



CHARLES COUNTY Community Health Improvement Plan

Long-Term Objectives FY2025-2027



UM CHARLES
REGIONAL
MEDICAL
CENTER



UNIVERSITY of MARYLAND
MEDICAL SYSTEM

Charles County health improvement plan FY2025-FY2027

Overview of the Needs Assessment Process:

From July 2023 to February 2024, the University of Maryland Charles Regional Medical Center, the Charles County Department of Health, and the Partnerships for a Healthier Charles County undertook a comprehensive assessment of the health needs of Charles County, Maryland.

To provide a comprehensive assessment of the health needs of the county, a four-method plan was developed, which included 5 different sources of data: a long online survey of Charles County residents' perceptions of health and health behaviors, a short paper survey on health perceptions throughout the county, focus groups with community members and leaders, and a quantitative data analysis of secondary, published data. Data collection occurred between July 2023 and December 2023.

The use of multiple data collection methods strengthened the validity of the assessment's findings as well as ensuring that Charles County residents had an opportunity to participate in the assessment process and to provide recommendations and suggestions for programming to address their communities.

Six focus groups were conducted with the participation of community members from various backgrounds. The goal of each focus group was to gain feedback, gather insights, and obtain opinions and perceptions of the current health status in Charles County. The six focus groups included: the Charles County school nurses, members of the Partnerships for a Healthier Charles County Local Health Improvement Coalition, Charles County Access to Care Coalition members, Healthcare Consumers and Community Leaders, Chronic Disease Prevention and Management Coalition members, and Charles County Overdose Fatality Review Team members.

The biggest issues to emerge from the focus groups included:

- Behavioral Health Services and Resources
- Transportation
- Access to Care
- Specialty Services
- Obesity/Overweight
- Cost of Living (health care costs, housing, food, inflation)

755 people completed the 51-question online survey between July 1, 2023 and December 31, 2023. It was designed using Survey Monkey, and a link was provided on the University of Maryland Charles Regional Medical Center website and the Charles County Department of Health website. The first set of questions gathered demographic information for all participants. A second set of questions asked people about their own health status and their access to needed health care. A third set of questions asked participants about their risk factors for health conditions (for example, fruit and vegetable intake, physical activity level, alcohol/tobacco use) to determine if they are at risk for certain health conditions and chronic diseases. The fourth set of questions asked participants about their perceptions of the state of health and health conditions within Charles County. A fifth set of questions asked participants perceptions of improvements within the county to improve health. Lastly, survey respondents were given the opportunity to comment on

the state of health in the county and provide suggestions on how to improve the health status of Charles County.

Most of the respondents were from Charles County (85.4%). The second largest percentage is from St. Mary's County (5.6%). Only 5.68% of respondents reported living outside of Southern Maryland (Charles, Calvert, St Mary's, or Prince George's). Approximately 67.15% of the respondents were between the ages of 45-74 years. The highest percentage was in the 45-54-year age group (25.66%). The overwhelming majority of the respondents were assigned female at birth (79.52%).

This report represents a more diverse group of respondents. Minorities made up 47.16% of the total surveyed population. This is a large increase from 26% reported in the last needs assessment report. African Americans comprised 41.49% of the respondents. This is an increase from 22% in the FY21 needs assessment report. Approximately 4.47% of the survey respondents self-identified as Hispanic.

The survey participants were a highly educated group with 91.16% reporting having had some college education. Just over half of the group had completed an undergraduate degree or higher (59.12%). Most of the participants were employed and working full-time.

Individuals from all income levels were represented in the surveyed population. Individuals who reported a household income of \$180,000 or more per year represented 19.49% of the respondents. Individuals with a household income less than \$60,000 made up one-sixth of the 2023 survey (15.4%). This represents all individuals responding that their household income was either \$0-\$29,999 or \$30,000-\$59,999.

Nearly all the survey participants (96.32%) reported having health insurance. Most of the participants also reported having dental insurance (84.72%), though this percentage is smaller than those reporting health insurance. Many of the respondents also had vision insurance (74.62%). Only 1.5% of the survey population reported having no type of insurance.

The top 5 serious health issues for Charles County residents were affordable housing, obesity, crime, drug use, and affordable healthcare. Social determinants of health, such as housing and crime, have come to the forefront during this needs assessment.

The protective health behaviors that Charles County residents were displaying included: always wearing a seat belt, washing hands after using the bathroom or making food, practicing safe sex, getting a flu shot, and following road safety rules.

Some risk factors that Charles County residents possessed that may lead to chronic disease included: not participating in physical activity each day, not eating enough fruits and vegetables, not performing self-exams for cancer, not getting enough sleep at night, and not using sunscreen regularly.

The online survey participants were also asked about access to health care. 84.9% have had a routine doctor's visit in the past 12 months. 93.37% receive their routine health care in a primary care physician or provider's office.

64.94% were always able to see a doctor when needed. If they were unable to see the doctor when needed, the most common reasons were that there were no available appointments (41.3%) or that it was too expensive, and they could not afford it (3.75%).

78.26% travel outside of Charles County for medical care at some point. Only 13.18% reported

that they always travel outside the county for care. The most common medical services that people receive outside of Charles County are specialist doctor appointments (60.62%), dental appointments (21.68%), primary care doctor appointments (30.24%), and surgeries (20.94%). The most common responses among participants were that the quality is better elsewhere (41.12%) and services are not available in Charles County (24.67%).

A short 5-question survey was developed to distribute throughout the county for additional qualitative data from July 1, 2023, through December 31, 2023. A total of 1,189 surveys were completed throughout the community. Short survey data collection was performed at various community events throughout the county.

Emphasis was given to the collection of data among the county's vulnerable populations, including the medically underserved, the homeless, and the geographically isolated. An ongoing survey collection was conducted at the Charles County Department of Health and the University of Maryland Charles Regional Medical Center. Short surveys were collected during blood drives at the University of Maryland Charles Regional Medical Center (CRMC), the Red Cross Blood Drive, and church Blood Drives. CRMC also coordinated with the Charles County Department of Health to distribute surveys at the Charles County Fair. The Charles County Department of Health conducted survey collection at all community outreach events attended from July to December 2023. Emphasis was given to the western region of the county, that is more geographically isolated. Surveys collection was conducted at Fruit and Vegetable distribution sites and at the Nanjemoy Heritage Day. The community was also surveyed at large events such as the Charles County Fair, blood drives, Charles County Government Wellness Fair and Rodeo, Recovery Day, food drives, and other community outreach events.

The biggest health problems identified by the short community survey included: obesity, drug and alcohol use, mental health, heart disease, cancer, and high blood pressure/stroke. Common themes for recommendations included access to care, mental health, transportation, substance use, and outreach.

The most cited barriers to needed health care were care is too expensive/can't afford it (56.6%) and lack of health insurance (41.0%). Over 20% of respondents also identified transportation and not being able to get an appointment with their doctor as barriers to needed health care as well. Under "Other", several respondents explained that there is an issue trying to get in to see a provider. Respondents expressed that there are not enough health care providers, no available appointments for months, hard to find new doctors when needed, not enough doctor's offices, hard to get appointments, not enough specialist providers, hard to find a primary care doctor they like, providers not accepting new patients, and lack of providers that take Medicaid in the psychiatric department. Other barriers were distrust of health care providers, no time off from work, poverty, lack of education, unreliable services, overcrowded ER facility, insurance is not accepted, limited eye doctors, and no prevention.

Short survey participants were asked if sufficient services are available to address the health conditions in Charles County. Many of the respondents answered that they did not know, or they left it blank. This leads us to believe that additional outreach and awareness campaigns are needed to educate people on available services in Charles County.

There were very few survey respondents who believed there were no services available for the listed health conditions. Of those who did answer, there were no services available in the county, Mental Health, Traffic Safety/Injuries, and Access to healthcare in rural Charles County had the most responses.

Quantitative data was analyzed for various health topics, including: mortality, population and demographic data, natality, infant mortality, social determinants of health, heart disease, stroke, hypertension, access to health care/health un-insurance, cancer, asthma, injuries, diabetes, food, physical activity, obesity, arthritis, dementia/Alzheimer's disease, infectious disease, environmental health, sexually transmitted diseases, HIV/AIDS, mental health, dental health, substance use, disabilities, violence, social determinants of health, and tobacco use.

The current assessment findings are an update from the Fiscal Year 2021 community health needs assessment report and health improvement plan. 25% of the objectives outlined in the Charles County Health Improvement Plan reached their anticipated goals in the given time frame.

Thanks to the work of the Partnerships for a Healthier Charles County and its teams, the Charles County Health Improvement Plan objectives have been met for:

- Preventable Hospital Stay Rate decreased
- Number of medical practices increased

Charles County Health Improvement Plan objectives that were not met include:

- Percentage of residents who did not see a doctor in the last year due to cost increased
- Percentage of Charles County residents who received a flu vaccination increased but did not reach goal
- Drug-induced death rate decreased but did not reach goal
- Childhood obesity percentage increased
- Adult obesity percentage increased

3 Charles County Health Improvement Plan objectives where updated data was not available: mental health, hypertension, and diabetes emergency department visit rates.

The data from this community health needs assessment will be used to develop the next Charles County health improvement plan and subsequent action plans. They provide the county with measurable outcomes and benchmarks for 3-year program implementation.

Charles County Health Prioritization Process:

After a thorough analysis of all quantitative data on the health of Charles County and of the qualitative data gathered from the community, a list of health priorities will be developed to help guide future endeavors to improve the health of Charles County.

The Steering Committee of the Partnerships for a Healthier Charles County has chosen to use the National Association of City and County Health Officials (NACCHO) recommended the Hanlon Method for health prioritization. The Hanlon Method for Prioritizing Health Problems is a well-respected technique, which objectively takes into consideration explicitly defined criteria and feasibility factors. Though a complex method, the Hanlon Method is advantageous when the desired outcome is an objective list of health priorities based on baseline data and numerical values.

A list of health problems is identified using the health data section of the community health needs assessment report. Then, using a scale of 0 to 10, each health problem is rated on the following criteria: size of the health problem, magnitude of the health problem, and effectiveness of potential interventions. The table below represents the numerical rating system for rating health problems against the criteria.

| The Hanlon Method: Sample Criteria Rating | | | |
|--|--|--------------------------------------|--|
| Rating | Size of Health Problem (% of population w/health problem) | Seriousness of Health Problem | Effectiveness of Interventions |
| 9 or 10 | >25% (STDs) | Very serious (e.g. HIV/AIDS) | 80% - 100% effective (e.g. vaccination program) |
| 7 or 8 | 10% - 24.9% | Relatively Serious | 60% - 80% effective |
| 5 or 6 | 1% - 9.9% | Serious | 40% - 60% effective |
| 3 or 4 | .1% - .9% | Moderately Serious | 20% - 40% effective |
| 1 or 2 | .01% - .09% | Relatively Not Serious | 5% - 20% effective |
| 0 | < .01% (Meningococcal Meningitis) | Not Serious (teen acne) | <5% effective (access to care) |

The size of the problem is based on the baseline data collected on the county population through the community health needs assessment. If more than one data measure is available for a particular health topic, an average of the percentages is calculated to determine the size of the problem. Prevalence data is used whenever available; however, mortality data is used as a proxy measure when reliable prevalence sources are not available.

The seriousness of the problem is determined by asking a series of questions regarding the status of the health problem in the community. A score is determined based on the number of questions with an answer of "yes."

The seriousness of the problem questions included:

- Does it require immediate attention?
- Is there a public demand?
- What is the economic impact?

- What is the impact on quality of life?
- Is there a high hospitalization rate?
- Is the disparity between the county rate and state and national rates?
- Do racial/age/gender/ethnic disparities exist?

The effectiveness of the interventions is determined using the Centers for Disease Control and Prevention's (CDC) Guide to Community Preventive Services. The guide gives examples of evidence-based strategies that have been implemented to address each health problem. Systematic reviews are conducted on all available interventions, and they rank the evidence-based strategies as: recommended, not recommended, or insufficient evidence. The basis of the rankings is presented below.

Recommended:

The systematic review of available studies provides strong or sufficient evidence that the intervention is effective.

The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

Recommended Against:

The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

Insufficient Evidence:

The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does **NOT** mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

Task Force findings may include a rationale statement that explains why they made a recommendation or arrived at other conclusions.

To determine the effectiveness of interventions, the percentage of available interventions that received a recommended score from the CDC's Guide to Community Preventive Services is calculated. Information is available in the guide for all health problems on the list.

Based on the three criteria rankings assigned to each health problem in Step 1 of the Hanlon Method, the priority scores are calculated using the following formula:

$$D = [A + (2 \times B)] \times C$$

Where: D= Priority Score

A= Size of the health problem ranking

B= Seriousness of the health problem ranking

C= Effectiveness of the Intervention ranking

*Note: The seriousness of the health problem is multiplied by two because, according to the Hanlon technique, it is weighted as being twice as important as the size of the health problem.

Based on the priority scores calculated in Step 2 of the Hanlon Method, ranks are assigned to each health problem, with the highest priority score receiving the rank of 1, the next high priority score receiving a rank of 2, and so on. The table below represents the results of the Hanlon Method ranking and priority scoring.

| <u>Health Problem:</u> | <u>Size (A)</u> | <u>Seriousness (B)</u> | <u>Effectiveness of Intervention (C)</u> | <u>Priority Score (A+2B)C</u> | <u>Rank</u> |
|--|------------------------|-------------------------------|---|--------------------------------------|--------------------|
| <i>Heart Disease</i> | 10 | 9 | 10 | 280 | 1 |
| <i>Diabetes</i> | 7 | 9 | 9 | 225 | 6 |
| <i>Asthma/Lung Diseases</i> | 8 | 7 | 7 | 154 | 11 |
| <i>Cancer</i> | 9 | 7.9 | 6 | 148.8 | 13 |
| <i>Mental Health</i> | 7 | 9.6 | 9 | 235.8 | 4 |
| <i>Tobacco Use/Smoking</i> | 8 | 6 | 5 | 100 | 16 |
| <i>Infectious Disease</i> | 7 | 6.5 | 10 | 200 | 8 |
| <i>Environmental health</i> | 7 | 5.3 | 7 | 123.2 | 14 |
| <i>Injuries</i> | 5 | 6.1 | 7 | 120.4 | 15 |
| <i>Hypertension/Stroke</i> | 10 | 9 | 10 | 280 | 1 |
| <i>Obesity/Nutrition/Physical activity</i> | 10 | 9.5 | 7 | 203 | 7 |
| <i>Dental health</i> | 6 | 6.9 | 5 | 99 | 17 |
| <i>Access to Care</i> | 9 | 8.8 | 7 | 186.2 | 9 |
| <i>Infant Mortality</i> | 4 | 6.5 | 10 | 170 | 10 |
| <i>STI/HIV/AIDS</i> | 5 | 9.3 | 7 | 151.2 | 12 |
| <i>Substance Use Disorders</i> | 10 | 9.6 | 8 | 233.6 | 5 |
| <i>Social Determinants of Health</i> | 10 | 9.8 | 8 | 236.8 | 3 |

Based on the priority score from the Hanlon Method, the health priorities chosen include:

1. Chronic Disease Prevention and Management

- Major Cardiovascular Disease (Heart Disease, Hypertension, and Stroke)
- Diabetes Prevalence
- Obesity and Nutrition/Physical Activity
- Food Insecurity

2. Behavioral Health

- Substance Use Disorders

- Mental Health

3. Access to Care

- Social Determinants of Health (transportation, health literacy)
- Recruit and retain a healthcare and public health workforce.

Charles County health improvement plan long-term objectives FY2025-2027

Priority One: Chronic Disease Prevention and Management

Obesity

1. Maintain or improve the percentage of Charles County adults who are at a healthy weight at/from 23.2% (combat yearly increases).

Source: Maryland Behavioral Risk Factor Surveillance System

2. Maintain the percentage of Charles County high school students who are obese at 15.5% (combat yearly increases).

Source: Maryland Youth Risk Behavior Survey

Food Insecurity

1. Lower the percentage of Charles County residents who do not have a reliable source of food from 7% to 5%.

Source: Robert Wood Johnson Foundation County Health Rankings

Diabetes

1. Reduce the Charles County diabetes death rate from 41.5 per 100,000 to 39.4 per 100,000 (5% decrease).

Source: Maryland Vital Statistics Report

Major Cardiovascular Disease

1. Increase the percentage of Charles County residents with diagnosed hypertension who are taking medication to control it from 68.2% to 71.6% (5% increase).

Source: Maryland Behavioral Risk Factor Surveillance System

2. Reduce the Charles County heart disease death rate from 165.7 per 100,000 to 155 per 100,000.

Source: Maryland Vital Statistics Report

Priority Two: Access to Care

Social Determinants of Health

1. Decrease the percentage of Charles County residents who report that they were unable to see a doctor in the past 12 months due to cost from 8.8% to 8.4% (5% reduction).

Source: Maryland Behavioral Risk Factor Surveillance System

Recruit and Retain a Healthcare and Public Health Workforce

1. Increase the proportion of persons with a usual primary care provider from 87.7% to 90%.

Source: Maryland Behavioral Risk Factor Surveillance System

Priority Three: Behavioral Health

Mental Health

1. Reduce the percentage of Charles County high school students who felt sad or hopeless most days for more than 2 weeks in the last 12 months from 38.6% to 35% (10% decrease).

Source: Maryland Youth Risk Behavior Survey

2. Decrease the percentage of Charles County adults who report having 3-5 days in the last month when their mental health was not good from 14.1% to 13.4% (5% decrease).

Source: Maryland Behavioral Risk Factor Surveillance System

Substance Use Disorders

1. Reduce the Charles County drug-induced death rate from 26.8 per 100,000 to 25 per 100,000.

Source: County Health Rankings

| Strategy: <i>Recruit and Retain a Healthcare and Public Healthcare Workforce</i> | Enhance county capacity to recruit and retain healthcare and public healthcare workforce. | | | |
|--|--|--|------------------------------|----------|
| Long Term or Outcome Objective: | Increase the proportion of persons with usual primary care providers from 87.7% to 90%. | | | |
| Activity/Key Action Steps | Measures | Key Partners | Timeline | Comments |
| Recruit additional healthcare providers and specialists to the county. | <ul style="list-style-type: none"> Charles County Population to Primary Care Provider Ratio Source: County Health Rankings The number of Primary Care Practices and Behavioral Health Practices started in Charles County. The number of media campaigns initiated. | University of Maryland Charles Regional Medical Center Charles County Department of Health Medstar Kaiser NDG | July 1, 2024 – June 30, 2027 | |
| Provide support to present Primary Care Practices in Charles County by providing resources through offering Care Transition Organization services. | <ul style="list-style-type: none"> The number of individuals assisted through care transition services. Number of county practices educated on resources. | University of Maryland Charles Regional Medical Center | July 1, 2024- June 30, 2027 | |
| Develop video series to promote careers in healthcare for use on social media | <ul style="list-style-type: none"> Number of videos posted to promote careers in healthcare. | NDG UMMS | July 1, 2024- June 30, 2027 | |
| Internship and training for students pursuing a healthcare career. | <ul style="list-style-type: none"> Number of students interned. Number of colleges | University of Maryland Charles Regional Medical Center Charles County Department of Health NDG | July 1, 2024- June 30, 2027 | |

| Strategy: Social Determinants of Health | Decrease the social determinants of health and barriers to healthcare access for Charles County Residents. | | | |
|---|---|--|------------------------------|----------|
| Long-Term or Outcome Objective: | Decrease the percentage of Charles County residents who report that they could not see a doctor in the past 12 months due to cost from 8.8% to 8.4% (5% reduction). Source: Maryland Behavioral Risk Factor Surveillance System | | | |
| Activity/Key Action Steps | Measure | Key Partners | Timeline | Comments |
| Attend community events and programs to provide information on available county health services. | <ul style="list-style-type: none"> • Number of encounters per community event • Number of agencies attending community events | University of Maryland Charles Regional Medical Center Charles County Department of Health | July 1, 2024 – June 30, 2027 | |
| Increase the county's capacity to implement evidence-based community health worker models which can provide culturally competent, individualized case management, patient navigation, and health education. | <ul style="list-style-type: none"> • Number of Community Health Worker models created, developed, or planned. • Number of new certified community health workers employed | University of Maryland Charles Regional Medical Center Charles County Health Department Charles County Board of Education College of Southern Maryland | July 1, 2024-June 30, 2027 | |
| Engage community health stakeholders in the bimonthly Access to Care meetings to share and gather information on services available. | <ul style="list-style-type: none"> • Number of meetings held. • The number of new members recruited. | Charles County Health Department University of Maryland Charles Regional Medical Center Health Partners Lifestyles Charles County Sheriff's Office Charles County Board of Education | July 1, 2024 – June 30, 2027 | |

| Strategy: | Community Education and Outreach: Engage and educate all segments of the community on behavioral health to promote resources, to reduce stigma, and to increase awareness. | | | |
|--|--|---|----------------------------|----------|
| Long Term or Outcome Objective: | 1. Reduce the percentage of Charles County high school students who felt sad or hopeless most days for more than 2 weeks in the last 12 months from 38.6% to 35% (10% decrease). Source: Maryland Your Risk Behavior Survey 2. Decrease the percentage of Charles County adults who report having 3-5 days in the last month when their mental health was not good from 14.1% to 13.4% (5% decrease). Source: Maryland Behavioral Risk Factor Surveillance System | | | |
| Activity/Key Action Steps | Measures | Key Partners | Timeline | Comments |
| Expand the Mental Health First Aid training in the Charles County Public Schools and in the general community. | <ul style="list-style-type: none"> Number of Mental Health First Aid Trainings Conducted Number of people educated on Mental Health First Aid Number of agencies represented at trainings | Charles County Public Schools Local Behavioral Health Authority Charles County Department of Health | July 1, 2024–June 30, 2027 | |
| Promote and create behavioral health campaigns in Charles County to increase knowledge and reduce stigma. | <ul style="list-style-type: none"> Number of media campaigns initiated Number of community events where the campaigns were promoted Number of county residents who were educated on the campaigns <ul style="list-style-type: none"> Number of UMMS Webinars on Mental Health and Behavioral Health promoted to the community | Charles County Department of Health University of Maryland Charles Regional Medical Center All Behavioral Health Team members | July 1, 2024–June 30, 2027 | |
| Expand Crisis Intervention Training | <ul style="list-style-type: none"> Number of partners recruited Number of people trained Number of crisis intervention teams established | Charles County Department of Health Local Behavioral Health Authority Charles County Sheriff's Office La Plata Police Department Southern Maryland Criminal Justice Academy | July 1, 2024–June 30, 2027 | |

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|---|--|--|----------------------------|-----------------|
| Strategy: | Increase county capacity to provide services and treatment for opioid use and overdose. | | | |
| Long Term or Outcome Objective: | Reduce the Charles County drug-induced death rate from 26.8 per 100,000 to 25 per 100,000. | | | |
| Activity/Key Action Steps | Measure | Key Partners | Timeline | Comments |
| Train county agencies and community members on Naloxone distribution and educate on replacing Narcan kits after expiration. | <ul style="list-style-type: none"> • Number of trainings held • Total Number of individuals trained • Number of agencies trained on Naloxone administration • Number of law enforcement officers trained • Number of Naloxone kits distributed • Number of Naloxone kids replaced | Charles County Department of Health Local Behavioral Health Authority University of Maryland Charles Regional Medical Center Charles County Department of Emergency Services Charles County Sheriff's Office La Plata Police Department | July 1, 2024-June 30, 2027 | |
| Educate the community on the risks and dangers of using opioids and heroin. | <ul style="list-style-type: none"> • Number of media campaigns developed and initiated • Number of adults educated on opioid risks • Number of presentations given • Number of youth educated on the dangers of opioid use • Number of community events held on opioids | Charles County Department of Health Local Behavioral Health Authority University of Maryland Charles Regional Medical Center Maryland Coalition for Families Charles County Public Schools | July 1, 2024-June 30, 2027 | |
| Promote and expand the Charles County Sheriff's Office Prescription Take Back Program. | <ul style="list-style-type: none"> • Number of flyers created • Number of Take Back days conducted • Number of flyers distributed in the community • Number of new boxes installed at CCSO locations • Number of pounds of medication disposed each year | Charles County Department of Health Local Behavioral Health Authority University of Maryland Charles Regional Medical Center Charles County Sheriff's Office | July 1, 2024-June 30, 2027 | |
| Establish a Charles County Harm Reduction Program. | <ul style="list-style-type: none"> • Number of syringe services programs developed • Number of community events attended to spread the word. • Number of people educated • Number of wound care kits distributed • Number of Narcan kits distributed • Number of Fentanyl test strips distributed • Number of Xylazine test strips distributed. | Charles County Department of Health | July 1, 2024-June 30, 2027 | |
| Promote the Charles County Sheriff's Office HOPE trailer to teach parents about the potential for drug and opioid use among children and adolescents. | <ul style="list-style-type: none"> • Number of parents educated using the HOPE trailer • Number of events where the HOPE trailer is in attendance | Charles County Department of Health Charles County Sheriff's Office | July 1, 2024-June 30, 2027 | |

| | | | | |
|---|--|---|-----------------------------------|-----------------|
| Strategy for Adult Obesity | Create a community of wellness through community engagement and evidence-based programming for adults | | | |
| Long Term or Outcome Objective: | Maintain or improve the percentage of Charles County adults who are at a healthy weight at/from 23.2% (combat yearly increases). Source: Maryland Behavioral Risk Factor Surveillance System | | | |
| Activity/Key Action Steps | Measures | Key Partners | Timeline | Comments |
| Offer Stanford University's Chronic Disease Self-Management (CDSMP), Diabetes Self-Management (DSMP) | Number of evidence-based programs offered Number of participants enrolled | Charles County Department of Health (CCDOH), University of Maryland Charles Regional Medical Center (UMCRMC), Office on Aging | Classes will be offered quarterly | |
| Offer the CDC's Diabetes Prevention Program (DPP) in the county | Number of Participants enrolled in DPP programs Number of participants losing 4-7% of their initial body weight Number of participants reported a reduction in HgA1c | CCDOH serves as the lead agency for the DPP. They will develop the schedule, coordinate and facilitate cohorts. All LHIC members will assist with advertising and referrals. | FY25-FY27 | |
| Maintain a TOPS chapter | Number of members | CCDOH | Meetings are held every Tuesday | |
| Physical activity opportunities will be offered to adults in Charles County. Includes; Walk with Ease, classes offered at the senior centers, sessions offered to DPP and TOPS participants, sessions offered to parents in teen court, monthly community walks, etc. | Number of opportunities offered | CCDOH, Parks, Recreation and Tourism, Charles County Senior Centers, CCSO | FY25-FY27 | |
| | | | | |

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|---|--|---|-----------------|-----------------|
| Strategy: Childhood Obesity | Create a community of wellness through community engagement for children and their families | | | |
| Long Term or Outcome Objective: | Maintain the percentage of Charles County high school students who are obese at 15.5% (combat yearly increases). Source: Maryland Youth Risk Behavior Survey | | | |
| Activity/Key Action Steps | Measure | Key Partners | Timeline | Comments |
| Educate children and their families on the importance of physical activity and good nutrition | Number of social media posts Number of views | All LHIC Members | FY25-FY27 | |
| Offer a family obesity program (MEND/CATCH) | Number of cohorts held Number of participants | CCDOH, Charles County Parks, Recreation and Tourism | FY25-FY27 | |
| Offer physical activity programs to children/youth in Charles County | Number of opportunities offered | CCSO, CCPS, CCDOH | | |

| Strategy: <i>Food Security</i> | Create community awareness of food insecurity through data collection and evidence-based interventions. | | | |
|---|--|---|-----------|----------|
| Long Term or Outcome Objective: | Lower the percentage of Charles County residents who do not have a reliable source of food from 7% to 5%. Source: Robert Wood Johnson Foundation County Health Rankings | | | |
| Activity/Key Action Steps | Measure | Key Partners | Timeline | Comments |
| Offer food demonstrations to address food security issues for families. Demonstrations will include; how to chop, cook and prepare fresh fruits and vegetables, how to flavor food without sodium, how to prepare quick affordable foods, how to choose healthier cooking ingredients, how to shop affordably, etc. | Number of food demonstrations held Number of participants | CCDOH, UM Extension, Office on Aging | FY25-FY27 | |
| Provide healthy food options to citizens in Charles County. Includes; community school food pantries, backpack program, summer lunch program, Southern Maryland Food Bank, FMNP for Seniors, seed libraries, Christ Church refrigerator pantry, Lifestyles purple donation boxes. | Number of families served Number of opportunities held | CCDOH, UMCRCM, Office on Aging, CCPS, Steam Onward, Southern Maryland Food Bank, CCPS, Charles County Food Pantries | FY25-FY27 | |

| Strategy: <i>Diabetes</i> | Increase capacity of Charles County diabetes and prediabetes self-management programs. | | | |
|--|--|--|-----------|----------|
| Long Term or Outcome Objective: | Reduce the Charles County diabetes death rate from 41.5 per 100,000 to 39.4 per 100,000 (5% decrease). Source: Maryland Vital Statistics Report | | | |
| Activity/Key Action Steps | Measure | Key Partners | Timeline | Comments |
| Promotion of the University of Maryland Charles Regional Medical Center's efforts to provide diabetes education. | Number of new patients receiving diabetes education Number of workshops held for under or uninsured patients Number of diabetes support group meetings held | UMCRM is the lead agency. LHIC partners will share posts relating to diabetes and make referrals to the Diabetes Center. | FY25-FY27 | |
| Participate in outreach events and educational visits in the area of diabetes | Number of opportunities | CCDOH, UM CRMC, Office on Aging | FY25-FY27 | |
| Offer the CDC's Diabetes Prevention Program (DPP) in the county | Number of Participants enrolled in DPP programs Number of participants losing 4-7% of their initial body weight Number of participants reported a reduction in HgA1c | CCDOH serves as the lead agency for the DPP. They will develop the schedule, coordinate and facilitate cohorts. Office on Aging, Health Partners and UMCRCM will assist with referrals. | FY25-FY27 | |

| | | | | |
|---|--|--------------------------------|-----------------|-----------------|
| Strategy: <i>Major Cardiovascular Disease</i> | Provide evidence-based programs that will teach citizens to self-monitor their condition. | | | |
| Long Term or Outcome Objective: | 1. Increase the percentage of Charles County residents with diagnosed hypertension who are taking medication to control it from 68.2% to 71.6% (5% increase). Source: Maryland Behavioral Risk Factor Surveillance System 2. Reduce the Charles County heart disease death rate from 165.7 per 100,000 to 155 per 100,000. Source: Maryland Vital Statistics Report | | | |
| Activity/Key Action Steps | Measure | Key Partners | Timeline | Comments |
| Offer Healthy Hearts Start at Home Blood Pressure Self-Monitoring Program to eligible participants. | Number of participants Number of program completers | CCDOH | FY25-FY27 | |
| Provide Tobacco Education and Cessation | Number of opportunities Number of citizens receiving education and/or cessation assistance | CCDOH | FY25-FY27 | |
| Offer Stanford's Hypertension module | Number of programs held Number of participants | CCDOH, UMCRCMC, Senior Centers | Quarterly | |