### VI. Appendix I – Implementation Strategies

## **Implementation Strategy** Priority Area: CHNA Goal 1 - Access to Health Care

#### **Priority Area: Access to Health Care Services**

**Goals:** Bring screenings, vaccinations and health education to people who otherwise would not receive any health care interventions.

1. Increase the number of patients receiving free flu shots

2. Increase the number of patients receiving health screenings

Objective	Strategy & Action	Population	Measure
Increase the number of	Community Health will		
patients who receive free flu shots	provide over 3,000 free seasonal flu vaccinations to the community through open	General population	Number of patients who receive vaccinations
Increase the number of patients receiving health screenings	clinics offered onsite and at various offsite locations in surrounding areas of need (Cockeysville, White Marsh, Owings Mills, Hereford, etc.)		Number of patients who participate in screenings
	from October through December.		
	Community Health will offer free monthly bone density screening to help individuals evaluate osteoporosis risk and to provide resources to	General population	
	support bone health. Over 150 individuals will be screened and educated.		

Community Health will offer free bone density screenings at all 20 Baltimore County Senior Centers in 2013. Over 200 seniors will be screened and educated.	Senior Citizens	Number of screenings/education accomplished.

# **Implementation Strategy Priority Area: CHNA Goal 2 - Diabetes**

### **Priority Area: Diabetes**

**Goals:** 

- 1. Increase the number of patients served by Diabetes Education/Outreach
- 2. Increase the emphasis in Diabetes Education on obesity education and high blood pressure awareness as a consequence of diabetes
- 3. Maintain and enhance diabetes education for Hispanic patients at St. Clare Medical Outreach

Objective	Strategy & Action	Target Population	Measure
Increase patients seen in Diabetes Education  Highlight connection between diabetes and resulting complications, especially high blood pressure for patients receiving diabetes education	Continue and expand evidence-based diabetes education opportunities	Patients diagnosed with diabetes	Maintain current program enrollment and increase as needed
Increase diabetes compliance by patients at St. Clare Medical Outreach	Maintain collaboration between hospital-based diabetes educators and staff of St. Clare Medical Outreach	Patients of St. Clare Medical Outreach	Maintain current obesity awareness and nutrition initiatives at St. Clare Medical Outreach, monitoring outcomes. Continue to monitor A1C levels for
Increase body composition awareness and the implications	Community Health will offer free monthly body composition analysis to help individuals evaluate weight, body fat, and muscle mass on an ongoing basis and to provide resources to support	General population	progressive improvement Number of people screened

individual weight loss efforts. Over 250 individuals will have their body composition analyzed and explained at onsite and offsite events.	

## **Implementation Strategy Priority Area: CHNA Goal 3 – Substance/Tobacco Abuse**

Priority Area: Substance/Tobacco reduction/cessation

Goals: Increase the number of patients using screening and primary care outreach opportunities

- 1. Bring smoke cessation education to high school age students
- 2. Increase the number of people who participate in one of our multi-week, smoking cessation courses
- 3. Increase the number of participants in a Powered by Me! event

Annual Objective	Strategy & Action	Population	Measure
Increase the number of people who receive substance/tobacco cessation interventions through UM-SJMC (Fresh	Smoking cessation resources will be provided to all cardiovascular and cancer screening participants.	Patients already who are screened for cardiovascular disease or cancer	Numerical increase in people offered substance/tobacco cessation assistance.
Start classes and Powered by Me!)	Tobacco awareness will be offered as a topic for secondary school health fair requests including Calvert Hall College High School and Rosedale Alternative School.	High School students	Numerical increase in number of people who participate in substance/tobacco cessation opportunities at UM-SJMC
	Maintain Powered by Me! Involvement in sports programs	Student athletes, coaches, parents, school administrators	

# Implementation Strategy Priority Area: CHNA Goal 4 – Heart Disease/Hypertension/Stroke

### Priority Area: Heart disease/hypertension/stroke

Goals:

### 1. Raise awareness of risk factors for stroke, stroke symptoms and appropriate response to symptoms

Annual Objective	Strategy & Action	Population	Measure
To provide education regarding stroke prevention, signs of stroke	Provide stroke education on the topics of signs and symptoms of stroke, activating EMS, risk factors, and prevention to 500 people in the local community in fiscal year 2014.	General population	Numbers of patients educated
	Create an annual internal May Stroke Awareness Month campaign based on the F.A.S.T. public education materials, with a target audience of visitors and non- clinical staff, to launch on May 1, 2013.	Hospital visitors, UM-SJMC non-clinical staff	On-line survey for UM-SJMC employees

# **Implementation Strategy** Priority Area: CHNA Goal 5 – Maternal/Child Health

**Priority Area: Maternal/Infant Health** 

**Goals:** 

**1.** To educate pregnant women and women of childbearing age of the dangers of poor nutrition, diabetes (gestational and chronic), high blood pressure, substance/tobacco use during pregnancy

2. To educate women who are pregnant and those of childbearing age how they can enhance their own health and the health of their unborn child

3. To educate target populations how protect themselves and the baby from severe, long-term negative health outcomes

4. To educate women about low/very low birth weight, its causes, its prevention, long-term consequences of low/very low birth weight

Annual Objective	Strategy & Action	Population	Measure
To include education about	Bilingual educational	Women who are pregnant,	Consistency of including healthy
healthy lifestyle practices	materials will be available to	women of childbearing age	lifestyle education in patient
into all women's services	all providers of women's	who are not pregnant	encounters and in high school
encounters	health services at UM-SJMC.		health education visits
To include education about	All providers will be asked to		Need to reorder educational
the long-term effects of	include education on the		material.
low/very low birth weight	relationship between healthy		
into all women's services	lifestyle/nutrition into their		
encounters	regular patient visits. These		
	materials will be available to		
	providers at UM-SJMC's		
	Women's Health Associates,		
	our Perinatal Center.		
To include education about	Community Health Outreach	High school students	Number of students
low/very low birth weight	will include education on		
into all high school health	low/very low birth weight in		
education opportunities	high school classes		
	6		

# Implementation Strategy

# Priority Area: CHNA Goal 6 - Cancer

Goal: 1. Increase number of patients screened for various types of cancer 2. Increase cancer screenings in minority communities 3. Increase number of patients diagnosed w/cancer and moved to treatment				
Annual Objective	Strategy & Action	Population	Measure	
Develop strategic plan to implement cancer prevention and early detection education in the community with an emphasis on reaching underserved members of community	<ul> <li>Partnerships included: <ul> <li>SJMC Community Health Program</li> <li>ACS, One Voice Grant</li> <li>One Voice Project, a collaborative prevention &amp; early detection program with ACS,</li> <li>Sister's Network and Nueva Vida for African American and Latina Women.</li> <li>Maryland Cancer Collaborative Primary Prevention and Disparities Committee</li> <li>Baltimore County Cancer Coalition</li> <li>Baltimore City Cancer Coalition</li> </ul> </li> <li>Education Activities Provided: Cancer Prevention program is consistent with evidence based national guidelines and evidence based interventions; ACS and NCI national guidelines.</li> </ul>	Underserved populations – economically disadvantaged. African American women and men. Latina women	Metrics for measuring outreach program effectiveness: # Community education programs # Community members educated # PCP Practices visited	

	One Voice Project Summary:		
	Grant ended January 2013 ACS Final Report submitted 3/8/13: Provided 37 faith based & community programs, educated 858 African American and Latina women about breast cancer prevention and early detection		
	<b>Komen Symposium:</b> 3/9/13 New Psalmist Baptist Church Education and Cancer Awareness		
	<b>UMM SJMC Women's Health</b> <b>Conference</b> : 5/18/13 at SJMC Education and Cancer Awareness		
	ACS CPS 3 Cancer Prevention Study: September date TBA ;SJMC will be host site Primary Care Physician Outreach Provide ACS Screening Guideline Info		
Foster Breast Screenings and Breast Health Education	2 Community Screenings scheduled in partnership with SJMC Community Health and continuation of monthly 100	Women	Numbers of women screened
	free Screening Mammogram program with our original One Voice partner, Nueva Vida, thru April 2014	Hispanic women	
	Self-breast exam education is included in the monthly ongoing screening		
Participate with other community agencies to reduce cancer diagnosis and outcome disparities	Participation in the Baltimore City Cancer/Health Equity Coalition, Baltimore County Cancer Coalition and	Women and men	Active participation in these coalitions

	Johns Hopkins Center to Reduce Cancer Disparities Community Advisory Group, Maryland Cancer Collaborative State Coalition		
Continue cervical cancer screenings	2 Cervical Cancer Screenings scheduled in partnership with Community Health	Women	Number of women screened
Continue prostate cancer screening	1 Prostate Screening scheduled in partnership with Community Health	Men	Number of men screened
Continue skin cancer screening	1 Skin Screening scheduled in partnership with Community Health	Men and women	Number of people screened