

Healthy St. Mary's 2020

THE COMMUNITY HEALTH IMPROVEMENT PLAN FOR ST. MARY'S COUNTY, MARYLAND FOR 2015-2020.

DRAFT FOR PUBLIC COMMENT PERIOD, APRIL 21, 2015 – MAY 5, 2015

Access to Care (AC)

- AC 1** **Increase the percentage of persons with health insurance from 90.1 to more than 94.6 as measured by the US Census Bureau, Small Area Health Insurance Estimates**
- Support education and enrollment efforts for expanded Medicaid and Qualified Health Products (private insurance) in compliance with the Affordable Care Act
 - Support utilization of Community Health Workers for increased navigation and understanding of health insurance options
 - Advocate with policy-makers to expand private insurance coverage for behavioral health treatment services
- AC 2** **Reduce the percentage of adults who are unable to afford to see a doctor from 8.7 to less than 8.3 as measured by the Maryland Behavioral Risk Factor Surveillance System (BRFSS)**
- Expand clinical services offered with a sliding scale fee schedule through public agencies and community health centers
 - Expand local assistance programs that subsidize costs of medical services, supplies, and prescriptions
- AC 3** **Increase the percentage of adults who are vaccinated annually against seasonal influenza from 34.9 to more than 36.6 as measured by the BRFSS**
- Increase awareness of local options for receiving vaccinations
 - Increase knowledge of the health benefits of vaccination
 - Support local vaccination outreach efforts and flu clinics
- AC 4** **Reduce the percentage of births that are low birth weight (2500 grams or less) from 6.5 to less than 6.2 as measured by the Maryland DHMH Vital Statistics Administration**

- Expand local implementation of the national Healthy Families Program
- Support local prenatal care provider recruitment and retention efforts

AC 5 Increase the percentage of pregnant women who receive prenatal care beginning in the first trimester 72.8 to more than 76.4 as measured by the Maryland DHMH Vital Statistics Administration

- Expand local implementation of the national Healthy Families Program
- Support local prenatal care provider recruitment and retention efforts

AC 6 Increase the percentage of adolescents enrolled in Medicaid receiving an annual wellness checkup from 44.9 to more than 47.1 as measured by Maryland Medicaid Service Utilization (MMSU) data

- Support local family physician and pediatrician recruitment and retention efforts
- Increase health communications in St. Mary’s County to the public promoting adolescent well-child visits
- Encourage health care providers for adolescents to recommend to their patients a schedule for adolescent well-child visits

AC 7 Increase the percentage of youth (aged 0-20 years) enrolled in Medicaid receiving dental care from 55.1 to more than 57.9 as measured by MMSU data

- Increase health communications in St. Mary’s County to the public promoting dental well-child visits
- Encourage primary health care providers to refer their patients for preventive dental care
- Work with primary care providers to promote topical fluoride application for youth to boost prevention of oral caries
- Advance school-based sealant programs with referral to ongoing preventive oral health care

AC 8 [Developmental] Increase the percentage of adults receiving dental care

- Identify local baseline or develop a measurement tool for data collection
- Increase the number of local dental providers serving individuals with Medicaid
- Advocate for dental coverage to be included in essential health benefits
- Expand affordability of adult emergency dental care services

AC 9 Reduce the death rate from heart disease (age-adjusted mortality per 100,000 population) from 189.5 to less than 180.0 as measured by the Maryland DHMH Vital Statistics Administration

- Expand local implementation of the Stanford Model Chronic Disease Self-Management Program
- Support local primary care physician recruitment and retention efforts
- Expand number of primary care provider practices implementing team-based care methods for hypertension management
- Reduce out-of-pocket costs for cardiovascular disease (CVD) preventive services for patients with high blood pressure and high cholesterol
- Increase use of clinical decision-support systems (computer-based information systems designed to assist healthcare providers in implementing clinical guidelines at the point of care) for improving screening for CVD risk factors and practices for CVD-related preventive care services, clinical tests, and treatments
- Expand use of combined diet and physical activity promotion programs for people at increased risk of type 2 diabetes in order to reduce new-onset diabetes
- Increase utilization of diabetes disease and case management Increase utilization of diabetes self-management education (teaching people to manage their diabetes) in community gathering places.
- Implement strategies promoting healthy eating and active living
- Implement strategies promoting tobacco-free living

AC 10 Reduce the overall cancer death rate (age-adjusted mortality per 100,000 population) from 186.5 to less than 177.2 as measured by the Maryland DHMH Vital Statistics Administration

- Increase local client-oriented interventions to increase breast, cervical, and colorectal cancer screening rates
- Increase local provider-oriented interventions to increase breast, cervical, and colorectal cancer screening rates
- Implement education and policy approaches to increase skin cancer preventive behaviors in the following settings: childcare centers, primary and middle schools, outdoor occupational settings, outdoor recreational/ tourism settings
- Advocate for restrictions on tanning bed use by minors
- Expand local implementation of the Stanford Model Chronic Disease Self-Management Program
- Support local primary health care provider recruitment and retention efforts

AC 11 Reduce the number of emergency department visits due to diabetes (per 100,000 population) from 286.9 to less than 272.6 as measured by the Maryland Health Services Cost Review Commission (HSCRC)

- Expand local implementation of the National Diabetes Prevention Program
- Expand local implementation of the Stanford Model Chronic Disease Self-Management Program

- Expand use of combined diet and physical activity promotion programs for people at increased risk of type 2 diabetes in order to reduce new-onset diabetes
- Increase utilization of diabetes disease and case management
- Increase utilization of diabetes self-management education (teaching people to manage their diabetes) in community gathering places.
- Implement strategies promoting healthy eating and active living
- Support local primary care physician recruitment and retention efforts

AC 12 Reduce the rate of emergency department visits due to hypertension (per 100,000 population) from 297.5 to less than 282.6 as measured by the HSCRC

- Expand local implementation of the Stanford Model Chronic Disease Self-Management Program
- Support local primary care physician recruitment and retention efforts
- Expand number of primary care provider practices implementing team-based care methods for hypertension management
- Reduce out-of-pocket costs for cardiovascular disease (CVD) preventive services for patients with high blood pressure and high cholesterol
- Increase use of clinical decision-support systems (computer-based information systems designed to assist healthcare providers in implementing clinical guidelines at the point of care) for improving screening for CVD risk factors and practices for CVD-related preventive care services, clinical tests, and treatments
- Implement strategies promoting healthy eating and active living
- Implement strategies promoting tobacco-free living
- Implement strategies promoting behavioral health

AC 13 Reduce hospital emergency department visits related to asthma (per 100,000 population) from 86.7 to less than 82.4 as measured by the HSCRC

- Increase utilization of home-based multi-trigger, multicomponent interventions with an environmental focus for persons with asthma
- Increase access to environmental remediation strategies for homes of persons with asthma
- Decrease exposure to second-hand smoke in home settings, including in multi-unit housing facilities
- Expand local implementation of the Stanford Model Chronic Disease Self-Management Program
- Support local primary care physician recruitment and retention efforts
- Implement strategies promoting tobacco-free living

AC 14 Increase the availability of affordable housing from 39.7 percent to more than 41.7 percent as measured by the Maryland Department of Planning (MDP)

- Support efforts of The Housing Authority of St. Mary's County's Community Development Program (e.g., Community Legacy, Maryland Affordable Housing Trust, Affordable Housing Program, Homeownership Services, etc.)
- Expand emergency housing options including shelter and wrap-around services.
- Support the local implementation of the Maryland Department of Housing and Community Development's Housing Policy Framework (e.g., expand choice and supply of sustainable housing, restore and revitalize current options)

AC 15 [Developmental] Increase the availability of local transportation options and assistance to support healthcare access

- Identify local baseline or develop a measurement tool for data collection
- Advocate for decreased restrictions on the Medical Assistance Transportation Program
- Advocate for the expansion of public transportation options (e.g., extended schedules, additional routes, additional vehicles increase frequency, lowered prices, alternative options, and connector services to outside of St. Mary's)
- Support the implementation of the St. Mary's Transit System Transit Development Plan (e.g., installation of additional bus stop signs and shelters, initiation of evening hours on the southern route, Sunday service expansion to the Leonardtown/Charlotte Hall areas, increased frequency in Lexington Park/Great Mills, initiation of fixed route service to the Seventh District and Piney Point, and extended services connecting local routes to Baltimore and Washington, DC)
- Support centralized locations for multiple providers/services which are easily accessible by public transportation.

AC 16 [Developmental] Decrease health inequities related to disability, race/ethnicity, and income.

- Monitor and publish county-wide data describing health disparities related to disability, race/ethnicity, and income
- Advance child development initiatives and learning opportunities available to children of low financial means as these are important determinants of long-term health
- Improve household safety for low-income families through support of tenant-based rental assistance programs

AC 17/BH 13 [Developmental] Increase recruitment and retention of primary care providers, behavioral health providers, and dental providers.

- Identify reliable and current data source for describing provider: population ratio of primary care providers, behavioral health providers, and dental providers in St. Mary's County
- Establish Area Health Education Center model dedicated to Southern Maryland for improving the pipeline of southern Maryland residents going into health care professional fields and for increasing the number of health care provider students visiting southern Maryland for training opportunities
- Tax incentives to encourage primary care providers, behavioral health providers, and dental providers to locate and maintain practices in St. Mary's County
- Promote student loan relief opportunities for primary care providers, behavioral health providers, and dental providers practicing in St. Mary's County
- Support development of a family medicine residency program in southern Maryland
- Support community jobs diversity needed to attract the family members of health care providers to St. Mary's County
- Support vibrant community development (recreational opportunities, strong schools, affordable housing, and SMART growth) to attract health care providers and their families to St. Mary's County

Behavioral Health (BH)

BH 1 Reduce the rate of emergency department visits related to behavioral health conditions (per 100,000 population) from 7,027.1 to less than 6,675.7 as measured by the Maryland Health Services Cost Review Commission (HSCRC)

- Increase the number of licensed behavioral health providers
- Increase the number of physicians that are trained in substance misuse Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Increase the number of primary care practices implementing integrated care models that include substance misuse screening and treatment
- Increase availability of diversion & crisis management programs (e.g., ER, mobile crisis unit, Assertive Community Treatment (ACT) team, police department parole and probation)
- Advocate that current programs are adequately funded
- Support anti-stigma efforts related to behavioral health
- Identify disparities in behavioral health data in order to target specific populations
- Assist with impact on consumers (co-pays etc.) resulting from the shift to a fee for service model
- Advocate for parity for substance abuse and mental health treatment funding
- Increase the availability of local insurance options
- Increase the number of staff and counselors in the local school system that are trained in SBIRT

- Conduct an assessment of a Random Student Drug Testing (RSDT) school policy to identify the legal and financial feasibility and potential health impact
- Increase availability of diversion programming for youth at risk of incarceration (e.g., through drug courts, courts counselor, etc.)

BH 2 [Developmental] Increase the percentage of adults with behavioral health conditions who receive treatment services as measured by the National Survey on Drug Use and Health (NSDUH)

- Identify local baseline or develop a measurement tool for data collection
- Decrease social stigma associated with mental illness through communications campaigns, public outreach, and anti-stigma training
- Increase the number of SMC residents who are trained in mental health first aid
- Increase the number of licensed behavioral health providers in SMC
- Increase clinic-based depression care management for adults over age 60
- Increase home-based depression care management for adults over age 60
- Increase collaborative care models for management of depressive disorders in adults
- Increase the number of adults receiving mental health case management support
- Support the implementation of an electronic database of local behavioral health resources and other behavioral health resources/tools
- Increase the availability of local treatment services for specialty disorders (e.g., eating disorders, gambling related disorders, etc.)
- Advocate for adequate funding for specialty treatment services
- Increase availability of diversion & crisis management programs (e.g., ER, mobile crisis unit, ACT team, police department/parole/probation)
- Increase availability of funded treatment services for adults at risk of incarceration (e.g., through drug courts, courts counselor, etc.)

BH 3 [Developmental] Increase the percentage of children with mental health conditions who receive treatment services

- Identify local baseline or develop a measurement tool for data collection
- Decrease social stigma associated with mental illness through communications campaigns, public outreach, and anti-stigma training
- Increase the number of SMC residents that are trained in youth mental health first aid
- Increase the number licensed behavioral health providers who work with pediatric patients in SMC
- Increase the number of health care providers who are trained in SBIRT
- Increase the number of staff and counselors in the local school system that are trained in SBIRT

- Support local community based support services, increase awareness of available programming (e.g., National Alliance on Mental Illness (NAMI), Guiding Good Choices, Tri-County Youth Services Bureau, etc.)

BH 4 [Developmental] Increase the proportion of incarcerated adults with access to substance abuse treatment services as measured by the Corrections Division of the St. Mary's County Maryland Sheriff's Office

- Identify local baseline or develop a measurement tool for data collection
- Increase availability of Correctional Level 2.1 Intensive Outpatient services for detention center inmates
- Advocate with policy-makers for local funding and support for detention center improvements to increase on-site space for substance abuse treatment services
- Raise awareness of issue with local elected officials

BH 5 [Developmental] Increase the proportion adults with behavioral health conditions who report having stable housing

- Identify local baseline or develop a measurement tool for data collection
- Increase utilization of behavioral health treatment services by residents who lack stable housing
- Support stable, drug-free housing opportunities for those committed to recovery from substance abuse
- Develop a measurement tool to assess the burden of behavioral health conditions in homeless residents

BH 6 Decrease the suicide rate (per 100,000 population) from 12.4 to less than 11.8 as measured by Maryland DHMH Vital Statistics Administration

- Increase Suicide Means Restriction Education (injury prevention education plus action to reduce means for suicide) for caregivers/family members of residents at risk of suicide (e.g., in crisis situations, ED post suicide attempt, crisis calls, through community-based outreach)
- Increase public awareness of the risks, signs, and symptoms
- Support anti-stigma campaigns
- Increase coordination across organizations to promote easier access to mental health professionals for individuals at risk
- Monitor trends in rates of emergency department patients with status post suicide attempt, reporting suicidal ideation

BH 7 Reduce the percentage of high school students that seriously considered attempting suicide during the past 12 months from 16.1 to less than 15.3 as measured by the Youth Risk Behavior Survey (YRBS)

BH 7.1 Reduce the percentage of high school students that made a plan about how they would attempt suicide during the past 12 months from 12.5 to less than 11.9 as measured by the YRBS

- Increase Suicide Means Restriction Education (injury prevention education plus action to reduce means for suicide) for caregivers/family members of residents at risk of suicide (e.g., in crisis situations, ED post suicide attempt, crisis calls, through community-based outreach)
- Support Anti-Bullying campaigns and programs in local schools
- Develop a measurement tool for data collection to assess health disparities among youth who identify themselves as LGBTQ (Lesbian, Gay, Bisexual, Trans, or Questioning)
- Support anti-stigma campaigns
- Develop a measurement tool for data collection to assess the relation between suicidal ideation/attempt with comorbid substance use/trauma/mental illness
- Support Suicide Prevention Programming and training offered to students, staff, and administration in the local school system
- Support the inclusion of the youth suicide hotline number on student identification cards in the local school system
- Support the implementation of targeted outreach and support to high risk youth (e.g., identified substance use, previous attempt or ideation, etc.)
- Develop and support the implementation of an organizational policy/protocol requiring a lethality assessment (or comparable suicide screening) on youth with identified substance use in the local school system

BH 8 Reduce drug-induced death rate (per 100,000 population) from 9.5 to less than 9.0 as measured by Maryland DHMH Vital Statistics Administration

- Increase resident knowledge on signs and symptoms of drug overdose
- Increase resident skills for responding to suspected drug overdose
- Increase the number of law enforcement officials trained and equipped to administer naloxone
- Increase the number of community members trained and equipped to administer naloxone
- Promote opportunities for anonymous reporting of suspected drug use and overdose (e.g., SMCPs youth hotline, SMCSO tip line, etc.)
- Increase awareness of good Samaritan Law
- Increase the number of health care providers that are trained in SBIRT
- Increase the number of primary care practices implementing integrated care models that include substance abuse screening and treatment
- Increase availability of diversion & crisis management programs (e.g., ER, mobile crisis unit, ACT team, police department parole and probation)
- Advocate for parity for substance abuse and mental health treatment funding

BH 9 [Developmental] Decrease illicit drug use by youth as measured by the YRBS

BH 9.1 Decrease the percentage of students who report using heroin once or more during life from 4.5 to less than 4.2 as measured by the YRBS

BH 9.2 Decrease the percentage of students who report using prescription drugs without a prescription one or more times during life from 16.6 to less than 15.8 as measured by the YRBS

BH 9.3 Decrease the percentage of students who report using prescription drugs without prescription at least once in the past 30 days from 9.2 to less than 8.7 as measured by the YRBS

BH 9.4 Decrease the percentage of students who report using steroid pills or shots without a prescription one or more times during life from 4.8 to less than 4.5 as measured by the YRBS

- Identify local baseline for overall illicit drug use by youth by compiling aggregate data for BH 9 sub-measures (9.1-9.4)
- Enhance education and awareness among youth and parents
- Expand communications & marketing through the Smart Medicine Campaign
- Increase availability and utilization of “Reconnecting Youth: A Peer Group Approach to Building Life Skills”
- Support youth-focused “drug summits” and opportunities for peer-peer engagement around substance use prevention
- Increase youth involvement in drug-free after-school and community activities
- Increase the number of youth participating in community-based or school-based life skills training/mentoring
- Increase the number of schools in St. Mary’s County offering life skills training to youth within formal curriculum
- Expand utilization of prescription drug take back activities
- Increase number of local health care providers participating in local continuing education opportunities on opioid prescribing and monitoring
- Increase the number of local health care provider trained and utilizing PDMP
- Increase the number of health care providers that are trained in SBIRT
- Increase the number of staff and counselors in the local school system that are trained in SBIRT

BH 10 Reduce underage alcohol use and binge drinking in St. Mary’s County

BH 10.1 Decrease the percentage of students who had at least one drink of alcohol on one or more of the past 30 days from 34.0 to less than 32.3 as measured by the YRBS

BH 10.2 Decrease the percentage of students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days from 19.2 to less than 18.2 as measured by the YRBS

- Increase the number of youth participating in community-based or school-based life skills training/mentoring
- Increase the number of schools in St. Mary's County offering life skills training to youth within formal curriculum
- Support Maryland Strategic Prevention Framework (MSPF) and Communities Mobilizing for Change on Alcohol (CMCA) initiatives (e.g., survey and data collection on underage alcohol use and binge drinking, and education and awareness efforts targeted to youth, parents, and local businesses)
- Enhance enforcement of laws prohibiting sales to minors
- Increase the number of health care providers that are trained in SBIRT
- Increase the number of staff and counselors in local schools that are trained in SBIRT

BH 10.3 Reduce the percentage of adults who report excessive drinking from 19.0 to less than 18.1 as measured by the Maryland Behavioral Risk Factor Surveillance System (BRFSS)

- Support MSPF initiatives (e.g., education and awareness efforts targeted to young adults, college campuses, and local businesses)
- Support legislative changes for alcohol retailers targeted toward prevention of excessive consumption (e.g., dram shop liability, maintaining limits on days and hours of sale, regulation of alcohol outlet density, etc.)
- Support Responsible Alcohol Service Training for alcohol retailers
- Increase the number of health care providers that are trained in SBIRT

BH 11 [Developmental] Increase the percentage of adults with serious mental illness who are employed

- Identify local baseline or develop a measurement tool to assess employment rates for individuals with serious mental illness
- Support employment and education programming for individuals with serious mental illness

BH 12 Decrease the child maltreatment rate (per 1,000 population under the age of 18) from 5.8 to less than 5.5 as measured by the Maryland Department of Human Resources (DHR)

- Implement the Healthy Families model in St. Mary's County
- Ensure coordinating efforts across agencies when addressing needs of children in drug affected households

- Maintain multi-disciplinary coordination to address the needs of vulnerable families
- Increase availability and utilization of parenting trainings/classes (e.g., Guiding Good Choices)

AC 18/BH 13 [Developmental] Increase recruitment and retention of primary care providers, behavioral health providers, and dental providers.

- Identify reliable and current data source for describing provider: population ratio of primary care providers, behavioral health providers, and dental providers in St. Mary's County
- Establish Area Health Education Center model dedicated to Southern Maryland for improving the pipeline of southern Maryland residents going into health care professional fields and for increasing the number of health care provider students visiting southern Maryland for training opportunities
- Tax incentives to encourage primary care providers, behavioral health providers, and dental providers to locate and maintain practices in St. Mary's County
- Promote student loan relief opportunities for primary care providers, behavioral health providers, and dental providers practicing in St. Mary's County
- Support development of a family medicine residency program in southern Maryland
- Support community jobs diversity needed to attract the family members of health care providers to St. Mary's County
- Support vibrant community development (recreational opportunities, strong schools, affordable housing, and SMART growth) to attract health care providers and their families to St. Mary's County

Healthy Eating & Active Living (HEAL)

HEAL 1 Increase the percentage of adults who are at a healthy weight from 33.2 to more than 34.9 as measured by the Maryland Behavioral Risk Factor Surveillance System (BRFSS)

HEAL 1.1 [Developmental] Increase the percentage of adults who consume the recommended amounts of fruits and vegetables per day.

- Identify local baseline or develop a measurement tool for data collection
- Support community wide media campaigns and programs to promote increased fruit and vegetable consumption
- Promote and provide educational opportunities to teach families how to prepare and cook fruits and vegetables

- Educate restaurants on the value of providing healthy fruit and vegetable options on menus
- Provide ongoing public access to nutrition information through multiple communication channels
- Increase advocacy efforts and public support for initiatives, policies, and legislation that supports healthy eating (point-of-sale marketing, “value pricing” of fruits and vegetables, menu labeling)
- Support the use of incentives for SNAP purchases by local farmers markets

HEAL 1.2 *Increase the percentage of persons reporting at least 150 minutes of moderate physical activity or at least 75 minutes of vigorous activity per week from 53.5 to more than 56.2 as measured by the BRFSS*

- Increase the number of businesses in St. Mary’s County registered in the Healthiest Maryland Businesses initiative
- Increase awareness of the importance of physical activity (education on national physical activity guidelines and existing programs across the lifespan)
- Increase awareness about how the built environment (i.e., roads, sidewalks, trails, buildings, neighborhoods, etc.) can facilitate increased physical activity behavior
- Support the implementation of worksite wellness policies for local businesses (e.g., stair prompts, health assessments with individual feedback, flexible scheduling, onsite physical activities, etc.)
- Increase participation in the Alive! (A Lifestyle Intervention Via Email) Program for St. Mary’s County Residents
- Support local policies to facilitate physical activity for adults and improve access to public locations for physical fitness
- Advocate for Smart Growth policies for new and renovated development projects to encourage the design of neighborhoods and commercial developments that connect people with their destinations so active transportation via walking and bicycling can replace the current heavy reliance on automobile transportation
- Advocate for Complete Streets policies within communities to ensure streets are designed to accommodate all types of transportation including transit, cars, pedestrians, cyclists, as well as being accessible and safe for older adults, children, and those with disabilities
- Make available community walking maps for high volume neighborhoods

HEAL 2 **Decrease the percentage of children and adolescents who are overweight from 13.9 to less than 13.2 as measured by the Youth Risk Behavior Survey (YRBS)**

HEAL 2.1 [Developmental] Increase the percentage of new mothers in who initiate breastfeeding.

- Identify local baseline or develop a measurement tool for data collection
- Improve the quality of breastfeeding-related maternity care practices (support “Baby Friendly” initiatives at local hospitals which allows for optimal level of care for breastfeeding mothers and infants)
- Encourage breastfeeding support groups and peer counseling
- Encourage breastfeeding support by lactation professionals to new parents through telephone contact, home visits, and outpatient visits
- Develop and distribute a legislative update and summary of Maryland breastfeeding policies
- Support advocacy efforts to increase policy strength and legislation protecting a woman’s right to breastfeed in public and pump her milk when she returns to work
- Encourage local workplaces to implement organizational policies protecting a woman’s right to pump her milk when she returns to work
- Increase prenatal education on breastfeeding
- Support local implementation of the Healthy Families Program

HEAL 2.2 Increase the percentage of youth who reported eating fruits and vegetables 5 or more times per day during the past 7 days from 19.2 to more than 20.2 as measured by the YRBS

- Support community wide media campaigns and programs tailored to youth and families to promote increased fruit and vegetable consumption
- Support and provide educational opportunities to students about the importance and benefits of eating a plant-based diet rich in fruits and vegetables and about the amounts of fruit and vegetables they need daily
- Increase availability, attractiveness and variety of fruits and vegetables in school lunch programs
- Support nutritious breakfast, lunch, and snack programs to all students in schools
- Strengthen existing school policies/standards to increase access to healthy foods
- Support the use of incentives for SNAP purchases by local farmers markets

HEAL 2.3 Decrease consumption of sugar-sweetened beverages among youth as indicated by the percentage of students who drank a can, bottle, or glass of soda or pop 1 or more times per day during the past 7 days from 20.7 to less than 19.7 as measured by the YRBS

- Increase awareness of the negative impact of sugar-sweetened beverages on health and weight management through education and media campaigns
- Promote the consumption of healthy beverages through marketing campaigns and support for prominent product placement by local vendors
- Increase access to healthy beverage options (model healthy organizational practices by ensuring healthy beverages are available and promoted in cafeterias, vending machines, and other concessions & make plain, drinkable water available throughout the day and at no cost in schools, childcare facilities, and worksites)
- Identify and implement policies to decrease the consumption of sugar-sweetened beverages (wellness policies in schools, workplaces, and community events)

HEAL 2.4 Increase the percentage of youth reporting at least 60 minutes of daily physical activity per week from 22 to more than 23.1 as measured by the YRBS

- Increase awareness of the importance of physical activity (educate parents and students about daily requirements and value of physical activity & educate communities about existing programs)
- Increase access to places and opportunities for students to be physically active (support the development, renovation, and maintenance of parks, playgrounds, and recreation facilities)
- Connect roadways to complementary systems of trails and bicycle paths to provide safe places for students to walk and bike
- Support complete streets initiatives and connectivity of schools, worksites, and communities that encourage safe walking and biking to school
- Advocate for policy change to increase biking and walking to school
- Increase awareness of positive impacts (health, behavioral, academic, etc.) of recess for students
- Advocate that all students receive 60 minutes of quality physical activity daily through physical education classes, before- and/or after-school programming, and through home activities
- Increase opportunities for physical activity and healthy recreation by transforming vacant lots and/or buildings

- Increase affordable transportation opportunities to and from after-school recreational activities and facilities offering healthy physical activity opportunities

HEAL 2.5 *Decrease the percentage of youth who watch three hours or more of television per day from 31.3 to less than 29.7 as measured by the YRBS*

- Increase awareness of the health issues and risks related to excess television viewing

HEAL 3 **[Developmental] Increase the distribution of fruits and vegetables to local residents.**

- Identify local baseline or develop a measurement tool for data collection
- Support local development plans for community gardens
- Support sponsorship programs for community gardens which allow for produce to be donated to local food pantries
- Increase incentives for local farmers to donate produce to local food pantries
- Support local snack pack programs
- Support local/regional initiatives aimed at reducing hunger (e.g., implementation of a hub and spoke program, enhancing access to federal benefits at farmer’s markets, etc.)

Tobacco Free Living (TFL)

TFL 1 **Reduce the percentage of adults who currently smoke from 25.9 to less than 24.6 as measured by the Maryland Behavioral Risk Factor Surveillance System (BRFSS)**

- Enhance local mass-reach health communication interventions (television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco/nicotine use)
- Disseminate return on investment messages to educate businesses, legislature, and public on investing in tobacco/nicotine cessation
- Support workplace wellness initiatives offered by local employers that support tobacco/nicotine cessation
- Increase the number of local health care providers implementing tobacco use assessments and cessation strategies for all patient visits
- Implement targeted tobacco/nicotine use prevention and cessation efforts addressing local populations disparately impacted by tobacco/nicotine use

TFL 2 Increase the percentage of adult smokers who attempted to stop smoking in the past 12 months from 71.6 to more than 75.2 as measured by the BRFSS

- Maintain local Mass-Reach Health Communication Interventions (television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use)
- Promote use of available Mobile Phone-Based Cessation Interventions (e.g., Quit Smoking and Quit Now mobile applications)
- Promote the free and evidence-based Maryland Tobacco Quitline to all residents using tobacco products
- Increase participation of local smokers in group tobacco cessation counseling
- Support workplace wellness initiatives offered by local employers that support tobacco cessation
- Increase the number of local health care providers implementing tobacco use assessments and cessation strategies for all patient visits
- Increase the number of local primary care providers registered for the Maryland Tobacco Quitline Fax to Assist service

TFL 3 Reduce the percentage of adolescents who use tobacco products from 19.2 to less than 18.2 as measured by the Youth Risk Behavior Survey (YRBS)

TFL 3.1 Reduce the percentage of Hispanic/Latino adolescents who use tobacco products from 32.5 to less than 30.9 as measured by the YRBS

- Enhance local Mass-Reach Health Communication Interventions (television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use)
- Increase tobacco use prevention and cessation interventions among Hispanic/Latino youth
- Support community mobilization combined with implementation of commercial interventions (e.g., active enforcement of retailer sales laws restricting sales to minors and retailer education with reinforcement) to restrict minors' access to tobacco/nicotine products
- Support youth mobilization to increase anti-tobacco attitudes
- Increase the number of tobacco free environments in St. Mary's County used for youth activities through implementation of tobacco-free/smoke-free grounds policies
- Expand education efforts targeting youth use of E-cigarettes, as e-cigarette use may encourage tobacco product use

- Increase the number of local health care providers implementing tobacco use assessments and cessation strategies for all patient visits
- Support Comprehensive School Health Practices
- Implement targeted tobacco/nicotine use prevention and cessation efforts addressing local youth populations disparately impacted by tobacco/nicotine use

TFL 4 Reduce the percentage of youth who tried or used tobacco products for the first time during the past 12 months from 21.4 to less than 20.3 as measured by the YRBS

TFL 4.1 Reduce the percentage of Hispanic/Latino adolescents who tried or used tobacco products for the first time during the past 12 months from 25.5 to less than 24.2 as measured by the YRBS

- Increase local Mass-Reach Health Communication Interventions (television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use)
- Support community mobilization combined with implementation of commercial interventions (e.g., stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education with reinforcement) to restrict minors’ access to tobacco products
- Increase targeted interventions among Hispanic and/or Latino youth
- Enhance current prevention and outreach efforts to include education for youth on E-cigarettes
- Support youth mobilization to increase anti-tobacco attitudes
- Increase the number of tobacco free environments in St. Mary’s County that are primarily used for youth activities through implementation of tobacco-free/smoke-free policies
- Support Comprehensive School Health Practices
- Implement targeted tobacco/nicotine use prevention efforts addressing local youth populations disparately impacted by tobacco/nicotine use

TFL 5 Reduce the retail availability of tobacco to youth by increasing the percentage of youth, among those who bought or tried to buy cigarettes, who were asked to show proof of age from 45.8 to more than 48.1 as measured by the YRBS

- Support community mobilization combined with implementation of commercial interventions (e.g., active enforcement of retailer sales laws and retailer education with reinforcement) to restrict minors’ access to tobacco products
- Expand the implementation of a local tobacco retailer inspection program
- Support regular compliance checks for local tobacco retailers

TFL 6 [Developmental] Reduce the percentage of adults who report being exposed to secondhand smoke

- Identify local baseline or develop a measurement tool for data collection
- Increase the number of tobacco-free environments in St. Mary's County (e.g., multi-unit/family housing, public parks, workplace properties, properties surrounding community facilities and government buildings, communal areas etc.) through the implementation of tobacco-free/smoke-free policies
- Enhance local Mass-Reach Health Communication Interventions (television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use)

TFL 7 Reduce the percentage of youth who were in the same room with someone who was smoking cigarettes in the past week from 38.4 to less than 36.5 as measured by the YRBS

- Increase the number of tobacco-free environments in St. Mary's County (e.g., multi-unit/family housing, public parks, workplace properties, properties surrounding community facilities and government buildings, communal areas etc.) through the implementation of tobacco-free/smoke-free policies
- Enhance local Mass-Reach Health Communication Interventions (television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use)

TFL 8 Reduce the percent of women who report smoking during pregnancy from 12.2 to less than 11.6 as measured by the Maryland DHMH Vital Statistics Administration

- Increase the number of local health care providers, including obstetric providers, implementing tobacco use assessments and cessation strategies for all patient visits Enhance local Mass-Reach Health Communication Interventions [television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use] targeting pregnant women and women of child-bearing age
- Increase availability of Mobile Phone-Based Cessation Interventions
- Promote utilization of the Maryland Tobacco Quitline by pregnant women and women of childbearing age
- Increase participation of pregnant smokers in group tobacco cessation counseling Expand implementation and availability of quit smoking interventions during pregnancy