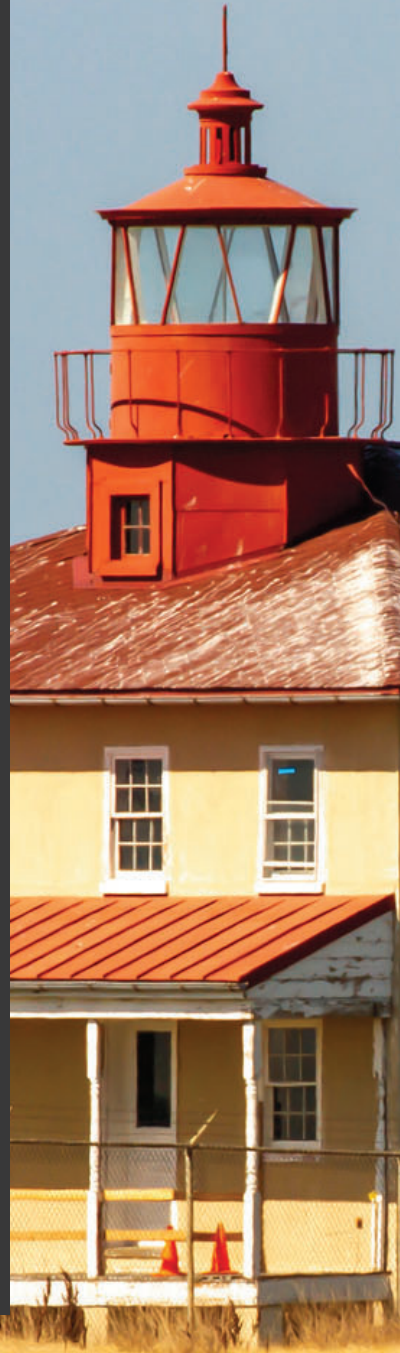


**COMMUNITY HEALTH IMPROVEMENT PLAN
ST. MARY'S COUNTY, MARYLAND**

HEALTHY ST. MARY'S 2026

**PREPARED BY:
THE HEALTHY ST. MARY'S PARTNERSHIP**



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 2026) provides a community blueprint for improving the health of local residents from 2021- 2026. The plan 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 2026 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. Issues were prioritized according to their severity and the ability of the community to make improvements. As a result, it was determined that priority health needs in St. Mary's County include: behavioral health (mental health and substance use), chronic disease, environmental health, and violence, injury, and trauma.

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Message from the 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. Over these past 8 years, local partners – including public agencies, health care providers, businesses, faith organizations, local nonprofits, individual residents, and others – have come together to help improve the health of St. Mary's County residents. In 2015, the HSMP's first community health improvement plan, *Healthy St. Mary's 2020*, was released. This document served as a guide through 2020 to address the health priorities of access to care, behavioral health, healthy eating/active living, and tobacco use and exposure to secondhand smoke.

In 2020, the HSMP launched its second formal health improvement process by assessing 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 – behavioral health (which includes mental health and substance use), chronic disease, environmental health (which includes both the built and natural environments), and violence, injury, and trauma. We then looked at how we can improve these areas for St. Mary's, and set objectives for our whole community to achieve by the year 2026.

Healthy St. Mary's 2026 is the product of HSMP members' collaborative strategic planning effort. I invite you to immerse yourself in this document. Each priority health area identifies objectives for improving the health of our community members. Example strategies are also suggested that could help us as a county achieve those objectives. The strategies range from actions that can be taken by an HSMP action team, an individual organization, or any motivated community member.

This document is a roadmap for our community. A challenge for us to improve the health of our population. I encourage residents and organizations in our community to align their own efforts where feasible with the *Healthy St. Mary's 2026* objectives. HSMP members and others are already working together to achieve the vision of better health that this document envisions. I implore our whole community to help make this vision of better health and well-being in St. Mary's into a reality in the years ahead.

Meenakshi G. Brewster, M.D.
St. Mary's County Health Officer, St. Mary's County Health Department

Reader's Guide

Healthy St. Mary's 2026 is organized into four sections that reflect the priority health needs of St. Mary's County: Behavioral Health (BH), Chronic Disease (CD), Environmental Health (EH), and Violence, Injury, and Trauma (VIT). 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 programs and activities on the health of our community. The numerical order of these objectives does not reflect their level of importance or priority. Developmental objectives represent high-priority public health issues that are associated with evidence-based interventions but don't yet have reliable baseline data. Below the objectives are suggested strategies that coalition members, partner organizations, and individual community members may implement to achieve change in the corresponding health priority. An annual update will be provided as appendices to the CHIP through 2026.

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 for all interested organizations and community members. For more information on membership, coalition action teams, and the health improvement process visit <http://healthystmarys.com/>.

HSMP Overall Partnership Strategies

- Increase action team participation.
- Promote the Healthy St. Mary's Partnership to organizations and community members.
- Increase youth participation in HSMP by launching HSMP Junior Teams.
- Advocate for health in all policies approach.
- Use an equity lens in planning and implementation.
- Connect and support the programs and organizations already working in these areas to share resources and work collaboratively to meet the needs of our communities
- Support local development plans and sponsorship programs for community gardens which allow for produce to be donated to local food pantries.
- Promote community understanding of vaccines and improve vaccination rates (e.g. COVID-19, flu, HPV).

Behavioral Health (BH)

Behavioral Health is a term that is used to refer to both mental health and substance use – covering the full range of our emotional, psychological, and social well-being. 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.

Behavioral Health Objectives

BH 1: Reduce emergency department (ED) visits related to behavioral health conditions.

	County Baseline	County 2026 Target
Rate of ED visits related to mental health conditions for adolescents under the age of 18 (per 1,000 age group population)*	20.4	18.4
Rate of ED visits related to mental health conditions for adults ages 18-64 (per 1,000 age group population)*	119.4	107.5
Rate of ED visits related to mental health conditions for adults 65 and over (per 1,000 age group population)*	57.9	52.1
Rate of inpatient visits for mental health conditions (per 100,000 population)**	3,062.3	2,756.1
Rate of ED visits for addictions related conditions (per 100,000 population)***	1,471.3	1,324.2

*Source: CRISP, 2019 (Please note: The baseline and target for these data points were updated in 2024 to reflect a rate change from per 100,000 population to per 1,000 population due to the size of each age group population.)

**Source: CRISP, 2019

***Source: HSCRC Research Level Statewide Outpatient Data Files, MD SHIP, 2017

BH 2: (Developmental) Reduce the long-term effects of the COVID-19 pandemic on mental health.

BH 3: (Developmental) Increase access to telehealth behavioral health services.

BH 4: Reduce misuse of drugs and alcohol.

	County Baseline	County 2026 Target
Marijuana use (one or more times during life) among high school students*	29.3%	26.4%
Misuse of prescription painkillers (one or more times during life) among high school students*	14.8%	13.3%
Percentage of adults who engaged in binge-drinking in the past 30 days**	13.4%	12.1%
Number of deaths due to overdose***	31	28

*Source: Youth Risk Behavior Survey (YRBS), 2018

**Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

***Source: Maryland Office of the Chief Medical Examiner, 2019

BH 5: Reduce the number of emergency petitions (EPs) that need to be made by the St. Mary's County Sheriff's Office (SMCSO).

	County Baseline	County 2026 Target
Number of EPs made by SMCSO	901	811
Number of individuals (calculated each month) who have multiple EPs by SMCSO within the same calendar year	230	207

Source: St. Mary's County Sheriff's Office, 2020

BH 6: (Developmental) Monitor those with a behavioral health condition that utilize social services.

BH 7: (Developmental) Reduce the number of individuals who are scheduled for behavioral health services with local clinicians but never engage.

BH 8: (Developmental) Reduce health inequities related to behavioral health conditions and treatment.

Behavioral Health Strategies

Action Team Strategies

- Promote healthy coping mechanisms and preventative care and screenings for mental health.
- Increase awareness of local behavioral health resources and programs.
- Conduct asset mapping and gap analysis of local behavioral health services.
- Collect qualitative input and conduct analysis on the impacts of the COVID-19 pandemic on mental health.
- Support targeted case management for priority populations within social services.
- Increase peer support in the community.
- Identify local baseline for those who are scheduled for services but do not engage.
- Decrease stigma associated with behavioral health through communications campaigns, public outreach, and anti-stigma training.
- Provide cultural competency training for clinicians.
- Support education around language disparities, health literacy, and health equity.

Organization-Specific Strategies

- Increase availability of diversion & crisis management programs (e.g., ED, mobile crisis unit, ACT team, police department/parole/probation). *(SMCHD, MSMH, SMCSO, Emergency Services)*
- Increase the number of primary care practices implementing integrated care models that include substance misuse and mental health screenings. *(Primary Care Clinicians, SMCHD)*
- Expand local care coordination programs and staffing. *(Clinicians, SMCHD)*
- Develop a mental health infrastructure throughout the community to expand trauma-informed care and the use of data systems to promote collaboration and service planning. *(SMCHD, MSMH, Clinicians, SMCSO, Emergency Services)*
- Expand hotspot and cell phone rental programs for telehealth behavioral health services. *(Clinicians, SMCHD)*
- Increase the number of youth participating in community-based or school-based life skills training/mentoring. *(SMCHD, SMCPs, Youth Mentoring Programs)*
- Expand utilization of prescription drug take-back activities. *(SMCHD, SMCSO)*
- Expand local Harm Reduction services. *(SMCHD)*
- Increase availability of diversion programming for youth at risk of incarceration. *(SMCSO, DJS, MSP)*
- Expand capacity for same-day services. *(SMCHD, Clinicians, MSMH)*
- Increase the number of individuals in the community trained and equipped to administer naloxone. *(SMCHD)*

- Expand transportation options to out-of-county treatment programs. *(Clinicians, SMCHD)*
- Develop classification/coding for wellness checks to indicate a mental health purpose and develop a continuity of care model. *(SMCSO, SMCHD)*
- Expand reminders for appointments and provide incentives for attending. *(Clinicians)*
- Promote inTransition program to local active-duty service members, National Guard members, reservists, veterans, and retirees. *(NAS Patuxent River, Naval Health Clinic Patuxent River, Veteran's Affairs)*
- Increase the number of DATA-2000 waived primary care clinicians offering buprenorphine treatment for opioid use disorder. *(SMCHD, Clinicians)*

Community Member Strategies

- Advocate for the expansion of telehealth behavioral health services.
- Advocate that current programs are adequately funded.
- Support utilization of prescription drug take-back activities.
- Participate in training and become equipped to administer naloxone.
- Advocate for recovery community centers to be able to lease vehicles.
- Advocate for funding for transportation to behavioral health services.
- Advocate for equity across policies and programs.

Chronic Disease (CD)

A chronic condition is a health condition or disease that is long-term and affects a person's quality of life over time. Chronic illnesses included heart disease, cancer, stroke, lung diseases such as asthma and Chronic Obstructive Pulmonary Disease (COPD), and diabetes. Many chronic diseases are caused by risk behaviors including unhealthy eating, inactive living, and tobacco use. When communities focus on strategies to prevent chronic diseases and control complications associated with them, they improve population health and minimize the financial burden associated with chronic diseases.

This section outlines the **Chronic Disease 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 prevent and control chronic diseases among St. Mary's County residents.

Chronic Disease Objectives

CD 1: Reduce the percentage of adolescents who currently use tobacco products.

	County Baseline	County 2026 Target
Current (during past 30 days) use of any tobacco product by high school students	38.2%	34.4%

Source: YRBS, 2018

CD 2: Reduce the percentage of residents who are considered overweight and obese.

	County Baseline	County 2026 Target
Percentage of adults who are at a healthy weight*	25.4%	27.9%
Percentage of high school students who are considered overweight**	16.2%	14.6%
Percentage of high school students who are considered obese**	14%	12.6%

*Source: BRFSS, 2018

**Source: YRBS, 2018

CD 3: Reduce the burden of diabetes and improve quality of life for all people who have, or are at risk for, diabetes.

	County Baseline	County 2026 Target
Age-adjusted prevalence of diabetes*	10.6%	9.9%
Age-adjusted incidence rate of diabetes (per 1,000 population)**	10	9
Rate of emergency department visits due to diabetes (per 100,000 population)***	4,032.2	3,629

*Source: CDC Division of Diabetes Translation, United States Diabetes Surveillance System, 2018

**Source: CDC Division of Diabetes Translation, United States Diabetes Surveillance System, 2017

***Source: CRISP, 2017 (Please note: This data, including baseline and target, have been updated in 2022 to reflect data from CRISP. Previously data was being utilized from the Maryland SHIP Dashboard)

CD 4: (Developmental) Reduce racial disparities in chronic disease control and prevention.

CD 5: Help people get recommended preventive health care services.

	County Baseline	County 2026 Target
Percentage of adults who had a routine checkup in the past year	74.7%	82.2%

Source: BRFSS, 2018

CD 6: Improve health, fitness, and quality of life through regular physical activity.

	County Baseline	County 2026 Target
Percentage of residents who have adequate access to exercise opportunities*	76.6%	84.7%
Percentage of youth reporting at least 60 minutes of daily physical activity per week**	39.2%	43.1%
Percentage of physically active adults***	49.5%	54.5%

*Source: County Health Rankings & Roadmaps, 2010 & 2019

**Source: YRBS, 2018

***Source: BRFSS, 2018

CD 7: Improve cardiovascular health.

	County Baseline	County 2026 Target
Rate of emergency department visits due to hypertension (per 100,000 population)	8,853.5	7,968.2

Source: CRISP, 2017 (Please note: This data, including baseline and target, have been updated in 2022 to reflect data from CRISP. Previously data was being utilized from the Maryland SHIP Dashboard)

CD 8: Reduce the occurrence of asthma complications.

	County Baseline	County 2026 Target
Rate of emergency department visits due to asthma (per 10,000 population)	68.1	61.3

Source: HSCRC Research Level Statewide Outpatient Data Files, MD SHIP, 2017

CD 9: Reduce new cases of cancer and cancer-related illness, disability, and death.

	County Baseline	County 2026 Target
Incidence rate of cancer (per 100,000 population)*	440	396
Death rate due to cancer (per 100,000 population)**	167.7	150.9

Source: Centers for Disease Control and Prevention and National Cancer Institute, U.S. Cancer Statistics Data Visualizations Tool, *2013-2017, **2016-2018

Chronic Disease Strategies

Action Team Level

- Develop a resource guide of quit tobacco resources and promote a variety of cessation resources.
- Educate the community on the risks of secondhand and thirdhand smoke exposure.
- Address tobacco-related disparities.
- Increase the number of lifestyle change programs available in the community and promote programs that are already available.
- Expand the implementation of healthy cooking, teaching kitchens, and healthy eating education and skill-building opportunities.
- Collaborate with partners to establish support groups for people with diabetes.
- Support education around language disparities, health literacy, and health equity.
- Support insurance education and enrollment efforts.
- Conduct asset mapping and gap analysis of local exercise opportunities.
- Promote local exercise opportunities and facilities.
- Promote regular monitoring of blood pressure.
- Support community-wide media campaigns and programs to promote increased fruit and vegetable consumption and healthy diets.
- Support community-wide education and awareness on hypertension.
- Promote Green & Healthy Homes initiative and host trainings for parents.
- Collaborate with partners to establish support groups for people with cancer.
- Promote cancer screenings including home screenings.
- Support community-wide education on cancer risk factors.
- Establish a Food Prescription program.
- Expand the More to Explore program to include nutrition programs and education.

Organization-Specific Strategies

- Expand on peer prevention strategies. (*SMCPS, SMCM, CSM, SMCHD*)
- Host educational events for local youth that promote the experiences of someone who has quit smoking on their journey. (*SMCHD, SMCPS*)
- Promote pre-diabetes screening. (*Clinicians, SMCHD, MSMH, DAHS*)
- Expand case management programs for chronic diseases. (*MSMH, Clinicians, MCOs*)
- Engage community health workers (CHWs) to educate the community on chronic diseases. (*SMCHD*)
- Provide training for healthcare clinicians on cultural competency/health disparities. (*MSMH, SMCHD*)
- Expand access to telehealth services. (*Clinicians*)
- Promote local transportation assistance programs and advocate for decreased restrictions on these programs. (*MSMH, SMCHD, DPW&T*)
- Identify funding sources for outdoor fitness equipment. (*Recreation & Parks*)

- Expand options and promote existing after-school exercises and clubs. (*SMCPS, Private Schools*)
- Promote medication compliance for chronic diseases (hypertension, diabetes, etc.). (*Clinicians, MSMH, SMCHD*)
- Support community-wide education on seasonal asthma triggers. (*SMCHD*)
- Encourage all asthma patients to have a rescue inhaler. (*Clinicians, SMCHD*)
- Improve access to nutritional education and counseling for children and adults. (*MSMH, SMCHD, University of Maryland Extension*)

Community Member Strategies

- Advocate for more effective tobacco control policies.
- Advocate for more tobacco-free environments in St. Mary's County.
- Increase the number of businesses in St. Mary's County registered in the Healthiest Maryland Businesses initiative.
- Advocate for funding for translation support services.
- Advocate for increased insurance coverage for preventative screenings.
- Advocate for funding for new exercise opportunities and facilities.
- Advocate for Complete Streets.
- Incorporate floor activity stickers into schools, businesses, and workplaces.
- Promote healthy coping skills and mindfulness that are proven to reduce blood pressure.
- Improve community knowledge and understanding of palliative care.

Environmental Health (EH)

Environmental Health includes factors in the natural environment such as air quality, water quality, and exposure to toxic substances as well as the built environment, including transportation, access to healthy food, and all of the physical parts of where people live, work, and play. Maintaining a healthy environment is key to increasing quality of life and years of healthy life.

This section outlines the **Environmental 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 environmental health outcomes for St. Mary's County residents.

Environmental Health Objectives

EH 1: Create neighborhoods and environments in St. Mary's County's rural growth areas that promote walking.

	County Baseline	County 2026 Target
Sidewalk spending*	\$1,657,500	\$1,823,250
Percentage of Growth Area buildings within 500 feet of roads with sidewalks**	61.1%	67.2%

*Source: St. Mary's County Budget (retrofit sidewalk program, side-path or bikeways, neighborhood revitalization, street lighting and streetscape improvements), FY22

**Source: St. Mary's County Public GIS Map

EH 2: Reduce blood lead levels in children.

	County Baseline	County 2026 Target
Percentage of children with blood lead levels > 10 micrograms/deciliter	0.2%	0.1%

Source: Maryland Department of Planning, MD SHIP, 2017

EH 3: (Developmental) Reduce the number of days people are exposed to unhealthy air.

EH 4: Reduce the pollution of surface and groundwater.

	County Baseline	County 2026 Target
Number of county DPW stormwater best management practices*	1,026	1,129
Total treated impervious acres**	700.45	770.5

Source: St. Mary's County Public GIS Map*

Source: Phase II MS4 Permit Progress Report, 2020**

EH 5: (Developmental) Reduce exposure to Per- and polyfluoroalkyl substances (PFAS).

EH 6: Increase local transportation options and assistance to support healthcare and healthy food access.

	County Baseline	County 2026 Target
Percentage of trips made to work by public transportation	1.7%	1.9%

**Source: U.S. Census Bureau, ACS 5-Year Estimates, 2019

EH 7: Increase the proportion of homes that are connected to sewer.

	County Baseline	County 2026 Target
Homes connected to sewer	15,749	17,324

Source: Metcom, May 2021

EH 8: Reduce the number of households considered to have severe housing problems.

	County Baseline	County 2026 Target
Percentage of households considered to have severe housing problems	12.3%	11.1%

Source: U.S. Census Bureau, ACS 5-Year Estimates, 2017

EH 9: Reduce household food insecurity and hunger.

	County Baseline	County 2026 Target
Percentage of population considered to be food insecure*	10%	9%
Percentage of households below the ALICE threshold**	31%	27.9%

*Source: Map the Meal Gap, County Health Rankings & Roadmaps, 2018

**Source: United for ALICE Report, 2020

EH 10: (Developmental) Reduce exposure to radon.

EH 11: Increase the proportion of adults with broadband access to the Internet.

	County Baseline	County 2026 Target
Percentage of households with broadband of any type	84%	92.4%

Source: U.S. Census Bureau, ACS 5-Year Estimates, 2015-2019

Environmental Health Strategies

Action Team Level

- Support education around lead exposure prevention.
- Support education on improving indoor air quality.
- Advocate for decreased restrictions on local medical appointment transportation programs.
- Promote alternative transportation methods (public transportation, bicycling, walking, carpooling) and increase access to bike routes and off-road trails.
- Conduct a mapping project and gap analysis of the transit network with healthy food options.
- Promote and support housing renovation/building programs such as Christmas in July and Habitat for Humanity.
- Conduct asset mapping and gap analysis for local food resources.
- Establish a local surplus food donation program.
- Promote radon testing of all homes.
- Promote MDH radon test kit program.
- Promote policies and standards for broadband affordability.
- Promote and support community member advocacy efforts.

Organization-Specific Strategies

- Expand Safe Routes to School initiative. *(SMCHD, SMCPSS, SMCSO)*
- Advocate for funding for sidewalk improvement projects. *(DPW&T)*
- Support education on lead paint exposure within prenatal education. *(SMCHD, MSMH, Obstetric Clinicians)*
- Establish baseline air quality data through BreatheWell St. Mary's. *(SMCHD, SMCPSS, SMCSO)*
- Promote proper disposal of environmental contaminants. *(SMCHD, SMCSO, DPW&T)*
- Support education on Water Quality Best Management Practices. *(LUGM)*
- Support education on PFAS. *(SMCHD, MDE)*
- Monitor national PFAS standards and updates on local studies. *(SMCHD, MDE)*
- Promote Chesapeake Bay Restoration Fund. *(SMCHD)*
- Support education on updated septic systems, septic system maintenance, and sewer connection. *(SMCHD, Metcom)*
- Develop a post-COVID-19 septic pumping campaign. *(SMCHD)*
- Connect building trade at high schools to support local housing programs. *(SMCPSS, Private Schools, Habitat for Humanity)*
- Establish local cold storage for overflow food. *(Feed St. Mary's, DED)*
- Expand local transportation options to farmers' markets and grocery stores. *(DPW&T)*
- Establish a mobile food pantry. *(Feed St. Mary's, Food Pantries)*

Community Member Strategies

- Advocate for Complete Streets.
- Advocate for lead paint abatement programs.
- Advocate for an increased number of no-idling zones.
- Advocate for a dedicated STS transit route from Lexington Park/Great Mills to Home Grown Farm Market on Saturdays.
- Advocate for housing rehabilitation loans and grant programs.
- Support the use of incentives for Supplemental Nutrition Assistance Program (SNAP) purchases at local farmers' markets.
- Advocate for a tax deduction for the donation of food by businesses.
- Advocate for funding for broadband service to unserved/underserved areas
- Increase awareness of sustainable farming and gardening practices.

Violence, Injury, and Trauma (VIT)

Community violence, domestic violence, unintentional and intentional injuries, Adverse Childhood Experiences (ACEs), and the trauma associated with these factors can affect a person's health and well-being. Interventions to prevent different types of violence, injury, and trauma are key to creating safe, healthy, and resilient communities.

This section outlines the **Violence, Injury, and Trauma 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 address and prevent violence, injury, and trauma in the St. Mary's County community and among St. Mary's County residents.

Violence, Injury, and Trauma Objectives

VIT 1: Reduce the number of adults who report 3 or more adverse childhood experiences.

	County Baseline	County 2026 Target
Percentage of adults reporting 3 or more adverse childhood experiences	29.2%	26.3%

Source: Adverse Childhood Experiences (ACEs) in Maryland: Data from the 2018 Maryland BRFSS

VIT 2: Reduce violent crimes.

	County Baseline	County 2026 Target
Number of violent crimes	231	208

Source: Uniform Crime Reporting Program, 2019

VIT 3: Reduce the suicide rate.

	County Baseline	County 2026 Target
Suicide rate (per 100,000 population)	11	9.9

Source: Maryland Vital Statistics Administration, 2014-2018

VIT 4: Reduce suicidal thoughts among adolescents.

	County Baseline	County 2026 Target
Percentage of middle school students who ever seriously thought about killing themselves	19.4%	17.5%
Percentage of middle school students who ever made a plan about how they would kill themselves	12.2%	11%

Percentage of high school students that seriously considered attempting suicide during the past 12 months	20.8%	18.7%
Percentage of high school students that reported they had made a plan about how they would attempt suicide in the past year	16.4%	14.8%
Percentage of gay, lesbian, or bisexual high school students that reported having seriously considered attempting suicide during the past 12 months	50.8%	45.7%

Source: YRBS, 2018

VIT 5: Reduce bullying.

	County Baseline	County 2026 Target
Percentage of middle school students who were ever bullied on school property	44.1%	39.7%
Percentage of high school students who were bullied on school property	21.8%	19.6%
Percentage of gay, lesbian, or bisexual high school students who were bullied on school property	35.7%	32.1%

Source: YRBS, 2018

VIT 6: Reduce domestic violence.

	County Baseline	County 2026 Target
Rate of domestic violence (per 100,000 population)	768.6	691.8

Source: MD SHIP, The Maryland Uniform Crime Reporting Program, 2013-2017

VIT 7: (Developmental) Reduce sexual assault and contact sexual violence.

VIT 8: Reduce the proportion of people who are homeless.

	County Baseline	County 2026 Target
Number of homeless individuals	85	76

Source: Point in Time Survey, 2019

Violence, Injury, and Trauma Strategies

Action Team Level

- Conduct a local study to compare the Philadelphia ACE survey and the original ACE survey.
- Conduct trauma/resiliency assessment with local agencies and community partners.
- Expand community training on ACEs.
- Support the implementation of targeted outreach and support to the LGBTQIA+ community around suicide prevention
- Expand community education and training on mental health and suicide (e.g. Mental Health First Aid).
- Decrease social stigma associated with mental illness treatment and support through communications campaigns, public outreach, and anti-stigma training.
- Develop a resource guide for suicide prevention and mental health resources.
- Host suicide prevention learning series.
- Develop suicide prevention resource guides for youth regarding where and when to go for help.
- Support public and private schools in suicide prevention and intervention measures.
- Promote peer education around suicide prevention and intervention (e.g. Teen Mental Health First Aid).
- Develop a resource guide for SMCSO to provide to homeless individuals.
- Establish a local baseline for the cause of motor vehicle accidents (distracted driving, intoxication, etc.).

Organization-Specific Strategies

- Provide trauma-informed care training for clinicians. (*SMCHD*)
- Promote and facilitate safe storage of medications and firearms. (*AFSP, SMCHD, SMCSO, MSP*)
- Expand campaigns focused on suicide prevention and education. (*AFSP, SMCHD*)
- Support communication between organizations for youth who are at risk. (*SMCSO, SMCPs, Private Schools, SMCHD*)
- Develop an online form for parents to notify schools of an event involving their child. (*SMCPs, Private Schools, SMCSO, SMCDSS*)
- Support connection between LGBTQIA+ student groups at local colleges and local high school students. (*SMCPs, SMCM, CSM, SMCHD*)
- Expand outreach/education to youth and adults on safe & healthy relationships. (*SMCPs, SMCM, CSM, Family Violence Coordinating Council, Commission for Women*)
- Expand local study on youth interpersonal relationships. (*Commission for Women*)
- Raise awareness of the Family Violence Coordinating Council and establish a support group for survivors of domestic violence. (*Family Violence Coordinating Council, Southern Maryland Center for Family Advocacy*)

- Support targeted education around behavior modification and healthy communication skills through the expansion of the “A Call to Men” initiative. *(SMCM)*
- Expand St. Mary’s College's One Love Peer Educator program. *(SMCM, CSM, SMCPs, Private Schools)*
- Increase the number of youth participating in community-based or school-based life skills training/mentoring. *(SMCPs, Private Schools, Youth Mentoring Programs, SMCHD)*
- Expand hot spot policing efforts. *(SMCSO, MSP)*
- Expand wrap-around programs for homeless individuals. *(SMCDSS, Shelters, SMCHD)*

Community Member Strategies

- Promote connectedness and community engagement activities.
- Advocate for more funding for community training such as mental health first aid.
- Promote the Trevor Project.
- Increase awareness of available suicide intervention resources.
- Increase awareness of available domestic violence resources.
- Provide opportunities to empower and support girls and women.
- Host neighborhood National Night Out events.

Glossary & Resource

Adverse Childhood Experiences (ACEs): Adverse childhood experiences are potentially traumatic events that occur in childhood (0-17 years). ACEs are linked to chronic health problems, mental illness, and substance use problems in adulthood. ACEs can also negatively impact education, job opportunities, and earning potential.

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 community health worker is 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 prioritize safety, comfort, and access to destinations for all people who use the street, especially people who have experienced systemic underinvestment or whose needs have not been met through a traditional transportation approach, including older adults, people living with disabilities, people who cannot afford or do not have access to a car, and Black, Native, and Hispanic or Latino/a/x communities. <http://www.smartgrowthamerica.org/complete-streets>

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

Emergency Petition (EP): Maryland's Emergency Petition statute allows a violent or suicidal person with a mental disorder to be brought to an emergency facility for rapid evaluation regarding the need for emergency treatment.

Food Insecure: Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

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. <https://health.maryland.gov/healthiest/Pages/businesses.aspx>

Healthy People (HP) 2030: 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 2026: 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 2021-2026.

Healthy St. Mary's Partnership (HSMP): 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: Behavioral Health, Chronic Disease, Environmental Health, and Violence, Injury, and Trauma. <http://healthystmarys.com/>

LGBTQIA+: An acronym that generally stands for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual or Ally and other non-heterosexual people.

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 (CDC) and conducted by the individual state health departments. <http://www.cdc.gov/brfss/>

Maryland Department of Health (MDH) Vital Statistics Administration:
<http://health.maryland.gov/vsa/Pages/home.aspx>

Maryland Department of Human Services (DHS): The state's primary social service provider, serving over one million people annually. The Department, through its 24 local departments of social services (DSS), 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. <https://dhs.maryland.gov/>

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

Maryland State Health Improvement Process (MD SHIP): The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. This is illustrated through a dashboard that captures data for 39 health-related measures. The focus areas of SHIP include: Health Beginnings, Health Living, Health Communities, Access to Health Care and Quality Preventative Care.
<https://pophealth.health.maryland.gov/Pages/SHIP.aspx>

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>

PFAS: Per- and polyfluoroalkyl substances (PFAS) are a group of man-made chemicals that have been used in a variety of industries since the 1940s. These chemicals do not break down easily in the environment and the human body and can accumulate over time.

Trevor Project: The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning youth. <https://www.thetrevorproject.org/>

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>

Acknowledgements

The Healthy St. Mary's Partnership (HSMP)

Healthy St. Mary's 2026 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

2024 Steering Committee

HSMP Co-Chair	Meenakshi Brewster, MD, MPH St. Mary's County Health Officer
HSMP Co-Chair	Kelsey Bush St. Mary's College of Maryland
HSMP Vice-Chair	Nathaniel Scroggins Minority Outreach Coalition of St. Mary's County
Behavioral Health Action Team Co-Chair	Christopher Shea St. Mary's County Health Department
Behavioral Health Action Team Co-Chair	Jessica Jolly St. Mary's College of Maryland
Chronic Disease Action Team Co-Chair	Brian Abell Southern Maryland Tennis Foundation
Chronic Disease Action Team Co-Chair	Christine Delise Aetna Better Health of Maryland
Environmental Health Action Team Co-Chair	Ashlyn Dishman St. Mary's County Health Department
Environmental Health Action Team Co-Chair	Sue Veith St. Mary's County Department of Economic Development
Violence, Injury, and Trauma Action Team Co-Chair	Michelle Pottinger St. Mary's County Health Department
Violence, Injury, and Trauma Action Team Co-Chair	Taylor Spencer Davis Southern Maryland Center for Family Advocacy

HSMP Support Staff	Jacqueline Wells St. Mary's County Health Department
HSMP Support Staff	Andrea Hamilton St. Mary's County Health Department
HSMP Support Staff	Shan Chen St. Mary's County Health Department
HSMP Support Staff	Aniko Renee 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.

Abell Tennis
 Adult Recovery Court and Juvenile Drug Court
 Aetna Better Health of Maryland
 A Homemade Plan
 Alpha & Omega Community Services Corporation
 Alzheimer's Association
 American Addiction Centers
 American Cancer Society
 American Diabetes Association
 American Foundation for Suicide Prevention
 American Heart Association
 Amerigroup
 Asbury Solomons
 Awaken Yoga and Integrative Health Coaching
 Beyond Primary Care
 Big Conversation Partners in Dismantling Racism and Privilege in Southern Maryland
 Bright Futures Enlightenment Center
 California Total Body Massage
 Calvert County Health Department
 Calvert Healthcare Solutions, Inc.
 CareFirst BlueCross BlueShield Community Care Maryland
 Care Net Pregnancy Center of Southern Maryland
 Caron Treatment Centers
 Cedar Lane Senior Living Community
 Center for Children
 Charlotte Hall Veterans Home
 Chesapeake Farmery, LLC
 College of Southern Maryland
 Commission on the Environment

Commissioners of St. Mary's County
Community Alcohol Coalition (CAC)
Community Mediation of St. Mary's County
Compassionate Hearts Family Resource Network Inc.
Corn Crib Studio
Deep Launching, Inc.
Democratic Women of St. Mary's County
Department of Aging and Human Services
Department of Economic Development
Department of Land Use & Growth Management
Department of Social Services
DoorStep Youth Recover Initiative
Dugan, McKissick, & Longmore, LLC
Empowered Connections
Feed St. Mary's
Fleet & Family Support Center NAS PAX River
FLOW Mentoring Program
Fresenius Kidney Care
Gift 2 Uplift Mentoring
Gloria's Gifts, Inc.
God's Gurl Enterprises, LLC
God's House of Refuge
Grace Anne Dorney Pulmonary and Cardiac Rehab
Greater Baden Medical Services, Inc.
Great Mills High School Tobacco Free Living Junior Team
Harborside Behavioral Health, LLC
Health Enterprise Zone, Greater Lexington Park
Health Partners Inc.
Healthiest Maryland Businesses
Homelessness Prevention Board
Hope and Healing Psychotherapy
Hope Awaits Counseling LLC
HOPE Food Pantry of Southern Maryland
Hospice of St. Mary's
Housing Authority of St. Mary's County
Image Clear Ultrasound
Inner Peace Therapeutic Services, LLC
Law Office of A. Shane Mattingly, P.C.
Leadership Southern Maryland
Lexington Park United Methodist Church
March of Dimes
Maryland Coalition of Families
Maryland Health Connection

Maryland Heroin Awareness Advocates
 Maryland Physicians Care
 Mechanicsville Nutrition
 MedStar Family Choice
 MedStar Georgetown University Hospital Department of Pediatrics
 MedStar Shah Medical Group
 MedStar St. Mary's Hospital
 Milky Moms
 Minority Outreach Coalition of St. Mary's County
 NAACP, St. Mary's County Branch
 NAMI Southern Maryland
 NAS Patuxent River Exceptional Family Member Program
 National Coalition of Resources
 National Institute of Citizen Anti-drug Policy
 Naval Health Clinic, NAS Patuxent River
 NP Family Practice
 Office of Sabrina Sepulveda, CRNP-PMH
 On Our Own of St. Mary's Wellness & Recovery Center
 Outlook Recovery, LLC
 Outreach Recovery
 Parents Affected By Addiction
 Pathways, Inc.
 Patuxent Tidewater Land Trust
 Peaktop Wellness, LLC
 PFLAG Leonardtown
 PhysedNHealth
 Potomac Region Maryland Highway Safety Program
 Presence Psychiatry and Wellness, LLC
 Priority One CPR & First Aid Training, LLC
 Priority Partners MCO
 Psychological Services Center, LLC
 Pyramid Healthcare, Inc.
 Rational HealthCare, LLC
 Real Life Church
 Regent Healthcare: A Home Care Company
 Retired and Senior Volunteer Program of St. Mary's County (RSVP)
 Rotary Club of Charlotte Hall
 Row House SOMD
 Seedco
 Serenity Place, LLC
 Shaniqua Cousins World Group, LLC
 Southern Maryland Agricultural Development Commission (SMADC)
 Southern Maryland Consortium of Care

Southern Maryland Center for Family Advocacy
Southern Maryland Center for Independent Living
Southern Maryland Community Network
Southern Maryland Dietitian
Southern Maryland Electric Cooperative (SMECO)
Southern Maryland Tennis Foundation
St. Mark's Bread of Life Food Pantry
St. Mary's Adult Medical Day Care
St. Mary's College of Maryland
St. Mary's County Commission for Women
St. Mary's County Detention and Rehabilitation Center
St. Mary's County Health Department (SMCHD)
St. Mary's County Judy Center
St. Mary's County Library
St. Mary's County Local Care Team
St. Mary's County Family Violence Coordinating Council
St. Mary's County Public Schools (SMCPS)
St. Mary's County Recreation and Parks
St. Mary's County Sexual Assault Response Team
St. Mary's County Sheriff's Office
St. Mary's Nursing and Rehabilitation Center
St. Mary's Ryken High School
St. Mary's Adult Medical Day Care
St. Mary's County Aging and Disability Resource Center
St. Mary's County Family Recovery Court
St. Mary's County Government
St. Mary's County Teen Court
St. Mary's County Tennis Association (SMCTA)
The Arc of Southern Maryland
The Elijah International Foundation, Inc.
The Legal Resource Center for Public Health Policy
The Mission
The Promise Resource Center
Trico Clinical Services
Tri-County Council for Southern Maryland
Tri-County Youth Services Bureau (TCYSB)
Tides of Change Therapeutic Services, LLC
Trinity Episcopal Church
Unified Committee for Afro-American Contributions (UCAC)
United Healthcare Community Plan
University of Maryland Extension
University of Maryland Health Partners
University System of Maryland at Southern Maryland

UNTASKED, LLC
Vesta, Inc.
Visiting Angels of Southern Maryland
WARcycle, LLC
Williams, McClernan, & Stack, LLC
Willows Recreation Center, LLC
World Gym
Worthy of Healing, LLC

Appendix A: Data Updates

Behavioral Health

BH 1: Reduce emergency department (ED) visits related to behavioral health conditions.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Rate of ED visits related to mental health conditions for adolescents under the age of 18 (per 1,000 age group population))	20.4	18.4	18.6	17.9*			
Rate of ED visits related to mental health conditions for adults ages 18-64 (per 1,000 age group population)	119.4	107.5	43.9	57.4*			
Rate of ED visits related to mental health conditions for adults 65 and over (per 1,000 age group population)	57.9	52.1	19.8	35.2*			
Rate of inpatient visits for mental health conditions (per 100,000 population)	3,062.3	2,756.1	3,287	536.2**			
Rate of ED visits for addictions related conditions (per 100,000 population)	1,471.3	1,324.2	2,469	462**			

*Source: CRISP, 2023 (rate reflects data for January - November 2023)

**Source: CRISP, 2023

BH 4: Reduce misuse of drugs and alcohol.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Marijuana use (one or more times during life) among high school students	29.3%	26.4%	-	13%*			
Misuse of prescription painkillers (one or more times during life) among high school students	14.8%	13.3%	-	14%*			
Percentage of adults who engaged in binge-drinking in the past 30 days	13.4%	12.1%	-	15% **			
Number of deaths due to overdose	31	28	33	41***			

*Source: YRBS, 2021-2022

**Source: BRFSS, 2021

***Source: Maryland Vital Statistics, 2021

BH 5: Reduce the number of emergency petitions (EPs) made by the St. Mary's County Sheriff's Office (SMCSO).

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Number of EPs made by SMCSO	901	811	804	511			
Number of individuals (calculated each month) who have multiple EPs by SMCSO within the same calendar year	230	207	71	24			

Source: St. Mary's County Sheriff's Office, 2023

Chronic Disease

CD 1: Reduce the percentage of adolescents who currently use tobacco products

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Current (during past 30 days) use of any tobacco product by high school students	38.2%	34.4%	-	19%			

Source: YRBS, 2021-2022

CD 2: Reduce the percentage of residents who are considered overweight and obese.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Percentage of adults who are at a healthy weight	25.4%	27.9%	28.9%	26.7% *			
Percentage of high school students who are considered overweight	16.2%	14.6%	-	13.1% **			
Percentage of high school students who are considered obese	14%	12.6%	-	15.5% **			

*Source: BRFSS, 2021

**Source: YRBS, 2021-2022

CD 3: Reduce the burden of diabetes and improve quality of life for all people who have, or are at risk for, diabetes.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Age-adjusted prevalence of diabetes	10.6%	9.9%	10.5%	10.8% *			
Age-adjusted incidence rate of diabetes (per 1,000 population)	10	9	8.8	9.5**			
Rate of emergency department visits due to diabetes (per 100,000 population)	4,032.2	3,629	2,347.3	2,712 ***			

*Source: CDC Division of Diabetes Translation, United States Diabetes Surveillance System, 2021

**Source: CDC Division of Diabetes Translation, United States Diabetes Surveillance System, 2019

***CRISP, 2023

CD 5: Help people get recommended preventive health care services.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Percentage of adults who had a routine checkup in the past year	74.7%	82.2%	-	76.1%			

Source: BRFSS, 2021

CD 6: Improve health, fitness, and quality of life through regular physical activity.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Percentage of residents who have adequate access to exercise opportunities	76.6%	84.7%	63.7% *	78%*			
Percentage of youth reporting at least 60 minutes of daily physical activity per week	39.2%	43.1%	-	21.6% **			
Percentage of physically active adults	49.5%	54.5%	55.5% **	23.2% ***			

*Source: County Health Rankings & Roadmaps, 2023

**Source: YRBS, 2021-2022

***Source: BRFSS, 2021

CD 7: Improve cardiovascular health.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Rate of emergency department visits due to hypertension (per 100,000 population)	8,853.5	7,968.2	4,661.6	5,788			

Source: CRISP, 2023

CD 8: Reduce the occurrence of asthma complications.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Rate of emergency department visits due to asthma (per 10,000 population)	68.1	61.3	115.3	103.1			

Source: CRISP, 2023

CD 9: Reduce new cases of cancer and cancer-related illness, disability, and death.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Incidence rate of cancer (per 100,000 population)*	440	396	457	449.7 *			
Death rate due to cancer (per 100,000 population)	167.7	150.9	172	148.9 **			

Source: Centers for Disease Control and Prevention and National Cancer Institute, U.S. Cancer Statistics Data Visualizations Tool, *2016-2020, **2016-2020

Environmental Health

EH 1: Create neighborhoods and environments in St. Mary's County rural growth areas that promote walking.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Sidewalk spending	\$1,657,500	\$1,823,250	\$2,938,200	-			
Percentage of Growth Area buildings within 500 feet of roads with sidewalks	61.1%	67.2%	-	-			

EH 2: Reduce blood lead levels in children.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Percentage of children with blood lead levels > 10 micrograms/deciliter	0.2%	0.1%	.12%	0.1%			

Source: Maryland Department of the Environment, 2020

EH 4: Reduce the pollution of surface and groundwater.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Number of Water Quality Best Management Practices utilized in the county	1,026	1,129	-	1,140*			
Total treated impervious acres	700.45	770.5	-	907.06**			

*Source: St. Mary's County Public GIS Map 2023

**Source: Phase II MS4 Permit Progress Report 2023

EH 6: Increase local transportation options and assistance to support healthcare and healthy food access.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Percentage of trips made to work by public transportation	1.7%	1.9%	1.5%	1.1%			

Source: Source: U.S. Census Bureau, ACS 5-Year Estimates, 2022

EH 7: Increase the proportion of homes that are connected to sewer.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Homes connected to sewer	15,749	17,324	17,032	26,761			

Source: Metcom, July 2023

EH 8: Reduce number of households considered to have severe housing problems

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Percentage of households considered to have severe housing problems	12.3%	11.1%	12.2%	12%			

Source: County Health Rankings & Roadmaps, 2023

EH 9: Reduce household food insecurity and hunger.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Percentage of population considered to be food insecure	10%	9%	11%	10%*			
Percentage of households below the ALICE threshold	31%	27.9%	-	29%**			

*Source: County Health Rankings & Roadmaps, 2020

**Source: ALICE Threshold, 2010-2021; American Community Survey, 2010-2021

EH 11: Increase the proportion of adults with broadband access to the Internet

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Percentage of households with broadband of any type	85.6%	94.2%	87%	90.1%			

Source: U.S. Census Bureau, ACS 5-Year Estimates, 2018-2022

Violence, Injury, and Trauma

VIT 1: Reduce the number of adults who report 3 or more adverse childhood experiences.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Percentage of adults reporting 3 or more adverse childhood experiences	29.2%	26.3%	-	29.2%			

Source: BRFSS, 2018

VIT 2: Reduce violent crimes.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Number of violent crimes	231	208	171	215			

Source: 2020 Uniform Crime Report

VIT 3: Reduce the suicide rate.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Suicide rate (per 100,000 population)	11	9.9	10.1	9.8			

Source: Maryland Vital Statistics Administration, 2021

VIT 4: Reduce suicidal thoughts among adolescents.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Percentage of middle school students who ever seriously thought about killing themselves	19.4%	17.5%	-	27.9%			
Percentage of middle school students who ever made a plan about how they would kill themselves	12.2%	11%	-	20.5%			
Percentage of high school students that seriously considered attempting suicide during the past 12 months	20.8%	18.7%	-	20.4%			
Percentage of high school students that reported they had made a plan about how they would attempt suicide in the past year	16.4%	14.8%	-	15.0%			
Percentage of gay, lesbian, or bisexual high school students that reported having seriously considered attempting suicide during the past 12 months	50.8%	45.7%	-	41.3%			

Source: YRBS, 2021-2022

VIT 5: Reduce bullying.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Percentage of middle school students who were ever bullied on school property	44.1%	39.7%	-	45.2%			
Percentage of high school students who were bullied on school property	21.8%	19.6%	-	16.8%			
Percentage of gay, lesbian, or bisexual high school students who were bullied on school property	35.7%	32.1%	-	25.3%			

Source: YRBS, 2021-2022

VIT 6: Reduce domestic violence.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Rate of domestic violence (per 100,000 population)	768.6	691.8	-	984.4			

Source: MD SHIP, The Maryland Uniform Crime Reporting (UCR) Program, 2019

VIT 8: Reduce the proportion of people who are homeless.

	County Baseline	County 2026 Target	2022	2023	2024	2025	2026
Number of homeless individuals	85	76	13	6			

Source: Point in Time Survey, 2023