WELCOME! We Will begin shortly!!

All participants are muted upon entry.

Please use the <u>Chat Box</u> to submit questions and share announcements.





Please raise your <u>Virtual Hand</u> before unmuting to speak.



This meeting will be recorded. Presentation and recording will be posted at www.hclhic.org.

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Howard County Local Health Improvement Coalition

Full Coalition Meeting

January 16, 2025





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GOAL & AGENDA

GOAL: Present Howard County Health Data with Preview the 2024 Howard County Health Assessment Survey and Share Updates on the FY 26 – 28 Community Health Improvement Plan.

AGENDA:

- A. Welcome & Introductions
- B. Howard County Data Presentation
- D. FY 26-28 Community Health Improvement Plan (CHIP) Update
- E. Member Announcements, Resource Sharing, and Networking
- F. Next Steps and Wrap-up

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WELCOME & OPENING REMARKS

Welcome

New Members and Guests

Opening Remarks:

Howard County Health Department & Johns Hopkins Howard County Medical Center

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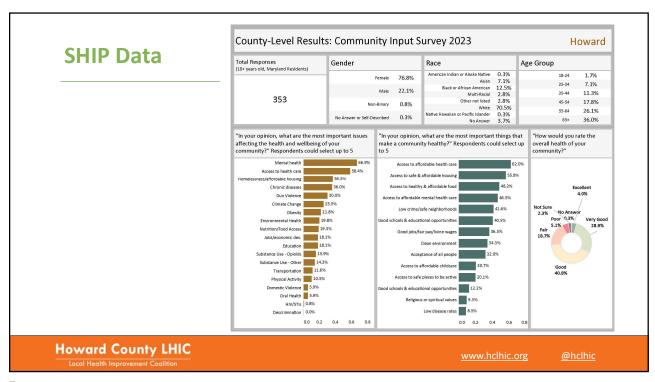
Data Presentation

Bernadette Bindewald, MS, MPH
Epidemiologist
Howard County Health Department

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Healthy Beginnings: Data Points

- Infant Mortality (Overall, Black)
- Low Birthweight Births (Overall, Black)
- Late or No Prenatal Care (Overall, Hispanic)
- Teen Births (under 18)
- Preterm Births (Overall, Black)
- Cesarean Births (Overall, Black)
- Maternal Deaths (Overall, Black)

Metrics in **bold** are included in 2024 SHIP goals.

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Healthy Beginnings: Data of Interest

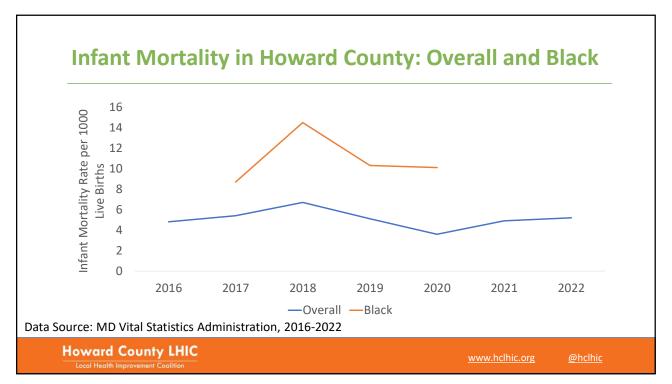
- Infant Mortality Rate is 2.8 times higher in Blacks than Overall (10.1 vs 3.6 per 1000 live births) (2020)
- Low Birthweight Births are 42% higher in Blacks than Overall (13.1% vs. 9.2%) (2022)
- 10 Maternal Deaths occurred between 2010 and 2022 in Howard County, **60%** were in Black women.

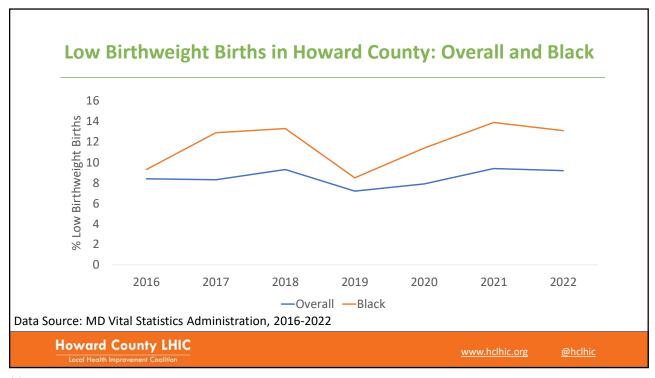
Data Source: MD Vital Statistics Administration, 2010-2022

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HCHAS 2024-Race and Impact on Healthcare

- New in 2024: 3 questions on impact of race on healthcare service
- 27% felt their race/ethnicity negatively impacted the quality of healthcare service to some degree.
 - 15% felt the impact was at least a 3 on a 0 to 5-point scale (0 = no impact, 5 = strong impact)
- 43% of Hispanics and 36% of African Americans felt their race/ethnicity had a profoundly negative impact on the quality of health care service (3 or higher on a 5-point scale)

Data Source: Howard County Health Assessment Survey, 2024

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Community Schools Needs Assessment SY23 - 24

- Schools: Stevens Forest ES, Deep Run ES, Laurel Woods ES, Homewood Center
- Food Insecurity: Access to healthy foods/snacks outside of school hours and buildings
- Medical Service Needs: Primary Care, dental, vision, hearing, behavioral health, vaccinations, *prenatal care, *pregnancy test
- Barriers: Transportation, language, insurance, housing/ homelessness, stigma

(*Homewood Center)

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Healthy Living: Data Points (Slide 1)

- Adult Overweight & Obese (Overall, Black)
- Adolescent Obesity (Overall, Black, Hispanic)
- Pediatric Overweight
- Binge Drinking, past 30 days
- Daily Fruit Consumption
- Daily Vegetable Consumption
- Smoking Current
- Routine Checkup past year
- Healthy weight (Overall, Black)
- Leisure time activity
- Food Insecurity (Overall and by race)

Metrics in **bold** are included in 2024 SHIP goals.

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Healthy Living: Data Points (Slide 2)

- Mobility Disability
- Arthritis doctor diagnosed, limitations, hospitalizations
- Hip Fracture Inpatient visits per 1,000
- · Fall-related Death Rate
- Falls ED visits per 1,000 (Overall, 55+)
- **Hypertension** doctor diagnosed, medication, ED visits
- COPD doctor diagnosed
- Asthma ED Visits per 1,000 (Overall, Black, Children)
- Diabetes doctor diagnosed, hospitalizations
- Prediabetes doctor diagnosed
- Ischemic Heart Disease hospitalizations
- Coronary Heart Disease doctor diagnosed

Metrics in **bold** are included in 2024 SHIP goals.

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Healthy Living: Data of Interest (Slide 1)

- **59.8%** of adults are overweight or obese and **68.3%** of Black adults are overweight or obese. (2022)
- Obesity increased in High School students from 6.5% (2016) to 9.7% (2022). Obesity is highest for Black (12.4%) and Hispanic (21.7%) students. The highest rate of obesity is in Hispanic males (25.5%).
- Food insecurity is increasing: 6.4% (2017) to 9.7% (2022). Food insecurity is highest for Black (18%) and Hispanic (12%) residents.

Data Source: Behavioral Risk Factor Surveillance System, American Community Survey, and Youth Risk Behavior Survey

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Healthy Living: Data of Interest (Slide 2)

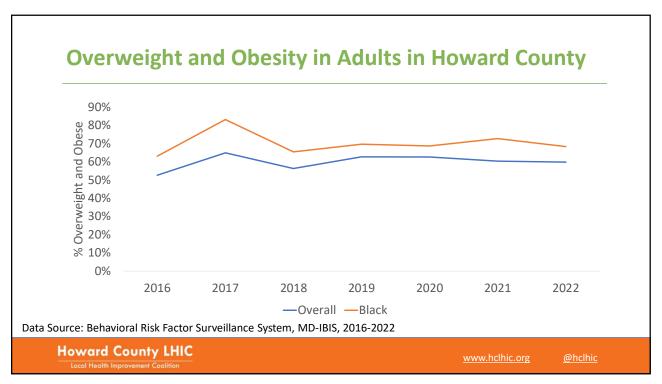
- Daily fruit consumption decreased from 71.9% (2017) to 57.9% (2021).
- 43.8% of high school students report physical activity for at least 5 days per week. (2022)
- Diabetes prevalence is increasing: 8% (2014), 12% (2024).
- Hypertension is more common in Blacks: 34.5% (2022) but decreased among Blacks from 46.7% (2013).

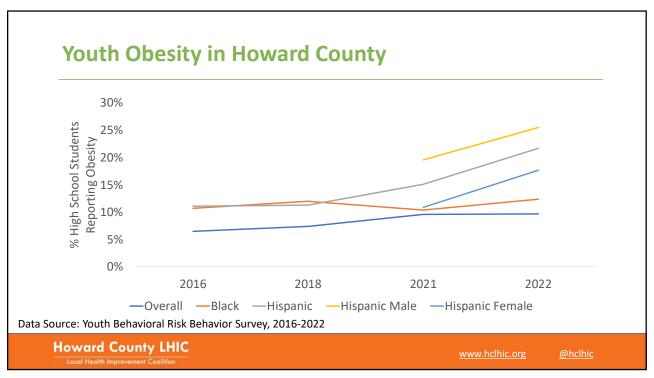
Data Source: Behavioral Risk Factor Surveillance System, Howard County Health Assessment Survey, Youth Risk Behavior Survey

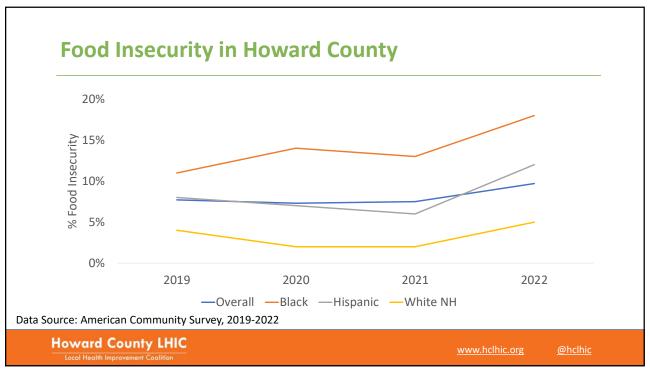
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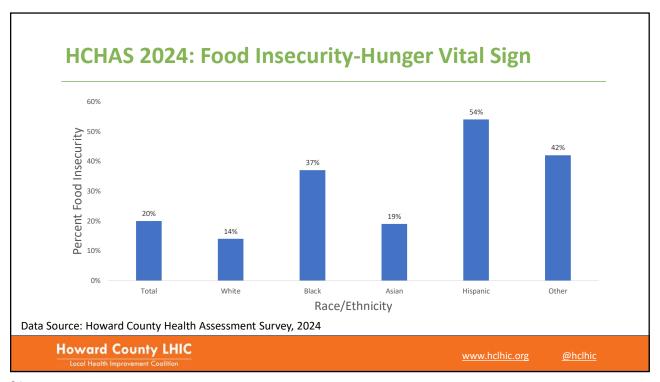
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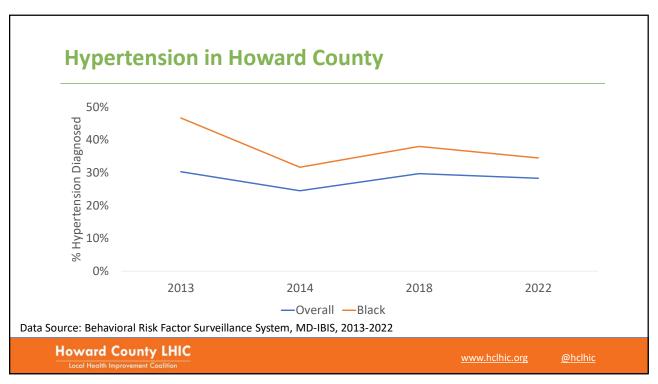
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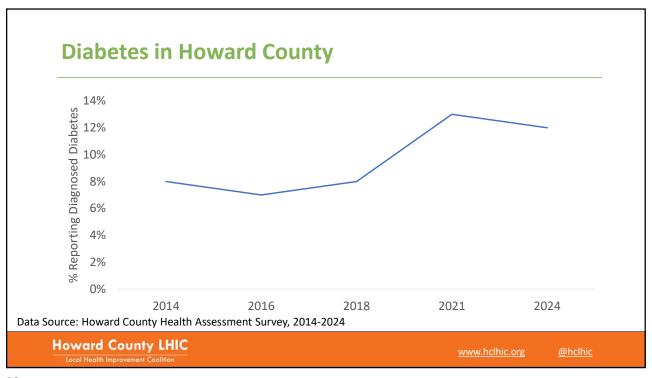


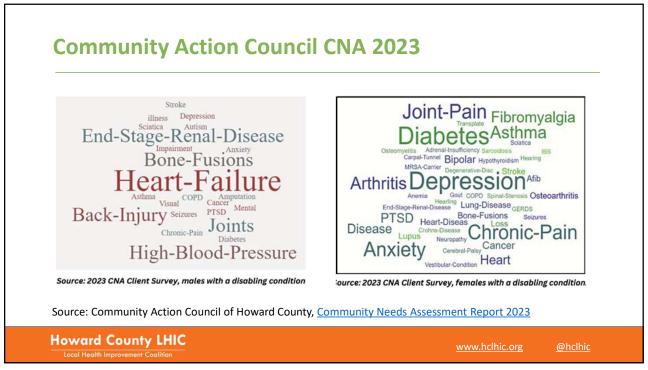


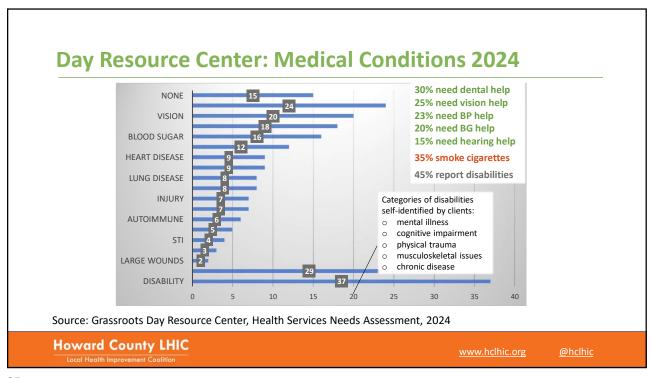












Food Insecurity Among Under-Resourced 2022/23

- Blacks are statistically more food insecure
- Bilingual homes, irrespective of Hispanics or not, are more food insecure relative to English-only speaking homes
- Main barriers: cost and language (bilinguals included)
- Needs:
 - Awareness of food places
 - Community gardens, farmers' markets, mobile food pantries

Source: LHIC Howard County Community Food & Nutrition Security Survey Report, 2023

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Community Focus Groups 2024

- "Healthy foods are expensive." "Diet, more vegetables, whole grains." "Mostly, we Hispanics don't like [leafy greens, we eat] rice and tortilla."
- "With depression and anxiety, it is difficult to be compliant with diabetes care... I lack motivation to take proper care."
- "I seem very anxious...I can eat and eat and eat when I'm very nervous. That anxiety is also related to weight."

Source: HCHD Community Focus Groups on Managing Chronic Disease, 2024

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Healthy Minds: Data Points

- Any Mental Health Condition hospitalization (Overall, Black, Women)
- Depression doctor diagnosed
- Depression ED visits (Overall, Black, Women)
- Students feeling sad or hopeless (Overall, Male, Female, Black, Hispanic)
- Days Mental Health Not Good (8+ days)
- Suicide deaths and hospitalizations (Overall, Black)
- Anxiety ED visits (Overall, Black)
- Any Substance Use Disorder ED visits
- Alzheimer's deaths and hospitalizations (Overall, Black)
- Firearm-Related Assault deaths (Overall, Black)

Metrics in **bold** are included in 2024 SHIP goals.

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Healthy Minds: Data of Interest (Slide 1)

- Adults reporting diagnosed depression increased from 14.2% (2016) to 16.5% (2022).
- Youth reporting hopelessness increased from 23.3% (2013) to 31.9% (2022), with the highest rates in females (43.6%), Hispanics (41.4%) and Blacks (33.7%).
- Youth considering suicide increased from 14.1% (2013) to 15.7% (2022), with the highest rates in females (20.9%), Hispanics (18.6%), and Blacks (16.2%).

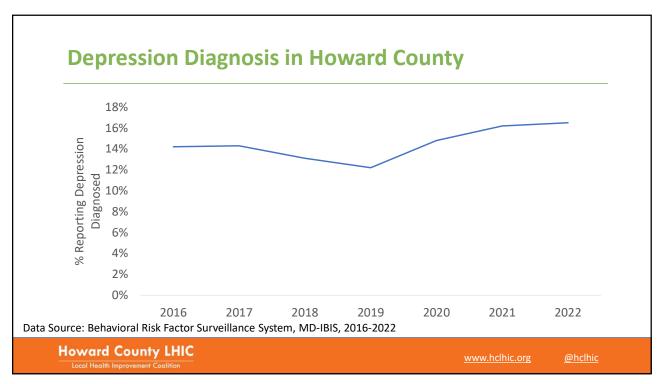
Data Source: Behavioral Risk Factor Surveillance System, MD-IBIS, and Youth Risk Behavior Survey

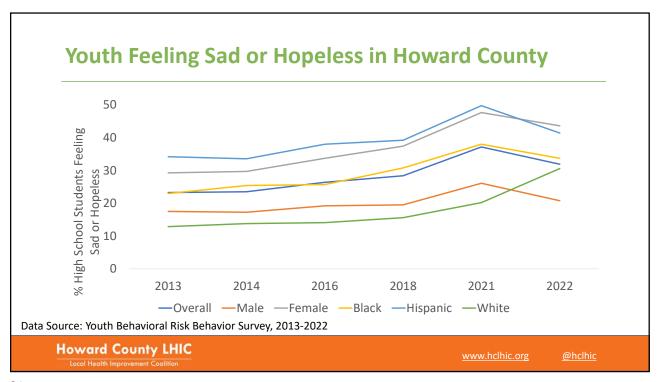
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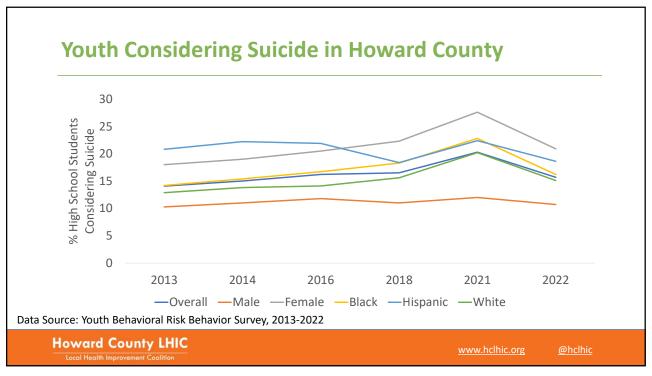
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Data Resources

- 2016 Maryland Behavioral Risk Factor Surveillance System, accessed at https://ibis.health.maryland.gov on [Nov 15,2021].
- 2017 Maryland Behavioral Risk Factor Surveillance System, accessed at https://ibis.health.maryland.gov on [Nov 15,2021].
- 2018 Maryland Behavioral Risk Factor Surveillance System, accessed at https://ibis.health.maryland.gov on [Nov 15,2021].
- 2019 Maryland Behavioral Risk Factor Surveillance System, accessed at https://ibis.health.maryland.gov on [Nov 15,2021].
- 2020 Maryland Behavioral Risk Factor Surveillance System, accessed at https://ibis.health.maryland.gov on [November 1, 2024].
- 2021 Maryland Behavioral Risk Factor Surveillance System, accessed at https://ibis.health.maryland.gov
 on [November 1, 2024].
- 2022 Maryland Behavioral Risk Factor Surveillance System, accessed at https://ibis.health.maryland.gov on [November 1, 2024].

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HCHAS 2024-Mental Health Data

- Treatment for any mental health condition increased from 7% (2014) to 16% (2021) to 23% (2024).
- 29% of respondents reported feeling socially isolated from others for at least several days during the prior two weeks. (2024)

Data Source: Howard County Health Assessment Survey, 2014-2024

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Community Focus Groups 2024

- "In the wake of COVID people became antisocial and don't know how to deal with others on a basic and professional level. They lack empathy, not taking time to dig deeper and establish relationships."
- "The winter season is like the hardest one because the day is so short, then the darkness makes one feel lower in energy."

Source: HCHD Community Focus Groups on Managing Chronic Disease, 2024

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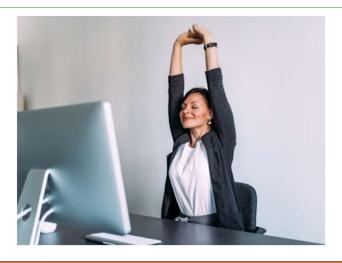
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BREAK - 10 MINUTES



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FY 26 – 28 CHIP Development Update

Maribet Rivera-Brute, MPH



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FY 22 – 25 CHIP Highlights

Membership: Increase of 13%

	FY 22 Membership (7.02.2021)	FY 25 Membership (10.29.2024)
Individual	512	670
Organizational	180	235

- 6 Workgroups and great partner engagement
- 4 Grant-funded projects totaling \$158,400

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Growing Healthy Families Workgroup

Improve birth outcomes for people of color in Howard County to advance efforts toward reducing health disparities.

- Started: November 2023
- Organize 2024 Black Maternal Health Week event
- Promote resources, information and classes to improve birth outcomes
- Update website with resources

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Chronic Disease Prevention & Management Group (CDPMG)

Focuses on the prevention and management of illnesses related to chronic diseases such as cancer, tobacco, and diabetes.

- Promotion of evidence-based chronic disease classes
 - Flyers and posters with class offerings
 - Link to CAREAPP favorites folder with classes
- LHIC Website updates with Health Action Item and classes
- Place-based outreach events with residential communities
- Promotion of nutrition education sessions

Note: Cancer Coalition formed under Cancer Control Program

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Food Security Committee

Goal is to reduce food insecurity and advance efforts towards nutrition security for Howard County residents.

- Started: June 2022
- Survey of community members + Roundtables with partners
- Hosted Pop-Up pantries (Schools + Communities)
- Updated partner Food + Nutrition Resource Guide
- Created + translated digital and print Food Pantry brochures
- Created interactive Food Connection Map with poster
- Created short pantry spotlight videos
- Initiated + supported container garden at senior community
- Funded community gardens at 2 Title I Elementary Schools

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Movement Group

Focuses on exercise and movement throughout the year including the State of Maryland's Walktober initiatives in October.

- Convene collaborative Walktober initiative
 - 2021: 27 events; 2022: 22 events; 2023: 47 events; 2024: 71 events
- Promote physical activity year-round
 - Free and low-cost movement activities in CAREAPP folder and flyer
 - Walk & Bike to School: resources and social media campaign
- Falls Prevention initiative
 - Resources on website including flyers
 - Promotion of events
 - Pilot project with partners with specific residential communities

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Healthy Minds & Suicide Prevention Coalition

Works to encourage residents to have conversations about mental health and to promote help-seeking behaviors.

- Suicide Prevention Campaign across lifespan
- Suicide Prevention Forum and Veterans Mental Health presentation
- Outreach events and focus on mental health
- Three LHIC webpages created/updated regularly
 - Mental Health, Suicide Prevention, Veterans Resources
 - Program Guide + CAREAPP Favorites folder
- Promotion of classes and events
- Safe Homes Brochure creation

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Health Literacy Advisory Committee (HLAC)

Ended: May 2024

- 11 community focus groups conducted in 2021
- Healthy Lifestyle messages created
 - Pilot Healthy Lifestyle campaign launched with plans for expansion
- Disability Resources page created
- Disability Inclusion Grant:
 - 6 Health and Human Services Questions added to CAREAPP Intake Form
 - Living Well in the Community classes for individuals living with disabilities
 - Accessibility Assessment of Health Department

New workgroup: Community Health Worker (CHW) Learning Collaborative Offers a peer learning opportunity for CHWs to share resources and facilitate discussion among partners who support and employ CHWs across the County.

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Grants

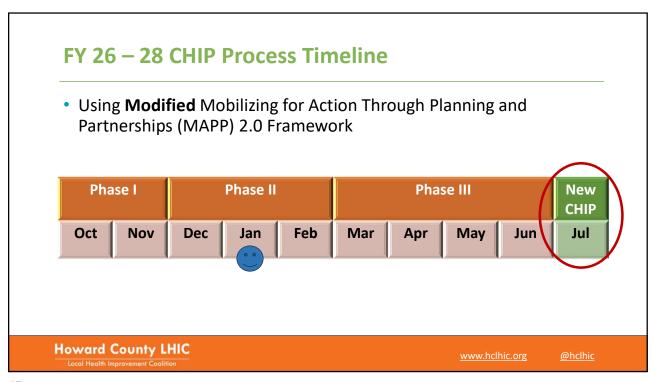
- CareFirst: Healthy Lifestyle in Residential Communities
 - **2022**: \$50,000
- Maryland Department of Health: Food Security Project
 - **2022**: \$20,000; **2023**: \$19,400
- Maryland Department of Health: Disability Inclusion Project
 - **2023**: \$25,000; **2024**: \$15,000
- Maryland Department of Health: Walkability Primer Academy
 - **2024**: \$10,000

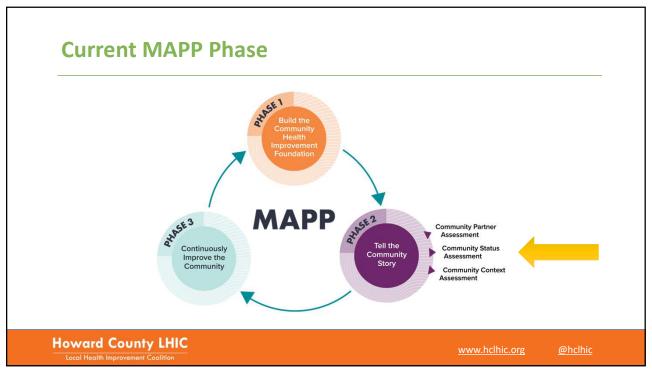
TOTAL: \$158,400

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PHASE I

- Build the Community Health Improvement Foundation
 - This phase invites many partner organizations and people to plan for MAPP

Components	Timeline	Responsible
 Review current CHIP with co-chairs Review CHIP process at full LHIC meeting 	Oct	LHIC staff
 Convene Steering Committee Visioning Review current CHIP + goals for new plan 	Nov	LHIC staff St. Cmte.

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PHASE II

- Tell the Community Story
 - This phase includes preparation, application, and analysis of the three assessments

Components	Timeline	Responsible
Data Assessment & Review	Dec	EpiSt. Cmte.
Root Cause Analysis of Issues at Workgroup Meetings	By Jan	QIPartners
Community Input	Feb	CHWsLHIC staff

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PHASE III

- Continuously Improve the Community
 - This phase centers on developing the CHIP by priority issues and applying and evaluating strategies by community partners

Components	Timeline	Responsible
 Review Issue Profiles, Assets & Community Input Discuss potential goals, objectives, activities, timeline, responsibility, metrics 	Mar	St. Cmte.
Draft CHIPFeedback from Steering Committee & full LHIC	Apr	St. Cmte. LHIC
Voting + Finalization	May + June	LHIC

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FY 26 - 28 CHIP

- Alignment with:
 - Hospital CHNA
 - MDH SHIP
- Member Survey: Feedback on Mission, Vision, Values, Priorities, Comms.
- Roundtables with Workgroups: January 2025
- **Year 1** FY 26: July 2025 June 2026
- Year 2 FY 27: July 2026 June 2027; Mid-Point: December 2026
- Year 3 FY 28: July 2027 June 2028; End-Point: June 2028

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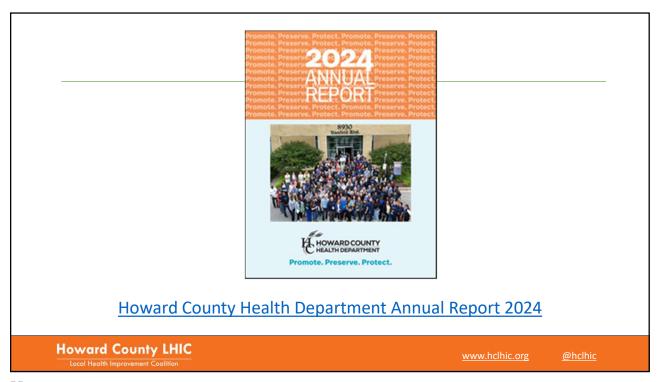
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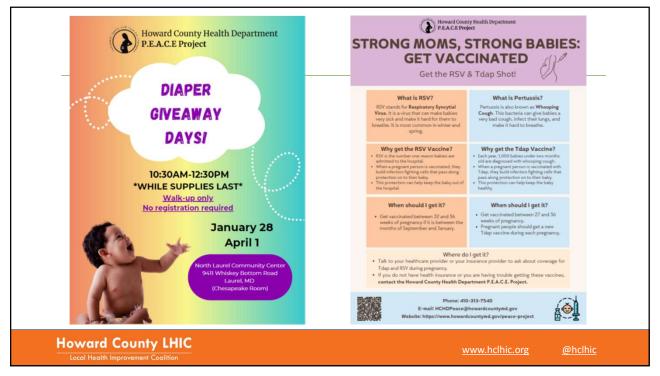
Member Announcements, Resource Sharing and Networking

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Office of Children and Families Introducing the Grand Connections Series

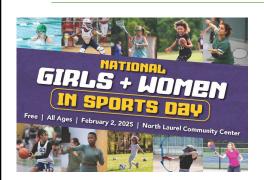
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National Girls and Women in Sports Day

Health principles and toolkits for Head Start Webinar February 3, 10 AM Howard County Seed Drive January 25, 1 - 4 PM Howard County Library, Miller Branch

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Thriving Together: Survivor Mental Health Awareness & Wellbeing Group



<u>Veteran Connection Support</u> <u>Group – Online</u>

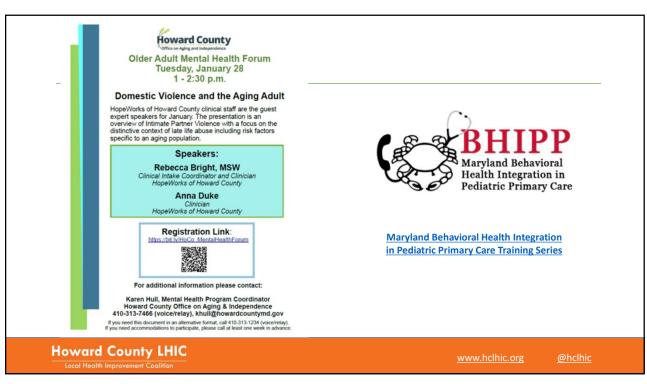
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MEMBER ANNOUCEMENTS

Please share any updates by typing them into the <u>Chat Box</u>. You may also unmute your microphone to speak.

Thank you!

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NEXT STEPS & WRAP UP

2025 Quarterly Hybrid Full Coalition Meetings:

Register

- April 17, 2025, at 9:00 11:00 am
- July 17, 2025, at 9:00 11:00 am
- October 16, 2025, at 9:00 11:00 am

Presentations and recording will be posted at www.hclhic.org

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Thank you!

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