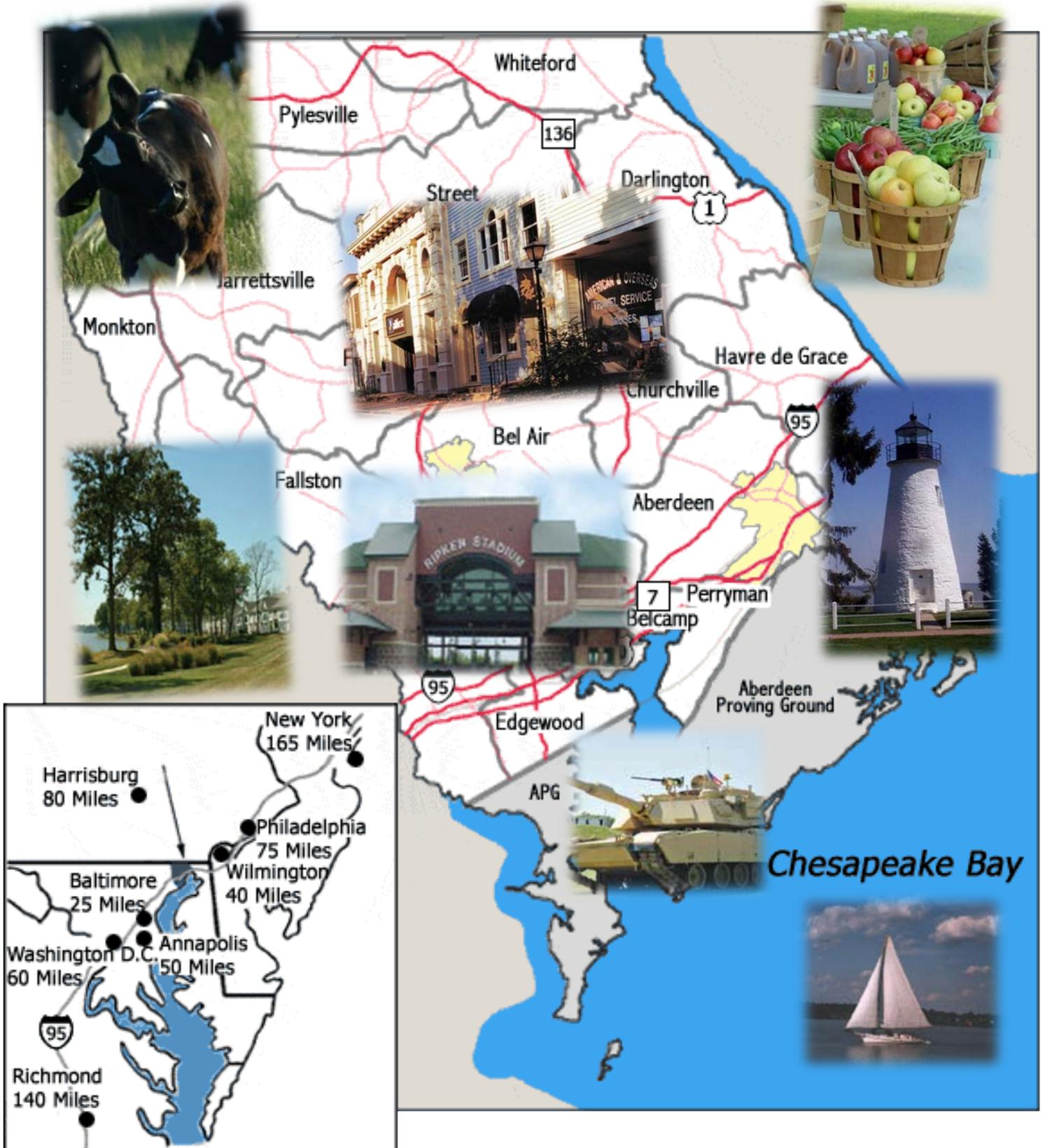
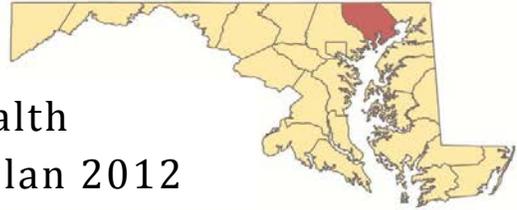


HARFORD COUNTY, MARYLAND COMMUNITY HEALTH IMPROVEMENT PLAN, DECEMBER 28, 2012



HARFORD COUNTY

Community Health Improvement Plan 2012



Acknowledgements

We would like to extend our appreciation to the members of the Local Health Improvement Coalition Steering Committee for their work on this initiative and the resulting report.

- Susan Kelly (Chair), Harford County Health Department
- Vickie Bands (Chair, Tobacco Workgroup), Upper Chesapeake Health
- Kathy Kraft (Chair, Community Engagement Subcommittee), Upper Chesapeake Health
- Mary Chance, Harford County Government
- Elizabeth Hendrix (Chair, Access to Healthy Food Subcommittee), Harford County Department of Community Services
- Sharon Lipford (Chair, Behavioral Health Workgroup), Harford County Department of Community Services
- Arden McClune (Chair, Built Environment Subcommittee), Harford County Parks and Recreation
- Nick McDonald, Upper Chesapeake Health
- Russell Moy, Harford County Health Department
- Mary Nasuta, Harford County Public Schools
- Rob Reier, Town of Bel Air
- Peggy Vaughan, Private Citizen
- Mark Wild, Upper Chesapeake Health
- Tina Zimmerman, Harford Community College

Harford County Health Department was the lead organization in preparing this report: Susan Kelly, Health Officer, Russell Moy, MD, Deputy Health Officer, Joan Salim, Laura McIntosh, Mallory McCloskey and Bari Klein, Health Policy Analysts, contributed to the preparation of this document.





VISION AND MISSION OF THE HARFORD COUNTY LOCAL HEALTH IMPROVEMENT COALITION

Vision

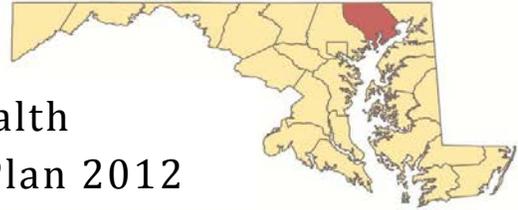
To make Harford County the healthiest county in Maryland

Mission

To protect, promote and improve the health, safety, and environment of the citizens of Harford County through community assessment, education, collaboration and assurance of services.

HARFORD COUNTY

Community Health Improvement Plan 2012



Executive Summary

Harford County's Community Health Improvement Plan (CHIP) is a long-term, systematic process for addressing issues identified in its Community Health Assessment (CHA) in order to improve health outcomes. The purpose of the Community Health Improvement Plan is to describe how the Health Department and the community will work together to improve the health of the population that they serve. The planning and implementation process is community-driven and reflects the results of a participatory process that includes significant involvement by a broad set of stakeholders and partners. It will be used to set priorities, direct the use of resources, develop and implement projects and programs and aims to increase awareness of public health issues and support improvements in the well-being of its residents.

Harford County's Plan is being conducted under the umbrella of Maryland's State Health Improvement Process (SHIP). In 2011, the Maryland Department of Health and Mental Hygiene (DHMH) launched an initiative to improve the health of all Marylanders through SHIP which compared 39 health objectives among the State and its 24 jurisdictions. When compared to Maryland, Harford County is comparable to or better on 28 of the objectives, but ranks worse on 11 objectives, including suicide rates, youth and adult tobacco use, drug-induced deaths, cancer and heart disease mortality rates.

Following the recommendation of DHMH to take local action to ensure public health progress, Harford County formed a Local Health Improvement Coalition (LHIC) to guide its planning process. The LHIC is developing strategies to address selected measures based on craft the Local Health Action Plan (LHAP). Drawing upon strategies from a variety of resources, including the World Café model for facilitating large group dialogue, the Mobilizing for Action through Planning and Partnership (MAPP) participatory model, and the Healthy Harford Community Health Assessment Project (CHAP), the LHIC has chosen to conduct its community health improvement planning process in a way that uniquely meets the needs of Harford County.

Harford County's LHIC met in December 2011 to review a wide variety of health indicators for the County and, after careful deliberation, identified three top health priority areas: obesity prevention/healthy eating and active living, tobacco use prevention/tobacco-free living, and behavioral health, including access to mental health care and substance abuse prevention. These priorities are fully addressed in the Harford County LHAP (see Appendix 3), which includes strategies supported by LHIC workgroups comprised of representatives from a wide array of community organizations. The LHIC met again in October 2012 to discuss workgroup progress, next steps, and to formally release the Community Health Improvement Plan for

HARFORD COUNTY

Community Health Improvement Plan 2012



comment to the Coalition members as well as the community.

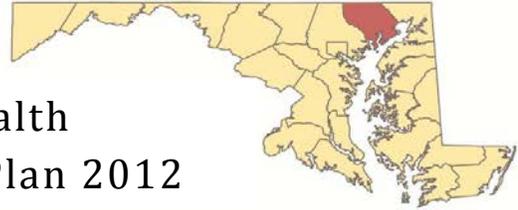
Health improvement strategies designed to address these three priorities are being implemented as part of a larger Harford County public health effort. For example, Healthy Harford (<http://www.healthyharford.org/>), a non-profit organization established in 1993 by leaders from Upper Chesapeake Health, Harford County Health Department, and Harford County Government is a community coalition dedicated to improved health outcomes of the County. The Community Health Improvement Plan builds on the foundational work of Healthy Harford. In addition, the importance of obesity prevention as a public health imperative has been affirmed, as evidenced by the passage of Harford County Council Resolution 28-11, enacted in October, 2011, that established an Obesity Task Force (see Appendix 4).

Implementation of the Community Health Improvement Plan will be supported by two grants: (1) Community Transformation Grant (CTG), a federal Centers for Disease Control and Prevention (CDC) program through DHMH, and (2) Maryland Community Health Resources Commission (MCHRC) grant. The number of community health improvement planning and implementation efforts currently underway in Harford County has reinvigorated the public health community and the community at large. Schools, workplaces, community settings, households and other venues will be targeted for ideas and actions. Special attention to vulnerable populations, disparities and minority outreach will be given and built into the action plans. This community-driven framework will serve as a model in future years, as additional priorities such as maternal and child health, injury prevention, and access to care will be carefully examined.

Following the solicitation and receipt of community input in December 2012, Harford County's Community Health Improvement Plan was finalized. The Local Health Improvement Coalition will continue to serve a key role in informing, advising and guiding Harford County's Community Health Improvement Plan. Health status indicators and trends will be assessed, action plans monitored, and priorities revisited to best optimize the health status of Harford County residents.

HARFORD COUNTY

Community Health Improvement Plan 2012



Introduction

In June 2011, more than 60 staff from the Maryland Department of Health and Mental Hygiene along with 15 other State government agencies participated in charting a course for cross-cutting State-level action to improve the health of Marylanders through the State Health Improvement Process (SHIP). This process provides a framework to measure health improvement not only in Maryland but in all of the State's 24 jurisdictions, including Harford County. The SHIP's focus is on critical prevention factors and population health outcomes.

SHIP measures were selected after an exhaustive process that took into consideration State, local and national plans and indicators, including CDC's Healthy People 2020 objectives, and the concerns of State officials and health and community leaders. Consideration was also given to the 260 comments received on a draft set of measures distributed during the spring of 2011 (<http://dhmh.maryland.gov/ship/SitePages/mechanics-ship.aspx>).

The 39 SHIP objectives provide a means for comparing Maryland with other states as well as comparing jurisdictions to the State and one another. Each measure has a 2014 target for improvement. DHMH also developed local data for the State's jurisdictions, providing the basis for a Local Health Improvement Process (LHIP) in each jurisdiction.

DHMH encouraged jurisdictions to join in the health improvement process, and Harford County followed the State recommendations by creating a Local Health Improvement Coalition (LHIC) and a Local Health Action Plan (LHAP). In December 2011, Harford County convened the LHIC with over 50 members, representing diverse interests, all committed to improving the health of Harford County residents. After reviewing public health indicators for the County, the LHIC identified three significant public health issues: **obesity, tobacco use, and behavioral health** (mental health and substance abuse) and formed workgroups to address each of these, consistent with the LHAP, which was developed to jump start the health improvement process and gain State funding for public health initiatives.

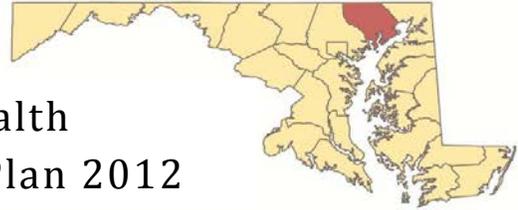
Harford County's Community Health Improvement Plan 2012 includes a summary of the data, the process used to select the plan's three priority areas and outlines the strategies developed by the LHIC workgroups to target the County's unacceptably high rates of obesity and tobacco use and to address the mental health and substance abuse problems facing County residents.

The State Health Improvement Process provides a framework for continual progress toward a healthier Maryland and has three main components: accountability, local action and public engagement.

<http://dhmh.maryland.gov/ship/SitePages/execsummary.aspx>

HARFORD COUNTY

Community Health Improvement Plan 2012



Starting with the Data

Harford County is one of the fastest growing jurisdictions in Maryland, with a strategic location between New York and Washington D.C. Harford's population grew from 182,132 in 1990 to 244,826 in 2010, representing a 34% increase, far surpassing the growth experienced by Maryland (9%) during the same 20-year period. However, while the County is relatively wealthy and well-educated, it has a high burden of chronic disease. Harford County residents have age-adjusted mortality rates worse than the State average for the four leading causes of death – heart disease, cancer, stroke, and chronic obstructive pulmonary disease (COPD).

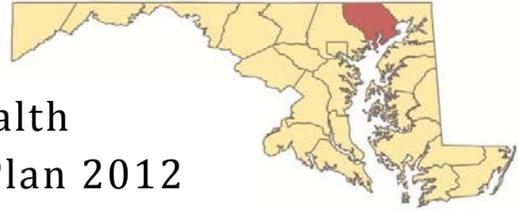
A number of sources document the health status of Harford County residents, providing data that illustrate the County's relatively high age-adjusted mortality rates and the detrimental health behaviors that contribute to chronic conditions and death. Below is a summary of the various analyses that were used in assembling the *Harford County Community Health Assessment* (June 2012) and in developing this health improvement plan. These sources were supplemented by other data, such as Maryland Vital Statistics, giving additional insight into the health of the Harford County population.

Maryland Surveys - The Maryland Behavioral Risk Factor Surveillance Survey (BRFSS), which has been ongoing since 1987, includes survey questions about health-related behaviors in the adult population with a specific focus on behaviors and conditions that place adults at risk for chronic diseases, injuries, and preventable infectious diseases. The Maryland Youth Tobacco Survey (MYTS), which began in early 2000, is conducted in a sample of middle and high schools across the State and provides data on high-risk youth behavior.

These two surveys document that the percentage of tobacco use by both adults and youth is above that of Maryland as a whole: the 2008-2010 BRFSS data reflect that 20.3% of adults in Harford County use tobacco as compared to 15.1% in Maryland while the 2010 MYTS data on tobacco use for underage middle and high school youth indicate that in Harford County 17.3%

HARFORD COUNTY

Community Health Improvement Plan 2012



of youth use tobacco as compared to 17.1% in Maryland. Furthermore, Harford County adults and youth tobacco use trends are moving in the wrong direction.

According to 2008-2010 BRFSS data, other lifestyle risk factor indicators, such as adult obesity/overweight prevalence (63.5% in Harford vs. 64.1% in Maryland) are troubling in both Harford County and the State. Similarly, 2009 Pediatric Nutrition Surveillance results, using data from the Maryland Women, Infants and Children (WIC) Program, reveal comparably poor obesity/overweight indicators for 2 to 4 year olds in both Harford County (31.2%) and Maryland (32.9%).

While adult smoking has decreased over time in Maryland, the percentage of Harford County adults who smoke increased from 17% in 2000 to 20% in 2010. (Behavioral Risk Surveillance Survey)

Mental health and substance abuse are significant public health concerns in Harford County, reflected by an increase in the County's suicide death rate, which rose by 20% between 2005-2007 and 2008-2010. Greater percentages of Harford County adults and youth are binge drinking and a higher percentage of Harford County high school students use marijuana, heroin, and other narcotics when compared to State averages.

Healthy Harford 2010 - Healthy Harford, the Healthy Communities Initiative of Harford County, is a non-profit 501c3 organization founded by community leaders from the Harford County Health Department, Upper Chesapeake Health, and Harford County Government. Beginning in 1996, Healthy Harford initiated a Community Health Assessment Project (CHAP) to assess the overall health of adult residents. The goals of this assessment are to ensure that health improvement strategies match the actual needs, establish baseline health indicators to track progress over time, and create Community Action Teams with the aim of improving the health of County residents. The resulting Preventive Health and Wellness Report Card, developed in 2010, highlighted indicators that show an increase in diagnosed diabetes, high rates of adult smoking, high blood pressure and lack of dental care, among others.

County Health Rankings 2012 - The County Health Rankings project, published for the first time in 2010 with funding from the Robert Wood Johnson Foundation, ranks health outcomes and factors for nearly every county in the nation, providing data on a variety of measures that affect health (<http://www.countyhealthrankings.org/about-project>). Two county rankings are provided, one for health outcomes (mortality and morbidity) and the other for health factors (behavioral, clinical, social and economic, and environmental). Harford County was ranked 9th highest out of the 24 Maryland jurisdictions on the health outcomes and 8th highest on health factors. Of particular note was the difference within the overall health outcomes measure:

HARFORD COUNTY

Community Health Improvement Plan 2012



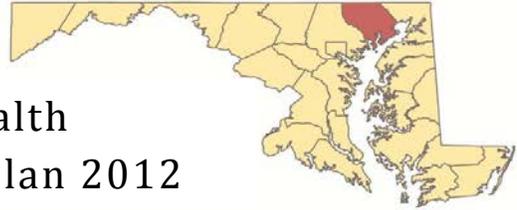
Harford ranked 6th out of the 24 counties on length of life, but only 12th on morbidity, with higher average numbers of poor physical health days and poor mental health days.

Maryland State and Local Health Improvement Process - In an effort to improve the health of all Marylanders, the Maryland Department of Health and Mental Hygiene (DHMH) launched the State Health Improvement Process (SHIP) (<http://dhmh.maryland.gov/ship>) to focus on health priorities and provide a framework for accountability, local action, and public engagement. The development of the SHIP measures included a public engagement process, and DHMH received more than 250 comments about the proposed objectives.

SHIP includes six vision areas, with 39 health objectives, which were defined to create and measure changes in Maryland's health. DHMH provided each State jurisdiction with a Local Health Improvement Process (http://eh.dhmh.md.gov/ship/SHIP_Profile_Harford.pdf), with jurisdictional data for the 39 objectives. Harford County is comparable to or better than the State average on 28 of the objectives, but ranks worse than Maryland in the following 11 objectives:

- Objective 8 – Suicide rate
- Objective 19 – Air Quality Index exceeds 100
- Objective 24 – Adult seasonal influenza vaccine rate
- Objective 25 – Heart disease mortality
- Objective 26 – Cancer mortality
- Objective 29 – Drug-induced deaths
- Objective 32 – Adult tobacco use
- Objective 33 – Youth tobacco use
- Objective 34 – Behavioral admissions to the emergency room
- Objective 35 – Alzheimer's related admissions to the emergency room
- Objective 38 – Dental care for children and adolescents

DHMH set measurable targets for Maryland's health in 2014 based on the most recent data available for each objective. Noting that local action is "key to public health progress" (<http://dhmh.maryland.gov/ship/SitePages/execsummary.aspx>), DHMH encouraged each county to form local health improvement coalitions and, working through these, to adopt strategies to address selected SHIP measures. To that end, a Local Health Improvement Coalition (LHIC) Steering Committee was established in Harford County in November, 2011. The Steering Committee membership represents a wide variety of governmental agencies with ongoing interests in public health (Appendix 1).



Engaging the Community



On November 22, 2011, a Harford County Community Health Improvement Process Steering Committee convened to review public health indicators and to formulate a plan to improve the health and well-being of local residents. The eleven-member committee, representing Harford County government agencies and the local hospital system, Upper Chesapeake, agreed that full community participation was needed to craft a public health action plan that would bring positive changes in health behavior and outcomes for Harford County residents.

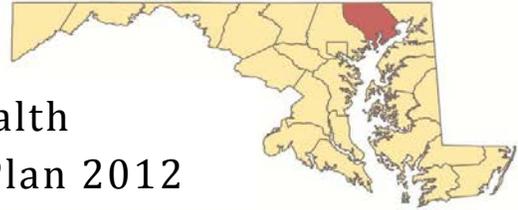
The Steering Committee invited over 60 stakeholders, representing a broad array of individual and organizational interests to a meeting on December 8, 2011 at Harford Community College. This group, which formed the Local Health Improvement Coalition (LHIC), included representatives from Harford County Planning and Zoning, the Y of Central Maryland, Harford County Parks and Recreation, the Sheriff's Office as well as other organizations and individuals concerned about the health and well-being of County residents (Appendix 2).

The coalition was asked to identify priorities for health improvement efforts. After reviewing the health indicators for the County (<http://www.harfordcountyhealth.com/wp-content/uploads/2011/12/Dr-Moy-Harford-County-LHIC-12-8-11.pdf>), the coalition began prioritizing local health improvement objectives, using the **World Café Model** (<http://www.theworldcafe.com/method.html>). This format actively engages groups as they move from table to table learning about different health issues, after which they communicate their feedback to the larger group as a whole.

During their table discussions, coalition members emphasized the importance of reaching youth and on partnering with the schools to improve nutrition and to increase physical activity. Access to fruits and vegetables for low income residents was voiced as a concern. The built

HARFORD COUNTY

Community Health Improvement Plan 2012



environment and how it contributed to the inability to walk or bike safely, as well as the lack of access to affordable public recreation and swim areas, was also discussed. Smoking was not addressed as frequently as the other health priorities, but those who did address this health problem stated that they did not understand why youth choose to start smoking when they had all the information regarding its negative health effects.

Several initiatives were suggested to decrease adult smoking: higher tobacco taxes and support for community and business wellness programs. While participants thought that youth substance abuse was often due to poor parent modeling behavior and a permissive culture, they were less sure of what to make of mental health concerns.

Overall, LHIC participants were surprised that as a well-educated affluent County, Harford would have such poor health outcomes. Many did not realize that access to care was an issue for some Harford residents.

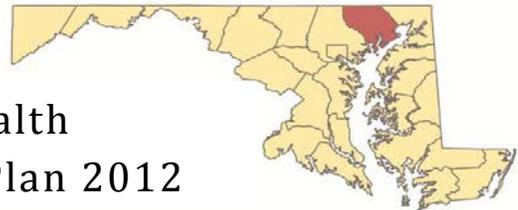
The LHIC declared the three top health priority areas to be: obesity prevention/healthy eating and active living, tobacco use prevention/tobacco-free living, and behavioral health, including access to mental health care and substance abuse prevention. The Coalition noted that physical and behavioral health issues must be addressed in tandem in order to achieve optimal outcomes. A complete meeting summary is available online (<http://www.harfordcountyhealth.com/wp-content/uploads/2012/03/Dec.-8-CHIP-Meeting.pdf>).

In order to more effectively address the priority areas, the coalition formed workgroups to focus on the top three issues. Obesity is being addressed by the Obesity Task Force, which was established by a County Council Resolution in October 2011 and includes three subcommittees: Access to Healthy Foods, Built Environment and Community Engagement. In addition, a Behavioral Health Workgroup and Tobacco Workgroup were also formed. Each group was populated with LHIC members and additional community members that can offer valuable subject-related expertise.

The LHIC deliberations are reflected in the Harford County Local Health Action Plan (Appendix 3), which used health indicators from the Local Health Improvement Process to identify priorities and targets for improvement. The action plan focuses on the three LHIC priority areas, offering specific strategies to guide each workgroup's planning efforts.

HARFORD COUNTY

Community Health Improvement Plan 2012



Focusing on Priorities: Obesity

The Harford County Local Health Action Plan (LHAP) includes targets to be met by 2014, consistent with the DHMH planning efforts for State-wide participation in addressing public health concerns. Below are the targets related to obesity.

Obesity Baseline and Target for 2014

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

Note: The Healthy People 2020 objectives for the percent of adults who are at a healthy weight is 33.9% and for the percent of youth 12 – 19 who are obese, 16.1% (<http://www.healthypeople.gov/2020/topicsobjectives2020/>).

Concurrent with DHMH’s disseminating the State and Local Health Improvement Processes to Maryland jurisdictions, the Harford County Council established the Obesity Task Force with Council Resolution 28-11, enacted in October, 2011 (Appendix 4). The Task Force was directed by the County Council to make recommendations on programs and policies that support a healthier Harford County.

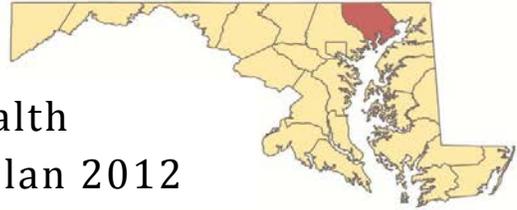
The resolution specified what organizations were to be represented on the 15-member Task Force (Appendix 5) and named the County Health Officer, Susan Kelly, as Chair. The Task Force formed three subcommittees to more fully address the underlying causes of obesity in Harford County: Community Engagement, Access to Healthy Foods, and Built Environment. The subcommittees expanded participation in their deliberations by inviting representatives from diverse organizations who could contribute knowledge and experience in addressing social and environmental issues. Subcommittees were able to coordinate their planning efforts and share information through periodic meetings of the committee chairs.

The focus of the subcommittees was consistent with the strategies included in the LHAP to address obesity through diet and physical activity:

- Increase access to healthy foods;
- Enhance the built environment;

HARFORD COUNTY

Community Health Improvement Plan 2012



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

An interim report to County Council was presented May 1, 2012. The final Obesity Task Force Report, which included final recommendations, was presented to County Council on October 2, 2012. The narrative portion of the final Obesity Task Force Report contains membership lists and additional details of the subcommittees work (Appendix 6). The interim report and the full version of the final Obesity Task Force Report can be accessed at:

www.harfordcountyhealth.com.

Increase Access to Healthy Foods

The Access to Healthy Foods Subcommittee, chaired by Elizabeth Hendrix, Director of Harford County’s Department of Community Services, began deliberations by reviewing current Harford County projects that address food access, including activities that encourage the consumption of fresh fruits and vegetable and agreeing on the need to identify food deserts as defined by the federal government (a low income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store).

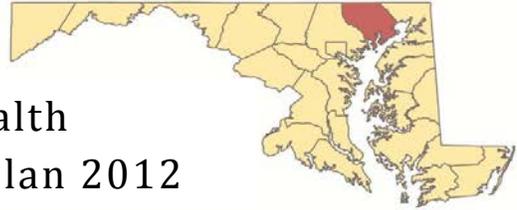
Concurrently, the Department of Community Services (DCS) was assessing the availability of food to low and moderate income households as part of its report to the United States Department of Housing and Urban Development. No area in Harford County qualified as a food desert although three areas of the northern part of the County were found to be lacking food resources: Darlington, Street, and Whiteford. The committee agreed that action should be taken to fill in the gaps for the economically disadvantaged residents of these areas.

On July 18, 2012, the Department of Community Services conducted an Access to Food Community Needs Café with 23 participants from local provider agencies. This group agreed that more attention was needed in the northern part of the County. Group consensus was that there should be better coordination of current resources. Suggestions to address this need include developing a County-wide mobile food pantry for low income, disabled and elderly residents and forming provider cooperatives to allow resource sharing among existing programs and to engage volunteers in delivering food.

The Access to Healthy Food Subcommittee deliberations laid out the following top priorities

HARFORD COUNTY

Community Health Improvement Plan 2012



- 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.
- Advocate for additional fresh fruit and vegetable tastings at more elementary schools in Harford County.
- Look for ways to familiarize families that receive public assistance and seniors on a fixed income with access to healthy foods via farmers markets.
- Develop and incentivize a Healthy Restaurant Designation program.

Enhance the Built Environment

The Built Environment Subcommittee, chaired by Arden McClune, Director of Harford County Department of Parks and Recreation, focused on strategies to encourage Harford County residents to increase their level of activity, such as walking and biking, by providing public education and engagement related to the benefits of an active lifestyle.

Progress to date includes:

- Engaged in contract with Baltimore Metropolitan Council to offer a "Street Smart" campaign which will educate drivers, cyclists, and pedestrians on how to safely share the road.
- Partnered with three Harford County Public Schools to encourage the adoption of walking and biking to school programs.
- Purchased 32 bike racks to be positioned at government buildings, Parks and Recreation sites and schools.

Going forward, the Built Environment Subcommittee has laid out a broad range of priorities, consistent with the LHAP, in the following categories:

- Connectivity - In order to encourage walking and biking as forms of active transportation, the road, sidewalk and/or trail connections must be in place.
- Commuting Alternatives - To encourage "Active Transportation," the use of bicycles and public transportation such as transit buses must be a safe and attractive option.
- Supporting implementation of the 2012 Bicycle and Pedestrian Master Plan.
- Walking Paths - Walking is a key component to both incorporating activity in the work/school day and in promoting active recreation pursuits.
- Recreation - The 2012 Land Preservation Parks and Recreation Plan should incorporate goals regarding provision of facilities that promote healthy activity by all residents.

HARFORD COUNTY

Community Health Improvement Plan 2012



- Community Support - Public education and engagement is essential to change perceptions regarding an active lifestyle and its importance to health.

Create a “Community of Wellness” through Community Engagement

The LHAP includes proposals for community engagement that revolve around:

- Creating a unified message of healthy eating and active living via social, print and visual media.
- Working with businesses, physicians, child care providers and schools to support wellness initiatives.

The recommendations of the Community Engagement Subcommittee, chaired by Kathy Kraft, Director of Community Health/Leadership and Learning for Upper Chesapeake Health, build on the past efforts of Healthy Harford, a well-established non-profit health advocacy organization, to bring a strong public health message to Harford County residents. Healthy Harford represents a long history of collaboration involving the local health department, community hospital, County government and other key stakeholders. This non-profit advocacy organization has supported public health initiatives in the County since the mid-1990’s.

The subcommittee priorities include proposals to:

- Develop and implement a comprehensive Community Campaign promoting awareness and education about the importance of Harford County “getting healthy.”
- Partner with major “influencers” that have the potential to impact large segments of the population in all areas of Harford County: schools, businesses, child care centers and health providers.
- Provide opportunities for major “influencers” to receive formal recognition and a healthy designation (“Get Healthy Harford” symbol) that can be displayed for achieving nutrition and physical activity defined criteria.
- Implement a structure for long-term sustainability of the Obesity Task Force initiative.

Increase physical activity and healthy eating in schools and early child care centers

The LHAP includes plans to increase physical activity and healthy eating in schools and early child care centers. Through the Community Transformation Grant (CTG), an innovative public health/school system collaboration is being piloted at three Harford County elementary schools (Edgewood, Havre de Grace and William Paca/Old Post) that will serve as model programs for promoting school wellness. Edgewood, Fallston, and North Harford High School public health

HARFORD COUNTY

Community Health Improvement Plan 2012



students will work with the three elementary schools to ensure sustainability of school wellness initiatives. Additionally, public health students from local high schools are encouraged to develop public health awareness projects that creatively inform, educate and engage students, parents and the community about the importance of healthy lifestyles. A partnership has also been established with Child Care Links, the local Child Care Resource Center for Harford and Cecil Counties. Projects to date include:

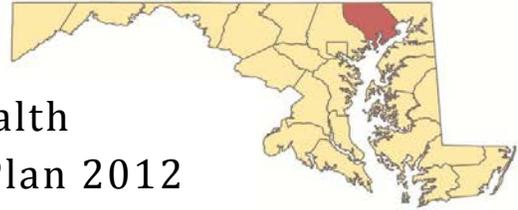
- Switching recess to before lunch;
- Building and utilizing recess carts;
- Engaging parents in wellness initiatives by providing nutritional information and the opportunity to provide feedback on their satisfaction with student health;
- Encouraging staff to focus on healthy eating and active living and to be role models for their students; and
- Providing educational materials to child care providers, including tool-kits to help them incorporate age appropriate healthy eating and physical activity lessons in their curriculum.

Future endeavors regarding school wellness include:

- Increasing the total number of physical activity opportunities during the day and ensuring school districts offer comprehensive physical activity practices; and
- Ensuring that the school district institutes nutrition guidelines aligned with 2010 Dietary Guidelines for Americans recommendations.

HARFORD COUNTY

Community Health Improvement Plan 2012



Focusing on Priorities: Tobacco Use

The LHAP targets for tobacco include one for the adult population and one for youth:

Baseline and Target for 2014

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Percentage of adults that currently smoke (BRFSS 2008-2010)	20.3%	15.2%	18.6%	13.5%
Percentage of high school students (9-12) that have used any tobacco product in the past 30 days (MYTS 2010)	26.8%	24.8%	24.8%	22.3%

Note: The 2020 Healthy People Objectives for the percent of adults that currently smoke is 12% and the percent of high school students that have used any tobacco product in the past 30 days is 21%

(<http://www.healthypeople.gov/2020/topicsobjectives2020/>)

The LHAP outlines four major strategies to address the high smoking rates in the County:

- Raise awareness of the tobacco issue and gain community support;
- Encourage workplaces to adopt tobacco free campuses and create policy level change;
- Facilitate the creation of smoke-free multi-unit housing; and
- Raise awareness of surrounding youth cigar use.

A Tobacco Workgroup, chaired by Vickie Bands, Director of Community Outreach at Upper Chesapeake Health, was formed to address the second priority of the LHIC: Tobacco (Appendix 7). Of particular concern are the County's high percentages of both youth and adult smokers. While Maryland adult smoking rates have decreased over time, Harford County rates have been on the rise.

The Tobacco Workgroup reviewed the prevention services provided by the County's Cigarette Restitution Fund (CRF) Program's Tobacco Program. It is important to note that while the Tobacco Program had a pre-existing Cigarette Restitution Fund Program Coalition, it was decided that the Tobacco Workgroup and the Coalition would remain separate entities since the Coalition's work is defined by the funding received from DHMH, while the workgroup will cast a much wider net in developing strategies to address the high smoking rates in the County.

In order to raise awareness of the tobacco issue and gain community support, the Tobacco Workgroup is undertaking the creation of a tobacco public information and awareness campaign to be launched in Harford County. Additionally, they are developing strategies for partnerships with local municipalities and businesses, including medical practices, to promote

HARFORD COUNTY

Community Health Improvement Plan 2012



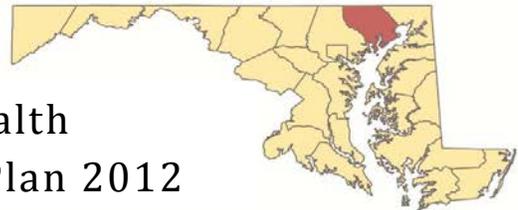
tobacco-free workplaces. To address the issues of youth cigar use, the dangers of cigars have been included as a component of all tobacco education efforts from the Health Department and Upper Chesapeake Health.

Going forward, the Tobacco Workgroup has laid out the following activities which were consistent with the LHAP:

- Create a media campaign around tobacco to increase awareness and gain community support.
- Engage and educate workplaces on the importance of tobacco free campuses and Smoke Free Outdoor Areas (SFOA);
- Explore opportunities related to policy changes surrounding tobacco use;
- Offer additional cessation classes for workplaces; and
- Provide educational materials to physicians on the negative effects of tobacco.

HARFORD COUNTY

Community Health Improvement Plan 2012



Focusing on Priorities: Behavioral Health

The LHAP includes three targets related to behavioral health, two for mental health and one for substance abuse:

Baseline and Target for 2014

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Rate of suicides per 100,000 population (VSA 2007-2009)	11.7	9.6	11.2	9.1%
Rate of drug- induced deaths per 100,000 population (VSA 2007-2009)	14.9	13.4	13.9	12.4%
Number of emergency department visits related to behavioral health conditions (HSCRC 2010)	1,243.7	1,206.3	1,183.4	1,146.0

Note: The 2020 Healthy People Objective for suicide rates is 10.2 per 100,000 and for drug-induced deaths, 11.3 per 100,000 (<http://www.healthypeople.gov/2020/topicsobjectives2020>)

The LHAP had two overarching strategies to address the behavioral health problems, in line with the workgroup’s objective:

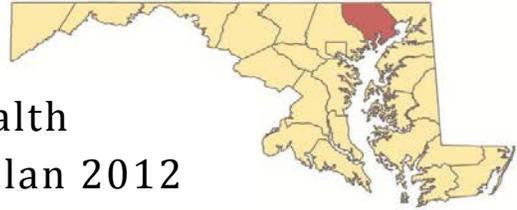
- Develop mechanisms to integrate substance abuse and mental health treatment programs; and
- Improve delivery of behavioral health services.

A Behavioral Health Workgroup, chaired by Sharon Lipford, Deputy Director of the Harford County Department of Community Services, was formed in order to address local concerns related to substance abuse and mental health (Appendix 8). At its first meeting, the Behavioral Health Workgroup reviewed the County’s statistics related to behavioral health and noted that Harford County is worse than the State on a number of health indicators: adult binge drinking, youth binge drinking, youth marijuana use, youth narcotic use, youth heroin use, suicide rate, number of drug-induced deaths, and number of emergency department visits for behavioral health reasons. The workgroup then turned to developing an overall objective for strategies, defined as “a focused approach to include prevention, intervention and recovery.” Also of importance was the development of a “no wrong door” approach and a decrease in language barriers.

The Behavioral Health Workgroup completed a youth behavior survey among 170 parents across Harford County to query parents about youth tobacco, substance abuse, and mental health. Survey results indicate that parents believe substance abuse is a problem among youth,

HARFORD COUNTY

Community Health Improvement Plan 2012



with alcohol being a primary concern, followed by drugs. Anxiety is also a concern among parents. The Workgroup next conducted a focus group with Emergency Room Staff from Upper Chesapeake Health and Harford Memorial Hospital to explore ways to reduce Emergency Department visits for behavioral health concerns. Additionally, the Harford County Health Department's Teen Diversion Program plans to utilize technology through a text messaging program that sends clients appointment and medication reminders.

The Behavioral Health Workgroup priorities include:

- Creation of a subcommittee to review the Emergency Department Staff recommendations on ways to reduce Emergency Department visits for behavioral health conditions;
- Cross training providers of addiction and mental health services;
- Investigating ways to promote behavioral health screenings within primary care and urgent care practices; and
- Investigating ways to promote recovery and support through peers, families and faith based communities.

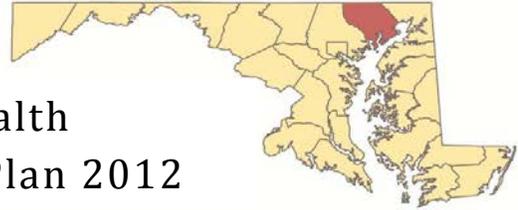
Community Input

The Community Health Improvement Plan (CHIP) was formally released to community stakeholders for comment at the meeting of the Local Health Improvement Coalition on October 4, 2012. Coalition members were encouraged to be champions for sharing the CHIP with the community at large and soliciting input. The CHIP was placed on the Harford County Health Department website and survey feedback invited. A total of 877 surveys were collected from the community between October 4, 2012 and December 1, 2012. The majority of respondents reside in Bel Air, Maryland (29.4%), were between 25-54 years old (39.8%), and were white (76.0%). The feedback received was representative of the County.

Results from the survey showed that the majority of the respondents (71.5%) agreed that the CHIP focuses on the correct strategies to address the critical health issues in Harford County. A total of 319 comments were received from the community offering recommendations on where the CHIP should be going in the future. Members of the community noted that they believed more could be done in the following areas related to public health: community engagement, access to healthcare, substance abuse prevention, improving the built environment, and utilizing schools to create change. A full summary of the survey findings can be found in Appendix 9.

HARFORD COUNTY

Community Health Improvement Plan 2012



Supporting Health Improvements

Health improvement strategies designed to address these three priorities are being implemented as part of a larger Harford County public health effort. Healthy Harford (<http://www.healthyharford.org/>), a non-profit organization established in 1993 by leaders from Upper Chesapeake Health, Harford County Health Department, and Harford County Government, is a community coalition dedicated to improved health outcomes in the County. Recognizing that good health extends well beyond the confines of somatic care, Healthy Harford seeks to bring both traditional and nontraditional segments of the community together and by removing barriers and limitations to achieving a healthier lifestyle “create a community where the healthy choice is the easy choice.” The Community Health Improvement Plan builds on the foundational work established by Healthy Harford.

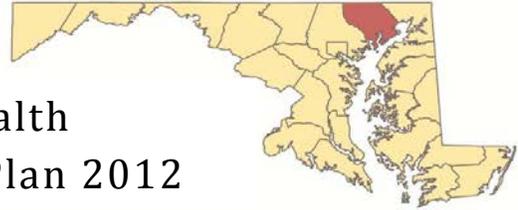
Implementation of the Community Health Improvement Plan is being supported by two grants: (1) Community Transformation Grant (CTG), a Centers for Disease Control and Prevention (CDC) program through DHMH, and (2) Maryland Community Health Resources Commission (MCHRC) grant.

The Community Transformation Grant provides funding for community-level efforts to promote healthy lifestyles among population groups experiencing the greatest burden of chronic disease in order to improve health, reduce health disparities, and control health care spending. In Harford County, the CTG will support implementation of strategies formulated by the Obesity Task Force and Tobacco Workgroup, as well as other strategies by key community partners. For example, the CTG is supporting the school wellness collaborations with the three Harford County Public Schools that have a high minority/low socioeconomic population. It is also supporting the healthy eating, active living initiative in child care centers with the Child Care Resource Center.

MCHRC funding will be used to create a Healthy Harford marketing plan to promote messages of healthy eating and active living, provide behavioral health integration trainings, and pilot a text message program aimed at improving appointment adherence and medication compliance. An example of how MCHRC funds will help integrate ongoing efforts of the Obesity Task Force, Healthy Harford, and Community Health Improvement Plan, is its support of Healthy Harford Restaurants, a project being designed to encourage the promotion of healthier menu items in participating restaurants.

HARFORD COUNTY

Community Health Improvement Plan 2012



The number of community health improvement planning and implementation efforts currently underway in Harford County has reinvigorated the public health community and the community at large. Strategies for addressing the County's three priorities – obesity prevention/healthy eating and active living, tobacco use prevention/smoke-free living, and behavioral health – are generating enthusiasm from multiple stakeholders and partners. Schools, workplaces, community settings, households and other venues will be targeted for ideas and actions. Special attention to vulnerable populations, disparities and minority outreach will be given and built into the action plans. This community-driven framework will serve as a model in future years, as additional priorities such as maternal and child health, injury prevention, and access to care will be carefully examined.

Following the solicitation and receipt of community input in December 2012, Harford County's Community Health Improvement Plan was finalized. The Local Health Improvement Coalition will continue to serve a key role in informing, advising and guiding Harford County's Community Health Improvement Plan. Health status indicators and trends will be assessed, action plans monitored, and priorities revisited to best optimize the health status of Harford County residents.

Appendix 1
Local Health Improvement Coalition (LHIC)
Steering Committee

Vickie Bands
Upper Chesapeake Health

Susan Kelly
Harford County Health Department

Kathy Kraft
Upper Chesapeake Health

Mary Chance
Harford County Government

Nick McDonald
Upper Chesapeake Health

Russell Moy
Harford County Health Department

Mary Nasuta
Harford County Public Schools

Rob Reier
Town of Bel Air

Peggy Vaughan
Private Citizen

Mark Wild
Upper Chesapeake Health

Tina Zimmerman
Harford Community College

Appendix 2

Local Health Improvement Coalition (LHIC)

First name	Last name	Organization
Marcy	Austin	Harford County Health Department
Dr. Kathy	Baker-Brosh	Anita Leight Estuary Center
Vickie	Bands	Upper Chesapeake Health
Mary Jo	Beach	Harford County Health Department
Dr. Ann	Bizzano	Physical Therapist
Carole	Boniface	Harford County Government
Kathy	Burley	Harford Community College
Jonathan	Carter	Boys & Girls Clubs of Harford County
Cindy	Dawson	Harford County Health Department
Tammy	Duff	Rural Head Start
Terry	Farrell	Office on Mental Health, Core Service Agency
Janet	Gleisner	Harford County Planning & Zoning
Beth	Hendrix	Harford County Government
Beth	Jones	Harford County Health Department
Robin	Keener	Home Coming Project, Inc.
Susan	Kelly	Harford County Health Department
Bari	Klein	HC Health Department/UCH
Kathy	Kraft	Upper Chesapeake Health
Whitney	Lang	Y of Central Maryland
Mark	Lewis	Upper Chesapeake Health
Sharon	Lipford	Harford County Government
Arden	McClune	Harford County Government/Parks and Rec

First name	Last name	Organization
Rev. Nick	McDonald	Upper Chesapeake Health
Marlena	McKenna	Harford County Sustainability Office
Vanessa	Milio	Harford County Chamber of Commerce
Brad	Milton	Farmer, Brad's Produce
Dr. Russell	Moy	Harford County Health Department
Hudson	Myers	Harford County Dept of Public Works
Paula	Nash	Harford County Health Department
Mary	Nasuta	Harford County Public Schools
Earl	O'Bryant	The Arena Club
Elaine	Orbino	ARC
Debra	Ostrowski	Upper Chesapeake Health
Linda	Pegram	Harford County Health Department
Ginny	Popiolek	Harford County Public Schools
Keith	Rawlings	The Arena Club
Dr. Rob	Reier	Town of Bel Air
Jerry	Reyerson	Department of Social Services
Barbara	Richardson	Mason-Dixon, Inc.
Joe	Ryan	Harford County Government
Gale	Sauer	Aberdeen Proving Ground
Chass	Seymour	ARC
Kathy	Shaffer	Parish Nurse, BA United Methodist
Stefanie	Stevenson	Occupational Therapist
Robin	Stokes-Smith	Upper Chesapeake Health
Jill	Svjeck	Department of Social Services

First name	Last name	Organization
Patrick	Sypolt	City of Havre de Grace
Pastor Carol	Taylor	FACE IT
Kim	Theis	Upper Chesapeake Health
Pat	Thompson	Upper Chesapeake Health/Behavioral Health
Posie	Thompson	Harford County Health Department
Melynda	Velez	LASOS
Hon. Barbara	Wagner	Havre de Grace City Council
Capt. Keith	Warner	Sheriff's Office
Karen	Winkowski	Harford County Office on Aging
Bill	Wiseman	Harford County Health Department

Appendix 3 Local Health Action Plan (LHAP)

Priority #1: Obesity

Baseline and Goal for 2014:

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
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%

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
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
Create a map highlighting access to food in Harford County to determine underserved	AHF and Harford County Government, Department of	December 2012	Completed map highlighting: # of supermarkets, # of food pantries, # soup

Actions	Responsible parties	Timeline	Measures
areas.	Community Services (DCS)		kitchens # of farmers markets/coops
Strategize how community based organizations such as food pantries can operate in underserved areas.	AHF, LHIC members, Department of Community Services	July 2013	Access to Food Community Needs Assessment
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.
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.
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.
Promote Healthy Harford website - www.healthyharford.org	AHF, CE, Healthy Harford	December 2014	Number of website hits
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
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
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

Strategy B. Enhance the built environment to support active living

Actions	Responsible Parties	Timeline	Measure
Work with leadership in the Planning and Zoning Department (PZD) to have a representative from the Obesity Task Force (OTF) or workgroup member appointed by the County Executive to sit on the Bike and Pedestrian Advisory Board.	Planning and Zoning Department (PZD), OTF chairs.	February 2012	Representative appointed
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
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.
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.
Explore possibility of a community education “Street Smart Campaign” to encourage drivers to share the road with bicyclists.	PZD, BE, Bike/Ped Advisory Board, Health Department, Dept. of Public Works (DPW), Sheriff’s Office.	December 2014	Number of pieces of information disseminated
Develop Healthy Workplace Designation program guidance such as: commuter	BE, Community Engagement Subcommittee (CE), Tobacco	December 2014	Healthy Workplace Designation program strategies

Actions	Responsible Parties	Timeline	Measure
program, bike to work program, showers, use of stairs, participation in County's Bike Mentor Program, Bike to Work Day and Ride Share Program	Workgroup (TW), HH, PZD, Sustainability Office, DCS		
Encourage changes that emphasize active movement (examples – visible, well-lit staircases in buildings, more sidewalks as opposed to parking spaces, path connections between retail, residential, and workplaces).	BE, PZD, Department of Inspections, Licenses and Permits	December 2014	Number of strategies implemented
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
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
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

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

Actions	Responsible Parties	Timeline	Measure
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
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
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	December 2014	Number of organizations designated. Number of strategies implemented.
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
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	CE chair, County Council, City Councils	December 2014	Summary of e-mails, reports to County Council

Actions	Responsible Parties	Timeline	Measure
healthy eating and physical activity in their districts.			
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
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
Encourage local businesses to offer an Asheville-like pharmacist model for employees addressing, at a minimum, control of high blood pressure, high cholesterol and/or diabetes.	CTGC, Harford County Health Department, Healthy Harford, Upper Chesapeake Health, Chamber of Commerce, Rotary Club, Businesses	December 2014	Number of new worksites supporting Asheville-like pharmacist model Number of employees reached at these worksites

Strategy D. Increase physical activity and healthy eating in schools

Actions	Responsible Parties	Timeline	Measure
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
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	SWW chair, Wellness Policy Committee	March 2013	Number of school wellness council meetings

Actions	Responsible Parties	Timeline	Measure
Policy Committee who is responsible for implementation of the School Wellness Policy.			
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
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
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
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
Provide training sessions to provide hands on training in encouraging active play. These teachers will then function as Recess	CTGC, SWW, Healthy Harford, HCPS Nurse, and school principals	June 2013	Recess changes implemented, training notes

Actions	Responsible Parties	Timeline	Measure
Coaches to encourage physical activity on the playground.			
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
Explore opportunity to engage parents and promote the importance of healthy eating and active living - keeping parents up to date on changes in the school and how they can support these changes at home (importance of not using food as a reward, encouraging non food related fundraisers, and offering healthier food options at after school events).	CTGC, SWW, Community Engagement Subcommittee (CE), Healthy Harford, Public Schools, Media Specialist	December 2014	Number of outreach initiatives, messages
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).	CTGC, SWW, Healthy Harford, HCPS Nurse Coordinator, and school staff, CE	December 2014	Unified Media Plan
Engage staff at targeted schools to design and implement a Staff Wellness program focusing on healthy eating and active living, as directed in the School Wellness Policy, to encourage a culture of wellness, and model positive behavior.	CTGC, SWW, Healthy Harford, HCPS Nurse Coordinator, and school staff	December 2014	Staff Wellness Program plan
Analyze data from selected schools to monitor school wellness progress	CTGC, SWW, HCPS data services, Superintendent	December 2014	Wellness data, school wellness survey data
Ensure school district offers comprehensive physical activity practices (in accordance	CTGC, SWW	December 2014	Number of physical activity practices include in local school wellness policy

Actions	Responsible Parties	Timeline	Measure
with CDC and other national standards)			
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
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
Encourage early care and education settings regulated by MSDE to implement Caring for our Children: National Health & Safety Performance Standards for Early Care and Education Programs (3 rd Ed.) physical activity and screen time standards	CTGC, Healthy Harford, Child Care Resource and Referral Center, Child Care Centers	December 2014	Number of child care providers/programs trained Number of children served by trained providers/programs
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

Priority #2: Tobacco

Baseline and Goal for 2014:

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Percentage of adults that currently smoke (BRFSS 2008-2010)	20.3%	15.2%	18.6%	13.5%
Percentage of high school students (9-12) that have used any tobacco product in the past 30 days (MYTS 2010)	26.8%	24.8%	24.8%	22.3%

Strategies:

- A. Raise awareness of the tobacco issue and gain community support
- B. Encourage workplaces to adopt tobacco free campuses, create policy level change
- C. Smoke-free multi-unit housing
- D. Youth cigar use awareness

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

Actions	Responsible Parties	Timeline	Measure
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.	TW, Healthy Harford, HCHD Tobacco Health Educator, municipal employees, Upper Chesapeake Health	December 2014	Number of community events
Promote smoking cessation programs as well as access to low/no cost cessation assistance medication.	TW, Healthy Harford, HCHD Tobacco Health Educator, Minority Outreach Technical Assistance grantee (MOTA)	December 2014	Number of outreach efforts

Actions	Responsible Parties	Timeline	Measure
Create a media campaign around tobacco to increase awareness and gain community support. As part of the campaign, look into recording a Public Health Matters spot on Harford Cable Network.	TW, Community Engagement Subcommittee (CE), Healthy Harford, HCHD Tobacco Health Educator, Media Specialist, municipalities	December 2013	Number of people reached by campaign

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

Actions	Responsible Parties	Timeline	Measure
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
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
Recruit and train partners to support SFOA	TW, CTGC, Harford County Health Department	December 2014	Number of partners trained to support SFOA
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
Offer additional smoking cessation classes per semester for participating workplaces. Train minority cessation specialist for culturally sensitive peer counseling.	Harford County Health Department Community Health Education (HCHD-CHE)	December 2014	Number of available cessation classes, number of participants

Actions	Responsible Parties	Timeline	Measure
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
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
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.
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.

Strategy C. Smoke-free multi-unit housing

Actions	Responsible Parties	Timeline	Measure
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
Recruit and train partners to support SFMUH	TW, CTGC, Harford County Health Department	December 2014	Number of partners trained to support SFMUH
Explore opportunity to make policy changes	TW, Community Transformation	December	Number of new SFMUH policies enacted

Actions	Responsible Parties	Timeline	Measure
that will increase the availability of smoke-free affordable/low income multi-unit housing	Grant Coordinator (CTGC), Harford County Health Department, Department of Community Services	2014	

Strategy D. Youth cigar use awareness

Actions	Responsible Parties	Timeline	Measure
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
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

Priority #3: Behavioral Health Integration

Strategies

- A. Develop mechanisms to integrate substance abuse and mental health treatment programs
- B. Improve delivery and awareness of behavioral health services

Baseline and Goals for 2014:

	County Baseline	Maryland Baseline	County 2014 Target	Maryland 2014 Target
Rate of suicides per 100,000 population (VSA 2007-2009)	11.7	9.6	11.2	9.1%
Rate of drug- induced deaths per 100,000 population (VSA 2007-2009)	14.9	13.4	13.9	12.4%
Number of emergency department visits related to behavioral health conditions (HSCRC	1,243.7	1,206.3	1,183.4	1,146.0

2010)				
-------	--	--	--	--

Strategy A. Develop mechanisms to integrate substance abuse and mental health treatment programs

Actions	Responsible Parties	Timeline	Measure
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.
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
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
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
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

Strategy B. Improve delivery and awareness of behavioral health services

Actions	Responsible Parties	Timeline	Measures
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),	December 2012	Decreased appointment no-show rate, increased medication compliance rate

Actions	Responsible Parties	Timeline	Measures
	Harford County Health Department (HCHD)		
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
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
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 school counselors on detection of early psychosis)	Harford County Public Schools, local private schools, HCHD Health Education Workers, ODCP	December 2012	Number of presentations, number of students reached
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.	HCHD, Office on Mental Health-Core Service Agency, community providers, faith-based community, SPIN Adult Drop-in Center	December 2014	Action Plan and results.

Appendix 4
County Council Resolution No. 28-11

COUNTY COUNCIL

OF

HARFORD COUNTY, MARYLAND

Resolution No. 28-11

Legislative Session Day 11-23

October 18, 2011

Introduced by Council Member Lisanti

A RESOLUTION establishing a Harford County Obesity Task Force to review and make recommendations concerning the programs and policies for creating a healthier Harford County; to educate Harford County citizens regarding healthier living, food choices, and exercise; to provide for accessibility to healthy and affordable foods; to identify ways to develop and implement more opportunities for walk able communities and recreational activities throughout the County; to appoint certain persons to serve on the Task Force; to provide for the duties of the Task Force, including the duty to submit an interim and final report with its findings and recommendations on or before certain dates; and generally relating to the Harford County Obesity Task Force.

WHEREAS, Obesity has emerged as a significant contributing factor for chronic diseases; and
WHEREAS, Obesity is known to increase a person's risk for coronary heart disease, high blood pressure, Type 2 diabetes, gallstones, breathing problems, and certain cancers; and

WHEREAS, Sixty percent of adults living in Harford County are overweight (35.2%) or obese 4 (25.1%); and

WHEREAS, The Harford County Health Department has reported that the health of Harford County adults and children has declined from 1996 to 2010 with respect to numerous chronic diseases including, diabetes, heart disease, high blood pressure and high cholesterol; and

WHEREAS, The percentage of obese children has tripled in Harford County since 1996; and

WHEREAS, Lack of physical activity and poor nutrition contribute significantly to obesity; and

WHEREAS, Many adults and children living in Harford County fail to consume the recommended servings of fruits and vegetables per day and fail to meet the weekly recommendations for moderate exercise; and

WHEREAS, Annual medical care costs associated with obesity in Harford County are staggering and impose disproportionately high economic burdens on not only the individual suffering from obesity but on our local economy; and

WHEREAS, The Harford County Board of Health recognizes the significant negative impact 7 obesity has on everyone in Harford County; and

WHEREAS, The Board of Health recognizes that individual effort alone is not sufficient to combat obesity and that changes in public policy and the built environment need to occur in Harford County to provide citizens with access to fitness opportunities and healthy foods; and

WHEREAS, The County Council, which also acts as the Board of Health, recognizes that to achieve the goal of making Harford County citizens healthier requires the commitment and cooperation of the County Government to educate and provide better opportunities for the citizens of Harford County.

NOW, THEREFORE, BE IT RESOLVED, that the Harford County Council hereby creates a task force to study and make recommendations concerning programs and policies for the following:

- 1) educating citizens of all ages regarding healthier living, including food choices and exercise;
- 2) accessibility to healthy and affordable foods;
- 3) encouraging food providers to provide healthier food choices and menu options; and
- 4) identify ways to develop and implement more opportunities for walk able communities and recreational activities for all citizens throughout the County.

AND, BE IT FURTHER RESOLVED, that the Task Force shall consist of 15 members representing the following areas: restaurants, grocery stores, nutritionists, physicians, farmers, fitness specialists, County Council, Board of Education, Parks and Recreation, the Harford County Health Department, Community Services, Harford County Sheriff's Office, Planning and Zoning, and the Economic Development Advisory Board.

AND, BE IT FURTHER RESOLVED, that the Task Force shall be chaired by the County Health Officer and submit its first interim report with its findings and recommendations to the County Council by May 1, 2012, and a second final report with its findings and recommendations to the Council by October 2, 2012.

ATTEST:

Pamela Meister Billy Boniface

Council Administrator President of the Council

ADOPTED:

Appendix 5

Obesity Task Force Committee Members

Susan Kelly (Chair)
Harford County Health Department

Jesse Bane
Harford County Sheriff's Office

Bruce Clarke
Laurrapin Grille Restaurant

Mike Elder
Citizen

Janet Gleisner
Harford County Department of Planning and Zoning

Rebecca Hartwig
Pediatric Partners

Beth Hendrix
Harford County Department of Community Services

Jayne Klein
Shop Rite Grocery Store

Kathy Kraft
Upper Chesapeake Health Center

Kelly Lepley
YMCA of Central Maryland

Mary Ann Lisanti
Harford County Council

Arden McClune
Harford County Department of Parks and Recreation

Vanessa Milio
Harford County Chamber of Commerce

Brad Milton
Brad's Produce

Robert Tomback
Harford County Public Schools

Appendix 6

Harford County Obesity Task Force

Excerpt of the Final Report to County Council

October 2, 2012

Executive Summary

On October 18, 2011, Harford County Council Member Mary Ann Lisanti introduced Resolution No. 28-11 which established a Harford County Obesity Task Force. Recognizing obesity as a public health concern, Councilman James McMahan co-sponsored the resolution. Acting both in their legislative authority and sitting as the Board of Health, the County Council unanimously supported the initiative. This document serves as the final report outlining nine critical recommendations to move towards a Healthier Harford. The 15 member task force has been assisted by over 50 committed community volunteers to develop a comprehensive list of strategies to accomplish these recommendations.

The Obesity Task Force established three subcommittees to tackle top issues concerning obesity: **access to healthy food**, the **built environment** and **community engagement**. The Obesity Task Force was charged with studying and making recommendations concerning programs and policies for the following:

- Educating citizens of all ages regarding healthier living, including food choices and exercise;
- Accessibility to healthy and affordable foods;
- Encouraging food providers to provide healthier food choices and menu options; and
- Identifying ways to develop and implement more opportunities for walkable communities and recreational activities for all citizens throughout the County.

Below are the final recommendations being made to the Harford County Council on behalf of the Obesity Task Force:

1. Encourage access to healthy food
2. Support school wellness
3. Implement the Bike and Pedestrian Master Plan
4. Encourage multimodal and active transportation
5. Encourage changes that emphasize active movement
6. Implement the 2012 Land Preservation Parks and Recreation Plan
7. Create and employ a unified message of healthy eating and active living
8. Establish healthy designation programs
9. Sustain Obesity Task Force initiatives by establishing a Wellness Commission

Table of Contents

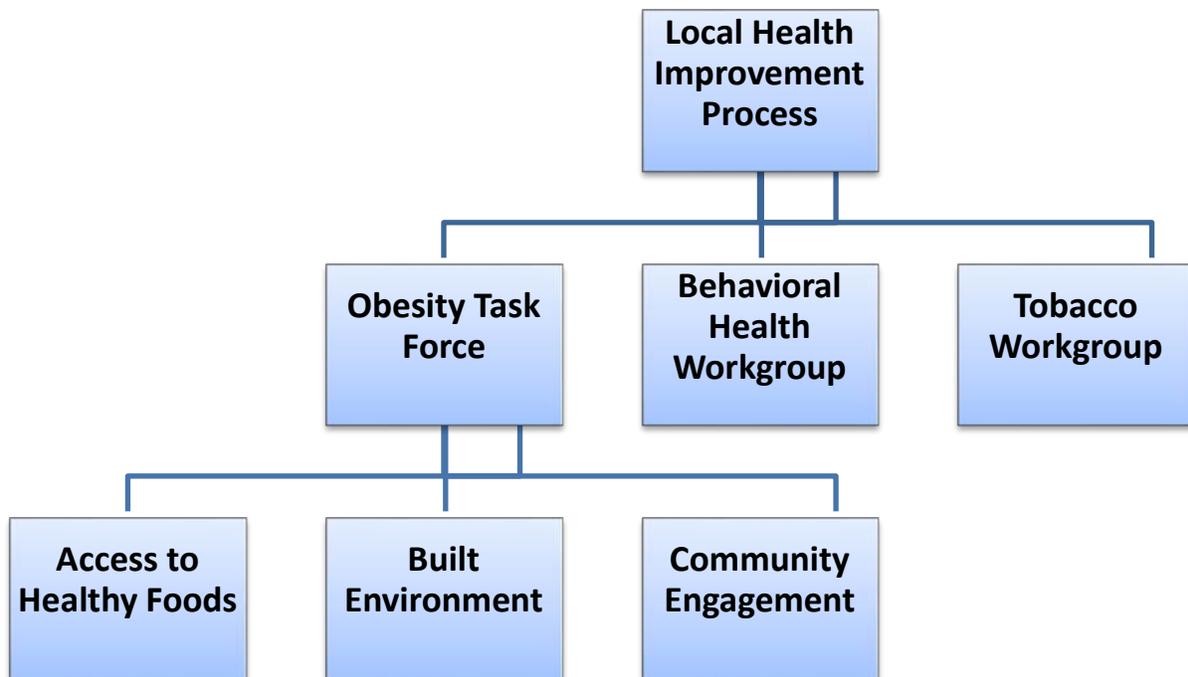
I.	Introduction	Page 5
II.	Demographic Profile	Page 5
III.	Obesity Task Force	Page 8
IV.	Recommendations	Page 11
V.	Conclusion	Page 19
VI.	List of Recommendations and Supporting Strategies	Page 20

Attachments

- A. Harford County Local Health Action Plan
- B. Harford County Council Resolution 28-11
- C. Obesity Task Force Subcommittee Members
- D. Map of Food Access
- E. Map of Parks and Recreation Opportunities
- F. “Moving Towards a Healthier Harford”

I. Introduction

Over the past year, Harford County has engaged in a Local Health Improvement Process. This process, spearheaded by the Health Department, has brought together a number of community members and agency representatives to review and identify the top health priorities of the County, namely: obesity, tobacco and behavioral health. The Local Health Improvement Process has been greatly strengthened through the County Council's establishment of an Obesity Task Force, which set into motion a series of discussions around the barriers to health that may contribute to obesity, including access to healthy food, the built environment and community engagement. Below is a visual depiction of the Local Health Improvement Process and how the Obesity Task Force fits into its work. An excerpt of the Local Health Action Plan specific to obesity can be found in Attachment A.



II. Demographic Profile

Harford County, Maryland, is home to more than 244,000 people. The majority of the population has at least a high school diploma (91%) and 31% have a Bachelor's degree or above. The median household income is above the State and national average at \$77,010 and the percent of individuals with income below the poverty level is less than that of the State and nation at 5.6% (2006-2010 U.S. Census Bureau).

Despite these statistics, Harford County has not been exempt from the national struggle with weight. The 2008-2010 Behavioral Risk Factor Surveillance System data produced by the Centers for Disease Control (CDC) found that two out of every three adults in Harford County (63.5%) are overweight or obese. The obesity rate of adults alone increased 130% over the past 10 years (from 11.4% to 26.2%). Obesity in adults is determined by measuring a person's body

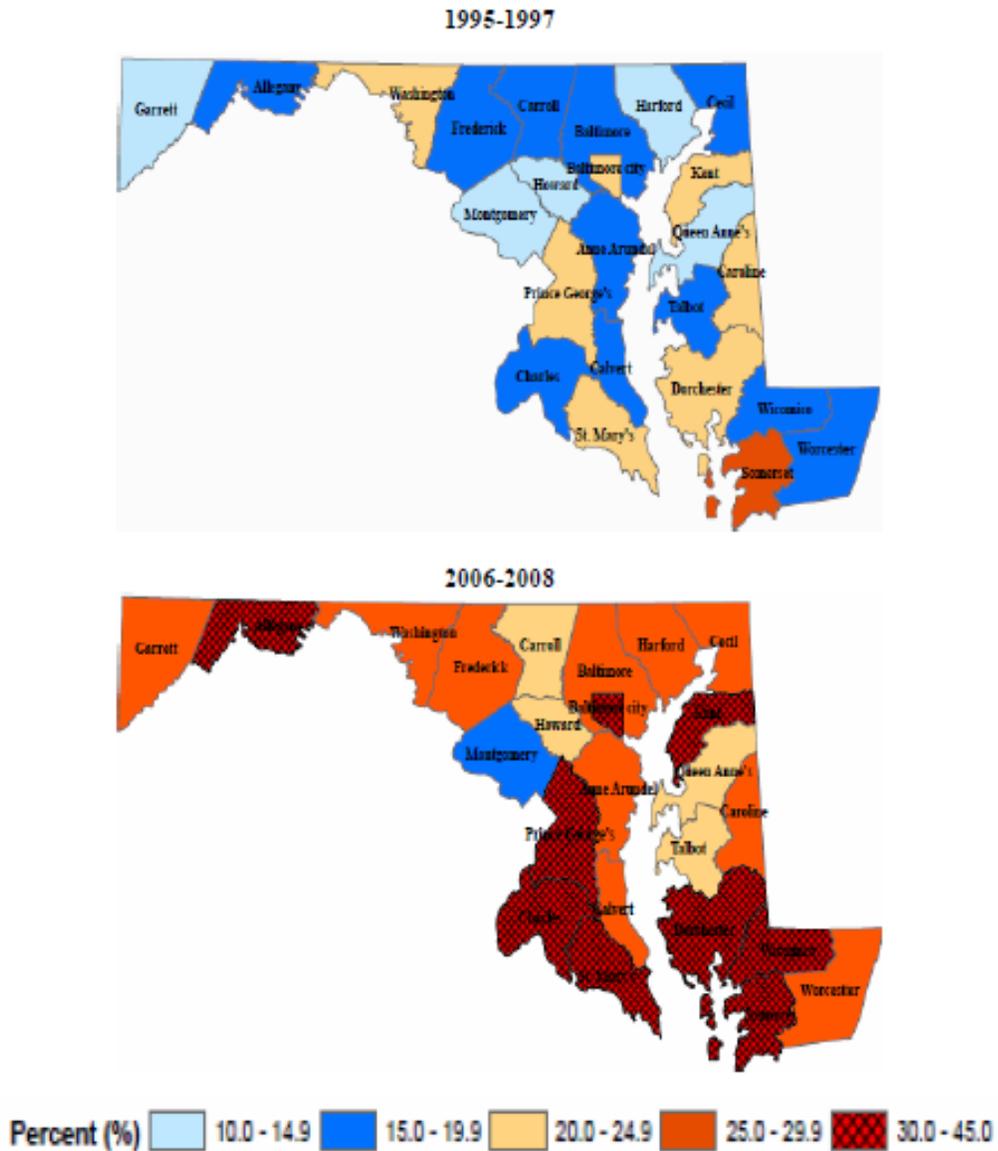
mass index (BMI), a calculation that takes into account height and weight. A BMI calculator is available at the CDC's website: <http://www.cdc.gov/healthyweight/>.



Two out of every three adults in Harford County are overweight or obese.

Harford County is not alone in its fight. In Maryland, 64.1% of adults are overweight or obese, and nationally, the rate of overweight/obese adults is 68.3% (CDC, 2007-2008). Referring to the following maps, both show the percent of adults by county in Maryland that are obese. Blue represents a low prevalence of obesity and red a high prevalence. What is the difference? The upper map is from 1995-1997; the lower one is from 2006-2008.

Map 1. Prevalence of Obesity among Maryland Adults by Jurisdiction*



Equally alarming is the rising number of youth who are obese. In Harford County, almost one out of ten youth (9.7%) is obese. In the State, this number is 11.9% and nationally 17.9% of youth are obese, meaning that their body mass index is greater than or equal to the 95th percentile for children their age and sex (National Health and Nutrition Examination Survey 2005-2008 and the Maryland Youth Tobacco Survey, 2010).

Research shows that overweight adolescents have a 70% chance of becoming overweight or obese adults. Obesity leads to a 50-100% increased risk of premature death and is associated with heart disease, cancer, diabetes, asthma, arthritis, pregnancy complications and many other conditions (Office of the Surgeon General, 2010). Obesity can even

***"Without health,
there is no
happiness."
-Thomas Jefferson***

shorten a person's life, moderate obesity by up to 4 years and severe obesity by up to 10 years (The Lancet, 3/18/09).

The 2010 Harford Community Health Assessment Project (CHAP) found that 70% of local residents surveyed eat only 1-2 servings of fruit and vegetables per day. At the same time, 65% eat fast food one to two times per week. Approximately 15% of CHAP respondents stated that they do not engage in any physical activity (Healthy Harford Inc., 2011).

Obesity and chronic diseases associated with obesity have an impact on a person's overall quality of life. Not only does the individual feel the negative effects, but everyone is impacted by rising healthcare costs. The Institute of Medicine reported in 2012 that an estimated \$190.2 billion is spent on obesity-related illness each year, or almost one quarter (21%) of total medical spending. Businesses suffer too. A recent news report stated that employers lose upwards of \$6.4 billion a year due to obesity-related absenteeism (Reuters, April, 2012).

The good news is that the negative impacts of obesity can be reversed. Even modest weight loss can have a dramatic effect on health. Five percent weight loss in an obese person can reduce mortality by 12% (Goldstein, et. al., International Journal of Obesity, 1992; 16: 397-415). It has also been found that 80% of heart disease, stroke and type II diabetes and 40% of cancer can be prevented with a healthy diet, daily physical activity and smoking cessation (World Health Organization, 2005).

III. The Obesity Task Force

The Obesity Task Force Resolution states that the Task Force is to consist of 15 members representing a broad cross-section of the community, including: restaurants, grocery stores, nutritionists, physicians, farmers, fitness specialists, County Council, Board of Education, Parks and Recreation, the Harford County Health Department, Community Services, Harford County Sheriff's Office, Planning and Zoning, and the Economic Development Advisory Board. The Task Force chair is the County Health Officer (Attachment B). Below is a full listing of members:

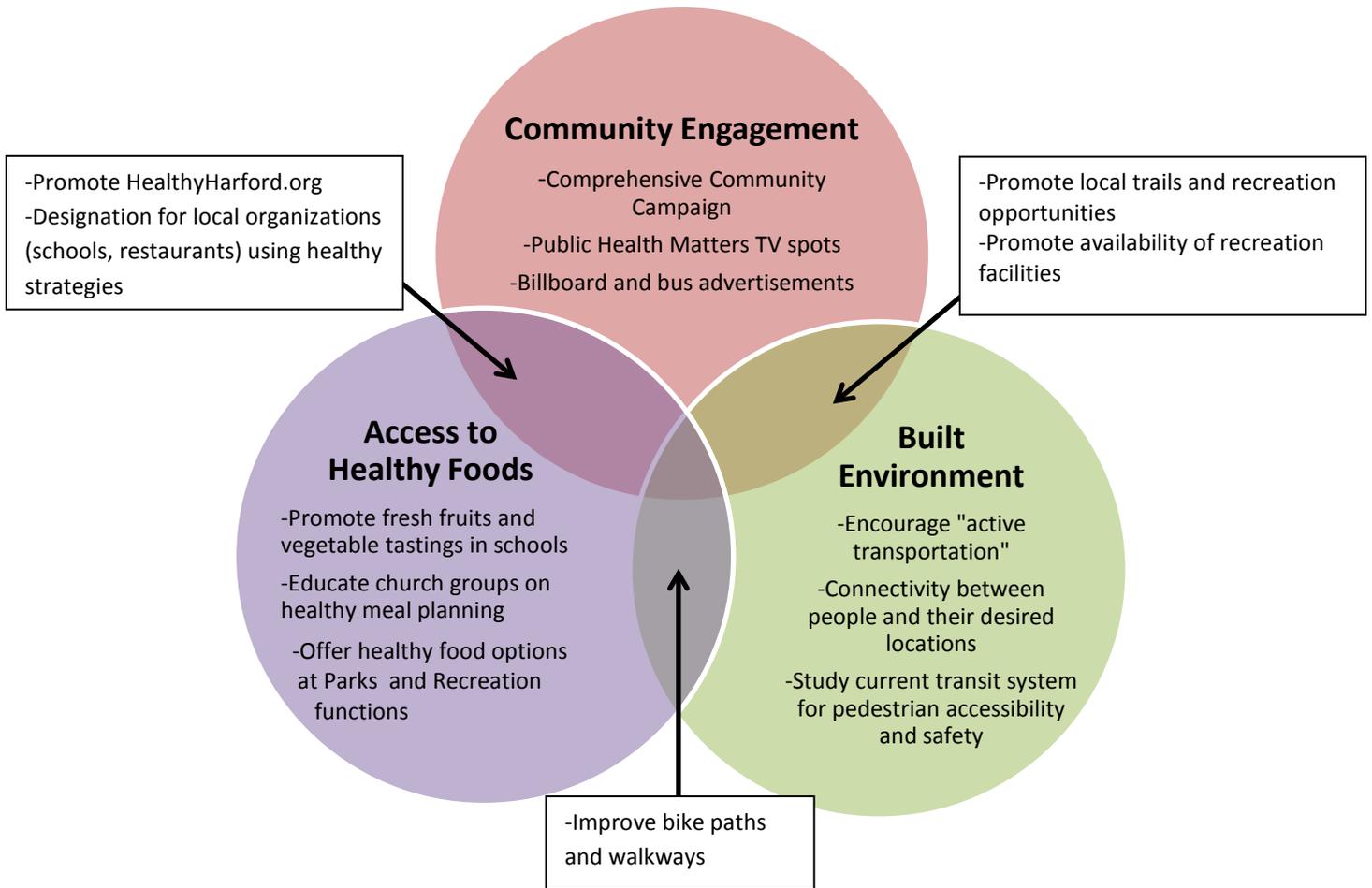
- Susan Kelly (Chair) - Harford County Health Department
- Mary Ann Lisanti (Vice-Chair) - Harford County Council
- Jesse Bane - Harford County Sheriff's Office
- Bruce Clarke (Laurrapin Grille) - Restaurant
- Michael Elder - Fitness Specialist
- Janet Gleisner - Harford County Department of Planning and Zoning
- Rebecca Hartwig (Pediatric Partners) - Physician
- Elizabeth Hendrix (Harford County Government) - Community Services
- Jayne Klein (Klein's ShopRite) - Nutritionist & Grocery Store
- Kathy Kraft (Upper Chesapeake Health) - Community Services
- Kelly Lepley (Y of Central Maryland) - Fitness Specialist
- Arden McClune - Harford County Department of Parks and Recreation
- Vanessa Milio (Harford County Chamber of Commerce) - Economic Development Advisory Board
- Brad Milton (Brad's Produce) - Farmer
- Robert Tomback - Board of Education

Obesity Task Force members met four times between January, 2012 and September, 2012 to guide the local planning process. In April, the Task Force received a presentation by Dr. Katherine Richardson, a family physician and graduate student at Johns Hopkins Bloomberg School of Public Health. Dr. Richardson presented her capstone paper, entitled "Moving Towards a Healthier Harford: An Analysis of Obesity Prevention Intervention in Harford County, MD." Dr. Richardson examined obesity interventions undertaken by counties nationwide that are similar in size and demographics to Harford. The full report has been included as Attachment F at the end of this document. Key conclusions of what works to improve community health include:

- Use of community engagement
- Lowering barriers to accessing healthy foods
- Promoting health in policy decisions
- Addressing the physical access and safety of the built environment

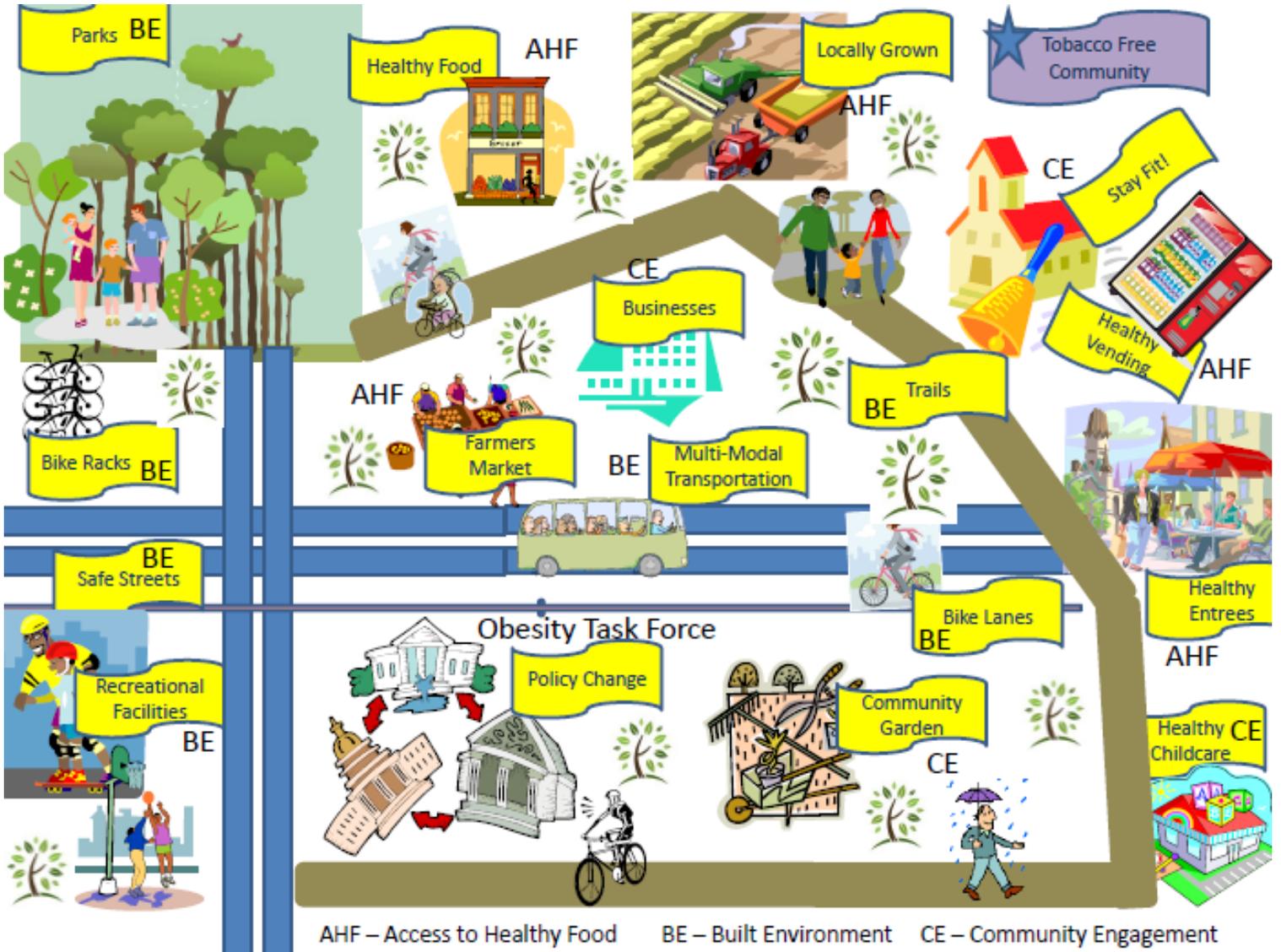
These recommendations align with the work of the Task Force, which established three subcommittees to assist in carrying out its work. The three subcommittees are: Access to Healthy Food, chaired by Elizabeth Hendrix, Director of Community Services; Built Environment, chaired by Arden McClune, Director of Parks and Recreation; and Community Engagement, chaired by Kathy Kraft, Director of Community Health/Leadership and Learning at Upper Chesapeake Health. Subcommittees were made up of Task Force members and also populated with local experts and interested community members (Attachment C).

Subcommittees met monthly to discuss their specific piece of the health and wellness puzzle. It was quickly realized that the three groups could not operate independently of one another, as there was overlap among their initiatives. This made Obesity Task Force meetings especially critical, offering an opportunity to cross-share the work happening at the subcommittee level.



Each of the three subcommittees followed a similar process, beginning with a review of data, next brainstorming ideas of what could work to improve health outcomes, then engaging in a process to prioritize ideas and finally agreeing on top recommendations which are outlined in the following section. The visual below shows how all components of the Obesity Task Force fit into the bigger picture of a healthy community.

Vision of a Healthy Community



IV. Recommendations

1. Encourage Access to Healthy Food

“Equitable access to healthy food is a cornerstone for healthy communities in which all residents have the opportunity to participate, work, prosper, and enjoy healthy, productive lives. As the Harford County Health Department Obesity Task Force continues to champion this effort, we must help residents choose health – strengthen their ability to make healthy decisions, remove obstacles to healthy choices, and create more opportunities to be healthy” (Access to Healthy Food In Harford County Report, Department of Community Services, 2012).

Research has shown that there is a positive relationship between access to healthy food and good eating habits (Larson, et. al., American Journal of Preventative Medicine, 2009; 36: 74-81). It is therefore important to have an awareness of any disparities in food access within a community. The Access to Healthy Food Subcommittee reviewed maps of Harford County which overlaid food retail outlets (supermarkets, farmers markets, farm stands, Community Supported Agriculture, food pantries and soup kitchens) with the following indicators: low-moderate income census tracts, educational attainment, affordable rental units and public transportation. It then established the definition of a “food desert” as any area which is lacking:

1. Access to fresh fruits, vegetables, and healthy options, preferably local products
2. Consistent physical access (transportation/walking)
3. Consistent access seven days per week

Among low-moderate income areas, the Route 40 corridor was found to have the greatest number of assistance programs, including soup kitchens, food pantries and congregate meals. This is also the area of the County with the most developed public transit line. The only true food desert, as defined by the subcommittee, was found to be the northeastern part of the County, specifically 21154 (Street), 21160 (Whiteford) and 21034 (Darlington) (Attachment D). This area is low-moderate income, has limited access to food retail outlets and no access to public transportation.

On July 18, 2012, Harford County Department of Community Services held an Access to Food Community Needs Café with 23 participants from local provider agencies. This group agreed that more attention was needed in the northern part of the County. Suggestions to address this need include developing a County-wide mobile food pantry for low income, disabled and elderly residents. Other ideas were to form provider cooperatives to allow resource sharing among existing programs and to engage volunteers in delivering food.

Overall, the group felt that education about healthy food choices and nutrition was needed County-wide. This echoed the sentiments of the Access to Healthy Food subcommittee which is interested in promoting health among community groups that serve food. For instance, faith and community groups that organize food drives and make meals for the hungry should be

made aware of nutritious options. Community outreach and education could be capitalized on during National Hunger Awareness month. Next, food pantries can promote health by offering recipe cards to go along with fruits and vegetables. Senior centers should be encouraged to promote farmers markets and offer farmers' market coupon books. Lastly, local recreation programs and concession stands should be encouraged to offer healthy food options.

Strategies:

- Support the Department of Community Services in efforts to expand access to healthy food in the northern part of the County
- Provide outreach to community groups that serve food

2. Support School Wellness

Harford County Public Schools has established a School Wellness Policy that requires all schools to incorporate healthy food and physical movement into the school day. Acknowledging that health habits are established early and have lifelong impact, the Task Force believes that support of school wellness initiatives is key to laying the foundation for a healthy future in Harford County.

Recommendations include utilizing Parent Teacher Associations (PTA's) as a central way to disseminate information to families about healthy meal planning and promotion of exercise outside of the school day. In addition, schools should be encouraged to help "make the healthy choice the easy choice" for children whether they are making choices in the lunch line or at recess. Fresh fruit and vegetable tastings have had great success at the elementary level in the past and should be made available as widely as possible.

Students should also be encouraged to walk or bike to school. The County and municipal Departments of Public Works and Harford County Public Schools should continue efforts to improve pedestrian access to schools sites. Financial assistance may be available through grant programs, such as the "Safe Routes to School" program in conjunction with the State Highway Administration. It is recommended that funding be supported through the local public works departments, as well.

For schools where traffic or safety make this prohibitive, some schools are establishing creative alternatives. For instance, Red Pump Elementary School encourages children to be dropped off at the far parking lot two tenths of a mile away from school and "walk to school" along a sidewalk. The unloading zone is supervised by physical education teachers and many parents have gotten in the habit of parking and making the walk with their child. At William Paca/Old Post Road Elementary, the principal is interested in using temporary signage to create a walking path around the perimeter of the school to encourage children to walk during the school day. Both schools use incentives to get children excited about participating in walking programs.

For schools where walking and biking are possible, “walking school bus programs” should be established. Walking school buses are a strategy promoted through the Safe Routes to School Program and consist of a group of children walking to school with one or more adults. Informally, families can take turns walking their children to school or a more formal structure can be created with designated meeting points, a timetable and a regularly rotating schedule of volunteers. If a particular intersection at a cross roads or school is of concern, Harford County’s Department of Public Works can be requested to conduct a Traffic Calming Study and potentially implement traffic slowing devices if they are in order.

Key elements to any schools successful walking or biking program are the availability of crossing guards and the implementation of consistent signage and pavement markings to alert drivers to the pedestrians and bicyclists approaching the school. It is recommended that requests for increased resources for crossing guards be supported as this will positively impact the health of children and may also result in decreased costs assumed by the public schools in busing students to school. The County, the three municipalities and the State Highway Administration are encouraged to coordinate the implementation of signage and pavement markings for crossways and school approaches as provided in the Manual of Uniform Traffic Control Devices to enhance awareness of pedestrians and bicyclists.

Strategies:

- Offer support for school wellness efforts through recognition, community awareness and resources to support sustainability and replication
- Increase availability of fresh fruits and vegetables at schools
- Improve pedestrian access to schools sites
- Encourage development of walking and biking programs at schools
- Support requests for additional crossing guards
- Coordinate the implementation of signage and pavement markings for crossways and school approaches as provided in the Manual of Uniform Traffic Control Devices

3. Implement the Bike and Pedestrian Master Plan

Harford County Government’s Department of Planning and Zoning is currently developing a Bicycle and Pedestrian Master Plan. A member of an Obesity Task Force workgroup was appointed to sit on the Bike and Pedestrian Advisory Board which began meeting in December, 2011. “The Bicycle and Pedestrian Master Plan is an important part of helping to make Harford County a truly multimodal community; one that promotes and supports increased bicycle and pedestrian activity. It is also an important step in helping Harford County become a healthier community” (Department of Planning and Zoning website, 2012).

This planning effort has included public participation. An open house was held in March, 2012 where local residents had a chance to learn about the plan and provide comments. Written comments were accepted and a “Community Walk Website” was created which offered

residents an opportunity to comment virtually on a web-based map of the County. In total, 159 comments were received regarding sidewalks, bike parking, bike lanes, bike signage, road repairs, enforcement, dangerous intersections, existing bike routes and favorite/friendly routes.

The Bicycle and Pedestrian Master Plan is slated to be introduced to County Council in the spring of 2013. The Obesity Task Force would like to put its full support behind the adoption and implementation of this plan, as it will provide a virtual roadmap to the improved health of Harford County.

Strategy:

- Adopt and implement the forthcoming Bicycle and Pedestrian Master Plan

4. Encourage Multimodal and Active Transportation

“Active transportation is engaging people to walk or bicycle or use transit as a means of transportation instead of using a car” (Springer, Harford County Obesity Task Force, Built Environment Recommendations, 2012). The CDC’s report “Transportation and Public Health Policy Recommendations” noted a positive correlation between physical activity, safe opportunities for active transportation and ease of use of public transportation (April, 2010).

Barriers to people utilizing these modes of active transportation include a lack of awareness of the public transportation system and risks associated with walking and biking on the road. To address awareness, the Task Force recommends that marketing be done around the availability of Harford County Transit routes, Demand Response Services (available to seniors and individuals with a disability), and the availability of bike racks on buses. The County is also adding QR (quick response) codes to bus stops to provide people with smartphones easy access to schedule information, which should be publicized as well.

To encourage active transportation, transit buses must be a safe and attractive option. There are numerous problems with the current transit stops in the Harford and Maryland transit systems that discourage pedestrians and cyclists from utilizing this option. A study should be done of the current transit system stops to determine the visibility, pedestrian accessibility, safety and comfort of the stops. A priority list of improvements should be developed and funding sought.

The term “connectivity” focuses on the linkages between people and their desired destinations. In order to encourage the walking and bicycling as forms of active transportation, the road, sidewalk and/or trail connections must be in place. The current built environment often does not meet the needs of the public to use these modes of transportation. The County should review its Development Regulations to ensure that new development and redevelopment, where appropriate, support accessibility by walking, biking or transit. Road improvement projects should be designed to incorporate “Complete Street” elements, such as bike lanes and pedestrian walkways to encourage alternative means of transportation.

Businesses should also encourage employees to bike to work through availability of quality bike racks in close proximity to their building entrance. Other incentives for biking include workplaces that offer employees showers and locker rooms. In addition to supporting active transportation, these facilities would benefit the health of employees who would like to go for a run or bike-ride during their lunch hour. The Task Force recommends that existing programs such as the County's Bike Mentor Program, Bike to Work Day and Ride Share Program be communicated with local businesses as well.

As mentioned previously, the second barrier to active transit is risk. According to the Baltimore Sun, there were 12 fatal crashes in Harford County between January and June, 2012. Of the 15 individuals who died in these accidents, four were pedestrians. The State has also seen an uptick in the number of pedestrian deaths between 2011 and 2012 (Maryland StateStat, 2012). As one strategy to address risk, the Task Force recommends support of a "Street Smart" campaign that will be brought to Harford County by the Baltimore Metropolitan Council (DriveSafeBaltimore.com), through the Health Department's Community Transformation Grant. The campaign uses mass media to raise awareness of the responsibilities of motorists, pedestrians and bicyclists to share the road.

Strategies:

- Increase public awareness of Harford Transit and County bike and commuter programs
- Conduct a study of the current transit system stops
- Review the County's Development Regulations to ensure that new development and redevelopment, where appropriate, support accessibility by walking, biking or transit
- Incorporate "Complete Street" elements in the design of road improvement projects
- Encourage businesses to offer incentives for active transportation
- Support implementation of the Street Smart campaign

5. Encourage Changes that Emphasize Active Movement

Just as it is important to "make the healthy choice the easy choice" for children at school, more can be done to encourage adults to make healthy decisions as well. For instance, buildings should offer visible, well-lit and attractive staircases to encourage use. Signage can be placed at elevators offering encouragement to take the stairs, such as by noting the number of calories that would be burned by doing so.

Within the environment, walking is a key component to incorporating activity into daily life. While gaps in connectivity are an issue, many paths and trails exist but the public lacks information about these facilities. Existing walking paths should be clearly labeled where available for public use. Plaques or signage can encourage their use when going from neighborhoods to a community amenity such as a school or library. Information should also be widely available about the County's numerous walking, running and biking groups.

A webpage should be developed to provide information about available walking paths, including both trails such as the Ma and Pa Heritage Trail and Lower Susquehanna Heritage Greenway which connect parks and facilities and trails within existing parks and smaller community connections. This webpage, and corresponding signage, should also identify facilities available for adults and children with disabilities to encourage physical activity. Fun challenges, such as geocaching, could be created which would encourage families to track their use of local trails with the opportunity to win healthy prizes. This could be modeled after the Harford County Public Library's Summer Reading Program where youth register, are challenged to read a certain number of books, and then receive a special completion prize and certificate for their participation.

Strategies:

- Encourage business owners to make staircases a visible and attractive option
- Develop plaques and signage for all walking trails
- Make information about walking paths available online and incentivize use

6. Implement the 2012 Land Preservation Parks and Recreation Plan

Harford County has numerous indoor and outdoor recreation facilities at its State and County parks (Attachment E). The 2012 Land Preservation Parks and Recreation Plan (LPPRP) should incorporate goals for recreation facilities to serve citizens of all ages and physical abilities. Facilities for individual and independent use should be incorporated into future parks in addition to team sports fields. For instance, facilities that benefit active seniors, such as pickleball and bocce, as well as individual activities and sports such as skateboarding, archery and disc golf should be integrated. Priority should be given to the connection of the segments of the Ma and Pa Heritage Trail and Lower Susquehanna Heritage Greenway. The LPPRP should support the design and construction of future multi-use trails to connect parks with community destinations.

Public information efforts to promote the availability of recreation facilities at County parks and public schools should be improved. Many citizens are unaware of the fact that outdoor school facilities such as tracks and playgrounds can be used by the public when not needed for school activities. Public outreach should advertise family activity programs at schools and recreation through a variety of outlets, including social media, websites, grocery stores and libraries.

Strategies:

- Adopt and implement the 2012 Land Preservation Parks and Recreation Plan
- Publicize that Parks and Recreation facilities are available for use by all residents

7. Create and Employ a Unified Message of Healthy Eating and Active Living

Outreach is essential to educate community members on how to make better and healthier choices. Since 1993, Healthy Harford has been the local authority on health and wellness for the County. Healthy Harford is a non-profit coalition of local government agencies, businesses, non-profits and citizens dedicated to improving the health of Harford County. Healthy Harford's vision is "to make Harford County the healthiest community in Maryland." The founding partners of this coalition are the Harford County Health Department, Harford County Government and Upper Chesapeake Health.

Healthy Harford began a Community Health Assessment Project (CHAP) in 1996 which consists of a telephone survey of Harford County residents on their health and lifestyle behaviors. This survey has been repeated approximately every five years since, with most recent data being collected in 2010. In addition to the CHAP, Healthy Harford members are present at many local health related events providing education and resource information. The organization also has a robust website, www.healthyharford.org, which is the local source for information on health and wellness resources, opportunities and events. Despite its efforts to date, Healthy Harford is not yet a household name. The Obesity Task Force believes that Healthy Harford is an untapped resource which could be the key component in mobilizing the community around health.

Healthy Harford can be utilized to accomplish the goal of promoting a unified message of healthy eating and active living. It will take the support of local government to fully back this message and help saturate the community. The Health Department and Upper Chesapeake Health are currently in the process of developing a marketing plan to brand and promote Healthy Harford. The Task Force recommends that support be offered in the promotion and dissemination of Healthy Harford media messages.

Strategy:

- Support marketing efforts to establish Healthy Harford as a household name

8. Establish Healthy Designation Programs

A strategy in promoting health that has been successful in other communities is to offer healthy designation programs. These programs have criteria which organizations can strive to meet in order to obtain a designation which recognizes them in the community as a healthy establishment. For instance, in Howard County, Maryland, Healthy Howard, www.healthyhowardmd.org, offers designation programs for restaurants, schools, workplaces and childcare. In June, 2012, Peter Beilenson, Health Officer of Howard County, gave a presentation to the Obesity Task Force subcommittees on the Healthy Howard designation programs.

The Task Force recommends that healthy designation programs be established under the Healthy Harford name. It recommends that the first designation program created be "Healthy Harford Restaurants" as the Obesity Task Force Resolution specifically named "encouraging

food providers to provide healthier food choices and menu options" as a priority. Restaurants that wish to obtain the designation will need to offer a set amount of healthy menu items, commit to obtaining Food Management or a comparable certification, not use any trans-fat and encourage a smoke-free environment. In exchange for their commitment to health, the restaurant will be able to display a Healthy Harford Restaurant decal and certificate, be listed on the Healthy Harford website and benefit from other local promotions.

Following successful establishment of the Healthy Harford Restaurant designation program, the Task Force plans to create a Healthy Harford School/Childcare program and Healthy Harford Workplace program.

Strategy:

- Support the establishment of Healthy Harford designation programs, beginning with Healthy Harford Restaurants

9. Sustain Obesity Task Force Initiatives by Establishing a Wellness Commission

The Obesity Task Force remains committed to this work and seeing the implementation of its proposed recommendations. Many of the suggested strategies have an element of public awareness and community engagement and all require additional discussion and collaboration among local partners to produce anticipated outcomes. It is therefore critical that in order to make these recommendations a reality, a structure be put in place to carry out this work and sustain it in the future.

The Obesity Task Force recommends that the County Council establish by resolution a Harford County Wellness Commission that will sustain and advance the goals of the Task Force. This Commission should consist of former Obesity Task Force member organizations as well as Healthy Harford, and will report annually to the Council. The Task Force further recommends that the Commission work with Healthy Harford to implement the policies and programs recommended in the Obesity Task Force Report.

Strategy:

- County Council should establish by resolution a Harford County Wellness Commission that will sustain and advance the goals of the Obesity Task Force
- The Commission should work with Healthy Harford to implement the policies and programs recommended in the Obesity Task Force Report

-

V. Conclusion

In general, the public has an understanding that nutrition and exercise are important. Most people know what obesity is and what contributes to it. However, even with this knowledge, Harford County is a community in which two-thirds of the adult population is struggling with being overweight. Over the past year, the Obesity Task Force and its stakeholders have taken a close look at the local barriers to health and identified strategies that have worked in peer communities to address these issues. This report outlines the top recommendations and proposes strategies to carry them out.

The recommendations listed in this report are ambitious, yet critical, if Harford County wants to make real and lasting change in the community with regard to the way people think about and approach their health. The Task Force believes that with the regular and consistent support and commitment of the County, local changes can be made which will have an impact on the health of all Harford County residents. By paying particular attention to access to healthy food, the built environment and community engagement, it has been determined that health has a role to play in all facets of community development.

By supporting and implementing the Harford County Obesity Task Force's recommendations, the County will be able to set into motion a series of small changes that will help “make the healthy choice the easy choice,” and if sustained will result in a local **culture of wellness**.

*“Knowing is not
enough; we
must apply.
Willing is not
enough; we
must do.”
-Johann Wolfgang
von Goethe*

VI. List of Recommendations and Supporting Strategies

1. Encourage Access to Healthy Food

- Support the Department of Community Services in efforts to expand access to healthy food in the northern part of the County
- Provide outreach to community groups that serve food

2. Support School Wellness

- Offer support for school wellness efforts through recognition, community awareness and resources to support sustainability and replication
- Increase availability of fresh fruits and vegetables at schools
- Improve pedestrian access to schools sites
- Encourage development of walking and biking programs at schools
- Support requests for additional crossing guards
- Coordinate the implementation of signage and pavement markings for crossways and school approaches as provided in the Manual of Uniform Traffic Control Devices

3. Implement the Bike and Pedestrian Master Plan

- Adopt and implement the forthcoming Bicycle and Pedestrian Master Plan.

4. Encourage Multimodal and Active Transportation

- Increase public awareness of Harford Transit and County bike and commuter programs
- Conduct a study of the current transit system stops
- Review the County's Development Regulations to ensure that new development and redevelopment, where appropriate, support accessibility by walking, biking or transit
- Incorporate "Complete Street" elements in the design of road improvement projects
- Encourage businesses to offer incentives for active transportation
- Support implementation of the Street Smart campaign

5. Encourage Changes that Emphasize Active Movement

- Encourage business owners to make staircases a visible and attractive option
- Develop plaques and signage for all walking trails
- Make information about walking paths available online and incentivize use

6. Implement the 2012 Land Preservation Parks and Recreation Plan

- Adopt and implement the 2012 Land Preservation Parks and Recreation Plan
- Publicize that Parks and Recreation facilities are available for use by all residents

7. Create and Employ a Unified Message of Healthy Eating and Active Living

- Support marketing efforts to establish Healthy Harford as a household name

8. Establish Healthy Designation Programs

- Support the establishment of Healthy Harford designation programs, beginning with Healthy Harford Restaurants

9. Sustain Obesity Task Force Initiatives by Establishing a Wellness Commission

- County Council should establish by resolution a Harford County Wellness Commission that will sustain and advance the goals of the Obesity Task Force
- The Commission should work with Healthy Harford to implement the policies and programs recommended in the Obesity Task Force Report

Obesity Task Force Subcommittees

Access to Healthy Food

- Elizabeth Hendrix, Harford County Department of Community Services (Chair)
- Linda Sue Ames, Registered Nurse
- Marcy Austin, Harford County Health Department
- Dee Athey, United Way of Central Maryland, Inc.
- Heidi Brady, Registered Dietician
- Gary Childress, Harford County Public Schools Food and Nutrition Department
- Bruce Clark, Laurrapin Grille Restaurant
- Meg Deem, Office of the County Executive
- Erin Ferriter, PhD, Harford County Sustainability Office
- Jayne Klein, RD, Shop Rite Grocery Store
- Judy Mason, Harford County Community Action Agency, Inc.
- Brad Milton, Brad's Produce
- Andrea Pomilla, Harford County Department of Community Services - Office on Aging
- Ginny Popiolek, Harford County Public Schools
- Barbara Richardson, Mason Dixon Community Services, Inc.
- Rob Reier, DC, Town of Bel Air
- John Sullivan, Deputy Chief of Staff for Agricultural Affairs
- Terry Troy, Community Member
- Andrew Walsh, SAIC
- Cindy Weyant, Consultant

Built Environment

- Arden McClune, Harford County Department of Parks and Recreation (Chair)
- Kathy Baker-Brosh, PhD, Anita Estuary Center
- Jesse Bane, Harford County Sheriff
- Ann Bizzano, PhD, Physical Therapist
- Michael Elder, Citizen
- Erin Ferriter, PhD, Harford County Sustainability Office
- Janet Gleisner, Harford County Department of Planning and Zoning
- Dale Gomez, Community College of Baltimore County – Essex
- David Hagen, Harford County Public Schools, Physical Education
- Gil Jones, City of Aberdeen
- Mary Ann Lisanti, Harford County Council
- Julie Mackert, Harford County Health Department
- Hudson Myers, Harford County Department of Public Works
- Keith Rawlings, The Arena Club
- Kevin Small, Town of Bel Air
- Jeff Springer, Booz Allen Hamilton
- Barbara Wagner, Havre de Grace City Council
- Keith Warner, Harford County Sheriff's Office

Community Engagement

- Kathy Kraft, Upper Chesapeake Health (Chair)
- Rob Bailey, Harford County Parks and Recreation
- Gregory Beatty, Vetcentric, Inc.
- Carole Boniface, Harford County Government
- Kathy Burley, Harford Community College
- Rebecca Hartwig, MD, Pediatrician
- Mary Hastler, Harford County Public Libraries
- Bari Klein, Upper Chesapeake Health/Harford County Health Department
- Jayne Klein, RD, Klein's ShopRite
- Whitney Lang, Y of Central Maryland
- Kelly Lepley, Y of Central Maryland
- Vanessa Milio, Harford County Chamber of Commerce
- Donarae Moulodale, Harford County Chamber of Commerce
- Mary Nasuta, Harford County Public Schools
- Katy Richardson, MD, Physician
- Gale Sauer, Aberdeen Proving Ground
- Robin Stokes-Smith, Upper Chesapeake Health
- Robert Tomback, PhD, Superintendent, Harford County Public Schools
- Martha Valentine, Business Wellness Consultant

Appendix 7

Tobacco Workgroup Members

Vickie Bands (Chair)
Upper Chesapeake Health

Greta Brand
Health Educator, Community Representative

Jean Calcut
Upper Chesapeake Health

Karen Goodison
Upper Chesapeake Health System

Mary Kate Herbig
Harford County Law Department

Bruce Lewis
Total Urgent Care

Mark Lewis
Upper Chesapeake Health System

Karin McElwain
Upper Chesapeake Health System

Linda Pegram
Harford County Health Department

Dottie Ruff
Harford County Health Department

Kathy Shaffer
Parish Nurse, Bel Air United Methodist

Patrick Sypolt
Risk Manager, City of Havre de Grace)

Bill Wiseman
Harford County Health Department

Appendix 8

Behavioral Health Workgroup Members

Sharon Lipford (Chair)
Harford County Department of Community Services

Judge Mimi Cooper
District Court

Terry Farrell
Office on Mental Health

Beth Jones
Harford County Health Department

Robin Keener
Homecoming Project, Inc.

Nick McDonald
Upper Chesapeake Health

Paula Nash
Harford County Health Department

Jerry Reyerson
Department of Social Services

Joe Ryan
Harford County Department of Community Services – Office of Drug Control Policy

Pastor Carol Taylor
FACE-IT

Posie Thompson
Harford County Health Department

Melynda Velez
LASOS – Linking All So Others Succeed

Captain Keith Warner
Harford County Sheriff's Office

Karen Winkowski
Harford County Department of Community Services – Office on Aging

Harford County Health Department
Local Health Improvement Process
Community Feedback
December 10, 2012

Introduction

The Harford County Health Department is in the process of applying for National Public Health Accreditation. The goal of the National Accreditation Program is to protect and improve the health of the public by advancing the quality and performance of all public health departments. This voluntary program was only launched in September 2011, indicating that the Health Department is on the cutting edge of public health today. In preparation for this endeavor, they have created a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP) as part of the accreditation process which will focus and strengthen local public health efforts.

The Community Health Assessment (CHA) is a collaborative, data driven process that describes the health status of the population, identifies areas for health improvement, determines factors that contribute to health issues, and identifies resources that can be mobilized to improve the population's health. The CHA describes the health status of the residents of Harford County, as compared to the residents of Maryland and the United States. It also examines health trends of County residents over time and identifies racial disparities and geographic areas that lack access to care and that have a high percentage of at-risk populations. The three health priorities identified by this process in Harford County include:

- Obesity Prevention;
- Tobacco Use Prevention; and
- Behavioral Health, including Mental Health and Substance Abuse Prevention

The Community Health Improvement Plan (CHIP) is a long-term, systematic process for addressing issues identified in the Community Health Assessment in order to improve health outcomes. The purpose of the CHIP is to describe how the Health Department and the community will work together to improve the health of the population served. Strategies for addressing obesity, tobacco use, and behavioral health issues in Harford County include:

- **Obesity Prevention**
 - Increasing access to healthy foods;
 - Enhancing the built environment; and
 - Creating a "Community of Wellness"
- **Tobacco Use Prevention**
 - Promoting community awareness;
 - Encouraging workplaces to be smoke-free; and
 - Establishing policy changes regarding sales to minors
- **Behavioral Health**
 - Integrating and improving the delivery of substance abuse and mental health services

Local Health Improvement Process Survey

Both the CHA and CHIP were formally released to the community at the second meeting of the Harford County Local Health Improvement Coalition on October 4, 2012. The Local Health Improvement Coalition is a group consisting of over 50 members, representing diverse interests and agencies, all committed to improving the health of Harford County residents. A survey was also disseminated to the community at this time asking for their perspective on the quality of life in Harford County as well as their opinion on the two documents. Either an online or paper version of the survey could be completed by the community members.

Post-cards advertising the online survey (Appendix A) were distributed to the libraries, senior centers, hospital, Department of Social Services, Harford County Public School nurses and faith based organizations. Paper versions of the survey (Appendix B), which included both English and Spanish versions, were distributed at different community events, Upper Chesapeake's Healthlink Clinic, and the Health Department's HIV/AIDS, WIC, Dental, and Family Planning Clinics. A total of 877 community members responded to the survey between October 4, 2012 and December 1, 2012. Table 1. summarizes the demographic characteristics of survey respondents. The majority of the participants reside in Bel Air, Maryland (29.4%), between 25-54 years old (39.8%), and were white (76.0%). The feedback received was representative of Harford County.

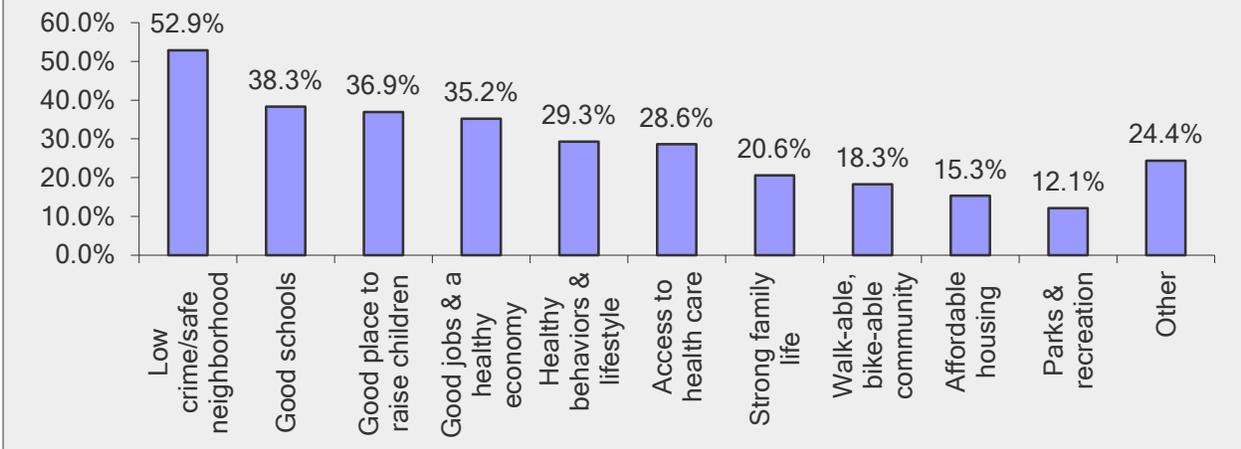
Quality of Life

Survey respondents were asked to identify what they believed to be the three most important factors for a "Healthy Community." Essentially, what factors do they believe will improve the quality of life in Harford County? Figure 1. summarizes the qualities the community identified as those that were most important. The top three factors identified were low crime/safe neighborhood (52.9%), good schools (38.3%), and a good place to raise children (36.9%). Good jobs and a healthy economy were also seen as important qualities (35.2%).

Table 1. Demographic Characteristics of the Harford County Local Health Improvement Process Survey Respondents (n = 877)

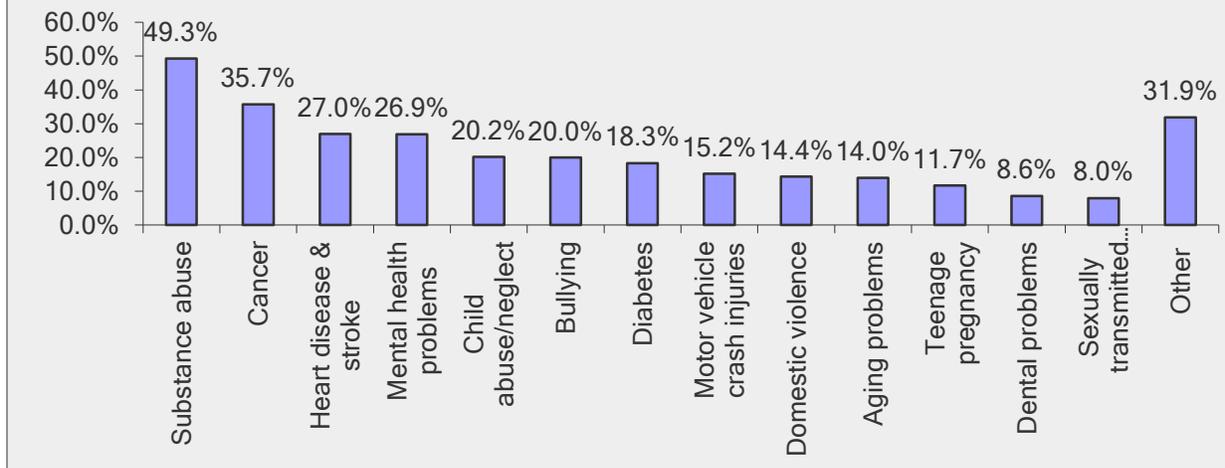
Characteristics	n (%)
Gender	
Female	687 (83.1%)
Male	140 (16.9%)
Residence (Zip Code)	
Bel Air (21014, 21015)	234 (29.4%)
Edgewood (21040)	109 (13.7%)
Aberdeen (21001)	95 (11.9%)
Abingdon (21009)	78 (8.8%)
Forest Hill (21050)	48 (6.0%)
Havre de Grace (21078)	43 (5.4%)
Joppa (21085)	35 (4.4%)
Fallston (21047)	29 (3.6%)
Street (21154)	23 (2.9%)
Jarrettsville (21084)	19 (2.4%)
Whiteford (21160)	18 (2.3%)
Darlington (21034)	17 (2.1%)
Other	47 (5.8%)
Age (yrs)	
15-34 y	297 (36.2%)
25-54 y	326 (39.8%)
55-74 y	191 (23.3%)
75+ y	6 (0.7%)
Race/Ethnicity	
White	620 (76.0%)
African-American	131 (16.1%)
Latino	16 (2.0%)
Asian	15 (1.8%)
Other	34 (4.2%)

Figure 1. The most important factors for a "Healthy Community"



After the respondents identified those qualities crucial in creating a "Healthy Community," they were tasked with prioritizing the three most important health problems in their own community. In other words, what problems have the greatest impact on overall community health in Harford County? Figure 2. summarizes these responses. An overwhelming portion of the respondents felt that substance abuse was a serious issue in their communities (49.3%). Cancer (35.7%), heart disease and stroke (27.0%), and mental health (26.9%) were also recognized as critical issues in the County.

Figure 2. The most important "health problems" in Harford County



Next, respondents chose what they believed were the three most worrisome risky behaviors in the community. Basically, what behaviors have the greatest impact on overall health in Harford County? Figure 3. summarizes these responses. Over half of the respondents felt that drug abuse (59.1%) and alcohol abuse (50.4%) were the two riskiest behaviors in Harford County. Many of the respondents felt that

being overweight/obese (41.5%) was another serious risky behavior. In relation to this idea, lack of exercise (28.0%) and poor eating habits (26.2%) were also concerns.

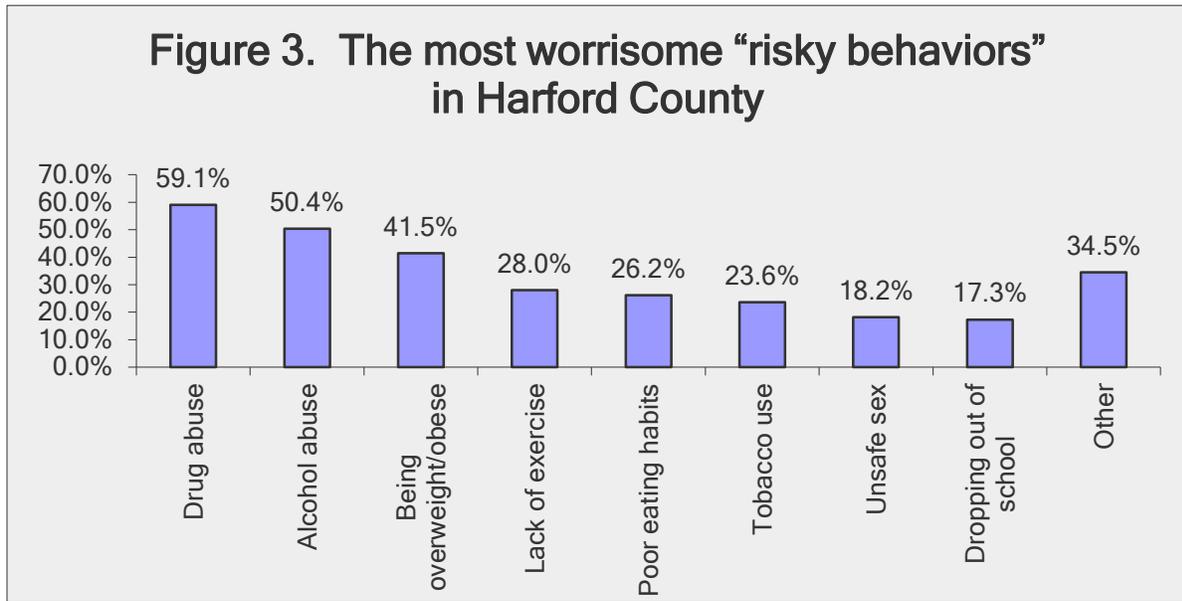
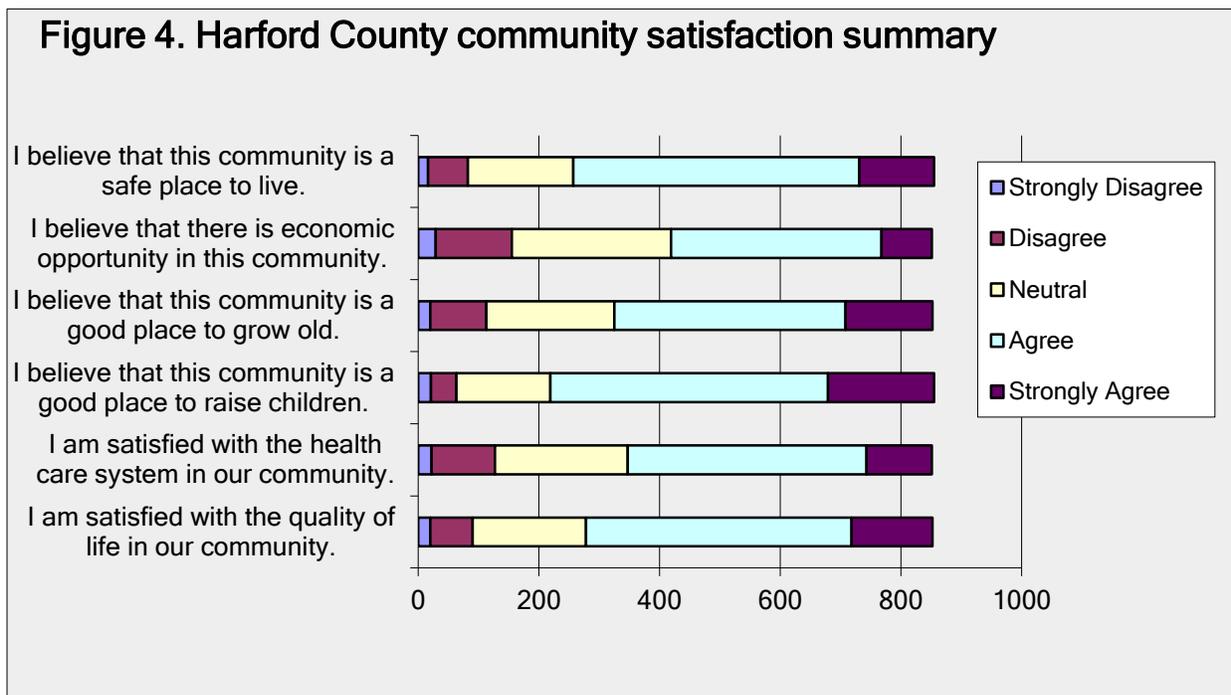


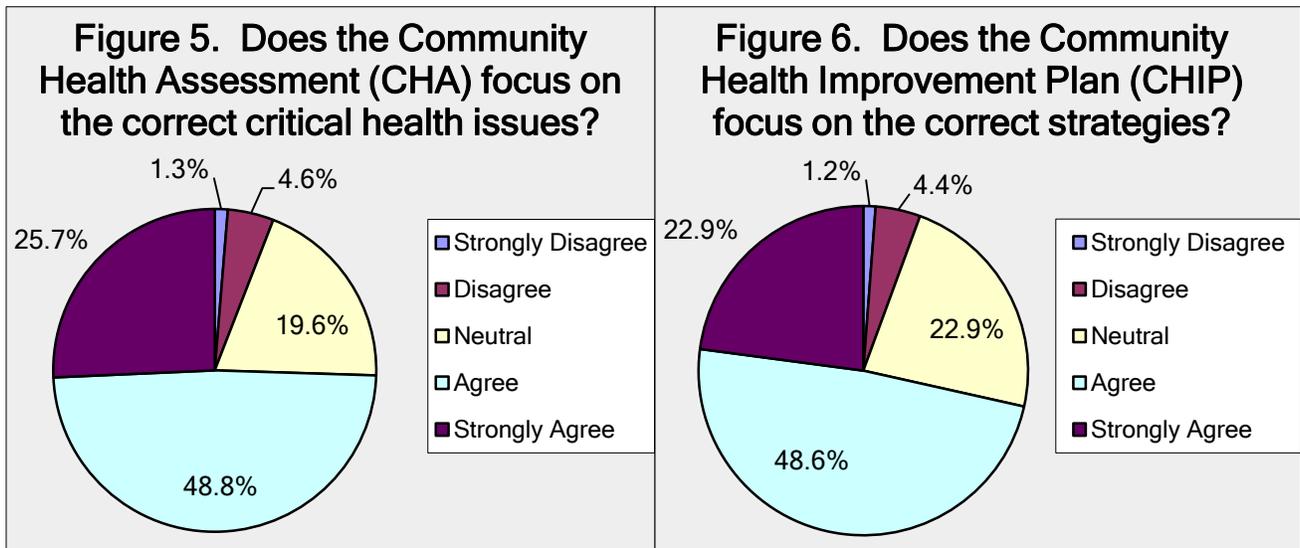
Figure 4. summarizes Harford County residents overall satisfaction with their community. The majority of respondents agreed that the County is a good place to raise children (74.8%), a good place to grow old (62.2%), a safe place to live (70.2%) and that there is economic opportunity here (50.8%). Additionally, the majority of people reported that they are satisfied with the quality of life (67.3%) and the health care system (67.3%)



(59.2%) in Harford County. Therefore, the residents are relatively satisfied with the community in which they live.

Community Health Assessment and Community Health Improvement Plan Feedback

As mentioned previously, the Harford County community was called upon to provide their opinion on the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). Within the survey, participants were given brief summaries of the two documents as well as access to the full versions



of the plans at the Health Department’s website (www.harfordcountyhealth.com). The majority of the respondents (74.5%) agreed that the CHA focuses on the correct critical health issues in the County

Table 2. Common Themes and Sub-Themes of Recommendations to Improve the Community Health Improvement Plan.

Themes	Sub-Themes
Community Engagement	Advertising Increase Youth Activities Education/Awareness Opportunities
Access to Healthcare	Affordability Improvements to Current System Outreach to Impoverished Communities Mental Health Services
Substance Abuse Prevention	Increase Enforcement Assistance/Information for Addicts Alcohol Abuse Prevention Prescription Drug Abuse Prevention
Improve the Built Environment	Land Use Transportation Sidewalks/Trails/Bike Paths
Utilize Schools to Create Change	Education on Health Issues School Lunch Quality Physical Education Mandates

(Figure 5). Similarly, the majority (71.5%) agreed that the CHIP focuses on the correct strategies to address the health issues in the County (Figure 6). When prompted for comments regarding how the CHIP could be enhanced, there was an overwhelming response from the community resulting in 319 comments. Table 2. outlines the major themes and sub-themes extracted after review of the feedback provided by the respondents. Members of the community noted that they

believe more could be done in the following areas related to public health: community engagement, access to healthcare, substance abuse prevention, improving the built environment, and utilizing schools to create change.

Community Engagement

A large portion of the respondents believed that to improve the CHIP and ensure that implementation is successful; the community needs to be involved. In order to engage the community, advertising was suggested as a way to not only publicize the Plan but to bring attention to the health issues within the County. In conjunction with this idea, many felt that more education and awareness opportunities surrounding these issues should be available to the residents. One respondent stated:

“(The plan could be improved) if there were more advertisements showing that there are programs to help those with substance abuse, encouragement to eat healthier, and in general, just live a healthy lifestyle.”

Additionally, many were concerned with the lack of healthy/safe activities in Harford County, especially those for the youth population. The community felt that if there were more activities for the youth, they would be less likely to engage in unhealthy behaviors. To elaborate on this point, one pointed out:

“Another thing to consider is healthy/safe activities for teens...Perhaps things like teen Raven’s rallies, pro-skater demonstrations, and the return of roller skating in the County could give teen alternatives to drinking...”

Access to Healthcare

Another concern expressed by the community through their comments was access to healthcare. Of particular concern was the lack of access to mental health services in Harford County. Many felt that there were too few quality mental health services that are affordable for those in need. Affordability was a problem identified with other health services as well. One participant said that:

“Healthcare (should be improved) for those who are between the cracks in qualifying for any kind of health services. They have no insurance and yet make a dollar too much to qualify for any kind of healthcare.”

Also, many believed that the current system in place does not meet the needs of the community at large. Expansion of current programs and the offering of additional programs were commonly suggested by respondents. Providing outreach to those neighborhoods that are most in need may be a way to accomplish this suggestion.

Substance Abuse Prevention

Residents view substance abuse as a major problem in Harford County. Community members are concerned with what is being done to prevent the issues surrounding this topic. More specifically, respondents were seriously concerned with the actions being taken to address alcohol abuse as well as prescription drug abuse. Residents see enforcement of laws related to substance abuse as lacking. One respondent commented:

“(Increase) law enforcement of the areas that are known drug use and delivery areas...there needs to be more stringent punishment to those that use and sell drugs...”

Another thing that respondents consider to be lacking in Harford County is assistance and information for those who are currently seeking help for substance abuse problems. Many felt that assistance was deficient for those not financially able to afford certain treatments. A respondent stated:

“We’ve found very little help for substance abusers available in (Harford County) unless you’re very wealthy.”

Built Environment

Within Harford County, many respondents would like to see improvements made to the built environment which will foster a better setting in which to encourage healthy behaviors. In particular, concerns were expressed about current land usage and public transportation systems. One commented:

“Harford County is the poster child for sprawl that virtually requires travel by auto. It is essential to change existing planning practices to create increased opportunities for active transportation as part of our lives...”

In relation to this idea, numerous respondents felt the community should create more bike paths, trails, and sidewalks to promote more physical activity. If these are in place, many feel that residents could more easily make physical activity a part of their daily lives. A respondent felt that:

“...more exercise (could) be incorporated into the lives of Harford County citizens by making the County less dependent on automobiles through the building of shared walking and biking paths that actually lead to commerce centers.”

Utilizing Schools as Change Agents

Many respondents feel that utilizing schools to create change would have the greatest impact on improving community health in Harford County. Utilizing schools was suggested as a tool for two main reasons: (1) schools have the ability to influence children at a young age when they are beginning to make decisions for themselves, and (2) children will, in turn, educate their parents on the healthy behaviors they learn in school. Community feedback included suggestions on incorporating some form of health education into the schools. One respondent suggested:

“Start teaching children in elementary school about the prevention of tobacco and substance abuse...teach them they don’t have to do drugs or smoke, that there is a better way.”

Some respondents also felt that certain things should be changed within the school itself to encourage a healthy lifestyle. Establishing mandatory gym class, incorporating nutrition classes, and changing the food served in the schools could all assist in promoting a healthy lifestyle. A respondent said:

“Force students to take (physical education)!! We have such a push on AP (advanced placement classes) that we’re forgetting our health!”

Conclusion

Overall, survey respondents appear to be relatively satisfied with the quality of life in their community as a whole. However, residents believe that serious health problems such as substance abuse, cancer, heart disease and stroke, and mental health still remain. The community expressed concerns over risky behaviors such as drug abuse, alcohol abuse, and being overweight/obese. These were some of the same issues uncovered through the Community Health Assessment (CHA) and those that are being addressed through the Community Health Improvement Plan (CHIP).

Unfortunately, survey responses and open-ended comments did not show as much support for tobacco prevention as one of the top health priorities in the County as they did for the others. Although some have expressed uncertainty towards choosing tobacco as a top health concern, the data for the county provides evidence as to why strides should continue to be taken to address this issue. First, the adult smoking rates in Harford County remain higher than Maryland’s (15.2% vs. 20.1%). However, what is even more alarming, is that Maryland tobacco use rates have decreased over the past 10 years (20.5% in 2000; 15.2% in 2010) while Harford County’s has actually increased (17% in 2000; 20.1% in 2010). Therefore, based on survey feedback received from the community, there appears to be a disconnect between what the data is telling us and what we as a community believe about tobacco. This discrepancy reinforces the notion that tobacco should be a top health priority in Harford County and the need to raise awareness around the issue.

Despite the tobacco discrepancy, residents overwhelmingly agree the CHA and CHIP documents have the correct focus in addressing health issues relevant to Harford County. Moving forward strides will be made toward incorporating the suggestions from the survey respondents into the final plan. Harford County residents will be kept informed of progress that is made in implementing the proposed plan. Community support and involvement will be crucial as the Local Health Improvement Coalition moves forward with this endeavor.



5 minutes could equal \$50

Go to www.harfordcountyhealth.com

Voice Your Opinion About the Harford County Community!

The Harford County Health Department is interested in your opinion about the local community. Take a brief 5 minute survey online. One respondent will receive a \$50 Target Gift Card. The survey will be open until December 1, 2012.



Scan this QR code with your smartphone to take the survey right now!

*Healthy People in a
Healthy Environment*

Appendix B

2012 HARFORD COUNTY LOCAL HEALTH IMPROVEMENT PROCESS – FEEDBACK FORM

This form may be completed online at: www.harfordcountyhealth.com/ before December 1, 2012.



Thank you for completing this voluntary feedback form to help improve Harford County's 2012 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), both found at www.harfordcountyhealth.com/.

The Harford County Community Health Assessment (CHA) identifies the following critical health issues: **Obesity Prevention** - Healthy Eating & Active Lifestyle, **Tobacco Use Prevention** - Smoke-Free Living, **Behavioral Health** - including Mental Health & Substance Abuse.

<p>1. In the following list, what do you think are the 3 most important factors for a "Healthy Community?" (Those factors that would most improve the quality of life in Harford County.)</p>	
<p><input type="checkbox"/> Good place to raise children</p> <p><input type="checkbox"/> Low level of child abuse</p> <p><input type="checkbox"/> Access to health care</p> <p><input type="checkbox"/> Walk-able, bike-able community</p> <p><input type="checkbox"/> Arts and cultural events</p> <p><input type="checkbox"/> Good jobs and healthy economy</p> <p><input type="checkbox"/> Healthy behaviors and lifestyle</p> <p><input type="checkbox"/> Low adult death and disease rates</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Low crime/safe neighborhood</p> <p><input type="checkbox"/> Good schools</p> <p><input type="checkbox"/> Parks and recreation</p> <p><input type="checkbox"/> Affordable housing</p> <p><input type="checkbox"/> Excellent race relations</p> <p><input type="checkbox"/> Strong family life</p> <p><input type="checkbox"/> Low infant deaths</p> <p><input type="checkbox"/> Religious or spiritual values</p>
<p>2. In the following list, what do you think are the 3 most important "health problems" in our community? (Those problems that have the greatest impact on overall community health in Harford County.)</p>	
<p><input type="checkbox"/> Aging problems</p> <p><input type="checkbox"/> Cancer</p> <p><input type="checkbox"/> Dental problems</p> <p><input type="checkbox"/> Domestic violence</p> <p><input type="checkbox"/> Heart disease and stroke</p> <p><input type="checkbox"/> Infant death</p> <p><input type="checkbox"/> Mental health problems</p> <p><input type="checkbox"/> Rape/sexual assault</p> <p><input type="checkbox"/> Sexually transmitted diseases</p> <p><input type="checkbox"/> Suicide</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Bullying</p> <p><input type="checkbox"/> Child abuse/neglect</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Firearm-related injuries</p> <p><input type="checkbox"/> Homicide</p> <p><input type="checkbox"/> Infectious diseases</p> <p><input type="checkbox"/> Motor vehicle crash injuries</p> <p><input type="checkbox"/> Respiratory/lung disease</p> <p><input type="checkbox"/> Substance abuse</p> <p><input type="checkbox"/> Teenage pregnancy</p>
<p>3. In the following list, what do you think are the 3 most important "risky behaviors" in our community? (Those behaviors that have the greatest impact on overall community health in Harford County.)</p>	
<p><input type="checkbox"/> Alcohol abuse</p> <p><input type="checkbox"/> Dropping out of school</p> <p><input type="checkbox"/> Lack of exercise</p> <p><input type="checkbox"/> Not getting vaccines to prevent disease</p> <p><input type="checkbox"/> Tobacco use</p> <p><input type="checkbox"/> Not using seat belts/child safety seats</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Being overweight/obese</p> <p><input type="checkbox"/> Drug abuse</p> <p><input type="checkbox"/> Poor eating habits</p> <p><input type="checkbox"/> Racism and intolerance</p> <p><input type="checkbox"/> Not using birth control</p> <p><input type="checkbox"/> Unsafe sex</p>

<i>Select one answer for each question:</i>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
10. How much do you agree that the Community Health Assessment focuses on the correct critical health issues for Harford County?					

The Harford County Community Health Improvement Plan (CHIP) identifies the following strategies to address the critical health issues: **(1) Obesity Prevention** – increasing access to healthy foods, enhancing the built environment, creating a “community of wellness” by increasing knowledge & awareness **(2) Tobacco Use Prevention** – promoting community awareness, policy changes & encouraging workplaces to be smoke free **(3) Behavioral Health** – integrating & improving the delivery of substance abuse and mental health services.

<i>Select one answer for each question:</i>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
11. How much do you agree that the Community Health Improvement Plan focuses on the correct strategies for Harford County?					
12. How do you think the Community Health Improvement Plan can be improved? (For more space, feel free to use the back of this page.)					

<i>Select one answer for each statement about your community:</i>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. I am satisfied with the quality of life.					
5. I am satisfied with the health care system.					
6. I believe it is a good place to raise children.					
7. I believe it is a good place to grow old.					
8. I believe that there is economic opportunity here.					
9. I believe it is a safe place to live.					

Demographic Information

Gender
Zip Code:
Age:
Race/Ethnicity (Check all that apply):
<input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Other

Optional Contact Information for a Chance to Win a \$50 Gift Card

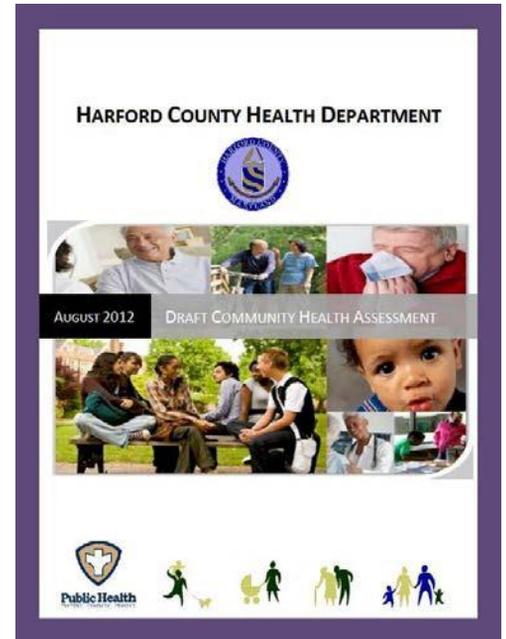
May we contact you to update you on the progress of our Local Health Improvement Process or to clarify your comments? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:
E-Mail Address:
Telephone:



Thanks for completing this form for the Harford County Local Health Improvement Coalition, HCHD, 120 S. Hays Street, Bel Air, MD 21014

Harford County's Community Health Assessment

- Harford County's Community Health Assessment is a collaborative, data-driven process that:
 - Describes the health status of a population
 - Identifies areas for health improvement
 - Determines factors that contribute to health issues
 - Identifies resources that can be mobilized to improve the population's health
- 3 health priorities identified by the process include:
 - **Obesity Prevention/Healthy Eating and Active Lifestyle** – affecting heart disease, cancer, stroke, diabetes, and other disease rates
 - **Tobacco Use Prevention/Smoke-Free Living** – reflecting a need to reduce the rising adult and youth tobacco use rates in the County
 - **Behavioral Health, including Mental Health and Substance Abuse Prevention** – reflecting a need to reduce the suicide rate in the County



HARFORD COUNTY

Draft Community Health Improvement Plan 2012



Harford County's Community Health Improvement Plan

- Harford County's Community Health Improvement Plan is long-term, systematic process for addressing issues identified in its Community Health Assessment in order to improve health outcomes.
- Strategies for addressing obesity, tobacco use, and behavioral health issues include:
 - **Obesity Prevention**
 - Increasing access to healthy foods
 - Enhancing the built environment
 - Creating a "Community of Wellness"
 - **Tobacco Use Prevention**
 - Promoting community awareness
 - Encouraging workplaces to be smoke-free
 - Policy changes regarding sales to minors
 - **Behavioral Health**
 - Integrating and improving the delivery of substance abuse and mental health services