

Fiscal Years 2022-2024, Chronic Disease Prevention & Management, LHIC Action Plan

Strategy for Adult Obesity	Create a community of wellness through community engagement and evidence-based programming for adults			
Long Term or Outcome Objective:	Increase the percentage of Charles County adults who are at a healthy weight from 28.2% to 29.6% (5% increase). Source: Maryland Behavioral Risk Factor Surveillance System			
Activity/Key Action Steps	Measures	Key Partners	Timeline	Comments
Support movement in Charles County through organized physical activity	Number of social media posts # of views Number of organized walks held Number of participants	Charles County Department of Health (CCDOH), Office on Aging, Charles County Parks and Recreation	FY22-FY24	
Offer Stanford University's Chronic Disease Self-Management (CDSMP), Diabetes Self-Management (DSMP), and Hypertension classes.	Number of evidence-based programs offered Number of participants enrolled and completing CDSMP programs Number of participants enrolled and completing hypertension classes Number of Participants enrolled in DSMP programs	CCDOH, University of Maryland Charles Regional Medical Center (UMCRM), Office on Aging	FY22-FY24	
Offer the CDC's Diabetes Prevention Program (DPP) in the county	Number of Participants enrolled in DPP programs Number of participants losing 5-7% of their initial body weight	CCDOH and UMCRCM	FY22-FY24	
Conduct a community health webinar series	Number of webinars offered Number of participants	UM CRMC	monthly	Reach out to CRMC if interested in presenting
Participate in outreach events	Number of outreach events attended Number of educational materials disseminated	CCDOH, UM CRMC, YRCP	FY22-FY24 Charles County Fair held in September every year and Community Resource Day is held in October every year.	

Strategy: <i>Childhood Obesity</i>	Create a community of wellness through community engagement for children and their families			
Long Term or Outcome Objective:	Maintain the percentage of Charles County high school students who are obese at 14.6% (combat yearly increases). Source: Maryland Youth Risk Behavior Survey			
Activity/Key Action Steps	Measure	Key Partners	Timeline	Comments
Educate children and their families on the importance of physical activity and good nutrition	Number of social media posts Number of views	CCDOH, Charles County Parks and Recreation	FY22-FY24	
Screen children for obesity and sugar-sweetened beverage consumption	Number of children screened Number of patients, at no risk (< 1 SSB / month) screened for SSB consumption Number of patients, at low risk (1 – 4 SSB / month) screened for SSB consumption Number of patients, at moderate risk (2 – 6 SSB / week) screened for SSB consumption Number of patients, at high risk: 1+ SSB / day), screened for SSB consumption Number of patients and their families education on obesity (weight loss, decreasing sugar-sweetened beverages, movement)	CCDOH, Health Partners	FY22-FY23	

Strategy: <i>Diabetes</i>	Increase capacity of Charles County diabetes and prediabetes self-management programs.			
Long Term or Outcome Objective:	Reduce the Charles County diabetes emergency department visit rate from 245 per 100,000 to the Maryland rate of 232.75 per 100,000 (5% reduction). Source: Maryland HSCRC data from SHIP website			
Activity/Key Action Steps	Measure	Key Partners	Timeline	Comments
Link health care-based efforts with community prevention activities.	Number of physician referrals to DSMP and DSMES classes	UMCRMCM, CCDOH, Health Partners	FY22-FY24	
Promotion of the University of Maryland Charles Regional Medical Center's efforts to provide diabetes education.	Number of new patients receiving diabetes education Number of DSMT workshops held for under or uninsured patients Number of diabetes support group meetings held Number of participants for all	UMCRMCM and CCDOH	FY22-FY24	
Patients will be referred through CRISP and providers will receive feedback	Number of referrals received through CRISP	UMCRMCM and CCDOH	FY22-FY24	
Provide diabetes starter kits (glucometer, 30-day supply of testing supplies, and educational material)	Number of kits distributed	UMCRMCM	Begin 1/1/22	
Participate in outreach events	Number of outreach events attended	CCDOH, UM CRMCM, YRCP	FY22-FY24	

Strategy: <i>Major Cardiovascular Disease</i>	Increase evidence-based chronic disease self-management by hospitals and primary care providers			
Long Term or Outcome Objective:	Reduce the Charles County hypertension emergency department visit rate from 469.9 per 100,000 to 446.4 per 100,000 (5% reduction) Source: Maryland HSCRC data from SHIP website			
Activity/Key Action Steps	Measure	Key Partners	Timeline	Comments
Increase the capacity of primary care providers to implement screening, prevention and treatment measures for chronic conditions in adults through QI methods	Number of participating physician practices Percent of patients with their hypertension under control Percent of patients with their diabetes under control	CCDOH, Health Partners, UMCRMCM	FY22-FY24	
Participate in outreach events	Number of outreach events attended Number of educational materials disseminated	CCDOH, UM CRMCM, YRCP	FY22-FY24	

Strategy: <i>Infectious Disease</i>	Increase outreach to minority and vulnerable populations on the importance of receiving a flu vaccination.			
Long Term or Outcome Objective:	Increase the percentage of Charles County residents who receive a flu vaccination from 45.6% to the Maryland percentage of 49.6%. Source: County Health Rankings			
Activity/Key Action Steps	Measure	Key Partners	Timeline	Comments
Attend outreach events to promote importance of flu vaccine.	Number of events Number of educational materials Number of flu clinics held Number of Charles County residents vaccinated	Chronic Disease Prevention and Management Team Members	FY22-FY24	
Organize pop-up flu vaccination clinics in the community.	Number of pop-up vaccination clinics Number of individuals vaccinated	UM CRMC	FY22-FY24	