



STATE OF MARYLAND

Community Health Resources Commission

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Martin O'Malley, Governor - Anthony G. Brown, Lt. Governor

John A. Hurson, Chairman - Nelson J. Sabatini, Vice Chairman - Mark Luckner, Executive Director

LHIC Grant Application Cover Sheet FY 2013-FY 2014

State Health Improvement Process: Supporting Local Health Improvement Coalitions (LHICs) to Fuel Local Action and Improve Community Health

LHIC Designated Applicant Organization:

Name of Organization: The Partnerships for a Healthier Charles County

Federal Identification Number (EIN): 52-2046030

Street Address: P.O. Box 1050

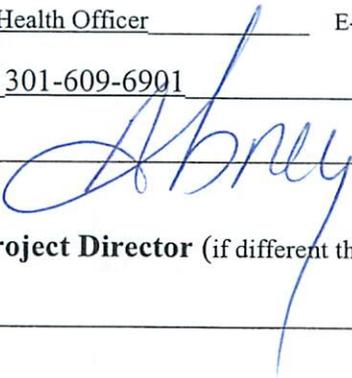
City: White Plains State: MD Zip Code: 20695 County: Charles

LHIC Official Authorized to Execute Grants/Contracts:

Name: Dr. Dianna E. Abney

Title: Health Officer E-mail: dianna.abney@maryland.gov

Phone: 301-609-6901 Fax: 301-934-0848

Signature:  Date: 6/3/2013

LHIC Project Director (if different than the official authorized to execute contracts)

Name: _____

Title: _____ E-mail: _____

Phone: _____ Fax: _____

Overall LHIC Grant Funding Request:

(Range of \$150,000 to \$250,000 may be provided by CHRC on a competitive basis; funding requests below \$150,000 will also be received and considered).

PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY
Charles County Community Health Improvement Plan 2011-2014

Oct. 2011
DRAFT

Maryland State Health Plan Vision Area 6 – Healthcare Access

Access to Healthcare

Goal: Ensure that all Charles county residence have access to health care

Maryland Vision Area 6 Goal: Increase the proportion of persons with health insurance. (92.8%***)

Healthy People 2020 Goal: AHS-1: Increase the proportion of persons with health insurance.(100%**)

**Healthy People 2020 Objective Topic Areas
*** SHIP Target Objectives for 2014

Target Objectives:

- A. Reduce the proportion of uninsured to the 2008 level of 6.4%.
- B. Increase primary care and specialty physicians in Charles County by 7 providers.

Strategies	Action Plan		
	Who? Will do What? By When?	Resources Needed?	Who Should Know?

OBJECTIVE A: Reduce the proportion of uninsured to the 2008 level of 6.4%.

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
<input type="checkbox"/> Providing Information	Additional outreach funding for MA, PAC & TDAP programs	An increase in applicants for the programs.	DSS Health Department	Health Partners Physicians' offices Non-profits	Increased enrollments in the plans
<input type="checkbox"/> Providing Information	Additional outreach in Spanish to the County's Hispanic Community including legal status	Increased applicants	DSS Health Department	Volunteer outreach to bilingual residents to help develop information	Hispanic Community responses
<input type="checkbox"/>				Additional	

<p>Providing Information</p> <p><input type="checkbox"/></p>	<p>Enhancing outreach on Vango Specialized and Fixed Route Services</p>	<p>Additional ridership</p>	<p>Dept. of Community Services</p>	<p>funding for bilingual services</p> <p>Additional advertising dollars</p> <p>Work with Mobility Management Coordinator</p>	<p>Number of people using service</p> <p>Designated fleet of buses for medical transportation</p>
<p>Enhancing Access/ Reducing Barriers</p>	<p>Request of the State DHHS for a feasibility study of Doctor's Home Visits possibly using an incentive program</p>	<p>Set parameters of what a home-bound patient is</p>	<p>State DHHS</p>	<p>Home Health organization or Liaisons</p> <p>Insurance companies</p>	<p>Improved data concerning Home Health Care</p> <p>DSS and Office on Aging surveys</p>
<p>Enhancing Access/Reducing Barriers</p>	<p>Building a regional coalition to address the Medicaid/Medicare reimbursement rates</p>	<p>More comparable rates in the region</p>	<p>Tri-County Council</p> <p>MD Insurance Administration</p>	<p>Task force set up by the Tri-County Council</p>	<p>Coalition formed to address issue</p>
<p>Modifying/Changing Policies</p>	<p>A study of county policy for EMS transportation of non-emergency patients</p>	<p>Reduction of non-emergency transportation to local hospitals</p> <p>Increased education on the meaning of a true emergency</p>	<p>Department of Emergency Services</p> <p>Hospitals and physicians</p>	<p>EMS Board</p> <p>Use of new technologies</p> <p>Surveys of patients discharged from the hospital</p>	<p>Data Recorded</p> <p>Decrease of non-emergency use of ambulances</p>

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures

OBJECTIVE B: Increase primary care and specialty physicians in Charles County by 7% providers.

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
<input type="checkbox"/> Providing Information <input type="checkbox"/>	<p>Outreach program on Quality of Life for Medical Professionals in Charles County showing that Charles County is "Competitive in Compensation"</p>	<p>More physicians</p>	<p>Charles County Chamber of Commerce</p> <p>Dept of Economic Development</p>		<p>More medical personnel in the county</p>
<input type="checkbox"/> Enhancing Access/ Reducing Barriers	<p>A County-private sector partnership on marketing/recruitment to the professional workforce (Doctors and specialists)</p>	<p>More Physicians</p>	<p>Civista and the Economic Development Commission</p>		<p>More physicians in the county</p>
<input type="checkbox"/> Providing Information <input type="checkbox"/>	<p>Outreach program to State and Local Legislators on the county's "critical needs"</p>	<p>Additional funding for incentive programs and/or compensation to attract physicians</p>	<p>Tri-County Council</p>		<p>Increase in 7 medical specialties</p> <p>Increase in dentists accepting Medicare/Medicaid</p>
<input type="checkbox"/> Enhancing Access/					

<input type="checkbox"/> <p>Reducing Barriers</p> <p>Modifying/Changing Policies</p>	<p>Building a regional coalition to address the Medicaid/Medicare Reimbursement Policy</p> <p>Requesting a feasibility study on County Tax incentives for Primary Care & Specialty Physicians</p>	<p>More comparable rates in the region</p> <p>Increased physician participation</p> <p>Increase in Medical Professionals</p>	<p>Tri-County Council</p> <p>PHCC</p>	<p>Task force set up by the Tri-County Council</p> <p>County Commissioners</p>	<p>Coalition formed to address issue</p> <p>More physicians in the county</p>
Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures

PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY
Charles County Community Health Improvement Plan 2011-2014

Oct 2011
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Maryland State Health Plan Vision Area 5 - Chronic Disease

Chronic Disease-Diabetes

Goal: Prevent and Control Chronic Disease in Charles County

Maryland Vision Area 5 Objective: Reduce diabetes-related emergency department visits. (330 pr 100,000 ***)

Healthy People 2020 Goal: D-1: Reduce the annual number of new cases of diagnosed diabetes in the population. (7.2 new cases per 1,000 population aged 18 to 84 years or 10% improvement**)

D-3: Reduce the diabetes death rate. (65.8 deaths per 100,000 population or 10% improvement**)

*Charles County Health Indictors based on Maryland SHIP Objectives

**Healthy People 2020 Objective Topic Areas

*** SHIP Target Objectives for 2014

Target Objectives:

- A. Reduce the death rate from diabetes in Charles County 2 % or to 33.4 deaths per 100,000.
- B. Reduce the prevalence of diabetes in Charles County by 2% or to 5.4%.

Strategies	Action Plan		
	Who? Will do What? By When?	Resources Needed?	Who Should Know?

OBJECTIVE A: Reduce the death rate from diabetes in Charles County 2 % or to 33.4 deaths per 100,000.

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
<input type="checkbox"/> Providing Information -Educating the public on diabetes complications. -Managing blood sugar levels. -Follow up visits with physician. -Communicate with community physicians on data collection results.	-Create a physician survey and/or focus group to obtain information about the barriers diabetic patients' experience which is conducted annually. -Conduct a focus group or community survey to obtain information on the barriers to the diabetic population. -Conduct outreach to gain community partners willing to pledge their support and to join the CDPT efforts.	-To analyze physician surveys / focus group and provide feedback to community physicians. -Address needs based on survey / focus group results. -Educate the community on the results of the survey results. -To gain new membership from other county organizations to join CDPT to bring more resources, ideas and diversity.	-Collaboration of the PHCC: Civista, CCDOH, BOE, MD Extension, Community Services, CSM, etc.	-To identify the current diabetic education resources in the county. -Outreach and education materials for community events, primary care and endocrinology physicians.	-Results from conducted survey or focus group. -Number of new members to join CDPT

<input type="checkbox"/> Providing Support -Educating the community on the available resources to obtain the needed support.	-To identify related health care concerns associated with diabetes through education at existing community events. -Conduct free or low cost diabetic education in the county. -Coordinate a diabetes support group. -To seek grant funding as a resource for low income patients who cannot afford to purchase diabetic monitoring supplies. -Media campaign i.e. social network, presentations, channel 95 spot, local newspaper, health fairs, etc about diabetes complications -Develop resource guide	-Increase awareness and education -Increase awareness - Support from other support group members with the disease will increase compliance with controlling diabetes and accountability with support members. -Increase awareness -Increase awareness and education -Increase awareness of what diabetic services and education offered within the county.	-CDPT members to attend community events. -CCDOH, Civista Health, Health Partners and Greater Bayden to possibly offer classes. -ask PHCC steering committee for potential leaders to help facilitate group -Designated CDPT team members to maintain start media and social networking. -CDPT to create resource guide and distribution with in the county.	-Space and instructor/s needed to teach class along with grant funding to pay instructor, access to AV. -Space and location for support group, grant money for promotion of support group. -Grant funding for diabetic teaching supplies for low income community members or underinsured or insured residents. -Assistance from PHCC steering committee start small media campaigns vial social networking and organizations websites.	-Number of outreach materials distributed, number of community events attended along with individuals who visit table. -Number of individuals attending education classes and how many classes annually conducted. -Number of individuals who attend support group and how many support group sessions are offered annually. -Number of resource guides distributed.
Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures

OBJECTIVE B: Reduce the prevalence of diabetes in Charles County by 2% or to 5.4%.

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
<input type="checkbox"/> Providing Information -Educating the public on diabetes prevention and risk factors.	-CDPT members to attend community events with prevention risk factor education community on risk factors such as obesity, poor nutrition, lack of exercise. -Media campaign i.e. social network, channel 95 spot, local newspaper, health fairs, etc.	-Increase awareness and education -Increase awareness and education -Increase awareness and education	-Collaboration of the PHCC: Civista, CCDOH, BOE, MD Extension, Community Services, CSM, etc. -Designated CDPT team members to maintain start media and social networking.	-Grant funding for outreach materials for education on diabetes prevention. -Assistance from PHCC steering committee start small media campaigns vial social networking and organizations websites	-Number of community events attended, number of people served and materials distributed.
Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures

PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY
Charles County Community Health Improvement Plan 2011-2014

3/14/2013
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Maryland State Health Plan Vision Area 2 – Healthy Social Environment
Maryland State Health Plan Vision Area 5 - Chronic Disease

Mental Health Services

Goal: Provide Mental health services for all Charles County residents

Maryland Vision Area 2 Goal: Reduce the suicide rate. (9.1 pr 100,000***)

Maryland Vision Area 5 Goal: Reduce the number of emergency department visits related to behavioral health conditions. (1,146 pr 100,00***)

Healthy People 2020 Goal: MHMD–9: Increase the proportion of adults with mental disorders who receive treatment.(64.6% or 10% improvement**)

*Charles County Health Indictors based on Maryland SHIP Objectives

**Healthy People 2020 Objective Topic Areas

*** SHIP Target Objectives for 2014

Target Objectives:

- A. Increase the proportion of adults and children with mental health disorders who receive treatment. Measure of success will be those with depressive episodes who receive treatment from 55% to 60% (BRFSS) and increase in public mental health treatment admission and very satisfied with treatment from 25.5% to 28% (PMHS Outcome Measurement System).
- B. Increase the proportion of persons with co-occurring substance abuse and mental health disorders who receive treatment for both. Measure will be the Crystal Report MARS0002 for Dual Diagnosis with SMI/SED. Decrease by 10% from 2010 baseline of 11.8% to 10.62%.
- C. Reduce the rate of suicide from 12.2 to 9.1 per 100,000 population.

Strategies	Action Plan				
	Who? Will do	What? By	When?	Resources Needed?	Who Should Know?
OBJECTIVE A: Increase the proportion of adults and children with mental health disorders who receive treatment. Measure of success will be those with depressive episodes who receive treatment from 55% to 60% (BRFSS) and increase in public mental health treatment admissions and very satisfied with treatment (PMHS Outcome Measurement System).					
Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
X Providing Information	-Identify community events to provide information about mental health, wellness, stigma and accessing	Promote mental health awareness and reduce stigma.	Core Services Agency (CSA)	National Alliance for People With Mental Illness (NAMI), Our Place (Freedom	# of events, # persons provided info by CSA # of participants in

	services; -Mental Health First Aid -print & other media			Landing)	Mental Health First Aid
X Providing Support	NAMI Recovery Support Groups & Family to Family Program; Our Place (Freedom Landing) - WRAP Wellness	Marketing/outreach on behalf; increase participation	CSA; Our Place	National Alliance for People With Mental Illness (NAMI), Our Place (Freedom Landing)	# of events, # of participants as tracked by CSA
X Enhancing Access/ Reducing Barriers	Increase community capacity to provide mental health services including crisis intervention services to reduce ED visits.	Building community capacity to deal with mental health concerns by identifying service gaps, recruiting willing providers, identifying evidence based interventions, implementing targeted services.	CSA; Behavioral Health Team; Access to Care Team; Partnerships for a Healthier Charles Co.		Survey of community needs and gaps in services, development of gap filling services, # of available providers, # of ED visits
X Modifying/Changing Policies	Provide elected officials information about barriers to accessing care, ie. Any willing provider vs. any paneled provider	Identify policy change/or incentive to improve access to care.	CSA; Behavioral Health Team; Partnerships for a Healthier Charles Co.		
<input type="checkbox"/> Enhancing Skills					
<input type="checkbox"/> Changing Consequences					
<input type="checkbox"/> Physical Design					

A. **OBJECTIVE B:** Increase the proportion of persons with co-occurring substance abuse and mental health disorders who receive treatment for both. Measure will be the Crystal Report MARS0002 for Dual Diagnosis with SMI/SED. Decrease by 10% from 2010 baseline of 11.8% to 10.62%.

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
<input checked="" type="checkbox"/> Providing Information	-Identify community events to provide information about mental health, wellness, stigma and accessing services; -Mental Health First Aid -print & other media -Educate Civista personnel and county practitioners on behavioral health integration.	Promote mental health awareness and reduce stigma. Increase county practitioner knowledge of current services and best approaches for identifying mental health disorders in patients.	Core Services Agency (CSA)	National Alliance for People With Mental Illness (NAMI), Our Place (Freedom Landing)	# of events, # persons provided info by CSA # of participants in Mental Health First Aid # of practitioners educated
<input checked="" type="checkbox"/> Enhancing Skills	-Educate county primary care providers and physicians to help them understand behavioral health integration. Educate at hospital, MedChi, etc.	Increase provider comfort in asking patients if they have behavioral health problems.	CSA, Civista		# of providers educated
<input type="checkbox"/> Providing Support	NAMI Recovery Support Groups & Family to Family Program; Our Place (Freedom Landing) - WRAP Wellness	Marketing/outreach on behalf; increase participation	CSA; Our Place	National Alliance for People With Mental Illness (NAMI), Our Place (Freedom Landing)	# of events, # of participants as tracked by CSA
<input type="checkbox"/> Enhancing Access/ Reducing Barriers	Make Charles County a "Walk in any door" community by educating doctors and practitioners about current substance abuse and mental health services.	People will be able to talk to whoever they are comfortable with about their behavioral health problems and they will know where they can get them services.	Behavioral Health Team	Educational materials, staffing	# of practitioners educated on current substance abuse services
<input type="checkbox"/> Changing Consequences					
<input type="checkbox"/> Modifying/Changing Policies					
<input type="checkbox"/> Physical Design					

OBJECTIVE C: Reduce the rate of suicide from 12.2 to 9.1 per 100,000 population.

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
X Providing Information	-Identify community events to provide information about mental health, wellness, stigma and accessing services; -Mental Health First Aid -print & other media	Promote suicide awareness and reduce stigma.	CSA	CSA, State Suicide Hotline Coordinator, National Alliance for People With Mental Illness (NAMI), CSM	# of events, # persons provided info by CSA # of participants in Mental Health First Aid
X Providing Support	- "Mental Health First Aid" Training – for emergency response personnel, Sheriff's Officers and Police Officers -Gather more specific information related to suicide incidences in county -survey community capacity to respond to suicide both during crisis and in aftermath	-Community workshop for all Emergency Response Personnel, train a trainer so that the training can be propagated in the county -identify demographics and means of completed suicides to develop targeted interventions and information campaigns	CSA		Trainers trained to provide the training ongoing basis, # of response personnel trained , Survey of community capacity, development of gap filling services,
X Enhancing Access/ Reducing Barriers					
X Modifying/Changing Policies					
<input type="checkbox"/> Enhancing Skills					
<input type="checkbox"/> Changing Consequences					
<input type="checkbox"/> Physical Design					

PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY
Charles County Community Health Improvement Plan 2011-2014

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Maryland State Health Plan Vision Area 5 - Chronic Disease

Healthy Babies

Goal: Increase the number of healthy babies born in Charles County

Maryland Vision Area 1 Goal: Reduce the infant death rate. (6.6 per 1,000 live births***)

Healthy People 2020 Goals: IVP-11: Reduce the rate of fetal and infant deaths. (5.9 perinatal deaths per 1,000 live births**)

*Charles County Health Indicators based on Maryland SHIP Objectives

**Healthy People 2020 Objective Topic Areas

*** SHIP Target Objectives for 2014

Target Objective(s):

- A. Reduce the infant death rate from 7.4 per 1,000 live births to 6.6 deaths per live births. (MD SHIP target 2014)
- B. Reduce infant death rate from 10.4 for blacks to 6.6 per 1,000.

Strategies	Action Plan		
	Who? Will do What? By When?	Resources Needed?	Who Should Know?

OBJECTIVE A: Reduce the infant death rate from 7.4 per 1,000live births to 6.6 deaths per live births. (MD SHIP target 2014)

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
<input checked="" type="checkbox"/> Providing Information	Develop an awareness campaign of the Fetal Activity Chart as a tool for OB's.	Increase awareness of OB's in the benefits of completing the Fetal activity Chart on all patients	CCHD Healthy Families Civista FIMR Board	Campaign materials Purchase of charts for each county OB	
<input checked="" type="checkbox"/> Enhancing Skills					

<input checked="" type="checkbox"/> Enhancing Access/ Reducing Barriers	<p>Increase the number of Pack and Play beds available for parents with no bed for infant</p>	<p>Decrease the number of babies sleeping co-bedding with family members.</p>	<p>CCHD FIMR Board</p>	<p>The nurses at the hospital provide verbal and video support of the proper ways to have an infant sleep at home.</p>	<p>Number of distributed Fetal Activity charts and outreach material distribute to OB's.</p>
<input checked="" type="checkbox"/> Modifying/Changing Policies	<p>Partner with the State to develop activities in support of breastfeeding. Contact senator Middleton's office to discuss policy changes. In response to the Surgeon General's Call to Action to Support Breastfeeding, the Maryland Department of Health and Mental Hygiene formed a Breastfeeding Workgroup. This group met in November 2011 to initiate statewide Hospital Breastfeeding Policy Recommendations. Stakeholders were then invited to attend a meeting in December 2011 to review and offer suggestions for these policy recommendations. As a result of this meeting, the draft policy recommendations have been revised and are now available for public comment</p>	<p>Advocate for and secure resources and policy support for hospital breastfeeding recommendations and implementation.</p>	<p>FMR Board WIC</p>	<p>FIMR Board Civista Coalition support</p>	<p>Number of Pack and Plays distributed to county residents.</p> <p>Initiation of statewide Hospital Breastfeeding Policy Recommendations</p>

OBJECTIVE B: Reduce infant death rate from 10.4 for blacks to 6.6 per 1,000.

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
<input checked="" type="checkbox"/> Providing Information	<p>Develop an educational campaign to explain the dangers of co-bedding with a concentration on materials sensitive to race and ethnicity.</p> <p>Develop a "Having a Baby is a Planned event"</p>	<p>Reduction of rate of infant/fetal death in the county particularly in the black community.</p> <p>Reduction of rate of infant/fetal death in the county particularly in the black community.</p>	<p>Fetal Infant Mortality review Board (FIMR) Center for Children Healthy Families CCHD</p> <p>FIMR Board Coalition Partners</p>	<p>Technical assistance for production materials</p> <p>Money for purchase of education materials</p> <p>Money for event sponsorship</p>	<p>Fetal infant mortality tracking through FIMR Board including racial demographics</p> <p>Event planned and executed</p>
Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures

PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY
Charles County Community Health Improvement Plan 2011-2014

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Maryland State Health Plan Vision Area 5 - Chronic Disease

Chronic Disease-Obesity

Goal: Prevent and Control Chronic Disease in Charles County

Maryland Vision Area 5 Objectives: Increase the proportion of adults who are at a healthy weight. (35.7%***)
Reduce the proportion of children who are considered obese.(11.3%***)

Healthy People 2020 Goal: NWS-9: Reduce the proportion of adults who are obese.

NWS-10 Reduce the proportion of children and adolescents who are considered obese. (30.6% or 10% improvement**)

NWS-14: Increase the contribution of fruits to the diets of the population aged 2 years and older. (0.9 cup equivalents per 1,000 calories of fruit**)

NWS-15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older. (1.1 cup equivalents per 1,000 calories of vegetables**)

PA-2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.(47.9 % or 10% improvement**)

*Charles County Health Indicators based on Maryland SHIP Objectives

**Healthy People 2020 Objective Topic Areas

*** SHIP Target Objectives for 2014

Target Objectives:

A. Increase the percent of adults who are at a healthy BMI from 29.4 to 30.4(<25)

B. Decrease the percent of children and adolescents who are obese from 13.3 to 11.2.

Strategies	Action Plan		
	Who? Will do What? By When?	Resources Needed?	Who Should Know?

OBJECTIVE A: Increase the percent of adults who are at a healthy BMI from 29.4 to 30.4 (<25).

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
<input type="checkbox"/> Providing Information -Educate the community on healthy weight goals. -Educate the community on the health benefits of improving nutrition and exercise. -Empowering physicians with health education materials to address obesity as well as the other health risks associated with obesity.	-Media campaign to increase the knowledge of "What is a BMI" and the risk factors associated with it as well as improving nutrition and exercise. Education materials about BMI to physician's office. - Develop a resource guide for available community activities for physical activities and nutrition.	-With increased knowledge citizens of Charles County will work towards obtaining a healthy weight and decreasing risk factors associated with obesity and morbid obesity. -Increased knowledge to CC residents of what they can take advantage of in CC. -Increase awareness and education	-Collaboration of the PHCC: Civista, CCDOH, BOE, MD Extension, Community Services, CSM, etc. -CDPT for creating a guide, with the help of PHCC for distribution of guide upon completion.	-Grant money for outreach materials. -Copies of resource guide, paper, ink and copying cost	-Number of materials distributed -Number of resource guides distributed.

	<p>-More free or low cost education classes open to the public on nutrition and fitness.</p> <p>-Providing physicians with health education materials to address obesity as well as the other health risks associated with obesity</p>	<p>-Increase awareness and education</p> <p>-Decreasing the number of people who are obese will decrease the number of patients who are at risk for developing diabetes and cardiovascular disease / events.</p>	<p>-Civista Health, CCDOH, CSM and other CDPT member organizations.</p> <p>-CDPT</p>	<p>-Space, location, AV use, instructor, grant funding to pay instructor if necessary.</p> <p>-Grant money to pay for education materials, i.e. brochures, food models.</p>	<p>-Number of community residents educated.</p> <p>-Number of physicians offices given materials.</p>
Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures

OBJECTIVE B: Decrease the percent of children and adolescents who are obese from 13.3 to 11.2.

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
<input type="checkbox"/> Providing Information <p>-Provide information on health and wellness programs in Charles County.</p> <p>-Empowering physicians with health education materials to address obesity as well as the other health risks associated with obesity.</p>	<p>-Support a wellness program for children and adolescents (i.e. We Can!).</p> <p>-Provide health education information / models in local pediatrician offices.</p> <p>-Develop a resource guide for available community activities for physical activities and nutrition.</p>	<p>-Obtaining the knowledge necessary to make healthier lifestyle choices.</p> <p>-Increased knowledge to CC residents of what they can take advantage of in CC.</p>	<p>-Collaboration of the PHCC: Civista, CCDOH, BOE, MD Extension, Community Services, CSM, etc.</p> <p>-CDPT for creating a guide, with the help of PHCC for distribution of guide upon completion.</p>	<p>-Civista, CCDOH and Community Services to provide technical and advisory assistance to community partners to implement a wellness program.</p> <p>- Copies of resource guide, paper, ink and copying cost</p>	<p>-Number of children/families reached.</p> <p>-Number of resource guide distributed</p>
<input type="checkbox"/> Enhancing Skills	<p>-Building partnerships with community partners (i.e. Judy</p>	<p>-Increase awareness and education to groups of children and adolescents in -</p>	<p>-CDPT</p>		

-Enhancing current health and wellness programs in Charles County.	Centers, Tri-County Youth Services Bureau, CCPS, PTA, Clubs, etc.)	CC prior to adulthood. To increase sustainability within the listed organizations for a greater impact.			-Number of new partnerships formed.
Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures

PARTNERSHIPS FOR A HEALTHIER CHARLES COUNTY
Charles County Community Health Improvement Plan 2011-2014

3/14/2013
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Maryland State Health Plan Vision Area 2 – Healthy Social Environment
Maryland State Health Plan Vision Area 5 - Chronic Disease

Substance Abuse Services

Goal: Provide drug and alcohol prevention services to all Charles County residents

Maryland Vision Area 5 Goal: Reduce drug-induced deaths. (12.4 pr 100,000***)

- Healthy People 2020 Goals:** SA-13.2 Reduce the proportion of adolescents reporting use of marijuana during the past 30 days (16.5% or 10% improvement**) SA-14.1 Reduce the proportion of students engaging in binge drinking during the past 2 weeks(22.7% or 10% improvement**) SA-8: Increase the proportion of persons who need alcohol and illicit drug treatment and received specialty treatment for abuse or dependence in the past year (17.6% or 10% increase). SA-9: Increase the proportion of persons who are referred for follow-up care for alcohol/drug treatment in a hospital ED. SA-10: Increase the number of trauma centers and primary care settings that implement evidence-based Screening and Brief Intervention (358 or 10% increase).

*Charles County Health Indictors based on Maryland SHIP Objectives

**Healthy People 2020 Objective Topic Areas

*** SHIP Target Objectives for 2014

Target Objectives:

- A. Reduce the number underage 12th graders using alcohol to 62.1% or a 10% reduction and having 5 or more drinks in one setting to 43.2% or a 10% reduction and reduce the number of 12th graders having 5 or more drinks at one setting to 43.2% or a 10% reduction.
- B. Increase the number of people receiving treatment for abuse or dependence of opiates, and/or illicit drugs in the past year from 225 to 250.
- C. Increase the number of county hospitals and primary care settings implementing SBIRT and referred in the hospital ED for substance abuse treatment from 85 to 100.

Strategies	Action Plan					
	Who?	Will do	What?	By When?	Resources Needed?	Who Should Know?
OBJECTIVE A: Reduce the number underage 12 th graders using alcohol to 62.1% or a 10% reduction and reduce the number of 12 th graders having 5 or more drinks at one setting to 43.2% or a 10% reduction.						
Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures	
X Providing Information	Identify community events to provided	More youth and parents will be aware of risks	Charles County (CC) Substance	Health Department	# of events and # of persons provided	

	<p>underage drinking information related to brain development and binge drinking.</p> <p>Social hosting awareness campaign: "Parents Who Host Lose the Most" and Buzzkill (target prom and graduation)</p>	<p>involving brain development and binge drinking</p> <p>Parents less likely to allow youth to drink in their homes</p>	<p>Abuse Advisory Coalition (Coalition)</p>	<p>Substance Abuse Prevention and Coalition, Maryland Strategic Prevention Framework grant (MSPF)</p>	<p>information; # of media strategies implemented</p> <p>MSPF and Coalition will be documenting activities related to activities</p>
<p>X Enhancing Skills</p>	<p>Provide training to build capacity within the Coalition</p> <p>Participating in Transition Dinners to educate parents of 5th graders going to middle school about the brain development and risks associated with alcohol use</p>	<p>More community members and agency personnel will be aware of underage drinking and ways to combat the problem in CC</p> <p>Parents willing to talk more openly to children about risk associated with alcohol use</p>	<p>Coalition</p>	<p>MSPF</p>	<p>MSPF Tracking tools</p>
<p>X Providing Support</p>	<p>Involved with Project Graduation</p>	<p>CC graduating seniors will have a safe substance-free environment to celebrate graduation</p>	<p>CC Citizens for Substance Free Youth (CSFY)- formerly the Chemical People of Charles County</p>	<p>CSFY, Coalition, CCSO, CSM, county government, CCPS, volunteers</p>	<p># of participants</p>
<p><input type="checkbox"/> Enhancing Access/ Reducing Barriers</p>					
<p><input type="checkbox"/> Changing Consequences</p>					

<input type="checkbox"/> Modifying/Changing Policies					
<input type="checkbox"/> Physical Design					

OBJECTIVE B: Increase the number of people receiving treatment for abuse or dependence of opiates, and/or illicit drugs in the past year from 225 to 250.

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
X Providing Information	<p>-Distribute CCSO Medical Disposal Program (MDP) flyers at community events and to more agencies</p> <p>-Educate primary care providers and hospital physicians about current substance abuse services within the county.</p> <p>-Educate parents on medication misuse at CCPS Transition Dinners</p> <p>Educate high school students on behavioral health conditions.</p>	<p>Increased awareness of program will bring in more unused/outdated prescriptions</p> <p>Increased awareness of the programs will hopefully lead to increased usage of the program and those receiving treatment</p> <p>Increase awareness of the problem to parents of middle school age children in hopes that discussions will lead to reduction in drug initiation</p> <p>Educating HS students will decrease the stigma associated with behavioral health issues and hopefully lead to an increase in those knowing where to seek treatment.</p>	<p>CCSO</p> <p>CCDOH Substance Abuse; Behavioral Health Team</p>	<p>CCSO flyer (inexpensive to reprint)</p> <p>Resources include staff for presentations in the community</p>	<p># of events for distribution of flyers;</p> <p># of venues or groups receiving information; total weight of items returned</p> <p># of care providers educated on substance abuse services in county</p> <p># of parents educated at transition dinners</p> <p># of students educated</p>

<p>X Enhancing Skills</p>	<p>Presentation to Partnerships about MDP and opiate/drug use epidemic within the county</p> <p>Host stakeholders awareness workshop about MDP</p> <p>Provider information to reduce overprescribing of narcotics</p> <p>Research good models for community level action toward substance abuse such as North Carolina's Lazarus program and work on community buyin for such program.</p>	<p>More Partnership members aware of program, more information distributed</p> <p>We can use evidence-based practices that have already been shown to reduce drug use or increase the number of people seeking treatment.</p>	<p>CCSO, Behavioral Health Team</p>	<p>Coalition; CSM SAF</p>	<p># of workshops; number of participants</p> <p># of models explored and considered</p>
<p>X Physical Design</p>	<p>Encourage lock box use in homes</p>	<p>Reduce the temptation and easy access to other people's prescriptions</p>	<p>Behavioral Health Team</p>	<p>Prevention Office; Coalition; SAF</p>	<p>Type material selected; location & amt of materials distributed</p>
<p><input type="checkbox"/> Providing Support</p>	<p>Develop a better relationship with Civista Health and its emergency department.</p> <p>Meet with MedChi to educate county physicians on the substance abuse issues and how behavioral health can be integrated</p>	<p>Utilize current CCDOH Substance Abuse counselors for substance abuse clients presenting in the Civista ED</p> <p>More people will be identified for treatment if county medical care providers are educated on how to identify signs in their patients.</p>	<p>CCDOH Substance Abuse, Civista</p>	<p>CCDOH Substance Abuse counselors</p>	<p># of meetings to discuss a relationship; # of changes made to increase substance abuse presence in ED; # of persons referred for substance abuse services # of providers educated</p>

	into their practice.				
<input type="checkbox"/> Enhancing Access/ Reducing Barriers	Explore possibility to have a “set aside unit” at the hospital with detox beds for patients showing up in ER	Fewer patients released and put on a wait list for substance abuse treatment	Behavioral Health Team; Access to Care Team		# of meetings to discuss the possibility
<input type="checkbox"/> Changing Consequences					
<input type="checkbox"/> Modifying/Changing Policies	Develop a county opiate prevention plan Educate policymakers within county about substance abuse and opiate use.	Increase those seeking treatment and reduce those initiating use. Understanding of the issue could lead to policy change among those with the ability to change.	Core Service Agency, Substance Abuse Prevention and Treatment Services	Staffing to discuss and write plan	# of plans developed # of policymakers educated on behavioral health issues

OBJECTIVE C: Increase the number of county hospitals and primary care settings implementing SBIRT and increase the number of persons referred in the hospital ED for substance abuse treatment from 85 to 100.

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
X Providing Information	Provide information to Civista Health and primary care providers about SBIRT and how it can be useful in identifying those who may need substance abuse treatment services.	Increased identification will lead to increased numbers of people seeking treatment for drug use addiction.	CCDOH Substance Abuse, Civista	Staffing, materials on SBIRT	# of meetings # of settings implementing SBIRT
X Enhancing Access/ Reducing Barriers	Make Charles County a “Walk in any door” community by educating doctors and practitioners about current services.	People will be able to talk to whoever they are comfortable with about their substance abuse problems and they will know where they can get them services.	Behavioral Health Team	Educational materials, staffing	# of practitioners educated on current substance abuse services

<input type="checkbox"/> Enhancing Skills	Educate Civista ED staff and other hospital physicians on behavioral health integration and current substance abuse treatment services.	Increase comfort of doctors in asking patients if they have behavioral health problems. Increase the number of people seeking treatment by assessing them with SBIRT.	Behavioral Health Team	Educational materials, staffing	# of practitioners educated on behavioral health integration and how it can be incorporated into their hospital or practice.
<input type="checkbox"/> Providing Support	Discuss the possibility of providing substance abuse counselors at Civista Health ED periodically to provide substance abuse assessment and counseling services immediately.	Immediate identification will lead to increased outcomes for those in need of substance abuse treatment services.	CCDOH Substance Abuse, Civista	Staffing from Substance Abuse	# of meeting to discuss possible relationship # of staff provided in ED for substance abuse # of people seen by counselor in ED
<input type="checkbox"/> Changing Consequences					
<input type="checkbox"/> Modifying/Changing Policies					
<input type="checkbox"/> Physical Design					

Maryland State Health Plan Vision Area 5 - Chronic Disease: Cancer

Goal: Prevent and Control Chronic Disease in Charles County

Maryland Vision Area 5 Goal: Reduce the overall cancer death rate. (169.2 pr 100,000***)

Reduce cigarette smoking among adults. (14.6%***)

Reduce tobacco use among adolescents. (22.3%***)

Healthy People 2020 Goal: C-1: Reduce the overall cancer death rate. (160.6 deaths per 100,000 population or 10% improvement**)

*Charles County Health Indictors based on Maryland SHIP Objectives **Healthy People 2020 Objective Topic Areas *** SHIP Target Objectives for 2014

Target Objectives:

- A. Reduce the number of deaths caused by cancer in Charles County from 199.3 to 190.8 per 100,000 or by 4.3%.
- B. Reduce the incidence of cancer in Charles County from 458.9 to 455.3 per 100,000 or by 2.9%.

Strategies	Action Plan		
	Who? Will do What? By When?	Resources Needed?	Who Should Know?
OBJECTIVE A: Reduce the number of deaths caused by cancer in Charles County from 199.3 to 190.8 per 100,000 or by 4.3%.			

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measure
Grow the Membership of the Cancer Team for Sustainability	Ask Warren Leggett for Omega Psi Phi Fraternity involvement Ask Bishop Briscoe for Minister Alliance member/church involvement Ask other organizations -Lifestyles of Maryland, Inc. -Tri-County Youth Services -Young Researchers Community Project (YRCP) -UMD Cooperative Extension -VFW, American Legion, Lion's Club members	Diversification of Cancer Team participation for ideas, skill sets, fresh energy, resources, etc. Warren Leggett – confirmed Lifestyles - confirmed	Everyone Mary Beth Klick to develop simple Membership Form	Telephone Word-of-Mouth	# of new members

Cancer Team Co-Chairs: Mary Beth Klick & Judy Rudolf

Document prepared by Mary Beth Klick (1/13/2012)

ACTION PLAN:

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measure
<input checked="" type="checkbox"/> Providing Information Community-wide Health Marketing Campaign Promoting Prostate Cancer Screening, Colorectal Cancer Screening and Cigar Use Dangers to reduce Lung Cancer				Grant Funding Designated phone line for information	

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measure
Target #1: Prostate Awareness Campaign	BILLBOARD CAMPAIGN - Develop audience-appropriate billboard advertisement to encourage prostate cancer screening	Increase Awareness & Educate	Mary Whalen contacted Clear Channel for Media Kit We will ask Civista's Marketing Dept or the local Pilot Group to help with message development and ad design Seek stats on specific populations not currently being reached	Contract with Clear Channel	# of phone calls # of "new" men receiving prostate screenings in 2012 - 2014

Action Plan continued

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measure
	SPEAKERS BUREAU ON PROSTATE	In-Person Education of Men on Prostate Health	Male members from churches, fraternities, membership orgs to spearhead development of Speakers Bureau program. Judy Rudolf has sample PowerPoint to assist with presentation outline Speaker Training Outreach to men's groups in county	Grant funds for materials, speaker's bureau training refreshments, access to laptop and LCD, etc. Copies of Cancer Resource Guide	# of people educated # of prostate cancer screenings scheduled

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measure
	RADIO AD & PUBLIC SERVICE ANNOUNCEMENT CAMPAIGN	Increase Awareness & Educate	Request media kit from local radio stations Develop written 15 sec, 30 sec Radio Ad Contact with radio station marketing dept	Grant Funds to pay financial contract with radio stations	# of phone calls

Action Plan continued

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measure
	EACH ONE-BRING ONE FRATERNITY OUTREACH PROJECT	Each Omega Psi Phi Fraternity member reach out to (1) man to be screened during Civista Hospitals Annual Prostate Screening program in September	Fraternity Team Leaders to organize	E-mail or Telephone	# of fraternity-bring one pairs

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measure
	SOCIAL MEDIA CAMPAIGN <ul style="list-style-type: none"> - FaceBook - Twitter - E-mail - Agency Web Sites 	Increase Awareness	Designated team members to maintain social media outreach	Access to internet Message Planning Time expenditure to implement	# of calls for info

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measure
	PROSTATE-CANCER PRESENCE IN THE COMMUNITY <ul style="list-style-type: none"> - Maintain existing participation in community events 	Increase Awareness	Team Members attend male-focused events <ul style="list-style-type: none"> -Pitching for Prostate -Blessing of the Bikes -Car Shows 	Outreach Materials Copies of Cancer Resource Guide	# of materials provided # of men reached

Action Plan continued

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measure
	CANCER RESOURCE GUIDE PRINTING	Utilize existing document to promote support and screening resources	ACS to make copies Chaney Enterprises to contribute tax-deductible production funds	ACS Local Funds	# of Resource Guides distributed

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measure
	BLUE-LIGHT CAMPAIGN - Blue light bulbs place outside county government buildings during September	Increase Awareness	Shirley Hancock contacted county administrator for permission.	Blue light bulbs	Anecdotal stories Newspaper coverage

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measure
Target #2: Awareness Campaign of Dangers of Cigar Smoking *MD Quit has created "The Cigar Trap" media campaign materials www.TheCigarTrap.com	BILLBOARD CAMPAIGN - Develop audience-appropriate billboard advertisement to encourage cessation of Cigar Smoking (and all tobacco use)	Increase Awareness & Educate	Clear Channel info Civista's Marketing Dept to help with message development and ad design	Contract with Clear Channel Funds for Tobacco Quit Kits	# of phone calls for info # of Quit Kits distributed

Partnerships for a Healthier Charles County Action Plan– Safe Physical Environment

Accident & Injury Prevention

Goal: Reduce the rate of fall related deaths and injuries in Charles County

Maryland Vision Area 3 Goal: Decrease fall-related deaths. (6.9 pr 100,000***)

Maryland Vision Area 2 Goal: Decrease the rate of alcohol-impaired driving fatalities.(.0.27 pr 100,000VMT***)

Healthy People 2020 Goals: IVP–11: Reduce unintentional injury deaths.(36 deaths per 100,000 per 100,000)

IVP–12: Reduce nonfatal unintentional injuries.(8,297.4 injuries per 100,000 population)

OA–11 Reduce the rate of emergency department visits due to falls among older adults.(4,711.6 emergency department visits per 100,000 due to falls among older adults** or 10% improvement)

*Charles County Health Indicators based on Maryland SHIP Objectives

**Healthy People 2020 Objective Topic Areas

*** SHIP Target Objectives for 2014

Target Objectives:

- A. Reduce the number of hospitalizations due to falls by the elderly population in Charles County to 259 per 100,000.
- B. Reduce the number of hospitalizations due to motor vehicle incidence in Charles County 89.5 per 100,000.

Strategies	Action Plan				
	Who? Will do What? By When?			Resources Needed?	Who Should Know?
OBJECTIVE A: Reduce the number of hospitalizations due to falls by the elderly population in Charles County to 259 per 100,000.					
Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
X Providing Information	Create an awareness of falls increase in relation to # of medications: 30% increase with 4 drugs 50-60% increase with 5+* <i>*Resource: Medications and Falls in the Elderly: A Review of the Evidence and Practical Considerations: P&T November 2003 Vol.</i>	Increase an awareness in general population, seniors, and caregivers	Team & Partnerships	Alzheimer's Association Dementia Care Conference – Include a session on Fall Prevention	Number of people aware of Fall Prevention in general and with regard to number and type of medications. Number of education opportunities provided.

		coordination and core strength	Debi Shanks (Clark Senior Center)		of participants
X Providing Support	Promote Fall Prevention Bingo to Senior Centers, & Senior Housing Residents, Faith Based Communities	Seniors more aware of risk of falling and fall prevention techniques	Team	Website to download material and way to reproduce materials to distribute	# of sites that receive game materials
	Visit the Nurse 2X per month at each Senior Center	Preventive health services and monitoring medications	Health Dept.	Continue existing partnership with Health Dept.	#of participants

<http://www.stopfalls.org/FPweek/bingo.shtml> Download fall prevention awareness Bingo game

OBJECTIVE B: Reduce the number of hospitalizations due to motor vehicle incidence in Charles County 89.5 per 100,000.

Strategy	Activities	Outcome	Responsibility	Resources	Tracking Measures
X Providing Information	Revitalize Traffic Safety Team in Charles County	Increased community awareness of traffic safety issues	Jacqueline M. Beckman, Project Coordinator, Potomac Region's Highway Safety	MVA/SHA Loveville Shop	Active Traffic Safety Team in Charles County with quarterly meetings taking place
	AARP 55 Alive Seminar	Knowing when seniors need to stop driving	Bruce Kirk Ken White	Area Council on Aging Civista	Number of classes offered and number of attendees
X Enhancing Skills	TAM Server Training (Techniques in Alcohol Management) Survey of Area Bars and Restaurants TIPS Training	Determine compliance	Cpl. Judith Harman, Charles County Sheriff's Dept.	Charles County Sheriff's Dept.	Percentage of establishments that serve alcohol that have completed TIPS or TAM Training
X Providing Support					

X	Changing Consequences	Continued Use of Sobriety Checkpoints to Enforcement of DUI/DWI laws	Continued enforcement of DUI/DWI laws	Charles County Sheriff's Dept. and/or State Police	Maryland Highway Safety Office	Number and site of checkpoints
X	Modifying/Changing Policies					
X	Physical Design	Apply for "Safe Routes to School" Grant Recommend a lighting study for critical accident areas	Students have safer routes to school Lighting plan	Glenn Belmore Traffic Safety Team	Maryland Highway Safety Office Potomac Region's Highway Safety	Grant Received Number of participating schools Number of lights installed at critical accident areas

Committee Chair: Linda Gottfried

The Partnerships for a Healthier Charles County: A Charles County Community Health Resource

The Partnerships for a Healthier Charles County (PHCC) was established in 1994 as a community health network of county agencies and community based service organizations. PHCC membership includes more than thirty non-profit organizations and all relevant county agencies. The PHCC has served as a forum for collaboration and information sharing amongst its members in order to identify and address the health needs of our community. PHCC's vision is to improve the health and quality of life for all Charles County citizens with the goal of increasing life expectancy and health outcomes across all racial and ethnic groups.

The "Executive Leadership Team" of PHCC is shared by the heads of four local entities: the Charles County Health Department, the Charles County Public Schools, Civista Health and the College of Southern Maryland. A steering committee composed of representatives from each of the four entities serves as an advisory board to the Executive Leadership Team. The steering committee meets quarterly to set the priorities and direction for the PHCC.

Additionally, the PHCC has 6 subcommittees or "teams" that are charged with the development and implementation of programs focused on a particular health condition or disease. The teams include: the Access to Health Care Team, the Behavioral Health Team, the Chronic Disease Prevention Team, the Cancer Team, the Reproductive Health Team, and the Accident and Injury Prevention Team.

PHCC's primary focus is health outcome improvement as reflected in the *Charles County Health Needs Assessment*, completed in April, 2011; the *Charles County Local Health Improvement Plan* developed in the fall of 2011; as well as the federal *Healthy People 2020* goals. The Charles County Health Improvement Plan mirrors the *Maryland State Health Improvement Process* introduced by DHMH in September, 2011. Each of the PHCC six teams has been tasked with the development of a three year action plan that articulates clear strategies, activities, and tracking measures for project implementation. Information relative to each of the teams is outlined below in the section of the grant application relative to their proposed projects.

The PHCC is grateful for the opportunity to submit this grant proposal to the Community Health Resources Commission. As more fully described below, the PHCC is requesting \$274,610.60 including \$25,000 in matching funds to fund 11 projects that address a broad spectrum of public health needs in the County. The primary project however, is the establishment of a multi-payer patient centered medical home (PCMH) in the western region of Charles County.

Access to HealthCare Team:

Proposed Project 1: Western Charles County Patient-Centered Medical Home (PCMH)

The Access to Health Care Team requests \$182,275.62, including \$20,000 in matching funds for the establishment of a multi-payer PCMH project in western Charles County. The western region consists of the towns of Indian Head, Nanjemoy, Marbury, and Bryans Road. The region was

selected due to the limited availability of primary care services and the presence of health disparities.

The area selected includes a Medically Underserved Designation Area (MUA) for the Charles County Service Area of District 10 Marbury and District 3 Nanjemoy. The score is 61.25 out of 100. The lower the score, the greater the priority. This designation has been in place since 1994. Aside from the region designated as a MUA, the availability of primary care practitioners in the western region of the county is extremely limited. There is only one urgent care center located in the Bryans Road zip code.

The data below is a small but representative sample of data that demonstrates the significant access challenges and health outcome disparities experienced by residents in this region.

Charles County Zip Code	2010 US Census Population Estimate	2006-2010 Avg. Life Expectancy (MD Vital Statistics)	2006-2010 Avg. % of Low Birth Weight (MD Vital Statistics)	2007-2011 Medicaid Enrollment Rate (MD Medicaid Program)	2007-2011 WIC Participation Rate (MD WIC Program)
20640 Indian Head	10438	74.7	8	150.86	29.46
20616 Bryans Road	5857	76.6	11.7	124.23	21.52
Charles County					

The percentage of the population that is a minority that is living in both Indian Head and Bryans Road is higher than the county minority population of 49.7%. For example, the percentage of African Americans living in those zip codes is higher than the Charles County African American population percentage (41.0%). The percentage of American Indians residing in the Indian Head zip code is almost double the county American Indian percentage (1.2% vs. 0.7%); it is highest in Marbury (1.8%).

Racial Breakdown:	Indian Head	Bryans Road	Marbury	Nanjemoy	Charles County
<i>White</i>	47.9%	33.7%	62.2%	62%	50.3%
<i>African American</i>	44.2%	57.4%	31.6%	34%	41.0%
<i>American Indian</i>	1.2%	0.6%	1.8%	1.0%	0.7%
<i>Asian</i>	2.5%	2.9%	0.4%	0.3%	3.0%
<i>Hawaiian or Pacific Islander</i>	0%	0.1%	0%	0%	0.1%
<i>Some other race</i>	0.6%	1.1%	1.8%	0.5%	1.3%
<i>Two or more races</i>	3.6%	4.3%	2.3%	2.1%	3.7%

2006-2010 Heart Disease Mortality Rates:

Heart disease mortality rates for both 20640 Indian Head and 20616 Bryans Road were in the second highest category with a range of 211.9-244.4 and were above the Maryland state average rate. (Data from the 2006 – 2009 Maryland Vital Statistics Report)

Zip Code	Total 2006-2010 Heart Disease Mortality Rate per 100,000	Rank Compared to Other Maryland zip codes	Above/Below the Maryland state average rate
Indian Head 20640	232.3	2 nd highest	Above the MD State average rate
Bryans Road 20616	243.4	2 nd highest	Above the MD State average rate

The 2006-2011 All Cause Mortality Rates:

2006-2010 combined data on all cause mortality from the Maryland Vital Statistics Report was used for this comparison. The highest heart disease mortality rates were seen in the zip codes of 20640 Indian Head; it was in the highest category among Maryland zip codes with a range of 886.8-1356.7.

Zip Code	Total 2006-2010 All Cause Mortality Rate per 100,000	Rank Compared to Other Maryland zip codes	Above/Below the Maryland state average rate
Indian Head 20640	942.6	Highest category	Above the MD State average rate
Bryans Road 20616	799.9	Middle category	Similar to MD State average rate

2011 All Maryland Hospital Inpatient Discharge Rates per 10,000 Population by Zip Code:

Using calendar year 2011 Maryland Health Services Cost Review Commission data, hospital inpatient discharge rates per 10,000 population were calculated by zip code. While All Charles County hospital discharge rates were similar or below the Maryland state average rate of 1242 per 10,000, Marbury 20658 was double the Maryland state average rate.

Zip Code	CY2011 All MD Hospital Inpatient Discharge Rate per 10,000	Rank Compared to other Maryland zip codes	Above/Below the Maryland state average rate
Indian Head 20640	990	Lower	Below the MD state average rate
Bryans Road 20616	962	Lower	Below the MD state average rate
Marbury 20658	2507	Highest category	Above the MD state average rate
Nanjemoy 20662	1056	Middle category	Similar to the MD state average rate
Charles County	923	Lower	Below the MD state average rate
Maryland	1242	Middle category	MD State average rate

The PHCC Access to Care Action Plan Objectives to be addressed:

- 1. Increase the number of primary care and specialty physicians in the County*

The PCMH is a model of primary care delivery designed to strengthen the patient-clinician relationship by replacing episodic care with coordinated care and a long-term healing relationship. It can lower costs of care through its focus on the person, patient self-management,

and patient engagement; rather than on disease. PCMH encourages teamwork and coordination among clinicians and support staff to give patients better access to care and to take a greater role in making care decisions. Key PCMH components include understanding patients' preferences and culture, shared decision making between patient and clinician, and patients' willingness to establish and work toward personal health goals. PCMH concepts endorsed in the Joint Principles of the Patient-Centered Medical Home have been adopted by national organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians and by many business and consumer organizations across the United States.

The proposed location for the PCMH is the Nanjemoy Clinic, located in the Nanjemoy Community Center. The space is owned by the County and will be contributed in-kind to the project. A small portion of the funding has been allocated to provide the clinic with essential medical equipment and supplies. The clinic will provide services 4 half days per week with day, evening and weekend hours available to accommodate residents scheduling needs.

Staffing will include recruitment of a .4 FTE family practice physician to see patients 12 years and older, a .5 FTE nurse and a .75 FTE receptionist. A dietician would also be contracted to provide nutrition counseling to families one evening a month. Staffing expenses represent the majority of the project costs.

To facilitate access to patients requiring transportation to the clinic, services will be provided one day per week through a contract with Lifestyles of Maryland, a local transportation company. For clients with special medical needs, the clinic will work with VanGo, Charles County's transportation vendor, to get the patients referred for County provided transport services.

The Southern Maryland Rural Health Disparities and Obesity Network will be contracted to use their faith-based approach to identify people in need and refer them for care to the PCMH clinic as well as to services provided by the health department. Other partner organizations who will serve as a referral system for the PCMH include the Charles County Justice and Advocacy Council and the Indian Head Naval Support Facility.

The Maryland Medical and Chirurgical Society (MedChi) is serving as a co-applicant with the Partnerships for a Healthier Charles County for this grant. \$25,000 from this budget will be allocated to MedChi Network Services to provide health care technology and billing software. MedChi Network Services will also be responsible for the implementation and connection of the PCMH electronic health records to direct and portal services with CRISP, the Maryland Health Information Exchange.

MedChi Network Services is a State approved MSO and is working with CRISP as part of the Regional Extension Center (REC). By using MedChi Network Services, PHCC hopes to access matching funds thru the REC and help the new physicians get incentive dollars. The estimated match and in-kind contribution from MedChi Network Services and the REC is \$20,000.

Outcome Measures for Proposed Project 1:

1. Establish 1 Patient-Centered Medical Home in Western Charles County.
2. Achieve Meaningful Use Stage 1 by end of the grant period.
3. Apply for NCQA Level 1 Certification by end of grant period.
4. Provide care plans for 25% of patients with chronic disease.
5. Provide 25% of patients with chronic disease with scheduled follow-up in accordance with present best practices.
6. Offer 4 nutrition classes in region.
7. Offer 4 chronic disease management classes at the practice.
8. Increase the number of practitioners in Western Charles County by one.

Proposed Project 2: Hispanic Health Fair

The Hispanic community has seen great increases in Charles County over the previous decade. They now comprise 4.3% of the total county population. This is one of the highest percentages among the 24 Maryland jurisdictions (2010 Maryland Department of Planning, Projections, and Data Analysis).

Serving the health care needs of this population presents many new challenges. For example, one health condition of particular concern is childhood obesity amongst this population is childhood obesity. This demographic has largest percentage of children who are obese, 15.6% compared to 12.2% of Charles County children overall. It is also estimated that a significant number of Hispanic residents may be eligible for health care coverage, such as the PAC program but are unaware of its existence.

The Access to Care Action Team Plan Objective to be addressed:

1. *Reduce the proportion of insured to the 2008 level of 6.4%.*

The Access to HealthCare Team requests \$3,000 to assist in the set-up and execution of a health education fair specifically designed for the Hispanic community. The purpose of the Fair will be to educate the growing Hispanic community about health care and other community resources available in their community. There are many organizations and agencies present in the County to connect Hispanic residents with the services they need such as legal aid and medical assistance. Applications for PAC will available onsite with interpreters to assist with completion.

\$1,500 will be used to transport the Charles County Department of Health trailer to the event. The trailer includes HIV/AIDS testing and education as well as chronic disease and tobacco outreach. The remaining \$1,500 will be used to purchase educational materials and print brochures in Spanish. Particular emphasis will be placed on purchasing materials on childhood obesity and healthy eating.

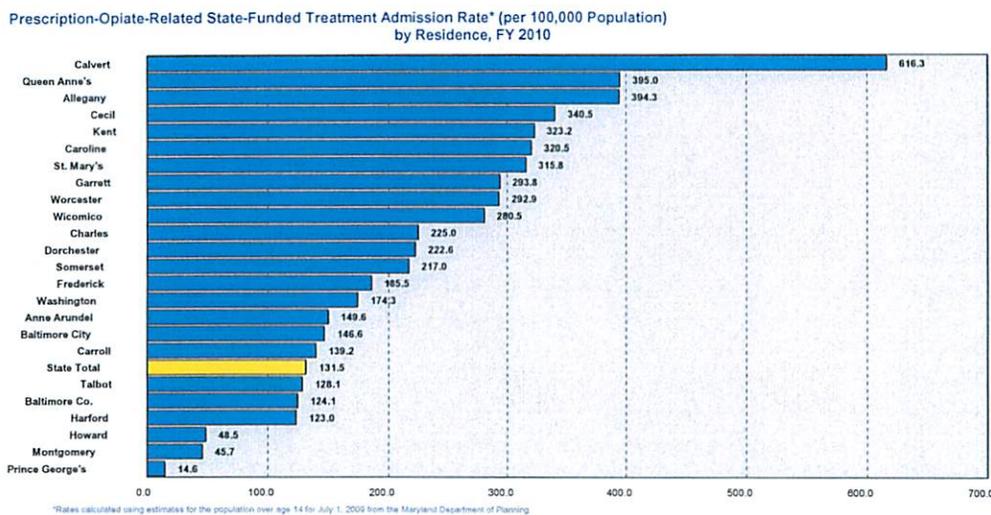
Outcome Measures:

1. Number of educational materials purchased in Spanish and distributed.
2. Number of people to go through the Charles County Department of Health Trailer
3. Number of people enrolled in PAC or medical assistance.

Behavioral Health Team:

The Behavioral Health team has focused its efforts in two areas. The first is related to addressing issues relative to the identification and treatment of individuals with co-occurring disorders and is based upon the following data:

- The prescription-opiate related state-funded treatment admission rate for Charles County has been significantly higher than the State average since at least FY 2010. In FY 2010, the County rate was 225.0 per 100,000. The State average rate was 131.5 per 100,000.
- FY 2012 data (as of November 2012), found a continuing problem with Charles County treatment admissions for prescription-opiate related problems with the County admission rate again exceeding the State average. The data is reflected in the following charts:



Source: Maryland Epidemiologic Outcomes Workgroup, January 2013

Behavioral Health Project 1: Educational Sessions on Behavioral Health Integration/Opiate Overdose Prevention

The PHCC Behavioral Health Team Action Plan Objectives to be addressed:

1. *Increase the proportion of persons with co-occurring substance abuse and mental health disorders who receive treatment for both.*
2. *Increase the number of people receiving treatment for abuse or dependence of opiates and/or illicit drugs.*
3. *Increase the number of persons referred by the hospital emergency department to community based substance abuse treatment.*

The Behavioral Health Team is requesting \$2,000 for this project to fund 2 seminars for local practitioners. The goal is to achieve the above stated objectives through the education of primary care providers and hospital physicians who serve County residents on current substance abuse

and behavioral health services and how they can be integrated into primary care practices. It is anticipated that 50 county practitioners will be educated through this project. The PHCC will collaborate with MedChi to develop the CME presentations. CME's and presenters will be supplied by MedChi.

The first seminar will be held at Casey Jones Restaurant located near Civista Health Inc. Half of the \$2000 budget will be used to provide hors d'oeuvres and dinner to 25 attendants and to cover room rental and set-up for the first session. The second educational session will be conducted during a meeting of the Charles County Medical Society. Catering and rental space for the second event will be provided in-kind by the Charles County Medical Society. The remaining \$1000 will be used to promote both educational sessions through mailings and advertising.

Outcome Measures for Proposed Project 1:

1. Number of county practitioners educated
2. Number of educational sessions conducted and materials distributed

Behavioral Health Proposed Project 2: Medication Disposal Program Flyer Design and Distribution

It has been well documented that the proper disposal of medication dramatically decreases the likelihood that it will be improperly utilized or diverted. Prescription drug abuse is the fastest growing component of substance abuse and can often be traced to easy access to prescription medication, particularly by youth.

The PHCC Behavioral Health Team Action Plan Objectives to be addressed:

1. *Increase the number of people receiving treatment for abuse or dependence of opiates and/or illicit drugs in the past year from 225 to 250.*

The Behavioral Health Team requests \$1000 to design and print 5000 flyers regarding the Charles County Sheriff's Office 24 hour Medication Disposal Program. The flyers will be disseminated at community events and to all relevant Agencies within the county. The College of Southern Maryland will lead this project for the team.

Outcome Measures for Proposed Project 2:

1. The quantity and types of informational materials that were developed and distributed regarding the Medication Disposal Program.
2. The number of community events at which Program information was distributed
3. The number of agencies and organizations receiving the informational materials.

Chronic Disease Prevention Team:

The Chronic Disease Prevention Team's activities are focused on two critical initiatives. The first objective is to address the management of diabetes in County residents with a goal of reducing the morbidity and mortality associated with the disease.

The age-adjusted death rate for Diabetes Mellitus for 2007-2009 in Charles County is 34.1 (per 100,000 populations). This rate is higher than the diabetes death rates for the Southern Maryland region for the same time period (26.4 per 100,000). The County rate is also significantly higher than the State diabetes death rate of 21.8 per 100,000.

When comparing the average diabetic prevalence by race, the percentage of diabetics within the total black population is higher than the percentage of diabetics in the total white population (7.3% vs. 5.4%). The number of African Americans in Charles County has increased in recent years. From 1998-2002, 854 African Americans were diagnosed with diabetes in Charles County; from 2000-2004, the number of African Americans with diagnosed diabetes increased to 1103 persons; from 2004-2008, the number of African Americans diagnosed with diabetes increased to 1871 persons.

Additionally, the 2009 Maryland Behavioral Risk Factor Surveillance System found that diabetes was the most prevalent chronic disease in Charles County, affecting an estimated 9.9% of the population. Many of those living with the condition are not getting the recommended diabetes management education needed to properly manage the disease and its related health effects.

The PHCC's Chronic Disease Prevention Team Action Plan Objectives to be addressed include:

- 1. Reduce the death rate from diabetes in Charles County 2 %*
- 2. Reduce the prevalence of diabetes in Charles County by 2%*

Chronic Disease Team Proposed Project 1: Development of a Diabetes Education Program

The Chronic Disease Prevention Team requests \$12,000 to start a diabetes education program in Charles County. Currently, there is no certified diabetes education class offered within the County. Funding for this program would be utilized to enable Civista Health Inc. to employ a "Certified Diabetes Educator" who would conduct diabetes education classes in various regions of the County twice a month. Funding will also be used to purchase the curriculum and materials for the diabetes education course. Further, because Civista's accreditation through the American Diabetes Association for diabetes education has expired, \$2000 of the funding will be utilized to receive accreditation of their diabetes curriculum. Once that has been established, the hospital can start billing insurance and medical assistance for the program; thus, leading to long term sustainability of the program. Civista Health Inc. will provide \$2,500 in in-kind contributions for the diabetes education program including space and marketing.

Outcome Measures for Proposed Project 1:

1. Number of diabetes education classes held in the County
2. Number of County residents who attended the education classes
3. Civista's receipt of Accreditation by the American Diabetes Association
4. Civista's ability to bill insurance carriers and medical assistance for the program.

Chronic Disease Team Proposed Project 2: Development of an "Edible School Yard"

The second focused objective of the Chronic Disease Team is reduction in childhood obesity. Childhood Obesity is an emerging issue both nationally and locally. The 2008 Maryland Youth

Tobacco Survey show that 18% of public school children over 11 years old in Charles County were overweight and 14.3% were obese. Direct measurements from the 2009 Maryland Pediatric Nutrition Surveillance Survey suggest that 30.2% of low-income preschoolers (2-4 years old) in Charles County were overweight or obese, and 15.3% were obese.

It has been well established that obesity increases the risk for other co-morbid conditions such as heart disease and diabetes. The 2010 Maryland Behavioral Risk Factor Surveillance System estimates that over two-thirds of Charles County adults are either overweight or obese (70.6%). 2010 results found that 32.7% of Charles County adults are obese; and 37.9% are overweight. The Charles County obesity prevalence is higher than the Maryland state average obesity prevalence (32.7% vs. 27.9%).

The PHCC Chronic Disease Prevention Action Plan Objectives to be addressed include:

1. *Decrease the percent of children and adolescents who are obese.*

The Chronic Disease Prevention Team requests \$6500 for the development of an Edible School Yard Project at Mt Hope/Nanjemory Elementary School. The following chart provides the percentage of students receiving free and reduced price meals (FARM) at Charles County Elementary and Middle Schools. While there is not a direct correlation between the rate of obesity and the percentage of FARM students at a school, economics often make smart eating choices a challenge. Due to its highest rate of FARM eligibility, the Edible School Yard Project will be based at Mt Hope/Nanjemory Elementary School.

Children may be more likely to taste and incorporate healthy foods into their diets if they have grown them on their own and have a sense of investment. The project will provide a low cost way for the schools to provide fresh produce to their students. Food quantities not utilized by the school will be donated to the community for those in need, spreading the impact of the program.

The Team members will identify school staff to start the program and teach the science-based curriculum that accompanies the garden. Funding for this program will be utilized to acquire the supplies needed to establish the Edible School Yard. Guides for the teachers and curriculum for the students will be purchased along with the plants, seeds or seedlings and tools required to prepare and maintain the garden.

Partners for this project will include 2 Eagle Scout troops within the County. The Scouts will contribute some gardening tools and help weekly to plant, establish, and maintain the school gardens. The Charles County Master Gardeners and 4-H will also provide guidance on the implementation. The Club will provide seed, planting, and soil recommendations and volunteers to assist in the assembly of the garden.

Outcome Measures for Proposed Project 2:

1. Successful development of a Garden
2. Number of Classrooms Involved with the Garden
3. Number of children educated through the science-based curriculum

Cancer Team:

Cancer is the second leading cause of death in Charles County. In 2011, there were 251 cancer-related deaths occurred in the County. The age-adjusted 2009-2011 Charles County all-cancer mortality rate was 191.7 per 100,000. This rate exceeds the State average rate of 171.4 per 100,000.

The Charles County 2005-2009 lung cancer mortality rate was 58.4 per 100,000 which exceeds the State average rate of 51.1. The County lung cancer mortality rate also falls 10-25% above the United State national rate of 50.6 per 100,000. The County lung cancer mortality rates stratified by gender were also higher than the State rates. Charles County men were 1.6 times more likely to die from lung cancer from 2005-2009 than women the rate for men was higher than the state average rate (76.4 vs. 64.6).

The Charles County prostate cancer incidence rate for 2005-2009 was 162.9 per 100,000 population. This rate is higher than the Maryland state average rate of 155. Disparities also exist for African Americans. The 2003-2007 Charles County African American prostate cancer incidence rate was 215.0, significantly higher than the rate of 137.4 for Charles County Caucasians. The 2005-2009 Charles County African American prostate cancer incidence rate was higher than the Maryland state average rate and the rate for other Southern Maryland counties. Charles County African Americans also have a higher prostate cancer mortality rate of 36.4 compared to 21.9 for Charles County Caucasians.

The PHCC Cancer Team Action Plan Objectives to be addressed:

1. *Reduce the number of deaths caused by cancer in Charles County from 199.3 to 190.8 per 100,000 or by 4.3%.*
2. *Reduce the incidence of cancer in Charles County from 458.9 to 455.3 per 100,000 or by 2.9%.*

Cancer Team Proposed Project 1: Prostate Cancer Screening Educational Campaign

The Cancer Team requests \$4,500 to hold a prostate cancer educational session for Charles County men. The event will be held at the Southern Maryland Blue Crabs Stadium in the Legends Club, a venue popular with men. Rental of this space will be provided in-kind by Civista Health Inc. \$3,000 of the budget will be used to provide food and educational materials for the event. \$1,500 will be allocated for 6-quarter page ads on prostate cancer screening in the Maryland Independent. Additional marketing and awareness campaigns will be provided in-kind by Civista Health Inc.

Outcomes Measures for Proposed Project 1:

1. Number of prostate cancer screening sessions conducted
2. Number of men educated on prostate cancer screening
3. Number of educational materials distributed
4. Number of prostate cancer screening awareness campaigns initiated
5. Number of ads placed in the Maryland Independent on prostate cancer screening

Cancer Team Proposed Project 2: Awareness Campaign of dangers of cigar smoking to reduce lung cancer

The Cancer Team has partnered with X2Rep Inc, a non-profit organization in Charles County, to develop new programs that educate youth on the dangers of cigarette smoking and cigar use. The Team requests \$1,000 to promote their Anti-Tobacco Advocate Program through “Bowling Over Butts” events. The events will be held at county bowling lanes. Youth will be placed on bowling teams with an adult who is trained to provide tobacco-free education. The teams will spend time discussing the dangers of cigar and tobacco use while they bowl. By the end of the event, the youth involved will have a base understanding of the dangers of cigar use that they can use in their own schools to become anti-tobacco advocates. The funding will be used to purchase educational materials and a speaker for the event.

Outcome Measures:

1. Number of Events held
2. Number of Youth educated on the dangers of cigar use
3. Number of Youth who agree to become Anti-Tobacco Advocates
4. Number of Educational Materials Distributed

Reproductive Health Team:

A total of 15 infant deaths occurred in Charles County in 2011. The County’s 2011 infant mortality rate was 8.2 per 1,000 live births, and increase from the 2007-2009 rate of 7.4 deaths per 1000. The 2007-2009 average infant mortality rate for Charles County Caucasians was 4.7 per 1,000 live births however, the rate for African Americans was much higher at 10.4 per 1,000 live births.

Futhermore, low birth weight was most commonly seen among the African American population. For 2007-2009, the disparity between the percentage of low birth weight among African Americans and Caucasians was 12.2% vs. 7.4%. Low birth weight percentages were also seen among the Asian population in Charles County (9.5%).

From 2007-2009, the percentage of women in Charles County receiving first trimester prenatal care was 75.4%, which is lower than the Maryland state average percentage of 80.2%. Charles County percentages for all races were below the Maryland state average percentages for those racial groups.

Reproductive Health Team Proposed Project: Pre-conceptual Health Educational Campaign

The PHCC Reproductive Health Action Plan Objectives to be addressed:

1. *Reduce the infant death rate from 7.4 per 1,000 births to 6.6 deaths per 1000 live births.*

The Reproductive Health Team requests \$500 to purchase educational materials on pre-conceptual health to distribute at community events. Materials will be culturally specific to the minorities within the county since infant mortality and poor pregnancy outcome rates are higher in Charles County minority populations. The Team is currently designing a pre-conceptual health campaign to educate Charles County minority women of child-bearing age on how to prepare before pregnancy. Topics will include health eating, physical activity, and chronic disease management.

Outcome Measures:

1. Number of Educational Materials Purchased
2. Number of Educational Materials Distributed
3. Number of Community Events Attended

Accident and Injury Prevention Team:

When examining rates for injury-related ED visits, the highest rates for Charles County are seen for falls (2088.6 per 100,000). The County injury rate with the biggest disparity from the state rate is motor vehicle traffic incidents (1486.2 vs. 1325.5). There were 98 injury-related deaths in Charles County for 2008. The County had one of the highest injury-related death rates in the State - 9th out of 24 jurisdictions.

The PHCC Accident and Injury Prevention Team Objectives to be addressed:

1. *Reduce the number of hospitalizations due to falls by the elderly population.*
2. *Reduce the number of hospitalizations due to motor vehicle incidence.*

Accident and Injury Prevention Team Proposed Project 1: Traffic Safety Conference

The Team requests \$1500 to conduct a traffic safety conference. The conference will be a planning meeting to identify strategies to decrease motor vehicle traffic incident deaths in Charles County and Southern Maryland. The team will work with the Charles County Sheriff's Office to host this conference.

Outcome Measures:

1. Develop concrete recommendations for actions that will reduce traffic deaths
2. Conduct one conference on traffic safety in Southern Maryland.

Accident and Injury Prevention Team Proposed Project 2: Fall Prevention Education

The team would like to use \$500 to do four community presentations on fall prevention. The presentations will be conducted in four different regions of the county. The funding will be used to purchase educational materials for the presentations.

Outcome Measures:

1. Number of persons attending the presentations and educational materials distributed
2. Reduction in the number of hospitalizations due to the falls.

Sustainability Plan:

With the approaching January 2014 date for implementation of the Affordable Care Act, Charles County has worked to increase the number of residents who are enrolling in PAC and who will receive medical assistance starting in January 2014. It is important that the county have providers who will accept medical assistance to accommodate the influx of new patients with government health insurance. The Western Charles County PCMH will work to accept all forms of insurance so that they can provide quality health care to all county residents in need of a medical home.

There are three goals that represent fulfillment of the PCMH program: a population with ready access to primary care services when they are in need; implemented certified EHR technology and connectivity across the Western Charles County PCMH; and lower the overall cost of care for the target population while improving the quality of care and public health throughout Western Charles County.

The primary care engagement aspect of the program will be the initial focus of the grant period and then slow down as all practitioners are trained in best practices for efficiency and operating an independent practice. MedChi will provide long-term support in-kind to practitioners that need further assistance after the grant period ends. It is a core part of the MedChi mission, and a function that the medical society is capable of continuing.

The care coordination program is the more expensive program, and the harder one to maintain after the grant period. There are two sustainability strategies that will be implemented. The first is utilizing local health care partners to fund the care coordination staff on a long-term basis. Current staff could supplement other community offerings near the HEZ to help another organization expand and carry out their mission.

The other strategy is to demonstrate results through the HEZ program and work directly with commercial insurance carriers, managed care organizations, and other similar entities to fund the positions. If the program can demonstrate that quality is higher while costs are lower, there will be significant interest in continuing and expanding care coordination services.

Most of the public health interventions are aimed at increased awareness and knowledge of disease prevention and existing county services. The proposed projects were picked due to their likelihood of causing a sustainable behavioral change through health education. Many are one-time events or educational sessions. Additional funding opportunities will be explored to continue any public health interventions that need to be repeated yearly or after funding ends.

It is our hope that the school will become invested in the school garden project after the grant cycle. Grant funding will help to support the development and implementation of the garden and to purchase the needed guides and curriculum. Other grant funding opportunities can be researched to cover maintenance costs after the grant period.

Civista Health Inc. can sustain the diabetes program once they have received accreditation of their program and have purchased the curriculum materials. ADA accreditation of the diabetes education program will enable the hospital to bill private insurance and medical assistance. That money can be used to continue the salary for the certified diabetes educator and class materials.

Project Budget Form for LHIC Grant Funding Request	
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION	
State Health Improvement Process: <i>Supporting Local Health Improvement Coalitions (LHICs) to Fuel Local Action and Improve Community Health</i>	
LHIC/Organization Name:	Partnerships for a Healthier Charles County
Project Name:	All LHIC Proposed Team Activities
Budget Request for CHRC Grant Funding	Amount of Request
Personnel Salary	
100% FTE – Community Health Educator I	\$34,656
50 % FTE – Community Health Nurse 1	\$20,844
75% FTE – Office Secretary I	\$20,438
40% FTE- Physician	\$63,306
Personnel Subtotal	\$139,244
Personnel Fringe (% - Rate)	\$20,886.60
Equipment/Furniture	\$1,400
Supplies	\$2,200
Travel/Mileage/Parking	\$5,000
Staff Trainings/Development	\$0
Contractual	\$39,680
Other Expenses	\$24,700
Indirect Costs (no more than 10% of direct costs)	\$16,500
Matching Funds – at least 10% of the overall CHRC grant request must be provided in matching funds	\$25,000
Total	\$274,610.60

Budget Justification:

1. Cancer Team

a. Prostate education – Public campaign \$4,500

We will hold a prostate cancer education forum at Blue Crabs Stadium in the Legends Club. We only pay for educational materials and the cost of food. 6- ¼ page ads on screening in the Maryland Independent

b. Cigar education \$1,000

Anti-Tobacco Advocate Program (Bowling over Butts, Talent Showcase)

2. Access to Care

a. Hispanic Fair \$3,000

We will purchase educational materials/brochure printing on obesity in Spanish and will use funding to bring health department trailer to the event.

3. Chronic disease

a. Community Diabetes Education - 2 classes monthly \$12,000

We will need a Diabetes educator at \$35/hr, 8 hrs each month, curriculum, accreditation of hospital curriculum in order to start billing insurance and Medicaid/Medicare. This project will be contracted to Civista Health Inc.

b. Edible School Yard \$6,500

\$6500 has been allocated to purchase teacher guides, student curriculum, gardening tools, seeds, and other needed tools for the development and implementation of a school garden.

4. Behavioral Health

a. Opiate/Behavioral Health education for physicians \$2,000

Work with Civista and MedChi to provide a CME presentation on behavioral health integration and the issues surrounding opiates to county physicians and health care providers. Offer food as incentive for attendance.

We will hold 1 session with 25 people. Approximate catering is \$40 per plate at Casey Jones (\$1000).

We anticipate \$1000 for rental space, AV set-up, and educational materials/marketing/mailings.

The second session will be held during the Charles County Medical Society meeting. The rental space and food will be provided in-kind by the medical society.

b. Design and print medication disposal brochures \$1,000

Make physicians and county residents aware of the 24 hour medical disposal program at the Sheriff's Office.

Design the flyer and print 5000 flyers.

5. Reproductive Health

- a. Preconceptual Health Educational Campaign \$500

Educational materials: minority and culturally specific

6. Accident and Injury Prevention

- a. Traffic Safety Conference \$1500

We will plan a conference to identify strategies to decrease MVA deaths in Charles County and Southern Maryland.

- b. Fall Prevention Education \$500

We plan to conduct 4 community presentations throughout the county on fall prevention.

Projected Total: \$32,500

Other Projects:

- 1. Health Educator: Salary \$34,656

Fringe \$5198.40

A health educator is needed to coordinate all proposed programs. They will also provide the community education as needed. A computer is needed for this job.

- 2. Indirect Costs \$17,500

- 3. Patient Centered Medical Home \$163,645.60

Staffing would include a .4 FTE Family Practitioner to see patients 12 years and older and a .5 FTE Nurse. We would need a receptionist .75 FTE. We would also like to include a contractual Dietician to provide nutrition counseling to families, one evening a month (\$1680 for the year based on \$35/hr for 4 hrs a month).

Transportation to the clinic will be provided by Lifestyles of Maryland. They have a van that will transport clients for services one day a week. Lifestyles will be provided with mileage reimbursement. It is estimated that they will use \$5000 for the year (200 miles a week at .50/mile).

\$1,000 will be allocated for consultant fees to the Southern Maryland Rural Health Disparities and Obesity Network to use their faith-based approach to identify people in need and refer them for care at the PCME and at the health department.

Physician salary, .4 FTE consultant, \$80/hr	\$66,560
.5 FTE Community Health Nurse I (Salary \$20,844, 15% fringe)	\$23,970.60
.75 FTE Office Secretary (Salary \$20,438, 15% fringe)	\$23,503.70
Community Organization Consultant	\$1,000
Lifestyles of Maryland, Mileage Reimbursement	\$5,000
Dietician (consultant)	\$1,680
Funding to MedChi to provide IT and billing services	\$25,000
Advertising/Marketing	\$2,000
<u>PCMH Equipment/Supplies:</u>	\$3,800
Telephone:	\$1,200
Office Supplies:	\$1,200
2 Exam Tables	\$1,400
Medical Supplies (gauze, gloves, syringes, alcohol pads, tips)	\$1,000
Matching Funds	\$25,000
<p>\$5,000 will be provided by Civista Health Inc. to support programs for prostate cancer screening education and diabetes education.</p> <p>\$20,000 will be provided by MedChi Network Services for to provide health care technology and billing software.</p>	
Total for PCME Project:	\$249,610.60

Project Budget Form for LHIC Grant Funding Request	
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION	
State Health Improvement Process: <i>Supporting Local Health Improvement Coalitions (LHICs) to Fuel Local Action and Improve Community Health</i>	
LHIC/Organization Name:	Partnerships for a Healthier Charles County
Project Name:	Western Charles County Patient-Centered Medical Home
Budget Request for CHRC Grant Funding	Amount of Request
Personnel Salary	
40% FTE - Physician	\$63,306
75% FTE – Office Secretary I	\$20,438
50% FTE – Community Health Nurse I	\$20,844
Personnel Subtotal	\$104,588
Personnel Fringe (% - Rate)	\$15,688.20
Equipment/Furniture	\$1,400
Supplies	\$2,200
Travel/Mileage/Parking	\$5,000
Staff Trainings/Development	\$0
Contractual	\$27,680
Other Expenses	\$3,200
Indirect Costs (no more than 10% of direct costs)	
Matching Funds – at least 10% of the overall CHRC grant request must be provided in matching funds	\$20,000
Total	\$179,756.20

Budget Justification:

1. Patient Centered Medical Home

Staffing would include a .4 FTE Family Practitioner to see patients 12 years and older and a .5 FTE Nurse. We would need a receptionist .75 FTE. We would also like to include a contractual Dietician to provide nutrition counseling to families, one evening a month (\$1680 for the year based on \$35/hr for 4 hrs a month).

Transportation to the clinic will be provided by Lifestyles of Maryland. They have a van that will transport clients for services one day a week. Lifestyles will be provided with mileage reimbursement. It is estimated that they will use \$5000 for the year (200 miles a week at .50/mile).

\$1,000 will be allocated for consultant fees to the Southern Maryland Rural Health Disparities and Obesity Network to use their faith-based approach to identify people in need and refer them for care at the PCME and at the health department.

.4 FTE Physician salary, (Salary \$63,306, 15% fringe)	\$68,358
.5 FTE Community Health Nurse I (Salary \$20,844, 15% fringe)	\$23970.60
.75 FTE Office Secretary (Salary \$20,438, 15% fringe)	\$23503.70
Community Organization Consultant	\$1000
Lifestyles of Maryland, Mileage Reimbursement	\$5000
Dietician (consultant)	\$1680
Funding to MedChi to provide IT and billing services	\$25,000
Advertising/Marketing	\$2000
<u>PCMH Equipment/Supplies:</u>	\$5100
Telephone:	\$1200
Office Supplies:	\$1200
2Exam Tables	\$1400
Medical Supplies (gauze, gloves, syringes, alcohol pads, tips)	\$1000
Matching Funds for this project	\$20,000

\$20,000 will be provided by MedChi Network Services for to provide health care technology and billing software.

Project Budget Form for LHIC Grant Funding Request	
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION	
State Health Improvement Process: <i>Supporting Local Health Improvement Coalitions (LHICs) to Fuel Local Action and Improve Community Health</i>	
LHIC/Organization Name:	The Partnerships for a Healthier Charles County
Project Name:	Community Diabetes Education Program
Budget Request for CHRC Grant Funding	Amount of Request
Personnel Salary	
% FTE - Title	
% FTE - Title	
% FTE - Title	
Personnel Subtotal	
Personnel Fringe (% - Rate)	
Equipment/Furniture	
Supplies	
Travel/Mileage/Parking	
Staff Trainings/Development	
Contractual	\$12,000
Other Expenses	
Indirect Costs (no more than 10% of direct costs)	
Matching Funds – at least 10% of the overall CHRC grant request must be provided in matching funds	\$2,500
Total	\$14,500

Budget Justification:

The Chronic Disease Prevention Team requests \$12,000 to start a diabetes education program in Charles County. Funding for this program would be contracted to Civista Health Inc. to employ a Certified Diabetes Educator who will conduct diabetes education classes in various regions of the county twice a month. The diabetes educator will work 8 hours a month at \$35 per hour.

Funding will also be used to purchase the curriculum and materials for the diabetes education course. The hospital's accreditation for diabetes education has expired through the American Diabetes Association. Therefore, Civista will use \$2,000 of the funding to receive accreditation of their diabetes curriculum. Once that has been established, the hospital can start billing insurance and medical assistance for the program; thus, leading to long term sustainability of the program.

Civista Health Inc. will provide \$2,500 in in-kind contributions for the diabetes education program including space and marketing.



Charles County Commissioners

Candice Quinn Kelly, *President*
Reuben B. Collins, II, Esq., *Vice President*
Ken Robinson
Debra M. Davis, Esq.
Bobby Rucci

Mark Belton
County Administrator

May 21, 2013

Dianna E. Abney, MD. Health Officer
Charles County Department of Health
4545 Crain Hwy.
White Plains, MD 20695

Dear Dr. Abney:

The Commissioners of Charles County and the Charles County Department of Community Services are pleased to provide this letter of support to the Charles County Department of Health for its application for the 2013 Maryland Community Health Resource Commission Local Health Improvement Coalition Grant to Improve Community Health.

The clinic space vacated by the Greater Baden Clinic administered by the Charles County Government and would be an ideal environment to provide medical services to this underserved area. The Nanjemoy Community Center, a focal point of the community, is home to a senior citizens center and serves as a meeting/entertainment venue for many organizations. Utilizing this available space would be a benefit not only to the immediate community but the surrounding communities as well.

Additionally, the establishment of a Patient Centered Medical Home in this underserved area of the county is a need that has been apparent for some time. It will reduce health care costs, hospital admissions and work to control chronic conditions.

We look forward to this productive partnership and should you need more information, please do not hesitate in contacting our office. Best wishes towards the awarding of this grant.

Very Truly,

COUNTY COMMISSIONERS OF
CHARLES COUNTY MARYLAND


Candice Quinn Kelly, *President*


Reuben B. Collins, II, Esq., *Vice President*



Ken Robinson


Debra M. Davis, Esq.


Bobby Rucci

Civista Medical Center
5 Garrett Ave.
P.O. Box 1070
La Plata, Maryland 20646-1070

301.609.4000 Phone

May 23, 2013

Dianna E. Abney, MD. Health Officer
Charles County Department of Health
4545 Crain Hwy.
White Plains, MD 20695

Dear Dr. Abney,

Civista Medical Center is pleased to provide this letter of support to the Charles County Department of Health for its application for the 2013 Maryland Community Health Resource Commission Local Health Improvement Coalition Grant to Improve Community Health.

Civista Medical Center is happy to support the Prostate Cancer Education Forum held annually through event promotion, recruitment of speakers and staff support



In addition to providing education classroom space, Civista will house the Diabetes Self Management Education Program (DSMT). Civista will support the DSMT Program with classroom space, staff time to promote the program and the diabetes certification process. Utilizing this available space would be a benefit not only to the immediate community but the surrounding communities as well.

We look forward to this collaboration and should you need more information, please do not hesitate in contacting my office. Best wishes towards the awarding of this grant.

Regards,

A handwritten signature in blue ink, appearing to read "Joyce Riggs", is written over a faint circular stamp.

Joyce Riggs, CHFS
Director Community Development and Planning

Civista Medical Center
5 Garrett Ave.
P.O. Box 1070
La Plata, Maryland 20646-1070

301.609.4000 Phone

Dianna E. Abney, MD. Health Officer
Charles County Department of Health
4545 Crain Hwy.
White Plains, MD 20695

In-kind donation to include:

Civista Health Inc. agrees to provide in-kind contributions to the local health improvement coalition efforts for:

Prostate Cancer Educational Campaign- \$2500

Community Diabetes Education Program -\$2500

Total in-kind donation- \$5,000



May 30, 2013

Dianna E. Abney, MD
Health Officer
Charles County Department of Health
4545 Crain Highway
P. O. Box 1050
White Plains, MD 20695

Dear Dr. Abney,

The Maryland Master Gardeners of Charles County is pleased to provide this letter of support to the Charles County Department of Health for its application for the 2013 Maryland Community Health Resource Commission Local Health Improvement Coalition Grant to Improve Community Health.

The school yard garden concept is one that is gaining popularity around the country and one also supported by First Lady Michelle Obama. The Master Gardeners would be happy to provide assistance in the implementation of this project in any way that we can. Our expert gardeners can help design and plan the garden and offer recommendations regarding soil conditions and seed/plant selections. We can also provide volunteers to assist in the assembly of the garden/s and assist with a plan for maintaining the garden.

We look forward to this productive partnership and should you need more information, please do not hesitate to contact me. Best wishes towards the awarding of this grant.

Regards,



Gale Kladitis, Steering Committee Chairman
Maryland Master Gardeners of Charles County



CHARLES COUNTY PUBLIC SCHOOLS

JAMES E. RICHMOND
Superintendent of Schools

Division of
School Administration & Operations
Patty L. Dorsey James H. Cornette

May 24, 2013

Dianna E. Abney, M.D. Health Officer
Charles County Department of Health
4545 Crain Hwy.
White Plains, MD 20695

Dear Dr. Abney,

Charles County Public Schools are pleased to provide this letter of support to the Charles County Department of Health for its application for the 2013 Maryland Community Health Resource Commission Local Health Improvement Coalition Grant to Improve Community Health.

The proposal of the Edible School Yards project in the Nanjemoy area schools is certainly a concept the schools can further examine and hopefully implement. The Wellness Coaching Program which is shared by the Department of Health and the Public School is a prime example of our collaborative work together.

Additionally, the establishment of a Patient Centered Medical Home in this underserved area of the county is a need that has been apparent for some time. It will reduce health care costs, hospital admissions and work to control chronic conditions.

We look forward to this productive partnership and should you need more information, please do not hesitate in contacting my office. Best wishes towards the awarding of this grant.

Regards,

Patricia Vaira, PhD
Director of Student Services

PATRICIA VAIRA, Ph.D., NCSP
Director of Student Services

CYNTHIA D. BAKER
Director - Hearing Officer/Court Liaison



ANTHONY B. COVINGTON
State's Attorney for Charles County

P.O. Box 3065
La Plata, MD 20646
(301) 932-3350 (301) 870-3413

May 31, 2013

Dianna E. Abney, MD. Health Officer
Charles County Department of Health
4545 Crain Hwy.
White Plains, MD 20695

Dear Dr. Abney,

My office is pleased to provide this letter of support to the Charles County Department of Health for its application for the 2013 Maryland Community Health Resource Commission Local Health Improvement Coalition Grant to Improve Community Health.

Providing medical services to the Nanjemoy and surroundings areas is a critical need that will be met when this program is put into action. In addition, the numerous initiatives proposed to Partnerships for a Healthier Charles County will benefit all citizens of Charles County. This looks to be an overall plan that targets critical need as well an overall county wellness plan. I applaud your efforts and my office will do all we can to assist in this program.

I look forward to this productive partnership and should you need more information, please do not hesitate in contacting my office. Best wishes towards the awarding of this grant.

Sincerely,

ANTHONY B. COVINGTON

State's Attorney
Charles County, Maryland



Rex W. Coffey
Sheriff

Office of the Sheriff

Charles County, Maryland
Headquarters
6915 Crain Hwy - P.O. Box 189
La Plata, Maryland 20646-0189
301-609-6400



An Internationally
Accredited Agency

May 30, 2013

Dianna E. Abney, MD
Health Officer
Charles County Department of Health
4545 Crain Hwy.
White Plains, MD 20695

Dear Dr. Abney:

The Charles County Sheriff's Office is pleased to provide this letter of support to the Charles County Department of Health for its application for the 2013 Maryland Community Health Resource Commission Local Health Improvement Coalition Grant to Improve Community Health.

It is my understanding that a portion of this grant will be directed toward convening a conference to gather information and ideas that will identify causes of traffic accidents in southern Maryland and develop strategies to prevent future accidents. My office will certainly participate in this conference and is grateful for any assistance in the area of traffic safety that your organization can provide. After strategies have been developed to assist in the prevention of accidents, the Sheriff's Office is available to assist in the implementation of any programs identified to reduce accidents.

My office also supports the ongoing Medication Disposal Program in the county. All Sheriff's Office district stations accept medications for disposal on a 24-hour basis. To call attention to this program, my office also supports the development of Medication Disposal Program flyers that will be placed throughout the county.

We look forward to this productive partnership and should you need more information, please do not hesitate in contacting my office. Best wishes towards the awarding of this grant.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rex W. Coffey".

Rex W. Coffey, Sheriff
Charles County, Maryland



May 30, 2013

Dianna E. Abney, MD. Health Officer
Charles County Department of Health
4545 Crain Hwy.
White Plains, MD 20695

Dear Dr. Abney,

The College of Southern Maryland is pleased to provide this letter of support to the Charles County Department of Health for its application for the 2013 Maryland Community Health Resource Commission Local Health Improvement Coalition Grant to Improve Community Health.

The prescription disposal program, which has been supported by the college, will continue to focus on the drop off program at any sheriff's office. This is one of the few programs statewide that offers 24/7 drop off of unwanted prescriptions. The college can also assist by developing and presenting television PSA's informing the public of this service.

We look forward to this productive partnership and should you need more information, please do not hesitate to contact me. Best wishes towards the awarding of this grant.

Regards,

A handwritten signature in blue ink that reads "Linda A. Smith".

Linda A. Smith
Project Coordinator
Safe Communities Center



The Maryland State Medical Society

May 31, 2013

The Honorable Martin O'Malley

Governor State of Maryland

100 State Circle

Annapolis MD 21401

Re: Support for grant application: A Charles County Community Health Resource

Dear Governor O'Malley,

I write in strong support of the Charles County Health Departments grant application before the Maryland Community Health Resources Commission. This grant would create new sustainable health care resources in Charles County. The new grant would serve as a community health network and create new services to serve underserved areas in Charles County. This wisely written application would have the benefit of creating a new smaller scale health enterprise zone in Maryland.

MedChi and the Charles County Medical Society would work closely with the Charles County Health Department to provide new health services, recruit physicians and focus on sustainability. As implementation of the Affordable Care Act continues it is important that the county have physicians to provide care to new medical assistance patients. The applications creation of a Western Charles County patient center medical home will work to accept all forms of insurance so that they can provide quality health care to all county residents in need of a medical home.

We respectfully request your support, and would love the opportunity to discuss this wonderful proposal in more detail with the Commission.

Sincerely,

A handwritten signature in blue ink that reads "Gene M. Ransom III". The signature is written in a cursive style with a horizontal line extending from the end.

Gene M. Ransom III

Cc: The Honorable John Hurson, Chairman Maryland Health Community Resources Commission

Charles County Justice and Advocacy Council

May 23, 2013

Dianna E. Abney, MD, Health Officer
Charles County Department of Health
4545 Crain Highway
White Plains, Maryland 20695

Dear Dr. Abney,

The Charles County Justice and Advocacy Council is pleased to learn of the Charles County Health Department's efforts to improve community health for the residents of Nanjemoy through its application for a 2013 Maryland Community Health Resource Commission Local Health Improvement Coalition grant.

Establishing a center-based health care delivery system in this underserved area of our county will not only address residents' chronic illnesses but will provide continuity of care, build trust, and instill greater understanding of healthy lifestyle practices. Its planned location in the Nanjemoy Community Center will facilitate access to care and complement programs, including those for seniors, currently offered at the center.

The Charles County Justice and Advocacy Council, which advocates for the poor and vulnerable and is sponsored by the Catholic Archdiocese of Washington, strongly endorses this Patient Centered Medical Home model for the Nanjemoy area and offers its support of the Health Department's grant application.

Thank you for your efforts on behalf of the citizens of Charles County.

Sincerely,



Sandy McGraw
Chairman