

Community Health Improvement Plan

St. Mary's County, Maryland

2015-2020



Introduction

The Healthy St. Mary's Partnership (HSMP) is a community-driven coalition of public and private partners working together to address priority health issues for St. Mary's County, Maryland.

The Healthy St. Mary's Partnership serves as the local health improvement coalition for St. Mary's County. Through coalition procedure and operation, HSMP addresses priority health areas identified by the most current cycle of the local health improvement process.

The local health improvement process helps communities advance toward better health. This process begins with gathering population-level health information, analyzing it and using it to create a data-driven Community Health Improvement Plan (CHIP) to address the community's greatest health needs. Once the CHIP is developed, it is then implemented through the collaborative efforts of various community partners and work is continuously evaluated to ensure outcomes are achieved.

The CHIP for St. Mary's County (Healthy St. Mary's 2020) provides a community blueprint for improving the health of local residents from 2015-2020. It provides insight into health solutions for the long-term and presents a road map for achieving optimal health for all. Good health provides the foundation for a healthy community and economy.

The priority health areas identified in Healthy St. Mary's 2020 were selected by coalition members through a collaborative community health needs assessment process. This process involves ongoing evaluation of both quantitative public health data and qualitative input from residents and partners. Priorities were chosen according to seriousness of the issue and the ability for the community to make an impact on improvement. As a result it was determined that priority health needs in St. Mary's County include: Access to care, behavioral health (mental health and substance misuse), healthy eating & active living, and tobacco use and exposure to secondhand smoke.

Table of Contents

Introduction	1
Message from the Health Officer	3
Reader's Guide	4
Access to Care (AC)	5
Behavioral Health (BH)	11
Healthy Eating & Active Living (HEAL)	17
Tobacco Free Living (TFL)	21
Glossary & Resources	25
Acknowledgments	30
The Healthy St. Mary's Partnership (HSMP)	30
Steering Committee	30
Organizational Partners	31



St. Mary's County Health Department

Administration & Vital Records	301-475-4330
Community Health Services	301-475-4330
Resource Coordination	301-475-4330
Environmental Health	301-475-4321
Environmental Health Fax	301-475-4373
Medical Assistance Transportation	301-475-4296
State Health Department (Toll Free)	877-4MD-DHMH
Maryland Relay Service	1-800-735-2258



Meenakshi G. Brewster, MD, MPH
Health Officer

Message from the St. Mary's County Health Officer

The Healthy St. Mary's Partnership (HSMP) was established in 2013 as the local health improvement coalition for St. Mary's County, Maryland. Many local partners – public agencies, nonprofit organizations, health care providers, businesses, faith organizations, individual residents and others – came together to help improve health for our whole population.

The HSMP's first challenge was to set a blueprint for better health for our county so we all could put our energies behind common goals. We wanted a data-driven and strategic process, so through our various partners we worked to assess the current status of our community's health. This assessment helped us identify and explore four key health priorities that influence a variety of health outcomes – healthy eating/active living, tobacco use and exposure to secondhand smoke, behavioral health (which includes mental health and prevention and control of substance misuse), and access to health care. We then looked at what could work to improve these areas for St. Mary's, and set objectives for our whole community to achieve by the year 2020.

Healthy St. Mary's 2020 is the product of this great collaborative planning effort. I invite you to spend some time with it – appreciate the incredible thought, expertise, and hope that our county residents and numerous community partners have invested in this document. Each priority health area identifies key objectives for improving the health of our St. Mary's County population. Example strategies are also suggested that could help us as a county achieve those objectives.

This is a document for action, however...not the shelf. *Healthy St. Mary's 2020* is a guide, a roadmap, a blueprint. A challenge. It is meant to inspire us all to collaborate, leverage resources, and achieve better health for our community together. I encourage residents and different organizations in our community to align their own efforts where feasible with the *Healthy St. Mary's 2020* objectives. Already, HSMP members and others are working together to achieve the vision of better health that *Healthy St. Mary's 2020* articulates. It took a whole host of partners to develop this plan and it will take our whole community to make it a reality in the years ahead.

Meenakshi Brewster, MD, MPH
Health Officer
St. Mary's County, Maryland

Reader's Guide

Healthy St. Mary's 2020 is organized into four sections that reflect the priority health needs of St. Mary's County: Access to Care (AC), Behavioral Health (BH), Healthy Eating & Active Living (HEAL) and Tobacco Free Living (TFL). Each of these sections is then broken down into measurable objectives. These objectives were carefully selected by HSMP members as guideposts to evaluate the long term impact of coalition activities on the health of our community. The numerical order of these objectives does not reflect their level of importance or priority. Below each objective are suggested strategies that coalition members and partner organizations may implement to achieve change in the corresponding objective. A visual guide is included below.

Section Title (Topic Abbreviation)

Objective Number	Objective: Each objective includes local level data that will be tracked over time to measure long term change. Additional information on all listed data sources is provided in the Glossary & Resources section of this document. If an objective is listed as [Developmental] then there is currently no local level data that can be used for measurement, however, it was identified as important to overall health improvement.
-------------------------	--

<i>Sub-Objective</i>	<i>A measurable objective that is related to the preceding objective</i>
----------------------	--

- Evidence-based and innovative strategies that can be or are currently being implemented locally by organizational partners and individual community members to improve health for St. Mary's County residents.
-

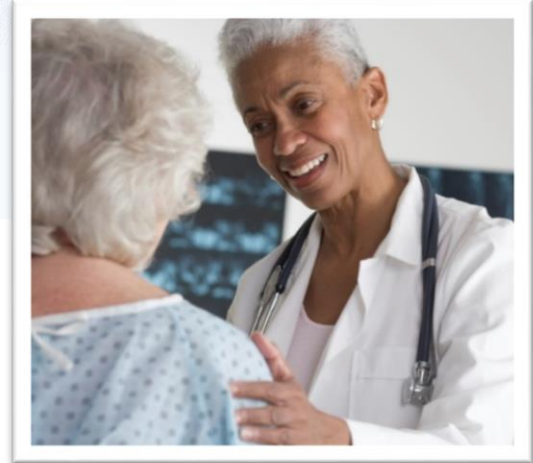
The Healthy St. Mary's Partnership mobilizes members through four action teams, each of which is dedicated to a priority health issue. The action teams monitor the measurable objectives for change, collaborate to implement selected strategies and share information on related initiatives and progress.

Joining the Healthy St. Mary's Partnership is free and all interested organizations and community members are encouraged to visit <http://healthystmarys.com/> for more information on membership, the action teams and the health improvement process.

Access to Care (AC)

Access to Care in a community is critical to promoting the health of its population. Several factors influence how well residents can access the health care they need, including:

- The availability of health care providers including primary care, specialty care, behavioral health, and dental
- Residents' access to affordable health care, needed medications, health insurance, and the availability of health care providers that take their health insurance
- Reliable and easily accessed transportation to health care providers and institutions
- Cultural sensitivity of health care providers and the ability of residents to understand their health needs and health plan of action



This section outlines the **Access to Care Objectives** which will be monitored over time by HSMP in order to measure local health improvement as well as examples of evidence-based strategies that can be or are currently being implemented to improve access to care for St. Mary's County residents.

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's Small Area Health Insurance Estimates (SAHIE)

- Support education and enrollment efforts for expanded Medicaid and Qualified Health Products 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 Department of Health and Mental Hygiene (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 from 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 family physician and pediatrician recruitment and retention efforts
 - Increase health communications 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 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 (e.g., 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 case management
- Increase utilization of diabetes self-management education in the community
- 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 client-oriented interventions to increase breast, cervical, and colorectal cancer screening rates
- Increase 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 implementation of the National Diabetes Prevention Program
- Expand 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 in the community
- 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 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 CVD preventive services for patients with high blood pressure and high cholesterol
- Increase use of clinical decision-support systems 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

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 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 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 [Developmental] Increase recruitment and retention of primary care providers, behavioral health providers, and dental providers.

- Identify a reliable data source for describing the provider to population ratios of primary care providers, behavioral health providers and dental providers in St. Mary's County
- Establish an Area Health Education Center (AHEC) dedicated to improving the pipeline of Southern Maryland residents going into health care professions and to increasing the number of health care provider students visiting southern Maryland for training opportunities
- Advocate for 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)

Behavioral health is a term that covers the full range of our emotional, psychological and social well-being – from the basics of how we cope with day-to-day challenges of life, to the treatment



of mental illnesses as well as substance use disorder and other addictive behaviors. Behavioral health is important in every stage of life and influences a person's ability to maintain physical wellness. Illnesses such as depression and anxiety may affect people's ability to participate in health-promoting behaviors. Conversely, problems with physical health, such as chronic diseases, may impact mental health and decrease a person's ability to participate in treatment and recovery.

This section outlines the **Behavioral Health Objectives** which will be monitored over time by HSMP in order to measure local health improvement as well as examples of evidence-based strategies that can be or are currently being implemented to improve behavioral health outcomes for St. Mary's County residents.

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 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., Emergency Room (ER), mobile crisis unit, Assertive Community Treatment (ACT) team, police department and 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 residents who are trained in mental health first aid
- Increase the number of licensed behavioral health providers
- 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 residents that are trained in youth mental health first aid
- Increase the number licensed behavioral health providers who work with pediatric patients
- 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

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

- 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 of 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 12.3 to less than 11.7 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 for caregivers/family members of residents at risk of suicide
- 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
- 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, SMCPSO tip line, etc.)
- Increase awareness of Good Samaritan Laws
- 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 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 the Prescription Drug Monitoring Program (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 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) 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 and classes

Healthy Eating & Active Living (HEAL)

Healthy Eating and Active Living (HEAL) are essential in the prevention and control of chronic diseases like diabetes, cancer, heart disease, and high blood pressure. These



chronic diseases contribute to the leading causes of death nationally and in St. Mary's County. By focusing on healthy eating and maintaining a physically active lifestyle, residents can help prevent these chronic diseases (and many other conditions) as well as the complications associated with them. When communities focus on strategies to support healthy eating and active living for their residents, they improve population health and minimize the financial burden associated with chronic diseases.

This section outlines the **HEAL Objectives** which will be monitored over time by HSMP in order to measure local health improvement as well as examples of evidence-based strategies that can be or are currently being implemented to increase healthy eating and active living among St. Mary's County residents.

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 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 Supplemental Nutrition Assistance Program (SNAP) purchases at 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
- 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 YRBS

HEAL 2.1 [Developmental] Increase the percentage of new mothers 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 at 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)

The use of tobacco products and exposure to second-hand smoke combined represent the number one cause of preventable deaths in the United States. Smoking harms nearly every organ of the body, causing many diseases and affecting the health of smokers in general. Each year, approximately 443,000 Americans die from tobacco-related illnesses. Quitting smoking has immediate as well as long-term benefits for smokers and their loved ones.

Community-level action is needed to effectively help tobacco users quit use of cigarettes and other tobacco products, prevent youth and others from starting to use tobacco products, and to help nonsmokers avoid exposure to second-hand smoke.



This section outlines the **Tobacco Free Living Objectives** which will be monitored over time by HSMP in order to measure local health improvement as well as examples of evidence-based strategies that can be or are currently being implemented to increase tobacco free living among St. Mary's County residents.

TFL 1 Reduce the percentage of adults who currently smoke from 25.9 to less than 24.6 as measured by the 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 use of tobacco and nicotine products (e.g., e-cigarettes)
- 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 to change knowledge, beliefs, attitudes, and behaviors affecting use of tobacco and nicotine products (e.g., e-cigarettes)
- 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 Quit line 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 Quit line 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 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 to change knowledge, beliefs, attitudes, and behaviors affecting use of tobacco and nicotine products (e.g., e-cigarettes)
- Increase tobacco use prevention and cessation interventions among Hispanic and/or 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 to change knowledge, beliefs, attitudes, and behaviors affecting use of tobacco and nicotine products (e.g., e-cigarettes)
- 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 and nicotine 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 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 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 Quit line 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

Glossary & Resources

A Lifestyle Intervention via Email (*Alive!*): An evidence-based behavior-changing program developed by the Centers for Disease Control. This program is delivered via the web and email and focuses on increasing physical activity and improving nutrition to achieve better health overall. <http://nutritionquest.com/SMCH/Residents/>

Affordable Care Act (ACA): Refers to the Patient Protection and Affordable Care Act (PPACA), a United States federal statute signed into law by President Barack Obama on March 23, 2010. <https://www.medicaid.gov/affordablecareact/affordable-care-act.html>

Area Health Education Center (AHEC): A nonprofit organization strategically located within a designated region where health care and health care education needs are not adequately met. An AHEC works within its region to make health care education (including residency and student rotations) locally available. <http://www.nationalahec.org/>

Assertive Community Treatment (ACT): An evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of homelessness, psychiatric crisis and hospitalization, and involvement in the criminal justice system. <http://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345>

Baby Friendly: The Baby-friendly Hospital Initiative (BFHI) was launched by WHO and UNICEF in 1991 as a global effort to implement practices that protect, promote and support breastfeeding. <http://www.who.int/nutrition/topics/bfhi/en/>

BRFSS: See Maryland Behavioral Risk Factor Surveillance System

Cardiovascular Disease (CVD): Generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease. <http://www.cdc.gov/heartdisease/>

Clinical Decision Support System (CDSS): A health information technology system that is designed to provide physicians and other health professionals with clinical decision support (CDS), that is, assistance with clinical decision-making tasks or in implementing clinical guidelines at the point of care. <https://www.healthit.gov/policy-researchers-implementers/clinical-decision-support-cds>

Communities Mobilizing for Change on Alcohol (CMCA): A nationally recognized model program that uses community-organizing strategies to reduce youth access to alcohol by changing community policies and practices. <http://yli.org/communities-mobilizing-for-change-on-alcohol/>

Community Health Improvement Plan (CHIP): A long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process.

Community Health Worker (CHW): A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. <https://www.apha.org/apha-communities/member-sections/community-health-workers>

Complete Streets: Streets that are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. Complete Streets make it easy to cross the street, walk to shops, and bicycle to work. <http://www.smartgrowthamerica.org/complete-streets>

Diabetes Self-Management Education (DSME): The ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care. This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards. The overall objectives of DSME are to support informed decision-making, self-care behaviors, problem-solving and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797385/>

Emergency Room (ER): The department of a hospital that provides immediate treatment for acute illnesses and trauma.

Good Samaritan Law: Laws that offer legal protection to people who give reasonable assistance to those who are, or who they believe to be, injured, ill, in peril, or otherwise incapacitated.

Healthiest Maryland Businesses: A statewide movement to create a culture of wellness in Maryland Businesses—an environment that makes the healthiest choice the easiest choice. This initiative aims to raise awareness about the importance of a healthy workforce, recruit business leaders who will incorporate healthy policies into the workplace, publicly recognize their commitment and success, and improve their bottom-line. <http://www.healthiestmdbusinesses.org/>

Healthy Families Program: A nationally recognized evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. It is the primary home visiting model best equipped to work with families who may have histories of trauma, intimate partner violence, and mental health and/or substance abuse issues. <http://www.healthyfamiliesamerica.org/home/index.shtml>

Healthy People (HP) 2020: A set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States. <http://www.healthypeople.gov/>

Healthy St. Mary's 2020: The community health improvement plan (CHIP) for St. Mary's County Maryland, developed by the Healthy St. Mary's Partnership to guide local health improvement efforts from 2015-2020.

Healthy St. Mary's Partnership: A community-driven coalition of partners working together to improve health in St. Mary's County, Maryland. The coalition mobilizes members through four action teams to address the priority health issues in St. Mary's County: Access to Care, Behavioral Health, Healthy Eating & Active Living and Tobacco Free Living. <http://healthystmarys.com/>

HSCRC: See Maryland Health Services Cost Review Commission

LGBTQ: An acronym that generally stands for Lesbian, Gay, Bisexual, Trans and Queer or Questioning.

Maryland Behavioral Risk Factor Surveillance System (BRFSS): A United States health survey that looks at behavioral risk factors. It is run by Centers for Disease Control and Prevention and conducted by the individual state health departments. <http://www.cdc.gov/brfss/>

Maryland Department of Health and Mental Hygiene (DHMH) Vital Statistics Administration: <http://dhmh.maryland.gov/vsa/Pages/home.aspx>

Maryland Department of Human Resources (DHR): The state's primary social service provider, serving over one million people annually. The Department, through its 24 local departments of social services, pursues opportunities to assist people in economic need, provide preventive services, and protect vulnerable children and adults in each of Maryland's 23 counties and Baltimore City. <http://www.dhr.state.md.us/>

Maryland Department of Planning (MDP): The state department that provides guidance, analysis, outreach and support to ensure that all of the state's natural resources, built environment and public assets are preserved and protected to achieve its goals for economic, community and environmental vitality. <http://planning.maryland.gov/>

Maryland Health Services Cost Review Commission (HSCRC): <http://www.hscrc.state.md.us/>

Maryland State Health Improvement Process (SHIP): The State Health Improvement Process (SHIP) provides a framework for accountability, local action, and public engagement in order to advance the health of Maryland residents. The SHIP measures for improvement are aligned with the Healthy People (HP) 2020 objectives established by the Department of Health and Human Services. State and county level data on critical health

measures is also provided through the SHIP.

<http://dhmh.maryland.gov/ship/Pages/home.aspx>

Maryland Strategic Prevention Framework (MSPF): A five-step planning process, developed by SAMHSA, to guide communities in the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.

<http://bha.dhmh.maryland.gov/mspf/SitePages/Home.aspx>

Mass-reach health communication interventions: Interventions that target large audiences through 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. Intervention messages are typically developed through formative testing and aim to reduce initiation of tobacco use among young people, increase quit efforts by tobacco users of all ages, and inform individual and public attitudes on tobacco use and secondhand smoke.

Medicaid: <https://www.medicaid.gov/>

Naloxone: A drug that antagonizes morphine and other opiates. Naloxone is a pure opiate antagonist and prevents or reverses the effects of opioids including respiratory depression, sedation and hypotension.

National Diabetes Prevention Program (NDPP): An evidence-based lifestyle change program which has been demonstrated to delay or prevent the development of type 2 diabetes among people at high risk. <http://www.cdc.gov/diabetes/prevention/index.html>

National Survey on Drug Use and Health (NSDUH): A data collection tool that provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration.

<http://www.samhsa.gov/data/population-data-nsduh>

Oral caries: The scientific term for tooth decay or cavities. It is caused by specific types of bacteria. They produce acid that destroys the tooth's enamel and the layer under it, the dentin. Many different types of bacteria normally live in the human mouth.

Prescription Drug Monitoring Program (PDMP): A database that was established by the Maryland Department of Health and Mental Hygiene to support healthcare providers and their patients in the safe and effective use of prescription drugs. The PDMP collects and securely stores information on drugs that contain controlled substances and are dispensed to patients in Maryland. Drug dispensers, including pharmacies and healthcare practitioners, electronically report the information that is stored in the PDMP database.

<http://bha.dhmh.maryland.gov/PDMP/SitePages/Home.aspx>

Qualified Health Products: A qualified health product or plan (QHP) is a health plan that has been certified by the state Health Insurance Marketplace to meet certain standards.

Screening, Brief Intervention, and Referral to Treatment (SBIRT): An evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. <http://www.integration.samhsa.gov/clinical-practice/SBIRT>

Smart Growth: Planned economic and community development that attempts to curb urban sprawl and worsening environmental conditions.
<http://www.smartgrowthamerica.org/what-is-smart-growth>

Smart Medicine Campaign: A communications campaign, developed by multiple behavioral health partners in St. Mary's County, to generate awareness on the rising issue of opioid misuse, abuse, and overdose, as well as to provide information and resources on the safe management of prescription medications. <http://healthystmarys.com/behavioral-health/smartrx/>

Stanford Model Chronic Disease Self- Management Program: An effective self-management education program for people with chronic health problems. The program specifically addresses arthritis, diabetes, lung and heart disease, but teaches skills useful for managing a variety of chronic diseases.
<http://patienteducation.stanford.edu/programs/cdsmp.html>

Substance Abuse and Mental Health Services Administration (SAMHSA): The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. <http://www.samhsa.gov/>

Suicide Means Restriction Education (MRE): An effective programmatic intervention to reduce access to lethal means of suicide (e.g. firearms, poisons, medications, rope, chemicals and other hazardous materials). Means restriction is an important part of a comprehensive approach to suicide prevention and is listed on the Suicide Prevention Resource Center's Best Practice Registry.

Supplemental Nutrition Assistance Program (SNAP): Also called the Food Supplement Program (FSP) in Maryland, formerly known as Food Stamps, helps low-income households buy the food they need for good health.

U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE): Produces single-year estimates of health insurance coverage for every county in the U.S.
<http://www.census.gov/did/www/sahie/>

Youth Risk Behavior Survey (YRBS): An American biennial survey of adolescent health risk and health protective behaviors such as smoking, drinking, drug use, diet, and physical activity conducted by the Centers for Disease Control and Prevention.
<http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Acknowledgments

The Healthy St. Mary's Partnership (HSMP)

Healthy St. Mary's 2020 is the collaborative work of the Healthy St. Mary's Partnership. HSMP is a community-driven coalition of public and private partners whose mission is to address the priority health issues for St. Mary's County, Maryland. This community health improvement plan was created through the hard work and dedication of our residents and organizational partners. In volunteering time, talent, and expertise, each member has demonstrated a commitment to building a healthier St. Mary's County.

Steering Committee

The Steering Committee is elected by the HSMP membership and works to enhance the work and capacity of the partnership by:

- Providing overall leadership for the HSMP
- Making operational decisions to guide the HSMP in accomplishing its mission in accordance with bylaws
- Providing direction for Action Teams of the HSMP
- Providing ongoing evaluation of the HSMP goals and objectives, organizational structure, and operation to ensure the effective and efficient progress toward local health improvement

2015 Steering Committee Members

<i>Access to Care Co-Chair</i>	Lori Werrell, MPH, CHES MedStar St. Mary's Hospital
<i>Access to Care Co-Chair</i>	Bella Dean St. Mary's County Health Department
<i>Behavioral Health Co-Chair</i>	Gary Lynch, MA, LCADC Walden Behavioral Health
<i>Behavioral Health Co-Chair</i>	Matthew Reisdorph Department of Aging and Human Services
<i>Healthy Eating & Active Living Co-Chair</i>	Andrea Hamilton MedStar St. Mary's Hospital
<i>Healthy Eating & Active Living Co-Chair</i>	Sue Veith, AICP, CFM Dept. of Land Use & Growth Management
<i>Tobacco Free Living Co-Chair</i>	Nat Scroggins Minority Outreach Coalition
<i>Tobacco Free Living Co-Chair</i>	Jane Dodds, BSN, RN St. Mary's County Health Department
<i>HSMP Chairperson (Ex officio)</i>	Meenakshi G. Brewster, MD, MPH St. Mary's County Health Officer
<i>HSMP Coordinator</i>	Jenna Mulliken St. Mary's County Health Department

Organizational Partners

Thank you to the following organizational partners who continue to support the mission and collaborative process of the Healthy St. Mary's Partnership.

Accountable Care Coalition of Maryland
Adult Recovery Court and Juvenile Drug Court
Center for Children
College of Southern Maryland (CSM)
Commissioners of St. Mary's County (CSMC)
Community Alcohol Coalition (CAC)
Department of Aging and Human Services (DAHS)
Department of Land Use & Growth Management (LUGM)
Department of Social Services (DSS)
Dugan, McKissick, & Longmore, LLC
Fleet & Family Support Center Naval Air Station Patuxent River
Health Enterprise Zone, Greater Lexington Park
Healthiest Maryland Businesses
Hospice of St. Mary's
Housing Authority of St. Mary's County
Law Office of A. Shane Mattingly, P.C.
MedStar Family Choice
MedStar Georgetown University Hospital Department of Pediatrics
MedStar St. Mary's Hospital (MSMH)
Minority Outreach Coalition of St. Mary's County (MOC)
NAACP, St. Mary's County Branch
National Alliance on Mental Illness of Southern Maryland
National Institute of Citizen Anti-drug Policy (NICAP)
Naval Health Clinic Naval Air Station Patuxent River
Office of Sabrina Sepulveda, CRNP-PMH
On Our Own of St. Mary's Wellness & Recovery Center
Parents Affected By Addiction (PABA)

Pathways, Inc.
Potomac Region Maryland Highway Safety Program
Psychological Services Center, LLC
Retired and Senior Volunteer Program of St. Mary's County (RSVP)
Runfit Kidz
Southern Maryland Agricultural Development Commission (SMADC)
St. John's Pharmacy
St. Mary's Adult Medical Day Care
St. Mary's College of Maryland
St. Mary's County Health Department (SMCHD)
St. Mary's County Libraries
St. Mary's County Public Schools (SMCPS)
St. Mary's County Recreation and Parks
St. Mary's County Sheriff's Office (SMCSO)
St. Mary's Nursing and Rehabilitation Center
St. Mary's Ryken High School
The Elijah International Foundation, Inc.
The Promise Resource Center
Trico Clinical Services
Tri-County Youth Services Bureau (TCYSB)
University of Maryland Extension
Walden Behavioral Health