% | 3.5% | 6.4% | 6.9% | 5.2% |

* Small sample size – data may be unreliable

| Strategies | Actions | Partners | Timeline | Outputs | Intermediate Measures |
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| <p>Increase access to and consumption of healthy food and drinks.</p> | <p>Identify and pursue two new farmers markets in key locations (e.g. Howard County Health Department, HEAL Zone) that offer convenient times and accept food stamps, WIC vouchers and senior coupons.</p> | <ul style="list-style-type: none"> ● Howard County Food Policy Task Force ● Howard County Farmers Market Board ● HCHD WIC Program ● Healthy Howard ● Dept. of Social Services ● Office on Aging ● HCC ● Columbia Association ● We Promote Health ● Community Action Council – HC Food Bank | <p>Summer 2015</p> | <p>Survey data showing likely use of markets</p> <p>In 2015, addition of one farmers market to area serving residents in need</p> | <p>Percentage of adults who report consuming fruit less than once per day or never. (HCHAS)</p> <p>2012 HCHAS: 35% 2014 HCHAS: 31%</p> |
| | <p>Promote the use of benefits such as food stamps, WIC, and Senior Farmers' Market Nutrition Program coupons at farmers' markets.</p> | | <p>Percentage of WIC participants redeeming farmer's market coupons. (at least 50%)</p> <p>SNAP data (% of produce food stamps redeemed)</p> | <p>2017 Goal: 28% (10% decrease)</p> <p>Percentage of adults who report consuming vegetables less than once per day or never. (HCHAS)</p> <p>2012 HCHAS: 28% 2014 HCHAS: 29%</p> | |
| | <p>Continue to support efforts to reduce sugar-sweetened beverage consumption in the county by creating a specific action message and targeting LHIC organizations to:</p> <ul style="list-style-type: none"> ● Supply better beverage choices at meetings and events, especially water, low-calorie, and calorie-free drinks. ● Provide better beverage choices in their vending machines, cafeterias, and break rooms. | <ul style="list-style-type: none"> ● Horizon Foundation ● Healthy Howard ● Howard County General Hospital ● We Promote Health | <p>Horizon data on SSB purchases</p> <p>For LHIC organizations with beverage service through cafeteria or vending, create SSB policy</p> | <p>2017 Goal: 26% (10% decrease)</p> <p>Percentage of adults who report daily consumption of regular (non-diet) soda.</p> <p>2012 HCHAS: 7% 2014 HCHAS: 8%</p> <p>2017 Goal: 6% (25% decrease)</p> | |

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|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Increase participation in programs promoting healthy food by expanding partnerships (a minimum of 3), defining the new partnerships, and utilizing them to disseminate information and/or deliver direct service. | <ul style="list-style-type: none"> ● Transition Howard County ● Healthy Howard ● We Promote Health ● Faith Organizations ● Howard County Farmers Market Board ● HCC ● HCPSS ● Community Action Council – HC Food Bank | | <p>Roving Radish: Increase number of participants in 2015</p> <p>Increase percentage of discounted meals in 2015</p> <p>In 2015, identify 2 new partnerships and goals for 2016</p> | |
| Increase access to and participation in physical activity. | Encourage participation in programs promoting physical activity. | <ul style="list-style-type: none"> ● We Promote Health ● Healthy Howard ● Howard County Recreation and Parks ● Columbia Association ● HCGH ● Community Action Council – Head Start | | <p>Attendance data from events to track # of residents participating</p> <p>Year round use of GAHC calendar</p> <p>Get Active Howard County goal of 1,000,000 minutes of physical activity in 10 weeks</p> | <p>Percentage of adults participating in physical activity at least 3 times per week. 2014 HCHAS: 35%</p> <p>2017 Goal: 40% (14% increase)</p> |
| | Promote year round use of Get Active Howard County calendar for physical activity programs throughout county for all residents. | | | | |
| Create walkable/bikeable communities. | Support advocacy efforts of community policy leaders to create safe walking and biking options. | <ul style="list-style-type: none"> ● Howard County Office of Transportation ● Howard County Bicycle and Pedestrian Manager ● Columbia Association ● Healthy Howard | Beginning 2015 and on-going | <p>List of advocacy activities</p> <p>LHIC organizations will promote activities to encourage resident participation</p> | Changes made to built environment to support improved walking/biking opportunities |

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|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|
| Support education activities related to healthy living. | Create a resource list containing information about health-related programs in the county and the impact of healthy choices. | <ul style="list-style-type: none"> ● Transition Howard County ● We Promote Health ● Healthy Howard ● HCHD ● MUIH ● Columbia Association | | Resource list created | |
| | Increase awareness of the importance of adequate sleep and the effects that it has on overall health. | | | <p>Sleep resource list created</p> <p>List of events LHIC orgs sponsor to address sleep as a health issue</p> | |
| ON HOLD | Support implementation of the HCPSS Wellness Policy 9090, particularly in schools with a high proportion of students affected by health disparities. | <ul style="list-style-type: none"> ● HCPSS ● Healthy Howard ● School Health Council | | | |