Community Health Improvement Plan FY26-28

Action Plan with Updates

Date of Update: 7/11/25

(Note SHIP and CHNA alignment)

Priority: Healthy Beginnings
Healthy lifestyle activities related to prevention and care for maternal, infant, and family health.
Workgroup: Growing Health Families (GHF) Workgroup
Co-Chairs: Samantha Cribbs, RN; Erica Taylor, MS
LHIC Staff: Stephanie Foster
Alignment: Aligns with Maryland SHIP Priority Area 3 Women's Health, Goal 1 Improve maternal health outcomes through improved maternal care before, during and after pregnancy.
CHNA 2022: Healthy Beginnings.

Key Measures:

- *Infant Mortality:*
  - Rate: 4.7 infant deaths per 1000 live births overall in 2022, 3-yr rate
  - Disparity: 6.7 per 1000 live births in Blacks in 2022, 3-yr rate
  - SHIP target: 5.2 for Maryland overall by 2029
- *Low Birthweight Births:*
  - Rate: 9.2% of live births overall in 2022
  - Disparity: 13.1 % of live births in Blacks in 2022
  - SHIP target: 8.7% for Maryland overall by 2029
- *Maternal Deaths:*
  - Rate: 36.2 pregnancy-related deaths per 100,000 live births overall in 2022, 5-yr rate
  - Disparity: 60% of the 10 maternal deaths between 2010 and 2022 were Black women
  - SHIP target: 17.2 or fewer pregnancy-related deaths per 100,000 live births overall for Maryland by 2029

Goal 1. Improve health outcomes for Black/African-American infants and mothers through improved maternal care before, during and after pregnancy.

Objective 1.1. By June 2028, increase awareness of educational and other	Measure: Baseline: 1 annual BMHW events	Time Frame: July 2025 – June 2028	Lead Person: Stephanie Foster

resources available to Black/African-American mothers and infants in Howard County.	Target: 3 BMHW events (1 per year)		

Action Steps

- Collaborate with members of the Growing Healthy Families Workgroup to coordinate a Black Maternal Health Week Event in April 2026, 2027, and 2028.
- Promote culturally sensitive and accessible education programs for Black mothers on prenatal and postnatal care, healthy nutrition, and recognizing warning signs of complications during pregnancy.
- Create culturally relevant and accessible materials and use community leaders to disseminate information about doulas and their value during pregnancy and childbirth.

Status Comment and Date of Review:

Objective 1.2. By June 2028, increase awareness of doula services as a potential alternative or in conjunction with traditional hospital care.	Measure: Baseline: 1 resource about Doulas, pre- and postpartum Target: 2 resources about Doulas, pre- and postpartum	Time Frame: July 2025 – June 2028	Lead Person: Stephanie Foster

Action Steps

- Promote the use of doulas, the HCHD Perinatal Equity and Care for Everyone (P.E.A.C.E.) program, community health centers and resources in Howard County Community Schools.
- Collaborate with Community Health Centers to promote culturally appropriate high-quality care for Black/African-American mothers and infants.
- Create a video project with community members on the benefits of doulas. Increase awareness of resources in Howard County Community Schools.
- Disseminate culturally relevant and accessible information about the value of doulas.

Status Comment and Date of Review:

Goal 2. Enhance equitable access to healthcare by expanding awareness of affordable health coverage, community health services, and transportation assistance, while also improving opportunities for prenatal care and nutrition education for all women in Howard County.

Objective 2.1. By June 2028, collaborate with the Growing Healthy Families workgroup members to increase	Measure: Baseline: 0 awareness opportunity Target: 1 awareness opportunity	Time Frame: July 2025 – June 2028	Lead Person: Stephanie Foster

awareness of affordable healthcare coverage, availability of community health centers, and information about transportation assistance to health care facilities.	Source:		

Action Steps

- Disseminate culturally appropriate and accessible community support programs, advocate for policy changes, and collaborate with local organizations to address social and environmental factors affecting health.
- Strengthen partnerships with community-based organizations to enhance access to and awareness of affordable healthcare, prenatal care, and maternal health support by sharing culturally appropriate and accessible resources for new mothers.
- Improve awareness of the culturally appropriate and accessible resources available in the county through CAREAPP.
- Develop dissemination efforts highlighting access to mental health screenings, offer culturally sensitive counseling services, and create support groups for mothers experiencing stress and anxiety (i.e., National Maternal Mental Health Hotline).
- Explore themes related to women's health issues including ways to improve access to care through collaborative focus groups.
- Expand partnerships with faith-based organizations to increase awareness of programs and events for prenatal care.

Status Comment and Date of Review:

Objective 2.2. By June 2028, collaborate with workgroup members to increase opportunities to access affordable prenatal care and nutrition education for all women.	Measure: Baseline: 0 partnership Target: 1 partnership	Time Frame: July 2025 – June 2028	Lead Person: Stephanie Foster

Action Steps

- Collaborate with the Women, Infants, and Children (WIC) Program and similar organizations to promote culturally appropriate and accessible prenatal care and healthy eating, and nutrition resources for all women.
- Strengthen collaboration between healthcare providers, nutrition experts, and faith-based organizations to ensure seamless access to support services for maternal health.

Status Comment and Date of Review:

Goal 3. Engage community members in women and maternal health activities by increasing awareness of culturally appropriate and inclusive opportunities to improve access to healthcare.

Objective 3.1. By June 2028, enhance awareness, access to affordable healthcare and well-being for all	Measure: Baseline: 0 awareness opportunity Target: 1 awareness opportunity	Time Frame: July 2025 – June 2028	Lead Person: Stephanie Foster

women in Howard County by creating tools to support women in the community.			

Action Steps

- Explore themes related to women's health issues through focus groups.
- Create and promote a culturally appropriate, accessible, and inclusive toolkit to guide advocacy efforts related to improved access to healthcare for women in Howard County.
- Collaborate with other HCLHIC workgroups to promote physical and mental health among women in Howard County.
- Promote culturally appropriate, accessible, and inclusive resources for mothers with multiple births (twins, triplets), fathers and grandparents.
- Foster collaborative partnerships with community-based organizations to promote culturally appropriate, accessible, and inclusive resources for women.

Objective 3.2. By June 2028, expand engagement opportunities to improve physical and mental health and social engagement among all women in the community.	Measure: Baseline: 0 engagement opportunities Target: 1 engagement opportunity	Time Frame: July 2025 – June 2028	Lead Person: Stephanie Foster

Action Steps

- Incorporate mental and physical messaging during Black Maternal Health Week.
- Create engagement opportunities related to mental health for women in collaboration with Growing Healthy Families and Healthy Minds and Suicide Prevention workgroups.
- Foster collaborative partnerships with community-based organizations to promote culturally appropriate and accessible resources to improve health outcomes for pregnant women.
- Collaborate and promote culturally appropriate and accessible resources from providers offering alternative therapy (e.g. music and animal therapy).
- Collaborate with healthcare organizations, faith-based organizations, schools, and community-based organizations to promote culturally appropriate and accessible mental health resources for mothers experiencing stress and anxiety.

Status Comment and Date of Review:

Priority: Healthy Living

Healthy lifestyle activities for disease prevention through improved access to healthy foods, health education, safe physical activity opportunities, and healthcare.

Workgroup: Healthy Lifestyle Workgroup (Physical Activity + Chronic Disease Prevention + Access to Healthy Food)

Co-Chairs: Michelle Rosenfeld; Carrie Ross
LHIC Staff: Ashton Jordan, MSPH
Alignment: Aligns with Maryland SHIP Priority 1 Chronic Disease Goal 1: Enhance primary prevention of chronic disease
Priority 1 Goal 2 Enhance screening, treatment and care for chronic illness
CHNA 2022: Healthy Living.

Key Measures:

- *Overweight and Obesity:*
  - Prevalence: 59.8% of adults are overweight or obese in 2022
  - Disparity: 68.3% of Black adults are overweight or obese in 2022
- *Obesity in High School Students*
  - Prevalence: 9.7% of high school students were obese overall in 2022
  - Disparity: 12.4% of Black and 21.7% of Hispanic high school students were obese in 2022
- *Physical Activity*
  - Prevalence: 44% of high school students report physical activity at least five days a week in 2022
- *Food Insecurity*
  - Prevalence: 9.7% reported food insecurity overall in 2022
  - Disparity: 18% of Black and 12% of Hispanic people reported food insecurity in 2022
  - SHIP target: 8.3% reporting food insecurity by 2029
- *Diabetes*
  - Prevalence: 12% overall in 2024; Gestational diabetes at 11% in 2021
  - Disparity: Hospital readmission rates 19% overall, 22% in Blacks in 2023
- *Hypertension:*
  - Prevalence: 28% overall in 2021
  - Disparity: 34.5% in Blacks in 2021
  - SHIP target: 18.9% overall in Maryland by 2029
- *Fall-related deaths:*
  - Rate: 10.2 per 100,000 in 2022, 3-yr rate, increased from 9.3 in prior period

Goal 1. Advance healthy lifestyle behaviors through culturally responsive, inclusive, and accessible communication strategies that promote nutrition education, physical activity, safe pedestrian environments, and equitable access to health services, with a focused commitment to reaching and uplifting the most vulnerable community members.

Objective 1.1. By June 2028, collaborate with the HCHD and partners to	Measure: Baseline: 0 dissemination efforts	Time Frame: July 2025 – June 2028	Lead Person: Ashton Jordan

implement and evaluate healthy lifestyle messages for priority populations to improve health outcomes.	Target: 5 dissemination efforts		

Action Steps

- Plan, implement, and evaluate population-specific culturally appropriate, accessible and inclusive healthy lifestyle social media messaging.
  - June 2026 - April 2026: Plan healthy lifestyle social media dissemination efforts.
  - April 2026 – August 2027: Launch healthy lifestyle social media dissemination efforts.
    - Track social media engagement for digital dissemination efforts.
    - Track click through rates for digital dissemination efforts (Howard County/HCHD website metrics).
  - Promote healthy positive behavior graphics through social media, newsletters, HCHD and partner communications, as well as through CHWs.
  - May 2026 - August 2027: Utilize Community Health Workers (CHWs) to work on specific zip codes areas with tailored messaging.
    - Collaboration with Howard County Transportation to disseminate culturally sensitive and accessible messages about safe walking along streets.
    - Collaboration with Howard County Transportation utilizing CHWs to enhance their High Injury Network.
  - August 2027– June 2028: Evaluate Healthy Lifestyle Dissemination Efforts
- Advocate for changes to the built environment as needed to increase opportunities for safe walking along streets.
- Engage faith-based organizations to integrate health messaging into community programs or outreach events.
- Create short, engaging videos, and infographics on nutrition, preventive care, and available health services.

Status Comment and Date of Review:

Objective 1.2. By June 2028, establish strategic partnerships with local healthcare providers, faith-based organizations and businesses to collaboratively develop and distribute health education materials to promote chronic disease prevention and nutrition-focused wellness.	Measure: Baseline: 0 partnerships Target: 3 partnerships	Time Frame: July 2025 – June 2028	Lead Person: Ashton Jordan

Action Steps:

- Collaborate with businesses and local healthcare organizations to display culturally appropriate, accessible, and inclusive health information in their organizations.

- Promote interactive nutrition education workshops in collaboration with healthcare and community-based organizations to encourage healthy eating.
- Update and disseminate Food Assistance and Nutrition Education Program Guide on a bi-annual basis.

Status Comment and Date of Review:

Objective 1.3. By June 2028, enhance community awareness of health education opportunities by improving access to tailored health information and essential health services through strategic outreach and engagement initiatives.	Measure: Baseline: 0 education opportunity/partnership Target: 1 education opportunity/partnership	Time Frame: July 2025 – June 2028	Lead Person: Ashton Jordan

Action Steps

- Collaborate with community partners and members to raise awareness and encourage use of health services.
- Partner with faith-based organizations, schools, and local businesses to disseminate health information where community members gather.
- Partner with healthcare organizations to distribute culturally sensitive, accessible, and inclusive educational materials in waiting rooms.
- Include QR codes and plain language in health education materials to improve accessibility.
- Promote the use of CAREAPP to increase nutrition education, chronic disease prevention and other health education resources.

Status Comment and Date of Review:

Objective 1.4. By June 2028, enhance physical activity and pedestrian safety among youth in Howard County by integrating health education initiatives with community-supported programs.	Measure: Baseline: 0 education opportunity/partnership Target: 1 education opportunity/partnership	Time Frame: July 2025 – June 2028	Lead Person: Ashton Jordan

Action Steps

- Collaborate with Howard County Department of Transportation to promote “walk to work” or “walking school bus” activities and share culturally appropriate, accessible, and inclusive resources to encourage safe pedestrian movement and physical activity.
- Collaborate with schools and community organizations to create health education opportunities for youth to encourage physical activity.

Status Comment and Date of Review:

Goal 2. Continue raising awareness of culturally appropriate, accessible, affordable, and nutritious food to decrease food and nutrition insecurity among Howard County residents.			
Objective 2.1. By June 2028, increase awareness of and access to culturally appropriate, accessible, affordable, and nutritious food for Howard County residents across the lifespan.	Measure: Baseline: 0 dissemination opportunity Target: 2 dissemination opportunities	Time Frame: July 2025 – June 2028	Lead Person: Ashton Jordan
Action Steps • Provide awareness of food and meal sites provided by community partners through the Food Connections Map. • Update and disseminate Food Pantry and Hot Meals brochures on a bi-annual basis. • Continue creating food pantry spotlight videos to highlight the work of HCLHIC's community partners as an effort to reduce food insecurity. • Continue supporting container gardens at senior residential communities through the involvement of HCLHIC's community partners. • Support community partners' efforts to improve school menu options.			
Status Comment and Date of Review:			
Objective 2.2. By June 2028, partner with local communities, schools, healthcare organizations, and faith-based organizations to promote food resources.	Measure: Baseline: 0 partnership Target: 3 partnerships	Time Frame: July 2025 – June 2028	Lead Person: Ashton Jordan
Action Steps • Promote culturally appropriate, accessible and inclusive educational materials on healthy eating and food access tailored to diverse populations and languages. • Identify individuals at risk for food insecurity through the CAREAPP Needs Assessment and refer them to culturally appropriate and accessible food resources. • Collaborate with faith-based organizations to increase awareness of food distribution sites and promote culturally appropriate food resources at places of worship. • Collaborate with local communities, faith-based organizations, and schools to provide nutritional education.			
Status Comment and Date of Review:			
Goal 3. Increase awareness of fall risk and opportunities to promote culturally appropriate and accessible resources to decrease falls among community members.			

Objective 3.1. By June 2028, collaborate with community-based organizations and residential communities to promote culturally appropriate and accessible falls prevention resources and activities.	Measure: Baseline: 0 fall prevention initiative Target: 1 fall prevention initiative	Time Frame: June 2026 – June 2028	Lead Person: Ashton Jordan

Action Steps

- Collaborate with organizations to promote culturally appropriate, accessible, and inclusive resources to reduce falls risk during Falls Prevention Week and year-round.
- Collaborate with organizations such as the Howard County Office on Aging and Independence, Howard County Fire and Rescue and JHHCMC to promote movement and strength training among community members year-round.

Status Comment and Date of Review:

Objective 3.2. By June 2028, create educational opportunities to increase knowledge about fall risk factors and preventative measures.	Measure: Baseline: 0 educational opportunity Target: 1 educational opportunity	Time Frame: June 2026 – June 2028	Lead Person: Ashton Jordan

Action Steps

- Create and promote walking groups in neighborhoods, especially in senior communities, to encourage people to be more active and connect with others.
- Create short videos promoting movement to increase physical activity among community members across the lifespan.
- Disseminate free and low-cost physical activity and falls prevention programs using CAREAPP.
- Partner with community-based organizations, healthcare providers and subject matter experts to promote educational events to increase awareness of risks in the home to prevent falls.

Status Comment and Date of Review:

Priority: Healthy Minds
Health promotion for social engagement to support mental wellness and behavioral health.
Workgroup: Healthy Minds and Suicide Prevention Coalition (HMSPC)
Co-Chairs: Barbara Allen; Jessica Fisher, LCSW-C
LHIC Staff: Stephanie Foster
Alignment: Aligns with Maryland SHIP Priority 4 Goal 1: Reduce firearm-related suicides, homicides, and injuries
SHIP Priority 5 Goal 1: Expand access to, and utilization of, behavioral health services
SHIP Priority 5 Goal 2: Reduce disparities in mental health outcomes
CHNA 2022: Healthy Minds.

Key Measures:

- *Depression, Hopelessness:*
  - Rate: 16.5% of adults reported a depression diagnosis in 2022, increased from 14.2% in 2016
  - Disparity: 32% of youth overall reported hopelessness in 2022, compared with 44% in females, 41% in Hispanics, and 34% in Blacks.
  - SHIP target: Reduce percentage of students feeling hopeless from 42% overall in Maryland
- *Suicide:*
  - Rate: 16% of youth considered suicide in 2022, increased from 14% in 2013
  - Disparities: 21% females, 19% Hispanics, 16% Black youth considered suicide in 2022. Of the 28 youth (10-19 yr old) suicides between 2013-2022, 46% were non-Hispanic white, 36% non-Hispanic Black. Suicide readmission rates for Blacks (18%) were higher than overall (13%) in 2024, but all other mental health admissions are much lower for Blacks (6%) than overall (21%), 2023.
- *Firearm assault deaths:*
  - Rate: Yearly average of 6 (2015-2018) increased to 14 (2019-2022)
  - Disparity: 92% male, 83% Black in 2022

Goal 1. Promote safe home practices such as safe storage of medications, firearms, and other harmful materials, and reduce stigma of mental health support through education and community engagement.

Objective 1.1. By June 2028, collaborate with workgroup members to create and promote culturally appropriate, accessible and inclusive materials to make homes safer to prevent suicide.	Measure: Baseline: 0 collaboration Target: 3 collaborations	Time Frame: June 2026 – December 2028	Lead Persons: Stephanie Foster Jessica Fisher Barbara Allen

Action Steps

- Promote the Safeguard your Home brochure to increase awareness of strategies to make homes safer.
- Create and promote an online toolkit to increase awareness of suicide prevention strategies with checklists, action steps and infographics.
- Collaborate with community centers, healthcare organizations, community-based organizations and local businesses to disseminate educational materials among community members.

Status Comment and Date of Review:

Objective 1.2 By June 2028, increase community engagement to support mental health among priority populations through local partnerships and peer support programs.	Measure: Baseline: 0 update Target: Quarterly Update	Time Frame: June 2025 – December 2028	Lead Persons: Stephanie Foster Jessica Fisher Barbara Allen

Action Steps

- Review HCLHIC website Healthy Minds pages and make updates as needed quarterly
- Increase awareness of culturally competent mental health providers in Black/African-American communities
- Promote the HCLHIC website, Howard County Behavioral Health resources and Mental Health and Suicide Prevention Programs and other local and national behavioral health resources widely
- Launch awareness initiatives within the Howard County Public School System to de-stigmatize mental health issues and encourage young people to seek help.
- Promote culturally appropriate, accessible, and inclusive social engagement opportunities and resources for those with substance use and mental health disorders.
- Create a community outreach initiative (involving BBH and HMSPC Workgroup members) to promote Safe Storage Locks, Boxes and Safeguard Your Home Brochure.

Status Comment and Date of Review:

Goal 2. Develop initiatives highlighting community violence intervention programs, promoting safe firearm storage and ownership practices, and collaborating with law enforcement agencies to address illegal firearms and reduce gun violence.

Objective 2.1. By June 2028, support community-based initiatives to reduce firearm-related deaths among priority populations in Howard County.	Measure: Baseline: 0 initiative Target: 1 initiative	Time Frame: July 2025 – June 2028	Lead Persons: Stephanie Foster Jessica Fisher Barbara Allen

Action Steps

- Collaborate with workgroup members on outreach programs to educate the community on firearm safety and violence prevention.
- Promote safe firearm storage practices and access to free gun storage devices/options.
- Collaborate with the school system on community-based violence intervention campaigns that provide alternatives to violence for at-risk individuals.

Status Comment and Date of Review:

Objective 2.2. By June 2028, expand partnerships with local organizations, schools, and law enforcement agencies to provide support and address the unique mental health needs of priority populations in Howard County.	Measure: Baseline: 0 partnership Target: 2 partnerships	Time Frame: July 2025 – June 2028	Lead Persons: Stephanie Foster Jessica Fisher Barbara Allen

Action Steps

- Collaborate with Howard County Police and other law enforcement agencies to increase resource accessibility and promote prevention initiatives through joint efforts.
- Identify and collaborate with Black/African-American-led community-based organizations already working on mental health initiatives.
- Collaborate with schools to create a virtual event for parents and students to increase awareness of mental health early intervention.

Status Comment and Date of Review:

Goal 3. Promote culturally appropriate and accessible mental health and behavioral resources through partnerships with local organizations and businesses serving priority populations.

Objective 3.1. By June 2028, collaborate with organizations and social groups hosting mentorship programs to promote culturally appropriate, accessible and inclusive mental health resources.	Measure: Baseline: 0 partnership/collaboration Target: 1 partnership/collaboration with one educational opportunity	Time Frame: July 2026 – June 2028	Lead Persons: Stephanie Foster Jessica Fisher Barbara Allen

Action Steps

- Promote culturally appropriate, accessible, and inclusive mental health resources through outreach events and collaboration with partner agencies including schools, community-based organizations, and faith-based organizations.

- Promote culturally appropriate, accessible and inclusive Substance Use and mental health resources widely via CAREAPP, HCLHIC website, and workgroup members.
- Expand awareness and access to culturally appropriate, accessible and inclusive mental health and social support resources, with an emphasis on peer mentorship for adults and youth.
- Disseminate culturally responsive mental health training resources from community partners and national organizations to enhance healthcare providers' knowledge to offer culturally appropriate and equitable mental health care.

Status Comment and Date of Review:

Objective 3.2. By June 2028, collaborate with organizations and social groups providing resources for community members seeking help to improve behavioral health priority populations.	Measure: Baseline: 0 partnership/collaboration Target: 1 partnership/collaboration with one education opportunity	Time Frame July 2026 – June 2028	Lead Persons: Stephanie Foster Jessica Fisher Barbara Allen

Action Steps

- Increase awareness of culturally appropriate, accessible and inclusive behavioral health resources among patients in healthcare setting.
- Promote educational materials and culturally appropriate, accessible and inclusive behavioral health resources to reduce stigma around assessing services.
- Collaborate with schools, libraries, community centers and faith-based organizations to promote opportunities for youth to engage in open discussions around mental health.

Status Comment and Date of Review:

Across all priorities
Workgroup: Community Health Worker Learning Collaborative (CHWLC)
Co-Chairs: Amanda Toohey, Johns Hopkins Howard County Medical Center; María José Candanoza, MPH, CCHW, Howard County Health Department
LHIC Staff: Ashton Jordan, MSPH
Alignment: Aligns with all of the SHIP Priorities

Goal 1. Create a centralized Community Health Worker (CHW) network across all organizations in Howard County to enhance collaboration, improve culturally appropriate, accessible, and inclusive resource sharing, and expand access to community-based health initiatives.

Objective 1.1. By June 2028, By June 2028, lead efforts to connect CHWs	Measure: Baseline: 10 CHWs	Time Frame: June 2025 – June 2028	Lead Personss:

across the county to share resources and funding opportunities.	Target: 15 certified CHWs in Howard County 5 certified CHWs working at HCHD 8 of CHWs registered as LHIC members 4 quarterly CHW Learning Collaborative scheduled meetings		María José Candanoza Ashton Jordan
Action Steps • Host quarterly CHW Learning Collaborative meetings to foster networking, share best practices and enhance professional development among CHWs across Howard County. • Expand outreach efforts and actively engage CHWs across Howard County by building strong outreach networks, fostering professional development opportunities and creating sustainable pathways for collaboration. • Increase awareness and accessibility of CHW certification by developing targeted outreach efforts, highlighting professional growth opportunities and showcasing the impact of CHWs on community health. • Actively promote funding opportunities to ensure long-term sustainability and growth of the CHW workforce in Howard County.			
Status Comment and Date of Review:			
Objective 1.2. By June 2028, maintain and expand the CHWLC Workgroup membership to enhance workforce retention, foster professional development and ensure the long-term sustainability of CHW programs across the county.	Measure: Baseline: 0 partnership Target: 3 partnerships	Time Frame: September 2024 – June 2028	Lead Persons: María José Candanoza Ashton Jordan
Action Steps • Partner with local universities, healthcare providers, community-based organizations, and faith-based organizations to promote CHWLC through outreach events, digital communication channels and signage on site.			
Status Comment and Date of Review:			
Goal 2. Elevate CHWs as trusted advocates in healthcare and social services by strengthening public awareness, expanding professional development and fostering partnerships that improve access and equity in community health.			
Objective 2.1. By June 2028, develop best practices and expectations for	Measure: Baseline:	Time Frame: June 2026 – June 2028	Lead Persons:

CHWs to enhance professionalism, ensure consistency in service delivery and strengthen their role in bridging healthcare and social services.	0 training identified/provided Target: 3 training identified/provided		María José Candanoza Amanda Toohey Ashton Jordan

Action Steps

- Highlight the unique ability of CHWs to bridge the gap between healthcare and social services by increasing awareness, strengthening collaboration and demonstrating their impact in improving health outcomes and social equity.
- Develop a CHWs Continuing Education Unit (CEU) professional development opportunity based on Howard County specific needs.
- Proactively seek and establish partnerships with diverse organizations to enhance CHW training opportunities, ensuring access to specialized knowledge, professional development and workforce sustainability.

Status Comment and Date of Review:

Objective 2.2. By June 2028, establish a sustainable network connecting CHWs with community organizations, schools, local leaders and businesses by portraying the positive impact of CHWs in the community, developing structured referral mechanisms, fostering ongoing partnerships and increasing awareness of CHW contributions to healthcare and social services.	Measure: Baseline: 0 presentations to community partners 1 referral mechanism Target: 3 presentations to community partners 1 referral mechanism	Time Frame: June 2026 – June 2028	Lead Persons: María José Candanoza Amanda Toohey Ashton Jordan

Action Steps

- Highlight the impact and benefit of CHWs in the community.
- Create Community Asset Profiles for specific Census Tracts in Howard County.
- Collaborate with community partners and utilize CAREAPP to facilitate and monitor resident engagement in health education and social resources.

Status Comment and Date of Review:

Objective 2.3. By June 2028, integrate CHWs into existing Howard County Health Department (HCHD) programs by developing structured workflows that enhance coordination, streamline service delivery and strengthen CHW engagement in healthcare and social services.	Measure: Baseline: 0 cross-sector partnership Target: 3 cross-sector partnerships	Time Frame: June 2026 - June 2028	Lead Persons: María José Candanoza
Action Steps • Identify priority areas to promote health education opportunities by leveraging Community Assets Profile data. • Establish cross-sector partnerships with healthcare organizations, community-based organizations, businesses and social service agencies to promote culturally appropriate, accessible and inclusive health education resources.			
Status Comment and Date of Review:			

MPA = Mid-Point Assessment

ACS = American Community Survey (U.S. Census)

BRFSS = Maryland Behavioral Risk Factor Surveillance System

CHNA = Community Health Needs Assessment (Johns Hopkins Howard County Medical Center, 2022; 2025 in process)

GHF = Growing Healthy Families workgroup

HCHAS = Howard County Health Assessment Survey

MHSP = Healthy Minds and Suicide Prevention workgroup

MVA = Maryland Vital Statistics Administration

SHIP = Maryland State Health Improvement Plan (Building A Healthier Maryland, 2024)

YRBS = Youth Risk Behavior Survey